

TOBACCO TAX FUNDS REPORT

(FY 2017 Appropriation Act - Public Act 268 of 2016)

April 1, 2017

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 2016 Report

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**MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
FY 2016 Medical Services Program Tobacco Tax Report**

Healthy Michigan Fund

In FY2016, \$6,013,620 of the Healthy Michigan Fund was appropriated as match for Medical Services and leveraged \$11,467,834 in federal Medicaid dollars to provide health care services to Medicaid beneficiaries.

Medicaid Benefit Trust Fund

In FY2016, \$324,146,200 of Medicaid Benefit Trust Fund was appropriated as match for Medical Services and leveraged \$618,139,265 in federal Medicaid dollars to provide health care services to Medicaid beneficiaries.

Health & Safety Welfare Fund

In FY2016, \$5,310,808 of Health and Safety Welfare Fund was appropriated as match for Medical Services and leveraged \$10,127,587 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)	\$12,901,512	\$4,438,120	\$8,463,392
MOMS Program	\$4,579,942	\$1,575,500	\$3,004,442
Medicaid Benefits Trust Fund	\$942,285,465	\$324,146,200	\$618,139,265
Health & Safety Welfare Fund	\$15,438,395	\$5,310,808	\$10,127,587
Total	\$975,205,314	\$335,470,628	\$639,734,686

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

HEALTHY MICHIGAN FUND REPORT



For The Period October 1, 2015 to September 30, 2016

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 2016 accomplishments for all the Healthy Michigan Fund projects, their indicators of success, along with future goals for FY 2017.

Healthy Michigan Fund – FY 2016 Report

Appropriation # - 11200
FY 16 Funds Appropriated: \$210,300
 Appropriation # - 11200
FY17 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 support state staff to lead cardiovascular health, physical activity and nutrition programs.

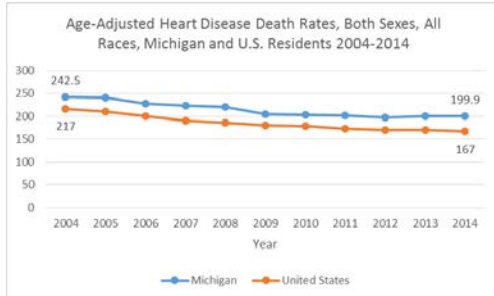
Project Accomplishments for FY 2016

Heart Disease & Stroke:

- Stakeholders created a plan to build a statewide Michigan Million Hearts Network.
- Key Million Hearts' strategies were built into three videos for promotional usage for the Michigan initiative and Network.
- 93% of patients with uncontrolled high blood pressure participating in one of Million Hearts funded health systems were referred to evidence-based services that assist with self-management.
- Michigan's Ongoing Stroke Registry to Accelerate Improvement of Care (MOSAIC) program increased partners from 24 to 31 hospitals to improve quality of care for stroke patients as part of the state stroke registry and quality improvement program impacting nearly 10,000 patients.
- Increased the percentage of stroke patients in Michigan receiving defect-free stroke care from 72% to 74.6%.
- In collaboration with the MDHHS Oral Health Unit and Delta Dental, a statewide survey was conducted to assess screening practices for diabetes and high blood pressure among oral health professionals in Michigan.

Obesity Prevention:

- Since 2012, Michigan's national ranking has improved from the 5th to the 16th most obese state in the U.S. in 2016.
- The three-year average obesity rate from 2013 to 2015 is 31.3%. The percentage of obesity among Michigan adults appears to be stabilizing.
- MDHHS staff provided training, technical assistance and resources to businesses across the state to develop Worksite Wellness programs.
- The MDHHS Designing Healthy Environments at Work (DHEW) assessment was taken by 84 Michigan businesses Reaching 17,000 employees.
- Eighty-seven worksites that previously completed an assessment began implementing actions to create policies and practices to support healthy behavior at work.
- Staff provided technical assistance on creating healthier school environments through evidence-based, school-wide initiatives that support children's health and youth engagement in before/after school and summer programming.
- 40 child care centers and homes implemented food service guidelines/nutrition standards and physical activity standards, improved breastfeeding support, and reduced barriers to quality child care for high-need children.
- Staff coordinated a recognition program for breastfeeding-friendly businesses to encourage breastfeeding support and recognized 12 businesses for supporting breastfeeding employees in the workplace.



