

TOBACCO TAX FUNDS REPORT

(FY 2011 Appropriation Bill - Public Act 131 of 2009)

April 1, 2011

Section 213: The state departments, agencies, and commissions receiving tobacco tax funds and healthy Michigan funds from part 1 shall report by April 1 of the current fiscal year to the Senate and House of Representatives appropriations committees, the Senate and House fiscal agencies, and the state budget director on the following: (a) Detailed spending plan by appropriation line item including description of programs and a summary of organizations receiving these funds. (b) Description of allocations or bid processes including need or demand indicators used to determine allocations. (c) Eligibility criteria for program participation and maximum benefit levels where applicable. (d) Outcome measures used to evaluate programs, including measures of the effectiveness of these programs in improving the health of Michigan residents. (e) Any other information considered necessary by the House of Representatives, Senate appropriations committees, or the state budget director.

*Michigan Department
of Community Health*



Rick Snyder, Governor
Olga Dazzo, Director

Healthy Michigan Fund – FY 2010 Report

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH FY 2010 Medical Services Program Tobacco Tax Report

Healthy Michigan Fund

In FY2010, \$24,574,700 of the Healthy Michigan Fund was appropriated as match for Medical Services and leveraged \$67,362,100 in federal Medicaid dollars to provide health care services to Medicaid beneficiaries.

Medicaid Benefit Trust Fund

In FY2010, \$382,839,500 of Medicaid Benefit Trust Fund was appropriated as match for Medical Services and leveraged \$1,049,407,000 in federal Medicaid dollars to provide health care services to Medicaid beneficiaries.

Health & Safety Welfare Fund

In FY2010, \$5,766,830 of Health and Safety Welfare Fund was appropriated as match for Medical Services and leveraged \$15,807,600 in federal Medicaid dollars to support Disproportionate health care services to cover uncompensated hospital costs.

Wayne County Tobacco Tax

In FY2010, \$5,263,700 of Wayne County Tobacco Tax was appropriated as match for Medical Services and leveraged \$14,428,500 in federal SCHIP dollars to provide outpatient health care services for Adult Benefit Waiver beneficiaries in Wayne County.

Summary of Medical Services Tobacco Tax Match Revenue			
Revenue	Total	Tobacco Tax	Federal
Healthy Michigan Fund	\$91,936,800	\$24,574,700	\$67,362,100
Medicaid Benefits Trust Fund	\$1,432,246,500	\$382,839,500	\$1,049,407,000
Health & Safety Welfare Fund	\$21,574,400	\$5,766,830	\$15,807,600
Wayne County Tobacco Tax	\$19,692,200	\$5,263,700	\$14,428,500
Total	\$1,565,449,900	\$418,444,800	\$1,147,005,200

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

HEALTHY MICHIGAN FUND REPORT



For The Period October 1, 2009 to September 30, 2010

Healthy Michigan Funds are used to support behavioral and public health activities at the community level. Activities and accomplishments are evidence of positive steps being taken to reduce preventable death and disability in Michigan residents. These local activities have a direct impact on many of the 25 Michigan Critical Health Indicators.

This portion of the Healthy Michigan Fund Report presents highlights of FY 2010 accomplishments for all the Healthy Michigan Fund projects, their indicators of success, along with future goals for FY 2011.

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Healthy Michigan Fund – FY 2010 Report

Appropriations # - 11352
Cancer Prevention and Control

FY 10 Funds Appropriated
\$823,000

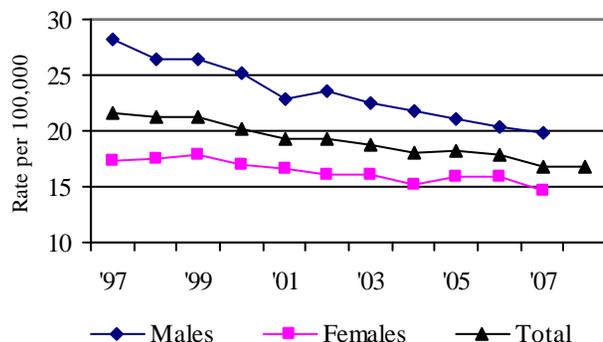
FY 11 Funds Appropriated
\$ 824,100

Project Name: Cancer Prevention and Control

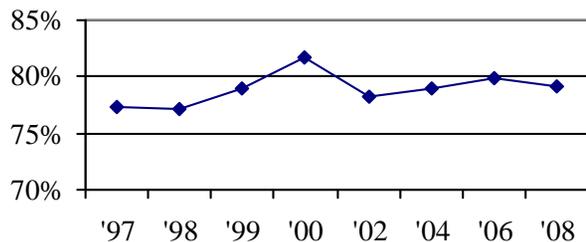
Target Population: Adult residents of Michigan.

Project Description: Reduce cancer mortality and morbidity in Michigan residents. Four programs receive Federal grant funds plus Healthy Michigan Funds to accomplish this goal: 1) Michigan's Breast and Cervical Cancer Control Program (BCCCP) provides access to breast and cervical cancer screening and follow-up services. If diagnosed with breast or cervical cancer through the BCCCP, women then qualify for treatment through Medicaid. 2) The WISEWOMAN (WW) Program provides healthy lifestyle interventions to reduce risk of chronic disease for women enrolled in BCCCP. 3) Michigan's Comprehensive Cancer Control Program is coordinated by MDCH and implemented by the Michigan Cancer Consortium (MCC), a statewide network of 113 public and private organizations, committed to reducing mortality from cancers with the greatest cost and disease burdens for Michigan citizens. 4) Michigan's Colorectal Cancer Early Detection Program provides eligible men and women access to colorectal cancer screening and follow-up services.

Age Adjusted Colorectal Cancer Mortality
Rate per 100,000 by Gender



Mammography within Past 2 years
among Women Age 40+



Source: State BRFSS
Time Trend in Colorectal Cancer Screening and Mortality, Michigan
1996-2008

Project Accomplishments for FY 2010:

- BCCCP's assigned caseload was met by 31,139 women ages 40 to 64 receiving services; over 8,000 women ages 40 to 49 received screening mammograms funded by Healthy Michigan Fund.
- BCCCP exceeded national standards for promptness in obtaining diagnostic services for women with abnormal screening exams and timeliness of starting cancer treatment.
- Women enrolled in BCCCP and at average risk for colorectal cancer (CRC) were provided patient navigation, educated about risk for CRC, and asked to participate in the state funded Michigan Colorectal Cancer Screening Program (MCRCSPP). 612 women were screened by fecal occult blood tests (FOBT). Five colonoscopies were performed due to positive FOBTs and 18 polyps were removed. Of these, 10 polyps were found to be pre-cancerous.
- In FY 2010, the Michigan WISEWOMAN Program provided chronic disease risk factor screening to 4,499 women enrolled in the Michigan Breast and Cervical Cancer Control Program. The program identified 232 women with newly detected high blood pressure, 219 women with newly detected high total cholesterol, and 119 women with newly detected diabetes. The WISEWOMAN Program provided healthy lifestyle interventions to 4,252 of those women to reduce modifiable risk factors such as obesity, high blood pressure, high cholesterol, low HDL cholesterol, tobacco use, and physical inactivity.

