

**MARYLAND
DEPARTMENT OF HEALTH & MENTAL HYGIENE**

CIGARETTE RESTITUTION FUND PROGRAM

FISCAL YEAR 2013 ANNUAL REPORT

FUND EXPENDITURES AND ACCOMPLISHMENTS

September 2013



Joshua M. Sharfstein, M.D.
Secretary

Michelle Spencer, M.S.
Director
Donna Gugel, M.H.S.
Deputy Director
Prevention and Health Promotion
Administration

CIGARETTE RESTITUTION FUND PROGRAM

FISCAL YEAR 2013 ANNUAL REPORT

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CANCER CONTROL PROGRAMS AND TOBACCO USE PREVENTION

FISCAL REPORTS

Department of Health and Mental Hygiene, Prevention and Health Promotion Administration
Cigarette Restitution Fund Program
 Interim Fiscal Report – Fiscal Year 2013 (July 1, 2012 – June 30, 2013)

1) Cancer Prevention, Education, Screening and Treatment Program

	Appropriation	Expenditures	Obligations	Unobligated
Components:				
Administration	558,162	511,100	47,062	0
Surveillance and Evaluation	1,162,176	1,062,379	99,797	0
Statewide Academic Health Center - Cancer Research	5,800,000	2,590,611	3,209,389	0
Local Public Health *	7,547,472	7,547,332	0	140
Baltimore City Public Health Grant *	2,446,000	1,659,321	786,679	0
Statewide Public Health Network	0	0	0	0
Statewide Academic Health Center - Other Tobacco-Related Diseases	0	0	0	0
Cancer - Database Development	244,125	160,559	83,566	0
Total	17,757,935	13,531,302	4,226,493	140

Local Public Health Component - Distribution by Jurisdiction - CANCER

Subdivision	(Budget) Available Funding	Unreconciled Expenditures	Obligations	Unobligated
Allegany	210,839	210,839	0	0
Anne Arundel	675,485	675,485	0	0
Baltimore Co.	1,115,110	1,115,110	0	0
Calvert	194,904	194,904	0	0
Caroline	143,933	143,933	0	0
Carroll	287,186	287,096	0	90
Cecil	215,966	215,966	0	0
Charles	226,783	226,783	0	0
Dorchester	146,791	146,791	0	0
Frederick	319,361	319,311	0	50
Garrett	135,947	135,947	0	0
Harford	366,743	366,743	0	0
Howard	313,152	313,152	0	0
Kent	137,094	137,094	0	0
Montgomery	890,742	890,742	0	0
Prince George's	809,222	809,222	0	0
Queen Anne's	162,938	162,938	0	0
St. Mary's	199,797	199,797	0	0
Somerset	135,459	135,459	0	0
Talbot	164,351	164,351	0	0
Washington	274,767	274,767	0	0
Wicomico	229,963	229,963	0	0
Worcester	190,939	190,939	0	0
Baltimore City *	2,446,000	1,659,321	786,679	0
TOTAL	9,993,472	9,206,653	786,679	140

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

Department of Health and Mental Hygiene, Prevention and Health Promotion Administration
Cigarette Restitution Fund Program
 Interim Fiscal Report – Fiscal Year 2013 (July 1, 2012 – June 30, 2013)

2) Tobacco Use Prevention and Cessation Program

	Appropriation	Expenditures	Obligations	Unobligated
Components:				
Administration	109,244	104,747	4,497	0
Surveillance and Evaluation	454,128	368,859	31,868	53,401
Countermarketing and Media	0	0	0	0
Local Public Health	2,877,227	2,873,682	0	3,545
Tobacco Prevention and Cessation	216,478	201,625	14,853	0
Statewide Public Health	0	0	0	0
Total	3,657,077	3,548,913	51,218	56,946

Local Public Health Component - Distribution by Jurisdiction - TOBACCO

Subdivision	(Budget) Available Funding	Unreconciled Expenditures	Obligations	Unobligated
Allegany	96,678	96,678	0	0
Anne Arundel	171,134	171,134	0	0
Baltimore Co.	212,667	209,122	0	3,545
Calvert	101,761	101,761	0	0
Caroline	88,012	88,012	0	0
Carroll	111,966	111,966	0	0
Cecil	103,979	103,979	0	0
Charles	109,272	109,272	0	0
Dorchester	86,626	86,626	0	0
Frederick	122,959	122,959	0	0
Garrett	87,195	87,195	0	0
Harford	125,149	125,149	0	0
Howard	120,051	120,051	0	0
Kent	84,181	84,181	0	0
Montgomery	197,886	197,886	0	0
Prince George's	200,097	200,097	0	0
Queen Anne's	90,147	90,147	0	0
St. Mary's	106,132	106,132	0	0
Somerset	77,620	77,620	0	0
Talbot	87,746	87,746	0	0
Washington	109,003	109,003	0	0
Wicomico	98,407	98,407	0	0
Worcester	91,292	91,292	0	0
Baltimore City	197,267	197,267	0	0
TOTAL	2,877,227	2,873,682	0	3,545

Department of Health and Mental Hygiene, Prevention and Health Promotion Administration
Cigarette Restitution Fund Program
 Interim Fiscal Report – Fiscal Year 2013 (July 1, 2012 – June 30, 2013)

	(Budget)			
	Available	Expenditures	Obligations	Unobligated
	Funding			
3) Breast & Cervical Cancer	14,700,000	11,592,540	3,107,460	0
CRF Program Totals	14,700,000	11,592,540	3,107,460	0

Footnotes/Definitions

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

- 1) Budget: funds allocated to each component and distributed to each county.
- 2) Expenditures: items reflected in the State's Financial Management Information System (FMIS).
- 3) Obligations: funds reflective of an executed signed agreement or contract.
- 4) Unobligated: budget minus expenditures and obligations.
- 5) Expenditures from all jurisdictions have not yet been reconciled.

**CANCER CONTROL PROGRAMS AND
TOBACCO USE PREVENTION**

MANAGING-FOR-RESULTS REPORTS

M00F03.04 CIGARETTE RESTITUTION FUND – CANCER PREVENTION, EDUCATION, SCREENING AND TREATMENT PROGRAM – PREVENTION AND HEALTH PROMOTION ADMINISTRATION

PROGRAM DESCRIPTION

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

MISSION

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

VISION

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

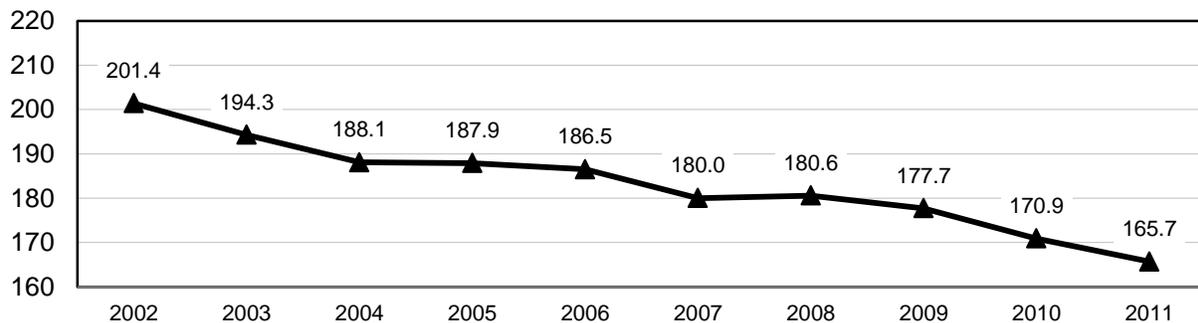
KEY GOALS, OBJECTIVES, AND PERFORMANCE MEASURES

Goal 1. To reduce overall cancer mortality in Maryland.

Objective 1.1 By calendar year 2014, reduce overall cancer mortality to a rate of no more than 156.5 per 100,000 persons. (Age-adjusted to the 2000 U.S. standard population.)

Performance Measures	CY2011 Actual	CY2012 Estimated	CY2013 Estimated	CY2014 Estimated
Outcome: Overall cancer mortality rate	165.7	162.6	159.5	156.5

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



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

Objective 2.1 By calendar year 2014, reduce disparities in overall cancer mortality between blacks and whites to a rate of no more than 1.16. (Age-adjusted to the 2000 U.S. standard population.)

Performance Measures	CY2011 Actual	CY2012 Estimated	CY2013 Estimated	CY2014 Estimated
Outcome: Cancer death rate ratio between blacks/whites	1.18	1.17	1.17	1.16

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 2014, reduce colorectal cancer mortality to a rate of no more than 12.8 per 100,000 persons in Maryland. (Age-adjusted to the 2000 U.S. standard population.)

Performance Measures ¹	FY2012 Actual	FY2013 Actual	FY2014 Estimated	FY2015 Estimated
Output: Number screened for colorectal cancer with CRF funds	2,189	2,317	2,253	2,253
Number minorities screened for colon cancer with CRF funds	1,296	1,425	1,361	1,361

Performance Measures	CY2011 Actual	CY2012 Estimated	CY2013 Estimated	CY2014 Estimated
Outcome: Colorectal cancer mortality rate	14.4	13.8	13.3	12.8

¹ The estimated numbers for fiscal years 2014 and 2015 are the average of the two years of actual data.

