

# TOBACCO TAX FUNDS REPORT

(FY 2014 Appropriation Bill - Public Act 59 of 2013)

**April 1, 2014**

**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  
James K. Haveman, Director**

# Healthy Michigan Fund – FY 2013 Report

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**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH  
FY 2013 Medical Services Program Tobacco Tax Report**

**Healthy Michigan Fund**

In FY2013, \$28,333,100 of the Healthy Michigan Fund was appropriated as match for Medical Services including Maternity Outpatient and Medical Services (MOMS) and leveraged \$55,966,513 in federal Medicaid dollars to provide health care services to Medicaid beneficiaries.

**Medicaid Benefit Trust Fund**

In FY2013, \$450,100,000 of Medicaid Benefit Trust Fund was appropriated as match for Medical Services and leveraged \$889,084,766 in federal Medicaid dollars to provide health care services to Medicaid beneficiaries.

**Health & Safety Welfare Fund**

In FY2013, \$5,440,396 of Health and Safety Welfare Fund was appropriated as match for Medical Services and leveraged \$10,746,441 in federal Medicaid dollars to support Disproportionate health care services to cover uncompensated hospital costs.

**Wayne County Tobacco Tax**

In FY2013, \$4,955,724 of Wayne County Tobacco Tax was appropriated as match for Medical Services and leveraged \$9,789,066 in federal Medicaid dollars to provide outpatient health care services for Adult Benefit Waiver beneficiaries in Wayne County.

<b>Summary of Medical Services Match Revenue</b>			
<b>Revenue</b>	<b>Total</b>	<b>Tobacco Tax</b>	<b>Federal</b>
Healthy Michigan Fund (excluding MOMS)	\$79,612,020	\$26,757,600	\$52,854,420
MOMS Program (Healthy Michigan Fund)	\$4,687,593	\$1,575,500	\$3,112,093
Medicaid Benefits Trust Fund	\$1,339,184,766	\$450,100,000	\$889,084,766
Health & Safety Welfare Fund	\$16,186,837	\$5,440,396	\$10,746,441
Wayne County Tobacco Tax	\$14,744,790	\$4,955,724	\$9,789,066
<b>Total</b>	<b>\$1,454,416,006</b>	<b>\$488,829,220</b>	<b>\$965,586,786</b>

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

HEALTHY MICHIGAN FUND REPORT



For The Period October 1, 2012 to September 30, 2013

Healthy Michigan Funds are used to support 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 2013 accomplishments for all the Healthy Michigan Fund projects, their indicators of success, along with future goals for FY 2014.

# Healthy Michigan Fund – FY 2013 Report

Health and Wellness Initiatives  
 Appropriation # - 11200  
**FY 13 Funds Appropriated: \$670,000**

Health and Wellness Initiatives  
 Appropriation # - 11200  
**FY14 Funds Appropriated: \$334,100**

**Project Name: Cardiovascular Health**

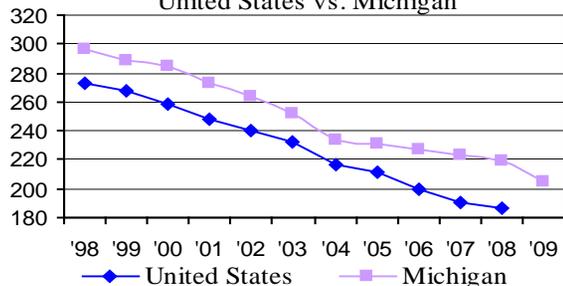
**Target Population:** Michigan residents with a special emphasis on high-risk populations

**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 Michigan over \$2 million in federal funds.

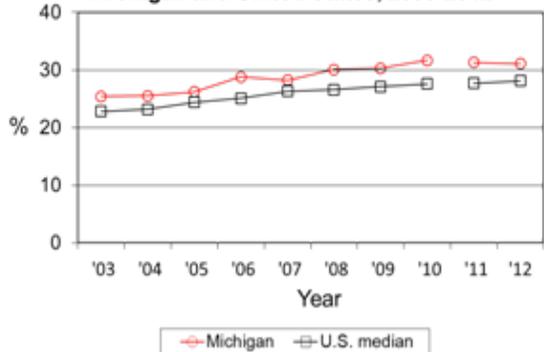
**Project Accomplishments for FY 2013:**

