



Working with You to Promote Health

ANNUAL REPORT 2013

Welcome to MPHI

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

Offices near the state capital in Lansing, MI and in Washington, DC place MPHI at the heart of a community of policy makers, health care providers, and leading universities. Clients enjoy the benefits of these partnerships in the form of innovative community-based solutions for complex health system issues and research needs. Visit www.mphi.org to learn about MPHI's capabilities.

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 that:

- 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 to ensure we are responsive and useful to clients.



Board of Directors



Front row, from left: Phyllis Meadows, PhD, MSN, RN, University of Michigan; Tim Becker, CPA, Michigan Department of Community Health; Nick Lyon, BA, President (MPHI), Michigan Department of Community Health; Michael R. Rip, BSc, MSc, PhD, Secretary/Treasurer (MPHI), Michigan State University; Sarah Mayberry, MPH, WDIV-TV

Back row, from left: Jeffrey R. Taylor, PhD, Chief Executive Officer, Michigan Public Health Institute, *Ex Offici* ; Beverly Allen, CPA, CoventryCares of Michigan, Inc.; James Giordano, MBA, CareTech Solutions, Inc.; Adnan Hammad, PhD, ACCESS Community Health and Research Center; Melanie B. Brim, MHA, Michigan Department of Community Health; René Branch Canady, PhD, MPA, Ingham County Health Department; Jennifer L. Jordan, JD, Goodwill Industries of Greater Grand Rapids, Inc.

Not pictured: James E. Blessman, MD, MPH, Wayne State University; Dawn Misra, PhD, Wayne State University; Dean Sienko, MD, MS, Michigan State University; Dean G. Smith, PhD, Vice President (MPHI), University of Michigan

Working to Achieve Better Health, Better Care, and Lower Costs

The Michigan Public Health Institute (MPHI), in partnership with the Michigan Department of Community Health (MDCH) and local community agencies, received a \$14 million, three-year cooperative agreement from the federal Centers for Medicare and Medicaid Services (CMS) in July 2012 to implement the “Michigan Pathways to Better Health” (MPBH) initiative. In support of the CMS goals of better health, better care, and lower costs through improvement, MPBH is helping Medicare and Medicaid beneficiaries access health and human services.

Pathways Community HUB Model

MPBH is based on the Pathways Community HUB Model developed by Drs. Sarah and Mark Redding of the Community Health Access Project (CHAP). MPBH deploys community health workers (CHWs) in three high-need counties – Ingham, Muskegon, and Saginaw – where they assist beneficiaries with health care, housing, food, and transportation needs. In each county, several agencies work together to implement the model.

- Ingham County Health Department, Muskegon Community Health Project, and Saginaw County Community Mental Health Authority serve as lead agencies, managing contracts and finances and providing oversight.
- Health care providers, social service agencies, CHWs, and other community agencies refer clients to the MPBH.
- Community HUBs (Ingham Health Plan, Muskegon County government, and Saginaw County Community Mental Health Authority) conduct outreach, accept referrals, determine eligibility, and enroll and assign clients to Care Coordination Agencies (CCAs) in each of the communities. HUBs also provide quality improvement monitoring and report on outcomes.
- CCAs deploy and manage CHWs, who link clients to health and human services. They are trained in the model’s curriculum, mentored by experienced CHWs, and supervised by nurses and social workers.



In other states, the model has resulted in improved health and lower health care costs. As of mid-November 2013, MPBH had 1,678 active clients and 819 were waiting to become active. To date, 55 CHWs have been trained and deployed. Over the three-year project, MPBH will employ 75 CHWs and is expected to serve more than 13,000 clients while lowering their health care costs.

The project described was supported by Grant Number 1C1CMS331025 from Department of Health and Human Services, Centers for Medicare and Medicaid Services. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of Department of Health and Human Services, Centers for Medicare and Medicaid Services.