M00F03.04 CIGARETTE RESTITUTION FUND – CANCER PREVENTION, EDUCATION, SCREENING AND TREATMENT PROGRAM – PREVENTION AND HEALTH PROMOTION ADMINISTRATION (Continued)

Objective 3.2 By calendar year 2014, reduce breast cancer mortality to a rate of no more than 20.8 per 100,000 persons in Maryland. (Age-adjusted to the 2000 U.S. standard population.)

	FY2012	FY2013	FY2014	FY2015
Performance Measures¹	Actual	Actual	Estimated	Estimated
Output: Number of women screened for breast cancer with CRF funds	1,150	1,291	1,221	1,221
Number of minority women screened for breast cancer with CRF funds	915	1,048	982	982

	CY2011	CY2012	CY2013	CY2014
Performance Measures	Actual	Estimated	Estimated	Estimated
Outcome: Breast cancer mortality rate	22.4	21.8	21.3	20.8

Objective 3.3 By calendar year 2014, reduce prostate cancer mortality to a rate of no more than 18.1 per 100,000 persons in Maryland. (Age-adjusted to the 2000 U.S. standard population.)

	FY2012	FY2013	FY2014	FY2015
Performance Measures²	Actual	Actual	Estimated	Estimated
Output: Number of men screened for prostate cancer with CRF funds	174	25	0	0
Number of minority men screened for prostate cancer with CRF funds	138	22	0	0

	CY2011	CY2012	CY2013	CY2014
Performance Measures	Actual	Estimated	Estimated	Estimated
Outcome: Prostate cancer mortality rate	20.2	19.5	18.8	18.1

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.

	FY2012	FY2013	FY2014	FY2015
Performance Measures²	Actual	Actual	Estimated	Estimated
Output: Number persons diagnosed and linked or provided treatment	57	51	54	54

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

Objective 5.1 By fiscal year 2015, approximately 30 percent of the individuals participating in clinical trials through University of Maryland Greenebaum Cancer Center (UMGCC) will be from diverse populations.

	FY2012	FY2013	FY2014	FY2015
Performance Measures	Actual	Actual	Estimated	Estimated
Input: Number of individuals participating in clinical trials	1,064	570 ³	587 ³	605 ³
Number of diverse individuals participating in clinical trials	313	177	177	182
Outcome: Percent of diverse individuals participating in clinical trials	29.4%	31.0%	30.0%	30.0%

² Prostate cancer screening is no longer recommended and was suspended in FY2013.

³ Significant reduction because retrospective studies are no longer counted, per National Cancer Institute Guidelines.

M00F03.04 CIGARETTE RESTITUTION FUND – TOBACCO USE PREVENTION AND CESSATION PROGRAM – PREVENTION AND HEALTH PROMOTION ADMINISTRATION

PROGRAM DESCRIPTION

The Tobacco Use Prevention, and Cessation Program is a statutory program (Subtitle 10, Sections 13-1001 through 13-101 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 (CRF).

The program is mandated to conduct biennial county-level youth and adult tobacco surveys, replicating the Program’s baseline (2000) surveys,⁴ in support of state and local program accountability measures, evaluation, and program planning and development. The last youth surveys were conducted in the spring of 2013 with data expected from the CDC during the fourth quarter of 2013. The last adult survey was completed in December of 2012 with data being released by the CDC in September 2013. The CRF Report to the Maryland General Assembly on tobacco-use behaviors is expected to be published in January of 2014.

MISSION

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

VISION

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

KEY GOALS, OBJECTIVES AND PERFORMANCE MEASURES⁵

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 2016 reduce the proportion of under-age Maryland middle school students that have smoked a whole cigarette by 76.2 percent from the calendar year 2000 baseline rate.

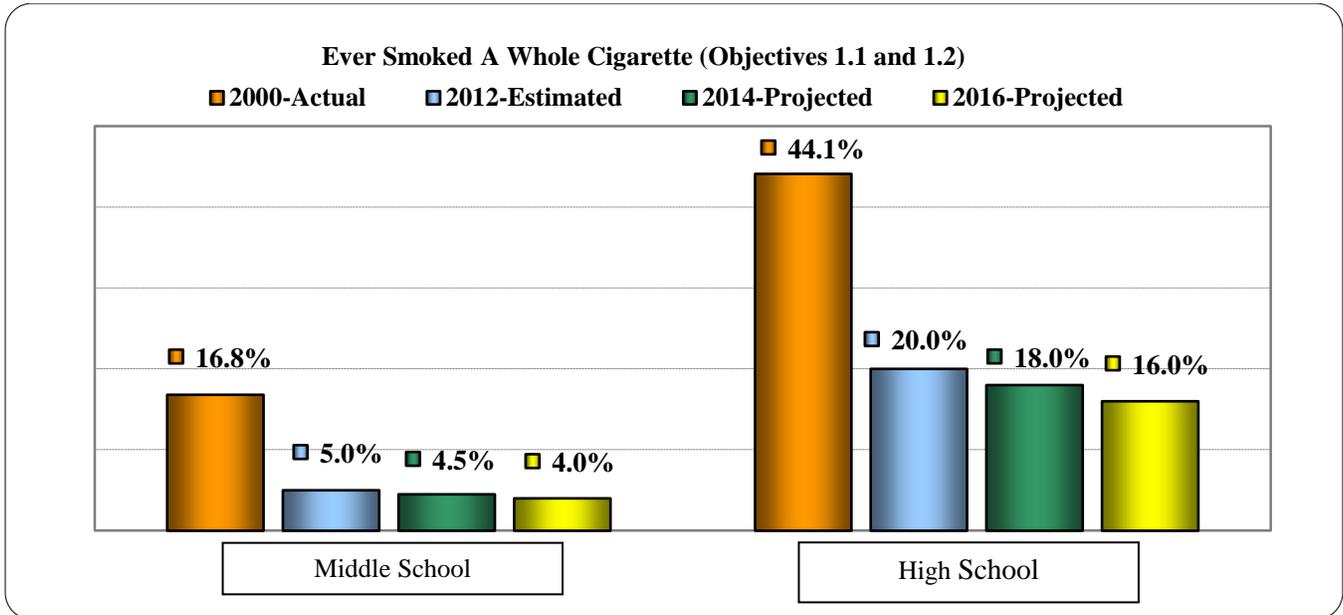
Performance Measures	CY2000 Actual	CY2012 Estimated	CY2014 Projected	CY2016 Projected
Input: Percentage of under-age middle school students who ever smoked a whole cigarette	16.8%	5.0%	4.5%	4.0%
Outcome: Cumulative percentage change for middle school students	N/A	-70.2%	-73.2%	-76.2%

⁴ Funding for the original Maryland Adult Tobacco Survey (MATS) was discontinued after 2008, necessitating abandonment of the MATS 2000 baseline in favor of the CDC’s Behavioral Risk Factor Surveillance System (BRFSS) survey, with its’ own 2000 baseline data. However, in 2011 the CDC altered its’ methodology for weighting BRFSS data necessitating the establishment of a new baseline for adult data beginning with the 2011 BRFSS survey.

⁵ Calendar years were used for goals and objectives where data sources are the baseline and subsequent tobacco surveys. With respect to youth 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 6 months after the last data is collected. Adult data is collected throughout distinct calendar years and represents an average of tobacco use throughout a single calendar year.

Objective 1.2 By the end of calendar year 2016, reduce the proportion of under-age Maryland high school students that have ever smoked a whole cigarette by 63.7 percent from the calendar year 2000 baseline rate.

	CY2000 Actual	CY2012 Estimated	CY2014 Projected	CY2016 Projected
Performance Measures				
Input: Percentage of under-age high school students who ever smoked a whole cigarette	44.1%	20.0%	18.0%	16.0%
Outcome: Cumulative percentage change for high school students	N/A	-54.6%	-59.2%	-63.7%



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

Objective 2.1 By the end of calendar year 2016, reduce the proportion of under-age Maryland middle and high school youth that currently smoke cigarettes, by 64.4 percent and 45.7 percent respectively, from the calendar year 2000 baseline rate.

	CY2000 Actual	CY2012⁶ Estimated	CY2014 Projected	CY2016 Projected
Performance Measures				
Input: Percent of under-age middle school students who currently smoke cigarettes	7.3%	3.0%	2.8%	2.6%
Percent of under-age high school students who currently smoke cigarettes	23.0%	13.0%	12.8%	12.5%
Outcome: Cumulative percentage change for middle school students	N/A	-58.9%	-61.6%	-64.4%
Cumulative percentage change for high school students	N/A	-43.5%	-44.3%	-45.7%

⁶ Calendar Year 2012 estimates of youth tobacco use. Youth surveys have traditionally been conducted in the fall of even calendar years. However, the fall 2012 youth surveys were delayed until spring of 2013.

