



Michigan Public Health Institute

2015 ANNUAL REPORT

A Celebration of 25 Years of Public Health Service



MPHI'S VISION IS A WORLD WHERE TOMORROW IS HEALTHIER THAN TODAY. OUR MISSION IS TO ADVANCE POPULATION HEALTH THROUGH PUBLIC HEALTH INNOVATION AND COLLABORATION.



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Legislation that lays the groundwork to create MPHI unanimously passes in Michigan's House and Senate; it is signed into law as Public Act 264 of 1989



Articles of Incorporation are filed; first grant is received from the Kellogg Foundation



MPHI has 3 funders, generates \$371,000 in revenue



MPHI moves from Lansing to Okemos, MI; receives initial funding from the Michigan Department of Public Health



Dr. Jeffrey Taylor is first full-time executive director



17 funders, \$5 million in revenue, 49 employees



52 funders, \$20 million in revenue, 170 employees



43 funders, \$29 million in revenue, 238 employees



Washington D.C. office is established



40 funders, \$40 million in revenue, 330 employees 2014



New CEO, Dr. Renée Branch Canady, joins MPHI



59 funders, \$74 million in revenue, 489 employees

TIMELINE

MPHI Milestones

PROJECT HIGHLIGHTS

Facilitating Action



**Evaluating a National
Healthy Homes Project**



**Establishing a “Center for
Health Equity Practice”**



**Support for
Michigan Nursing
Professional Development**

EVALUATING A NATIONAL HEALTHY HOMES PROJECT

MPHI served as evaluator of a nationally recognized healthy homes program beginning in 2012, when the Kresge Foundation launched the “Advancing Safe and Healthy Homes for Children and Families Initiative” (ASHHI). Kresge’s interest in implementing ASHHI is part of a broader effort to reduce health disparities by improving vulnerable populations’ built and natural environments and strengthening the capacity of the organizations that serve them. Kresge provided funding to six communities in five states to strengthen and accelerate their healthy homes programming efforts.

PROGRAM GOALS

ASHHI is based on the premise that addressing healthy homes hazards in an integrated way is efficient, produces the greatest public health impact, and is less expensive than addressing hazards individually. The initiative’s goals include the following.

- Build organizational capacity at the community level to reduce lead poisoning, acute asthma incidents, hospitalizations, injuries, and other preventable illnesses resulting from environmental and safety hazards in the home
- Address the disproportional impact on the health of vulnerable populations caused by home-related environmental health and safety hazards
- Build the knowledge base of healthy homes practice and policy as a public health intervention
- Advance philanthropic investment in the healthy homes field

ASHHI provides opportunities to communities that were not possible under traditional federal healthy housing production grants, which tend to restrict funding to housing remediation efforts. The majority of the Kresge funds (75%) were devoted to “advancing functions” – community-based activities in the areas of public policy, advocacy and community organizing, and legal enforcement – intended to create long-lasting, systemic changes. Kresge also created the ASHHI Program Office to provide grant management and support to grantees, as well as access to national experts in policy development, legal enforcement, advocacy and community organizing, communications, and information systems development.

MPHI'S ROLE

MPHI’s evaluation team engaged with ASHHI during the grantee selection process by designing a scoring matrix that aligned with the initiative’s framework and allowed for systematic scoring. MPHI then helped grantees develop achievable goals and objectives. The team tailored its evaluation plan to fit each site’s operational flow and unique approach and developed

data-collection tools and forms to track activities. The team also built relationships and maintained communication with grantees, which helped them understand grantee accomplishments, limitations, and barriers.

By the end of the three-year grant period, grantees had made substantial progress toward their production goals.

- More than 800 homes were remediated, which impacted more than 3,000 people, including approximately 1,500 children who lived in the most vulnerable households in the communities
- Grantees “blended” resources to get the most out of their Kresge funds, leveraging more than \$2 million from other sources. The average amount spent for housing remediation was \$3,980 per unit, on average, but only 14% of remediation costs came from Kresge funds; 86% came from other sources

COMMUNITY-WIDE IMPACT

While the production-related activities directly impacted the lives of many people, the significant community-wide impacts of the grantees’ work were the structural and systemic changes in the communities.

ALAMEDA COUNTY HEALTHY HOMES DEPARTMENT (CALIFORNIA)

- Assisted local authorities in adopting and implementing a pilot Proactive Rental Inspection program in the city of Oakland to improve compliance with laws governing housing standards
- Organized an interdisciplinary and cross-agency response to code violations in Oakland
- Documented best practices and standards for remediating common housing-related health hazards in a shared document, the Alameda County Healthy



Homes Guidebook for Public Sector Field Staff (2015), which serves as a springboard for development of tutorials that allow the department to broaden the range of practitioners exposed to healthy homes principles

CLEARCORPS DETROIT (MICHIGAN)

- Built and fostered the Enforcement Workgroup around code enforcement issues with the Wayne County Prosecutors Office and the City of Detroit Building and Safety Department
- Created the Breaking the Cycle Workgroup, which included leaders from environmental and social services groups, with staffing funded through the ASHHI grant to address serious barriers (e.g., property tax issues, roof issues, and “scam” housing purchases) faced by low-income property and home owners
- Worked with partners to have \$1.75 million allocated in the State of Michigan’s budget for lead abatement annually for the past three years; this represented a major victory for lead poisoning prevention in the state

GREENSBORO HOUSING COALITION (GHC; NORTH CAROLINA)

- Participated in the post-Rental Unit Certificate of Occupancy Workgroup to design new local inspection ordinances within the parameters of current state legislation, and enhanced partnerships with local policy makers and elected officials; this resulted in the city council’s unanimous adoption of a new code compliance policy that provides incentives for maintaining safe housing conditions and supports civil penalties for code violations
- Increased the involvement of local philanthropy in the coalition’s work and encouraged landlords to collaborate with tenants to rehabilitate distressed properties via the Landlord-Tenant Partnership Program, which provides funding for GHC to move people out of dangerous housing and help low-income rental owners make repairs

OMAHA HEALTHY KIDS ALLIANCE (NEBRASKA)

- Was instrumental in the Nebraska legislature’s passing the Carbon Monoxide Safety Act, which will make carbon monoxide alarms mandatory in all properties in the state beginning in 2017
- Provided funding for a healthy homes construction specialist position in the city of Omaha’s Planning Department; this specialist has done much to integrate the core concepts of healthy homes into the city’s daily efforts to improve local housing
- Provided leadership and coordination of a shared community program, One-Touch, which streamlines delivery of healthy housing services, prevents duplication of efforts, maximizes limited community resources, and holistically addresses sub-standard living conditions

HEALTHY HOMES SOUTH LOS ANGELES COLLABORATIVE (CALIFORNIA)

- Encouraged the county public health department to look at housing as an important health issue, particularly through the Trinity Park Pilot Project; illustrative of this is a 2015 report put forth by the department that discusses housing as a public health issue
- Established trust and bridged gaps between the city and tenants through interdisciplinary partnerships and collaborations with governmental entities and community-based organizations, which have led to improved systems and an increase in inspectors’ access to housing units

NEWARK DEPARTMENT OF HEALTH AND COMMUNITY WELLNESS (DHCW) WAS ALSO AWARDED AN ASHHI GRANT BUT AT A REDUCED AMOUNT AND TIMELINE.

As ASHHI entered its final year, the Kresge Foundation recognized grantees’ accomplishments, as well as the amount of work that still had to be done. The foundation awarded one-year supplemental grants of up to \$125,000 to five of the six grantees to continue work related to the advancing functions. Additionally, the ASHHI Program Office encouraged grantees to partner with local health care organizations or payers of health care services to conduct pilot projects that explore the relationship between interventions in homes where children have severe asthma and potential cost savings resulting from reduced emergency room visits and hospitalizations.

MPHI’s evaluation team has been instrumental in developing the pilot project’s protocols and is currently serving as the evaluator of a project being conducted by CLEARCorps Detroit and Molina Healthcare of Michigan.

ESTABLISHING A “CENTER FOR HEALTH EQUITY PRACTICE”

With developmental funding from The Kresge Foundation, MPH I established a “Center for Health Equity Practice” in 2015.

GOALS

Following are the Center’s near-term goals.

- Generate tools and technologies to help public health entities and practitioners adopt a health equity and social justice framework
- Train public health personnel/leaders to become facilitators and change agents within their organizations and communities
- Extend regional/national capacity by providing dialogue-based workshops and learning labs to help public health practitioners transform their practice and consult with local and state public health departments and affiliate entities throughout Michigan and the Midwest

The long-term goal is to engage the field of public health to work toward dismantling dominant narratives that maintain inequitable conditions for oppressed population groups. The Center will also focus on transforming and aligning the practice of public health to be more consistent with this goal.

STAFFING

MPHI’s CEO Renée Canady, Ph.D., is providing leadership and vision for the Center, and Senior Project Coordinator Doak Bloss is the lead staff member. Mr. Bloss previously served as program coordinator for the Ingham County Health Department (ICHHD), where he led the Social Justice Project. This project resulted in an action plan for adopting a social justice framework for public health practice, coordination of similar dialogue processes in other health departments, and development of the Health Equity and Social Justice Workshop.

HEALTH EQUITY AND SOCIAL JUSTICE WORKSHOP (HESJ)

If local public health departments are to equalize health status among populations, it is critical to address the root causes of health inequity. However, many local health department leaders are unsure about how to orient their workforce to a practice based on a social justice framework.

While employed at the ICHHD, Dr. Canady, Mr. Bloss, and community partners created and implemented the four-day HESJ Workshop. The workshop resulted from recognition that ICHHD could not truly adopt a health equity framework without engaging the hearts and minds of the people who worked there. Engaging a critical mass of ICHHD employees in the workshop provided a foundation for changed practice, as evidenced by evaluative data and anecdotal practice shifts.

CENTER PLANNING ACTIVITIES

The tasks to be accomplished during the two-year planning period include the following.

Consolidate what has been learned about the process of transforming practice within a health equity framework – We will further develop and field test a five-session learning lab process, where organizational teams analyze and generate plans to align their practices with health equity principles. We will also develop and field test new versions of the HESJ Workshop and complete “Using Dialogue to Advance Health Equity through Public Health Practice,” a manuscript that summarizes lessons learned from the Ingham County dialogue work.

Bring together those who have lead this work to determine new strategies and applications that will enable local health departments to embark on a self-driven change process – Staff



will convene key informants from local health departments who have been working to establish a social justice framework. We will also convene and/or consult with national public health experts, social justice advocates, and community organizers to establish a new trajectory for advancing social justice through public health practice.

Build MPH I’s internal capacity to advance health equity – MPH I staff outside of the new Center will participate in workshops and facilitator training; those who complete the training will be mentored in the facilitator role so they can lead workshops.

Support a collaborative network of public health professionals and community organizers working together for social justice – Michigan Power to Thrive (MPTT) was launched in 2013 by Dr. Canady and Mr. Bloss. MPH I is now coordinating the network and carrying out issue campaigns that increase opportunity and justice for children and families. MPTT is part of the Healthy Heartlands Initiative, which consists of similar networks operating in seven other states. Partners in eight Michigan counties have organized campaigns on issues such as transportation, housing, mass incarceration, immigration reform, and disability rights.

SUPPORT FOR MICHIGAN NURSING PROFESSIONAL DEVELOPMENT

MPHI's Center for Nursing Workforce and Policy has worked with Michigan nurses and the Michigan Department of Health and Human Services' Office of Nursing Policy for the past ten years, producing nursing improvement plans and three task force reports.

In 2015, MPHI worked on planning and establishing two major projects, both related to improving Transition to Practice for newly licensed nurses and experienced nurses transitioning to a new care setting.

