

Engaging Michigan Local Health Departments: The Michigan Regional Public Health Practice Profiles Summary Report

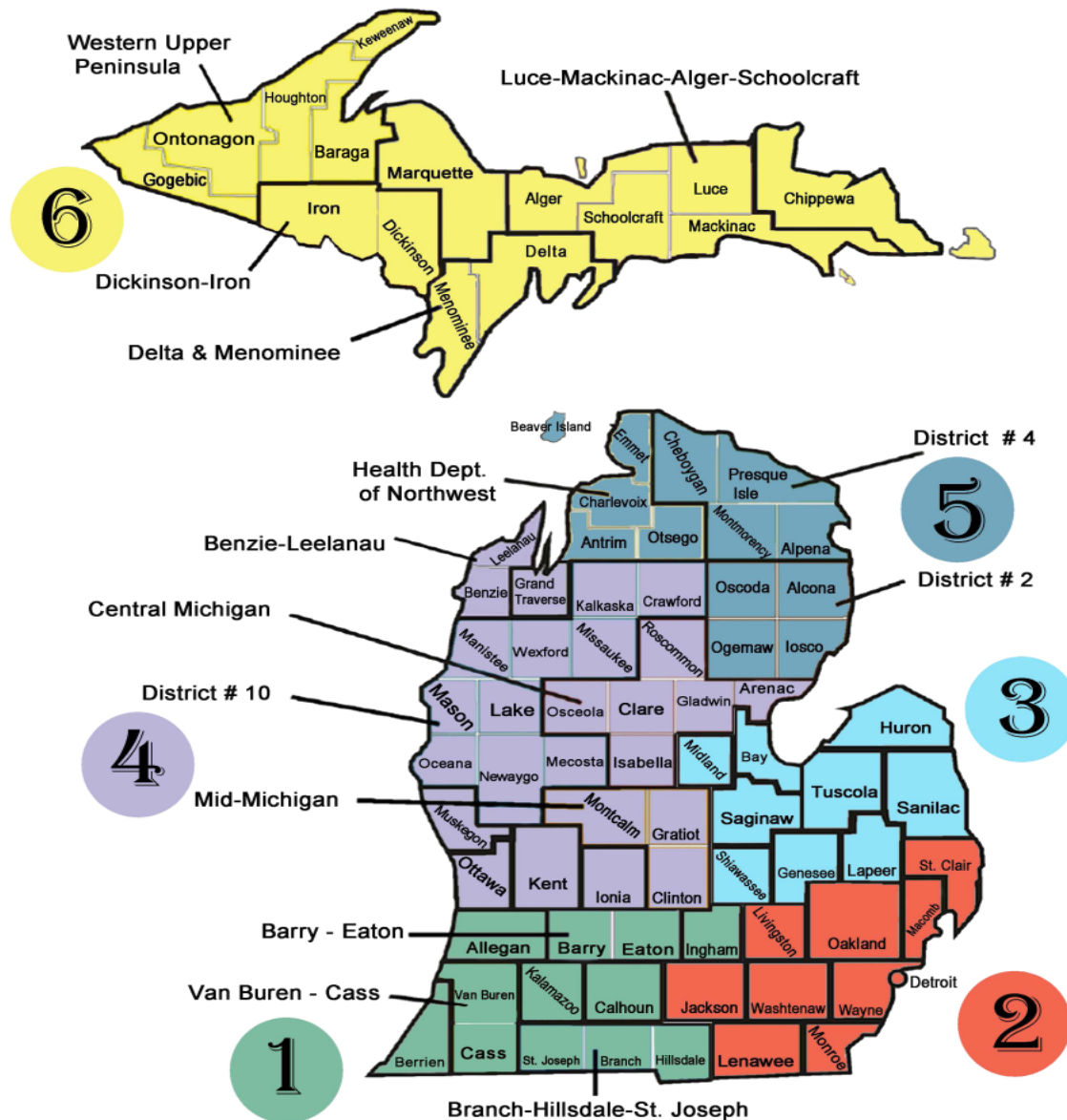


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Thank you to Christina Hanna & Brendan Burke for their diligent work in recording meeting and telephone interview responses and in developing reports and factsheets.

Introduction

Background

This project's aim was to distinguish Michigan Local Health Departmental priorities and needs with the purpose of integrating those, where possible, into the planning and work activities for the Office of Public Health Practice (OPHP; Practice Office) at the University of Michigan's School of Public Health (UM SPH). Below are the project's Goal & Objectives, used to frame the Practice Office's approach and outcomes.

Goal

Investigate public health practitioner community project and research priorities that interconnect with UM SPH priorities.

Objectives

- Engage local health department practitioners in dialogue, via six regional area meetings.
- Gain perspective and input about priority public health project and research needs.
- Expand topics and feedback into one plan for future practice-based activities and partnership areas of interest.
- Distribute final regional profiles plans and one master Regional Public Health Practice Profiles plan.
- Focus on one overarching and four other topic areas that correspond with the three Core Public Health Functions and align with the Ten (10) Essential Service of Public Health¹:
 - Population Health
 - Training & workforce development needs (Assurance)
 - Policy issues (Policy Development)
 - Practice projects (Assessment)
 - Research needs (Assurance)

Process

The state of Michigan was divided into six regions for this project. For each region, focus group style meetings were scheduled with the associated Health Officers or their representatives and all were asked to respond to specific questions from five (5) topic areas. The findings were recorded by note taking. When possible, individual telephone interviews were conducted with each of the Health Officers who could not participate or send a representative to the regional group meeting. These individual responses were then incorporated into the overall Findings section.

