TOBACCO TAX FUNDS REPORT

(FY 2012 Appropriation Bill - Public Act 131 of 2009)

April 1, 2012

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.
Healthy Michigan Fund
In FY2011, $24,643,600 of the Healthy Michigan Fund was appropriated as match for Medical Services and leveraged $61,043,465 in federal Medicaid dollars to provide health care services to Medicaid beneficiaries.

Medicaid Benefit Trust Fund
In FY2011, $485,828,300 of Medicaid Benefit Trust Fund was appropriated as match for Medical Services and leveraged $1,203,421,700 in federal Medicaid dollars to provide health care services to Medicaid beneficiaries.

Health & Safety Welfare Fund
In FY2011, $5,506,700 of Health and Safety Welfare Fund was appropriated as match for Medical Services and leveraged $10,590,100 in federal Medicaid dollars to support Disproportionate health care services to cover uncompensated hospital costs.

Wayne County Tobacco Tax
In FY2011, $5,019,900 of Wayne County Tobacco Tax was appropriated as match for Medical Services and leveraged $12,434,600 in federal SCHIP dollars to provide outpatient health care services for Adult Benefit Waiver beneficiaries in Wayne County.

Summary of Medical Services Match Revenue

<table>
<thead>
<tr>
<th>Revenue</th>
<th>Total</th>
<th>State Restricted</th>
<th>Federal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Michigan Fund</td>
<td>$85,687,065</td>
<td>$24,643,600</td>
<td>$61,043,465</td>
</tr>
<tr>
<td>Medicaid Benefits Trust Fund</td>
<td>$1,689,250,000</td>
<td>$485,828,300</td>
<td>$1,203,421,700</td>
</tr>
<tr>
<td>Health &amp; Safety Welfare Fund</td>
<td>$16,096,800</td>
<td>$5,506,700</td>
<td>$10,590,100</td>
</tr>
<tr>
<td>Wayne County Tobacco Tax</td>
<td>$17,454,500</td>
<td>$5,019,900</td>
<td>$12,434,600</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$1,808,488,365</strong></td>
<td><strong>$520,998,500</strong></td>
<td><strong>$1,287,489,865</strong></td>
</tr>
</tbody>
</table>
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 28 Michigan Critical Health Indicators.

This portion of the Healthy Michigan Fund Report presents highlights of FY 2011 accomplishments for all the Healthy Michigan Fund projects, their indicators of success, along with future goals for FY 2012.
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</table>
**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.

**Project Accomplishments for FY 2011:**

- BCCCP’s assigned caseload was met by 25,892 women ages 40 to 64 receiving services; over 6,000 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 (MCRCSP). 856 women (726) and men (130) were screened by fecal occult blood tests (FOBT) or screening colonoscopy. There were 104 screening colonoscopies due to increased risk. Of the screening colonoscopies, 33 cases had polyps, of these 11 were precancerous. Forty-seven colonoscopies were performed due to positive FOBTs and 15 cases had precancerous polyps and 1 cancer was found.
- In FY 2011, the Michigan WISEWOMAN Program provided chronic disease risk factor screening to 4,554 women enrolled in the Michigan Breast and Cervical Cancer Control Program. The program identified 258 women with newly detected high blood pressure, 131 women with newly detected high total cholesterol, and 118 women with newly detected diabetes. The WISEWOMAN Program provided healthy lifestyle interventions to 4,517 of those women to reduce modifiable risk factors such as obesity, high blood pressure, high cholesterol, low HDL cholesterol, tobacco use, and physical inactivity.

