

# Healthy Michigan Fund and Tobacco Tax Funds Report

(FY2021 Appropriation Act - Public Act 166 of 2020)

**April 1, 2021**

***Sec. 227. The state departments, agencies, and commissions receiving tobacco tax funds and Healthy Michigan fund revenue from part 1 shall report by April 1 of the current fiscal year to the senate and house 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.***



**MICHIGAN DEPARTMENT OF HEALTH & HUMAN SERVICES**

**HEALTHY MICHIGAN FUND and TOBACCO TAX FUNDS REPORT**



For the Period October 1, 2019 to September 30, 2020

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 Fiscal Year (FY) 2020 accomplishments for all the Healthy Michigan Fund projects and their indicators of success, along with future goals for FY 2021.

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**MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FY 2020 Medical Services Program Tobacco Tax Report**

**Healthy Michigan Fund**

In FY 2020, \$24,492,900 of the Healthy Michigan Fund was appropriated as match for Medical Services and leveraged \$53,784,185 in Federal Medicaid dollars to provide health care services to Medicaid beneficiaries.

**Medicaid Benefits Trust Fund**

In FY 2020, \$322,038,800 of Medicaid Benefits Trust Fund was appropriated as match for Medical Services and leveraged \$707,167,975 in Federal Medicaid dollars to provide health care services to Medicaid beneficiaries.

**Health & Safety Welfare Fund**

In FY 2020, \$2,964,900 of Health and Safety Welfare Fund was appropriated as match for Medical Services and leveraged \$6,510,651 in Federal Medicaid dollars to support Disproportionate Share Hospital payments to Medicaid providers.

<b>Summary of Medical Services Match Revenue</b>			
<b>Revenue</b>	<b>Total</b>	<b>Tobacco Tax</b>	<b>Federal</b>
Healthy Michigan Fund	\$ 78,277,085	\$ 24,492,900	\$ 53,784,185
Medicaid Benefits Trust Fund	\$ 1,029,206,775	\$ 322,038,800	\$ 707,167,975
Health & Safety Welfare Fund	\$ 9,475,551	\$ 2,964,900	\$ 6,510,651
<b>Total</b>	<b>\$1,116,959,411</b>	<b>\$349,496,600</b>	<b>\$767,462,811</b>

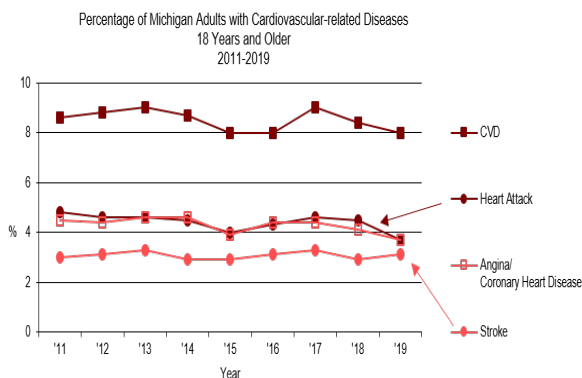
Chronic Disease and Injury Control  
 Appropriation # - 35800  
 FY 2020 Funds Appropriated: \$212,300

Chronic Disease and Injury Control  
 Appropriation # - 35800  
 FY 2021 Funds Appropriated: \$217,800

**Project Name: Cardiovascular Health**

**Target Population:** Michigan residents with a special emphasis on populations most impacted by causes of health disparities, including low-income and decreased access to services.

**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 support state staff to lead cardiovascular health, physical activity, and nutrition programs.



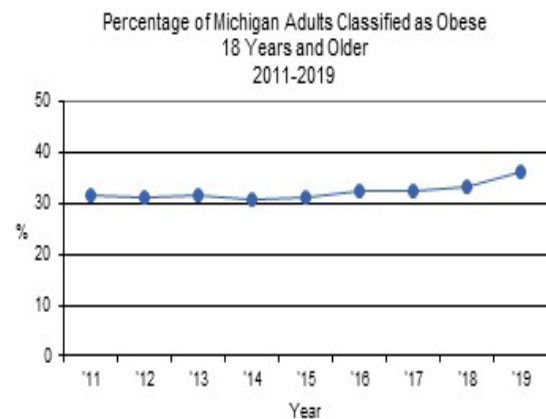
**Heart Disease and Stroke Prevention:**

The work in heart disease and stroke prevention is focused on two major project areas:

- Advancing the Michigan Million Hearts® goal of preventing 108,000 heart attacks and strokes by 2022 through health system interventions, promoting team-based care, and establishing community-clinical linkages to prevent and control high blood pressure and high blood cholesterol.
- Building stroke systems of care to improve outcomes for stroke patients through quality improvement initiatives, including linking stroke data across pre-hospital, Emergency Medical Services, in-hospital, and post-discharge transition of care settings.