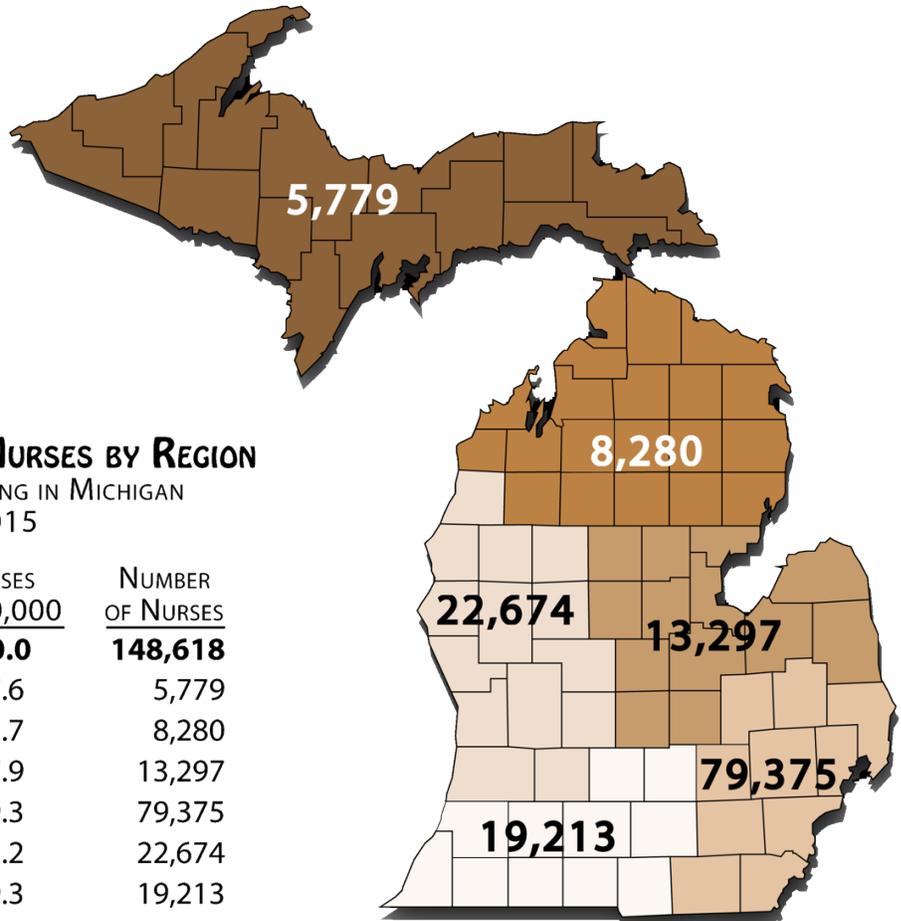
Transition to Practice is important, since improved retention of licensed nurses joining a care provider organization (acute care, long-term care, or community-based care) lowers costs and improves care.

- The first project – The Michigan Nurse Preceptor Academy – is a train-the-trainer program for nursing preceptors, who work with newly licensed or transitioning nurses to bring them into the organization as respected healthcare team members. Persons completing the program will earn free continuing education units (CEUs) and will be equipped with knowledge and materials to train nursing preceptors in their own organization. Ten train-the-trainer events are to be held across the state in 2016 and 400-500 preceptor trainers are expected to complete the program.
- The second project – Online Support for Transition to Practice – involves the development of a free, self-paced online training course to assist newly licensed nurses and transitioning nurses in their adjustments to new care settings. The first module (expected to be available online by July 2016) focuses on communication with others in the care setting, including physicians, other nurses, technicians, patients and families. Further modules will provide assistance with other aspects of nursing in a new care setting. Participants successfully completing each module may choose to earn free nursing CEUs.

These two programs will be featured on a new website hosted at MPHI (www.minurse.org), which will present useful information and training opportunities to the Michigan nursing and healthcare communities.

MICHIGAN LICENSED NURSES BY REGION
RNs & LPNs RESIDING IN MICHIGAN
JUNE 2015

	NURSES PER 10,000	NUMBER OF NURSES
MICHIGAN	150.0	148,618
 UPPER PENINSULA	187.6	5,779
 NORTHERN LP	171.7	8,280
 EAST CENTRAL	157.9	13,297
 SOUTHEAST	149.3	79,375
 WEST CENTRAL	143.2	22,674
 SOUTHWEST	139.3	19,213



PROJECT HIGHLIGHTS

Leading with Data



**Collecting and
Managing Breast
Cancer Screening Data**



**Fostering Multi-Sector
Information Systems to
Improve Community Health**



**Supporting Patients with
Metabolic Conditions to Have
Healthy, Productive Lives**



**Ensuring Michigan Citizens
Have Comprehensive
Immunization Records**



**Using Data to Save Kids:
National Child Death Review
Case Reporting System**

COLLECTING AND MANAGING BREAST CANCER SCREENING DATA

MPHI provides staffing and technical assistance to two cancer-screening programs that are funded by the Centers for Disease Control and Prevention (CDC), Michigan's "Breast and Cervical Cancer Screening Program" and the "Colorectal Cancer Early Detection Program." These programs use comprehensive protocols to help ensure high-quality clinical services and data-tracking methodologies, including reimbursement monitoring. MPHI conducts data reporting and analysis, financial management, billing, and reimbursement.

BREAST AND CERVICAL CANCER SCREENING PROGRAM

From 1991-2015, more than 10,000 women were diagnosed with breast or cervical cancer (or cervical pre-cancerous lesions) through this program, which utilizes the services of a network of 19 coordinating agencies covering all 83 of Michigan's counties. Since 2002, women enrolled in the program who were diagnosed with breast or cervical cancer automatically became eligible to apply for Medicaid to cover all treatment needs.

This program has provided screening and follow-up services to approximately 25,500 low-income women in Michigan each year since 1991, until the Healthy Michigan Plan began enrolling clients in April 2014. The program now enrolls approximately 9,000 women per year.

COLORECTAL CANCER EARLY DETECTION PROGRAM

The colorectal program began in 2011 and operates on a model similar to the Breast and Cervical Cancer Screening Program. It provides screening and diagnostic testing to approximately 700 low-income people aged 50-64 each year.

Since its inception, the program has provided more than 4,500 screenings, found 228 cases of precancerous adenomatous polyps, and diagnosed five colorectal cancers.

MICHIGAN BREAST AND CERVICAL INFORMATION SYSTEM

The Michigan Breast and Cervical Information System (MBCIS) serves as the centralized database for both programs, and houses information critical to managing quality and facilitating reporting mechanisms to local agencies and the CDC. The system also processes medical claims according to program protocols. The MBCIS is housed on State of Michigan servers.

MPHI has helped both cancer-screening programs maintain high standards of clinical service delivery and data management for 17 years by overseeing data management, quality improvement, and evaluation efforts. More information about these programs can be found at <http://www.michigancancer.org/BCCCP/> or <http://www.michigancancer.org/colorectal/>.



FOSTERING MULTI-SECTOR INFORMATION SYSTEMS TO IMPROVE COMMUNITY HEALTH

In February 2015, the Robert Wood Johnson Foundation (RWJF) selected MPHI, in partnership with the Illinois Public Health Institute (IPHI), to serve as the National Coordinating Office for a new initiative to foster multi-sector information systems to improve community health.



Connections among public health, health care, human services, and other sectors can improve communities' capacity for planning, prioritizing, monitoring, innovation, and rapid response for healthier and more resilient populations. "Data Across Sectors for Health" (DASH) aims to identify and share learnings to move the field toward action.

In the first year, MPHI conducted an environmental scan to identify barriers, opportunities, promising practices, and indicators of progress for multi-sector collaborations to connect information systems and share data for community health improvement. MPHI also supported IPHI in fielding a \$2

million call for proposals (CFP) that generated more than 400 responses.

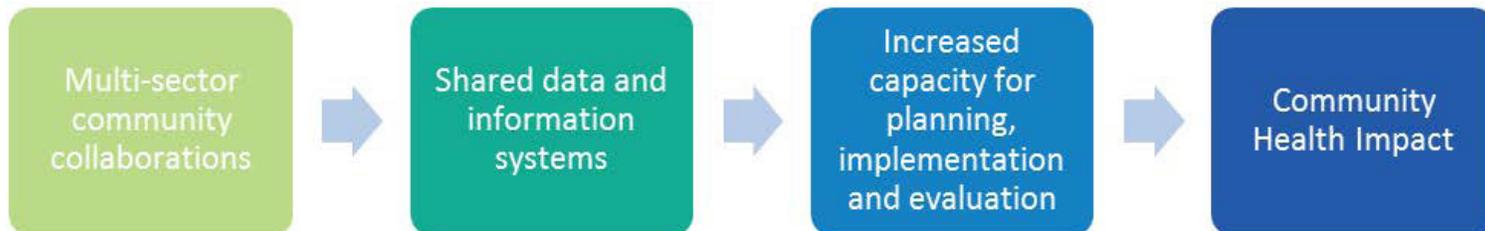
The ten awarded 12-18 month grants will help test a theory of change. Increases along any of three domains - data sharing and connected information systems, the degree and nature of collaboration, or the number of sectors - will increase community capacity for taking action. These increases lead to improvements in community health.

The excitement generated by the CFP led RWJF to reconsider the importance of DASH in their work toward building a culture of health across the nation. Going into year 2, DASH is a National Program Office with 10 grantees and the following tasks.

- Work with grantees and selected networks and initiatives to test and implement innovative practices
- Build and disseminate the evidence base for the field
- Cultivate relationships among experts and practitioners to foster collective action in the field

These activities will have the following impact:

- Increased capacity among grantees to use data to enhance health improvement
- Improved capacity of non-grantee communities to use data to enhance health improvement through the translation and application of DASH's lessons learned and promising practices
- A more cohesive, strategic, and prioritized approach by leaders and practitioners for investing in and growing the practice of multi-sector data sharing for health improvement



SUPPORTING PATIENTS WITH METABOLIC CONDITIONS TO HAVE HEALTHY, PRODUCTIVE LIVES

Nearly every baby born in the U.S. is tested shortly after birth for inborn errors of metabolism (IBEM) through newborn blood spot screening (NBS). This screening identifies rare and life-threatening conditions to save lives and protect children from developing preventable disabilities. After more than 50 years of NBS, however, few of the conditions have an evidence base to guide their management and enable people to develop their full potential for healthy and productive lives.

COLLECTING DATA TO PROVIDE LONG-TERM PATIENT FOLLOW-UP

The “Inborn Errors of Metabolism Collaborative” (IBEMC) originated in 2005 when seven clinicians came together to collect data to provide long-term follow-up for patients with rare IBEM. From 2005-2010, the Region 4 Genetics Collaborative supported this group. Region 4 is housed at and managed by MPHI, and is funded by the federal Health Resources and Services Administration (HRSA). Region 4 brought together clinicians and public health partners to provide input into data elements to be included in the Inborn Errors of Metabolism Information System (IBEM-IS). This resulted in a data set that enhances knowledge of clinical outcomes and supports public health surveillance and policy development. Collaborators defined condition-specific elements for the metabolic conditions identified on the recommended uniform screening panel. The IBEM-IS was ultimately adopted for national use; it provides the foundation for collecting the information required for long-term follow-up in IBEM.



STUDYING THE NATURAL HISTORY OF IBEM

In 2011, the National Institute for Child Health and Human Development awarded the IBEMC a five-year grant to study the natural history of IBEM. This funding supported data collection from 13 clinics to improve scientific knowledge about the natural history of IBEM and gather evidence of effective management and treatment strategies.