- **Heart Disease & Stroke:** Continued to partner with over 20 hospitals to improve quality of care for stroke patients as part of the state stroke registry and quality improvement program impacting over 7,000 patients. Implemented a new project with two major hospitals to improve the transition of stroke patients to rehabilitation care. Reached over 8,000 low-income hypertensive patients in primary care clinics in underserved areas. Worked with the Michigan Primary Care Transformation Project (MiPCT) to provide resources to over 400 primary care practices to assist patients in hypertension control and self-management. Worked with the Michigan Pathways to Better Health (MPBH) community linkages project to provide training to over 30 community health workers (CHWs) from multiple sites across the state. In addition, developed a hypertension education pathway, in collaboration with MPBH, to be provided by CHWs to potentially reach thousands of patients with hypertension. Promoted community awareness of risk factors and signs and symptoms of heart attack and stroke reaching over 20,000 people.
- **Obesity Prevention:** Support has been ongoing for the implementation of the Michigan Health and Wellness 4x4 Initiative working with childcare/schools, businesses, healthcare systems, professional organizations and communities with an emphasis on strategies to increase availability of healthy foods and increasing physical activity opportunities. Supported six local coalitions to engage communities to increase access to healthy eating options and physical activity opportunities impacting more than 1 million residents, and reported 68 instances of change in program, policy, and practice. Projects to improve healthy eating and physical activity levels in children were implemented in more than 250 low-income schools and 20 childcare centers. 25 faith-based organizations were engaged to target African Americans and other populations disproportionately affected by obesity.

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



Obesity  
 Michigan and United States, 2003-2012



**Project Goals for FY 2014:**

- **Heart Disease & Stroke:** Continue to partner with hospitals focused on improving the quality of care for stroke patients and to improve the transition to rehabilitation care. Continue to collaborate with state partners to address high blood pressure management to increase the number of Michigan residents who have their blood pressure under control. Continue to promote awareness of risk factors and signs and symptoms of heart attack and stroke.
- **Obesity Prevention:** Continue to work with childcare/schools, businesses, healthcare systems, professional organizations and communities with an emphasis on strategies to increase availability of healthy foods and increasing physical activity opportunities for adults and children. Increase the number of farmer's markets that are accessible to designated underserved areas.

Due to methodology changes that took place in 2011, BRFSS estimates from 2011 moving forward cannot be compared to BRFSS estimates from 2010 and earlier Source: MDCH (<http://www.michigan.gov/brfs>)

# Healthy Michigan Fund – FY 2013 Report

## 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 2013:

- Three-year highlights: Six funded organizations; 157 active partners; \$3,087,542 leveraged in new funding; 413 Group Education/Trainings conducted; 513 health related materials translated (Asian languages, Spanish); one project featured on the ‘Secret Millionaire’ television series.
- Updated the Michigan Health Equity Data Set used to monitor health inequities and minority health improvement.
- Successfully conducted a Behavioral Risk Factor Survey (BRFS) oversample of Arab American/Chaldean populations in Michigan. 400 total surveys completed. Analysis and report to be completed in 2014.
- Completed and submitted the 2013 annual PA 653 Legislative Report
- Collaborated with 19 community and faith-based organizations statewide to sponsor information sessions related to health care reform and its implications for racial and ethnic minority populations. Over 600 persons attended the sessions.
- Established a Cultural and Linguistic Appropriate Standards Technical Assistance Program and received funding to implement a two-year Cultural Competency program.
- Disseminated the MDCH Health Equity Toolkit.

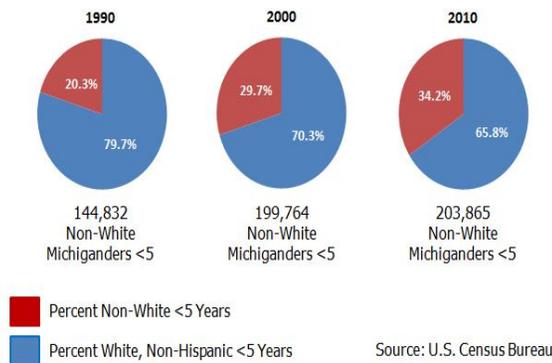
## Project Goals for FY 2014:

- Michigan Health Equity Roadmap (MHER) – Continue dissemination of the MHER to stimulate coordinated efforts among government, healthcare, and community partners focused on eliminating racial and ethnic minority health inequality.
- Implement Building Organization Capacity to Adopt (BOCA) – Cultural Linguistic Appropriate Standards (CLAS) Program
- Conduct 2014 Minority Health Month Activities
- Continue monitoring of the Michigan Health Equity Data Set (MHEDS) – Ongoing monitoring of progress toward achieving long-term and sustainable racial and ethnic health equity in Michigan.
- Conduct 2014 Behavioral Risk Factor Survey (BRFS) Oversample of Hispanic/Latinos in Michigan.
- Complete BRFS Reports for 2012 (Hispanic/Latinos) and 2013 (Arab and Chaldeans)
- PA 653 Minority Health Report – Develop and submit the 2013 annual PA 653 Report to the Michigan Legislature.
- Continue dissemination of the Michigan Health Equity Toolkit

Health and Wellness Initiatives  
Appropriation # - 11200  
FY 13 Funds Appropriated: **\$250,000**

Health and Wellness Initiatives  
Appropriation # - 11200  
FY14 Funds Appropriated: **\$281,200**