**Outcomes:**

- Nearly 30,000 heart disease and stroke prevention education resources were sent to Michigan primary providers, health systems and the public.
- There were 955 hits to the Michigan Million Hearts® website. This website serves as a platform for resources and a connection for all stakeholders interested in supporting and implementing Million Hearts® strategies. Sixty-nine individuals participate in the Michigan Million Hearts Network. The Network is aimed at reducing heart attacks and strokes across Michigan.
- Within stroke registry participating hospitals, 76% of patients received defect-free stroke care, that includes all the appropriate treatments and education.



**Obesity Prevention:**

- The adult obesity prevalence in Michigan was 31.3% in 2011 and 36.0% in 2019. The prevalence was significantly higher in 2019 compared to the prevalence in 2018 (33.0%).

### **Project Name: Cardiovascular Health - continued**

Based on Healthy People 2030 target, Michigan aims to reduce adult obesity to 33.5% by 2030:

- Implement strategic public health efforts aimed at increasing the number of policies and standards in place to support physical activity and healthful eating, increasing access to and use of environments to support healthful eating and physical activity, and increasing the number of social and behavioral approaches that complement policy and environmental strategies to promote healthful eating and physical activity.

### **Outcomes:**

- Staff provided technical assistance on creating healthier school environments through evidence-based, school-wide initiatives and supported a shift to a virtual nutrition education and physical activity model during COVID-19 school closures. The Young Men's Christian Association (YMCA's) out of school time programs continued to implement healthy eating and physical activity standards and provided childcare for essential workers. Combined, these initiatives were implemented in 214 schools and 96 YMCAs and community sites and impacted 59,417 students.
- Staff coordinated a recognition program for Michigan businesses to encourage implementation of worksite wellness best practices and recognized 8 businesses for implementing new work environment policies, practices, and programs. Thirty-nine more businesses were recognized with an honorable mention award for activating their improvement process by taking the worksite wellness assessment. Furthermore, these organizations persisted in implementing workplace wellbeing solutions to support employees during the challenges presented by COVID-19.
- Michigan Department of Health and Human Services (MDHHS) continued to provide training, technical assistance and resources to businesses across the state to develop worksite wellness programs. The number of worksites adopting worksite wellness programs, including policies, increased from 167 to 180 reaching 23,000 employees.
- Staff provided capacity building and technical assistance to 4 local health departments and 1 tribe on reducing the prevalence of obesity through the implementation of policy and environmental changes and outreach activities that promote physical activity. Although these efforts were impacted by COVID-19, it is estimated that over 24,000 individuals were reached through policy and environmental changes, and an additional 673,305 were reached through informational outreach activities.

***NOTE:*** Cardiovascular Health Healthy Michigan Funds were used internally to provide support for programming described above. Funds were not allocated outside of MDHHS.

Minority Health Grants and Contracts  
Appropriation # - 54850  
FY 2020 Funds Appropriated: \$226,200

Minority Health Grants and Contracts  
Appropriation # - 54850  
FY 2021 Funds Appropriated: \$223,600

## WHO DOES THE SURVEY REPRESENT?

870 surveys were completed. Demographics and all survey results presented are **weighted** by population proportion. This means that responses were adjusted to more accurately represent the adult population of the Michigan Native American population.

AGE		GENDER		HOUSEHOLD INCOME	
CATEGORY	PERCENT	CATEGORY	PERCENT	CATEGORY	PERCENT
18-34	31.2	Woman	50.5	Less than \$20,000	29.2
35-44	18.3	Man	49.5	\$20,000 to \$34,999	26.0
45-54	19.7			\$35,000 to \$49,999	15.7
55-64	17.5			\$50,000 to \$74,999	15.7
65+	13.3			\$75,000 or more	13.4

EMPLOYMENT STATUS		TRIBAL AFFILIATION	
CATEGORY	PERCENT	CATEGORY	PERCENT
Employed for wages	50.0	Little River Band of Odawa Indians	29.0
Self-employed	5.8	Keweenaw Bay Indian Community	29.0
Student	4.5	Hannahville Indian Community	12.0
Retired	13.4	Other MI Native Americans	30.0
Unable to work	12.7		
Homemaker	4.4		
Out of work for less than 1 year	3.5		
Out of work for 1 year or more	5.6		

RELATIONSHIP STATUS		EDUCATION	
CATEGORY	PERCENT	CATEGORY	PERCENT
Married	25.4	Less than 9th grade	2.3
Never married	38.6	9th-11th grade	13.0
Divorced	18.5	High school graduate	33.8
Member of an unmarried couple	9.6	Some college	37.5
Separated	2.5	College graduate	13.4
Widowed	5.4		

## Project Name: Office of Equity and Minority Health (OEMH)

**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 OEMH 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 residents.

