Welcome to MPHI

The Michigan Public Health Institute (MPHI) is a non-profit agency dedicated to improving community health through collaboration.

Our offices near the state capital in Lansing, MI and in Washington, DC place us at the heart of a community of policy makers, health care providers, and leading universities. Our clients enjoy the benefits of these partnerships in the form of innovative community-based solutions for complex health system issues and research needs.

Visit our website, www.mphi.org, and spend some time learning about our capabilities, experience, and people. We hope to hear from you about how we can help you meet your needs.

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

Mission
Maximize positive health conditions in populations and communities through collaboration, scientific inquiry, and applied expertise, which:
• Carry the voice of communities to health policy makers, scientists, purchasers, and funders.
• Advance the application of scientific health practices in communities.
• Advance community capacity to improve health and reduce disparities among population groups and geographic areas.

Values
Our Board of Directors, management, and staff are committed to uphold these values in our work, relationships, and governance.
• Collaboration and inclusiveness among MPHI, government, communities, and institutions in approaching matters of the public’s health.
• State-of-the-art research, education, and demonstration as vehicles for advancing health practice.
• Leadership and service for the benefit of community, rather than the advancement of institutions, partners, or staff.
• Prevention of disease and promotion of health.
• Ethical behavior in all scientific, professional, and interpersonal matters.
• Quality, professionalism, and integrity in the work we do, the people we hire, and the workplace we create.
• Innovation and continuous improvements in the workplace, as our assurance of maintaining responsiveness and utility to clients.
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Wayne State University

Dean Smith, PhD
University of Michigan
This year, as in the past, MPHI focused on supporting the efforts of state government to reach residents and bring about positive change in people’s health. Staff, facilities, and infrastructure were developed and are continually improved and tailored to help government be more efficient and effective. The Institute accomplishes this in a variety of ways.

**Leveraging and distributing funds**
Since its inception just 20 years ago, MPHI has brought in nearly $100 million in funding from outside state government, including federal, foundation, and private grants and contracts. MPHI also serves as a conduit for state and federal funds to reach local health departments and community-based organizations.

**Grant writing**
Staff members are skilled grant writers who frequently write grants for state agencies, bringing funds into Michigan that may otherwise be lost when governmental employee resources reach capacity.

**Providing an efficient use of resources**
With administrative costs averaging between 10-12% annually, MPHI’s streamlined and efficient administrative structure allows more funds to be devoted to project work and enables seamless collaboration across services.

**Ability to quickly acquire qualified staff**
When new federal funds come into Michigan, MPHI assists government by quickly recruiting and hiring specialized professionals with skills that match grant requirements, allowing projects to be implemented quickly and completed on time.

**Conducting outcome assessments**
Evaluation is a key service offered by the Institute. Our evaluators, many educated at the PhD level, assess the outcomes of multi-disciplined and community-based programs to ensure that the value of each project can be measured.

**Serving as a neutral convener among stakeholders**
The Institute is a trusted voice in the dialogue between communities, government, and policy makers, often serving as a neutral convener among stakeholders and potential partners, and supporting multi-institutional consortium activities.

MPHI continues to provide single-source solutions through staff members who are experts in a variety of areas, including health information technology, research, evaluation, systems analysis, facilitation, technical assistance, capacity building, and e-learning solutions. I hope you enjoy reading this year’s Annual Report, which describes projects that illustrate the multitude of methods the Institute employs to support state government, as we all work to improve the health of Michigan’s citizens.

Yours in Good Health,

Jean Chabut, President, MPHI Board of Directors
Deputy Director, Public Health Administration
Michigan Department of Community Health
The **Cancer Control Services Program** provides epidemiological and evaluation expertise to the State of Michigan’s cancer control programs. It offers technical assistance in: cancer prevention, screening, referral, tracking, and follow up; partnership and coalition development; quality assurance and improvement; education; surveillance; strategic planning; database management; and administration. Expertise is also provided in statistics, financial and data analysis, and nursing.

The **Center for Data Management and Translational Research (CDMTR)** provides comprehensive data and research services to clients to meet collective community health goals. CDMTR works collaboratively with project partners to generate and interpret information that can be put into practice. The program supports clients and partners through project management, evaluation, data collection and warehousing, training, facilitation, and technical assistance.

