



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 – John M. Colmers, Secretary

September 15, 2010

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 2010

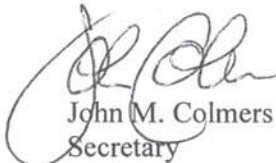
Dear Secretary Foster:

Pursuant to State Finance and Procurement Article, Section 7-317(h)(2), the Department of Health and Mental Hygiene is directed to report annually by 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 2010 Annual Report is attached. The Report includes expenditures, accomplishments and Managing-For-Results (MFR) data for the Tobacco, Cancer, Minority Outreach and Technical Assistance, Alcohol and Drug Abuse Prevention, and Medical Care programs.

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

Sincerely,



John M. Colmers  
Secretary

Enclosure

cc: Wynee Hawk, RN, JD  
Carlessia A. Hussein, Dr. P.H.  
Wendy Kronmiller, JD  
John Newman, BMO

**MARYLAND  
DEPARTMENT OF HEALTH & MENTAL HYGIENE**

**CIGARETTE RESTITUTION FUND PROGRAM**

**FISCAL YEAR 2010 ANNUAL REPORT**

**FUND EXPENDITURES AND ACCOMPLISHMENTS**

October 2010



**John M. Colmers  
Secretary**

**Carlessia A. Hussein, R.N., Dr. P.H.  
CRF Program Director**



**CIGARETTE RESTITUTION FUND PROGRAM**  
**FISCAL YEAR 2010 ANNUAL REPORT**

**Table of Contents**

<u>Section</u>	<u>Page</u>
I. <u>Cancer Control Programs and Tobacco Use Prevention</u>	
A. Fiscal Reports – Cancer and Tobacco	4
B. Managing-for-Results (MFR) Reports	8
II. <u>Cancer Control Programs and Tobacco Use Prevention</u>	
A. Accomplishments – Cancer and Tobacco	15
III. <u>Minority Outreach and Technical Assistance (MOTA) Program</u>	
A. Accomplishments – MOTA	35
IV. <u>Alcohol and Drug Abuse (ADAA) Program</u>	
A. Fiscal Report – ADAA	41
B. Accomplishments – ADAA	43
V. <u>Medical Care Program</u>	
A. Fiscal Report – Medical Care Program	48
B. Managing-for-Results (MFR) Reports	48

**CANCER CONTROL PROGRAMS AND  
TOBACCO USE PREVENTION**

**FISCAL REPORTS**

Department of Health and Mental Hygiene, Family Health Administration  
**Cigarette Restitution Fund Program**  
 Interim Fiscal Report – Fiscal Year 2010 (July 1, 2009 – June 30, 2010)

**1) Cancer Prevention, Education, Screening and Treatment Program**

<b>Components:</b>	<b>Appropriation</b>	<b>Expenditures</b>	<b>Obligations</b>	<b>Unobligated</b>
Administration (X671S)	\$ 624,959	\$ 612,879	\$ -	\$ 12,080
Surveillance and Evaluation (X672S)	\$ 1,083,528	\$ 884,701	\$ 198,827	\$ -
Statewide Academic Health Center (X673S)	\$ 2,175,332	\$ 268,000	\$ 1,907,332	\$ -
Local Public Health (X674S) *	\$ 5,303,622	\$ 4,956,063	\$ 347,559	\$ -
Baltimore City Public Health Grant (X675S)	\$ 1,729,596	\$ -	\$ 1,729,596	\$ -
Statewide Public Health (X676S)	\$ 27,950	\$ 27,950	\$ -	\$ -
Statewide Academic Health Center (X677S)	\$ 324,668	\$ -	\$ 324,668	\$ -
Cancer - Database Development (X679S)	\$ 244,125	\$ 85,139	\$ 158,986	\$ -
<b>Total</b>	<b>\$ 11,513,780</b>	<b>\$ 6,834,732</b>	<b>\$ 4,666,968</b>	<b>\$ 12,080</b>

Local Public Health Component - Distribution by Jurisdiction - **CANCER**

Subdivision	<b>(Budget) Available Funding</b>	<b>Unreconciled Expenditures</b>	<b>Obligations</b>	<b>Unobligated</b>
Allegany	\$152,624	\$152,624	\$0	\$0
Anne Arundel	\$453,813	\$453,813	\$0	\$0
Baltimore Co.	\$820,833	\$597,815	\$223,018	\$0
Calvert	\$135,574	\$135,574	\$0	\$0
Caroline	\$104,269	\$104,269	\$0	\$0
Carroll	\$200,661	\$200,661	\$0	\$0
Cecil	\$146,434	\$146,434	\$0	\$0
Charles	\$161,766	\$161,766	\$0	\$0
Dorchester	\$109,326	\$109,326	\$0	\$0
Frederick	\$222,867	\$222,867	\$0	\$0
Garrett	\$100,321	\$100,321	\$0	\$0
Harford	\$246,416	\$246,416	\$0	\$0
Howard	\$210,410	\$210,410	\$0	\$0
Kent	\$98,492	\$98,492	\$0	\$0
Montgomery	\$618,768	\$494,227	\$124,541	\$0
Prince George's	\$565,205	\$565,205	\$0	\$0
Queen Anne's	\$112,941	\$112,941	\$0	\$0
Somerset	\$99,955	\$99,955	\$0	\$0
St. Mary's	\$135,868	\$135,868	\$0	\$0
Talbot	\$119,091	\$119,091	\$0	\$0
Washington	\$194,552	\$194,552	\$0	\$0
Wicomico	\$157,879	\$157,879	\$0	\$0
Worcester	\$135,557	\$135,557	\$0	\$0
Baltimore City *	\$1,729,596	0	\$1,729,596	\$0
<b>Total</b>	<b>\$7,033,218</b>	<b>\$4,956,063</b>	<b>\$2,077,155</b>	<b>\$0</b>

\* The budget and expenditure for Baltimore City are in the Baltimore City Public Health (X675S). Baltimore City's budget of \$1,729,596 adds to the Local Public Health (X674S) distribution by jurisdiction of \$5,303,622 to make a total of \$7,033,218

Department of Health and Mental Hygiene, Family Health Administration  
**Cigarette Restitution Fund Program**  
 Interim Fiscal Report – Fiscal Year 2010 (July 1, 2009 – June 30, 2010)

**2) Tobacco Use Prevention and Cessation Program**

	Appropriation	Expenditures	Obligations	Unobligated
<b>Components:</b>				
Administration (X681S)	\$ 201,316	\$ 201,316	\$ -	\$ -
Surveillance and Evaluation (X682S)	\$ 453,000	\$ 453,000	\$ -	\$ -
Countermarketing and Media (X683S)	\$ -	\$ -	\$ -	\$ -
Local Public Health (X684S)	\$ 2,850,000	\$ 2,626,857	\$ 223,143	\$ -
Statewide Public Health (X686S)	\$ 556,500	\$ 540,652	\$ 15,313	\$ 535
<b>Total</b>	<b>\$ 4,060,816</b>	<b>\$ 3,821,825</b>	<b>\$ 238,456</b>	<b>\$ 535</b>

Local Public Health Component - Distribution by Jurisdiction - **TOBACCO**

Subdivision	(Budget) Available Funding	Unreconciled Expenditures	Obligations	Unobligated
Allegany	\$94,149	\$94,149	\$0	\$0
Anne Arundel	\$179,296	\$179,296	\$0	\$0
Baltimore Co.	\$227,193	\$118,869	\$108,324	\$0
Calvert	\$96,805	\$96,805	\$0	\$0
Caroline	\$83,661	\$83,661	\$0	\$0
Carroll	\$110,597	\$110,597	\$0	\$0
Cecil	\$99,781	\$99,781	\$0	\$0
Charles	\$105,177	\$105,177	\$0	\$0
Dorchester	\$82,660	\$82,660	\$0	\$0
Frederick	\$122,914	\$122,914	\$0	\$0
Garrett	\$82,986	\$82,986	\$0	\$0
Harford	\$126,997	\$126,997	\$0	\$0
Howard	\$120,196	\$120,196	\$0	\$0
Kent	\$79,672	\$79,672	\$0	\$0
Montgomery	\$203,975	\$203,975	\$0	\$0
Prince George's	\$193,857	\$193,857	\$0	\$0
Queen Anne's	\$85,788	\$85,788	\$0	\$0
Somerset	\$80,675	\$80,675	\$0	\$0
St. Mary's	\$95,368	\$95,368	\$0	\$0
Talbot	\$82,757	\$82,757	\$0	\$0
Washington	\$107,136	\$107,136	\$0	\$0
Wicomico	\$95,004	\$95,004	\$0	\$0
Worcester	\$86,682	\$86,682	\$0	\$0
Baltimore City	\$206,674	\$91,855	\$114,819	\$0
<b>Total</b>	<b>\$2,850,000</b>	<b>\$2,626,857</b>	<b>\$223,143</b>	<b>\$0</b>

Department of Health and Mental Hygiene, Family Health Administration  
**Cigarette Restitution Fund Program**  
 Interim Fiscal Report – Fiscal Year 2010 (July 1, 2009 – June 30, 2010)

**3) Management Support Service**

	(Budget) Available Funding		Expenditures		Obligations		Unobligated
<b>Management Support Service (X670)</b>	\$ 967,918		\$ 915,023		\$ 49,941		\$ 2,954
<b>CRF Program Totals</b>	<b>\$ 16,542,514</b>		<b>\$ 12,055,233</b>		<b>\$ 4,471,711</b>		<b>\$ 15,570</b>
<b>Breast and Cervical Cancer Program (X621)</b>	\$ 14,600,000		\$ 12,980,067		\$ 1,619,933		-
<b>Grand Total for FHA</b>	<b>\$ 31,142,514</b>		<b>\$ 25,035,300</b>		<b>\$ 6,091,644</b>		<b>\$ 15,570</b>

Footnotes/Definitions

- 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.