Project Goals for FY 2011:

- Provide screening mammograms to 11,500 low-income women ages 40 to 49 enrolled in the Breast Cancer & Cervical Cancer Program (BCCCP).
- Increase colorectal cancer public awareness and screening rates of Michigan men and women through the federal and state funded Michigan Colorectal Cancer Early Detection Program (MCRCEDP). Provide screening by FOBT or colonoscopy to 1100 low-income men and women in 37 Michigan counties who are uninsured or under insured and at average or increased risk for colorectal cancer.
- Screen and provide healthy lifestyle interventions for up to 4,700 low-income women through the WISEWOMAN Program to reduce risks associated with high blood pressure, high cholesterol, diabetes, smoking, obesity, and physical inactivity.

Healthy Michigan Fund – FY 2010 Report

Appropriations # - 11380
Chronic Disease Prevention

FY 10 Funds Appropriated
\$890,300

FY 11 Funds Appropriated
\$893,000

Project Name: Cardiovascular Health

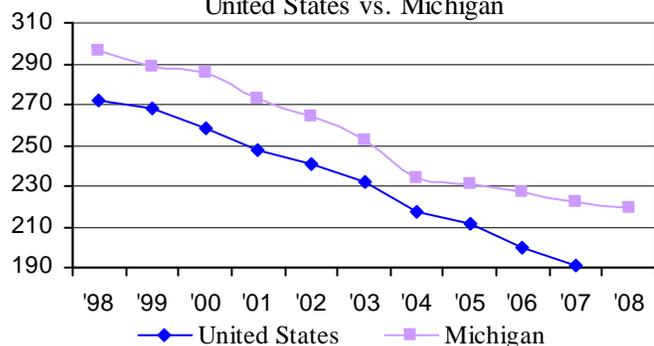
Target Population: Michigan residents with a special emphasis on high-risk populations.

Project Description: To prevent and improve the management of cardiovascular disease and its risk factors with a goal of decreasing morbidity, premature mortality, and healthcare costs due to heart disease, stroke, and obesity. Funds are distributed primarily through a competitive process. State matching funds were used to bring to Michigan an additional \$1.5 million in federal funds.

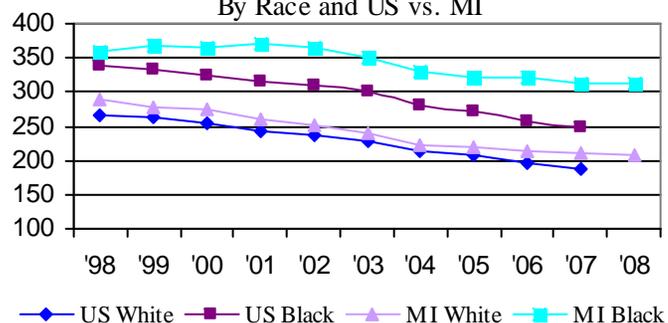
Project Accomplishments for FY 2010:

- **Heart Disease & Stroke Programs:** Expanded registry and quality improvement programs as follows: funded 36 hospitals to improve treatment for stroke reaching 7,327 patients; funded 22 cardiac rehabilitation programs impacting 3,026 clients; funded 5 hospitals targeting 994 patients to improve the care provided to heart failure patients; and offered educational or training programs to 3,705 professionals. Implemented initiatives to improve blood pressure control impacting 500 providers and 15,000 patients. Collaborated with hospitals and community organizations to improve awareness of risk factors and signs and symptoms of heart attack and stroke reaching 23,000 people. Launched and promoted free online resources for professionals, public, and community groups on high blood pressure control. Provided educational programs statewide to EMS providers. For the above hospitals participating in registry and quality improvement programs, there was a 15% improvement in national performance measures reflecting high quality care.
- **Healthy Communities Initiatives:** Provided grants and tools to 12 local health departments covering 29 counties to implement changes supporting healthy eating and increased physical activity with over 2 million residents impacted. Local communities leveraged \$1 million in additional funding to support their work to improve residents' healthy lifestyle. Partnered with 24 African American churches to incorporate healthy eating and physical activity practices and to increase access to fruits and vegetables for surrounding communities. Expanded work in Complete Streets and Safe Routes to School programs improving community access to physical activity in 15 communities.
- **Obesity Prevention Projects:** Grants and technical assistance provided to 300 low-income schools to improve healthy eating, health education, and physical activity affecting change for over 200,000 students and families. 40 Head Start sites were funded to enhance healthy eating and physical activity impacting over 5,000 children. In addition, Healthy Kids, Healthy Michigan continued to move forward childhood obesity prevention policies, such as state nutrition standards for schools, body mass surveillance, and childcare nutrition and physical activity standards.

Age-Adjusted Heart Disease Death Rate
United States vs. Michigan



Age-Adjusted Heart Disease Death Rate
By Race and US vs. MI



Source: DVRHS, MDCH

Project Goals for FY 2011:

- **Heart Disease & Stroke Programs:** Continue registry and quality improvement programs: fund 35 stroke registry hospitals to improve treatment for stroke targeting over 7,000 patients; fund 22 cardiac rehabilitation programs impacting over 3,000 clients; fund 4 hospitals for heart failure improvement targeting over 800 patients; and continue educational or training programs for healthcare professionals. Expand initiatives to improve blood pressure and cholesterol control for providers and the public. Promote community awareness for signs and symptoms of heart attack and stroke and continue collaboration with EMS on regional systems of care planning.
- **Healthy Communities Initiatives:** Provide grants and tools to 26 local health departments working in over 54 counties to implement changes supporting healthy eating and physical activity with a potential impact of 3 million people. Support Complete Streets and Safe Routes to School initiatives in collaboration with national efforts. Expand faith-based initiative to 40 African American churches to improve healthy eating and physical activity behaviors.
- **Obesity Prevention Project:** Expand projects to improve healthy eating and physical activity levels of children in over 325 Michigan low-income schools and 50 Head Start sites. Continue collaboration with Healthy Kids Healthy Michigan five year policy agenda focusing on state nutrition standards for schools, childcare nutrition and physical activity standards, and access to healthy food through community and school gardens.