As the IBEMC gained recognition, other HRSA-funded Regional

Genetics Collaboratives supported additional clinics to contribute. These extended partnerships have resulted in the largest single collection of clinical information about newborn-screened conditions, including data on more than 1,800 patients entered by 27 clinics in 19 states.

In August 2014, the IBEMC convened 30 clinicians and researchers to identify concerns facing NBS and the management of IBEM. They prioritized the following issues as most important to the identification and treatment of individuals with IBEM.

- Currently, many interventions used to treat and manage metabolic conditions are determined empirically and are not evidence-based
- There is a critical lack of evidence regarding the impact of IBEM on the neuropsychological functioning of individuals with metabolic conditions
- Expansion of NBS has led to the identification of individuals with a subset of conditions that have limited symptoms; the benefit of ascertaining and treating these subclinical conditions is uncertain
- Greater understanding of the relationship between genotype and disease acuity is needed to provide evidence for optimal treatment and management strategies

NEW FEDERAL FUNDING PURSUED

To address these issues, MPHI applied for additional funds from the National Institutes of Health in 2015 for the “Long-Term Follow-Up to Develop Evidence-Based Newborn Screening and Management Strategies for Inborn Errors of Metabolism” project. The goal of the program is to provide evidence-based recommendations for care management that will support individuals with IBEM to reach their full potential for healthy, productive lives. If funding is received, this program will begin in September 2016 with the following aims.

- To develop a holistic depiction of individuals with IBEM and their families by examining the health, neuropsychological, and quality-of-life outcomes of those with clinical and subclinical metabolic conditions
- To use phenotype, genotype, neuropsychological, and quality-of-life measures to develop evidence for treatment and management of individuals with IBEM
- To use genotype, phenotype, neuropsychological, and quality-of-life data to develop evidence-based recommendations for public health newborn screening and long-term follow-up programs

ENSURING MICHIGAN CITIZENS HAVE COMPREHENSIVE IMMUNIZATION RECORDS

The “Michigan Care Improvement Registry” (MCIR) tracks Michigan residents’ vaccine histories and makes the information available to immunization providers, schools, and child care centers in the state. From MCIR’s inception, MPHI has assisted the Michigan Department of Health and Human Services with the registry’s development and implementation.

Prior to the creation of MCIR in 1997, the immunization histories of children who received vaccines at a variety of locations were not centrally tracked, and many children received duplicate doses of vaccines because of incomplete records. MCIR provides a centralized repository for vaccination data and includes a forecasting feature that provides information about when another dose is due.

Immunization providers are required by the public health code to enter the vaccines administered to children under 20 years old into the registry. Although they are not required by law to enter adult data, most enter the immunizations they administer to people of all ages.

Today, MPHI provides technical and programmatic assistance to continue developing, deploying, and supporting statewide use of the registry by Michigan’s immunization providers, schools, and child care centers. Services include data quality management, technological support, technical assistance, information dissemination, electronic submission approval, website management, project planning, and management services.

Visit www.mcir.org for more information.



USING DATA TO SAVE KIDS: NATIONAL CHILD DEATH REVIEW CASE REPORTING SYSTEM

In 2005, with funds from the federal Health Resources and Services Administration's Maternal and Child Health Bureau, MPHI launched the "National Child Death Review Case Reporting System" (CRS). CRS is a database of comprehensive information on the circumstances of individual child deaths that are reviewed by local and state Child Death Review teams in 44 participating states. The database currently contains information on the deaths of more than 157,000 children.

MPHI's National Center for the Review & Prevention of Child Deaths allows researchers to access the data through a formal application process. Recent papers using the data include an article on mortality and epilepsy in *Epilepsy & Behavior* and one on pediatric suicide, which was submitted to *Injury Prevention*.

Researchers are currently analyzing data on child maltreatment with the National Center for Health Statistics and on infant death in sleep with the Children's National Medical Center.

Visit www.childdeathreview.org for additional information.



PROJECT HIGHLIGHTS

Patient-Centered Care



**Aiming for Improved
Care, Better Health,
and Lower Costs**



**Building Community
Capacity for Patient-
Centered Research**



**Working to Achieve
Better Health, Better
Care, and Lower Costs**

AIMING FOR IMPROVED CARE, BETTER HEALTH, AND LOWER COSTS

The “Michigan Primary Care Transformation” (MiPCT) demonstration project is a statewide health care change effort that addresses the federal Centers for Medicare & Medicaid Services’ (CMS) three-part aim of improved population health, better experience of care, and lower costs.

MiPCT is one of CMS’ Multi-Payer Advanced Primary Care Practice demonstration projects; six payers, 36 physician organizations, and 350 practices participate. More than 400 care managers in primary care practices serve more than 1.1 million Michigan residents, providing self-management support, medication management, care coordination, patient education, and transitional care.

Patient-centered medical home models hold great promise. As one of the largest demonstration projects in the U.S., Michigan’s outcomes are of great importance.

MPHI collects monitoring data and is conducting a robust evaluation, including analyzing claims and encounter data, and surveying care managers, providers, practice staff, physician organization leadership, and patients. The Michigan Department of Health and Human Services and the University of Michigan provide leadership and daily management.



BUILDING COMMUNITY CAPACITY FOR PATIENT-CENTERED RESEARCH

The Patient-Centered Outcomes Research Institute's (PCORI) "Pipeline to Proposal" (P2P) program provides resources to build a community of patients, caregivers, clinicians, and researchers with the expertise and passion to participate in patient-centered outcomes research. Capacity-building awards are provided to individuals and organizations who want to conduct research but are not yet ready to apply for funding from traditional sources.

PCORI is an independent, non-profit organization that was authorized by Congress in 2010. Its mission is to fund research that will provide patients, their caregivers, and clinicians with the evidence-based information needed to make better-informed healthcare decisions. PCORI is committed to continually seeking input from a broad range of stakeholders to guide its work.

PIPELINE TO PROPOSAL AWARDS

These awards are a progressive, three-tiered funding approach that move forward incrementally as partnerships and research capacity is developed. Throughout the tiers, the involvement of patients, families, and caregivers is a critical component to the

develop CER ideas into CER questions; these questions are then developed into a full research proposal in Tier III.

MIDWEST PIPELINE AWARD PROGRAM OFFICE

MPHI serves as the Midwest Pipeline Award Program Office, providing operational, programmatic, and fiscal agent services to awardees in 12 states (currently with awardees in Illinois, Iowa, Kansas, Minnesota, Missouri, and Ohio). Technical assistance is provided to assist with development of community engagement strategies, creation of infrastructure, strategic planning, and capacity building for conducting patient-centered research. Technical assistance tailored to the needs of each awardee is provided via monthly conference calls and is supported by telephone, emails, and a SharePoint site. Webinars provided to all project partners enhance awardees' progress. Most recently, MPHI produced a training webinar on the development of patient-centered research outcomes. Fiscally, MPHI contracts with awardees, manages payments, and monitors spending to ensure funds are being spent in accordance with PCORI guidelines.

MIDWEST TIER I AWARDEES

(see map on page 17)

MPHI's first cohort of awardees began in spring 2015 and they are now preparing for Tier II (slated to begin May 2016). MPHI's second cohort of Tier I awardees will begin in August 2016. A wide range of health concerns (such as diabetes, mental health, and multiple sclerosis) and populations (rural, youth, and newcomer) are included in the current cohort of projects.



success of the project. In Tier I, awardees develop partnerships and a process for involving patients in the development of comparative effectiveness research (CER) ideas. In Tier II, awardees maintain and expand the partnerships and further



PCORI P2P Tier 1, Cycle 2



10 Midwest Awardees

MIDWEST P2P PROJECT SPOTLIGHT: “THE FRONT PORCH PROJECT”

The Athens Photography Project (APP), Inc. is a non-profit art program that promotes mental health recovery by providing opportunities for members living with mental illness to express themselves creatively through photography. APP and their partners at Ohio University are learning more about mental health recovery by building a patient-engaged community aiming to develop long-term solutions in mental health care and drive meaningful research into rural mental health care.

APP’s director, Nate Thomson, has a very close relationship with mental health patients through his involvement in the art program. As a result, he and his partners are working to build a patient-centered partnership during Tier I. Recently, the partnership coined a title and slogan for their project to reflect the region and consumer-centered focus on mental health, “The Front Porch Project-our lives are the evidence of what works in rural mental health recovery.” The purpose is “to empower mental health consumers within rural Appalachia to participate in the ever-evolving conversation about what clinical treatment, recovery support options, and self-directed approaches are beneficial in mental health recovery.”

MPHI will continue to work with APP and the Front Porch Project, providing guidance and technical assistance throughout Tier I and the remaining tiers. MPHI is honored to provide assistance in this effort to conduct research on innovative methods for supporting the needs of mental health consumers.

WORKING TO ACHIEVE BETTER HEALTH, BETTER CARE, AND LOWER COSTS

MPHI, in partnership with the Michigan Department of Health and Human Services (MDHHS) and local community agencies, received a \$14 million, three-year grant award from the federal Centers for Medicare & Medicaid Services in 2012 to implement the “Michigan Pathways to Better Health” (Pathways) initiative.

With the goal to improve client outcomes and lower costs of care, the Pathways program addresses social service needs and links clients to primary care and preventive health services. Community HUBs (referral/tracking centers) and Lead Agencies coordinate resources and deploy community health workers (CHW), who assist adult Medicaid and/or Medicare beneficiaries with two or more chronic conditions by using evidence-based pathways (protocols).

In Michigan, CHWs have been working in three high-need counties – Ingham, Muskegon, and Saginaw – where they assist clients with health care, housing, food, and transportation needs. In each county, several agencies work together to implement the model.

- Ingham County Health Department, Muskegon Community Health Project, and Saginaw County Community Mental Health Authority serve as Lead Agencies, managing contracts and finances and providing oversight.
- Health care providers, social service agencies, CHWs, and other community agencies refer clients to the Pathways initiative.
- Community HUBs (Ingham Health Plan, Muskegon Community Health Project, and Saginaw County Community Mental Health Authority) conduct outreach, accept referrals, determine eligibility, and enroll and

assign clients to Care Coordination Agencies (CCAs). They also provide quality improvement monitoring and report on outcomes.

