

## SECTION IV A INSTRUCTION - (Completed by Faculty Candidate)

The faculty member is encouraged to use a range of evidence demonstrating instructional accomplishment, which can be included in portfolios or compendia of relevant materials.

### 1. Undergraduate and Graduate Credit Instruction:

Record of instructional activities, for at least the past six semesters. Include only actual participation in credit courses (on- or off-campus instruction) or virtual university on-line courses. In determining the “past six semesters,” the faculty member may elect to exclude any semesters during which s/he was on leave; additional semesters may be included on an additional page. Fill in or, as appropriate, attach relevant print screens from CLIFMS\*.

Semester and Year	Course Number	Credits (Number or Var)	Number of Sections Taught		Number of Students	Number Of Assistants* *	Notes
			Lec	Rec Lab			
FS14	ADM-FS14	20 hrs.			9		
US14	HM535	2	3 Lec		7	0	
	HM533	2					
SS14	HM548	2	3 Lec		8	0	
	HM535	2	1 Lab		8	0	
FS13	534	2	1 Lab		7	0	
	535	2	1 Lab		8	0	
	ADM-FS13	12.5 hrs.			9		
SS13	HM548	2	3 Lec		8	0	
	HM535	2	1 Lab		6	0	
FS12	HM534	2	1 Lab		7	0	
	HM535	2	1 Lab		8	0	

\*Consult departmental staff who are authorized to enter data on the web-based CLIFMS (Course Load, Instruction, Funding and Modeling System) system and can search for course sections and enrollments by faculty name, per semester.

\*\*May include graduate and undergraduate assistants, graders, and other support personnel.

### 2. Non-Credit Instruction:

List other instructional activities including non-credit courses/certificate programs, licensure programs, conferences, seminars, workshops, etc. Include non-credit instruction that involves international, comparative, or global content delivered either to domestic or international groups, either here or abroad.

#### **Invited Oral Presentations at Professional Meetings/Conferences (Selected)**

The Medicaid Maternal Infant Health Program (MIHP): Is it evidence-based? Perinatal Summit. July 23, 2014, Acme, MI.

**SECTION IV A (Cont.) INSTRUCTION - (Completed by Faculty Candidate)**

Evaluation of Community Health Worker Programs: Healthy Start in Michigan. Michigan Community Health Workers Alliance Annual Meeting, October 9, 2013, Lansing, MI.

Nurses and Community Health Workers: Roles and Relationships for Population Health Improvement. Michigan Statewide Public Health Nursing Conference. School of Nursing, School of Public Health, University of Michigan. August 2011.

Community Health Workers and Women's Mental Health. Michigan Community Health Workers Alliance Annual Meeting, August 18, 2011, Detroit, MI.

Kin Keeper: A Family-focused Cancer Prevention Intervention. Community Women's Health Conference, Grand Rapids, MI Spectrum Health Medical Group. Understanding Barriers to Wellness across the Lifespan, 2012.

Improving Perinatal Health in Low Income Women. Community Women's Health Conference, Grand Rapids, MI Spectrum Health Medical Group. Women's Health Conference, 2011

Community Health Worker Impact: It's in the numbers and the stories. Statewide Community Health Worker Conference (Keynote speaker), August 2009

Finding Answers through Evaluation and Research. Michigan Infant Mortality Summit, Michigan Department of Community Health, 2008.

Alleviating Depressive Symptoms and Stress in Low income Pregnant Women. Spectrum Health Nursing Conference May 2008.

A Comparison Study of Two Home-Visiting Models. California Association of Public Health Nurses, Annual Public Health Nursing Conference, Sacramento, CA, June, 2002

**Peer-reviewed Oral Presentations at Professional Meetings/ Conferences (Selected)**

Using the Chronic Care Model to Develop a Population-based System of Care for Medicaid-Insured Pregnant Women. Maternal and Child Health Epidemiology and CityMatCH Conference, September 2014.

Effects of a statewide Medicaid-sponsored enhanced prenatal care program on birth outcomes. Maternal and Child Health Epidemiology and CityMatCH Conference, September 2014.

Using LEAN process improvement strategies to integrate Medicaid-sponsored enhanced prenatal care services into prenatal medical care. Maternal and Child Health Epidemiology and CityMatCH Conference, September 2014.

The Maternal and Infant Health Program (MIHP): Impact on healthcare utilization and birth outcomes. Michigan's Premier Public Health Conference. Forthcoming October 2014. Bellaire, MI.

Medicaid Home Visitation and Adverse Birth Outcomes. National Summit on Quality in Home Visiting Programs, Pew Charitable Trust, Washington, D.C., January 2014

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**SECTION IV A (Cont.) INSTRUCTION - (Completed by Faculty Candidate)**

[REDACTED]. Medicaid Home Visitation and Maternal and Infant Health Care Utilization. National Summit on Quality in Home Visiting Programs, Pew Charitable Trust, Washington, D.C., January 2014

[REDACTED]. Developing and implementing a process, context, and outcome evaluation of a statewide community health worker alliance. 2013 American Public Health Association Annual Meeting. Boston, MA. November 2013.

[REDACTED]. Effects of a Medicaid home visiting perinatal program on maternal and child health: Who benefits the most? 2013 American Public Health Association Annual Meeting. Boston, MA. November 2013.

[REDACTED]. Effects of a Medicaid home visiting perinatal program on infant injury. 2013 American Public Health Association Annual Meeting. Boston, MA. November 2013.

[REDACTED]. Psychological and Physical Abuse during Pregnancy among Medicaid Insured Pregnant Women Enrolled in a State Medicaid Sponsored Prenatal Home Visiting Program. National Healthy Start Association 11th Annual Spring Conference, Washington DC, March 2010.

[REDACTED]. The Relationship of Depression and Stress to Smoking in Pregnant Women with Medicaid Insurance. 2009 Annual Meeting of the Society for Research on Nicotine and Tobacco (SRNT). Dublin, Ireland. April 2009.

[REDACTED]. Alleviating perinatal depression and stress in low income pregnant women. 14th Annual Maternal and Child Health Epidemiology Conference, Atlanta, GA. December 2008.

[REDACTED]. Smoking during pregnancy in Romania and associated risk factors. European Public Health Association Conference. November 2009. Lodz, Poland

[REDACTED]. Identifying Low-income Pregnant Women at Highest Risk Using Latent Class Modeling and Cluster Analysis. 2008 American Public Health Association Annual Meeting. November 2008. Boston, MA.

[REDACTED]. Risk patterns in Medicaid-enrolled pregnant women: Using classification trees to predict poor birth outcomes. 2008 American Public Health Association Annual Meeting. November 2008. Boston, MA.

[REDACTED]. The effect of a nurse - community health worker home visiting program on the health of newborn children. 7th European Conference on Health Economics. July 2008. Rome, Italy

[REDACTED]. Identifying Low-income Pregnant Women at Highest Risk Using Latent Class Modeling and Cluster Analysis. 7th European Conference on Health Economics. July 2008. Rome, Italy

[REDACTED]. Redesigning state Medicaid policy and programs to support improvement in pregnancy outcomes. 2007 American Public Health Association, Boston, MA, November 2007.

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**SECTION IV A (Cont.) INSTRUCTION - (Completed by Faculty Candidate)**

[REDACTED] Did a Nurse - Community Health Worker Home Visiting Program Show Advantage in Improving the Health of Newborn Children Compared to the Standard Program in Michigan? 2007 American Public Health Association Annual Meeting. November 2007. Boston, MA.

[REDACTED] The Effect of a Community Health Worker Home Visiting Randomized Trial on the Health of Newborn Children. International Health Economics Association 6th World Congress. Copenhagen, Denmark. July 2007.

[REDACTED]. Linking Individual level MCH data: A community-state partnership project. 2004 American Public Health Association, Annual Meeting, Washington, DC November 2004.

**Peer Reviewed Poster Presentations (selected)**

[REDACTED] Building a Perinatal System of Care for Medicaid-Insured Pregnant Women. Academy Health, June 2014

[REDACTED] Emergency Department Use among Medicaid-Eligible Pregnant Women. Maternal and Child Health Epidemiology and CityMatCH Conference, September 2014.

[REDACTED]. Evidence-Based Federal Healthy Start Program Evaluations: Accounting for Bias in Birth Outcomes Studies. Maternal and Child Health Epidemiology and CityMatCH Conference, September 2014.

[REDACTED] Using lean process improvement to develop a perinatal system of care for Medicaid insured pregnant women. 2013 American Public Health Association Annual Meeting. Boston, MA. November 2013.

[REDACTED] Prenatal care to primary care: Understanding medical and psychosocial risk in Medicaid- insured pregnant women for transition to primary care. 2013 American Public Health Association Annual Meeting. Boston, MA. November 2013.

[REDACTED] Utilization of health and community services among pregnant women enrolled in Medicaid. 2013, American Public Health Association Annual Meeting. Boston, MA. November 2013.

[REDACTED] Determinants of cervical and breast cancer screening in an underserved diverse population: The Kin Keeper<sup>SM</sup> trial. 2012 Summit on the Science of Eliminating Health Disparities. December, 2012, Washington, DC.

[REDACTED] 2012, Cancer screening and literacy in Black, Latina, and Arab women---A first look. Michigan Cancer Consortium Annual Meeting.

[REDACTED]. What are the risk characteristics of women participating in state sponsored enhanced prenatal care (EPS) programs? 14th Annual Maternal and Child Health Epidemiology Conference, Atlanta, GA. December 2008.

\*Consult departmental staff who are authorized to enter data on the web-based CLIFMS (Course Load, Instruction, Funding and Modeling System) system and can search for course sections and enrollments by faculty name, per semester.

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████████████████████ Risk factors for rapid repeat birth and pregnancy in Medicaid-insured women, Department of Obstetrics, Gynecology and Reproductive Biology, College of Human Medicine, Michigan State University, ACOG Annual Meeting May 6, 2008.

████████████████████ The effect of a community health worker home visiting randomized trial on the health of newborn children. 2007 American Public Health Association Annual Meeting. Washington, DC. November 2007.

████████████████████ Stress, depression, and smoking cessation among pregnant women with Medicaid insurance. 2007 American Public Health Association (APHA), 2007

**3. Academic Advising:**

**a.** Faculty member’s activity in the area of academic advising. The statement may include commentary on supplementary materials such as recruitment activities, international student advising, evidence of peer recognition, and evidence of student recognition.

Undergraduate: 0

Graduate: 0

Graduate/Professional: 0

Other: 0

**b.** Candidate’s undergraduate advisees (if applicable to individual under review):

	Freshman	Sophomore	Junior	Senior
Number of current undergraduate advisees	0	0	0	0

**c.** Candidate’s graduate/graduate-professional advisees (limit to principal advisor or committee chairpersonship status):

	Masters	Doctoral	Professional
Number of students currently enrolled or active	0	0	0
Number of graduate committees during the reporting period	0	0	
Degrees awarded during the reporting period	0	0	0
Degrees awarded during career	0	0	0

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### 4. List of Instructional Works:

Other works that are primarily in support of, or emanating from, instructional activity. List works such as:

- Publications
- Presentations
- Papers
- Grants received

N/A

### 5. Other Evidence of Curriculum Development/Instructional Activity:

Include evidence of instructional awards and peer recognition (within and outside the university). Cite other evidence of curriculum development/instructional productivity such as:

- Works/grants in progress or under review
- Instructional goals and approaches
- Innovative methods or curricular development
- Significant effects of instruction
- Custodial and patient care activities

My primary position is a health care researcher; therefore, I primarily mentor premed and medical students and resident physicians in research. I make opportunities for them to work on my funded projects and oversee their work. I have, on occasion, served on dissertation and masters committees for students in the Department of Psychology. I have also hired as graduate assistants, Economics doctoral students for projects and have overseen their work. I have not served in any formal academic advisor role.

