2016 Report to the Community
Healthy people. Healthy economy.
Purpose

To improve the health and economic wellbeing of individuals, organizations and communities.

Mission

We innovate and transform health and care by leveraging the strength of collaboration.

Values

Innovation
Integrity
Knowledge & Awareness
Connectivity
Facilitation & Navigation

Vision

Healthy people.
Healthy economy.

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A letter from our President & CEO

Dear GDAHC Members, Partners, Colleagues and Friends,

GDAHC is a vastly different organization today than it was five years ago, when I joined the staff. This is largely because the health care and philanthropic landscapes have changed so dramatically. Five years ago, we, as a nation, were trying—some of us tentatively—to figure out what the Patient Protection and Affordable Care Act (“ACA”, aka “Obamacare”) meant and how it was going to be implemented. And philanthropic organizations still funded heavily health care delivery improvement projects, such as the Aligning Forces for Quality program, of which GDAHC was a pilot site and eight-year grantee.

Over the past five years, we learned that there are lots of things to like about the ACA—such as expansive coverage for many who previously were uninsured, and creation of the Center for Medicare and Medicaid Innovation, which offers opportunities for collaborators like GDAHC to ideate and lead programs that innovate both health and health care delivery—and, of course, some provisions that warrant improvement. We have seen a marked shift in focus to a “Culture of Health,” where private funders support projects that address improvements in the Social Determinants of Health and the building or revitalization of healthy communities. The Medicare Access and CHIP Reauthorization Act (“MACRA”), landmark legislation that was passed in 2015, changes Medicare physician reimbursement to a model that pays for outcomes instead of fee-for-service; in essence, a shift in focus to whole-person care where providers are expected to integrate SDoH considerations into treatment protocols.

The situations cited above are examples of outside forces that created both opportunities and threats to GDAHC’s past strategic plan and mandated a shift in direction. Our vision of “Healthy people. Healthy economy” has stood the test of time, but the actions to get to that end game have changed. In 2015, we developed a new strategic plan that shifts our focus to health by supporting our members and partners as they adopt value-based care. Some of our active projects are: Choosing Wisely, which strives to eliminate low-value care and empower patients, and the Chronic Disease Coordinating Network, which we coordinate in Macomb County. Our Alignment for Health Equity and Development (AHEAD) program takes place in Detroit’s District 7 and has the most direct impact on health and community. More information on these projects and GDAHC’s other work is available throughout this report.

We are pleased to announce these milestone victories: GDAHC was designated a Qualified Entity (“QE”) under CMS’ QE Certification Program, which will allow us to access to Medicare Claims and Cost Data for public reporting and private analysis purposes. In April, we finalized an agreement with the Pension Benefit Guaranty Corporation to resolve issues surrounding GDAHC’s past participation in the United Way of Southeast Michigan’s terminated pension plan. Both of these are great accomplishments and create a clean page for us going forward. Special thanks go out to Isadore King, GDAHC’s Treasurer, for his long term guidance and support as we navigated the pension resolution. Thanks as well to the Executive Committee and Board for your patience and backing on this (and many other) issues.

Thank you for your interest in and support of GDAHC and the incredible value that this small, dynamic team is delivering to our collective community. We look forward to working with you for a long time.

Sincerely, Kate
**Board of Directors**

- **Steven Grant, M.D.* Chair of the Board**
  - President & CEO, Henry Ford Macomb Hospitals

- **Barbara Roszman* Chair-elect, President & CEO, Henry Ford Macomb Hospitals**

- **Thomas J. Adams* Chair of Nominating Committee, President, T.J. Adams Staffing, Inc.**

- **Leland Babitch, M.D.**
  - President & CEO, MPRO

- **Jack Billi, M.D.**
  - AVP Medical Affairs, University of Michigan Health System

- **John Broad**
  - Retired, Crimestoppers

- **Ryan Catignani**
  - VP, Provider Contracting, Beaumont Health

- **Edward Deeb**
  - President & CEO, Michigan Business & Professional Trades Council

- **Richard Douglass, Ph.D.* Exec. Council Member, Health & Supportive Services, AARP**

- **Monty Fakhouri**
  - Public Health Consultant, Beaumont Health

- **Gerald Fitzgerald**
  - CEO (Retired), Oakwood Health

- **Jerome Frankel, D.O.**
  - President & CEO, Oakland Southfield Physicians PC

- **Michael Genord, M.D.* Sr. VP & CMO, HAP**

- **Cheryl Gibson-Fountain, M.D.**
  - Practicing Physician, Beaumont Health

- **Rick Haller**
  - President, Haller Leadership Group

- **Mouhanad Hammami, M.D.**
  - Director, Health & Human Services, Wayne County Health Department

