

**Reducing Unintended Pregnancy in Michigan
Michigan Department of Community Health
September 27, 2006**

Electronic Press Kit

TABLE OF CONTENTS

Press Conference Program	2
Press Release	3-4
Talk Early & Talk Often Fact Sheet	5-6
Plan First Fact Sheet	7-8
Provider Task Force Fact Sheet	9
Speaker Bios	
Dr. Kimberlydawn Wisdom	10
Barbara Flis	11
Dr. Thomas Petroff	12
Posters	
Women with Unintended Pregnancy...	13
What Parents Are Saying About Talk Early & Talk Often	14
Parent Confidence Level	15
Parent Conversation Rating	16
Parent Recommendation	17
Plan First Brochure	18-19

**Reducing Unintended Pregnancy in Michigan
Press Conference
September 27, 2006
11:00 a.m.
State Capitol Rotunda**

Welcome & Opening Remarks.....Dr. Kimberlydawn Wisdom,
Michigan Surgeon General

Talk Early & Talk Often Update.....Barb Flis,
Talk Early & Talk Often Program Coordinator

Plan First: Preliminary Report.....Dr. Wisdom

Introduction of the Provider Task Force.....Dr. Thomas Petroff,
Task Force Chairperson

Closing Remarks & Media Questions.....Dr. Wisdom



STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH

LANSING

JENNIFER M. GRANHOLM
GOVERNOR

JANET OLSZEWSKI
DIRECTOR

FOR IMMEDIATE RELEASE
September 27, 2006

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Granholtm Blueprint To Prevent Unintended Pregnancies Making Progress

Provider Task Force Established To Help Women Receive Information

LANSING – More than 50 community members and stakeholders joined Michigan Surgeon General Dr. Kimberlydawn Wisdom as the state recognized the progress made toward implementing Governor Jennifer M. Granholm’s blueprint strategy to reduce the number of unintended pregnancies statewide.

“I am thrilled that we have made such progress toward addressing unintended pregnancies in a short period of time,” Wisdom said at the Lansing event. “The statistics we already have clearly indicate promising news for Michigan now – and in the future. The work thus far is an excellent example of the Governor’s commitment to ensuring that women have access to the care they need.”

Since tackling this important health care issue, Michigan has made the following crucial first steps toward seeing reductions in the state’s unintended pregnancy rates:

- More than 11,500 women now have critical family planning services through the Plan First! program funded by a federal waiver the state applied for and received – over and above those who qualify for services under Medicaid. Michigan continues to add more than 250 women to the program each day, all of whom now have the ability to access critical family planning services. Plan First! extends family planning services to women at up to 185 percent of the federal poverty level.
- More than 800 middle school parents have been trained with the skills necessary to talk with their children about abstinence and sexuality in 62 Talk Early & Talk Often (TETO) pilot sites. Requests for the TETO curriculum have come from all across the United States, from as far away as Alaska and the Cayman Islands. Almost three months after the TETO pilot concluded:
 - 98 percent of parents reported the workshop increased their ability to “open the door” to talk with their middle schoolers.
 - 98 percent of parents reported that the workshop increased their ability to respond to questions their middle schoolers may have.
 - 99 percent of parents said they would recommend the workshop to other parents.

Wisdom also announced the formation of a new statewide Provider Task Force. This interdisciplinary group of 20 to 25 experts in women’s health will include physicians, social

-MORE-

workers, nurses and nurse practitioners, health plans, state and local public health, universities and medical schools, school-based health centers, and Title X clinics. Participants will reach out to underserved populations and those working with cultural minorities, and develop broadly disseminated reference information to support providers in effectively counseling women on how to not become pregnant unless the pregnancy is planned.

In announcing the program in July 2005, Granholm said parents should be the primary sex educators of their children, and we want to lead the way by giving them the tools they need to talk frankly about issues involving abstinence and sexuality.

“If all pregnancies were intended, the state would see significant reductions in infant mortality, child abuse, child neglect, and abortion,” Granholm added. “When armed with information and the tools they need to communicate effectively, parents can be instrumental in providing critical messages to their children that can help them abstain from sexual intercourse. By doing so, they can help them avoid early and unintended pregnancy as well as the threat of HIV and sexually transmitted diseases.”

The Michigan Department of Community Health’s Pregnancy Risk Assessment Monitoring System (PRAMS - a survey of maternal experiences and behaviors before and during a woman's pregnancy) data for the year 2001 shows that 40.6 percent of pregnancies were unintended.

The total cost to Medicaid for the delivery of a baby and first year of life is \$11,528 – with the cost of delivery averaging \$6,197 and the cost of first year of life services averaging \$5,331. In FY 2000, the state Medicaid program paid for prenatal, delivery and post-natal care of roughly 26,000 unintended births. Each birth cost Medicaid \$11,000, which translates to \$286 million in costs for Michigan.