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Sources:
2. MBRFSS
   Time Trends in Colorectal Cancer Screening and Mortality, Michigan 2000-2010
   Time Trends in Breast Cancer Screening and Mortality, Michigan 2000-2010

*While no Healthy Michigan Fund appropriations are provided in FY12, $900,000 of one-time general fund/general purpose funding is appropriated in Section 1901.*
Appropriations # - 11380
Chronic Disease Prevention
FY 11 Funds Appropriated $898,200

Appropriations # - 11200
Healthy Michigan Fund Projects
FY 12 Funds Appropriated $670,000

**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 $1.4 million in federal funds.

**Project Accomplishments for FY 2011:**

- **Heart Disease & Stroke Programs:** Partnered with 35 hospitals to improve treatment for stroke reaching 7,000 patients (30,250 patients were reached during the five-year project period). Program aligned with national performance measures including control of hypertension and cholesterol. Continued educational or training programs for healthcare professionals and expanded initiatives to improve blood pressure and cholesterol control for providers and the public impacting 15,000 people. Promoted community awareness of risk factors and signs and symptoms of heart attack and stroke reaching over 20,000 people.

- **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 impacting over 2 million residents. Supported Complete Streets and Safe Routes to School initiatives improving community access to physical activity in 12 communities. Expanded faith-based initiative to 31 African American churches, impacting 2,680 low-income African Americans to improve healthy eating and physical activity behaviors.

- **Obesity Prevention Projects:** Expanded projects to improve healthy eating and physical activity levels of children in over 286 low-income schools and 37 Head Start sites. Partnered with 4 school districts to implement Michigan Nutrition Standards and worked on improving childcare nutrition and physical activity standards for licensed childcare centers. Worked with healthcare organizations to develop tools and guidelines for improving the care of overweight and obese children.

**Project Goals for FY 2012:**

- **Heart Disease & Stroke Programs:** Build upon the initiatives and collaborations developed in 2011 with emphasis on improving blood pressure and cholesterol control for providers and the public. Continue to promote awareness of risk factors and signs and symptoms of heart attack and stroke.

- **Healthy Communities Initiatives:** Support implementation of the Michigan Health and Wellness 4x4 Plan working with childcare/schools, worksites, healthcare systems and communities with an emphasis on strategies to increase availability of healthy foods and increasing physical activity opportunities. Continue the faith-based initiative to 29 African American churches to improve healthy eating and physical activity behaviors.

- **Obesity Prevention Project:** Continue projects to improve healthy eating and physical activity levels of children in over 250 Michigan low-income schools and 10 childcare centers. Continue collaboration to implement Michigan Nutrition Standards; childcare nutrition and physical activity standards; and improving clinical management of childhood obesity.
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 2011:

- 10,517 participants were enrolled in National Kidney Foundation of Michigan 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. 71% 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 73% 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 2,101 program completers in 266 workshops, helping them to build the skills needed for day-to-day management of chronic diseases. In addition, 19 Diabetes PATH workshops were held, reaching 209 program completers. Thirty-two percent of these persons (in both PATH and Diabetes PATH) indicated they have diabetes. Ninety-eight percent of persons completing PATH reported using a learned healthy lifestyle technique and 98% indicated that they would continue to use techniques that they have learned.
- Of the PATH offerings held statewide, 71 of the 1,260 participants (approximately 6%) completing the program identify themselves as American Indian/Alaskan Native.
- Three Lansing area YMCAs and the Marquette YMCA offered the Michigan Diabetes Prevention Course to those in the community with prediabetes and at high risk of diabetes. At the end of 7 weeks, 43% of participants increased their physical activity levels. Many participants (52%) were at the recommended physical activity level of 150 minutes per week at the end of the session. Two tribes offered the Michigan Diabetes Prevention Course (Hannaville and Saginaw Chippewa), with a total of 4 offerings and 37 participants.
- Project Initiative for Diabetes Educational Advancement and Support (IDEAS) conducted four targeted high risk community diabetes screening events (screening 261 people), six diabetes education sessions, nine diabetes support group offerings and three Michigan Diabetes Prevention Course offerings for underserved African-Americans in Southwest Michigan.

