GREATERT DETROIT AREA HEALTH COUNCIL

Annual Meeting
June 16, 2017
Meeting Agenda

8:30 a.m. Welcome and Call-to-Order — Barbara Rossmann, President and CEO, Henry Ford Macomb Hospitals and GDAHC Chair-Elect

8:35 a.m. Introduction of GDAHC Staff — Barbara Rossmann and Kate Kohn-Parrott, GDAHC President and CEO

8:40 a.m. Business of the Board, Barbara Rossmann
  • Review 2016 Annual Meeting Minutes
  • Pension Update — Isadore King, President and CEO, Integrated Care Alliance, LLC and GDAHC Treasurer and Kate Kohn-Parrott
  • Presentation of 2016 Audit — George Johnson & Company
  • Presentation of 2017 Budget — Isadore King
  • Membership report — Thomas J. Adams, President, T. J. A. Staffing, Inc. and Chair, GDAHC Membership Committee

9:17 a.m. “Strategic Curiosity: A Catalyst for Inclusive, Effective Organizations” — Valerie Myers, PhD

10:00 a.m. President’s Report: 2016 Recap and 2017 Trajectory — Kate Kohn-Parrott

10:22 a.m. Questions and Answers, Barbara Rossmann and Kate Kohn-Parrott

10:30 a.m. Adjournment, Barbara Rossmann
Introductions
GDAHC Staff Introductions

Roger Panella
Chief Operating Officer
Cindy Jacques
Executive Assistant
GDAHC Staff Introductions

Lisa Mason
Vice President,
Program Partnerships
Lisa Braddix
Director, Population
Health and Health Equity
GDAHC Staff Introductions

Andrell Sturdivant
Project and Outreach Specialist
GDAHC Staff Introductions

Tim McCaffery
Project Analyst
GDAHC Staff Introductions

Devon Parrott
Communications Specialist, Website and Social Media
GDAHC Staff Introductions

Nicki Gabel
Event Planning and Fund Development
Brian Love
Director, Public Affairs
Healthy people. Healthy economy.

Business of the Board
Barbara Rossmann
President and CEO, Henry Ford Macomb Hospitals
Approval of the Minutes 2016 Annual Meeting
Barbara Rossmann
## 2016 Results – Grants and Special Purpose Projects

### Greater Detroit Area Health Council, Inc.

#### 2016 Income Statement

<table>
<thead>
<tr>
<th>Grant and Special Purpose Programs</th>
<th>AHEC Grant</th>
<th>SEM Perinatal</th>
<th>Mi-1422 (CDCN Grant)</th>
<th>ABIMF - Choosing Wisely Grant</th>
<th>Academy Health</th>
<th>Consulting (incl. MiPEC)</th>
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## 2016 Results – Core Business Operations

### Greater Detroit Area Health Council, Inc.

#### 2016 Income Statement

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<th><strong>REVENUE</strong></th>
<th><strong>MyCare Compare</strong></th>
<th><strong>FindMI Care</strong></th>
<th><strong>Admin/Core</strong></th>
<th><strong>Total</strong></th>
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**Total Revenue**

| $0 | $0 | $1,020,132 | $1,020,132 | $2,068,737 |

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<th><strong>EXPENSES</strong></th>
<th><strong>MyCare Compare</strong></th>
<th><strong>FindMI Care</strong></th>
<th><strong>Admin/Core</strong></th>
<th><strong>Total</strong></th>
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**Total Expense**

| $45,717 | $10,615 | $904,704 | $961,036 | $1,966,433 |

**TOTAL**

| ($45,717) | ($10,615) | $115,428 | $59,096 | $102,304 |
**2017 Budget – Grants and Special Purpose Projects**

**Greater Detroit Area Health Council, Inc.**

**2017 Budget**

Updated 3/15/2017

<table>
<thead>
<tr>
<th>REVENUE</th>
<th>AHEC Grant</th>
<th>SEM Perinatal</th>
<th>MI-1422 (CDCN Grant)</th>
<th>ABIMF - Choosing Wisely Grant</th>
<th>Academy Health</th>
<th>MIPEC</th>
<th>New Grants</th>
<th>Consulting</th>
<th>Total Grants</th>
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<td>Membership Dues</td>
<td>87,600</td>
<td>185,390</td>
<td>440,000</td>
<td>91,418</td>
<td>12,009</td>
<td>$120,000</td>
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<th>MIPEC</th>
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**TOTAL**

