

# Providing over 30 years of Dedicated Service to Michigan

Founded through bipartisan, governmental leadership



Renée Branch Canady, PhD, MPA Chief Executive Officer Michigan Public Health Institute

Dr. Renée Branch Canady serves as Chief Executive Officer (CEO) of MPHI; a unique public trust dedicated to advancing population health through public health innovation and collaboration. Prior to joining MPHI, Dr. Canady served as Health Officer and Director of Ingham County Health Department, where she led the expansion of the innovative and nationally known, Ingham County Health Equity Social Justice program. Dr. Canady has held faculty and leadership positions within the College of Nursing and the College of Medicine, Program for Public Health at Michigan State University where she developed a research trajectory in maternal child health and continues to serve as an assistant professor in the Division of Public Health. She has been highly influential in broadening the discussion on social determinants of health and vulnerable populations while serving on numerous national boards, review panels, and advisory groups including the Robert Wood Johnson Foundation (RWJF) County Health Rankings Scientific Advisory Group, the National Council on Black Health, and the National 10 Essential Public Health Services Task Force, whose charge was to update this foundational public health framework. Dr. Canady serves on the State of MI Coronavirus Task Force on Racial Disparities. She earned her PhD in Medical Sociology from Michigan State University, a master's degree in Public Administration from Western Michigan University and a bachelor's degree in Public Health Nutrition from the University of North Carolina at Chapel Hill.

## History

The Michigan Public Health Institute is a public-private partnership founded on strong bipartisan support to provide efficiency and innovation in addressing the public health needs of our state. Additionally, as it was founded, it was established as a non-profit entity in order to expand eligibility for a broader range of funding sources for which state government would not be eligible independently.

Figure 1. Michigan Public Health Institute

<b>Business Type</b>	Michigan Nonprofit created by MDPH/MDHHS under the authority of MCL 333.2611.
<b>Business Creation</b>	Public Act 368 of 1978 codified and added laws related to public health. PA 264 of 1989 amended Act 368 and gave MDPH/MDHHS the right to establish a nonprofit to carry out the purpose described. In 1990 MPHI was registered and incorporated with the SOM. MPHI was initially housed within the Michigan Department of Public Health (MDPH) in Lansing, MI from June 1990 until July 1993.
Purpose	STATUTE: The purpose of the corporation shall be to plan, promote, and coordinate health services research with a public university or a consortium of public universities within the state for perform tasks authorized in MCL 333.2611(3).
Board of Directors	The original Board of Directors consisted of twelve members, six of whom were appointed by MDPH/MDHHS and two each from University of Michigan, Michigan State University and Wayne State University. The Bylaws designated the Director of Michigan Dept. of Public Health as the MPHI Board president with a University representative as vice president and secretary/treasurer (but not from the same university). Also, one of the MDPH appointees was to be from local public health. Provisions in the Bylaws allow for as many as fifteen members. In the fall of 2005, membership was expanded to include a representative from business, media, and community-based organizations.
Funding	Contributions, payments, and grants from individuals and organizations, payment for services rendered, income from investments, and other sources that may be available. (Bylaws). Additionally, Public Act 67 of 2019, Appropriations states that The department may contract with the Michigan Public Health Institute for the design and implementation of projects and for other public health-related activities prescribed in section 2611 of the public health code, 1978 PA 368, MCL 333.2611. The department may develop a master agreement with the Michigan Public Health Institute to carry out these purposes for up to a 3-year period. The department shall report to the house and senate appropriations subcommittees on the department budget, the house and senate fiscal agencies, and the state budget director on or before January 1 of the current fiscal year all of the following: MPHI currently has a Master Agreement with the SOM.
IRS Determination	Tax exempt nonprofit corporation, 501(c)(3).

#### **Key Dates**

- PA 264 of 1989 gave MDPH/MDHHS the authority to establish a nonprofit to carry out specific public health activities. This public act amended Public Act 368.
- In 1990, MPHI was established as a nonprofit by MDPH/MDHHS and our Articles of Incorporation were created, it is expressly stated that MPHI is to be one of the means to carry out the specified purpose of Public Act 368 as amended and list them out verbatim.
- From that time, the State of Michigan, through multi-year appropriation Public Acts, named Michigan Public Health Institute as the agency that MDHHS can contract with and enter into a Master Agreements in order to carry out the purposes of Act 368. The most recent being PA 67 of 2019.

## **MPHI Value Proposition**

The legislature created MPHI to allow MDHHS to continue to meet the state's growing public health needs, from opioid addiction to growing senior health needs to addressing emergencies such as the current pandemic. Economic challenges within our state have elevated the importance of the state's partnership with MPHI which has remained cost efficient and financially conservative since its creation.