## Project Accomplishments for FY 2020:

- Intertribal Council of Michigan (ITCM) submitted a full report presenting estimates from both the 2017 Native American Behavioral Risk Factor Survey (NaBRFS) and the State of Michigan 2017 Behavioral Risk Factor Survey (BRFSS) Michigan Behavioral Risk Factor Survey (MiBRFS). ITCM developed five stand-alone one-page reports that highlighted evidence-based recommendations for Colorectal Cancer, Alcohol Consumption, Smoking, Diabetes, and Weight Status. A full copy of the 2017 NaBRFS report and subsequent one-page reports can be accessed by visiting [www.Michigan.gov/MinorityHealth](http://www.Michigan.gov/MinorityHealth) or by clicking the following link: <https://www.michigan.gov/mdhhs/0,5885,7-33971550510452793942439429-134736-.00.html>.
- Completed and submitted the annual Health Equity Report to the Michigan Legislature. The report serves as the annual report on the department's efforts to address racial and ethnic health disparities as required by Public Act 653. The report highlights evidence-based and promising practices being implemented throughout the department to address racial and ethnic disparities. The report presented data on minority health status and disparities including social determinants of health, morbidity, and mortality indicators with the highest Index of Disparity. This measure reflects how much variation or disparity exists in the population for an indicator. The report also includes a supplemental data brief on changes in health disparities from 2010 to 2017. [https://www.michigan.gov/documents/mdhhs/PA653-Health\\_Equity\\_Report\\_Full\\_Document-AllComponents\\_5.13.20\\_Final\\_690987\\_7.pdf](https://www.michigan.gov/documents/mdhhs/PA653-Health_Equity_Report_Full_Document-AllComponents_5.13.20_Final_690987_7.pdf)
- Allocated 3-year funding resources to five local organization (3 Community Based Organizations (CBOs) and 2 Local Public Health Departments (LPHDs). The goal of the funding is to support culturally and linguistically appropriate community-level projects that build capacity to identify and implement programs, policies, and practices to address social determinants of health that contribute to health inequities for racial and ethnic minority

### **Project Name: Office of Equity and Minority Health - continued**

populations in Michigan.

- Led the department's accountability process for the Diversity, Equity and Inclusion (DEI) APR-500 Training Policy compliance. APR-500 mandates that all staff complete two online trainings: 1.) Introduction to Health Equity and 2.) Systemic Racism. During FY 2020, we reported a total of 14,582 Introduction to Health Equity completions including internal MDHHS staff, Michigan Public Health Institute (MPHI) staff and the public, which corresponds to an 89.5% completion rate. There was a total of 14,502 Systemic Racism completions including MDHHS staff, MPHI staff and the public, which corresponds to a 93.40% completion rate. The mandate has effectively increased the views and completions of the Introduction to Health Equity online training by 80%.
- Led the department-wide DEI Newsletter workgroup. Workgroup meets monthly. OEMH staff act as meeting facilitators, content developers and editors in chief. There were a total of 4 publications made in FY 2020.
- Inside Our Mind: Hidden Biases was piloted in FY 2019. Official launch of this workshop occurred in June 2019. During 2019–2020, a total of 4 workshops were completed at MDHHS with 118 participants. Four workshops were completed with the OEMH's capacity building grantees, with a total number of 87 participants. Additionally, the Inside Our Mind curriculum was adapted as a 1-day training to be delivered in partnership with Human Immunodeficiency Virus/Sexually Transmitted Disease (HIV/STD).
- Partnered with internal and external stakeholders in the development and delivery of training curriculum including an adapted 1-day version of the Inside Our Minds: Hidden Bias workshop and a new one-day workshop titled Intersectionality of Race and Health for our HIV/STD partners, and facilitation of a series of Cultural Competency presentations to Honu Management Group, the COVID-19 testing service provider.



## Healthy Michigan Fund and Tobacco Tax Funds Report – FY 2020

Immunization Program  
Appropriation # - 48700A  
FY 2020 Funds Appropriated: \$2,184,800

Immunization Program  
Appropriation # - 48700A  
FY 2021 Funds Appropriated: \$2,180,300

**Project Name: Immunization: The Michigan Care Improvement Registry and Administration (MCIR)**

**Target Population:** All residents of Michigan

**Project Description:** MCIR is a regionally based, statewide web-based program that contains over 157 million shot records of over 11.6 million people, primarily children under the age of 20 years. The MDHHS is currently working, through subcontracts, with six MCIR regions to enroll and support every immunization provider in the state. Currently there are 6,764 immunization providers/healthcare organizations enrolled in MCIR, 4,119 schools and 3,826 childcare programs. MCIR processes over 3 million queries monthly from provider Electronic Health Records (EHR) systems to supply patient immunization history and forecast information directly to their EHRs. Approximately 85% of vaccine submissions are sent to MCIR directly from EHRs using Health Level Seven International Standard (HL7) messaging. Use of HL7 electronic messaging is the contributing factor for the improvement of adult immunization administration information in MCIR. Approximately 1 million vaccinations in 2020 were entered on the MCIR web application where pediatricians and general/family practice providers have access to view immunization history and forecast information but also available is the latest Blood Lead, Newborn Hearing and Newborn Screening (blood spot) test results, as well as Medicaid Early Periodic Screening Diagnostic Test (EPSDT) results and due dates.

