



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene  
201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

September 16, 2009

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

Re: State Finance and Procurement Article, Section 7-317(h)(2), requirement to report annually total funds expended by program and subdivision and specific outcomes or public benefits resulting from that expenditure in the Cigarette Restitution Fund Program (CRFP): Fiscal Year 2009

Dear Secretary Foster:

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

The fiscal year 2009 Annual Report is attached. The Report includes expenditures, accomplishments and Managing-For-Results (MFR) data for the Tobacco, Cancer, Alcohol and Drug Abuse Prevention, and the Medical Care programs.

Please direct any questions to Ms. Anne Hubbard, Director of the Office of Governmental Affairs on 410-767-6481.

Sincerely,



John M. Colmers  
Secretary

Enclosure

cc: Anne Hubbard, GA  
Carlessia A. Hussein, Dr. P.H.  
Wendy Kronmiller  
John Newman, BMO

**MARYLAND  
DEPARTMENT OF HEALTH & MENTAL HYGIENE**

**CIGARETTE RESTITUTION FUND PROGRAM**

**FISCAL YEAR 2009 ANNUAL REPORT**

**FUND EXPENDITURES AND ACCOMPLISHMENTS**

October 2009



**John M. Colmers  
Secretary**

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



# CIGARETTE RESTITUTION FUND PROGRAM

## FISCAL YEAR 2009 ANNUAL REPORT

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**CANCER AND TOBACCO  
PROGRAMS**

**FISCAL REPORTS**

**AND**

**MANAGING - FOR - RESULTS**

**Department of Health and Mental Hygiene  
Family Health Administration  
Cigarette Restitution Fund Program  
Interim Fiscal Report – Fiscal Year 2009  
(July 1, 2008 – June 30, 2009)**

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

| <b>Components:</b>                         | <b>Appropriation</b> | <b>Expenditures</b> | <b>Obligations</b>   | <b>Unobligated</b> |
|--|----------------------|---------------------|----------------------|--------------------|
| Administration (X671S)                     | \$ 761,437           | \$ 746,011          | \$ 14,992            | \$ 434             |
| Surveillance and Evaluation (X672S)        | \$ 1,253,231         | \$ 1,008,349        | \$ 244,773           | \$ 109             |
| Statewide Academic Health Center (X673S)   | \$ 8,701,328         | \$ -                | \$ 8,701,328         | \$ -               |
| Local Public Health (X674S) *              | \$ 7,163,090         | \$ 6,606,048        | \$ 556,536           | \$ 506             |
| Baltimore City Public Health Grant (X675S) | \$ 2,326,000         | \$ 284,101          | \$ 2,041,899         | \$ -               |
| Statewide Public Health (X676S)            | \$ 100,618           | \$ 58,754           | \$ 41,864            | \$ -               |
| Statewide Academic Health Center (X677S)   | \$ 1,298,672         | \$ -                | \$ 1,298,672         | \$ -               |
| Cancer - Database Development (X679S)      | \$ 245,000           | \$ 81,997           | \$ 163,003           | \$ -               |
| <b>Total</b>                               | <b>\$ 21,849,376</b> | <b>\$ 8,785,260</b> | <b>\$ 13,063,067</b> | <b>\$ 1,049</b>    |

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

| Subdivision      | <b>(Budget)<br/>Available<br/>Funding</b> | <b>Unreconciled<br/>Expenditures</b> | <b>Obligations</b> | <b>Unobligated</b> |
|------------------|---|--------------------------------------|--------------------|--------------------|
| Allegany         | 211,216                                   | 211,216                              | \$0                | \$0                |
| Anne Arundel     | 611,501                                   | 611,501                              | \$0                | \$0                |
| Baltimore Co.    | 1,129,490                                 | 723,356                              | \$406,134          | \$0                |
| Calvert          | 179,213                                   | 179,213                              | \$0                | \$0                |
| Caroline         | 142,821                                   | 142,821                              | \$0                | \$0                |
| Carroll          | 260,229                                   | 260,229                              | \$0                | \$0                |
| Cecil            | 194,558                                   | 194,558                              | \$0                | \$0                |
| Charles          | 213,839                                   | 213,839                              | \$0                | \$0                |
| Dorchester       | 152,391                                   | 152,391                              | \$0                | \$0                |
| Frederick        | 287,938                                   | 287,938                              | \$0                | \$0                |
| Garrett          | 137,481                                   | 137,481                              | \$0                | \$0                |
| Harford          | 325,113                                   | 325,113                              | \$0                | \$0                |
| Howard           | 282,059                                   | 282,059                              | \$0                | \$0                |
| Kent             | 129,044                                   | 129,044                              | \$0                | \$0                |
| Montgomery       | 839,360                                   | 688,958                              | \$150,402          | \$0                |
| Prince George's  | 781,331                                   | 781,331                              | \$0                | \$0                |
| Queen Anne's     | 150,948                                   | 150,948                              | \$0                | \$0                |
| Somerset         | 134,482                                   | 134,482                              | \$0                | \$0                |
| St. Mary's       | 179,017                                   | 179,017                              | \$0                | \$0                |
| Talbot           | 160,690                                   | 160,690                              | \$0                | \$0                |
| Washington       | 264,054                                   | 264,054                              | \$0                | \$0                |
| Wicomico         | 212,215                                   | 212,215                              | \$0                | \$0                |
| Worcester        | 184,100                                   | 183,594                              | \$0                | \$506              |
| Baltimore City * | 2,326,000                                 | 284,101                              | \$2,041,899        | \$0                |
| <b>Total</b>     | <b>\$9,489,090</b>                        | <b>\$6,890,149</b>                   | <b>\$2,598,435</b> | <b>\$506</b>       |

\* The budget and expenditure for Baltimore City are in the Baltimore City Public Health (X675S). Baltimore City's budget of \$2,326,000 adds to the Local Public Health distribution by jurisdiction of \$7,163,090 to make a total of \$9,489,090

**Department of Health and Mental Hygiene  
Family Health Administration  
Cigarette Restitution Fund Program  
Interim Fiscal Report – Fiscal Year 2009  
(July 1, 2008 – June 30, 2009)**

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

|                                     | Appropriation        |           | Expenditures      |           | Obligations      |           | Unobligated  |
|-------------------------------------|----------------------|-----------|-------------------|-----------|------------------|-----------|--------------|
| <b>Components:</b>                  |                      |           |                   |           |                  |           |              |
| Administration (X681S)              | \$ 669,898           | \$        | 597,686           | \$        | 72,212           | \$        | -            |
| Surveillance and Evaluation (X682S) | \$ 1,350,000         | \$        | 722,675           | \$        | 627,002          | \$        | 323          |
| Countermarketing and Media (X683S)  | \$ 60,368            | \$        | 60,368            | \$        | -                | \$        | -            |
| Local Public Health (X684S)         | \$ 11,568,679        | \$        | 9,672,428         | \$        | 1,896,251        | \$        | -            |
| Statewide Public Health (X686S)     | \$ 2,697,402         | \$        | 2,275,098         | \$        | 421,557          | \$        | 747          |
| <b>Total</b>                        | <b>\$ 16,346,347</b> | <b>\$</b> | <b>13,328,255</b> | <b>\$</b> | <b>3,017,022</b> | <b>\$</b> | <b>1,070</b> |

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

| Subdivision     | (Budget)<br>Available<br>Funding | Unreconciled<br>Expenditures | Obligations        | Unobligated |
|-----------------|----------------------------------|------------------------------|--------------------|-------------|
| Allegany        | \$317,821                        | \$317,821                    | \$0                | \$0         |
| Anne Arundel    | \$886,172                        | \$886,172                    | \$0                | \$0         |
| Baltimore Co.   | 1,205,881                        | 666,279                      | \$539,602          | \$0         |
| Calvert         | 335,548                          | 335,548                      | \$0                | \$0         |
| Caroline        | 247,811                          | 247,811                      | \$0                | \$0         |
| Carroll         | 427,607                          | 427,607                      | \$0                | \$0         |
| Cecil           | 355,411                          | 355,411                      | \$0                | \$0         |
| Charles         | 391,431                          | 391,431                      | \$0                | \$0         |
| Dorchester      | 241,132                          | 241,132                      | \$0                | \$0         |
| Frederick       | 509,822                          | 509,822                      | \$0                | \$0         |
| Garrett         | 243,304                          | 243,304                      | \$0                | \$0         |
| Harford         | 537,077                          | 537,077                      | \$0                | \$0         |
| Howard          | 491,679                          | 491,679                      | \$0                | \$0         |
| Kent            | 221,186                          | 221,186                      | \$0                | \$0         |
| Montgomery      | 1,050,898                        | 763,163                      | \$287,735          | \$0         |
| Prince George's | 983,363                          | 983,363                      | \$0                | \$0         |
| Queen Anne's    | 262,006                          | 262,006                      | \$0                | \$0         |
| Somerset        | 227,882                          | 227,882                      | \$0                | \$0         |
| St. Mary's      | 325,958                          | 325,958                      | \$0                | \$0         |
| Talbot          | 241,775                          | 241,775                      | \$0                | \$0         |
| Washington      | \$404,505                        | \$404,505                    | \$0                | \$0         |
| Wicomico        | \$323,526                        | \$323,526                    | \$0                | \$0         |
| Worcester       | \$267,970                        | \$267,970                    | \$0                | \$0         |
| Baltimore City  | \$1,068,914                      | \$0                          | \$1,068,914        | \$0         |
| <b>Total</b>    | <b>\$11,568,679</b>              | <b>\$9,672,428</b>           | <b>\$1,896,251</b> | <b>\$0</b>  |

**Department of Health and Mental Hygiene**  
**Family Health Administration**  
**Cigarette Restitution Fund Program**  
**Interim Fiscal Report – Fiscal Year 2009**  
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**3) Management Support Service**

|  | <b>(Budget)</b><br><b>Available</b><br><b>Funding</b> | <b>Expenditures</b>  | <b>Obligations</b>   | <b>Unobligated</b> |
|--|---|----------------------|----------------------|--------------------|
| <b>Management Support Service (X670)</b> | \$ 885,915  | \$ 773,802           | \$ 112,080           | \$ 33              |
| <b>CRF Program Totals</b>                | <b>\$ 39,081,638</b>                                  | <b>\$ 22,887,317</b> | <b>\$ 16,192,169</b> | <b>\$ 2,152</b>    |

Footnotes/Definitions

- 1) Budget: funds allocated to each component and distributed to each county.
- 2) Expenditures: items reflected in the State's financial management 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.