*2014 is most recent year of data



Project Goals for FY 2017

Heart Disease & Stroke:

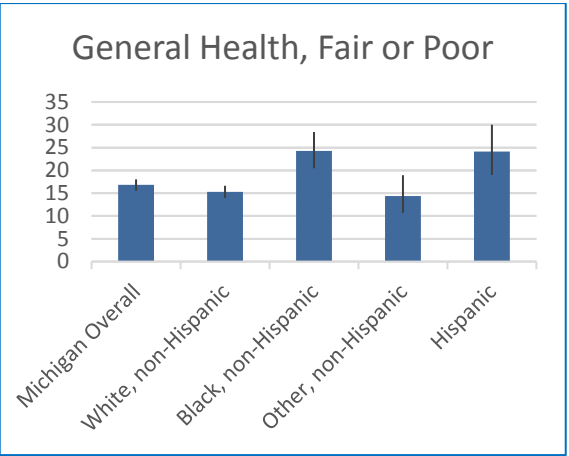
- In collaboration with the MDHHS Oral Health Unit and Delta Dental, develop high blood pressure and diabetes guidelines to increase awareness and provide education and guidance for oral health professionals, including posting to the MDHHS website.
- Continue to increase prevention efforts, promote awareness of risk factors, and promote awareness of signs and symptoms of heart attack and stroke.

Obesity Prevention:

- Continue to work with businesses, public and private partners to increase the number of businesses supporting worksite wellness and the number of employees with access to healthy foods and physical activity opportunities.

Health and Wellness
Initiatives Appropriation # -
11200
FY 16 Funds Appropriated: \$201,300
Health and Wellness Initiatives

Appropriation # - 11200
FY17 Funds Appropriated: \$201,300



In 2014, Black, non-Hispanic (NH) adults (24.3%) and Hispanic adults (24.1%) reported a significantly higher prevalence of fair or poor health than White NH adults (15.3%). In other words, Black NH adults and Hispanic adults reported having fair or poor health approximately 1.5 times that of White, non-Hispanic adults

Source: 2014 MiBRFS and 2014 Hispanic BRFS

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 2016:

- Completed and submitted the PA 653 legislative report – April 2016
- Completed the development of an online health equity training for MDHHS staff.
- Provided equity based cultural competency, health literacy, and health equity training to Department staff, external partners and professionals, and community members. This training serves as a MDHHS dashboard metric. Over 80 persons were trained.
- Worked with two community health centers to implement a health literacy program for providers, staff, and patients to improve health outcomes for racial and ethnic minority patients.
- Sponsored 13 community conversations in multiple counties and communities to solicit resident input as part of 2016 Minority Health Month activities.
- Hosted a legislative breakfast to raise awareness among Michigan legislators about racial and ethnic health inequities and promising strategies for improving health status.
- Assigned a HDRMHS staff person part time to work with communities in Flint to address health disparities related to the water crisis.
- Conduct 2016 special Behavioral Risk Factor Survey (BRFS) Oversample of Arabs/Chaldeans in Michigan. A total of 421 interviews completed.
- Completed/disseminated BRFS reports (2014 Hispanic and 2013-14 African American) and Asian/Pacific Islander MCH analysis.
- 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.
- Continued dissemination of the Michigan Health Equity Toolkit (MHET).