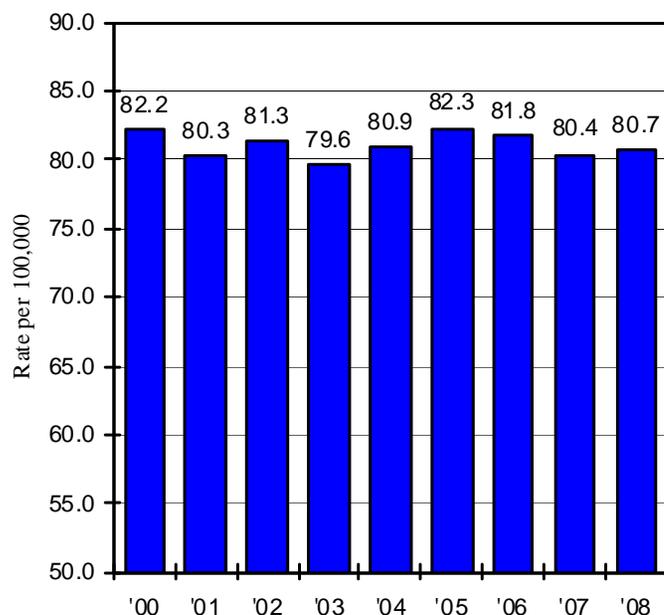
Healthy Michigan Fund – FY 2010 Report

Appropriations # - 11363
Diabetes Program

FY 10 Funds Appropriated
\$805,200

FY 11 Funds Appropriated
\$805,200

Michigan's Age-Adjusted Diabetes-Related
Mortality Rate



Source: Vital Records & Health Data Development Section, MDCH.
*Rate age-adjusted to 2000 US population standard using ICD-10 codes as of 1999.

Project Name: Diabetes Program

Target Population: Persons at-risk for or with pre-diabetes, diabetes and/or kidney disease.

Project Description: Funds are distributed to agencies and organizations providing educational, consultation, consumer-based and other services intended to prevent the onset of diabetes, reduce mortality/morbidity from diabetes and kidney disease and to improve quality of life for persons with diabetes and/or kidney disease.

Project Accomplishments for FY 2010

- 7,108 participants were enrolled in National Kidney Foundation of MI community-based programs to prevent diabetes and reduce healthy disparities in high-risk populations, including Dodge the Punch and Healthy Hair, Regie's Rainbow and Healthy Families. Eighty-eight percent of the clients in Healthy Hair and Dodge the Punch made at least one healthy lifestyle change because of what they learned in the programs. Over 60% of Healthy Families and Regie's clients reported adopting at least one healthy behavior.
- Personal Action Toward Health (PATH), Michigan's name for the evidence-based Stanford Chronic Disease Self-Management Program, reached 1,568 program completers in 209 workshops, helping them to build the skills needed for day-to-day management of chronic diseases. Twenty-seven percent of these persons indicated they have diabetes. Ninety-four percent of persons completing PATH reported using a learned healthy lifestyle technique and 95% indicated that they would continue to use techniques that they have learned.
- Four PATH classes were held in tribal communities.
- The YMCA Diabetes Prevention programs, in three Lansing area YMCAs, use physical activity and weight loss to reduce risk of diabetes. The YMCAs delivered 12 7-week sessions to 70 participants. Of the YMCA Diabetes Prevention program participants completing post-tests, 52% lost weight for an average loss of 2.3% of their initial body weight and 45% increased their physical activity over previous levels.
- Project Initiative for Diabetes Educational Advancement and Support (IDEAS) conducted two targeted high risk community diabetes screening events (screening over 150 people), four diabetes education sessions and one diabetes support group for underserved African-Americans in Southwest Michigan.

Project Goals for FY 2011

- The number of participants enrolled in NKFM programs will maintain at 7,100 in FY 11. Sixty percent of NKFM program clients will report adopting healthy behavior.
- The number of participants enrolled in PATH will increase from 1,568 in FY 10 to 1,700 in FY 11. Ninety-five percent of persons with diabetes in PATH will report they intend to continue to use healthy lifestyle techniques learned.
- Provide technical assistance to Michigan Native American tribes, especially in the area of diabetes prevention. Tribes will hold three PATH classes and one five-week Diabetes Prevention class.
- Hold nine five-week Diabetes Prevention classes in the Lansing area through the YMCA's, reaching 70 participants. Expand YMCA programs into two new areas – Marquette and Jackson.
- Project IDEAS will hold three community diabetes screening events, three diabetes education sessions, one diabetes support group, and two Diabetes Prevention Program sessions for African-Americans in Southwest Michigan.

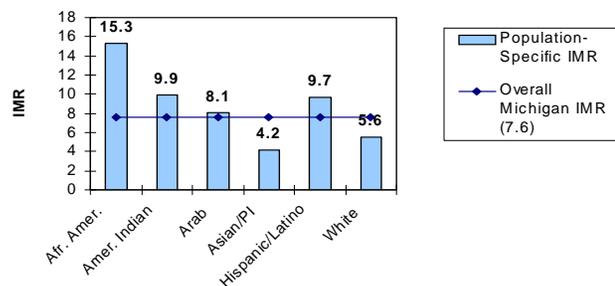
Healthy Michigan Fund – FY 2010 Report

Appropriations # - 11268
Minority Health Grants and Contracts

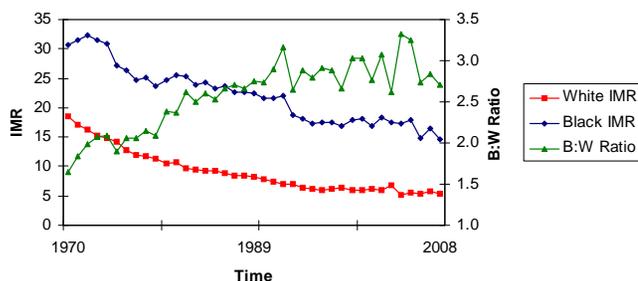
FY 10 Funds Appropriated
\$496,700

FY 11 Funds Appropriated
\$494,000

Michigan Infant Mortality Rates (IMR), by Race/Ethnicity and Compared to Overall Michigan Rate (2006-2008)



Change in Michigan Infant Mortality Rates (IMR) Over Time: Black, White, and Black:White Disparity (1970-2008)



Source: 1970 - 2008 Michigan Resident Birth and Death Files, Vital Records & Health Statistics Section, Michigan Department of Community Health

Project Name: Health Disparities Reduction and Minority Health Section (HDRMHS)

Target Population: Michigan's racial and ethnic minority populations: African American, American Indian/Native American, Arab American/Chaldean, Asian American/Pacific Islander and Hispanic/Latino.