**Project Accomplishments for FY 2020:**

- Implemented changes to the MCIR system to support Pandemic Outbreak Module for COVID-19 vaccine inventory management and vaccination reporting.
- Implemented Reminder Text Messaging to support COVID-19 2<sup>nd</sup> dose reminder.
- Implemented COVID-19 Provider Enrollment initially via PDF, then via a Redcap Online Application.
- Implemented the electronic receipt of certified death data from Vital Records, reducing the marking of deceased records in MCIR from months to days.
- Implemented the Perinatal Hepatitis B case tracking module.
- Continued bi-directional data exchange (Query) between MCIR and providers EHR systems that averaged over 3 million hits monthly, or about 100,000 hits daily. Query is used by both immunizing and non-immunizing providers (e.g., specialists).

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
2016	28,308	8.2 million
2017	30,208	8.6 million
2018	31,784	9.1 million
2019	33,085	9.7 million
2020	31,983	8.3 million

Prenatal Care Outreach & Service Delivery Support

Appropriation # - 58900

FY 2020 Funds Appropriated: \$50,000

Prenatal Care Outreach & Service Delivery Support

Appropriation # - 58900

FY 2021 Funds Appropriated: \$50,000

## **Project Name: Nurse Family Partnership Project (NFP)**

**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, Macomb, Kalamazoo, Kent, and Saginaw.

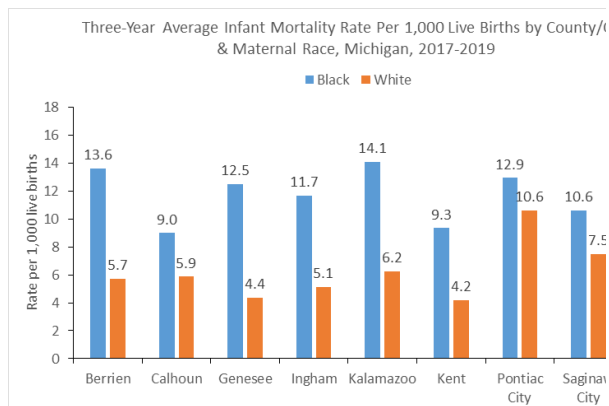
**Project Description:** The disparity in infant and maternal mortality is a major public health issue in the state of Michigan. Improving Maternal and Infant health is one of MDHHS' priorities and the Mother Infant Health Equity Improvement Plan recognizes home visiting as a key strategy to improve maternal and infant health.

NFP, one of several home-visiting models 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).

In FY 2020, \$50,000 was used to assure continuation of NFP services in Genesee County.

## **Project Accomplishments for FY 2020:**

- During FY 2020, Hurley Nurse-Family Partnership served 246 women and 201 children while continuing to implement NFP with fidelity and to comply with all requirements of the Michigan Home Visiting Initiative (MHVI) and PA 291 of 2012.
- 72.2% of Hurley Nurse-Family Partnership clients initiated breastfeeding and the Hurley NFP team was successful in increasing breastfeeding duration rates at 6 months from 31.3% to 43.8% and at 12 months from 18.2% to 41.2%.
- The premature birth rate was 12.7%, decreased from a high of 14.1%.
- 89.5% of Hurley NFP babies were up to date with immunizations at 12, 18 and 24 months.
- Hurley NFP was able to increase their children who received their last recommended well-child visit from 81.9% to 83.1% in FY20.
- Hurley Nurse-Family Partnership Families decreased their percentage of subsequent pregnancies at 18 months from 20.9% to 14.6% and at 24 months from 28.6% to 25.4%, supporting maternal and infant health.



# Healthy Michigan Fund and Tobacco Tax Funds Report – FY 2020

Pregnancy Prevention Program  
 Appropriation # - 58850  
 FY 2020 Funds Appropriated: \$112,500

Pregnancy Prevention Program  
 Appropriation # - 58850  
 FY 2021 Funds Appropriated: \$112,500

## Project Name: Pregnancy Prevention

**Target Population:** Expectant and parenting youth up to age 21 years old, including fathers and their families, post-partum individuals and infants up to one, and low-income individuals of childbearing age.