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<th>MI-1422 (CDCN Grant)</th>
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## 2017 Budget – Core Business Operations

### Greater Detroit Area Health Council, Inc.

#### 2017 Budget

Updated 3/15/2017

### Revenue

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<th><strong>MyCare Compare (Unrestricted)</strong></th>
<th><strong>FindMICompare (Unrestricted)</strong></th>
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<td>40,000</td>
<td>40,000</td>
<td>40,000</td>
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<tr>
<td>Other Revenue</td>
<td>5,800</td>
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<td>5,800</td>
<td>232,602</td>
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</tr>
<tr>
<td>Transfer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Release from Restriction</td>
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<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td><strong>$0</strong></td>
<td><strong>$0</strong></td>
<td><strong>$709,600</strong></td>
<td><strong>$60,000</strong></td>
<td><strong>$769,600</strong></td>
</tr>
</tbody>
</table>

### Expenses

**Compensation**

|                               | **MyCare Compare (Unrestricted)** | **FindMICompare (Unrestricted)** | Admin/Core | QE | Total Unrestricted | Total |
|                               | $11,431                          | $5,346                            | $318,259   |    | $335,036           | $782,026 |
| Fringe Benefits                | 2,286                            | 1,069                             | 63,652     |    | 67,007             | 156,405 |
| Outsourced Financial Services  | -                                | -                                 | 69,800     |    | 69,800             | 69,800 |
| Contracted Program Services    | 36,400                           | -                                 | -          |    | 36,400             | 531,495 |
| Facilities Expenses            | -                                | -                                 | 44,539     |    | 44,539             | 68,644 |
| Telephone                      | -                                | -                                 | 7,980      |    | 7,980              | 7,980 |
| Supplies and Materials         | -                                | -                                 | 6,000      |    | 6,000              | 14,476 |
| Legal and Audit Fees           | -                                | -                                 | 26,150     |    | 26,150             | 26,150 |
| Communications, Marketing, Events and PR | 3,000                           | 3,000                             | 35,985     |    | 41,985             | 45,516 |
| Travel & Transportation        | -                                | -                                 | 9,900      |    | 9,900              | 19,918 |
| Other Expenses                 | -                                | 1,200                             | 93,448     | 60,000 | 154,648            | 209,316 |
| Interest                       |                                   |                                   |           |    |                    |        |
| Allocated Overhead             | -                                | -                                 | (30,936)   |    | (30,936)           | 0      |
| **Total Expense**              | **$53,117**                      | **$10,615**                       | **$644,777** | **$60,000** | **$768,509** | **$1,931,730** |

**TOTAL**

|                                   | **$53,117**                      | **$10,615**                       | **$64,823** | **$0** | **$1,091** | **$1,089** |
Membership Report
Thomas J. Adams
President, T.J. Adams and Associates
GDAHC 2017 Elections to Board

- Laura Carey, Humana
- Richard Douglass, PhD, AARP
- **Michael Genord, M.D., Health Alliance Plan**
- Cheryl Gibson-Fountain, M.D., Beaumont Health/WCMS/MSMS
- Mouhanad Hammami, M.D., Wayne County Health Department
- Amelia (Millie) Jones, Beaumont Health
- **Kevin Klobucar, Blue Cross Blue Shield of Michigan**
- **Mary Beth Kuderik, UAW Retiree Medical Benefits Trust**
- Paul LaCasse, D.O., Beaumont Health
- Nancy Malo, Automotive Industry Action Group
- Sonya Mays, Develop Detroit
- **Kathleen Neal, Chrysler Group, LLC**
- William Ridella, Macomb County Health Department
- Contessa Rudolph, Partners 4 Health
- Shannon Striebech, St. Joseph Mercy Oakland
- **Renee Turner-Bailey, UAW**
- Pastor Jerome Warfield, Mt. Vernon Baptist Church
- Gerald Fitzgerald, Oakwood Health *

Individuals with names in bold are being elected to the Executive Committee as well as the Board.

