



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

September 22, 2014

The Honorable T. Eloise Foster, Secretary
Department of Budget and 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 2014

Dear Secretary Foster:

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

The fiscal year 2014 Annual Report is attached. The report includes expenditures, accomplishments, and Managing-for-Results data for the Tobacco, Cancer, Alcohol and Drug Abuse Prevention, and Medical Care programs.

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

Sincerely,

Joshua M. Sharfstein, M.D.
Secretary

Enclosure

cc: Allison Taylor, Director, Office of Governmental Affairs
Rianna Brown, Acting Chief of Staff
Laura Herrera, Deputy Secretary, Public Health Services
Thomas Kim, Deputy Secretary, Operations
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**MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE**

CIGARETTE RESTITUTION FUND PROGRAM

FISCAL YEAR 2014 ANNUAL REPORT

FUND EXPENDITURES AND ACCOMPLISHMENTS

September 2014



**Martin O'Malley
Governor**

**Anthony G. Brown
Lieutenant Governor**

**Joshua M. Sharfstein, M.D.
Secretary**

CIGARETTE RESTITUTION FUND PROGRAM

FISCAL YEAR 2014 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 2014 (July 1, 2013 – June 30, 2014)

1) Cancer Prevention, Education, Screening and Treatment Program

	Appropriation	Expenditures	Obligations	Unobligated
Components:				
Administration	559,488	535,607	23,881	0
Surveillance and Evaluation	1,169,085	1,091,432	77,653	0
Statewide Academic Health Center - Cancer Research	13,000,000	7,310,002	5,689,998	0
Local Public Health *	7,547,472	7,541,535	5,937	0
Baltimore City Public Health Grant *	2,446,000	1,695,229	750,771	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	130,958	108,167	0
Total	24,966,170	18,309,763	6,656,407	0

Local Public Health Component - Distribution by Jurisdiction - CANCER

Subdivision	(Budget) Available Funding	Unreconciled Expenditures	Obligations	Unobligated
Allegany	209,599	209,599	0	0
Anne Arundel	690,658	690,658	0	0
Baltimore Co.	1,101,025	1,101,025	0	0
Calvert	191,452	191,452	0	0
Caroline	140,838	140,838	0	0
Carroll	285,670	285,670	0	0
Cecil	218,343	218,343	0	0
Charles	224,142	224,142	0	0
Dorchester	146,824	146,824	0	0
Frederick	315,519	315,519	0	0
Garrett	136,078	136,078	0	0
Harford	374,155	374,155	0	0
Howard	314,630	314,630	0	0
Kent	135,711	129,774	5,937	0
Montgomery	882,476	882,476	0	0
Prince George's	825,940	825,940	0	0
Queen Anne's	161,003	161,003	0	0
St. Mary's	197,169	197,169	0	0
Somerset	133,257	133,257	0	0
Talbot	162,135	162,135	0	0
Washington	271,589	271,589	0	0
Wicomico	232,299	232,299	0	0
Worcester	196,960	196,960	0	0
Baltimore City*	2,446,000	1,695,229	750,771	0
TOTAL	9,993,472	9,236,764	756,708	0

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

Department of Health and Mental Hygiene, Prevention and Health Promotion Administration
Cigarette Restitution Fund Program
Interim Fiscal Report – Fiscal Year 2014 (July 1, 2013 – June 30, 2014)
(Continued)

2) Tobacco Use Prevention and Cessation Program

	Appropriation	Expenditures	Obligations	Unobligated
Components:				
Administration	241,008	193,464	47,413	131
Surveillance and Evaluation	989,611	249,589	721,483	18,539
Countermarketing and Media	0	0	0	0
Local Public Health	3,877,227	3,781,645	95,582	0
Tobacco Prevention and Cessation	216,478	216,478	0	0
Statewide Public Health	2,408,355	1,482,925	915,968	9,462
Total	7,732,679	5,924,101	1,780,446	28,132

Local Public Health Component - Distribution by Jurisdiction - TOBACCO

Subdivision	(Budget) Available Funding	Unreconciled Expenditures	Obligations	Unobligated
Allegany	126,877	126,877	0	0
Anne Arundel	232,590	225,340	7,250	0
Baltimore City	277,038	277,038	0	0
Baltimore Co.	314,350	270,579	43,771	0
Calvert	130,600	130,600	0	0
Caroline	112,592	112,592	0	0
Carroll	153,571	153,571	0	0
Cecil	138,124	138,124	0	0
Charles	143,949	143,949	0	0
Dorchester	109,516	109,516	0	0
Frederick	173,797	147,336	26,461	0
Garrett	112,881	112,881	0	0
Harford	174,115	174,115	0	0
Howard	160,608	142,508	18,100	0
Kent	106,150	106,150	0	0
Montgomery	257,600	257,600	0	0
Prince George's	293,471	293,471	0	0
Queen Anne's	115,817	115,817	0	0
St. Mary's	131,256	131,256	0	0
Somerset	107,189	107,189	0	0
Talbot	109,807	109,807	0	0
Washington	150,224	150,224	0	0
Wicomico	128,929	128,929	0	0
Worcester	116,176	116,176	0	0
TOTAL	3,877,227	3,781,645	95,582	0

Department of Health and Mental Hygiene, Prevention and Health Promotion Administration
Cigarette Restitution Fund Program
 Interim Fiscal Report – Fiscal Year 2014 (July 1, 2013 – June 30, 2014)
 (Continued)

	(Budget)			
	Available	Expenditures	Obligations	Unobligated
	Funding			
3) Breast & Cervical Cancer	14,700,000	10,185,439	4,514,561	0
CRF Program Totals	14,700,000	10,185,439	4,514,561	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 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.

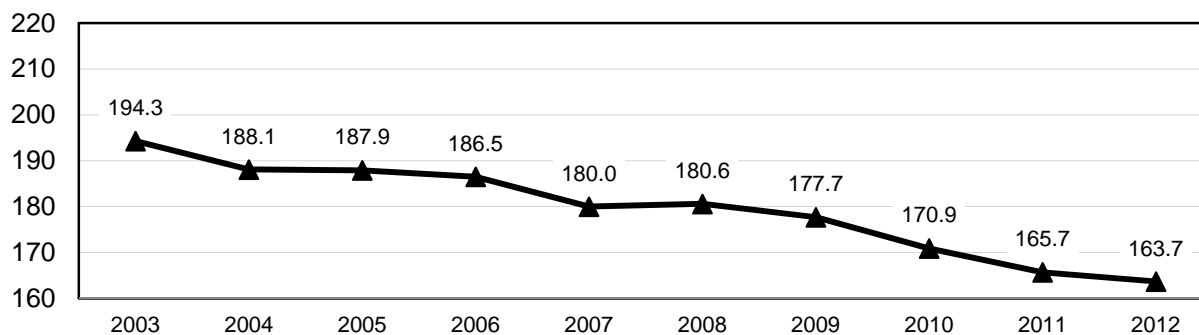
KEY GOALS, OBJECTIVES, AND PERFORMANCE MEASURES

Goal 1. To reduce overall cancer mortality in Maryland.