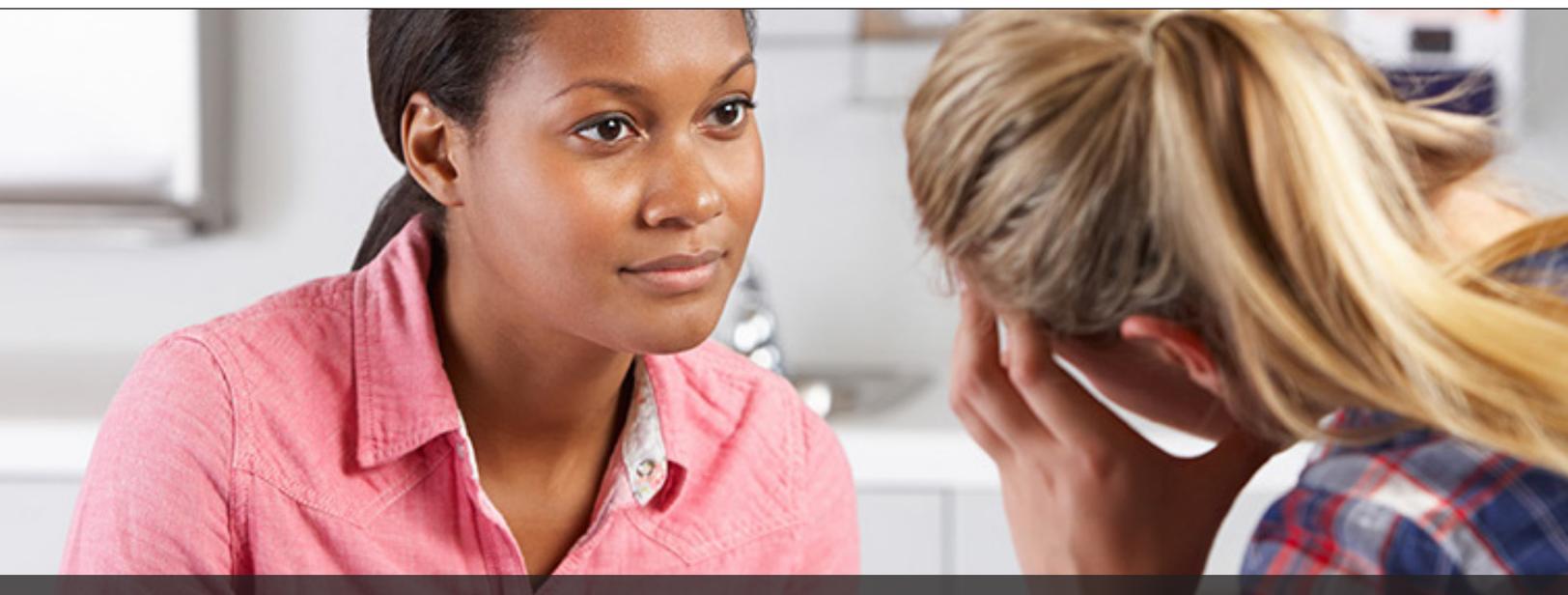
- CCAs deploy and manage CHWs, who link clients to health and human services.

In 2014, MPHI and MDHHS collaborated on sub-projects to develop new pathways and provide client-education resources for tobacco cessation, hypertension, diabetes, and prevention of falls. The Pathways initiative collects and shares client data with MDHHS to better understand the client population and improve services.

As of December 1, 2015, Pathways had 8,197 cumulative clients. The initiative is currently in a No-Cost Extension year, with some reduction in the numbers of new clients and CHWs. Over the 3½ years of implementation, more than 80 CHWs have been trained and deployed.

The MiPathways data system (created by MPHI) continues to collect data entered by CHWs as they provide services to clients and document their activities. The extensive data accumulated permits analyses of client outcomes, utilization of Pathways, and the relationships among client data and Medicare and Medicaid data. The database constitutes a resource for the Centers for Medicare & Medicaid Services, MPHI, and MDHHS for future research into the reduction of health care utilization and costs.

The project described was supported by Grant Number 1C1CMS331025 from the Department of Health and Human Services, Centers for Medicare & Medicaid Services. The contents of this publication are solely the responsibility of the authors and do not necessarily represent the official views of the U.S. Department of Health and Human Services or any of its agencies.



PROJECT HIGHLIGHTS

Prevention



Translating Review Findings to Prevent Child Deaths



Reducing the Burden of Cancer



Promoting the Importance of Working Smoke Alarms in Homes



Improving Data when Sudden Death Occurs in Young People



Tracking Sudden Unexpected Infant Deaths

TRANSLATING REVIEW FINDINGS TO PREVENT CHILD DEATHS

MPHI has held the contract for Michigan's "Child Death Review" (CDR) program since its inception in 1995. Staff members attend and provide technical assistance and support to county-level CDR meetings in all of Michigan's 83 counties to assist local review teams with case identification and reporting requirements.

LOCAL CHILD DEATH REVIEW TEAMS

Under the Child Protection Law (MCL 722.627b), the CDR program supports voluntary, multi-disciplinary CDR teams in every Michigan county. These teams, which include more than 1,200 professionals collectively, meet regularly to review the circumstances surrounding the deaths of children in their communities. The average team has 15 members and includes at a minimum: the county prosecutor; state, county and/or local law enforcement; representatives from the Michigan Department of Health and Human Services (MDHHS); local public health; and the county medical examiner. Additional members may include representatives from emergency medical

Since the Child Death Review program's inception, teams have reviewed more than 9,000 child deaths. More than 1,500 prevention activities have been recommended by local teams, and action has been taken on more than 1,000 activities.

services, mental health, education, pediatricians, hospital staff, and other human service providers or community leaders.

PROVIDING TRAINING FOR CDR TEAMS

MPHI hosts an annual training for CDR team members, where the causes of child death are explained, the roles of the disciplines on the teams are described, and ways to maintain effective review teams and identify strategies for preventing child deaths are identified.

CHILD DEATH STATE ADVISORY TEAM

The Child Protection Law also created a state-level team of professionals to "identify and make recommendations on policy and statutory changes pertaining to child fatalities, and to guide statewide prevention, education and training efforts." This Child Death State Advisory Team is required to include representation from MDHHS, law enforcement, a county prosecuting attorney and medical examiner, and the children's ombudsmen. Other team members also add expertise on the causes of child death and prevention, including a pediatrician who specializes in child abuse and neglect, and a staff member of the Michigan Chapter of American Academy of Pediatrics. The team has met quarterly since 1998. MDHHS chairs the meetings, which include review of local CDR findings and current state-level issues affecting children's health, safety, and protection.



ESTABLISHING A “CENTER FOR HEALTH EQUITY PRACTICE”

MPHI has provided support to the “Michigan Cancer Consortium” (MCC) since 1987. MCC is a statewide partnership that provides a forum for collaboration among 110+ member organizations that share the goal of improving cancer outcomes for Michigan residents. The MCC is recognized for its dynamic, timely, conscientious response to evolving scientific knowledge and for believing that achieving comprehensive cancer control is leveraged by coordinated efforts and member synergy.

MPHI’S SERVICES

MPHI provides technical assistance and support in several key areas.

1. Staffing the Board of Directors and expert advisory committees
2. Event planning and meetings hosting
3. Surveillance, epidemiological analyses, and evaluation services to make the evidence available that MCC leaders need to design community and system interventions and to measure progress
4. Design and implementation of special studies, assessments, and surveys to generate information to guide planning
5. Nursing and patient navigation consultation services
6. Cancer policy analysis

CURRENT PRIORITIES

The MCC’s current selected priorities are as follows.

- **Prevention:** By 2020, increase the proportion of females and males ages 13-17 who have received at least three doses of HPV vaccine—from 31% (females) and 20.4% (males) in 2015 to 80% (females and males)
- **Early Detection:** By 2020, increase the proportion of adults aged 50-75 who are up-to-date on appropriate colorectal cancer screening—from 71.7% in 2014 to 80%
- **Diagnosis and Treatment:** By 2020, increase percentage of Michigan adults participating in cancer treatment clinical trials—from 4.4% in 2011 to 4.8%.
- **Quality of Life:** By 2020, increase the number of Michigan adults diagnosed with cancer who report they received instructions about where to return or who to see for routine check-ups after completing treatment for cancer—from 61.7% in 2014 to 69%

AWARDS

The consortium has been honored with several awards, including the Comprehensive Cancer Control State Coalition Impact award in 2014, first place in “I’m Your Community Guide” contest in 2012, “Heroes of Breast Cancer Leadership Award” from Karmanos Cancer Institute in 2009, and the “Bronze Telly Award” in 2007.



PROMOTING THE IMPORTANCE OF WORKING SMOKE ALARMS IN HOMES

Each year in America, there are approximately 2,500 deaths and 350,000 medical visits due to fires and/or burns. Because working smoke alarms cut the risk of dying in a fire almost in half, the Federal Emergency Management Agency (FEMA) funded MPHI to lead the “Sound Off for Fire Safety” project.

From 2014-2015, fire department and injury prevention teams delivered education and outreach to low-income children in five communities (Indianapolis, IN; Lexington, KY; Miami, FL; Milwaukee, WI; and New Haven, CT). The goal of the project was to teach children and their families about the importance of having working smoke alarms in their homes and teach them about fire safety. The teams worked with second- and third-grade teachers to deliver professionally developed fire-safety lessons. Students were assigned to test their smoke alarms at home and report to their teachers how many alarms did and didn't work. The children then charted results as part of a math lesson.

With teachers serving as trusted liaisons to the families, the teams conducted visits to the homes that lacked smoke alarms. They installed alarms at no cost, inspected the homes for fire hazards, and explained how to correct the hazards.

The project team included MPHI, Injury Free Coalition for Kids, Young Minds Inspired (a curriculum company), and Project Manager Meri-K Appy. MPHI managed the project and the subcontractors, reviewed and approved materials, attended the training meeting of the pilot sites' representatives, and filed reports. Injury Free is one of the country's most effective injury-prevention programs; its staff and firefighters visited elementary schools, followed up with teachers, scheduled home visits, and collected and reported evaluation data. Ms. Appy is a leading fire-prevention and safety expert; she has more than 35 years of experience helping fire departments develop and implement outreach programs.

In 2015, additional funding supported the work of the prior teams and four new teams. In addition, 12 “starter sites” received the educational materials, but no smoke alarms or funding. All of the teams are continuing to use and refine the model of educating children and families about fire safety and installing smoke alarms in homes.



IMPROVING DATA WHEN SUDDEN DEATH OCCURS IN YOUNG PEOPLE

MPHI's National Center for the Review and Prevention of Child Deaths has received funding from the Centers for Disease Control and Prevention (CDC) since 2013 to serve as the Data Coordinating Center for the "Sudden Death in the Young Case Registry" initiative.

The National Center developed a new module for its existing "National Child Death Review Case Reporting System" (CRS) to collect data on cases of sudden cardiac death in the young (SCDY) and sudden unexpected death from epilepsy (SUDEP). The purpose of the project is to develop the CRS to allow for better tracking, reporting, and prevention of sudden deaths in people from infancy to 19 years of age. The project is also developing a biorepository of DNA from young people whose deaths are reviewed as part of the registry. The DNA is used to support the National Institutes of Health's quantitative and qualitative research and translational research to reduce sudden deaths in the young; it includes clinical information that can be a resource for research studying SCDY and SUDEP.

In the first year of the project, MPHI conducted a needs assessment and strategic planning sessions with stakeholders and experts. This collaboration led to development of national standards for autopsies when SCDY and SUDEP occur. Eligible jurisdictions applied in June 2014 for CDC funding to participate in the Sudden Death in the Young Case Registry. By the end of 2014, the CDC awarded grants to ten jurisdictions and data collection began in January 2015.

MPHI hosts the CRS, designed the new module, and provides implementation services to state grantees. Staff also provide a help desk for funded states, provide training on the new module, support states' data acquisition efforts, and subcontract for the DNA biorepository with the University of Michigan.

Visit www.childdeathreview.org for additional information.

This project made possible in part by Grant Number 200-2013-57324 from the US Centers for Disease Control and Prevention.

This site's contents are solely the responsibility of the authors and do not necessarily represent the official views of HHS or its components.



TRACKING SUDDEN UNEXPECTED INFANT DEATHS



Each year in the U.S. approximately 4,500 infants die suddenly, and most of these sudden and unexpected infant deaths (SUID) occur when infants are sleeping.

Recognizing the need to generate detailed and timely infant death-related public health information, the Centers for Disease Control and Prevention (CDC) designed a National SUID Case Registry. The CDC chose MPHI's existing National Child Death Review Case Reporting System (CRS) as the foundation for the new SUID Case Registry. In 2010, MPHI received funding to develop a SUID module for the CRS.

MPHI's National Center for Review and Prevention of Child Deaths maintains the database and provides implementation, systems hosting, data management, and training services to the 12 states receiving CDC funds to participate in the registry. Data analysis is conducted at local and state levels, and Child Death Review teams in the funded states use the data to identify prevention activities. Data are available to external researchers in accordance with the National Center's Data Dissemination Policy.