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

**PROGRAM DESCRIPTION**

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

**MISSION**

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

**VISION**

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

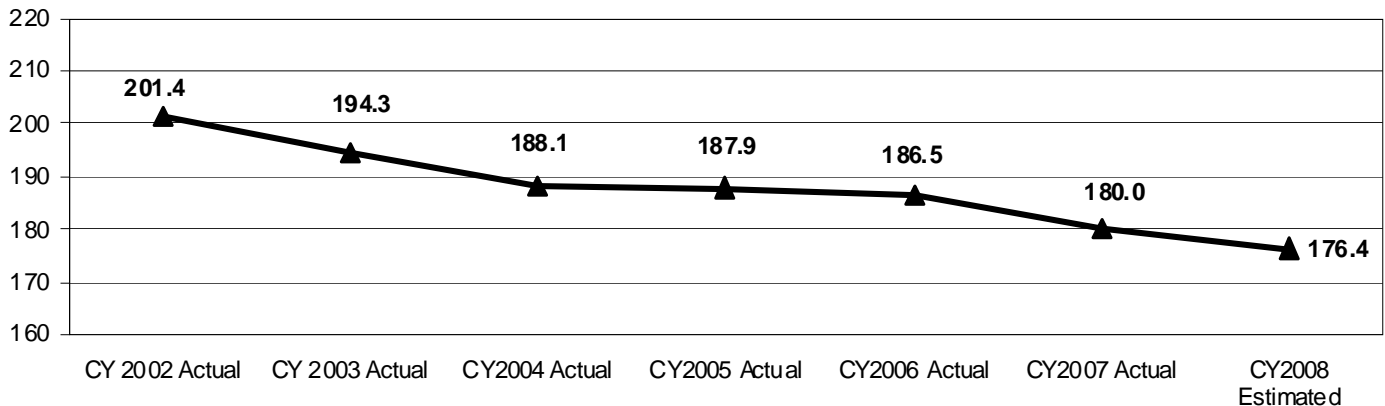
**KEY GOALS, OBJECTIVES, AND PERFORMANCE MEASURES**

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

**Objective 1.1** By calendar year 2011 reduce overall cancer mortality to a rate of no more than 166.0 per 100,000 persons. (Age-adjusted to the 2000 U.S. standard population.)

| Performance Measures                            | CY2008<br>Estimated | CY2009<br>Estimated | CY2010<br>Estimated | CY2011<br>Estimated |
|---|---------------------|---------------------|---------------------|---------------------|
| <b>Outcome:</b> Overall cancer mortality rate ^ | 176.4               | 172.9               | 169.4               | 166.0               |

**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 2011 reduce disparities in overall cancer mortality between blacks and whites to a rate of no more than 1.13. (Age-adjusted to the 2000 U.S. standard population.)

| Performance Measures  | CY2008<br>Estimated | CY2009<br>Estimated | CY2010<br>Estimated | CY2011<br>Estimated |
|---|---------------------|---------------------|---------------------|---------------------|
| <b>Outcome:</b> Cancer death rate ratio between blacks/whites ^ | 1.15                | 1.15                | 1.14                | 1.13                |

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

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

**Objective 3.1** By calendar year 2011 reduce colorectal cancer mortality to a rate of no more than 14.8 per 100,000 persons in Maryland. (Age-adjusted to the 2000 U.S. standard population.)

|   | <b>2008</b>   | <b>2009</b>   | <b>2010</b>      | <b>2011</b>      |
|---|---------------|---------------|------------------|------------------|
| <b>Performance Measures *</b>                                       | <b>Actual</b> | <b>Actual</b> | <b>Estimated</b> | <b>Estimated</b> |
| <b>Output:</b> Number screened for colorectal cancer with CRF funds | 2,218         | 1,825         | 1,517            | 1,517            |
| Number minorities screened for colon cancer with CRF funds          | 1,129         | 825           | 733              | 733              |

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

**Objective 3.2** By calendar year 2011 reduce breast cancer mortality to a rate of no more than 22.6 per 100,000 persons in Maryland. (Age-adjusted to the 2000 U.S. standard population.)

|  | <b>2008</b>   | <b>2009</b>   | <b>2010</b>      | <b>2011</b>      |
|--|---------------|---------------|------------------|------------------|
| <b>Performance Measures *</b>  | <b>Actual</b> | <b>Actual</b> | <b>Estimated</b> | <b>Estimated</b> |
| <b>Output:</b> Number of women screened for breast cancer with CRF funds | 1,195         | 1,281         | 929              | 929              |
| Number of minority women screened for breast cancer with CRF funds       | 1,059         | 1,094         | 808              | 808              |

| <b>Performance Measures</b>                    | <b>CY2008</b>    | <b>CY2009</b>    | <b>CY2010</b>    | <b>CY2011</b>    |
|--|------------------|------------------|------------------|------------------|
|  | <b>Estimated</b> | <b>Estimated</b> | <b>Estimated</b> | <b>Estimated</b> |
| <b>Outcome:</b> Breast cancer mortality rate ^ | 24.1             | 23.6             | 23.1             | 22.6             |

**Objective 3.3** By calendar year 2011 reduce prostate cancer mortality to a rate of no more than 23.1 per 100,000 persons in Maryland. (Age-adjusted to the 2000 U.S. standard population.)

|  | <b>2008</b>   | <b>2009</b>   | <b>2010</b>      | <b>2011</b>      |
|--|---------------|---------------|------------------|------------------|
| <b>Performance Measures *</b>  | <b>Actual</b> | <b>Actual</b> | <b>Estimated</b> | <b>Estimated</b> |
| <b>Output:</b> Number of men screened for prostate cancer with CRF funds | 980           | 654           | 613              | 613              |
| Number of minority men screened for prostate cancer with CRF funds       | 774           | 552           | 497              | 497              |

| <b>Performance Measures</b>                      | <b>CY2008</b>    | <b>CY2009</b>    | <b>CY2010</b>    | <b>CY2011</b>    |
|--|------------------|------------------|------------------|------------------|
|  | <b>Estimated</b> | <b>Estimated</b> | <b>Estimated</b> | <b>Estimated</b> |
| <b>Outcome:</b> Prostate cancer mortality rate ^ | 25.5             | 24.7             | 23.9             | 23.1             |

**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.

|  | <b>2008</b>   | <b>2009</b>   | <b>2010</b>      | <b>2011</b>      |
|--|---------------|---------------|------------------|------------------|
| <b>Performance Measures *</b>  | <b>Actual</b> | <b>Actual</b> | <b>Estimated</b> | <b>Estimated</b> |
| <b>Output:</b> Number persons diagnosed and linked or provided treatment | 56            | 59            | 43               | 43               |

\* The estimated numbers for subsequent fiscal years are the average of the two years of Actual data minus 25% based on the recent reduction in CRF funding.

^ Cancer mortality rates for Calendar Year (CY) 2008 through CY2011 are estimates based on data from Maryland Vital Statistics using a ten year period (1999 through 2008), with actual data used from 1999 through 2007 and estimated data from CY 2008.

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

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

**Objective 5.1** By fiscal year 2010 approximately 38% of the individuals participating in clinical trials through University of Maryland Greenebaum Cancer Center (UMGCC) will be from diverse populations.

| <b>Performance Measures</b> **   | <b>2008<br/>Actual</b> | <b>2009<br/>Actual</b> | <b>2010<br/>Estimated</b> | <b>2011<br/>Estimated</b> |
|--|------------------------|------------------------|---------------------------|---------------------------|
| <b>Input:</b> Number of individuals participating in clinical trials               | 497                    | 505                    | 540                       | 540                       |
| Number of diverse individuals participating in clinical trials                     | 190                    | 192                    | 205                       | 205                       |
| <b>Outcome:</b> Percentage of diverse individuals participating in clinical trials | 38.2%                  | 38.2%                  | 38.0%                     | 38.0%                     |

\*\* FY 2010 and 2011 actual numbers may be lower due to the recent 75% reduction in CRF funding.

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

**PROGRAM DESCRIPTION**

The Tobacco Use Prevention, and Cessation Program is a statutory program (Subtitle 10, Sections 13-1001 thru 13-1014 of the Health-General Article) incorporating the *best practice* recommendations of the Center for Disease Control and Prevention (CDC). The Program delivers comprehensive smoking cessation assistance to Maryland smokers seeking assistance in quitting smoking, and tobacco use prevention services and counter-marketing initiatives directed at Maryland youth and young adults. Program funding is through the Cigarette Restitution Fund. The program is mandated to conduct biennial county-level youth and adult tobacco surveys, replicating the Program’s baseline (Fall 2000) surveys, in support of state and local program accountability measures, evaluation, and program planning and development. The last surveys were conducted in the fall of 2008 and are next required to be conducted in the fall of 2010, fall 2012, etc. Results from the fall 2008 tobacco surveys are due to be reported in the fall of 2009.

**MISSION**

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

**VISION**

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

**KEY GOALS, OBJECTIVES AND PERFORMANCE MEASURES**

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

**Objective 1.1** By the end of calendar year 2010 reduce the proportion of under-age Maryland middle school students that have smoked a whole cigarette by 60% from the calendar year 2000 baseline rate.

| <b>Performance Measures</b>  | <b>CY2000<br/>Actual</b> | <b>CY2006<br/>Actual</b> | <b>CY2008<br/>Actual</b> | <b>CY2010<br/>Projected</b> |
|--|--------------------------|--------------------------|--------------------------|-----------------------------|
| <b>Input:</b> Percentage of under-age middle school students who ever smoked a whole cigarette | 16.8%                    | 8.5%                     | 7.5%                     | 7.2%                        |
| <b>Outcome:</b> Cumulative percentage change for middle school students                        | N/A                      | -49.1%                   | -55.4%                   | -57%                        |

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

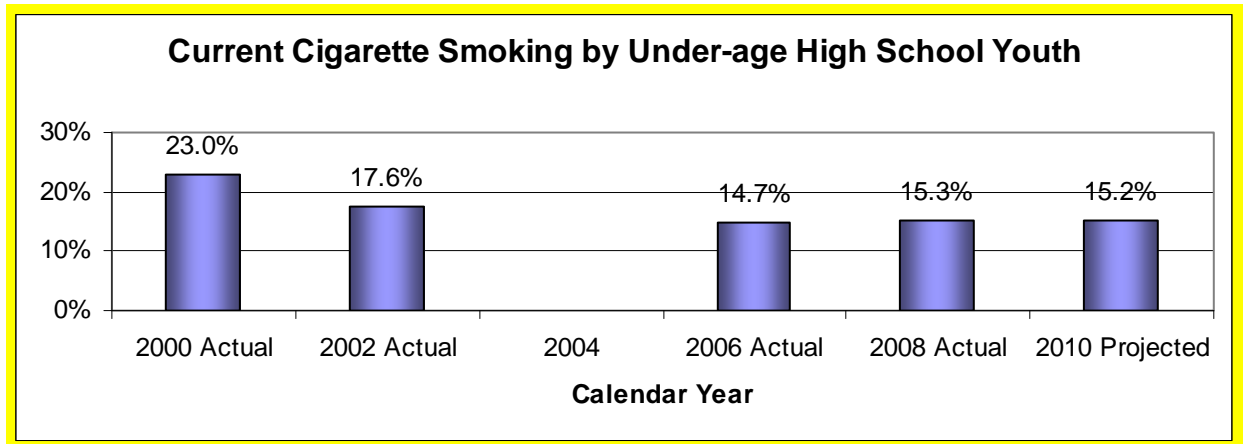
| <b>Performance Measures</b>  | <b>CY2000<br/>Actual</b> | <b>CY2006<br/>Actual</b> | <b>CY2008<br/>Actual</b> | <b>CY2010<br/>Projected</b> |
|--|--------------------------|--------------------------|--------------------------|-----------------------------|
| <b>Input:</b> Percentage of under-age high school students who ever smoked a whole cigarette | 44.1%                    | 26.9%                    | 25.7%                    | 25.1%                       |
| <b>Outcome:</b> Cumulative percentage change for high school students                        | N/A                      | -38.0%                   | -41.7%                   | -43%                        |

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

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

**Objective 2.1** By the end of calendar year 2010 reduce the proportion of under-age Maryland middle and high school youth and Maryland adults that currently smoke cigarettes by 60%, 47% and 27% respectively from the calendar year 2000 baseline rate.

| <b>Performance Measures</b>   | <b>CY2000<br/>Actual</b> | <b>CY2006<br/>Actual</b> | <b>CY2008<br/>Actual</b> | <b>CY2010<br/>Projected</b> |
|---|--------------------------|--------------------------|--------------------------|-----------------------------|
| <b>Input:</b> Percentage of under-age middle school students who currently smoke cigarettes | 7.3%                     | 3.7%                     | 3.6%                     | 3.3%                        |
| Percentage of under-age high school students who currently smoke cigarettes                 | 23.0%                    | 14.7%                    | 15.3%                    | 15.2%                       |
| Percentage of adults who currently smoke cigarettes   | 17.5%                    | 13.8%                    | 12.4%                    | 12.1%                       |
| <b>Outcome:</b> Cumulative percentage change for middle school students                     | N/A                      | -49.3%                   | -50.7%                   | -55%                        |
| Cumulative percentage change for high school students                                       | N/A                      | -36.1%                   | -33.5%                   | -34%                        |
| Cumulative percentage change for adults   | N/A                      | -21.1%                   | -29.1%                   | -31%                        |