Project Goals for FY 2017:

- Conduct analysis of birth and death certificates for Michigan Hispanic/Latino mothers to determine group differences for maternal demographics, pregnancy and infant outcomes.
- Complete and submit the 2016 PA 653 Report.
- Continue health literacy activities with health centers and community organization partners in Detroit.
- Conduct special Behavior Risk Factor survey with four Native American Tribes in Michigan.
- Establish partnerships to build capacity for six organizations across the state to improve social determinants of health related factors in their communities.
- Continue to provide assistance related to the water crisis in Flint.

Healthy Michigan Fund – FY 2016 Report

Health and Wellness Initiatives
 Appropriation # - 11200
FY 16 Funds Appropriated: \$2,100,700

Health and Wellness Initiatives
 Appropriation # - 11200
FY17 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
2016	28,308	8.2 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 2016:

- Expanded bi-directional data exchange (Query) between MCIR and providers electronic health record systems. Averaging 315,000 hits monthly, or about 10,500 hits daily in last 4 months of 2016.
- Improved the interface between MCIR and the Master Person Index database.
- Implemented the Electronic Vaccines for Children (VFC) provider enrollments.
- Refined capabilities of Health Provider Directory for MCIR Regions Customer Relations Management
- Implemented enhancements to the VFC flu pre-booking module in the MCIR.
- Perinatal Hepatitis B module in MCIR work has commenced.
- Continued to partner the statewide Health Information Exchange (HIE) stakeholders and providers. 65% of all vaccine administrations reported have been received via HIE.
- Implemented HL7 Viewer to allow providers the ability to 'read' HL7 submitted vaccine transmissions.

Project Goals for FY 2017:

- Continue to enroll immunizing providers to become interoperable using HL7 messaging. Transition existing immunizing Medicaid providers to new HL7 message format to remain Meaningful Use compliant.
- Continue to recruit, onboard and support Query provider and pharmacy electronic health record systems. This will be the growth area for MCIR in 2017 and 2018.
- Implement Medicaid Beneficiary (consumer) access to MCIR record using Query via Medicaid's myHealthButton/myHealthPortal system.
- Expand consumer access to MCIR record using Query via existing Health Plan Patient Portals.
- Evaluate the timeliness, completeness, and quality of electronic immunization data being reported to MCIR.
- Automate transmission trouble shooting analysis reports to improve timeliness of use.
- Complete development of the Hearing/Vision, and Sickle Cell module in MCIR.
- Continue to develop a needs assessment for programmatic changes to MCIR for pandemic planning.
- Continue development of the Perinatal Hepatitis B tracking module.
- Implement enhancements to the AFIX reports to meet the national standards.

Healthy Michigan Fund – FY 2016 Report

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

Health and Wellness Initiatives
Appropriation # - 11200
FY17 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

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

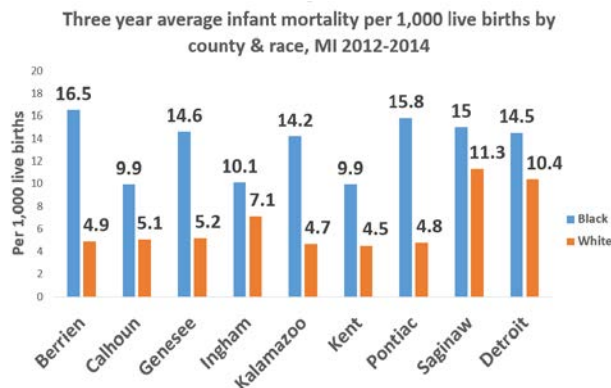
In FY 2016, \$50,000 was used to stabilize funding and assure continuation of NFP services in Genesee County.

Project Accomplishments for FY 2016:

- Hurley Medical Center received additional funding through the Flint Declaration of Emergency to create a second team of 4 nurses to serve additional families in the city of Flint affected by the Flint Water Crisis. Three nurses were hired during FY16.
- During FY16, Hurley served 138 women and 85 children while continuing to learn to implement NFP with fidelity and to comply with all requirements of the Michigan Home Visiting Initiative (MHVI) and PA 291 of 2012.
- The Hurley team, as a new program, was successful in building capacity to be able to participate fully in the MHVI Continuous Quality Improvement efforts.
- Hurley participated in the HRSA-sponsored national Home Visiting CoIN (Collaborative Improvement and Innovation Network), focusing on Family Engagement.