### Professional Student Research Mentoring

#### Medical Student Research Experience:

- [REDACTED], CHM, AHRQ project activities, OB Physician and African American Patient Focus groups 2014
- [REDACTED], MS Biostatistics candidate, Grand Valley State University 2014
- [REDACTED], (MSU Premed), Kin Keeper Trial Study, 2012-14
- [REDACTED], CHM, Medicaid-sponsored Enhanced Prenatal Services and Birth Outcomes: Examining a Performance Indicator in a State-wide Population, 2009-2011
- [REDACTED], (MSU Premed) Michigan Families Medicaid Project activities, 2008 (Uniformed Military Services Medical School)
- [REDACTED], CHM, Exploring follow up on abnormal Pap Tests during pregnancy and postpartum, 2007

#### Resident Research Projects:

- [REDACTED], MD, Risk factors for unintended pregnancy among Medicaid-insured women, 2010-2012
- [REDACTED], DO, Effects of maternal obesity on selected birth outcomes in the Michigan Medicaid population, 2009
- [REDACTED] (Murray) MD, Michigan Families Medicaid Project activities, 2009, Survey of Physician knowledge and utilization of MIHP programs
- [REDACTED] MD, PhD, Michigan Families Medicaid Project activities, 2009, Survey of Physician knowledge and utilization of MIHP programs; Ectopic Pregnancy study with Tiadjeri
- [REDACTED] MD Treatment and Diagnosis of Ectopic Pregnancy in Medicaid Recipients, and Survey of Physician Knowledge of MIHP programs 2009-2010
- [REDACTED], MD, Risk Characteristics and Health Care Utilization of Young, Medicaid-Insured Women Who Repeat Pregnancy and Birth as Teens, 2008-2009

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### Research Training/Curriculum

In order to support residents to successfully participate in research projects, I worked with [REDACTED] on a research curriculum for resident physicians in our community campus system and taught selected units; this program was used as a basis for the Research Basics Training Program. My team and I also developed a series of educational products to enable residents to participate in the MI Families Medicaid Project or to develop independent projects using the MFMP research data base (linked MDCH data warehouse data)

- Research Curriculum for Obstetrics and Gynecology Residents in the MSU community campus system, web-based curriculum ([REDACTED], Director), 2008. Developed and taught selected units.
- Research Basics Training Program: provides introductory training on core research skills that recognizes the unique needs of each individual and unit, 2010 ([REDACTED], Director). Taught selected units.
- “Women’s Health Research Initiative: Medically Underserved” a project to engage residents in Obstetrics and Gynecology in conducting public health and health services research in collaboration with the MI Department of Community Health ([REDACTED], Lead). Curriculum training and protocols ( e.g. curriculum: How to access and use state health databases for research (process); writing a proposal; preparing MDCH data use agreements, securing IRB approvals, and others.

**Works in progress:** Innovative methods or curricular development: Linking Medical Students and Community Health Workers as Co-Learners

We are currently in the process of adapting the Activated Patient Curriculum for use with Medicaid insured Pregnant Women, Community Health Workers, and medical students. The Activated Patient Curriculum, developed at MSU CHM by [REDACTED], [REDACTED] and others, is designed to help Medicaid insured patients understand the physician encounter, gain skill, and increase their confidence in their interactions.

As part of the funded AHRQ Research and Demonstration grant (A Perinatal System of Care for Medicaid insured women in Kent County), we are in the process of adapting the activated patient curriculum model, et al. to develop multiple educational products for Community Health Workers (CHWs) to use with Medicaid insured pregnant women. Further, we propose to provide a learning opportunity for medical students with a diverse group of Medicaid insured patients.

**Goals:** For patients, 1) to better understand how physicians think about health problems and the physician visit, 2) to improve the skills of patients in reporting health concerns to physicians, 3) to increase patient confidence and skills with physician encounters. For medical students: 1) to practice patient interviewing with a diverse group of Medicaid insured pregnant women who are learning an activated patient role; 2) to participate in training Community Health Workers (train- the-trainer approach) to use the adapted curriculum to educate individual clients and 3) to take an active role in co-leading the Activated Patient Curriculum educational and skill building in groups of Medicaid-insured women.

**Partners:** The Grand Rapids Federal Healthy Start Program/Strong Beginnings and Spectrum Health MOMS program that together enroll an estimated 250 Medicaid insured pregnant women in Kent County each year. Strong Beginnings serves African American women, and with new funding from the Kellogg Foundation, will enroll another 100 Latina women. Spectrum Health serves all Medicaid insured women.

We anticipate that the adaptation of the model would include the following components:

- 1) A Train the Trainer program: CHWs will be trained in groups to implement a Patient Activation intervention for their clients. Medical students from the Grand Rapids campus will be recruited to assist with the training and participate, in the physician role, in skill building practice encounters with CHWs.
- 2) A one-to one patient education intervention: CHWs, in the course of their usual services, will teach their clients a patient activation interaction model, using a standardized teaching protocol and aids.



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3) A group education experience for Strong Beginnings/MOMS clients: CHWs and medical students will teach the adapted patient activation curriculum to volunteer community members enrolled in Strong Beginnings. CHWs will recruit clients for the education session(s). CHWs and medical students will teach the session(s) collaboratively. Additional medical students will play the role of the doctor for practicing techniques with the attendees. This will also allow the medical students to practice learned SCRIPT techniques with a diverse, low income population.

We will conduct a pilot study, as part of the AHRQ research. Drs. [REDACTED] and [REDACTED] will collaborate with the project team for the medical student education portion of the project.

**Curriculum Development for Community Health Workers and Lay Volunteer Support Parents:** I have developed several non-credit courses necessary for the implementation of health care innovations as part of my collaborative community work. These curriculums, described below, have focused on training peer support parents (infant death and Neonatal Intensive Care) and the development of the role of low income Community Health Workers (CHW) for prenatal and infant care.

**Helping Other Parents in Normal Grieving (HOPING), a Parent-to-Parent Support Curriculum:** A curriculum for parents whose children died in the Neonatal Intensive Care Unit (NICU) and who volunteer to support families currently experience the death of an infant, Sparrow Hospital, Lansing, MI. Impact: Program continues in the Lansing, MI area in 2014.

**NICU Parent-to-Parent Support Curriculum:** A curriculum for parents whose children were hospitalized in the Neonatal Intensive Care Unit and who volunteer to support families currently experience NICU care, Helen DeVos Children's Hospital, Spectrum Health, Grand Rapids, MI. Impact: Program continues in 2014; peer reviewed paper published in 2014 summarizes the program.

**Community Health Worker Training Curriculum:** A curriculum to train low income women to become Community Health Workers in prenatal and infant home visiting programs (in collaboration with MSU Extension, Grand Rapids Community College, and Wayne State University), Spectrum Health, Healthier Communities Department. Impact: Used to develop the federal Health Start Strong Beginnings training curriculum and adapted by Dr. [REDACTED] to develop a CHW curriculum for the Kin Keeper Breast and Cervical Cancer Prevention Intervention. The Kin Keeper program is now being tested in a randomized trial.

**Community Health Worker Research Assistant Curriculum:** A curriculum to train low income women to become research assistants and conduct research interviews in women's homes, record research data, administer research instruments, record mother-infant observations on standardized measures, and other tasks. Impact: The research assistants, under the supervision of a research coordinator, completed up to five assessments on over 600 women in their homes over the course of the study.

### **Informal Instruction with Community Partners**

Most of my "outside" teaching occurs in community settings. I am committed to presenting our work-in-progress, as well as final research products. Since my team handles a large amount of community data, I believe the community should have access to data analysis in a timely way to inform their programs and care. While I do this quite frequently, I will include here four examples: 1) a Spectrum Health Administrators' Retreat; 2) a Healthy Start/Strong Beginnings retreat for nurses, social workers and community health workers; 3) a Priority Health Plan presentation on the MIHP program and integration with health plan activities; and 4) a Michigan Department of Community Health presentation. I have attached the presentations.



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- 1) Spectrum Health, as a result of needing space adjacent to the hospital for surgery, will move the OB and PEDS clinics to a different facility, a facility that can accommodate supportive community programs on site. In addition, they are going to dramatically redesign their model of care (e.g. linking the clinics, nurse midwives, team care, and population implementation of the Medicaid Maternal and Infant Health Program). They scheduled an all-day retreat for administrators within a week of this decision to begin the redesign. I was in Minnesota visiting family, but was asked to prepare a presentation to start the retreat and deliver it by video.
- 2) As their evaluators, we routinely present data to CHWs, nurses and social workers of the Grand Rapids Federal Healthy Start/Strong Beginnings. These presentations have to be directed primarily to the CHWs, who in most cases have GED or a high school diploma, in a way that is meaningful to them. (As opposed to a research meeting!)
- 3) Priority Health plan is a partner in our AHRQ 5 year demonstration. I have presented to their researchers, quality, and data analyst but also to their own program directors, physicians and staff. Two presentations are attached representing each of the groups.
- 4) As part of the MI Families Medicaid Program, we annually presented to the Michigan to the Department of Community Health Medicaid and Family/Child Health Divisions; but now present more frequently as part of an MDCH Home Visiting work group.

On occasion, I have also been asked to present to other institutions. For example, the University of Michigan, School of Public Health and School of Nursing asked me for a presentation on nurses and community health workers, utilizing research findings from a trial study. My presentation was part of broadcast CEU opportunity for nurses.

As part of my work with the Michigan Community Health Worker Alliance, I have also planned, prepared, and co-led Evaluation Workshops for the last two years at their Annual Meeting.

## SECTION IV B RESEARCH AND SCHOLARLY ACTIVITIES - (Completed by Faculty Candidate)

### 1. List of Research/Creative Works:

Attach a separate list of publications, presentations, papers, and other works that are primarily in support of or emanating from Research and Creative Activities. Indicate how the primary or lead author of a multi-authored work can be identified. The list should provide dates and, in particular, accurately indicate activity from the reporting period. Items to be identified:

- 1) Books
- 2) Book chapters
- 3) Bulletins or monographs
- 4) Articles
- 5) Reviews
- 6) Papers and presentations for learned professional organizations and societies
- 7) Artistic and creative endeavors (exhibits, showings, scores, performances, recordings, etc.)
- 8) Reports or studies

Indicate peer-reviewed or refereed items with a “\*”.

Indicate items with a significant outreach component with a “\*\*” (determined by the faculty member)

### Peer-Reviewed Publications (\*Primary or Senior Author; \*\*Outreach Component)

\* [REDACTED] A Statewide Medicaid Enhanced Prenatal Care Program: Impact on Birth Outcomes. *JAMA Pediatrics*. 2014; 168(37): 220-227.

\* [REDACTED] Understanding individual, provider and system risk factors for breast and cervical cancer among underserved Black, Latina, and Arab Women. *Journal of Women’s Health*. 2014; 23(1): 57-64.

\* [REDACTED]. Medicaid home visitation and maternal and infant health care utilization. *American Journal of Preventive Medicine*. 2013; 45(4): 441-447.

\* [REDACTED] Physician awareness of enhanced prenatal services for Medicaid-insured pregnant women. *Journal of Public Health Management & Practice*. 2014; 20(2): 236-239.

\* [REDACTED] Moving towards evidence-based federal Healthy Start evaluations: Accounting for Bias in Birth Outcome Studies. *American Journal of Public Health, Supplement* (104.1). 2013; S25-S27.

\* [REDACTED] Kin Keeper: Design and baseline characteristics of a community-based randomized trial promoting cancer screening in Black, Latina, and Arab women. *Contemporary Clinical Trials*. 2013; (34)2: 312-319.

