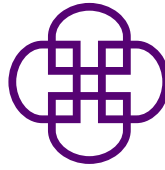


*Working together with you  
to improve health.*



## **VISION**

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

## **MISSION**

The mission of MPHI is to maximize positive health conditions in populations and communities through collaboration, scientific inquiry, and applied expertise which:

- ◆ Carry the voice of communities to health policy makers, scientists, purchasers, and funders;
- ◆ Advance the application of scientific health practices in communities; and
- ◆ Advance community capacity to improve health and reduce disparities among population groups and geographic areas.

## **VALUES**

MPHI's board of directors, management, and staff are committed to uphold these values in our work, relationships, and governance:

- ◆ Collaboration and inclusiveness among MPHI, government, communities, and institutions in approaching matters of the public's health.
- ◆ State-of-the-art research, education, and demonstration as vehicles for advancing health practice.
- ◆ Leadership and service for the benefit of community, rather than to advance institutions, partners, or staff.
- ◆ Prevention of disease and promotion of health.
- ◆ Ethical behavior in all scientific, professional, and interpersonal matters.
- ◆ Quality, professionalism, and integrity in the work we do, the people we hire, and the workplace we create.
- ◆ Innovation and continuous improvements in the workplace, as our assurance of maintaining our responsiveness and utility to our clients.

Public health is facing a wake up call. Despite the incredible technological advances that the United States and other privileged nations have experienced over the course of the last century, we still live in a world in which we can send explorers into outer space, but we cannot guarantee clean water and adequate food for billions of adults and children around the globe.

As our technologies continue to advance, the artificial boundaries we have erected to separate nations have, in many ways, become increasingly more inconsequential. We are reminded on a regular basis just how interdependent the world has become. Outbreaks of disease are no longer local problems. We can ill afford the luxury of thinking that people dying in foreign lands of hemorrhagic fever, drug-resistant tuberculosis, or countless other scourges, both new and old, are someone else's crisis.

The same global economy and ease of international travel that have advanced the most industrialized nations also have combined to guarantee that mere geography can no longer protect us. Germs can travel the world in a matter of hours, hitchhiking with jet travelers and arriving on new shores undetected, unheralded, and free to enter new populations, mutating and adapting along the way.

We are fast approaching a truly global community in which the health of every nation's citizens depends upon the health of all other nations' citizens. With that realization comes the knowledge that public health must embrace the tools and strategies that can successfully address these new global health challenges.

We would be ill advised to lose sight of what Pulitzer Prize-winning author Laurie Garrett calls "the basic factors essential to a population's health...ancient and non-technological: clean water; plentiful, nutritious, uncontaminated food; decent housing; appropriate water and waste disposal; correct social and medical control of epidemics; widespread—or universal—access to maternal and child health care; clean air; knowledge of personal health needs administered to a population sufficiently educated to be able to comprehend and use the information in their daily lives; and, finally, a health care system that follows the primary maxim of medicine—do no harm."<sup>1</sup>

At the Michigan Public Health Institute, we recognize the vital importance of these essential building blocks of public health, and we remain dedicated to working together in partnership with other stakeholders to find solutions that will ensure that citizens enjoy the prospect of good health and long life.

The programs you will read about in this report are just a handful of the exciting, cutting-edge efforts being spearheaded every day at the Institute. We are proud of our proactive, community-based approach to addressing the challenges of public health, and of the results and advances that our collaborative efforts continue to achieve.

On behalf of our staff, consultants and partners, we invite you to get to know MPHI and the many ways in which we are making a difference in people's lives. Visit our web site at [www.mphi.org](http://www.mphi.org), stop by one of our offices, or contact Elaine Beane, Director of Programs and Operations (517-324-8301; [ebeane@mphi.org](mailto:ebeane@mphi.org)) and see for yourself the wide array of MPHI projects and services. Discover how you can join with us to ensure a healthier future for all our citizens.

Working together with you to improve health,

*The MPHI Board of Directors*

<sup>1</sup> Garrett, Laurie. *Betrayal of Trust: The Collapse of Global Public Health*. (New York: Hyperion, 2000.)

## PROMOTING JUDICIOUS USE OF ANTIBIOTICS TO HALT THE SPREAD OF RESISTANT BACTERIA

By Nadia Shalauta Juzych, ScD, MS

In June of 2000, the World Health Organization released a report that highlighted the growing crisis of antimicrobial resistance. Jeffrey Koplan, director of the Centers for Disease Control and Prevention (CDC), was present at the public announcement of the report and underscored the critical public health response that is needed to address the increasing resistance of microbes to an expanding range of antimicrobial therapies.

Over the past 50 years, we have come to expect and enjoy the benefits of antimicrobials and their ability to prevent and cure diseases that once devastated entire populations.

