STATE OF MARYLAND
DHMH
Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201
Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

OCT 0 9 2012

The Honorable T. Eloise Foster, Secretary
Department of Budget & Management
Office of the Secretary
45 Calvert Street
Annapolis, MD 21401-1907

Re: State Finance and Procurement Article, Section 7-317(h)(2), requirement to report annually total funds expended by program and subdivision and specific outcomes or public benefits resulting from that expenditure in the Cigarette Restitution Fund Program (CRFP): Fiscal Year 2012

Dear Secretary Foster:

Pursuant to State Finance and Procurement Article, Section 7-317(h)(2), the Department of Health and Mental Hygiene is directed to report annually on October 1 total funds expended by the CRFP, by program and subdivision, in the prior fiscal year and the specific outcomes or public benefits resulting from that expenditure.

The fiscal year 2012 Annual Report is attached. The report includes expenditures, accomplishments, and Managing-for-Results data for the Tobacco, Cancer, Alcohol and Drug Abuse Prevention, and Medical Care programs.

Please direct any questions to Ms. Marie Grant, Director of the Office of Governmental Affairs at 410-767-6481.

Sincerely,

Joshua M. Sharfstein, M.D.
Secretary

Enclosure

cc: Marie L. Grant, J.D.
Patrick Dooley, M.A.
Frances B. Phillips, R.N., M.H.A.
John Newman, BMO
Donna Gugel, M.H.S.

MARYLAND
DEPARTMENT OF HEALTH & MENTAL HYGIENE

CIGARETTE RESTITUTION FUND PROGRAM

FISCAL YEAR 2012 ANNUAL REPORT

FUND EXPENDITURES AND ACCOMPLISHMENTS

September 2012

Joshua M. Sharfstein, M.D.
Secretary

Donna Gugel, M.H.S.
Prevention and Health
Promotion Administration

CIGARETTE RESTITUTION FUND PROGRAM

FISCAL YEAR 2012 ANNUAL REPORT

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FISCAL REPORTS

Department of Health and Mental Hygiene, Prevention and Health Promotion Administration

Cigarette Restitution Fund Program

Interim Fiscal Report – Fiscal Year 2012 (July 1, 2011 – June 30, 2012)

1) Cancer Prevention, Education, Screening and Treatment Program

Components:	**Appropriation**	**Expenditures**	**Obligations**	**Unobligated**
Administration	555,479	544,378	1,047	10,054
Surveillance and Evaluation	1,181,652	1,087,110	93,571	971
Statewide Academic Health Center - Cancer Research	2,400,000	1,392,562	1,007,438	0
Local Public Health *	7,547,472	7,547,472	0	0
Baltimore City Public Health Grant *	2,446,000	1,642,427	803,573	0
Statewide Public Health Network	0	0	0	0
Statewide Academic Health Center - Other Tobacco-Related Diseases	0	0	0	0
Cancer - Database Development	244,125	181,180	62,945	0
Total	14,374,728	12,395,129	1,968,574	11,025

Local Public Health Component - Distribution by Jurisdiction - CANCER

Subdivision	(Budget) Available Funding	Unreconciled Expenditures	Obligations	Unobligated
Allegany	213,592	213,592	0	0
Anne Arundel	662,118	662,118	0	0
Baltimore Co.	1,133,613	1,133,613	0	0
Calvert	194,593	194,593	0	0
Caroline	143,738	143,738	0	0
Carroll	288,115	288,115	0	0
Cecil	212,680	212,680	0	0
Charles	231,915	231,915	0	0
Dorchester	147,754	147,754	0	0
Frederick	318,905	318,905	0	0
Garrett	136,476	136,476	0	0
Harford	359,190	359,190	0	0
Howard	303,105	303,105	0	0
Kent	136,228	136,228	0	0
Montgomery	898,980	898,980	0	0
Prince George's	819,529	819,529	0	0
Queen Anne's	161,520	161,520	0	0
St. Mary's	197,999	197,999	0	0
Somerset	136,800	136,800	0	0
Talbot	163,135	163,135	0	0
Washington	275,538	275,538	0	0
Wicomico	223,613	223,613	0	0
Worcester	188,336	188,336	0	0
Baltimore City *	2,446,000	1,642,427	803,573	0
TOTAL	9,993,472	9,189,899	803,573	0

* The budget and expenditure for Baltimore City are in the Baltimore City Public Health Grant. Baltimore City's budget of $2,446,000 adds to the Local Public Health distribution by jurisdiction of $7,547,472 to make a total of $9,993,472.

Department of Health and Mental Hygiene, Prevention and Health Promotion Administration

Cigarette Restitution Fund Program

Interim Fiscal Report – Fiscal Year 2012 (July 1, 2011 – June 30, 2012)

2) Tobacco Use Prevention and Cessation Program

	Appropriation	Expenditures	Obligations	Unobligated
Components:				
Administration	108,756	108,175	581	(0)
Surveillance and Evaluation	453,000	341,038	95,747	16,215
Countermarketing and Media	0	0	0	0
Local Public Health	2,877,227	2,858,531	0	18,696
Tobacco Prevention and Cessation	100,000	100,000	0	0
Statewide Public Health	0	0	0	0
Total	**3,538,983**	**3,407,744**	**96,328**	**34,911**

Local Public Health Component - Distribution by Jurisdiction - TOBACCO

Subdivision	(Budget) Available Funding	Unreconciled Expenditures	Obligations	Unobligated
Allegany	93,767	93,767	0	0
Anne Arundel	177,553	177,553	0	0
Baltimore Co.	225,928	218,322	0	7,606
Calvert	97,912	97,912	0	0
Caroline	84,015	84,015	0	0
Carroll	110,971	110,971	0	0
Cecil	101,983	101,983	0	0
Charles	107,936	107,936	0	0
Dorchester	82,456	82,456	0	0
Frederick	123,336	115,146	0	8,190
Garrett	83,097	83,097	0	0
Harford	125,806	125,806	0	0
Howard	120,070	117,260	0	2,810
Kent	79,706	79,706	0	0
Montgomery	207,658	207,658	0	0
Prince George's	210,152	210,152	0	0
Queen Anne's	86,418	86,418	0	0
St. Mary's	96,020	96,020	0	0
Somerset	80,708	80,708	0	0
Talbot	83,717	83,717	0	0
Washington	107,637	107,637	0	0
Wicomico	95,713	95,713	0	0
Worcester	87,707	87,707	0	0
Baltimore City	206,961	206,871	0	90
TOTAL	**2,877,227**	**2,858,531**	**0**	**18,696**

Department of Health and Mental Hygiene, Prevention and Health Promotion Administration

Cigarette Restitution Fund Program

Interim Fiscal Report – Fiscal Year 2012 (July 1, 2011 – June 30, 2012)

	(Budget) Available Funding	Expenditures	Obligations	Unobligated
3) Tobacco Cessation Program *	100,000	100,000	0	0
4) Breast & Cervical Cancer	15,200,000	12,908,627	2,291,373	0
CRF Program Totals	**15,300,000**	**13,008,627**	**2,291,373**	**0**

Footnotes/Definitions

Source: Financial reports of the State's Financial Management Information System (FMIS)

1) Budget: funds allocated to each component and distributed to each county.

2) Expenditures: items reflected in the State's Financial Management Information System (FMIS).

3) Obligations: funds reflective of an executed signed agreement or contract.

4) Unobligated: budget minus expenditures and obligations.

5) Expenditures from all jurisdictions have not yet been reconciled.

6) * SB 141, Chapter 484 of the Acts of 2010, redirects $100,000 of funds originally budgeted in Statewide Academic Health Center to be used for Tobacco Cessation Program activities.

CANCER CONTROL PROGRAMS AND TOBACCO USE PREVENTION

MANAGING-FOR-RESULTS REPORTS

M00F03.06 CIGARETTE RESTITUTION FUND – CANCER PREVENTION, EDUCATION, SCREENING AND TREATMENT PROGRAM – PREVENTION AND HEALTH PROMOTION ADMINISTRATION

PROGRAM DESCRIPTION

The Cancer Prevention, Education, Screening and Treatment Program was created under the Cigarette Restitution Fund (CRF) and seeks to reduce death and disability due to cancer in Maryland through implementation of local public health and statewide academic health center initiatives.

MISSION

The mission of the Cancer Prevention, Education, Screening and Treatment Program is to reduce the burden of cancer among Maryland residents through enhancement of cancer surveillance, implementation of community-based programs to prevent and/or detect and treat cancer early, enhancement of cancer research, and translation of cancer research into community-based clinical care.

VISION

The Cancer Prevention, Education, Screening and Treatment Program envisions a future in which all residents of Maryland can lead healthy, productive lives free from cancer or disability due to cancer.

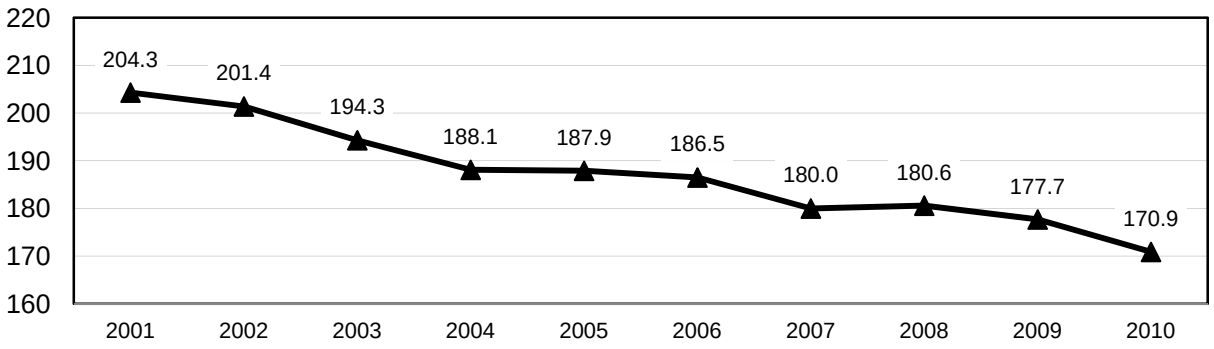
KEY GOALS, OBJECTIVES, AND PERFORMANCE MEASURES

Goal 1. To reduce overall cancer mortality in Maryland.

