



The Public Health Responsibility:

Responding to the Expected

AND the Unexpected

2020 MPHI ANNUAL REPORT



Advancing
Population Health
Through Public
Health Innovation
And Collaboration





A Message From Our CEO



Working in public health demands seeing around corners, expecting the unexpected, and always being ready to act. In 2020, we have seen two pandemics: a literal virus *infecting* our planet and the social “virus” of racism *affecting* our nation. We continue to stand with communities and people who have been plagued by both. We stand with those who have been marginalized, lifting their voices and putting health equity at the forefront of all of our work.

Renée Branch Canady, PhD, MPA

Chief Executive Officer, MPHI



Public Health Preparedness Is Understanding That Failing to Plan Is Planning to Fail

On March 16, like many other businesses across the country, MPHI quickly transitioned hundreds of employees from office workers to telecommuters while COVID-19 spread across the country. Thanks to our proactive IT department, our employees were working remotely and MPHI was fully operational within 24 hours. MPHI's digital transformation began in 2018, as our IT team led the way to ensure that employees would be able to work in the field and from home, if necessary.



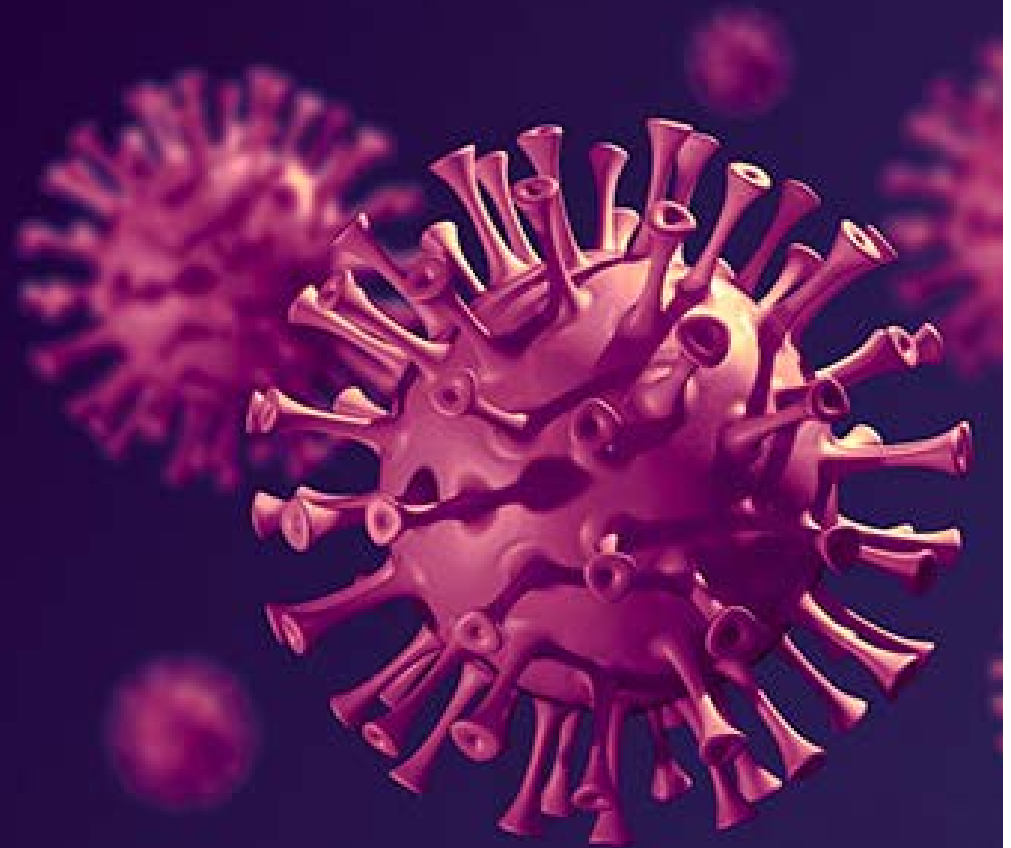
We completed a rapid transition to cloud-based storage and file sharing through Microsoft Office 365 and then began replacing all desktop computers with laptops, allowing for remote capability. Our employees were able to quickly adjust to virtual communication channels as we shifted to the Microsoft Teams platform. Despite the disruption and steep learning curve, it was a rapid transition to our new normal. This was due in large part to the technology, but also to the dedication and agility of our employees.

Strategic thinkers see big changes coming and MPH's leadership is committed to ensuring that our employees are prepared for the unexpected. We work with colleagues and partners to anticipate and respond to public health emergencies, particularly those on a larger scale. Public health practice requires us to continually plan, coordinate, review, and implement our operations, both internally and externally. We created an adaptable infrastructure allowing our employees to continue the important work that we do, securely, efficiently, and with quality and excellence.



Response to COVID-19:

*We Expanded Our
Capacity and Resources,
Supporting the State's
Response to COVID-19*



We Expanded Our Capacity and Resources, Supporting the State's Response to COVID-19

Community Health Emergency Coordinating Center (CHECC)

At the onset of the stay-at-home executive order, MPHI provided support for the MDHHS Community Health Emergency Coordination Center (CHECC). CHECC is activated during health emergencies and supports the State Emergency Operations Center by providing real-time public health information, subject matter expertise, and strategic countermeasure distribution to MDHHS leadership. MPHI deployed a team to work with the CHECC to support daily meetings and briefings, collect documentation, and send summaries to MDHHS leadership.

Rapid Response Initiative and Personal Protective Equipment (PPE) Project

As part of the PPE Distribution Project, MPHI coordinated with the state to develop a systematic approach to administer thousands of applications for the state's \$25 million PPE equipment grant. The MPHI team processed and verified thousands of transactions from grant awardees, provided oversight, and ensured compliance with state and federal requirements. This approach provided Michigan communities facing some of the most critical PPE shortages with the ability to purchase necessary PPE for those who needed it most.

The Rapid Response Initiative was a community-based project funded by the state's Coronavirus Task Force on Racial Disparities. The project provided funding for Michigan initiatives responding to community needs associated with the disparate impacts of COVID-19 on communities of color. MPHI managed 31 grants that were selected by the governor's coronavirus task force. This administrative support included financial, contractual, and payment processing.