M00F03.04 CIGARETTE RESTITUTION FUND – TOBACCO USE PREVENTION AND CESSATION PROGRAM – PREVENTION AND HEALTH PROMOTION ADMINISTRATION (Continued)

Objective 2.2 By the end of calendar year 2014, reduce the proportion of Maryland adults that currently smoke cigarettes by 17.3 percent from the calendar year 2011 baseline rate.⁷

	CY2011	CY2012	CY2013	CY2014
Performance Measures	Actual	Actual	Projected	Projected
Input: Percent of adults who currently smoke cigarettes	19.1%	16.2%	16.0%	15.8%
Outcome: Cumulative percentage change for adults	N/A	-15.2%	-16.2%	-17.3%

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

Objective 3.1 By the end of calendar year 2014, reduce the proportion of African-American adults who currently smoke cigarettes by 14.8 percent from the calendar year 2011 baseline rate.⁸

	CY2011	CY2012	CY2013	CY2014
Performance Measures	Actual	Actual	Projected	Projected
Input: Percent of adult African-Americans who smoke cigarettes	18.9%	16.7%	16.5%	16.1%
Outcome: Cumulative percentage change	N/A	-11.6%	-12.7%	-14.8%

Objective 3.2 By the end of calendar year 2014, reduce the proportion of Hispanic adults who currently smoke cigarettes by 7.0 percent from the calendar year 2011 baseline rate.

	CY2011⁹	CY2012⁹	CY2013	CY2014
Performance Measures	Actual	Actual	Projected	Projected
Input: Percentage of adult Hispanics who currently smoke cigarettes	19.9%	10.1%	19.0%	18.5%
Outcome: Cumulative percentage change	N/A	-49.2%	-4.5%	-7.0%

⁷ The Behavioral Risk Factor Surveillance System (BRFSS) is a survey of the adult Maryland population, and in order for the survey data to be generalized to the adult population as a whole, survey results must be ‘weighted’ to reflect the adult population. From the inception of the BRFSS through calendar 2010, the Centers for Disease Control and Prevention (CDC) used a ‘post-stratification’ weighting methodology. Beginning in 2011, the CDC is using an ‘Iterative Proportional Fitting’ (or Raking) methodology. The new methodology is much more comprehensive and will provide better estimates of risk behaviors. With respect to tobacco use in Maryland, it appears that the higher estimates generated by the new methodology are wholly a result of the methodology change and do not reflect increases in tobacco use.

⁸ Estimates of adult tobacco use. Beginning with 2011, CDC enhanced its methodology for weighting estimates of risk behaviors through its BRFSS. BRFSS estimates for prior years cannot be compared to BRFSS estimates of 2011 and thereafter. For that reason, a new baseline has been established (2011) for these objectives.

⁹ Stable and reliable estimates for current cigarette smoking should be based upon a minimum of 50 survey respondents indicating that they are current cigarette smokers. In both 2011 and 2012 this standard was not met for the adult Hispanic population. In 2011 just 34 of 290 adult Hispanics taking the BRFSS survey reported current cigarette smoking. In 2012 just 29 of 321 adult Hispanics taking the BRFSS survey reported current cigarette smoking. Nonetheless, this data is reported as required for the Managing-for-Results program. The BRFSS is administered by the Vital Statistics Administration, and if the desired minimum is not achieved again for the 2013 survey, the CRF Tobacco Use Prevention and Cessation Program will recommend discontinuation of Objective 3.2. Discussions with the adult Hispanic community lead the Program to believe that the actual cigarette smoking prevalence within this population is closer to the figure reported in 2011 than that of 2012, and for that reason the 2013 and 2014 projections are based on the 2011 data only.

CANCER CONTROL PROGRAMS

ACCOMPLISHMENTS

CIGARETTE RESTITUTION FUND PROGRAM
CANCER PREVENTION, EDUCATION, SCREENING AND
TREATMENT PROGRAM (CPEST)

FISCAL YEAR 2013 ACCOMPLISHMENTS

LOCAL PUBLIC HEALTH COMPONENT

Overall

- Funding was awarded to each local jurisdiction's (including 24 local health departments and one academic health center in Baltimore City) Cancer Prevention, Education, Screening and Treatment Program for fiscal year 2013. Each local county health department, excluding Baltimore City, received a base amount of \$100,000 with the remainder of its award based on the formula specified in the statute for the CRFP. The Baltimore City Programs (Baltimore City Health Department and University of Maryland) were funded according to the budget allocation.
- Community health cancer coalitions continued in 24 jurisdictions. Each coalition is comprised of representatives that reflect the demographics of each jurisdiction and includes membership of minority, rural, and medically underserved populations that are familiar with different cultures and communities in the jurisdiction. The majority of the community health coalitions met three or more times during the fiscal year.
- Comprehensive cancer plans addressing prevention, education, screening, and/or treatment for one or more of the targeted cancers were updated in 24 jurisdictions in fiscal year 2013.
 - 24 jurisdictions addressed colorectal cancer,
 - 5 jurisdictions addressed oral cancer,
 - 8 jurisdictions addressed prostate cancer,
 - 11 jurisdictions addressed breast cancer,
 - 10 jurisdictions addressed cervical cancer,
 - 15 jurisdictions addressed skin cancer, and
 - 5 jurisdictions 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.

Screening, Diagnosis, and Treatment

- In FY 2013, screening, diagnosis, and treatment data for the targeted cancers under the CRFP for local health departments and the statewide academic health center include the following:

- 6,445 screening tests were performed, and 51 individuals were diagnosed with cancer in the program, linked to care, or provided treatment;
- 5,430 persons received one or more cancer screenings; 74% of persons screened were minorities;
- 2,351 screening colonoscopies were performed, of which 697 had adenomatous polyps; 13 sigmoidoscopies were performed; 33 individuals were diagnosed with colorectal cancer in the program, linked to care, or provided treatment;
- 23 prostate specific antigen (PSA) tests and 21 digital rectal exams (DREs) were performed; five individuals were diagnosed with prostate cancer in the program, linked to care, or provided treatment;
- 1,258 oral cancer screening examinations were performed; no one was diagnosed with oral cancer in the program;
- 40 skin cancer screening examinations were performed; 5 individuals were diagnosed with any type of skin cancer in the program, linked to care, or provided treatment;
- 1,099 mammograms were performed and 1,135 clinical breast examinations were done; 8 individuals were diagnosed with breast cancer in the program, linked to care, or provided treatment; and
- 505 Pap tests were done; no one was diagnosed with cervical cancer in the program, linked to care, or provided treatment.

Public Education and Outreach

- A total of 124,154 Maryland residents in the general public were educated for all cancers in Fiscal Year 2013.
- Local programs conducted a variety of public education and specific outreach activities.
 - Cancer education and outreach has been conducted through community sites such as at educational institutions, parks and recreation centers, clinics and health agencies, churches, food banks, soup kitchens, barbershops, laundry facilities, salons, libraries, supermarkets, senior centers, housing units, fitness centers, businesses, health fairs, coalitions, conferences and symposiums, mass mailings, radio, newspaper, television, and provider sites.
 - Cancer education was conducted at program supported walk/runs where participants were given literature regarding cancer prevention activities and encouraged to participate in local cancer screenings.
 - Media events included public service announcements on television and radio, talk shows, press conferences and news releases. Public officials were educated about local cancer control issues during public meetings.
 - Local programs have funded and placed roadside bill boards, community bulletin boards, bus shelter ads, videos, brochures, flyers, posters, paycheck inserts, pencils, and magnets and have

distributed these at health fairs, door-to-door, at libraries, pharmacies, senior centers, and at housing units, etc.

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

Anne Arundel County

Staff provided breast, cervical and colorectal cancer control education, brochures, posters and eligibility information at public libraries, local minority churches, community organizations, businesses, community service agencies and other Health Department locations including the Magothy Health Center. Press releases, newspaper announcements, “tweets” and Facebook postings promoted colorectal and skin cancer prevention. In March, Comcast 96 Cable Television aired an interview with the program’s staff about program services for qualified County residents. Program staff participated in the Ride Across Maryland Breast Cancer Awareness Music Festival at Blob’s Park in Jessup and distributed cancer prevention information. Skin cancer prevention educational materials and tools were provided to school health nurses and health educators through the website.

Baltimore City, Baltimore City Health Department

Outreach staff partnered with the Sexually Transmitted Infections/Needle Exchange Van during program activities and distributed colorectal and oral cancer prevention education materials. Oral cancer education sessions were provided at local soup kitchens such as Paul’s Place, Beans and Bread, My Brother’s Keeper, and Our Daily Bread. In a partnership with the Helping Up Mission participants were educated about oral and colorectal cancer prevention and program services. Staff distributed oral and colorectal cancer prevention materials at the North East and Lexington Markets several times throughout the year. Individuals who called the program were educated about available colorectal and oral cancer prevention and screening services.

Baltimore City, University of Maryland Medical Group

Staff used radio, television and web based interviews and public bus advertisements to educate the public about breast, cervical and colorectal cancer prevention and available cancer screening services. Outreach staff attended events at “UMMS from the Heart” at the Reginald F. Lewis Museum, “B-More Healthy Expo” at the Baltimore Convention Center, “Sisters Network Conference” at Radisson Cross Keys, and “Team Soul Sista’s Honoring Breast Cancer Conquerors” at the St. Bernadine’s Church and shared their breast, cervical and colorectal cancer prevention awareness messages. The program collaborated with their Community Health Coalition and posted an on-line newsletter encouraging Baltimore residents to participate in cancer prevention and awareness activities.