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

**Objective 3.1** By the end of calendar year 2010 reduce the proportion of African-American adults who currently smoke cigarettes by 30% from the calendar year 2000 baseline rate.

| <b>Performance Measures</b>  | <b>CY2000<br/>Actual</b> | <b>CY2006<br/>Actual</b> | <b>CY2008<br/>Actual</b> | <b>CY2010<br/>Projected</b> |
|--|--------------------------|--------------------------|--------------------------|-----------------------------|
| <b>Input:</b> Percentage of adult African-Americans who currently smoke cigarettes | 22.0%                    | 17.0%                    | 14.4%                    | 14.1%                       |
| <b>Outcome:</b> Cumulative percentage change                                       | N/A                      | -22.7%                   | -34.5%                   | -36%                        |

**Objective 3.2** By the end of calendar year 2010 reduce the proportion of Hispanic adults who currently smoke cigarettes by 40% from the calendar year 2000 baseline rate.

| <b>Performance Measures</b>  | <b>CY2000<br/>Actual</b> | <b>CY2006<br/>Actual</b> | <b>CY2008<br/>Actual</b> | <b>CY2010<br/>Projected</b> |
|--|--------------------------|--------------------------|--------------------------|-----------------------------|
| <b>Input:</b> Percentage of adult Hispanics who currently smoke cigarettes | 21.2%                    | 13.8%                    | 11.7%                    | 11.0%                       |
| <b>Outcome:</b> Cumulative percentage change                               | N/A                      | -34.9%                   | -44.8%                   | -48%                        |

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

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

**Objective 4.1** By the end of calendar year 2010 deliver DHMH CRF Tobacco Program counter-marketing and media messages to 5% of the general population. The program component responsible for these messages is not funded in FY 2010.

|   | <b>CY2000</b> | <b>CY2006</b> | <b>CY2008</b> | <b>CY2010</b>    |
|---|---------------|---------------|---------------|------------------|
| <b>Performance Measures</b>   | <b>Actual</b> | <b>Actual</b> | <b>Actual</b> | <b>Projected</b> |
| <b>Outcome:</b> Percent of general population seeing/hearing messages | 0%            | 24%           | 22.2%         | 5%               |

**Objective 4.2** By the end of calendar year 2010 deliver DHMH CRF Tobacco Program counter-marketing and media messages to 5% of targeted minority populations. The program component responsible for these messages is not funded in FY 2010.

|   | <b>CY2000</b> | <b>CY2006</b> | <b>CY2008</b> | <b>CY2010</b>    |
|---|---------------|---------------|---------------|------------------|
| <b>Performance Measures</b>   | <b>Actual</b> | <b>Actual</b> | <b>Actual</b> | <b>Projected</b> |
| <b>Outcome:</b> Percent of minority populations seeing/hearing messages | 0             | 29%           | 27.4%         | 5%               |

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

**Objective 5.1** By the end of calendar year 2010 increase by 25% from the calendar year 2000 baseline rate the proportion of Maryland adults who strongly agree that cigarette smoke is harmful to children.

|  | <b>CY2000</b> | <b>CY2006</b> | <b>CY2008</b> | <b>CY2010</b>    |
|--|---------------|---------------|---------------|------------------|
| <b>Performance Measures</b>                  | <b>Actual</b> | <b>Actual</b> | <b>Actual</b> | <b>Projected</b> |
| <b>Input:</b> Percent strongly agree         | 78.1%         | 93.0%         | 85.5%         | 89.8%            |
| <b>Outcome:</b> Cumulative percentage change | N/A           | 19.1%         | 9.5%          | 15%              |

**Objective 5.2** By the end of calendar year 2010 increase by 8% from the calendar year 2000 baseline rate the proportion of Maryland households with minor children that are smoke-free.

|   | <b>CY2000</b> | <b>CY2006</b> | <b>CY2008</b> | <b>CY2010</b>    |
|---|---------------|---------------|---------------|------------------|
| <b>Performance Measures</b>                               | <b>Actual</b> | <b>Actual</b> | <b>Actual</b> | <b>Projected</b> |
| <b>Input:</b> Percent of youth living in smoke-free homes | 68.2%         | 70.9%         | 76.1%         | 77.1%            |
| <b>Outcome:</b> Cumulative percentage change              | N/A           | 4.0%          | 11.6%         | 13%              |

**Notes:** Calendar years were used for goals/objectives where data sources are the baseline and subsequent tobacco surveys. Data collection occurs only during the fourth quarter of the applicable calendar 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. **The projections for CY2010 have been updated in this document to take into account the actual results from CY2008 and impact of budget reductions in FY 2010.**

Where data is listed as “Actual” it represents results of analysis from the relevant data source. Where data is listed as “Estimated” it represents the current estimate when analysis of existing data is not yet complete. Where data is listed as “Projected” it represents a data point on which data has not yet been collected and the figure listed is the current projection of the value of that data point. This differentiation in the use of “Estimates” and “Projections” is consistent with that used by the federal government when distinguishing between estimates of current time frames and projections for future time frames (see U.S. Census for example). Data from the fall 2010 surveys will be reported as required by Subtitle 10, Title 13, Health-General Article in the fall of 2011.

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

**CANCER AND TOBACCO  
PROGRAMS**

**A C C O M P L I S H M E N T S**

**CIGARETTE RESTITUTION FUND PROGRAM**  
**CANCER PREVENTION, EDUCATION, SCREENING AND**  
**TREATMENT PROGRAM**

**FISCAL YEAR 2009 ACCOMPLISHMENTS**

***LOCAL PUBLIC HEALTH COMPONENT***

**Overall**

- Funding was awarded to each local jurisdiction's (including 23 local health departments, and the two academic health centers in Baltimore City) Cancer Prevention, Education, Screening and Treatment Program for fiscal year 2009. Each local health department received a base amount of \$100,000 with the remainder of its award based on the formula specified in the statute for the CRFP. The academic health centers are funded based on the statute.
- Community health cancer coalitions continued in 24 jurisdictions. Each coalition is comprised of representatives that reflect the demographics of each jurisdiction and includes membership of minority, rural, and medically underserved populations that are familiar with different cultures and communities in the jurisdiction. The majority of the community health coalitions met three or more times during the fiscal year.
- Comprehensive cancer plans addressing prevention, education, screening, and treatment for one or more of the targeted cancers were updated in 24 jurisdictions in fiscal year 2009.
  - 23 jurisdictions addressed colorectal cancer
  - 6 jurisdictions addressed oral cancer,
  - 13 jurisdictions addressed prostate cancer,
  - 12 jurisdictions addressed breast cancer,
  - 10 jurisdictions addressed cervical cancer,
  - 17 jurisdictions addressed skin cancer, and
  - 3 jurisdiction addressed lung cancer
- Contracts were entered into and/or renewed between local health departments and local medical providers (e.g., gastroenterologists, medical laboratories, primary care physicians, hospitals, surgeons, etc.). These providers deliver clinical services for cancer screening, diagnosis and treatment.

**Public Education and Outreach**

A total of 134,524 Maryland residents in the general public were educated for all cancers in fiscal year 2009.



- The local health departments awarded 28 subcontracts and/or mini-grants to local community-based organizations to provide outreach and education to minority, underserved, and/or uninsured residents of their jurisdictions.
- 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, barbershops and libraries, supermarkets, senior centers, housing units, businesses, health fairs, coalitions, conferences and symposiums, mass mailings, radio, newspaper, television, and provider sites.
  - Cancer education was conducted at program supported walk/runs where participants were given literature regarding cancer prevention activities and encouraged to participate in local cancer screenings.
  - Media events included public service announcements on television and radio, talk shows, press conferences and news releases.
  - Local programs have funded and placed road side bill boards, community bulletin boards, bus shelter ads, videos, brochures, flyers, posters, paycheck inserts, pencils, and magnets and have distributed these at health fairs, door-to-door, at libraries, pharmacies, senior centers, and at housing units, etc.
- Examples of public education and outreach performed by the local health departments and the Baltimore City Public Health component included the following:

#### Allegany County

Program staff educated, posted and distributed pamphlets to employees and shoppers at seven local businesses including supermarkets, restaurants and discount stores regarding the need for colon cancer screening.

#### Anne Arundel County

During April, May and June, program staff conducted presentations to educate individuals about breast and cervical cancer information and screening services to the Police Department Public Communication Officers and at 8 community health fairs.

#### Baltimore City, Johns Hopkins Institutions

Staff developed and distributed “Each 1, Reach 1” flyers promoting cancer screening. Staff provided bi-monthly educational sessions at the Sportsmen Unisex Barbershop, Oldtown Mall and at the Esquire Barbershop, Mondawmin Mall. Program educators presented

information and gave talks on colorectal and prostate cancer screening at the Hiram Grand Lodge, VANN Spices, Raleigh Industrial Park, America Works Health Fair, Korean American Festival, Greenmount Senior Center, and Helping Up Mission.

#### Baltimore City, University of Maryland Medical Group

During the last three months, the program director and her staff gave presentations at conferences including the “Why Women Cry Conference” at the Renaissance Hotel, “Heal a Woman, Heal a Nation Conference” at Coppin State University, “Breast Cancer Disparities Among Minorities” at the 15<sup>th</sup> Educational Symposium of the Susan G. Komen for the Cure, “Gift for Life Block Walk” for Sisters Network Baltimore Chapter at St. Agnes Hospital and “Breast & Cervical Cancer Awareness” at the Social Security Administration.

#### Baltimore County

The education and outreach staff provided health education materials regarding colorectal, skin, prostate, breast, cervical and lung cancer prevention to several county departments and agencies including; Office of Employment and Training, and Departments of Aging Senior Centers, Aging Information and Referral Program, Social Service Centers, and Social Services Emergency Food Providers.

#### Charles County

Program staff participated in the College of Southern Maryland Health Fair and the Relay for Life event at Regency Stadium for the 2009 Cancer Survivor Walk and educated participants regarding colorectal and prostate cancer screening awareness.

#### Dorchester County

Staff educated individuals regarding the need for cancer screening at the Warwick Treatment Center, Dorchester Detention Center, Dorchester County Addiction Department, and the Multicultural Center and placed flyers throughout local stores and barber shops.

#### Harford County

The program’s health educator spoke to students about different cancers, participated in a live radio interview with WJSS AM regarding skin cancer prevention, and gave presentations on the targeted cancers at Inner County Outreach’s annual women’s conference, at Mocha Moms, the Aberdeen Bible Church’s Men’s Fellowship group and at two local Relay for Life events.

#### Prince George’s County

Bus shelter ads, consisting of cancer control and prevention “True or False?” questions were posted in five underserved and underrepresented areas of the county.

### Queen Anne's County

Working in collaboration with the community's Wellness Coalition, the program staff set up a display table and talked with event participants regarding cancer awareness, prevention and screening at the 3K run and health fair titled "Stride for Prevention".

### Somerset County

Information on sun safety, melanoma, colorectal, and prostate cancer awareness were displayed four times during the year in the health department's lobby reaching hundreds of visitors each month and outdoor signage on a major local road was used to educate car travelers in the county.