- **Kimberly Hassan**
  - Program Coordinator, Arab American & Chaldean Council

- **Kelly Herron**
  - Director, Mission Services & Catholic Identity, Trinity Health

- **Janine Janosky, Ph.D.* Dean, College of Education, Health & Human Services, University of Michigan - Dearborn**

- **Michael Jasperson* VP, East Region, Priority Health System**

- **Rose Khalifa**
  - Exec, Director, Metro Solutions

- **Kevin Klobuchar* Exec. VP, Health Care Value, Blue Cross Blue Shield of Michigan**

- **Mary Beth Kuderik**
  - Exec. Director, UAW Retiree Medical Benefits Trust

- **Paul LaCasse, D.O.**
  - Exec. VP, Post-Acute Care & Diversified Business Operations, Beaumont Health

- **Roy Lammers**
  - VP, Business Solutions, Detroit Regional Chamber

- **John Lewis**
  - Managing Director, Donnelly Penman Capital, LLC

- **Nick Lyon**
  - Director, Department of Health & Human Services, State of Michigan

- **Mona Makki, LLP**
  - Deputy Director, ACCESS

- **Nancy Malo**
  - Manager of Quality & Project Management, AIAAG

- **Sonya Mays**
  - President & CEO, Develop Detroit

- **Robert Milewski**
  - Sr. VP (Retired), Blue Cross Blue Shield of Michigan

- **Roger Myers**
  - President, Presbyterian Villages of Michigan

- **Kathleen Neal**
  - Director, Integrated Healthcare & Disability, FCA Group, LLC

- **Gary Petroni**
  - Exec. Director, Southeastern Michigan Health Association

- **William Ridella**
  - Director/Health Officer, Macomb County Health Department

- **Robert Riney**
  - COO, Henry Ford Health System

- **Contessa Rudolph**
  - Program Manager, Partners 4 Health

- **Michael Sandler, M.D., FACR**
  - Specialist, Strategic Initiatives, Henry Ford Health System

- **Shannon Striebech**
  - President, St. Joseph Mercy Oakland

- **J. William Sumner**
  - President & CEO, HMSA

- **Richard Swaine* Exec. VP, Health Care Value, Blue Cross Blue Shield of Michigan**
  - President, Beaumont Hospital - Grosse Pointe

- **Cynthia Taueg**
  - VP, Community Health, St. John Providence Health System

- **Renee Turner-Bailey* Sr. Benefits Consultant, UAW**

- **Marianne Udow-Phillips* Director, Center for Healthcare Research & Transformation**

- **Gail Warden**
  - CEO (Retired), Henry Ford Health System

- **Pastor Jerome Warfield**
  - Mt. Vernon Baptist Church

* Executive Committee Member
** Emeritus
Thank you to our event sponsors!

GDAHC would like to extend a special Thank You to all of our event sponsors from this year! It is because of organizations like your’s that we are able to deliver exceptional programming that articulates and exemplifies our mission, vision and values. This includes Salute! to Healthcare, the Opioid Abuse and Heroin Overdose Solutions Summit, the Coffee & Controversy series, and the Payment Reform Summit.

Salute! to Healthcare
Gold Sponsors:
Beaumont
Henry Ford Health System

Silver Sponsors:
Detroit Regional Chamber - Health Forward
Health Alliance Plan
MPRO
Priority Health
University of Michigan

Payment Reform Summit
Presenting Sponsor:
Blue Cross Blue Shield of MI
Blue Care Network

Transformation Sponsors:
Priority Health
Segal Consulting
Health Alliance Plan

Opioid Abuse & Heroin Overdose Solutions Summit
Presenting Sponsor:
St. Mary Mercy Hospital Livonia

Associate Sponsor:
Alkermes
2nd Annual Opioid Abuse & Heroin Overdose Solutions Summit

GDAHC and Detroit Wayne Mental Health Authority came together again along with a host of community leaders, sponsors, and vendors, to provide an opportunity to learn and share resources to better our efforts in the fight against opioid and heroin addiction. Nearly 500 guests joined the discussion with hopes of making a difference. Lieutenant Governor Brian Calley updated participants on the State of Michigan and once again called the group to action, this time reminding everyone that this fight cannot be won alone. We must bridge silos, combine resources and work together.