Objective 1.1 By calendar year 2013, reduce overall cancer mortality to a rate of no more than 161.8 per 100,000 persons. (Age-adjusted to the 2000 U.S. standard population.)

Performance Measures	CY2010 Actual	CY2011 Estimated	CY2012 Estimated	CY2013 Estimated
Outcome: Overall cancer mortality rate	170.9	167.8	164.8	161.8

Overall Cancer Mortality Rate
Per 100,000 Persons
(Age Adjusted to 2000 U.S. Standard Population)



Goal 2. To reduce disparities in cancer mortality between ethnic minorities and whites.

Objective 2.1 By calendar year 2013 reduce disparities in overall cancer mortality between blacks and whites to a rate of no more than 1.15. (Age-adjusted to the 2000 U.S. standard population.)

Performance Measures	CY2010 Actual	CY2011 Estimated	CY2012 Estimated	CY2013 Estimated
Outcome: Cancer death rate ratio between blacks/whites	1.19	1.18	1.16	1.15

Goal 3. To reduce mortality due to each of the targeted cancers under the local public health component of the CRF program.

Objective 3.1 By calendar year 2013, reduce colorectal cancer mortality to a rate of no more than 13.4 per 100,000 persons in Maryland. (Age-adjusted to the 2000 U.S. standard population.)

Performance Measures *	FY2011 Actual	FY2012 Actual	FY2013 Estimated	FY2014 Estimated
Output: Number screened for colorectal cancer with CRF funds	2,082	2189	2136	2136
Number minorities screened for colon cancer with CRF funds	1,183	1296	1240	1240

Performance Measures	CY2010 Actual	CY2011 Estimated	CY2012 Estimated	CY2013 Estimated
Outcome: Colorectal cancer mortality rate	14.9	14.4	13.9	13.4

Objective 3.2 By calendar year 2013, reduce breast cancer mortality to a rate of no more than 22.7 per 100,000 persons in Maryland. (Age-adjusted to the 2000 U.S. standard population.)

Performance Measures *	FY2011 Actual	FY2012 Actual	FY2013 Estimated	FY2014 Estimated
Output: Number of women screened for breast cancer with CRF funds	1,362	1,150	1,250	1,250
Number of minority women screened for breast cancer with CRF funds	1,137	915	1,032	1,032

Performance Measures	CY2010 Actual	CY2011 Estimated	CY2012 Estimated	CY2013 Estimated
Outcome: Breast cancer mortality rate	24.2	23.7	23.2	22.7

Objective 3.3 By calendar year 2013, reduce prostate cancer mortality to a rate of no more than 20.2 per 100,000 persons in Maryland. (Age-adjusted to the 2000 U.S. standard population.)

Performance Measures *	FY2011 Actual	FY2012 Actual	FY2013 Estimated	FY2014 Estimated
Output: Number of men screened for prostate cancer with CRF funds	203	174	177	177
Number of minority men screened for prostate cancer with CRF funds	151	138	156	156

Performance Measures	CY2010 Actual	CY2011 Estimated	CY2012 Estimated	CY2013 Estimated
Outcome: Prostate cancer mortality rate	22.3	21.6	20.9	20.2

Goal 4. To increase access to cancer care for uninsured persons in Maryland.

Objective 4.1 To provide treatment or linkages to treatment for uninsured persons screened for cancer under the Cancer Prevention, Education, Screening and Treatment Program.

Performance Measures *	FY2011 Actual	FY2012 Actual	FY2013 Estimated	FY2014 Estimated
Output: Number persons diagnosed and linked or provided treatment	58	57	55	55

Goal 5. To reduce the burden of cancer by: conducting prevention, education and control activities; promoting increased participation of diverse populations in clinical trials; and coordinating with local hospitals, health care providers and local health departments.

Objective 5.1 By fiscal year 2014, approximately 30 percent of the individuals participating in clinical trials through University of Maryland Greenebaum Cancer Center (UMGCC) will be from diverse populations.

Performance Measures	**FY2011 Actual**	**FY2012 Actual**	**FY2013 Estimated**	**FY2014 Estimated**
Input: Number of individuals participating in clinical trials	839	1,064	1,091	1,124
Number of diverse individuals participating in clinical trials	254	313	317	337
Outcome: Percent of diverse individuals participating in clinical trials	30.3%	29.4%	30.0%	30.0%

*The estimated numbers for Fiscal Years 2013 and 2014 are the average of the two years of Actual data.

M00F03.06 CIGARETTE RESTITUTION FUND – TOBACCO USE PREVENTION AND CESSATION PROGRAM – PREVENTION AND HEALTH PROMOTION ADMINISTRATION

PROGRAM DESCRIPTION

The Tobacco Use Prevention, and Cessation Program is a statutory program (Health-General §§13-1001 thorough 13-1014) incorporating the *best practice* recommendations of the Centers for Disease Control and Prevention (CDC). The Program delivers comprehensive smoking cessation assistance to Maryland smokers seeking assistance in quitting smoking, and tobacco use prevention services and counter-marketing initiatives directed at Maryland youth and young adults. Program funding is through the Cigarette Restitution Fund. The program is mandated to conduct biennial county-level youth and adult tobacco surveys, replicating the Program's baseline (fall 2000) surveys, in support of state and local program accountability measures, evaluation, and program planning and development. The last surveys were conducted in 2010. Results from the 2012 (FY 2013) surveys are due to be reported in the fall of 2013 (FY 2014).

MISSION

The mission of the Tobacco Use Prevention and Cessation Program is to reduce the use of tobacco products in Maryland, thereby reducing the burden of tobacco related morbidity and mortality on the population.

VISION

The Tobacco Use Prevention and Cessation Program envisions a future in which all residents of Maryland can lead healthy, productive lives free from disease and cancer caused by the use of tobacco.

KEY GOALS, OBJECTIVES AND PERFORMANCE MEASURES

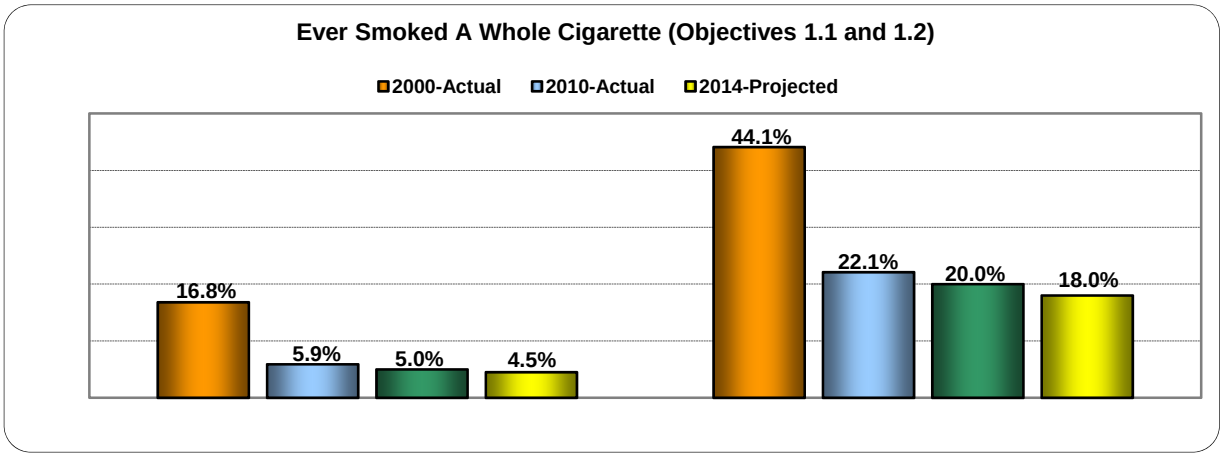
Goal 1. To reduce the proportion of under-age (less than eighteen years old) Maryland youth who have ever initiated tobacco use.

Objective 1.1 By the end of calendar year 2014, reduce the proportion of under-age Maryland middle school students that have smoked a whole cigarette by 73.2 percent from the calendar year 2000 baseline rate.

Performance Measures	CY2000 Actual	CY2010 Actual	CY2012* Estimated	CY2014 Projected
Input: Percentage of under-age middle school students who ever smoked a whole cigarette	16.8%	5.9%	5.0%	4.5%
Outcome: Cumulative percentage change for middle school students	N/A	-64.9%	-70.2%	-73.2%

Objective 1.2 By the end of calendar year 2014, reduce the proportion of under-age Maryland high school students that have ever smoked a whole cigarette by 59.2 percent from the calendar year 2000 baseline rate.

Performance Measures	CY2000 Actual	CY2010 Actual	CY2012 Estimated	CY2014 Projected
Input: Percentage of under-age high school students who ever smoked a whole cigarette	44.1%	22.1%	20.0%	18.0%
Outcome: Cumulative percentage change for high school students	N/A	-49.9%	-54.6%	-59.2%



***Goal 2.** To reduce the proportion of Maryland youth and adults who currently smoke cigarettes.

Objective 2.1 By end of calendar year 2014, reduce the proportion of under-age Maryland middle and high school youth and Maryland adults that currently smoke cigarettes, by 61.6%, 44.3%, and 8.6% respectively, from the calendar year 2000 baseline rate.