Decision-Support Tool Helps Manage Sickle Cell Disease

Sickle cell disease affects an estimated 90,000-100,000 people in the U.S., and is one of the most common genetic disorders affecting African American children. Those who experience medical complications associated with the condition often require evaluation and treatment in emergency department (ED) settings.



The Region 4 Midwest Genetics Collaborative, an MPHI project funded by the Health Resources and Services Administration's Maternal and Child Health Bureau, sought to address complex management of sickle cell disease in the ED setting. MPHI collaborated with Dr. Paula Tanabe of Duke University to develop the Family-Centered Pediatric Emergency Department Sickle Cell Assessment of Needs and Strengths (FC-Peds-ED-SCANS), a decision-support tool and set of algorithms. Aspects of managing SCD in the ED are guided by patient- and family-centered care, including triage, analgesic management, diagnostic evaluation, decisions regarding disposition, and referrals needed for unmet needs. FC-Peds-ED-SCANS can be used as a framework to help design initiatives that improve the quality of ED care for children with SCD. The tool is available online at http://region4genetics.org/docs/ED-SCANS_2013.pdf and <http://sickleemergency.duke.edu>.

Conducting Case Reviews to Bring About Program Quality Improvements

Since 2008, MPHI has conducted a process evaluation for Michigan Medicaid's "Home Help Program" (HHP). The program provides financial assistance to beneficiaries to hire in-home help for personal services so they can remain living independently in their own homes.

Staff worked closely with the Michigan Department of Community Health (MDCH) and Michigan Department of Human Services (MDHS) to develop a case-read tool and reporting system. MPHI uses the tool to detect trends in policy compliance issues and case-specific errors, to provide MDCH with an understanding of how the program is running at the direct-service level. During the first three years of the project, MPHI reviewed 6,276 cases – 10% of all cases that receive payments. This enabled MDCH to request case-specific corrections and make recommendations for quality program improvements. The sample also allowed MDCH to assess policy issues on a county and statewide basis.