Baltimore County

Cancer prevention information was provided during phone calls and by mail. Cancer control health education materials were placed in medical offices, health care facilities, Department of Social Services, Baltimore County Public Libraries, senior centers, markets, apartments, retail stores and shops, pharmacies, drugstores, churches, food banks, soup kitchens, schools, barbershops and salons, laundry facilities, nursing homes, and fitness facilities located throughout the county. Staff participated in events at the YWCA Permanent Supportive Housing, Arbutus; Woodlawn Senior Center’s Chat and Chew series; University of Maryland Baltimore Health Fair; Parkville Senior Center Health Fair; YMCA Parkville Health and Fitness Fair; Omega Baptist Church Wellness Fair, Owings Mills; Baltimore County Health Town Hall Meetings in Essex and Randallstown; Komen Breast Education Symposium at New Psalmist Baptist Church, Baltimore; Baltimore County Public

School Hispanic Outreach Fair, Timonium; Key Landing Community Fair and Dunfest, both in Dundalk.

Carroll County

In collaboration with the Carroll Hospital Center, program staff developed a skin cancer awareness and prevention session for cosmetology students and salons. The sessions were provided to stylists at the Samsura Salon and students at the Shirley Madison Institute and Carroll County Career and Technical Center. Using a Skin Analyzer, outreach staff visited high schools to educate students about the dangers of tanning beds and safe skin practices. Students were educated about skin cancer prevention in the following schools; Francis Scott Key, South Carroll, North Carroll and Liberty High Schools, Gateway School, Carroll Community College and McDaniel College. The skin cancer prevention education was provided just prior to prom season when tanning bed use is especially high. Parents at the West Middle School who have children that receive free lunches were educated about colorectal cancer prevention and the program's free screening services.

Charles County

In April, program staff participated in a Colorectal Forum at one of the County's senior centers. The well attended event included a physician panel consisting of an oncologist, a gastroenterologist, a general surgeon and a primary care physician. Program staff had brief interactions with attendees as well as having a display table of program brochures and information. Program staff gave a presentation on the cancer program and current screening recommendations to residents of Jude House residential treatment center. A question and answer session followed along with provision of program brochures and contract information.

Garrett County

Outreach staff provided skin cancer prevention information to participants at several "fishing rodeos". Staff setup "sun safety" display tables and interacted with employees at Garrett County Roads Department locations. Oral cancer awareness messages including the "Dangers of Spit Tobacco" were shared at a group presentation for a local Boy Scout troop. Placemats were created highlighting cancer control information and were distributed to approximately 10 different restaurants in the County.

Harford County

During March, Colorectal Cancer Awareness Month, staff set up display tables, including a colon model and provided brochures on cancer prevention at St. Margaret's Church and McFaul Senior Center luncheons, APG Health and Wellness Fair, and Crown Industries Health Fair.

Kent County

Outreach staff visited food pantries, food distribution centers and participated in a Woman's Employee Health Fair. At the food pantries and health fair, materials were distributed and participants were educated about the program's cancer screening services. In February and March, program staff interacted with senior citizens, participated in Dixon Valve's (local business) "mini-health fair," and gave presentations to a physician's office managers on breast, cervical and colorectal cancer screening programs. In June, staff gave a skin cancer prevention presentation to summer program counselors, life guards, and participating parents and children at the Kent County Parks and Recreation Department. Cancer control materials including pamphlets, bookmarkers and brochures were provided.

Montgomery County

The county's program sub-contractor, Holy Cross Hospital, provided breast, prostate and lung cancer prevention education to the public at the Wheaton Plaza, City Place Mall, Long Branch and Gwendolyn Coffield Community Centers in Silver Spring.

Prince George's County

Staff distributed materials to local early voting centers throughout the County during October. Additionally, staff provided cancer prevention information to participants at the following events: Family Fun Day at the Louise Cosca Park, Clinton; Veterans Stand Down and Homeless Resource Day at the Wayne K. Curry Sports and Learning Complex, Landover; and Party In Pink-hosted by the Maryland National Park and Planning Commission, South Bowie.

Talbot County

The program's outreach worker, met with two outpatient mental health psychosocial support groups, the Channel Markers and the Chesapeake Voyagers, whose members are often eligible for colorectal cancer screening services.

Worcester County

Program staff provided information to the public on colon and skin cancer prevention. Through education and outreach activities, verbal and written materials were provided at the Snow Hill Christian Church, Northern Worcester County Senior Center, Salem United Methodist Church, Aging in Worcester Conference, and Snow Hill Health Department's Behavioral Health Program.

Minority Outreach

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

Baltimore City Health Department

In an effort to provide deaf residents with cancer control education and screening services, outreach staff visited Foxwell Memorial Apartments. Staff, with the assistance of the apartment manager who served as the interpreter, allowed the program to educate and then screen approximately 20 individuals for oral cancer. Outreach staff educated residents about the importance of colorectal screening and oral cancer at the Korean Community/Maryland Ave Adult Day Care that serves Korean individuals over the age of 50.

Baltimore City, University of Maryland Medical Group

The program provided education on breast, cervical and colorectal prevention and services to community residents in the zip code 21217, where a majority of the residents are African American. The community outreach worker educated women at the "Why Women Cry Expo Event" in April 2013.

Baltimore County

Staff attended the St. Stephen's Minority Outreach and Technical Assistance Community Resource Fair in Essex and provided information to participants mainly from racial/ethnic minority communities. The Spanish language version of the 'Free Colon Cancer Screening' poster as well as Spanish and Korean language brochures were distributed to doctors' offices, pharmacies, churches, food banks, and other locations throughout the county that provided services to people from mainly minority communities.

Calvert County

In February, program staffed a display and educated attendees on colorectal cancer prevention during the Black History Month activity of “Ethnic Notions: A Civil Discourse Series” at Calvert Library. Staff coordinated cancer control and prevention education efforts with the Maryland Food Bank, National Association for the Advancement of Colored People, and Priority Partners Food Distribution event. Program staff also displayed cancer control information at the SMILE Food Pantry and set up a display in the Department of Social Services lobby. In June, the program educated participants at both the African American Heritage Day and the Brooks United Methodist Church Health Fair.

Kent County

The program’s outreach worker visited or spoke with all the food pantry’s staff on a monthly basis to ensure awareness of the program’s cancer screening services for their participants. In March, the outreach worker visited two food pantries and provided table displays and handouts for colorectal cancer awareness month. The program coordinator gave a cancer screening prevention presentation focused on colorectal cancer during an annual Gospelfest program held at Graves Chapel AME Church. The majority of those in attendance were African American.

Somerset County

During March 2013, the Mission of Mercy Dental Clinic participants, mainly from low income, racial/ethnic minority communities, were educated on oral and colorectal cancer prevention. During health fairs that were held at three predominately African American elementary schools, students and parents were educated about oral and colorectal cancer prevention. Community outreach provided education on oral and colorectal cancer prevention to members of the local Alcoholics Anonymous group and at the University of Maryland Eastern Shore.

Talbot County

In April, the outreach staff and program nurse, presented colorectal cancer prevention information to members of the Union Baptist Church in Easton. After the formal presentation, members of the audience were invited to try delicious smoothies that are high in fiber and antioxidants, low in fat, and can be tailored to fit everyone’s dietary needs. Recipes were made available to interested church members. During the event one of the audience members enrolled in a program for cancer screening services.

Wicomico County

In March, the nurse case manager educated six, seventh and eighth grade students, 67% of whom represented a minority community, at a local middle school through an interactive skin cancer/sun safety presentation. Students were engaged in an open discussion about the areas of the body that African American individuals need to pay particular attention to including soles of feet, between toes, palms, nail beds, lips and inside the mouth. Danger signs in moles or different colored spots and the ABCD’s of skin cancer, a tool for skin cancer self-examination, were reviewed. Bookmarks with sun safety tips were also distributed.

Professional Education and Outreach

- Local health departments and the statewide academic health center educated health care professionals and providers about the targeted cancers and cancer screening guidelines.
 - 381,151 providers were reached through education and outreach efforts such as mailings and newsletters.

- 13,233 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.

STATEWIDE PUBLIC HEALTH COMPONENT

- Monthly teleconferences were provided throughout the fiscal year by the DHMH Cancer staff, in which representatives from the 24 local jurisdictions, an academic center, their vendors, the Maryland State Medical Society (MedChi), Maryland Skin Cancer Coalition, Maryland Cancer Fund, Maryland State Council on Cancer Control, and Minority Outreach and Technical Assistance (MOTA) program participated in an exchange of information and guidance in clinical, administrative and program evaluation/data collection areas. Prior to these conference calls, an enhanced agenda and PowerPoint presentations were provided as a visual component for each of the teleconferences.
- Site visits and/or quality assurance reviews of the CRFP cancer grantees were conducted by the DHMH cancer control staff at all of the 24 local jurisdictions and the academic center. During these site visits and quality assurance reviews, consultation and guidance were provided regarding clinical, administrative and program evaluation issues. Additionally, four follow-up data visits were conducted.
- The following education and trainings were provided:
 - PowerPoint computer-based training modules for health educators, outreach workers, and clinical staff were developed and utilized by the local health departments. The PowerPoint topics included: CRFP Overview, Colorectal, Prostate, and Oral Cancers, Case Management, Paying for Clinical Services and Linkage to Care.
 - Technical assistance meetings and/or conference calls for education/training purposes were provided for Baltimore City's University of Maryland Program, Talbot County, Howard County, and Prince George's County grantees on eleven occasions.
- Community Health Coalition meetings in seven local jurisdictions were observed by DHMH CRFP staff.
- Written guidance continued to be provided to the local jurisdictions. The DHMH website for the Cancer CRFP was continually updated with written guidance for local jurisdictions.
- DHMH CRFP staff set up displays and distributed cancer control literature at the DHMH state center during sun safety/skin cancer, prostate cancer and colon cancer awareness months. DHMH CRFP staff developed and distributed colorectal, prostate, and skin cancer awareness toolkits with fact sheets, news release templates, proclamations, Public Service Announcements, posters, and

resources throughout the State. DHMH CRFP staff developed colorectal and skin cancer awareness messages for the lobby monitors that ran during March and May.

