

MICHIGAN

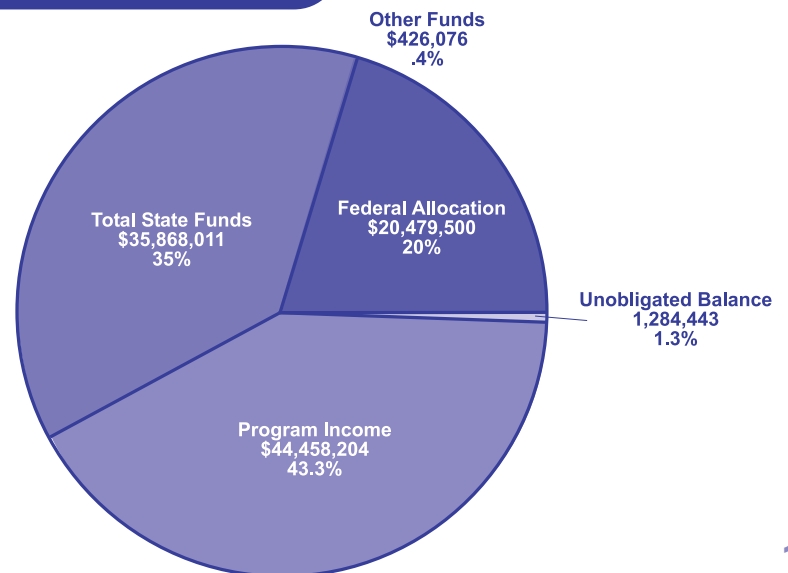
The MCH Federal-State Partnership

Michigan's MCH program is administered by the Department of Community Health through the Community Living, Children and Families and Medical Services Administrations. Services under the authority of the Community Living, Children and Families Administration include family planning, adolescent health, oral health, WIC, childhood lead poisoning prevention, prenatal care, prenatal care wraparound services, newborn screening, child health, and MCH HIV/AIDS. Services under the authority of the Medical Services Administration include Children's Special Health Care Services.

Title V Federal-State Block Grant Expenditures by Number of Individuals Served and Population Group⁴

Populations Served	Number of Individuals Served	Expenditures FY '98	
Pregnant Women	120,475	\$58,200	<i>State Population⁵ 9,817,242</i>
Infants (<1 year)	132,518	\$44,458,204	
Children (1 to 22 yrs)	2,279,091	\$14,098,594	
CSHCN (Special Needs)	27,550	\$34,139,719	
Others ³	108,074	\$ 9,714,621	
Administration		\$ 46,896	
TOTALS	2,667,708	\$102,516,234	<i>Live Births⁵ 133,666</i>

Title V Federal-State Block Grant Expenditures⁴ by Source of Funds



MCH PARTNERSHIP FUNDS—FY 98²

Title V Federal-State Block Grant:

\$102,516,234

Other Title V Grant Programs:

\$3,683,287

Other MCH Grant Programs:

\$2,260,651

TOTAL MCH Partnership Funds

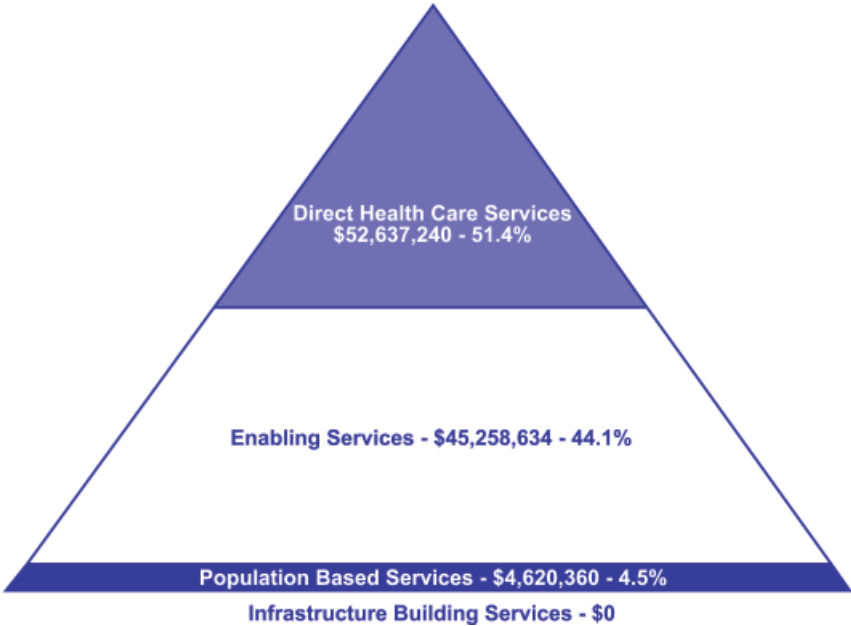
\$108,460,172

Title V - Selected National MCH Performance Measures⁷	State 1998 Results	State Year 2000 Goal
Number of specialty services for Children with Special Health Care Needs (CSHCN)	9 of 9	9 of 9
Percent of newborns screened for 4 major genetic disorders	100%	100%
Percent of children immunized (ages 19-35 months) against 9 diseases	79.8%	90%
Rate of births to teens aged 15-17 years (per 1,000 teens aged 15-17 years)	25.4 ⁹⁷	28.4
Rate of deaths to children aged 1-14 caused by motor vehicle crashes (per 100,000 children)	5.1 ⁹⁷	4.7
Percent of mothers who breast fed their infants at time of hospital discharge	56.8% ⁹⁷	60%
Percent of newborns screened for hearing impairment before hospital discharge	25.1%	65%
State assurance of family participation in CSHCN programs & policies	17 of 18	18 of 18
Percent of very low birth weight live births	1.6% ⁹⁷	1.4%
Percent of infants born to women who received first trimester prenatal care	81.2% ⁹⁷	85%

Title V - National MCH Outcome Measures⁷	State 1998 Results	State Year 2000 Goal
Infant mortality rate (per 1,000 live births)	8.1 ⁹⁷	7.5
Ratio of black to white infant mortality	2.9 ⁹⁷	2.3
Neonatal mortality rate (per 1,000 live births)	5.6 ⁹⁷	4.5
Postneonatal mortality rate (per 1,000 live births)	2.5 ⁹⁷	2.5
Perinatal mortality rate (per 1,000 live births)	10.3 ⁹⁷	9
Child death rate (per 100,000 children aged 1-14)	25.5 ⁹⁷	25

Title V - Selected State-Determined MCH Performance Measures⁷	State 1998 Results	State Year 2000 Goal
Term low birth weight births in Michigan	2.8% ⁹⁵	2.6%
Pregnancies that are unintended	49.4% ⁹⁵	45%
Black pre-term births in Michigan	18.5% ⁹⁵	17.5%
Rate of pregnancy to female teenagers aged 15-17 (per 1,000)	49.1 ⁹⁵	34.2

Title V Federal-State Block Grant Expenditures⁴ by Category of Service⁶



FOR MORE INFORMATION ON TITLE V:

Title V Program, contact:
 Virginia Harmon
 Deputy Director, Community Living, Children & Families
 Michigan Department of Community Health
 3423 North ML King, Jr. Blvd., P.O. Box 30195
 Lansing, MI 48909
 Phone: (517) 335-9371
 Fax: (517) 335-8560

Title V Program's services for Children with Special Health Care Needs, contact:
 Jane Finn
 Director, Children's Special Health Care Services Plan
 Division
 Michigan Department of Community Health Medical
 Services Admin.,
 Capitol Commons Center
 400 South Pine, P.O. Box 30479
 Lansing, MI 48909
 Phone: (517) 241-8207
 Fax: (517) 241-8970

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Selected FY 98 Title V and Other MCH Grant Annotations

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

West Michigan Community Interactive Information System, Butterworth Health System, Grand Rapids, \$249,439 (SPRANS-MCHIP-Data)

The purpose of this project is to use information technology to determine needs, focus interventions, and assess the effectiveness of services to improve the health and development of vulnerable women and children. Three goals are identified: (1) Create a community infrastructure, linked to decision-making bodies, to support the development of an integrated information system; (2) use information technology to create a community-based MCH information system that can be accessed by multiple stakeholders to enhance data analytic capabilities; and (3) improve maternal and child health by assisting the community to enhance data collection, focus interventions, and assess the effectiveness of services.

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

Improving Health/Development of Low Income Pregnant Women, Butterworth Health System, Grand Rapids, \$367,798 (CISS-Research)

The goal of the study is to evaluate MOMS (Mothers Offering Mothers Support), an intervention program that uses a peer support team consisting of a case management nurse, a paid health advocate, and volunteer mothers. The peer support network maintains weekly contact with low-income pregnant women at clinics, in homes, and in a variety of community locations. The study will compare women who receive the current standard of care

provided by prenatal and maternal support services with women who receive care through MOMS. Data on stress, depression, social support, life course development, health risk behavior, self-esteem, parenting and infant development, and mastery will be collected for 500 women at 4 different clinic sites.