**Project Description:** The Michigan Adolescent Pregnancy and Parenting Program (MI-APPP) creates an integrated system of care, including linkages to support services, for expectant and parenting adolescents, including fathers, and their families. MI-APPP grantees implement an evidence-informed case management curriculum designed to elicit strengths, address various risk behaviors, the impact of trauma, and provide a connection to community services and resource. Funded agencies engage communities through locally driven steering committees, a comprehensive needs assessment, and creation of support services to ensure MI-APPP is responsive to the needs of expectant and parenting youth.

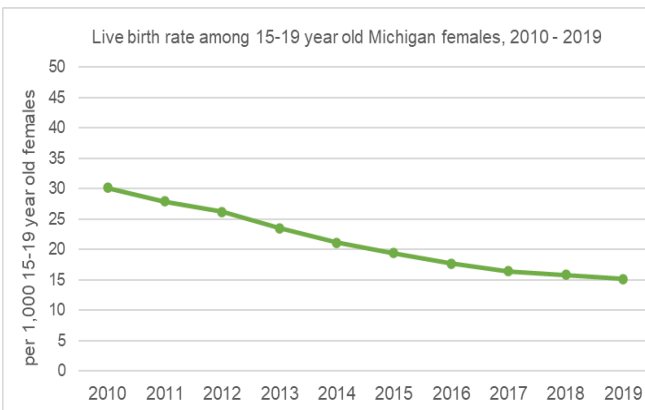
The nine Regional Perinatal Quality Collaboratives (RPQC) seek to improve birth outcomes for moms, babies, and families through data-driven quality improvement efforts, tailored to the strengths and challenges of their respective region. Community and clinical approaches are used to bring together diverse stakeholders and partners, including families, in a unified, collaborative effort. Each RPQC convenes regular meetings to address their respective region’s largest concerns with individualized attention, as well as facilitate networking and partnership opportunities among participants.

The Michigan Family Planning Program assists individuals and couples in planning and spacing births, preventing unintended pregnancy, and seeking preventive health screenings. The program’s strong educational and counseling component helps reduce health risks and promote healthy behaviors. Family Planning prioritizes serving low-income women and men. The Michigan Family Planning Program serves as a safety net with service providers who have been a reliable and trusted source of care, and in many cases the only regular source of health care for individuals. Referrals for medical, behavioral, and social services are provided to clients on an as needed basis. No one is denied services based on inability to pay.

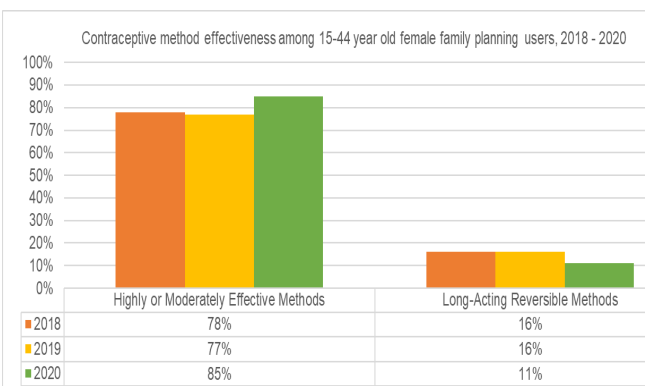
## Project Accomplishments for FY 2020:

Healthy Michigan Funds were used to supplement MI-APPP by supporting staff time and grantee programming that contributed in the following ways:

- Provided case management and support services to 166 expectant and parenting youth.
- Delivered support services to 18 supportive adults, parents and/or guardians of young parents to improve familial connection and communication.



Note: Live birth rates are per 1,000 women per year. Data Source: 2010-2019 Michigan Resident Birth Files, Division for Vital Records & Health Statistics, Michigan Department of Health & Human Services.



Note: 2020 data is preliminary. Method effectiveness determined by the Office of Population Affairs (OPA). Report source: [OPA Clinical Performance Measures of Contraceptive Care](#). Data source: Michigan Family Planning Annual Report 2018 – 2020, Michigan. Statistics represent total clients served for each calendar year in Michigan’s Family Planning Program.

## Healthy Michigan Fund and Tobacco Tax Funds Report – FY 2020

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Healthy Michigan Funds were used to supplement the RPQCs in the following ways:

- Supported RPQC quality improvement efforts aimed at increasing enrollment and retention in home visiting programs. An important component of the home visiting program is to discuss reproductive life plans with pregnant and postpartum clients.
- Assisted RPQC quality improvement efforts focused on implementing immediate postpartum long-acting reversible contraceptives (LARCs) in local birthing hospitals, including support of drafting policies and procedures, education of staff, and working with prenatal care providers to ensure reproductive life planning was discussed prior to admission at the hospital.

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

- Supported high-quality family planning services for 31 sub-recipients and 75 clinics across the state.
- Enabled 11,150 individuals living  $\leq 150\%$  of the federal poverty level to receive no or low-cost services.
- Afforded 9,958 women a highly effective reversible or moderately effective form of contraception and 748 men condoms.