CDC and National Center staff conduct annual in-person site visits with state grantees and host an annual group reverse-site visit to conduct strategic planning and improve quality. Visit www.childdeathreview.org for additional information.

Visit www.childdeathreview.org for additional information.

This project made possible in part by Contract Number 200-2013-56409 from the US Centers for Disease Control and Prevention. This site's contents are solely the responsibility of the authors and do not necessarily represent the official views of HHS or its components.

PROJECT HIGHLIGHTS

Systems Transformation



Advancing a Culture of Quality in Public Health & Human Service Agencies



Supporting Healthy Families and Babies



Supporting Coordination of Care



Keeping Patients Engaged and Healthy



Testing Michigan's "Blueprint for Health Innovation"



Helping Michigan's Women, Infants, and Children

ADVANCING A CULTURE OF QUALITY IN PUBLIC HEALTH & HUMAN SERVICE AGENCIES

With a vision for improved quality, the Michigan Department of Health and Human Services (MDHHS), MPHI, and partners began the process of statewide accreditation for Michigan's local public health departments in 1998. MPHI has played an important role in the Michigan Local Public Health Accreditation Program (MLPHAP) since the beginning, coordinating operations, collecting and analyzing data, and supporting program improvements.

In 2005, MDHHS and MPHI built on the MLPHAP experience through the Robert Wood Johnson Foundation-funded "Multi-State Learning Collaborative" (MLC), continuing to build a culture of quality in Michigan's public health system and contributing to national public health accreditation efforts. MPHI gained experience and expertise in quality improvement through the MLC, and has built on this work through numerous projects in Michigan and across the nation.

Our aim is to continue to support the use of quality improvement methodology and build greater capacity for public health agencies to meet national accreditation standards for quality. Our trained and experienced staff are dedicated to working with public health agencies and other organizations to help them implement best practices in accreditation and quality improvement, and to translate research into practice through training, technical assistance, coaching, and project consultation and management.

MPHI is currently supporting quality improvement efforts in public health and human service agencies.

- Coordinating quality improvement efforts with Home Visiting programs in Michigan and nationally

In Michigan, MPHI has worked with MDHHS to convene quality improvement learning collaboratives of local Home Visiting programs, which are designed to support use of quality improvement. Additionally, MPHI provides training workshops and coaching to facilitate completion of Plan-Do-Study-Act cycles for Home Visiting programs in the state and across the nation.

- Supporting improvement of early childhood outcomes through work with Michigan's Early Childhood Comprehensive Systems grant and the Great Start to Quality initiative, providing quality improvement training and ongoing coaching
- Facilitating quality improvement projects in collaboration with Tribal Health Centers in Michigan, with the aim of increasing breast and colorectal cancer-screening rates and completed referrals for health and human services
- Working with the MDHHS Office of Performance Improvement and Management to increase quality improvement capacity in the state's public health system by facilitating projects with MDHHS programs, providing technical assistance at no cost to local and Tribal public health departments, and coordinating a mini-grant program to support local and Tribal efforts to meet national standards for public health
- Working with the Local Lead Collaborative, including four local health departments in southeast Michigan, completing quality improvement efforts to address lead poisoning from non-paint sources
- Providing training in quality improvement at Michigan's Premier Public Health Conference
- Working with state, local, and Tribal health and human service agencies to support their quality improvement efforts



SUPPORTING HEALTHY FAMILIES AND BABIES

“Home visiting” is a prevention strategy that supports effective parenting and the healthy development of children. The federal Health Resources and Services Administration and the Administration for Children and Families developed the “Maternal Infant and Early Childhood Home Visiting Program” in 2010.

All home visiting models connect expectant parents or parents of young children with a professional or paraprofessional home visitor, who provides parents with education, builds family support systems, and creates connections to services. Home visiting can achieve positive outcomes that can impact a child’s life course, including improved health and development, prevention of abuse and neglect, and improved school readiness.

MPHI has supported Michigan’s program in many ways over several years including:

- Benchmark data collection and reporting; quality improvement; evaluation
- Expanding staff capacity
- Event business planning and continuing education services
- Webcasting and virtual meeting support
- Database development

BENCHMARK DATA COLLECTION & REPORTING; QUALITY IMPROVEMENT; EVALUATION

The Home Visiting program reports performance in six benchmark areas.

- Maternal and newborn health
- Child injuries and maltreatment and reduction in emergency department use
- School readiness and achievement
- Crime or domestic violence
- Economic self sufficiency
- Coordination and referrals for other community services and supports

Benchmark data are used to monitor performance and ensure quality at federal, state, and local levels. MPHI supports this process from the point of defining measures through data collection, analysis, and reporting.

CONTINUOUS QUALITY IMPROVEMENT

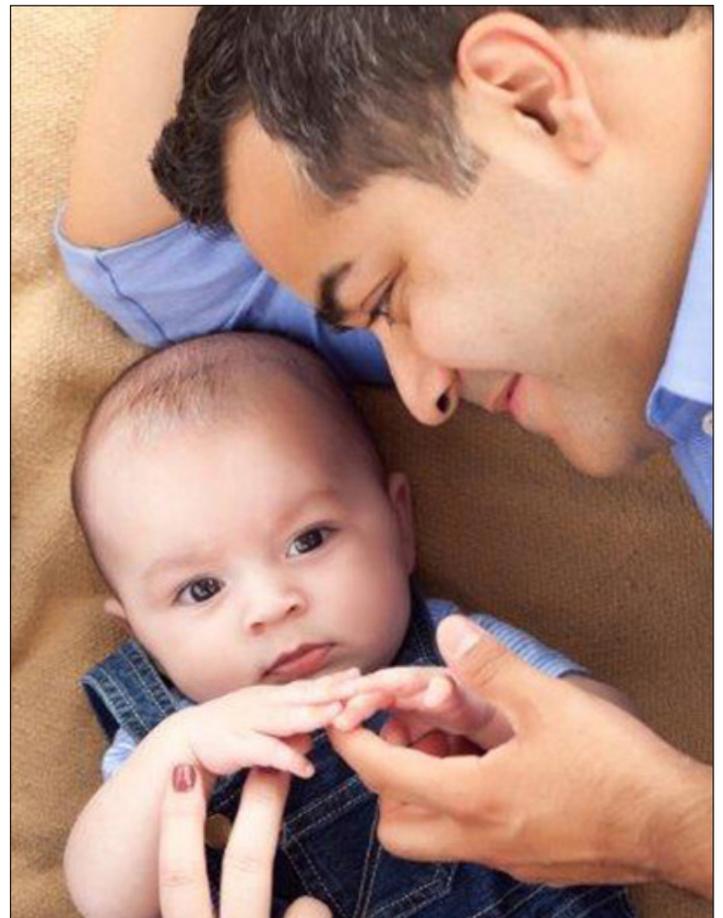
To ensure improvement in each benchmark area, as well as the quality of the program, MPHI developed Michigan’s Continuous Quality Improvement (CQI) plan. Staff provide QI training, coordinate learning collaboratives, host quarterly virtual QI webinars, offer a QI advisor to each local program, generate quarterly CQI data reports for state and local teams, facilitate CQI projects, and support national CQI initiatives.

EVALUATION RESEARCH

MPHI designed and implemented two studies of strategies to improve the quality of the program. The first was an evaluation study of the learning collaborative model as a mechanism to improve program implementation. The second, which is currently in progress, is a validation study of Michigan’s Home Visiting Quality Assurance System.

EXPAND STAFF CAPACITY

MPHI employees supplement the state’s Home Visiting staff; they provide technical assistance and training across models, create communication networks, and provide updates to the field.



EVENT BUSINESS PLANNING AND CONTINUING EDUCATION SERVICES

Since September 2014, MPHI has planned and implemented 11 instructor-led trainings and a 600+ person, two-day Home Visiting Conference.

- Over the past 18 months, the trainings have provided current evidence-based best practices to 884 home visitors through skill-building sessions that support their professional development. Our Continuing Education Solutions unit awarded continuing education credit hours to 189 nursing professionals, 97 social workers, and nine teachers. Topics included substance abuse assessment, domestic violence awareness and prevention, motivational interviewing techniques and theory, health equity and social justice concepts, and infant safety topics.
- The conference provided information on home visiting models and included topical sessions, including: reflective practice, Collaborative Improvement & Innovation Network1 (CollIN) panels, domestic violence awareness, substance abuse prevention, trauma-informed care, retention techniques, parental involvement, home visitor compassion fatigue, engagement strategies, data study techniques, mandated reporting, breastfeeding updates, teen parent topics, building healthy homes, and much more.

WEBCASTING AND VIRTUAL MEETING SUPPORT

MPHI recorded the Home Visiting Conference and hosts a rich-media webcast recording of the event, which is available on demand, 24-7. MPHI also provides support for virtual meetings to allow those who cannot be present in person to virtually connect to the meeting from their location. Audio and video technology is integrated throughout MPHI's conference center to replicate meeting dynamics.

DATABASE DEVELOPMENT

MPHI also developed Michigan's Home Visiting website, www.mihomevisiting.com, which allows families to search for programs and local implementing agencies to maintain information on the site. We also developed the Michigan Home Visiting Provider Portal, <https://www.mihomevisiting.org>, which provides information for grantees, program and provider information, and "learning communities."

SUPPORTING COORDINATION OF CARE

Since 2006, MPHI has been engaged in a variety of initiatives to support the use of health information technology (HIT) for care coordination in public health. HIT is at the forefront of improving health care delivery and coordination. When physicians and specialists can securely share electronic health records, patients are ensured that providers in their care network have the information they need to deliver the best care possible. Sharing of electronic health records saves providers time and money and results in a smart, efficient system.

