Partnerships Promoting Health 1999 Annual Report









Dear Colleague:

I was pleased to be appointed as President of the Michigan Public Health Institute, replacing Mark Miller, who retired in June of last year and is enjoying his camping, biking and culinary trips across the globe.

MPHI continues to be a growing and vibrant organization, faithful to its founding partners, the Michigan Department of Community Health, Michigan State University, the University of Michigan, and Wayne State University.

Additionally, in 1999, the Health Institute served over 35 other clients and customers in philanthropy, and the public and private sectors.



We continue to remain mission-oriented, believ-

ing that improving the public's health means working with communities throughout the state, and providing a high level of service to those communities. We want to leave "light footprints," preferring to work behind the scenes to build links between stakeholders and to strengthen community-based organizations.

Increasingly, MPHI is viewed as an "intermediary support organization" designing and implementing large-scale research, demonstration, evaluation and training projects, often covering multiple geographic areas and agencies in Michigan. An important service MPHI can provide is the research necessary to demonstrate the success of programs and initiatives designed to improve public health.

Additionally, MPHI can offer a package of technology and business services to you, including a fully equipped interactive learning center with global video-conferencing, satellite downlink, and complete conference planning. This Okemos facility consists of three rooms capable of serving up to 140 participants.

We maintain the Michigan Community Health Electronic Library, which includes free resources for the general public as well as subscription resources for use by employees of Michigan community health agencies. We continue to seek partners in developing this into a truly comprehensive statewide resource.

The utilization of information technology in the health field is increasing exponentially. MPHI hopes to grow its technology resources, facilitating access to health information, research information, and enhancing the health of the community.

I look forward to meeting many of you in the months ahead.

Sincerely,

Peter L. Trezise, President

Board of Directors

We're All About Partnerships

ichigan Public Health Institute conducted more than 170 projects in 1999—each with community, academic, foundation, or government partners equally committed to creating healthy conditions in communities, and reducing health disparities among our population.

MPHI has always been a strong ally of government and of our founding universities. In 1999, we expanded relationships with the Michigan Department of Community Health and other divisions of state government, including Education, Consumer and Industry Services, the Office of Highway Safety Planning, and the Family Independence Agency.

MPHI also formed new partnerships with a number of community-based organizations, health systems, and managed-care organizations.



If you have yet to discover MPHI, or you are familiar with just a narrow slice of our capabilities, kindly read on. As the examples in this Annual Report help to demonstrate, our full spectrum of services—and experience in all sectors of health planning, research, policy analysis, and service delivery—make us a resource for any organization with a community health mission.

Finally, please consider this a standing invitation to visit our website at *www.mphi.org*, or to contact our development office at 517-324-8300, and explore how MPHI can help achieve your community health goals. The strong partnerships MPHI can forge with you can tackle any health problem.

MPHI:

Making Public Health Healthier

s the health-care environment continues to undergo major change, the role of local health departments is shifting to emphasize assurance of community capacity to provide needed services, and accountability for community health status.

The accreditation of local public health agencies is important because it provides a mechanism to validate the competency of local public health agencies, and their ability to function as partners in a dynamic health system.

MPHI is in the forefront of this systematic change with its participation in the Michigan Local Public Health Accreditation program—a collaborative effort of MPHI and the Michigan Departments of Agriculture, Community Health, and Environmental Quality. The program's mission is to assure and enhance the quality of community health by helping to implement standards for local public health departments,



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including evaluating and accrediting local health departments on their ability to meet the standards.

There are two steps in the accreditation process. First is self-assessment, an internal review of the local health department's delivery of administrative services, public health operations, and grant-funded services. The second is on-site review by an outside team to verify that the local department is meeting requirements.

"We are responsible for ensuring that the various elements of the program are properly coordinated," says Trina Pryon, project coordinator. "There are 45 local health departments in Michigan that are in various stages of the three-year accreditation cycle, so project integration management is critical."

MPHI always strives to exceed stakeholders' needs and expectations, and the accreditation program is no exception.

"The Michigan Local Public Health Accreditation Program is a large project with many important stakeholders," says Barbara Schillo, Ph.D., senior program director for MPHI. "The expertise of our accreditation team goes a long way toward keeping the program at the forefront of improving community health."



Fighting Back Against a Debilitating Disease

t was widespread lack of awareness about osteoporosis that brought a group of community health professionals together in Michigan in 1995. The group laid the groundwork for a statewide public health program whose goal was to develop a multi-pronged attack on the disease. This resulted in a comprehensive strategic plan, including 18 recommendations that will guide those involved with osteoporosis prevention, education, detection and treatment in Michigan.