# Healthy Michigan Fund and Tobacco Tax Funds Report – FY 2020

Smoking Prevention Program  
 Appropriation # - 64400  
 FY 2020 Funds Appropriated: \$1,631,500

Smoking Prevention Program  
 Appropriation # - 64400  
 FY 2021 Funds Appropriated: \$1,648,700

## **Project Name: Smoking Prevention Program**

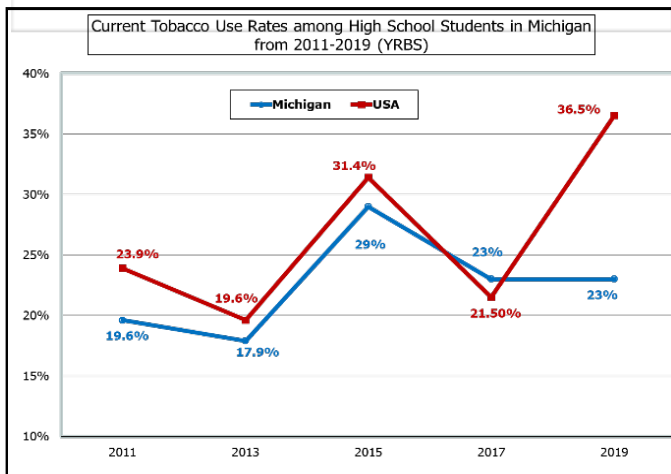
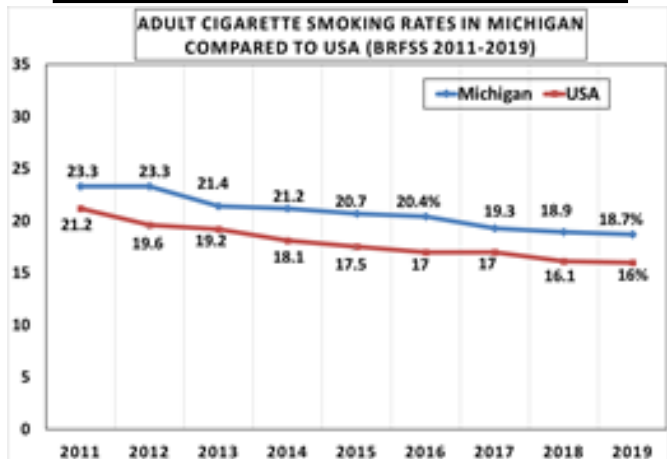
**Target Population:** All residents of Michigan, highest priority focused on populations disproportionately impacted by tobacco use (youth, adults, seniors, people living with Human Immunodeficiency virus (HIV), Lesbian, Gay, Bisexual, Transgendered, and Queer (or questioning) (LGBTQ) and communities 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 of our work are increasing the number of smoke-free environments, preventing teens and children from starting to smoke and use e-cigarettes, assisting hard-to-reach populations in quitting smoking, and reducing tobacco use among people who are disproportionately impacted by tobacco use and industry marketing.

## **Project Outcomes for FY 2020:**

### Preventing Youth Tobacco Initiation:

- High school students in Michigan used tobacco at 23% in 2019 compared to 36.5% for United States of America average. To address this rate of tobacco use including the youth e-cigarette epidemic, the TCP engaged in the following work:
- Worked with schools on tobacco-free policies. Over 91 percent of school districts have policies stronger than the Michigan Tobacco Free Schools Act. More than 75 percent of school districts adopted comprehensive 24/7 tobacco-free policies on-campus and off-campus school-sponsored events.
- Began a statewide, monthly e-cigarette workgroup call to update partners across the state on various e-cigarette related activities in Michigan, providing education, new resources and partner sharing of community work to reduce e-cigarette use by youth and young adults as well as prevent initiation and exposure to secondhand aerosol.
- Membership has increased to over 120 partners who represent many types of organizations, school districts and agencies that work with youth. State level partners include the Michigan Department of Education; Office of Recovery Oriented Systems of Care; Michigan High School Athletic Association; Child and Adolescent Health Centers; Michigan Athletic Trainers; School Community Health Alliance of Michigan; Asthma Initiative of Michigan, Oral Health Coalition; Injury Prevention; School Nurses, Regional School Health; Academy of Pediatrics; Prevention Network and the Michigan Higher Education Network.



Sources: 2019 Youth Risk Behavior Survey\*, 2019 MIBRFSS\*, MI Tobacco Quitline reports; Sortable Risk Factors and Health Indicators-CDC; Smoke-free Environments Law Project, MDHHS-Evaluation Studies.