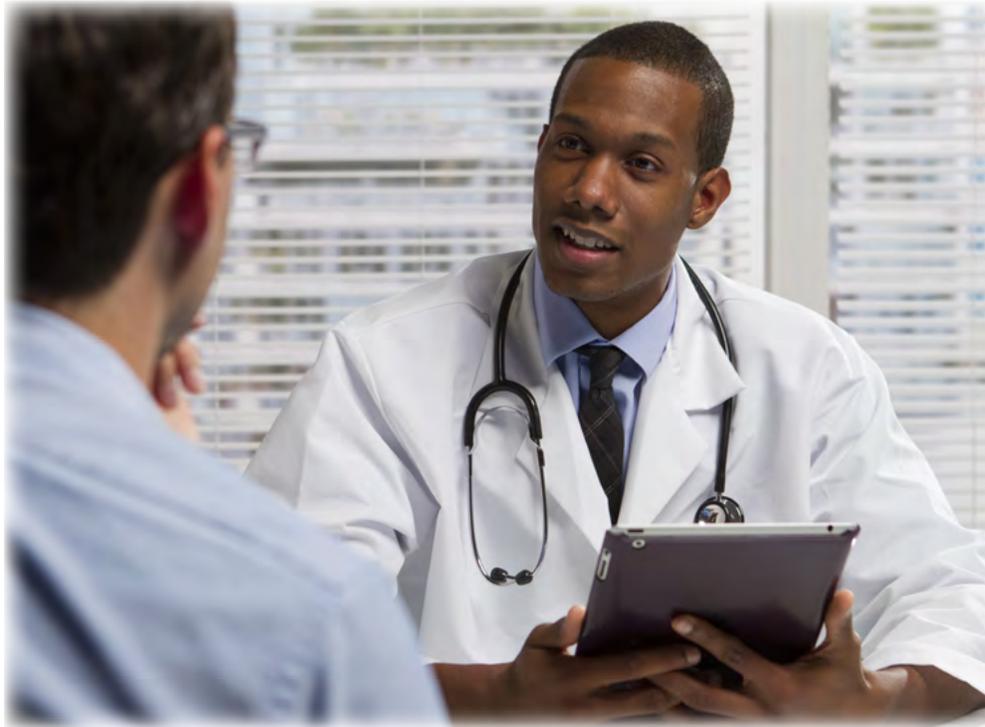


Helping Providers Stay Current with the Changing Health Care Landscape

Health care providers and hospitals are facing many changes today. Some of these challenging issues include the shifting regulatory environment, payment reform, Medicare and Medicaid Electronic Health Records (EHR) Incentive Program, patient-centered medical homes, Physician Quality Reporting System, and technology improvements.

Since 2010, the Michigan Public Health Institute (MPHI) has been a member of the team of professionals working on the “Michigan Center for Effective IT Adoption – Michigan’s Regional Extension Center” (M-CEITA) project. This work has assisted more than 1,200 priority health care providers throughout Michigan in implementing EHR, and helped more than 500 achieve Stage 1 of EHR “meaningful use.”¹

Federal funding for M-CEITA ends in early 2014, but many providers are confused, concerned, and anxious about future changes to the health care landscape. In a recent survey of M-CEITA clients, 68% indicated their organization would be unable to achieve Stage 2 meaningful use in 2014 without assistance; 64% stated they had not yet begun planning for ICD-10 implementation²; and 82% indicated they were interested in continuing to receive assistance from their MPHI specialists.



To meet these clients’ needs, MPHI developed “Health eSolutions Partners,” a new service in which experienced M-CEITA team members continue to assist clients in meeting upcoming health care changes after project funding ends. Health eSolutions team members:

- Work with all provider types, including specialists
- Provide ICD-10 implementation and training
- Assist with patient engagement
- Assist with all stages of meaningful use

MPHI’s Health eSolutions Partners will help ensure that Michigan’s health care providers have access to professionals who can help them stay current with today’s evolving health care landscape.

¹Meaningful use is associated with the American Recovery and Reinvestment Act of 2009, which authorizes the Centers for Medicare & Medicaid Services to provide reimbursement incentives for medical professionals and hospitals that become compliant in the meaningful use of certified EHR technology.

²The 13,000 ICD-9 codes health care providers used to report medical diagnoses and inpatient procedures will be replaced by 68,000 ICD-10 codes in 2014.



Engaging Consumers in Health Information Technology

Each recipient of funding from the Health Information Technology for Economic and Clinical Health Act (HITECH) is charged with educating consumers on tools available to help them manage their own health. Organizations are also required to coordinate their efforts with other federal health initiatives, such as the health insurance exchange, Beacon Community Cooperative Agreement Program, regional extension centers, and Medicaid Expansion Demonstration projects. MPHI has developed a framework to reach out to others in the state who have HITECH funding, in order to coordinate messages and deliver education materials to Michigan residents.

Delivering Affordable Care Act-Related Services to Michigan Medicaid

As each phase of the Affordable Care Act (ACA) occurs, MPHI provides rule analysis, funding request document preparation, staffing support, legislative bill analysis, and impact assessment for the Michigan Department of Community Health's Medicaid program. The capacity of current Medicaid projects, such as MPHI's Call Center, which supports health care providers' Medicaid-related questions, and the Medicaid Eligibility Verification System will be expanded to accommodate the increased volume of business created by the ACA. MPHI will also increase services to assist various state departments in systems testing, policy development, federal document preparation, workflow development, and procedure creation.



Providing Electronic Death Registry System Training

MPHI staff are providing on-line and in-person training to municipal officials, funeral home directors, coroners, and physicians throughout Michigan, to prepare them for a move to a death registry system that provides an automated workflow to process death records. Electronic filing substantially reduces the time it takes to receive death certificates and improves the quality of the data on the causes of death. With the new system, state and federal agencies will be notified within three days of an individual's death.