## **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, University of Maryland Medical Group

Outreach to individuals regarding breast, cervical and colorectal cancer prevention to minority communities included participation at the Spring Informational Fair at the Urban Families Center, Annual Community May Fest, Union Baptist Church Health Fair, 1<sup>st</sup> Annual Community Health Fair at Edmondson Village Shopping Center, Dru Judy Center Health Fair, Living Classrooms Foundation Health Fair, Johns Hopkins School of Medicine "Health Life 2009" Health Fair, Sandtown Winchester Community Health Fair, Brintonwood Employee Health Fair and the Project Protect Health Fair.

### Baltimore City, Johns Hopkins Institutions

With the addition of a new staff member, the former editor of the Afro-American Newspaper, the program has created and provided to the public a variety of minority focused "outreach" through print, radio, web and television.

### Calvert County

Staff educated members of the Church of Ministry of Miracles, clients at the local "mostly minority population" barbershop and participants at the African American Heritage Day held at Jefferson Patterson Park regarding colon, prostate, and skin cancers.

### Carroll County

The program's consultant for minority outreach planned and implemented a "Minority Cancer Awareness Day" held in conjunction with Community Unity Day on Union Street in Westminster where participants were educated about the need for appropriate cancer screenings.

### Howard County

Staff educated individuals at the Iglesia De Jesucristo De Los Santos De Los Ultimos Dias, provided a table display and presentation at the predominantly African American Oakland Mills Barber Shop and the Asbury United Methodist Church.

### St. Mary's County

Hispanic/Latino outreach regarding cancer prevention was conducted at four Mexican restaurants and at the Zion United Methodist Church where a "skin analyzer" was used to educate African American individuals on sun safety.

### Washington County

Six educational presentations/activities were conducted where the audience was predominantly from minority communities; the presentation/activities included sun safety displays, cancer program displays at health fairs and breast health presentations.

## **Professional Education and Outreach**

- Local health departments and the two statewide academic health centers educated health care professionals and providers about the targeted cancers and cancer screening guidelines.
  - 74,306 providers were reached through education and outreach efforts such as mailings and newsletters.
  - 8,102 health care professionals were educated through brief, group, and individual educational sessions and presentations at various locations such as physicians' offices, the County Medical Society, or hospital staff meetings.
- Local programs were mailed to medical providers including, the Minimal Elements for Screening, Diagnosis, and Treatment that were developed and/or updated by DHMH for Oral Cancer, Colorectal Cancer, Breast and Cervical Prostate Cancer. The programs notified them of the services provided through the local CRF cancer control program.

## **Screening, Diagnosis, and Treatment**

- In FY 2009, screening, diagnosis, and treatment data for the different targeted cancers under the CRFP follow:
  - 5,950 screening tests were performed, and 58 individuals were diagnosed with cancer in the program, linked to care, or provided treatment;
  - 65% of persons screened were minorities;

- 1,823 colonoscopies were performed of which 457 had adenomatous polyps; 20 blood stool kits (called FOBT) were completed, of which 3 were positive; 7 sigmoidoscopies were performed; 17 individuals were diagnosed with colorectal cancer in the program, linked to care, or provided treatment;
- 651 prostate specific antigen (PSA) tests and 537 digital rectal exams (DREs) were performed; of these, 25 individuals were diagnosed with prostate cancer in the program, linked to care, or provided treatment;
- 138 oral cancer-screening examinations were performed; none of these persons were diagnosed with oral cancer in the program;
- 145 skin cancer-screening examinations were performed; of these no person was diagnosed with melanoma, 5 individuals were diagnosed with non-melanoma skin cancer in the program, linked to care, or provided treatment;
- 1,052 mammograms were performed and 1,164 clinical breast examinations were done; of these 11 individuals were diagnosed with breast cancer in the program, linked to care, or provided treatment;
- 630 Pap tests were done; of these none was diagnosed with cervical cancer in the program; and
- 1 diagnostic examination was performed for lung cancer; and no individuals were diagnosed with lung cancer in the program.

### **STATEWIDE PUBLIC HEALTH COMPONENT**

- Monthly teleconferences were provided throughout the year by the DHMH Cancer staff, in which representatives from the 24 local jurisdictions, the two academic centers, their vendors, and MOTA representatives participated in a two-way exchange of information and guidance in clinical, administrative and program evaluation/data collection areas. Prior to these two to five hour conference calls enhanced agenda and PowerPoint presentations were provided as a visual component to each of the teleconferences.
- Site visits of the CRFP cancer grantees were conducted by the DHMH cancer control staff at all of the 24 local jurisdictions and two academic centers. During these site visits, consultation and guidance was provided regarding clinical, administrative and program evaluation issues. Two grantees were visited a second time to follow up on identified areas of concern. Additionally, 24 follow-up data visits were conducted.
- Education and trainings were provided:
  - New Employee Orientation trainings were conducted with local health departments and academic center staff with 14 participants in attendance;

- Nurse Case Management training was conducted with academic center nurse case managers and administrative staff with 7 participants in attendance; and
- On line computer-based training modules for health educators, outreach workers, and clinical staff were developed and utilized by the local health departments.
- Community Health Coalition meetings in 22 local jurisdictions were observed by state health department staff.
- Written guidance continued to be provided to the local jurisdictions. The DHMH website for the Cancer CRFP was continually updated with written guidance for local jurisdictions.
- DHMH CRFP Cancer Control staff set up displays and distributed cancer control literature at DHMH central office and two other State Office buildings during sun safety/skin cancer, prostate cancer and colon cancer awareness months. In addition, DHMH CRFP Cancer Control staffed community and statewide events including the Maryland State Fair, Melanoma Monday Press Conference and during the Healthy Check events. DHMH CRFP Cancer Control staff developed and distributed Colorectal Cancer, Prostate Cancer and Skin Cancer Fact Sheets and updated a brochure listing the local cancer control programs' contact information used throughout the State. In addition, the program's web site was updated and made more user friendly with several hyperlinks to related sites.

### **SURVEILLANCE AND EVALUATION COMPONENT**

- Published the CRFP Cancer Report 2008 Amendment.
- Conducted the Maryland Cancer Survey for 2008 in conjunction with the University of Maryland Baltimore under contract. The survey was administered to over 5,000 Maryland adults age 40 years and older. The survey was conducted to assess knowledge and practices of selected health behaviors for the seven targeted cancers. The analysis and report are in process. The report will be published in August 2009.
- Published the Maryland Cancer Survey -- Baltimore City survey which was initiated in 2007.
- Developed an article:  
**Measuring Health Behaviors and Landline Telephones: Potential Coverage Bias in a Low-Income, Rural Population**

P.495 Fatma Shebl / Carolyn F. Poppell / Min Zhan / Diane M. Dwyer / Annette B.Hopkins / Carmela Groves / Faye Reed / C. Devadason /Eileen K. Steinberger

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- Developed and published on-line reports on hospital discharges and costs associated with cancers using Hospital Services Cost Review Commission (HSCRC) data.
- Supports the statewide CPEST cancer client database system (CDB) in conjunction with the University of Maryland Baltimore under contract. Each local health department and one statewide academic health center currently use this database on persons screened for colorectal, prostate, oral and skin cancer under CRFP. Maintenance and revisions to the database are ongoing. Training was conducted both at DHMH and at regional sites on the CDB. Fifteen CDB training sessions were held with 30 participants; 5 of the 15 sessions were at local sites. Quality assurance activities continue; guidance procedures and documents were developed for use by local programs.
- Maintains the Education Database (EDB) for tracking education and outreach efforts and CPEST Mapper, a geocoding and mapping program based on the screening data in CDB.
- The Cancer Surveillance Advisory Committee met regularly and continues to provide advice to DHMH on cancer surveillance and epidemiologic issues and serves as the Surveillance Chapter committee for the Comprehensive Cancer control Plan.

### **STATEWIDE ACADEMIC HEALTH CENTERS COMPONENT**

#### **Baltimore City Public Health Grant**

- The Baltimore City Comprehensive Cancer Plan was developed and submitted to DHMH for review and approval. The University of Maryland Medical Group (UMMG) and Johns Hopkins Institutions (JHI) were awarded grants for implementation of the Baltimore City Comprehensive Cancer Plan. The Johns Hopkins' component focused on prostate and colorectal cancer and the University of Maryland's component focused on breast and cervical cancer along with some smoking cessation done by a subcontractor.

#### **The Baltimore City Cancer Coalition or its subcommittees met in July, October and December 2008 and March and June 2009.**

- The coalition held a Strategic Planning meeting in March 2009. During the meeting the members recommended revisions to the Coalition's mission, vision and core value statements and the legislative advocacy and communication plans. Plans were made to strengthen the infrastructure of the Coalition, increase Coalition membership by an additional (5) community-based organizations, prepare and disseminate an internal newsletter on a quarterly basis and develop sub-committees for breast/cervical, lung, colorectal and skin cancers, and data and statistical analysis for Baltimore City.
- Representatives from JHI, UMMG and the Baltimore City Health Department agreed to target 900 men for prostate cancer screenings and 100 men for colorectal cancer screenings at JHI for FY 2010; and target 1,100 women for mammograms, 480 Pap test screenings, 950 clinical breast exams, and 25 colorectal cancer screenings at UMMS for FY 2010. Representatives agreed to provide cancer-related educational presentations at

the general coalition meetings and conduct forums to educate over 3,000 minorities about the breast, cervical, lung, prostate, colorectal, oral and skin cancer.

- Representatives from JHI, UMMG, and the Baltimore City Health Department (BCHD) worked with Ivy Moses, Baltimore City Cancer Coalition Administrative Agent from Jesus' Stop Resurrections and partnered with Native American Lifelines and the American Cancer Society to provide transportation for program eligible individuals to receive breast, cervical, prostate or colorectal cancer screening. The representatives also partnered with Latinos for Progress's Health Fair, enhanced coalition membership, and provided training to members on cervical cancer.
- Beginning in FY 2006, DHMH, in collaboration with the Baltimore City Cancer Coalition, Colorectal Cancer subcommittee received funding from the federal Centers for Disease Control and Prevention for a Colorectal Cancer Screening Demonstration Project in Baltimore City. In FY 2009, DHMH continued to provide ongoing guidance and worked with five clinical sites (JHMI, MedStar at Harbor and Union Memorial Hospitals, St. Agnes Hospital, and Sinai Hospital) funded to provide Baltimore City residents with colorectal cancer screening. DHMH continued to collaborate with the American Cancer Society which provided support for this Demonstration Project and the use of their phone center for some client intake.
- Beginning in January 2009, UMMG minority recruitment activities included partnering with Parkwest Health System on a Susan G. Komen grant to educate and screen women in the City's 21215 zip code area and partnering with JHI, Sinai, Latino's for Progress, ACS and Pauline Taylor (MOTA) for a first community "Health Fair" with over 150 individuals in attendance.
- The UMMG program staff applied for and received additional funding from the Avon Foundation for two years to provide breast and cervical cancer screening services for an additional 500 women from the 21215 zip code service delivery site.
- During the last three months, the JHI program funded four public service announcements regarding cancer control and availability of no cost cancer screening services that were aired on WEAA Radio Station. Articles were written and published in the AFRO Newspaper Baltimore Times, and the National – National Newspaper Publishers Association (NNPA) with over 5 million individuals receiving these articles.
- The JHI program used a campaign called "Each 1, Reach 1" during the first annual Spring Health Fair in April. The campaign included the naming of "Ambassadors" from several Baltimore City churches who have volunteered and are taking an active role in on-going initiatives to improve cancer education and awareness throughout the City.
- A total of 28,352 individuals in the general public were educated through brief group, and individual sessions. Public education and outreach for the targeted cancers was continued through partnerships with small businesses such as beauty salons and barbershops, community associations, libraries, local employers, civic groups, and faith-based



organizations. Health promotion was also provided in conjunction with citywide festivals and through community meetings.