**CANCER CONTROL PROGRAMS AND  
TOBACCO USE PREVENTION**

**MANAGING-FOR-RESULTS REPORTS**

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

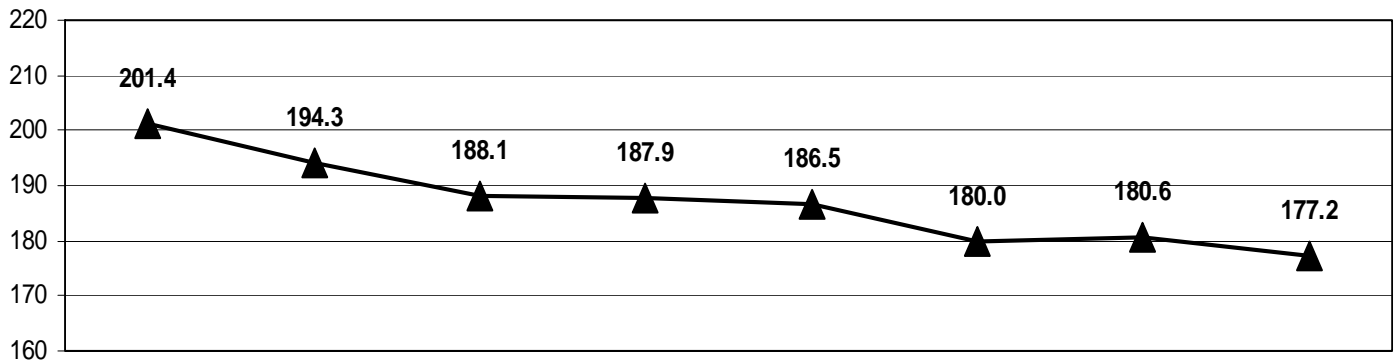
**KEY GOALS, OBJECTIVES, AND PERFORMANCE MEASURES**

**Goal 1.** To reduce overall cancer mortality in Maryland.

**Objective 1.1** By calendar year 2011, reduce overall cancer mortality to a rate of no more than 170.5 per 100,000 persons (age-adjusted to the 2000 U.S. standard population).

Performance Measures	CY2008 Actual	CY2009^ Estimated	CY2010 Estimated	CY2011 Estimated
<b>Outcome:</b> Overall cancer mortality rate	180.6	177.2	173.8	170.5

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



CY2002 Actual CY2003 Actual CY2004 Actual CY2005 Actual CY2006 Actual CY2007 Actual CY2008 Actual CY2009 Estimated

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

**Objective 2.1** By calendar year 2011 reduce disparities in overall cancer mortality between blacks and whites to a rate of no more than 1.19 (age-adjusted to the 2000 U.S. standard population).

	<b>CY2008</b>	<b>CY2009^</b>	<b>CY2010</b>	<b>CY2011</b>
<b>Performance Measures</b>	<b>Actual</b>	<b>Estimated</b>	<b>Estimated</b>	<b>Estimated</b>
<b>Outcome:</b> Cancer death rate ratio between blacks/whites	1.22	1.21	1.20	1.19

**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 2011, reduce colorectal cancer mortality to a rate of no more than 14.8 per 100,000 persons in Maryland (age-adjusted to the 2000 U.S. standard population).

	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
<b>Performance Measures *</b>	<b>Actual</b>	<b>Actual</b>	<b>Estimated</b>	<b>Estimated</b>
<b>Output:</b> Number screened for colorectal cancer with CRF funds	1,825	1,384	1,605	1,605
Number minorities screened for colorectal cancer with CRF funds	825	808	817	817

	<b>CY2008</b>	<b>CY2009^</b>	<b>CY2010</b>	<b>CY2011</b>
<b>Performance Measures</b>	<b>Actual</b>	<b>Estimated</b>	<b>Estimated</b>	<b>Estimated</b>
<b>Outcome:</b> Colorectal cancer mortality rate	16.6	16.0	15.4	14.8

**Objective 3.2** By calendar year 2011, reduce breast cancer mortality to a rate of no more than 23.8 per 100,000 persons in Maryland (age-adjusted to the 2000 U.S. standard population).

	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
<b>Performance Measures *</b>	<b>Actual</b>	<b>Actual</b>	<b>Estimated</b>	<b>Estimated</b>
<b>Output:</b> Number of women screened for breast cancer with CRF funds	1,281	894	1,088	1,088
Number of minority women screened for breast cancer with CRF funds	1,094	751	923	923

	<b>CY2008</b>	<b>CY2009^</b>	<b>CY2010</b>	<b>CY2011</b>
<b>Performance Measures</b>	<b>Actual</b>	<b>Estimated</b>	<b>Estimated</b>	<b>Estimated</b>
<b>Outcome:</b> Breast cancer mortality rate	25.1	24.6	24.2	23.8

**Objective 3.3** By calendar year 2011, reduce prostate cancer mortality to a rate of no more than 22.6 per 100,000 persons in Maryland (age-adjusted to the 2000 U.S. standard population).

	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
<b>Performance Measures **</b>	<b>Actual</b>	<b>Actual</b>	<b>Estimated</b>	<b>Estimated</b>
<b>Output:</b> Number of men screened for prostate cancer with CRF funds	654	253	85	85
Number of minority men screened for prostate cancer with CRF funds	552	225	71	71

	<b>CY2008</b>	<b>CY2009^</b>	<b>CY2010</b>	<b>CY2011</b>
<b>Performance Measures</b>	<b>Actual</b>	<b>Estimated</b>	<b>Estimated</b>	<b>Estimated</b>
<b>Outcome:</b> Prostate cancer mortality rate	25.1	24.2	23.4	22.6

**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.

	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
<b>Performance Measures *</b>	<b>Actual</b>	<b>Actual</b>	<b>Estimated</b>	<b>Estimated</b>
<b>Output:</b> Number of persons diagnosed and linked or provided treatment	59	45	52	52

**Goal 5.** To reduce the burden of cancer and tobacco-related diseases through the Maryland Statewide Health Network (MSHN) by: conducting prevention, education and control activities; promoting increased participation of diverse populations in clinical trials; developing best practice models; coordinating with local hospitals, health care providers and local health departments; and expanding telemedicine linkages.

**Objective 5.1** By fiscal year 2011, approximately 38 percent of the individuals participating in clinical trials through University of Maryland Greenebaum Cancer Center (UMGCC) will be from diverse populations.

	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
<b>Performance Measures</b>	<b>Actual</b>	<b>Actual</b>	<b>Estimated</b>	<b>Estimated</b>
<b>Input:</b> Number of individuals participating in clinical trials	505	1,198	1,200	1,250
Number of diverse individuals participating in clinical trials	192	396	420	438
<b>Outcome:</b> Percent of diverse individuals participating in clinical trials	38.2%	33.0%	35.0%	35.0%

**Notes:**

\* The estimated numbers for subsequent fiscal years are the average of the two years of Actual data.

\*\* The estimate numbers of men screened for prostate cancer for subsequent fiscal years is based on estimated performance measures for FY11 by two programs. Two programs discontinued prostate cancer screening beginning in FY11.

^ For CY 2009 used calculated estimate.

**M00F03.06 CIGARETTE RESTITUTION FUND – TOBACCO USE PREVENTION AND CESSATION PROGRAM - FAMILY HEALTH ADMINISTRATION**

**PROGRAM DESCRIPTION**

The Tobacco Use Prevention, and Cessation Program is a statutory program (Subtitle 10, Sections 13-1001 thru 13-1015 of the Health-General Article) 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 the fall of 2008 and are next required to be conducted in the fall of 2010, fall 2012, etc. Results from the fall 2010 (FY2011) youth tobacco survey are due to be reported in the fall of 2011 (FY 2012).

**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 2010 reduce the proportion of under-age Maryland middle school students that have smoked a whole cigarette by 60% from the calendar year 2000 baseline rate.

<b>Performance Measures</b>	<b>CY2000 Actual</b>	<b>CY2006 Actual</b>	<b>CY2008 Actual</b>	<b>CY2010 Projected</b>
<b>Input:</b> Percentage of under-age middle school students who ever smoked a whole cigarette	16.8%	8.5%	7.5%	6.7%
<b>Outcome:</b> Cumulative percentage change for middle school students	N/A	- 49.1%	- 55.4%	- 60.0%

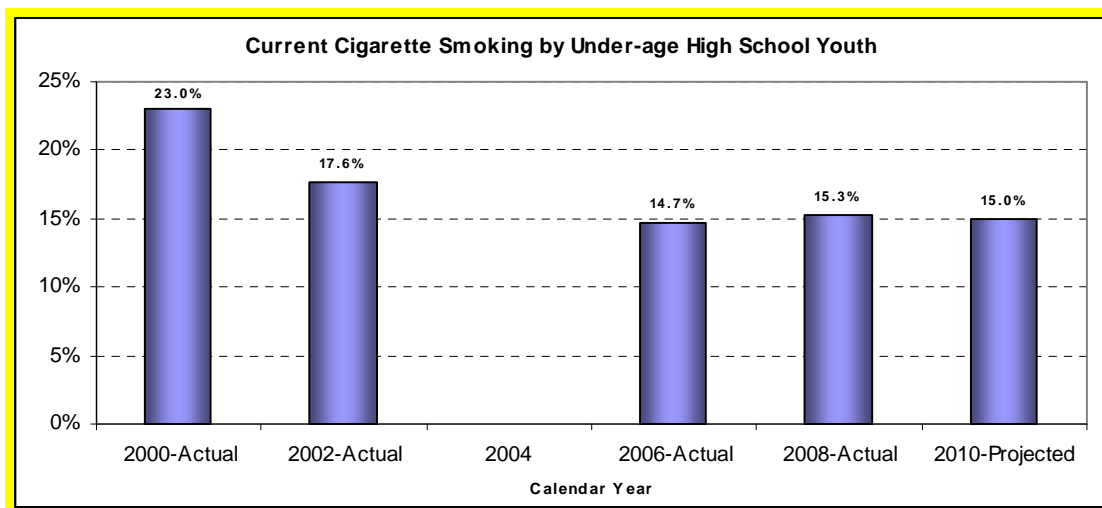
**Objective 1.2** By the end of calendar year 2010 reduce the proportion of under-age Maryland high school students that have ever smoked a whole cigarette by 50% from the calendar year 2000 baseline rate.