## Michigan Non-White Children Population Growth (Under 5 Years)



Michigan’s Non-White population under the age of 5 increased from 20.3% to 34.2% between 1990 and 2010, which is a greater increase than the growth in the Non-White population overall (Figure 3)

# Healthy Michigan Fund – FY 2013 Report

Health and Wellness Initiatives  
 Appropriation # - 11200  
**FY 13 Funds Appropriated: \$2,098,800**

Health and Wellness Initiatives  
 Appropriation # - 11200  
**FY14 Funds Appropriated: \$2,009,500**

- \$89,300 GF/GP appropriated to maintain level program funding

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
2011	29,073	7.2 million
2012	30,070	7.3 million
2013	30,779	7.6 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 104 million shot records administered to 8.4 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: 5,745 health care providers and pharmacies; 4,498 schools; and 4,497 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 30,000 users to access the immunization records of both children and adults to determine their immunization status. In 2013, the MCIR generated over 154,000 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 2013.

**Project Accomplishments for FY 2013:**

- Continued to support the Vaccines for Children (VFC) Program for vaccine management and ordering in MCIR.
- Enhanced the VFC flu pre-booking module in the MCIR
- Continued to partner with the Michigan Health Information Network (MIHIN) to become a provider portal involving the statewide Health Information Exchange (HIE). 717 provider offices are currently submitting data through the HIE.
- Automated the vaccine management system within MCIR. Vaccine is monitored from the time it is ordered and accounted for when the vaccine is administered.
- Completed a needs assessment for requirements to build the Early Hearing Detection Intervention module in MCIR.

**Project Goals for FY 2014:**

- Continue to enroll additional provider practices to become interoperable using HL7 messaging.
- Develop the Early Hearing Detection Intervention module in MCIR.
- Develop a process to enroll provider to the VFC program within the MCIR.
- Develop the Perinatal Hepatitis B Case Management Module in MCIR.
- Improve VFC reporting and inventory controls in MCIR and in particular develop a streamlined vaccine accountability module.
- Enhance the interface with the VTrckS system for more transparent data flow.
- Work with the Medicaid and MIHIN staff to implement a Master Person Index (MPI) which ties to the data warehouse.
- Develop a two way interoperability system between MCIR and immunization provider electronic medical record systems to exchange data in a transparent fashion to better meet clinical needs of the provider.
- Modify the MCIR school reporting module to reflect the recent change to 7<sup>th</sup> grade school reporting.
- Modify MCIR to better support vaccine storage and handling practices and tracking.
- Modify MCIR to support 2D bar code scanning of vaccines.
- Development of the Perinatal Hepatitis B tracking module
- Develop a needs assessment for programmatic changes to MCIR for pandemic planning

# Healthy Michigan Fund – FY 2013 Report

Health and Wellness Initiatives  
 Appropriation # - 11200  
**FY 13 Funds Appropriated: \$146,600**

Health and Wellness Initiatives  
 Appropriation # - 11200  
**FY14 Funds Appropriated: \$152,500**

## Project Name: Infant Mortality Prevention Consultant

**Target Population:** All residents of Michigan, especially infants, pregnant women, women of child-bearing age; primary, obstetrics, pediatrics, and neonatology healthcare providers; and communities of color.

**Project Description:** Infant mortality is a major public health issue in the state of Michigan. Keeping babies alive is one of Governor Snyder's priorities. The state's infant mortality data highlights three messages: 1) our rate is higher than the national average; 2) we have alarming disparities between racial and ethnic groups; and 3) there is a disproportion of poor prenatal outcomes in the state's low income population. Michigan has a strategic plan to reduce the infant mortality rate. The Infant Mortality Prevention Consultant is the project coordinator responsible for coordinating the implementation of this plan and providing support to the infant mortality steering committee that provides multi-disciplinary expertise and guides the department's efforts.

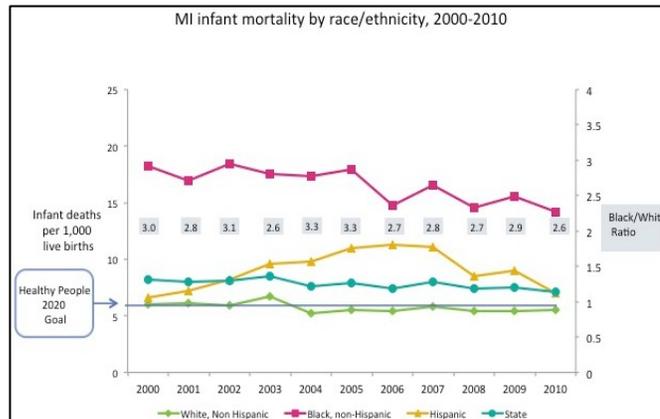
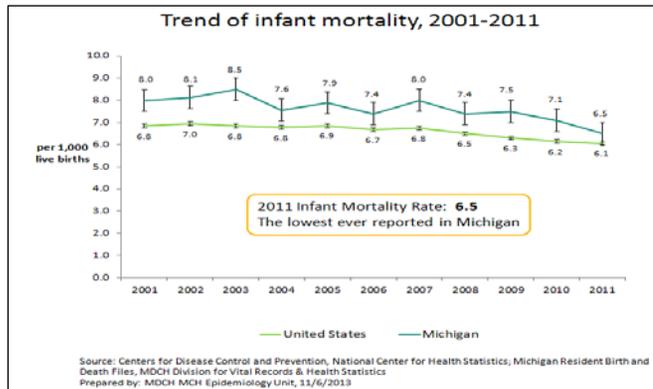
## Project Accomplishments for FY 2013:

- The first MI Health Equity Status report was released <http://prime.mihealth.org/files/2013-11-05/HE.Status.Rpt.2013.pdf>
- Convened State Infant Mortality Reduction Plan Update on 11-7-13 with over 170 key stakeholders in attendance
- Infant Safe Sleep mini-grants provided to eleven local health departments in highest-risk communities for infant sleep related deaths and to the Inter-Tribal Council of Michigan to assess community needs, to promote infant safe sleep education and awareness, and to help community members overcome identified barriers to services
- Convened the Infant Safe Sleep Summit held on 10/9/13 with over 150 state and local partners participating
- Telemedicine service for high-risk pregnant women implemented in Cadillac, MI improving access to Maternal Fetal Medicine specialist without having to travel hundreds of miles. Made possible via March of Dimes funding
- Collaboration with the Certificate of Need Commission has led to new quality improvement monitoring standards for hospitals' Special Care Nursery beds and providing best practice guidance neonatal intensive care units in MI
- The Medicaid funded statewide home visiting program is shown to be effective in improving prenatal outcomes. Two articles on the Maternal Infant Health Program (MIHP) home-based visiting program were published documenting the strong evidence in improving prenatal and postnatal care, as well as infant health care. The evaluations also showed reduction in low birth weight (LBW) and preterm births, particularly among black women
- State Infant Mortality Website Launched August 2013 [www.michigan.gov/infantmortality](http://www.michigan.gov/infantmortality)
- Held perinatal oral health consensus conference and developed five year action plan for Michigan

## Project Goals for FY 2014: [www.michigan.gov/documents/mdch/MichiganIMReductionPlan\\_393783\\_7.pdf](http://www.michigan.gov/documents/mdch/MichiganIMReductionPlan_393783_7.pdf)

### **Coordination of the eight Infant Mortality Reduction plan strategies adopted on 8-1-12**

- Design and implement at least two perinatal regionalization pilots (one urban, one rural) based on a Michigan Perinatal System of Care model ensuring care is received at the right place and at the right time
- Reduce non-medically indicated (elective) deliveries before 39 weeks of pregnancy or full term gestation
- Reduce the 2014 birth prematurity rate by 8%: prematurity is the leading cause of infant mortality
- Increase by 5% the number women and infants participating in evidence-based home visiting models
- Expand the Nurse Family Partnership in two high-risk communities, Pontiac and Detroit
- Increase the % of pregnant Medicaid enrollees in the home visiting Maternal Infant Health Program (MIHP)
- Increase the percentage of women of childbearing age with health insurance
- Increase the percent of adult women (age 18-44) with access to reproductive health care services by 35%
- Weave the social determinates of health into all infant mortality strategies to promote reduction of racial and ethnic disparities. Incorporate disparity reduction objective within each infant mortality reduction strategy
- Develop Michigan specific evidence-based Perinatal Oral Health Guidelines



Source: Michigan Residents Birth and Death Files, MDCH Division for Vital and Health Statistics Prepared by: MDCH Epidemiology

# Healthy Michigan Fund – FY 2013 Report

Health and Wellness Initiatives  
 Appropriation # - 11200  
 FY14 Funds Appropriated: **\$750,000**