\* [REDACTED]. Infant health effects of a nurse - community health worker home visitation program: a randomized controlled trial. *Child: Care, Health, and Development*. 2013; 39(1): 27-35.

[REDACTED] Maternal perceptions of help from home visiting by nurse-community health worker teams. *American Journal of Public Health*. 2012; 102(4): 643-645.

\* [REDACTED]. Psychological and physical abuse among pregnant women in a Medicaid-sponsored prenatal program. *Public Health Nursing*. 2010; 27(5): 385-398.

**SECTION IV B (Cont.) RESEARCH AND SCHOLARLY ACTIVITIES - (Completed by Faculty Candidate)**

\* [REDACTED]. (2010) Smoking during pregnancy and associated risk factors in a sample of Romanian women. *European Journal of Public Health*. 2012; 22(2): 229-233.

\* [REDACTED]. Smoking among pregnant women with Medicaid insurance: Are mental health factors related? *Maternal and Child Health Journal*. 2010; 14 (6): 971-977.

\* [REDACTED] Alleviating perinatal depressive symptoms and stress: a nurse-community health worker randomized trial. *Archives of Women's Mental Health*. 2009; 12(6): 379.

\* [REDACTED] Who Participates in State Sponsored Medicaid Enhanced Prenatal Services? *Maternal and Child Health Journal*. 2009; 14 (1): 110-120.

\* [REDACTED] Fixed Effects, Random Effects, Mixed Effects and GEE: What are the Differences? *Statistics in Medicine*. 2008; 28(2): 221-239.

\* [REDACTED] Risk factors for rapid repeat birth and pregnancy in Medicaid-insured women (abstract), *Obstetrics and Gynecology*. 111(4):65-6 (supplement), April 2008.

\* [REDACTED]. Addressing Mental Health and Stress in Medicaid-Insured Pregnant Women Using a Nurse-Community Health Worker Home Visiting Team. *Public Health Nursing*. 2007; 24(3): 239-248.

\* [REDACTED] A life course perspective on Depressive Symptoms in Mid-Pregnancy. *Maternal and Child Health Journal*. 2006; 10(2): 127-138.

\* [REDACTED] Informal social support characteristics and utilization of parenting support services among low income African American mothers of premature infants. *Infant Mental Health Journal*. 2003;23(3): 278-292.

\* [REDACTED] Community Health Workers: Examining the helper therapy principle. *Public Health Nursing*. 1999; 16(2):87-95.

\* [REDACTED] Beaumont, E. J., & Jones, A.S. Parent-to-parent support initiated in the neonatal intensive care unit. *Research in Nursing and Health*. 1995;18(5): 385-394.

\* [REDACTED]. Creative Caring in the Neonatal Intensive Care Unit, *Neonatal Network*. 1993; 12(4) 37-43.

\* [REDACTED] Perinatal Positive Parenting: A Parent-to-Parent Social Support Intervention for High Risk Families. *Journal of Perinatology*. 1990; 10:1.

**Under peer review**

[REDACTED] (2014). The Impact of a Statewide Medicaid Enhanced Prenatal and Postnatal Care Program on Infant Mortality. Under review: JAMA Pediatrics.

[REDACTED] (2014). A Statewide Enhanced Prenatal and Postnatal Care Program on Infant Injuries. Under Review: Maternal and Child Health Journal.

**SECTION IV B (Cont.) RESEARCH AND SCHOLARLY ACTIVITIES - (Completed by Faculty Candidate)**

**Public Policy/Government Reports for the Michigan Department of Community Health**

\*\* [REDACTED] . (2011). Michigan Families Medicaid Project Year 8 Final Report. East Lansing: Michigan State University, Institute for Health Policy and Department of Obstetrics, Gynecology and Reproductive Biology. Report includes findings from a quasi-experimental, propensity matched evaluation of early implementation and effectiveness of the redesigned Michigan Maternal and Infant Health Program (MIHP); an evaluation of community implementation strategies to improve engagement and retention of high risk women in EPS; consultation and with the Michigan statewide Healthy Start program evaluation; and sustainability plan for the MFMP Medicaid linked database for extended research use, including maintenance and updating Michigan Medicaid birth and program data on an annual basis.

\*\* [REDACTED] (2010). Michigan Families Medicaid Project Year 7 Final Report. East Lansing: Michigan State University, Institute for Health Policy and Department of Obstetrics, Gynecology and Reproductive Biology. Report includes a baseline study for evaluation of new MIHP program model; identified community strategies to increase population risk screening, improve engagement, timing and distribution of MIHP services; developed a plan for a community-based informatics infrastructure to support coordination of care.

\*\* [REDACTED] (2009). Michigan Families Medicaid Project Year 6 Final Report. East Lansing: Michigan State University, Institute for Health Policy and Department of Obstetrics, Gynecology and Reproductive Biology. Report includes a qualitative study of MIHP provider's perceptions of system of care issues and conducted a survey of OB GYN physician's perceptions of the MIHP program; results from a process improvement event, across multiple community stakeholders in a single community setting (e.g.Current and Future Process Maps; metrics), factors for low risk screening and assessment, engagement in services, and proposed solutions to initiate and coordinate screening and services; refinement of a prenatal risk screener algorithm to inform policy decisions; study of estimated potential cost of policy recommendations.

\*\* [REDACTED] . (2008). Michigan Families Medicaid Project Year 5 Final Report. East Lansing: Michigan State University, Institute for Health Policy and Department of Obstetrics, Gynecology and Reproductive Biology. Report includes: development and evaluation of a prenatal risk screener algorithm to determine risk categories, cost of care and birth outcomes by risk categories; developed; results from a pilot test of a postnatal risk screener risk algorithm (maternal and infant); and a preliminary study of MIHP participation (timing and dosage) on birth outcomes.

\*\* [REDACTED] (2007). Michigan Families Medicaid Project Year 4 Final Report. East Lansing: Michigan State University, Institute for Health Policy and Department of Obstetrics, Gynecology and Reproductive Biology. Report included: analysis of constellations of perinatal risk factors that are most frequently associated with adverse outcomes and/or increased Medicaid costs (classification tree analysis); study of mechanisms that can assist in classifying pregnancies of Medicaid insured women as likely or unlikely to result in poor outcomes; applied findings and made program recommendations and targets for specialized intervention; studies of mental health and risk behavior.

\*\* [REDACTED] (2006). Michigan Families Medicaid Project Year 3 Final Report. East Lansing: Michigan State University, Institute for Health Policy and Department of Obstetrics, Gynecology and Reproductive Biology. Report included: development and pilot testing of a postnatal maternal and infant risk screening tool; continued testing of the prenatal screening Risk Identifier; a series of white papers that translated evidence-based interventions for mental health, gestational interval, intimate partner violence, nutrition, prenatal care, smoking, and substance use and others risks to inform the development of standardized "plan of care" protocols for each risk factor and recommendations for MIHP program intervention protocols based on literature.

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\*\* [REDACTED] (2005). Michigan Families Medicaid Project Year 2 Final Report. East Lansing: Michigan State University, Institute for Health Policy and Department of Obstetrics, Gynecology and Reproductive Biology. Report included: Development and pilot testing of a Risk Identifier for pregnant women enrolled in Medicaid that included evidence-based screening measures (e.g. EPDS depression, ASA Abuse Assessment Screen); a cohort analysis of Medicaid insured women and MIHP participants; and recommendations for developing community-level support systems.

\*\* [REDACTED] (2004). Michigan Families Medicaid Project Year 1 Final Report. East Lansing: Michigan State University, Institute for Health Policy and Department of Obstetrics, Gynecology and Reproductive Biology. Report included: a population model for program implementation within a community system of care; a qualitative study on MIHP provider-client relationships and recommendations for the program; a literature review of state-wide enhanced prenatal care programs to identify best practices; and the development and implementation of a statewide, longitudinal Medicaid Maternal and Child Health database of linked maternal and child health data (i.e. vital records, Medicaid claims, programs) for research use.

**Reports to the Community and Partners: AHRQ Research and Demonstration Grant; and the Grand Rapids Federal Health Start/Strong Beginnings Kellogg Foundation Evaluation**

\*\* [REDACTED] (2013). AHRQ: Community Perinatal System of Care Year 1 Report. Grand Rapids, Michigan. Six preliminary studies: 1) women's health care utilization, including subgroup analyses for women who are black, and those Medicaid insured at the time of the index pregnancy; 2) Emergency Department utilization; 3) medical risk characteristics in women who screen at high psychosocial risk; 4) county analysis of selected outcomes in 2009, 2010, 2011; 5) physician focus group on engagement in MIHP; and 6) a preliminary cost analysis of 2011 birth cohort.

\*\* [REDACTED] (2014). AHRQ: A Community Perinatal System of Care Report, Year 2. Grand Rapids, Michigan. A baseline population assessment includes studies: 1) Early engagement and timing of prenatal and postnatal services; 2) MIHP service utilization by risk status and race ethnicity; 3) Maternal health outcomes and appropriate services; 4) Infant Health outcomes and services; and 5) analysis of similar data from comparison Michigan counties.

\*\* [REDACTED] (2012). Grand Rapids Strong Families/Healthy Families Evaluation Report, Year 1. Grand Rapids, Michigan. A project evaluation plan and logic model; results from the first year program evaluation; and an analysis conducted from existing MDCH county level warehouse data that describes all Medicaid insured women in Kent County and their participation in MIHP services.

\*\* [REDACTED] (2013). Grand Rapids Strong Families/Healthy Families Evaluation Report, Year 2. Grand Rapids: Michigan State University, Department of Obstetrics, Gynecology and Reproductive Biology. A comparative study of risk characteristics of women enrolled in Strong Beginnings (SB) and other women in Kent County; the development and implementation of an electronic data management system including CHW functions; a process evaluation mental health services to standardize services; an outcome analyses of health service and health outcomes associated with SB participation; a preliminary cost analysis of Medicaid expenditures based on risk; and last, a summary of activities exploring the potential for CHW reimbursement in Michigan for sustainable funding.

\*\* [REDACTED] (2014). Grand Rapids Strong Families/Healthy Families Evaluation Report, Year 3. Grand Rapids: Michigan State University, Department of Obstetrics, Gynecology and Reproductive Biology. A preliminary analysis of maternal and infant health service utilization; evaluation of initial program process indicators from the new SB Database Management system; and preliminary results of a quasi-experimental study comparing SB birth outcomes with Medicaid insured women in Kent County and comparing with

**SECTION IV B (Cont.) RESEARCH AND SCHOLARLY ACTIVITIES - (Completed by Faculty Candidate)**

women who receive traditional Maternal and Infant Health Program (MIHP) professional services but do not receive CHW care.

\*\* [REDACTED]. Success in School Starts before a Baby is Born: A Community Report (product from the Data Utilization and Enhancement/HRSA grant). A Kent County Community Report that described early maternal, prenatal and infant risk factors and associations with MEAP test educational scores in low income 2<sup>nd</sup> and 3<sup>rd</sup> grade children in the Grand Rapids Public School System; recommendations for data sharing/linking; and community partners sustainability plan to continue selected components of the project.

\*\*Early Childhood Indicators for Kent County Great Start Collaborative Kent County Michigan Report (2011) Grand Valley State University, Community Research Institute ([REDACTED]). A review of potential child health and developmental indicators and community indicators, existing data sources and the MSU maternal child health database, to support Great Start Collaborative in Kent County.

**Invited Oral Presentations at Professional Meetings/Conferences (Selected)**

\*\*The Medicaid Maternal Infant Health Program (MIHP): is it evidence-based? Perinatal Summit. July 23, 2014, Acme, MI.

\*\*Evaluation of Community Health Worker Programs: Healthy Start in Michigan. Michigan Community Health Workers Alliance Annual Meeting, October 9, 2013, Lansing, MI.