Improve Quality Results Through Patient Engagement

Guests were treated to a morning with Jan Berger, MD, MJ, Medical Director of the Mid-West Business Group on Health, CEO of Health Intelligence Partners and Instructor at Northwestern University. Dr. Berger provided an interactive session on improving healthcare quality through patient activation.

Autism Spectrum Disorder: Best Practices in Screening, Referral and Behavioral Health Interventions

Scott McPhee, MS, BCBA, Supervising Behavioral Consultant, University Pediatricians Autism Center, Wayne State University, led a training to enable health care professionals to better understand the symptomatology of Autism Spectrum Disorder, identify concerns as early as possible, and to make a referral with conviction.

The Intersection of Transit & Health: What You Need to Know This November

GDAHC initiated a panel discussion to discuss how healthcare is impacted by current and proposed transit systems. Panelists included Eric Barnaby, Vice President of Strategy, St. John Providence, Melissa Roy, Executive Director, Advancing Macomb, Sonya Mays, President & CEO, Develop Detroit; RTA Board Member, Wayne County Representative.

New Insights Into Brain Dysfunction and Addiction

GDAHC, in partnership with Health Management Systems of America (HMSA), offered an opportunity to explore the role metabolism plays in brain dysfunction, the brain/body relationship, and observe case studies of those helped by a relatively new branch of psychiatry, Functional Psychiatry. Discussion was led by Michael Miletic, M.D., Medical Director of Integrative Health Systems and Jeffrey Leighton, Ph.D. (cand.), MS, President and Co-Founder of Trinity Research Group.

Autism in the Community: Training, Employment, and Safety

Leaders in the field of the Autism came together to help explore opportunities for organizations to welcome individuals on the autism spectrum into their workplaces, discuss the role safety personnel has in community interactions, and the developing field of Certified Behavioral Analyst. An outstanding discussion led by the Autism Alliance of Michigan, the Judson Center, Michigan Rehabilitation Services (MRS), and MORC, Inc. also provided an update on autism services in Michigan as well as current gaps and barriers.

Coffee & Controversy
**Salute! to Healthcare**

In November of 2016, GDAHC hosted its annual awards dinner, *Salute! to Healthcare* at the Atheneum Suite Hotel in downtown Detroit. At the event, guests were treated to delicious food and drinks, and all came together to honor those that have made a significant impact on health care in the southeast Michigan region. Each year at *Salute!* we award 3 individual and/or organizations that have dedicated their work to improving health care in the region with the Sy Gottlieb Award, the Eagle Award for Visionary Leadership, and the Breakthrough Award.

**Sy Gottlieb Award:** The Sy Gottlieb Award was established in 1992 in recognition of Symond Gottlieb, a former executive director of 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. Nancy Schilcting of Henry Ford Health System received the Sy Gottlieb Award in 2016.

**Eagle Award for Visionary Leadership:** In 2004, GDAHC established the Eagle Award to recognize the contributions of an organization in southeast Michigan that has made steady progress in advancing healthcare quality, access or cost. The Eagle Award for was given to the Samaritan Center in Detroit.

**Breakthrough Award:** The Breakthrough Award was first introduced in 2015, and recognizes an individual or organization for their impact on the health and well-being of southeast Michigan through community engagement and innovation. The 2016 awardee was the Center for Disparity Solutions & Equity at the University of Michigan - Dearborn.

**Save the date!**

Please join GDAHC on **Thursday, November 2nd, 2017** for the next *Salute! to Healthcare*. Like last year, it will be held at the **Atheneum Suite Hotel** at 1000 Brush St. in Detroit, MI.

Nominations for all 3 awards are now open! Please visit **GDAHC.org/salute** for more information or contact Nicki Gabel at ngabel@gdahc.org or 248-282-6911. All nominations are due by **Monday, July 10th, 2017**.

**Upcoming Events**

**September 21st:** Coffee & Controversy: Population Health Management  
**October 19th:** Coffee & Controversy: Marijuana  
**November 16th:** Coffee & Controversy: Native American Health  
* Dates subject to change; locations to-be-announced.

GDAHC would like to introduce our newest event series, developed in partnership with Health Management Systems of America. Designed as an educational series, this new event will be a longer-format, more conversational counterpart to our *Coffee & Controversy* series, with the first event already in the works. Please join us at one of our next events. We would love to see you there!
What is GDAHC?