<b>Performance Measures</b>	<b>CY2000 Actual</b>	<b>CY2006 Actual</b>	<b>CY2008 Actual</b>	<b>CY2010 Projected</b>
<b>Input:</b> Percentage of under-age high school students who ever smoked a whole cigarette	44.1%	26.9%	25.7%	22.1%
<b>Outcome:</b> Cumulative percentage change for high school students	N/A	- 38.0%	- 41.7%	- 50.0%

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

**Objective 2.1** By the end of calendar year 2010 reduce the proportion of under-age Maryland middle and high school youth and Maryland adults that currently smoke cigarettes by 60%, 34.8% and 27% respectively from the calendar year 2000 baseline rate.

<b>Performance Measures</b>	<b>CY2000 Actual</b>	<b>CY2006 Actual</b>	<b>CY2008 Actual</b>	<b>CY2010 Projected</b>
<b>Input:</b> Percentage of under-age middle school students who currently smoke cigarettes	7.3%	3.7%	3.5%	2.9%
Percentage of under-age high school students who currently smoke cigarettes	23.0%	14.7%	15.3%	15.0%
Percentage of adults who currently smoke cigarettes	17.5%	13.8%	12.4%	12.8%
<b>Outcome:</b> Cumulative percentage change for middle school students	N/A	- 49.3%	- 52.1%	- 60%
Cumulative percentage change for high school students	N/A	- 36.1%	- 33.5%	- 34.8%
Cumulative percentage change for adults	N/A	- 21.1%	- 29.1%	- 27.0%



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

**Objective 3.1** By the end of calendar year 2010 reduce the proportion of African-American adults who currently smoke cigarettes by 36.4% from the calendar year 2000 baseline rate.

<b>Performance Measures</b>	<b>CY2000 Actual</b>	<b>CY2006 Actual</b>	<b>CY2008 Actual</b>	<b>CY2010 Projected</b>
<b>Input:</b> Percentage of adult African-Americans who currently smoke cigarettes	22.0%	17.0%	14.4%	14.0%
<b>Outcome:</b> Cumulative percentage change	N/A	- 22.7%	- 34.5%	- 36.4%

**Objective 3.2** By the end of calendar year 2010 reduce the proportion of Hispanic adults who currently smoke cigarettes by 45.8% from the calendar year 2000 baseline rate.

<b>Performance Measures</b>	<b>CY2000 Actual</b>	<b>CY2006 Actual</b>	<b>CY2008 Actual</b>	<b>CY2010 Projected</b>
<b>Input:</b> Percentage of adult Hispanics who currently smoke cigarettes	21.2%	13.8%	11.7%	11.5%
<b>Outcome:</b> Cumulative percentage change	N/A	- 34.9%	- 44.8%	- 45.8%

**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 2010 deliver DHMH CRF Tobacco Program counter-marketing and media component messages to 20% of the general population.

	<b>CY2000</b>	<b>CY2006</b>	<b>CY2008</b>	<b>CY2010</b>
<b>Performance Measures</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Projected</b>
<b>Outcome:</b> Percent of general population seeing/hearing messages	0	24%	22.2%	20%

**Objective 4.2** By the end of calendar year 2010 deliver DHMH CRF Tobacco Program counter-marketing and media messages to 25% of targeted minority populations.

	<b>CY2000</b>	<b>CY2006</b>	<b>CY2008</b>	<b>CY2010</b>
<b>Performance Measures</b>	<b>Actual</b>	<b>Actual</b>	<b>Projected</b>	<b>Projected</b>
<b>Outcome:</b> Percent of minority populations seeing/hearing messages	0	29%	27.9%	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 2010 increase by 15.2% from the calendar year 2000 baseline rate the proportion of Maryland adults who strongly agree that cigarette smoke is harmful to children.

	<b>CY2000</b>	<b>CY2006</b>	<b>CY2008</b>	<b>CY2010</b>
<b>Performance Measures</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Projected</b>
<b>Input:</b> Percent strongly agree	78.1%	93.0%	85.5%	90%
<b>Outcome:</b> Cumulative percentage change	N/A	19.1%	9.5%	15.2%

**Objective 5.2** By the end of calendar year 2010 increase by 32% from the calendar year 2000 baseline rate the proportion of Maryland households with minor children that are smoke-free.

	<b>CY2000</b>	<b>CY2006</b>	<b>CY2008</b>	<b>CY2010</b>
<b>Performance Measures</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Projected</b>
<b>Input:</b> Percent of youth living in smoke-free homes	68.2%	70.9%	88.0%	90%
<b>Outcome:</b> Cumulative percentage change	N/A	4.0%	29.0%	32%

**Notes:**

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 would to a fiscal year which ends six 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). Data from the Fall 2010 youth survey will be reported as required by Subtitle 10, Title 13, Health-General Article in the fall of 2011.

The Department conducted its baseline tobacco surveys in the fall of 2000 and biennially thereafter. The fall 2004 surveys were skipped pursuant to legislative amendment to program legislation introduced in response to the then existing State fiscal crisis. Currently the Department is required by legislation to conduct its next tobacco surveys in the fall of 2008, 2010, 2012, etc. The program legislation requires that subsequent tobacco surveys be conducted using the same methodologies and models as were used for the baseline surveys to ensure comparability.

# **CANCER CONTROL PROGRAMS AND TOBACCO USE PREVENTION**

## **ACCOMPLISHMENTS**



# **CIGARETTE RESTITUTION FUND PROGRAM**

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

### **FISCAL YEAR 2010 ACCOMPLISHMENTS**

#### ***LOCAL PUBLIC HEALTH COMPONENT***

##### **Overall**

- Funding was awarded to each local jurisdiction's (including 23 local health departments, and the two academic health centers in Baltimore City) Cancer Prevention, Education, Screening and Treatment Program for fiscal year 2010. Each local health department 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 academic health centers are funded based on the 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 treatment for one or more of the targeted cancers were updated in 24 jurisdictions in fiscal year 2010.
  - 24 jurisdictions addressed colorectal cancer,
  - 2 jurisdictions addressed oral cancer,
  - 11 jurisdictions addressed prostate cancer,
  - 8 jurisdictions addressed breast cancer,
  - 7 jurisdictions addressed cervical cancer,
  - 17 jurisdictions addressed skin cancer, and
  - 2 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 85,063 Maryland residents in the general public were educated for all cancers in fiscal year 2010.

- Local programs conducted a variety of public education and specific outreach activities.
  - Cancer education and outreach has been conducted through community sites such as educational institutions, parks and recreation centers, clinics and health agencies, churches, barbershops and libraries, supermarkets, senior centers, housing units, 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:

Allegany County

On March 1, 2010, all Health Department employees were given a packet for “Dress in Blue Day” consisting of the Dress in Blue Day flyer, the pamphlet “Colorectal Cancer Screening Saves Lives” by Screen for Life, the Colonoscopy Fact Sheet and the Colon/Rectal Cancer Risk Assessment. As a result of this education, a county employee went for a colonoscopy, was diagnosed with colon cancer and obtained early stage treatment. A second employee had a colonoscopy in which a precancerous polyp was removed.

Anne Arundel County

Program staff visited 24 local businesses, senior centers and faith-based establishments and provided cancer prevention and screening information.

Baltimore City, Johns Hopkins Institutions

A public service announcement called “It’s a Man Thing” was aired on WMAR-TV that included a prostate and colorectal cancer awareness proclamation from U.S. Congressman Elijah Cummings.

Baltimore City, University of Maryland Medical Group

In December, the program completed their first Breast Cancer Survivor Calendar, “*Faces of Survival 2010*”. The calendar photos were taken at the Edmondson University-Care program location. Proceeds from the sale of the calendar will be used for a Survivor’s Day Away trip filled with wellness activities. In addition, the program’s administrative director was named “Health Care Hero” as a Community Outreach Winner by the *Daily Record* for the important role she plays in improving the health of Baltimore City residents.

### Baltimore County

The program's nurse administrator was featured in a television public service announcement recommending cancer prevention screening that was aired in March and viewed by approximately 80,000 Baltimore County residents. In addition, the program staff distributed cancer prevention and screening information to 1,600 individuals participating in the H1N1 vaccine clinics.

### Calvert County

In March, 204 individuals participated in the program's fifth annual "Keep Your Colon Rollin' 5K Walk/Run" event at Jefferson Patterson Park in St. Leonard. The keynote speaker for the event was a local three-time cancer survivor who encouraged participants to get screened for colorectal cancer.

### Garrett County

A community health fair was held at the Wisp Resort in April. The Health Fair was well attended by the community. The program's outreach worker had a "Personal Health" booth/display which included information about the Garrett County Cancer Screening Program and cancer screening information.

### Howard County

Howard County enacted tanning facility regulations that are more restrictive than those mandated by the state. The regulations prohibit minors (under the age of 18) from using a tanning bed unless they have a note from their physician. Tanning facilities must also be registered with the health department. During the months of May and June, 13 tanning facilities were visited by the local cancer program's Tanning Regulation Enforcement team. Two of the 13 salons visited were in violation of the county regulations for tanning facilities and were cited for noncompliance.

### Montgomery County

Program staff and/or their subcontractors conducted cancer prevention, awareness and survivorship presentations at Davis Construction, the Takoma Park Community Center, Shady Grove Hospital, Jewish Community Center of Rockville, King Farm, Greenridge Baptist, the Alpha Kappa Alpha sorority, and the NAACP.