Project Goals for FY 2017:

- Hurley Medical Center will hire the final nurse of a four nurse team, to serve an additional 22 families.
- Hurley NFP will continue to participate in the state Home Visiting Learning Collaborative. This team is working to support families through critical windows for breastfeeding decision making to improve breastfeeding initiation and duration. Michigan is also participating in the national Home Visiting CoIN 2.0 in the topic area of breastfeeding. The work that Hurley completes will be utilized to spread successful strategies and lessons learned across the state.
- Hurley will continue to reach out to various community partners to strengthen relationships to be able to help clients connect to resources and to support outreach activities. Already efforts have assisted families to ensure safety for their children, continue educational attainment, and advance in their life course development.
- Hurley will continue to provide services to approximately 150 - 180 families through the end of FY 2017.



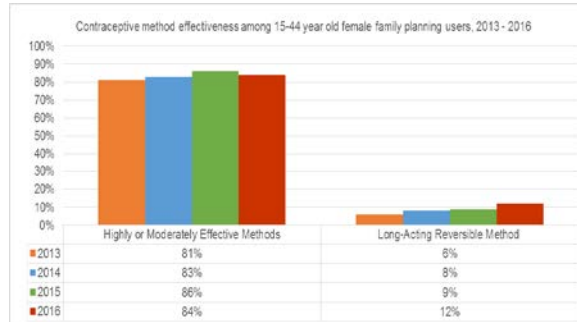
Healthy Michigan Fund – FY 2016 Report

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

Health and Wellness Initiatives
 Appropriation # - 11200
FY17 Funds Appropriated: \$112,500



Note: Live birth rates are per 1,000 women per year.
 Data Source: 2004 - 2015 Michigan Resident Birth Files, Division for Vital Records & Health Statistics, Michigan Department of Health & Human Services.



Note: 2016 data is preliminary. Method effectiveness determined by Office of Population Affairs (OPA).
 Report Source: [OPA Clinical Performance Measures of Contraceptive Care](#). Data Sources: Michigan Family Planning Annual Report 2013 – 2015. Michigan Preliminary Family Planning Annual Report 2016.

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 Taking Pride in Prevention (TPIP) program is a comprehensive (abstinence and contraception along with 3 adulthood preparation subjects), evidence-based program to prevent teen pregnancy among youth 12-19 years of age, as well as programming for their parents and guardians. Two community agencies are funded with this funding to implement the Teen Outreach Program, an evidence-based positive youth development program, to at least 75 unduplicated youths per year.

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 denied services because of inability to pay. The 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. Referrals to other health providers, mental health, and social services are provided to clients on an as needed basis

Project Accomplishments for FY 2016:

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

- 271 youths were served with an evidence-based teen pregnancy prevention curriculum in 15 cohorts at 4 sites.
- 42 parents/guardians were served with programming focused on improving parent-child communication around teen pregnancy prevention.
- 13 Regional School Health Coordinators attended a Sex Ed Training of Trainers, partially funded by this funding, to prepare them to provide technical assistance and support to local schools implementing sex education.

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

- Supported quality family planning services across 69 counties (31 sub-recipient agencies and 93 clinics) serving 66,189 women and men.
- Enabled 50,273 individuals at or below 150% of the poverty level to receive reproductive services.
- Provided 41,604 women with highly-effective reversible and moderately effective contraception.

Project Goals for FY 2017:

- 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.
- Support sub-recipient agency implementation of best practices to increase contraceptive access.
- Provide technical assistance to sub-recipient agencies on quality family planning services and quality improvement.

