Healthy people. Healthy economy.

2014-2015 Report to the Community
June 2015

Dear Member or Supporter:

We are pleased to share our 2014-2015 Report to the Community.

The Greater Detroit Area Health Council (GDAHC) has collaborated with the health care sector and the community for more than 70 years. We are proud of and thankful for the members, partners, collaborators and funders who make our work possible as America’s longest-standing, cross-sector, multi-stakeholder health collaborative.

The health care landscape has changed dramatically in the past few years and the needs of southeast Michigan and our state have shifted. Health care is becoming ever more consumer-driven. More consumers are coming to the table to address important quality and cost issues. GDAHC’s core focus is enhancing access to care (such as our FindMICare.org); improving health care quality; reducing health care cost; and reporting on health care performance (through myCareCompare.org) across southeast Michigan. We do this work in collaboration with our members and other partners.

This year has been a transformative shift for our organization. We have assessed the current environment, the health care space and our role in the region. And, we recently concluded nine years of initiatives supported by the Robert Wood Johnson Foundation (RWJF). Nationwide, RWJF ended its Aligning Forces for Quality program on April 30.

We have thoroughly reviewed the challenges and opportunities in the health care space. We have identified our impact on health and wellbeing in southeast Michigan, and look forward to leading several new initiatives in the coming year. In this Report to the Community you will see the reflection of some of our work, and the new GDAHC brand mark. We are excited about this dramatic shift, and the future of GDAHC with you at the table.

Thank you for your support,

Kate Kohn-Parrott
President and CEO
How is GDAHC’s Impact Measured?

The Greater Detroit Area Health Council (GDAHC) has led several programs and initiatives during the past nine years that were funded by the Robert Wood Johnson Foundation (RWJF), including through Aligning Forces for Quality. This chart reflects GDAHC’s financial impact on health care improvements in our region. We accomplished these positive financial results by reducing health care costs and improving quality.

The methodology used to calculate results was reviewed and supported by Jack Billi, M.D., University of Michigan Health System; Steven Grant, M.D., HAP/Midwest Health Plan; George Kipa, M.D., Blue Cross Blue Shield of Michigan; and Ed Wolking, Detroit Regional Chamber.

You may request a RWJF wrap-up report at: 313-965-4123 membership@gdahc.org.

*Observed population was larger than estimated population in extrapolation
Coffee & Controversy
GDAHC leads an educational series, Coffee & Controversy, hosting breakfast meetings with subject matter expert speakers or panelists on important and/or controversial health care related topics. Coffee & Controversy topics have included the overuse of antibiotics, prostate cancer, community health workers, and health literacy. Future talks are posted at GDAHC.org.

Choosing Wisely
GDAHC is a partner in the Choosing Wisely campaign, an initiative of the American Board of Internal Medicine Foundation (ABIM) and Consumer Reports. Research shows that nearly 30% of health care is wasteful or unnecessary, exposing patients to potential risk or possible harm. Choosing Wisely aims to reduce this by fostering meaningful and informed conversations between providers and patients when medical tests, treatments and procedures are being considered. GDAHC.org includes key information about Choosing Wisely for consumers, providers and employers and links to brochures, videos, toolkits and other valuable resources. GDAHC facilitated training for consumers and shares Choosing Wisely through presentations across the community.

Emergency Department Utilization (EDU) Team
GDAHC’s multi-stakeholder EDU Team developed strategies to reduce use of the emergency department (commonly known as the ER) for primary care treatable conditions. The team created a poster using the visual aid of a “stoplight” (as pictured on the right) to educate consumers on where to get care; thousands of copies of the poster are now displayed in physician offices, employee lunchrooms and other key areas throughout the community. The poster and an accompanying brochure can be downloaded at GDAHC.org. In addition, the EDU Team demonstrated simple strategies primary care providers can implement to reduce their patients’ ED use in a successful pilot with Oakland Southfield Physicians and Blue Care Network. Furthermore, a definition and specification for measurement of primary care treatable conditions in the ED was developed and is being used to track the community’s progress in reducing this costly care.

