

# Michigan League for Public Policy

## 2019 BUDGET PRIORITIES

### Expand Funding for Programs Proven to Help Pregnant Women Quit Smoking

#### — LEAGUE RECOMMENDATION —

Michigan should increase funding for smoking prevention and cessation campaigns and services, using tobacco settlement dollars and other state funds.

**BACKGROUND:** Between 2008 and 2017 state spending on smoking prevention and cessation initiatives in Michigan (not including Medicaid dollars) fell 34% from \$5.7 million to only \$3.8 million. Funding for prenatal smoking prevention remained essentially flat, in part because the state used too few of its annual tobacco settlement funds for efforts to prevent smoking.

- **Approximately 1 in 5 births in Michigan is to a mother who smoked during her pregnancy.** Prenatal smoking has risen, especially among Hispanic women whose rates increased 24% between 2008 and 2015 (from 10.1% to 12.5%). White women in Michigan are still most likely to smoke, with 1 in 5 using tobacco products during pregnancy.
- **The American Lung Association gives Michigan a failing grade (“F”) for the state’s smoking prevention and cessation efforts.** In 2016, Michigan ranked 44th in the country based on the Centers for Disease Control and Prevention’s recommended spending levels for tobacco prevention. In fact, for every dollar Michigan spends to prevent smoking, the tobacco companies spend \$190 to market their products.
- **Few pregnant women receive services that could help them give up smoking during pregnancy.** Less than 2% of mothers receive smoking cessation classes or other supports, and only 5% of mothers who smoked during the last three months of pregnancy were referred to a smoking cessation program. Despite the reality that White women are most likely to smoke during pregnancy (21%), surveys shows that healthcare providers are less likely to discuss the dangers of smoking during pregnancy with their White patients.

#### WHY IT MATTERS:

- **Smoking during pregnancy is harmful to babies.** Prenatal smoking can cause pregnancy and birth complications such as poor intrauterine growth, preterm delivery, low birthweight and birth defects. In addition, smoking increases the likelihood of a sleep-related death during infancy.
- **Children born preterm or at low birthweight can suffer long-term consequences.** Babies born too early or too small often face chronic health issues such as asthma, as well as problems with neurological development. The result can be reduced educational achievement, higher rates of dropping out of school and reduced economic security.

**White Women Most Likely to Smoke During Pregnancy  
But Rates for Hispanic and African-American Women Are Rising**