In the mid-1940s, penicillins were first introduced into the marketplace and were touted as a medical miracles. But, within only a few years, scientists discovered the development of resistance among the bacteria that the drugs were intended to control.

This was troublesome, since only susceptible microorganisms will succumb to the effects of antibiotics, while resistant microorganisms can survive and proliferate. Microorganisms can pass on resistance through replication and physical spread of resistant bacteria to other individuals or by genetic transfer of resistance genes among bacteria.

The rise in resistance to penicillin and other classes of antibiotics in *Streptococcus pneumoniae* (the most frequent cause of bacterial pneumonia) we are seeing today is likely to be due principally to exposure to penicillins and other antibacterial agents.

Prior to 1980, more than 99 percent of *Streptococcus pneumoniae* were susceptible to penicillin, meaning less than 1 percent of these bacteria were resistant. Current resistance rates in Michigan range from 20 percent to 30 percent, and a national review has shown that resistance rates to penicillins and cephalosporins in clinical isolates from children are as high as 40 percent.



Research shows that 75 percent of all antibiotics used by outpatients are prescribed for upper respiratory tract infections. Yet, the majority of upper respiratory tract infections—including the common cold, bronchitis, and many cases of otitis media—are caused by viruses, which do not respond to antibiotics.

*Streptococcus pneumoniae* often colonize the upper respiratory tract of healthy individuals. That means that each course of antibiotic therapy that is prescribed and taken for an upper respiratory tract infection that is virally based may contribute to the selective pressure for emergence and dissemination of antimicrobial resistance in this organism.

The problem presents a serious threat to the effectiveness of antibiotic therapy, and it is exacerbated by inappropriate prescription and use of antibiotic therapies. CDC researchers estimate that approximately 50 million of the 150 million outpatient prescriptions for antibiotics that are written each year—one-third—are unnecessary and ineffective.

Concerned public health leaders and other stakeholders formed the *Michigan Antibiotic Resistance Reduction (MARR) Coalition* in 1997 to address this problem by intervening to reduce the inappropriate use of antibiotics and promoting appropriate immunization therapies.

Directed by Nadia Shalauta Juzych, ScD, senior research scientist with the **MPHI Child & Adolescent Health Program**, the MARR Coalition is comprised of more than 100 members, including representatives of government, industry, academia, the health care sector, professional societies, labor, pharmaceutical manufacturers, and the public. Juzych notes that the Coalition's broad and diverse membership presents "an unprecedented partnership for addressing a critical public health issue."

Members of the MARR Coalition recognize that the best method of reducing antibiotic resistance rates is through prevention. With that in mind, the MARR Coalition is working to preserve our antibiotic "miracle drugs" by developing and offering educational initiatives for the public, health care providers, and their patients. Members of the Coalition also are engaged in research to identify patterns and causes of antimicrobial resistance and methods for limiting transfer of resistance.

Although still relatively young, the MARR Coalition already is making an impact in Michigan. It also is being watched in other states and at the federal level. CDC officials say the MARR Coalition in Michigan and a similar program in Wisconsin are helping set the stage for similar programs across the nation that will help reduce antibiotic resistance among human commensal and pathogenic bacteria.

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*"CDC researchers estimate that approximately 50 million of the 150 million outpatient prescriptions for antibiotics that are written each year—one-third—are unnecessary and ineffective."*

## **ABOUT THE CHILD & ADOLESCENT HEALTH PROGRAM**

The Child & Adolescent Health Program provides technical assistance to state and local partners in the design, implementation and evaluation of innovative, multidisciplinary and community-based programs that strengthen families and children and reduce risky behaviors, leading to improvements in the health, safety and well-being of Michigan's families. Current major projects include: the Michigan Abstinence Partnership; the Michigan Child Death Review Program; Fetal and Infant Mortality Review; Michigan Child Well Being; Michigan Antibiotic Resistance Reduction (MARR) Coalition; the Michigan "Covering All Kids" Initiative; and the Ryan White Title IV Evaluation of the state's Maternal and Child HIV/AIDS program. The Child and Adolescent Health Program operates from offices in Okemos, Detroit and Saginaw.

## HELPING RAISE THE STANDARDS OF CARE FOR RESIDENTS OF LONG TERM CARE FACILITIES

By Carl Gibson, PhD

**T**he MPHI Center for Long Term Care (CLTC) develops and delivers products and services that promote care and service excellence in the long term care environment. Throughout our projects, we seek to:

- ◆ ensure that long term care facility staff who provide direct care and related services are empowered with superior skill and knowledge;
- ◆ provide long term care services that are client-focused and needs-based;
- ◆ assist long term care facilities in effectively managing resources, maintaining standards of quality, and supporting organizational health and leadership; and
- ◆ inform and educate the general public regarding long term care issues.