Stay Well Crisis Counseling Program

The Stay Well Crisis Counseling Program was also a Rapid Response Project supported by Federal Emergency Management Agency (FEMA) disaster funding. MPHI was able to support MDHHS as they worked within the project's aggressive timeline to address the immediate needs of those struggling with COVID-19. With the assistance of MPHI, MDHHS was able to apply for and secure additional FEMA funding to provide continuing mental health support services to Michigan residents struggling to cope with emotional distress caused by the ongoing COVID-19 pandemic. These services included setting up a crisis counseling phone line to provide support and guidance to resources for Michigan citizens coping with the pandemic. The program has three primary goals: to validate, normalize, and humanize individual responses to the COVID-19 pandemic. An emergency behavioral health task force manages the grant program within the MDHHS Behavioral Health and Development Disabilities Administration. MPHI also supported the program with a project manager, outreach specialists, and an evaluation team. **The crisis counseling line provided emotional support to 1,101 Michiganders who may not typically use mental health and 211 services.**



Two Pandemics

We are living in a pandemic inside a pandemic; one, a new global virus, and the second, our country's persistent transgression; racism. We are keenly aware that systemic racism impacts our healthcare system, the courts, and our society. The senseless deaths of George Floyd, Ahmaud Arbery, Breonna Taylor, and so many others highlight what still largely determines one's safety and health - skin color.

We acknowledge that racism is a public health crisis. Racism is systemic and results in disproportionate access to opportunities leading to vast health and well-being inequities throughout communities of color. We cannot ignore this reality.



**Statements from
the Staff, CEO,
and Board**



A Cry for an End to the Pandemics

MPHI Staff of Color Affinity Group

While the country occupied itself with PPE and social distancing, a flagrant breach of social distancing resulted in the death of three important Black lives. As a matter of fact, it was the excessive, brutal, up close and physical contact that resulted in three murders that were almost overshadowed by the pandemonium of the COVID-19 pandemic. George Floyd, Ahmaud Arbery, Breonna Taylor—we state the names of those killed to honor their humanity. As we grieve these tragic losses, we are aware that the list of names who have been lost to this deadly pandemic feels endless. To be clear, the pandemic to which we attribute these unpardonable deaths is racism—and it has been deadly in our country and our world, long before COVID-19.

The racism pandemic has created and sustained systems that have almost guaranteed a disproportionate burden of disease among black and brown people. It continues to operate with efficiency and exactness. Racism not race is what contributes to the racialized outcomes we see in our country regarding poverty, education, economic opportunity, criminal justice and health.

In these and many other cases the descriptions of isolated incidents are presented to explain them away. Just like we know that isolating ourselves is also not the lone solution to ending COVID-19, minimizing these killings as isolated events ignores the white supremacist culture that has resulted in the lynching

of Black people, genocide of Native Americans, and all racially motivated killings in this country for centuries. It ignores the ways in which this culture has been baked into the structure of our society and institutions. Deadly racism is a painful piece of our United States' history and its continuing presence is reflected in the enduring pandemic of racism and anti-blackness across the globe. Yes, “white supremacy” and “anti-blackness.” These are difficult terms to reconcile; they cause the heart to ache and the mind to numb, much as is the case when being given a tragic diagnosis or perhaps being told you have COVID-19.

The killings of George Floyd, Ahmaud Arbery, and Breonna Taylor are not a coincidence. They are not simply “a horrible tragedy.” They are not isolated incidents. It will take intentional action to eliminate the deeply rooted impact of racism in all its forms; institutional, structural, cultural, and interpersonal.

Feelings

fuel

ACTION

As the Affinity Group for Staff of Color at MPH, we come to you in unity, as your colleagues, your peers, your leaders. We come draped in anger, disbelief, frustration, and pain. We come as



those who personally carry the evidence of loss and uncertainty. We come having had close relationships with a dear friend of George Floyd. We come having been personally confronted with the xenophobia caused by the divisive narrative of “the Chinese virus”, despite being an American of Asian heritage. We come as spouses of police officers and mothers of Black men. We come, bringing our full selves to work to sound the alarm at MPH.

The Cry for Action...

Our MPH core values are servant leadership, health equity and social justice, authentic relationships, and quality and excellence. To uphold these values, we cannot remain silent and must respond to the inhumane treatment of our Black brothers and sisters, and to the racism experienced by Indigenous and people of color. Let us remember that many of our staff, partners and those we serve are hurting at this time and will continue to hurt when the headlines subside. In addition to stressors and grief related to COVID-19, we are now also faced with collective trauma from the egregious murders of Black lives in recent weeks. The cumulative stress of ongoing experiences of racism has proven detrimental to mental and physical health. Although cell phone videos and social media are bringing attention to these horrific killings of Black people like never before, the experience of blatant racism and oppression for Black and other people of color predates it being brought to light via modern technology. Let us uplift each other and give each other grace to process, grieve and address this trauma in our own ways.

When the marches cease and when we are in the post-COVID-19 era our commitment to action for racial equity will remain. Collectively, we must continue our work to address racism and inequities at the individual, interpersonal, and institutional level at MPH and throughout our society. Undoing racism and anti-Blackness must be all of our work as we commit to dismantling the systemic racism and white dominant culture that is embedded in the foundation of our US institutions. It is time to deconstruct and rebuild!

It's Ok to Not Be Ok

A Heartfelt Message From Our CEO

“These riots dishonor the memory of George Floyd.” This has become the common retort, the common chorus. “People have a right to protest but they are tearing up their own communities.” Yet again, the road to blame is found. Always blaming, never taking responsibility, never seeing collective fault, seemingly devoid of compassion or mercy. This common chorus threatens to drown out the legitimate anthem that is now ringing ‘from sea to shining sea.’ It is an anthem that underscores the great worth of young Black men and all Black people. The COVID-19 pandemic has left no state untouched. Similarly, the pain of racism has left no state untouched, nor has the impact of racism bypassed those of us working at MPHI. This is a dark time, and hopelessness threatens to win the day.