If Michigan can reduce the number of unintended pregnancies by 10 percent, it would save the state over \$27 million in Medicaid expenditures annually.

“Ultimately, when we see the rate of unintended pregnancy in Michigan trend down, and gaps of health disparity around this issue begin to irrefutably close – that is when we will know that we also have begun to make a difference,” said Dr. Thomas Petroff, Chief Medical Officer of McLaren Health Plan/Health Advantage and chairperson of the Provider Task Force.

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Project Summary
September 27, 2006

Project Title:	<p><i>Talk Early & Talk Often:</i> The Governor's <i>Talk Early & Talk Often</i> Initiative is a 90-minute workshop for parents of middle school youth. The initiative was designed to support parents as the primary abstinence and sexuality educators of their children. The <i>Talk Early & Talk Often</i> workshops were created to help parents gain knowledge and skills to communicate with their middle school children about abstinence and sexuality.</p>
Innovative Initiative:	<p>Michigan Governor Jennifer Granholm is the first governor in the country to spearhead a formal parent education initiative on abstinence and sexuality. Through this initiative, Governor Granholm publicly acknowledges the importance of parents as the primary abstinence and sexuality educators, and gives parents the tools they need to help their children be healthy and safe now and throughout their lifetime.</p> <p>Michigan Surgeon General Dr. Kimberlydawn Wisdom, the first state surgeon general in the country, has been instrumental in the rollout and support of this initiative. As a result of Michigan's <i>Talk Early & Talk Often</i> initiative, Dr. Wisdom has been invited to serve on the Board of Directors of the National Campaign to Prevent Teen Pregnancy. As a member of the Campaign's Board of Directors she will lend her expertise as a state leader working on teen pregnancy and as a physician committed to public health.</p>
Overall Initiative:	<p>The <i>Talk Early & Talk Often</i> initiative is a vital component of the <i>Governor's Blueprint for Preventing Unintended Pregnancies</i>, a broad strategy that includes two other initiatives: increased access to family planning services for low-income women, and contraceptive equity for men and women.</p> <p>The <i>Governor's Blueprint for Preventing Unintended Pregnancies</i> came as a result of recommendations from an interagency workgroup with representatives from the Governor's Office, Department of Community Health, Michigan Department of Education, Department of Labor & Economic Growth, Michigan Women's Commission, Department of Human Services, and the Michigan Surgeon General.</p>
Project Goal:	<p>The goal of <i>Talk Early & Talk Often</i> is to increase parents' comfort level in talking with their middle school child about abstinence and sexuality; to equip them with the knowledge and skills needed to communicate with their children about these issues; and provide opportunities to practice these skills.</p>
Project Rollout:	<p>The <i>Talk Early & Talk Often</i> initiative was rolled out as a pilot in the Fall of 2005. Sixty-two workshops took place across Michigan in medical centers, worship centers, health departments, libraries, and public and parochial elementary, middle and high schools during October, November and December of 2005. More than 800 parents participated in the pilot workshops.</p>
Target Audience:	<p>The target audience is parents of middle school youth.</p>
Rationale for Target Audience:	<p>It is important to reach and connect with adolescents before they adopt risky behaviors and middle school is the perfect opportunity to do that. Survey results show that teen reports of ever having had sexual intercourse increase dramatically with grade level, so it goes without saying that the earlier and more often parents have open and honest dialogue with their adolescents, the less likely they will engage in risky behaviors.</p>