Objective 1.1 By calendar year 2015, reduce overall cancer mortality to a rate of no more than 155.1 per 100,000 persons. (Age-adjusted to the 2000 U.S. standard population.)

	CY2012	CY2013	CY2014	CY2015
Performance Measures	Actual	Estimated	Estimated	Estimated
Outcome: Overall cancer mortality rate	163.7	160.8	157.9	155.1

**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 2015, reduce disparities in overall cancer mortality between blacks and whites to a rate of no more than 1.10. (Age-adjusted to the 2000 U.S. standard population.)

	CY2012	CY2013	CY2014	CY2015
Performance Measures	Actual	Estimated	Estimated	Estimated
Outcome: Cancer death rate ratio between blacks/whites	1.11	1.11	1.10	1.10

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 2015, reduce colorectal cancer mortality to a rate of no more than 13.2 per 100,000 persons in Maryland. (Age-adjusted to the 2000 U.S. standard population.)

	FY2013	FY2014	FY2015	FY2016
Performance Measures	Actual	Actual	Estimated	Estimated
Output: Number screened for colorectal cancer with CRF funds	2,317	1,899	1,899	1,899
Number minorities screened for colon cancer with CRF funds	1,425	1,225	1,225	1,225

	CY2012	CY2013	CY2014	CY2015
Performance Measures	Actual	Estimated	Estimated	Estimated
Outcome: Colorectal cancer mortality rate	14.7	14.2	13.7	13.2

Objective 3.2 By calendar year 2015, reduce breast cancer mortality to a rate of no more than 22.2 per 100,000 persons in Maryland. (Age-adjusted to the 2000 U.S. standard population.)

	FY2013	FY2014	FY2015	FY2016
Performance Measures	Actual	Actual	Estimated	Estimated
Output: Number of women screened for breast cancer with CRF funds	1,291	1,014	1,014	1,014
Number of minority women screened for breast cancer with CRF funds	1,048	842	842	842

	CY2012	CY2013	CY2014	CY2015
Performance Measures	Actual	Estimated	Estimated	Estimated
Outcome: Breast cancer mortality rate	23.4	23.0	22.6	22.2

Objective 3.3 By calendar year 2015, 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.)

	CY2012	CY2013	CY2014	CY2015
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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.

	FY2013	FY2014	FY2015	FY2016
Performance Measures	Actual	Actual	Estimated	Estimated
Output: Number of persons diagnosed and linked or provided treatment	51	38	46	46

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 2016, approximately 13 percent of the individuals participating in clinical trials through University of Maryland Greenebaum Cancer Center (UMGCC) will be from diverse populations.

	FY2013	FY2014	FY2015	FY2016
Performance Measures	Actual	Actual	Estimated	Estimated
Input: Number of individuals participating in clinical trials	570	149 ¹	165 ¹	170 ¹
Number of diverse individuals participating in clinical trials	177	20	21	22
Outcome: Percent of diverse individuals participating in clinical trials	31.1%	13.4%	13.0%	13.0%

¹ Per the National Cancer Institute (NCI) guidelines for NCI designated Cancer Centers, the University of Maryland Greenebaum Cancer Center has reviewed all of its open clinical trials and determined that there were a number of trials that were open with few or no accruals. The decrease in the number of participants in clinical trials from FY13 to FY14 is a result of closing clinical trials with few participants. The NCI and other sponsors are funding and encouraging smaller trials with biological endpoints rather than large trials simply comparing one treatment to another. The result is a very significant decrease in the absolute number of cancer patients on clinical trials in Maryland and nationally.

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 (Title 13, Subtitle 10 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. The Program is funded 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,² 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. The last adult survey was completed in December of 2013.

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 MEASURES³

Goal 1. To reduce the proportion of under-age (less than 18 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 ever smoked a whole cigarette by 58.3 percent from the calendar year 2000 baseline rate.

	CY2000	CY2012	CY2014	CY2016⁴
Performance Measures	Actual	Actual	Estimated	Projected
Input: Percent of middle school students who have ever smoked a whole cigarette	16.8%	8.1%	7.5%	7.0%
Outcome: Cumulative percentage change	N/A	- 51.8%	- 55.4%	- 58.3%

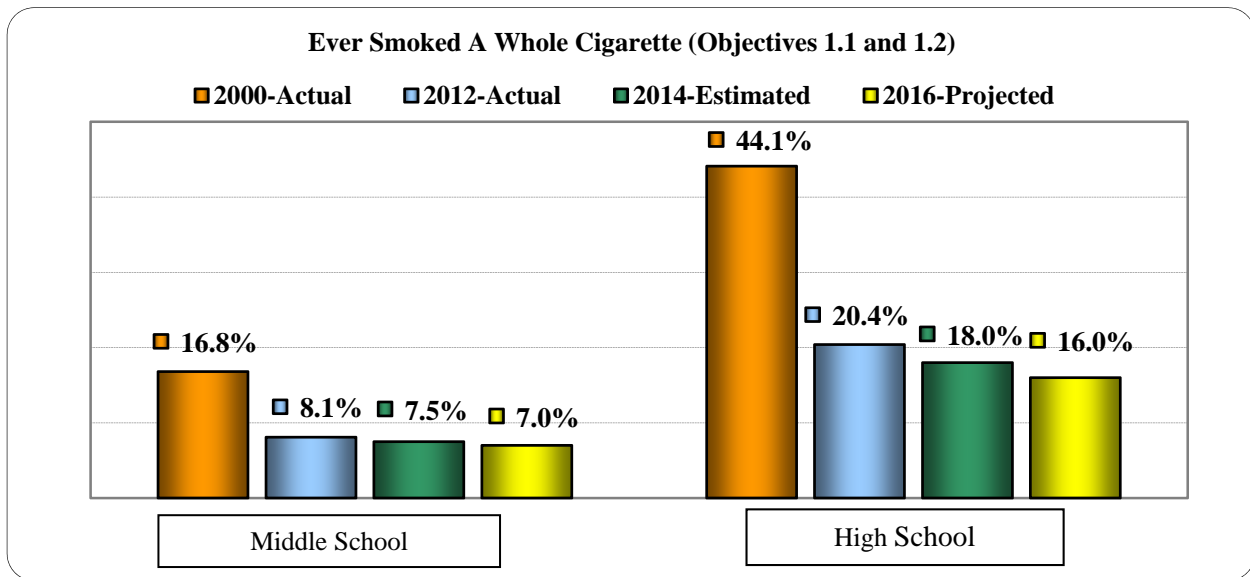
² Funding for the original Maryland Adult Tobacco Survey (MATS) was discontinued after 2008, necessitating abandonment of the MATS 2000 baseline in favor of the CDC’s Behavioral Risk Factor Surveillance System (BRFSS) survey, with its own 2000 baseline data. However, in 2011 the CDC altered its methodology for weighting BRFSS data necessitating the establishment of a new baseline for adult data beginning with the 2011 BRFSS survey.

³ 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.

⁴ The difference between Estimated and Projected figures relates to the methodology used to arrive at the figures.