Healthy Michigan Fund – FY 2016 Report

Health and Wellness Initiatives
 Appropriations # - 11200
 FY 16 Funds Appropriated: **\$953,900**

Health and Wellness
 Appropriations # - 11200
 FY 17 Funds Appropriated: **\$953,900**

Project Name: Family, Maternal and Child Health

Target Population: All Michigan residents with focus on infants, pregnant women, women of childbearing age; communities of color; and healthcare providers: primary, obstetrical, pediatric, dentists and neonatal

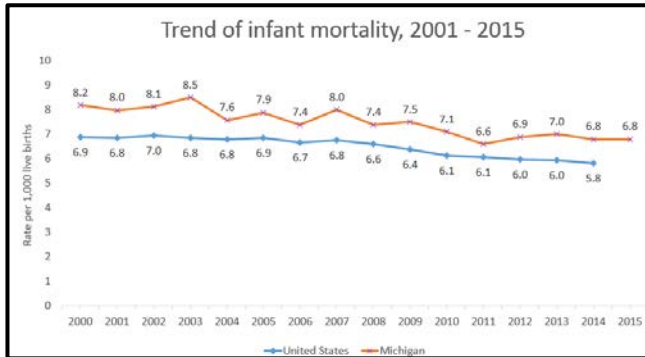
Project Description: The infant mortality rate is a key indicator of the health and wellbeing of families, mothers, and children. Healthy babies is one of Governor Snyder's key public health priorities. Michigan infant mortality data highlights three areas of concern: higher rates than the national average; alarming disparities existing between racial and ethnic groups; and disproportionate poor prenatal outcomes in low income populations. To reduce infant mortality rates and disparity, a comprehensive, yet targeted, approach must occur.

Project Accomplishments for FY 2016:

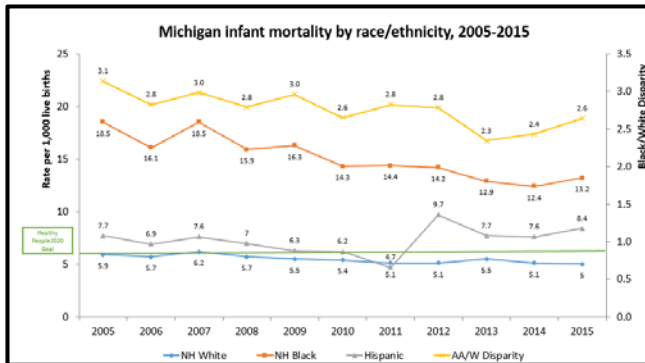
- Created an updated Infant Mortality Reduction Plan (IMRP) for 2016-2019, see: https://www.michigan.gov/documents/infantmortality/Infant_Mortality_16_FINAL_515908_7.pdf
- Ranked 31 out of the 50 states for overall infant mortality rate in 2015, as compared to ranking 36th in 2012.
- Successfully launched the infant mortality Communities of Practices webinars to facilitate education, communication, and the sharing of best practices for those working on decreasing infant mortality. Each webinar related to one of the nine IMRP goals with average webinar attendance of 50 participants.
- Expanded existing Regional Perinatal Care System Quality Improvement Initiatives of Prosperity Regions 2 & 3 to include Prosperity Regions 4 and 10 with project focuses including, but not limited to, reducing opioid use, Neonatal Abstinence Syndrome (NAS), and increasing evidence-based home visiting enrollment.
- Launched the Curriculum Initiative partnership with the Michigan Area Health Education Center (AHEC) to partner with higher learning institutions to assess and enhance curriculum regarding: health equity, substance use, perinatal oral health, and health literacy.
- Supported evidence-based contraception and reproductive health services for 31 sub-recipient agencies in 93 counties across the state and served 60,542 women and 5,647 men.
- Performed cervical cancer screenings based on national clinical standards of care to 9,315 women with over 1,405 women referred for further care due to abnormal screening.
- Performed 35,044 chlamydia tests, 36,629 gonorrhea tests, and 16,595 HIV tests.