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

*While no Healthy Michigan Fund appropriations are provided in FY12, $600,000 of one-time general fund/general purpose funding is appropriated in Section 1901.
Healthy Michigan Fund – FY 2011 Report

Appropriations # - 11268
Minority Health Grants and Contracts
FY 11 Funds Appropriated
$500,000

Appropriations # - 11200
Healthy Michigan Fund Projects
FY 12 Funds Appropriated
$250,000 *

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 2011:
- **Michigan Health Equity Roadmap (MHER)** – Continued dissemination of the MHER to stimulate coordinated efforts among government, healthcare, and community partners focused on eliminating racial and ethnic minority health inequality.
- **Capacity Building Grant Program (CBGP)** - Continuation of funding for 7 Phase II projects. Funded communities and focus populations include: Ypsilanti (African American and Hispanic); S.E. Michigan (Asian American); Detroit (African American); Inkster (African American); Muskegon and Oceana Counties (Native American, African American and Hispanic); Grand Rapids (African American) and Berrien County (African American). The HDRMHS-CBGP is designed to increase awareness, build capacity and mobilize local communities to address health inequalities experienced by Michigan’s racial and ethnic populations.
- **Michigan Health Equity Data Set (MHEDS)** – Ongoing monitoring of progress toward achieving long-term and sustainable racial and ethnic health equity in Michigan. The MHEDS presents consistent and standardized data for the five racial/ethnic minority groups in two 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).
- **Health Equity and Social Justice Training** – Continued training and technical assistance to DHWDC staff, MDCH staff and HDRMHS Capacity Building Grantees.
- **Minority Health Month in Michigan** – HDRMHS funded 16 organizations that hosted 57 events statewide. Over 3,946 persons attended MHM events that focused on raising awareness among minority communities on the ACA and Promoting Healthy Nutrition Among School Age Children.
- **Funded BRFSS Oversample of Latinos/Hispanics, American Indians/Native Americans and Arab/Chaldean Americans.**
- **PA 653 Minority Health Report** – Developed and submitted the 2010 PA 653 Report to the Michigan Legislature.
- **Establish HDRMHS Health Equity External Advisory Group** as part of Office of Minority Health Funding – EAG met in August and December 2011.

Project Goals for FY 2012:
- Fund, monitor and evaluate final year of Phase II Capacity Building Grant Program
- Monitor and report on Health Equity measures via the Health Equity Dataset
- Fund BRFSS Oversample of Latinos/Hispanics, and Asian Americans
- Complete and submit the 2011 PA 653 Legislative Report
- Conduct 2011 Minority Health Month in Michigan Activities
- Establish Cultural and Linguistic Appropriate Standards Technical Assistance Program
- Disseminate MDCH Health Equity Toolkit

Sources: 1. 2007-2009 Michigan Live birth and infant death files, Michigan Department of Community Health
2. 2010 Michigan Behavioral Risk Factor Survey, Michigan Department of Community Health

*An additional $250,000 of one-time general fund/general purpose funding is provided in Section 1901.*
### Healthy Michigan Fund – FY 2011 Report

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

FY 11 Funds Appropriated
$2,104,900

#### Appropriations # - 11200
#### Healthy Michigan Fund Projects

FY 12 Funds Appropriated
$2,098,800

### MCIR Historical Perspective of Registered Users and Shots Recorded, 1997 - 2011

<table>
<thead>
<tr>
<th>Year</th>
<th>Register Users</th>
<th>Doses Entered</th>
</tr>
</thead>
<tbody>
<tr>
<td>1997</td>
<td>137</td>
<td>None</td>
</tr>
<tr>
<td>1998</td>
<td>1,327</td>
<td>6.5 million</td>
</tr>
<tr>
<td>1999</td>
<td>2,007</td>
<td>5.5 million</td>
</tr>
<tr>
<td>2000</td>
<td>2,333</td>
<td>4.4 million</td>
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<tr>
<td>2001</td>
<td>2,815</td>
<td>8.3 million</td>
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<tr>
<td>2002</td>
<td>3,493</td>
<td>5.5 million</td>
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<tr>
<td>2003</td>
<td>4,242</td>
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<tr>
<td>2004</td>
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<td>2005</td>
<td>19,759</td>
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<tr>
<td>2006</td>
<td>23,000</td>
<td>5.3 million</td>
</tr>
<tr>
<td>2007</td>
<td>26,638</td>
<td>6.4 million</td>
</tr>
<tr>
<td>2008</td>
<td>23,790</td>
<td>7.3 million</td>
</tr>
<tr>
<td>2009</td>
<td>29,020</td>
<td>7.9 million</td>
</tr>
<tr>
<td>2010</td>
<td>28,445</td>
<td>8.4 million</td>
</tr>
<tr>
<td>2011</td>
<td>29,073</td>
<td>7.2 million</td>
</tr>
</tbody>
</table>