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	CY2012	CY2014	CY2016
Performance Measures	Actual	Actual	Estimated	Projected
Input: Percent of under-age high school students who have ever smoked a whole cigarette	44.1%	20.4%	18.0%	16.0%
Outcome: Cumulative percentage change	N/A	- 53.7%	- 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 middle and high school students that currently smoke cigarettes by 58.9 percent and 56.5 percent respectively, from the calendar year 2000 baseline rate.

	CY2000	CY2012	CY2014	CY2016
Performance Measures	Actual	Actual	Estimated	Projected
Input: Percent of under-age middle school students who currently smoke cigarettes	7.3%	3.9%	3.5%	3.0%
Input: Percent of under-age high school students who currently smoke cigarettes	23.0%	11.0%	10.5%	10.0%
Outcome: Cumulative percentage change – middle school	N/A	- 46.6%	- 52.1%	- 58.9%
Outcome: Cumulative percentage change – high school	N/A	- 52.2%	- 54.3%	- 56.5%

Objective 2.2 By the end of calendar year 2015, reduce the proportion of Maryland adults that currently smoke cigarettes by 18.8 percent from the calendar year 2011 baseline rate.⁵

	CY2011	CY2013	CY2014	CY2015
Performance Measures	Actual	Actual	Estimated	Projected
Input: Percent of adults who currently smoke cigarettes	19.1%	16.4%	16.0%	15.5%
Outcome: Cumulative percentage change	N/A	- 14.1%	- 16.2%	- 18.8%

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

Objective 3.1 By the end of calendar year 2015, reduce the proportion of African-American adults who currently smoke cigarettes by 12.7 percent from the calendar year 2011 baseline rate.⁶

	CY2011	CY2013	CY2014	CY2015
Performance Measures	Actual	Actual	Estimated	Projected
Input: Percent of adult African-Americans who currently smokes cigarettes	18.9%	17.4%	17.0%	16.5%
Outcome: Cumulative percentage change	N/A	- 7.9%	- 10.1%	- 12.7%

Objective 3.2 By the end of calendar year 2015, reduce the proportion of Hispanic adults who currently smoke cigarettes by 49.7 percent from the calendar year 2011 baseline rate.

	CY2011	CY2013	CY2014	CY2015
Performance Measures	Actual	Actual	Estimated	Projected
Input: Percent of adult Hispanics who currently smokes cigarettes	19.9%	11.0%	10.5%	10.0%
Outcome: Cumulative percentage change	N/A	- 44.7%	- 47.2%	- 49.7%

⁵The 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 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.

⁶ 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.

CANCER CONTROL PROGRAMS

ACCOMPLISHMENTS

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

FISCAL YEAR 2014 ACCOMPLISHMENTS

LOCAL PUBLIC HEALTH COMPONENT

Overall

- Funding was awarded to each local jurisdiction's Cancer Prevention, Education, Screening and Treatment Program for fiscal year Fiscal Year 2014; this includes 24 local health departments and one academic health center in Baltimore City. Each local 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 2014.
 - 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;
 - 17 jurisdictions addressed skin cancer; and
 - 3 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 Fiscal Year 2014, screening, diagnosis, and treatment data for the targeted cancers under the CRFP for local health departments, Baltimore City Local Public Health, and the statewide academic health center include the following:
 - 4,862 screening tests were performed - 38 individuals were diagnosed with cancer in the program, linked to care, or provided treatment;
 - 4,072 persons received one or more cancer screenings - 75% of persons screened were minorities;
 - 1,919 screening colonoscopies were performed, of which:
 - 544 had adenomatous polyps;
 - 9 sigmoidoscopies were performed; and
 - 22 individuals were diagnosed with colorectal cancer in the program, linked to care, or provided treatment;
 - 819 oral cancer screening examinations were performed - no one was diagnosed with oral cancer in the program;
 - 27 skin cancer screening examinations were performed - 6 individuals were diagnosed with any type of skin cancer in the program, linked to care, or provided treatment;
 - 886 mammograms were performed and 875 clinical breast examinations were performed - 7 individuals were diagnosed with breast cancer in the program, linked to care, or provided treatment;
 - 327 Pap tests were done - no one was diagnosed with cervical cancer in the program, linked to care, or provided treatment; and
 - 3 individuals were diagnosed with prostate cancer in the program, and provided treatment.

Public Education and Outreach

- A total of 102,366 Maryland residents in the general public were educated for all cancers in Fiscal Year 2014.
- Local programs conducted a variety of public education and specific outreach activities.
 - Cancer education and outreach has been conducted through community sites and events such as at educational institutions, parks and recreation centers, clinics and health agencies, churches, food banks, soup kitchens, barbershops, laundry facilities, hair and

- nail salons, department stores, libraries, supermarkets, senior centers, housing units, fitness centers, businesses, health fairs, and conferences and symposiums. Education and outreach activities have also been conducted through work with coalitions, mass mailings, radio, newspaper, television, and provider websites.
- 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 billboards, community bulletin boards, bus shelter ads, videos, brochures, flyers, posters, paycheck inserts, pencils, nail files, and magnets and have distributed these door-to-door and at venues like health fairs, libraries, pharmacies, senior centers, and housing units.
- Examples of public education and outreach performed by the local health departments and the Baltimore City Public Health component included the following:

Allegany County

Staff provided education and distributed cancer prevention and awareness materials at Rose's, Bon Ton, Family Dollar, Dollar Tree, and Ollie's stores; Cumberland and Frostburg farmer's markets; Cumberland, George's Creek, and Frostburg senior centers; grocery stores; pharmacies; churches; and food pantries. Display tables with cancer prevention literature were set up at many of these locations. Throughout March, a public service announcement on colorectal cancer prevention and the program's cancer screening services aired on Magic 100.5 radio station.

Anne Arundel County

Breast, cervical, colorectal, prostate, and skin cancer control education was provided by staff using brochures, posters, and screening eligibility information in both English and Spanish at health fairs, public libraries, community organizations, local minority churches, businesses, community service agencies, grocery stores, thrift stores, department stores, and other health department locations including the Magothy Health Center. Skin cancer prevention education tools and materials were provided through a website to assist school health nurses and health educators. Seventeen schools were provided skin cancer prevention education displays and materials. Cancer prevention education was provided to attendees at the Cinco de Mayo Celebration and Ridgely Avenue Block Celebration in Annapolis.

Baltimore City, Baltimore City Health Department

The program staff collaborates with the Johns Hopkins Cancer Center and University Environmental Health - Environmental Justice Partnership, Inc. for their *Day at the Market* at the Northeast Market, a monthly colorectal and oral cancer prevention program for East Baltimore residents. Outreach staff conduct community-based activities, such as distributing flyers and brochures with the Sexually Transmitted Infections/Needle

Exchange Vans to educate hard-to-reach residents. In an effort to reach low-income and high-risk populations, outreach staff conduct monthly cancer prevention education sessions at local soup kitchens such as Paul's Place, Beans and Bread, My Brother's Keeper, and Our Daily Bread. Cancer prevention education was provided at the Waxter Center, Chase Brexton, Total Health Care, the Broadway Center for Addiction, the Hope Lodge, and Helping Up Mission.