Last Thursday, the Staff of Color Affinity Group began a group chat. It began with a check-in comment seeing if everyone was okay, and it concluded with the statement, “It’s okay to not be okay.” And a legitimate anthem began to rise among many in the Affinity Group: “I’m not okay.” And I count myself among those. As the mother of three young-adult Black men, I’ve found myself maladaptively coping since the murder of Ahmaud Arbery. His murder hit especially hard because my family share his hometown of Brunswick, GA, and my sons and I have spent many summers there. Yet ‘stand strong, you must be a leader’ was my self-talk.

And just as it seemed my knees would buckle, late Friday afternoon I received an email from two White members of our MPHI family. They wrote to express their “strong support for communities suffering from intolerable injustice and show willingness to become more actively anti-racist.” Wow, the strength of solidarity; the power of authentic relationship.

Today, I write to you as a citizen of the world and a member of the MPHI family who holds this privileged leadership role of CEO. I echo the collective words of the Staff of Color, “it’s okay to not be okay.” Many of us are not okay. If you are a member of our staff who is White, it is important to know that many of your colleagues of color are not okay. If you are a person of color working at MPHI, know that many of your White colleagues see the injustice and the racism. I would posit to say that what we each share as members of the MPHI family is a deep desire to DO SOMETHING.

And do something we shall! I will stand strong, and I will be a leader – doing so in the collective strength of our relationships and support of each other. I invite you to stand strong with me, because each of you are leaders as well. I look forward to constructing with you, our response that is not a one time “check the box” but rather that shifts who we are and how we do what we do and how we advance the impact of our



actions to deconstruct the consequences of racism in our society and our Institute, for we can't help but be influenced by our environment.

You will be hearing from your colleagues in the Staff of Color Affinity Group. You will also be hearing from those colleagues who reached out to me, suggesting that we establish an Affirmative Action Against Racism Affinity Group. And I look forward to receiving your suggestions and ideas for our collective response to racism and its damaging consequences. I am confident that solutions reside in us!

As MPHI employees, we are all public health professionals in each of the varying roles needed to assure that MPHI functions to fulfill our collective mission. My assumption is that if you are an MPHI employee, you personally resonate with our mission. You could be employed anywhere, but you are employed by an institute that has “health equity and social justice” as a core value, during a moment in history that begs for health equity and social justice. Our profession was founded to battle injustice, and battle together we will. Yes, it is a dark time, but Thomas Fuller stated in 1650, “it’s always darkest before the dawn,” and Francis Bacon said, “In order for the light to shine so brightly, the darkness must be present.” I am grateful for the light that so many of you hold and I look forward to our collectively building a response that uses MPHI as a bright platform for change.

With peace & solidarity,

Renée

Standing Proudly With MPHI Staff of Color Affinity Group

Statement From Board of Directors

The Board of Directors of the Michigan Public Health Institute (MPHI) stands proudly with the MPHI Staff of Color Affinity Group in their cry for an end to the pandemics, including the pandemic of racism. The Staff of Color Affinity Group has correctly stated “it will take intentional action to eliminate the deeply rooted impact of racism in all its forms; institutional, structural, cultural, and interpersonal”. To be clear, the killings of George Floyd, Ahmaud Arbery, and Breonna Taylor, and

many more resulted from racism. We declare unequivocally this is not acceptable. Racism is a public health crisis. The MPHI Board of Directors joins the Staff of Color Affinity Group in calling for work to address racism and inequities at MPHI and throughout society. The MPHI Board of Directors is made up of members from multiple races and backgrounds, but we stand with one voice in declaring Black Lives Matter. May our future actions prove this statement to be true.