*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 90 million shot records administered to 7.4 million individuals. The department currently works through subcontracts with six MCIR regions to enroll and support every immunization provider in the state. Current enrollments include: 5,490 health care providers and pharmacies; 4,485 schools; and 4,324 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 29,000 users to access the immunization records of both children and adults to determine their immunization status. In 2011, the MCIR generated over 170,000 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 2011.

### Project Accomplishments for FY 2011:
- Implemented the Vaccines for Children (VFC) Program support for management and vaccine ordering in MCIR.
- Created an interface with the Centers for Disease Control vaccine ordering system (VTrckS).
- Development of the Perinatal Hepatitis B tracking module.
- Continued development of the electronic Vaccine Adverse Event Reporting System (VAERS) via the Centers for Disease Control and Prevention (CDC).
- Developed the Health Level Seven (HL7) messaging to allow interoperability with electronic medical records in physician offices.
- 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).
- Implemented a patient status module in the MCIR for providers and health jurisdictions.
- Enhanced the Sickle Cell Case Reporting Module in the MCIR.
- Implemented automated address validation process for individuals in MCIR.

### Project Goals for FY 2012:
- Roll out HL7 messaging to five provider offices.
- Continue 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.
- Improve VFC reporting and inventory controls in MCIR.
- Enhance the interface with the VTrckS system for more transparent data flow.
- Implement address-cleansing procedure utilizing national address-cleansing solutions on a quarterly basis.
- Develop functionality in the MCIR to pre-book flu vaccine for providers.
### 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 2011:**
- In FY 2011, MOMS enrolled 4,320 women. Another 8,237 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.

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**Number of Pregnant Women Served by MOMS, 2003 - 2011**

<table>
<thead>
<tr>
<th>Year</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY '03</td>
<td>16,679</td>
</tr>
<tr>
<td>FY '04</td>
<td>15,806</td>
</tr>
<tr>
<td>FY '05</td>
<td>13,440</td>
</tr>
<tr>
<td>FY '06</td>
<td>9,228</td>
</tr>
<tr>
<td>FY '07</td>
<td>7,883</td>
</tr>
<tr>
<td>FY '08</td>
<td>7,811</td>
</tr>
<tr>
<td>FY '09</td>
<td>10,189</td>
</tr>
<tr>
<td>FY '10</td>
<td>4,763</td>
</tr>
<tr>
<td>FY '11</td>
<td>4,320</td>
</tr>
</tbody>
</table>

Source: MOMS Oracle Database

Note: Total funding for MOMS has been reduced which corresponds with the reduction in the number of pregnant women served.
Appropriations # - 14251
Pregnancy Prevention Program

FY 11 Funds Appropriated
$1,105,200

FY 12 Funds Appropriated
$0 *

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 other parents in the target community.

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 also provides statewide media and community awareness on the impact of teen pregnancy and the importance of talking to youth about abstinence and sexuality.

Project Accomplishments for FY 2011:
- TPPI grantees served 2,633 youth, of those, 1,824 (69 percent) completed at least 14 hours of programming.
- TPPI grantees served 878 parents with two or more hours of programming.
- TPPI grantees provided 17,036 community awareness contacts in their targeted community
- The statewide teen pregnancy prevention conference reached 250 participants from all across Michigan.

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-six delegate agencies operating 111 clinics across the state.