### **Project Name: Smoking Prevention Program – continued**

- In collaboration with organizations serving disparately impacted youth, disseminated youth-developed messaging to address the youth e-cigarette epidemic throughout Michigan.
- Staff presented 51 times on e-cigarettes at various conferences and meetings including Michigan State University and University of Michigan athletic staff and trainers; state tobacco coalitions; dental hygienist organizations; Ottawa County Board of Commissioners; physician conferences; Michigan Association of Superintendents and Administrators; Mi Regional School Health Association; Michigan Athletic Trainers Association; Michigan Association of Local Public Health and many others.
- Collaborated with several organizations (e.g., Asthma Initiative of Michigan, Michigan High School Athletic Association, Alliance of Coalitions for Healthier Communities, etc.) to create e-cigarette fact sheets to educate Michigan residents on the dangers of youth and e-cigarette use and promote the new My Life My Quit youth quit vaping/tobacco program.
- Provided social media examples to partners to educate communities on preventing youth initiation from reputable organizations such as Federal Drug Administration, Center for Disease Control and Prevention, Campaign for Tobacco Free Kids, Surgeon General and the Truth Initiative.
- Worked with communities disparately affected by tobacco to utilize social media platforms to post messages on youth use of tobacco and include messaging in community newsletters and newspapers specific to their populations to educate youth and parents, prevent youth from initiating tobacco products and assist youth who are using tobacco products including e-cigarettes.
- Partnered with Michigan Department of Education resulting in adoption of a 24/7 comprehensive model tobacco free school model policy by the State Board of Education. The State Board of Education communicated this new policy to all Michigan public and charter schools.
- Created curriculum and provided two master train-the-trainer programs to youth prevention staff to increase the number of community education presentations on youth tobacco use including e-cigarettes. The outcome is 61 additional trained professionals with consistent materials who provide presentations to schools, school staff, parents and the community to reduce rates of youth initiation and helping young people quit tobacco products.

### **Smoke Free Air Outcomes:**

- After 10 years of monitoring Michigan's Smoke Free Air Law (Public Act 188 of 2009), compliance for food establishments has increased as violations and citations continued to decrease from 1,233 in FY 2011 (first year) to 38 in ninth year of the law.
- Continued to oversee the annual review/renewal of cigar bar and tobacco specialty retail store exemptions, in addition to monitoring compliance with the law to reduce negative health outcomes from secondhand smoke.
- Expanded collaboration with local health departments, law enforcement (both City Police and County Sheriff), and Michigan State Police for enforcement of Public Act 188 of 2009.
- Michigan State Police and TCP collaboration for 2019 vs. 2018 realized a 139% increase in citations written, a 147% increase in violations observed, and a 149% increase in fines received. (2020 limitation because of the pandemic)
- Continued to work on increasing the number of smoke-free multi-unit housing properties to prevent secondhand and thirdhand smoke.
- The TCP, local contractors, and the University of Michigan Smoke-Free Environments Law Project (SFELP) continue to provide technical assistance and support to Public Housing Communities (PHCs) to ensure compliance with the HUD rule in Michigan. Provided resources to PHC staff and residents interested in quitting smoking, resulting in PHC residents utilizing the Michigan Quitline services to aid in their transition to smoke free housing.

### **Project Name: Smoking Prevention Program – continued**

- Supported affordable and market rate multi-unit housing properties with smoke-free policy adoption.
- The TCP and local partners continue to increase tobacco-free outdoor policies to reduce the impact of secondhand smoke on Michigan residents. This work resulted in 64 tobacco-free and/or smoke-free parks or beach policies implemented by local jurisdictions in Michigan and 26 local jurisdictions have adopted park and/or beach policies with smoke-free or tobacco-free designated areas.

### **Tobacco Cessation Outcomes:**

- Reduced the adult smoking rate from 23.3 percent in 2011 to 18.7 percent in 2019.
- Michigan's Tobacco Quitline continues to provide ongoing training and outreach to health clinics and health care providers to increase the number of Michigan residents who use tobacco products to engage in cessation.
- 41 pregnant smokers called the Quitline to quit tobacco use; 3,807 Michigan residents enrolled in the Quitline; the six-month overall abstinence rate with the Quitline is 28%.
- Launched a new youth Michigan Quitline service called My Life My Quit starting on July 1, 2019 which offers free and confidential coaching services to assist youth 17 years and under who use tobacco products, including e-cigarettes, to stop. This program can be offered by school districts as an alternative to suspension to address youth addicted to tobacco products including e-cigarettes while maintaining academic success of these students as well.