Copies of each region's report have been supplied to that region's Health Officers. The final Summary report encapsulates the topical public health priority needs and issues, common to all six regions, and is being shared with Health Officers of all regions, public health officials of the Michigan Department of Community Health and UM SPH faculty who wish to explore research topics and partnerships with local public health practitioners.

The Practice Office will apply the collected data to its strategic priorities, aligning them with the work planning and activities of OPHP, in the areas of training/workforce development, local policy, practice,

¹HHS Office of Disease Prevention and Health Promotion, *Public Health in America*, Public Health Functions Project, 2008, <http://www.health.gov/phfunctions/public.htm>

and research/research translation projects. For example, the Practice Office's Michigan Public Health Training Center offers a variety of educational training sessions for public health practitioners and the training/workforce development responses will be considered carefully in the planning of future educational themes and sessions.

Michigan Local Health Department Structure (section language directly cited from *Michigan's Guide to Public Health for Local Governing Entities: County Commissioners, Boards of Health, and City Councils*)²

"Public health in Michigan includes a wide variety of public, private and community resources. The role of government in public health focuses on three core functions: assessment, policy development and assurance.

- Assessment (*Learning what the most important health problems are*)
 - Assessment information is used to develop community health priorities. Assessment data are based on birth, illness and death statistics, available health resources, unmet health needs and citizens' feelings about their personal health.
- Policy development (*Deciding what to do based on assessments*)
 - Information gathered through assessments is used to develop state and local health policies. These policies are incorporated into community priorities and plans, public agency budgets, local ordinances and statutes and services provided.
- Assurance (*Doing it well or making sure someone else does it well*)
 - Assurance is monitoring the quality of those health services provided."³

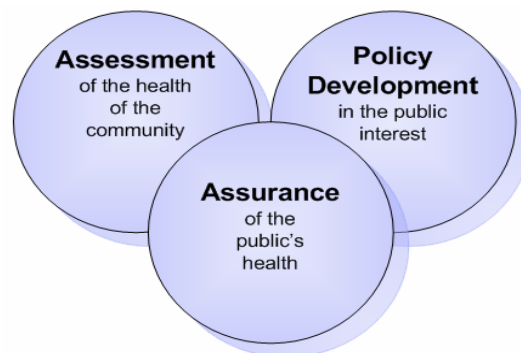


Figure 1. Three Core Functions of Public Health

"Public health in Michigan is governed by the Public Health Code (PHC), PA 368, of 1978. State public health law and regulation are critical in granting authority along with defining roles and responsibilities of a government public health system. Michigan has one of the most comprehensive and contemporary codes in the nation and has been a source of study through a national project researching model state public health acts."⁴

² Michigan Department of Community Health, *Michigan's Guide to Public Health for Local Governing Entities: County Commissioners, Boards of Health, and City Councils*, November 2006 (Rev. 3/07), http://www.michigan.gov/documents/mdch/LGE_GuideBooklet_November2006_180010_7.pdf

³ Ibid, p. 9

⁴ Ibid, p. 11

“Michigan’s PHC allows the state health department the option to grant local health departments authority to act on its behalf for primary responsibility in delivery of public health prevention and control programs unless legal barriers exist (MCL 333.2235). The SHD has exercised this option and delivery of public health in Michigan happens at the local level through local health departments.”⁵

“Michigan has 83 counties served by 45 LHDs through a city, county or a multicounty district health department. Detroit, as the only Michigan city with a population over 750,000, is eligible and has chosen a single city health department approach (MCL 333.2421). Each LHD is a part of local government and separate from the state health department.”⁶

All Michigan Local Health Departments (LHDs) are responsible for assuring that an array of 18 required services are provided. “Required service definition is a combination of basic, mandated and local public health operations categories.” Required programs are also listed in the *Guide*.⁷

Health Department Descriptions

The state of Michigan has a population of approximately 9,876,187 people within an area of 96,810 square miles. It contains 83 counties and 45 local health departments. Each of the six regions and associated local health departments are described below.

Region 1 of the Michigan Regional Public Health Practice Profiles (see Figure 2, below) has a population of approximately 1,332,014 people within an area of 7,073.8 square miles. It contains twelve counties and eight local public health departments.

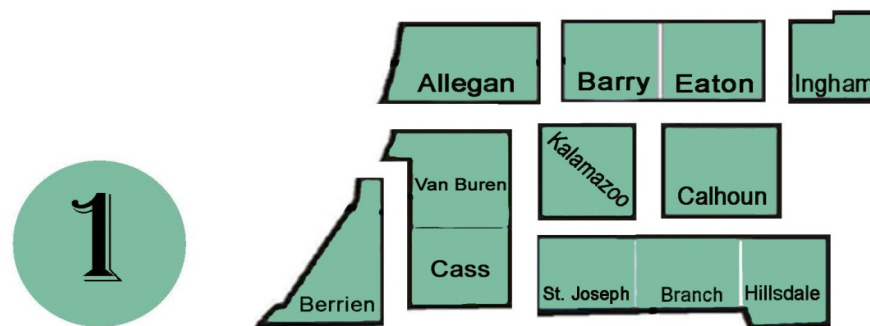


Figure 2. Region 1 of the Michigan Regional Public Health Practice Profiles

⁵ Ibid, p. 11

⁶ Ibid, p. 17

⁷ Ibid, p. 20; pp. 48-52

Region 2 of the Michigan Regional Public Health Practice Profiles (see Figure 3, next page) has a population of approximately 5,678,660 people within an area of 5,978 square miles. It contains one city and nine counties for a total of ten local public health departments.