Performance Measures	CY2000 Actual	CY2010 Actual	CY2012 Estimated	CY2014 Projected
Input: Percent of under-age middle school students who currently smoke cigarettes	7.3%	3.5%	3.0%	2.8%
Percent of under-age high school students who currently smoke cigarettes	23.0%	14.1%	13.0%	12.8%
Percent of adults who currently smoke cigarettes	17.5%	15.2%	19.4%	19.0%
Outcome: Cumulative percentage change for middle school students	N/A	-52.1%	-58.9%	-61.6%
Cumulative percentage change for high school students	N/A	-38.7%	-43.5%	-44.3%
Cumulative percentage change for adults	N/A	-13.1%	+10.9%	+8.6.%

***Goal 3.** To reduce the prevalence of current smoking among minority populations.

Objective 3.1 By the end of calendar year 2014, reduce the proportion of African-American adults who currently smoke cigarettes by 9.1 percent from the calendar year 2000 baseline rate.

Performance Measures	CY2000 Actual	CY2010 Actual	CY2012 Estimated	CY2014 Projected
Input: Percent of adult African-Americans who smoke cigarettes	22.0%	17.8%	20.4%	20.0%
Outcome: Cumulative percentage change	N/A	-19.1%	-7.3%	-9.1%

Objective 3.2 By the end of calendar year 2014, reduce the proportion of Hispanic adults who currently smoke cigarettes by 24.5 percent from the calendar year 2000 baseline rate.

Performance Measures	CY2000 Actual	CY2010 Actual	CY2012 Estimated	CY2014 Projected
Input: Percentage of adult Hispanics who currently smoke cigarettes	21.2%	7.8%	16.6%	16.0%
Outcome: Cumulative percentage change	N/A	-63.2%	-21.7%	-24.5%

Goal 4. To counteract tobacco industry marketing and advertising efforts and promote smoking cessation for those adult smokers who are thinking about quitting smoking.

Objective 4.1 By the end of calendar year 2012, deliver DHMH CRF Tobacco Program counter-marketing and media messages to 20 percent of the general population and to 25 percent of targeted minority populations.

Performance Measures	CY2000 Actual	CY2008 Actual	CY2010 Actual	CY2012 Projected
Outcome: Percent of general population seeing/hearing messages	0	22.2%	*	20%
Percent of minority populations seeing/hearing messages	0	27.4%	*	25%

Goal 5. To change the existing environmental context in Maryland communities from toleration or promotion of tobacco use to a context which does not condone exposing youth less than eighteen years old to second hand smoke or selling tobacco to minors.

Objective 5.1 By the end of calendar year 2012, increase by 15.2 percent from the calendar year 2000 baseline rate the proportion of Maryland adults who strongly agree that cigarette smoke is harmful to children.

Performance Measures	CY2000 Actual	CY2008 Actual	CY2010 Actual	CY2012 Projected
Input: Percent strongly agree	78.1%	85.5%	*	90%
Outcome: Cumulative percentage change	N/A	9.5%	*	15.2%

Objective 5.2 By the end of calendar year 2012, increase by 32 percent from the calendar year 2000 baseline rate the proportion of Maryland households with minor children that are smoke-free.

Performance Measures	CY2000 Actual	CY2008 Actual	CY2010 Actual	CY2012 Projected
Input: Percent of youth living in smoke-free homes	68.2%	76.1%	*	90%
Outcome: Cumulative percentage change	N/A	11.6%	*	32%

Notes: *Goals 2 and 3 (adults). Data for the adult measures currently come from the CDC's Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS is a survey of the adult Maryland population, and in order for the survey data to be generalized to the adult population as a whole, survey results must be 'weighted' to reflect the adult population. From the inception of the BRFSS through calendar year 2010, the CDC used a 'post-stratification' weighting methodology. In 2011, the CDC started using an 'Iterative Proportional Fitting' (or Raking) methodology. The new methodology is much more comprehensive and will provide better estimates of risk behaviors. This change, however, means that direct comparisons cannot be made between BRFSS data from 2010 and earlier and 2011and after.

- Calendar years were used for goals and objectives where data sources are the baseline and subsequent tobacco surveys. Data collection occurs only during the fourth quarter of the applicable calendar year (the second quarter of the fiscal year). Thus, objectives more closely relate to what has occurred by the end of any particular calendar year than they do to a fiscal year which ends 6 months after the last data is collected. All data has been updated to reflect updated analyses and any definitional changes.

- Where data is listed as "Actual" it represents results of analysis from the relevant data source. Where data is listed as "Estimated" it represents the current estimate when analysis of existing data is not yet complete. Where data is listed as "Projected" it represents a data point on which data has not yet been collected and the figure listed is the current projection of the value of that data point. This differentiation in the use of "Estimates" and "Projections" is consistent with that used by the federal government when distinguishing between estimates of current time frames and projections for future time frames (see U.S. Census for example).

CANCER CONTROL PROGRAMS

ACCOMPLISHMENTS

CIGARETTE RESTITUTION FUND PROGRAM

CANCER PREVENTION, EDUCATION, SCREENING AND TREATMENT PROGRAM (CPEST)

FISCAL YEAR 2012 ACCOMPLISHMENTS

LOCAL PUBLIC HEALTH COMPONENT

Overall

- Funding was awarded to each local jurisdiction's (including 24 local health departments and one academic health center in Baltimore City) Cancer Prevention, Education, Screening and Treatment Program for fiscal year 2012. Each local county health department, excluding Baltimore City, received a base amount of $100,000 with the remainder of its award based on the formula specified in the statute for the CRFP. The Baltimore City Programs (Baltimore City Health Department and University of Maryland) were funded according to statute.

- Community health cancer coalitions continued in 24 jurisdictions. Each coalition is comprised of representatives that reflect the demographics of each jurisdiction and includes membership of minority, rural, and medically underserved populations that are familiar with different cultures and communities in the jurisdiction. The majority of the community health coalitions met three or more times during the fiscal year.

- Comprehensive cancer plans addressing prevention, education, screening, and/or treatment for one or more of the targeted cancers were updated in 24 jurisdictions in fiscal year 2012.

    - 24 jurisdictions addressed colorectal cancer,
    - 4 jurisdictions addressed oral cancer,
    - 11 jurisdictions addressed prostate cancer,
    - 11 jurisdictions addressed breast cancer,
    - 10 jurisdictions addressed cervical cancer,
    - 15 jurisdictions addressed skin cancer, and
    - 3 jurisdiction addressed lung cancer.

- Contracts were entered into and/or renewed between local health departments and local medical providers (e.g., gastroenterologists, medical laboratories, primary care physicians, hospitals, surgeons, etc.). These providers deliver clinical services for cancer screening, diagnosis and treatment.

Public Education and Outreach

- A total of 118,159 Maryland residents in the general public were educated for all cancers in Fiscal Year 2012.

- Local programs conducted a variety of public education and specific outreach activities.

    - Cancer education and outreach has been conducted through community sites such as at educational institutions, parks and recreation centers, clinics and health agencies, churches, food banks, soup kitchens, barbershops, laundry facilities, salons, libraries, supermarkets, senior centers, housing units, fitness centers, businesses, health fairs, coalitions, conferences and symposiums, mass mailings, radio, newspaper, television, and provider sites.

    - Cancer education was conducted at program supported walk/runs where participants were given literature regarding cancer prevention activities and encouraged to participate in local cancer screenings.

    - Media events included public service announcements on television and radio, talk shows, press conferences and news releases. Public officials were educated about local cancer control issues during public meetings.

    - Local programs have funded and placed roadside bill boards, community bulletin boards, bus shelter ads, videos, brochures, flyers, posters, paycheck inserts, pencils, and magnets and have distributed these at health fairs, door-to-door, at libraries, pharmacies, senior centers, and at housing units, etc.

- Examples of public education and outreach performed by the local health departments and the Baltimore City Public Health component included the following:

  <u>Anne Arundel County</u>
  Staff provided cancer control education at Anne Arundel County Public Libraries, local minority churches, community service agencies and organizations, businesses, flu clinics, other Health Department programs, and the Magothy Health Center. Cancer prevention information was distributed at the Hispanic Women's Day at the Anne Arundel County Board of Education and the "Getting a Hold of Our Health" fair at the First Christian Community Church. The County Food Bank and Food Pantries distributed program brochures to those receiving food or groceries. Skin cancer prevention educational materials and tools were provided to school health nurses and health educators through the web.

  <u>Baltimore City, Baltimore City Health Department</u>
  Since November 2011, the program's Outreach staff collaborated with the Baltimore City Housing Authority to provide presentations about oral and colon cancer as well as to conduct oral cancer screenings and colorectal cancer intakes. In collaboration with the Enoch Pratt Free Library, the program provided education about colon and oral cancer, as well as oral cancer screenings, during monthly sessions at the Pennsylvania Avenue and Cathedral Street library locations.

  <u>Baltimore City, University of Maryland Medical Group</u>
  Monthly community outreach events took place including a January "Ladies' Night-New Year, New You" event at Sinai Hospital where women were educated about the importance of breast, cervical, and colorectal cancer screenings. In March and June, staff attended the "Finding Your Path to Breast Health" and the "Women's Conference", respectively at the New Psalmist Baptist Church in Baltimore City where they shared literature about the program. In April, Outreach workers attended

"Spring into Good Health" at Mondawmin Mall where information on the program's breast, cervical, and colorectal cancer screenings was shared.

Baltimore County

Outreach staff placed cancer prevention education materials at locations throughout the county including the Baltimore County Department of Social Services, public libraries, senior centers, markets, apartments, retail stores and shops, pharmacies, drugstores, churches, food banks, soup kitchens, schools, barbershops and salons, laundry facilities, nursing homes, and fitness facilities. Outreach staff went door-to-door in Turner's Station and Sparrow's Point with cancer prevention education materials and program services literature.