Workshop Description:	Talk Early & Talk Often is a 90-minute skills based workshop where parents will learn about ways to open the door to conversation about abstinence and sexuality; recognize and use teachable moments to communicate important facts and values; and have the opportunity to practice answering difficult questions.
Rationale for Workshop:	<p>Parents are the primary sexuality educators of their children and young people want and value information from their parents. Adolescents become informed from many sources (including the media) but they are not necessarily educated. Adolescents look to parents to help connect the dots on all of the information they have and to put it into a context that includes the family's values.</p> <p>An important key finding is that teenagers who feel highly connected to their parents (teenagers who report that their parents are warm, caring and supportive) are far more likely to delay sexual activity than their peers. This protective effect not only applies to sexual activity but is universal for all risk behaviors. (Source: Resnick. 1997 Journal of the American Medical Association)</p>
Measurement of Results:	<p>Parents were given a questionnaire prior to the workshop (pre-test) and at the end of the workshop (post-test). A subset of parents were surveyed via phone three months after the workshop (delayed post-test). In general, evaluation results were highly positive. As a result of the workshop, respondents indicated increases in the likelihood of initiating a conversation, confidence levels and skill levels when talking with their children about abstinence and sexuality. Below are some parent comments about what they liked about the workshops:</p> <ul style="list-style-type: none"> • <i>Well put together, excellent program</i> • <i>I really enjoyed the workshop. I was grateful to learn things and implement them in my family.</i> • <i>I was really happy to hear if you can bring yourself to talk about these subjects you are more likely to have responsible children.</i> • <i>Helped with how to teach <u>my</u> morals.</i> • <i>The introduction of tough questions you might get asked, and a good way to handle them.</i> • <i>To stay calm when asked questions – I learned how to respond appropriately.</i>
Media Coverage:	Talk Early & Talk Often drew positive attention from newspapers and media across the state as well as nationally. The initiative was featured in the November 21, 2005 issue of Newsweek , as well as in the July 8, 2005 Kaiser Daily Reproductive Health Report , and July 7, 2005 edition of USA Today . Since receiving national attention, Talk Early & Talk Often has become a much sought after program. Requests for the curriculum have come from all across the U.S., including Alaska, and from the Cayman Islands.
Current Status:	Seventeen Talk Early & Talk Often workshops were conducted after the initial pilot in the Spring of 2006. Funding is currently being sought to continue the initiative.
For More Information:	Information about the initiative can be found on the Governor's Michigan Parent Resources web site at www.michigan.gov/miparentresources . Click on Talk Early & Talk Often or contact Barb Flis, Project Coordinator at 248-538-7786 or Teto@michigan.gov .

PLAN FIRST!

On March 1, 2006, the Centers for Medicare and Medicaid Services (CMS) approved Michigan's submission of a Section 1115 demonstration waiver to provide family planning services to Michigan citizens meeting certain eligibility requirements. The demonstration waiver is approved for five years with an implementation date of July 1, 2006. This program will enable the Michigan Department of Community Health (MDCH) to provide family planning services to women who otherwise would not have medical coverage for these services.

Eligibility

Through this waiver, MDCH will offer family planning services to women:

- 19 through 44 years of age.
- Who are not currently Medicaid eligible.
- Who do not have full family planning benefits through private insurance, including Medicare.
- Who have family income at or below 185% of the federal poverty level (FPL). DHS will determine eligibility for this program.
- Who reside in Michigan and,
- Meet Medicaid citizenship requirements.

It is estimated that at least 200,000 women may meet this criteria. Beneficiary applications are available at local health departments, local Department of Human Services (DHS) offices, Title X clinics and on-line at www.michigan.gov/mdch. For more information, providers may call 1-800-292-2550.

Covered Services

A woman's coverage will continue for the duration of the waiver as long as the eligibility criteria are met. Program determinations will be completed annually. Family planning services are defined as any medically approved means, including diagnostic evaluation, pharmaceuticals, and supplies, for voluntarily preventing or delaying pregnancy.

There will be no patient co-pays for family planning services, supplies or pharmaceuticals. Services covered under this waiver include:

- Initial physical exam and health history, including patient education and counseling relating to reproductive health and family planning options;
- Annual physical examination for reproductive health/family planning purposes, including a pap smear and testing for sexually transmitted infections when indicated;

- Brief and intermediate follow up office visit related to family planning;
- Necessary family planning/reproductive health-related laboratory procedures and diagnostic tests;
- Contraceptive management including drugs and supplies;
- Insertion, implant or injection of contraceptive drugs or devices;
- Removal of contraceptive devices;
- Sterilization services and related laboratory services (as long as a properly completed sterilization consent form has been submitted); and
- Medications required incidental to or as part of a procedure done for family planning purposes.
- The Family Planning service benefit will not include coverage of abortions or treatment of infertility.

Service Delivery System

Professional services related to family planning will be available from and billed to MDCH by family planning clinics, primary care physicians (MDs and DOs) in public and private practice, and other Medicaid approved providers, i.e., Certified Nurse Midwives and Nurse Practitioners. In addition, pharmacies, laboratories and outpatient departments of hospitals are eligible to provide and bill for services, as appropriate, and Federally Qualified Health Centers (FQHC), School-Based/Linked Health Centers, Rural Health Clinics (RHC), Tribal Health Centers and the sub-grantees of the Title X publicly funded family planning agencies (including local health departments, Planned Parenthood clinics and private non-profit family planning agencies) will provide and bill for services as well. Family planning services are and will continue to be available statewide.

Access to Primary Care Services

Should a beneficiary need primary care services beyond what is covered under Plan First!, the provider may either provide the services and work with beneficiary to arrange payment options or they may refer or inform them how to access primary care services at the nearest Federally Qualified Health Center.

MDCH created a new enrollee application, the MSA 1582, and a brochure for this program (all available at www.michigan.gov/mdch). When completed, the MSA 1582 form can be either mailed or faxed to the DHS central office for processing. The central office address and fax number are found on the last page of the application and are found on the brochure.