The **Center for Healthy Communities (CHC)** works collaboratively with partners to transform public health systems and improve the health of communities. Services include evaluation of health programs, data analysis, coordination and facilitation of multi-agency projects, training and technical assistance for community organizations and public-sector agencies, and human service needs assessments. CHC focuses on health promotion, disease prevention, quality improvement, community-based participatory research, and ecological approaches to investigating the social determinants of health behaviors and outcomes.

The **CHC Survey Research Unit (SRU)** collects health-related data through telephone, internet, and mail surveys, in-person interviews, and focus groups. The SRU specializes in multimodal survey methods, which help to improve coverage of target populations, reduce non-response bias, and encourage high response rates.

In addition, staff members utilize Geographic Information Systems (GIS) to capture, store, analyze, and display geographic and georeferenced data, so public health data can be integrated and analyzed from a geographic perspective.

**Child and Adolescent Health (CAH)** provides technical assistance in design, implementation, and evaluation of innovative multidisciplinary programs aimed at improving the health, safety, and well-being of children and families. CAH collaborates with national, state, and local partners on a wide range of programs that strengthen assets and reduce risks. Focus areas include child and infant mortality, prevention of child injury and maltreatment, adolescent health and sexuality, antibiotic resistance, and compliance with health and human services policies and procedures.
Education and Training's mission is to advance the public health workforce with high-quality education and training. Staff members help clients produce conferences, meetings, and e-learning methods. Expertise includes: design and analysis of training needs assessments; group facilitation and focus groups; continuing education approved providership in nursing, social work and other disciplines; event business and online registration with e-commerce; event coordination; curriculum design and implementation; graphic design; training material development and evaluation; public relations and marketing; on-site event staffing; and wrap-around webcasting services.

Health Promotion and Disease Prevention focuses on chronic disease prevention and health promotion at national, state, and local levels. Services include translating scientific research and evidence-based interventions into program development and evaluation, social marketing, coalition development, and applied research. Professional disciplines include dieticians/nutritionists, health educators, researchers, evaluators, counselors, public health administrators, and communication and community development experts.

The Interactive Learning Center (ILC) is a conference center that provides meeting space and electronic communication services. Three meeting rooms accommodate up to 100 people and a computer lab has capacity for 20 participants. Each room is equipped with an instructor computer with overhead projection. Staff members assist customers with electronic communication services, including video and audio conferencing and webcasting, and help clients identify affordable ways to maximize training resources.

The Interactive Solutions Group (ISG) leverages technology and experienced staff to develop solutions for public-sector agencies and health care organizations by creating efficient, effective ways to exchange information, automate business processes, manage change, communicate, and train. ISG is committed to improving health care by advancing the adoption of health information technology and facilitating health information exchange.

ISG is affiliated with Workgroup for Electronic Data Interchange, National Medicaid EDI Healthcare Workgroup, Council on Affordable Quality Healthcare, Committee on Operating Rules for Information Exchange, National Council for Prescription Drug Programs, X12 (an ANSI-accredited standards committee), Health Level 7, and the American Immunization Registry Association.
The National Center for Child Death Review is a resource center that supports and enhances methodologies to improve death investigations, forensics, and services to families, and helps states and communities review deaths and develop strategies to prevent deaths and serious injuries to children. The center provides expertise across a broad spectrum of child health issues, including infant mortality, Sudden Infant Death Syndrome, unintentional injuries, and violence. It also provides consultation and trainings at national, state, and community levels, as well as leadership in building public and private partnerships to incorporate findings from death review teams into national policy and program efforts that improve child health and safety.

The center manages the web-based National Child Death Review Case Reporting System, used by the majority of U.S. states and representing more than 80% of the U.S. child population. The database includes information about the circumstances involved in child deaths, as compiled by death review teams. It is available to state users, government agencies, and researchers. Resource center offices are located in Okemos, MI, and Washington, DC.

Systems Reform Program facilitates efforts to reform Michigan's health and human service systems to better meet children's and families' needs. Staff members participate in a variety of collaborative efforts with regional, state, and local groups of diverse partners, applying outcome-based strategic planning and evaluation to the health, human services, and education fields. The Region 4 Genetics Collaborative, with more than 120 partners in seven states, is housed within the Systems Reform program. This project is MPHI's link to the life sciences, and focuses on improving the health status and quality of life for children with genetic conditions.