Over the past three years, the MPHI Center for Long Term Care's *Collaborative Remediation Project* has provided valuable remediation services to nursing facility providers statewide as an alternative to enforcement remedies.

Using a collaborative model unique to Michigan, we work with facility staff to enhance the facility's current systems and develop an effective quality assurance process with the goal of sustained compliance. A variety of in-service topics, all of which use a train-the-trainer protocol, are available (e.g., Pressure Ulcer Prevention, Rehabilitative/Restorative, RAI Assessment, Incontinence Management, Dementia Care, and Effective Activities).



The project has been a successful one. In fact, it has been found that the long term care facilities that effectively utilize the Collaborative Remediation Project services have an average compliance rate of more than 93 percent when revisited by the State Survey Agency.

Another highly requested service offered by the CLTC is the *Resident and Family Education Project*. Under the Resident Protection Initiative, the State Medicaid

Program contracts with the CLTC to provide these important educational opportunities.

The project's goal is to educate consumers by offering informative programs on long term care issues to residents and family members. A number of program topics (e.g., The Basics of Long Term Care, The Art of Visiting, and The Eden Alternative™) are currently available at no charge to facilities and can be scheduled at the facility's convenience.

The program has been well-received, and several facilities have expanded its impact even further by inviting members of their surrounding communities to participate in these trainings, knowing that this will help educate both current and future consumers of their long term care services.

Another significant CLTC component is serving as the home base for the Michigan Region initiatives for the *Eden Alternative*<sup>TM</sup>, a reform movement dedicated to fostering culture change and transforming nursing homes into vibrant environments where elders go to live, not institutions where they go to die. Center staff members serve as faculty for Eden Associate Certification trainings, coordinators of regional support services, and leaders in bringing cultural change to long term care facilities.

The MPHI Center for Long Term Care is committed to integrating the theories and the practice of long term care with the organizational realities and challenges currently present in the long term care provider community.

Each member of the CLTC team brings years of experience and recognized expertise in the delivery of care and service excellence to the elderly. Their ability to integrate and deliver facility-tailored services is based upon a foundation of mutual professional respect and the spirit of collaboration. Above all else, each staff member is dedicated to the premise that the lives of long term care residents must be celebrated and valued, and their work reflects that dedication.

The CLTC is moving ahead with plans to open the LTC Leadership Institute for services in 2001. By partnering with a variety of multi-disciplinary, health care organizations, we plan to be a key leader and educator for instilling leadership and mentoring skills within long term care, and beyond.

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*“Each member of the CLTC team brings years of experience and recognized expertise in the delivery of care and service excellence to the elderly. Above all else, each staff member is dedicated to the premise that the lives of long term care residents must be celebrated and valued, and their work reflects that dedication.”*

## **ABOUT THE CENTER FOR LONG TERM CARE**

The Center for Long Term Care provides a resident protection program in Michigan nursing homes. Among its offerings are directed plans of correction and in-service training for home staff, remediation accreditation and placement, resident and family education, and quality reviews and evaluation. In addition, the Center serves as an agent in the facilitation of nursing home closure and relocation of residents and also validates certification for critical access hospitals.

## CONTRIBUTING DATA THAT WILL ENHANCE OUR ABILITY TO PREVENT PREMATURE DEATHS

By Greg Cline, MA

**A**mong the activities being supported by the **MPHI Data Systems & Survey Research Program** is the *Michigan Medical Examiner Database Initiative*, a progressive effort to create a link between agencies responsible for investigating deaths and researchers interested in public health and prevention topics.

County-based medical examiners (MEs) determine the cause and manner of death for virtually all homicides and suicides and for most deaths related to unintentional injuries. The Michigan Medical Examiner Database Initiative is building the capacity of medical examiner offices to electronically manage case information while fostering research relationships to fully capitalize on this unique data source.

Nearly 75 percent of all of Michigan counties are voluntarily participating in the initiative. Keys to success include the development of a shared vision, diligent pilot testing, flexibility during implementation, and ongoing technical assistance.

“Partnering with individual ME offices to identify the most effective implementation strategy to meet their needs ensures long-term participation and helps staff with future strategic planning decisions,” says Erika Garcia, project research manager.

In addition to technical assistance, the initiative provides medical examiner offices with access to a customized data entry program located on the Internet, as well as the corresponding paper forms. Internet technology allows for local utilization of the data without the burden of data management.



Randy Hanzlick, MD, of the National Center for Environmental Health at the Centers for Disease Control and Prevention says, “Michigan’s approach and contribution to the medical examiner community is cutting-edge.” No other state is standardizing data collection across county jurisdictions, and none has tapped the versatility of Internet technology.

The scope and timeliness of this rich data source make it a powerful tool for community health assessments, public policy decision-making, product safety investigations, and injury prevention research.



Uniform, electronic availability of social, medical and environmental data collected during death scene investigations will support research that will increase our ability to prevent premature death from injury-related fatalities.