Training

A training to discuss the Plan First program was completed on June 19, 2006. It can be viewed at www.planfirst.org

Provider Task Force

Governor's Blueprint for Preventing Unintended Pregnancies Fall 2006

Objective 3: ***Challenge and engage Michigan's health care community in a statewide effort to reduce Michigan's unintended pregnancies***

Champion: **Kimberlydawn Wisdom, MD, MS
Michigan Surgeon General
Department of Community Health**

Chairperson: **Thomas Petroff, D.O., F.A.C.O.O.G.
Assistant Professor MSU-COM Osteopathic Surgical Services,
MSU-CHM Dept. of Internal Medicine; Chair, Medical Directors'
Committee, Michigan Association of Health Plans; Chief
Medical Officer, McLaren Health Plan; Medical Director,
Women's Health Services ICHD**

The Problem: About 40.5 percent of all pregnancies in Michigan are unintended. There is a strong connection among unintended pregnancy, infant mortality and health disparity.

One Proposed Solution: Develop an evidence-based Preventive Service or Clinical Practice Guideline to address Pre-Conception Health with all women of childbearing age. Already included as a Michigan Quality Improvement Consortium (MQIC) Preventive Service Guideline, the expanded guideline will be:

- Evidence-based; easily accessible and practicable in provider office settings
- Co-branded by MQIC and the Michigan Primary Care Consortium
- Broadly adhered to across the payer mix
- Consistent with the well-practiced MQIC process for adoption and implementation
- Available via electronic prompts, printouts and a desk reference card
- Measurable through chart audits and electronic medical records
- Communicated to patients using automated prompts and health-literate, culturally appropriate messages at the point of service, using proven tenets of behavior change (e.g., Readiness to Change model)
- A Michigan standard of care that can then be recommended as a national prototype and a possible HEDIS measure
- Supported by a best-practices website for providers and others working in the social sector

Task Force Membership: 15- to 20-member group of health care providers specializing in women's health, to include physicians (OB-GYN, FM, IM, PEDI, EM), nurses/a nurse midwife, a community-based/Medicaid or Title X provider, representatives of Michigan Primary Care Consortium, Michigan Quality Improvement Consortium, a county health department, health plan quality management, provider education and medical informatics; school-based health; college health; psychology/social work; homeless and underserved; major universities/medical schools; and those working with cultural minorities.

Task Force Commitment:

Two, two-hour fall 2006 meetings in the Detroit or Lansing area. Meetings likely will occur on Tuesdays. Two additional meetings may be held in 2007 as needed.

Michigan's First Surgeon General Kimberlydawn Wisdom, MD, MS

In February 2003, Governor Jennifer M. Granholm took an important first step toward revitalizing public health in Michigan by appointing Kimberlydawn Wisdom, MD, as Michigan's—and the nation's—first state-level Surgeon General to address Michigan's less than desirable health status.

When Governor Granholm appointed Dr. Wisdom, she asked that Dr. Wisdom serve as an unbiased, non-partisan, evidence-based, best practices advocate for the health of our citizens. In addition, Dr. Wisdom was charged with rebuilding the public health system, developing public health policy, and building collaborative partnerships. Dr. Wisdom has been leading Michigan's public health promotion and disease prevention efforts.



Since she was first appointed, Dr. Wisdom has traveled the state as part of her “Surgeon General Rounds.” She has met with thousands of Michigan citizens, health providers, voluntary associations, policy leaders, business leaders, educators, scientists and researchers, and elected officials across the state.

As Michigan Surgeon General, Dr. Wisdom has focused on physical inactivity, unhealthy eating habits, childhood lead poisoning, tobacco use, chronic disease, infant mortality, unintended pregnancy, coordinated school health, HIV/AIDS, health disparities, suicide, and economic and social implications of not engaging in prevention activities. In 2004, she released the *Healthy Michigan 2010: Surgeon General's Health Status Report*, an evidence-based, scientific report highlighting the health status of Michigan citizens across ten focus areas. The report helped to align Michigan's health status goals with the *Healthy People 2010* goals for the nation. She also released the *Michigan Surgeon General's Prescription for a Healthier Michigan*, which outlines strategic priorities and recommendations for action to preserve, protect and promote Michigan's health. In 2004, Dr. Wisdom launched *Michigan Steps Up*, her statewide healthy lifestyles campaign. She also leads Michigan's childhood lead poisoning prevention and control efforts and currently serves as chairperson of the *Childhood Lead Poisoning Prevention & Control Commission*. In 2005, Dr. Wisdom and Governor Granholm released the *Governor's Blueprint for Preventing Unintended Pregnancies*. She was a guest on ABC Nightline and has presented to several national audiences, such as the National Governor's Association and the Congressional Black Caucus.