- An estimated 12.8 million individuals in the general public were reached through media promotions on radio and television, and via printed promotions such as billboards, mailers and Baltimore City newspapers.
- JHI screened a total of 428 men for prostate cancer between July 1, 2008 and June 30, 2009. Of the men tested, 389 were racial or ethnic minorities. Nine men were diagnosed with prostate cancer.
- UMMG screened a total of 945 women for breast cancer between July 1, 2008 and June 30, 2009; 897 women were racial or ethnic minorities. Six women were diagnosed with breast cancer.
- UMMG screened a total of 413 women for cervical cancer between July 1, 2008 and June 30, 2009. Of the women tested, 388 were racial or ethnic minorities. No women were diagnosed with cervical cancer.

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

- 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 ninth year of the project.
- Fourteen grants were awarded in fiscal year 2009 of which three were for faculty recruitment and eleven were translational research projects. Projects were funded in the following areas: continued operation of the Epigenetic CORE Lab Facility; describing the process of methylation in several known cancer gene pathways and aerodigestive cancer sites; analysis of recruitment data of a cancer prevention trial regarding enrollees in Medicare A and B regarding breast, cervix, colorectal and prostate cancer screening; analysis of particulate matter in ambient air exposures; analysis of Medicare and IMPORT studies data to determine participation in clinical trials; compiled a database and analysis of cancer incidents; ambient air quality and traffic; explored role of vitamin D like compounds and the action of NRF2 pathway activation agents in the prevention of cancer; explored the role of inflammation in aggressive prostate cancer and how to address it clinically; and, assembled 2550 specimens for research studies in the Core Laboratory for further studies.
- Leveraging CRF results during FY 09 and across all CRF investigators has yielded 43 new grants to the Center from an outside funding source. During FY 09, one discovery was registered with the JHU Office of Research.
- Johns Hopkins Institutions and the University of Maryland Medical Group jointly sponsored the eighth annual “Research Matters” conference on November 13, 2008. The main conference topic was Epidemiology, the study of the distribution and determinants of health-related status events in specified populations, and the application of this study to the control of health problems. The focus of the presentations was viral oncology/HIV related

malignancies along with a presentation by the Collaborative Grant Program Awardees from last year. The event was attended by approximately 120 investigators from both institutions.

- The program conducted 22 seminars and roundtable meetings on topics ranging from cancer and behavior to clinical applications and epidemiological studies. There have been 436 articles written by CRF Investigators and published in peer-reviewed scientific journals.

### **University of Maryland Cancer Research Grant**

- The University of Maryland Medical Group (UMMG) submitted a grant application for cancer research and was awarded a continuation grant for the ninth year of the CRFP.
- The University of Maryland Greenebaum Cancer Center (UMGCC) has developed an interactive research program structure that is multidisciplinary in nature in order to achieve bi-directional translational research. This structure combines clinical and basic research investigators who work together to assure rapid translation of the research in the laboratory to the clinic by developing and supporting a series of shared resources which facilitate specialized research activities for all of its faculty.
- During FY 09, through increased efforts to market the Shared Services, there was a dramatic increase in utilization by members of the Program in Oncology. Additionally, the program provided a mechanism for the investigators to order services on-line through the internet, that greatly simplified the ordering process and provided a more effective mechanism to collect user fees with many of the shared services “charge-backs” that far exceeded expectations. The overall process became more efficient and accurate resulting in a 75% increase in overall use of the shared services primarily due to the increase in revenue from clinical trials. In addition, three staff members were funded to attend professional and scientific meetings to enhance their knowledge and expertise.
- Eight Shared Services Facilities were maintained for cancer research Core Service areas:

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

**Pathology Biorepository and Research Core (PBRC) Shared Service:** This core formerly named “The Tissue Collecting and Banking Shared Service Core” is used to provide banked tissues and blood specimens for genomics, proteomics, and other analyses for identification of new biomarkers and therapeutic targets while maintaining patient confidentiality. In fiscal year 2007, the core name was changed to reflect the reorganization of the tissue banking program and the addition of the research histology and immunohistochemistry to the program. The core’s main goal remains unchanged, to provide a constant flow of quality banked tissue and blood specimens to its researchers. The overall usage of this service increased by 100% during this grant period.

**Flow Cytometry Shared Service:** This facility sorts cells and provides cell-imaging services to identify cellular characteristics as a basis for translation into diagnostic or therapeutic strategies. The overall usage of this service has increased by 1% during this grant period.

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

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

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

**Translational Core Laboratory (TCL):** This core service area was established in 2004 by clinicians participating in early phase drug development clinical trials and for basic scientists that had an interest in assessing the clinical relevance of their own research topics. The TCL shared services reflect moderate decreases, due to changes in leadership and lab personnel during the past year.

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

- In October, 2008, a High Throughput Screening Shared Services was launched. This shared service provided a way for investigators to screen up to 40,000 unique compounds for a variety of anti-cancer activities.
- The CRF Cancer Research grant supported 47 faculty members of which 40 researchers published at least one cancer related article in a peer reviewed scientific journal and all 40 published multiple cancer related articles.
- Twenty-four 24 faculty members filed 78 federal, state, and private grant applications. In addition, there were also 81 new clinical trial applications submitted for funding of which 68

were approved for funding. There were 1,119 patients that entered into University of Maryland's clinical trials.

- The CRF Cancer Research grant funds were used to award 2 cancer related pilot grants in the following cancer related areas; 1 in lung and bronchus and 1 that covered all cancers. The research involved Viral Oncology (VO).
- The Center has increased the number of patients entered into a clinical trial over 50%. Since the inception of the Baltimore City Cancer Screening Program in 2001, more than 50% of the women screened by the program that received a positive result have enrolled in a clinical trial. The national average of minority women enrolling in clinical trials is less than 2 percent. The cancer center enrollment is 38% African American.
- During the "Research Matters" conference, presentations were given by the Collaborative Grant Program Awardees from last year, Geoffrey Girnun, Ph.D., from the University of Maryland Greenebaum Cancer Center and Shyam S. Biswal, Ph.D., from the Johns Hopkins Bloomberg School of Public Health.

#### **Maryland Statewide Health Network Grant**

- The University of Maryland Medical Group submitted a grant application and was awarded a grant for continuation of the Maryland Statewide Health Network (MSHN) project for the ninth year.
- MSHN completed a follow-up survey with the Colorectal and Breast Cancer Patient Navigation Program participant. The participants, from underserved communities, received appropriate education, screening and follow-up information. There were 264 participants that completed the follow-up survey, 25 client records were reviewed. Preliminary analysis of the data is under review.
- MSHN Western Maryland office implemented 137 health education programs with 4,623 individuals in attendance on topics including skin, oral, lung, and cervical cancer and prevention along with obesity, tobacco cessation, hypertension and stroke and asthma. The Baltimore City Office implemented 14 health education programs with 274 individuals in attendance on topics including nutrition and diabetes, diet and colorectal cancer, high blood pressure, oral cancer, tobacco use, and cardiovascular disease. The Eastern Shore Office implemented 33 health education programs with 1,537 individuals in attendance on topics including skin and breast cancer, sun safe prevention measures, dangers and risk factors of tobacco use, nutrition and healthy eating habits, diabetes, and obesity.
- MSHN has maintained use of telehealth equipment. One additional telehealth site was added at the Three Lower Counties Federally Qualified Health Center in Salisbury. Activities using telehealth/ videoconferencing included: Practice Based Research Network meeting with the Eastern Shore Area Health Education Center (AHEC), Department of Family and Community Medicine meeting with the Practice Based Research Network, Patient Navigation Program Community Health Workers discussion follow-up interviews with the Eastern Shore Network office, Maryland AHEC Program Office meeting with the Western

Maryland AHEC office staff, and Continuing Medical Education video presentation to the Western Maryland AHEC staff. The Program has entered into an agreement to enhance telemedicine usage in Western Maryland.

- During fiscal year 2009, the MSHN maintained two CRF funded projects regarding health technology. Four Kiosks with a freestanding, touch screen / keyboard were purchased and used by community residents to collect health information and identify health issues and risks; and computer training sessions known as Project KITS (Knowledge and Information for Today's Seniors) continued to educate seniors and bridge the digital divide. Qualitative anecdotal comments were received from program participants and evaluated regarding plans for continued and future use.
- MSHN continues to have offices in Baltimore City and the Eastern Shore and maintains a presence in Western Maryland with staff located in the Western Maryland AHEC offices in Cumberland and Southern Maryland with staff located at the Bel Alton Community Development Center. The office staff at each of these locations provided education throughout their communities with programs and topics ranging from "The Truth About Tobacco and Oral Cancer", "Tobacco Usage and Cardiovascular Disease", "Oral Health for Mature Adults", "Breathe Easy...What You Need to Know About Second Hand Smoke", and "Skin Cancer and Sun Safe Prevention Measures".

#### **Other Tobacco-Related Diseases Research Grant**

- The OTRD program provided support to nine faculty engaged in Clinical and Translational Research through the Tobacco Research Lab, Asthma Research (Children's Hospital Breathmobile) along with other support mechanisms.
- Findings from the Tobacco Research Lab are of clinical significance and will allow the addition of cigarette smoking as a serious risk factor for organ transplantation and provide information for better management and treatment of cardiac transplant recipients. Another study demonstrated that when habitual smokers smoke cigarettes with no nicotine, the harmful effects of tobacco usage could be avoided.
- Findings from the Asthma Research (Children's Hospital Breathmobile) demonstrate improvement in asthma related outcomes in high risk underserved children with asthma. The results of this study show that the care provided using the Breathmobile is cost effective and the direct medical cost savings of the program outweighs the operation cost.
- A total of four faculty pilot research projects in categories of health services research, clinical research and/or translation research were funded in FY2008-2009. The project titles are as follows: Characterization of genetic variation in nicotinic acetylcholine receptor subunits and cardiovascular response to nicotine exposure; Smoking and NOD-Like receptor microbial sensing; Effect of smoking on women's reproductive health; and, Smoking components induced immunological changes in the joints leading to progression of arthritis.
- The OTRD program has maintained collaborative health services research in which preliminary evidence shows a benefit for a structured telehome health program that targets

patients with chronic cardio-metabolic and pulmonary disease who exhibit increased health care resource utilization. The project has demonstrated that the approach improves blood pressure control, bringing it into the normal range and decreases blood sugar elevation over a long range with COPD and Heart Failure disease states stabilized without the need for excessive emergency room or hospital utilization.

- During fiscal year 2009, the faculty funded through the OTRD research grant published four peer-reviewed manuscripts and submitted 14 grant applications to National Institutes of Health (NIH). The faculty are awaiting funding decisions on these grant awards.
- The OTRD program held the 6th Annual Scientific Forum on October 23, 2008. The forum was attended by 166 researchers, community members, and representatives from Health Departments, Federally Qualified Health Centers and students. The keynote speaker was Dr. Wortia McCaskill-Stevens from HCI/NIH who presented on clinical trials. The two Plenary Sessions featured research presentations by faculty supported by the OTRD grant award. In addition, a panel of nationally and internationally recognized experts provided the community perspective on clinical trials barriers.