Please note all new board members will serve a three-year term, expiring December 31, 2019.

* Emeritus Status
The Sy Gottlieb Award was established in 1992 in recognition of Symond Gottlieb, a former executive director of the Greater Detroit Area Health Council [GDAHC]. Mr. Gottlieb was an outstanding leader who made numerous contributions to healthcare reform in our region. The award recognizes an outstanding healthcare professional who has demonstrated sustained visionary leadership in southeast Michigan. The honoree(s) will receive his or her award during the Salute! to Healthcare Awards Dinner on Thursday, November 2, 2017.

**Criteria for selection include:**
- Commitment and dedication to influencing change and improvement in healthcare;
- Active participation in GDAHC and support of its mission;
- Broad understanding of community health needs and demonstrated collaborative approaches to achieve health care reform in southeast Michigan; and
- GDAHC membership not required.

**Salute! will be held on November 2, 2017.**
Nomination Forms are in your package and will be sent electronically. Please respond by July 10.
Salute! to Healthcare—Eagle Award

In 2004, the Greater Detroit Area Health Council [GDAHC] established the Eagle Award for Visionary Leadership to recognize the contributions of an organization in southeast Michigan that has made steady progress in advancing healthcare quality, access or cost. The selected organization will receive their award during the Salute! to Healthcare Awards Dinner on November 2, 2017.

Criteria for selection include:
• Commitment to influencing change and improvement in healthcare in southeast Michigan;
• Demonstrated efforts to advance a significant quality, access or cost issue;
• Exhibits partnership or collaborative approach to the solution;
• Significant progress in outcome and desired impact of the program;
• Community benefit - creating awareness, best practices and shared knowledge; and
• GDAHC membership not required.

Salute! will be held on November 2, 2017.
Nomination Forms are in your package and will be sent electronically. Please respond by July 10.
Our newest award, introduced in 2015, recognizes an individual or organization for their impact on the health and wellbeing of southeast Michigan through community engagement and innovation. The selected recipient will receive this award during the Salute! to Healthcare Awards Dinner on November 2, 2017.

Criteria for selection include:
• Commitment to improvement in healthcare in southeast Michigan;
• Demonstrated efforts to innovate and energize healthcare;
• Strong community engagement efforts; and
• GDAHC membership not required.

Salute! will be held on November 2, 2017. Nomination Forms are in your package and will be sent electronically. Please respond by July 10.
President’s Report
Kate Kohn-Parrott
GDAHC is a cross-sector, multi-stakeholder, non-profit, membership organization improving health and economic viability in SEMI

- A **non-profit**, non-governmental organization, founded in 1944 (73 years!), serving southeast Michigan
  - Partner with those who get care (patients), give care (providers), and pay for care (purchasers and plans)

- Collaborating with the community to **improve health, transform health care delivery, manage costs** (**achieve the Health Care Triple Aim**)

- Dedicated to integrating social determinants of health, health and health care delivery—”blurring the lines” to seamless care

**From 2013 through 2015, GDAHC managed several pilots that significantly improved health care quality while saving more than $40 million**
A regional health collaborative is a non-profit organization whose governing body includes representatives of health care providers, health care payers, health care purchasers, and health care consumers and that operates at the state, regional or local level.
Our work falls into three process pillars and incorporates common themes, such as population health and education.

**CONNECT**
- Provide a common, neutral table for debate, consensus and action
- Connecting and engaging stakeholders
- Sponsoring community conversations
- Addressing controversial topics
- Developing future health leaders
- Providing safe environment for dialogue
- Generating funds/revenues

**TRANSFORM**
- Focus on whole-person health and care
- Reinventing health care delivery
- Creating a culture of health
- Focusing on value
- Promoting population health
- Addressing social determinants
- Integrating health with social services; blurring the lines

**MEASURE AND IMPROVE**
- Transparency, Analysis, Reporting and Empowerment
- Improving performance and quality
- Reducing costs
- Providing patients, providers and employers with actionable information
- Empowering patients
- Culture of accountability, transparency and efficiency

Addressing Disparities / Improving the Quality of Care / Increasing Access / Managing Costs / Educating
GDAHC delivers on its mission, vision and strategic pillars every day.