Prior to her appointment as Surgeon General, she served as the Founder and Director for the Institute on Multicultural Health at Henry Ford Health System. Dr. Wisdom has been a board-certified Emergency Medicine Physician at Henry Ford Health System for more than 20 years and an Assistant Professor of Medical Education at the University of Michigan Medical Center. She was also the founder and director of a community-based health screening initiative entitled “AIMHI” (African American Initiative for Male Health Improvement). In 2002, she was appointed to the Centers for Disease Control and Prevention Diabetes Translation Advisory Committee. Dr. Wisdom also received a Racial and Ethnic Approaches to Community Health (R.E.A.C.H.) grant to implement and evaluate a community action plan designed to decrease health disparities of African Americans and Latinos with diabetes in the Detroit area. She has presented her diabetes research and service-related work at regional and national meetings and had several publications and book chapters.

Barbara Flis

Barbara Flis, founder of Parent Action for Healthy Kids, has worked for nearly two decades on initiatives that connect homes, schools, and communities to improve the health and well-being of children. She cites her early PTA experiences as the driving force for her activism in children's health that has led her to serve as a member of a panel of experts assigned to write guidelines for Family and Community Involvement in Health, Mental Health and Safety in Schools for the American Academy of Pediatrics.

Ms. Flis also served as Chair of the Schools Committee for the Michigan Surgeon General's Michigan Steps Up Campaign and was most recently appointed by Governor Jennifer Granholm to coordinate the ***Talk Early & Talk Often*** initiative.

Ms. Flis is a highly respected speaker both statewide and nationally because of her expertise and unwavering belief that every parent has the power to make a difference.

**Thomas P. Petroff,
D.O., F.A.C.O.O.G.**

Dr. Thomas Petroff is a board-certified specialist in Obstetrics & Gynecologic Surgery and Assistant Professor of Osteopathic Surgical Services at Michigan State University's College of Osteopathic Medicine and the Department of Internal Medicine at the College of Human Medicine. Dr. Petroff is Chief Medical Officer of McLaren Health Plan/Health Advantage, which is currently ranked 22nd in the nation by NCQA and U.S. News and World Report for Medicaid HMOs, and has served as Chairman of the McLaren Health Care Corporation Senior Medical Leadership Committee since its inception in 2004.

Dr. Petroff is also Chair of the Medical Directors' Committee for the Michigan Association of Health Plans, and Medical Director of Women's Health Services for Ingham Community Health Centers – a safety net clinic for Ingham County that has doubled its volume of deliveries since 2001 and has helped substantially decrease neonatal mortality in the county.

In 2006, Dr. Petroff was appointed to the State of Michigan Cervical Cancer Task Force by Governor Jennifer Granholm. He also serves as Chairperson of the Unintended Pregnancy Provider Task Force, member of the Michigan Department of Community Health Family Planning Medical Advisory Sub-Committee, and representative to the Michigan Cancer Consortium.

Dr. Petroff earned his Doctor of Osteopathy Degree at the College of Osteopathic Medicine at Michigan State University in 1991 and has a Bachelor's Degree in Biology from Kalamazoo College. He worked as an Intern at Bi-County Hospital in Detroit, Michigan and a Resident with the Michigan Hospital and Medical Center OB/GYN Consortium Program contiguous with Hutzel Hospital in Detroit until 1995. His current research areas include Bariatric Surgical outcomes for the State of Michigan, comparison of pap smear modalities and the role of progesterone in preterm labor.

Dr. Petroff's awards and professional accomplishments include: Detroit Riverview/Macomb Hospital First Place Senior Research Paper, Michigan Healthcare Corporation Leadership Award, The Michigan Hospital and Medical Center OB/GYN Consortium Program Director's Award, Golden Apple Teaching Award at Michigan State University College of Osteopathic Medicine, The Governors Award of Excellence for Improving Preventive Care in the Ambulatory Care Setting, and the Patient Satisfaction Award - Excellence in Specialty Care from Blue Care Network of Michigan.

Women With an Unintended Pregnancy Are...

- ☑ 3.9 times more likely to receive little or **no prenatal care**
- ☑ 2.8 times more likely to experience one or more **stressors**
- ☑ 2.2 times more likely to **smoke** during pregnancy
- ☑ 1.3 times more likely to deliver a **low birth weight baby**

What Parents Are Saying About

Talk Early
TALK
OFTEN ...

“[The workshop] didn’t tell me what to believe, but affirmed the importance of my values.”

“I found new ways to talk to my kids.”