SURVEILLANCE AND EVALUATION COMPONENT

- Completed the Biennial CRF Cancer Report for 2012. The report provides the most recent data on cancer incidence, mortality, screening, and public health interventions.
- Published the Maryland Cancer Survivor Report, 2011. The purpose of this report is to examine health status, mental and physical quality of life, access to health care, and lifestyle behaviors of cancer survivors in Maryland and compare these findings to adults without a history of cancer. This report was based on data obtained from the Maryland Behavioral Risk Factor Surveillance System (BRFSS).
- Published an article on oral cancer screening in the Journal of Public Health Dentistry that examined data from the Maryland Cancer Survey, performed from 2002-2008. See article reference: ‘Self-reported oral cancer screening by smoking status in Maryland: trends over time’ by Archana Viswanath, BDS MSD; Timothy J. Kerns, MS; John D. Sorkin, MD PhD; Diane M. Dwyer, MD; Carmela Groves, RN MS; and Eileen K. Steinberger, MD MS. 2013 Mar 21. doi: 10.1111/jphd.12012. .
- Supported the statewide CPEST Cancer Client Database (CDB) application. Each local health department and one statewide academic health center currently use this database for persons screened for colorectal, prostate, oral, and skin cancer. Maintenance and revisions to the database are ongoing. Training was conducted at DHMH and at local sites on the CDB. Quality assurance activities continue; guidance procedures and documents were continually developed for use by the state and local programs.
 - All of the jurisdictions that used CRF funds for colorectal prostate, oral, and/or skin cancer screening were provided with annual reviews of their data as entered in the CDB. These reviews included assessment of the completeness and accuracy of the data entry as well as assessment of recommended follow-up interval for future screening to ensure compliance with the Minimal Elements. The intent is to assure that all clients served in the program are getting appropriate care and that funds are being spent according to the specifications in the grant applications submitted for each county.
 - A report for each gastroenterologist or surgeon participating in the screening program was prepared, detailing his/her rates for bowel prep adequacy, reaching the cecum, and biopsy rate. The neoplasia detection rate for screening colonoscopies in average risk clients was also provided to providers.
 - Guidance documents were updated for data entry into the CDB.
- Analyzed data from the Maryland Breast and Cervical Cancer Screening Program for the CPEST programs targeting breast and cervical cancer screening, diagnosis, and/or treatment program.
- Maintained and supported the statewide CPEST Education Database (EDB) for tracking education and outreach efforts.
- Provided local programs with quality reviews of the EDB.

- EDB training was conducted for one local health department on-site; 23 staff completed the online database training.
- Client Database training sessions were conducted for local health departments with 23 participants in attendance.

STATEWIDE ACADEMIC HEALTH CENTERS COMPONENT

Baltimore City Public Health Grant

- The Baltimore City Comprehensive Plan for Cancer Prevention, Education, Screening, and Treatment was developed and submitted to DHMH for review and approval. The University of Maryland Medical Group (UMMG) and the Baltimore City Health Department were awarded grants for implementation of the Baltimore City Comprehensive Cancer Plan. The Baltimore City Health Department component focused on colorectal and oral cancer education and screening, and the University of Maryland’s component focused on breast, cervical and colorectal cancer education and screening.
- The Baltimore City Cancer/Health Equity Coalition (BCCHEC) met two times in Fiscal Year 2013, May 9, 2013 and June 25, 2013.
 - At the May 9th strategic planning meeting Administrative Agent, Mia Robinson, reviewed the major accomplishments for the fiscal year. Ms. Robinson unveiled the BCCHEC website that provides important information about the coalition, community activities, monthly calendar of events for the coalition members, cancer related news (articles), blogs, meeting dates, gallery of photos, membership sign-up information, the cancer plan, and other resources. Additionally, Ms. Robinson informed the group about other social media sites that were created for the coalition: Facebook, YouTube and Twitter. During the strategic planning meeting, participants noted their focus on the coalition’s cancer Survivorship plans, and drafting a brochure.
 - During the June 25th meeting members were encouraged to support, “Access to Wholistic and Productive Living Institute, Inc. (AWPLI)” in their initiative to reduce tobacco use on Maryland’s Historically Black College/University’s (HBCU) Campuses. Sunmin Lee, ScD Associate Professor at the University of Maryland, provided an abundance of information on her research study and community outreach in the Asian American Community. The BCCHEC chose to focus on cancer survivorship and develop and disseminate a fact sheet for cancer survivors and health care providers.
- Minority recruitment by the Baltimore City Health Department outreach staff and administrators, University of Maryland administrators, and coalition members continued. Recruitment efforts included presentations at faith-based organizations, community meetings, service provider meetings, federally qualified health centers, Cardiovascular Disease and Health Disparities Task Force meetings, and the Commissioner’s Healthy Baltimore 2015 community forums. The administrative agent also used the coalition’s website and blogging to recruit new members. The website continues to provide a wealth of information regarding cancer, health disparities, health education, and upcoming events from all of the coalition members and their respective organizations.

- The Baltimore City Health Department screened a total of 370 persons for colorectal cancer with colonoscopy. Of the 370 persons screened, 326 (88%) were racial or ethnic minorities. Seven persons were diagnosed with colorectal cancer and were linked to care or provided treatment services. A total of 1,226 persons were screened for oral cancer with no one found to have oral cancer. Of the 1,226 persons screened, 1,120 (91%) were racial or ethnic minorities.
- 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 activities. Additionally, DHMH provided federal funding from the CDC to continue colorectal cancer screening and outreach for asymptomatic persons.
- A total of 19,666 individuals in the general public were educated through brief group and individual sessions by UMMG. Public education and outreach for the targeted cancers continued through partnerships with small businesses such as beauty salons and barbershops, community associations, libraries, local employers, civic groups, and faith-based organizations. Health promotion was also provided in conjunction with citywide festivals and through community meetings.
- UMMG screened a total of 53 persons for colorectal cancer with colonoscopy. Of the 53 persons screened, 49 (92%) were racial or ethnic minorities. No persons were diagnosed with colorectal cancer, linked to care or provided treatment services.
- UMMG screened a total of 893 women for breast cancer. Of the women screened, 834 (93%) were racial or ethnic minorities. Seven women were diagnosed with breast cancer and were linked to care or provided treatment services.
- UMMG screened a total of 342 women for cervical cancer. Of the women screened, 322 (94%) were racial or ethnic minorities. No women were diagnosed with cervical cancer, linked to care or provided treatment services.
- The Baltimore City Health Department screened a total of 370 persons for colorectal cancer with colonoscopy. Of the 370 persons screened, 326 (88%) were racial or ethnic minorities. Seven persons were diagnosed with colorectal cancer and were linked to care or provided treatment services. A total of 1,226 persons were screened for oral cancer with no one found to have oral cancer. Of the 1,226 persons screened, 1,120 (91%) were racial or ethnic minorities.

Johns Hopkins Institutions Cancer Research Grant

In Fiscal Year 2013, the Johns Hopkins Institutions was awarded \$800,000, an increase of \$407,300 compared to Fiscal Year 2012.

- 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 thirteenth year of the project.
- JHI awarded mini-grants in Fiscal Year 2013 including two for faculty recruitment. Ten projects were funded in the following areas: 1) the burden of environmental pollutants, adipose deposition of environmental toxins; 2) community sample of Medicare recipients; 3) colon/rectum cancer tumor

characteristics, obesity and gender; 4) segmentation of time from diagnosis to first contact at Johns Hopkins Hospital for early stage non-small cell lung cancer patients; 5) cancer education and services outreach effectiveness at Baltimore City's Northeast Market; 6) bayesian statistical algorithm and iPad application for prostate cancer decision support in partnership with the Johns Hopkins Optimizing Cancer Screening Working Group; 7) data science infrastructure for the Johns Hopkins Optimizing Cancer Screening Working Group; 8) patient support interventional study; 9) decision support to address minority participation in cancer clinical trials; and 10) validation of circulating breast cancer DNA as a screening test.

- In Fiscal Year 2013, multiple audiences were educated about CRF investigators findings through presentations and the "Conquest" publication. Publications can be viewed at <http://www.hopkinsmedicine.org/news/publications/conquest/issues>.
- In Fiscal Year 2013, CRF funds were leveraged and resulted in 33 new grants to the Center from outside funding sources.

University of Maryland Cancer Research Grant

In Fiscal Year 2013, the University of Maryland Greenebaum Cancer Center (UMGCC) was awarded \$5,000,000, an increase of \$2,992,700 compared to Fiscal Year 2012.