Calvert County

In the winter and early spring of FY 2012, the program's Outreach worker, a cancer survivor, shared her personal story of colorectal cancer with area residents at the Crossroads Christian Church, Calvert Pines Senior Center, Calverton School Health Fair, Twin Beach Senior Center, Southern Pines Senior Center, the Rotary Club of Prince Frederick, and the Calvert Memorial Hospital. In March, Dr. Rhodes, a local gastroenterologist, spoke at the annual "Keep Your Colon Rollin' 5K" event. The county's public library partnered with the program and provided cancer prevention information. Students at Huntingtown High School were educated about skin cancer prevention. Mass media campaigns, using flyers, display boards, newspapers, electronic billboards, and the county's website were used by program staff to educate the public about cancer prevention.

Cecil County

Cancer prevention information was posted on the Cecil County Health Department's website, Facebook and Twitter webpages, and ads were placed in the Cecil Whig. During March, health department staff received an e-mail "Don't wait to ask your doctor if you should have colonoscopy" and fact sheet. Staff and educated volunteers conducted one-on-one and group education and/or distributed print materials about the importance of colorectal cancer screening at public libraries, local festivals, health fairs, golf course, several area churches, social service agencies, Colora Orchards, Fair Hill Condominium Association, Fair Green Senior Community, Family Education and Support Center, Gilpin Manor Elementary School, Grooms-Tepeta Farms, Hopewell Mushroom Farm, Milburn Orchards, Moon Nurseries of Maryland, Inc., Singerly Fire Company Hall, Dr. R. Singhania's Office, Domestic Violence/Rape Crisis Center, Union GI Associates, Wayfayers' House (a homeless shelter), West Cecil Health Center, Winbak Farms, and Bunk House.

Charles County

During the winter and spring of FY 2012, cancer control program staff spoke with men at a CVS construction site, and distributed cancer prevention brochures to a Smoking Cessation class, to individuals at a "Homeless Resource Day" at Health Partners Clinic, and to participants at the annual American Cancer Society Relay for Life event at Regency Stadium. "Screen for Life" colorectal cancer prevention information was sent to employees at Southern Maryland Electric Cooperative via e-mail.

Garrett County

Staff set up a display table and educated attendees on colorectal, skin, oral and prostate cancers during an April 2012 health fair held at the Wisp Resort. Cancer control information was published in the local newspaper, and public service announcements were run on a local radio station to promote awareness during awareness months for colorectal, oral, skin, and prostate cancers (March, April, May and September, respectively).

Howard County

The program conducted educational sessions at the Cardiac Clinic sponsored by a local hospital at the Mall in Columbia, the Latino Health Fair at the Wilde Lake Interfaith Center, and WomenFest at the Glenwood Community Center. Exhibits were displayed and information was provided in the form of face to face interaction as well as the distribution of brochures and program fliers. Program staff collaborated with the Healthy Howard program and Chase Brexton Health Services representatives to educate clients about colorectal and oral cancer screenings and prevention.

Kent County

The program outreach worker set up display tables and provided education about colorectal and skin cancer prevention during events at churches, a food pantry, health fairs at local businesses, the Department of Social Services, senior citizen meetings, parks and recreation centers, and a cancer support group. The program coordinator developed a COLON Bingo game in which the "colon" cards had various words related to colon cancer prevention used during the education sessions. Two local dermatologists sponsored free skin cancer screening at the Health Department clinic where the staff provided education on skin, breast, cervical and colorectal cancer prevention.

Montgomery County

In January 2012, program staff and their partners, Washington Adventist Hospital, Shady Grove Hospital, and Holy Cross Hospital, presented cancer prevention information and outreach to the community at the NBC (Channel 4) Health and Fitness Expo held at the Washington Convention Center. During the hospitals' "Cancer Screening Days," education was provided to community members about prostate, skin, colorectal, oral, and breast cancer. In April 2012, Holy Cross Hospital held their annual "To Your Health" community health event; program staff attended and educated participants on breast, cervical, prostate and oral cancer prevention.

Prince George's County

During the winter and spring of 2012, staff provided the Centers for Disease Control and Prevention *Screen for Life* colorectal cancer prevention educational materials at health fairs, the County Equestrian Center, the County Sports and Learning Center and the Laurel Senior Center. Dr. Carreno, the program's medical advisor, provides colorectal cancer education to Adams Housemen's health program clients) and during live radio broadcasts. The American Cancer Society colorectal cancer DVD was distributed to program clients who were then asked to share the information at home with family, friends, and neighbors in their community.

Somerset County

Program staff provided education and had a display with colorectal and skin cancer prevention information at the Deal Island Family Wellness Night and Crisfield Family Fun Festival. In March, the program funded an electronic highway sign with a message regarding colorectal cancer prevention. Articles entitled "Colonoscopy Saves Lives" and "There's No Such Thing as a Safe Tan" ran in local newspapers. Students and staff at local schools were educated about cancer prevention.

Wicomico County

In March 2012, the program's nurse and a program client provided an interview aired in March on "PAC 14", the local public access television station. The program nurse and two radio personalities at Clear Channel Radio created a second public service announcement that aired on six different radio stations, and encouraged listeners to be screened for colorectal cancer. Program staff educated

"HealthFest" participants at Bennett High School and 10th graders at the Parkside High School, about the dangers of tanning bed use.

Minority Outreach

Each of the 24 jurisdictions planned specific activities that focused on ensuring that there was minority outreach within their communities. Examples of these types of services included:

Baltimore City Health Department
Outreach staff conducted educational activities and recruited clients in conjunction with other Health Department staff on the Needle Exchange and Sexually Transmitted Disease program vans. Oral cancer education and screenings were also offered on the Smokefree Bus. During each outing, staff engaged citizens about the hazards of smoking, including secondhand smoke, and its relationship to oral cancer. The Smokefree Bus outreach worker distributed colorectal and oral cancer prevention materials to all adults who visited the bus.

Baltimore City, University of Maryland Medical Group
Program staff partnered with Nueva Vida, a support network for Latina women with cancer, to educate and encourage women to receive the breast and cervical cancer services provided by the program.

Caroline County
In the winter and spring of FY 2012 and in collaboration with a Union Bethel AME Church member from Denton, display tables were set up and cancer control information provided at several local African American faith–based organizations including the Union Bethel AME Church, Allen AME Church, New Beginnings Church, and Zion Church. Program staff targeted outreach to minorities though the County's "Caroline Line Info" and through placing informational articles in local church newsletters.

Carroll County
The cancer control program provided colorectal cancer prevention and program service information at a West Middle School (located in Westminster) event for parents of children receiving free lunches and other community resources for low income or uninsured families.

Calvert County
In the spring of FY 2012, the program's outreach staff educated "Concerned Black Women of Calvert County" and individuals receiving assistance from the Department of Social Services on colon cancer. Educational materials were provided to those attending the African American Family Community Day, the Calvert Churches Food Pantry Outreach Event in Industrial Park, the St. John Vianney Catholic Church Food Pantry, and the Mission of Mercy dental clinic held for those in the southern part of the county.

Charles County
During the winter and spring of FY 2012, the program's Outreach worker educated clients about prostate cancer at the Department of Social Services and the Detention Center. Outreach was also performed to members of Omega Psi Phi Fraternity and Jude Rehabilitation home. In March, program staff set up a lobby display at the health department that included information about colorectal cancer prevention.

Queen Anne's County
Colorectal and skin cancer prevention information was provided to those attending the "World No Tobacco Day", the "Pre-Mother's Day Banquet" at the Kent Island American Legion Post #278, and the Father's Day Breakfast at the Queenstown Moose Lodge, all of which are predominantly attended by African-American individuals.

St. Mary's County
Program staff reached minorities through collaborations with a "Minority Health Coalition" at the Juneteenth celebration and United Committee of Afro-American Contributions meetings. In addition, cancer control information was provided during a Head Start Conference that was attended by predominantly minority residents.

Somerset County
During the spring of FY 2012, cancer control information was provided to minority individuals at the University of Maryland Eastern Shore, Washington High School, and Mt. Carmel Baptist Church.

Professional Education and Outreach

- Local health departments and the statewide academic health center educated health care professionals and providers about the targeted cancers and cancer screening guidelines.
    - 62,461 providers were reached through education and outreach efforts such as mailings and newsletters.
    - 7,541 health care professionals were educated through brief group and individual educational sessions and presentations at various locations such as physicians' offices, the county medical societies, and hospital staff meetings.
- Local programs mailed the Minimal Elements for Screening, Diagnosis, and Treatment that were developed and/or updated by DHMH for oral cancer, colorectal cancer, breast cancer, cervical cancer, and prostate cancer to medical providers. The programs also notified medical providers of the services provided through the local CRF cancer control programs.

Screening, Diagnosis, and Treatment

- In FY 2012, screening, diagnosis, and treatment data for the targeted cancers under the CRFP for local health departments and the statewide academic health center include the following:
    - 6,237 screening tests were performed, and 57 individuals were diagnosed with cancer in the program, linked to care, or provided treatment;
    - 5,294 persons received one or more cancer screenings; 71% of persons screened were minorities;
    - 2,204 screening colonoscopies were performed, of which 613 had adenomatous polyps; 4 blood stool kits (called FOBT) were completed, of which none were positive; 7 sigmoidoscopies were performed; 31 individuals were diagnosed with colorectal cancer in the program, linked to care, or provided treatment;

- 169 prostate specific antigen (PSA) tests and 171 digital rectal exams (DREs) were performed; 11 individuals were diagnosed with prostate cancer in the program, linked to care, or provided treatment;

- 1,278 oral cancer screening examinations were performed; none were diagnosed with oral cancer in the program;

- 36 skin cancer screening examinations were performed; 4 individuals were diagnosed with skin cancer in the program, linked to care, or provided treatment;

- 971 mammograms were performed and 917 clinical breast examinations were done; 10 individuals were diagnosed with breast cancer in the program, linked to care, or provided treatment; and

- 480 Pap tests were done; 1 was diagnosed with cervical cancer in the program, linked to care, or provided treatment.