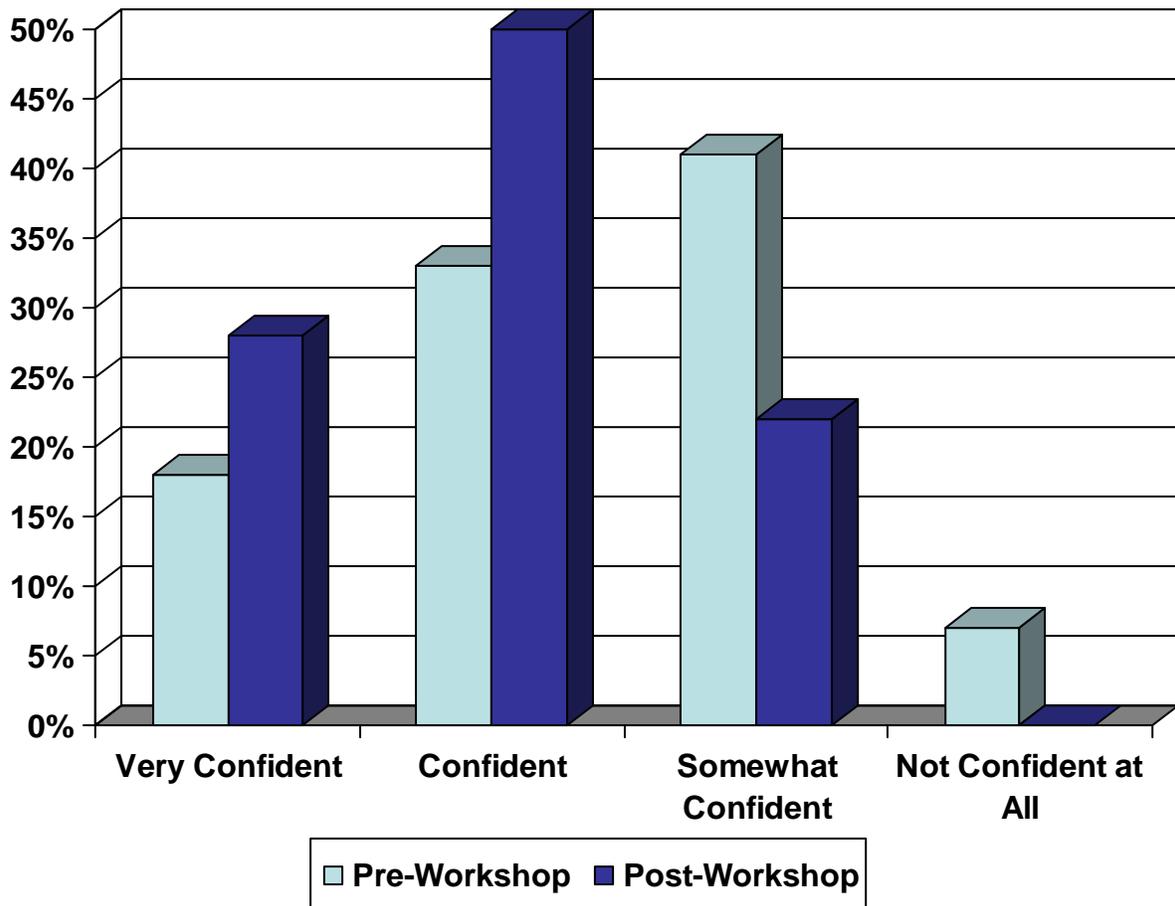
“These are really important subjects. This was time well spent.”

“Well put together, excellent program.”

“Some days I feel like I’m the only mom who experiences difficulties, but I’m not.”