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

- The Coalition for Skin Cancer Prevention in Maryland started in 2001 with funding from the federal Centers for Disease Control and Prevention and the Maryland Department of Health and Mental Hygiene. Beginning in fiscal year 2005, the Coalition was funded under the Cigarette Restitution Fund Program. The purpose of the Coalition was to promote skin cancer prevention education to the citizens of Maryland through five channels: schools, media, primary healthcare providers, recreational sites, and child care providers with a primary emphasis on reaching children and adolescents.
- Beginning in 2006, a grant was awarded to the Center for a Healthy Maryland, Inc., an affiliate of Med Chi that modified the mission of the program to: 1) increase public awareness about sun safety and skin cancer; 2) increase physician awareness about sun safety and skin cancer; and, 3) implement policy changes to increase the use of sun-safe behaviors, particularly among youth in Maryland.
- The Skin Cancer Prevention Program (the Program) works towards increasing the public's and physicians' knowledge about damage from ultraviolet radiation, skin cancer prevention, and the need for skin exams and to increase utilization of sun-safe behaviors. The Program regularly meets and works with representatives of fifty-nine (64) organizations, a Skin Cancer Prevention Coalition, including local health departments, governmental organizations, professional medical societies, non-profit organizations, for-profit organizations, and individual citizens. The Program continues to serve as the central resource for skin cancer prevention activities in Maryland.

- Activities continued for the promotion of the tanning bed law that became effective in 2008, requiring in-person parental consent before a minor can use a commercial tanning facility. The Program sent posters regarding the law and dangers in using tanning beds to several local health departments, several private high schools, two hospitals and all Maryland public middle and high schools.
- The Program sent physicians and other primary care health professional's skin cancer patient education brochures, books and posters. The program encouraged healthcare providers throughout the state to display skin cancer prevention brochures and posters in their offices. In addition, the program marketed a free program for Continuing Medical Education credits by completing an online course, Skin Cancer Education for Primary Care. As of June 2009, 92 practitioners have completed the online course.
- The Program donated a skin analyzer device to the Maryland Science Center for its new exhibit, Cells: The Universe Inside Us, on March 26, 2009. This permanent exhibit contains a skin cancer prevention teaching station based on the mechanism of the skin analyzer device. The Program staff is working with the Science Center to develop a lesson plan for the "explainer cart," a mobile learning station used with small groups of visitors.
- The primary mechanism for the Program's outreach activities to both health care professionals and the general public includes continual updates to both the SunGuard Man online web site at [www.sunguardman.org](http://www.sunguardman.org) and the Center for a Healthy Maryland's web site, [www.healthymaryland.org](http://www.healthymaryland.org).
- The Program's mascot called "SunGuard Man" continues to be very popular. There are now eleven 11 costumes for SunGuard Man throughout the state for use by local health departments, the Maryland Statewide Health Network, and other organizations. SunGuard Man continues to make appearances in various locales throughout the state.
- The program sponsored the Ninth Annual "Melanoma Monday" event in May that included a Skin Cancer Prevention Poster Contest for elementary and middle school students. There were 793 entries from students at 20 schools in 8 counties. The 2009 event was a collaboration with the SHADE Foundation, a national organization based in Arizona, which conducted a national poster contest. Three top Maryland posters were submitted to the Foundation; they chose one to presentation Maryland. Although the Maryland poster did not win, Program staff was invited and attended the award ceremony in Washington, D.C., at which Senator John McCain was the guest of honor.
- The Program participated in a new day of national awareness of sun safety, called Don't Fry Day as sponsored by the National Council on Skin Cancer Prevention. The Program manager appeared on WMAR-TV and FOX 45's morning shows to discuss sun safety and promote Don't Fry Day. The program contracted with WMAR-TV to create a 30 second public service announcement on sun safety and during May, the Program's sun safety messages reach millions of households via the TV public service announcements.

- The Program’s staff and partners conducted trainings for 69 childcare providers on Sun Safe Child Care Curriculum in 2009 along with train the trainer sessions to 14 people.
- The program staff and Coalition members travel throughout the state to health fairs, educational events, professional medical meetings and community groups to promote an increased awareness of skin cancer risks and prevention measures.

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

- Beginning in May 2008, this pilot project developed materials and began educating the public about informed decision making and prostate cancer screening.
- In July 2008, staff contracted with clinical providers and began screening men for prostate cancer after receiving information, being determined eligible for the program, and providing consent to participate in the program. Clients are referred and screened for prostate cancer by Health Partners, Inc. Clients found to have positive screening results, are referred to a contracted urologist for diagnosis. Clients diagnosed with prostate cancer are being case managed by program staff.
- The prostate cancer outreach training workshops are being carried out throughout the county. Workshop participants were asked to pledge to refer 2 or more clients to our program and agreed to refer those clients to the Charles County Department of Health by the end of May. As an incentive Senator Thomas “Mac” Middleton stated that anyone who referred 4 or more men for prostate cancer screening would be invited to Annapolis for a recognition ceremony.
- The Prostate Cancer outreach worker continues to place brochures in doctor’s offices, churches, local county government offices, health fairs, hospitals, and local businesses.
- Since the beginning of the program in July 2008, 132 men who reside in Charles County have been screened for prostate cancer with a finding of 6 men diagnosed with cancer through the program.

### **Maryland Cancer Registry**

- During Fiscal Year 09, the MCR data for incidence years 2002 through 2006 met the requirements for inclusion in the United States Cancer Statistics Publication Standard for the National Program of Cancer Registries (NPCR).
- The Centers for Disease Control and Prevention (CDC) NPCR conducted a site visit at the MCR on September 15-16, 2008. The primary purpose of the site visit was to:
  - Increase understanding of the MCR and its progress, successes, challenges and context;
  - Assess the MCR’s progress toward implementing a statewide, population-based central cancer registry and meeting NPCR program standards;
  - Identify program gaps, and barriers that impede progress;
  - Discuss MCR policies and procedures; and



- Discuss the MCR's education and training strategies, quality assurance activities, use of and/or participation in data utilization, collaborative relationships, and advanced activities.

*Recognition of Registry Activities-*

- The MCR was commended for their data remediation efforts for the last several years;
  - The MCR has a great foundation of electronic reporting from hospitals as well as numerous non-hospital sources;
  - The MCR links with hospital disease indices to ensure complete reporting;
  - The MCR holds quarterly conference calls with reporting facilities; and
  - The MCR has implemented a new Data Release Policy and Procedure to encourage appropriate data use.
- The MCR's Quality Assurance/Data Management contractor, Westat, completed 2007 incidence year facility audits on seven facilities between October 2008 and January 2009.
  - During FY09, Westat received and processed over 55,727 cancer case abstract reports.
  - DHMH processed over 50 requests for release of Maryland Cancer Registry data.

# **CIGARETTE RESTITUTION FUND PROGRAM**

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

### **FISCAL YEAR 2009 ACCOMPLISHMENTS**

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

##### **Overall**

- Conducted 7 site visits of local health department CRFP Tobacco programs to monitor compliance with approved program plans and budgets.
- Oversaw **24** local tobacco coalitions with a statewide membership of **862** people to ensure diverse representation and inclusive participation. The statewide coalition demographic is 52.3% Caucasian, 35.3% African American, 3.5% Hispanic/Latino, 5.2% Asian American and 1% Native American. These coalitions provide input to their local health department on the development of comprehensive tobacco control plans.
- Developed quarterly program performance matrices for the local public health component that describe activities and accomplishments for all Maryland counties by funding element.
- Worked with county health departments to develop county-specific tobacco control action plans that address CRFP long-term and short-term goals, objectives and site visit recommendations.
- Provided training and technical assistance to county health departments and community organizations to build sustainable tobacco control programs targeting minority and disparate populations.
- Provided training and technical assistance to faith-based organizations to build capacity and ensure that faith organizations contribute to tobacco use prevention efforts.
- Collaborated with the Alcohol and Drug Abuse Administration on tobacco retail compliance checks and vendor education.

##### **Community-Based Element**

- **1,946** advocates and community leaders were trained on smoking cessation programs and tobacco use prevention strategies;
- **252** faith-based organizations were funded to incorporate tobacco prevention and cessation messages into various programs;

- **232,685** 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;
- **448** awareness campaigns were conducted in targeted communities; and
- **96** minority organizations were funded by local health departments.

### **School-Based Element**

- **1,238** teachers, nurses, daycare providers, and school administrators were trained on available tobacco use prevention and cessation curricula, programs and strategies;
- **16,024** Pre-K students received multiple tobacco use prevention education sessions;
- **382,110** K – 12 students received multiple tobacco use prevention education sessions;
- **18,023** private school students were educated on tobacco use prevention;
- **8,741** students were educated in alternative school settings;
- **10,838** college students received tobacco use prevention education on campus;
- **76,074** students were reached with Peer Programs in schools; and
- **1,655** students received smoking cessation counseling and support at school.

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

- **7,381** tobacco retailer (stores) compliance checks were conducted;
- **408** tobacco retailers (stores) were issued citations for sales to minors;
- **700** youth were cited for illegal possession of tobacco products;
- **130** product placement citations were issued; and
- **247** students participated in the Tobacco Education Group (TEG) program.

### **Smoking Cessation Element**

- **1,275** nurses and health care providers were trained on various smoking cessation models and clinical guidelines;
- **8,348** adults participated in smoking cessation classes;
  - **4,843** received nicotine patches, **1,975** received Chantix, and **31** received Zyban to support their quit attempt

- 48% of smoking cessation class participants were minority; and
  - 42% of cessation participants were African Americans (3,541)
  - 4% of cessation participants were Hispanics/Latinos (336)
  - .6% of cessation participants were Asian Americans (52)
  - 1% of cessation participants were Native Americans (128)
- **169** referrals from the Quitline to local health department cessation programs.

### **STATEWIDE PUBLIC HEALTH COMPONENT**

#### **Maryland Tobacco Quitline: 1-800-QUIT NOW**

- Received over **17,122** calls during fiscal year 2009. Of those calls, approximately **9,176** callers registered for cessation services. Listed below are highlights of demographics of the callers to the Quitline:
  - Callers by Gender: 58.2% Females, 41.8% Males (7% increase in male utilization from FY08)
  - Callers by Race: 47.5% White, 43.9% African American
  - Callers by Ethnicity: 3.1% Hispanic (slight increase from FY08)
  - Callers by Age: 18-24 9.7%, 25-30 11.3%, 31-40 19.2%, 41-50 30.7%, 51-60 21.3 %, 61-70 6.1%, 71-80 1.6 %
  - Callers by Insurance Status: Commercial Coverage 28.6%, Medicaid 22.8%, Medicare 10.5%, Uninsured 36.3%, Other/Refused 1.8% (slight increases in Medicaid and Uninsured from FY08)
  - 91.8% of callers were in the “preparation” stage
  - 61 pregnant and/or breastfeeding woman were served
  - 38% of callers self reported that they had a chronic disease (31% increase from FY08)
  - Greatest numbers of callers were from highly populated areas of the state: Baltimore City, Baltimore, Prince Georges, Montgomery, Howard, and Anne Arundel Counties
  - Friends and Family (30.2%) and TV commercials (26.9%) were reported as the most popular way that people heard about the Quitline
  - Referred **2,207** callers to local health department resources
  - Survey Results (conducted by MBE Vendor for the Quitline, Social Solutions International, Inc.).
    - 99% of callers were satisfied with Quitline services
    - 55% of survey respondents indicated their race as African American or Black, which demonstrates reaching key target populations

- 41.9% of the survey respondents had not used tobacco in the last seven days
- 39.4% had not used tobacco for one month or longer. (typical 30 day quit rate without counseling is usually 4-7%)
- Residents from approximately 264 cities and towns across Maryland accessed the Quitline, demonstrating the reach of the Maryland Quitline
- Distributed **6,067** shipments of nicotine replacement therapy (NRT) – patches and gum – to Maryland residents.
- DHMH continued to partner with CRF-funded MDQuit to provide administration, outreach, and training assistance for the Fax to Assist Program. Providers can refer their patients or clients who wish to quit to the Maryland Tobacco Quitline.
  - Participation in the Fax To Assist program continues to increase via the on-line training and certification for HIPAA-covered entities at [www.MDQuit.org](http://www.MDQuit.org) and trainings provided by MDQuit Staff. As of April 2009, providers who complete the online Fax to Assist program and an evaluation will earn 1.0 AMA PRA Category 1 Credit™.
  - There were **113** “fax to assist” referrals to the Quitline in FY09
  - **37** new providers have registered to be Fax to Assist providers in FY09 bring the total to **156** providers