GDAHC is southeast Michigan's premier health care coalition. We leverage multi-sector and multi-stakeholder collaboration to develop and evaluate innovative ways to improve the health and wellbeing of the people of southeast Michigan. As a health care leader for more than 73 years - recognized nationally and regionally - GDAHC represents everyone who gets care, gives care, and pays for care. Dedicated to the cost-effective allocation, management and use of health care resources, this non-profit collaborative seeks to develop strong, strategic partnerships that increase access to care, improve the value of care, and manage the cost of health.

Programs & Initiatives

Reasons to Celebrate!

Announced at last year’s annual meeting, GDAHC officially moved our offices to Bingham Farms in July 2016. While we are sad to have left Downtown Detroit, the move will save us a significant amount annually and allow us to dedicate more towards furthering work in line with our mission, vision, and values.

GDAHC became a designated Qualified Entity on October 24th, 2016. We are the 16th in the country and the 12th Network for Regional Health Improvement member to gain this designation. We thank Terrisca Des Jardins for her hard work and diligence in completing and submitting our QE application.

On April 24th, 2017 we finalized an agreement with the PBGC ending a 10 year-long conflict. It is through the guidance and dedication of Isadore King that this agreement could be made possible, and we thank him greatly for this.

In early 2017, we formed a partnership with Health Management Systems of America to host our Coffee & Controversy educational series, as well as a yet-to-be-named conversational series on contemporary health topics.

In addition to this, GDAHC has launched a number of new programs and initiatives including the Southeastern Michigan Perinatal Quality Improvement Coalition (SEMPQIC), the Greater Detroit Area Opioid Task Force, and AHEAD. For more information on all of our current programs and initiatives please see the descriptive list below.

What is GDAHC?

Social Impact is “the effect of an activity on the social fabric of the community and [the] wellbeing of individuals and families” in that community. A Social Impact Assessment (SIA) sets expectations and measures the changes—for better or worse—of specific social activities and/or interventions on the community and the people who live, work, play and pray there. Measuring the social impact of community-level health work is a valuable and meaningful practice that helps: validate the effort; demonstrate improvements; connect the community and get their buy-in; prove a positive return on investment; build opportunities to spread the work; and secure funding for ongoing efforts; among myriad other reasons; most importantly to ensure that the desired social improvements take place. In response to the emergent (and increasingly urgent) need to conduct SIAs for community health initiatives, GDAHC created a learning guide that provides direction primarily to:

- Organizations with missions designed to address health-related concern(s) that hold back the community from positive economic and social momentum.
- Projects that are led by community health organizations.
- Community health improvement projects that are the result of collaborative community efforts that may or may not be organized by a backbone organization.

AHEAD

In 2015, GDAHC received grants from several organizations including Trinity Health, the Public Health Institute (PHI), The Reinvestment Fund (TRF), and Henry Ford Health System to establish the AHEAD program in the Cody Rouge neighborhood, part of District 7 in Detroit. The funding provided by the PHI and TRF came from the Kresge Foundation. The major objective of AHEAD is to align assets in a community so that programming and funding may be better coordinated to improve health and wellbeing in selected neighborhoods. The PHI and TRF identified across the country five communities that were ready and able to re-imagine the intersection of health and care by bringing together diverse stakeholders, incorporating a mindset of “health in all policies,” focusing on improvements in health, and attacking disparities in all types of care. The PHI and TRF selected GDAHC, working with the Joy-Southfield Development Corporation, as their local partner to convene the AHEAD initiative in Detroit’s Cody Rouge neighborhood. Due in part to this successful initial neighborhood organizing effort, Trinity Health chose this neighborhood to develop its second HV.
**Choosing Wisely**

GDAHC is a partner in the Choosing Wisely campaign, an initiative from the American Board of Internal Medicine Foundation (ABIMF) and Consumer Reports. Research shows that nearly 30% of health care is wasteful or unnecessary, exposing patients to potential risk or 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. To achieve this goal, GDAHC has partnered with Henry Ford Physician Network, DMC PHO, Blue Care Network, HAP, the UAW Retiree Medical Benefits Trust, the Michigan State Medical Society, and others. Now in our 2nd year of the 3-year grant, GDAHC and its partners have **reached over 3 million consumers and providers across the region** and have made great strides in helping to reduce 3 target areas: antibiotics for viral infections (adults); diagnostic testing for low back pain; screening for Vitamin D deficiency. For more information, please visit consumerhealthchoices.org/Detroit.