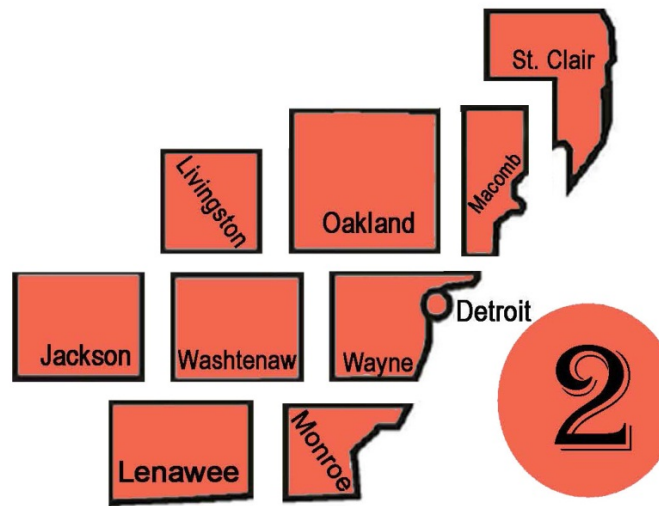


Figure 3. Region 2 of the Michigan Regional Public Health Practice Profiles

Region 3 of the Michigan Regional Public Health Practice Profiles (see Figure 4, below) has a population of approximately 1,108,287 people within an area of 6,219.5 square miles. It contains nine counties, each with a local public health department.

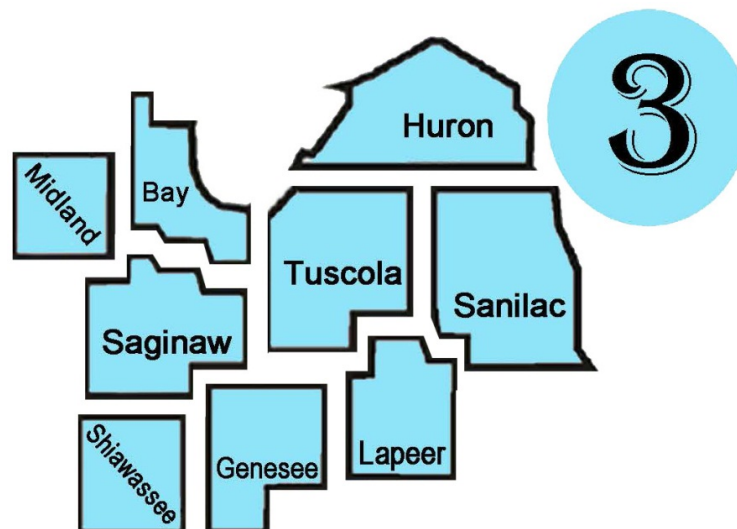


Figure 4. Region 3 of the Michigan Regional Public Health Practice Profiles

Region 4 of the Michigan Regional Public Health Practice Profiles (see Figure 5) has a population of approximately 1,862,356 people within an area of 14,386.9 square miles. It contains 26 counties and nine local public health departments.

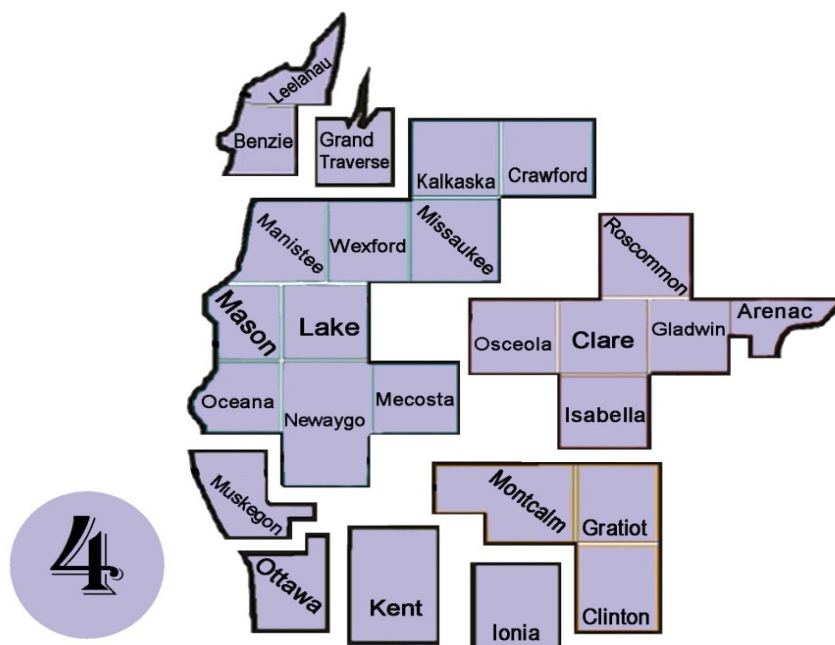


Figure 5. Region 4 of the Michigan Regional Public Health Practice Profiles

Region 5 of the Michigan Regional Public Health Practice Profiles (see Figure 6, below) has a population of approximately 252,446 people and has jurisdiction over an area of 6,726.3 square miles. It contains 12 counties and three local public health departments.