## Project Name: Maternal and Infant Health

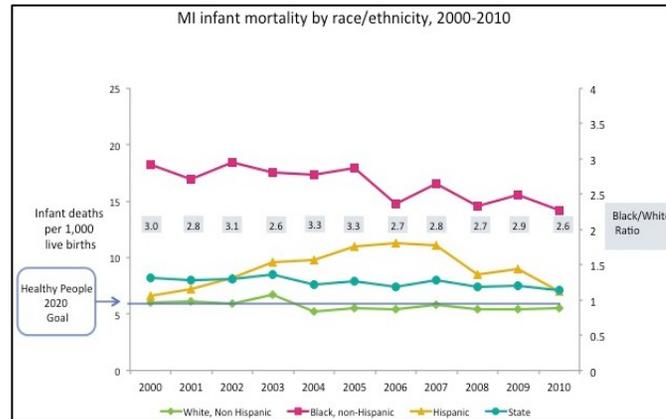
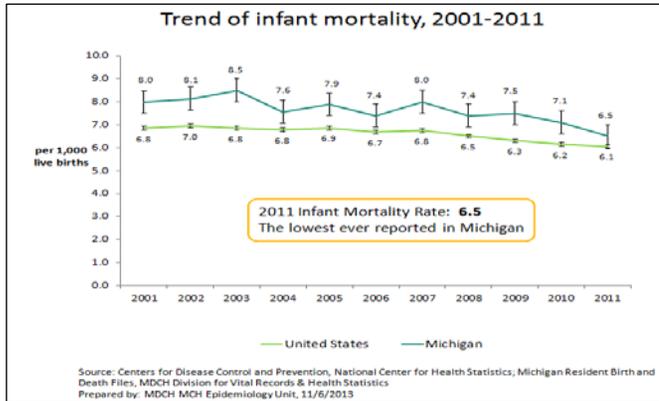
**Target Population:** All residents of Michigan, especially infants, pregnant women, women of child-bearing age; primary, obstetrics, pediatrics and neonatology healthcare providers; and communities of color

**Project Description:** Infant mortality is a major public health issue in the state of Michigan. Keeping babies alive is one of Governor Snyder's priorities. The state's infant mortality data highlights three messages: 1) our rate is higher than the national average; 2) we have alarming disparities between racial and ethnic groups; and 3) there is a disproportion of poor prenatal outcomes in the state's low income population. Michigan has a strategic plan to reduce the infant mortality rate. Adopted on August 1, 2012, the Michigan infant mortality reduction plan outlines eight key strategies. [www.michigan.gov/documents/mdch/MichiganIMReductionPlan\\_393783\\_7.pdf](http://www.michigan.gov/documents/mdch/MichiganIMReductionPlan_393783_7.pdf)

**Project Accomplishments for FY 2013:** This project did not receive FY 2013 Healthy Michigan Funds

## Project Goals for FY 2014:

- Design and implement at least two perinatal regionalization pilots (one urban, one rural) based on a Michigan Perinatal System of Care model ensuring care is received at the right place and at the right time
- Reduce non-medically indicated (elective) deliveries before 39 weeks of pregnancy or full term gestation
- Reduce the 2014 birth prematurity rate; prematurity is the leading cause of infant mortality
- Reduce sleep related deaths of Michigan infants. In 2012, 134 infant safe sleep related deaths occurred
- Increase the number women and infants participating in evidence-based home visiting models
  - a. Expand the Nurse Family Partnership in two high-risk communities, Pontiac and Detroit
  - b. Increase the percent of pregnant Medicaid enrollees in the home visiting Maternal Infant Health Program (MIHP)
- Increase the percentage of women of childbearing age with health insurance
- Increase the percent of adult women (age 18-44) with access to reproductive health care services
- Weave the social determinates of health into all infant mortality strategies to promote reduction of racial and ethnic disparities
- Incorporate disparity reduction objective within each infant mortality reduction strategy



Source: Michigan Residents Birth and Death Files, MDCH Division for Vital and Health Statistics Prepared by: MDCH Epidemiology

# Healthy Michigan Fund – FY 2013 Report

Health and Wellness Initiatives  
 Appropriation # - 11200  
 FY14 Funds Appropriated: **\$50,000**

## Project Name: Nurse Family Partnership

**Target Population:** First-time, low-income mothers and their infants in nine communities: the cities of Detroit and Pontiac, and the counties of Berrien, Calhoun, Genesee, Ingham, Kalamazoo, Kent and Saginaw.

**Project Description:** Infant mortality is a major public health issue in the state of Michigan. Keeping babies alive is one of Governor Snyder's priorities. Adopted on August 1, 2012, the Michigan infant mortality reduction plan outlines eight key strategies. Strategy 5 in the state's plan focuses on expanding home visiting programs to support vulnerable women and infants.

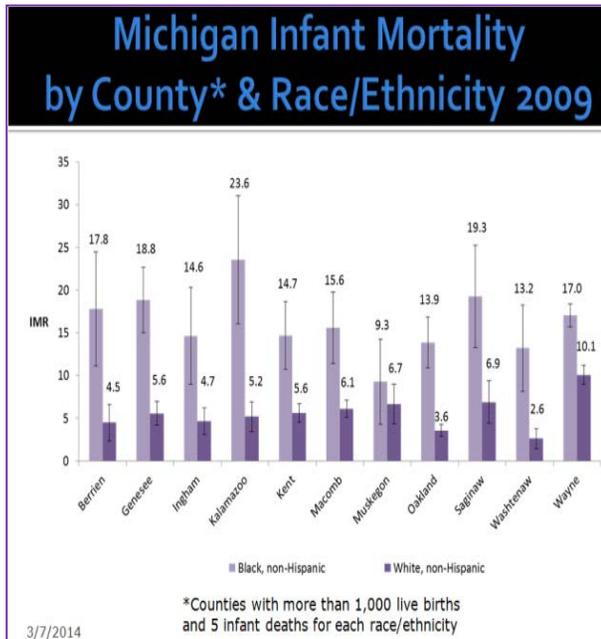
[www.michigan.gov/documents/mdch/MichiganIMReductionPlan\\_393783\\_7.pdf](http://www.michigan.gov/documents/mdch/MichiganIMReductionPlan_393783_7.pdf)