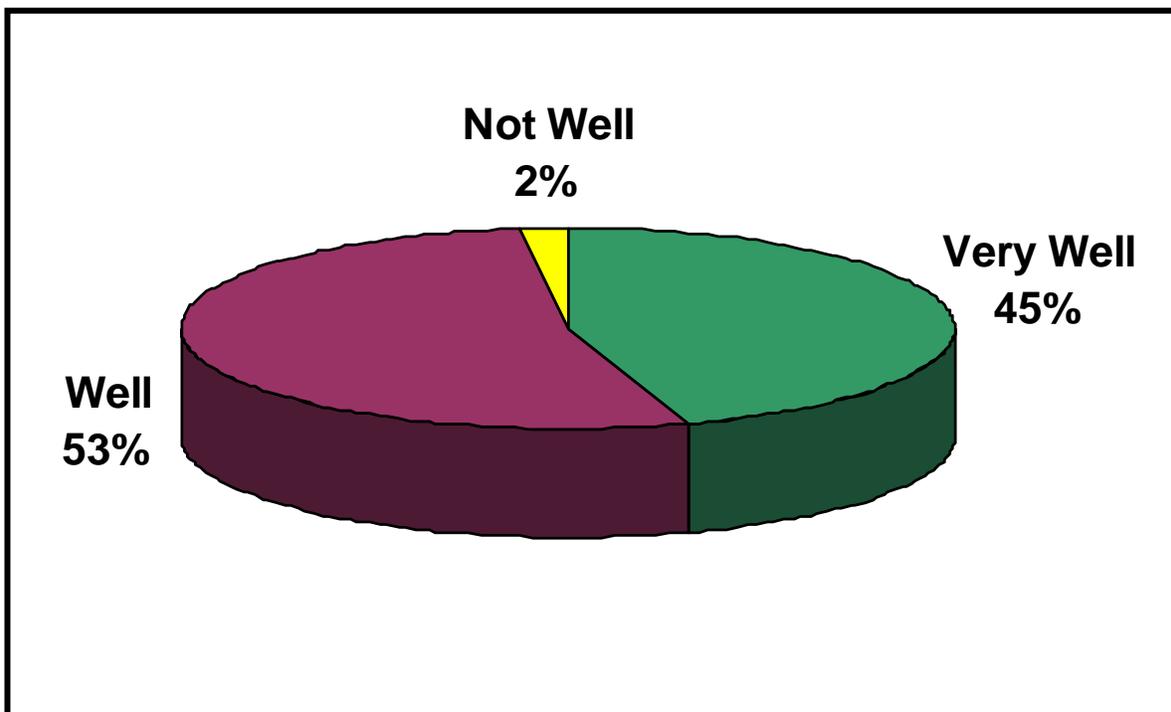


Parents' Confidence Level When Talking About Sexuality with Their Middle Schoolers (Pre- and Post-Workshop Results)





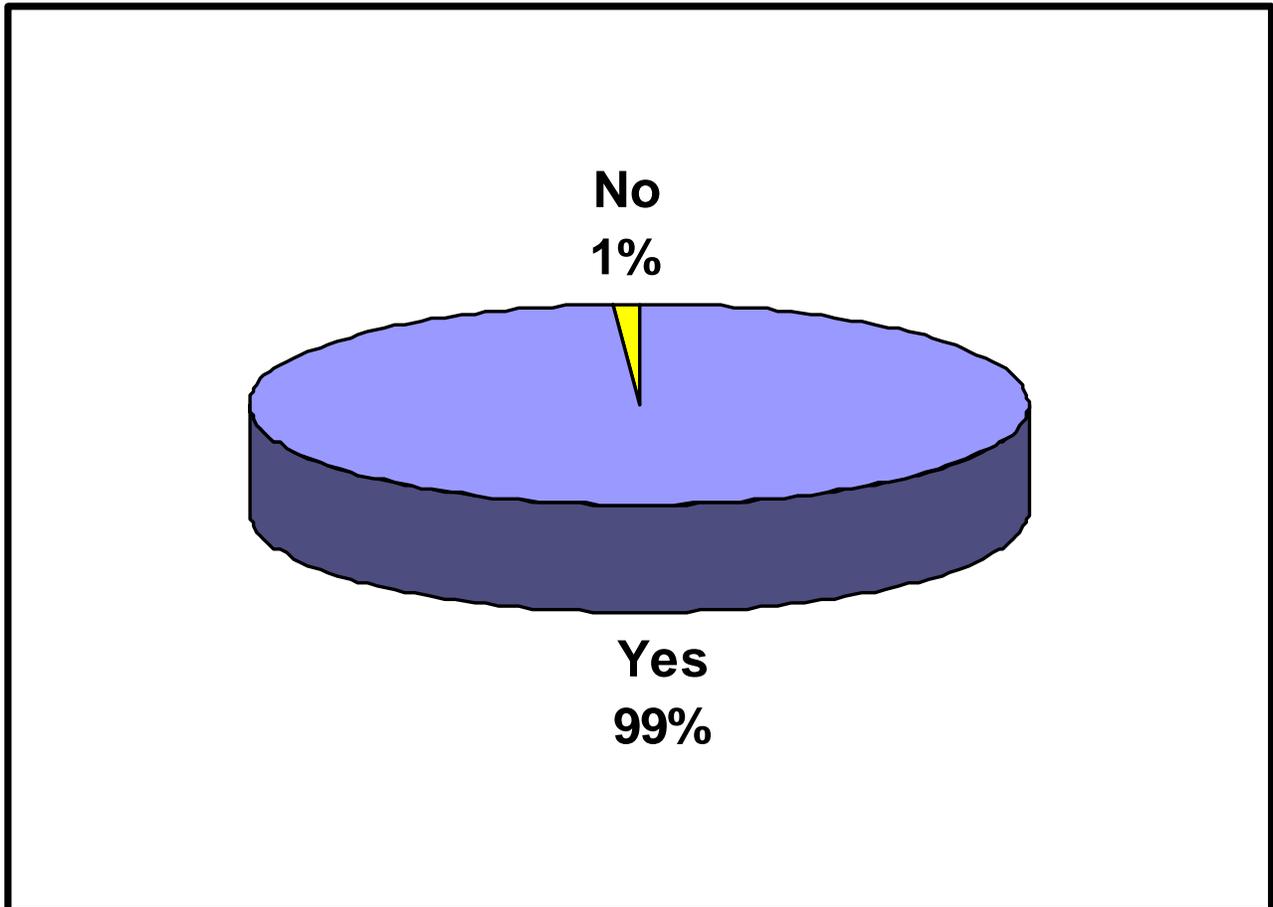
Parents' Rating of Conversation with their Middle Schooler* (Post-Workshop)