- UMMG submitted a grant application for cancer research and was awarded a continuation grant for the thirteenth year of the CRFP.
- UMGCC continued to improve a Shared Services interactive research program structure designed to achieve bi-directional translational research. This structure combined clinical and basic research investigators who worked together to assure rapid translation of research in the laboratory to the clinic by developing and supporting a series of shared resources which facilitated specialized research activities for all faculty.
- UMGCC's Translational Genomics Laboratory, used to support personalized oncology, became CLIA certified in August 2012, worked towards accreditation by the College of American Pathologist (CAP), and pursued validating novel genomic-based assays to support clinicians.
- UMGCC added 11 new research activities that translate into clinical applications for patient benefit.
- As of April 2013 Shared Services include: (* indicates services receiving CRF funding in FY2013)
 - **Pathology Biorepository and Research Core Shared Service***: This core provides banked tissues and blood specimens for genomics, proteomics, and other analyses for identification of new biomarkers and therapeutic targets while maintaining patient confidentiality. The core's main goal is to provide a constant flow of quality banked tissue and blood specimens to its researchers.
 - **Genomics Shared Service***: This program is a comprehensive genomics resource facility that provides DNA sequencing, genotyping, gene expression analysis by real-time PCR and microarray analysis, as well as continued support for peptide synthesis and custom protein/peptide analysis and purification.

- **Biostatistics Shared Service*:** This core promotes clinical and laboratory cancer investigations through the application of statistical methodology to proposed and/or ongoing cancer research projects. The core service area serves as the central resource of statistical expertise for the Cancer Center and is critical to meeting the goals of conducting and translating research into clinical applications.
- **Clinical Research:** This core service area is the Clinical Protocol and Data Management Office that supports the activities of principal investigators involved in clinical trials by preparing clinical trial protocol forms, submitting projects to the Institutional Review Board, registering and accruing patients for clinical trials, and collecting and managing data. The overall usage of this service has increased by 105% during this grant period.
- **Flow Cytometry*:** This shared service provides supplies including sheath fluid necessary to operate the flow cytometers, as well as supplies and calibration kits for BioPlex suspension arrays.
- **High Throughput Screening Shared Services:** This shared service provided a way for investigators to screen up to 40,000 unique compounds for a variety of anti-cancer activities.
- **Translational Laboratory*:** This core service area was established for clinicians participating in early phase drug development clinical trials and for basic scientists that have an interest in assessing the clinical relevance of their own research topics.
- **Structural Biology (X-ray Crystallography and Nuclear Magnetic Resonance)*:** The Structural Biology Shared Service (SBSS) helps researchers use the unique information derived from macromolecular structures to understand the molecular basis of cancer-causing cellular defects and to design drugs that mitigate such defects.
- **Imaging and Laboratory for Personalized Oncology:** Two Shared Services currently under development.
- The CRF Cancer Research grant supported 35 faculty members and 33 of these researchers published at least one cancer related article in a peer reviewed scientific journal.
- 19 faculty members filed 69 federal, state, and private grant applications. In addition, there were also 54 new clinical trial applications submitted for funding. There were 570 patients that entered into the University of Maryland's clinical trials, a reduction from last year because the methodology has changed per National Cancer Institute guidelines and the program can no longer count retrospective studies.

The Greenebaum Cancer Center has increased the number of patients entered into a clinical trial by more than 50%. Since FY 2007, 51% of the women who have been screened through the Baltimore City Cancer Screening Program and received a breast cancer diagnosis have enrolled in a clinical trial. The national average of minority women enrolling in clinical trials is less than two percent. For FY 2013, the cancer center's overall enrollment in clinical trials was 31%.

Maryland Cancer Registry

- The Maryland Cancer Registry (MCR) submitted 2010 incidence data for evaluation and confidential feedback from the North American Association of Central Cancer Registries (NAACCR) and received “Gold” certification in these areas: completeness of case ascertainment, completeness of information recorded, percentage of death certificate only cases, duplicate primary cases, passing edits and timeliness. The MCR also submitted 1996-2010 data to be included in the Cancer in North America publication. This data also passed all required edits.
- The MCR data for incidence years 1996-2010 was submitted during Fiscal Year 2013 to the National Program of Cancer Registries for inclusion in the United States Cancer Statistics Publication. The MCR data has met the National Data Quality and Completeness Program standards, the highest standards set by this federal program. This data passed all required edits.
- In Fiscal Year 2013 the MCR sent two epidemiologists to the Kentucky Cancer Registry for training in the construction and use of life tables. The MCR is working with the Kentucky Registry along with other Appalachian state registries on a study of cancer in Appalachia.
- The MCR linked the Maryland data with the Social Security Death Index and the National Death Index during Fiscal Year 2013 to obtain more complete death information on cases in the MCR.
- During Fiscal Year 2013, the MCR linked the MCR database with DHMH’s Breast and Cervical Cancer Program (BCCP) database of cancer cases diagnosed from 2004-2009. The MCR will link with the BCCP database annually to assist in case finding and as part of requirements of the Centers for Disease Control and Prevention’s (CDC) BCCP funding.
- The MCR’s Quality Assurance/Data Management contractor, Westat, and DHMH MCR staff began the conversion of its database to the NAACCR version 13 during Fiscal Year 2013. The upgrades involved three programs used by the Registry:
 - Web Plus – Used to bring data into the system;
 - PrePlus – Used to edit and improve quality and consistency of data; and
 - CRS Plus – Consolidate information received from different sources.
- Westat completed seven hospital audits during Fiscal Year 2013. Westat evaluated case finding procedures, abstracting and coding done by each selected facility.
- MCR staff at DHMH processed over 44 requests for release of Maryland Cancer Registry data.
- The MCR staff resolved over 1,800 unknown races through queries in the Motor Vehicle Administration’s database for missing race information.

Breast and Cervical Cancer Diagnosis and Treatment Program

- The Breast and Cervical Cancer Diagnosis and Treatment Program (BCCDTP) was established in 1992 to provide breast and cervical cancer diagnostic and treatment services to uninsured or underinsured low-income Maryland residents.
- BCCDTP directly reimburses participating providers who provide covered services to BCCDTP residents. Covered services include but are not limited to: diagnostic mammograms and sonograms, surgical consultations, breast biopsies, colposcopies, cervical biopsies, surgery for cancer treatment and breast reconstruction, chemotherapy, radiation therapy, medications, durable medical equipment, home health services, physical therapy, and occupational therapy.
- For Fiscal Year 2013 the BCCDT Program:
 - Paid for services for 2,478 participants, and
 - Processed a total of 27,076 paid claims.
- In addition, BCCDTP funds were awarded to local Breast and Cervical Cancer Programs through the Breast and Cervical Cancer Program (BCCP) Expanded Services. BCCP Expanded Services funds additional screening tests or diagnostic services in local Breast and Cervical Cancer Programs.
 - 24 local programs received funds for Expanded Services in FY 2013.
 - 824 women received at least one screening test or diagnostic service.
 - 736 women received a breast cancer service and
 - 91 women received a cervical cancer service.

TOBACCO USE PREVENTION

ACCOMPLISHMENTS

CIGARETTE RESTITUTION FUND PROGRAM

TOBACCO USE PREVENTION AND CESSATION PROGRAM

FISCAL YEAR 2013 ACCOMPLISHMENTS

TOBACCO PREVENTION AND CESSATION

- 1,408 residents were provided the following services from the Maryland Tobacco Quitline: 4 week supply of Nicotine Replacement Therapy – patch or gum – and proactive counseling sessions which included a combination of phone, text, and web-based services as desired by each resident.

LOCAL PUBLIC HEALTH COMPONENT

Overall

- Conducted nine 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 536 people to ensure diverse representation and inclusive participation. The demographic composition of all the local coalitions is 57.6% Caucasian, 36.3% African American, 2.4% Asian American, 2.7% Hispanic/Latino, and 1.0% Native American. These coalitions provide input to their local health department on the development of comprehensive tobacco control plans.
- Worked with local health departments to develop jurisdiction-specific tobacco control action plans that address CRFP goals, objectives, site visit recommendations and audit findings.
- Provided training and technical assistance to local health departments and community organizations to build sustainable tobacco control programs targeting minority and disparate populations.
- Collaborated with DHMH's Alcohol and Drug Abuse Administration on tobacco retail education and compliance checks to comply with the federal Synar regulation.
- Collaborated with DHMH's Mental Hygiene, and Alcohol and Drug Abuse Administrations, the federal Substance Abuse and Mental Health Services Administration (SAMHSA) and community partners to develop a strategic plan to address disparate smoking rates among mental health and substance abuse clients.
- Collaborated with the DHMH Office of Population Health and WIC on a quality improvement project to enhance smoking cessation intervention in local WIC clinics.
- Launched local Pregnancy and Tobacco Cessation Help (PATCH) initiative in four counties to address high smoking rates among pregnant women.

Community-Based Element

- 855 advocates and community leaders were trained on smoking cessation programs and tobacco use prevention strategies.
- 16 faith-based and 18 minority organizations were funded to incorporate tobacco prevention and cessation messages into various programs.
- 115,599 people were educated on tobacco use prevention and control in a variety of venues including local health departments, community outlets, and faith-based and grassroots organizations.
- 343 awareness campaigns were conducted in targeted communities.
- 54 Youth Leadership programs conducted.

School-Based Element

- 777 teachers, nurses, daycare providers, and school administrators were trained on available tobacco use prevention and cessation curricula, programs and strategies.
- 1,163 Pre-K students received multiple tobacco use prevention education sessions.
- 74,712 K-12 students received multiple tobacco use prevention education sessions.
- 1,175 private school students were educated on tobacco use prevention.
- 166 students were educated on tobacco use prevention in alternative school settings.
- 205 college students received tobacco use prevention education on campus.
- 9,141 students were reached with Peer Programs in schools.
- 92 students received smoking cessation counseling and support at school.