Nurse Family Partnership (NFP), one of several home-visiting programs in the state, is an evidence-based, nurse home visitation program that aims to improve the health, well-being and self-sufficiency of a first-time, low-income mother and her infant. [www.nursefamilypartnership.org](http://www.nursefamilypartnership.org)

**Project Accomplishments for FY 2013:** This project did not receive FY 2013 Healthy Michigan Funds

## **Project Goals for FY 2014:**

- Expand the Nurse Family Partnership in two high-risk communities, Pontiac and Detroit.
- Enroll and serve 1,030 women in high infant mortality, high need communities



# Healthy Michigan Fund – FY 2013 Report

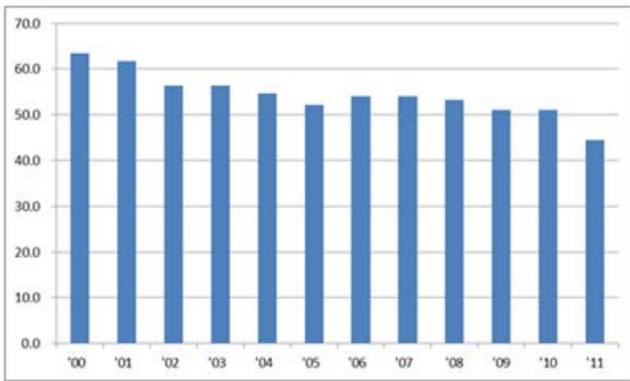
Health and Wellness Initiatives  
 Appropriation # - 11200  
 FY14 Funds Appropriated: **\$112,500**

## Project Name: Pregnancy Prevention

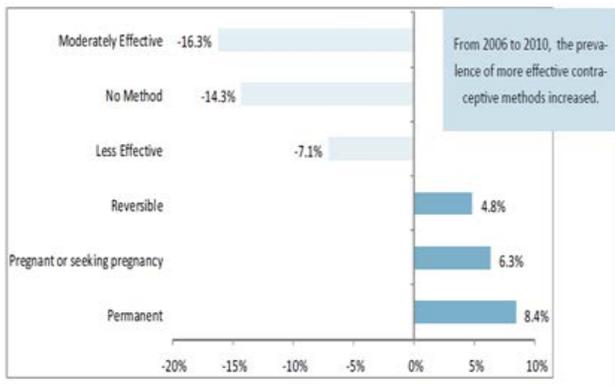
**Target Population:** Adolescents and their parents, guardians, and care givers; and low income women and men of child bearing age

**Project Description:** Infant mortality is a major public health issue in the state of Michigan. Keeping babies alive is one of Governor Snyder's priorities. Adopted on August 1, 2012, the Michigan infant mortality reduction plan outlines eight key strategies [www.michigan.gov/documents/mdch/MichiganIMReductionPlan\\_393783\\_7.pdf](http://www.michigan.gov/documents/mdch/MichiganIMReductionPlan_393783_7.pdf)

2000-2011 pregnancy rates among 15-19 year olds Michigan



Percent change of family proportion of family planning method among female family planning users.  
 MI Family Planning Report, MDCH 2010



Strategy 7 focuses on reducing unintended pregnancies to reduce infant mortality:

- Expand teen pregnancy prevention programs: Michigan Abstinence Program and Personal Responsibility Education Program
- Promote reproductive planning for all childbearing aged adults as a component of primary care and promote access to reproductive health services as needed.

The Teen Pregnancy Prevention Initiative (TPPI) is a comprehensive program to prevent teen pregnancy. TPPI targets youth between the ages of 10 and 18 (up to 21 for special education populations) and their parents/adults/caregivers. Community agencies are funded throughout the state to provide programming and each must serve between 250 and 1,000 youth.

The Michigan Family Planning Program assures services are available to anyone of child bearing age; the primary target population is low-income women and men. Individuals with income levels at or below poverty can receive the full array of program services at no cost. Those above this income level pay on a sliding fee scale basis. No one is refused services because of inability to pay. Through contracts with 36 agencies, a network of local programs assures availability of the services throughout the state without a residence requirement at any service site. The Program makes available general reproductive health assessment, comprehensive contraceptive services, related health education and counseling as needed. The program's strong educational and counseling component helps to reduce health risks and promote healthy behaviors.