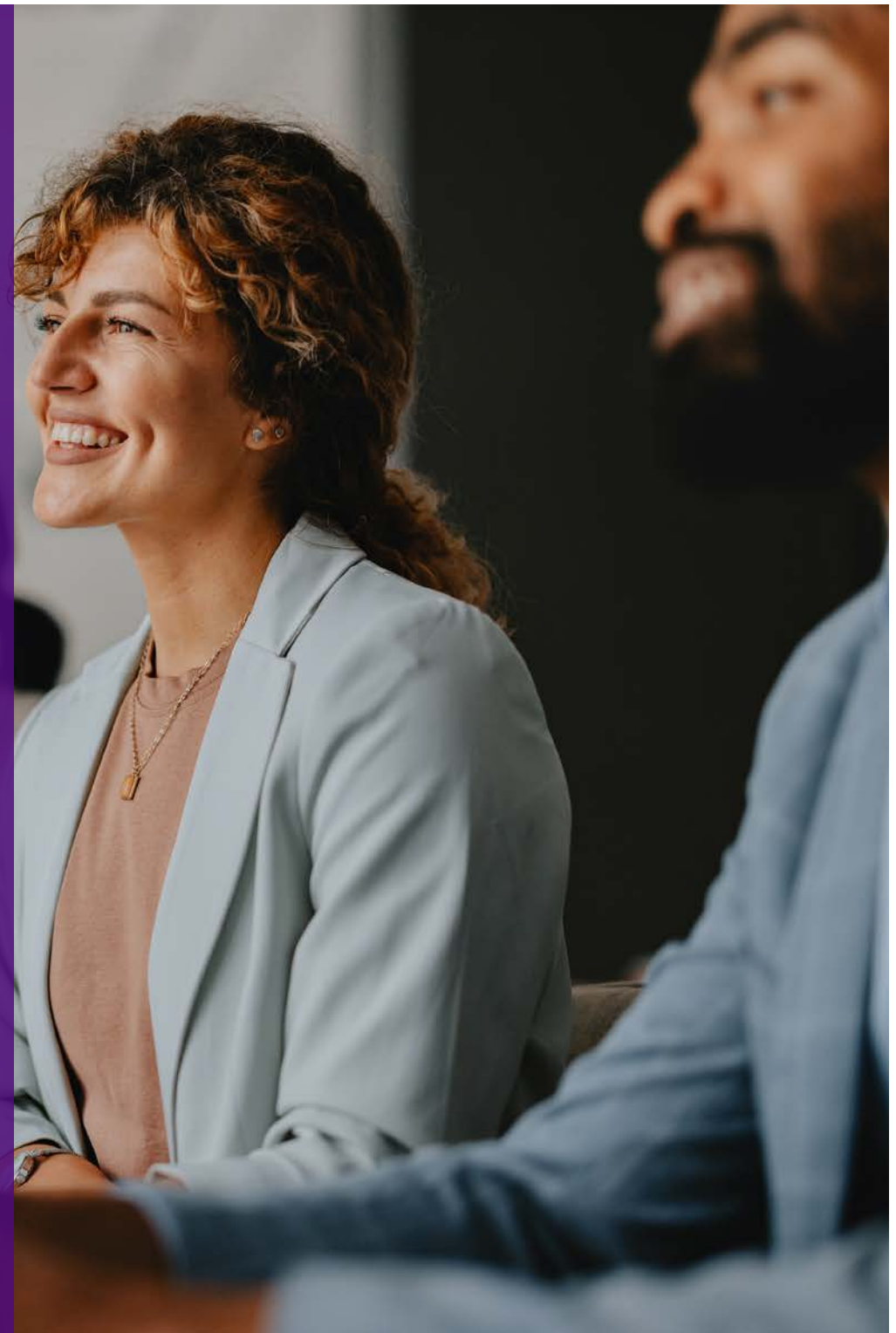


Our Work Never Stopped

We live in the unexpected and dedicate our lives to being of service to our children, parents, and communities across the country. Our passion and persistence drove our response to the growing public health demands throughout the year.



Project Highlights and Impacts



Addressing the Digital Divide in the MDHHS HIV STI Programs

Education and Communication Services (ECS)

The Education & Training team worked in close collaboration with the MDHHS HIV STI division to develop an assessment of the digital divide and training needs of subrecipient grantees and consumers. The assessment confirmed that the best way to deliver educational activities was through online learning. Our team worked to quickly learn how to transition in-person activities into a virtual environment, while keeping participants engaged and meeting the necessary educational requirements. By implementing this virtual space for people to continue their certification efforts, the virtual trainings have allowed people to maintain certification for the continuum of care of HIV diagnosed patients. This includes counseling, testing, referral, case management, and advocacy efforts.

Key Impact:

The Division can now leverage the robust virtual approach to not only meet Ryan White grant funded requirements, but also offer hybrid methods of learning in the future. ECS conducted 28 virtual activities within 4 months to serve the MDHHS HIV STI Programs.

The Chan Zuckerberg Initiative

Center for Culturally Responsive Engagement (CCRE)

MPHI partnered with Gradient Metrics and Creative Research Solutions to support the Chan Zuckerberg Initiative (CZI) on a rapid COVID-19 response project exploring the perspectives of the Black community on science and vaccines. We developed protocols, as well as recruited and interviewed Black community members in three cities with the highest rates of COVID-19 in the US — Miami, FL, Houston, TX, and Phoenix, AZ. This work included contributions from researchers, historians, and other professionals who have done work on the mistrust of Black communities toward science.

Key Impact:

Our findings will be utilized to inform the CZI response to alleviate the disproportionate burden of COVID-19 on Black communities as the world prepares for a vaccine and pandemic relief.

Michigan Certification and Regulation Database (MICARD)

Center for Technology Solutions (CTS)

MICARD was developed to support the MDHHS Department of Environmental Health, Healthy Homes Section Certification Enforcement Unit. This unit is responsible for managing state of Michigan licensure of lead abatement workers, supervisors, trainers, and firms. In addition, the unit oversees certification exams, conducts on-site professional reviews, and ensures regulatory compliance. MICARD replaced aging computer systems and consolidated multiple Microsoft Access databases to provide a single system to track professional and firm certification applications, exams, and license issuance and renewals. MICARD also maintains compliance tips and complaints, professional reviews, cases/appeals, fines, payments, and provides regulatory reporting. The next phase of development will include an online portal for professionals and firms to renew licenses and make online payments.

Key Impact:

MICARD now provides online renewals and merged a legacy system and multiple shadow systems into one system, providing ease of use.

myHealthButton and myHealthPortal (myHB/myHP) Training Center for Social Enterprise (CSE)

myHealthButton and myHealthPortal (myHB/myHP) are applications available to members of Medicaid, Healthy Michigan Plan, MiChild, and Children's Special Health Care Services (CSHCS) served by the State of Michigan. The applications are designed to help alleviate call volume of the beneficiary help line by allowing instant access to a person's Medicaid information, benefits, and claims. It empowers members by putting them in control of their health care benefits and services by providing real-time access instantly and securely. CSE provides trainings for non-profit organizations, health systems, and health departments on how to use the applications so they can share the information directly with consumers. The pandemic required quick adaption from the consumer engagement team to plan, develop, test, and implement a virtual version of the myHB/myHP training. Within two months, presentations, resources, training protocols and technology were implemented, transforming the training into a virtual offering that still continues today.

Key Impact:

The total linked accounts in myHealthButton grew 27% this fiscal year, getting us to over 90% of our target goal. Moving the training to a virtual platform has allowed more people across Michigan to participate. In 2020, the Consumer Engagement team has trained participants in 50 out of 83 counties.

Peer Support for Parents as Teachers Home Visiting Programs

Center for Healthy Communities (CHC)

MPHI supported home visiting professionals across the state as they rapidly adapted to the COVID-19 pandemic's limitation of in-person contact. In-home visits quickly shifted to virtual visits, supporting families facing extraordinary difficulties during the pandemic. In addition to providing the customary information and social support, home visiting programs developed solutions to help families with young children get essential resources such as food, diapers, and home products.

Many home visiting professionals experienced high levels of fatigue and secondary trauma as they managed the stressors and loss faced by the vulnerable families they serve. Observing the heightened stress experienced by home visiting staff, MPHI responded with additional support. In partnership with the Michigan Department of Education, MPHI offered a series of peer support virtual meetings for Parents as Teachers home visiting programs. These meetings created space for peer sharing, problem solving and reflection on the changes and impacts caused by the pandemic.

Key Impact:

The success of these virtual meetings, combined with the ongoing challenges home visitors, shared, led state home visiting funders to invest in Reflective Spaces support groups. A total of 148 home visiting providers are participating in the Reflective Spaces initiative that will continue for six months.