The Center for Nursing Workforce and Policy is an affiliated program for which MPHI provides management support services. The center supports nursing workforce policy efforts and health policy at national and state levels.

The Center for Tobacco Prevention and Research analyzes depositions and trial testimony from tobacco lawsuits to assess what they reveal in areas such as nicotine addiction and pharmacology, the health consequences of tobacco use, tobacco product design and manufacturing, tobacco advertising and promotion, youth smoking initiation, and tobacco use cessation. MPHI provides management support services to this program.
In just the year-and-a-half since its launch, the Call Center’s use of current technology and employment of skilled staff has resulted in growth of its services; today it offers clients a full range of telephone services and solutions.

**Technology Supports the Center’s Needs**
The center utilizes Cisco’s Unified Communications Manager (Call Manager) phone system, which provides traditional telephone features, as well as advanced call processing and capabilities, including:
- Integrated desktop softphone, which allows for call control from the desktop.
- Unified messaging of voice, fax, and text messages through a single email account.
- Mobility to allow connectivity almost anywhere.
- Blended inbound, outbound, and email contacts.

Call Manager also features Voice over Internet Protocol (VoIP) technology, which enables calls over the Internet and can support up to 30,000 users. Call Manager’s Voice Response system can be integrated with databases to allow for self-service applications. For example, adult foster care providers in Michigan who are filing Medicaid claims can access information without speaking to a live representative.

**Project Growth Providing Medicaid Providers with System Support**
When the Call Center began operating in September 2009, it primarily supported Michigan’s 80,000 Medicaid health care providers who were learning the new Community Health Automated Medicaid Processing System (CHAMPS). Customer-service representatives continue to assist providers who call for help with CHAMPS, and are also reaching out to providers to ensure they are utilizing the software’s electronic billing capabilities to the fullest extent. In addition, they follow up with providers to offer education and training, when necessary.
**Assisting School-Based Providers with Medicaid Eligibility Issues**
This project supports school-based health care providers who encounter a Medicaid enrollee with more than one member number. Center staff members conduct research to identify the enrollee’s correct number and provide the information to the school-based provider. Before the center offered this service, providers relied on a single contact at the Michigan Department of Community Health (MDCH) to obtain the information.

**Providing EHR-Related Event Information**
Through a joint MDCH-MPHI project, customer-service representatives give providers information about events and seminars related to electronic health records, and also process their registration to attend the events, when requested.

**Survey Research Unit**
The Survey Research Unit (SRU), managed by MPHI’s Center for Healthy Communities, has been conducting surveys for more than 13 years. The Call Center serves as a resource for the SRU, with dedicated staff collecting data via telephone surveys. The Computer-Assisted Telephone Interviewing system allows for management of survey sample databases, as well as data collection and storage.

The SRU also conducts surveys via the Internet and mail, as well as through in-person interviews and focus groups. Staff members develop sampling plans to meet study and client needs, and integrate data collected via multiple survey modes.

In addition to the more traditional survey methods, the SRU conducts multimodal surveys, which are necessary due to high levels of mobility among priority populations and an increase in the percentage of the population using cell phones as their primary phones. Multimodal surveys allow researchers to improve coverage of target populations, reduce non-response bias, and reach subpopulations.

The Call Center has the capacity and capability to provide telephone and email support in many areas. The recent expansion of its services illustrates the responsiveness of staff members to client needs. The center is capable of operating at any time of the day.
As part of the movement to improve the quality of health care in the U.S., the American Board of Medical Specialties created the Improving Performance in Practice (IPIP) program with funding from the Robert Wood Johnson Foundation. This program provides tools, training, and support to primary care practices to help them implement state-of-the-art quality improvement (QI) activities, including the Plan-Do-Study-Act and Lean models. It also helps primary care practices implement population-based approaches, such as the Chronic Care and Patient Centered Medical Home models, to treat patients with chronic conditions.

Primary care practices provide nearly 75% of ambulatory care to patients in the U.S., yet most lack the knowledge and resources to implement these QI activities. Through the IPIP project, practices receive coaching in QI activities and participate in a learning collaborative process, which provides training and the opportunity to share information with other IPIP practices.