Figure 2.
2019 MPHI budget from MDHHS as a % of MDHHS Budget

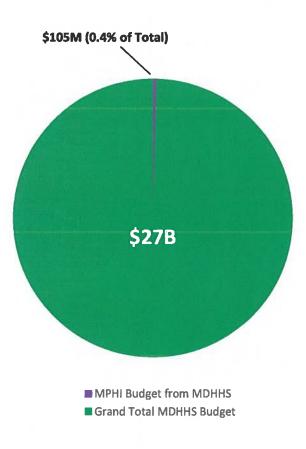


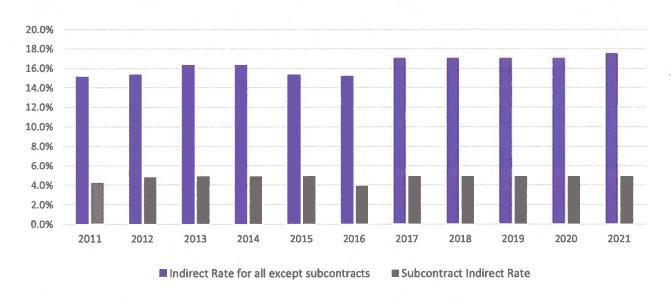
Figure 3.

2020 MPHI Budget from MDHHS as a % of MDHHS Total Budget with COVID Funding



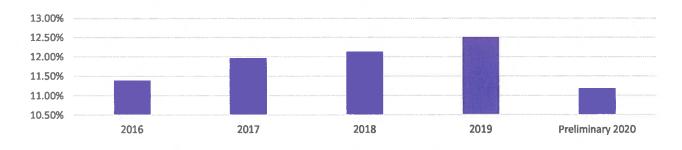
# MPHI Value Proposition - continued

Figure 4. MPHI Indirect Rates



MPHI's federally approved indirect cost rates have remained consistent over the last decade. In addition, the indirect rate applied to our subcontracts is significantly lower than the overall indirect cost rate.

Figure 5. MPHI Management & General Expenses



MPHI's management and general costs have not exceeded 12.50% of our budget over the last 5 years.

## **Accountability and Transparency**

As a public private partnership with decades of success, we are completely committed to ensuring transparency, equity and value in all government spending contracts, and all projects on which we work.

MPHI follows all federal, state, and local rules and regulations for financial management and contracting.

#### The following are examples of how organizational accountability and transparency are ensured:

- Annual Deliverable Report to the Michigan Legislature
- Quarterly reports of workplans and financial transactions to MDHHS through e-grams
- Periodic desk audits by MDHHS
- Quarterly reports to the MPHI Board
- Ongoing checks and balances by the MPHI administrative staff
- Annual audits by an objective, external firm
- Annual Reports of Institute accomplishments are publicly available on MPHI website
- Publicly available 990 form and financial statements

## **Exemplars**

#### State Innovation Model (SIM):

- MPHI wrote the grant which brought \$70 million to the state of Michigan for this initiative.
- MPHI worked closely with MDHHS to evaluate and implement the program.
- Funding went to community health innovation regions for delivery of service.

#### Adverse Childhood Experiences (ACEs):

- Partnered with Michigan Association of Health Plan's Foundation, home to the Michigan ACE Initiative.
- MPHI collaborated with MDHHS Chronic Disease Division to successfully to secure a CDC grant in the amount \$1.5 million over three years.
- Michigan was one of only four award recipients in the nation.

#### Michigan Pathways to Better Health (MPBH):

- MPBH brought \$14 million to Michigan between 2012-2016.
- During 2018, MPHI conducted a rigorous evaluation of Pathways outcomes related to Medicaid expenditures, hospitalization, and Emergency Department (ED) visits on behalf of MDHHS.
- MPBH project served approximately 8,000 Michiganders across 19 counties.

#### Michigan Care Improvement Registry (MCIR):

- After several years of consistently low child immunizations, the state worked with MPHI to create the Michigan Care Immunization Registry (MCIR).
- The work was funded by the U.S. Department of Commerce, the Robert Wood Johnson Foundation, and the Centers for Disease Control.
- MPHI assisted the state in successfully increasing the child immunization rate, building
  infrastructure, providing support to schools and providers, and tracking both child and adult
  immunizations.

# **Exemplars**- continued

#### **Coronavirus Pandemic Responses:**

#### • Personal Protective Equipment (PPE)

- o Public Act 123 of 2020 appropriated \$25 million for Personal Protection Equipment grants to community providers with frontline workers.
- o MPHI developed efficient strategies for accepting and processing thousands of applications, helping Michigan entities fulfill their PPE needs.
- o MPHI quickly developed the data collection system for applicants, awardees, and receipt submissions for the PPE Grant.
- o MPHI provided expertise to interpret and accurately apply the coronavirus relief fund criterion associated with this program.

#### • COVID-19 Rapid Response Initiative

- o In response to identified health disparities created by the COVID-19 pandemic, MPHI partnered on establishing a viable solution.
- o MPHI developed and managed the process to successfully distribute millions of dollars to community agencies serving diverse constituents.
- o In a span of three months 33 organizations were funded to resolve numerous needs and provide relief from pandemic-related problems.
- MPHI provided project and grant management, financial coordination, and evaluation.
- o An estimated 98% of the \$20 million was successfully expended.