Patricia K. Smith, Program Director of the Michigan Department of Community Health Violence Prevention Section, believes the project is an important one for our state.

“In Michigan, mortality research has historically been hampered by the lack of easily accessible death scene investigation data,” she says. “This initiative provides a valuable service to both medical examiners and researchers.”

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*“Michigan’s approach and contribution to the medical examiner community is cutting-edge. No other state is standardizing data collection across county jurisdictions, and none has tapped the versatility of Internet technology.”*

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## **ABOUT DATA SYSTEMS & SURVEY RESEARCH**

The Data Systems & Survey Research Program provides high quality research design, data acquisition, data management, and analysis services in such diverse areas as hospital injury reporting, medical examiner’s reporting, nurse-managed primary care clinics, and programs to assist persons with disabilities to transition into managed care. The activities of the program support evaluations, health services research, health policy research, and health outcomes studies.

## HELPING BUILD CAPACITY AMONG MICHIGAN'S LOCAL PUBLIC HEALTH DEPARTMENTS

By Julie Hagstrom, MAE

Local public health departments have been striving for many years to develop healthy communities. Focusing on this objective, an accreditation process can help local health departments develop and sustain their reputation for quality and continuous improvement. By establishing program standards and developing a blueprint for quality services, the accreditation process ensures the local health department's credibility when promising high quality services.

The **MPHI Evaluation & Training Program** is home to the *Michigan Local Public Health Accreditation Project*. This project is a collaborative effort between the Michigan Public Health Institute and the Michigan Departments of Agriculture (MDA), Community Health (MDCH), and Environmental Quality (MDEQ). The project's mission is to ensure and enhance the quality of community health by helping to implement standards for local public health departments and by evaluating and accrediting local health departments on their ability to meet the standards.

The process begins with scheduling. The accreditation project operates on a three-year cycle with about 15 health departments scheduled for review each year. 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. Local health departments receive the Accreditation Tool, which includes the self-assessment instrument, guidance documents, and information regarding technical assistance, six months prior to step two, the on-site review. The on-site review is a week of intensive site visits conducted by an outside team to verify that the local health department is meeting requirements.



The Michigan Local Public Health Accreditation Commission is composed of 14 members from the public health community and is responsible for implementing the project's goals and objectives. The commission meets quarterly to discuss the on-site review reports of local health departments completing the

process. After reviewing the reports, the commission makes accreditation status recommendations to MDCH, MDA, and MDEQ. The three departments then make the final accreditation determination.



Local health departments can receive one of four accreditation designations: **Accredited** (a three-year award that means the local health departments met all essential requirements); **Accreditation with Commendation** (a three-year award, designating that the local health department has met all essential indicators and more than half of the important requirements); **Provisionally Accredited** (a designation meaning that the local health department has not fully met all essential requirements for accreditation and therefore must develop corrective plans of action to correct deficient areas); and **Not Accredited**.

Although the process of accreditation is lengthy, its goal is to ultimately strengthen the local health department. The MPHI Evaluation & Training Program team members assigned to the accreditation project are committed to fair and equitable procedures and processes. They are guided in their work by the conviction that all key stakeholders must know exactly what to expect and must fully understand their rights and obligations.

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*“By establishing program standards and developing a blueprint for quality services, the accreditation process ensures the local health department’s credibility when promising high quality services.”*

## **ABOUT THE EVALUATION & TRAINING PROGRAM**

The Evaluation & Training Program provides services that build community capacities in the areas of program evaluation and public health workforce expertise. The program conducts trainings in many public health areas, including maternal and child health, nutrition, chronic disease, and HIV/AIDS. Evaluation design, technical assistance, and training are provided for multi-site, community-based projects in the areas of juvenile delinquency prevention, sexual assault and rape prevention, and Native American tribal youth programs. Grant monitoring and compliance services also are provided.

## SERVING AS A NATIONAL MODEL TO VACCINATE HIGH-RISK YOUTH...THE HEPATITIS B PROJECT

By Christi Downing & Amy Slonim, PhD

In 1998, the Sexually Transmitted Disease (STD) Section of the Michigan Department of Community Health (MDCH) received funding to initiate a statewide effort to vaccinate high-risk adolescents and young adults for hepatitis B.

The resulting *High-Risk Hepatitis B Vaccination Project* is designed for 13-through 21-year-olds involved in high-risk behaviors. The project seeks to protect these young people before they become exposed to the hepatitis B virus. It does so by giving sexually active adolescents and young adults the opportunity to receive the hepatitis B vaccine series free of charge through STD clinics, adolescent health clinics, and family planning clinics.

The High-Risk Hepatitis B Vaccination Project is a joint effort of MDCH, local clinics, district health departments, and the **MPHI Health Promotion & Disease Prevention Program**. It is considered a model of collaboration.