STATEWIDE PUBLIC HEALTH COMPONENT

- Monthly teleconferences were provided throughout the fiscal year by the DHMH Cancer staff, in which representatives from the 24 local jurisdictions, an academic center, their vendors, a MedChi representative for the Maryland Skin Cancer Coalition, Maryland Cancer Fund, State Council on Cancer Control and MOTA participated in a two-way exchange of information and guidance in clinical, administrative and program evaluation/data collection areas. Prior to these conference calls, an enhanced agenda and PowerPoint presentations were provided as a visual component for each of the teleconferences.

- Site visits and/or quality assurance reviews of the CRFP cancer grantees were conducted by the DHMH cancer control staff at all of the 24 local jurisdictions and the academic center. During these site visits and quality assurance reviews, consultation and guidance were provided regarding clinical, administrative and program evaluation issues. Additionally, eight follow-up data visits were conducted.

- The following education and trainings were provided:

  - One New Employee Orientation training was conducted with local health departments.

  - One training for Colorectal Cancer Ambassadors was conducted at St. Mary's County.

  - PowerPoint computer-based training modules for health educators, outreach workers, and clinical staff were developed and utilized by the local health departments.

  - Statewide Regional Meetings were held on October 12, 14, 17 and 20, 2011 with 45 participants.

  - Technical Assistance meetings and/or conference calls for education/training purposes were provided for the Baltimore City and Howard County Health Departments and the University of Maryland Program on eight occasions.

- Community Health Coalition meetings in 12 local jurisdictions were observed by DHMH CRFP staff.

- Written guidance continued to be provided to the local jurisdictions. The DHMH website for the Cancer CRFP was continually updated with written guidance for local jurisdictions.

- DHMH CRFP staff set up displays and distributed cancer control literature at the DHMH central office during sun safety/skin cancer, prostate cancer and colon cancer awareness months. In addition, DHMH CRFP staffed community and statewide events including the Melanoma Monday Press Conference. DHMH CRFP staff developed and distributed colorectal, prostate, and skin cancer awareness toolkits with fact sheets, news release templates, proclamations, Public Service Announcements, posters, and resources throughout the State.

SURVEILLANCE AND EVALUATION COMPONENT

- Created the CRFP Cancer Report for 2012.

- Published the Maryland Cancer Screening and Risk Behavior Report, 2010 of the Maryland Cancer Survey project in conjunction with the University of Maryland Baltimore. The purpose of this report was to examine screening, risk behaviors, access to health care, and lifestyle behaviors of Marylanders. This report was based on data obtained from the Maryland Behavioral Risk Factor Surveillance System (BRFSS).

- Presented three abstracts at the 2011 National Colorectal Dialogue for Action meeting in March 2011:
  - Dwyer DM, Groves C, Andrews B, Hopkins A, Keeleghan E, Shebl F, Steinberger EK. Colorectal cancer screening: Maryland's success story targeting low income, underinsured, and minority clients.

  - Hopkins A, Keeleghan E, Groves C, Andrews B, Soellner J, Steinberger EK, Dwyer DM. Quality control in Maryland's public health colorectal cancer screening program.

  - King M, Groves C, Dwyer DM. Colonoscopy Costs in Maryland's public health colorectal cancer screening program.

- Presented an abstract at the American Public Health Association Meeting. Washington, DC. October 29 – November 2, 2011. Self-reported oral cancer screening among Maryland men by race: Trends over time. Steinberger EK, Sorkin JD, Kerns T, Viswanath, Groves C, Dwyer DM.

- Supported the statewide CPEST cancer Client Database (CDB) application. Each local health department and one statewide academic health center currently use this database for persons screened for colorectal, prostate, oral and skin cancer. Maintenance and revisions to the database are ongoing. Training was conducted both at DHMH and at local sites on the CDB. Quality assurance activities continue; guidance procedures and documents were continually developed for use by the state and local programs.

- Maintained the Education Database (EDB) for tracking education and outreach efforts. Updated the online training program.

- EDB training was conducted for one local health department on-site; 14 staff completed the online database training.

- Client Database training was conducted for local health departments with 25 participants in attendance.

- Published Health Services Cost Review Commission Reports for 2007, 2008, and 2009 on the web. These reports examine cancer-related costs associated with hospitalizations.

- Published Colorectal Cancer Disparities Report in conjunction with the Colorectal Cancer Control Program (CDC-funded). A web link to the report is listed below: http://fha.dhmh.maryland.gov/cancer/SiteAssets/SitePages/crccp/Final%20Colorectal%20Cancer%20Disparities%20Report%20-%2072dpi.pdf.

STATEWIDE ACADEMIC HEALTH CENTERS COMPONENT

Baltimore City Public Health Grant

- The Baltimore City Comprehensive Cancer Plan was developed and submitted to DHMH for review and approval. The University of Maryland Medical Group (UMMG) and the Baltimore City Health Department were awarded grants for implementation of the Baltimore City Comprehensive Cancer Plan. The Baltimore City Health Department component focused on colorectal and oral cancer, and the University of Maryland's component focused on breast, cervical and colorectal cancer education and screening.

- The Baltimore City Cancer Coalition met six times in Fiscal Year 2012. Mia Robinson, the new administrative agent, briefed the members on the development of the coalition's new website, and the Coalition was briefed on the updated Maryland Comprehensive Cancer Control Plan. Coalition members indicated a desire to conduct a health fair in collaboration with an underserved community in Baltimore City.

    - At the strategic planning meeting in April, the Coalition made final decisions on the coalition name (Baltimore City Cancer/Health Equity Coalition) in order to be more consistent with the mission, and provide clarity of purpose. The Coalition also decided to focus on Chapter 4 of the Maryland Comprehensive Cancer Control Plan, *Patient Issues and Cancer Survivorship*.

    - Information regarding the Coalition was provided and distributed to programs and agencies that collaborated with City's two Cigarette Restitution Fund cancer control programs, as well as community members and service providers that were referred by coalition members.

    - Aligned with the Coalition's intent to collaborate with an underserved community, the coalition helped sponsor a health fair and expo on June 23, 2012 in Park Heights. The event was co-sponsored by New Vision House of Hope, and held at Park West

Health System. There were 20 vendors, and 150 people attended the health fair. The coalition plans to partner with New Vision House of Hope again in 2013.

- Minority recruitment by the Baltimore City Health Department outreach staff and administrators, University of Maryland administrators, and coalition members continued. Recruitment efforts included presentations at faith-based organizations, community meetings, service provider meetings, federally qualified health centers, Cardiovascular Disease and Health Disparities Task Force meetings, and the Commissioner's Healthy Baltimore 2015 community forums. The administrative agent also used the coalition's website and blogging to recruit new members. The website has been a major accomplishment in FY 2012, providing a wealth of information regarding cancer, health disparities, health education, and upcoming events from all of the coalition members and their respective organizations.

- The UMMG program staff applied for and received additional funding from the Avon Foundation to provide breast cancer screening services, and from the Maryland Affiliate of Susan G. Komen for the Cure for additional patient navigation, outreach and education. Additionally, DHMH provided federal (CDC) funding (CDC) to continue colorectal cancer screening and outreach for asymptomatic persons.

- A total of 17,023 individuals in the general public were educated through brief group and individual sessions by UMMG. Public education and outreach for the targeted cancers continued through partnerships with small businesses such as beauty salons and barbershops, community associations, libraries, local employers, civic groups, and faith-based organizations. Health promotion was also provided in conjunction with citywide festivals and through community meetings.

- UMMG screened a total of 35 persons for colorectal cancer with colonoscopy. Of the 35 persons screened, 31 were racial or ethnic minorities. No persons were diagnosed with colorectal cancer, linked to care or provided treatment services.

- UMMG screened a total of 769 women for breast cancer. Of the women screened, 718 were racial or ethnic minorities. Ten women were diagnosed with breast cancer and were linked to care or provided treatment services.

- UMMG screened a total of 279 women for cervical cancer. Of the women screened, 265 were racial or ethnic minorities. One woman was diagnosed with cervical cancer and was linked to care or provided treatment services.

- The Baltimore City Health Department screened a total of 252 persons for colorectal cancer with colonoscopy. Of the 252 persons screened, 222 were racial or ethnic minorities. Two persons were diagnosed with colorectal cancer and were linked to care or provided treatment services. A total of 1,242 persons were screened for oral cancer with no one found to have oral cancer. Of the 1,242 persons screened, 1,076 were racial or ethnic minorities.

Johns Hopkins Institutions (JHI) Cancer Research Grant

In Fiscal Year 2012, the Johns Hopkins Institutions was awarded $392,700.

- The Johns Hopkins Institutions (JHI) on behalf of the Johns Hopkins University (JHU) submitted a grant application for cancer research and was awarded a grant for the twelfth year of the project.

- JHI awarded mini-grants in Fiscal Year 2012 including one for faculty recruitment. Seven projects were funded in the following areas: population issues in prostate cancer; time to first surgery among early stage lung cancer patients newly diagnosed; physician intervention to improve prostate cancer screening; racial disparities in cancer survival: does diabetes mellitus contribute; prevention in the area of prostate cancer; support for investigator access to Medicare SEER data; and improved understanding of breast cancer risk factors and the ability to prevent them.

- In Fiscal Year 2012, multiple audiences were educated about CRF investigators findings through presentations and the "Conquest" publication.

- In Fiscal Year 2012, CRF funds were leveraged and resulted in 30 new grants to the Center from outside funding sources.

University of Maryland Cancer Research Grant

In Fiscal Year 2012, the University of Maryland Greenebaum Cancer Center (UMGCC) was awarded $2,007,300.

- UMMG submitted a grant application for cancer research and was awarded a continuation grant for the twelfth year of the CRFP.

