

TOBACCO TAX FUNDS REPORT

(FY 2016 Appropriation Act - Public Act 84 of 2015)

April 1, 2016

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
Health & Human Services

RICK SNYDER, GOVERNOR
NICK LYON, DIRECTOR

Healthy Michigan Fund – FY 2015 Report

Table of Contents

Summary: Medical Services Match Revenue.....	3
Cardiovascular Health.....	5
Health Disparities Reduction and Minority Health Section (HDRMHS).....	6
Immunization: The Michigan Care Improvement Registry and Administration.....	7
Nurse Family Partnership.....	8
Pregnancy Prevention.....	9
School Children’s Healthy Exercise Program.....	10
Smoking Prevention Program.....	11
Maternal Outpatient & Medical Services (MOMS).....	12

**MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
FY 2015 Medical Services Program Tobacco Tax Report**

Healthy Michigan Fund

In FY2015, \$27,130,200 of the Healthy Michigan Fund was appropriated as match for Medical Services and leveraged \$51,599,341 in federal Medicaid dollars to provide health care services to Medicaid beneficiaries.

Medicaid Benefits Trust Fund

In FY2015, \$343,646,200 of Medicaid Benefits Trust Fund revenue was appropriated as match for Medical Services and leveraged \$653,585,953 in federal Medicaid dollars to provide health care services to Medicaid beneficiaries.

Health & Safety Welfare Fund

In FY2015, \$5,257,146 of Health and Safety Welfare Fund revenue was appropriated as match for Medical Services and leveraged \$9,998,646 in federal Medicaid dollars to support Disproportionate health care services to cover uncompensated hospital costs.

Summary of Medical Services Match Revenue			
Revenue	Total	Tobacco Tax	Federal
Healthy Michigan Fund (excluding MOMS)	\$74,157,574	\$25,554,700	\$48,602,874
MOMS Program	\$4,571,967	\$1,575,500	\$2,996,467
Medicaid Benefits Trust Fund	\$997,232,153	\$343,646,200	\$653,585,953
Health & Safety Welfare Fund	\$15,255,792	\$5,257,146	\$9,998,646
Total	\$1,091,217,486	\$376,033,546	\$715,183,940

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

HEALTHY MICHIGAN FUND REPORT



For The Period October 1, 2014 to September 30, 2015

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 2015 accomplishments for all the Healthy Michigan Fund projects, their indicators of success, along with future goals for FY 2016.

Healthy Michigan Fund – FY 2015 Report

Health and Wellness Initiatives
 Appropriation # - 11200
FY 15 Funds Appropriated: \$210,300

Health and Wellness Initiatives
 Appropriation # - 11200
FY16 Funds Appropriated: \$210,300

Project Name: Cardiovascular Health

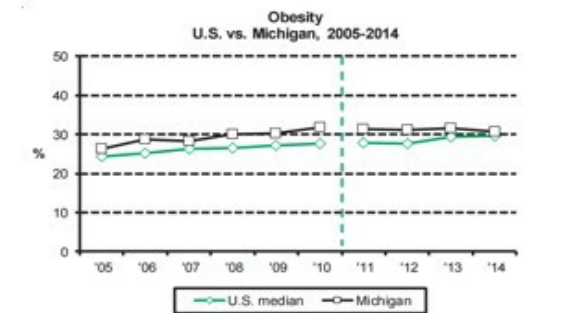
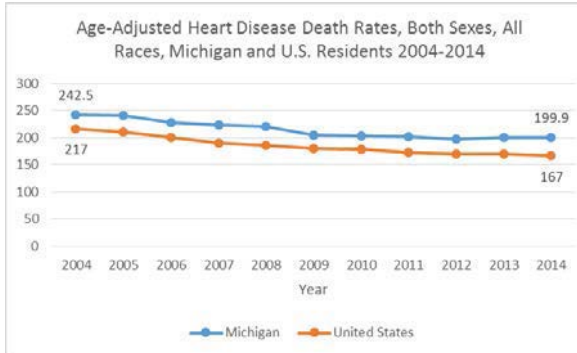
Target Population: Michigan residents with a special emphasis on high-risk populations