Find MI Care
GDAHC partnered with Blue Cross Blue Shield of Michigan for several years to create a comprehensive booklet listing free and low-cost clinics. Once each edition was published, it was outdated within weeks. A new solution utilizing technology was developed. GDAHC developed Find MI Care – a website at FindMIcare.org and mobile app for Apple and Android smartphone users to connect people to free and low-cost health care. Find MI Care can help consumers as well as discharge planners, community agencies and others assisting patients to find medical services that often serve as an alternative to emergency and urgent care settings. GDAHC staff is actively working to introduce Find MI Care to providers and community agencies who can benefit from this simple, easy-to-use tool.

Health Literacy
Following the implementation of the Affordable Care Act, the launch of the Healthcare.gov exchange and the Healthy Michigan Plan, thousands of Michiganders are now eligible for health care coverage. Recognizing a large segment of consumers did not understand the process for enrollment, the differences in health plans, and how to use and retain benefits, GDAHC partnered with the St. Francis Cabrini Clinic to develop an animated video series to improve health insurance literacy and usage in our community. The series launches in early summer 2015 and is available at GDAHC.org, through Cabrini Clinic, and in other partnering facilities.
Programs and Initiatives

What Does GDAHC Do?
- Brings together health care stakeholders to work collectively and equitably toward common goals and outcomes, such as Find MI Care and the Emergency Department Utilization Team.
- Collaborates with partners and key contributors to solve important problems, such as GDAHC’s involvement with the Choosing Wisely campaign through the American Board of Internal Medicine Foundation (ABIM).
- Leverages relationships to maximize opportunities, such as the Hypertension Improvement Project.
- Drives comprehensive data collection, analysis and reporting that no other stakeholder can produce alone, such as through myCareCompare.org.
- Transforms community health through education, employment and empowerment, such as the Southeast Regional Area Health Education Center housed at GDAHC and Coffee & Controversy.

Hypertension Improvement Project
Peer-to-peer engagement, learning and sharing are the backbones of the successful Hypertension Improvement Project (HIP) led by GDAHC, as shown on the chart in this Report. GDAHC collaborated with researchers at Wayne State University's School of Medicine and local Federally Qualified Health Centers to identify nearly 250 African Americans in Detroit living with hypertension (high blood pressure). GDAHC produced a series of videos featuring local patients sharing stories and tips for managing blood pressure and improving their health. During a nine-month project, patients used the videos to learn tips for adhering to medication recommendations, talking to their doctors, locating and using local community health resources, and sharing information on living a healthier life.

myCareCompare.org
Through myCareCompare.org, GDAHC has been leading public reporting of physician and hospital performance in southeast Michigan for eight consecutive years. The first and only report of its kind in Michigan, GDAHC’s physician organization performance report combines data from the region’s four major commercial health plans. Work to produce the report is overseen by a team of health plan, physician organization, employer and consumer representatives. The report helps consumers understand quality health care and helps drive health care improvement. Since the report’s inception, improvement has been seen in many of the reported measures, and myCareCompare.org has been a factor in this accomplishment as indicated on the chart in this Report to the Community.

Patient Experience of Care
The Michigan Patient Experience of Care (MiPEC) initiative is a statewide project to measure, report and improve patient experience of care in the physician practice setting. Research has linked patient experience of care to patient outcomes. MiPEC provides a standardized and aligned approach across Michigan, which reduces survey duplication while meeting multiple measurement and improvement needs. Patient experience of care data is important to patients who want to know what other patients think.

Race Ethnicity and Language (REaL) Campaign
REaL’s goal is to ensure that providers in Michigan are collecting self-reported race, ethnicity and preferred language data consistently to identify, track and address disparities and inequities in health care and health outcomes. When a health care provider knows a patient’s race, ethnicity and preferred language, they can better treat them and look for conditions that are more likely to occur, such as sickle-cell anemia in African Americans or certain types of muscular dystrophy in Hispanics. GDAHC’s REaL Committee developed a toolkit and conduct training sessions to raise awareness and provide direction on this important issue.