### Somerset County

During Colorectal Cancer Awareness month in March, the program staff presented information at an AARP meeting regarding colorectal and skin cancer prevention and also set up a cancer awareness booth with the help of a cancer survivor at the major area hospital.

### Wicomico County

In the spring, the program focused on the promotion of "Don't Fry Day," May 28, during which skin cancer prevention and sun safety tips messages were distributed to the public. Also, a television interview on WBOC, a radio interview, and public service announcements regarding sun safety reached 262,000 individuals.

## **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:

### Anne Arundel County

The program's Spanish translator provided outreach about breast and cervical cancer to the Hispanic community and assisted clients in determining eligibility for breast and cervical cancer screening to approximately 800 individuals.

### Baltimore City, Johns Hopkins Institutions

Program staff conducted education and outreach efforts at various locations, including: Our Daily Bread Employment Center, Oliver Community Center, PACA House, Cornerstone House, Valley House, Reflective Treatment Center, Penn North Center, McElderry Park, Warwick Manor, Powell Recovery, Next Passage at Druid Hill and the American Rescue Mission, Turning Point Treatment Facility, Partners in Recovery, Bright Hope House, and the Project Serve Group. Staff discussed cancer prevention and cancer screenings to individuals served by these programs.

### Baltimore City, University of Maryland Medical Group

Community outreach workers spread the word about the program's breast and cervical cancer screening services at the following churches and community centers: Douglas Memorial, St. James Episcopal, Union Baptist, University Baptist, St. Ambrose, St. Marks, and St. Matthews. Cancer prevention and screening information was provided to participants at the Congressman Elijah Cummings Job Fair at the 5th Regiment Armory, and "B-More Healthy Day" at the Convention Center.

### Baltimore County

Spanish and Korean language brochures and posters were distributed to doctors' offices, pharmacies, and other locations to educate and reach minority populations about cancer prevention and screening. In addition, educational materials and program information were distributed to a Korean market.

### Caroline County

Program staff worked with the local Minority Outreach and Technical Assistance staff, set up displays at health fairs and other locations, and talked about colorectal and skin cancer prevention with members at the New Hope Baptist Church members at the Union Bethel AME Church. Brochures focusing on African Americans were provided to participants.

### Cecil County

A "Community Volunteer Outreach Training" session was completed with the Office Manager of Evergreen Terrace Apartments for low-income residents. Volunteers were trained to conduct one-to-one educational contacts with residents in the minority community about Cecil County Colorectal Cancer Screening Programs. The trained volunteers educated 1,105 community members about the importance of colorectal cancer screening.

### Charles County

The outreach worker set up a display table at Bingo Night at the Bel Alton Community Center. The Center serves predominantly African American individuals. The outreach worker also conducted a group presentation for the monthly NAACP meeting held at the Southern Maryland Electric Company in Hughesville.

### Dorchester County

Outreach workers provided education and distributed flyers and brochures on colorectal cancer prevention at several Asian and Hispanic places of business, including crab picking operations and lawn and garden nurseries.

### Prince George's County

Bilingual program staff, including a physician, conducted educational sessions throughout the county. Flyers and pamphlets were distributed stressing the importance of those over fifty years of age getting screened for colorectal cancer.

### **Professional Education and Outreach**

- Local health departments and the two statewide academic health centers educated health care professionals and providers about the targeted cancers and cancer screening guidelines.
  - 28,212 providers were reached through education and outreach efforts such as mailings and newsletters.
  - 4,126 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 2010, screening, diagnosis, and treatment data for the different targeted cancers under the CRFP include the following:
  - 3,930 screening tests were performed, and 45 individuals were diagnosed with cancer in the program, linked to care, or provided treatment;
  - 3,095 persons received one or more cancer screenings; 69% of persons screened were minorities;
  - 1,393 screening colonoscopies were performed of which 343 had adenomatous polyps; 11 blood stool kits (called FOBT) were completed, of which none were positive; 10 sigmoidoscopies were performed; 17 individuals were diagnosed with colorectal cancer in the program, linked to care, or provided treatment;
  - 250 prostate specific antigen (PSA) tests and 229 digital rectal exams (DREs) were performed; 19 individuals were diagnosed with prostate cancer in the program, linked to care, or provided treatment;
  - 67 oral cancer screening examinations were performed; none was diagnosed with oral cancer in the program;
  - 78 skin cancer screening examinations were performed; one individual was diagnosed with non-melanoma skin cancer in the program, linked to care, or provided treatment;

- 738 mammograms were performed and 731 clinical breast examinations were done; six individuals were diagnosed with breast cancer in the program, linked to care, or provided treatment; and
- 423 Pap tests were done; two were diagnosed with cervical cancer in the program.

### ***STATEWIDE PUBLIC HEALTH COMPONENT***

- Monthly teleconferences were provided throughout the year by the DHMH Cancer staff, in which representatives from the 24 local jurisdictions, the two academic centers, 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 to 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 two academic centers. During these site visits and quality assurance reviews, consultation and guidance were provided regarding clinical, administrative and program evaluation issues. Two grantees were visited a second time to follow up on identified areas of concern. Additionally, ten follow-up data visits were conducted.
- The following education and trainings were provided:
  - New Employee Orientation trainings were conducted with local health departments and academic center staff with 20 participants in attendance;
  - Nurse and Administrative Case Management training was conducted with academic center nurses and administrative case managers and staff with eight participants in attendance; and
  - Online computer-based training modules for health educators, outreach workers, and clinical staff were developed and utilized by the local health departments.
- Community Health Coalition meetings in 22 local jurisdictions were observed by state health department 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 Cancer Control staff set up displays and distributed cancer control literature at the DHMH central office and two other State office buildings during sun safety/skin cancer, prostate cancer and colon cancer awareness months. In addition, DHMH CRFP Cancer Control provided staff for community and statewide events including the Maryland State Fair, the Melanoma Monday Press Conference and Healthy Check events. DHMH CRFP Cancer Control staff developed and distributed colorectal cancer, prostate cancer and skin cancer fact sheets and updated a brochure listing the local cancer control programs' contact information used throughout the State. In addition, the program's website was updated.

## ***SURVEILLANCE AND EVALUATION COMPONENT***

- Published the CRFP Cancer Report 2009.
- Published the report of the Maryland Cancer Survey for 2008 in conjunction with the University of Maryland Baltimore under contract. The survey was administered to over 5,000 Maryland adults age 40 years and older. The survey was conducted to assess knowledge and practices of selected health behaviors for the seven targeted cancers.
- A UMB medical student presented at the American Public Health Association (APHA) meeting in Philadelphia on Nov. 10, 2009. The presentation entitled "Trends in the Racial Disparity in Healthcare Professional Recommendations for Colorectal Cancer Screening" focused on how the racial disparity in colorectal cancer has changed over the 2002 to 2006 Maryland Cancer Surveys.
- Supports the statewide CPEST cancer Client Database (CDB) application in conjunction with the University of Maryland Baltimore under contract. Each local health department and one statewide academic health center currently use this database on persons screened for colorectal, prostate, oral and skin cancer under CRFP. 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 are continually developed for use by the state and local programs.
- Maintains the Education Database (EDB) for tracking education and outreach efforts and CPEST Mapper, a geo-coding and mapping program based on the screening data in CDB.
- Education Database training was conducted for two local health departments on-site; eight staff completed the on-line database training.
- Client Database training was conducted for local health departments with eight participants in attendance.
- The Cancer Surveillance Advisory Committee met regularly and continues to provide advice to DHMH on cancer surveillance and epidemiologic issues and serves as the Surveillance Chapter committee for the Comprehensive Cancer Control Plan.

## ***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 Johns Hopkins Institutions (JHI) were awarded grants for implementation of the Baltimore City Comprehensive Cancer Plan. The Johns Hopkins' component focused on prostate and colorectal cancer and the University of Maryland's component focused on breast and cervical cancer education and screening along with education on colorectal cancer.

### **The Baltimore City Cancer Coalition met in September 2009, and April and June 2010.**

- A Baltimore City Health Department representative became the Community Coalition's administrative agent and held the first Coalition meeting in September 2009. Under the new agent's direction, Coalition members agreed that they would participate in one of the six subcommittees, that all subcommittees would meet at least four times per year and that members were to attend at least two meetings each year.
- Coalition members discussed the impact of local program CRFP funding reductions on their Coalition activities and planned activities that would enhance outcomes with existing funds.
- The Minority and Technical Assistance program representatives discussed plans for increasing representation in the Coalition from their representative groups. Plans were made regarding recruitment activities for new minorities and to develop and collect data (best practices) on outreach to diverse populations.
- The Coalition held a Strategic Planning meeting on April 23, 2010. During the meeting the members recommended revisions to the Coalition's mission, vision and core value statements and the legislative advocacy and communication plans.
- Representatives from JHI, UMMG and the Baltimore City Health Department agreed to target 1,200 individuals for oral cancer screenings, and 300 individuals for colorectal cancer screenings at the Baltimore City Health Department for FY 2011; and women to receive 1,410 mammograms, 500 Pap tests and 1210 clinical breast exams at UMMS for FY 2011. Representatives agreed to provide cancer-related educational presentations at the general coalition meetings and conduct forums to educate at least 13,200 individuals about breast, cervical, colorectal, and oral cancer prevention, screening and treatment.
- Between June and December 2009, UMMG minority recruitment activities included breast and cervical cancer prevention education and outreach at the Jazz & Art Festival at Security Square Mall, the African American Heritage Festival at M&T Bank Stadium, the Mayor's Back to School Rally at the Board of Education Headquarters, the UMMS Fall Back to Good Health at University Park, the American Cancer Society Making Strides at the YMCA Stadium Place, the Black Women's Health Care Reform Forum at Enoch Pratt Free Library and at the Monthly Breast cancer support group at the UMGCC in downtown Baltimore.
- 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.
- The JHI minority recruitment activities included prostate and colorectal cancer prevention education and outreach at the Sportmens Bar, St. Veronica's Catholic Church, Created for So Much More, Interdenominational Ministerial Alliance, Gospel Tabernacle, First Apostolic Church; Esperanza Center, Tuerk House, Our Daily Bread, The Ark Church, Maryland Department of Human Resources, Recovery in the Community, Warwick Manor, DePaul House, New Fayette House, Karis House, Marian House, Northeast Community Action Center, Labor Ready, Healthcare for the Homeless, MD Citizen Health Initiative, Hearts Place Shelter, Oasis Station, Salvation Army-Booth House, Project PLASE, Berea Eastside Neighborhood Assoc., House of Ruth, Cherry Hill Presbyterian Church, Cherry Hill Ministerial Alliance, Maryland Asian American Cancer Program at