VISION:
Healthy people. Healthy economy.

CONNECT
Provide a common, neutral table for debate, consensus and action

TRANSFORM
Focus on whole-person health and care

MEASURE AND IMPROVE
Transparency, Analysis, Reporting and Empowerment

MISSION: We improve health and care through the strength of collaboration.

Join the conversation... become a member, partner and/or sponsor.
GDAHC’s Health Equity Resource Group (HERG) seeks to increase and promote awareness of the consequences of inequities in health outcomes by supporting practical and worth-while initiatives focused on creating health equity across populations and overall population wellness.

In 2016, the HERG hosted community conversations on lead exposure in Detroit with funding from the MDHHS and in partnership with ClearCorps Detroit.

In 2017, HERG is focused on improving health literacy and improving race, ethnicity and preferred language data collection in health care settings.
Healthy people. Healthy economy.

Prescription Drug & Heroin Abuse in Detroit/Wayne County
Understanding and Collaborating to Affect Change

- Prescription drug (opioids) and heroin abuse need to be addressed
  - Caused by multiple factors such as pain and a host of social determinants
- Time is NOW to address these issues in Detroit and Wayne County
- GDAHC is convening a collaborative to focus on this problem; Committed and interested parties include:
  - City of Detroit, Beaumont Health, HAP, DWMHA, ACCESS, Senator Carl Levin, Alkermes, Pacira, HMSA, Chamber, Detroit Public TV, Cabrini Clinic
  - Working to secure other interested parties, including those struggling with abuse, those who have recovered, those who treat addicts, community activities and other partners
  - Plan to host first meeting in August
- Will use a Collective Impact model to address highest priorities for areas of focus (3 to 5 actions)
  - Will include follow-up on the issues identified at the February summit
  - Senator Levin interested addressing stigma surrounding addicts
- Need to coordinate with efforts underway by the State
- A public dashboard will be developed and updated regularly
  - Identify a base-line or current state
  - Monitor changes (improvements) to gauge success of the collaborative
  - Show that Detroit/Wayne County is a leader in addressing this public problem
- Co-host follow-up summit with DWMHA early next year

2016 Event co-hosted had more than 425 attendees; more than 500 attended in 2017.
2nd Annual Opioid Abuse and Heroin Overdose Solutions Summit:

Moving Forward to Affect Change

Who Should Attend?
- Health Professionals
- Pharmacists
- Social Workers
- Coalitions
- Advocacy Groups
- Human Resource Managers
- Law Enforcement
- Counselors
- Peer Recovery Coaches
- Educators
- Elected Officials
- Court Employees
- Corrections Officers
- Funeral Directors
- Community Members

Attendees will receive 5.5 MIPA-approved specific education hours awarded by DWMHA.

How Do I Register?
Register at GDAHC.org by May 1. GDAHC Members and DWMHA Provider Network members are $40 per person and $65 for all non-members. Table sponsorship with eight seats is $500. Exhibit space is $250, which includes registration for two staff. Early registration is strongly encouraged as seating is limited. An event sponsorship menu is also available. CLICK HERE TO REGISTER.

Why Attend?
The opioid abuse and heroin overdose epidemic is a national crisis. 78 Americans die every day from an opioid-related overdose. It is a life-threatening and community-damaging crisis that crosses all demographics, affecting families, resulting in job loss, increasing the cost of health care, and vastly impacting law enforcement. On May 11, we will increase our knowledge of new policies, programs, and institutions that have been developed to change how we address this widespread disease. We will be presented with current data, explore our progress and collaborate to implement new strategies and action plans to further our fight with this crisis. The Greater Detroit Area Health Council (GDAHC) is hosting the event in partnership with the Detroit Wayne Mental Health Authority (DWMHA). Please visit www.GDAHC.org for more information.
GDAHC is creating affinity groups to address issues unique to their stakeholders.
Social factors have a much larger effect on health outcomes than clinical care.
Yet, spending in the U.S. focuses on clinical care.