Project Description: The HDRMHS is committed to eliminating racial and ethnic health disparities through implementing and/or funding culturally appropriate, evidence-based approaches to achieving health equity for all Michigan citizens.

Project Accomplishments for FY 2010:

- Michigan Health Equity Roadmap (MHER)** – Developed and published the MHER document that includes five priority recommendations intended to stimulate coordinated efforts among government, healthcare, and community partners focused on eliminating racial and ethnic minority health inequality. The MHER has been disseminated to local health departments, community based organizations, State of Michigan Departments, universities, etc. The MHER was developed together with residents, public health and health care professionals, community and faith-based organizations, health and health care professionals, researchers, and academics.
- Capacity Building Grant Program (CBGP)** - Funded 16 pilot projects during Phase I. The HDRMHS-CBGP was designed to promote collaboration between MDCH, local public health, community- and faith-based organizations, and other local entities to achieve health equity for Michigan's racial and ethnic populations. Included planning, training, and increasing awareness to build capacity and mobilize local communities to address health inequalities. Activities focused on:
 - Improving racial/ethnic/preferred language data collection.
 - Developing sustainable effective partnerships/program to address health and healthcare inequalities.
 - Improving social determinants of health through public education and evidence-based interventions.

Seven organizations from the original 16 pilot projects were funded for Phase II. They include: Asian Center of Southeast MI, Berrien County Health Dept., Grand Rapids African American Health Institute, Muskegon Community Health Project, National Kidney Foundation of Michigan, St. John Community Investment Corporation, and Washtenaw County Public Health.

- Michigan Health Equity Data Set (MHEDS)** – Created MHEDS to monitor racial/ethnic health disparities in Michigan. The MHEDS presents consistent and standardized data for the five racial/ethnic minority groups in two time periods (2000-2004 and 2005-2009). The 17 priority indicators that comprise the dataset include health outcomes (e.g., diseases and deaths) and social, economic, and environmental determinants of individual and community health (social determinants of health). The MHEDS will be used to monitor progress toward achieving long-term and sustainable racial and ethnic health equity in Michigan.
- Health Equity and Social Justice Training** – Developed and provided training to the 16 CBGP grantee organizations and partner agency representatives. The workshops included training on social determinants of health, multiculturalism, social justice, and foundational public health competencies. MDCH Public Health Administration management team participated in similar trainings coordinated by HDRMHS.
- Minority Health Month in Michigan** – Funded 15 agencies to conduct activities focusing on minority male health. Over 40 events and activities were held around the state.
- PA 653 Minority Health Report** – Developed and submitted the 2009 PA 653 Report to the Michigan Legislature.

Project Goals for FY 2011:

- Fund and monitor Phase II Capacity Building Grant Program
- Monitor and report on Health Equity measures via the Health Equity Dataset
- Fund BRFSS Oversample of Latinos/Hispanics, American Indians/Native Americans and Arab/Chaldean Americans
- Complete and submit the 2010 PA 653 Legislative Report
- Conduct 2011 Minority Health Month in Michigan Activities
- Establish Cultural and Linguistic Appropriate Standards Technical Assistance Program
- Establish HDRMHS Health Equity External Advisory Group
- Work with CBGP grantees to develop and launch a community health equity website

Healthy Michigan Fund – FY 2010 Report

Appropriations # - 16778/16758
 Immunization Program Management
 & Field Support

FY 10 Funds Appropriated
 \$2,101,500

FY 11 Funds Appropriated
 \$ 2,098,800

MCIR Historical Perspective of
 Registered Users and Shots Recorded

Year	Register Users	Doses Entered
1997	137	None
1998	1,327	6.5 million
1999	2,007	5.5 million
2000	2,333	4.4 million
2001	2,815	8.3 million
2002	3,493	5.5 million
2003	4,242	4.8 million
2004	7,459	2.6 million
2005	19,759	2.7 million
2006	23,000	5.3 million
2007	26,638	6.4 million
2008	23,790	7.3 million
2009	29,020	7.9 million
2010	28,445	8.4 million

Source: Division of Immunization, MDCH

Project Name: Immunization: The Michigan Care Improvement Registry and Administration

Target Population: All residents of Michigan.

Project Description: The Michigan Care Improvement Registry (MCIR) is a regionally based, statewide immunization registry that contains over 82 million shot records administered to 6.8 million individuals. The department is currently working through subcontracts with six MCIR regions to enroll and support every immunization provider in the state. Current enrollments include: 5,805 health care providers and pharmacies; 5,276 schools; and 3,884 licensed childcare programs. This represents about 95% of all schools and 90% of all licensed childcare centers. The MCIR system is used routinely by over 20,000 users to access the immunization records of both children and adults to determine their immunization status. In 2010, the MCIR generated over 129,000 recall letters notifying responsible parties whose children had missed shots and encouraged them to visit their immunization providers to receive needed vaccines. In addition over three million reports were generated by users of the MCIR system in 2010, and MDCH mailed over 200,000 H1N1 Recall letters during the H1N1 Pandemic Event using MCIR data.

Project Accomplishments for FY 2010:

- Implemented the Vaccines for Children (VFC) Program support for management and vaccine ordering in MCIR.
- Developing the Perinatal Hepatitis B tracking module.
- Continued development of the electronic Vaccine Adverse Event Reporting System (VAERS) via Health Level Seven (HL7) to the Centers for Disease Control and Prevention (CDC).
- Developed the HL7 support allowing for receipt of provider transfer information.
- Piloted the BMI module to collect height and weight information in the MCIR.
- Partnering with the Michigan Health Information Network (MIHIN) to become a provider portal involving the statewide Health Information Exchange (HIE).
- Developed a patient status module in the MCIR.
- Implemented Sickle Cell Case Reporting Module in the MCIR.

Project Goals for FY 2011:

- To implement patient status tracking in the MCIR (Inactive vs. Active patient)
- Roll out HL7 messaging to six provider offices.
- Begin development of business requirements for Early Hearing Detection Intervention (EDHI) in MCIR.
- Roll out BMI module to the MCIR providers.
- Implement the Perinatal HepB Case Management Module in MCIR.
- Enhance VFC reporting and inventory controls in MCIR.
- Implement address-cleansing procedure utilizing national address-cleansing solutions on a biannual basis.