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 2015

• **Heart Disease & Stroke:** Implemented the Million Hearts Learning Collaborative to two (2) counties including Muskegon County and Saginaw. All participating clinics are focusing on reducing the numbers of patients with undiagnosed hypertension and increasing blood pressure control among patients who currently have uncontrolled hypertension. To date, nearly 7,500 Michigan adults have been identified with undiagnosed hypertension through the Million Hearts Learning Collaborative. Successfully partnered with the Michigan Pharmacists Association to increase the involvement of pharmacists in self/medication management of patients with hypertension. In collaboration with the MDHHS Oral Health Unit, secured funding through Delta Dental to disseminate a statewide survey in 2016 to access screening practice for diabetes and high blood pressure among oral health professionals in Michigan. Continued to partner with over 24 hospitals to improve the quality of care for stroke patients as part of the state stroke registry and quality improvement program impacting over 8,000 patients. Continued to implement a project with five major hospitals to improve the transition of stroke patients to rehabilitation care. As a result of these efforts, increased the percentage of stroke patients in Michigan receiving defect-free stroke care from 69% to 72%.

• **Obesity Prevention:** Michigan's adult obesity rank decreased, with the state obesity ranking dropping from 11th to 17th, over the past year. 1) **Health and Wellness 4x4 Initiative**-Funded six local health departments (LHDs) and community coalitions to implement strategies such as increasing promotion and availability of healthier foods in community venues, improving breastfeeding support, increasing access to places for physical activity and cultivating social networks to support physical activity (Reach: 111,834 individuals). 2) **Building Healthy Communities (BHC) program**-Funded 11 LHDs to implement strategies such as increasing the proportion of individuals who consume foods consistent with the Dietary Guidelines for Americans, increasing access to places for physical activity, improving the availability and promotion of healthy foods in community settings, and supporting local food policy councils. (Reach: 121,848 individuals). 3) **Improving access to healthy eating and physical activity for children**-Key partners: Blue Cross Blue Shield of MI, the State Alliance of MI YMCAs, Michigan Department of Education, and Early Childhood Investment Corporation (Reach: Programs before, during and after school in 128 schools, YMCAs and community centers and 17 summer programs impacting 24,523 school-age students; Licensed child care initiative: 72 centers/homes impacting 3,233 children). Over 33,000 Michigan adults took the MI Healthier Tomorrow pledge to live a healthier lifestyle. Those who took the pledge also received a free Getting Started Kit with tools to support healthy eating and active living and continue to receive regular support messages. Of the participants surveyed, 92% read the engagement messages and 21% lost at least 10% of their body weight. Over forty (40) 4 x 4 Partners from healthcare, communities, education, business, and trade organizations are improving the overall health at worksite and schools across Michigan. Partners are taking and promoting the State of Michigan's Designing Healthy Environments at Work (DHEW) and implementing worksite wellness best practices. Partners are also promoting Michigan's Healthy School Action Tools (HSAT) free, online, best practice assessments, and action plans. One hundred thirty-nine Michigan businesses representing 30,127 employees registered and completed Michigan's DHEW assessment. Eight other states are using Michigan's DHEW assessment to improve the health of their employees. Thirty-nine Michigan businesses, reaching over 5,500 employees, have implemented DHEW action plans to improve worksite policies and practices to make physical activity, healthy eating, and smoke free living easier. One hundred thirteen schools and districts have completed the Healthy Schools, Healthy Students (HSAT) core assessment, while 19 schools have completed the staff wellness assessment in year one of the 4X4 Partnership's effort.