Healthy people. Healthy economy.
A variety of solutions are in play that address the imbalances in payment and value ... GDAHC considers all of these.
Payment reform and community collaboration underscore much of our work.
As does community collaboration ...
INVEST IN YOUR COMMUNITY

WHAT
Know What Affects Health

Socioeconomic Factors: 40%
Clinical Care: 20%
Physical Environment: 10%
Health Behaviors: 30%

WHERE
Focus on Areas of Greatest Need

Your zip code can be more important than your genetic code. Profound health disparities exist depending on where you live.

WHO
Collaborate with Others to Maximize Efforts

COLLECTIVE VISION

- Nonprofits
- People
- Community Developers
- Businesses
- Education
- Government
- Health Insurance
- Public Health
- Health Care Providers
- Faith-Based Organizations
- Philanthropists & Investors

HOW
Use a Balanced Portfolio of Interventions for Greatest Impact

- Action in one area may produce positive outcomes in another.
- Start by using interventions that work across all four action areas.
- Over time, increase investment in socioeconomic factors for the greatest impact on health and well-being for all.

VISIT www.cdc.gov/CHInav FOR TOOLS AND RESOURCES TO IMPROVE YOUR COMMUNITY'S HEALTH AND WELL-BEING
A long-term initiative with funding from the Kresge Foundation, the Public Health Institute (PHI), in partnership with The Reinvestment Fund (TRF), and convened locally by GDAHC in Detroit’s Cody Rouge Neighborhood, AHEAD aims to:

- Align the resources of health and community development stakeholders into balanced portfolios of investment; in comprehensive health improvement strategies with a shared measurement system;
  - Identified more than 30 organizations with alignment opportunities;
- Focus resources in neighborhoods where health inequities are concentrated (Cody-Rouge); and
- Build a field of practice that provides the tools, evidence, and models to support local scaling and replication across the country.
  - Convergence Workgroup selected diabetes and pre-diabetes.
  - Developing a DPP protocol.
AHEAD looks to build a comprehensive health strategy that breaks the current high-cost, poor-health cycle by investing in community infrastructure.

<table>
<thead>
<tr>
<th></th>
<th>Social Determinants</th>
<th>Physical Environment</th>
<th>Behaviors</th>
<th>Clinical</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Long</strong></td>
<td>Early Childhood Development</td>
<td></td>
<td>Inadequate investment in social determinants, the physical environment and healthy lifestyles results in low productivity, poor health and higher costs</td>
<td>The U.S. spends most of its health dollars on clinical care, which has a low ROI</td>
</tr>
<tr>
<td><strong>Short</strong></td>
<td>Healthy Start in Life</td>
<td>Safe Streets</td>
<td>Healthy Lifestyles</td>
<td>Complex Social / Physical Needs</td>
</tr>
</tbody>
</table>

**Age Groups Impacted**

- 0 - 5
- 6 - 19
- 20 - 54
- 55+
GDAHC is the backbone organization/program manager for the Southeast Michigan Perinatal Quality Improvement Coalition . . .

Communication and Promotion
- Engagement and Participation
- External Awareness
- Coalition Website
- Documenting and Writing the Story

Meeting Facilitation
- Planning, Scheduling, Logistics and Preparation
- Minutes and Notes
- Follow Up and Tracking

Program Management
- Adherence to Project Plan(s)
- Data Analysis
- Measuring and Tracking Outcomes

This initiative is known as the Southeast Michigan Perinatal Quality Improvement Collaborative (SEMPQIC). Grant is part of a State of Michigan initiative to improve perinatal outcomes, and is a continuation of consulting work that we undertook in 2016.

Although there are numerous perinatal projects in southeast Michigan, significant improvements in health outcomes, such as infant deaths per 1,000 live births, have not improved.
GDAHC is a national leader in public reporting and transparency, with ten years of experience.

Physician Organization Performance
- 14 Physician Organizations participating
- Data from four health plans
- Tenth Round Published 2017

Hospital and Nursing Home Info also available
GDAHC’s public transparency work has parlayed into other reporting projects

**Mi**chigan **P**atient **E**xperience of **C**are

**MiPEC Project**

*Vision: standardized state-wide initiative to measure, report and improve patient experience of care.*

**85% Plan/15% Provider** (survey costs for first two years, then at same level if performance targets are met)

**Value-Proposition:**
- Lower cost
- Actionable data to catalyze improvement
- Access to improvement resources/forums
- Prepares for CMS reporting requirements
- Demonstrates patient-centeredness and interest in the patient’s voice
- Promotes statewide alignment

**Status**

- Third round of data collected in 2016 will be posted on myCareCompare.org before end of 2017
- First two public reports at regional level, per the consensus decision reached by the MiPEC Workgroup; next report at PO level
- Fourth round of data collection in 2017
- Established performance targets that POs/practices must achieve to continue receiving same level of funding from health plans in Rounds 3 and 4
- Quality improvement resources include annual Summits, periodic webinars, membership in The Beryl Institute
Healthy people. Healthy economy.