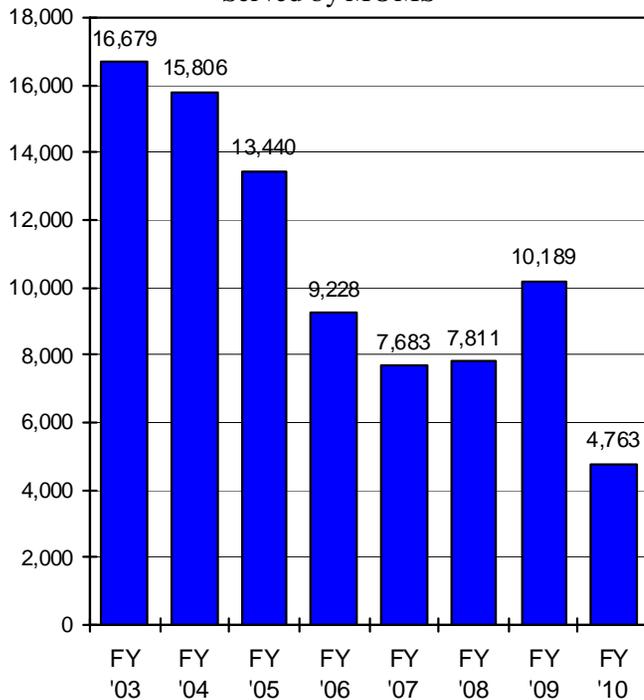
Healthy Michigan Fund – FY 2010 Report

Appropriations # - 14262
Local Maternal/Child Health Services

FY 10 Funds Appropriated
\$1,575,500

FY 11 Funds Appropriated
\$1,575,500

Number of Pregnant Women
Served by MOMS



Source: MOMS Oracle Database

Note: Total funding for MOMS has been reduced which corresponds with the reduction in the number of pregnant women served.

Project Name: Maternal Outpatient & Medical Services (MOMS)

Target Population: Women who are currently or were recently pregnant (within two calendar months following the month the pregnancy ended), who apply for medical coverage for their pregnancy through a Local Health Department (LHD), Federally Qualified Health Center (FQHC), or through a certified/trained provider utilizing the online application. The applicant must also meet one or more of the following criteria: Pregnant women with income at or below 185 percent of the Federal Poverty Level who are applying for Medicaid, or pregnant women who are currently enrolled in the Michigan Medicaid Emergency Services (ESO) program.

Project Description: Provides medical care for pregnant women. The program allows women to seek early prenatal care while awaiting eligibility determinations for Medicaid. Services covered include prenatal and pregnancy-related care, pharmaceuticals and prescription vitamins, laboratory services, radiology and ultrasound, maternal support services, childbirth education, outpatient hospital care, and inpatient hospital services for labor and delivery, including all professional services. Funding sources utilized for the MOMS program are SCHIP, Healthy Michigan Funds and General Funds.

Project Accomplishments for FY 2010:

- In FY 2010, MOMS enrolled 4,763 women. Another 4,689 women applied for Medicaid and were approved for full coverage benefits prior to MOMS enrollment.
- Provided access to early prenatal care for women waiting for their Medicaid application determination.
- Assisted in reducing infant mortality and incidents of pre-term labor.
- Assisted in reducing admissions into neonatal intensive care.
- Assisted in increasing infant birth weights.
- Provided information for Local Health Departments, Federally Qualified Health Centers, and the Department of Human Services (DHS).
- Increased access to MOMS by utilizing an enrollment option to an online application process.

Project Goals for FY 2011:

- Identify eligible women using available electronic information.
- Provide access to early prenatal care for women applying for Medicaid.
- Assist in reducing infant mortality and incidents of pre-term labor.
- Assist in reducing admissions into neonatal intensive care settings.
- Assist in increasing infant birth weights.
- Provide information to LHD, FQHC, DHS.

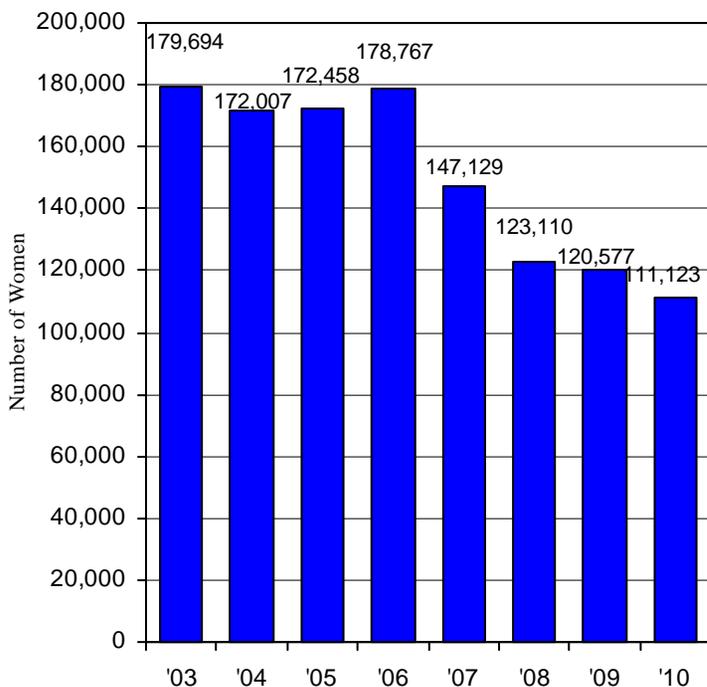
Healthy Michigan Fund – FY 2010 Report

Appropriations # - 14251
Pregnancy Prevention Program

FY 10 Funds Appropriated
\$1,145,100

FY 11 Funds Appropriated
\$1,105,200

Number of Women Receiving Pregnancy
Prevention Services



Source: Family Planning Annual Report (FPAR) Data

Project Name: Pregnancy Prevention: Teen Pregnancy Prevention Initiative/Family Planning Program

TEEN PREGNANCY PREVENTION INITIATIVE (TPPI)

Target Population: Youth ages 10-18 and their parents/guardians as well as parents of middle school youth

Project Description: TPPI is a comprehensive initiative focused on reducing teen pregnancies. TPPI includes comprehensive evidence-based teen pregnancy prevention education for youth in schools and in after-school settings. In addition to youth programming, TPPI provides for Talk Early & Talk Often (TETO), a statewide initiative designed to support parents as the primary abstinence and sexuality educators of their children by helping them gain knowledge and skills to communicate with their children about abstinence and sexuality.

Project Accomplishments for FY 2010:

- TPPI grantees served 1,195 youth, of those, 959 (80 percent) completed at least 14 hours of programming.
- TPPI grantees served 1,067 parents with two or more hours of programming.
- TETO served 217 parents in 12 workshops throughout Michigan.
- The statewide teen pregnancy prevention conference reached 150 participants from all across Michigan.

Project Goals for FY 2011:

Goal: To decrease the rate of teen pregnancy in Michigan, as well as increase parents' comfort level in talking with their child about abstinence and sexuality. TPPI will serve at least 1,200 youth and 1,000 parents in FY 2011.