Advancing Evidence-Based Practice: “The Community Guide” and Community Health Improvement Planning

The Michigan Public Health Institute (MPHI) was one of four public health institutes selected to develop a project aimed at expanding adoption and use of evidence-based public health approaches through implementation of recommendations in the Centers for Disease Control and Prevention’s (CDC) “The Guide to Community Preventive Services” (The Community Guide). With funding from the CDC through the National Network of Public Health Institutes, MPHI partnered with the Keweenaw Bay Indian Community (KBIC) to demonstrate the connections between The Community Guide and community health improvement. From January to September 2013, MPHI worked with the KBIC Department of Health and Human Services (DHHS) on building community capacity to apply evidence-based public health strategies.

MPHI and KBIC first worked together to expand tribal staff members’ knowledge and skills in identifying appropriate evidence-based strategies to address priority health needs. MPHI designed and delivered training to staff on evidence-based practices, and KBIC leaders provided follow-up training to staff on applying best practices within specific programmatic areas.

The two agencies then integrated the use of The Community Guide into community health improvement planning. KBIC recruited community members to form an advisory group. MPHI organized community health assessment results into a user-friendly format and facilitated advisory group meetings to discuss the results, identify areas of strength and need, and analyze factors influencing health. MPHI then facilitated consensus workshops to identify strategic priorities that would be the foundation for a comprehensive Community Health Improvement Plan. After receiving training from MPHI on the action planning process, KBIC formed action planning teams, recruited stakeholders, and wrote goals, objectives, timelines, and performance measures.



At the conclusion of the project, MPHI interviewed KBIC DHHS leadership about challenges, successes, and lessons learned from this experience, and learned that tribal programs have started using The Community Guide to bring about program improvements. Looking to the future, KBIC staff will use The Community Guide as a key step in program planning to ensure their work is informed by “what works.” KBIC also set new goals related to performance management, quality improvement, and preparing for national public health accreditation.



Supporting Breastfeeding in the Workplace: “Nursing a Child”

Breastfeeding has long-term health benefits for mom and baby, but workplace policies and practices can influence working mothers’ decisions about if and how long they feed their babies breast milk. In 2013, with funding from the National REACH Coalition (a CDC Community Transformation Grant Acceleration awardee), the Inter-Tribal Council of Michigan worked with Native American tribes to create a toolkit focused on employee breastfeeding support. MPHI evaluated the Noonaawaasang (“Nursing a Child”) project, and staff worked with one tribe to conduct an in-depth study of the financial and health impacts of expanding policies to cover all employees. This study was featured in the toolkit, which tribal professionals used to inform, create, and enhance resolutions and worksite policies. This work resulted in an increase in the number of employees who are covered by policies that promote breastfeeding.

Supporting Readiness for National Public Health Accreditation

National voluntary accreditation through the Public Health Accreditation Board (PHAB) offers public health agencies an opportunity to assess their capacity to deliver the Ten Essential Public Health Services.¹ PHAB began accepting applicants in 2011, and many public health agencies are currently preparing for PHAB accreditation. MPHI is engaged in accreditation-readiness activities at state, local, and tribal levels through:

- Supporting agencies as they complete community health assessments, health improvement plans, and strategic plans

- Offering training and technical assistance in performance management and quality improvement
- Providing support in completing quality improvement plans and workforce development plans
- Supporting readiness assessment, assisting with preparation of a roadmap to accreditation, and assisting with completing self-assessment against PHAB standards in preparation for national accreditation

For more information about MPHI’s accreditation services, visit <https://mphiaccredandqi.org>.

Facilitating Strategic Planning to Improve Community Services

The Calhoun County Public Health Department (CCPHD) Board of Health and administration required a plan that enabled it to more effectively carry out public health functions, provide guidance in allocating financial and human resources, and create objectives to monitor performance over time. MPHI worked with CCPHD to develop a strategic plan to accomplish those goals and more. MPHI provided project management, facilitation, and training and technical assistance, and designed the planning process and products to align with Public Health Accreditation Board (PHAB) standards for National Public Health Accreditation.