Project Goals for FY 2017:

- Prioritize three IMRP goals: implement a Perinatal Care System to facilitate improved and coordinated care for mothers and babies; reduce premature and low weight births, which are the leading causes of infant deaths; and support better health status of women and girls.
- Weave the social determinants of health into all infant mortality reduction efforts to address the existing racial and ethnic disparities.
- Engage Prosperity Region 8 partners to launch Regional Perinatal Care System Quality Improvement Initiative.
- Provide technical assistance to sub-recipient agencies using performance measures on contraceptive access and chlamydia screening.
- Perinatal Opioid Response System: Michigan participating in collaborative, systems building effort of the National Center on Substance Abuse and Child Welfare to improve outcomes for pregnant and postpartum women with opioid use disorders and their infants, families, and caregivers. This will result in a unified, cross-departmental approach to address and prevent perinatal substance use.
- Maintain network of reproductive health providers to support statewide access for women and men.



Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics; Michigan Resident Birth & Death Files, Division for Vital Records & Health Statistics, MDHHS



Data source: Michigan resident live birth files, and infant mortality files, Division for Vital Records and Health Statistics, MDHHS

Healthy Michigan Fund – FY 2016 Report

Health and Wellness Initiatives
 Appropriation # - 11200
 FY 16 Funds Appropriated: **\$1,628,000**

Health and Wellness Initiatives
 Appropriation # - 11200
 FY17 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).

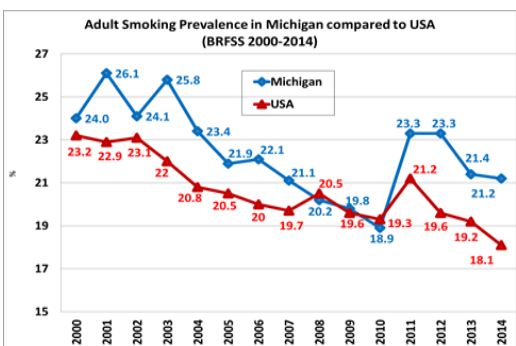
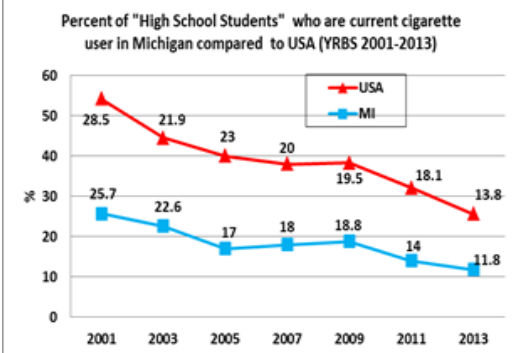
Project Description: Through statewide and community-based grants, the Michigan Tobacco Control Program (TCP) funds various agencies to reduce the health and economic burdens of tobacco-related death and disease. The focus areas are increasing the number of smoke-free environments, preventing teens and 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 2016:

- Michigan's adult smoking rate declined from 23.3% in 2011 to 20.7% in 2015*.
- After several 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 135 in FY16.
- The TCP published an article in the Preventing Chronic Disease Journal (PCD) that shows a significant reduction in asthma hospitalizations immediately after the implementation of the smoke-free air law (Racial Disparities in Michigan Asthma Hospitalizations Following the Smoke Free Air Law: A Longitudinal Cohort Study). Link to the study: https://www.cdc.gov/pcd/issues/2015/15_0144.htm
- 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 2016, over 69.6% 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. Four new public housing commissions adopted smoke-free policies, leading to a total of seventy-seven (77) 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 FY16, 144 pregnant smokers have called the Quitline to quit smoking; 6,837 Michigan residents enrolled in the Quitline.
- 40 tobacco-free and/or smoke-free parks or beach policies are being implemented by local Michigan jurisdictions.

Project Goals for FY 2017:

- 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.

*The 2015 data are the most recent data available.