# Healthy Michigan Fund and Tobacco Tax Funds Report – FY 2020

Family, Maternal and Child Health  
Pregnancy Prevention Programs  
Appropriations # - 43000, 58850  
FY 2020 Funds Appropriated: \$907,600

Family, Maternal and Child Health  
Pregnancy Prevention Programs  
Appropriations # - 43000, 58850  
FY 2021 Funds Appropriated: \$907,600

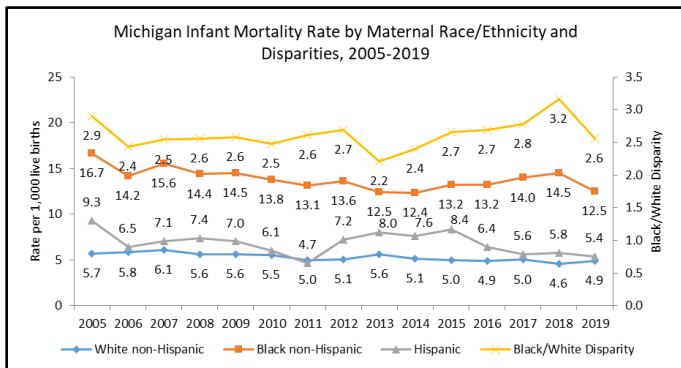
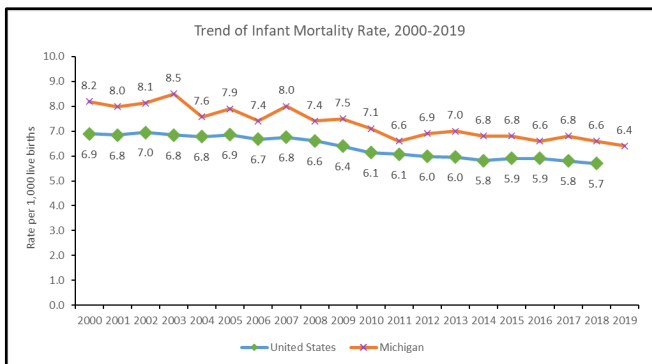
## Project Name: Family, Maternal and Child Health

**Target Population:** All Michigan residents with focus on infants; pregnant women; women of childbearing age; Black, Indigenous and people of color; adolescent parents and their parents/guardians; and low-income women and men.

**Project Description:** Maternal, infant, and family outcomes are key indicators of the health and wellbeing of families in Michigan. The *Healthy Moms Healthy Babies* initiative is a priority of Governor Whitmer’s administration to advance the health of moms and babies. Michigan’s infant mortality data highlights three areas of concern: infant mortality rates higher than the national average; alarming disparities between racial and ethnic groups; and disproportionately poor outcomes for families with low-income. To improve maternal and infant health outcomes, community responsive and regionally tailored approaches are occurring.

## Project Accomplishments for FY 2020:

- Released [Year One Highlight](#) of the Mother Infant Health and Equity Improvement Plan (MIHEIP), 2020-2023.
- Supported Regional Perinatal Quality Collaboratives (RPQCs) efforts, including:
  - Increased access to unconscious bias training opportunities
  - Ensuring access to care and support during coronavirus pandemic, including adapting childbirth education classes and support groups to virtual platforms
  - Drafting educational material and resource list related to perinatal substance use disorder for the [MiRecovery](#) webpage
  - Expansion of virtual services, such as [MyStrength](#), for regional residents
  - Implementation and expansion of universal electronic screening tool (and brief intervention) in prenatal care clinic settings
- Supported the 2020 Maternal Infant Health Summit that was held virtually September 22-23, 2020. The MIH Summit offered 9 plenary sessions and 19 different breakout session options, with registration of over 600 participants.
- Supported implementation of 5 Action Committees that are aligned with the priorities of the Mother Infant Health and Equity Improvement Plan (MIHEIP). The Action Committees convene content experts to support efforts aimed at impacting system change and ultimately achieving the MIHEIP strategic vision of zero preventable deaths and zero health disparities.
- Supported staff time and grantee programming that provided case management and support services to 166 expectant and parenting youth through the Michigan Adolescent Pregnancy and Parenting Program (MI-APPP).
- Provided support services to 18 supportive adults, parents and/or guardians of young parents to improve familial connection and communication through MI-APPP.



Note: Infant mortality is defined as a death of a baby his/her first birthday and is expressed as a rate per 1,000 live births. Data source: Michigan resident live birth files, and infant mortality files; Division for Vital Records & Health Statistics, MDHHS.



Long Term Care Services  
Appropriation # - 51950  
FY 2020 Funds Appropriated: \$27,492,900

Long Term Care Services  
Appropriation # - 51950  
FY 2021 Funds Appropriated: \$22,792,900

**Project Name: Long Term Care Services (LTC)**

**Target Population: Medicaid eligible population that meet the nursing home level of care need.**

**Project Description:** This program provides services to many of the state’s most vulnerable citizens. Medicaid, as the primary payer for beneficiaries who reside in nursing homes and county owned medical care facilities, adheres to all state and Federal regulations that govern care provided in these facilities. There are eligibility factors used to determine who qualifies for this service. Eligibility depends on age or disability, income, the value of certain assets owned, and the amount of long- term care expenses.

**Project Accomplishments for FY 2020:** In FY 2020, there were approximately 24,700 Michigan residents that benefitted from these services.