See You in 7
GDAHC led “See You in 7,” a successful hospital collaborative with its partners, the Michigan Chapter of the American College of Cardiology and MPRO. The year-long collaborative focused on reducing hospital readmissions for patients discharged with heart failure by improving early follow-up. The eleven southeast Michigan hospitals that participated in See You in 7 reduced readmissions more than other hospitals in the state during the same time period. The chart in this Report illustrates See You in 7’s impact.

Southeast Regional Area Health Education Center
GDAHC partnered with Wayne State University to lead and operate the Southeast Regional Area Health Education Center. Its purpose is to offer various health care career opportunities for students, K-16, and healthcare professionals. Programs include a Behavioral Technician course for students to have careers whereby they work at schools for the early identification of Autism in children, which is significant to getting the resources they need earlier in life.

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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**
   Enter your location

3. **STEP THREE**
   Click on all your care needs

4. **STEP FOUR**
   Find the right clinic for you!

DOWNLOAD THE FREE APP!

Available on the App Store
Available on Google play

www.findmicare.org
GDAHC hosts its annual Salute to Healthcare each fall season, honoring individuals and organizations that make a significant impact on health care and the southeast Michigan region. This event also serves as GDAHC’s annual fundraiser.

Symond R. Gottlieb Award: In honor and memory of Symond Gottlieb, a former GDAHC executive director, this award is presented to an individual who has dedicated their work to significantly improving quality, access and delivery of health care.

Eagle Award for Visionary Leadership: Honors the contributions and achievements of an organization in southeast Michigan that has made steady progress in advancing a health care issue of quality, access or cost.
Partners and Collaborators

Health care and community stakeholders partner and collaborate with GDAHC to identify challenges and design and implement programs and initiatives that increase access to care, reduce the cost of care and improve care quality.