Baltimore City, University of Maryland Medical Group

Staff spoke about breast, cervical, and colorectal cancer prevention and program services at a "Lunch Time Talks" at City Hall. During radio station WLOB's Larry Young Show, the Director of the Baltimore City program discussed breast, cervical, and colorectal cancer awareness. Education and outreach staff educated city residents and street and market vendors on breast, cervical, and colorectal cancer prevention and program services during: "A Day at the Market" at Lexington Market; the "B'More Health Expo" at the Convention Center; and a community 5K walk throughout Baltimore's neighborhoods.

Baltimore County

Staff provided cancer education through phone conversations with Baltimore and Anne Arundel County residents seeking colorectal cancer screening, diagnosis and/or treatment. Staff participated in health fairs and events, provided attendees with printed materials regarding breast, cervical, and colorectal cancer prevention and program services at the following locations: Unilever, Baltimore; Parkville Senior Center Health Fair, Parkville; YMCA Parkville Health and Fitness Fair, Parkville; St. Stephens AME Church, Essex; Kingdom Worship Center Community Health Fair, Baltimore; Sikh Association of Baltimore, Randallstown; Dunfest, Dundalk; Baltimore City African-American Festival, Baltimore; Susan G. Komen Annual Baltimore City Symposium, Pimlico Race Track; Commission for Women Empowerment Expo 2014, Baltimore; and the Y of Central Maryland's wellness fairs and activities.

Calvert County

The annual 5K "Keep Your Colon Rollin'" event was held at Jefferson Patterson Park in St. Leonard with four colorectal cancer survivors addressing event participants about the importance of cancer screening. In April, the program sponsored the Beach Family Funfest featuring SunGuard Man who educated families on sun safety practices and distributed sunscreen. In May, construction companies and Asian-owned businesses were contacted to recruit potential clients; participants of the first annual Women's Expo, held at Wilson Ennis Clubhouse, were provided cancer prevention literature; and an electronic highway sign was used to recruit individuals for the cancer screening program. Throughout the year, the program with their partners, including the local hospital, providers' offices, and newspaper, distributed cancer awareness materials.

Frederick County

In collaboration with the American Cancer Society Radiothon at Frederick Memorial Hospital, a radio interview was conducted with Stations 103.1 and 106.9 informing listeners about colorectal, prostate, breast, and skin cancer awareness and screening program activities. Program staff distributed brochures about cancer awareness at the Benjamin Moore Paint Center in Frederick and at the Episcopal Church of the

Transfiguration. Cancer control and awareness information was provided through newspaper articles written and published in the Frederick News Post, radio interviews provided and aired on WFMD and WFRE radio stations, and public service announcements run on the county government TV channel.

Howard County

Staff conducted education and outreach throughout the county at locations including: Howard County government agencies such as the Department of Public Works, Office of Human Resources, and Bureau of Utilities; several Howard Community College campuses; the Laurel Multiservice Center; Bethel, Hyang Garden, and City of Hope Church; physicians' offices; and community centers such as North Laurel, Owen Brown, Glenwood, Wilde Lake, and Oakland Mills Interfaith Centers. Cancer awareness and prevention materials were provided to participants at the Howard County Men's Health and Fitness Fest, at Celebration Church, and at the Foreign-born Information Referral Network (FIRN) in Columbia.

Montgomery County

The program's subcontractor, Suburban Hospital, and coalition members held their annual Wisdom For Women program that featured Dr. Linda Lee, Director of Johns Hopkins Integrative Medicine and Digestive Center. She addressed the issue of food and its impact on the digestive system and associated health risks, such as colorectal cancer. Suburban Hospital provided skin cancer awareness and prevention education to county residents. Another of the program's subcontractors, Holy Cross Hospital, held their 10th Annual To Your Health Events in April that included table displays, literature, and education on breast, cervical, and prostate cancers.

Prince George's County

Program staff and partners provided education and outreach through individual and group presentations on colorectal cancer prevention. Presentations and materials were provided at multi-faith-based health fairs at the Jericho Christian Academy, House of Prayer-Church of God, Reid Temple AME Church, First Baptist Church of Glenarden, and at several community centers including the Southern Region Technology Recreation Complex, St. Ann's Center for Children, Pleasant Homes Community Center, Town of Colmar Manor Community Center, North Forestville Community Center, Langley Park Community Center, Sports and Learning Complex, and the Equestrian Center/Showplace Arena. A video entitled, "Screening for Colorectal Cancer with Colonoscopies," was utilized as a teaching tool.

Queen Anne's County

Staff provided information and materials on colorectal cancer screening and sun safety to the Homemakers Club at the New Life Community Church, elementary schools, and the Paul Reed Smith Guitars employee wellness fair. The program advertised services in the Update Newspaper, on the Maryland Community Resource Locator website, and mailed educational materials to local physicians.

Somerset County

Weekly visits to Three Lower Counties Community Services, Inc. in Princess Anne were made with education provided to patients waiting for their scheduled appointments. In March, a billboard on Route 13 in Westover displayed messages on colorectal cancer prevention, and in May, skin cancer prevention and awareness. During a community health coalition meeting, skin cancer prevention and sun safety education was provided. In May, attendees of the county's 1st Annual Community Field Day were provided sun block, bookmarks, and information on cancer prevention.

Wicomico County

The program's nurse case manager recorded public service announcements on colorectal cancer screening and sun safety. These announcements were aired on eight radio stations. In June, the nurse case manager appeared on a local television program, Delmarva Life, discussing sun safety and skin cancer prevention. The program aired in June and can still be viewed online in the archived programs of Delmarva Life.

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 include:

Anne Arundel County

Staff provided program brochures including cancer prevention information and program services along with small giveaways that had program name and contact information to participants of three Hispanic community events in Annapolis: the Latino Community Resource Night at Annapolis Middle School; the Cinco de Mayo Celebration; and the Ridgely Avenue Block Celebration. The program's African American and Hispanic outreach subcontractors provided culturally appropriate cancer awareness information and promoted free screenings for breast and cervical cancer to those who were program eligible.

Baltimore City Health Department

Greenmount Senior Center was briefed on program cancer control services and prevention information. Mosaic Community Services, a mental health community, received flyers and education material for distribution to their clients.

Baltimore City, University of Maryland Medical Group

In April and May respectively, staff participated in the "Why Women Cry IX" conference at the University of Baltimore Wright Theatre, with a majority of African-American attendees, and the "Family Health Centers of Baltimore" Hispanic Health Fair. During both events cancer prevention and program services information was shared.

Baltimore County

The program's education and outreach staff visited more than 20 minority-owned nail salons educating owners and staff and leaving breast, cervical, and colon cancer brochures for distribution to salon clientele. Program education and outreach staff contacted representatives from the Baltimore American Indian Center and shared program information and cancer awareness materials with them. Outreach to twelve

predominately African-American churches was conducted with program services and cancer awareness materials provided.

Caroline County

Skin cancer and colorectal cancer prevention literature was provided to members of several predominantly African American churches including the Union Bethel AME and their five affiliate churches. During the Federalsburg Community Civic League Health Fair, colorectal and skin cancer prevention literature was provided. During a boat excursion and health fair held at the Suicide Bridge Restaurant on Mother's Day, women, mostly from the minority community, were educated and provided literature on skin cancer prevention.