¹ <http://www.cdc.gov/nphsp/essentialservices.html>

Studying the Use of a Collaborative Model to Improve Home Visiting Programs

Home visiting is a prevention strategy that supports effective parenting and the healthy development of children. Although home visiting models vary in their specific approach to supporting families, they all connect expectant parents or parents of young children with a professional or paraprofessional home visitor. Home visitors meet regularly with parents to provide education, build family support systems, and create connections to needed services. Home visiting can achieve a variety of positive outcomes that can impact a child's life course, including improving health and developmental outcomes, preventing abuse and neglect, and improving school readiness. However, research suggests that if home visiting programs are not well implemented, they do not produce these outcomes.



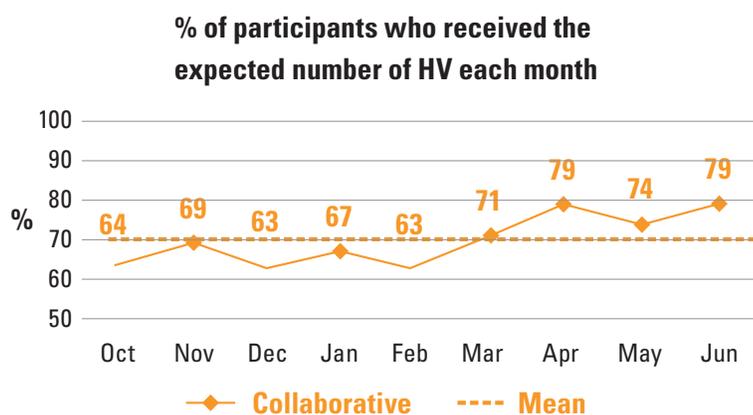
Through funding awarded to the Michigan Department of Community Health (MDCH), as part of the Health Resources and Services Administration's Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program, the Michigan Public Health Institute (MPHI) conducted a study to test the effectiveness of using the Institute

for Healthcare Improvement's (IHI) Breakthrough Collaborative Model to improve implementation of home visiting programs. This model brings together practitioners who share a common challenge to study gaps and test improvements using Plan-Do-Study-Act (PDSA) cycles.^{1,2}

Ten home visiting programs participated in the learning collaborative, which met three times and completed two PDSA cycles over eight months. Throughout this timeframe, program staff worked with MPHI to gather data on indicators of implementation quality. In the time between each meeting, staff tested their improvement, and throughout the process, MDCH home visiting experts and MPHI quality improvement (QI) experts provided technical support.

- During the first learning meeting, MPHI provided in-depth training on PDSA and facilitated selection of a problem based on baseline data, identification of a root cause, and the selection of an improvement to test.
- The second meeting included assessing the results of the improvement and selecting another problem, root cause, and improvement.
- The final meeting included exploring the results of both QI projects, celebrating accomplishments, and identifying next steps.

Preliminary results suggest that the learning collaborative improved key indicators of implementation quality. One measure the collaborative targeted was the percentage of families that received the recommended number of home visits, as dosage is critical to the effectiveness of home visiting outcomes. By making minor changes to processes for scheduling home visits and reminding families of visit dates, the collaborative improved dosage from a baseline of 64% to 79%. This translates to more families receiving the number of visits necessary to achieve outcomes. In addition to improving implementation, participants indicated the learning collaborative changed how they think about improving their programs. As one participant stated, "One small change can make a big improvement."