\*\*Nurses and Community Health Workers: Roles and Relationships for Population Health Improvement. Michigan Statewide Public Health Nursing Conference. School of Nursing, School of Public Health, University of Michigan. August 2011.

\*\*Community Health Workers and Women’s Mental Health. Michigan Community Health Workers Alliance Annual Meeting, Detroit, MI, August 18, 2011.

\*\*Kin Keeper: A Family-focused Cancer Prevention Intervention. Community Women’s Health Conference, Grand Rapids, MI Spectrum Health Medical Group. “Understanding Barriers to Wellness across the Lifespan, 2012.

\*\*Improving Perinatal Health in Low Income Women. Community Women’s Health Conference, Grand Rapids, MI Spectrum Health Medical Group. Women’s Health Conference, 2011.

\*\*Community Health Worker Impact: It’s in the numbers and the stories. Statewide Community Health Worker Conference (Keynote speaker), August 2009.

\*\*Finding Answers through Evaluation and Research. Michigan Infant Mortality Summit, Michigan Department of Community Health, 2008.

\*\*Alleviating Depressive Symptoms and Stress in Low income Pregnant Women. Spectrum Health Nursing Conference May 2008.

\*\*A Comparison Study of Two Home-Visiting Models. California Association of Public Health Nurses, Annual Public Health Nursing Conference, Sacramento, CA, June, 2002.

**SECTION IV B (Cont.) RESEARCH AND SCHOLARLY ACTIVITIES - (Completed by Faculty Candidate)**

**Peer-reviewed Oral Presentations at Professional Meetings/ Conferences (Selected)**

- \* [REDACTED]. Using the Chronic Care Model to Develop a Population-based System of Care for Medicaid-Insured Pregnant Women. Maternal and Child Health Epidemiology and CityMatCH Conference, September 2014.
- \* [REDACTED] Effects of a Statewide Medicaid-sponsored Enhanced Prenatal Care Program on Birth Outcomes. Maternal and Child Health Epidemiology and CityMatCH Conference, September 2014.
- \* [REDACTED] Using LEAN Process Improvement Strategies to Integrate Medicaid-sponsored Enhanced Prenatal Care Services into Prenatal Medical Care. Maternal and Child Health Epidemiology and CityMatCH Conference, September 2014.
- \* [REDACTED] The Maternal and Infant Health Program (MIHP): Impact on Healthcare Utilization and Birth Outcomes. Michigan's Premier Public Health Conference. Forthcoming October 2014. Bellaire, MI.
- \* [REDACTED]. Medicaid Home Visitation and Adverse Birth Outcomes. National Summit on Quality in Home Visiting Programs, Pew Charitable Trust, Washington, D.C., January 2014.
- \* [REDACTED] Medicaid Home Visitation and Maternal and Infant Health Care Utilization. National Summit on Quality in Home Visiting Programs, Pew Charitable Trust, Washington, D.C., January 2014.
- \* [REDACTED] Developing and Implementing a Process, Context, and Outcome Evaluation of a Statewide Community Health Worker Alliance. 2013 American Public Health Association Annual Meeting. Boston, MA. November 2013.
- \* [REDACTED] Effects of a Medicaid Home Visiting Perinatal Program on Maternal and Child Health: Who Benefits the Most? 2013 American Public Health Association Annual Meeting. Boston, MA. November 2013.
- \* [REDACTED] Effects of a Medicaid Home Visiting Perinatal Program on Infant Injury. 2013 American Public Health Association Annual Meeting. Boston, MA. November 2013.
- \* [REDACTED] Psychological and Physical Abuse during Pregnancy among Medicaid Insured Pregnant Women Enrolled in a State Medicaid Sponsored Prenatal Home Visiting Program. National Healthy Start Association 11th Annual Spring Conference, Washington DC, March 2010.
- \* [REDACTED] The Relationship of Depression and Stress to Smoking in Pregnant Women with Medicaid Insurance. 2009 Annual Meeting of the Society for Research on Nicotine and Tobacco (SRNT). Dublin, Ireland. April 2009.
- \* [REDACTED] Alleviating Perinatal Depression and Stress in Low Income Pregnant Women. 14th Annual Maternal and Child Health Epidemiology Conference, Atlanta, GA. December 2008.
- \* [REDACTED] Smoking During Pregnancy in Romania and Associated Risk Factors. European Public Health Association Conference. November 2009. Lodz, Poland



**SECTION IV B (Cont.) RESEARCH AND SCHOLARLY ACTIVITIES - (Completed by Faculty Candidate)**

\* [REDACTED]. Identifying Low-income Pregnant Women at Highest Risk Using Latent Class Modeling and Cluster Analysis. 2008 American Public Health Association Annual Meeting. November 2008. Boston, MA.

\* [REDACTED] Risk Patterns in Medicaid-enrolled Pregnant Women: Using Classification Trees to Predict Poor Birth Outcomes. 2008 American Public Health Association Annual Meeting. November 2008. Boston, MA.

\* [REDACTED] The Effect of a Nurse-Community Health Worker Home Visiting Program on the Health of Newborn Children. 7<sup>th</sup> European Conference on Health Economics. July 2008. Rome, Italy.

\* [REDACTED] Identifying Low-income Pregnant Women at Highest Risk Using Latent Class Modeling and Cluster Analysis. 7<sup>th</sup> European Conference on Health Economics. July 2008. Rome, Italy

\* [REDACTED] Redesigning State Medicaid Policy and Programs to Support Improvement in Pregnancy Outcomes. 2007 American Public Health Association, Boston, MA, November 2007.

\* [REDACTED]. Did a Nurse-Community Health Worker Home Visiting Program Show Advantage in Improving the Health of Newborn Children Compared to the Standard Program in Michigan? 2007 American Public Health Association Annual Meeting. November 2007. Boston, MA.

\* [REDACTED] The Effect of a Community Health Worker Home Visiting Randomized Trial on the Health of Newborn Children. International Health Economics Association 6th World Congress. Copenhagen, Denmark. July 2007.

\* [REDACTED]. Linking Individual Level MCH data: A Community-state Partnership Project. 2004 American Public Health Association, Annual Meeting, Washington, DC November 2004.

\* [REDACTED]. Building a Perinatal System of Care for Medicaid-Insured Pregnant Women. Academy Health, June 2014

**Peer Reviewed Poster Presentations (selected)**

\* [REDACTED] Emergency Department Use among Medicaid-Eligible Pregnant Women. Maternal and Child Health Epidemiology and CityMatCH Conference, September 2014.

\* [REDACTED]. Evidence-Based Federal Healthy Start Program Evaluations: Accounting for Bias in Birth Outcomes Studies. Maternal and Child Health Epidemiology and CityMatCH Conference, September 2014.

\* [REDACTED] Using LEAN Process Improvement to Develop a Perinatal System of Care for Medicaid Insured Pregnant Women. 2013 American Public Health Association Annual Meeting. Boston, MA. November 2013.

\* [REDACTED] Prenatal Care to Primary Care: Understanding Medical and Psychosocial Risk in Medicaid-insured Pregnant Women for Transition to Primary Care. 2013 American Public Health Association Annual Meeting. Boston, MA. November 2013.

**SECTION IV B (Cont.) RESEARCH AND SCHOLARLY ACTIVITIES - (Completed by Faculty Candidate)**

\* [REDACTED] Utilization of Health and Community Services among Pregnant Women Enrolled in Medicaid. 2013, American Public Health Association Annual Meeting. Boston, MA. November 2013.

\* [REDACTED] Determinants of Cervical and Breast Cancer Screening in an Underserved Diverse Population: The Kin Keeper<sup>SM</sup> Trial. 2012 Summit on the Science of Eliminating Health Disparities. December, 2012, Washington, DC.

\* [REDACTED] 2012, Cancer Screening and Literacy in Black, Latina, and Arab women---A First Look. Michigan Cancer Consortium Annual Meeting.

\* [REDACTED] S. What are the Risk Characteristics of Women Participating in State Sponsored Enhanced Prenatal Care (EPS) Programs? 14th Annual Maternal and Child Health Epidemiology Conference, Atlanta, GA. December 2008.

\* [REDACTED]. Risk Factors for Rapid Repeat Birth and Pregnancy in Medicaid-insured Women, Department of Obstetrics, Gynecology and Reproductive Biology, College of Human Medicine, Michigan State University, ACOG Annual Meeting May 6, 2008.

\* [REDACTED]. The Effect of a Community Health Worker Home Visiting Randomized Trial on the Health of Newborn Children. 2007 American Public Health Association Annual Meeting. Washington, DC. November 2007.

\* [REDACTED] Stress, Depression, and Smoking Cessation among Pregnant Women with Medicaid Insurance. 2007 American Public Health Association (APHA), 2007.

\* [REDACTED] Moving toward Comprehensive Screening of Medicaid-eligible Pregnant Women, 21st Annual Michigan Healthy Mothers/Healthy Babies Conference, June 2006, Mt. Pleasant, MI.

\* [REDACTED] Michigan Families Medicaid Project: Examining Risk, Outcomes, Expenditures for Maternal and Infant Support Services in 2001, 1st Annual Premier Public Health Conference, Michigan Association for Local Public Health (MALPH), Amway Grand Plaza Hotel, Grand Rapids, MI, October 2005.

\* [REDACTED] Michigan Families Medicaid Project: Examining Risk, Outcomes, Expenditures for Michigan Medicaid Insured Pregnant Women, State-wide Healthy Mothers/Healthy Babies Conference, June 2005, Mackinac Island, MI.

\* [REDACTED] Using Linked State and Local Data to Understand a State-sponsored Home Visiting Program for Medicaid-insured Families, Academy Health Annual Research Meeting, June 2005, Boston, MA.

**2. Quantity of Research/Creative Works Produced:**

For each of the categories listed in question 1 above, list the number of research and creative works produced.

Categories	1	2	3	4	5	6	7	8
During the reporting period	0	0	0	16	0	39	0	14
During career	0	0	0	21	1	45	0	N/A

**SECTION IV B (Cont.) RESEARCH AND SCHOLARLY ACTIVITIES - (Completed by Faculty Candidate)**

**3. Number of Grants Received** (primarily in support of research and creative activities) Refer to Form D IV E:

During the reporting period:            20            During career:            25  
\_\_\_\_\_

**4. Other Evidence of Research/Creative Activity:**

Cite other evidence of research and scholarly productivity such as: seminars, colloquia, invited papers; works/grants in progress or under review; patents; formation of research-related partnerships with organizations, industries, or communities; curatorial and patient care activities, etc. Include evidence of peer recognition (within and outside the university).

**Formation of research-related partnerships with organizations, industries or communities**

A hallmark of my research is that it is “partnered” research. While I will describe partnerships with other organizations (e.g. community and state government), first, I want to demonstrate that I partner with CHM and other MSU colleagues. I have listed below the faculty and Extension staff that I have provided research opportunities to participate in community and/or Medicaid research. For partners in CHM, most of the collaboration was supported by grant funds.

**College of Human Medicine Departments/Units/Colleges:**

- Epidemiology, College of Human Medicine, MSU Joseph [REDACTED]
- Institute for Health Policy (formerly Institute for Health Care Studies), College of Human Medicine: [REDACTED]
- Obstetrics, Gynecology and Reproductive Biology: [REDACTED]
- Family Medicine, College of Human Medicine: [REDACTED]
- Pediatrics, College of Human Medicine: [REDACTED]
- Center for Ethics and Humanities in the Life Sciences: [REDACTED]
- Biomedical Research Informatics Core (BRIC): [REDACTED]
- Grand Rapids Medical Education and Research Center, GRMERC (now Grand Rapids Medical Education Partners, GRMEP): [REDACTED]

**Michigan State University Units/ Colleges/Departments**

- Office of the Vice Provost, University Outreach and Engagement: [REDACTED]
- College of Nursing, MSU: [REDACTED]
- College of Communication, Arts, and Sciences: [REDACTED]
- College of Social Science, Department of Psychology: [REDACTED];  
Department of Economics: [REDACTED]
- Michigan State University Extension: [REDACTED]  
(Kent County)

Primary partners for research/scholarship and service are 1) Spectrum Health (sustained for 24 years), a nationally recognized top 15 health systems in the county and 2) the Michigan Department of Community Health, Medicaid Division and Child and Family Health Division (sustained 11 years). I have listed below, examples of the benefits for the state of Michigan and the Grand Rapids community related to our partnership work.