- A total of 23,575 individuals in the general public were educated through brief group, and individual sessions. Public education and outreach for the targeted cancers were 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.
- An estimated 9.2 million individuals in the general public were reached through media promotions on radio and television, and via printed promotions such as billboards, mailers and Baltimore City newspapers.
- JHI screened a total of 145 men for prostate cancer between July 1, 2009 and June 30, 2010. Of the men tested, 133 were racial or ethnic minorities. 19 men were diagnosed with prostate cancer, linked to care, or provided treatment services.
- UMMG screened a total of 664 women for breast cancer between July 1, 2009 and June 30, 2010. Of the women tested 630 were racial or ethnic minorities. Five women were diagnosed with breast cancer and were linked to care or provided treatment services.
- UMMG screened a total of 318 women for cervical cancer between July 1, 2009 and June 30, 2010. Of the women tested, 307 were racial or ethnic minorities. Two women were diagnosed with cervical cancer and were linked to care or provided treatment services.

### **Johns Hopkins Institutions (JHI) Cancer Research Grant**

In FY 2010, the Johns Hopkins Institutions Research Grant funds were reduced from \$ 1,605,744 to \$ 401,436. With the decrease in funding representing about 75%, the research program's efforts and performance standards were reduced to reflect the decrease in funding.

- 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 tenth year of the project.
- JHI awarded five mini-grants in fiscal year 2010. Three were for faculty recruitment and two were translational research projects. Projects were funded in the following areas: the role of estrogen metabolism and altered gene expression in estrogen induced mammary tumorigenesis, a cross-cultural study regarding smoking cessation in an urban setting, a dose-escalation trial evaluating the safety and tolerability of specific therapies in subjects with advanced solid malignancies, biostatistics and bioinformatics to advance cancer research, and translational clinical research focused on immunotherapy of urologic malignancies.
- In FY 2010, CRF funds were leveraged and resulted in 45 new grants to the Center from outside funding sources.
- The program had seven patents pending for their Intellectual Properties as a result of research conducted.

## University of Maryland Cancer Research Grant

In FY 2010, the University of Maryland Cancer Research Grant funds were reduced from \$ 5,147,949 to \$ 1,286,987. With the decrease in funding representing about 75%, the research program's efforts and performance standards were reduced to reflect the decrease in funding.

- The University of Maryland Medical Group (UMMG) submitted a grant application for cancer research and was awarded a continuation grant for the tenth year of the CRFP.
- The University of Maryland Greenebaum Cancer Center (UMGCC) developed a Shared Services interactive research program structure designed to achieve bi-directional translational research. This structure combines clinical and basic research investigators who work together to assure rapid translation of research in the laboratory to the clinic by developing and supporting a series of shared resources which facilitate specialized research activities for all faculty.
- During FY 2010, through increased efforts to market the Shared Services, there was a dramatic increase in utilization by members of the Program in Oncology. The overall process became more efficient and accurate resulting in a 75% increase in overall use of the shared services.
- Three staff members were funded to attend professional and scientific meetings to enhance their knowledge and expertise.
- Eight Shared Services Facilities and/or their staff were funded for cancer research:

**Pathology Biorepository and Research Core (PBRC) 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.

**Biopolymer Core:** This core provides basic molecular biology support services, including DNA/RNA synthesis. Funds are used to provide partial fee support to cancer center members who utilized the core service area for materials that were critical in conducting their respective areas of research. The overall usage of this service has increased by 40% during this grant period.

**Proteomics Shared Service:** This core service area supports and promotes the understanding of the human proteome by placing the most modern mass spectrometry-based protein analysis tools to the researchers. This supports the identification of new biomarkers and therapeutic targets. Specifically, Proteomics allows specialized analysis of proteins and peptide whose structures hold clues to possible diagnostic and therapeutic development and application. Faculty support for this core service was provided for the core leader, core manager, and a laboratory technician.

**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 that is absolutely critical and essential to meet the goals of conducting and translating research into clinical applications.

**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.

**X-ray Crystallography Core:** This core provides equipment, training, assistance, and technological innovation determining three-dimensional structures of protein and other macromolecules of the structural basis for biological function and dynamics. The facility provides instrumentation and expertise for collecting and processing x-ray diffraction data. The overall usage of this service increased 117% during this grant period.

**Translational Core Laboratory (TCL):** This core service area was established in 2004 by clinicians participating in early phase drug development clinical trials and for basic scientists that had an interest in assessing the clinical relevance of their own research topics.

**Clinical Research Core:** This core service area or shared service 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.

- Two major continuing education conferences were held to update community physicians. These programs, a GI Cancer Symposium and Breast Cancer Update, had a total of 143 participants. In addition, the program utilized YouTube, Facebook and Twitter along with the more traditional newspaper, TV, radio and website media outlets to share information on research discoveries.
- The CRF Cancer Research grant supported 37 faculty members of which 24 researchers published at least one cancer related article in a peer reviewed scientific journal.
- Nine faculty members filed 15 federal, state, and private grant applications. In addition, there were also 10 new clinical trial applications submitted for funding of which eight began. There were 140 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 over 50%. Since the inception of the Baltimore City Cancer Screening Program in 2001, more than 50% of the women screened by the program that received a positive result have enrolled in a clinical trial. The national average of minority women enrolling in clinical trials is less than 2 percent. For FY 2010, the cancer center's enrollment in clinical trials was 24% African American.
- The program's cumulative report of Inventions and Discoveries associated with funding under the CRFP, states that they have an active option or licensing agreements for nine inventions and discoveries with three patents and one license.

### **Maryland Statewide Health Network Grant and Other Tobacco-Related Diseases Research Grant**

In FY 2010, the University of Maryland Cancer Statewide Health Network and Other Tobacco-Related Diseases Research Grant funds were reduced from \$ 3,246,307 to \$ 811,577. With the decrease in funding representing about 75%, both programs' efforts and performance standards were reduced to reflect the decrease in funding.

- The two programs provided support to: the tobacco-related diseases disparities research lab; the Western Maryland Area Health Education Center (AHEC) to coordinate the Telehome Health Monitoring Project; the Breathmobile; St. Joseph's Hospital to ensure continued education programming on clinical trials; and faculty engaged in research designed to formulate a plan for a community-based exercise.

### **Skin Cancer Prevention Program Grant**

In FY 2010, the Skin Cancer Prevention Program was reduced from \$100,618 to \$ 27,950 and the program ended on September 30, 2009. The program's efforts and performance standards were reduced to reflect the decrease in funding.

- The Coalition for Skin Cancer Prevention in Maryland started in 2001 with funding from the federal Centers for Disease Control and Prevention and the Maryland Department of Health and Mental Hygiene. Beginning in fiscal year 2005, the Coalition was funded under the Cigarette Restitution Fund Program. The purpose of the Coalition was to promote skin cancer prevention education to the citizens of Maryland through five channels: schools, media, primary healthcare providers, recreational sites, and child care providers with a primary emphasis on reaching children and adolescents.
- Beginning in 2006, a grant was awarded to the Center for a Healthy Maryland, Inc., an affiliate of MedChi that modified the mission of the program to: 1) increase public awareness about sun safety and skin cancer; 2) increase physician awareness about sun safety and skin cancer; and, 3) implement policy changes to increase the use of sun-safe behaviors, particularly among youth in Maryland.
- The Skin Cancer Prevention Program (the Program) works towards increasing the public's and physicians' knowledge about damage from ultraviolet radiation, skin cancer prevention, and the need for skin exams and to increase utilization of sun-safe behaviors. Sun safety messages were distributed using online, television and print media. Examples included a joint press release on vitamin D position statement with the National Council on Skin Cancer Prevention, Towson Times 4<sup>th</sup> of July Parade insert ad, and Program staff attending a press conference by Howard County Health Officer, Dr. Beilenson, on the new tanning bed regulations.
- Activities continued for the promotion of the tanning bed law that became effective in 2008, requiring in-person parental consent before a minor can use a commercial tanning facility. The Program sent posters regarding the law and dangers in using tanning beds to several local health departments, several private high schools, libraries, hospitals and Maryland public middle and high schools.
- The Program sent physicians and other primary care health professionals skin cancer patient education brochures, books and posters. The program encouraged healthcare providers throughout the state to display skin cancer prevention brochures and posters in their offices. In addition, the program marketed a free program for Continuing Medical Education credits by completing an online course, *Skin Cancer Education for Primary Care*. 142 practitioners completed the online course.

- The primary mechanism for the Program's outreach activities to both health care professionals and the general public includes continual updates to both the SunGuard Man online website at [www.sunguardman.org](http://www.sunguardman.org) and the Center for a Healthy Maryland's website, [www.healthymaryland.org](http://www.healthymaryland.org).
- The program staff travels throughout the state to health fairs, educational events, professional medical meetings and community groups to promote an increased awareness of skin cancer risks and prevention measures.