Enforcement of Youth Access Restrictions Element

- 1,229 tobacco retailer (stores) youth access compliance checks were conducted.
- 160 tobacco retailers (stores) were issued citations for sales to minors.
- 28 youth were cited for illegal possession of tobacco products.
- 109 students participated in the Tobacco Education Group (TEG) program.

Smoking Cessation Element

- 251 nurses and health care providers were trained on various smoking cessation models and clinical guidelines.
- 8,281 adults participated in smoking cessation services.
 - 3,658 received nicotine patches, 575 received Chantix, and 373 received nicotine replacement gum to support their quit attempt.
 - 781 pregnant women participated in the smoking cessation services.
 - 896 participants identified with behavioral health issues.
- 51% of smoking cessation class participants were minorities (4,253):
 - 41% of cessation participants were African Americans (3,354)
 - 7% of cessation participants were Hispanics/Latinos (617)
 - 2% of cessation participants were Asian Americans (207)
 - 1% of cessation participants were Native Americans (75)

Policy Changes Supported by Local Health Departments

Anne Arundel County

The Housing Authority of the City of Annapolis (HACA) implemented a smoke-free policy at Morris Blum Senior Apartments on January 1, 2013.

Calvert County

The Calvert County Commissioners approved a tobacco-free campus policy for the Calvert County Health Department as of March 1, 2013.

Charles County

The Charles County Health Department and the Charles County Parks and Recreation expanded their smoke-free policy to include: the prohibition of tobacco use within 300 feet of any organized event or playground, inside of dog parks, along any recreational trail, restroom area, as well as spectator and concession areas, effective January 23, 2013.

Dorchester County

The Dorchester County Health Department established a smoke-free grounds policy on November 1, 2012. The YMCA enacted a smoke-free property policy as of August 2012.

Howard County

Howard County Housing Commission established a smoke-free public housing policy as of April 15, 2013.

Kent County

The Kent County Commissioners passed a resolution on September 20, 2012 amending the personnel policies to prohibit smoke-breaks and smoking in county vehicles. This resolution also prohibits designated smoking areas.

Montgomery County

Bill 33-12 established a campus wide smoking ban on most County owned or leased properties, passed February 12, 2013.

Prince George's County

Three apartment complexes in Prince George's County established indoor smoke-free policies in 2013.

Queen Anne's County

The Queen Anne's County Government established a smoke-free campus, effective September 1, 2012.

Talbot County

Talbot Housing Commission adopted smoke-free apartment policies as of January 24, 2013. Likewise, Parkview Apartments established their own smoke-free outdoor property and apartments, effective June 30, 2013.

Wicomico County

All four health department sites within Wicomico County have established smoke-free campus policies as of July 1, 2012.

Worcester County

Worcester County Health Department campuses, including Snow Hill Health Center, Ocean City Youth Center, and the Worcester County Dental Clinic all established a smoke-free campus policy as of February 1, 2013. Atlantic General Hospital, Berlin Nursing Home and the Berlin Health Center sites also became tobacco-free campuses, effective May 1, 2013.

Local Health Department Tobacco Use Prevention Media and Marketing

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

Target multifaceted media and marketing campaigns are effective in increasing Maryland residents' utilization of the Maryland Tobacco Quitline – 1-800-QUIT-NOW – services, including phone counseling, web-based coaching and resources, text messaging, mailed self-help materials, and nicotine replacement therapy such as the patch and gum. The majority of registered Quitline callers from across the State of Maryland indicate they heard about the Quitline service from family/friends, health promotion media or marketing efforts including either a website, brochure, newsletter, flyer, or a television commercial.

All local health departments engage in media and program marketing activities that inform the public of current research, health impact of tobacco use and the myriad of tobacco prevention, smoking cessation, secondhand smoke and enforcement activities within their jurisdiction. Various print media campaigns conducted include:

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

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

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

Some jurisdictions used advanced technology to conduct media and marketing campaigns on listserves and social networks, such as Facebook, Twitter, YouTube, QR codes and mobile telephone apps. To maximize resources, some local health departments collaborated with neighboring departments on joint campaigns.

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

- Public Housing Authorities;
- churches and faith-based institutions;
- mass transit;
- homeless shelters;
- Department of Social Services;
- cultural organizations;
- malls;
- day care providers;
- mental health facilities;
- WIC program offices; and
- hospitals.

Local health departments enlist members from their local coalition, community partners, schools, and DHMH staff to develop tailored and sensitive marketing and media campaigns. All of the marketing and media approaches implemented support the four goal areas of the Cigarette Restitution Fund Program: (1) prevent initiation of tobacco use; (2) eliminate harm from secondhand tobacco smoke; (3) support cessation among adults; and, (4) reduce tobacco related health disparities.

Local health departments target youth-serving organizations such as girls' and boys' clubs, police athletic leagues, parks and recreation programs, community centers, and youth leadership groups to reach youth with media messages. Schools were targeted with poster displays, bulletin boards and printed materials. Social networks like Facebook and YouTube have emerged as an effective marketing and outreach tool to engage young people as well.

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

Anne Arundel County

Anne Arundel County continues to use a wide variety of social media and innovative online approaches to promote their activities and anti-tobacco campaigns. They include electronic communications and updated web pages with targeted educational materials through the use of Twitter and Facebook. Games and applications (apps) designed for smart phones and tablets are used to promote smoking prevention and cessation resources. Online cessation materials such as smokefree.gov provide 24/7 support through "Smokefree TXT" mobile service and the Smokefree Smartphone "QuitSTART App" which offer users choices between self-help tools and the option to join instructor lead classes.

Cecil County

Cecil County utilized several print and social media venues including print media, banners, Facebook and Twitter to promote smoking cessation resources and campaigns. Targeted counter marketing approaches were also used to promote tobacco prevention and smoking cessation to the faith-based community. Those tobacco prevention messages were included in the promotion of "Smoke-Free Holy Grounds," "Not In Momma's Kitchen," and "Glorifying Our Spiritual and Physical Existence for Life (GOSPEL)" initiatives.

Harford County

Harford County implemented tobacco prevention and cessation resource awareness campaigns through the use of a billboard visible to traffic on Route 40, placards placed on Harford County transit buses, the community resource guide, and movie theatre advertisements. Banners with the names of 5th grade students that took the smoke-free pledge were also created and posted to support the promotion of "Kick Butts Day."

Kent County

Kent County used multi-faceted media approaches to raise awareness about the harmful effects of tobacco use and to promote the county's smoking cessation resources. Those approaches included print media and e-newsletters, as well as utilizing local students to develop and promote radio and video public service announcements for radio and Facebook. The State's Cigar Trap campaign and Quit Now telephone assistance service were also promoted through electronic communications and social media.

St. Mary's County

St. Mary's County utilized multiple layers of in-house, county and partner websites to reach out to the local online community. The local newspaper and health magazine were included among targeted community based efforts to raise awareness surrounding tobacco. They also used bulletin board displays for their lobby to promote anti-tobacco messages and smoking cessation resources to increase traffic to their smoking cessation program.

Somerset County

Somerset County disseminated tobacco-free messages through several mediums. Smoking cessation resources were promoted through newspaper, radio, cable television and an electronic roadside sign. Smoking prevention messages were tailored to youth through the use of middle school staff who played fictional characters that discussed tobacco use and cessation which were aired during the middle school morning announcements.

Wicomico County

Wicomico County used websites, public access channels, an electronic billboard, radio advertising and direct mailing to promote smoking prevention and cessation resources. Text messages were used to remind clients of cessation classes. Students at Salisbury University conducted a tobacco-free social media campaign and aired a 30 second commercial for the local campus channel. The tobacco program also worked with a low income housing development to sustain a youth coalition designed to discuss and promote positive lifestyles including tobacco prevention. An electronic billboard was also utilized to publicly congratulate clients for the years they have remained quit from smoking.

Worcester County

Worcester County utilized a news release to promote the "Great American Smokeout" Day. Two local newspaper articles highlighted the health department's tobacco cessation resources, and a large billboard promoting tobacco-free living was posted at the "Delmarva Shorebirds" (minor league baseball affiliate of the Orioles) baseball game.

SURVEILLANCE AND EVALUATION COMPONENT

- Conducted a combined Maryland Youth Tobacco Survey (MYTS) and Maryland Youth Risk Behavior Survey (MYRBS) in the spring of 2013. Data has not yet been analyzed and returned to DHMH from the Centers for Disease Control and Prevention (CDC).
- Utilized results from the 2010 MYTS, the 2008 Maryland Adult Tobacco Survey (MATS), and the 2009-2010 National Adult Tobacco Survey (NATS) in drafting department positions on legislation introduced during the 2013 legislative session.
- Successfully collaborated with the Center for Chronic Disease Prevention and Control to enhance the capacities of the existing adult Behavioral Risk Factor Surveillance System (BRFSS) both in terms of sample size (to provide more stable annual county specific estimates) and to include questions about tobacco use needed to meet statutory and programmatic requirements and objectives beginning with the calendar 2012 BRFSS. The 2012 BRFSS data is expected to be released to DHMH during September 2013.