ACCESS
Accountable Health Care Alliance
Adult Well-Being Services
Advantage Health Centers
Affinia Health Network – Grand Rapids
Affinia Health Network – Lakeshore
AFPD – Voice for the Independent Retailers
ALS Association – Michigan Chapter
Arab American & Chaldean Council
Astra Zeneca
Authority Health
(formerly Detroit Wayne County Health Authority)
Automotive Industry Action Group (AIAG)
Barbara Ann Karmanos Institute
Beaumont Health
Blue Care Network
Blue Cross Blue Shield of Michigan
Buck Consultants
Common Ground
Crimestoppers
Delta Dental Plan of Michigan
Detroit Community Health Connection
City of Detroit Health Department
Detroit Medical Center
DMC PHO, LLC
Detroit Regional Chamber
Fiat Chrysler Automobiles US, LLC
FQHC Council ofSoutheastern Michigan
Garden City Hospital
Genomic Health
Greater Macomb PHO
HAP/Midwest Health Plan
Health Centers of Detroit
Health Management Systems of America
HealthPlus of Michigan
Henry Ford Health System
Holland PHO
Hospice of Michigan
Humana, Inc.
Huron Valley Physicians Association
Institute for Population Health
Integrated Care Alliance, LLC
Interfaith Health and Hope Coalition
Jackson Health Network
Lapeer Intermediate School District
Lilly USA
Livingston PO
Macomb Community College
Macomb Health Department
McLaren Macomb Hospital
McLaren Physician Partners
MedNetOne Health Solutions
Merck & Co.
Mercy Primary Care Center
Meridian Health Plan of Michigan
Metro Solutions
Michigan Building and Construction Trades Council
Michigan Department of Health and Human Services
Michigan Food and Beverage Association
Michigan Health and Hospital Association
MI Primary Care Transformation Project
Michigan Public Health Institute
Michigan State Medical Society
MSU Extension
MichUHCAN
Molina Healthcare of Michigan
Mott Community College
MPRO
New Center Community Services
New Detroit, Inc.
Novartis Pharmaceutical Corp.
Novo Nordisk
Oakland Physician Network Services, Inc.
Oakland Regional Hospital
Oakland Southfield Physicians
Olympia Medical Services, PLLC
Otsego Memorial Hospital
PASSES
The Physician Alliance
Physicians’ Organization of Western Michigan
Pierce, Monroe & Associates, LLC
Presbyterian Villages of Michigan
Priority Health
Recreation Authority of Roseville and Eastpointe
St. Francis Cabrini Clinic
St. John Providence Health System
St. Joseph Mercy Oakland
St. Mary Mercy Livonia
Sanofi
Select Custom Benefit Store
The Senior Alliance
Southeast Michigan Dietetic Association
Southeast Michigan Health Association
Starfish Family Services
Students First
T.J. Adams Staffing, Inc.
Trinity Health System
UAW Retiree Medical Benefits Trust
United Healthcare
United Physicians, PC
University of Detroit Mercy School of Dentistry
University of Michigan
University of Michigan Health System
VA Ann Arbor Health System
Voices of Detroit Initiative, Inc.
Walbridge
Walgreens
City of Warren Parks and Recreation
Wayne County Health & Human Services
Wayne State University
Wayne State University Physician Group
Western Michigan Physicians’ Network
Zema Consulting
### GDAHC Board Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization/Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Francine Parker*</td>
<td>Chair of the GDAHC Board UAW Retiree Medical Benefits Trust</td>
</tr>
<tr>
<td>Steven Grant*, M.D.</td>
<td>Chair-Elect of the GDAHC Board HAP Midwest Health Plan</td>
</tr>
<tr>
<td>Isadore J. King*</td>
<td>Chair of GDAHC Budget and Finance Integrated Care Alliance, LLC</td>
</tr>
<tr>
<td>Thomas J. Adams*</td>
<td>Chair of GDAHC Nominating Committee T.J. Adams and Associates</td>
</tr>
<tr>
<td>Wali Altahif</td>
<td>Arab American and Chaldean Council</td>
</tr>
<tr>
<td>David Barkholz</td>
<td>PASSES</td>
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<tr>
<td>Jack Billi, M.D.</td>
<td>University of Michigan Health System</td>
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<tr>
<td>William H. Black</td>
<td>Michigan Teamsters Joint Council #43</td>
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<tr>
<td>Wayne W. Bradley</td>
<td>Detroit Community Health Connection</td>
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<tr>
<td>Paul Bridgewater</td>
<td>Detroit Area Agency on Aging</td>
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<tr>
<td>John Broad</td>
<td>Crimestoppers</td>
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<tr>
<td>Ryan Catignani</td>
<td>Humana</td>
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<tr>
<td>Brian Connolly*</td>
<td>Beaumont Health – Oakwood</td>
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<tr>
<td>Loretta Davis</td>
<td>Institute for Population Health</td>
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<tr>
<td>Edward Deeb</td>
<td>MI Youth Appreciation Foundation</td>
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<tr>
<td>Patrick J. Devlin</td>
<td>Michigan Building and Construction Trades Council</td>
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<tr>
<td>Richard Douglas, PhD</td>
<td>AARP</td>
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<tr>
<td>Monty Fakhouri, MSCHS, CHES</td>
<td>Beaumont Hospital</td>
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<tr>
<td>Gerald D. Fitzgerald (retired)</td>
<td>Oakwood Healthcare, Inc.</td>
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<tr>
<td>Jerome Frankel, D.O.</td>
<td>Oakland Southfield Physicians PC</td>
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<tr>
<td>Cheryl Gibson-Fountain, M.D.</td>
<td>Beaumont Hospital</td>
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<tr>
<td>Kathleen Griffith</td>
<td>Washtenaw Community College</td>
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<tr>
<td>Richard J. Haller**</td>
<td>Walbridge</td>
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<tr>
<td>Stephen Harris</td>
<td>Molina Healthcare of Michigan</td>
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<tr>
<td>Kelly Herron</td>
<td>St. Francis Cabrini Clinic</td>
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<tr>
<td>Sr. Mary Ellen Howard, RSM</td>
<td>St. Francis Cabrini Clinic</td>
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<tr>
<td>Adam Jablonowski</td>
<td>Wayne County Medical Society</td>
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<tr>
<td>Janine Janosky, PhD</td>
<td>University of Michigan – Dearborn</td>
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<tr>
<td>Michael Jasperson</td>
<td>Hospice of Michigan</td>
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<tr>
<td>Amelia Jones</td>
<td>Oakland Regional Hospital</td>
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<tr>
<td>Algridas Juocys, M.D.</td>
<td>MedNetOne Health Solutions</td>
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<tr>
<td>Rose Khalifa</td>
<td>Metro Solutions</td>
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<tr>
<td>Kevin Klobucar*</td>
<td>Blue Care Network</td>
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<tr>
<td>Thomas Kochis</td>
<td>Wayne County Health &amp; Human Svcs.</td>
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<tr>
<td>Eric Labe</td>
<td>BST, Inc.</td>
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<tr>
<td>Paul LaCasse, D.O.</td>
<td>Beaumont Health – Botsford Hospital</td>
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<tr>
<td>John D. Lewis</td>
<td>Donnelly Penman Capital LLC</td>
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<tr>
<td>Nick Lyon</td>
<td>Michigan Department of Health and Human Services</td>
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<tr>
<td>Mona Makki, LLP</td>
<td>ACCESS</td>
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<tr>
<td>Nancy Malo</td>
<td>Automotive Industry Action Group (AIAG)</td>
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<tr>
<td>Terry Merritt*</td>
<td>Walbridge</td>
</tr>
<tr>
<td>Jean Meyer</td>
<td>St. John Providence Health System</td>
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<tr>
<td>Robert Milewski**</td>
<td>Blue Cross Blue Shield of Michigan</td>
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<tr>
<td>Roger Myers</td>
<td>Presbyterian Villages of Michigan</td>
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<tr>
<td>Kathleen S. Neal*</td>
<td>Fiat Chrysler Automobiles US, LLC</td>
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<tr>
<td>Gary Petroni</td>
<td>Southeastern Michigan Health Assoc.</td>
</tr>
<tr>
<td>Ram (Gnannesikaran) Ramanujan</td>
<td>Somat Engineering</td>
</tr>
<tr>
<td>Robert G. Riney*</td>
<td>Henry Ford Health System</td>
</tr>
<tr>
<td>Michael E. Sandler, M.D., FACR</td>
<td>Henry Ford Health System</td>
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</tbody>
</table>