- UMGCC continued to improve a Shared Services interactive research program structure designed to achieve bi-directional translational research. This structure combined clinical and basic research investigators who worked together to assure rapid translation of research in the laboratory to the clinic by developing and supporting a series of shared resources which facilitated specialized research activities for all faculty.

- UMGCC established a laboratory to support personalized oncology. The laboratory was recommended for full CLIA-accreditation to the Centers for Medicare and Medicaid Services (CMS).

- As of December 31, 2011, UMGCC had 17 active research projects that translated into clinical applications for patients.

- As of April 2012 Shared Services include: (* indicates services receiving CRF funding in FY12)

    - **Pathology Biorepository and Research Core Shared Service*:** This core provides banked tissues and blood specimens for genomics, proteomics, and other analyses for identification of new biomarkers and therapeutic targets while maintaining patient confidentiality. The core's main goal is to provide a constant flow of quality banked tissue and blood specimens to its researchers.

    - **Genomics Shared Service*:** This program is a comprehensive genomics resource facility that provides DNA sequencing, genotyping, gene expression analysis by real-time PCR and

microarray analysis, as well as continued support for peptide synthesis and custom protein/peptide analysis and purification.

- **Biostatistics Shared Service*:** This core promotes clinical and laboratory cancer investigations through the application of statistical methodology to proposed and/or ongoing cancer research projects. The core service area serves as the central resource of statistical expertise for the Cancer Center and is critical to meeting the goals of conducting and translating research into clinical applications.

- **Clinical Research:** This core service area is the Clinical Protocol and Data Management Office that supports the activities of principal investigators involved in clinical trials by preparing clinical trial protocol forms, submitting projects to the Institutional Review Board, registering and accruing patients for clinical trials, and collecting and managing data. The overall usage of this service has increased by 105% during this grant period.

- **Flow Cytometry*:** This shared service provides supplies including sheath fluid necessary to operate the flow cytometers, as well as supplies and calibration kits for BioPlex suspension arrays.

- **High Throughput Screening Shared Services:** This shared service provided a way for investigators to screen up to 40,000 unique compounds for a variety of anti-cancer activities.

- **Translational Laboratory*:** This core service area was established for clinicians participating in early phase drug development clinical trials and for basic scientists that have an interest in assessing the clinical relevance of their own research topics.

- **Structural Biology (X-ray Crystallography and Nuclear magnetic Resonance)*:** The Structural Biology Shared Service (SBSS) helps researchers use the unique information derived from macromolecular structures to understand the molecular basis of cancer-causing cellular defects and to design drugs that mitigate such defects.

- **Imaging and Cancer Pain Studies:** Two Shared Services currently under development.

- The CRF Cancer Research grant supported 16 faculty members and 15 of these researchers published at least one cancer related article in a peer reviewed scientific journal.

- 16 faculty members filed 71 federal, state, and private grant applications. In addition, there were also 64 new clinical trial applications submitted for funding. There were 1,064 patients that entered into the University of Maryland's clinical trials.

- The Greenebaum Cancer Center has increased the number of patients entered into a clinical trial by more than 50%. Since FY 2007, 52% of the women who have screened through the Baltimore City Cancer Screening Program and received a breast cancer diagnosis have enrolled in a clinical trial. The national average of minority women enrolling in clinical trials is less than 2 percent. For FY 2012, the cancer center's overall enrollment in clinical trials was 29%.

Maryland Cancer Registry (MCR)

- The MCR submitted 2009 incidence data for evaluation and confidential feedback from the North American Association of Central Cancer Registries (NAACCR) and received "Silver" certification in these areas: completeness of case ascertainment, completeness of information recorded, percentage of death certificate only cases, duplicate primary cases, passing EDITS, and timeliness. The MCR also submitted 1996-2009 data to be included in the Cancer in North America publication. This data also passed all required EDITS.

- The MCR data for incidence years 1996 - 2009 was submitted during Fiscal Year 2012 to the National Program of Cancer Registries for inclusion in the United States Cancer Statistics Publication. This data passed all required EDITS.

- In Fiscal Year 2012 the MCR sent two epidemiologists to the Kentucky Cancer Registry for training in the use of the National Death Index linkage. The MCR is working with the Kentucky Cancer Registry for training in the use of the National Death Index linkage. The MCR is working with the Kentucky Registry along with other Appalachian state registries on a study of cancer in Appalachia.

- The Indian Health Service (IHS), an agency within the Department of Health and Human Services, is responsible for providing federal health services to American Indians and Alaska Natives. The IHS is the principal federal health care provider and health advocate for American Indians, and its goal is to raise the health status of American Indians to the highest possible level. To assist with the achievement of this goal, the IHS requires data from the MCR be linked every 5 years; the MCR completed this linkage with HIS data during Fiscal Year 2012.

- During Fiscal Year 2012, the MCR submitted data to the International Agency for Research on Cancer to be included in the report, Cancer in Five Continents.

- The MCR's Quality Assurance/Data Management contractor, Westat, and DHMH MCR staff completed the conversion of its database to the NAACCR version 12.1 during Fiscal Year 2012. The upgrades involved three programs used by the Registry:
    - Web Plus – used to bring data into the system
    - PrePlus – Used to edit and improve quality and consistency of data
    - CRS Plus- Consolidate information received from different sources.

- The MCR's Quality Assurance/Data Management contractor, Westat, completed seven hospital audits during Fiscal Year 2012. Westat evaluated case finding procedures, abstracting and coding done by each selected facility.

- MCR staff at DHMH processed over 46 requests for release of Maryland Cancer Registry data.

- The MCR staff resolved over 3,400 unknown races through queries in the Motor Vehicles Administration's database for missing race information.

Breast and Cervical Cancer Diagnosis and Treatment Program

- The Breast and Cervical Cancer Diagnosis and Treatment Program (BCCDTP) was established in 1992 to provide breast and cervical cancer diagnostic and treatment services to uninsured or underinsured low-income Maryland residents.

- BCCDTP directly reimburses participating providers who provide covered services to BCCDTP residents. Covered services include but are not limited to: diagnostic mammograms and sonograms, surgical consultations, breast biopsies, colposcopies, cervical biopsies, surgery for cancer treatment and breast reconstruction, chemotherapy, radiation therapy, medications, durable medical equipment, home health services, physical therapy, and occupational therapy.

- For fiscal year 2012 the BCCDTP:
    - Paid for services for 2,636 participants and
    - Processed a total of 28,554 paid claims.

- In addition, BCCDTP funds were awarded to local Breast and Cervical Cancer Programs through the Breast and Cervical Cancer Program (BCCP) Expanded Services. BCCP Expanded Services funds additional screening tests or diagnostic services in local Breast and Cervical Cancer Programs.
    - 24 local programs received funds for Expanded Services in FY 2012.
    - 641 women received at least one screening test or diagnostic service.
        - 577 women received a breast cancer service and
        - 71 women received a cervical cancer service.

TOBACCO USE PREVENTION

ACCOMPLISHMENTS

CIGARETTE RESTITUTION FUND PROGRAM

TOBACCO USE PREVENTION AND CESSATION PROGRAM

FISCAL YEAR 2012 ACCOMPLISHMENTS

LOCAL PUBLIC HEALTH COMPONENT

Overall

- Conducted 9 site visits of local health department CRF Tobacco programs to monitor compliance with approved program plans and budgets.

- Oversaw 24 local tobacco coalitions with a statewide membership of 678 people to ensure diverse representation and inclusive participation. The demographic composition of all the local coalitions is 52.3% Caucasian, 35.8% African American, 4.7% Asian American, 3.2% Hispanic/Latino, and 1.7% Native American. These coalitions provide input to their local health department on the development of comprehensive tobacco control plans.

- Worked with local health departments to develop jurisdiction-specific tobacco control action plans that address CRFP goals, objectives, site visit recommendations and audit findings.

- Provided training and technical assistance to local health departments and community organizations to build sustainable tobacco control programs targeting minority and disparate populations. Presented to several local health departments on the Tobacco Related Disparities workgroup recommendations.

- Collaborated with the Alcohol and Drug Abuse Administration on tobacco retail education and compliance checks to comply with the federal SYNAR regulation.

- Collaborated with the Alcohol and Drug Abuse Administration on the new Strategic Prevention Framework (federally funded) to ensure tobacco control policy and coalition development was part of the comprehensive approach.

- Collaborated with the Mental Hygiene and Alcohol and Drug Abuse Administrations, SAMSHA, and Community partners to develop a strategic plan to address disparate smoking rates among mental health and substance abuse clients.

Community-Based Element

- 1,079 advocates and community leaders were trained on smoking cessation programs and tobacco use prevention strategies.

- 18 faith-based and 11 minority organizations were funded to incorporate tobacco prevention and cessation messages into various programs.

- 101,365 people were educated on tobacco use prevention and control in a variety of venues including local health departments, community outlets, and at faith-based and grassroots organizations.

- 279 awareness campaigns were conducted in targeted communities.

- 16 Youth Leadership Programs conducted.

School-Based Element

- 692 teachers, nurses, daycare providers, and school administrators were trained on available tobacco use prevention and cessation curricula, programs and strategies.

- 4,522 Pre-K students received multiple tobacco use prevention education sessions.

- 74,474 K–12 students received multiple tobacco use prevention education sessions.

- 1,705 private school students were educated on tobacco use prevention.

- 1,115 students were educated in alternative school settings.

- 423 college students received tobacco use prevention education on campus.

- 5,042 students were reached with Peer Programs in schools.

- 96 students received smoking cessation counseling and support at school.

Enforcement of Youth Access Restrictions Element

- 2,297 tobacco retailers (stores) compliance checks were conducted.

- 156 tobacco retailers (stores) were issued citations for sales to minors.

- 25 youth were cited for illegal possession of tobacco products.

- 138 students participated in the Tobacco Education Group (TEG) program.

Smoking Cessation Element

- 351 nurses and health care providers were trained on various smoking cessation models and clinical guidelines.