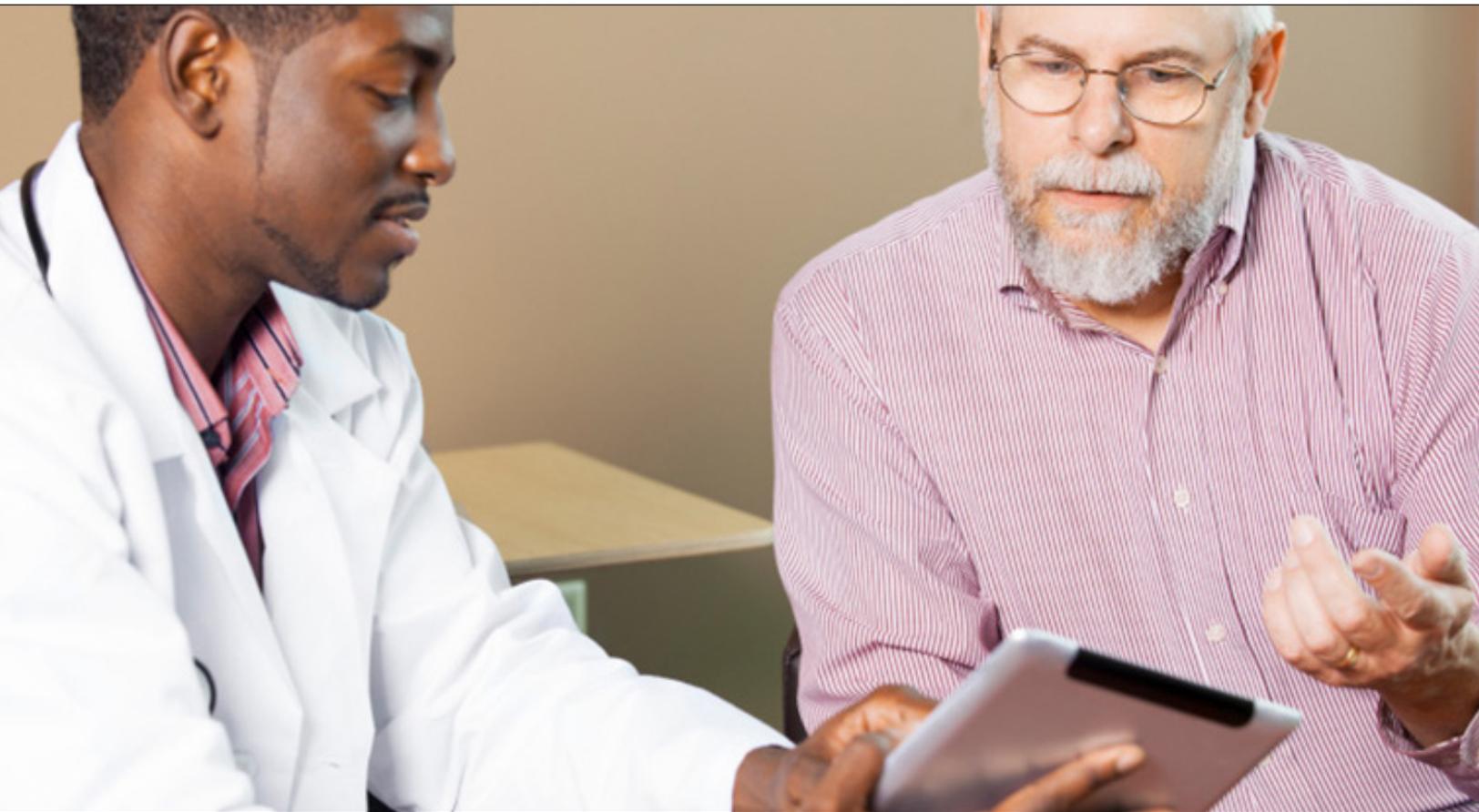
MPHI is partnering with the Michigan Department of Health and Human Services to support improvement in the electronic records used by Michigan's public mental health system and to optimize systems that enable care coordination for specialized patient populations, including individuals who are HIV positive. These and other initiatives are helping to ensure that highly advanced, coordinated care driven by HIT is the standard in Michigan.



KEEPING PATIENTS ENGAGED AND HEALTHY

MPHI is working with Michigan's Medicaid program to develop a Consumer Engagement Plan that is focused on increasing consumer involvement in their own health by using health information technology (HIT). Both organizations are collaborating with state and national partners to assess the current consumer engagement landscape, research engagement strategies, and determine consumer attitudes.

When patients have access to treatment plans, tools to help them make better choices, and a strong understanding of their health needs, health outcomes improve and health costs decrease. With the majority of Americans owning smartphones or other Internet-enabled devices, mobile and web-based technology can give health care providers the opportunity to engage patients in a format that is comfortable, efficient, and convenient.



With Michigan's Medicaid program, MPHI is utilizing multiple strategies to leverage HIT to keep the public informed, engaged, and healthy.

- Beginning in 2013, MPHI hosted Michigan's first series of consumer engagement stakeholder meetings, during which HIT experts, state government leaders, consumer group representatives, and provider groups worked with analysts to identify ways HIT can be used to promote patient engagement.
- Throughout 2014, staff worked with providers to better understand what they need to engage their patients in health.
- Currently, MPHI is conducting a survey with Medicaid and Healthy Michigan Plan beneficiaries to learn about technology habits, their engagement in health, and how they would like to be engaged by providers. We are also creating partnerships with additional stakeholders who have direct access to the Medicaid population, including federally qualified health centers, local public health departments, and parks and recreation organizations.

In the future, MPHI will continue to advise partners at the Michigan Department of Health and Human Services on innovative and practical HIT-based consumer engagement strategies. For more information, visit www.MiEngagement.org.

TESTING MICHIGAN'S "BLUEPRINT FOR HEALTH INNOVATION"



Michigan is receiving \$70 million in federal funding from 2015-2019 to support innovative health care system enhancements that benefit families. The U.S. Department of Health and Human Services is funding the testing of Michigan's "Blueprint for Health Innovation," a plan that is guiding the state as it pursues better coordination of care, lower costs, and improved health outcomes. Special attention is being paid to building linkages to safety-net settings, integrating primary care and behavioral health, engaging populations, promoting person-centered care, reducing population health risks, and coordinating human services and health care to address social determinants. The blueprint calls for prioritizing improvement efforts for three target populations: at-risk pregnant women, high utilizers of emergency departments, and people with multiple chronic conditions.

The funding supports multi-payer payment and health care delivery system transformation to improve health system performance and reduce costs. The model also recognizes that better health requires a comprehensive approach involving safe and healthy communities, workplaces, homes, and lifestyles. Efforts are concentrated on establishing effective Accountable Systems of Care and Community Health Innovation Regions that advance these goals, as described in the Blueprint.

MPHI previously assisted the state in developing the blueprint by engaging partners, convening workgroups, helping to identify common ground, and supporting drafting of the document. MPHI continues to support the state in project implementation, which includes developing program materials and supporting participating Accountable Systems of Care and Community Health Innovation Regions in achieving success.

HELPING MICHIGAN'S WOMEN, INFANTS AND CHILDREN

MPHI has provided services for the Michigan Department of Health and Human Services' (MDHHS) "Women, Infants and Children" (WIC) program since 1998. WIC provides nutritional education and counseling, supplemental food, referrals, and breastfeeding promotion to more than 240,000 families each month; 90% of these families live below the 150% federal poverty level.

MPHI'S SERVICES TO WIC OVER 17 YEARS

- Developing and evaluating training needs assessments
- Providing continuing education (CE) administration services for professionals in local agencies; awarding CE certificates to nurses, lactation consultants, and social workers
- Developing and managing WIC's Training & Resources website, which is housed at MPHI
- Managing the online registration portal for registrants of educational programs
- Planning and coordinating logistics for educational programs for more than 1,000 WIC local agency staff annually
- Developing online web-based training modules
- Providing a technical assistance/customer service line for users of WIC's electronic benefits transfer system
- Providing financial and contractual support for the WIC Administration and Nutrition project
- Providing 18 kick-off and skills-development trainings in 2015 to support a focus on client-centered care and roll-out of the program's brand, Client Centered Services (supported by a USDA Operation Adjustment Grant); the next phase will involve mentorship training and supports

Every WIC dollar spent on a pregnant woman saves over \$3.50 in federal, state, local and private health care costs.

Source: WIC and the Nutrient Intake of Children, Victor Olivera and C. Gunderson, FRED, ERC, USDA, FANRR #5. March, 2000

53% of babies born in Michigan are enrolled in WIC

Source: Michigan Department of Health & Human Services

BENEFITS TO FAMILIES FOR PARTICIPATING IN WIC

The program has a positive effect on pregnancy outcomes and child growth and development.

- Support and duration of breastfeeding – 63.6% of infants are breastfed
- Increase in the number of women receiving adequate prenatal care
- Lower infant mortality among Medicaid beneficiaries
- Improvement in pregnant and postpartum women's dietary intake
- Decrease in the incidence of low birth weight and pre-term births
- Lower rates of anemia among children ages six months to five years
- Improvement in children's intake of vitamins and nutrients, without an adverse effect on fat or cholesterol, through the WIC Food Package and WIC Project FRESH; Project FRESH provides produce from Michigan's farmers markets to low-income consumers who are nutritionally at risk
- Better vocabulary and digit memory scores in four and five year olds who participate in WIC in early childhood
- Improvement in rates of immunization against childhood diseases, through collaboration and coordination with the MDHHS Immunization Program

WIC'S FIVE-YEAR GOALS

It is MPHI's aim to continue to partner with WIC as they work toward the following goals.

- Increase first trimester entry into the WIC program from 36.9% to 42.0%
- Increase ideal prenatal weight gain from 30.7% to 33.5%
- Reduce the percent of low-birth-weight infants born to women enrolled in Michigan WIC from 8.7% to 8.0%
- Increase breastfeeding initiation rate from 63.1% to 67.0% and the six-month duration rate from 17.7% to 20.5%
- Decrease the prevalence of early childhood obesity in children aged 2-5 from 14.1% to 13.5%
- Decrease the prevalence of low hemoglobin level from 17.5% to 15.0% among children younger than 5 years old



PROJECT HIGHLIGHTS

Voices of Communities



**Supporting Families
of Child and Youth with
Special Health Care Needs**



**Risk, Resiliency, and
Coping in National
Guard Families**



**Working Collaboratively for
Social Justice: “Michigan
Power to Thrive”**



**Spirit of Community Health:
Exploring Characteristics of
Tribal Public Health System
Organization and Performance**



**Helping Children with
Genetic Conditions Gain
Access to Optimal Services**

SUPPORTING FAMILIES OF CHILDREN AND YOUTH WITH SPECIAL HEALTH CARE NEEDS

MPHI received funding from the federal Health Resources and Services Administration (HRSA) in 2013 to house and manage the “Michigan Family-to-Family Health Information Center” (F2F). The center provides information, education, technical assistance, and peer support to families of children and youth with special health care needs (CYSHCN) and the professionals who serve them. To date, MPHI has accomplished the following.

- Provided educational opportunities for families of CYSHCN
- Provided educational opportunities for professionals to build family/professional partnerships and promote a family-centered, community-based, and culturally competent system of care
- Collaborated with state committees and councils to address barriers and participate in opportunities to improve systems of care through the six national 2010 objectives for CYSHCN
- Provided technical assistance, information and resources to families and CYSHCN
- Launched a statewide information repository on the F2F website and developed a “Tell Your Story” feature to collect family stories and trends

PROVIDING EDUCATIONAL OPPORTUNITIES FOR FAMILIES OF CYSHCN

- Purchased “Parents Partnering for Change” training to help parents develop skills and knowledge that enable them to be active participants in their communities
- Partnered with Region 4 Midwest Genetics Collaborative to offer “Care Coordination: Empowering Families” training, which provides parents with skills, knowledge, and resources to enable them to coordinate care for children who have complex needs, in partnership with a culturally competent medical home – 78 parents have participated in the one-day training to date
- Partnered with Michigan Consumers for Healthcare to provide a webinar on the Affordable Care Act and how it impacts families of CYSHCN – 71 people participated in the live webinar and there have been 117 views via the website to date



PROVIDING EDUCATIONAL OPPORTUNITIES FOR PROFESSIONALS TO BUILD FAMILY-PROFESSIONAL PARTNERSHIPS AND PROMOTE A FAMILY-CENTERED, COMMUNITY-BASED, AND CULTURALLY COMPETENT SYSTEM OF CARE

- Attended the Developmental Disabilities Conference and interacted with 100 families and 200 professionals, promoting F2F
- Conducted outreach to provider professional organizations
- Developed and launched the F2F website, providing resources to health care professionals
- Participated in a regional community resource mapping meeting with disability-related organizations
- Partnered with the Michigan Primary Care Transformation project to provide a webinar on parent-professional partnerships and how to engage families in building a family-centered practice; the webinar targeted care coordinators in primary care practices
- Presented “Caring for the Caregiver” to professionals and parents at the Parenting Awareness Michigan Conference

COLLABORATING WITH STATE COMMITTEES AND COUNCILS TO ADDRESS BARRIERS AND PARTICIPATE IN OPPORTUNITIES TO IMPROVE SYSTEMS OF CARE THROUGH THE SIX NATIONAL 2010 OBJECTIVES FOR CYSHCN

- Established 27-member F2F Advisory Board
- Represented families as a member of Children’s Special Health Care Services’ Advisory Board and the State of Michigan Newborn Screening Quality Assurance Advisory Committee

PROVIDING TECHNICAL ASSISTANCE, INFORMATION AND RESOURCES TO FAMILIES AND CYSHCN

- Partnered with Michigan’s Children’s Special Health Care Services’ Family Center and Family Phone Line to coordinate activities and resources
- Developed and launched the F2F website to provide resources for families and caregivers
- Established F2F Facebook page to share information and connect parents
- Published six electronic newsletters
- Partnered with Newborn Screening to provide educational materials on navigating insurance coverage for metabolic formulas

HRSA recently awarded MPHI a second grant, which extends the project to 2018. For more information visit <https://f2fmichigan.org/>.