### Quitline Outreach

- Partnerships
  - Local Health Departments – Continued support to local health departments by providing materials and assisting them with integration of the 1-800-QUIT NOW logo into their own media, newsletters, health fairs, and other outreach events.
  - Partnered with the Mental Hygiene Administration (MHA) – MHA has shown a commitment to addressing tobacco use with their consumers. A planning committee—consisting of consumers, cessation experts, MHA, and DHMH staff—has been convened to evaluate the challenges of mental health consumers and tobacco use, with subsequent meetings, trainings, and literature dissemination.
  - Partnered with the Office of Oral Health during oral cancer week June 21-27th. Provided Quitline materials to over 100 oral health packets that were distributed to local health departments, staffed table event at the State Center, sent out joint press release.
  - Quitline material has been disseminated at several State Center events such as Employee Wellness at DLLR, Great American Smoke Out, Healthy Initiative Events, and Public Health Week. Links have also been established on Maryland’s DHMH website (both internal and external) to the Quitline website.
- Organization/Company Outreach – Provided **258** posters, over **34,800** brochures, over **16,700** wallet cards, and other materials promoting the Quitline during to over **200** unique organizations, including:

- Over **40** Hospitals and Clinics
- Military health and dental centers
- Private companies operating in Maryland, including construction companies, restaurants, hotels, and bars, among others, to encourage cessation among employees
- Family support centers across the state
- Faith based partners via presentations, smoke free signs and placements in church bulletins
- Baltimore City's Tobacco Education Bus
- University of Maryland Baltimore School of Pharmacy resident pharmacists are providing brochures at their community pharmacies. Over **100** residents and pharmacies are participating across Maryland
- Colleges/Universities (STOPS – Students Together Organizing Prevention Strategies – Program promoting the Quitline)
- Specialty health provider practices such as diabetes centers, pulmonary, cardiac centers, dental practices, and dental schools
- Individual Outreach – Provided brochures, Quitline wallet cards, and other materials promoting the Quitline to over **40** individuals requesting brochures through the website, [www.smokingstopshere.com](http://www.smokingstopshere.com).

### **Outreach to High-Risk and Priority Populations**

#### *Students Together Organizing Prevention Strategies (STOPS) College Tobacco Free Initiative*

- **Six** college campuses were funded for the STOPS initiative: Anne Arundel Community College (AACC), Bowie State University, Johns Hopkins University, Morgan State University, University of Maryland, Baltimore County, and University of Baltimore. Additionally, non-funded colleges from across the state were invited to join STOPS and attend statewide meetings.
- The STOPS mission is: Maryland's college and university tobacco control coalitions have united to create healthier, tobacco-free campuses across the state by building relationships with other campuses, offering prevention and education initiatives, establishing and supporting policies, and sustaining diverse involvement.
- Students form college campus coalitions (with an advisor) to address tobacco use prevention and cessation for students and faculty. Coalitions focus on environmental and policy change on campus, as well as hosting campus events and activities in an effort to normalize **not** using tobacco among students. Coalitions also promote the Maryland Tobacco Quitline as an option for cessation services for those students ready to quit.
- Policies: Many campuses are concentrating efforts on strengthening their policies and several have affected policy successes on campus. The Johns Hopkins University STOPS coalition has collected signatures from students who support a smoke-free campus, and are now working with administrators to review and pass a campus level policy restricting

smoking on campus grounds. In FY09, two community colleges in Maryland—Montgomery College and Carroll Community College—implemented tobacco free policies. The two schools consulted with staff from Harford Community College—a past STOPS member who implemented tobacco free campus policy in July 2007. Coalitions are working with organizations and departments on campus to increase awareness and enforcement of current campus tobacco use policies.

- The STOPS website— [www.marylandstops.org](http://www.marylandstops.org) —is continually updated to provide coalitions with the most recent tobacco control information. Each funded coalition has their own password protected page in which they can update their policies and campus events.
- Two statewide STOPS coalition meetings—comprised of representatives from each school—were held in FY09. The first meeting—held on November 7, 2008 at Harford Community College—focused on new and emerging tobacco products, as well as the latest advertising tactics used by the tobacco industry to target young adults. The *Campaign for Tobacco Free Kids* presented to the group. At the second meeting held on April 17, 2009 at UMBC, the *Legal Resource Center* provided a status update of tobacco-related bills reviewed during the 2009 General Assembly session. Additionally, groups brainstormed ideas for managing a coalition on a limited budget.
- The DHMH Maryland STOPS initiative was highlighted in a session presentation—“Strategies Reducing Tobacco Use Among Young Adults”—at the CDC Summer Institute in July 2008, as well as at a session—“Tobacco and Young Adults: A Wealth of Issues”—at the National Conference on Tobacco or Health on June 11, 2009. Both national meetings were held in Phoenix, AZ.

#### Statewide Ethnic Networks

- The statewide effort targets African American, Hispanic/Latino, Asian American, and Native American populations. The organizations involved in the statewide network effort were selected to develop culturally sensitive and relevant programs that educate minorities on the dangers of tobacco use and secondhand smoke exposure; establish leadership training programs and organize networks of tobacco control advocates. Building capacity and infrastructure in Maryland’s minority communities is a critical component of the state’s comprehensive tobacco control efforts.

#### American Indian

*Baltimore American Indian Center (BAIC)* in Baltimore City developed a new culturally sensitive curriculum to promote tobacco use and cessation within the context of the Native cultural and spiritual traditions. About 30 Native youth were recruited to participate in these workshops. They also developed leadership and a permanent network of tobacco control advocates which included Native American elders, church leaders, BAIC Board members, teachers, parents and youth from Patterson High School to serve as mentors for the youth tobacco prevention program.

### Tobacco Related Disparities Project

In an effort to reduce the tobacco-related health disparities, DHMH convened a diverse group of individuals from throughout the state to develop a five-year strategic plan.

This workgroup was charged to:

- assess data (both quantitative and qualitative) for specific population groups;
- plan collaboratively with key stakeholders from diverse populations to identify critical issues related to disparities;
- develop a strategic plan including an evaluation component;
- develop an action plan based on the strategic plan; and,
- develop strategies for marketing and implementing the plan for long term success.

Distinct national partnerships support the mission of the Tobacco-related Disparities Workgroup by providing community and professional experts that assisted DHMH in identifying and addressing the critical issues for Maryland's disparate populations. Four organizations agreed to partner with the workgroup and participated in the strategic planning process, including American Legacy Foundation (ALF), Asian Pacific Partners for Empowerment and Advocacy Leadership (APPEAL), The Latino Council on Alcohol and Tobacco Prevention (LCAT), and The National African American Tobacco Prevention Network (NAATPN). These organizations have been successful in identifying community leaders, mobilizing the community to become active in tobacco use prevention, and participating in local health department coalitions statewide.

Over the course of 17 meetings in a two year period the workgroup analyzed the data, conducted an environmental scan and population assessment, and identified **four critical issues** to address tobacco-related health disparities among African American, American Indian/Alaska Native, Asian American/Pacific Islander, Hispanic/Latino, and low socioeconomic populations:

1. Data – Need to improve the quality of data collection methods to get more reliable data for disparate populations in Maryland.
2. Integration – Existence of other social, economic, and public health priorities in disparate populations that compete with participation in tobacco control programs, and the need to integrate tobacco control efforts into programs that address these other priorities.
3. Cultural Competency – Disparities in cultural competency exist within Maryland tobacco control programs and services.
4. Capacity – Need for increased capacity and infrastructure within disparate populations to engage in community-sensitive tobacco control programming and services.

Throughout the process, the workgroup considered the ethnic, racial, socio economic and geographic differences within counties while identifying the overarching critical issues and recommendations. The crafted recommendations go beyond traditional top-down public health approaches to tobacco control and prevention, and embrace community participation and leadership.



- train local health department staff and increase the level of cultural competency in staff working with specific racial/ethnic and low socioeconomic populations;
- gather reliable data within minority and low socioeconomic communities;
- strengthen community infrastructure to address the unique challenges faced by minority and low socioeconomic (low SES) communities; and,
- expand traditional tobacco control services as well as integrate tobacco use prevention and cessation into other public health concerns.

### **Maryland Resource Center for Quitting Use and Initiation of Tobacco—MDQuit**

- Launched in early FY07, MDQuit ([www.MDQuit.org](http://www.MDQuit.org)) was funded at UMBC; dedicated to assisting providers and programs in reducing tobacco use among citizens across the state.
- MDQuit, in their third year, continued to support their mission of linking professionals and providers to state tobacco initiatives, providing evidence-based, effective resources and tools to local programs, creating and supporting an extensive, collaborative network of tobacco prevention and cessation professionals, and providing a forum for sharing best practices throughout the state of Maryland.
- In November, 2008 MDQuit’s “Fax to Assist Referral Program for Smoking Cessation” was approved for 1.0 *AMA PRA Category 1 Credits*<sup>™</sup> for an online CME program sponsored by St. Joseph Medical Center. New and previous Fax to Assist registrants can complete a brief online evaluation of the educational objectives following Fax to Assist registration to earn 1 CME.
- MDQuit’s website includes information about current news and events, as well as prevention and cessation programs and materials. In FY09, MDQuit has continued to respond to feedback from reviewers, researchers, MDQuit advisory board members, the public and constituents and have updated existing content and/or added new pages including:
  - Cigars and information on the hotly debated little cigars and cigarillos
  - MDQuit has revamped the Fax to Assist training and online registration to include an online evaluation for one CME credit through St. Joseph Medical Center
  - Added a search bar to MDQuit.org
- In FY09, there were **7,479** visits to the website, and **16,860** page views. Since MDQuit began monitoring in November 2006 through the end of FY09, MDQuit has received **21,000** visits and over **50,000** page views. MDQuit continues to maintain a steady flow of visits and page views
- **Advisory Board Meetings** – The advisory board consists of 13 professionals and leaders in the community from statewide organizations (American Lung Association of Maryland, Inc., and Smoke Free Maryland) as well as organizations/departments with a focus on special

populations including minority groups and persons with severe mental illness. Most advisory board members attend events, including the Best Practices Conference. The next advisory board meeting is scheduled for September 24<sup>th</sup>, 2009.

- **County Needs Assessments** – In FY08, MDQuit Center Specialists conducted needs assessments in all **24** jurisdictions. The needs assessment reviewed current prevention and cessation activities in each jurisdiction, utilization of MDQuit resources, and statewide smoking ban issues & efforts. MDQuit has used results from the Needs Assessment to choose topics for the Best Practices conference and plan initiatives and workshops. Due to budget constraints for both MDQuit and the Local health Departments (LHDs), MDQuit is working on an online version of the previous needs assessment to assess any changes in staffing, programming, etc. and how MDQuit can best serve each of the counties. The online survey is slated for fall, 2009.
- **Best Practices Conference** – MDQuit hosted the 3<sup>rd</sup> Annual Best Practices conference on January 22<sup>nd</sup>, 2009. **127** individuals attended with strong representation from LHDs as well as DHMH. This conference had 2 key topics: Serious Mental Illness (SMI) and Innovation. For the SMI track, national experts from American University and the Substance Abuse Mental Illness Centers of Excellence at Case Western Reserve University discussed depression and smoking, model programs, Integrated Dual Disorders Treatment (IDDT), and practical tips and information for working with clients with SMI. For the Innovation track, Dr. Peter Coughlan from IDEO gave a keynote address on consumer demand as well as piloted a 3-hour Consumer Demand Toolkit for creating innovative tobacco prevention and cessation programs and services.
- **Trainings & Presentations** – MDQuit presented information about the Center, Fax-to-Assist, Stages of Change for Cessation, and Stages of Smoking Initiation at:
  - National Conference on Tobacco or Health Annual Conference
  - Society for Research on Nicotine and Tobacco (SRNT)'s Annual Conference
  - Society of Behavioral Medicine's Annual Conference
  - Montgomery County Tobacco Coalition Meeting
  - Maryland Mental Hygiene Association
  - Train the Trainers on how to conduct the MDQuit created hour long Clearing the Air: What You Need to Know and Do to Prepare to Quit Smoking" pre-cessation class, for a Faith-based community group in Frederick, Maryland., sponsored by Love Health Services.
- **Publications**
  - A manuscript entitled 'Journey to the End of Smoking: A Personal and Population Perspective', by Drs. DiClemente and Delahanty & Mr. Fiedler, at DHMH was submitted for consideration in the American Journal of Preventive Medicine's Consumer Demand Supplement. This manuscript examines the Stages of Change for Smoking Cessation derived from the Maryland Adult Tobacco Surveys from 2000 to 2006.