Find MI Care

How Find MI Care Works
Patients looking for a doctor or other health care services can use the Find MI Care website and mobile application to search for clinics in their area and specifically in their zip code.

Organizations
Hospitals, physicians, and clinic staff are able to print a list of clinics near the patient’s home during the discharge process. Community groups can use this site to assist in connecting people to health care resources.

Find the Right Clinic for You!

1. Step One
   Go to: www.FindMICare.org

2. Step Two
   Click on all your care needs

3. Step Three
   Enter your location

4. Step Four
   Find the right clinic for you!

Find MI Care

Download the Free App!

www.findmicare.org
As of October 24, 2016, GDAHC is a Qualified Entity—the only one in Michigan

- On January 29, 2106, CMS proposed rules that will expand access and data that will help providers, employers, and others make more informed decisions about care delivery.

- The new rules will allow organizations approved as qualified entities to confidentially share or sell analyses of Medicare and private sector claims data to providers, employers, and other groups who can use the data to support improved care.

- In addition, qualified entities will be allowed to provide or sell claims data to providers. The rule also includes strict privacy and security requirements for all entities receiving Medicare analyses or data, as well as new annual reporting requirements.

- This initiative is part of a broader effort to create a health care system that delivers better care, spends dollars more wisely, and results in healthier people.

- GDAHC is the ONLY organization in Michigan that meets all the requirements to become a Qualified Entity.
Healthy people. Healthy economy.

Membership dues help fund backbone operations yet we recognize the need for other unrestricted funds to support sustainability.

Sources of Revenue

- Grants
- Member Dues
- Consulting
- Community Outreach
- Fund Development
- Value Partnerships

Healthy people. Healthy economy.
Beyond grants, GDAHC is exploring a number of other viable opportunities

- Forming Affinity Groups
  - Created Physician Organization (PO) Council—May 2017
- Re-establishing Steering and Fund Development Committees
- Addressing Payment Reform
- Kicking off the Opioid Taskforce
- Hosting more events per year (i.e., opioid summit)
- Increasing the number of educational sessions
- Exploring additional consulting roles and partnerships
- Others: additional cost reductions; subletting office space; reassessing operations and staffing
GDAHC moved to a new office facility in late June 2016

After 71 years in Detroit, GDAHC moved to Southfield/Bingham Farms
  • West side of Telegraph between 12 and 13 Mile Roads

This move was financially motivated
  • Annual savings of $40,500 in each of next seven years versus Detroit rent
    o Lower cost per square foot = $13,000
    o Reduced footprint (5,500 vs. 6,850) = $15,700
    o No parking fees = $13,200
    o Offset by moving fees = ($1,400)

We have maintained an office space in the Buhl Building in Detroit, but will exit that space at the end of this month
  • Total annual cost = $7,800
Other administrative savings are being realized this year

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<th></th>
<th>Current</th>
<th>RFP Result</th>
<th>Annual Savings</th>
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<tr>
<td>Accounting and Finance</td>
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<tr>
<td>Payroll / HR</td>
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<td>Insurance</td>
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<td>Sublease²</td>
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<tr>
<td>Total Annual</td>
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<td>$73,300</td>
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</table>
Engagement opportunities available to members

**Aligned with Our Strategic Pillars**

- Connecting
- Data
- Transformation
- Southeast Regional AHEC—Community Advisory Board
- AHEAD Convergence Workgroup
- Chronic Disease Coordinating Network Advisory Committee
- Addressing the Opioid Epidemic Taskforce
- Event Planning

**Governance and Oversight**

- Fund Development
- Budget & Finance
- Audit
- Nominations
- By Laws