“The High-Risk Hepatitis B Vaccination Project is a good example of how different disciplines at the state and local level—namely the laboratory, immunization, family planning, adolescent health, and STD programs, along with MPHI—can initiate, plan and manage a project of this scope,” Mark Miller, manager of the MDCH Sexually Transmitted Disease Section, says.

“No other state has the same broad commitment as Michigan,” adds Nancy Fasano, manager of MDCH Immunization Outreach and Education. “We are serving as a model for the nation.”



As of July 2000, 43 STD clinics (68 percent of the STD clinics operating in Michigan), 121 family planning clinics (77 percent of the family planning clinics operating in Michigan), and 18 adolescent health clinics (82 percent of the adolescent health clinics operating in Michigan) were participating in the project.

One of the project’s ongoing objectives is to increase participation to at least 75 percent of eligible clinics by clinic type.

During the first 17 months of the project, more than 23,300 doses of vaccine were administered to at-risk adolescents and young adults, including approximately 11,864 first doses, 6,831 second doses, and 4,678 third doses.



In spring and summer of 2000, qualitative research was conducted to understand operational and client-based issues and strategies employed by local clinics to effectively gain compliance, overcome barriers, and reach out in the community.

Personal interviews were conducted with frontline staff in clinics and with targeted adolescents and young adults across the state. Specific outreach, operational, and client-based strategies and messages were identified to facilitate clinic implementation and vaccine acceptance rates among the

target population and increase outreach to high-risk target population community members.

The MPHI Health Promotion & Disease Prevention Program staff provide project coordination, working closely with MDCH STD, family planning, adolescent health, immunization and lab personnel to provide assistance and support to the local clinics and encourage continued participation in the project. This project serves as a model for other programs and projects reaching out to these youth and young adults.

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*“The High-Risk Hepatitis B Vaccination Project is a good example of how different disciplines at the state and local level can initiate, plan and manage a project of this scope...No other state has the same broad commitment as Michigan. We are serving as a model for the nation.”*

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## **ABOUT THE HEALTH PROMOTION & DISEASE PREVENTION PROGRAM**

The Health Promotion & Disease Prevention Program focuses on the areas of cancer, nutrition, cardiovascular disease and stroke, asthma, physical activity, obesity, dementia, diabetes, osteoporosis, violence and injury prevention, and managed care. Disciplines include researchers, data analysts, evaluators, nurses, professional counselors, public health administrators, exercise specialists, dietitians and nutritionists, health educators, communication experts, psychologists, organizational behaviorists, epidemiologists, and international health and community development experts.

## MAKING HEALTH INFORMATION ACCESSIBLE TO STAKEHOLDERS THROUGHOUT MICHIGAN

By Harvey Brenneise, MA, MLS

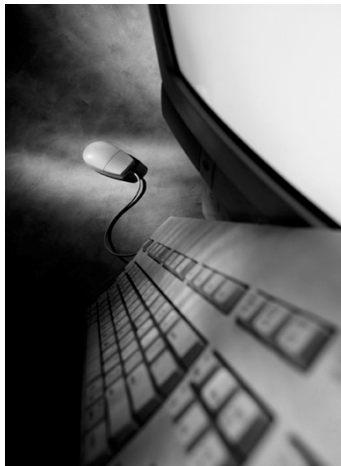
The Michigan Community Health Electronic Library (MCHEL) was established in the spring of 1998 with funding from the Michigan Department of Community Health (MDCH). Its vision is to establish an integrated digital health information delivery system for the Michigan health community and a web portal to health information for the general public. The web site is [www.mchel.org](http://www.mchel.org).

The first goal of MCHEL has been the transition of the MDCH library from print format to electronic format for desktop delivery of information to MDCH employees, local health department employees, and the employees of other agencies associated with MDCH.

One objective is to make available the digital versions of basic periodicals and reference materials already in the print library for easier access by users. Another objective is to create a specialized web portal for easy access to the most important community health information on the web, including both free resources and those licensed for use by the library's primary clientele. This will require implementation of a system for authentication of remote library users so that users can access the needed information from wherever they happen to be.

Much of MCHEL is made up of free web resources, all of which are available to anyone with access to the World Wide Web.

In its role as a web portal to health information, MCHEL delivers links to information in all areas pertaining to community health, including (but not limited to): aging; child abuse and neglect; chronic diseases, including cancer, cardiovascular disease, dementia/Alzheimer's, diabetes and kidney disease; community change; community collaboration;



community health assessment; compensation for crime victims; developmental disabilities; domestic violence; drug control policy; end-of-life care; epidemiology, including environmental toxicology and epidemiology; family health, including child, adolescent, women's and men's health; grant funding and fundraising; health and vital statistics; health information systems; health legislation, funding and policy; infectious disease control; injury prevention; laboratory management, toxicology and microbiology; long-term care; managed care; Medicaid; Medicare; mental health; minority health;

nutrition; policy and advocacy; program evaluation; school health; school readiness; sexually transmitted diseases, including HIV/AIDS; substance abuse prevention and treatment; tobacco control; and violence prevention.