Improving Performance in Practice Program: Michigan
Michigan was one of seven states awarded funds to implement the program. The program’s sponsor, the Michigan Primary Care Consortium, partnered with the Automotive Industry Action Group (AIAG), to utilize the AIAG’s expertise and QI experts. The Michigan project’s use of industry-based QI experts as coaches, rather than health care quality specialists, made it unique among projects implemented in other states. Coaches received specialized training in the health care culture and processes, and committed to working with practices on a volunteer basis for one year. Practices were directed to focus efforts on patients with diabetes or asthma and to integrate the Chronic Care Model into activities.

MPHI’s Center for Healthy Communities conducted a process and outcome evaluation of the Michigan project. The national program collected information on clinical outcomes, but MPHI evaluated the processes used to implement the project and changes in the knowledge, attitudes, and behaviors of staff members and patients. To assess
The results of the outcome evaluation suggest that the initiative impacted practice activities positively, including increased implementation of patient-centered care, knowledge of QI methodology, and satisfaction of those working at the practice.

The process evaluation found that the following factors were key to successful participation in the IPIP program:

- Practice staff buy-in
- Existence of a “physician champion” at the practice
- Shared expectations of all players

The implementation process, the evaluation team conducted interviews and surveys with key players and reviewed project documentation. Outcome data were collected using pre-/post-surveys conducted with each practice’s core IPIP team, additional staff in the practice, and patients suffering from diabetes or asthma.

**Evaluation Outcomes**

The results of the process evaluation showed that practices that became highly engaged in the initiative were more successful at implementing QI activities, and practices that did not buy into the project near its beginning were not as likely to experience successful outcomes. The process evaluation also showed that coaches’ automotive backgrounds did not adversely affect their ability to be successful in a health care setting when they had strong knowledge of a variety of QI methods and tools and could adapt them to primary care settings.

The outcome evaluation found IPIP practices more fully integrated aspects of the Chronic Care Model into activities over the course of their participation in the program. Practices also indicated an increase of more than 20% in knowledge of QI tools. Increase in staff satisfaction was slight, but statistically significant. While patients did not indicate improved satisfaction during the project period, the evaluation time period was limited to one year, and it may take longer for practice-level changes to drive changes in patient outcomes.

The evaluation results suggest that Michigan’s IPIP program has the potential to drive the use of QI methods in primary care settings and to facilitate the adoption of the Chronic Care Model. Practices that engaged in the program and received effective coaching learned and utilized QI methods to improve their processes and better manage patient care. Addressing variation in program implementation and practice engagement will better enable Michigan’s IPIP model to increase the use of QI in primary care as a strategy for improving care for patients with chronic conditions.
Each year in the U.S., approximately 4,500 infants die suddenly of no immediately obvious cause; approximately 110 of these are Michigan infants. Most of these sudden and unexpected infant deaths (SUID) occur to infants who are in their sleep environments. Often, the deaths are not fully investigated; data are not consistently collected or reported, and the cause of death is typically classified as either Sudden Infant Death Syndrome, suffocation, or undetermined, even when circumstances surrounding the deaths are identical.

**CDC Recognizes Need for National SUID Case Registry**
Recognizing the need to generate detailed, useful, and timely infant-death-related public health information, the Centers for Disease Control and Prevention’s (CDC) Division of Reproductive Health consulted with national SUID experts to design a model for a National SUID Case Registry. The registry’s goals are to improve understanding about the quality of infant death investigations, and generate more accurate categorization of SUIDs. More importantly, the registry will better enable the development and evaluation of SUID prevention strategies at state and national levels.

**Existing MPH1 System Chose as Foundation for New Case Registry**
The CDC chose to use MPH1’s existing National Child Death Review Case Reporting System as the foundation for the new case registry. MPH1’s National Center for Child Death Review (NCCDR) and Interactive Solutions Group (ISG) developed the web-based case reporting system in 2004. The NCCDR program manages it today, with funding from the Health Resources and Services Administration’s Maternal and Child Health Bureau. Thirty-five states are currently enrolled, and have contributed data from case reviews of more than 84,000 child deaths. To expand this existing system for the National SUID Case Registry, NCCDR and ISG staff worked closely with the CDC and national SUID experts, adding more questions about infant sleep-related death investigations and findings.
Seven States Piloting the Registry

In 2009, the CDC awarded grants to seven states to pilot the registry over three years. In partnership with CDC staff, NCCDR staff members conduct site visits and provide training and technical assistance to funded states, which include Michigan, Colorado, Georgia, Minnesota, New Hampshire, New Jersey, and New Mexico.