*Almost 90% of parent respondents had talked with their middle schooler about workshop topics related to sexuality and abstinence after the workshop.



Parent Responses to:
*“Would you recommend the workshop
to other parents?”*
(Post-Workshop)



WHAT KIND OF INFORMATION DO I NEED TO PROVIDE?

You need information about the following to apply:

- ◆ Income
- ◆ Social Security number
- ◆ Age
- ◆ Marital status
- ◆ Medical insurance (if you have other insurance)
- ◆ Living arrangements

HOW DO I FIND OUT MORE ABOUT OTHER MEDICAID PROGRAMS?

For more information about other programs contact one of these agencies:

- ◆ Your local DHS office
- ◆ Your local health department



FOR MORE INFORMATION CONTACT:

PLAN FIRST!

Family Planning Program

PO Box 30412
Lansing, Michigan 48909
1-800-642-3195 (toll-free)
TTY 1-866-501-5656
www.michigan.gov/mdch

*Michigan Department
of Community Health*



Jennifer M. Granholm, Governor
Janet Olszewski, Director

For questions and/or problems, or help to translate, call the Beneficiary Help Line at 1-800-642-3195 (TTY 1-866-501-5656).
Spanish: Si necesita ayuda para traducir o entender este texto, por favor llame al telefono **1-800-642-3195** (TTY 1-866-501-5656)
Arabic: 1-800-642-3195 (TTY 1-866-501-5656)

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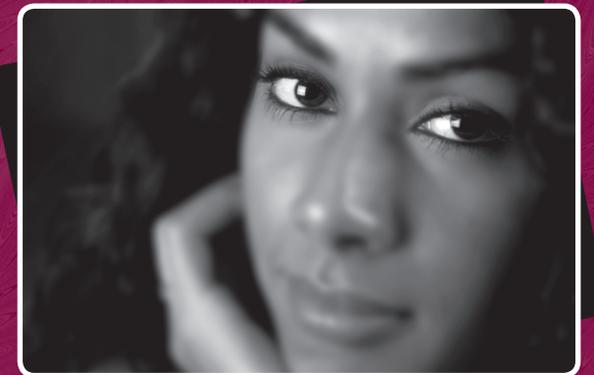
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200,000 copies printed at .04 cents each with a total cost of \$8,338.75

PLAN FIRST!

Free family planning services



Family planning helps you decide when to have a baby. This helps you and your babies stay healthy.

Family planning is more than just birth control. Family planning includes screening services that help find serious health problems, such as low blood iron, high blood pressure, and infections sooner.

WHAT'S COVERED?

- ◆ Office visits for family planning-related services
- ◆ Prescriptions for birth control
- ◆ Contraceptive (birth control) supplies and devices
- ◆ Lab tests
- ◆ Treatment of sexually transmitted infections
- ◆ Some sterilizations for women 21 years of age and older

Coverage for abortions and infertility are not covered under this program.



WHO IS ELIGIBLE?

“Plan First!” will provide services to women who:

- ◆ Are age 19 through 44 years
- ◆ Are US citizens or qualified immigrants
- ◆ Are Michigan residents
- ◆ Meet monthly family income limits
- ◆ Have a Social Security number or have applied for one
- ◆ Are not receiving Medicaid

HOW DO I GET MORE INFORMATION ABOUT PLAN FIRST! OR GET HELP APPLYING?

- ◆ For information or to get an application
 - Go to your local Department of Human Services (DHS) or Health Department
 - Call 1-800-642-3195
 - Go to the Michigan Department of Community Health web page - www.michigan.gov/mdch

This new program has been approved for up to five years, beginning in mid-2006.

HOW DO I APPLY FOR PLAN FIRST?

You must submit a signed application. You can authorize someone to act for you. You can apply for these benefits at your local Department of Human Services (DHS) or by mail. In addition, a number of community agencies, such as your local health department, offer help in applying for the “Plan First!” family planning program. You can print an application from our web site - www.michigan.gov/mdch.

Once you have filled out and signed your application, mail to:

Plan First!
PO Box 30412
Lansing, MI 48909