### **Charles County Prostate Cancer Pilot Project**

- Beginning in May 2008, this pilot project developed materials and began educating the public about informed decision making and prostate cancer screening.
- In July 2008, staff contracted with clinical providers and began screening men for prostate cancer after receiving information, being determined eligible for the program, and providing consent to participate in the program. Clients are referred and screened for prostate cancer by Health Partners, Inc. Clients found to have positive screening results, are referred to a contracted urologist for diagnosis. Clients diagnosed with prostate cancer are being case managed by program staff.
- The Prostate Cancer outreach worker continues to place brochures in doctor's offices, churches, local county government offices, health fairs, hospitals, and local businesses.
- Since the beginning of the program in July 2008, 200 men who reside in Charles County have been screened for prostate cancer with 10 men diagnosed with cancer through the program. Of the 10 men diagnosed with prostate cancer, five were early stage and five had unknown stage. 75% of the men screened were African American. 90% of the men found to have cancer were African American. All 10 men with cancer detected on biopsy were referred for treatment to hospitals or to the National Institutes of Health.

### **Maryland Cancer Registry**

- The Maryland Cancer Registry (MCR) submitted 2007 incidence data for evaluation and confidential feedback from the North American Association of Central Cancer Registries (NAACCR) and received "Gold" certification on completeness of case ascertainment; completeness of information recorded; death certificate only cases; duplicate primary cases; passing edits and timeliness.
- During Fiscal Year 2010, the MCR data for incidence years 1996 through 2007 met the requirements for inclusion in the United States Cancer Statistics Publication Standard for the National Program of Cancer Registries (NPCR).
- As a requirement for receiving Federal funds from the Centers for Disease Control (CDC), NPCR, the MCR is audited by the CDC every 5 years. This is not a financial audit but an audit of the MCR data. The MCR prepared for the audit in FY 2010 and the auditors began their work in Maryland in July 2010. NPCR auditors will visit select facilities and will compare the data at the facilities to data within the MCR database.

- During Fiscal Year 2010, there was a large change in the format and content of the cancer registry databases in the US and Canada. NAACCR Version 12 expanded the size, number of fields, and coding of information in the registries. The MCR began the process to change to NAACCR Version 12, a process that will be completed in FY 2011.
- The MCR's Quality Assurance/Data Management contractor, Westat, completed nine hospital audits during Fiscal Year 2010. Westat evaluated case finding procedures, abstracting and coding done by each selected facility.
- The MCR revised its Code of Maryland Regulations to reflect Federal Requirements, changes in reportable conditions from national organizations, and to clarify aspects of the regulations that were defined in prior versions.
- DHMH processed over 48 requests for release of Maryland Cancer Registry data.
- Westat received over 67,000 abstract reports of cancer in FY 2010.
- To identify the race of people reported with Unknown race, the MCR staff looked up over 5,000 names in the Department of Motor Vehicles 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, DME, home health services, physical therapy, and occupational therapy.
- For FY 2010 the BCCDTP:
  - Paid for services for 3,179 participants and
  - Processed a total of 31,865 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.
  - 21 local programs received funds for Expanded Services in FY 2010.
  - 298 women received at least one screening test or diagnostic service.
    - 267 women received a breast cancer service and
    - 31 women received a cervical cancer service.

# **CIGARETTE RESTITUTION FUND PROGRAM**

## **TOBACCO USE PREVENTION AND CESSATION PROGRAM**

### **FISCAL YEAR 2010 ACCOMPLISHMENTS**

#### **LOCAL PUBLIC HEALTH COMPONENT**

In FY 2010, the Tobacco program funds were reduced from \$ 15,367,477 to \$ 3,504,316. With the decrease in funding representing about 77%, the tobacco program's efforts and performance standards were reduced to reflect the decrease in funding.

#### **Overall**

- Conducted 12 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 813 people to ensure diverse representation and inclusive participation. The demographic composition of all the local coalitions is 55.7% Caucasian, 35.4% African American, 4.4% Asian American, 3.1% Hispanic/Latino, and 1% Native American. These coalitions provide input to their local health department on the development of comprehensive tobacco control plans.
- Developed program performance reports for the school based and cessation elements of the program that describe the breath of activities and accomplishments by jurisdiction.
- 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 county health departments and community organizations to build sustainable tobacco control programs targeting minority and disparate populations.
- Provided training and technical assistance to faith-based organizations to build capacity and ensure that faith organizations contribute to tobacco use prevention efforts.
- Collaborated with the Alcohol and Drug Abuse Administration on tobacco retail compliance checks and vendor education. Supported the Alcohol and Drug Abuse Administration's application to FDA for Tobacco Retailer Inspection funding and Synar site review.
- Worked with the Tobacco Related Disparities workgroup to support the four critical issues identified in the strategic planning process to address tobacco-related health disparities among African American, American Indian/Alaska Native, Asian American/Pacific Islander, Hispanic/Latino, and low socioeconomic populations.

- Presented workgroup findings and recommendations to local coalitions and at the Promising Practices Conference in New Orleans, Louisiana.

### **Community-Based Element**

- 545 advocates and community leaders were trained on smoking cessation programs and tobacco use prevention strategies.
- 18 faith-based organizations were funded to incorporate tobacco prevention and cessation messages into various programs.
- 65,020 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.
- 304 awareness campaigns were conducted in targeted communities.
- 6 minority organizations were funded by local health departments.

### **School-Based Element**

- 903 teachers, nurses, daycare providers, and school administrators were trained on available tobacco use prevention and cessation curricula, programs and strategies.
- 2,106 Pre-K students received multiple tobacco use prevention education sessions.
- 61,283 K – 12 students received multiple tobacco use prevention education sessions.
- 865 private school students were educated on tobacco use prevention
- 2,436 students were educated in alternative school settings.
- 2,230 college students received tobacco use prevention education on campus.
- 7,692 students were reached with Peer Programs in schools.
- 120 students received smoking cessation counseling and support at school.

### **Enforcement of Youth Access Restrictions Element**

- 2097 tobacco retailer (stores) compliance checks were conducted.
- 120 tobacco retailers (stores) were issued citations for sales to minors.
- 84 youth were cited for illegal possession of tobacco products.



- 37 product placement citations were issued.
- 211 students participated in the Tobacco Education Group (TEG) program.

### **Smoking Cessation Element**

- 203 nurses and health care providers were trained on various smoking cessation models and clinical guidelines.
- 9,478 adults participated in smoking cessation services.
  - 2,485 received nicotine patches, 984 received Chantix, and 27 received Zyban to support their quit attempt.
- 42% of smoking cessation class participants were minority:
  - 37% of cessation participants were African Americans (3,516)
  - 3% of cessation participants were Hispanics/Latinos (304)
  - .7% of cessation participants were Asian Americans (71)
  - .9% of cessation participants were Native Americans (86)

### **Local Health Department Media and Counter Marketing**

Local health departments have engaged in a wide range of counter marketing and media activities with limited funding from the local public health component of the Cigarette Restitution Fund Program (CRFP). Target groups for CRFP include youth, minorities, pregnant women, medically underserved and uninsured populations. The media/marketing campaigns are intended to actively engage these groups in tobacco use prevention activities, cessation services, enforcement measures and dialogue regarding non-smoking norms.

All local health departments in Maryland implemented marketing activities that informed the public of tobacco prevention, smoking cessation and enforcement opportunities within their jurisdiction. A variety of media/marketing strategies were utilized by local health departments to increase public awareness about the impact of tobacco use, foster dialogue about changing social norms, and support policy solutions for tobacco control. Various print media campaigns conducted include:

- newspaper articles and inserts
- direct mail campaigns
- news releases
- brochures
- billboards
- bus and bus shelter advertisements

Other awareness campaigns were designed to market local programs and educate the public such as:

- ads on local radio stations

- ads on local television and cable access channels
- oral presentations

In addition, some jurisdictions used technology to conduct marketing campaigns on listservs and social networks such as Facebook. To maximize resources, some local health departments collaborated with neighboring health departments on joint campaigns.

The local media/marketing campaigns were tailored and sensitive to target populations within the jurisdictions, and they were culturally and linguistically presented in the friendliest manner. Campaigns were developed to reach ethnic/racial minorities (African Americans, Hispanic/Latinos, Asian Americans and Native Americans) as well as the medically underserved and uninsured populations.

Some examples of those campaigns are direct marketing to:

- African American hair salons and barbershops
- Public Housing Authorities
- Churches and faith-based institutions
- Mass transit
- Homeless shelters
- Dept. of Social Services
- Cultural organizations
- Malls
- Day care providers
- Mental health facilities
- WIC Programs

Local health departments reached youth with media messages by targeting youth-serving organizations such as Girls' and Boys' Clubs, Parks and Recreation Programs, community centers, and camps. Schools were targeted with poster displays, bulletin boards and printed materials. Social networks emerged as an effective marketing tool to engage young people as well.

The tobacco control media/marketing approaches in Maryland are designed to reach individuals within all populations and age groups in the state. Local health departments enlist members from their local coalition, community partners, schools, and state health department staff to develop efficient 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.

### **Surveillance and Evaluation Component**

In Fiscal Year 2010 the surveillance and evaluation component completed payment for: (1) data collection in connection with Wave 4 (fall 2008) youth and adult tobacco surveys; (2) development and delivery of weighted youth and adult survey data sets, and data dictionaries; (3) preliminary data analysis in support of key indicators; and (4) draft tables and figures. Additional data analysis and reporting planned for fiscal year 2010 was started and was cut short due to budget reductions. Planning for the fall 2010 youth surveys (Wave 5) was initiated, and a comprehensive contract modification was drafted to modify the scope of work under the contract for Wave's 4 and 5 into alignment with budgetary resources actually appropriated. As a consequence of the reduced scope of work, responsibility for drafting of the required report to the Maryland General Assembly on the results of the Wave 4 surveys

was transferred from the survey contractor to FHA staff in the Tobacco Program. This report and county specific youth and adult data are available online (only) at:  
[http://crf.maryland.gov/tobacco\\_behaviors.cfm](http://crf.maryland.gov/tobacco_behaviors.cfm).