MPHI applied for this CDC grant as a bona fide agent of the State of Michigan, in partnership with the Michigan Department of Community Health. The MPHI-based, state-level Child Death Review (CDR) program is piloting the case registry in Michigan, which is enhancing Michigan’s capacity to identify, collect, and review SUID information.

The Michigan CDR program takes an unprecedented, multi-disciplined approach to reviewing the details surrounding each infant death: 74 teams comprised of professionals from various occupations and backgrounds cover all 83 counties in Michigan and review the details of each infant death. This allows for recommendations about consistent investigation, reporting, and service delivery to be shared among law enforcement officers, medical examiners, health care professionals, public health professionals, and others working to investigate and prevent sudden unexpected infant deaths.

With careful and consistent investigation, many infant deaths are deemed preventable. These national- and state-level efforts are used to generate accurate and consistent public health information related to sudden unexpected infant deaths. Over the next few years, we expect to have developed a greater understanding of the causes of SUID by acquiring data that will guide more targeted and effective strategies to prevent infant deaths.
A recent assessment revealed that several populations in Michigan share perceptions and concerns about the H1N1 vaccine. The 2010 Public Health Emergency Response III Consumer Outreach project took place in Michigan in the spring and summer of 2010. Funded by the Centers for Disease Control and Prevention and the Michigan Department of Community Health, the project’s objectives included:

- Assessing the effectiveness of past H1N1 flu outreach and campaign strategies.
- Determining gaps in communication efforts to reach targeted populations.
- Recommending effective outreach and education materials to increase awareness of and demand for vaccination services, especially among vulnerable populations.

MPHI conducted the assessment among representatives of the project’s target populations: African Americans; Hispanic/Latino Americans; Native Americans; members of the faith-based community; and seniors with chronic diseases. To reach these populations, the Institute developed partnerships with the Inter-Tribal Council of Michigan, Cristo Rey Community Center, Union Missionary Baptist Church, Synchro Consulting, Clergy Forum, and Evergreen Commons Retirement Center, as well as libraries and local health departments.

MPHI obtained input from a total of 944 people through focus groups, key-informant interviews, and telephone surveys.

- Focus groups in Lansing, Bad Axe, Holland, Grayling, and Marquette solicited information from 246 people.
- Ten interdenominational church leaders participated in a focus group in the Lansing area.
- Nine Native American key informants participated in individual interviews.
- A telephone survey conducted by MPHI’s Survey Research Unit reached 679 people in eight counties.

62% of focus group participants believed the vaccine was not necessary.

86% of African Americans participating in a focus group expressed concerns about the vaccine’s safety and possible interactions with medications, especially those taken for diabetes and high blood pressure.

47% of children were not vaccinated due to parents’/caregivers’ beliefs that the vaccine was not medically necessary; 20% were not vaccinated due to concerns about side effects and sickness.
The majority of program participants expressed fear that the H1N1 vaccine would interact with other medications and believed it was not medically necessary:

**Will the vaccine interact with my diabetes meds? It’s not worth the risk.**  
**There was always conflicting information for my age group, so I figured why bother? I made it this long without it.**

**Most Common Reasons Cited for not Receiving the Vaccine**
- Fear of prescription drug interactions.
- H1N1 vaccination is not needed.
- H1N1 vaccination is not safe.
- Health care providers did not mention the need for the vaccination.

Following analysis of the data, MPHI made the following recommendations to enhance education and outreach among targeted populations, with the goal of increasing vaccination rates.

**Recommendations for Enhanced Education and Outreach**
- Decrease the perception that the H1N1 vaccine presents risk to the individual.
- Increase health care provider “buy in” to encourage patient compliance.
- Increase health care provider and patient face-to-face education about H1N1 and vaccine options.
- Develop culturally sensitive, consistent, and accurate messages that don’t promote fearful reaction among targeted populations.
- To increase vaccination rates in families, reach out to and educate women, who are usually their family’s health care champions and make the majority of their family’s health-related decisions.
- Provide a “trusted voice” by developing partnerships with the faith community, to raise awareness, educate, and reach out to religious congregations.
- Emphasize the nasal spray as an optional way to receive the vaccine.
- Raise awareness about H1N1 among children and families through school partnerships.