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: MDHHS BRFSS (<http://www.michigan.gov/brfs>)

Project Goals for FY 2016

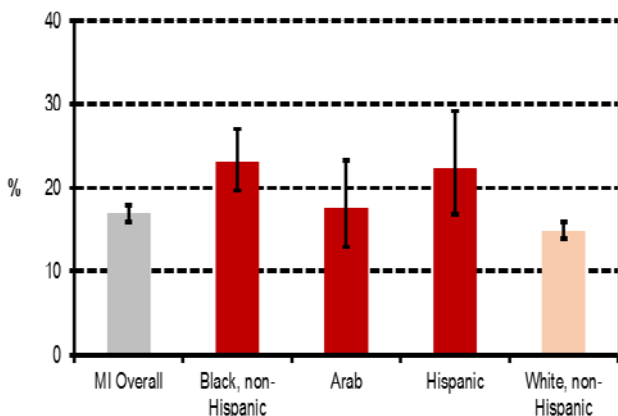
- **Heart Disease & Stroke:** Continue to partner with EMS providers and hospitals focused on improving the quality of care for stroke patients and to improve the transition to rehabilitation and the next care setting. Continue to collaborate and integrate efforts with state and community partners to address high blood pressure management to increase the number of Michigan residents who have their high 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 and access to healthy foods and physical activity opportunities for adults and children.

Healthy Michigan Fund – FY 2015 Report

Health and Wellness
Initiatives Appropriation # -
11200
FY 15 Funds Appropriated: \$233,600
Health and Wellness Initiatives

Appropriation # - 11200
FY16 Funds Appropriated: \$201,300

**No Personal Health Care Provider by Race/Ethnicity,
Michigan, 2013**



In 2013, Black, non-Hispanic (NH) adults (23.2%) and Hispanic adults (22.4%) reported a significantly higher prevalence of not having a personal care provider than White NH adults (14.8%). In other words, Black NH adults and Hispanic adults reported not having a personal health care provider 1.6 and 1.5 times that of White NH adults, respectively.

Source: 2013 MiBRFS and 2013 Arab BRFS.

*2013 data is used here because information for Arab Americans is not available for 2014.

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 2015:

- Implemented BOCA-CLAS (Building Organization Capacity to Adopt and Implement Culturally and Linguistically Appropriate Standards) Program - Year 2: Six (6) funded organizations; 26 partner organizations completed MOUs to adopt/implement CLAS standards; 73 CLAS presentations, 2349 CLAS related materials developed/distributed (57 translated to other languages).
- Conducted three cultural competency workshops with 53 individuals trained (29 MDHHS staff which addresses DHHS cultural competency strategic objective).
- Conducted 2015 Minority Health Month Activities which included hosting a 'History of Minority Health Month' exhibit at the Lansing State Capitol Building and presenting on a national webinar *'Thirty Years and Counting: The Impact of the Heckler Report in Minority Communities.'*
- Continued 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.
- Released the 2013 Arab Behavioral Risk Factor Survey (BRFS) and 2012 Asian/Pacific Islander BRFS final reports.
- Completed an analysis of birth and death certificates for Michigan Asian/Pacific Islander mothers to determine group differences for maternal demographics, pregnancy and infant outcomes.
- Completed and submitted the 2014 Annual PA 653 Legislative Report in March 2015.
- Partnered with nine health and health care organizations to implement the IM-WEL2, a health literacy fellowship program. The goal was to increase the use of preventive health services and the appropriate use of health care among Healthy Michigan Plan enrollees in Detroit.
- Continued dissemination of the Michigan Health Equity Toolkit (MHET).
- Initiated health literacy initiative to establish partnerships with hospitals, academic institutions and coalitions in an effort to: 1) develop a statewide health literacy plan, 2) a health literacy toolkit, 3) health literacy curricula and training for health and public health professionals.
- Provided health literacy training to various organizations, including the Michigan State Medical Society, Beaumont Hospital, MPHI, and Henry Ford Hospital. Also, created and implemented a webinar on Health Literacy in collaboration with the University of Michigan, Office of Public Health Practice.

Project Goals for FY 2016:

- Implement IM-WEL2 health literacy initiative at two community health centers.
- Sponsor 2016 Minority Health Month activities.
- Conduct equity based CLAS trainings with MDHHS staff & external partners.
- Conduct 2016 Behavioral Risk Factor Survey (BRFS) Oversample of Arabs/Chaldeans in Michigan.
- Complete web based health equity training for MDHHS staff.
- Disseminate the Health Equity Practice Guide for Public Health Professionals.
- Complete and submit the 2015 PA 653 Report.
- Continue health literacy activities including training and development of health literacy toolkit and webpage.
- Complete/disseminate BRFS reports (2014 Hispanic and 2013-14 African American) and Asian/Pacific Islander MCH analysis.
- Provide assistance related to water crisis in Flint.