# **MINORITY OUTREACH AND TECHNICAL ASSISTANCE PROGRAM**

## **ACCOMPLISHMENTS**

# **CIGARETTE RESTITUTION FUND PROGRAM**

## **MINORITY OUTREACH AND TECHNICAL ASSISTANCE**

### **FISCAL YEAR 2010 ACCOMPLISHMENTS**

#### **Grants Awarded**

The Minority Outreach and Technical Assistance Program (MOTA) awarded competitive one-year grants to 13 jurisdictions in Maryland that contained the largest proportion of minorities. **Competitive grants ranged from \$22,567 to \$146,234.** The minority or minority serving community-based organizations receiving the grants includes: 2 - Asian American, 1- community hospital, 4 - faith-based, and 6 - African American. Counties receiving more than \$100,000 used a percentage of their total grant to fund 2- Native American, 5 - Hispanic, 5 - faith-based, 4 - Asian, 5 - African American, and 3 - youth community-based organizations. The jurisdictions funded were:

**Anne Arundel County  
Caroline County  
Frederick County  
Kent County  
Wicomico County**

**Baltimore City  
Dorchester County  
Harford County  
Montgomery County**

**Charles County  
Howard County  
Prince George's County  
St. Mary's County**

In FY 2010, MOTA program funds were reduced from \$862,700 to \$556,500. With the decrease in funding representing about 35%, the MOTA grantees' efforts and performance standards were reduced to reflect the decrease in funding.

#### **Overarching Activities**

MOTA grantees conducted a variety of activities designed to increase awareness among minority populations, increase participation with local health departments and promote alliances to prevent smoking and decrease cancer. These activities included:

- 531 minority individuals were recruited to attend the local health department's cancer and tobacco coalition meetings on behalf of MOTA during the year;
- 336 minority individuals attended the local health department's cancer and tobacco coalition meetings on behalf of MOTA during the year;
- 918 cultural fairs/events that highlighted cancer and tobacco messages;
- 268 technical assistance/training sessions held on resource development targeting minority and/or minority serving community-based organizations; grant writing and building the health program infrastructure and networking within communities; reaching 780 individuals;
- 685,877 tobacco-cessation and cancer awareness brochures and educational materials were distributed state-wide;

- 166,174 persons received tobacco-cessation were reached through outreach activities, cultural fairs, health events, faith-based initiatives, and TV public service announcements;
- 2,395 minority cancer screening referrals were made to the local health department's services were conducted;
- 3,069 tobacco cessation program referrals were made to the Maryland Quitline and local health department cessation programs; and
- 860,348 total persons were reached through MOTA efforts. Persons reached included minorities recruited, minorities who attended coalition meetings, attendees at technical assistance session, individuals referred for services, and individuals receiving materials.

## **Key Program Highlights for MOTA Grantee Activities Statewide**

### Anne Arundel County

Restoration Community Development Corporation, Inc. (RCDC) is a faith-based not-for-profit organization that assists the Anne Arundel faith and human service communities.

- Established the Friday Night Alternative, a weekly program sponsoring safe-alternative activities for youth by incorporating a health message into the fun activities of the program;
- 50,000 minority youths and minority viewing audience received information in the After-School Program curriculum established by the Department of Education targeting youth to avoid tobacco use and to be informed about cancer prevention; and
- Distributed 70,524 cancer/tobacco-related materials and conducted 49 awareness events.

### Baltimore City

Associated Black Charities, Inc. (ABC) is a not-for-profit organization that specializes in providing minority serving organizations with technical assistance, training and support to the greater Baltimore City area.

- Reached 2,892 minority persons received cancer/tobacco education health messages;
- Distributed 10,480 pieces of culturally appropriate health related materials; and
- Referred 317 minorities to cancer screening.

### Caroline County

Union Bethel AME Church is a faith-based non-profit organization that maintains a health ministry that targets African-American congregants, their families and the surrounding neighborhoods.

- Referred 95 minority persons to the local health department tobacco cessation and nicotine replacement program;
- Distributed 4,628 health education materials; and
- Reached 64 attendees at the Old Fashion Tent Revival as an exhibitor.

### Charles County

Black Leadership Council for Excellence (BLCE) is the MOTA Grantee for Charles County. BLCE has been a MOTA Grantee for the past six years.

- Reached over 26,353 by participating in cultural events, health fairs, community fundraisers, workshops, fashion shows, and community canvassing;
- Partnered with seven local chapter, fraternal, alumni association, cultural entities to provide an array of cancer and tobacco messages to various ethnic and racial groups; and
- Established an electronic newsletter that reached 1195 persons.

### Dorchester County

Associated Black Charities, Inc. (ABC) Dorchester County is the Eastern Shore affiliate to ABC Baltimore City. The Dorchester County ABC is a not-for-profit organization that specializes in providing minority serving organizations with technical assistance, training and support.

- Reached 600 minority individuals as an exhibitor at the Job & Health Fair;
- Disseminated 811 cancer and tobacco-related health give-a-ways; and
- Distributed 957 pamphlets on cancer education and tobacco education awareness.

### Frederick County

Learning Institute for Enrichment and Discovery (LIFE & Discovery, Inc.) is a community-based organization that provides human service support for the Asian American population in Frederick County.

- 8,645 health materials distributed to minority individuals;
- 38 minority serving groups were trained to advocate for cancer and tobacco health; and
- 25 minorities were recruited to serve on the local health coalitions.

### Harford County

Inner County Outreach is a community-based organization that provides the community with human services support.

- 270 anti-tobacco/cancer prevention pamphlets were distributed;
- 2,925 health bulletin inserts were provided to faith congregations;
- 1,000 cancer prevention and tobacco second hand smoke brochures distributed at Morningstar PowWow; and
- 7,085 cancer/tobacco-related materials were distributed to promote cancer and tobacco screening.

### Howard County

FIRN, Inc. (Resources for the Foreign Born,) is a multi-ethnic, community serving organization that provides human services to the foreign-born within the community.

- 2,503 persons received health information on the cancer screening and tobacco cessation programs;
- 870 cancer/tobacco-related literature were translated and distributed in four different languages: Burmese, Chinese, Korean and Spanish; and
- Partnered with 12 community-based organizations such as hospital, elementary and high schools, Medicaid providers, faith-based, women and youth organizers and festival sponsors.

#### Kent County

Bethel AME Church is a faith-based community organization that provides outreach and education to various groups within the community.

- 3 minority persons recruited to serve on health department coalition;
- 11 technical assistance sessions; and
- Sponsored four events targeting youth, women, legislators and diverse individuals.

#### Montgomery County

Holy Cross Hospitals' Minority Community Empowerment Project (MCEP) is an initiative which provides extensive outreach, education and training to community partners.

- 16,976 health literature messages on cancer and tobacco were distributed;
- 787 cancer screening referrals were made; and
- 17,429 educational encounters conducted with African Americans, Africans, Asian Americans, Hispanics/Latinos, and Holy Cross Hospital Health Promoters.

#### Prince George's County

The Maryland Center at Bowie State University is a non-profit organization that provides community and faith-based organizations with grants management, program development, evaluation, and training skills.

- 22,886 tobacco/cancer-related materials were distributed in the community;
- 528,507 persons received a tobacco/cancer related health message;
- 1,718 referrals for tobacco cessations services; and
- The local MOTA grantee funded six minority sub-grantees to conduct outreach in the county.

#### St. Mary's County

Minority Outreach Coalition (MOC) is a community-based, not-for-profit organization that serves the St. Mary's County and its military community.

- 21,783 persons received cancer/tobacco-related health information materials;
- Co-sponsored a six week Tobacco Cessation Class with local health department; and
- Collaborated with five community-based organizations to reach military families, aging population, health providers and event chairs to reach diverse communities.



## Wicomico County

St. James AME Zion Church is a faith-based organization that serves the Salisbury community.

- 3,763 cancer/tobacco-related materials were distributed;
- 1,865 minority persons were reached and were provided health messages; and
- 15 health fair and cultural events were held.

**ALCOHOL AND DRUG ABUSE ADMINISTRATION  
PROGRAM**

**FISCAL REPORT**

Alcohol and Drug Abuse Administration (ADAA)  
**Cigarette Restitution Fund Program**  
 Fiscal Report

During Fiscal Year 2010, the Alcohol and Drug Abuse Administration (ADAA) administered \$17,111,555 in Cigarette Restitution Funds. These funds were appropriated in ADAA's budget PCAs K102 and 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, 2010			
		Budget	Expenditures	Obligations	Unobligated
Administration	K102	53,358	87,739	0	-34,381
Treatment	K204	17,058,197	17,023,816	0	34,381
		17,111,555	17,111,555	0	0

**Distribution by Subdivision**

<u>Subdivision</u>	As of June 30, 2010			
	Budget	Expenditures	Obligations	Unobligated
ALLEGANY	259,349	259,349	0	0
ANNE ARUNDEL	1,000,000	1,000,000	0	0
BALTIMORE COUNTY	1,000,000	1,000,000	0	0
CALVERT	118,799	118,799	0	0
CAROLINE	32,654	32,654	0	0
CARROLL	143,988	143,988	0	0
CECIL	91,841	91,841	0	0
CHARLES	118,746	118,746	0	0
DORCHESTER	143,842	143,842	0	0
FREDERICK	95,579	95,579	0	0
GARRETT	40,000	40,000	0	0
HARFORD	298,661	298,661	0	0
HOWARD	144,966	144,966	0	0
KENT	285,909	285,909	0	0
MONTGOMERY	1,000,000	1,000,000	0	0
PRINCE GEORGE'S	2,997,866	2,997,866	0	0
QUEEN ANNE'S	42,859	42,859	0	0
ST. MARY'S	203,726	203,726	0	0
SOMERSET	114,264	114,264	0	0
TALBOT	36,736	36,736	0	0
WASHINGTON	98,002	98,002	0	0
WICOMICO	424,208	424,208	0	0
WORCESTER	268,035	268,035	0	0
BALTIMORE CITY	8,098,167	8,098,167	0	0
<u>ADJUSTMENTS</u>				
<u>(unobligated)</u>		-34,381	0	34,381
<b>TOTAL</b>	<b>17,058,197</b>	<b>17,023,816</b>	0	<b>34,381</b>