Collecting information on residents’ perceptions about the H1N1 vaccine helped Michigan identify gaps in past communication efforts and presents the opportunity to enhance future education and outreach among vulnerable populations, to increase awareness and demand for vaccination services.
Evaluating Community Initiatives to Eliminate Health Disparities
Paulina Kaiser, MPH and Tristen Anthony, BA

MPHI’s Center for Healthy Communities is applying its expertise in community-based program evaluation to contribute to the effort to reduce racial disparities in health, through a federally funded project with the Sault Ste. Marie Tribe of Chippewa Indians.

Michigan’s Native American communities experience high rates of chronic disease, including diabetes and cardiovascular disease, along with behavioral and environmental risk factors, such as: tobacco use; obesity; and limited availability of healthy foods and opportunities for exercise. Stemming from historical, political, cultural, and geographical realities, these inequities are difficult to counter.

To address these challenges, the Centers for Disease Control and Prevention (CDC) awarded the Sault Tribe funding under the Strategic Alliance for Health (SAH) program. The program’s goal is to create healthier communities through sustainable, innovative community health promotion and chronic disease prevention interventions that drive policy, systems, and environmental change.

The Sault Tribe serves 13,000 members across 8,500 square miles in Michigan’s Upper Peninsula. This five-year SAH project engages a coalition and community partners in each of the four communities within the Tribe’s service area, to develop and support policy, systems, and environmental change. The project features infrastructure improvements to encourage physical activity, initiatives to increase access to healthy foods, coordinated school health teams, and advocacy for smoke-free policies.

The Center for Healthy Communities (CHC) is partnering with the Sault Tribe to evaluate this important work. CHC develops and implements culturally relevant evaluation methods to meet the needs of tribal partners and federal funders. Using a community-based participatory approach, CHC assists the Sault Tribe in conducting comprehensive community assessments that are used to inform annual project action plans. The evaluation assesses the effectiveness of the community coalitions and the impact of policy, systems, and environmental changes from a public health perspective.

The project highlights the CHC’s commitment to providing evaluation expertise to collaborative projects that focus on social justice issues, and illustrates the program’s experience working with community partners to develop and implement data-driven action plans to create healthier communities.
The new healthcare reform law – the Patient Protection and Affordable Care Act of 2010, the “ACA” – is complex and has different features for different age groups. These features start at various times, from 2010 to 2020. To assist health professionals and the public in understanding the ACA, the MPHI Center for Nursing Workforce & Policy (CNWP) received support from the Michigan Public Health Training Center (located in the University of Michigan School of Public Health) and the Michigan Department of Community Health – Office of the Chief Nurse Executive, to develop information sheets and a brochure that identifies the provisions of the ACA for seniors, adults, and children.

An ACA expert reviewed and approved the documents, which were first distributed at an August 2010 conference for Michigan's public health nurses. The CNWP printed 100,000 copies of the brochure and has distributed about 50,000 to Michigan's local health departments, national public health organizations, major hospital systems, senior centers, community organizations, and health professionals.

The documents are available at www.micomon.org/events/htm. Organizations may add their own name to the ACA brochure and information sheets, however, the attribution paragraph on the back of each document must be maintained.

To learn more about the ACA and to get updates, check the “Medicare and You” book the government sends each year to people enrolled in Medicare or try the following reliable websites:

• AARP: www.aarp.org/health/health-care-reform/
• Kaiser Family Foundation: www.kff.org/healthreform
• Robert Wood Johnson Foundation: www.rwjf.org/healthreform
• National Council on Aging: www.ncoa.org/straighttalk
• State of Michigan: www.michigan.gov/healthcarereform
• Federal government: www.healthcare.gov and www.medicare.gov

For more information, contact CNWP Program Director G. Elaine Beane, PhD, at ebeane@mphi.org.
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Operational Indicators

Number of Projects Under Management

Number of Employees

Annual Income (in Millions)

Number of Funding Sources