**Project Accomplishments for FY 2013:** This project did not receive FY 2013 Healthy Michigan Funds

## Project Goals for FY 2014:

Decrease the rate of teen pregnancies among youth 15-19 years of age in Michigan

- Increase number of youth served with teen pregnancy prevention programs
- Increase number of parents served with teen pregnancy prevention programs that foster parent-child communication
- Increase community awareness of impact of teen pregnancy
- Provide technical assistance to the Child & Adolescent Health Centers to address teen pregnancy through health education and/or clinical intervention

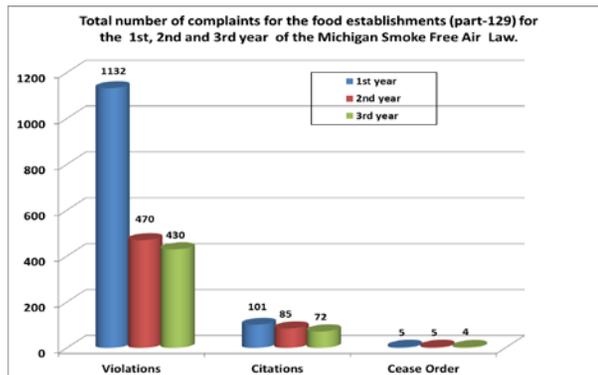
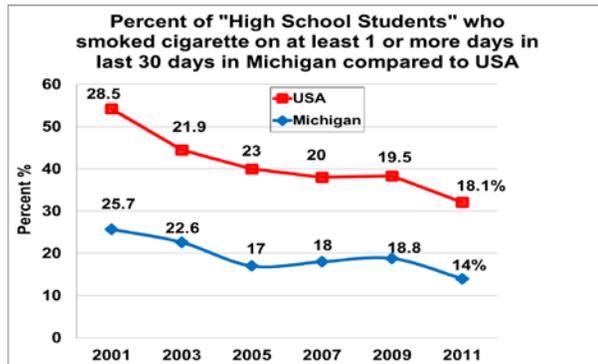
Increase intended pregnancies among all child bearing age couples

- Support access to effective contraception and reproductive health services
- Increase education on unintended pregnancy prevention, family planning and reproductive health

# Healthy Michigan Fund – FY 2013 Report

Health and Wellness Initiatives  
 Appropriation # - 11200  
**FY 13 Funds Appropriated: \$1,830,000**

Health and Wellness Initiatives  
 Appropriation # - 11200  
**FY14 Funds Appropriated: \$1,500,000**



Sources: MI Youth Tobacco Survey, MI Adult Tobacco Survey, BRFSS, MI Tobacco Quitline reports; Sortable Risk Factors and Health Indicators-CDC; HEDIS Survey; Smoke-free Environments Law Project, MDCH-Evaluation Studies.

## Project Name: Smoking Prevention Program

**Target Population:** All residents of Michigan, highest priority focused on populations disparately affected by tobacco-use (youth, adults, seniors, and communities of color).

**Project Description:** Through statewide and community-based grants, the Michigan Tobacco Control Program (TCP) funds various agencies to reduce the health and economic burdens of tobacco-related death and disease. The focus areas are 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.