Osteoporosis is characterized by low bone mass and structural deterioration of bone tissue. Having no outward symptoms, it can lead to bone fragility and increased likelihood of fractures, chiefly of the hip, spine, and wrist. It affects about 10 percent of Michigan's population—810,200 women

and 137,800 men—generating health-care costs that are expected to rise from \$172 million in 1995 to \$569 million by 2015.

Under the leadership of the Michigan Department of Community Health, the Michigan Public Health Institute helped coordinate the strategic planning process, and is now responsible for managing ongoing program initiatives.





MPHI is in the unique position to provide management of these initiatives because it has the capacity to link and coordinate efforts between universities, state organizations, and local agencies.

"This is the work of nearly 60 volunteers specializing in treatment, prevention, public health, medical care, nursing homes, physical therapy, research, and dietetics," notes Denise Cyzman, MPHI osteoporosis project coordinator.

To meet strategic plan recommendations, the resulting initiatives broadly focus on consumer awareness, education and environmental



interventions, provider education and tools, and assessment and evaluation. Specifically, this means education of health-care providers and the general public about the disease; development of voluntary quality-assurance standards for bone-density measurement; environmental interventions that can promote bone health; and an osteoporosis behavioral

risk factor survey of Michigan residents.

"Having this strategy in place puts us on the right path," says Cyzman. "We know that what's being done has been well thought out by the experts, and that it directly relates to what needs to be done to address this disease in Michigan."

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University Connection:

How Collaborative Research Leads to Better Health

niversities train our researchers and conduct much of the nation's scientific research.

At MPHI, we're proud of our partnerships with Michigan's three major research institutions—Michigan State University, the University of Michigan, and Wayne State University. These partnerships allow us to collaborate on many research projects to increase the health-care capacity of communities all across the state. Our partnership with the Institute for Managed Care at Michigan State University is a shining example.

For three years, the Institute for Managed Care and MPHI have been bringing together faculty members and researchers across a variety of disciplines to focus on issues that impact community health.

MPHI's sophisticated research support capabilities play a vital role. MPHI designs and maintains data-collection systems, and provides project-specific administration, evaluation, and technical assistance to help researchers conduct policy-relevant studies.

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"The most valuable tool we bring to the table may be our ability to help develop reliable information and carry it into a policy venue in ways that aren't always accessible to researchers," says Greg Cline, MPHI program director.

MPHI assists the Institute with the development of research design and methodologies, customized software and survey instruments for data collection—enhanced through the 10-station Computer Aided Telephone Interview lab—and analysis and reporting of findings. This enables researchers to focus on health outcomes, and on presenting their findings to policymakers.

For the public, the result is better health, and innovation in current and future health programs.

For example, in the Cancer Caregiver Project funded by the National Cancer Institute, MSU's Institute and MPHI conducted phone surveys with cancer patients and their caregivers to determine the impact and relationship of services, treatments, and expenditures.

In another MSU Institute study—on Medicaid's spend-down population—MPHI is looking into how beneficiaries use Medicaid to cover their health-care costs. The resulting data on the nature, extent, and costs of their enrollment patterns will help guide policymakers as they seek ways to care for an aging population.



A third example involving the Institute for Man-

aged Care and the Office for Medical Education Research and Development: MPHI coordinates the evaluation of the guidance that health professionals receive as part of their graduate medical education. The outcome: health-care professionals who are better prepared to operate in managed-care environments, and to deal with the problems of the poor and underserved.

Currently, MSU's Institute and MPHI have joined forces in a smoking cessation project entitled "I'd Rather Cope Than Smoke," which provides free counseling for Medicaid recipients in managed care plans. MPHI trains counselors who will teach this population smoking cessation techniques.

Michigan Child Death Review Program

hen a child dies, it seems to defy the natural order of things. And the tragedy is magnified if the child's death could have been prevented.

Each year, nearly 2,000 children die in Michigan. Among the major causes are premature births, low birth weight, accidents, suicide, and homicides. Most susceptible are children under one year old, and teens aged 15 to 18.

In an effort to find out exactly why these deaths occur—and to help keep kids alive—the Michigan Family Independence Agency and Department of Community Health combined strengths in 1995 with the Governor's Task Force on Children's Justice. The Task Force provided funds for the Michigan Public Health Institute to determine the best way to organize a child death review program in this state.