Cecil County

Staff conducted "Community Volunteer Outreach Training" with volunteers so they could continue providing outreach to minority communities regarding colorectal cancer screening and the program's services. The trained volunteers conducted educational sessions to individuals within their minority communities. Staff made follow-up phone calls and scheduled meetings with all previously trained community volunteers to review the cancer prevention information and their community outreach activities.

Somerset County

The health department's translator created Spanish language materials, including signs and brochures, with cancer control program contact information and prevention messages. A mass mailing from the Crisfield Housing Authority included a flyer with program information and education on the importance of colorectal cancer screening.

Worcester County

Throughout the year, the program's nurse case manager educates the county's Breast and Cervical Cancer Program (BCCP) clients on colorectal cancer prevention and screening services; a majority of the BCCP clients are from minority communities. During a Salem United Methodist Church health fair, information on the program's colorectal screening services and prevention message was shared. At the Pocomoke Center, a senior citizen group predominately comprised of minorities, the BCCP staff provided sun safety and skin cancer prevention information.

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.
 - 80,236 providers were reached through education and outreach efforts such as mailings and newsletters.
 - 12,799 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 to medical providers the “Minimal Elements for Screening, Diagnosis, and Treatment” (Minimal Elements) that was developed and/or updated by the Department of Health and Mental Hygiene (DHMH) for oral cancer, colorectal cancer, breast cancer, cervical cancer, and prostate cancer. 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 staff from DHMH’s Center for Cancer Prevention and Control (CCPC), 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 the 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 CRF Program cancer grantees were conducted by the DHMH CCPC 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, five 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 health departments in St. Mary’s and Prince George’s Counties, Baltimore City, and for University of Maryland Program grantees.
- Written guidance continued to be provided to the local jurisdictions. The DHMH website for the Cancer CRF Program was continually updated with written guidance for local jurisdictions.
- DHMH CRF Program 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 CRF Program 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 CRF Program staff developed colorectal and skin cancer awareness messages for the lobby monitors that ran during March and May.

SURVEILLANCE AND EVALUATION COMPONENT

- The Program 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 or 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.
- Data from the Maryland BCCP for the CPEST programs targeting breast and cervical cancer screening, diagnosis, and/or treatment program was analyzed by CRF Program staff.
- The statewide CPEST Education Database (EDB) for tracking education and outreach efforts continues to be maintained and supported by Program staff.
- EDB training was conducted for three local health departments on-site; eight staff completed the online database training.
- Client Database training sessions were conducted for one local health department; 19 participants attended.

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 four times in Fiscal Year 2014: November 12, 2013; April 23; February 26; and June 25, 2014.
 - At the November 12, 2013 meeting, members were provided information from the Park Heights Community Health Alliance regarding planned coverage for cancer patients with the implementation of the Affordable Care Act. A new marketing campaign and communication network plan for cancer control professionals and organizations was discussed with the idea that the product of this effort fosters collaboration, partnerships, and the sharing of resources.
 - During the February 26, 2014 meeting, a guest speaker, the Co-Founder of the Cancer Support Foundation, spoke on the issue of cancer patients' financial challenges affecting their daily lives. Members further defined their plans for creating a financial resource guide that programs and patients may use when they or loved ones are confronted with cancer and need care and services. Data were reported regarding the number of e-mails, tweets, and Facebook followers via the Coalition's website and social media hits.
 - The April 23, 2014 BCCHEC Strategic Planning Meeting at Coppin State University was used to finalize the "Resource Financial Guide." Members stressed the importance of members' involvement. Each organization was asked to define their plan of action to market the upcoming June 25th coalition community collaborative event, "A Continuous Journey to Survivorship Day," to ensure a significant attendance.
 - The last meeting for this fiscal year was held on June 25, 2014 and members discussed ways to increase membership and active participation in planning and collaborative events.
- 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.
- Just less than 17,000 individuals (16,880) 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 47 people for colorectal cancer with colonoscopy. Of the 47 persons screened, 44 (94%) were of racial or ethnic minorities. No people were diagnosed with colorectal cancer, linked to care, or provided treatment services.

- UMMG screened 721 women for breast cancer. Of the women screened, 661 (92%) were of racial or ethnic minorities. Four women were diagnosed with breast cancer and were linked to care or provided treatment services.
- UMMG screened 225 women for cervical cancer. Of the women screened, 204 (91%) were of racial or ethnic minorities. No women were diagnosed with cervical cancer, linked to care, or provided treatment services.
- The Baltimore City Health Department screened 271 persons for colorectal cancer with colonoscopy. Of the 271 persons screened, 244 (90%) were of racial or ethnic minorities. Five people were diagnosed with colorectal cancer and were linked to care or provided treatment services. Nearly 800 people (797) were screened for oral cancer with no one found to have oral cancer. Of the 797 people screened, 731 (92%) were of racial or ethnic minorities.

Johns Hopkins Institutions Cancer Research Grant

- In Fiscal Year 2014, the Johns Hopkins Institutions (JHI) was awarded \$1,793,103, an increase of \$993,103 compared to Fiscal Year 2013.
- JHI on behalf of the Johns Hopkins University (JHU) submitted a grant application for cancer research and was awarded a grant for the fourteenth year of the project.
- JHI awarded mini-grants in Fiscal Year 2014 including seven for faculty recruitment and two for facility retention. Sixteen projects were funded in the following areas:
 - The burden of environmental pollutants; adipose deposition of environmental toxins;
 - Induced polyamine catabolism as a source of reactive oxygen species in inflammation/infection associated carcinogenesis;
 - Cancer disparities and community based participatory research;
 - Timely cancer research to improve the burden of cancer in Maryland;
 - Evaluating determinants of screening for colorectal cancer in low income urban Baltimore;
 - Tumor angiogenesis – from novel insights to reduction in cancer risk and morbidity;
 - Establishing a tissue repository in Washington County, Maryland for translational research on cancer and benign conditions;
 - A comprehensive approach to improving breast cancer screening and prevention in low socio economic status women in Baltimore City;
 - Incorporating life expectancy calculators into cancer screening decisions;

- Improving outcomes in triple negative breast cancer by targeting HIF-1;
 - Breast cancer studies targeting minority populations;
 - Cancer survivorship and aging; identifying and understanding cultural and environmental factors associated with poor health and disability;
 - Cancer education and services outreach effectiveness in Baltimore City NE Market;
 - Cancer education and services outreach effectiveness in Baltimore City NE Market; Project II;
 - Metformin or lifestyle intervention to improve health in overweight/obese cancer survivors; and
 - The patient support interventional study.
- In Fiscal Year 2014, multiple audiences were educated about the findings of 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 2014, CRF funds were leveraged and resulted in 20 new grants from outside funding sources.

University of Maryland Cancer Research Grant

- In Fiscal Year 2014, the University of Maryland Greenebaum Cancer Center (UMGCC) was awarded \$11,206,897, an increase of \$6,206,897 compared to Fiscal Year 2013.
- 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 Clinical Laboratory Improvement Amendments (CLIA) certified in August 2012, worked towards accreditation by the College of American Pathologist (CAP), and plans to submit its’ CAP application in September 2014.
- UMGCC had eight research activities underway that will translate into clinical applications for patient benefit.