MCHEL's second goal is to maximize access to both print and digital resources. This is being accomplished through a collaborative project with the Michigan State University (MSU) Library in which MSU's cataloging resources are shared by MCHEL. This will be available for public use early in 2001 and also may serve as a model of collaborative arrangements for other small health libraries in Michigan.

MCHEL will deliver "just in time" information that is not available in its print or electronic library resources. Currently, this is done through traditional inter-library loans. But, in 2001, MCHEL will begin delivery of many of these materials digitally to the desktop. The MCHEL staff also conducts regular training sessions in the use of the digital library resources and provides a full range of library resources to the users.

MCHEL's final goal is the most far-reaching—to help co-create a new statewide digital health library in cooperation with university medical schools and hospital libraries.

The initial call for this project came from the Michigan Information Technology Commission and its successor organization, Cyberstate.org. A representative steering committee met for almost a year to lay the groundwork, and out of that have come several grant proposals.

The project, called Access Michigan Electronic Community Health Information Initiative (AMECHII), envisions a comprehensive health and bioscience digital library that will be available widely to health consumers and professionals in Michigan. For more information, visit the AMECHII web site at [www.mchel.org/AMECHII](http://www.mchel.org/AMECHII).

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*"MCHEL's vision is to establish an integrated digital health information delivery system for the Michigan health community and a web portal to health information for the general public. Much of MCHEL is made up of free web resources, all of which are available to anyone with access to the World Wide Web."*

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## **ABOUT THE MICHIGAN COMMUNITY HEALTH ELECTRONIC LIBRARY ([WWW.MCHEL.ORG](http://WWW.MCHEL.ORG))**

The Michigan Community Health Electronic Library (MCHEL) is an integrated electronic health information delivery system for the Michigan health community and general public. Its mission is to use the accessibility of the World Wide Web to effectively deliver timely and authoritative information on all aspects of community health to Michigan health professionals and the general public to enhance quality of life. While information is collected and delivered in all formats, emphasis is placed on electronic delivery where possible and practicable, with preference given to delivery via the World Wide Web.

## HELPING LINK MEMBERS OF MICHIGAN'S ONLINE PUBLIC HEALTH COMMUNITY

By Jeffrey S. Wehl, MA, and Wendy Tate

Over the course of the past five years, the Internet has fundamentally changed the way people communicate and work. One of the important challenges facing Michigan's public health community has been finding a means to effectively embrace the Internet to improve the health of our communities. A key component in addressing this challenge is *Healthline*, an Internet-based electronic community serving Michigan's public health professionals throughout the state.

Provided by the Michigan Department of Community Health as a free online service to the public health community, Healthline is operated by the **MPHI Office of Technology and Information Systems**.

Healthline has more than 1,000 active subscribers and is one of the most important resources serving Michigan's public health agencies and health advocacy groups. Healthline members are epidemiologists, nurses, sanitarians, local health officers, educators, students, and researchers, and work in many sectors of public health.

While there are many public health-related online resources available, Healthline remains a uniquely important tool for Michigan's public health workforce. Healthline staff continually upgrade the service, adding new features, making it easier to use, and ensuring that it is widely available to anyone interested in public health issues in Michigan.

A robust and adaptable communication tool that is focused on the *interaction* between members of its virtual community, Healthline has a long history of serving its audience.

It began in the early 1990s as a computerized bulletin board with the primary purpose of serving as a means of electronic communications between the Michigan Department of Public Health and public health professionals in Michigan's local health departments. Over the years, it has evolved into an electronic community for all individuals with an interest in public health issues as they relate to Michigan residents.



Today, Healthline hosts a wide variety of discussion forums devoted to particular public health topics, agencies and initiatives. The system also provides e-mail and real-time chat services for hundreds of its members. Healthline's numerous file libraries make it easy for public health professionals to widely share useful computer files with each other; as a group, the file libraries represent an important and constantly growing repository of information.

While Healthline's services are many, its biggest value stems from its members' online contributions. Healthline members post critical notices

about public health threats, event information, meeting agendas, job postings, grant announcements, reports, and statistics. Perhaps more importantly, members ask questions, provide answers, and post opinions that spark discussion and debate among their peers.

Healthline helps move ideas from place to place. For example, expertise in Wayne County can be tapped by a member in Mackinaw County and applied locally. With links to the Michigan Department of Community Health projects, and to all of Michigan's local health departments, locating a public health professional in another part of the state is quick and easy.

In 2000, Healthline became a web portal for its members. With its new design, Healthline has become an important doorway to the Internet, simplifying access to public health information and services elsewhere on the web.