¹The PDSA Cycle is a systematic series of steps for gaining learning and knowledge for the continual improvement of a product or process. <https://www.deming.org/theman/theories/pdsacycle>

²"Embracing Quality in Public Health: A Practitioner's Quality Improvement Guidebook," <https://www.mphiaccredandqi.org/qi-guidebook/>

Using Data to Save Kids

MPHI designed and manages the National Child Death Review Case Reporting System (CRS), a web-based system into which 43 states submit data on case reviews of child deaths; the database contains information on more than 130,000 child deaths. The National Center for the Review and Prevention of Child Deaths, housed at MPHI, allows access to the data through a formal application process. Recent publications using the data include a paper on child maltreatment in *Child Abuse and Neglect*¹, and a study on sudden and unexpected infant deaths in the *American Journal of Public Health*². Researchers are currently

analyzing data for studies on child maltreatment and Sudden Infant Death Syndrome at the National Center for Health Statistics and the Children's National Medical Center. MPHI is also working with the National Children's Center for Rural and Agricultural Health and Safety on a project funded by the National Institute for Occupational Safety and Health to study child farm-related fatalities using cases from this system. Researchers interested in accessing data on child fatalities can contact MPHI at info@mphi.org.

Risk, Resiliency, and Coping in National Guard Families

National Guard families face unique challenges due to distance from military supports and subsequent dependence on civilian communities. The "Risk, Resiliency, and Coping in National Guard Families" study, funded by the U.S. Army Medical Research and Materiel Command, aims to address gaps in understanding the effects of deployment on family functioning.

The project team includes researchers from the Michigan Public Health Institute (MPHI), Michigan State University, and the University of Michigan. Team members collected surveys from service members and their spouses/significant others or parents, and researchers assessed them on risk factors (what makes families vulnerable) and resiliency (what makes families strong). The team collected 896 post-deployment surveys and conducted 40 in-depth



family interviews in the first year of the project to understand family strengths and resources utilized in successfully adapting to deployment and reintegration. The study team will disseminate findings so military and community partners can collaboratively promote resiliency in military families.

Claims Processing System Improves Quality and Saves Money

MPHI's Breast and Cervical Cancer Control Program, a clinical service delivery program administered through the Michigan Department of Community Health's Cancer Control Section, has provided breast and cervical cancer screenings to more than 187,000 women since 1991. It is funded by the Centers for Disease Control and Prevention's National Breast and Cervical Cancer Early Detection Program.

MPHI led development of an in-house adjudication system as part of the Michigan Breast and Cervical Cancer Information System. This system allows for acceptance of electronic and paper claims and rejection and pay claims, and provides paper and electronic remittance advice. These streamlined processes have saved the program more than \$300,000 since 2011.

¹Schintzer, P., Covington, T. (2010). Child death review. In C. Jenny (Ed.), *Child abuse and neglect* (pp. 592-598). Elsevier Press.

²Schnitzer, P.G., Covington, T.M., Dykstra, H.K. Sudden unexpected infant deaths: Sleep environment and circumstances. *American Journal of Public Health*, 102(6), 1204-1212. (2012). doi:10.2105/AJPH.2011.300613

Conference Center Supports Technology Needs

Michigan is currently working on the first phase of the “Trailblazers” initiative, a national program that supports the alignment of state-level health information technology activities and other efforts to transform the health care delivery system. An advisory committee includes leaders from the Michigan Department of Community Health, Michigan Public Health Institute (MPHI), Michigan Health Information Network Shared Services, Michigan’s Healthcare Quality Improvement Organization, Altarum, Access Alliance of Michigan, and Optum. Trailblazers is supported by the Office of the National Coordinator, the National Academy for State Health Policy, Deloitte Consulting, LLP, and the Research Triangle Institute.

Michigan is one of only seven states to be recognized as a “trailblazer” in using health information technology to transform the way quality in health care delivery is measured and reported.

Stakeholders from Michigan, California, Oregon, Maine, and Washington, DC recently participated in a Trailblazers meeting at MPHI’s Interactive Learning Center (ILC); more than 40 people attended in person and 26 attended remotely. Off-site participants could hear and see presenters and participants located at the ILC via MPHI’s use of Adobe Connect – just one platform staff use to improve productivity and enable remote clients to connect to meetings held at MPHI.