**SECTION IV B (Cont.) RESEARCH AND SCHOLARLY ACTIVITIES - (Completed by Faculty Candidate)**

**Michigan Department of Community Health**

- Translated evidence-based maternal and child screening, assessments, and interventions literature to inform the redesign of the state enhanced prenatal/postnatal Medicaid program, Maternal and Infant Health Program, for low income women, many who are from racial/ethnic minority groups and at high risk for adverse birth outcomes and infant mortality.
- Developed and tested a Maternal and Infant Risk Identifier for statewide MIHP providers, with a refined risk scoring algorithm, to guide the delivery of risk appropriate care; now Michigan Medicaid policy with MDCH advancing the use of Risk Identifier for all Medicaid insured pregnant women in the state (over 50% of all births). Policy examples: MSA 05-51, November 2005; MSA 10-45, October 2010; MSA 08-24, June 2008; MSA 10-18, June 2010.
- Developed, a statewide, longitudinal Medicaid Maternal and Child Health database of linked maternal and child health data (i.e. vital records, Medicaid claims, programs) for research use. The database includes linked data for all Medicaid insured women and infants whose pregnancies/birth occurred from 2003 to 2014 (approximately 775,000 maternal and 650,000 infant records). The data, with authorization from the MI Department of Community Health on a per project basis, are linked by a designated “honest broker” employee in the Michigan State University Institute for Health Policy to create de-identified data sets for research use.
- Conducted a study of the Michigan Department of Community Health’s Maternal Infant Health Program that requires federal or state funds to be invested only in programs that meet the federal research standards/guidelines to be determined as an “evidence-based” home visiting program (HomVEE) and are published in peer reviewed journals. The two published studies to date will meet the HomVEE requirements. State of Michigan 96th Legislature Regular Session of 2012 House Bill No. 5572.  
<http://www.legislature.mi.gov/documents/2011-2012/publicact/pdf/2012-PA-0291.pdf>. Accessed May 9, 2013.; Patient Protection and Affordable Care Act H.R. 3590 (111th).  
<http://www.govtrack.us/congress/bills/111/hr3590>. Accessed May 9, 2013
- Maternal and Child Health Epidemiology and CityMatCH (urban maternal and child health) Conference award for Best Scientific Research Abstract “Medicaid Home Visitation and Birth Outcomes”, September, 2014.

**Spectrum Health**

Spectrum Health is a not-for-profit health system, based in West Michigan, offering a full continuum of care through the Spectrum Health Hospital Group, which is comprised of 11 hospitals including Helen DeVos Children’s Hospital; 170 ambulatory and service sites; 1,080 employed physicians and advanced practice providers including members of the Spectrum Health Medical Group; and Priority Health, a 575,000-member health plan. In 2014, Spectrum Health was named one of the nation’s 15 Top Health Systems® by Truven Health Analytics.

- Developed and implemented a nurse-Community Health Worker program that has been sustained over 13 years after completion of a randomized trial study, and further adapted for the Grand Rapid federal health start model (2004 to 2014).
- Established, as founding Co-Director, the Spectrum Health Healthier Communities Department (HCD); developed, staffed and managed unit with a department budget that included six million dollars in collaborative programming for the underserved (e.g. funding guidelines, allocation and accountability standards; engaged a broad group of non-traditional community-based partners; and implemented an internal outcomes evaluation unit to support program stewardship (1997-2001).
- Engaged a broad based group of stakeholders and led a community-wide LEAN process improvement event to develop a future county wide perinatal system of care with public policy recommendations to Medicaid; the basis for the successful Agency for Health Care Quality (AHRQ/HRSA) research and demonstration award (2.4 million/5 years).

**SECTION IV B (Cont.) RESEARCH AND SCHOLARLY ACTIVITIES** - (Completed by Faculty Candidate)

- Consulted, including data analytics, to inform the major redesign of a new maternal and child health hospital/health system of care model that links clinical and community services for underserved pregnant women and infants/children (Spectrum Health Planning Event for integration of obstetrics, pediatric and community services for low-income and Medicaid insured families in a single site; Women's Health Planning Retreat to establish new model of care).
- Named as one of three Michigan State University faculty members as Adjunct Associate Research Scientist (Department of Women's Health).
- Enhanced visibility of programs through collaborative publications (e.g. Archives of Women's Mental Health) and presentations (e.g. MCH Epidemiology and City MatCH); and awards to SH related to Healthier Communities leadership (1997 to 2002), and the development, implementation and testing of the Mothers Offering Mothers Support (MOMS) program (1993-2002 and federal Healthy Start/Strong Beginnings programs).

I have also had partnership relationships with other Colleges and Universities including: Grand Valley State University, Community Research Institute; University of Michigan, School of Social Work; Grand Rapids Community College; Calvin College and Wayne State University. Currently, my primary partner for the Community Health Worker work is the University of Michigan.

## SECTION IV C SERVICE - (Completed by Faculty Candidate)

### Service within the Academic Community

#### 1. Clinical Service

- a. Define clinical service responsibilities. Divide ambulatory from hospital responsibilities. Designate percent of time for each. Activities to be addressed include those patient care obligations for which patients are billed and/or seen in MSU based facilities and/or affiliated community hospitals. The statement should include a summary/assessment of the quality of services rendered. Such evidence could include income generation, evidence of patient satisfaction, peer evaluations and/or recognition, etc.

N/A

- b. Provide statement of consultation services, including percent of time, and evidence of peer referrals. Describe for each year of the period to be covered by the review.

N/A

#### 2. Professional Service

- a. List significant committee/administrative responsibilities in support of scholarly and professional organizations (at the local, state, national, and international levels) including: elected and appointed offices held; committee memberships and memberships on review or accreditation teams; reports written and submitted; grants received in support of the organization (refer to Form HP-D-IVF); editorial positions, review boards and ad hoc review requests; and programs and conferences planned and coordinated, coordinated or served on a panel or chaired a session. Include evidence of contributions (e.g., evaluations by affected groups or peers).

I developed a CHW intervention model for pregnant women and infants that was adapted for other underserved populations including: A CHW School Advocacy program with the Grand Rapids Public School, A CORE health program for heart and diabetic patients and a CHW program for Latina families.

- In my current AHRQ award, I initiated the project, engaged five community agencies, MDCH and a five member MSU research team, lead, and am accountable for, the work of this group. I manage a budget of over \$400,000/year to accomplish the transformation of prenatal care in a single community, and conduct comparative studies with other counties in Michigan.
- I am leading the development of a perinatal system of care model that will be one of the first in the country that takes a population approach and links community health and clinical practice.
- I developed and lead an evaluation team for two Kellogg Foundation awards to Spectrum Health and community collaborators that total over \$10 million.
- At the local level (Grand Rapids community), I been involved in the Healthy Kent Initiatives from early in 2000 and more recently in Healthy Kent 2020, Infant Health Implementation Team, and the federal Healthy Start Strong Beginnings Initiative Core Team. I have also consulted with the Great Start Initiative, Home Visiting Hub, and the First Steps Initiative. I lead by interpreting scholarly work for the wider public as opposed to having a formal position of leadership in any of these groups.
- I continue to work with the Spectrum Health Healthier Communities Department as a community partner and provide consultation to the health system as they redesign clinical services.

In addition to these appointed or consultative roles, I have also listed other examples that display my leadership abilities with professional organizations and the community and state level leadership .

- Invited by Governor's Office to provide consultation for the Michigan Partners for Success initiative. Partners for Success centers on the state government teaming up with service providers and investors from the philanthropic and private communities to fund new approaches to address persistent community health problems through a social impact strategy.

## **SECTION IV C (Cont.) SERVICE - (Completed by Faculty Candidate)**

- The governor chose to initiate the program focused on improving health and early childhood development for high-risk mothers and their babies through home-visitation, community programs and better coordination of care throughout pregnancy until the child's second birthday.
- Now called PAY FOR SUCCESS, my team just helped Spectrum Health submit a proposal built on the Strong Beginnings work with the support of local philanthropic investors. If funded, my team will be the research partners (budget: \$278,103.)
- Invited and supported by the Pew Charitable Trust National Home Visiting Initiative to deliver two presentations on the MIHP research at the National Home Visiting Summit in 2014.

### **Community: Grand Rapids/Kent County**

In order to conduct the community research with multiple partners, I am also involved in many local Grand Rapids organizations. I have a large research and demonstration grant for a Perinatal System of Care in Kent County (2.4 million), and two large evaluation projects for the Kellogg Foundation funded Strong Beginning program (over 8 million total). For both of these projects, my team and I participate and give presentations on a regular basis

- Kent County Home Visiting Workgroup
- Healthy Kent 2020; Infant Health Implementation Team
- Strong Beginnings CORE partners Team
- Kent County Home Visiting Hub partnership

### **Community: Other**

I have had multiple, contractual partnerships with other agencies related to the state-wide Medicaid projects (e.g. northern Michigan, Detroit, and the Kent County/Grand Rapids, MI community).

- Public Health: District Health Department #10, Kent County Health Department, Ingham County Health Department, Priority Health Services, Inc. (private MIHP), Genesee County Health Department, Benzie-Leelanau District Health Department, Grand Traverse County Health Department, Northwest Michigan Community Health, Detroit Public Health Department
- Hospital/Health Systems: Spectrum Health, Helen DeVos Children's Hospital, Sparrow Health System, Mercy Health (St. Mary's Health Care), and Metro Health.
- Federally Qualified Health Systems: Cherry Street Health Services, Grand Rapids, MI; Ingham County Health Department, Lansing, MI; and ACCESS, Arab Community Center for Economic & Social Services, the largest Arab American health and human services agency in the United States, Community Health & Research Center Dearborn, MI (Kin Keeper work)
- Federal Healthy Start Programs: Strong Beginnings Federal Healthy Start Program, Maajtaag Mnobmaadziid Healthy Start, Great Beginnings Healthy Start, Saginaw County, Genesee County, Detroit Healthy Start (Michigan Healthy Start Project)
- Mental Health Services: Network 180, Community Mental Health and Arbor Circle, Grand Rapids, MI
- Health Plans: Priority Health, and others participated in selected activities, Health Plan of Michigan, Care Source Michigan, Molina Healthcare of Michigan
- Schools Systems: Grand Rapids Public Schools; Muskegon Intermediate School District
- Kent County/Grand Rapids Community Groups: Healthy Kent 2020, Infant Health Implementation Team; African American Health Institute, Welcome Home Baby/First Steps, Family Futures (formerly Child Abuse/Neglect Council), Maternal Infant Health Program Provider Group.

### **Community: Spectrum Health**

- I directed a community-based randomized clinical trial of a health and social intervention for the most vulnerable of pregnant women that included 613 women with five research assessments for each woman. The intervention and the research included the development of CHW roles and positions. The study is referenced in "Reinventing Michigan's Health Care System: Blueprint for Health Innovation", Rick Snyder, Governor, 2014.



## **SECTION IV C (Cont.) SERVICE - (Completed by Faculty Candidate)**

- Spectrum Health, through an agreement with MSU, appointed me as a Co-Director to establish and implement a new department, Healthier Communities. The department was charged to invest \$6 million in community benefits programming for the underserved.
- As Co-Director, I developed allocation processes and protocols, allocated funds, initiated community agency partnerships, developed partnership agreements and accountability systems, oversaw and managed a \$6 million budget, and implemented an outcomes evaluation unit.