- As of April 2014 Shared Services include:
 - **Pathology Biorepository and Research Core Shared Service**⁹: 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**⁹: 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**⁹: 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.
 - **Flow Cytometry**⁹: 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.
 - **Translational Laboratory**⁹: 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)**⁹: The Structural Biology Shared Service 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**⁹: Shared Service currently under development.
- As of June 30, 2014, the CRF Cancer Research grant supported 56 faculty members and 54 of these researchers published at least one cancer related article in a peer reviewed scientific journal.
- As of June 30, 2014, 30 faculty members filed 104 federal, state, and private grant applications. In addition, there were also 50 new clinical trial applications submitted for funding. There were

⁹ Receiving CRF funding in Fiscal Year 2014.

149 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.

- Since Fiscal Year 2007, 49% 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 2%. As of June 30, 2014, the cancer center's overall enrollment of minority patients in clinical trials was 27%.

Maryland Cancer Registry

- The Maryland Cancer Registry (MCR) submitted 2011 incidence data for evaluation and confidential feedback from the North American Association of Central Cancer Registries (NAACCR) and received "Gold" certification in five 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 1996-2011 data to be included in the Cancer in North America publication. This data also passed all required edits.
- The MCR data for incidence years 1996-2011 was submitted during Fiscal Year 2014 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 2014 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 2014 to obtain more complete death information on cases in the MCR.
- During Fiscal Year 2014, the MCR linked the MCR database with DHMH's BCCP database of cancer cases diagnosed from 2004-2010. The MCR will link with the BCCP database annually to assist in case finding and as part of requirements of the CDC's 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 14 during Fiscal Year 2014. The upgrades involved three programs used by the Registry:
 - Web Plus – Brings data into the system;
 - PrePlus – Edits and improves quality and consistency of data; and
 - CRS Plus – Consolidates information received from different sources.
- Westat completed six hospital audits during Fiscal Year 2014. Westat evaluated case finding procedures, abstracting, and coding done by each selected facility.

- MCR staff at DHMH processed over 42 requests for release of Maryland Cancer Registry data.
- MCR staff resolved over 1,480 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 2014 the BCCDTP paid for services for 2,064 participants, and processed a total of 22,612 paid claims.
- BCCDTP funds were awarded to local Breast and Cervical Cancer Programs through 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 Fiscal Year 2014.
 - 739 women received at least one screening test or diagnostic service.
 - 702 women received a breast cancer service and
 - 44 women received a cervical cancer service.

TOBACCO USE PREVENTION

ACCOMPLISHMENTS

CIGARETTE RESTITUTION FUND PROGRAM
TOBACCO USE PREVENTION AND CESSATION PROGRAM

FISCAL YEAR 2014 ACCOMPLISHMENTS

TOBACCO PREVENTION AND CESSATION

STATEWIDE PUBLIC HEALTH COMPONENT

- The Tobacco Use Prevention and Cessation Program (Program) provided funding to the Maryland Tobacco Quitline, 1-800-QUIT-NOW. The following services were provided to 7,476 residents: four-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.
- The Program implemented health communication efforts promoting the Maryland Tobacco Quitline, as follows: New Year’s Eve transit and TV ads; “Happy Callers” TV ads; transit ads promoting the Spanish Tobacco Quitline, the Asian Tobacco Quitline, football-themed ads, quitting smoking while pregnant, and protecting pets from secondhand smoke; digital jukebox ads; and ads in publications such as the Maryland Nurse and home game yearbooks for sports teams including the Baltimore Orioles, Baltimore Ravens, University of Maryland football and basketball, Navy football, and Johns Hopkins University lacrosse.
- The Program Supported the Maryland Resource Center for Quitting Use and Initiation of Tobacco (MDQuit), housed at the University of Maryland, Baltimore County. MDQuit staff provide statewide technical assistance and training to organizations and healthcare providers across Maryland on motivational interviewing, Fax-to-Assist programs for patient referrals to the Maryland Tobacco Quitline, trainings for providers and residency programs on addressing tobacco use and cessation among their patients, and development of train-the-trainer type models for providers to address tobacco use among Medicaid patients, as well as patients with behavioral/mental health issues.
- The Program Supported the Legal Resource Center for Public Health Policy housed at the University of Maryland School of Law. The Legal Resource Center provides legal technical assistance to community groups, employers, local health departments, residents, and agencies across Maryland on a variety of topics, including: implementation of smoke-free multi-unit housing; implementation of smoke-free grounds; implications of electronic cigarettes (e-cigarettes) and smoke-free policies; addressing flavored cigar products; and addressing tobacco point-of-sale advertising and product placement in retail stores.
- The Pregnancy and Tobacco Cessation Help (PATCH) initiative continued in 14 counties to address and reduce smoking rates among pregnant women, women of child bearing age, and members of their households and social environments. LHDs hosted PATCH meetings with the

purpose of assembling critical partners from local coalitions, planning boards, hospitals, head start agencies, federally qualified health centers (FQHCs), housing authorities, and school systems to mobilize existing resources to better address tobacco-use screening, education, prevention, and smoking cessation services offered to this target population. Since the inception of PATCH, there have been 32 initial, follow-up, grand round, and/or sharing meetings. The combined total attendance for these meetings is more than 662 individuals. PATCH also incentivized 49 partners to be portals for marketing the PATCH initiative, including seven Federally Qualified Health Centers (FQHCs).

- The Program worked with nine designated Minority Outreach and Technical Assistance Organizations (MOTA) to promote the PATCH initiative in local housing complexes and faith-based settings, conduct tobacco use and attitude surveys in low income housing complexes, and promote tobacco policies and smoke free homes.
- *The Cigar Trap* campaign (www.TheCigarTrap.com) was expanded by producing TV ads in both English and Spanish to complement the existing components developed in 2011 (radio, billboard, and print). In the spring of 2014, over 1,100 TV ads (60, 30, and 15 second versions) and over 4,200 radio ads were placed statewide on both English and Spanish-speaking stations. Web banner ads were also placed on corresponding radio station websites. Additional advertising includes four billboards along major state highways; 163 transit ads on Baltimore City buses; Metro car interiors; MARC car interiors; Metro station kiosks; and Frederick and Central Maryland buses, and 20 Facebook ads. As part of the radio ad placement, radio interviews with the Directors of the Center for Tobacco Prevention and Control and the Cancer and Chronic Disease Bureau took place.
- The Program began development of toolkits and materials for landlords and property owners/managers. Topics addressed include the ability of property owners/managers to implement smoke-free multi-unit housing, as well as the benefits of doing so. The toolkits will be available in Fiscal Year 15. Focus groups and in-depth interviews were also conducted with landlords and property owners in order to determine attitudes and beliefs around smoke-free housing implementation, successes and barriers for implementing smoke-free housing, and determining effective means of communication within the industry.
- Development began on health communications and outreach efforts focused on expanding awareness of smoking cessation and the availability of the Quitline to those suffering from mental illnesses and substance abuse. Development of the initiative will be completed in Fiscal Year 15.
- Development of a health communications campaign began. The campaign will increase the awareness of the negative impact tobacco litter has on the environment, and why this is another good reason to quit smoking or not start at all. Materials will be completed in Fiscal Year 15.