Title V—ABSTINENCE EDUCATION PROGRAM

Michigan Abstinence Partnership (MAP), Michigan Department of Community Health, Lansing, \$1,899,560 (Abstinence Ed)

MAP aims to improve the lives of Michigan's children by encouraging them to lead healthier lifestyles—avoiding risky behaviors such as sexual activity and the use of alcohol, tobacco, and other drugs. MAP, through its committee structure and local coalitions, will provide information, positive media influences, skill-building opportunities, and a supportive environment for children aged 9-14 years.

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

Michigan's Pediatric Emergency Development System (M-PEDS), Michigan Department of Public Health and the University of Michigan, Lansing, \$118,053 (EMSC-Enhancement)

The project's short-term goal is to develop and pilot a system of emergency medical services for children (EMSC) in three rural northern Michigan MCAs that have limited access to pediatric specialty and critical care. The long-term goal is to implement the pilot project throughout Michigan, forming a statewide EMSC system that provides optimal pediatric emergency care to all children. Hospitals throughout the State of Michigan will be accessed and classified as to their ability to care for critically ill and injured children; patient needs will also be matched to hospital resources and transfer distances will be limited if possible.

HEALTHY START

Maajtaag Mnobmaabzid (A Start of a Healthy Life), Inter-Tribal Council of Michigan, Inc., Sault Ste. Marie, \$696,755 (Healthy Start-Community)

To address the high incidence of health risk behaviors for infant mortality within the rural Michigan Native America tribal communities, the Inter-Tribal Council of Michigan, Inc., as a consortium of the federally recognized tribes, has identified the following goals: (1) Reduce the incidence of high-risk behaviors within the target population; (2) enhance available services through increased collaboration with local and surrounding area health care agencies; (3) reduce the high-risk behaviors among the adolescent population; and (4) increase cultural sensitivity among health care providers. The consortium will be extended to increase participation of local project area consumers and agency health care service providers. Together, consortium members will work with project staff to ensure that objectives and goals are achieved.

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

- Collaborative Office Rounds, University of Michigan, Ann Arbor, \$12,000 (SPRANS-Training-Continuing Ed/ Collaborative Office Rounds)
- Family Health Continuum Project, Saginaw Cooperative Hospitals, Inc., Saginaw, \$174,000 (SPRANS-MCHIP-PN)
- Fellowship Program in Dental Care for Special Pediatric Populations, University of Michigan, Ann Arbor, \$37,148 (SPRANS-Training-Pediatric Denistry)
- FOCUS at Ele's Place, Ele's Place, Lansing, \$49,895 (SPRANS-MCHIP-Healthy Tomorrows)
- Madres y Niños Colonia Health Program, Midwest Migrant Health Information Office, Monroe, \$50,000 (SPRANS-MCHIP-Healthy Tomorrows)
- Michigan Evaluation of Children with Special Health Care Needs Managed Care Arrangements, Michigan

Other Title V (non block) Grant Programs:

\$3,683,287

Other MCH Grant Programs:

\$2,260,651

TOTAL:

\$5,943,938

Selected FY 98 Title V and Other MCH Grant Annotations

Department of Public Health, Lansing,
\$150,000 (SPRANS-MCHIP-Managed
Care/Health Care Reform)

- Michigan Fetal and Infant Mortality
Review Support Program, Michigan
Department of Community Health,
Lansing, \$149,962 (SPRANS-MCHIP-
FIMR)
- Region V-East Hemophilia
Comprehensive Care Network,
Hemophilia Foundation of Michigan, Ann
Arbor, \$393,485 (SPRANS-Hemophilia)
- State Systems Development Initiative,
Michigan Department of Community
Health, Lansing, \$100,000 (SPRANS-
MCHIP-SSDI)

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

- Health Systems Development in Child
Care, Michigan Department of Health,
Lansing, \$50,000 (CISS-CISS-Child
Care Program)

HEALTHY START

- Detroit Healthy Start Program, City of
Detroit Health Department, Detroit,
\$821,000 (Healthy Start-Mentor)
- Healthy Start in Kalamazoo, Kalamazoo
County Human Services Department,
Nazareth, \$624,843 (Healthy Start-
Community)