Healthy Michigan Fund – FY 2015 Report

Health and Wellness Initiatives
 Appropriation # - 11200
FY 15 Funds Appropriated: \$2,102,500

Health and Wellness Initiatives
 Appropriation # - 11200
FY16 Funds Appropriated: \$2,100,700

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
2014	26,140	7.8 million
2015	27,264	8.4 million

Source: Division of Immunization, MDHHS

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 119 million shot records administered to 9.5 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: 6,229 health care providers and pharmacies; 4,198 schools; and 3,810 licensed childcare programs. The MCIR system is used routinely by over 26,000 users to access the immunization records of both children and adults to determine their immunization status. In 2015, the MCIR generated over 493,183 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 2015.

Project Accomplishments for FY 2015:

- Implemented bi-directional data exchange between MCIR and immunization providers electronic health record systems.
- Continued to develop the interface between MCIR and the Master Person Index database.
- Implemented the Electronic Vaccines for Children (VFC) provider enrollments.
- Developed the business rules for the capabilities of statewide Health Provider Directory.
- Implemented enhancements to the VFC flu pre-booking module in the MCIR.
- Completed the development of business requirements to support Perinatal Hepatitis B module in MCIR.
- Developed the ability to track and forecast for doses of vaccine that were compromised.
- Continued to partner with the Michigan Health Information Network (MIHIN) to become a provider portal involving the statewide Health Information Exchange (HIE). Two thousand forty-six (2,046) provider offices are currently submitting data through the HIE.
- Implemented support for 2D bar coding to update address information on returned notifications to parents.
- Developed the ability to use 2D barcode capabilities to update address information in the MCIR.

Project Goals for FY 2016:

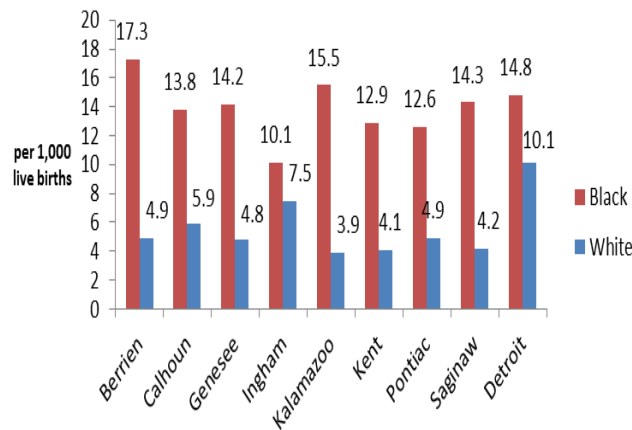
- Continue to enroll additional provider practices to become interoperable using HL7 messaging.
- Continue to recruit, onboard and support immunization queries and submission from immunization provider electronic health record systems.
- Develop business requirements to support consumer access to MCIR.
- Evaluate the timeliness, completeness, and quality of electronic immunization data being reported to MCIR.
- Complete development of the Early Hearing Detection Intervention module in MCIR.
- Enhance the interface with the VTrckS system for more transparent data flow including lost and wasted dose reporting.
- Continue to develop a needs assessment for programmatic changes to MCIR for pandemic planning.
- Develop the Perinatal Hepatitis B tracking module.
- Develop enhancements to the AFIX reports to meet the national standards.
- Transition MCIR to the statewide MILOGIN system.
- Implement the interface with MCIR and the statewide Health Provider Directory.

Healthy Michigan Fund – FY 2015 Report

Health and Wellness Initiatives
 Appropriation # - 11200
FY15 Funds Appropriated: \$50,000

Health and Wellness Initiatives
 Appropriation # - 11200
FY16 Funds Appropriated: \$50,000

Three year average infant mortality per 1,000 live births by county & race, MI 2011-2013



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

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

In FY 2015, \$50,000 was used to stabilize funding and assure continuation of NFP services in Genesee County.