As a result, in just five years, Michigan has gone from being one of two states in the country without a child death review process, to becoming a model program nationally because of its focus on prevention.

Starting with 17 counties that volunteered to participate in the pilot program, the MPHI Child Death Review Program has grown to include almost all of Michigan's 83 counties. MPHI serves the counties by providing the training, technical assistance, and program coordination needed to create effective child death review teams.

The core members of each review team are the county medical examiner and representatives of the prosecuting attorney's office, the Family Independence Agency, local law enforcement, and the county health department. Team members also usually include pediatricians, emergency medical service providers, representatives from hospitals, community mental health, the courts, and schools.

"We help county teams build the capacity to understand child deaths and take action to prevent other tragedies," says Theresa Covington, MPHI senior program director. "In addition, we support the Michigan Child Death State Advisory Team whose job, as mandated by state law, is to develop recommendations based on local team findings. We serve as that link, giving counties the resources, know-how, and staff support."

By reviewing and discussing all the circumstances surrounding each child's death, the county teams can determine how and why a child has died, and



whether the death was preventable. In addition, these reviews can reveal whether appropriate services—such as grief counseling—were called in to help families in their time of need.

As of December 1999, the teams had reviewed more than 1,000 deaths, and found that more than 44 percent could have been prevented. Of 419 prevention initiatives recommended

by the teams through 1998, more than 200 have been implemented.

"At the heart of this effort is community action," says Covington. "It's using the knowledge gained from one child's death to prevent others from dying. The county teams talk about this review process as one of the most powerful ways they've been able to break down barriers among agencies. Those barriers seem so insignificant when you're talking about a child's death."

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Technology:

The Right Stuff

aking the right technology decisions and investments is key to the success and future viability of Michigan's health and human services sectors. MPHI continually upgrades its technical staff and infrastructure to provide clients with cutting-edge support in technology decisions and solutions. Our expertise includes health-care data collection and exchange standards, and how to implement them; information system network integration, and interconnection of multiple networks; virtual private networks, the Internet, data communication security, and much more.

Global Conferencing

PHI's Interactive Learning Center is a state-of-the-art conference facility capable of serving up to 140 participants. It offers a technology and business package that includes conference planning, videoconferencing, and satellite downlink services that span the globe. Hundreds of clients, colleagues, and staff members each month do their work in MPHI's customer-friendly, accessible facility. For a virtual tour of MPHI's Interactive Learning Center, visit www.mphi.org/ilc.

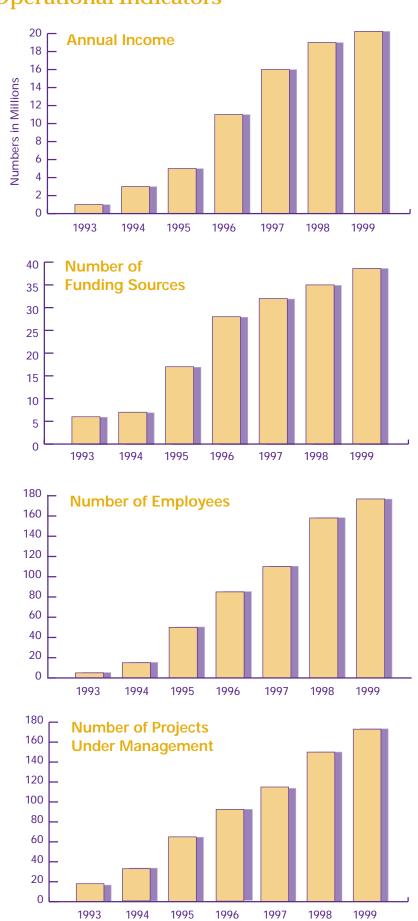
Electronic Library

The Michigan Community Health Electronic Library, accessible through its own website at *www.mchel.org*, makes a wealth of health-care reference and resource material available to anyone with Internet access. Clients, staff, community health professionals, and the general public can find grant and funding information, health and clinical resources, report cards on health providers, and many other on-line resources.

The Right Moves

n 1999, the final building in MPHI's triad on its Okemos campus was completed, bringing to fruition a three-year initiative to consolidate all Okemos staff in a setting with integrated voice, data and video capabilities. Staff now share an integrated local area network, website, and systems for telephone, voice mail, e-mail, and intranet communication—all with the goal of improving client service and efficiency.

Michigan Public Health Institute Operational Indicators





Michigan Public Health Institute Board of Directors 1999

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