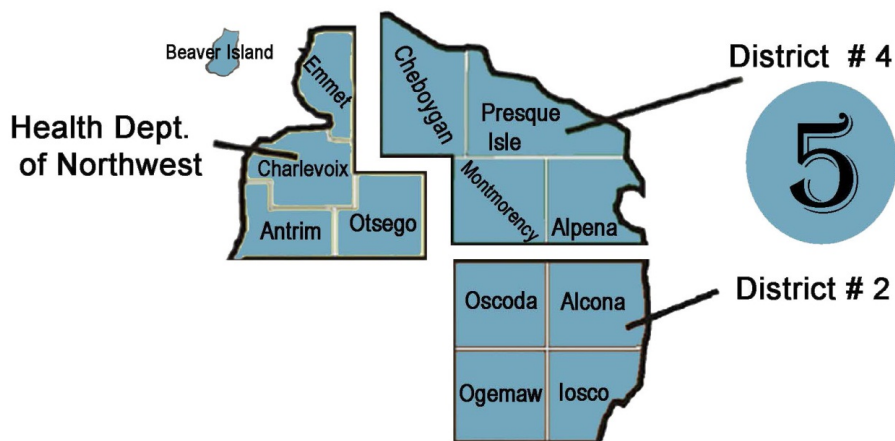


Figure 6. Region 5 of the Michigan Regional Public Health Practice Profiles

Region 6, the Upper Peninsula, of the Michigan Regional Public Health Practice Profiles (see Figure 7, below) has a population of approximately 311,361 people and has jurisdiction over an area of 16,419.1 square miles. It contains 15 counties and six local public health departments.

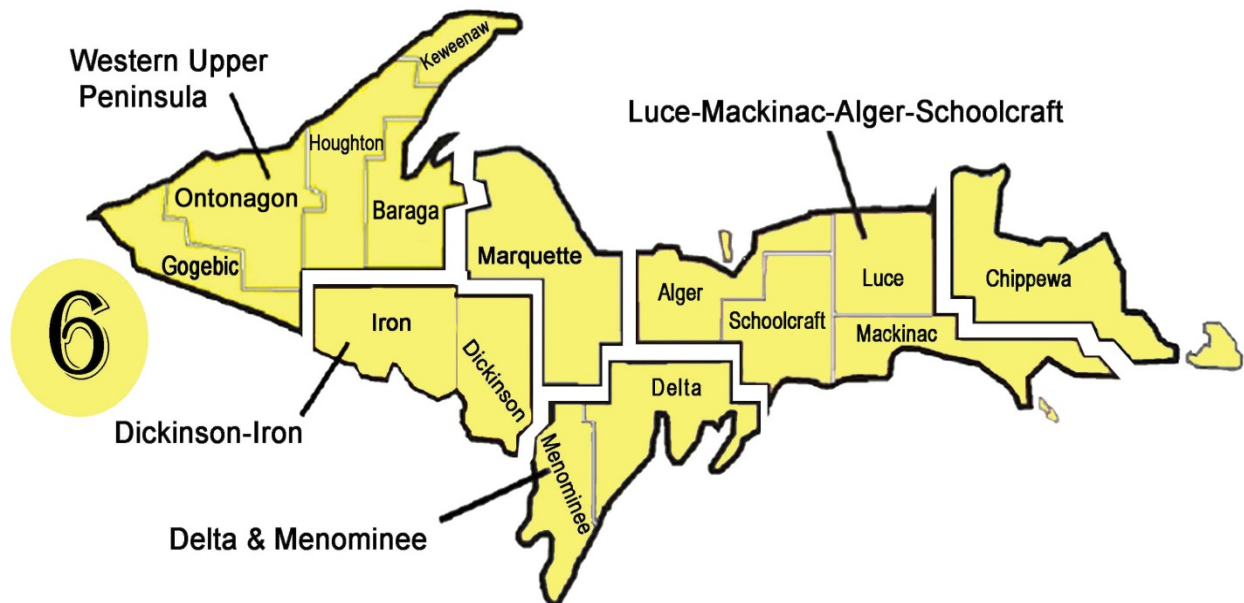


Figure 7. Region 6 of the Michigan Regional Public Health Practice Profiles

Methodology

Data Collection

Between March and June of 2012, face-to-face or conference call focus group meetings of the regional Health Officers or their representatives were conducted in each of the six regions. The specifics of each regional meeting are detailed in this section.

March 2012: **Region 3** Health Officers from five of the nine county health departments participated in a face-to-face regional focus group meeting, held at the Genesee County Health Department. Two of the remaining Health Officers were interviewed by telephone, responding to the same five questions used in the face-to-face meeting. From March 30, 2012, to June 4, 2012, all data were collected through real time computer input and handwritten notes of the sessions. The Region 3 response rate was 89% (8 of 9).

April 2012: **Region 1** Health Officers or their representatives from six of the eight local health departments participated in a face-to-face regional focus group meeting, held at the Kalamazoo County Health and Community Services Department. The two remaining Health Officers were interviewed by telephone, responding to the same five questions used in the face-to-face meeting. From April 27, 2012, to May 29, 2012, all data were collected through typed and handwritten notes of the sessions. The Region 1 response rate was 100% (8 of 8).

April 2012: **Region 4** Health Officers or their representatives from eight of the nine local health departments participated in a face-to-face regional meeting, held at the Central Michigan District Health Department. The remaining Health Officer was interviewed by telephone, responding to the same five questions used in the face-to-face meeting. From April 30, 2012, to May 30, 2012, all data were collected through real-time computer input and handwritten notes of the sessions. The Region 4 response rate was 100% (9 of 9).