### GDAHC Staff

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
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</thead>
<tbody>
<tr>
<td>Kate Kohn-Parrott</td>
<td>President and CEO</td>
</tr>
<tr>
<td>Terra Birsen</td>
<td>Project Coordinator Southeast Regional Area Health Education Center</td>
</tr>
<tr>
<td>Marie Bristow</td>
<td>Program Manager Southeast Regional Area Health Education Center</td>
</tr>
<tr>
<td>Terrisca Des Jardins</td>
<td>Data Consultant</td>
</tr>
<tr>
<td>Sharon Duvall</td>
<td>Controller</td>
</tr>
<tr>
<td>Cindy Jacques</td>
<td>Executive Assistant to the President and CEO</td>
</tr>
<tr>
<td>Linda Makris</td>
<td>Chief Financial Officer</td>
</tr>
<tr>
<td>Lisa Mason</td>
<td>Vice President of Cost Quality</td>
</tr>
<tr>
<td>Tawana Nettles-Robinson</td>
<td>Director, Population Health and Health Equity</td>
</tr>
<tr>
<td>Roger Panella</td>
<td>Operations Consultant</td>
</tr>
<tr>
<td>Bryan Peckinpaugh</td>
<td>Director of Public Affairs</td>
</tr>
<tr>
<td>Chris Ross</td>
<td>Project Coordinator</td>
</tr>
<tr>
<td>Andrell Sturdivant</td>
<td>Program Coordinator for Find MI Care</td>
</tr>
<tr>
<td>Joie West</td>
<td>Executive Director Southeast Regional Area Health Education Center</td>
</tr>
</tbody>
</table>