Note: Data source – FMIS for K102S and K204S

# **ALCOHOL AND DRUG ABUSE ADMINISTRATION PROGRAM**

## **ACCOMPLISHMENTS**

**CIGARETTE RESTITUTION FUND PROGRAM**  
**ALCOHOL AND DRUG ABUSE ADMINISTRATION**  
**FISCAL YEAR 2010 ACCOMPLISHMENTS**

**Outcomes and Public Benefits: FY 2010 Accomplishments**

Allegany County

During fiscal year 2010, CRF funds were used to support the following:

Level III.1 Halfway House	11 slots	39 patients served
---------------------------	----------	--------------------

Anne Arundel County

The following services were purchased through CRF funding:

Level 0.5 Early Intervention		13 patients served
Level 1 Outpatient Services		348 patients served
Level II.I Intensive Outpatient Services		128 patients served
Level II.1.D Intensive Outpatient Detox		3 patients served
Level III.1 Halfway House		75 patients served
Level III. 3 Long Term Residential Services		12 patients served
Level III.5 Therapeutic Community		11 patients served
Level III.7 Medically Monitored Inpatient		100 patients served
Level III.7.D Medically Monitored Detoxification Inpatient Services		68 patients served

Baltimore City

The following services were purchased through CRF funding:

Level I Outpatient	734 slots	2,795 patients served
Level II.1 Intensive Outpatient	372 slots	2,963 patients served
Level III.1 Halfway House	12 slots	24 patients served
Level III.3 Long Term Residential Services	5 slots	9 patients served
Level III.5 Therapeutic Community	7 slots	13 patients served
Level III.7 Medically Monitored Inpatient (ICF)	0 slots	14 patients served
Opiod Maintenance Therapy	227 slots	297 patients served
Acupuncture		200 patients served

Baltimore County

During fiscal year 2010, CRF funds were used to support the following:

Level II.1 Intensive Outpatient	14 slots	71 patients served
Level II.D IOP Detox.		26 patients served
Level III.1 Halfway House	4 slots	8 patients served

Level III.3 Long Term Residential Services	12 slots	42 patients served
Level III.5 Therapeutic Community		1 patient served
Level III.7 Medically Monitored Inpatient (ICF)	8 slots	91 patients served
Level III.7D Med. Mon. Inpatient (ICF) Detox.		32 patients served
Assessments- Criminal Justice		337 patients served

Calvert County

During fiscal year 2010, CRF funds were used to support the following:

Level II.1 Intensive Outpatient	15 slots	158 patients served
Level III.1 Halfway House	3 slots	4 patients served
Level III.3 Long Term Residential Services	3 slots	5 patients served

Caroline County

During fiscal year 2010, CRF funds were used to support the following:

Level I Outpatient (Adolescent)	25 slots	48 patients served
---------------------------------	----------	--------------------

Carroll County

During fiscal year 2010, CRF funds were used to support the following:

Level II.I Intensive Outpatient	2 slots	30 patients served
Level IV. Medically Managed Inpatient	4 slots	50 patients served

Cecil County

During fiscal year 2010, CRF funds were used to support the following:

Level III.7D Medically Monitored Inpatient (ICF) Detox.		104 patients served
---	--	---------------------

Charles County

During fiscal year 2010, CRF funds were used to support the following:

Level II.1 Intensive Outpatient	2 slots	57 patients served
---------------------------------	---------	--------------------

Dorchester County

During fiscal year 2010, CRF funds were used to support the following:

Level I Outpatient	170 slots	460 patients served
Level II.1 Intensive Outpatient	57 slots	98 patients served

Frederick County

During fiscal year 2010, CRF funds were used to support the following:

Level I.D Outpatient Detox.		21 patients served
-----------------------------	--	--------------------

Garrett County

During fiscal year 2010, CRF funds were used to support the following:

Level I Outpatient (Adolescent)	25 slots	25 patients served
---------------------------------	----------	--------------------

Harford County

During fiscal year 2010, CRF funds were used to support the following:

Level 0.5 Early Intervention		2 patients served
Level I Outpatient	52 slots	95 patients served
Opioid Maintenance Therapy	10 slots	15 patients served

Howard County

During fiscal year 2010, CRF funds were used to support the following:

Level II.1 Intensive Outpatient	22 slots	124 patients served
Level II.D IOP - Detox		1 patient served

Kent County

During fiscal year 2010, CRF funds were used to support the following:

Level III.7D Med. Mon. Inpatient (ICF) Detox (Co-Occurring)		265 patients served
---	--	---------------------

Montgomery County

During fiscal year 2010, CRF funds were used to support the following:

Level 0.5 Early Intervention Services		354 patients served
Level II.I Intensive Outpatient Services		30 patients served

Prince George's County

The following services were purchased through the CRF funding:

Level 1 Outpatient Services	377 slots	1,097 patients served
Level II.I Intensive Outpatient Services	38 slots	501 patients served
Level III.1 Halfway House	1 slot	3 patients served
Assessment & Case Mgmt (Women)		382 patients served
Assessment (Men)		167 patients served
Assessment (Criminal Justice)		30 patients served

Queen Anne's County

During fiscal year 2010, CRF funds were used to support the following:

Level III.7 Medically Monitored Inpatient (ICF)	10 slots	8 patients served
Level III.7D Med. Mon. Inpatient (ICF) - Detox	4 slots	4 patients served

St. Mary's County

During fiscal year 2010, CRF funds were used to support the following  
in Criminal Justice:

Level I Outpatient	10 slots	53 patients served
Level II.1 Intensive Outpatient	28 slots	148 patients served

Somerset County

During fiscal year 2010, CRF funds were used to support the following:

Level I Outpatient	30 slots	60 patients served
Level III.7D Medically Monitored Inpatient (ICF)	10 slots	10 patients served
Buprenorphine		31 patients served

Talbot County

During fiscal year 2010, CRF funds were used to support a portion of the treatment coordinator/program director’s salary.

Washington County

During fiscal year 2010, CRF funds were used to support the following:

Level I Outpatient (Jail-based)	40 slots	80 patients served
---------------------------------	----------	--------------------

Wicomico County

During fiscal year 2010, CRF funds were used to support the following:

Level I Outpatient	30 slots	110 patients served
--------------------	----------	---------------------

Worcester County

During fiscal year 2010, CRF funds were used to support the following:

Level 0.5 Early Intervention	5 slots	12 patients served
Level I Outpatient	36 slots	89 patients served
Level II.1 Intensive Outpatient	5 slots	3 patients served
Level III.7.D Medically Monitored Inpatient Detox.		192 patients served

In addition to the services listed above, the Worcester County Health Department contracts with the Joan Jenkins Foundation which operates the Atlantic Club, located in the basement of the WACS Center. This center provides ancillary services, 24 hour access to self help meetings and fellowship to 35,626 individuals per year.

**Administrative Support**

For FY2010, the ADAA budgeted \$53,358 for administrative support from CRF funds (K102). These funds are used to provide infrastructure support through a Grants Specialist II position for additional technical and programmatic support to the treatment programs to enhance service delivery through the Cigarette Restitution Funds. Actual CRF (K102) expenditures for FY2010 were \$ 87,739.

**Managing For Results**

The Alcohol and Drug Abuse Administration 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 2009)

Appropriation: \$125,400,000  
Expenditure: \$125,400,000

#### **M00Q01.00 MEDICAL CARE PROGRAMS ADMINISTRATION**

**Objective 1.4** For Calendar Year 2011, 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 49 in 2007 to 39 in 2008. 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 AHRQ (Agency for Healthcare Research and Quality). The methodology for determining performance reflects both AHRQ and HEDIS (Healthcare Effectiveness Data and Information Set) specifications and recommendations.

	<b>CY 2008</b>	<b>CY2009</b>	<b>CY2010</b>	<b>CY2011</b>
<b>Performance Measures</b>	<b>Actual</b>	<b>Actual</b>	<b>Estimated</b>	<b>Estimated</b>
<b>Input:</b> Number of HealthChoice children ages 5- 20 with asthma	7,475	8,401	8,706	9,283
<b>Output:</b> Number of asthma-related avoidable admissions among HealthChoice children ages 5- 20 with asthma	290	387	392	408
<b>Outcome:</b> Rate per thousand of asthma-related avoidable admissions among HealthChoice children ages 5-20 with asthma	39	46	45	44

**Objective 2.5** For Calendar Year 2011, reduce the gap in access to ambulatory services between Caucasians and African-Americans in HealthChoice by one percentage point.

	<b>CY 2008</b>	<b>CY 2009</b>	<b>CY 2010</b>	<b>CY 2011</b>
<b>Performance Measures</b>	<b>Actual</b>	<b>Actual</b>	<b>Estimated</b>	<b>Estimated</b>
<b>Input:</b> Number of Caucasians enrolled in HealthChoice	185,600	215,805	237,386	261,125
Number of African-Americans enrolled in HealthChoice	345,467	380,582	418,640	460,504
<b>Output:</b> Percentage of Caucasians in HealthChoice accessing at least one ambulatory service	76.5%	78.6%	80%	81.4%
Percentage of African-Americans in HealthChoice accessing at least one ambulatory service	70.5%	72.2%	75.2%	77.6%
<b>Outcome:</b> Percentage gap between access rate for Caucasians compared to the access rate for African-Americans	6%	5.8%	4.8%	3.8%

**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 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. It indicates that these persons have access to providers through which they can 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 69% to 72.2% between Calendar Year 2007 and Calendar Year 2009. While DHMH pleased that the gap in access to care continues to decrease, it is not decreasing at the rate specified in the goal. 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.