Healthy Michigan Fund – FY 2016 Report

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 State Children’s Health Insurance Program (SCHIP), Healthy Michigan Funds and General Funds.

Project Accomplishments for FY 2016:

- MOMS served 9,187 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 automated enrollment process.

Project Goals for FY 2017:

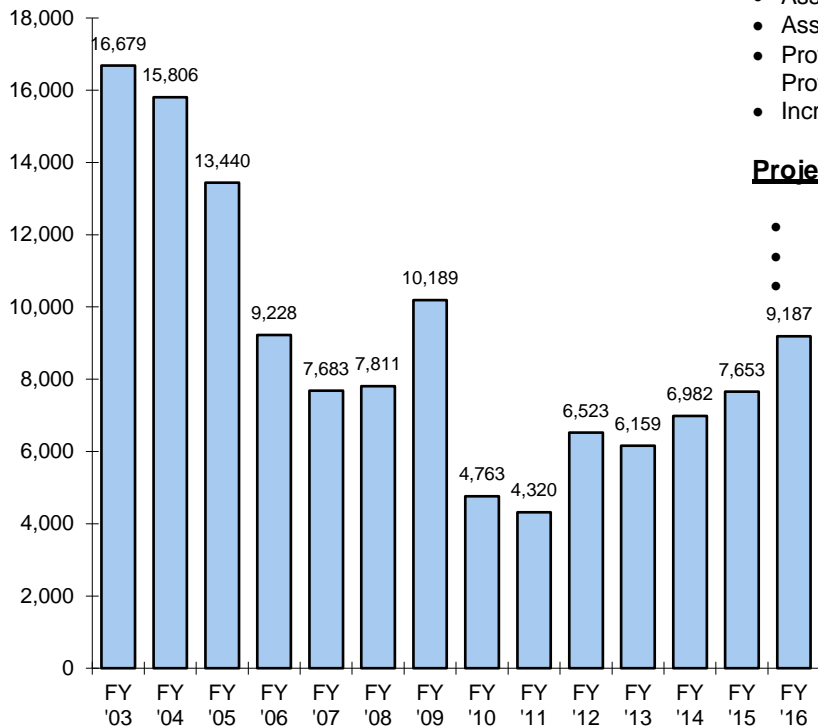
- Continue providing early access to prenatal care in an effort to promote healthy pregnancies and newborns.
- Continue working to improve communication with state and local agencies regarding MOMS benefits.
- Continue oversight of MOMS benefit plans and assist with problem resolution related to MOMS benefits.

MOMS Program
Appropriation # 33500
Hospital Services and Therapy

FY 16 Funds Appropriated
\$1,575,500

FY 17 Funds Appropriated
\$1,575,500

Number of Pregnant Women Served by MOMS 2003-2015



Healthy Michigan Fund – FY 2016 Report

Lead Safe Home Program

FY 16 Funds Appropriated
\$457,083

Project Name: Healthy Homes – Lead Safe Home Program (LSHP)

Target Population: Child occupied facilities, families who reside in a target area and have a child under the age of six or pregnant female residing in the home, or families with a child that has an elevated blood lead level (EBL). Families primarily in Flint.

Project Description: This program provides lead inspections and EBL investigations for families with children that have elevated blood levels. Services covered include lead inspections, lead abatement, relocation of the family and follow-up as well as educational material. Funding sources utilized for the Lead Safe Home program are HUD, Flint Supplemental, Healthy Michigan Funds and General Funds.

Project Accomplishments for FY 2016:

- 129 families contacted for program enrollment.
- 109 EBL investigations and Lead Inspection Risk Assessments performed.
- 106 homes sampled for lead in water.
- 33 homes abated and completed through the LSHP.

Project Goals for FY 2016:

- Continue providing lead inspections and EBL investigation to the families residing in the City of Flint, as well as families in our target areas, or families with children with elevated blood lead levels.
- Continue providing lead abatement services and plumbing repairs to families in Flint.