1. To teach youth how to decrease risk behaviors, including increased condom and contraceptive use, as well as the relationship between alcohol and other drug use to increased sexual vulnerability;
2. To teach youth the decision-making/refusal skills necessary to reject sexual advances, cope with social pressures, and avoid risky situations;
3. To support communities in developing and maintaining social environments that support comprehensive sexuality education;
4. To teach youth the relationship between sexual activity and sexually transmitted infections, including HIV/AIDS;
5. To teach parents/caregivers how to communicate effectively with youth about abstinence and sexuality and equip them with the knowledge and skills needed to communicate about these issues.

FAMILY PLANNING PROGRAM

Target Population: Low-income females and males who are at risk for unintended pregnancy.

Project Description: The mission of the Family Planning (FP) program is to provide individuals the information and means to exercise personal control in determining the number and spacing of their children. The Family Planning program provides low-cost, high quality contraceptive services and supplies through thirty-seven delegate agencies operating 116 clinics across the state.

Project Accomplishments for FY 2010:

- Served 111,123 women and 2,338 men in need of publicly funded family planning services. The program reached its 2010 goal of serving 62,250 total users
- The project served 26,253 teen females at-risk for unintended pregnancy and screened 11,531 teens for Chlamydia..

Project Goals for FY 2011:

- To assist individuals in the number and spacing of their children.
- To serve 100,000 total users in the Family Planning Program for FY 2011

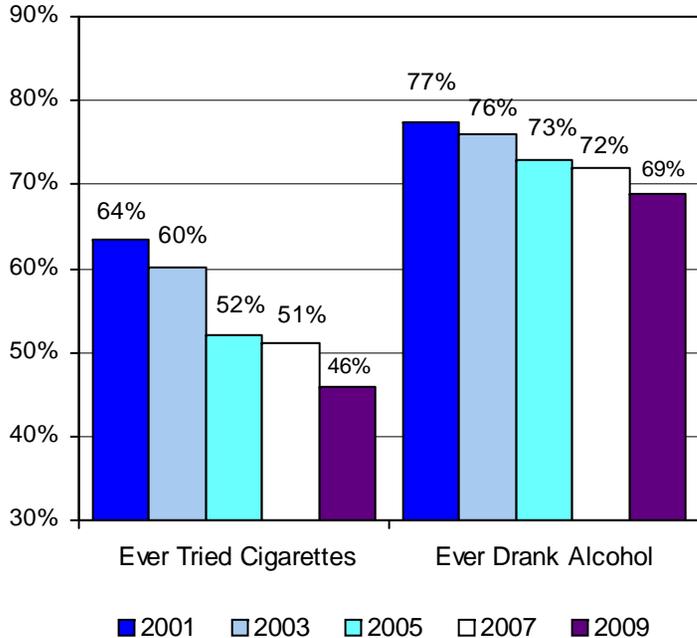
Healthy Michigan Fund – FY 2010 Report

Appropriations # - 14270
School Health and Education Programs

FY 10 Funds Appropriated
\$400,000

FY 11 Funds Appropriated
\$405,500

Michigan Youth Behavioral Survey Results by
Percentage of MI High School Students



Source: Michigan Youth Risk Behavior Survey, 2009 Report

Project Name: School Health Education /Michigan Model for Health©

Target Population: School-aged children throughout Michigan and their families

Project Description: The *Michigan Model for Health*© curriculum, referred to as the *Michigan Model*, provides comprehensive school health education for Michigan's school-aged children. A parent education component provides information for parents and families of students receiving the curriculum. A network of School Health Coordinators housed at 25 regional sites across the state provide schools with curriculum training, health related professional development, resources and ongoing technical assistance for public, charter, and nonpublic schools in kindergarten through 12th grade. The Regional School Health Coordinators (RSHC) also address critical issues for schools within their jurisdiction, which impact the health, safety and wellbeing of Michigan students. The *Michigan Model* is supported and updated through a statewide collaboration providing a research-based approach to health education. The *Michigan Model* is the primary health education curriculum used in Michigan's schools at the kindergarten through 12th grade levels. The curriculum is aligned with Michigan's health education standards and helps schools meet the new Michigan Merit Curriculum Guidelines for health education. Approximately 80% of Michigan school buildings implement the *Michigan Model* and 72%, or 1.2 million, Michigan students receive the lessons annually.

Project Accomplishments for FY 2010:

- In FY 2010, MDCH invested \$400,000 in this network of School Health Coordinators. However, the infrastructure of the health coordinators was able to leverage \$12 million. This is a return on investment of 3,000 percent or \$30 for every dollar invested.
- The final data on the longitudinal, multi-year evaluation of the curriculum from 2007/2008 was released and presented at state and national conferences. This study found that students who received the *Michigan Model* curriculum showed significant, positive changes compared to a randomized control group, including: **better** interpersonal communication skills; **stronger** social emotional skills; **enhanced** self-management skills; **less** reported aggression in the past 30 days; **stronger** drug refusal skills; **less** reported alcohol and tobacco use in the past 30 days; **later age** of first alcohol and cigarette use; **reduced intentions** to use alcohol and smoke cigarettes. In addition, ninety-one percent of participating teachers reported that the *Michigan Model* was well developed and well received by their students.
- The *Michigan Model* has been placed on the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Registry of Evidence-based Programs and Practices (NREPP), an online registry of mental health and substance abuse interventions that have been rigorously reviewed and rated by independent reviewers. While there are over 175 programs on the NREPP's list of evidence-based programs, the *Michigan Model* is the **first comprehensive K-12 health education curriculum to be placed on this registry.**
- Fully updated and revised lessons are available for grades K-6 and in Middle School for Tobacco, Physical Activity, Nutrition and HIV/STI modules.
- Assessments for revised lessons at grades K-5 are available, 6th grade has been developed and is currently being piloted.
- The revised Middle School module for HIV and other STIs prevention was released and RSHCs received training.
- Emergency preparedness lessons and activities for grades K-12 were developed and reviewed by content experts.
- A National Training of Trainers was conducted for the Elementary *Michigan Model* module/lessons.

Project Goals for FY 2011:

- Emergency preparedness lessons and activities for grades K-12 will be released and RSHCs trained.
- Pre- and post assessments for remaining revised curricula will be developed and piloted.
- Finalizing revision of secondary modules into one new comprehensive package at the high school level that is aligned to and structured by Michigan Merit guidelines and supports teacher instruction based on focus group and survey feedback.
- Planning and recruitment will begin for the evaluation of the effectiveness of Grade 6 physical activity and nutrition lessons taught in conjunction with and without social and emotional lessons.