### **State of Michigan and Community Level**

Michigan Department of Community Health: In addition to my research role, over a 10 year period of time, I have served in a consultative role for the redesign of the MIHP.

- I have initiated, engaged partners, led, and was accountable for the work of a broad group of stakeholders (scientists, policymakers, communities, health providers) to redesign a major Medicaid program targeted to the reduction in infant mortality and adverse birth outcomes, improve health service utilization, improve maternal and child health, and enhance child development; I directed a team of over 11 investigators, staff, and community and state partners to accomplish goals; I managed large budgets, most with subcontracts with multiple subcontract agencies (over a half a million dollars/year/ four of the eight years); In all cases, I delivered scholarship products and study findings, within a 12 month time period, and on time, every time.
- Currently in the process of completing a rigorous, quasi-experimental study of the MIHP program that will be eligible for federal review for the program to be considered an evidence-based program and eligible for federal funding.
- Consultant for Maternal and Infant Health and Home Visiting Work Group
- Invited to partner on the Association of Maternal Child Health Community of Practice on Return on Investment to partner for a ROI project on the MIHP program supported by the Center for Disease Control

### **Michigan Community Health Worker Alliance (MICHWa)**

MICHWa is a state-wide, multi-institutional and multi-disciplinary organization of stakeholders who “promote and sustain the integration of CHWs into Michigan’s health and human service systems through coordinated changes in policy and workforce development”. I represent the College of Human Medicine and MSU and collaborate with the University of Michigan (lead) and Wayne State University colleagues, as well as multiple other partners, including Henry Ford Health System, Spectrum Health, Medicaid health plans, the Michigan Department of Community Health and others.

### **Michigan Community Health Worker Alliance (MICHWa)**

Invited Member of the MICHWa Evaluation Board, The evaluation board’s work includes:

- Process, context, and outcome evaluation of the MICHWa Alliance ;
- Common Indicators Evaluation Project (including the Social Determinants of Health): a statewide initiative for CHW programs to use common process and outcome indicators in all CHW programs in Michigan;
- MICHWa CHW Program Survey 2014, conducted in collaboration with the Michigan Department of Community Health;
- An evaluation of MiCHWA’s education, employment & financing initiatives.
- Member of the MICHWa Policy and Finance Workgroup. This group is charged with identifying and developing sustainable policies and financing mechanisms for CHWs in Michigan with active participation of Michigan Department of Community Health representatives, health systems, health plans and others in the workgroup. Work to date includes:
- A product that details return on investment evidence using data compiled by the MiCHWA Evaluation Board;
- Strategies needed to include CHWs as paid or reimbursed providers or health care team members within Medicaid, Medicaid Managed Care, Medicare, and other insurance products;
- Dissemination of a policy statement to relevant policy and financing stakeholder; and assisting MDCH in the creation of a Medicaid State Plan Amendment implementing the Federal Register July 15, 2013 ruling related to payment of non-credentialed providers.

## SECTION IV C (Cont.) SERVICE - (Completed by Faculty Candidate)

### Professional Service

#### National

- American Public Health Association (maternal and child health section, prior participation in the Community Health Worker Special Interest Group, now a section);
- American Congress of Obstetrics and Gynecology;
- Academy Health (health services research professional organization);
- CityMatCH (National Organization of Urban MCH Leadership; Associate member)
- Michigan Community Health Worker Alliance (MiCHWa)

While I participate and am informed by the professional organizations that are associated with my program of research and present at conferences, my leadership and influence efforts have been focused at the level of local community and state of Michigan organizations and have been linked with my major projects. Unlike other types of research, engaged scholarship is built on intensive, relational partnerships that demand significant investment of leadership and effort to build an infrastructure to create new knowledge that has societal impact. Using a broad definition of leadership, as a process of social influence that maximizes the efforts of others toward achievement of goals, I have done the following:

- I have led a 10 year partnership with the Michigan Department of Community Health, Medicaid Division and Family and Community Health Division to redesign a state Medicaid program for women and infants in 83 Michigan counties and that annually serves about 16,000 families.
- In the community, I have led a 17 year partnership with multiple key maternal and child health institutions (e.g. Spectrum Health, Kent County Health Department, Cherry Street Health Services (FQHC) and Arbor Circle/Network 180 Mental Health). Spectrum Health has been my primary partner and with significant investment afforded an operational base to engage and partner with other stakeholders for research purposes.
- Based on the long term work with these partners, and need for sustainability policy changes, my primary leadership role at the state level has been with the Michigan Community Health Worker Alliance (MiCHWa), an organization that promotes and sustains the integration of community health workers into Michigan's health and human service system through change in policy (reimbursement) and workforce development.

### 3. Administrative/Committee Service

- a. List significant committee/administrative responsibilities and contributions within the University. Include service that advances the University's equal opportunity/affirmative action commitment. Committee service includes: Appointed and elected university, college, and department ad hoc committees, grievance panels, councils, task forces, boards, or graduate committees. Administrative responsibilities include: the direction/coordination of programs or offices; admissions; participation in special studies or projects; collections development, care and use; grants received in support of the institution, etc. Describe roles in any major reports issues, policy changes recommended and implemented, and administrative units restructured. Include evidence of contributions (e.g., evaluations by peers and affected groups).

Administrative/Committee Service: Evidence of contributions is provided in the portfolio in the tab "Service Basic Criteria #1."

#### Michigan State University

- Office of Research Integrity, Investigative Committee 2012-2013
- University Academic Council 2009 to 2011
- University Faculty Council: 2009 to 2011 (Bylaws revised, approved 2010)
- University Family Research Initiative 2007 to 2009
- FACT: Family and Community Together 1999-2009; Proposal Review Team

## **SECTION IV C (Cont.) SERVICE - (Completed by Faculty Candidate)**

- Office of the Vice-Provost for University Outreach and Engagement, Faculty Fellow, Scholarship of Engagement Work Group
- Office of the Vice-Provost for University Outreach and Engagement, Collaborator for OUE reports: Outreach Measurement Instrument; Extending Knowledge to Serve Society: Standards of Practice for University-Community Partnerships
- University-wide Infant Mortality and Morbidity Interest Group (Led with [REDACTED], MD), 1990-1992

### **College of Human Medicine**

- LCME (Liason Committee on Medical Research) CHM Research Committee (2013-14)
- Family Medicine Search Committee (2013-14)
- CHM Admission Interviewer 2013-2014
- Community Research Interest Group (advisory to the Associate Dean Research) (2012-14)
- College Advisory Council (2006-07, alternate with Vallery; 2008-09; 2009-11, CAC Secretary)
- CHM Awards Committee (2009-2011)
- Health Services Research Committee (2007-8)

### **Department of Obstetrics, Gynecology and Reproductive Biology**

- Departmental RPT Committee (2013-2015)
- Bylaws Committee, chair, (2011-2130)
- Leadership in Medicine for the Underserved Program, presenter, Saginaw, MI (2009-12)
- Mentored faculty for state wide and community-based intervention research (e.g. Dr. [REDACTED]: provided Community Health Worker curriculum for adaptation, arranged focus group with existing CHW's to explore Kin Keeper intervention, engaged Spectrum Health as a pilot site for initial Kin Keeper work; Dr. [REDACTED], engaged in MI Dept. Community Health, Michigan Families Medicaid program, mentored in clinical and system of care issues for underserved pregnant women and infants, provided support for adapting smoking intervention in Romania, moved to PI role in Medicaid grants to develop his own funding track). Evidence provided in letters in portfolio Research Basic Criteria #1.
- Provided opportunity and supported physician colleague ([REDACTED] to conduct studies using the MDCH data, present, publish and be a co-investigator on selected grants. Evidence provided in letters in portfolio Research Basic Criteria #1.
- OB Residency Network research support; provide opportunities for Residents to conduct research, advocate for use with MDCH, mentor in use of MDCH data warehouse, oversee analysis and reporting

### **Academic Service Activities in Outreach, Professional/Clinic, Extension or Urban Arenas**

- Adjunct Associate Professor in Women's Health, Spectrum Health, Grand Rapids, MI
- Through the AHRQ and Strong Beginnings Project, MSU CHM has a presence with a large group of urban community stakeholders (e.g. the African American Health Institute, Baby Scholars/Early Learning using an evidence-based intervention, Greater Grand Rapids Racial Equity Network)
- Initial steps to bring in MSU Extension at state and local level into the AHRQ and SB programs
- Key participant in the redesign of prenatal, postnatal, and children's services at Spectrum Health for Medicaid-insured families; bringing data resources to inform the redesign
- Key participant on the proposal development team for Spectrum Health to successfully complete an application for the Governor's new early childhood initiative PAY FOR SUCCESS

### **Development and Evaluation of Innovative Approaches, Strategies, Technologies, and Systems of Service Delivery**

- Developed with clinical and community partners a Community Health Worker role, tested in a trial study, that has been replicated for other clinical populations (heart, diabetes, school health, special populations including African American and Latina clients), with demonstrable cost savings for health systems.

## SECTION IV C (Cont.) SERVICE - (Completed by Faculty Candidate)

- Novel application of the well-established Chronic Care Model to create a Perinatal Community System of Care for Medicaid insured pregnant women and infants. Model received an Innovation at national conference in 2014.
- Novel application of using LEAN Process Improvement strategies with county level group of stakeholders; and clinical providers in a large health system based Obstetric Residency Clinic practice.
- County-wide implementation of System of Care components across five primary clinical stakeholders and the Michigan Department of Community Health (Spectrum Health, Cherry Street Health Services, Network 180/Arbor Circle (mental health), Kent County Health Department, Priority Health Plan)

### Effectiveness in Promoting the Inclusion and Advancement of Diverse Groups

- Development, with community partners, of employment and educational opportunities for African American and Latina women through the Community Health Worker research and policy advocacy
- In the current AHRQ research and demonstration grant, Community Health Workers are participating as members of research team for a qualitative study on African American women and service utilization; as a group, the Strong Beginnings CHWs inform the data analysis and implications.
- Have a CHM team engaged to develop strategies for medical students to have access to the Community Health Works for co-learning opportunities. For example, applications of the CHM developed “activated patient” curriculum for use with the Strong Beginnings/Healthy Start CHWs with skill building sessions for CHWs and medical students.
- Met with Grand Rapids CHM administrators to develop strategies to make the Secchia Center more “community friendly” to our partners, most of whom are women of color.

#### 4. Service within the Broader Community

- a. As a representative of the University, list significant contributions to local, national, or international communities that have not been listed elsewhere. This can include (but is not restricted to) outreach, MSU Extension, Professional and Clinical Programs, International Studies and Programs, and Urban Affairs Programs. Appropriate contributions or activities may include technical assistance, consulting arrangements, and information sharing; targeted publications and presentation; assistance with building of external capacity or assessment; cultural and civic programs; and efforts to build international competence (e.g., acquisition of language skills). Describe affected groups and evidence of contributions (e.g., evaluations by affected groups; development of innovative approaches, strategies, technologies, systems of delivery, patient care awards). List evidence, such as grants, activity that is primarily in support of or emanating from service within the broader community.

Engaged scholarship by its very nature necessitates service to and with community stakeholders--which makes it challenging to disentangle from research and instruction. This is also true when the “community” is actually the state of Michigan program directors and policymakers. Your partnership depends on you providing timely service (e.g. consultation, technical assistance, and support for their grant writing and evaluation efforts) to them when they need it (regardless of your convenience). That is your value to them-- if they are going to invest considerable effort to make it possible for you to do health care research.