W.K. Kellogg Foundation Catalyzing Community Giving Evaluation Center for Culturally Responsive Engagement (CCRE)

CCRE launched a new partnership with W.K. Kellogg Foundation (WKKF) as a strategic learning and evaluation partner for their Catalyzing Community Giving (CCG) investment portfolio. The CCG grantees work collectively to increase philanthropic giving (time, talent, and treasure) in communities of color. The team quickly made the necessary adjustments to shift work that is traditionally done in-person to the virtual environment. MPHI provided a high level of service to WKKF and CCG grantees in support of their pandemic response to the communities they serve across the US, Haiti, and Mexico.

Key Impact:

During our shift to virtual convenings with WKKF staff and CCG grantees, we rapidly learned how to effectively host virtual gatherings across the globe (US, Haiti, and Mexico). We successfully worked to ensure language access for all attendees by working with partners who interpreted the live audio during our learning and evaluation meetings inside the virtual platform. Our written materials were also translated in Spanish and French Creole.

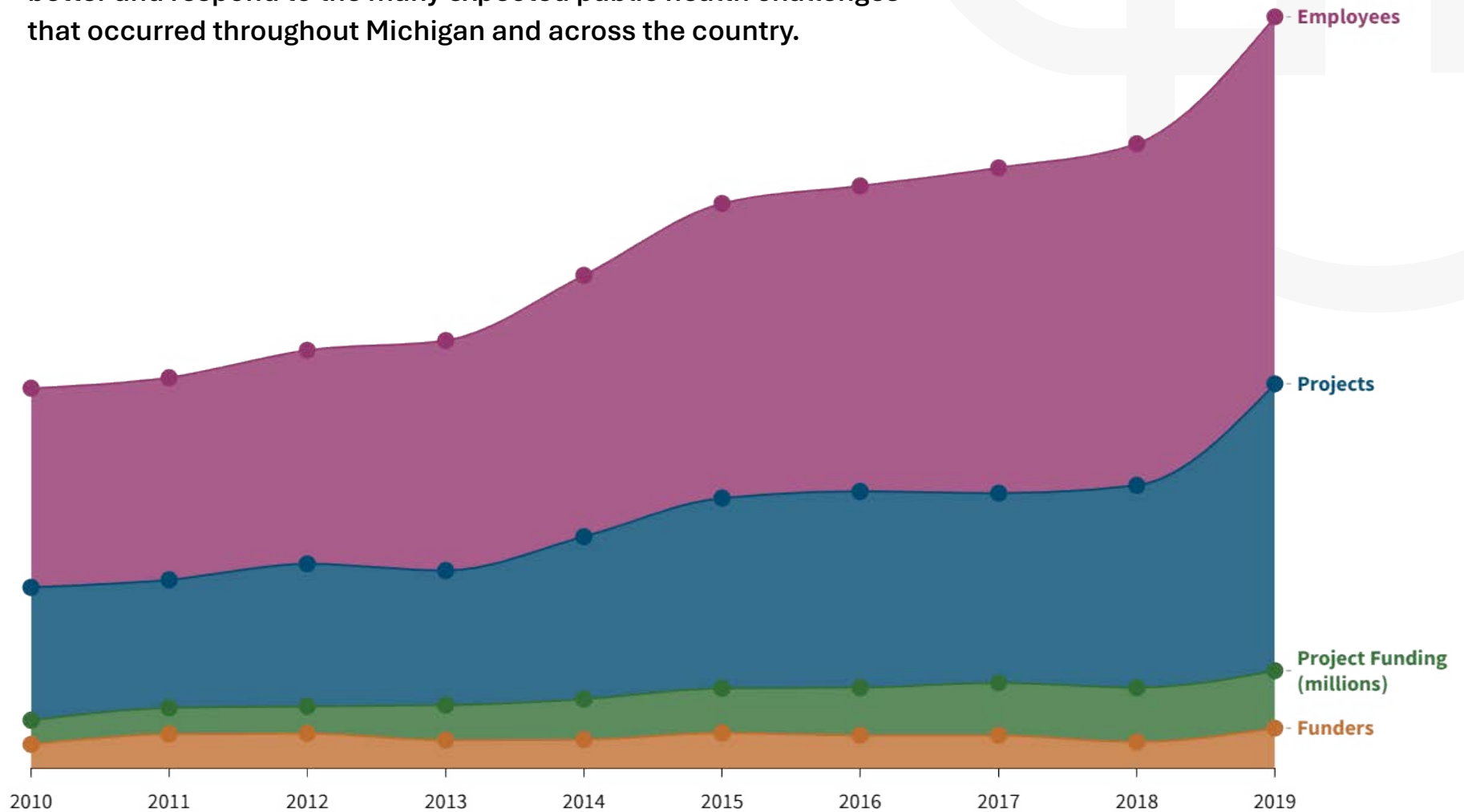


The Numbers

For ten years (2010-2019), the numbers told an expected story of the continuous growth of MPH. However, 2020 was an unexpected time for the institute as combating COVID-19 became a national challenge. This unprecedented circumstance demanded companywide mobilization and a collective effort from MPH to support the needs of MDHHS that was unlike any other year in our organization's history.

The Expected

During **2010-2019**, the years leading up to the 2020 pandemic, we experienced steady growth that positioned us to serve communities better and respond to the many expected public health challenges that occurred throughout Michigan and across the country.