“The functionality and ease of use of the technology at the ILC made the meeting an even bigger success.” – a national stakeholder representative attending Michigan Trailblazers meeting

Conference Center Improvements Enhance Meetings

Recent renovations at the ILC also serve to improve clients’ experiences. Changes included new and improved technology, equipment, and aesthetics:

- Main room podium upgrade with stage lights, microphone, a document camera, and dual-location capabilities for the front and rear of the room
- Interactive whiteboard with printing capabilities
- Wireless connection to projectors in every room
- Comcast connection
- Webcasting and recording capabilities with the use of updated cameras
- New array microphone technology for conference lines
- Business center equipped with a desktop and printer/copier/fax scanner
- New, discreet floor power boxes
- New networking break area and coffee bar

To learn more about the Michigan Trailblazers initiative, email info@mphi.org. To inquire about booking an event at MPHI’s Interactive Learning Center, email ilc@mphi.org.





Training the Navajo Nation in Safe Infant Sleep Practices

American Indian babies die of sudden unexpected deaths at rates at least three times higher than that of white infants. Tribes often lack training and resources to conduct comprehensive infant death scene investigations. MPHI's National Center for the Review and Prevention of Child Deaths received funding from the Centers for Disease Control and Prevention (CDC) to conduct a two-day

training on infant death scene investigation for the Navajo Nation – the first training tailored for Indian country death investigators. Sixty people from law enforcement, the FBI, and medical examiners attended the event in Gallup, NM. The CDC has also funded the National Center to conduct two more trainings in 2014 for other tribes.

Embracing Quality in Public Health: Practitioner's Performance Management Primer

Public health agencies are beginning to use performance management strategies to identify performance standards, set performance measures, pursue continuous quality improvement, and report progress toward strategic goals. To support public health agencies as they explore performance management as a strategy to improve service delivery and outcomes, MPHI partnered with the Michigan Department of Community Health to create "Embracing

Quality in Public Health: A Practitioner's Performance Management Primer." The primer is a free, self-paced online training available at <https://mphiaccredandqi.org/PMQITraining>. Approximately 400 public health practitioners have registered for the training to date, and initial evaluation findings suggest that it increases knowledge of and readiness to utilize performance management strategies.

Initiative Helping Parents to Become Effective Leaders



MPHI manages "Parents Partnering for Change" (PPC) on behalf of the Parent Leadership in State Government (PLISG) initiative. Staff assisted with development of the PPC and manages its trainings, which address core skills that support parents in leadership roles. PPC focuses on competency areas of effective parent leadership, including conflict management, understanding cultural differences, and using personal stories. Parents of children who receive special services are eligible to participate in the training. MPHI's parent mentor provides alumni with ongoing notifications of leadership opportunities and assistance.

Providing Continuing Education Opportunities

Continuing education (CE) opportunities provided to certified and licensed professionals enhance their ability to provide quality services and care and contribute to their professional growth. MPHI's Continuing Education Provider Unit (CEPU) offers co-provider opportunities to organizations wishing to establish added value to learning activities and provide a return on investment for professionals.

2013 Funders

ACCESS

Alliance of Chicago Community Health Services

Altarum Institute

Arbor Circle Corporation

Blue Cross Blue Shield of Minnesota

Calhoun County Public Health Department

Chamberlain Communications, LLC

Chippewa County War Memorial Hospital

Detroit Public Television

Early Childhood Investment Corporation

Emory University

HTC Global Services, Inc.

Ingham County Health Department

Institute for Population Health

Inter-Tribal Council of Michigan

Macomb County Health Department

March of Dimes

MedMicro, LLC

Michigan Association of Health Plans

Michigan Health Information Network

Michigan Primary Care Association

Michigan State University

National Association for
Chronic Disease Directors

National Kidney Foundation of Michigan

National Network of Public Health Institutes

Public Sector Consultants

Robert Wood Johnson Foundation

Sault Saint Marie Tribe of Chippewa Indians

Southeastern Michigan Health Association

Spectrum Health Hospitals

State of Michigan –
Department of Community Health

State of Michigan –
Department of Corrections

State of Michigan –
Department of Human Services

State of Michigan –
Department of Licensing and Regulatory Affairs

State of Michigan – Department of
Technology, Management and Budget

Susan G. Komen for the Cure –
Mid-Michigan Affiliate

The Kresge Foundation

TIDES Foundation

U.S. Department of Defense

U.S. Department of Health and Human Services –
Centers for Disease Control and Prevention