**Find MI Care**

GDAHC continues to support Find MI Care, a website (findmicare.org) and mobile app to help connect people to free and low-cost health care. Find MI Care helps 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 continues to seek opportunities to promote Find MI Care to providers and community agencies who can benefit from this simple, easy-to-use tool.

**Greater Detroit Area Opioid Task Force**

The launching of GDAHC’s Opioid Task Force comes at a time when more people died from this epidemic last year than the number of those killed during the entire Vietnam War. Our task force target area is southeast Michigan; which means bringing together the diverse communities and counties of Wayne, Macomb, Oakland, Monroe and the other communities that make up the most condensed population of our state. Our goal is to “literally” bring to the table the municipal, county, medical, business and non-profit organizations in the region together to develop a comprehensive plan that everyone can collaborate on together to fight this disease. This effort will help the group pool collective resources together to fight the opioid epidemic that has taken so many lives in our community and across the United States.

**Health Around the Corner**

Through a US Centers for Disease Control and Prevention grant from the Michigan Department of Health and Human Services (MDHHS), GDAHC is one of four Michigan communities working to reduce chronic disease through prevention and promotion of healthy lifestyles, including increased access to healthy food and physical activity. GDAHC’s work is focused on four communities in Macomb County: Eastpointe, Roseville, Warren and Center Line, communities with the highest rate of health disparities in Macomb County. To accomplish grant objectives, GDAHC formed Macomb Partners in Health, including Henry Ford Macomb Hospital, the Macomb County Health Department, Henry Ford Macomb Hospital and other partners, and the Choosing Wisely campaign to reduce the overuse of treatments, tests, and procedures.

- **Leverages relationships to maximize opportunities**, such as creating innovative programs with funders and the community that include GDAHC’s Hypertension Improvement Project that uses peer-to-peer lifestyle education to help lower high blood pressure among African Americans.

- **Drives comprehensive data collection, analysis and reporting that no other stakeholder can produce alone**, such as annual physician and hospital performance reporting through myCareCompare.org.

- **Transforms community health through education, employment and empowerment**, such as the Coffee & Controversy educational series and the Pathway to Healthcare health literacy videos with full animation and voiceover about healthcare enrollment, using and retaining benefits.

- **Brings together health care stakeholders to work collectively and equitable toward common goals and outcomes**, such as GDAHC’s Find MI Care website and mobile app. Collaborates with partners and key contributors to solve important problems, such as the Macomb Partners in Health, 4-year initiative to reduce chronic disease in Eastpointe, Roseville, Centerline and Warren with the Macomb County Health Department, Henry Ford Macomb Hospital and other partners, and the Choosing Wisely campaign to reduce the overuse of treatments, tests, and procedures.

What does GDAHC do?

- **Choosing Wisely Banner**
  - Partnership with local farmers, parks, and community organizations to promote healthy eating habits and reduce the use of treatments, tests, and procedures.

- **Floor decal for Serra’s Market**
  - Partnership with local farmers, parks, and community organizations to promote healthy eating habits and reduce the use of treatments, tests, and procedures.

- **Choosing Wisely Banner**
  - Partnership with local farmers, parks, and community organizations to promote healthy eating habits and reduce the use of treatments, tests, and procedures.
Health Equity Resource Group
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 worthwhile initiatives focused on creating across populations and overall population wellness. In 2016, the HERG hosted community conversations on lead exposure in Detroit children with funding from the Michigan Department of Health and Human Services and in partnership with ClearCorps Detroit, Family Alliance for Change and the Detroit Parent Network. In 2017, the HERG will focus on improving health literacy and improving race, ethnicity and primary language data collection in health care settings.

Hypertension Improvement Project (HIP)
The Hypertension Intervention Project (HIP) used peer-to-peer education through video presentations to coach African Americans with blood pressure on how to lower their rates through lifestyle change. Phase one reduced blood pressure rates by more than 10% among nearly 250 participating consumers. GDAHC supported Wayne State University in organizing a Hypertension Community Advisory Board (HCAB) comprised of HIP graduates, whose role is to assist researchers in developing worthwhile interventions that will improve hypertension rates in Detroit. The HCAB continues to meet regularly and presents innovative ideas for initiatives to improve community health.