- 6,964 adults participated in smoking cessation services.
    - 3,059 received nicotine patches, 625 received Chantix, and 396 received Zyban to support their quit attempt.
- 52% of smoking cessation class participants were minority (3,634):
    - 42% of cessation participants were African Americans (2,934)
    - 7% of cessation participants were Hispanics/Latinos (459)
    - 1% of cessation participants were Asian Americans (69)
    - 2% of cessation participants were Native Americans (172)

Policy Changes Supported by Local Health Departments

Baltimore County
There is a new policy effective October 27, 2011 requiring all County government vehicles to be smoke-free. The Community College of Baltimore also became a smoke-free campus effective July 1, 2012.

Harford County
All County-owned health department campuses and vehicles became smoke-free effective January 1, 2012.

Frederick County
Effective March 15, 2012, all playgrounds within a City park and any point within 10 feet surrounding the playground became smoke-free.

Wicomico County
Mallard Landing (outdoor) worksite became a smoke-free worksite as of September 2011. The Health South Chesapeake Rehabilitation Hospital also became a smoke-free campus as of September 2011.

Local Health Department Tobacco Use Prevention Media and Marketing

Local health departments engage in a wide range of counter-marketing and media activities with funding from the local public health component of the Cigarette Restitution Fund Program (CRFP). The media/marketing campaigns are intended to actively engage all Maryland residents in tobacco control discussions, prevention activities, cessation services, enforcement and policy measures, and dialogue regarding non-smoking norms.

Targeted, multifaceted media and marketing campaigns are effective in increasing Maryland residents' utilization of Quitline (QL) services and subsequent nicotine replacement therapy. The majority of registered QL callers from across the State of Maryland indicate that they heard about the QL service from family/friends, health promotion media, or marketing efforts including websites, brochures, newsletters, flyers, or television commercials.

All local health departments engage in media and program marketing activities that inform the public of current research, the health impacts of tobacco use, and tobacco prevention, smoking cessation, secondhand smoke, and enforcement activities within their jurisdiction. Print campaigns included placement in these mediums:

- newspaper articles and inserts;
- direct mail campaigns;
- news releases;
- brochures;
- billboards;
- bus and bus shelter advertisements; and
- highway signs.

Other awareness campaigns were designed to market local programs and educate the public. These included:

- ads on local radio stations;
- ads on local television and cable access channels;
- live presentations;
- web-based disseminations;
- text message blasts; and
- promotional bracelets.

Some jurisdictions conducted media and marketing campaigns through listserves and social networks such as Facebook, Twitter, YouTube, and Quick Response Code equipped mobile telephones. To maximize resources, some local health departments collaborated with other nearby health departments on joint campaigns.

The local media/marketing campaigns were tailored to reach target populations within the jurisdictions. Some campaigns were developed to reach ethnic/racial minorities (African Americans, Hispanic/Latinos, Asian Americans, and Native Americans) as well as the medically underserved, low-income and uninsured populations, and pregnant women. Campaigns were developed in a culturally and linguistically sensitive manner, and direct marketed at strategic locations like:

- African American hair/nail salons and barbershops;
- Public Housing Authorities;
- churches and faith-based institutions;
- mass transit vehicles and stops;
- homeless shelters;
- Departments of Social Services;
- cultural organizations;
- malls;
- day care providers;
- mental health care facilities;
- WIC program offices; and
- hospitals.

Local health departments enlisted members from their local tobacco coalition, community partners, schools, and State health department staff to develop tailored and sensitive marketing and media

campaigns. All of the marketing and media approaches implemented support the four goal areas of the Cigarette Restitution Fund Program: (1) prevent initiation of tobacco use; (2) eliminate harm from secondhand tobacco smoke; (3) support cessation among adults; and (4) reduce tobacco-related health disparities.

To reach youth with media messages, local health departments targeted organizations that serve youth like Girls' and Boys' Clubs, Police Athletic Leagues, parks and recreation programs, community centers, and camps. Schools were targeted with poster displays, bulletin boards, and printed materials. Social networks like Facebook and YouTube have emerged as an effective marketing and outreach tool to engage young people as well.

The tobacco control media/marketing approaches in Maryland are designed to reach individuals within all population and age groups in the state. The counter-marketing and media approaches utilized by the following jurisdictions are highlighted as examples.

Anne Arundel County
The county launched a new anti-tobacco Facebook page entitled "Flame Wars" which is targeted at high school youth. Flame Wars is an advocacy page that includes quiz questions and games.

Baltimore County
Utilized a "Smoke-Free Cars and Homes" campaign to educate communities on the risks of secondhand smoke exposure and to encourage residents to implement a smoke-free car and home policy. Marketing efforts also promoted smoking cessation. The campaign provided quit kits with refrigerator magnets, car window decals, a cessation services flyer, and a 1-800-QUIT-NOW card. Material distribution efforts were targeted to Loews AMC movie theatres in White Marsh, and bus shelters in low-income communities of Essex and Dundalk.

Calvert County
Used a variable message sign to advertise cessation classes on the county's main roadway. The county is able to use this sign at no cost, and responses to participant questionnaires indicate that the sign is directly responsible for the marked increase in cessation clients for the second half of FY12 and is a free advertising service. The health department's website is updated each quarter with the upcoming class schedule and locations.

Cecil County
Launched a public service announcement (PSA) campaign about tobacco cessation services available to county residents. This PSA aired on HGTV, USA, CMT, ABC, Family, TNT, Discovery, and the Cecil County Health Channel for four weeks, and made an estimated 48,155 household contacts. The Cecil County Health Department also conducted a campaign that incorporated the Statewide "The Cigar Trap" promotion, and links to the American Lung Association as well as the CDC Office on Smoking and Health's media campaign entitled, "Tips from Former Smokers".

Charles County
Utilized newspapers and electronic media to market their tobacco prevention, cessation, and control efforts to the community at large. Press releases were supplemented with paid advertising and appeared in print and online. A blast fax with information regarding the availability of the smoking cessation program was sent to area health professionals. In addition, electronic message boards with cessation messages were displayed in the lobby of the health department and on state highways in Charles County.

Kent County
Conducted media campaigns that included two newspaper advertisements in the local Tidewater Trader newspaper, circulation approximately 10,200. The advertisements addressed reasons to quit smoking, free smoking cessation resources, and tobacco education.

Queen Anne's County
Used targeted media campaigns, such as billboards, to promote Kick Butts Day and World No Tobacco Day. Other successful media communication tools included texting, Facebook, and recording special events for future full-length rebroadcasting on the local TV station. Numerous news articles and feature stories also expanded the reach of the tobacco initiative.

St. Mary's County
Developed a billboard ad to promote their smoking cessation program. St. Mary's County also put tobacco prevention messages on health department clocks, and marketed smoking cessation class schedules on the Health Connection van that circulates throughout the county.

Talbot County
Used Eastern Shore Parent website to disseminate prevention and cessation messages to 2,000 households. This campaign was conducted by a community that received one of the county's community mini-grants. An educational article about the damaging effects of tobacco use and which also promoted the local health department's free cessation resources appeared in the Star Democrat. Star Democrat readership spans the central part of Maryland's Eastern Shore, including Caroline, Dorchester, Kent, Queen Anne's, and Talbot Counties.

Wicomico County
Used a marketing campaign to promote tobacco use prevention and cessation services. The agency website, Facebook, a press release, and a new electric sign were all used to raise awareness and promote the Great American Smoke Out. The local Christian radio station (WOLC) and the local PAC14 media outlets advertised Wicomico County's smoking cessation class offerings and Maryland's QL. An interview with Jennifer Johnson, the Program Coordinator for the county Tobacco Use Prevention and Control Program, was published in the local *Daily Times* newspaper to help raise awareness about the increase in youth cigar use. Smoking-related prevention and cessation information was promoted on an electric sign located in front of the health department building, and Quit Kits were distributed at a pharmacy, a family support center, and to addiction clients at all health department locations.

SURVEILLANCE AND EVALUATION COMPONENT

- Released results of the fall 2010 Maryland Youth Tobacco Survey (MYTS).

- Utilized results of the 2010 MYTS in support of the 'Cigar Trap' campaign, highlighting underage use of cigar products in far greater proportion than adult use.

- Utilized the results of the fall 2010 MYTS to support development and drafting Departmental legislation to increase Maryland's excise tax on tobacco products other than cigarettes to parity with cigarettes. Legislation was passed and signed into law that increased the excise tax on non-premium cigars to levels on par with existing cigarette excise taxes.

- Successfully collaborated with MSDE which resulted in DHMH combining the Youth Risk Behavior Survey and the Youth Tobacco Survey into a single survey initiative (YRBS/YTS). Beginning in Fiscal

Year 2013, the YRBS/YTS will be administered biennially to students in Maryland's public middle and high schools. Data will be available for every county and Baltimore City.

- Successfully collaborated with the Office of Chronic Disease Prevention to enhance the capacities of the existing adult Behavioral Risk Factor Surveillance System (BRFSS) both in terms of sample size (to provide more stable annual county specific estimates) and to include questions about tobacco use needed to meet statutory and programmatic requirements and objectives beginning with the calendar 2012 BRFSS.

ALCOHOL AND DRUG ABUSE ADMINISTRATION PROGRAM

FISCAL REPORT

Alcohol and Drug Abuse Administration (ADAA)

Cigarette Restitution Fund Program

Fiscal Report

During Fiscal Year 2012, the Alcohol and Drug Abuse Administration (ADAA) administered $21,025,077 in Cigarette Restitution Funds. These funds were appropriated in ADAA's budget PCA K204. These budget projects provide for the administration of funds for the enhancement and expansion of alcohol and drug treatment programming. Funding allocations are provided based on local requests and priorities regarding areas of greatest needs.