**ALCOHOL AND DRUG ABUSE ADMINISTRATION
PROGRAM**

FISCAL REPORT

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

During Fiscal Year 2013, the Alcohol and Drug Abuse Administration (ADAA) administered \$21,032,184 in Cigarette Restitution Funds. These funds were appropriated in ADAA's budget PCA K204. These budget projects provide for the administration of funds for the enhancement and expansion of alcohol and drug treatment programming. Funding allocations are provided based on local requests and priorities regarding areas of greatest needs.

		As of June 30, 2013			
		Budget	Expenditures	Obligations	Unobligated
Treatment	K204	21,032,184	21,032,184	0	0
		21,032,184	21,032,184	0	0

Distribution by Subdivision

<u>Subdivision</u>	As of June 30, 2013				
	Budget	Expenditures	Obligations	Unobligated	
Allegany	259,934	259,934	0	0	
Anne Arundel	1,000,585	1,000,585	0	0	
Baltimore County	1,000,585	1,000,585	0	0	
Calvert	119,384	119,384	0	0	
Caroline	33,239	33,239	0	0	
Carroll	144,573	144,573	0	0	
Cecil	92,426	92,426	0	0	
Charles	119,331	119,331	0	0	
Dorchester	144,427	144,427	0	0	
Frederick	96,164	96,164	0	0	
Garrett	40,585	40,585	0	0	
Harford	299,246	299,246	0	0	
Howard	145,551	145,551	0	0	
Kent	286,494	286,494	0	0	
Montgomery	1,000,585	1,000,585	0	0	
Prince George's	3,342,244	3,342,244	0	0	
Queen Anne's	43,444	43,444	0	0	
St. Mary's	204,311	204,311	0	0	
Somerset	114,849	114,849	0	0	
Talbot	37,321	37,321	0	0	
Washington	98,587	98,587	0	0	
Wicomico	424,793	424,793	0	0	
Worcester	268,620	268,620	0	0	
Baltimore City	11,714,906	11,714,906	0	0	
		0	0	0	0
TOTAL	21,032,184	21,032,184	0	0	

Note: Data source – FMIS K204S

ALCOHOL AND DRUG ABUSE ADMINISTRATION PROGRAM

ACCOMPLISHMENTS

CIGARETTE RESTITUTION FUND PROGRAM
ALCOHOL AND DRUG ABUSE ADMINISTRATION
FISCAL YEAR 2013 ACCOMPLISHMENTS

Outcomes and Public Benefits: FY 2013 Accomplishments

During Fiscal Year 2013, CRF funds were used to support the following:

	Slots	Patients Served
<u>Allegany County</u>		
Level III.7 Adolescent In-Patient Addiction Services	4	22
<u>Anne Arundel County</u>		
Level I Outpatient Services		9
Level II.I Intensive Outpatient Services		14
Level III.1 Halfway House Services		32
Level III. 3 Long Term Residential Services		22
Level III.5 Therapeutic Community Services		1
Level III.7 Medically Monitored Inpatient Services		89
Level III.7.D Medically Monitored Inpatient Detoxification Services		61
<u>Baltimore City</u>		
Level I Outpatient Services	270	739
Level II.1 Intensive Outpatient Services	1,784	2,990
Level III.1 Halfway House Services	57	104
Level III.3 Long Term Residential Services		12
Level III.7.D Medically Monitored Inpatient Detoxification Services		257
Acupuncture		64
Urinalysis Services		2,711
<u>Baltimore County</u>		
Level 0.5 Early Intervention Services (Adult)		34
Level I Outpatient Services (Adult)	243	632
Level I Outpatient Services (Adolescent)	11	26
Continuing Care		5
<u>Calvert County</u>		
Level II.1 Intensive Outpatient Services	15	213
<u>Caroline County</u>		
Level I Outpatient Services (Adult)	40	80
<u>Carroll County</u>		
Level II.I Intensive Outpatient Services	48	96

<u>Cecil County</u>		
Level III.7D Medically Monitored Inpatient Detoxification Services		82
<u>Charles County</u>		
Level II.1 Intensive Outpatient Services	12	63
<u>Dorchester County</u>		
Level II.1 Intensive Outpatient Services	24	48
<u>Frederick County</u>		
Level I.D Outpatient Detoxification Services		9
<u>Garrett County</u>		
Level I Outpatient Services (Adolescent)	20	30
<u>Harford County</u>		
Level I Outpatient Services	150	595
<u>Howard County</u>		
Level II.D Intensive Outpatient Services - Detoxification		20
<u>Kent County</u>		
Level III.7D Medically Monitored Inpatient Detoxification Services (Co-Occurring)		304
<u>Montgomery County</u>		
Level 0.5 Early Intervention Services		392
Level II.I Intensive Outpatient Services		61
<u>Prince George's County</u>		
Level 0.5 Early Intervention Services		201
Level I Outpatient Services (Adolescent)	8	235
Level IA Therapy Treatment Services	233	439
Level I Outpatient Services (Criminal Justice)		1,338
Level II.I Intensive Outpatient Services	64	197
Level III.1 Halfway House Services		9
Level III.3 Long Term Residential Care Services	6	16
Level III.5 Adolescent Therapy Community Services		4
Assessment & Case Management Services (Adolescent)		177
Assessment Services (Adult)		412
Continuing Care Services (Adolescent)		31
Continuing Care Services (Adult)		106
<u>Queen Anne's County</u>		
Level III.7 Medically Monitored Inpatient Services (ICF)		3
<u>St. Mary's County</u>		
Level I Outpatient Services (Criminal Justice)	20	45
Level II.1 Intensive Outpatient Services (Criminal Justice)	8	37
Level III.7 Medically Monitored Inpatient Detoxification Services		19

Somerset County

Level I Outpatient Services	15	45
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Talbot County

During Fiscal Year 2013, CRF funds were used to support a portion of the clinical supervisor program director's salary.

Washington County

Level I Outpatient Services (Jail-Based)	80	136
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Wicomico County

Level III.7 Medically Monitored Inpatient Detoxification Services		22
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Worcester County

Level I Outpatient Services		88
Level II.I Intensive Outpatient Services		7
Level III.7D Medically Monitored Inpatient Detoxification Services		119 days

In addition to the services listed above, the Worcester County Health Department contracted with the Joan Jenkins Foundation to provide services through the Atlantic Club to residents and visitors of the self-help community. In FY 2013, the Club reported serving 39,681 individuals per year, of which half of the reported 36,842 face-to-face and 2,839 telephone services were supported with CRF funds.

Managing For Results

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

MEDICAL CARE PROGRAM

FISCAL REPORT AND MANAGING-FOR-RESULTS

CIGARETTE RESTITUTION FUND PROGRAM
MEDICAL CARE PROGRAM
PROVIDER REIMBURSEMENTS
&
MANAGING-FOR-RESULTS (CY 2012)

Appropriation: **\$85,687,869**
 Expenditure: **\$85,687,869**

M00Q01.00 MEDICAL CARE PROGRAMS ADMINISTRATION

Objective 1.4 For Calendar Year 2013, reduce by one admission annually, the rate per thousand of asthma-related avoidable hospital admissions among HealthChoice children ages 5-20 with asthma.

Admissions are defined as “avoidable admissions” and are based on specifications from the Agency for Healthcare Research and Quality (AHRQ). The methodology for determining performance reflects both AHRQ and the Healthcare Effectiveness Data and Information Set (HEDIS) specifications and recommendations.

	CY 2011	CY 2012	CY 2013	CY 2014
Performance Measures	Actual	Actual	Estimated	Estimated
Input: Number of HealthChoice children ages 5- 20 with asthma	10,789	12,128	13,462	14,808
Output: Number of asthma-related avoidable admissions among HealthChoice children ages 5- 20 with asthma	389	468	511	548
Outcome: Rate per thousand of asthma-related avoidable Admissions among HealthChoice children ages 5-20 with asthma	36	39	38	37

Objective 2.5 For Calendar Year 2014, reduce the gap in access to ambulatory services between Caucasians and African-Americans in HealthChoice by one percentage point.

	CY 2011	CY 2012	CY 2013	CY 2014
Performance Measures	Actual	Actual	Estimated	Estimated
Input: Number of Caucasians enrolled in HealthChoice	260,877	268,666	276,726	285,028
Number of African-Americans enrolled in HealthChoice	443,219	456,118	469,801	483,895
Output: Percentage of Caucasians in HealthChoice accessing at least one ambulatory service	79.4%	78.3%	79.3%	80.3%
Percentage of African-Americans in HealthChoice accessing at least one ambulatory service	74.7%	74.0%	76.0%	78.0%
Outcome: Percentage gap between access rate for Caucasians compared to the access rate for African-Americans	4.7%	4.3%	3.3%	2.3%

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

Program Performance Discussion

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

Although the gap in access has remained relatively stable over the past three years, the percentage of African Americans accessing care increased from 73.7% to 74.0% between Calendar Year 2010 and Calendar Year 2012. While DHMH is pleased that the gap in access to care continues to decrease, a gap remains. Continuing efforts to address health disparities include increasing availability of race/ethnicity data among managed care organizations (MCOs), increasing performance measurement by race/ethnicity, targeting MCO care management to address disparities, initiating grant projects to address disparities in access to care, and participation in health disparities conferences and workgroups. Through continued focus in these areas, we aim to decrease the gap in access to care between Caucasians and African Americans over the upcoming years.