May 2012: **Region 5** Health Officers from the three district health departments participated in a regional meeting conference call. The three Health Officers represented their respective health departments. All data were collected through real-time computer input and handwritten notes of the sessions. The Region 5 response rate was 100% (3 of 3).

May 2012: **Region 6** Health Officers from five of the six local health departments participated in a regional meeting conference call. The remaining Health Officer was interviewed by telephone, responding to the same five questions used in the conference call. From May 14, 2012, to May 31, 2012, all data were collected through real-time computer input and handwritten notes of the sessions. The Region 6 response rate was 100% (6 of 6).

June 2012: **Region 2** Health Officers or their representatives from four of ten health departments (one city and none counties) participated in a face-to-face regional focus group meeting, held at the Wayne County Health and Community Services Department. Four of the remaining Health Officers were interviewed by telephone, responding to the same five questions used in the face-to-face meeting. One county was unable to participate in the project. From June 11, 2012, to June 25, 2012, all data were collected through real-time computer input and handwritten notes of the sessions. The Region 2 response rate was 90% (9 of 10).

Limitations

The project relied on verbal transmission of qualitative and quantitative data (supported by referenced surveys and reports), opinions, and perspectives. The data was not audio recorded, so no direct transcription is available. However, the data were collected from participants who are established departmental directors or their selected representatives. This methodology is valid because information offered by the local health department representatives comes from direct observation and/or evidence-based and measureable data. For example, each representative offered his or her significant input, relying on direct review and significant expertise, gained during a lengthy tenure. Data collection and analytic processes included, but are not limited to, the use of results from surveys and assessments conducted by each health department, along with standardized survey data provided by State or Federal governmental agencies or academic entities.

Dissemination

Each final regional profile report has been distributed to the health departments in the defined region. The Michigan Regional Public Health Practice Profiles Summary report is being distributed to all health departments, the Michigan Department of Community Health, and other interested parties. It will be made electronically accessible via a link on the Office of Public Health Practice (UM SPH) website.

Summary Findings

The results of the Regional Public Health Profiles Project will be aligned with OPHP's strategic planning for inclusion, where appropriate, in work activities. The statewide health department response rate was 96% (43 of 45). Participants, either in a group setting or during a telephone interview, were asked five questions. Each question, with its composite responses, is shown below. The fact sheet for each region lists more detail for the questions/topic areas. The charts, under each topic area/question (1-5), list whether each region identified that particular issue or need and the end ratio shows the total response ratio (i.e., six of six regions or 6/6, identified the issue or need). At the end of the charts, single issues and/or needs, specified only by one region are listed. That region's number is listed at the end of the single issue or need, so a "1" indicates that it came from Region 1, a "2" from Region 2, and so forth.

1. Population Health Issues. Question: *What key population health issues are important to your community? And how have these been identified?*

Population Health Issues	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Ratio
Basic needs (housing, travel)	X	X	X	-	X	X	5/6
Aging population issues and needs	X	-	-	X	-	X	3/6
Access to healthcare	X	X	X	X	X	X	6/6
Access to oral healthcare	X	-	X	X	-	X	4/6
Access to mental healthcare	-	X	X	X	X	-	4/6
Obesity and physical inactivity	X	X	X	X	X	X	6/6
Shortage of providers	X	X	-	-	-	-	2/6
Management of chronic disease	X	X	X	X	X	X	6/6
Sexually transmitted diseases	-	-	-	X	-	X	2/6
Teen pregnancy	X	-	-	X	-	X	3/6
Substance abuse	X	X	X	X	X	X	6/6
Infant mortality	X	X	X	X	-	-	4/6
Reduction of services and resources	-	X	X	X	X	X	5/6

The following issues, each offered by representatives from a single region, are listed with the specific region number following the issue, as explained above.

- Relationship between health and culture 1
- Migrant worker and family follow-up care 1
- Deaths due to accidents 1
- Higher mortality rates 1
- Educating non-health professionals about health disparities and social determinants of health 2
- Safety from bullying for those with special health care needs and from communicable disease outbreaks (e.g., syphilis, tuberculosis) 2
- Conflict resolution and de-escalation of violence 2
- Increased maternal stress per poor economic situation 3
- Lack of oral healthcare follow-up services for Medicaid children (parents do not take them to get follow-up services) 3
- Environmental health: Air quality, water quality in lakeshore counties and exposures to contamination (Superfund sites and related sites) 4
- Availability of physicians who accept Medicaid patients 4
- Children's readiness for school & poor health outcomes 4
- Cancer 6
- Specific infectious diseases: emerging cases of Blastomycosis, increased prevalence of Clostridium difficile (C. Diff.) and related antibiotic resistance and increased STDs rates among seasonal workers 6

2. Training/Workforce Development Needs. Question: *What training topics such as evaluation, financial, time management, dealing with difficult people, grant writing, other, would be useful & why, to expand skills for leadership, middle management and front line staff?*

Training/Workforce Development Needs		Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Ratio
Leadership	Public health marketing	X	-	X	X	-	-	3/6
	Quality improvement	X	-	X	X	-	X	4/6
	Grant writing	X	X	X	-	-	X	4/6
	Budgeting and accounting	X	X	-	-	X	-	3/6
	Program evaluation	-	X	-	X	X	X	4/6
	Teamwork and cooperation	-	X	-	-	X	-	2/6