RISK, RESILIENCY, AND COPING IN NATIONAL GUARD FAMILIES

In 2012, MPHI received its first grant from the Office of the Assistant Secretary of Defense for Health Affairs through the Psychological Health Traumatic Brain Injury Research Program to conduct a longitudinal study of “Risk, Resiliency, and Coping in National Guard Families.” This three-year study followed a battalion of soldiers that deployed from the Michigan National Guard, collecting data from the soldiers and their spouses/significant others and parents. Quantitative and qualitative methods were used to expand our understanding of stress and adaptation associated with war-time deployments for National Guard families.

- The quantitative portion of the study used a survey method to collect individual and family outcomes and process measures 90 days, one year, and two years following the battalion’s return from Afghanistan. Outcome data were then linked to data collected by university partners before deployment; more than 650 families were represented in the data set.
- The qualitative portion of the study included three in-depth, 90-minute interviews with a sub-sample of 30 families. The interviews were conducted in the family home approximately six, 18, and 30 months following the soldier’s return from Afghanistan.

MPHI provided project management, study design, online data collection, data management and warehousing, and analysis and dissemination of findings. Project partners included the Michigan National Guard, Michigan State University, the University of Michigan, Virginia Polytechnic Institute & State University, and Ann Arbor Veterans Administration Healthcare.

The project has led to improved understanding of deployment processes for military families. Community partners will use the findings to inform development and adaptation of evidence-based family and community-resilience programs, and to enhance methods that build and sustain strong relationships within military families.



Findings have been presented at the following conferences:

- 2014 Military Health System Research Symposium, Ft. Lauderdale, FL
- 34th Congress of the International Academy of Law and Mental Health, Vienna, Austria
- 2015 American Association for Marriage and Family Therapy Annual Conference, Austin, TX
- 2015 International Society for Traumatic Stress Studies Annual Meeting, New Orleans, LA
- 2015 National Council on Family Relations Annual Conference, Vancouver, BC, Canada

Study team members will continue to analyze data and disseminate results through peer-reviewed journals.

WORKING COLLABORATIVELY FOR SOCIAL JUSTICE: “MICHIGAN POWER TO THRIVE”

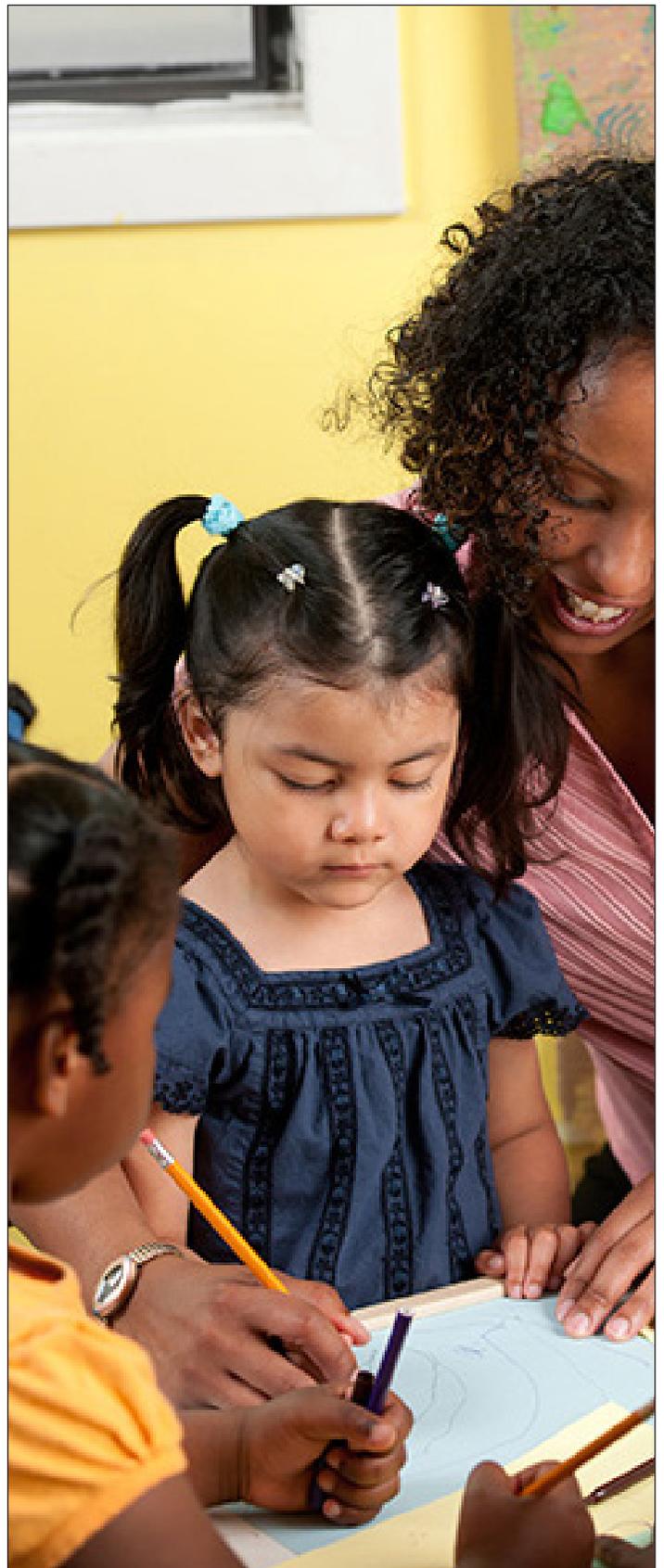
“Michigan Power to Thrive” (MPTT) is a network of eight local health departments and six local affiliates of GAMALIEL of Michigan, all working cooperatively for social justice since 2013. MPTT is part of a larger movement within public health to adopt community-organizing practices in order to advance a health equity framework. The network’s first two years were spent building relationships between the two disciplines and cross-training. Early efforts to mount a multi-county campaign focused on adoption of a “Health in All Policies” decision-making strategy by city and county governments.

MPHI coordinates this network as part of its “Center for Health Equity Practice,” with funding from ISAIAH, Inc., a faith-based organizing group based in Minnesota, and the National Association for City and County Health Officials.

In August 2015, MPTT held an issues convention exploring eight possible issue targets to pursue collectively. The two issues of most interest were mass incarceration/mass deportation and early childhood development. Work teams met again in October and November after engaging in one-to-one interactions with people knowledgeable about the current policy landscape for both issues. The mass incarceration/mass deportation workgroup is focusing on employment supports for formerly incarcerated people and driver cards for undocumented residents. The early childhood development workgroup is focusing on alternatives to expulsion from preschool for 3- and 4-year olds.

To mobilize communities around the issue of early childhood development, local MPTT partners worked together on community screenings of episodes from the documentary series, *The Raising of America*. These episodes make clear the importance of attending to a child’s development in the first years of life from multiple perspectives, including health, social stability, economics, and recovery from trauma. They also advance a larger narrative to counter what has been called the “school-to-prison” pipeline—the early traumatization and stigmatization of black and brown children, limiting their access to the opportunities and resources needed to achieve well-being.

The principal organizations involved in Michigan Power to Thrive are local health departments in Calhoun, Genesee, Ingham, Kalamazoo, Kent, Saginaw, Washtenaw, and Wayne Counties, and the local faith-based organizing affiliates of GAMALIEL of Michigan: MOSES (Detroit), WeROC (Ypsilanti), ACTION of Greater Lansing, ISAAC (Kalamazoo), The Ezekiel Project (Saginaw), and JONAH (Battle Creek).



SPIRIT OF COMMUNITY HEALTH: EXPLORING CHARACTERISTICS OF TRIBAL PUBLIC HEALTH SYSTEM ORGANIZATION AND PERFORMANCE

National health data reveal that American Indian/Alaska Native (AI/AN) people experience poorer health outcomes and have shorter average life expectancy than the overall U.S. population. Addressing the causes of poor health and early death requires interventions outside of a medical office – preventive services, chronic care management, community-based services – which are inherent to public health. Yet, Native American tribes often face challenges to improving public health, such as social inequities, cross-cultural and jurisdictional barriers, limited access to health care, and lack of parity in financial resources. It is imperative that Tribal health agencies are able to determine how they can improve tribal members' health through the delivery of essential public health services.

The Robert Wood Johnson Foundation's "Public Health Services and Systems Research" grant program funded MPHI to conduct a study to help build an evidence base around how tribes organize and partner to deliver public health services. MPHI conducted an examination of a single tribal public health system, exploring how and through what relationships it delivered public health services, and assessing the key characteristics that addressed health disparities. Data sources included interviews and ecomaps with public health system partners, focus groups with community members, secondary data, and document review. The study followed the principles of tribal community-based participatory research and involved participants in creating and disseminating knowledge.



Findings suggested many future directions for research and practice, including the following.

- A great need for additional resources to support development of tribal public health laws and policies
- The importance of sustainable and flexible financing for tribal public health services
- The potential value of practice-based evidence that emphasizes community wisdom and culture
- Opportunities that exist for the public health field to learn from Tribes about the potential benefits and pitfalls of the integration of public health and health care
- Valuable insight that can be gained by having a research agenda for tribal public health systems and services

A full report of the results, a policy brief, and practitioners' toolkit can be found here: <https://www.mphi.org/tribalhealth/>.

HELPING CHILDREN WITH GENETIC CONDITIONS GAIN ACCESS TO OPTIMAL SERVICES

Since 2004, the “Region 4 Midwest Genetics Collaborative” (Region 4) has been funded by the federal Health Resources and Services Administration to facilitate partnerships to ensure children who are born with rare genetic conditions receive optimal genetic services. Region 4 is housed at and managed by MPH, which provides fiscal management, strategic direction, project coordination, and facilitation. Partners include genetic experts, health care providers, state newborn screening laboratory and follow-up programs, and families. Stakeholders from seven states—Illinois, Indiana, Kentucky, Michigan, Minnesota, Ohio, and Wisconsin—participate in Region 4.

CURRENT EFFORTS

Work is accomplished by engaging stakeholders in workgroups and/or stakeholder forums, which address the following goals.

- Facilitate collaboration
- Improve effective follow-up for children
- Improve access to genetic services
- Increase the number of children who receive quality genetic services
- Improve the adoption and implementation of recommendations from the Advisory Committee on Heritable Disorders in Newborns and Children

An example of Region 4’s work is the “Care Coordination: Empowering Families” training, which provides parents with the skills, knowledge, and resources they need to coordinate their children’s complex health care needs in partnership with a medical home. More than 270 caregivers of children with genetic conditions have been trained; 144 of them were trained through partnerships with the Michigan Department of Health and Human Services’ Children’s Special Health Care Services and the Michigan Family-to-Family Health Information Center (also housed at MPH). With support from the Genetic Alliance, 40 facilitators have been trained; facilitators are now available in 12 states.