Number of Employees for the Years 2010-2019

608

Employees in 2019

433

Employees in 2014

566

Employees in 2018

381

Employees in 2013

539

Employees in 2017

354

Employees in 2012

506

Employees in 2016

335

Employees in 2011

488

Employees in 2015

330

Employees in 2010



Project Funding for the Years 2010-2019

\$95

Million in 2019

\$67

Million in 2014

\$90

Million in 2018

\$58

Million in 2013

\$87

Million in 2017

\$45

Million in 2012

\$79

Million in 2016

\$43.5

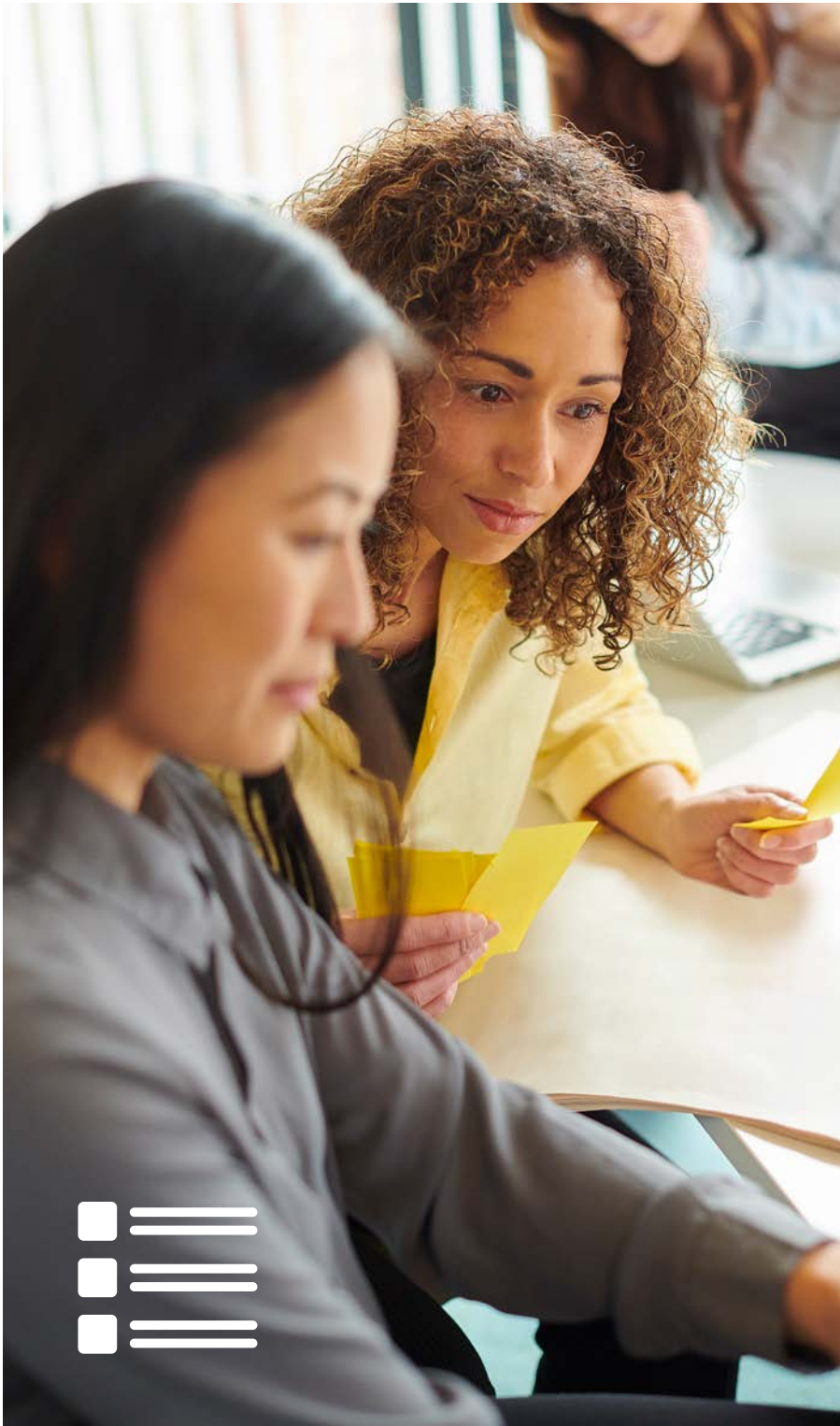
Million in 2011

\$74

Million in 2015

\$40

Million in 2010



Number of Projects **for the Years 2010-2019**

475

Projects in 2019

269

Projects in 2014

335

Projects in 2018

223

Projects in 2013

314

Projects in 2017

236

Projects in 2012

325

Projects in 2016

212

Projects in 2011

315

Projects in 2015

220

Projects in 2010





Number of Funders **for the Years 2010-2019**

67

Funders in 2019

48

Funders in 2014

44

Funders in 2018

47

Funders in 2013

55

Funders in 2017

58

Funders in 2012

55

Funders in 2016

57

Funders in 2011

59

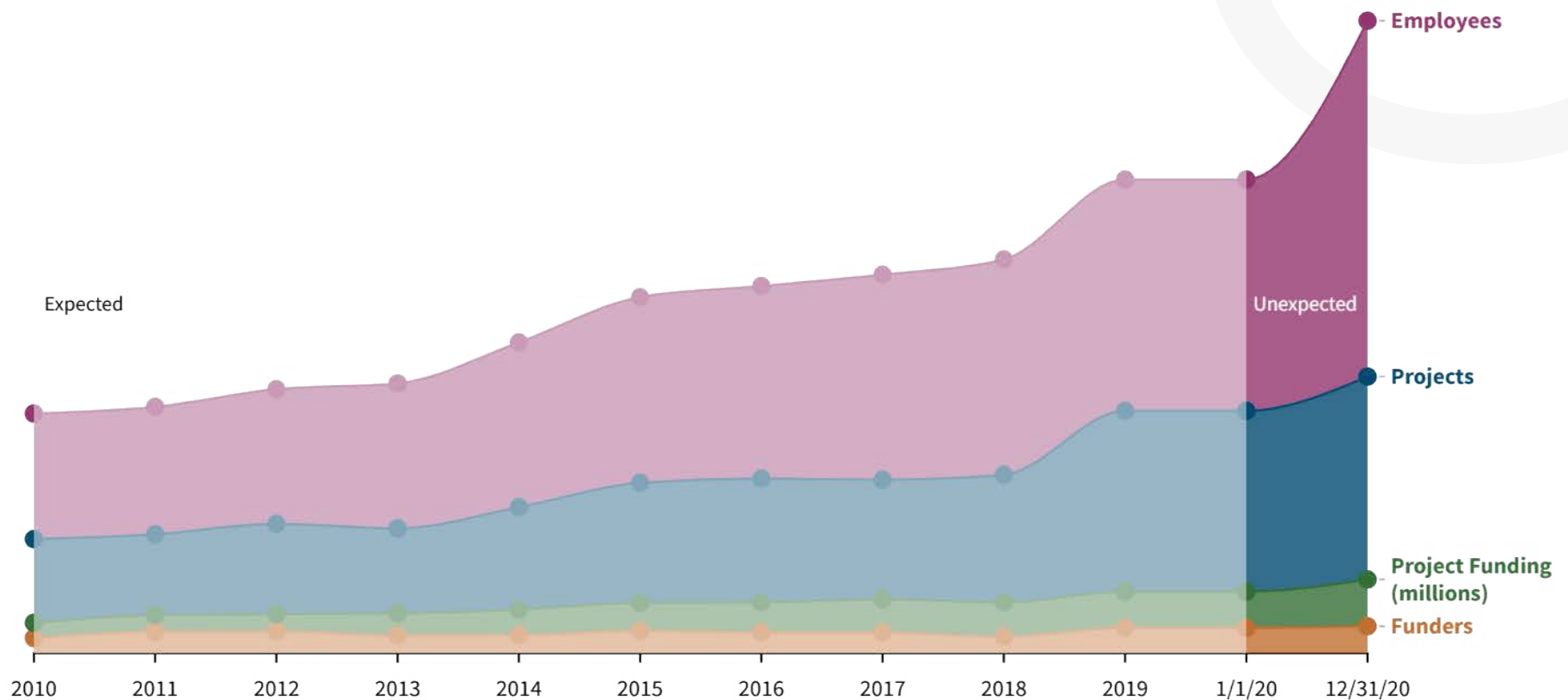
Funders in 2015

40

Funders in 2010

The Unexpected

Working in public health demands anticipating and addressing emerging health threats. At MPHI, we plan for the unexpected, and we were able to take immediate action and support MDHHS to combat the global pandemic. The unique circumstances of 2020 increased projects, funding, and staff capacity to effectively provide Michigan communities with the resources they needed to remain safe.