Healthline puts an extensive collection of indexed and searchable public health-related links at its members' fingertips. Using this service, members can easily and quickly locate reliable information on the Internet. Members also can nominate public health resources to be added to the Healthline index, ensuring that the resource will be shared with hundreds of Healthline members.

Healthline's partnership with MPHI has been fruitful. Because both Healthline and MPHI work to build links between public health stakeholders and to strengthen community-based organizations, they share the same goals and values. As one of MPHI's growing number of Internet-based projects, Healthline is certain to both benefit from, and contribute to, the success of its high-tech siblings.

MPHI invites you to become a Healthline member. Signing up is free and easy; simply point your web browser to <http://www.hline.org>. For additional information or assistance, contact the Healthline help desk at 517-324-7380 or e-mail [syso@hline.localhealth.net](mailto:syso@hline.localhealth.net).

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*“While there are many public health-related online resources available, Healthline remains a uniquely important tool for Michigan’s public health workforce. Healthline staff continually upgrade the service, adding new features, making it easier to use, and ensuring that it is widely available to anyone interested in public health issues in Michigan.”*

## **ABOUT THE OFFICE OF TECHNOLOGY & INFORMATION SYSTEMS**

The Office of Technology and Information Systems (OTIS) provides information system development and support services to clients. Projects include administering Healthline (Michigan's online community for public health), web site design and hosting, information network integration, and supporting the Michigan Childhood Immunization Registry. OTIS also manages MPHI's information systems and provides technical support to MPHI staff and projects. The OTIS staff is composed of technology project managers, systems analysts, PC support technicians, telecommunications specialists, and computer network specialists. OTIS specializes in tailoring technical support projects to meet customer needs.

## TEACHING COMMUNITIES HOW TO USE SELF-EVALUATION TO IMPROVE THE OUTCOMES OF HUMAN SERVICES PROGRAMS

By Cynthia A. Cameron, PhD

**T**he MPHI Systems Reform Program has extensive experience helping communities design and implement practical evaluation strategies and providing technical assistance to guide communities as they build their capacity for self-evaluation. The Systems Reform Program staff has chosen this approach to community evaluation for two main reasons:

- ◆ Current policies and political realities are impelling human services to be accountable through outcome evaluation; and
- ◆ Communities need a set of concepts and skills to enable them to effectively plan and implement evaluation.

In recognition of these factors, the Systems Reform Program team offers communities a full-day training curriculum that provides evaluation basics that can easily combine with and enhance a community's collaborative strategic planning process.

The training teaches stakeholders how to use evaluation to improve outcomes for children and families. The curriculum uses two major evaluation tools—logic models and action plans—to assist groups as they collectively determine:

- ◆ What resources and problems exist in their community;
- ◆ Their desired outcome;
- ◆ What they must change to reach that desired outcome;
- ◆ What actions they must take to make those changes;
- ◆ Why they expect those actions to be effective; and
- ◆ How they will measure their success.



Systems Reform trainers blend expertise in evaluation, human services, and community planning to provide concrete examples that show stakeholders how to apply the evaluation concepts to their programs and initiatives. The curriculum and the trainers' expertise promote a rich, practical, hands-on approach that stakeholders can easily incorporate into their day-to-day activities to make evaluation an integral part of their work, rather than an add-on.

Using funds from the Michigan Family Independence Agency, the MPHI Systems Reform Program was able to provide seven self-evaluation trainings to 100 participants during 2000.

Following the self-evaluation trainings, 96 percent of participants reported an increase in evaluation knowledge, and 98 percent indicated they increased their knowledge of logic model and action plans.



In addition to these trainings, Systems Reform staff also provides individual consulting to collaborative groups on planning and evaluation. As part of this work, the team facilitates a multi-day process with key stakeholders, helping them set priorities, develop a logic model, and complete an action plan that includes written objectives and identifies data sources to be used for outcome measurement.

In all its work, the Systems Reform Program team strives to ensure that its services are community-based, family-centered, user-friendly, comprehensive, integrated, seamless, flexible, strength-based, and outcome-driven.