Healthy Michigan Fund – FY 2010 Report

Appropriations # - 11360
 Smoking Cessation Quit Kit
 Nicotine Replacement Therapy Program

FY 10 Funds Appropriated
 \$365,000

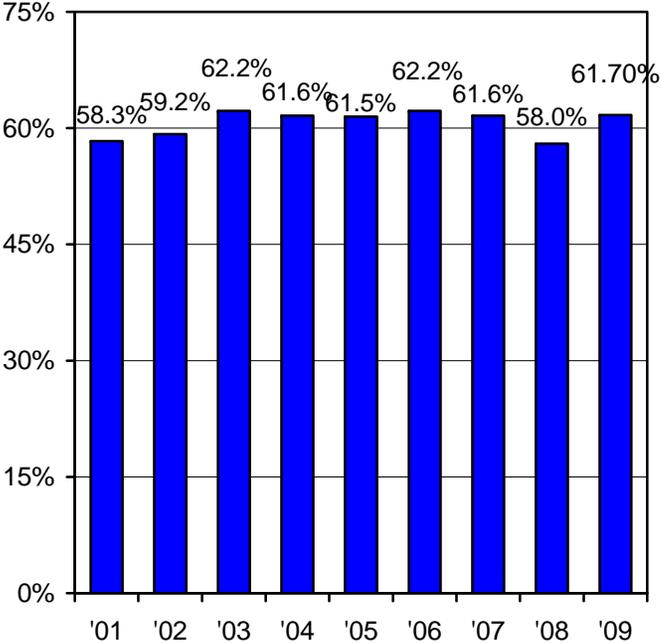
FY 11 Funds Appropriated
 \$100,000

Project Name: Smoking Cessation Quit Kit - Nicotine Replacement Therapy Program (NRT)

Target Population: Uninsured Michigan tobacco users.

Project Description: The Nicotine Replacement Therapy program (NRT) - a program to provide a supply of nicotine patches or gum - was mandated by the Legislature in June 2004. Distributing NRT through the Quitline allows the department to: 1) screen callers for medical conditions that might contraindicate the use of NRT; 2) instruct callers in the proper use of NRT to avoid an under - or overdosing situation; and, 3) screen callers to ensure that medication is not distributed to minors without parental permission and medical supervision. NRT is distributed to the uninsured because they are the most at risk, least likely to be able to afford medication, and are statistically far more likely to be smokers. HMF money was awarded to the vendor distributing NRT under this program by a competitive request for proposals process.

Percentage of Current Smokers Who Have Stopped Smoking for One Day or Longer Because They Were Trying to Quit



Project Accomplishments for FY 2010:

- Since the beginning of the line in 2003, Michigan Cessation Quitline counselors have responded to 59,589 calls from tobacco users requesting either information and/or support to quit tobacco use. Of those calls, 8,234 occurred in this funding cycle.
- The Michigan Tobacco Quitline offered free NRT to all callers regardless of insurance in August 2010 to increase awareness of the Quitline. This promotion resulted in over 2,000 calls to the Quitline in one month. The demand exceeded the intake capacity of the Quitline. Intake was temporarily suspended for two weeks.
- Michigan Quitline coaches have achieved a 25.7% quit rate after seven months with use of the free NRT patches. This compares favorably to a national average seven-month quit rate (with or without NRT) of between 20-25%.
- More than 3,500 people have received NRT through the Quitline this year. Over 5,361 callers reported having Medicaid, Medicare, or were uninsured clients.
- 67 pregnant smokers called the Michigan Tobacco Quitline.
- The capacity of the Quitline was maintained to provide proactive counseling to 5,631 Michigan tobacco users.

Project Goals for FY 2011:

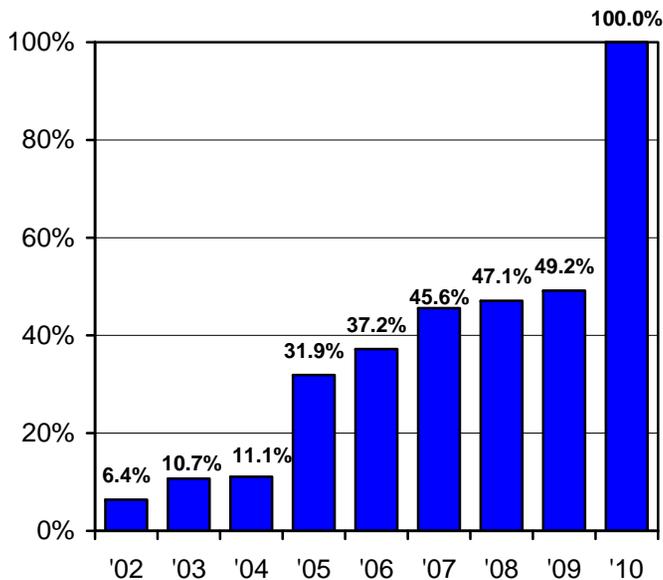
- Increase awareness of the Quitline by running radio advertising in late January and April of 2011 and track call volume to evaluate effectiveness of campaign.
- Develop a new Quitline ad using caller testimonials.
- Increase promotion of the Quitline to ethnic and other populations disparately affected by tobacco use.
- Release a new Quitline vendor competitive request for proposals in February of 2011.

Source: Adult Tobacco Survey, BRFSS, Quitline evaluation data

Healthy Michigan Fund – FY 2010 Report

Appropriations # - 11360 Smoking Prevention
FY 10 Funds Appropriated \$2,230,800
FY 11 Funds Appropriated \$2,233,400

Percentage of Michigan Residents Protected By Smoke-Free Worksite Regulations Within Their Community



Source: MI Youth Tobacco Survey, MI Adult Tobacco Survey, BRFSS, MI Tobacco Quitline reports; HEDIS Survey; Smoke-free Environments Law Project
 Note: The Dr. Ron Davis Smoke-Free Air Law corresponds with the year 2010 increase in percentage of Michigan residents protected by smoke-free regulations

Project Name: Smoking Prevention Program

Target Population: All residents of Michigan, especially youth, adults, seniors, and communities of color

Project Description: Through statewide and community-based grants, the Michigan Tobacco Control Program funds various programs to reduce both the health and economic burdens of tobacco-related death and disease by increasing the number of smoke-free environments, preventing teens and children from starting to smoke, assisting hard-to-reach populations in quitting smoking, and reducing tobacco use among people who are disparately affected by tobacco use and industry marketing. Healthy Michigan Fund money is dispersed through community and statewide contracts through MDCH Requests for Proposals. Proposals are ranked by whether or not the applicant meets prerequisites and other criteria such as clarity of local need, economy of budget, applicant’s experience in creating policy and environmental change within the local community, documented support from and collaboration with community partners, and past performance on previous tobacco grant awards.