## Project Accomplishments for FY 2013:

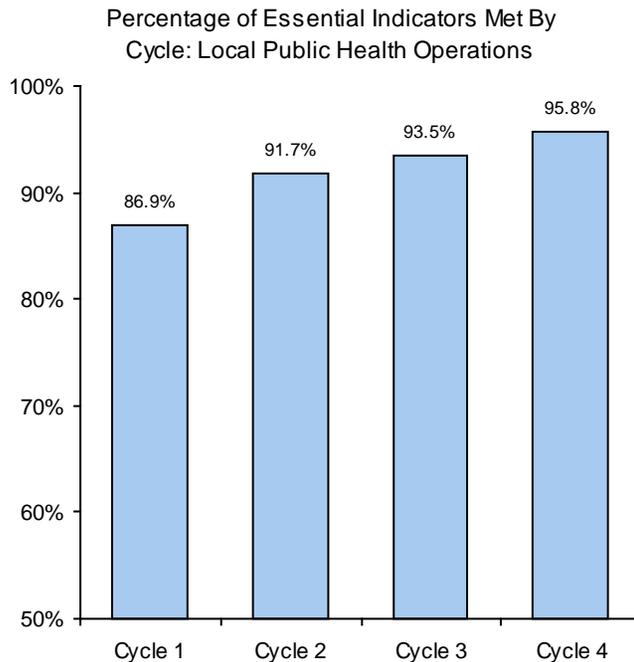
- After 3.5 years of implementation and monitoring of Michigan's Smoke Free Air Law (Public Act 188), compliance is greater than 95% and violations continued to decrease, ranging from approximately 1,250 in FY11 (first year) to 430 in FY13 (third year) for food establishments.
- The TCP continues to review applications for exemptions for cigar bars and tobacco specialty shops, and to monitor compliance with the exemption process.
- The TCP successfully completed 8 of 9 studies measuring and evaluating the impact of Michigan's Smoke Free Air Law.
- By August 2013, over 56% of schools had chosen to adopt comprehensive 24/7 tobacco-free policies that apply to both on-campus and at all school-sponsored events off campus. More than half of these also restrict new generation products (i.e. e-cigarettes, snus, sticks, and orbs).
- Three new public housing commissions adopted smoke-free policies, bringing to 59 of 129 public housing commissions that have smoke-free policies. In addition, tens of thousands of units of other affordable, rent-subsidized housing are smoke-free, and there are hundreds of thousands of units of smoke-free market-rate multi-unit housing.
- The number of pregnant women registering in the Quitline's incentive program for prenatal and postnatal interventions increased to 341 since the beginning of the fiscal year.
- Prenatal calls and faxes increased by 50 calls from 316 in the previous year (FY2012) to 366 in the FY 2013. Contributing factors are increased awareness of the program including ongoing training and outreach to clinics and providers.
- A text-messaging feature and a web enhancement for online enrollment service were launched in October 2012 and January 2013, respectively. Since October 2012, 3,073 callers expressed interest in using the text-messaging to receive motivational messages, appointment reminders, and other messages while enrolled in the coaching program. The online enrollment program is available in English and Spanish.
- The Michigan Cancer Consortium (MCC) and the TCP launched a project to educate oncologists, radiologists and hematologists about the importance of helping their patients quit smoking, especially before and during cancer treatment. The project has resulted in participation from 26 clinics compared to only one (1) in the prior year.
- During the reporting period, 17 new tobacco free and or/smoke free parks or beach policies were implemented by local jurisdictions.

## Project Goals for FY 2014:

- Support smoke-free policies to protect residents from the hazards of secondhand smoke, reduce social acceptance and increase cessation rates.
- Continue monitoring, enforcement and evaluation of the statewide Smoke-Free Air Law to show the health and economic impact of the law.
- Prevent tobacco use and decrease smoking rates among school age children; promote comprehensive smoke-free schools policies at all Michigan public and private schools.
- 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.
- Use media and outreach to health professionals to increase awareness and usage of the statewide tobacco Quitline.
- 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 2013 Report

Health and Wellness Initiatives  
Appropriation # - 11200  
**FY 13 Funds Appropriated: \$151,200**  
**FY 14 Federal Funding \$126,200**



Note: 45 local health department reviews have been completed for Cycle 4 and 36 for Cycle 5; local health department performance remained high with missed indicators remaining at 4% across all reviewed programs for Cycle 4.

Source: Michigan Local Public Health Accreditation Program

## **Project Name: Training and Evaluation - Local Public Health Accreditation**

**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>

**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 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

## **Accreditation Program Goals:**

- Assist in continuously improving the quality of local public health departments.
- Establish a uniform set of standards that define public health and service as fair measurement, modified periodically.
- Ensure local level capacity to address core functions of public health.
- Provide a mechanism for accountability to demonstrate effective use of financial resources

## **Project Accomplishments for FY 2013:**

- Completed first year of the fifth three-year cycle of on-site reviews for Michigan's Local Public Health Accreditation Program.
- Continued incorporation of two additional program reviews, Women, Infants & Children (WIC) and Children's Special Health Care Services (CSHCS), into Michigan's Local Public Health Accreditation Program
- Completed 18 week-long on-site reviews at LHDs to assure capacity to provide statutorily required services and ensure established program standards.
- Coordinated and staffed quarterly statewide Accreditation Commissioner Meetings.
- Continued to collaborate with MPHI maintaining focus 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.
- Established an Accreditation Efficiencies Committee to study National Accreditation (PHAB) and Local Accreditation Program synergies

## **Project Goals for FY 2014:**

- Complete week-long on-site reviews at 13 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 75 attending.
- Continue implementation of revised 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. Start revisions for Cycle 6, to begin Jan. 1, 2015.
- Collaborating with MPHI, engage in continuing preparatory activity towards National Public Health Accreditation designation for both Local and State health departments. Implement practical recommendations of the Accreditation Efficiencies Committee

# Healthy Michigan Fund – FY 2013 Report

## MOMS Program

Appropriation # 33500  
Hospital Services and Therapy

FY 13 Funds Appropriated  
**\$1,575,500**

FY 14 Funds Appropriated  
**\$1,575,500**

### 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: Children's Health Insurance Program (CHIP); Healthy Michigan Funds; and General Funds.

### Project Accomplishments:

- MOMS served 6,159 newly pregnant women who were enrolled in the Michigan Medicaid Emergency Services program.
- 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.

Number of Newly Pregnant Women Served by MOMS, 2010 - 2013