LOCAL PUBLIC HEALTH COMPONENT

Overall

- The Program oversaw 24 local tobacco coalitions with a statewide membership of 565 people to ensure diverse representation and inclusive participation. The demographic composition of all the local coalitions is 52% Caucasian, 38% African American, 4% Asian American, 4% Hispanic/Latino, and 1% Native American. These coalitions provide input to their local health department on the development of comprehensive tobacco control plans.
- The Program worked with local health departments to develop jurisdiction-specific tobacco control action plans that address CRF Program goals, objectives, site visit recommendations, and audit findings.
- Program staff provided training and technical assistance to local health departments and community organizations to build sustainable tobacco control programs targeting minority and disparate populations.
- Program staff collaborated with the Behavioral Health Administration on tobacco retail education and compliance checks to comply with the federal SYNAR regulation. Established a working committee and identified new funding sources to enhance local tobacco sales compliance to address the increasing non-compliance rate.
- Program staff collaborated with the Behavioral Health Administration, SAMSHA, and community partners to develop a strategic plan to address disparate smoking rates among mental health and substance abuse clients.

Community-Based Element

- 945 advocates and community leaders were trained on smoking cessation programs and tobacco use prevention strategies.
- 26 faith-based and 41 minority organizations were funded to incorporate tobacco prevention and cessation messages into various programs.
- 122,129 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.
- 471 awareness campaigns were conducted in targeted communities.
- 31 Youth Leadership programs were conducted.

School-Based Element

- 1,145 teachers, nurses, daycare providers, and school administrators were trained on available tobacco use prevention and cessation curricula, programs, and strategies.
- 2,475 Pre-K students received multiple tobacco use prevention education sessions.
- 132,476 K – 12 students received multiple tobacco use prevention education sessions.
- 1,037 private school students were educated on tobacco use prevention.
- 253 students were educated in alternative school settings.
- 379 college students received tobacco use prevention education on campus.
- 12,403 students were reached with peer programs in schools.
- 92 students received smoking cessation counseling and support at school.

Enforcement of Youth Access Restrictions Element

- 3,085 tobacco retailer (stores) product placement compliance checks were conducted.
- 2,236 tobacco retailer (stores) youth access compliance checks were conducted.
- 255 tobacco retailers (stores) were issued citations for sales to minors.
- 71 youth were cited for illegal possession of tobacco products.
- 131 students participated in the Tobacco Education Group program.

Smoking Cessation Element

- 562 nurses and health care providers were trained on various smoking cessation models and clinical guidelines.
- 9,705 adults participated in smoking cessation services through local health department-funded initiatives.
 - 3,141 received nicotine patches, 495 received Chantix, and 860 received nicotine replacement gum to support their quit attempt.
 - 683 pregnant women participated in the smoking cessation services.
 - 1,685 participants identified with behavioral health issues received services.
- 56% of smoking cessation class participants were minority:
 - 43% of cessation participants were African Americans (4,220)

- 4% of cessation participants were Hispanics/Latinos (435)
- 4% of cessation participants were Asian Americans (358)
- 4% of cessation participants were Native Americans (390)

Policy Changes Supported by Local Health Departments

Baltimore County

The Baltimore County Council adopted legislation on January 22, 2014 restricting smoking within the “general boundary of the outdoor areas of the following recreation and parks facilities: playgrounds and tot lots; dog parks; organized games or events at athletic fields sponsored by the Department of Recreation and Parks or a local recreation council; and within 30 feet of a recreation and parks building.” On May 18, 2014, the use of any nicotine delivery device including e-cigarettes, hookah pens, e-hookahs or vape pipes are prohibited in all government buildings and all county vehicles. Also, the Baltimore County Council adopted legislation requiring all hookah lounges in the county to close at 12 midnight instead of 4 a.m.

Carroll County

On June 16, 2014, the City of Westminster Parks and Recreation announced that certain areas in 13 city parks would become tobacco-free. This includes playgrounds, pavilions, sports courts, and athletic fields. Tobacco-free areas are designated by placards, and tobacco product usage is prohibited within 50 yards of playing fields or program sites.

Cecil County

As of July 1, 2013, the facilities and properties under Elkton Housing Authority were declared smoke free for tenants, employees, visitors, and maintenance vehicles. The policy is included in each new leasing agreement.

Montgomery County

A new County resolution was adopted April 29, 2014 to urge pharmacies to stop selling cigarettes in Montgomery County retail outlets.

Prince George’s County

In 2014, Doctor’s Community Hospital enacted a smoke-free campus policy to include all buildings, grounds, and parking lots.

Queen Anne’s County

In February 2014, the Queen Anne’s County Public School System amended their smoking policy to include the ban of electronic cigarette use.

Somerset County

In July 2013, Somerset County Parks and Recreation banned smoking on the fields while children are present. As a result of the PATCH Initiative, in June 2014, the McCready Foundation’s indoor smoke free policy was updated to include e-cigarettes. Also in 2014, Three Lower Counties (TLC) updated their indoor smoking policy to include e-cigarettes.

Talbot County

In January 2014, Konsyl Pharmaceuticals adopted a smoke-free grounds policy. The indoor and outdoor seating areas at Doc's Restaurant become smoke-free on January 1, 2014. In May 2014, county grounds and surrounding county buildings, parks, beaches, and boat ramps went tobacco free. Lastly, St. Michaels Housing Authority adopted a smoke-free apartment policy on June 1, 2014.

Washington County

The Hagerstown City Council in collaboration with the mayor enacted a smoke-free ordinance for city parks on October 28, 2013.

Wicomico County

On August 1, 2013, the following housing developments went smoke free: Homes at Foxfield, Mitchell Pond Village, Gateway Senior Community, and Sassafra. The Wicomico County Health Department went smoke free on July 1, 2012, and as of July 1, 2014 their agency policy now includes e-cigarettes. Smoke free campuses throughout the county include Peninsula Regional Medical Center, Salisbury City Zoo, Salisbury University, Knowland Group, K&L Microwave, Chesapeake Rehab, HealthSouth, West Brook Commons, and a multi-unit housing complex called The Lodge at Naylor Mill.

Worcester County

As of July 1, 2013, the Worcester County Commission on Aging implemented a tobacco free campus policy which also includes four senior centers, as well as the Worcester County Maryland Access Point and Pocomoke Health Center. Calvary United Methodist Church established a Smoke Free Holy Ground, and Clark Manor housing complex became a smoke free complex on January 1, 2014.

SURVEILLANCE AND EVALUATION COMPONENT

- Conducted the first biennial Maryland Youth Tobacco and Risk Behavior Survey (YTRBS) in the spring of 2013. The YTRBS combines the Maryland Youth Tobacco Survey and the Maryland Youth Risk Behavior Survey. Data has been released and is available for use, although the FY 2013 "Monitoring Changing Tobacco Use Behaviors" has not yet been released – release is expected in September 2014.
- 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 DHMH's 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.