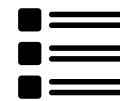
935 Employees

The dynamic challenges resulting from COVID-19 demanded **staff increases and surge hiring** to ensure Michigan was prepared to combat the virus.



\$123M Project Funding

In 2020, project funding increased, **with nearly \$40 million directly relating to projects responding to the unexpected COVID-19 pandemic.**



533 Projects

Responding to COVID-19 increased MPHI's overall project numbers, but our commitment to serving new communities and expanding our overall reach has continued to be a top priority.

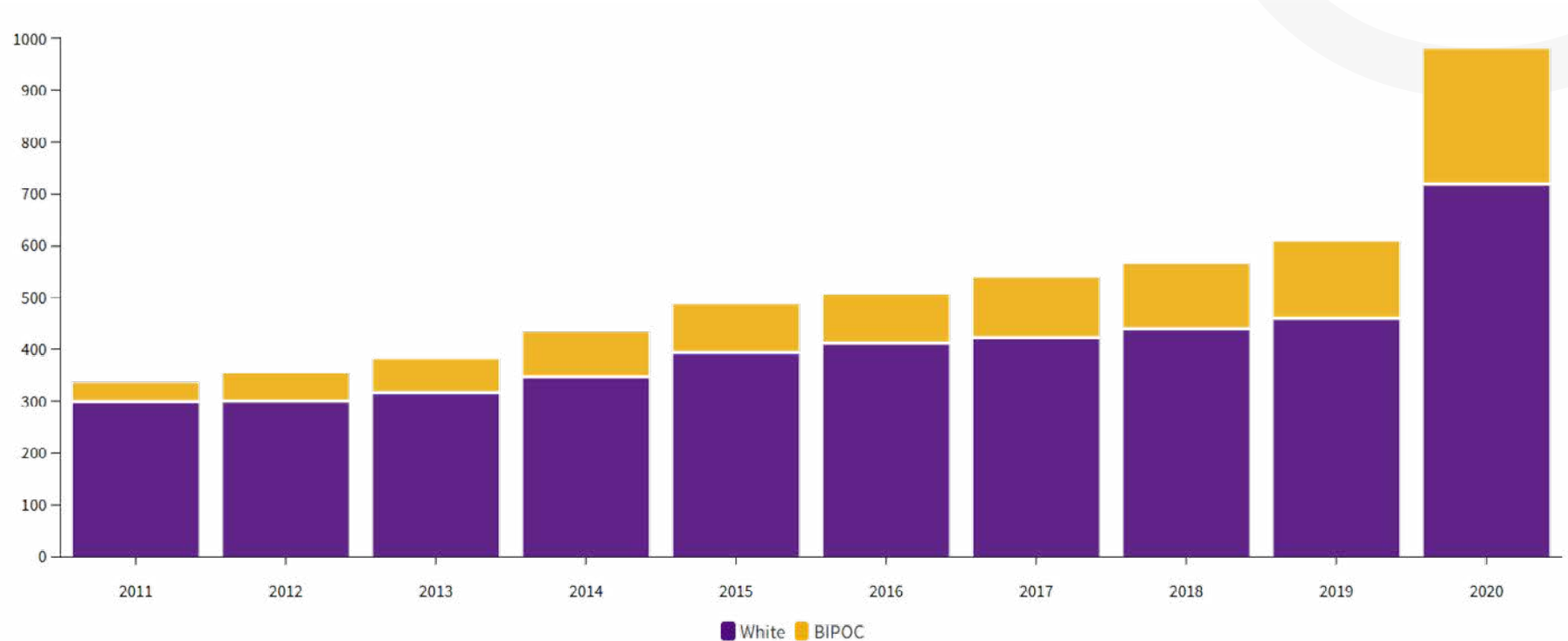


71 Funders

From government agencies to tribal organizations to the many foundations with whom we partner, **MPHI is honored to work with public health professionals on every level.**

Continued Progress

We are steadfast in our commitment to building a diverse and inclusive workplace, ensuring that we represent the voices of the communities we serve. Health equity and social justice are infused in our work, policies, and hiring practices. We are proud of continuously providing more opportunities for employment and diversification of staff on all levels. In the past ten years, we have seen consistent growth in our ability to recruit and retain Black, Indigenous, and People of Color (BIPOC).