Project Accomplishments for FY 2010:

- The Smoke-Free Worksite Law went into effect May 1, 2010 establishing smoke-free environments for all Michigan worksites including restaurants and bars. The Tobacco Program worked in partnership with the Department of Agriculture and local public health to implement and enforce this law.
- The Tobacco Program also reviewed applications for exemptions for cigar bars and tobacco specialty shops.
- Highlights from various evaluation studies of the Dr. Ron Davis SFA law indicate that: 1) after three months, 70% of 7,000 respondents were supportive of the law; 2) 55% of smoker respondents quit or tried to quit since the law was implemented; 3) 85% of respondents report that they go out to eat just as often or more often since the SFA law went into effect; 4) employee health assessment has revealed a statistically significant improvement in reported respiratory symptoms and overall health by bar employees; 5) 95% of 964 observed venues, randomly selected over the state, have no smoking anywhere in their establishments; and 6) 60% of business owners said they either gained more business or have noticed no changes in patron traffic.
- Over 60% of Michigan public school districts have some type of on/off campus 24/7 tobacco-free policy, protecting nearly 1,000,000 students from the harmful effects of secondhand smoke.
- The Tobacco Program applied for and received three ARRA (American Recovery and Investment Act) Grants.
- Nineteen local public Housing Commissions adopted smoke-free policies – doubling the number passed in the previous five years, and included four tribal housing authorities. These policies cover approximately 4,630 units.

Project Goals for FY 2011

- Support smoke-free policies to protect residents from the hazards of secondhand smoke, increase cessation rates, and reduce social acceptance.
- Offer funding and training to all local health departments for tobacco control work.
- Continue implementation, enforcement, and evaluation of the statewide Smoke-Free Worksite Law.
- Prevent tobacco use and decrease smoking rates among young adults, ages 18 to 24; implement smoke-free campus policies at all Michigan public four-year universities and colleges.
- Increase awareness and usage of the statewide tobacco Quitline.
- Complete collection of tobacco-related baseline data on Michigan's five major ethnic populations and other population groups disproportionately affected by tobacco use and exposure to secondhand smoke.
- Develop a strategy to expand and stabilize tobacco prevention infrastructure in Michigan.
- Seek out and engage public and private partnerships that effectively address health inequities and eliminate health disparities based on racism, poverty, social class, gender, sexual orientation, mental illness, or physical disabilities.

Healthy Michigan Fund – FY 2010 Report

Appropriations # - 12271
Local Health Services

FY 10 Funds Appropriated
\$100,000

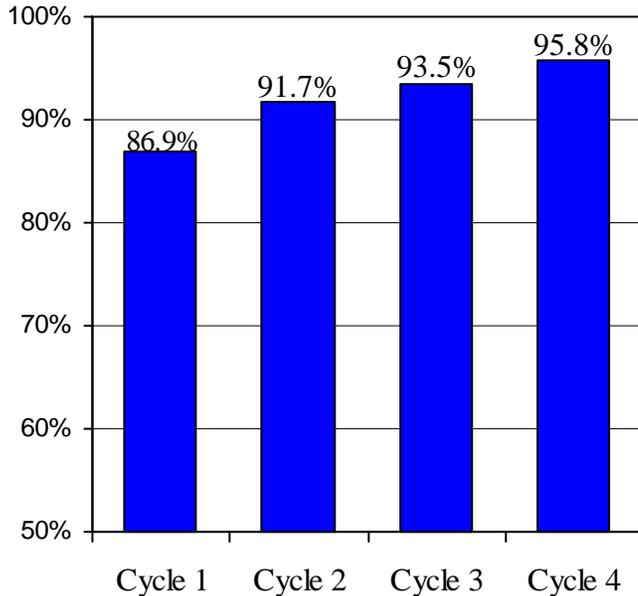
FY 11 Funds Appropriated
\$100,000

Project Name: Training and Evaluation - Essential Local Public Health Services (formerly Local Public Health Operations)

Target Population: [45 Local Public Health Departments serving 83 Michigan Counties](http://www.michigan.gov/mdch/0,1607,7-132--96747--,00.html). List available at <http://www.michigan.gov/mdch/0,1607,7-132--96747--,00.html>

Project Description: Michigan's Local Public Health Accreditation Program assures and enhances the quality of local public health by identifying and promoting the implementation of public health standards for local health departments (LHDs). The program reviews and accredits LHDs on their ability to meet public health standards developed jointly by state and local public health professionals. Accreditation is a collaborative effort between Michigan's forty-five LHDs, the Michigan Departments of Community Health (MDCH), Agriculture (MDA), and Environmental Quality (MDEQ), and the Michigan Public Health Institute (MPHI). Program funding is contracted to MPHI to coordinate and implement the program while MDCH maintains administrative and oversight roles.

Percentage of Essential Indicators Met By
Cycle: Local Public Health Operations



Note: 32 of the 45 local health department reviews have been completed for Cycle 4; although this result does not reflect the performance of those departments that have not yet been reviewed, only 4.2% of indicators have been missed so far this cycle.

Source: Michigan Local Public Health Accreditation Program

Accreditation Program Goals

1. Assist in continuously improving the quality of local public health departments.
2. Establish a uniform set of standards that define public health and serve as fair measurement for all local public health departments.
3. Ensure local level capacity to address core functions of public health.
4. Provide a mechanism for accountability to demonstrate effective use of financial resources.

Project Accomplishments for FY 2010:

- Continued year two of the fourth three-year cycle of onsite reviews for Michigan's Local Public Health Accreditation Program.
- Completed 18 week-long onsite reviews at LHDs to assure capacity to provide statutorily required services and ensure established program standards.
- Coordinated and staffed quarterly statewide Accreditation Commissioner Meetings.
- Collaborated with MPHI on the Multi-State Learning Collaborative-3 grant, funded through the Robert Wood Johnson Foundation, focused on using continuous quality improvement tools to improve LHDs organizational capacity and to prepare Michigan for Voluntary National Accreditation.
- Provided technical assistance and training to local health departments on quality improvement tools and techniques.
- Enhanced and updated online accreditation reporting module for statewide accreditation reviewers and LHDs.

Project Goals for FY 2011:

- Complete weeklong onsite reviews at 16 LHDs to assure capacity to provide statutorily required services and ensure minimum program requirements.
- Analyze and report results on a possible 192 LHD review evaluation forms spanning 12 programs across three state departments.
- Examine and revise accreditation standards and guidance; develop and produce updated accreditation tool.
- Coordinate and staff quarterly statewide Accreditation Commissioner Meetings.
- Coordinate two accreditation reviewer trainings with up to 50 attending.
- Collaborating with MPHI, complete the Multi-State Learning Collaborative-3 grant requirements, funded through the Robert Wood Johnson Foundation, with emphasis on continued preparation of state and local public health agencies for Voluntary National Accreditation.