U.S. Department of Health and Human Services –
Centers for Medicare and Medicaid Services

U.S. Department of Health and Human Services –
Health Resources and Services Administration

U.S. Department of Health and Human Services –
National Institutes of Health

U.S. Department of Veterans Affairs

United Dairy Industry of Michigan

University of Michigan

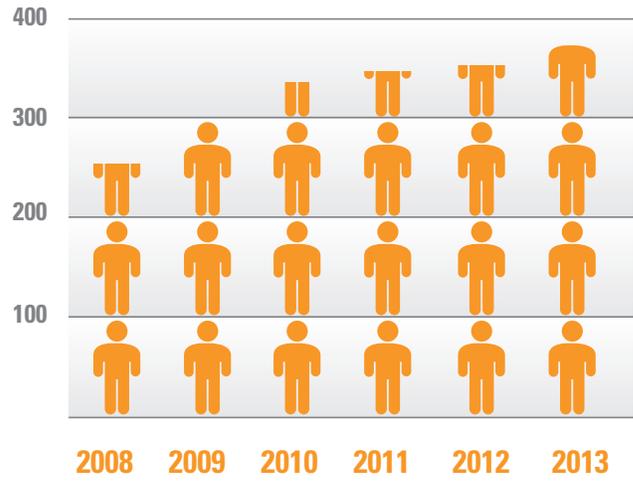
W.K. Kellogg Foundation

Operational Indicators

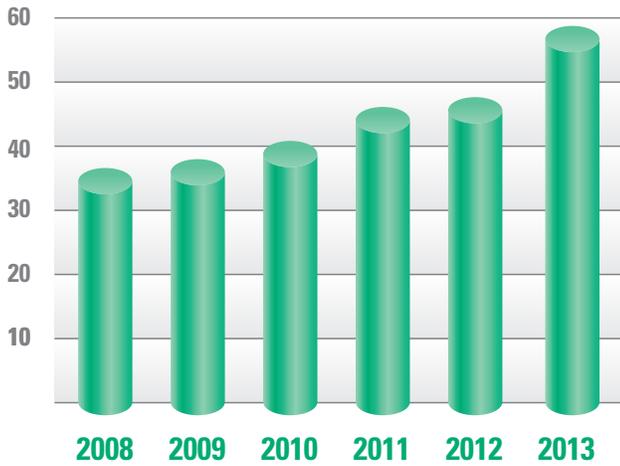
Number of Projects Under Management



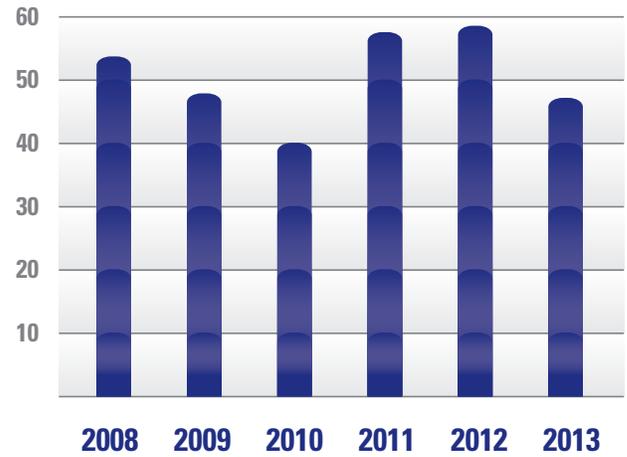
Number of Employees



Annual Income (in Millions)



Number of Funding Sources





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