Project Accomplishments for FY 2015:

- Hurley Medical Center received funding for initial implementation of NFP as a new lead agency in Genesee County.
- Genesee NFP hired a team of 4 nurses plus a supervisor, completed mandatory NFP model training, and began enrolling families.
- During FY15, Genesee served 79 women and 15 children.
- Genesee NFP had a retention rate of 100% of women enrolled in pregnancy and a 55% conversion rate of referrals to enrollment.

Project Goals for FY 2016:

- Genesee NFP has chosen to participate in the HRSA-sponsored national Home Visiting CoIIN (Collaborative Improvement and Innovation Network); Genesee is working to improve Family Engagement.
- Genesee NFP received additional funding through the Flint Declaration of Emergency and will be serving additional families specifically in the city of Flint.
- Genesee will enroll and initiate services with approximately 60-70 families by the end of FY 2016, and serve approximately 100 families/year in FY 2016.

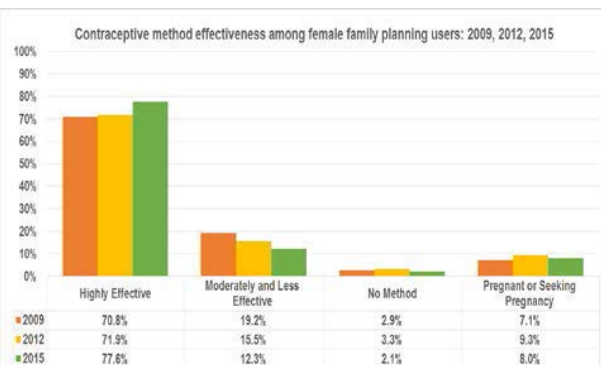
Healthy Michigan Fund – FY 2015 Report

Health and Wellness Initiatives
 Appropriation # - 11200
FY15 Funds Appropriated: \$112,500

Health and Wellness Initiatives
 Appropriation # - 11200
FY16 Funds Appropriated: \$112,500



Note: Live birth rates are per 1,000 women per year. Data Source: 2004 - 2014 Michigan Resident Birth Files, Division for Vital Records & Health Statistics, Michigan Department of Health & Human Services.



Note: Method effectiveness determined by published report. Report Source: MMWR (2009) 58(3):821-6. Data Source: Michigan Family Planning Annual Report 2009 – 2015.

Project Name: Pregnancy Prevention

Target Population: Adolescents and their parents/guardians, and low-income women and men of childbearing age

Project Description: Healthy mothers, babies, and families are the foundation of a healthier Michigan. The reduction of infant mortality and improvement of birth outcomes has remained a top priority for Governor Snyder. Reducing unintended pregnancy has remained a key goal for infant mortality reduction, focusing on the following strategies:

- Promoting healthy birth spacing
- Improving the rate of pregnancies that are intended
- Expanding evidence-based teen pregnancy prevention programs
- Promoting reproductive planning for all childbearing-aged adults as a component of primary care
- Promoting access to reproductive health services

The Teen Pregnancy Prevention Initiative (TPPI) is a comprehensive, evidence-based program to prevent teen pregnancy among youth 12-19 years of age, as well as programming for their parents/guardians. Two (2) community agencies are funded to implement the Teen Outreach Program, an evidence-based positive youth development program, to at least 75 unduplicated youth per year.

The Michigan Family Planning Program assures services are available to anyone of childbearing age with low-income women and men being the primary target population. No one is refused services because of inability to pay. This program provides general reproductive health assessments, comprehensive contraceptive services, preventative health screenings, related health education and counseling, and referrals, as needed. Family Planning's strong educational and counseling component helps to reduce health risks and promote healthy behaviors.