MiPEC
The Michigan Patient Experience of Care (MiPEC) initiative is a statewide collaborative effort to measure, report and improve patient experience of care in the primary care physician practice setting. Research has linked improved patient experience of care to improved 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; MiPEC provides such information to patients in an evidence-based manner. In its fourth year of data collection, MiPEC has been publicly reporting patient experience of care survey results at the regional level for two years now. Last year’s survey results will be publicly reported at the PO level before the end of 2017 and data being collected this year will be reported at the practice level in 2018. More than 1000 primary care providers in more than 250 practices and 15 physician organizations across Michigan are currently participating in MiPEC.

myCareCompare.org
Through myCareCompare.org, GDAHC has been leading public reporting of physician and hospital performance in southeast Michigan for more than ten years. The first and still the only report of its kind in Michigan, GDAHC’s physician organization performance report combines data from the region’s four major commercial health plans. The website helps consumers understand quality health care and drives 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.

Pathways to Healthcare
Following the implementation of the Affordable Care Act, the launch of the Healthcare.gov exchange and the Health Michigan Plan, thousands of Michiganders are now eligible for health care coverage. Recognizing a large segment of consumers did not understand the process of 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 launched in the summer of 2015 and is available at GDAHC.org, through the Cabrini Clinic, and in other partnering facilities.

Southeastern Michigan Perinatal Quality Improvement Coalition (SEMPQIC)
The Southeast Michigan Perinatal Quality Improvement Coalition (SEMPQIC) was established in 2015 with funding from the Michigan Department of Health and Human Services to address infant mortality in Wayne, Oakland and Macomb counties. The goal of SEMPQIC is to create a coordinated, equitable and sustainable network for perinatal care based on best practices and evidence-based strategies that will result in improved birth outcomes for all babies born in southeast Michigan and narrow the disparity between black and white births including adverse maternal perinatal and infant outcomes, including infant mortality.
## Statement of Financial Position

**December 31, 2016 and 2015**

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</table>

| Liabilities & Net Assets |            |            |
| **Current Liabilities** |            |            |
| Accounts Payable & Accrued Expenses | $143,491 | $114,057 |
| Pension Liability - Current Portion | $6,470 |            |
| Accrued Payroll & Related Liability | $39,092 | $30,151 |
| Deferred Revenue | $46,673 | $298,047 |
| **Total Current Liabilities** | $235,726 | $443,155 |
| **Long-Term Liabilities** |            |            |
| Pension Liability (Net of Current Portion) | $90,591 | $423,726 |
| **Total Liabilities** | $326,317 | $875,881 |

| **Net Assets (Deficit)** |            |            |
| Unrestricted            | $15,895    | $(86,410)  |
| Temporarily Restricted  | $28,838    | $35,336    |
| **Total Net Assets (Deficit)** | $44,733 | $(51,072) |

| **Total Liabilities & Net Assets** | $371,050 | $824,809 |

## Statement of Activities

**December 31, 2016 and 2015**

| Changes in Unrestricted Net Assets |            |            |
| **Revenue**                      |            |            |
| Dues                            | $526,553   | $516,476   |
| Contributions, Grants & Other Revenue | $1,070,326 | $1,196,694 |
| Program/Events                   | $125,193   | $55,289    |
| Gain on Settlement of Pension Liability | $335,665 |            |
| **Total Unrestricted Revenue** | $2,057,737 | $1,768,459 |

| Expenses                        |            |            |
| **Program Services**            |            |            |
| Core Programs                   | $1,390,513 | $1,198,968 |
| Community Health Initiatives    | $244,066   | $241,077   |
| Community Affairs & Conferences | $62,790    | $2,953     |
| Cost Quality & Care             |            | $379,225   |
| **Total Program Services**      | $1,697,369 | $1,822,223 |

| Supporting Services             |            |            |
| Management & General            | $256,094   | $173,878   |
| Fundraising                     | $12,969    | $32,751    |
| **Total Supporting Services**   | $269,063   | $206,629   |

| **Total Expenses**              | $1,966,432 | $2,028,852 |

| **Net Increase in Unrestricted Net Assets** | $102,305 | $50,451 |

| Changes in Temporarily Restricted Net Assets |            |            |
| Contributions                                | $4,500     | $18,350    |
| Net Assets Released from Restrictions        | $(11,00)   | $(310,844) |
| **Net Increase (Decrease) In Temporarily Restricted Net Assets** | $(6,500) | $(292,494) |

| **Net Increase (Decrease) in Net Assets**    | $95,805    | $(242,043) |

| Net Assets (Deficit), Beginning of Year       | $(51,072)  | $190,971   |
| **Net Assets (Deficit), End of Year**         | $44,733    | $(51,072)  |
Greater Detroit Area Health Council [GDAHC]
Healthy People. Healthy Economy.
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Cover photos generously provided by ACCESS and Vito Palmisano