Number of BIPOC Employees for the Years 2011-2020

261

Employees in 2020

94

Employees in 2015

148

Employees in 2019

86

Employees in 2014

126

Employees in 2018

65

Employees in 2013

116

Employees in 2017

54

Employees in 2012

94

Employees in 2016

36

Employees in 2011



Number of White Employees for the Years 2011-2020

719

Employees in 2020

394

Employees in 2015

460

Employees in 2019

347

Employees in 2014

440

Employees in 2018

316

Employees in 2013

423

Employees in 2017

300

Employees in 2012

412

Employees in 2016

299

Employees in 2011



Expanding and Sharing
Our Knowledge





175 Presentations

From conferences to webinars to townhalls, MPHI has continued to find new and innovative ways to deliver information to those who need it during this trying time.



850 Continuous Learnings

Throughout the pandemic, professional development of our staff remained a consistent priority. Through eLearning, online workshops, and dialogue-based facilitations we continued to expand our knowledge to better serve public health needs.



120 Publications

We share our research and findings, educating the public about critical health issues. This commitment continued in 2020 by releasing articles, reports, peer-reviewed publications and other resources to promote public health awareness.



Leading the Way

As an anti-racist organization, we battle racism explicitly, but not exclusively. Our commitment to health equity and social justice drives us to battle all forms of oppression and othering.

Continuing to Serve Our Communities



Advancing Justice Together (ADJUST) Workshop Continued Amid Pandemic

We made it a priority to continue offering the ADJUST workshop by quickly transforming the format and structure to a four-day virtual environment. To achieve the highest standard of health for all people, we must address the needs of those at the most significant risk of poor health, based on social conditions and the systems that create them. The Center for Health Equity Practice at MPHl works with groups to establish and apply an understanding of health equity to their work and daily lives. The ADJUST workshop offers dialogue-based sessions that illuminate how racism, classism, and other types of oppression are root causes of health inequity. MPHl's commitment to health equity and social justice is steadfast, never wavering during the pandemic.

Continuing to Serve Our Communities



Unyielding Service to Others: Renée Canady Appointed to the Michigan Coronavirus Task Force on Racial Disparities

Dr. Renée Branch Canady, CEO of MPH, was appointed to the Michigan Coronavirus Task Force on Racial Disparities. The COVID-19 pandemic has disproportionately impacted communities of color throughout our state. For example, while African Americans represent 13.6% of our state's population, they represent a staggering 40% of the deaths from COVID-19. This state's health and safety, and its residents, communities, and businesses, benefit from a task force devoted to thoroughly studying and developing strategies to immediately address this troubling disparity and the historical and systemic inequities that underlie it. The task force advises the governor, providing valuable insights into how best to engage with the community, local government, and health systems.

Continuing to Serve Our Communities



Demonstrating Servant Leadership: Jana Dean Appointed to the Early Childhood Investment Corporation Executive Committee

Jana Dean, MPHI's Chief Financial Officer, was appointed by Governor Whitmer to serve on the Early Childhood Investment Corporation (ECIC) Executive Committee. The ECIC is the state's focal point for information and investment in early childhood in Michigan so children can arrive at the kindergarten door safe, healthy, and eager for learning and life. The ECIC envisions a future where all young children and their families in Michigan thrive. They have worked collaboratively with partners across Michigan to make this a reality for the past 15 years. As a public organization, funded by federal, state, and private supporters, the ECIC has invested more than \$225 million to improve the social-emotional health, economic stability, safety, physical health, and school readiness of all children – focusing primarily on prenatal through age five.



We Live Out Our Values With Each Other

As new challenges arise, we remind ourselves that we are servant leaders and will use our values to guide our actions. Our culture is defined by our passion for public health and our dedication to the well-being of those we serve, our colleagues, and our partners.

Prioritizing Professional Development



We are living in unprecedented times. The trials of 2020 emphasized the tremendous importance of our public health work. Fulfilling our value of quality and excellence in the field of public health begins with the growth of our employees. Despite travel restrictions, we prioritized our staff's professional development by adopting virtual platforms like Franklin Covey, Unconscious Bias training, Fred Pryor, Leadership Academy, and Skillshare. Together, we continued to develop our interpersonal skills and professional knowledge, upholding our legacy of preparation and readiness to respond to any public health challenge.

Adapting to the New Environment



COVID-19 forced us to adapt to a new telecommuting world, and we took critical measures to ensure that our employees' professional, physical, and mental health remained strong. MPHI supplied staff with equipment, including laptops, monitors, and webcams, allowing full interactive engagement in meetings and group collaborations. The Institute took great care to listen to staff concerns and adjusted work schedules as much as possible to accommodate employees.

We recognize that mental and physical health are equally as important as professional stability. With this understanding, MPHI transformed the wellness program into a series of digital engagements, including a virtual 5K and team weight loss challenge. Together we have overcome new obstacles and remained united in our commitment to being advocates for each other's success.

Remaining Connected Across Our MPHI Community

Immediately after transitioning to a telecommuting work model, we recognized that consistent communication was pivotal for employees to remain connected to the Institute, peers, and leadership. Over the summer, the administrative team led multiple virtual meetings for MPHI staff. These gatherings provided a time to receive immediate updates on our company's status and a valuable support system to acknowledge those who have suffered and those we have lost. Our community continues to thrive because we honor authenticity and transparency with our colleagues, allowing us to grow, learn, and persevere together.





Our **Board**

Our board of directors represents professionals in the academic, media, and governmental sectors who share our core values and dedication to public service. Their wealth of knowledge and experience guide our growth.



MPHI Board of Directors

Elizabeth Hertel, MBA

Bengt Arnetz, MD, PhD, MPH, MScEPI

Holly Jarman, PhD

Renée Branch Canady, PhD, MPA

Angela Beck, PhD, MPH

Tim Becker, CPA

Beverly Allen, CPA

Debra Furr-Holden, PhD

James Giordano, MBA

Joneigh Khaldun, MD, MPH

Stephen Lanier, PhD

Sarah Mayberry, MPH

Phyllis Meadows, PhD, MSN

Angulique Outlaw, PhD

Lewis Roubal, MS

Lisa Stefanovsky, MEd