Primary partners for my research/scholarship and service are 1) Spectrum Health (sustained for 24 years), a nationally recognized top 15 health systems in the county, with multiple community physician leaders/practioners in lead roles:

[REDACTED] and 2) the Michigan Department of Community

Health, Medicaid Division and Child and Family Health Division (sustained 11 years). I have listed below, examples of the benefits for the state of Michigan and the Grand Rapids community related to our partnership work.

## SECTION IV C (Cont.) SERVICE - (Completed by Faculty Candidate)

Documentation and letters providing evidence of my service can be found in my portfolio under Research Distinguished Criteria #2.

### Michigan Department of Community Health/State of Michigan

- Translated evidence-based maternal and child screening, assessments, and interventions literature to inform the redesign of the state enhanced prenatal/postnatal Medicaid program, Maternal and Infant Health Program, for low income women, many who are from racial/ethnic minority groups and at high risk for adverse birth outcomes and infant mortality.
- Developed and tested a Maternal and Infant Risk Identifier for statewide MIHP providers, with a refined risk scoring algorithm, to guide the delivery of risk appropriate care; now Michigan Medicaid policy with MDCH advancing the use of Risk Identifier for all Medicaid insured pregnant women in the state (over 50% of all births). Policy examples: MSA 05-51, November 2005; MSA 10-45, October 2010; MSA 08-24, June 2008; MSA 10-18, June 2010.
- Consulted and provided “white papers” to summarize risk factors, evidence-based interventions used to guide the development of standardized MIHP intervention protocols for each risk domain.
- Developed, a statewide, longitudinal Medicaid Maternal and Child Health database of linked maternal and child health data (i.e. vital records, Medicaid claims, programs) for research use. The database includes linked data for all Medicaid insured women and infants whose pregnancies/birth occurred from 2003 to 2014 (approximately 775,000 maternal and 650,000 infant records). The data, with authorization from the MI Department of Community Health on a per project basis, are linked by a designated “honest broker” employee in the Michigan State University Institute for Health Policy to create de-identified data sets for research use.
- Conducted a study of the Michigan Department of Community Health’s Maternal Infant Health Program that requires federal or state funds to be invested only in programs that meet the federal research standards/guidelines to be determined as an “evidence-based” home visiting program (HomVEE) and are published in peer reviewed journals. The two published studies to date will meet the HomVEE requirements. State of Michigan 96th Legislature Regular Session of 2012 House Bill No. 5572. <http://www.legislature.mi.gov/documents/2011-2012/publicact/pdf/2012-PA-0291.pdf>. Accessed May 9, 2013.; Patient Protection and Affordable Care Act H.R. 3590 (111th). <http://www.govtrack.us/congress/bills/111/hr3590>. Accessed May 9, 2013
- Maternal and Child Health Epidemiology and CityMatCH (urban maternal and child health) Conference award for Best Scientific Research Abstract “Medicaid Home Visitation and Birth Outcomes”, September, 2014.
- Participate in work groups, consultation and other supports during MIHP implementation and evaluation

I have also had multiple, contractual partnerships with other agencies related to the state-wide Medicaid projects (e.g. northern Michigan, Detroit, and the Kent County/Grand Rapids, MI community).

- Public Health: District Health Department #10, Kent County Health Department, Ingham County Health Department, Priority Health Services, Inc. (private MIHP), Genesee County Health Department, Benzie-Leelanau District Health Department, Grand Traverse County Health Department, Northwest Michigan Community Health, Detroit Public Health Department
- Hospital/Health Systems: Spectrum Health, Helen DeVos Children’s Hospital, Sparrow Health System, Mercy Health (St. Mary’s Health Care), and Metro Health.
- Federally Qualified Health Systems: Cherry Street Health Services, Grand Rapids, MI; Ingham County Health Department, Lansing, MI; and ACCESS, Arab Community Center for Economic & Social Services, the largest Arab American health and human services agency in the United States, Community Health & Research Center Dearborn, MI (Kin Keeper work)
- Federal Healthy Start Programs: Strong Beginnings Federal Healthy Start Program, Maajtaag Mnobmaadziid Healthy Start, Great Beginnings Healthy Start, Saginaw County, Genesee County, Detroit Healthy Start (Michigan Healthy Start Project)



## **SECTION IV C (Cont.) SERVICE - (Completed by Faculty Candidate)**

- Mental Health Services: Network 180, Community Mental Health and Arbor Circle, Grand Rapids, MI
- Health Plans: Priority Health, and others participated in selected activities, Health Plan of Michigan, Care Source Michigan, Molina Healthcare of Michigan
- Schools Systems: Grand Rapids Public Schools; Muskegon Intermediate School District
- Kent County/Grand Rapids Community Groups: Healthy Kent 2020, Infant Health Implementation Team; African American Health Institute, Welcome Home Baby/First Steps, Family Futures (formerly Child Abuse/Neglect Council), Maternal Infant Health Program Provider Group.

### **Spectrum Health**

Spectrum Health is a not-for-profit health system, based in West Michigan, offering a full continuum of care through the Spectrum Health Hospital Group, which is comprised of 11 hospitals including Helen DeVos Children's Hospital; 170 ambulatory and service sites; 1,080 employed physicians and advanced practice providers including members of the Spectrum Health Medical Group; and Priority Health, a 575,000-member health plan. In 2014, Spectrum Health was named one of the nation's 15 Top Health Systems® by Truven Health Analytics.

- Developed and implemented a nurse-Community Health Worker program that has been sustained over 13 years after completion of a randomized trial study, and further adapted for the Grand Rapid federal health start model (2004 to 2014);
- Established, as founding Co-Director, the Spectrum Health Healthier Communities Department (HCD); developed, staffed and managed unit with a department budget that included six million dollars in collaborative programming for the underserved (e.g. funding guidelines, allocation and accountability standards; engaged a broad group of non-traditional community-based partners; and implemented an internal outcomes evaluation unit to support program stewardship (1997-2001).
- Engaged a broad based group of stakeholders and led a community-wide LEAN process improvement event to develop a future county wide perinatal system of care with public policy recommendations to Medicaid; the basis for the successful Agency for Health Care Quality (AHRQ/HRSA) research and demonstration award (2.4 million/5 years).
- Consulted, including data analytics, to inform the major redesign of a new maternal and child health hospital/health system of care model that links clinical and community services for underserved pregnant women and infants/children (Spectrum Health Planning Event for integration of obstetrics, pediatric and community services for low-income and Medicaid insured families in a single site; Women's Health Planning Retreat to establish new model of care).
- Named as one of three Michigan State University faculty members as Adjunct Associate Research Scientist (Department of Women's Health).
- Enhanced visibility of programs through collaborative publications (e.g. Archives of Women's Mental Health) and presentations (e.g. MCH Epidemiology and City MatCH); and awards to SH related to Healthier Communities leadership (1997 to 2002), and the development, implementation and testing of the Mothers Offering Mothers Support (MOMS) program (1993-2002 and federal Healthy Start/Strong Beginnings programs.

I have also had partnership relationships with other Colleges and Universities related the MDCH MIHP, MOMS and Strong Beginnings work, including: Grand Valley State University, Community Research Institute; University of Michigan, School of Social Work; Grand Rapids Community College; Calvin College and Wayne State University. Currently, my primary partner for the Community Health Worker work is the University of Michigan.

## SECTION IV D ADDITIONAL INFORMATION - (Completed by Faculty Candidate)

### 1. **Evidence of Other Scholarship:**

Cite evidence of “other” scholarship (i.e., functions of outside instruction, research and creative activity, and service within the academic and broader community). Address the scholarship, significance, impact, and attention to context of these accomplishments.

I think there are three important components of my work that, while they have resulted in great opportunities for research, are really the drivers of systemic innovation in health care. Further, they all require a considerable investment of time and clinical partners who are supported by executive level administrators ---that is, those who have the resources and the will to invest in innovation. This is especially true for addressing the health care needs of the underserved, many of whom experience socio-economic and racial/ethnic inequities in the provision of their care.

#### **Development of the Community Health Worker Intervention**

When we began the CHW program and research, little attention and investment was made. We found our way, with the help of MSU Extension, and even with the results of the trial study, there has not been much CHW attention--until now. With health care costs soaring and the initiation of the affordable care act---this is a great opportunity to re-invest in CHW scholarship. While we are conducting studies with the Strong Beginnings program---we are also providing considerable support, similar to the Michigan Department of Community Health MIHP program work, to shore up the program, integrate evidence-based strategies and standardize interventions. This is the “hidden” work of getting to a product that is publishable in JAMA Pediatrics. The Kellogg Foundation investment gives some stability to the program, but for the most part, our efforts are considered community service.

#### **Process Improvement Methods to Improve Health Care Delivery**

Process improvement is a method designed to address the process of care. While we can all agree that evidence-based care should be the norm, in community health interventions, how those practices get translated into care across multiple care settings is daunting. Process improvement is data driven; focuses not on the “what to do” but the “how to do it”; and it can accelerate change. So how can involvement in process improvement be of interest or productive for a researcher. On several occasions during our collaborative work---the providers, the community were committed to implementation of an intervention, or an engagement strategy and were struggling with implementation. I first “borrowed” a process improvement engineer from a collaborating hospital who was willing to work with a group of community stakeholders to map the process and identify mechanisms to fix the process of care for Medicaid-insured women and infants. Since that time, I have received LEAN process improvement training and would recommend it to anyone who wants to partner with health systems to improve health care delivery. Researchers have often focused on an individual level intervention versus a view of systemic health care change, so desperately needed during this major transformation of care. LEAN skills are really an investment in helping your collaborators who want to deliver your protocol driven intervention. I am using it now for the AHRQ research demonstration as the clinical providers hit a major stumbling block to implement the plan.

#### **Population-based Community System of Care Model**

Engaged scholarship is built on the expertise of all partners, especially when your goal is innovation. While a conceptual model, grounded in the literature, can guide you, you clearly need the experience of all stakeholders to redesign the way prenatal care is delivered that links clinical and community health services/programs. Of necessity, we had to create an elaborate community infrastructure to get the communities best thinking to inform the development of the model and then monitor implementation. Again, this is process work in order to innovate that then leads to research products. While this in and of itself could be studied, in our case, our funding is focused on specific deliverables.



**SECTION IV D (Cont.)      ADDITIONAL INFORMATION - (Completed by Faculty Candidate)**

**2. Integration across Multiple Mission Functions:**

Discuss ways that your work demonstrates the integration of scholarship across the mission functions of the university – instruction, research and creative activities, and service within the academic and broader community.

I believe my portfolio demonstrates how my program of engaged scholarship has successfully integrated research and service, and to some extent research education for resident physicians and selected medical students who desire research experience. However, with the changing CHM curriculum to engage students in patient contact early in their education—I am excited about linking our access to underserved populations with undergraduate medical education. We are probably one of a few places that can link our students to Community Health Workers, a new provider in the health care system of the future. We have a team committed to a small scale project focused on the activated patient and will work from there. This will be an important goal in the near future for me and my research team.

**3. Other Awards/Evidence:**

Cite other distinctive awards, accomplishments of sabbatical or other leaves, professional development activities, and any other evidence not covered in the preceding pages

- Nominated by the OB/GYN department to receive the MSU Community Engagement Scholarship Award - in process.
- Received "Most Innovative Program and Policy Abstract" at CityMatCH conference September 19, 2014
- Received "Most Outstanding Scientific Research and Data Abstract at CityMatCH conference September 19, 2014.