Project Accomplishments for FY 2011:
- Served 103,724 women and 2,053 men in need of publicly funded family planning services. The program reached its 2011 goal of serving 100,000 total users.
- The project served 26,253 teen females at-risk for unintended pregnancy and screened 11,531 teens for Chlamydia.

*While no Healthy Michigan Fund appropriations are provided in FY12, $900,000 of one-time general fund/general purpose funding is appropriated in Section 1901.
**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 (RSHCs) 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. It 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 it is estimated that 72%, or 1.2 million, Michigan students receive the lessons annually.

**Project Accomplishments for FY 2011:**
- In FY 2011, MDCH invested $405,000 ($400,000 Healthy Michigan Funds plus $5,000 General Fund/General Purpose Funding) in this network of School Health Coordinators. However, the infrastructure of the health coordinators was able to generate over $7.7 million of additional funding. This is a return on investment of 1900 percent or $19 for every dollar invested.
- SAMSHA’s National Registry for Evidence-based Programs and Practices (NREPP) has recognized the Michigan Model for Health based on evaluations of lessons covering four units: Social Emotional Skills, Safety, Alcohol and Tobacco Prevention, and Physical Activity and Nutrition. This online registry of mental health and substance abuse, lists 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 the registry that had a positive impact on multiple health areas simultaneously.
- Fully updated and revised lessons are available for grades K-6, in Middle School for Tobacco, Physical Activity, Nutrition and HIV/STI, and in High School for Nutrition, HIV, STI and Pregnancy Prevention modules.
- Assessments for revised lessons at grades K-6 are available and are in process for development for newly revised secondary modules.
- Emergency Preparedness lessons and activities for grades K-12 were released and disseminated to school principals, superintendents, local health departments, and county emergency managers. RSHCs received training so that they might provide technical assistance to these entities.


*While no Healthy Michigan Fund appropriations are provided in FY12, $350,000 of one-time general fund/general purpose funding is appropriated in Section 1901.
Appropriations # - 11360
Smoking Cessation Quit Kit
Nicotine Replacement Therapy Program

FY 11 Funds Appropriated
$100,000

FY 12 Funds Appropriated
$0 *

Percentage of Current Smokers Who Have Stopped Smoking for One Day or Longer Because They Were Trying to Quit, 2001 - 2010

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.

Project Accomplishments for FY 2011:
- Since the beginning of the line in 2003, Michigan Cessation Quitline counselors have responded to 67,365 calls from tobacco users requesting either information and/or support to quit tobacco use. Of those calls, 7,776 occurred in this funding cycle.
- Michigan Quitline coaches have achieved a 30.2% 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 3,007 people have received NRT through the Quitline this year. Over 5,425 callers reported having Medicaid, Medicare, or were uninsured clients.
- 78 pregnant smokers called the Michigan Tobacco Quitline.
- The capacity of the Quitline was maintained to provide proactive counseling to 5,260 Michigan tobacco users.

*Nicotine Replacement Therapy continues to be distributed through the Quitline as part of the Smoking Prevention Program. See page 13.

Source: Adult Tobacco Survey, BRFS, Quitline evaluation data
Healthy Michigan Fund – FY 2011 Report

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 disproportionately 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 2011:

- During the first year of implementation and enforcement of Michigan’s Smoke free law (Public Act 188), 1,491 complaints were received compared to over 50,000 complaints received during the first year of Ohio’s law. Michigan’s compliance rate is currently 95%. The Tobacco Program continues to work in partnership with the Department of Agriculture and local public health to enforce the law.
- The Tobacco Program also reviewed applications for exemptions for cigar bars and tobacco specialty shops.
- Results from the evaluation of the state smoke-free air law demonstrated that the law succeeded in reducing harmful levels of secondhand smoke by 92% in a sample of 78 restaurants, and that 93% of these restaurants had good to very good air quality subsequent to the smoke-free law’s enactment.
- Nearly 70% of Michigan, public school districts have some type of on/off campus 24/7 tobacco-free policy, protecting over 1,000,000 students from the harmful effects of secondhand smoke. Three public school districts in Michigan have adopted more protective policies that include emerging smokeless tobacco products and e-cigarettes.
- The first public community college in Michigan, North Central Michigan College, adopted a comprehensive tobacco-free campus policy prohibiting the use of emerging smokeless tobacco products and e-cigarettes. This policy protects nearly 3,000 students from the harmful effects of secondhand smoke.
- Twelve local public Housing Commissions and two tribal housing authorities adopted smoke-free policies – These policies cover approximately 5,599 units.
- Following the implementation of the Smokefree Law on May 2010, calls to the Michigan Tobacco Quitline increased by 50% compared to the same time the previous year.
- In partnership with the MDCH Bureau of Substance Abuse and Addiction Services, the Tobacco Section received funding from the U.S. Food and Drug Administration to inspect tobacco retailers for compliance with federal advertising and labeling requirements.