*Cynthia A. Cameron, PhD, is the director of the Systems Reform Program. She can be contacted at 517-381-1115 (ccameron@mphi.org).*

## What Stakeholders Say About the Team's Work

*"I appreciate your skill at making participants own the process. We need this!"*

*"Great group activities that follow good group process principles and result in productive outcomes!"*

*"We accomplished more in one day than we had in four years."*

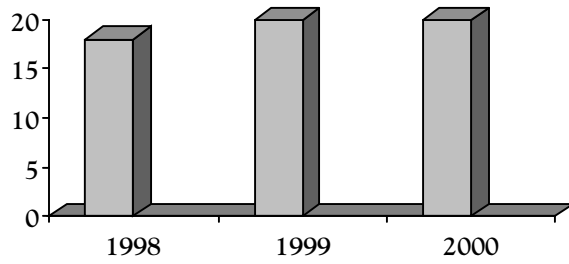
## ABOUT THE SYSTEMS REFORM PROGRAM

The focus of the Systems Reform Program is to facilitate the reform of human services systems in order to increase the effectiveness of services for children and families. The Systems Reform Program staff provides a variety of services, including: training and technical assistance on outcomes-based planning and evaluation; learning opportunities for direct service providers on family-centered practice and early intervention; consultation on building local family-centered early intervention systems; evaluation of existing programs; and facilitation of outcomes-based planning for organizations and collaborative groups.

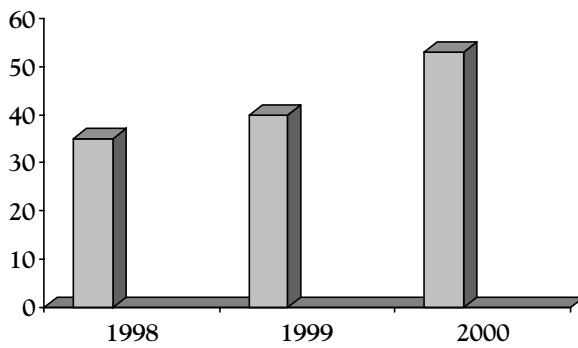
# MICHIGAN PUBLIC HEALTH INSTITUTE

## OPERATIONAL INDICATORS

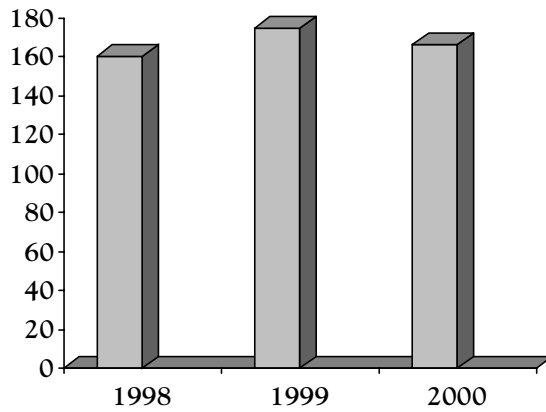
*Annual Income (in Millions)*



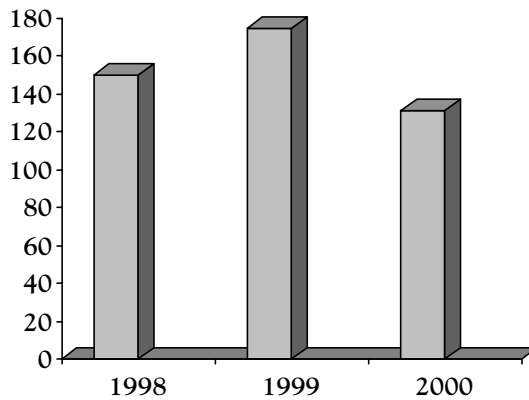
*Number of Funding Sources*



*Number of Employees*



*Number of Projects Under Management*



## MPHI PROJECT FUNDERS, 2000

Applied Research  
Arbor Circle  
Aspen Institute  
Aventis Pharmaceuticals  
Blue Care Network – East  
Blue Care Network – Mid-Michigan  
Blue Care Network – Southeast  
Blue Care Network – West  
Center for Health Care Strategies  
City of Lansing  
Detroit Executive Service Corporation  
Detroit Unity Association  
Flinn Family Foundation  
Glaxo Wellcome Inc.  
Global Enterprise for Water Technology  
GM Foundation  
Greater Flint Healthcare Coalition  
Harvard School of Public Health  
Henry Ford Health Systems  
Kellogg Company  
Merck  
Michigan AIDS Fund  
Michigan Health Council  
Michigan Health Data Corporation  
Michigan Health Professional Recovery Corporation  
Michigan Partnership to Prevent Gun Violence  
Michigan State University  
Michigan Virtual University  
Munson Healthcare  
Novartis Pharmaceuticals  
Pfizer  
Proctor & Gamble Pharmaceuticals  
Robert Wood Johnson Foundation  
Skillman Foundation  
Southeastern Michigan Health Association  
State of Michigan  
    Family Independence Agency  
    Michigan Department of Community Health  
    Michigan Department of Consumer and Industry Services  
    Michigan Department of Education  
    Michigan State Police  
Texas Department of Transportation  
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    National Institutes of Health  
    National Cancer Institute  
U.S. Department of Justice  
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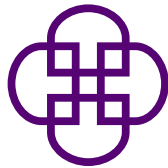
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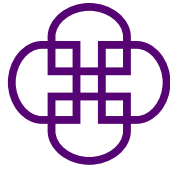
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