Healthy people. Healthy economy.
## Financial Position: Balance Sheet

<table>
<thead>
<tr>
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<th>2014</th>
<th>2013</th>
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</thead>
<tbody>
<tr>
<td><strong>ASSETS</strong></td>
<td></td>
<td></td>
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<tr>
<td><strong>Current Assets:</strong></td>
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<tr>
<td>Cash</td>
<td>$580,879</td>
<td>$333,858</td>
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<tr>
<td>Accounts receivable</td>
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<tr>
<td>Core program</td>
<td>57,925</td>
<td>19,211</td>
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<tr>
<td>Other programs</td>
<td>174,977</td>
<td>1,035,553</td>
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<tr>
<td>Prepaid expenses</td>
<td>20,072</td>
<td>17,143</td>
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<tr>
<td><strong>Total Current Assets</strong></td>
<td><strong>833,853</strong></td>
<td><strong>1,405,765</strong></td>
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<td><strong>Other Assets:</strong></td>
<td></td>
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<tr>
<td>Fixed assets, net</td>
<td>3,369</td>
<td>5,538</td>
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<tr>
<td><strong>Total Assets</strong></td>
<td><strong>837,222</strong></td>
<td><strong>1,411,303</strong></td>
</tr>
<tr>
<td><strong>LIABILITIES AND NET ASSETS</strong></td>
<td></td>
<td></td>
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<tr>
<td><strong>Current Liabilities:</strong></td>
<td></td>
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<tr>
<td>Accounts payable and accrued expenses</td>
<td>$132,588</td>
<td>$108,227</td>
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<tr>
<td>Accrued pension</td>
<td>432,726</td>
<td>432,726</td>
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<tr>
<td>Accrued payroll and related liabilities</td>
<td>23,204</td>
<td>22,370</td>
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<tr>
<td>Deferred revenue</td>
<td>57,733</td>
<td>51,975</td>
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<tr>
<td><strong>Total Liabilities</strong></td>
<td><strong>646,251</strong></td>
<td><strong>615,298</strong></td>
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<tr>
<td><strong>Net Assets (Deficit):</strong></td>
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</tr>
<tr>
<td>Unrestricted</td>
<td>(136,861)</td>
<td>(215,682)</td>
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<tr>
<td>Temporarily restricted</td>
<td>327,832</td>
<td>1,011,687</td>
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<tr>
<td><strong>Total Net Assets</strong></td>
<td><strong>190,971</strong></td>
<td><strong>796,005</strong></td>
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<tr>
<td><strong>Total Liabilities and Net Assets</strong></td>
<td><strong>837,222</strong></td>
<td><strong>1,411,303</strong></td>
</tr>
</tbody>
</table>

GDAHC is a 501(c)3 non-profit organization. The capacity to perform its work is funded through membership fees and grants – both restricted and unrestricted.

GDAHC

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### Changes in Unrestricted Net Assets:

**Revenue:**
- Dues from member organizations: $563,133
- Contributions, grants and other revenue: $473,109
- Program and contractual fees: $66,363
- Conference fees: $9,082

**Total Unrestricted Revenue:** $1,111,687

- Net assets released from restrictions: $696,833

**Total Unrestricted Revenue and Other Support:** $1,808,520

**Expenses:**
- Program services:
  - Core program: $468,203
  - Cost quality and care: $785,676
  - Community health initiatives: $335,904
  - Community affairs and conferences: $5,300

**Total Program Services:** $1,595,083

- Supporting services:
  - Management and general: $121,887
  - Fundraising: $12,729

**Total Supporting Services:** $134,616

**Total Expenses:** $1,729,699

**Net Increase (Decrease) in Unrestricted Net Assets:** $78,821

### Changes in Temporarily Restricted Net Assets:

- Contributions: $12,978
- Net assets released from restrictions: $(696,833)

**Net Increase (Decrease) in Temporarily Restricted Net Assets:** $(683,855)

**Net Increase (Decrease) in Net Assets:** $444,353

### Net Assets:

**Net Assets, Beginning of Year:** $796,005

**Net Assets, End of Year:** $190,971

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The financials outlined in this GDAHC Report to the Community have been audited by certified public accountants George Johnson and Company. Complete financial statements are available to members and the public by requesting a copy at:

Greater Detroit Area Health Council
407 E. Fort Street
Detroit, MI 48226

313-963-4990

membership@gdahc.org

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