**ALCOHOL AND DRUG ABUSE ADMINISTRATION
PROGRAM**

FISCAL REPORT

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

During Fiscal Year 2014, the Alcohol and Drug Abuse Administration (ADAA) administered \$21,032,184 in Cigarette Restitution Funds. These funds were appropriated in ADAA's budget PCA M274. These budget projects provide for the administration of funds for the enhancement and expansion of alcohol and drug treatment and recovery programming. Funding allocations are provided based on local requests and priorities regarding areas of greatest needs.

		As of June 30, 2014			
		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

		As of June 30, 2014			
<u>Subdivision</u>		Budget	Expenditures	Obligations	Unobligated
Allegany		259,934	259,934	0	0
Anne Arundel		1,000,585	1,000,585	0	0
Baltimore City		11,714,906	11,714,906	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
TOTAL		21,032,184	21,032,184	0	0

Note: Data source – FMIS M274S

ALCOHOL AND DRUG ABUSE ADMINISTRATION PROGRAM

ACCOMPLISHMENTS

CIGARETTE RESTITUTION FUND PROGRAM
ALCOHOL AND DRUG ABUSE ADMINISTRATION
FISCAL YEAR 2014 ACCOMPLISHMENTS

Outcomes and Public Benefits: Fiscal Year 2014 Accomplishments

During Fiscal Year 2014, 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		4
Level II.I Intensive Outpatient Services		10
Level III.1 Halfway House Services	54	
Level III. 3 Long Term Residential Services		19
Level III.5 Therapeutic Community Services		2
Level III.7 Medically Monitored Inpatient Services		71
Level III.7.D Medically Monitored Inpatient Detoxification Services		47
<u>Baltimore City</u>		
Level I Outpatient Services	208	584
Level II.1 Intensive Outpatient Services	100	480
Level III.1 Halfway House Services	96	183
Level III.3 Long Term Residential Services	27	54
Level III.7 Medically Monitored Inpatient Services	2	4
Level III.7.D Medically Monitored Inpatient Detoxification Services	18	606
OMT Opioid Maintenance Therapy	1391	1923
Acupuncture		64
<u>Baltimore County</u>		
Level I Outpatient Services (Adult)	210	574
Level I Outpatient Services (Adolescent)	9	26
Level II.1 Intensive Outpatient Services	12	37
<u>Calvert County</u>		
Level II.1 Intensive Outpatient Services	15	221
<u>Caroline County</u>		
Level I Outpatient Services (Adult)	69	87
<u>Carroll County</u>		
Level II.I Intensive Outpatient Services	48	99
<u>Cecil County</u>		

Level III.7D Medically Monitored Inpatient Detoxification Services		59
<u>Charles County</u>		
Level II.1 Intensive Outpatient Services	12	85
<u>Dorchester County</u>		
Level II.1 Intensive Outpatient Services	24	50
<u>Frederick County</u>		
Level I.D Outpatient Detoxification Services		1
<u>Garrett County</u>		
Level I Outpatient Services (Adolescent)	23	40
<u>Harford County</u>		
Level I Outpatient Services	210	675
<u>Howard County</u>		
Level II.D Intensive Outpatient Services - Detoxification		140
<u>Kent County</u>		
Level III.7D Medically Monitored Inpatient Detoxification Services (Co-Occurring)		299
<u>Montgomery County</u>		
Level 0.5 Early Intervention Services		187
Level II.I Intensive Outpatient Services		376
<u>Prince George's County</u>		
Level 0.5 Early Intervention Services		674
Level I Outpatient Services (Adolescent)	86	233
Level IA Therapy Treatment Services	164	806
Level I Outpatient Services (Criminal Justice)		876
Level II.I Intensive Outpatient Services	36	374
Level III.3 Long Term Residential Care Services		4
Level III.5 Adolescent Therapy Community Services		4
Level III.7 Medically Monitored Inpatient Services (ICF)		16
Level III.7D Medically Monitored Inpatient Detoxification Services		18
Assessment & Case Management Services (Adolescent)		288
Assessment Services (Adult)		295
Continuing Care Services (Adolescent)		53
Continuing Care Services (Adult)		74
<u>Queen Anne's County</u>		
Level III.7 Medically Monitored Inpatient Services (ICF)		3
Level III.7D Medically Monitored Inpatient Detoxification Services		2
<u>St. Mary's County</u>		
Level I Outpatient Services (Criminal Justice)	40	73

Level II.1 Intensive Outpatient Services (Criminal Justice)	16	63
Level III.7D Medically Monitored Inpatient Detoxification Services		19

Somerset County

Level I Outpatient Services	126	505
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Talbot County

During Fiscal Year 2014, 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	156
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Wicomico County

Level III.7 Medically Monitored Inpatient Detoxification Services		19
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Worcester County

Level I Outpatient Services		64
Level III.7D Medically Monitored Inpatient Detoxification Services		103 days

In addition to the services listed above, the Worcester County Health Department contracted with the Joan Jenkins Foundation to provide various recovery services through the Atlantic Club to residents and visitors of the self-help community. In Fiscal Year 2014, the Club reported serving 48,474 individuals per year, of which half 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 and recovery services with emphasis on access to treatment and retention in treatment; however, the MFRs are not specific to M274S (CRF) funds.

MEDICAL CARE PROGRAM

FISCAL REPORT AND MANAGING-FOR-RESULTS

CIGARETTE RESTITUTION FUND PROGRAM

MEDICAL CARE PROGRAM

PROVIDER REIMBURSEMENTS

&

MANAGING-FOR-RESULTS (CY 2013)

Appropriation: \$43,430,487

Expenditure: \$43,430,487

M00Q01.00 MEDICAL CARE PROGRAMS ADMINISTRATION

Objective 1.4 For Calendar Year 2015, 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.

	CY2012	CY2013	CY2014	CY2015
Performance Measures	Actual	Actual	Estimated	Estimated
Input: Number of HealthChoice children ages 5-20 with asthma	12,128	12,294	14,015	15,697
Output: Number of asthma-related avoidable admissions among HealthChoice children ages 5-20 with asthma	468	460	519	565
Outcome: Rate per thousand of asthma-related avoidable admissions among HealthChoice children ages 5-20 with asthma	39	38	37	36

Objective 2.5 For Calendar Year 2015, reduce the gap in access to ambulatory services between Caucasians and African Americans in HealthChoice by one percentage point.

	CY2012	CY2013	CY2014	CY2015
Performance Measures	Actual	Actual	Estimated	Estimated
Input: Number of Caucasians enrolled in HealthChoice	268,666	274,818	286,621	298,423
Number of African Americans enrolled in HealthChoice	456,118	467,154	484,468	501,783
Output: Percentage of Caucasians in	78.3%	78.2%	78.1%	78.1%

HealthChoice accessing at least one ambulatory service				
Percentage of African Americans in HealthChoice accessing at least one ambulatory service	74.0%	74.5%	74.7%	74.9%
Outcome: Percentage gap between access rate for Caucasians compared to the access rate for African-Americans	4.3%	3.7%	3.4%	3.2%

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.