Project Accomplishments for FY 2015:

Healthy Michigan Funds supported teen pregnancy prevention in the following ways:

- 319 youth were served with an evidence-based teen pregnancy prevention curriculum.
- 26 parents/guardians were served with programming focused on improving parent-child communication around teen pregnancy prevention.
- Media buy to air MDHHS' two youth-focused teen pregnancy prevention PSAs in cities where teen pregnancy prevention programming is implemented.

Healthy Michigan Funds were used to supplement Title X funding in the following ways:

- Supported quality family planning services for 32 sub-recipient agencies in 93 clinics across 71 counties.
- Facilitated access to contraception and reproductive health care services for 72,312 women and men.
- Enabled 44,178 individuals at or below 100% of the poverty level to receive reproductive services.
- Provided 59,045 women with highly-effective reversible and moderately effective contraception.

Project Goals for FY 2016:

- Provide technical assistance to programs throughout the State around teen pregnancy prevention.
- Increase number of youth served with evidence-based teen pregnancy prevention programming.
- Increase number of parents/guardians served with programs that foster parent-child communication.
- Decrease the rate of teen pregnancies among youth 15-19 years of age.
- Provide technical assistance to sub-recipient agencies on quality family planning and quality improvement.
- Support sub-recipient agencies in identifying effective or promising outreach methods to increase access to family planning services.

Healthy Michigan Fund – FY 2015 Report

Health and Wellness Initiatives
Appropriation # - 11200
FY15 Funds Appropriated: **\$1,000,000**

Health and Wellness Initiatives
Appropriation # - 11200
FY16 Funds Appropriated: **\$1,000,000**

Project Name: School Children's Healthy Exercise Program

Target Population: Michigan youth, K-8.

Project Description: To develop model programming for schools/school-based programs to create healthier school environments. State matching funds were used to contribute to Michigan earning over \$2 million in federal funds.

Project Accomplishments for FY 2015:

Building Healthy Communities (BHC):

Building Healthy Communities is an evidence-based, comprehensive, school-wide initiative that supports children's health by providing students, teachers and administrators with tools and resources to improve student health while creating a healthier school environment.

- Ninety-two percent of Principals strongly supported the program and 94% of school staff agreed.
 - Children who participated in BHC consumed 40% more fruits and vegetables when compared to the national average for 6-11 year olds.
- Physical education teachers taught more than 1,096 EPEC lessons.

Physical Activity and Healthy Eating Before/After School and Summer (BAS) Program:

The purpose of the BAS program is to increase physical activity and healthy eating among youth engaged in before school, afterschool, and summer programming, and to increase the number of youth participating in these types of programs. The BAS program sites are required to conduct physical activity programming and education using evidence-based strategies and curricula, and provide education on healthy eating to complement physical activity programming and education. For FY15, we worked with 10 YMCAs, including 74 program sites, reaching over 7,500 students.

- On average, children participated in 3.7 days of physical activity each week, for an average of 55 minutes per day (range: 30- 90 minutes). Thirty program sites were meeting the national recommendation to offer at least 60 minutes of physical activity daily.
- In summer programming, children participated in 4.6 days of physical activity each week, for an average of 88.2 minutes per day.

Project Goals for FY 2016:

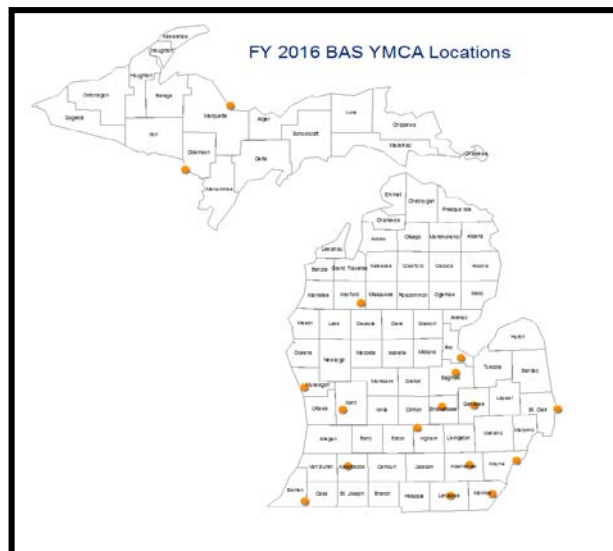
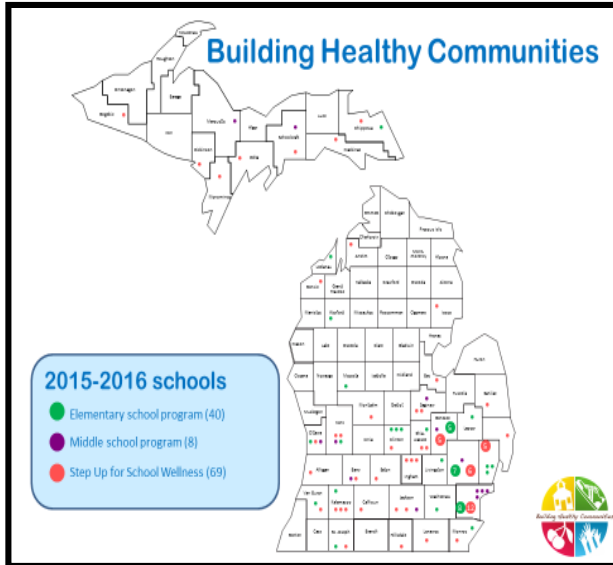
Building Healthy Communities (BHC):

A new model was added to the suite of options for BHC. BHC: Step Up for School Wellness program goals for participating schools include: 1) Build or re-energize a school health team; 2) assess the school health environment using the Healthy School Action Tool (HSAT); 3) Empower students to make healthy choices; 4) Empower students to be more physically active every day; and 5) Evaluate, sustain and share successful implementation strategies. The overarching goal of this model is to meet schools where they are at, allowing more schools to engage statewide.

Physical Activity and Healthy Eating Before/After School and Summer (BAS) Program:

Currently partnering with the State Alliance of YMCAs which includes 17 YMCAs. Within those YMCAs, we are working with 64 program sites/schools, reaching 4,000 children during before and after school programming. We are projected to work with 15 program sites and reaching over 3,000 kids this summer. New goals include: working towards 100% Healthy Eating and Physical Activity (HEPA) standard compliance at all program sites and standardizing curricula/training opportunities across YMCAs statewide. The HEPA standards address five domains, including parent engagement, physical activity, screen time, foods, and beverages.

The School Children's Healthy Exercise Program is funded by general fund in FY16.



Healthy Michigan Fund – FY 2015 Report

Health and Wellness Initiatives
Appropriation # - 11200
FY 15 Funds Appropriated: **\$1,501,800**

Health and Wellness Initiatives
Appropriation # - 11200
FY16 Funds Appropriated: **\$1,628,000**

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).

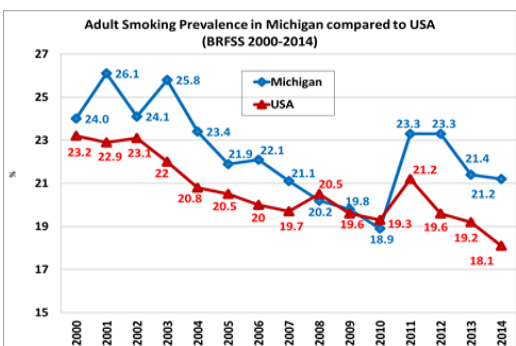
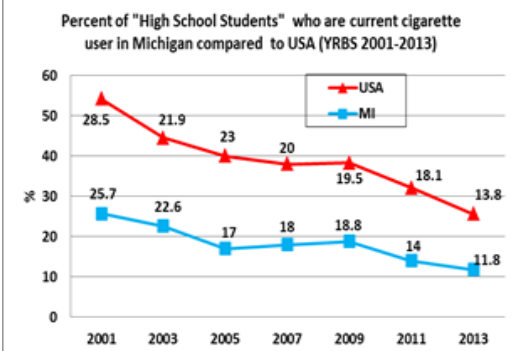
Project Description: Through statewide and community-based grants, the Michigan Tobacco Control Program (TCP) funds various agencies to reduce the health and economic burdens of tobacco-related death and disease. The focus areas are increasing the number of smoke-free environments, preventing teens and 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 2015:

- Michigan's adult smoking rate declined from 23.3% in 2011 to 21.2% in 2014.
- After 5.5 years of monitoring Michigan's Smoke Free Air Law (Public Act 188 of 2009), compliance for food establishments is greater than 90% and violations continued to decrease from 1,250 in FY11 (first year) to 223 in FY14 (fourth year).
- The TCP published a study in the British Medical Journal (BMJ) that shows a significant improvement in the air quality in restaurants after the implementation of the smoke-free air law (*Farid Shamo, Teri Wilson, Janet Kiley, James Repace. Assessing the effect of Michigan's smoke-free law on air quality inside restaurants and casinos: a before-and-after observational study. BMJ Open 2015;5:e007530 doi:10.1136/bmjopen-2014-007530.*) Link to the study: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4513515/pdf/bmjopen-2014-007530.pdf>
- The TCP continues to oversee the annual review/renewal of cigar bar and tobacco specialty retail store exemptions in addition to monitoring compliance with the law.
- Over 87.9% of school districts have policies stronger than the Michigan Tobacco Free Schools Act. By August 2015, over 68% of school districts adopted comprehensive 24/7 tobacco-free policies on-campus and off-campus school-sponsored events. More than half of these strong policies offered the greatest possible protection by also restricting new generation products (e.g. e-cigarettes, hookah, snus, sticks, and orbs).
- Michigan remains a national leader in the smoke-free multi-unit housing initiative. Eleven new public housing commissions adopted smoke-free policies, leading to a total of seventy-three (73) of 124 public housing commissions in Michigan implementing smoke-free policies.
- Michigan's Tobacco Quitline continues to provide ongoing training and outreach to clinics and providers. In FY 15, 150 pregnant smokers called the Quitline to quit smoking.
- A new contract negotiated with the Medicaid Managed Care Plans includes language requiring all Plans to cover the 7 FDA-approved cessation medications and ensures all plans cover individual and group counseling.
- 40 tobacco free and or/smoke free parks or beach policies are being implemented by local Michigan jurisdictions.

Project Goals for FY 2016:

- Continue to provide technical assistance for the development and implementation of policies that will increase cessation rates, reduce tobacco's impact on communities that are disparately affected by tobacco.
- Prevent tobacco use and decrease smoking rates among children and young adults.
- Continue to monitor, enforce and evaluate the statewide Smoke-Free Air Law to show the health and economic impact of the law.
- Educate health professionals and use media to increase awareness and usage of the statewide tobacco Quitline.
- Continue working with MDHHS Medical Services Administration (MSA) Quality Improvement Section to develop criteria for acceptable cessation counseling services.
- Engage new partners to more effectively address health inequities and to eliminate health disparities based on race, socio-economic status, gender, sexual orientation, mental illness, or disabilities.



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

Healthy Michigan Fund – FY 2015 Report

MOMS Program
 Appropriation # 33500
 Hospital Services and Therapy

FY 15 Funds Appropriated
\$1,575,500

FY 16 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) with income at or below 185 percent of the Federal Poverty Level who are currently receiving Michigan Medicaid Emergency Services (ESO) benefits.

Project Description: This program provides medical care for pregnant women not eligible for full Medicaid benefits. 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 2015:

- MOMS served 7,653 women who received Michigan Medicaid Emergency Services benefits.
- Provided access to prenatal care for women not eligible for full Medicaid benefits.
- 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 education and information to Local Health Departments, Federally Qualified Health Centers, Medicaid Providers and the local offices of Department of Health and Human Services (DHHS).
- Increased access to MOMS by utilizing an enrollment option to an online application process.

Project Goals for FY 2016:

- Continue providing early access to prenatal care in effort to promote healthy pregnancies and newborns.
- Continue working to improve communication with state and local agencies regarding how customers receive MOMS benefits.

Number of Pregnant Women Served by MOMS 2003-2015