Leadership (Cont.)	Succession planning	-	-	X	X	-	-	2/6
	Training/Work force Development Needs	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Ratio
	ACA⁸ planning	-	-	X	X	-	-	2/6
	Increased department morale	X	-	X	-	-	-	2/6
	Social media use	X	-	-	X	-	-	2/6
Middle Management	Time management	X	X	-	-	-	-	2/6
	Emphasis on outcomes vs. outputs	X	-	-	X	-	-	2/6
	Quality improvement	-	-	X	-	-	X	2/6
	Dealing with difficult staff situations	-	X	-	-	X	-	2/6
	Program evaluation	-	X	-	X	-	-	2/6
	Teamwork	-	X	-	X	-	-	2/6
	Grant writing	-	X	X	-	-	-	2/6
Frontline Staff	Quality improvement	-	-	X	-	-	X	2/6
	Basic public health education	-	X	-	-	-	X	2/6
	Customer service	-	X	-	-	-	X	2/6

⁸ Patient Protection and Affordable Care Act

Training/Workforce Development Needs		Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Ratio
Board of Health	How job affects public health and fiscal outcomes	-	X	X	-	-	-	2/6
	General public health training	-	-	-	X	-	X	2/6
	Review board of health legal authority & responsibilities	X	-	-	-	X	X	3/6

The subsequent **Training/Workforce Development** issues, each pertaining to a single region, and are listed with the corresponding region number following the listed issue.

Leadership

- Understand and use federal regulations (HIPAA⁹, FOIA¹⁰) 1
- Manage employee resistance to implementing change 1
- Learn negotiating skills (e.g., for labor contracts) 1
- Use data/outcomes to drive policy 1
- Pursue PHAB¹¹ accreditation 1
- Apply public health law 1
- Learn standard steps for employee discipline 1
- Redesign work flow processes 1
- Institute best-practices to accommodate increase in client load 2
- Review of public health code, and powers and duties of Health Officers 3
- Gain understanding of data analysis and evaluation methods 3
- Have succinct trainings that improve all staff's public health skills and knowledge 3
- Train on message development for frontline staff promoting how a job well done can positively affect public health and fiscal outcomes 3
- Explore Community Health Assessments: funding, role of health department, and improved models 3
- Gain core knowledge of basic public health such as epidemiology concepts 4
- Understand changes coming with Affordable Care Act implementation 4
- Promote public health marketing and policy & advocacy such as with storytelling 4
- Understand which quality improvement processes & tools to use such as process mapping 4
- Promote innovation and knowledge sharing with new business tools 4

⁹ Health Insurance Portability and Accountability Act

¹⁰ Freedom of Information Act

¹¹ Public Health Accreditation Board

- Maintain staff engagement 5
- Acquire new management skills 5
- Learn how to bill private insurance for medical care/clinic services 6
- Explore state & federal funding sources for public health 6

Middle Management

- Manage staff 1
- Discipline employees (steps) 1
- Delegate tasks 1
- Understand agreements & contracts 1
- Train how to develop programs & related fiscal issues 2
- Learn how to inspire, set vision, lead by example 2
- Manage core services versus single projects 2
- Gain technical assistance to increase primary care services 2
- Apply best practices to accommodate increase in client load 2
- Understand changes coming with Affordable Care Act implementation 4
- Gain core knowledge of basic public health such as epidemiology concepts 4
- Enhance understanding of how a job well done contributes to population based health outcomes 4
- Integrate core competencies as related to job duties 4
- Improve interviewing & hiring through policies, procedures & methods 5
- Create & implement performance measures 5
- Plan around values 5
- Identify & promote necessary management “soft” skills 5
- Evaluate staff (tools) 5
- Improve program quality & customer services skills 6
- Understand basic public health 6
- Implement electronic medical billing 6

Frontline Staff

- Have available foreign language course/development 1
- Increase understanding of role of local health departments in the community 2
- Learn team building, trust, and cooperation training to create a sense of community within the workplace 2
- Understand the importance of data analysis and evaluation methods 3
- Improved messaging concerning the meaning of County Health Ranking reports 3
- Understanding the social determinants of health (health equity/health disparities) 3
- Grant writing tips and techniques 3
- Gain core knowledge of basic public health such as epidemiology concepts 4
- Understand changes coming with Affordable Care Act implementation 4
- Implement electronic medical billing 6

Environmental Health Staff

- Understand how to improve customer service 3

- Learn about enhancing quality of service 3
- Review public beach program issues (techniques) 6
- Learn to implement aspect of smoke-free policy 6

Board of Health

- Learn about community health issues and indicators 1
- Understand the tenets of local public health program management and funding 1

Certain items discussed under the **Research/Research Translation** topic area fit logically under the **Training/Workforce Development** topic area and so were transferred there. Each is listed here followed by the corresponding region number.

- Learn about effective application of research, best practices, and outcomes 1
- Understand how to research to improve current programs 1
- Gain knowledge of grant implementation 2
- Learn how to write and obtain measurable outcomes 2
- Understand how to complete a needs assessment 2
- Be trained in sharing data from a needs assessment 2
- Learn how to complete a strategic plan with minimal funding for community needs assessment 2
- Explore emerging trends in public health and learning from the successes of creative jurisdictions around the country 2
- Understand and address how to explain and change low WIC¹² numbers and trends 3
- Gain application knowledge of model practices and components for transition to electronic medical records with reduced resources and limited staff 3
- Policy change that can affect housing codes to promote healthy homes 3
- The roles and responsibilities of medical home models (including what is covered, billing, available options, etc.) 3
- Learn collaboration methods and communication improvements/model practices for supporting positive interactions & partnerships among health care providers, local health departments, and national chain pharmacies (e.g. CVS, Rite-Aid, etc.) to limit misplaced referrals to the local health department as a safety net provider 3
- Learn how to find and implement model practices for:
 - Access to care for high risk populations in rural and urban areas 4
 - Individual engagement in personal health 4
 - Reducing teen pregnancy 4
- Understand the relationship between depression and alcohol, tobacco, and other drug use and graduation rates 4
- Gain training about best practices for hiring and recruitment to improve workforce 5
- Learn and be able to explain the relationship between income and health 6