Project Goals for FY 2012:

- 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 -to show the health and economic impact of the 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.

Sources: MI Youth Tobacco Survey, MI Adult Tobacco Survey, BRFS, MI Tobacco Quitline reports, HEDIS Survey, Smoke-free Environments Law Project

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Percentage of Michigan Residents Protected By Smoke-Free Worksite Regulations Within Their Community, 2002 - 2010

- 2002: 6.4%
- 2003: 10.7%
- 2004: 11.1%
- 2005: 37.2%
- 2006: 45.6%
- 2007: 47.1%
- 2008: 49.2%
- 2009: 100%
- 2010: 100%

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Prevalence of Adult Smoking Rate, Michigan, 1995 - 2010

- 1995: 25.9
- 1996: 25.6
- 1997: 26.2
- 1998: 25.7
- 1999: 26.1
- 2000: 25.8
- 2001: 21.9
- 2002: 21.1
- 2003: 20.2
- 2004: 19.8
- 2005: 19.8
- 2006: 19.8
- 2007: 19.8
- 2008: 19.8
- 2009: 18.9
- 2010: 18.9

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.
**Appropriations # - 12271**
Local Health Services

FY 11 Funds Appropriated
$100,000

Appropriations # - 11200
Healthy Michigan Fund Projects

FY 12 Funds Appropriated
$151,200

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**Project Name:** Training and Evaluation - Local Public Health Operations

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

**Project Description:** The mission of Michigan’s Local Public Health Accreditation Program is to assure and enhance the quality of local public health by identifying and promoting the implementation of public health standards for local public health departments; it evaluates and accredits local health departments on their ability to meet these standards. The program is a collaborative effort between Michigan’s forty-five local health departments (LHDs), the Michigan Departments of Community Health (MDCH), Agriculture (MDA), and Natural Resources & Environment (MDNRE), 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.

**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 service as fair measurement.
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 2011:**
- Completed the third year of the fourth three-year cycle of on-site reviews for Michigan’s Local Public Health Accreditation Program.
- Completed 13 week-long on-site reviews at LHDs to assure capacity to provide statutorily required services and ensure established program standards. A total of 45 week-long on-site reviews have been completed for the fourth cycle.
- 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.
- Enhanced and updated online accreditation reporting module for statewide accreditation reviewers and LHDs.

**Project Goals for FY 2012:**
- Complete week-long on-site reviews at 15 LHDs to assure capacity to provide statutorily required services and ensure minimum program requirements.
- Analyze and report results on a possible 156 LHD review evaluation forms spanning 12 programs across three state departments.
- Coordinate and staff quarterly statewide Accreditation Commissioner Meetings.
- Coordinate one accreditation reviewer training with up to 50 attending.
- Review and revise program standards for the fifth three-year cycle of on-site reviews for Michigan’s Local Public Health Accreditation Program, and update reporting mechanisms and operational procedures as needed.
- Collaborating with MPHI, engage in preparatory activity towards National Public Health Accreditation designation for both Local and State health departments.

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Note: 45 local health department reviews have been completed for Cycle 4; local health department performance remained high with missed indicators remaining at 4% across all reviewed programs for the cycle.

Source: Michigan Local Public Health Accreditation Program