**SECTION IV E GRANT PROPOSALS (Completed by Faculty Candidate)**

Include grants in support of outreach, international, urban, and extension activities.\*

	Name of Granting Agency (Grantor:) Focus of Grant (Focus:)	Date Submitted	\$ Amount Requested	Status			\$ Amount Assigned to Faculty Candidate (if Applicable)	Principal/Co-Investigators (if not faculty candidate)
				Pending	\$ Amt Funded	Not Funded		
<b>II.</b>	<b>Research/Creative Activity</b>							
	Grantor: Spectrum Health Foundation Subcontract: Michigan Dept. of Comm. Health	10/7/14	\$278,103	<input checked="" type="checkbox"/>		<input type="checkbox"/>		
	Focus: Strong Beginnings Pay for Success							
	Grantor: Spectrum Health Foundation Subcontract: Kellogg Foundation	7/2/14	\$50,000	<input type="checkbox"/>	\$50,000	<input type="checkbox"/>		
	Focus: Familias Fuertes y Saludables (Strong and Healthy Families)							
	Grantor: Michigan Dept. of Community Health	6/30/14	\$108,135	<input type="checkbox"/>	\$108,135	<input type="checkbox"/>		██████████.
	Focus: Maternal Infant Health Program							
	Grantor: National Institutes of Health	6/27/14	\$2,713,198	<input type="checkbox"/>		<input checked="" type="checkbox"/>		██████████
	Focus: Kin Keeper: Reducing Disparities Through Cancer Literacy and Screening							
	Grantor: Spectrum Hlth Systems of Grand Rapids Subcontract: HRSA Maternal Child Hlth Bureau	1/15/14	\$144,998.00	<input type="checkbox"/>	\$144,998	<input type="checkbox"/>		
	Focus: Federal Healthy Start							
	Grantor: Michigan Dept. Comm. Health	6/30/13	\$108,135.00	<input type="checkbox"/>	\$108,135.00	<input type="checkbox"/>	\$7,000 (5% effort)	██████████
	Focus: Maternal Infant Health Program Experimental Study							
	Grantor: Michigan Dept. Comm. Health	6/21/13	\$102,779.00	<input type="checkbox"/>	\$110,278.00	<input type="checkbox"/>	\$7,000 (5% effort)	██████████
	Focus: Maternal Infant Health Program Experimental Study							

\* Anyone with an MSU Net username and password can log onto the web-based Information Reference database, maintained by the Office of Contract and Grant Administration, to search for records of proposals and grant awards by principal investigator. Printouts may be attached to this page.

Grantor: Michigan Dept. Comm. Health	6/28/12	\$96,605.00	<input type="checkbox"/>	\$96,603.00	<input type="checkbox"/>	\$6,500 (5% effort)	██████████
Focus: Maternal Infant Health Program Experimental Study							
Grantor: National Cancer Institute	3/19/12	\$153,500.00	<input type="checkbox"/>		<input checked="" type="checkbox"/>		██████████
Focus: Pregnancy Characteristics and Maternal Cancer: A Population Study							
Grantor: National Institute on Drug Abuse	2/20/12	\$146,609.00	<input type="checkbox"/>		<input checked="" type="checkbox"/>		██████████
Focus: Smoking During Pregnancy and Maternal Psychosocial Characteristics in Romania							
Grantor: Spectrum Health Systems of Grand Rapids/CMS Inovation	1/23/12	1,473,474.00	<input type="checkbox"/>		<input checked="" type="checkbox"/>		
Focus: A Transformative Model of Prenatal and Interconceptional Care for Medicaid Insured Women							
Grantor: Spectrum Health Foundation	9/1/11	\$312,152.00	<input type="checkbox"/>	191,449.00	<input type="checkbox"/>		
Focus: Strong Beginnings Program							
Grantor: Kellogg W.K. Foundation	8/24/11	\$1,562,725.00	<input type="checkbox"/>		<input checked="" type="checkbox"/>		
Focus: Using Health Information Technology to Address Disparities in the Quality of Prenatal Care and Birth Outcomes for Women with Medicaid Insurance							
Grantor National Institutes of Health	7/5/11	\$2,066,374.00	<input type="checkbox"/>		<input checked="" type="checkbox"/>		██████████
Focus: Early Pathways from Prenatal Smoking to Infant and Toddler Disruptive Behavior							
Grantor: Agency for Healthcare Research and Quality	1/28/11	\$2,464,244.00	<input type="checkbox"/>	\$2,420,936.00	<input type="checkbox"/>		

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Focus: Demonstration of a Community System of Care for Medicaid Insured Pregnant Women							
Grantor: Michigan Dept. of Comm. Health	12/30/10	\$250,821.00	<input type="checkbox"/>	\$250,821.00	<input type="checkbox"/>		██████████
Focus: Michigan Family Medicaid Project							
Grantor: Sparrow Health Systems	11/9/10	\$718,526.00	<input type="checkbox"/>	\$50,000.00	<input type="checkbox"/>		
Focus: Ingham County Quality Improvement and Research Plan							
Grantor: National Institutes of Health	10/29/10	\$1,944,402.00	<input type="checkbox"/>		<input checked="" type="checkbox"/>		██████████
Focus: Early Developmental Pathways from Prenatal Smoking to Offspring Problem Behavior							
Grantor: National Institutes of Health	12/21/09	\$2,337,234.00	<input type="checkbox"/>	\$2,087,805.00	<input type="checkbox"/>	\$82,000 (10% effort)	████████████████████
Focus: Kin Keeper: Reducing Disparities through Cancer Literacy and Screening							
Grantor: Michigan Dept. of Community Health	7/1/09	\$364,135.00	<input type="checkbox"/>	\$364,132.00	<input type="checkbox"/>		
Focus: Michigan Family Medicaid Project (2009-2010)							
Grantor: National Institutes of Health	5/5/09	\$931,566.00	<input type="checkbox"/>		<input checked="" type="checkbox"/>		
Focus: Michigan Families Medicaid Project							
Grantor: Michigan Dept. of Community Health	6/24/08	\$405,211.00	<input type="checkbox"/>	\$405,211.00	<input type="checkbox"/>		
Focus: Michigan Families Medicaid Project (2008-2009)							

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Grantor: Michigan Dept. of Community Health	4/21/08	\$375,460.00	<input type="checkbox"/>	\$375,460.00	<input type="checkbox"/>		
Focus: Michigan Families Medicaid Project (2007-2008)							
Grantor: Blue Cross/Blue Shield of Michigan Found.	5/29/07	\$46,530.00	<input type="checkbox"/>	\$46,530.00	<input type="checkbox"/>		██████████
Focus: The Effect of an Enhanced Home Visiting Program on Infant Health: Improvement in Health Outcomes; A Cost Benefit Analysis							
Grantor: Michigan Dept. of Community Health	6/14/06	\$678,763.00	<input type="checkbox"/>	\$678,763.00	<input type="checkbox"/>		
Focus: Michigan Families Medicaid Project 2006-2007							
Grantor: Michigan Dept. of Community Health	6/13/05	629,089.00	<input type="checkbox"/>	629,089.00	<input type="checkbox"/>		
Focus: Michigan Families Medicaid Project 2005-2006							
Grantor: Agency for Healthcare Research and Quality	10/12/04	\$1,420,011.00	<input type="checkbox"/>		<input checked="" type="checkbox"/>		██████████
Focus: Testing a Family Cancer Literacy Model to Increase Participation in Breast and Cervical Cancer Control Program for African Americans							
Grantor: Michigan Dept. of Community Health	7/2/04	\$791,583.00	<input type="checkbox"/>	\$791,583.00	<input type="checkbox"/>		
Focus: Michigan Families Medicaid Project							
Grantor: National Cancer Institute	6/24/04	\$744,308.00	<input type="checkbox"/>		<input checked="" type="checkbox"/>		██████████
Focus: Family's Influence on Black Women's Prevention Behaviors							
Grantor: Centers for Disease Control and Prevention	6/21/04	\$486,000.00	<input type="checkbox"/>		<input checked="" type="checkbox"/>		██████████

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Focus: Testing a Family Cancer Literacy Model to Increase Participation in Breast and Cervical Cancer Control Program for African Americans							
Grantor: Michigan Dept. of Community Health	10/30/03	\$669,414.00	<input type="checkbox"/>	\$669,414.00	<input type="checkbox"/>		
Focus: Multi-level Analysis of Medicaid Maternal and Infant Support Services in Michigan (MSSIS)							
Grantor: National Cancer Institute	9/25/03	\$695,241.00	<input type="checkbox"/>		<input checked="" type="checkbox"/>		
Focus: The Influence of Family on Black Women's Cancer Prevention and Screening Behaviors							
Grantor: Blue Cross Blue Shield of Michigan Foundation	7/8/03	\$174,341.00	<input type="checkbox"/>		<input checked="" type="checkbox"/>		
Focus: Kin Keeper Cancer Screening and Detection Intervention for African American Women							
Grantor: Spectrum Health Systems of Grand Rapids	1/21/03	84,977.00	<input type="checkbox"/>		<input checked="" type="checkbox"/>		
Focus: Screening for Multiple Behavioral Risk Factors during the Preconception through Postpartum Period							
Grantor: Spectrum Health Systems of Grand Rapids	7/17/01	\$84,261.00	<input type="checkbox"/>	\$84,261.00	<input type="checkbox"/>		
Focus: CATCCH: Community Assessment Technology Changing Children's Health							
Grantor: Butterworth Health System	12/96-4//99	\$307,921.00	<input type="checkbox"/>	\$307,921.00	<input type="checkbox"/>		
Focus: MSU-Butterworth Collaboration							
Grantor: Butterworth Hospital	9/93-5/95	\$143,201.00	<input type="checkbox"/>	\$143,201.00	<input type="checkbox"/>		
Focus: Mothers Offering Mothers Support Project							

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	Grantor: National Institutes of Health	9/30/93		<input type="checkbox"/>		<input checked="" type="checkbox"/>		
	Focus: Lay Health Workers: Testing a Community-Based Model							
45	Grantor: Centers for Disease Control and Prevention	8/13/92		<input type="checkbox"/>		<input checked="" type="checkbox"/>		
	Focus: Qualitative Research on Pregnancy Outcome for Black Women							
46	Grantor: Butterworth Hospital	12/26/91	\$1,280.00	<input type="checkbox"/>	\$1,280.00	<input type="checkbox"/>		
	Focus: Providing Social Support for High Risk Mothers and Infants: Prenatal Positive Parenting							
47	Grantor: Butterworth Hospital	2/15/91	\$31,658.00	<input type="checkbox"/>	\$31,658.00	<input type="checkbox"/>		
	Focus: To Achieve the Development of a Community Enablement Network to Provide for High Risk Pregnant Women							
48	Grantor: Butterworth Hospital	10/26/90	\$40,602.00	<input type="checkbox"/>	\$40,602.00	<input type="checkbox"/>		
	Focus: Providing Social Support for High Risk Mothers and Infants PPP							
	Grantor:			<input type="checkbox"/>		<input type="checkbox"/>		
	Focus:							
III.	<b>a. Service - Academic Community</b>							
	Grantor:			<input type="checkbox"/>		<input type="checkbox"/>		
	Focus:							

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<b>III.</b>	<b>b Service - Broader Community</b>						
	<b>i. MSU Extension</b>						
	Grantor:			<input type="checkbox"/>		<input type="checkbox"/>	
	Focus:						
	<b>ii. Professional/Patient Care Activities</b>						
<b>1</b>	Grantor:			<input type="checkbox"/>		<input type="checkbox"/>	
	Focus:						
<b>2</b>	Grantor:			<input type="checkbox"/>		<input type="checkbox"/>	
	Focus:						
	<b>iii. International Studies and Programs</b>						
	Grantor:			<input type="checkbox"/>		<input type="checkbox"/>	
	Focus:						
	<b>vi. Urban Affairs Programs</b>						
	Grantor:			<input type="checkbox"/>		<input type="checkbox"/>	
	Focus:						
	<b>v. Other</b>						
	Grantor:			<input type="checkbox"/>		<input type="checkbox"/>	
	Focus:						

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