¹² Women, Infants, and Children

3. Local Policy Issues. Question: *What are the pressing local policy issues facing your health department?*

Policy issues varied widely from region to region, but common themes included:

- Inefficiencies in the health code and sanitary code
- The delivery of healthy foods
- Substance abuse issues, often stemming from enforcement of the ban of tobacco in public areas
- Health education

Some issues, like smoke-free restaurants, are addressed under state law and others would need to be addressed within new legislation instead of by local regulation, ordinance or policy. The discussion focused on local policy issues, though some of the broader state policy issues were also raised.

Region 1

State:

- Mandated physical education
- Addressing inefficiencies in the current sanitary code
- Prioritizing the importance of including health in all policies
- Introduction of a policy that would change the glycemic index of the food chain, including regulations that would deliver healthier, yet palatable and acceptable, foods to communities.

Local:

- Implementation of statewide environmental health code
- Roles of Farmers' Markets in providing affordable, healthy food to the community
- Zoning that creates food deserts
- Convenience stores advertising WIC acceptance, which may push specific groups to shop at convenience stores that don't have healthy options, especially those living in food deserts
- Prohibiting smoking in outdoor public areas
- Processes for deriving Environmental Health fees

Barriers:

- One main challenge to policy implementation in Region 1 is the current anti-regulation environment and the need to table specific issues during election years.

Region 2

- Making all county buildings breastfeeding friendly
- Re-opening the environmental health code and dealing with inconsistencies across county lines
- Implementing state policies, such as the smoking ban, at the local level
- Ensuring that public health plays a role in new state and local policies
- Policies to improve access to nutritious foods in order to decrease rates of obesity

- Improving air quality to decrease asthma
- Improving food provided in schools
- Increase play in schools and its role in increasing physical activity, respect, and conflict resolution
- Pay equity for men and women in similar jobs
- Using land differently to improve the health of the community
- Concern about the health impact of separate district for low and high performing schools because education is a determinant of health

Region 3

State:

- A uniform policy encouraging preventive health and addressing health education in local school districts

Barriers:

- Often a crisis must occur for the public to support change
- Political units smaller than the counties (villages, townships, cities) may not enforce their own local policies, looking to county agencies to do that for them
- Elected officials are reticent to pass new policies and laws because they perceive adverse effects on their electability

Region 4

State:

- A statewide sanitary code

Local:

- Prohibiting smoking in county parks
- Banning sale of energy drinks to kids under 18
- Food policy issues – supporting local agriculture and farm to school and farm to fork programs
- Increased opportunities for public health workers to be involved in planning commission looking at built environment and housing
- Point of sale evaluation/maintenance system
- Employee wellness and corresponding health care insurance reduction (especially for health department staff)

Barriers:

- Working with a board of commissioners or a board of health with elected officials as members to move forward on local policies proves to be a challenge for many local public health departments, especially in rural communities. To help overcome these challenges, public health should develop an advocacy constituency, both at the local and state levels.

Region 5

Local:

- Maintenance of state regulation on tobacco and not allowing it to weaken at the local level
- Synthetic marijuana and bath salts require additional policy assistance:
 - How can the problem be addressed per current authority?
 - How to identify if imminent danger exists?
 - What are reasonable policies & procedures to address the use and sale of quasi-illegal substances?

Region 6

Local:

- Point of sale ordinance: Upper Peninsula wintertime conditions create limitations to point of sale field evaluations
- Substance abuse
 - Delays in legislature on substance abuse issues
 - Policies lack strength, have not accomplished what they had intended
 - Local policy development may be more useful than state level policies

4. Practice Projects. Question: *What about the Practice projects would advance the work of your health department and why, how?*

Practice projects tended to be very specific to the region's current needs, but common themes included:

- Data collection/analysis and simple research projects.
- Marketing public health to the community
- Development of web-based resource for model practices

Each of the listed items followed by an asterisk (*) has been transferred from the **Research/Research Translation** topic area to here due to the fit.

Region 1

- Public health policy training for County Commissioners (see Training – Board of Health)
- Public health messages and/or programs to play on TVs in health department lobbies and waiting rooms
- Promotion and marketing of Healthy Kids Dental to increase program availability awareness
- Accredited, informational sessions for medical groups (offering CEU¹³s, etc.)
- Project to encourage healthcare providers coming to/providing services in communities
- Data collection such as door to door surveys to research special topics identified by health departments

¹³ Continuing education unit

- Meeting facilitation for local health officers – students could facilitate and learn from these meetings
- Distribution of information to the community, specifically what health department services are available and how to access those services
- Water safety signage for tourists

Region 2

- Cost-benefit analysis of local health department programs
- Technical assistance on how to implement new or increase existing primary care services
- Creation of strategic plan or aid with strategic plan components
- Assistance with ongoing community assessments by gathering data using new methods vs. older, outdated methods such as landline phone surveys
- Evaluation of local health department programs and services (for example, act as “secret shoppers” to access service quality)
- Protocol and process for strengthening and streamlining to generate improved roles and responsibilities for health department positions
- Reduction of inappropriate use of emergency services and 9-1-1
- Promotion of play and physical activity to combat childhood obesity
- Administrative and organizational assistance for changing health department structures
- Development of training module for public health-specific customer service – for impact & those with large vulnerable populations

Region 3

- Facilitated regional session(s) with health officers to share ideas and best model practices
- Facilitated meeting(s) for health department administrative/financial staff to share operational & financial practices and ideas
- Customer satisfaction survey models & methodologies to provide service information and meet quality improvement criteria
- Creation of training templates to be modified, as needed, by each health department on topics such as marketing and new staff basic public health orientation
- Projects, answering the following questions, to benefit local health departments:
 - How to determine core public health programs and core public health services?
 - What work should future public health agencies be doing?
 - What core services are at greatest risk, because lack of funding?
 - What are the State of Michigan’s current & future models for public health?