PLANS FOR THE FUTURE

At Region 4’s 2015 Annual Meeting, staff utilized the HRSA-funded Heartland Genetic Services Collaborative’s “Genetic Service Assessment” quality measurement tool to collect data on genetic services in the region. The information will be used in a regional needs assessment to identify strengths and gaps in genetic services. Another component to the needs assessment is the access-to-genetic-service-providers mapping project, which

will examine the number of birth defects in the region by county and provide information on the spatial distribution of genetic services providers. Region 4 plans to expand this assessment by using partnerships with state public health programs to obtain newborn screening data. Further measures to be examined include distance-to-care metrics and a genetic condition trend analysis by county.



ADDITIONAL PRIORITIES

Region 4 will continue to address the following needs the collaborative identified as priorities for the 2012-2017 grant cycle.

- Cross-state technical assistance and resources to advance implementation of lysosomal storage disorders (50 rare inherited metabolic disorders that result from defects in lysosomal function)
- Education and long-term follow-up resources for congenital hypothyroidism
- Implementation and evaluation of sickle cell trait short-term follow-up recommendations, developed through facilitated consensus methods with regional experts
- Implementation and evaluation of sickle cell trait short-term follow-up recommendations, developed through facilitated consensus methods with regional experts

For more information, please visit <http://region4genetics.org>.

POINTS OF PRIDE

NUMBER OF EMPLOYEES

489 Employees in 2015

330 Employees in 2010

238 Employees in 2005

170 Employees in 2000

49 Employees in 1995

3 Employees in 1993



POINTS OF PRIDE

Project Count

4

1992

68

1995

132

2000

190

2005

220

2010

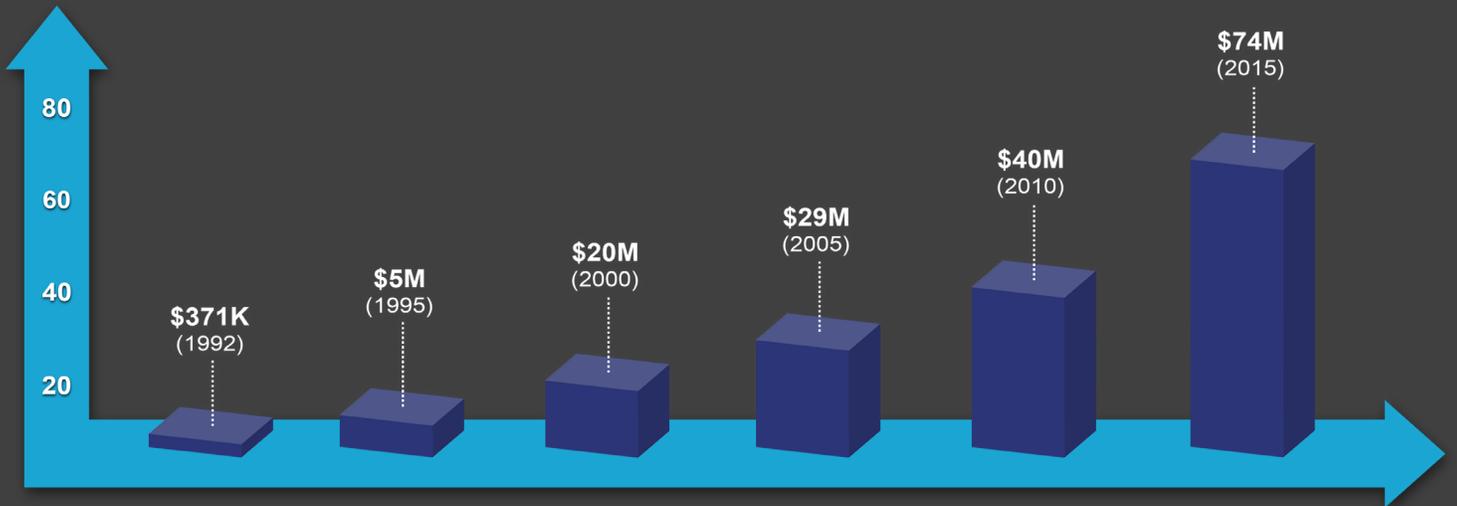
315

2015



POINTS OF PRIDE

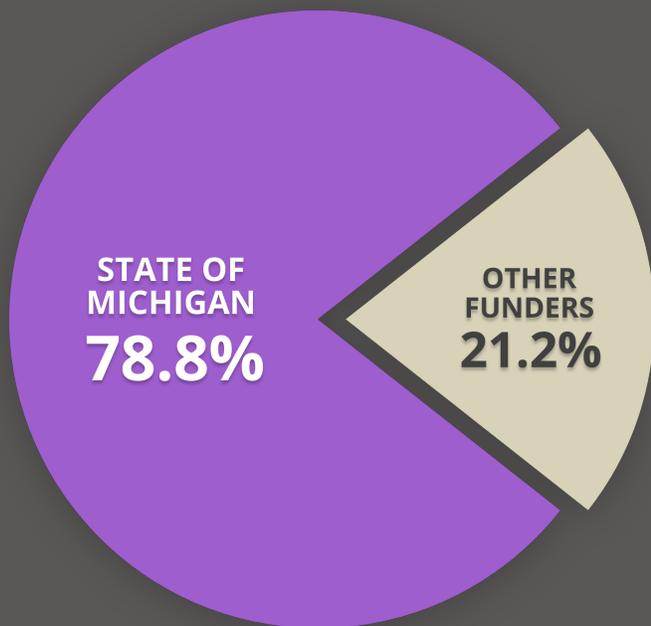
Revenue



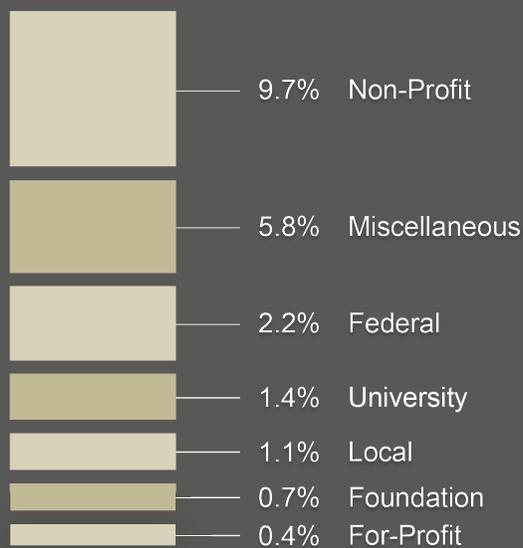


COLLABORATING WITH FUNDERS

2015 Percentage of Work by Type of Funder



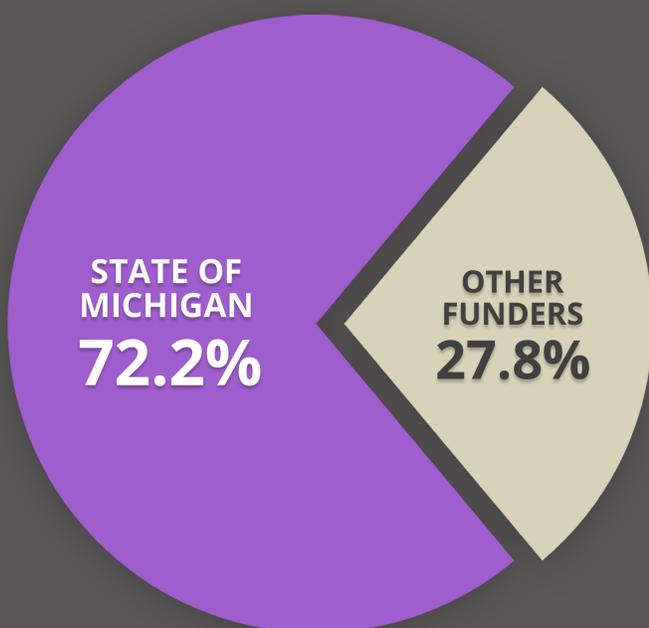
21.2% Breakdown:



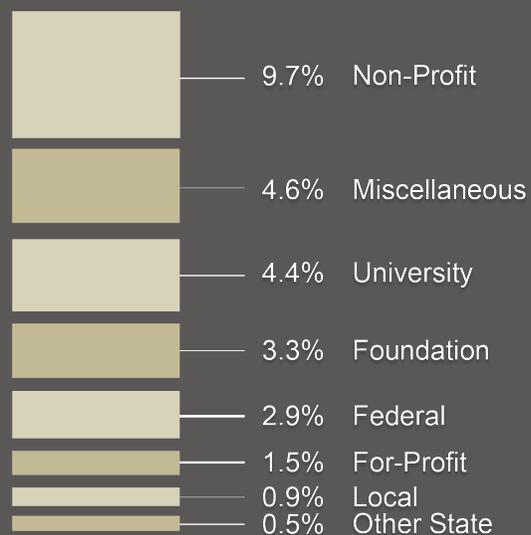


COLLABORATING WITH FUNDERS

Historical Average Percentage of Work by Type of Funder



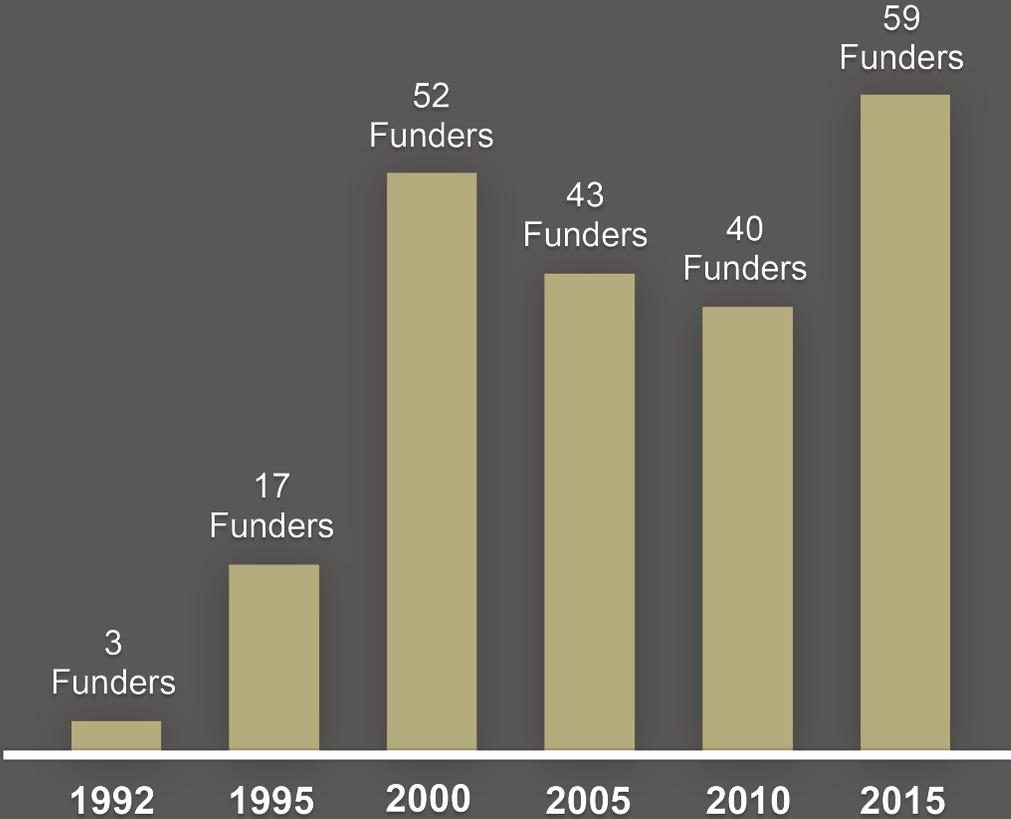
27.8% Breakdown:





COLLABORATING WITH FUNDERS

Number of Funders, 1992-2015





2015

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