		As of June 30, 2012			
		Budget	**Expenditures**	**Obligations**	**Unobligated**
Treatment	K204	21,025,219	21,025,219	0	0
		21,025,219	21,025,219	0	0

Distribution by Subdivision

	As of June 30, 2012			
Subdivision	**Budget**	**Expenditures**	**Obligations**	**Unobligated**
ALLEGANY	259,349	259,349	0	0
ANNE ARUNDEL	1,585,000	1,585,000	0	0
BALTIMORE COUNTY	1,585,000	1,585,000	0	0
CALVERT	119,799	119,384	0	0
CAROLINE	33,239	33,239	0	0
CARROLL	144,573	144,573	0	0
CECIL	92,426	92,426	0	0
CHARLES	119,931	119,931	0	0
DORCHESTER	144,427	144,427	0	0
FREDERICK	95,579	95,579	0	0
GARRETT	40,585	40,585	0	0
HARFORD	298,661	298,661	0	0
HOWARD	145,551	145,551	0	0
KENT	286,494	286,494	0	0
MONTGOMERY	1,585,000	1,585,000	0	0
PRINCE GEORGE'S	3,342,244	3,342,244	0	0
QUEEN ANNE'S	43,444	43,444	0	0
ST. MARY'S	204,311	204,311	0	0
SOMERSET	114,849	114,849	0	0
TALBOT	37,321	37.321	0	0
WASHINGTON	98,587	98,587	0	0
WICOMICO	424,793	424,793	0	0
WORCESTER	268,620	268,620	0	0
BALTIMORE CITY	11,707,941	11,707,941	0	0
			0	
TOTAL	**21,025,219**	**21,025,219**	0	0

Note: Data source – FMIS K204S

ALCOHOL AND DRUG ABUSE ADMINISTRATION PROGRAM

ACCOMPLISHMENTS

CIGARETTE RESTITUTION FUND PROGRAM

ALCOHOL AND DRUG ABUSE ADMINISTRATION

FISCAL YEAR 2012 ACCOMPLISHMENTS

Outcomes and Public Benefits: FY 2012 Accomplishments

During fiscal year 2012, CRF funds were used to support the following:

	Slots	Patients Served
Allegany County		
Level III.1 Halfway House Services	11	33
Anne Arundel County		
Level I Outpatient Services		19
Level II.I Intensive Outpatient Services		18
Level III.1 Halfway House Services		30
Level III. 3 Long Term Residential Services		21
Level III.5 Therapeutic Community Services		3
Level III.7 Medically Monitored Inpatient Services		105
Level III.7.D Medically Monitored Detoxification Inpatient Services		69
Baltimore City		
Level I Outpatient Services	2545	4,103
Level II.1 Intensive Outpatient Services	219	1,321
Level III.3 Long Term Residential Services	11	22
Level III.7 Medically Monitored Inpatient (ICF) Services	1	14
Level III.7.D Medically Monitored Detoxification Services		124
Urinalysis Services		4403
Baltimore County		
Level 0.5 Early Intervention Services (Adult)		7
Level I Outpatient Services (Adult)	199	443
Level I Outpatient Services (Adolescent)	16	41
Level II.1 Intensive Outpatient Services (Adult)	23	64
Level II.1 Intensive Outpatient Services (Adolescent)	5	16
Calvert County		
Level II.1 Intensive Outpatient Services	15	187
Caroline County		
Level I Outpatient Services (Adolescent)	5	10
Level I Outpatient Services (Adult)	32	0
Carroll County		
Level II.I Intensive Outpatient Services	45	50

Cecil County		
Level III.7D Medically Monitored Inpatient (ICF) Detoxification Services		105
Charles County		
Level II.1 Intensive Outpatient Services	12	59
Dorchester County		
Level II.1 Intensive Outpatient Services	26	52
Frederick County		
Level I.D Outpatient Detoxification Services		30
Garrett County		
Level I Outpatient Services (Adolescent)	20	26
Harford County		
Level I Outpatient Services	224	447
Howard County		
Level II.D Intensive Outpatient Services - Detoxification		20
Kent County		
Level III.7D Med. Mon. Inpatient (ICF) Detoxification Services (Co-Occurring)		249
Montgomery County		
Level 0.5 Early Intervention Services		465
Level II.I Intensive Outpatient Services		41
Prince George's County		
Level 0.5 – Early Intervention Services		1,800
Level I Outpatient Services (Adolescent)	119	268
Level IA Therapy Treatment Services	114	193
Level I Outpatient Services (Criminal Justice)	24	57
Level II.I Intensive Outpatient Services	44	40
Level III.1 Halfway House Services		4
Level III.3 Long Term Residential Care Services		21
Level III.5 Adolescent Therapy Community Services		1
Assessment & Case Management Services (Adolescent)		40
Assessment Services (Adult)		226
Continuing Care Services (Adolescent)		31
Continuing Care Services (Adult)		3
Queen Anne's County		
Level III.7 Medically Monitored Inpatient Services (ICF)		10
St. Mary's County		
Level I Outpatient Services (Criminal Justice)	30	114

Somerset County

Level I Outpatient Services	15	45

Talbot County

During fiscal year 2012, CRF funds were used to support a portion of the clinical supervisor program director's salary.

Washington County

Level I Outpatient Services (Jail-Based)	80	195

Wicomico County

Level III.7 Detoxification Services (Hudson Health)		29

Worcester County

Level I Outpatient Services		103
Level II.I Intensive Outpatient Services		12
Level III.7D Medically Monitored Inpatient (ICF) Detoxification Services		130 days

In addition to the services listed above, the Worcester County Health Department contracted with the Joan Jenkins Foundation to provide services through the Atlantic Club to residents and visitors of the self-help community. In FY 2012, the Club reported serving 40,686 individuals per year.

Managing For Results

The Alcohol and Drug Abuse Administration (ADAA) does not establish MFRs according to funding streams (e.g., CRF). The ADAA awards funding to the jurisdictions by level of care (type of certified service) through a combination of State, Federal, and Special Funds. The applicable MFR performance measures address the agency goal to provide a comprehensive continuum of effective substance abuse treatment services with emphasis on access to treatment and retention in treatment; however the MFRs are not specific to K204 (CRF) funds.

MEDICAL CARE PROGRAM

FISCAL REPORT AND MANAGING-FOR-RESULTS

CIGARETTE RESTITUTION FUND PROGRAM

MEDICAL CARE PROGRAM

PROVIDER REIMBURSEMENTS
&
MANAGING-FOR-RESULTS (CY 2011)

Appropriation: **$84,000,000**
Expenditure: **$84,000,000**

M00Q01.00 MEDICAL CARE PROGRAMS ADMINISTRATION

Objective 1.4 For Calendar Year 2012, reduce by one admission annually, the rate per thousand of asthma-related avoidable hospital admissions among HealthChoice children ages 5-20 with asthma.

The number of hospital admissions per thousand for asthma-related illness decreased from 46 in 2009 to 38 in 2010. This significant decrease probably reflects the various efforts of the health care community. Admissions are defined as "avoidable admissions" and are based on specifications from the Agency for Healthcare Research and Quality (AHRQ). The methodology for determining performance reflects both AHRQ and the Healthcare Effectiveness Data and Information Set (HEDIS) specifications and recommendations.

Performance Measures	CY 2010 Actual	CY 2011 Actual	CY 2012 Estimated	CY 2013 Estimated
Input: Number of HealthChoice children ages 5- 20 with asthma	10,208	10,789	11,404	12,054
Output: Number of asthma-related avoidable admissions among HealthChoice children ages 5- 20 with asthma	392	389	399	410
Outcome: Rate per thousand of asthma-related avoidable admissions among HealthChoice children ages 5-20 with asthma	38	36	35	34

Objective 2.5 For Calendar Year 2013, reduce the gap in access to ambulatory services between Caucasians and African-Americans in HealthChoice by one percentage point.

Performance Measures	CY 2010 Actual	CY 2011 Actual	CY 2012 Estimated	CY 2013 Estimated
Input: Number of Caucasians enrolled in HealthChoice	243,937	260,877	277,834	295,893
Number of African-Americans enrolled in HealthChoice	418,483	443,219	469,812	498,001
Output: Percentage of Caucasians in HealthChoice accessing at least one ambulatory service	78.6%	79.4%	81.4%	84.3%
Percentage of African-Americans in HealthChoice accessing at least one ambulatory service	73.7%	74.7%	77.7%	81.6%
Outcome: Percentage gap between access rate for Caucasians compared to the access rate for African-Americans	4.9%	4.7%	3.7%	2.7%

Note: 90% of total HealthChoice enrollment is made up of African-Americans and Caucasians; therefore comparing access to ambulatory services between these two populations is a good indicator of disparities in access to ambulatory services.

Program Performance Discussion

Health disparities in access to care and treatment are nationally recognized issues. The Medicaid program looks at the percentage of Caucasians and African-Americans enrolled in HealthChoice that access health services. Ambulatory care is any health care that is provided to an individual on an outpatient basis (e.g. clinic, physician's office or hospital outpatient visits). This measure is often used as a proxy for evaluating access to care. It allows the Department to monitor the rate at which persons are seeking regular care outside of an urgent or emergent setting, and indicates that these persons have access to providers through which they can receive primary and/or specialty care when necessary.

Although the gap in access has remained relatively stable over the past three years, the percentage of African-Americans accessing care increased from 73.3% to 74.7% between Calendar Year 2009 and Calendar Year 2011. While DHMH is pleased that the gap in access to care continues to decrease, a gap remains. Continuing efforts to address health disparities include increasing availability of race/ethnicity data among managed care organizations (MCOs), increasing performance measurement by race/ethnicity, targeting MCO care management to address disparities, initiating grant projects to address disparities in access to care, and participation in health disparities conferences and workgroups. Through continued focus in these areas, we aim to decrease the gap in access to care between Caucasians and African Americans over the upcoming years.