Responses* from the **Research/Research Translation** question/topic area transferred to **Practice Projects** topic area (better fit):

- Determination of (or how to determine) if pregnant women or mothers with young children are being educated on smoking and/or receiving quit support with every visit to the health department, regardless of the reason for the visit *
- How to generate fee increases, deal with emerging budget issues, access federal grants and

agency connections, and increase funding *

- What insurance (especially private pay) does each county health department accept? *

Region 4

- Mandated Services Project: complete a thorough and creative literature review to understand how to measure accomplishments with mandated services and to discover different ways to measure them. The goal of this project would be to discover if providing the mandated services are changing related health behaviors or health outcomes in the area
- Examination of the eight required services and benchmarks from Healthy People 2020 and analyzing the expected outcomes
- Creation of a Healthy Michigan 2020 plan
- Application of the Federal Prevention Guide and other resources to discover if the programs and services provided by local health departments are meeting national standards/best practices

Region 5

- Community health assessments
- Community mapping
- Communicate what public health departments do through the following media:
 - Health communication, health communications plan template
 - Develop a communication plan, including usefulness of numerous kinds of media
 - Social media plan and usage
 - Collaboration between students and seasoned professionals to combine topical knowledge with current health communication knowledge
- Web 2.0 training and best practices
- Guide for useful websites and databases
- Evidence-based practices – how to find them and what works
- Using census data and other data sets to identify and define populations
- Step-by-step sheet on how to access relevant and useful information/data*
- Expert/mentor system on topical issues (go to expert for best practices)*
- Evidence-based practice websites*
- Data sources for demographics (Census) – getting to data set and using all the data that is available*

Region 6

- Air quality in Marquette and neighboring counties: students could learn where air quality data comes from, steps needed to have an impact on air quality, and the equipment needed to properly monitor air quality
- Statistical validation services and assistance for local health departments' surveys, including methods of collecting and analyzing data
- Creation of a healthy lifestyles curriculum, focusing on nutrition and physical activity, to be implemented in local school districts

5. Research/Research Translation. Question: *Can you identify for your health department, particular research needs or issues for which more research information could be provided? And can existing research areas be identified, where translation of that research into practice would be useful?*

Again, certain responses offered under this topic area were determined to fit more logically in the **Training/Workforce Development** Needs or **Practice Projects** topic areas and, as such, were transferred to one of those. Listed below are the remaining responses for Research/Research Translation.

Region 1

- Social and environmental effects of county-based meth labs, specifically looking at negative effects on and solutions for housing and child services
- Model practices (including regulatory solutions) illustrating how local health departments can work with school systems to offer healthy food choices for lunch and/or snacks

Region 2

- Access to compilation of emerging trends in public health and learning from those successes of creative local health departments
- How health reform efforts and the ACA will affect public health and providing additional information to clear up existing confusion
- Model programs for billing, especially for Medicaid

Region 3

- Model intervention practices to decrease obesity and increase physical activity
- Time-of-sale regulation model practices and lessons learned (well and septic inspection prior to sale of home)
- Existing government supported transportation implementation/expansion programs, specifically for serving those in need

Region 4

- Model practices for access to care practices for high-risk populations in rural and urban areas and individual engagement in personal health
- Results shown by outcome-based food policy councils (such as collaborative efforts of the UM SPH with Michigan State University agriculture departments/programs)
- Additional research supporting the correlation between health eating and graduation rates/higher grades in school
- Relationship between depression and alcohol, tobacco, and other drug use and graduation rates
- Health improvement outcome results, supporting the utility of state-mandated LHD programs
- Body of evidence proving the effectiveness of the Maternal Infant Health Program (MIHP)
- Examination of health department accreditation correlated with better performance, improved health outcomes and/or breadth and depth of services

Region 5

All responses were transferred to either the Training/Workforce Development or the Practice Projects topic areas.

Region 6

- The health and well-being of the Karen tribes people (geographic area of origin = Southeast Asia) , with better understanding of background and cultural adjustment, along with any public health/environmental challenges faced in relocation from Southeast Asia to the Upper Peninsula
- Local health departments involvement in area commercial and economic development and how that can/should occur

Conclusion

The Michigan Regional Public Health Practice Profiles Summary report of all regions' input, is being distributed to all local health departments, the Michigan Department of Community Health, and other interested parties. In addition, it is being made electronically accessible via a link on the Office of Public Health Practice website (<http://practice.sph.umich.edu/practice/>).

End Notes

Population data is from the 2010 Census Data Interactive Population Search from <http://2010.census.gov/2010census/popmap/ipmtext.php>

Jurisdiction data is from *Michigan Public Health Practice Directory 2011-12* from <http://practice.sph.umich.edu/practice/resources.php>