- World Health Organization (WHO) Monograph – Dr. DiClemente, Dr. Delahanty and Center Specialist Ms. Garay wrote 3 chapters for the World Health Organizations’ Monograph on women and the tobacco epidemic. The first chapter deals with addiction to nicotine, the second chapter is on pregnancy and postpartum smoking cessation and the final chapter is entitled “Quitting smoking and beating nicotine addiction: a woman’s perspective”.
- **Collaboration** – MDQuit is pursuing collaboration with the Quitline vendor, Free & Clear to do an in-depth analysis of Quitline data as it relates to the recent policy changes (local and Federal tax increases and the implementation of the Clean Indoor Air Act) in the State of Maryland.
- **Newsletters** – MDQuit published **4** newsletters in FY09, one in each season (Summer 2008, Fall 2008, Winter 2009 and Spring 2009). Hard copies of the newsletters were mailed to each local health department, along with those who have signed up to be on the mailing distribution list. A downloadable version of all newsletters can be found on the MDQuit.org website.
- **Survey Data** – MDQuit has performed stage-based analyses of the 2008 MYTS survey data. MDQuit is awaiting receipt of the 2008 MATS data. MDQuit has conducted stage-based smoking initiation analyses and is continuing to conduct analyses examining the initiation of smoking and how it relates to alcohol youth using the 2008 MYTS data.
- **TRASH & STOPS** – MDQuit has been actively involved in supporting TRASH (Teens Rejecting Abusive Smoking Habits) and STOPS (Students Together Organizing Prevention Strategies), two programs dedicated to prevention and cessation of youth tobacco use. MDQuit works closely with DHMH and is responsible for planning, staffing, and executing advisory board and coalition meetings. During this past fiscal year, there were **3** TRASH youth advisory board meetings, and **2** STOPS advisory board meetings.

### **Legal Resource Center**

- Provided legal assistance to **24** local health departments and jurisdictions throughout the state on youth access, tobacco enforcement, and clean indoor air issues;
- Responded to approximately **50** requests from individuals, and condominium associations, management companies, and other organizations for technical legal assistance on smoke drift in multiunit housing;
- Responded to approximately **25** additional requests from individuals or organizations for technical assistance on other tobacco control issues (such as sales of cigarettes below cost; ability of employers to hire only non-smokers, etc.);
- Provided assistance to **6** state legislators during the 2009 General Assembly session;
- Assisted Baltimore City and Prince George’s County with local policies;
- Submitted comments in support of the Department of Human Resource’s proposed (now final) regulation to protect foster children from exposure to secondhand smoke;

- Secured publication of Law Synopsis, “*Pick Your Poison: Responses to the Marketing and Sale of Flavored Tobacco Products*,” through the Tobacco Control Legal Consortium; more than **1,000** copies distributed;
- Taught law students in a Tobacco Control Clinic and a Tobacco Control and the Law seminar;
- Provided training to **6** undercover agents participating in Baltimore City's tobacco sales compliance check program;
- Presented at **5** national and state tobacco control conferences;
- Maintained a website containing tobacco control information such as opinions from the Attorney General, court decisions, the Master Settlement Agreement, the World Health Organization Framework Convention on Tobacco Control, model ordinances, and a database of American Law Review articles;
- Assisted Office of the Attorney General on issues associated with MSA compliance, tobacco-centered litigation, and legislation, including the ongoing case against R.J. Reynolds over an advertisement in *Rolling Stone* magazine;
- Served on the CDC’s MSA Violation Workgroup; and
- Served on the NAAG Fire Safe Cigarette Workgroup.

### **HEALTH COMMUNICATIONS/COUNTERMARKETING COMPONENT**

Though in past years the Department has been able to highlight successes in reaching smokers through effective cessation campaigns, no CRF funding was provided to the Department in FY09 for programmatic tobacco control media efforts in this Component, leaving no current activities funded through the CRF on which to report.

### **SURVEILLANCE AND EVALUATION COMPONENT**

The Surveillance and Evaluation Component is tasked with: (1) conducting youth and adult population surveys in each of Maryland’s 24 major political subdivisions in the fall of even calendar years; (2) reporting the results of these surveys in the fall of odd calendar years; and (3) conducting on-going evaluation activities of the tobacco program.

#### **Surveillance**

In the fall of 2008, youth population surveys were administered to Maryland students attending public middle and high schools using the same model and methodologies as was employed for the baseline survey conducted in the fall of 2000. Results of these surveys will be published in September 2009. Also in the fall of 2008, adult population surveys were administered to Maryland adults through a random-digit-dial telephone survey using the same model and methodologies as was employed for the baseline survey conducted in the fall of 2000. Results of these surveys will be published in September 2009.

## **Evaluation**

MDQuit, based at the University of Maryland Baltimore County (UMBC) is analyzing the 2008 survey data with respect to (1) Stages of Initiation of Tobacco Use, (2) Stages of Cessation of Tobacco Use, and (3) interaction of alcohol and tobacco use behaviors among Maryland youth. Results are anticipated in fiscal 2010 and will be disseminated to local health departments for use in their tobacco programs and to appropriate offices/agencies that address alcohol use by under-age youth.

In Fiscal 2009 focus groups were conducted, focusing on minority adult attitudes towards tobacco-use cessation for the purpose of identifying perceived barriers to quitting smoking and/or seeking assistance when attempting to quit. Results of these focus groups were provided to the Statewide Public Health Component for use in connection with the 1-800-QUIT-NOW tobacco-use cessation quitline. Separately, a summary publication of these findings is being prepared for distribution to local health departments for use in their respective smoking cessation programs. The publication has been delayed and is now being prepared internally because the Memorandum of Agreement with the School of Public Health at the University of Maryland College Park which supported the focus groups was terminated due to budget restrictions.

Reports on disparities in tobacco-use behaviors among minority youth and adult populations was prepared by the School of Public Health at the University of Maryland College Park, collating data from the 2000 through 2006 population surveys. These reports were provided to the Cigarette Restitution Fund Program but are now only available in electronic form due to budgetary restrictions.

A Memorandum of Understanding with the Hilltop Institute at the University of Maryland Baltimore County (UMBC) was signed for the purpose of designing a comprehensive data collection and reporting system intended to allow 'program outputs' to be linked to 'program outcomes' as prerequisite to conducting more focused evaluation activities. This project was one of the primary recommendations outlined in the report of the independent evaluation conducted in fiscal years 2007-08. A functioning software product will be delivered by the end of Fiscal Year 2010.

Analysis of youth tobacco behaviors (2000-06) provided the basis for introduction of a Departmental Bill (SB 80) during the 2009 Session of the Maryland General Assembly. The proposed legislation (1) created an optional civil enforcement framework relative to under-age youth and tobacco, and (2) required retailers to check photo identification of young persons attempting to purchase tobacco products. This bill did not pass, but with amendments, is under active consideration for re-introduction in the 2010 Session.

**MINORITY OUTREACH  
AND  
TECHNICAL ASSISTANCE  
PROGRAM**

**ACCOMPLISHMENTS**

**CIGARETTE RESTITUTION FUND PROGRAM**  
**MINORITY OUTREACH AND TECHNICAL ASSISTANCE**  
**FISCAL YEAR 2009 ACCOMPLISHMENTS**

**Grants Awarded**

The Minority Outreach and Technical Assistance Program (MOTA) awarded competitive one-year grants to 15 jurisdictions in Maryland that contained the largest proportion of minorities.

**Competitive grants ranged from \$35,000 to \$227,000.** The minority or minority serving community-based organizations receiving the grants includes: 2 - Asian American, 1- community hospitals, 4 - faith-based, 6 - African Americans and 0-Native American. Counties receiving more than \$100,000 used a percentage of their total grant to fund 2- Native American, 5 - Hispanic, 5 - faith-based, 4 - Asian, 5 - African American, and 3 - youth community-based organizations. The jurisdictions funded were:

**Anne Arundel County  
Caroline County  
Frederick County  
Kent County  
St. Mary's County**

**Baltimore City  
Charles County  
Harford County  
Montgomery County  
Talbot County**

**Baltimore County  
Dorchester County  
Howard County  
Prince George's County  
Wicomico County**

**Overarching Activities**

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

- 1,461 minority individuals were recruited to attend the local health department's cancer and tobacco coalition meetings on behalf of MOTA during the year;
- 433 minority individuals (MOTA Minority Staff included) attended the local health department's cancer and tobacco coalition meetings on behalf of MOTA during the year;
- 1,542 cultural fairs/events that highlighted cancer and tobacco messages;
- 2,436 technical assistance/training sessions held on resource development targeting minority and/or minority serving community-based organizations; grant writing and building the health program infrastructure and networking within communities; reaching 1, 846 individuals;

- 177,964 tobacco-cessation and cancer awareness brochures and educational materials were distributed state-wide;
- 282,312 persons received tobacco-cessation were reached through outreach activities, cultural fairs, health events, faith-based initiatives, TV public service announcements;
- 7,322 cancer screening referrals for minorities to the local health department's services were conducted;
- 10,664 tobacco cessation program referrals were made to the Maryland Quitline and local health department cessation programs; and
- 480,424 total persons were reached through MOTA efforts. Persons reached included recruited minorities, minorities who attended coalition meetings, attendees at technical assistance session, individuals referred for services, and individuals receiving materials.

## Key Program Highlights for MOTA Grantees Activities Statewide

### Anne Arundel County

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

- Established the Friday Night Alternative, a weekly program sponsoring safe-alternative activities for youth by incorporating a health message into the fun activities of the program;
- 50,000 minorities participated in the After-School Program curriculum established by the Department of Education targeting youth to avoid tobacco-use and to be informed about cancer prevention; and
- Distributed 11,645 cancer/tobacco-related materials and conducted 49 awareness events.

### Baltimore County

TAA Foundation, Inc. is a Filipino-American organization that provides support for human services within the local community and the Philippines.

- Reached 4,262 persons with cancer and tobacco health messages;
- Provided 2,521 technical assistance emails to various community-based groups concerning grant opportunities and grants management;
- Referred 397 individuals to cancer screening and tobacco cessation programs; and
- Contracted with 5 minority partners: Sanbanyan, Inc., Zeta Phi Beta Sorority, Inc., St. Stephens AME Church, Maryland Association of Nigerian Physicians and Native American Lifelines.



### Baltimore City

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

- Reached 917 persons at various events and health fairs;
- Distributed 2,206 pieces of cancer and tobacco cessation literature; and
- Referred 1 Native American Male for prostate cancer screening.

### Caroline County

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

- Reached 51 persons at three fellowship activities focused on healing the body;
- Collaborated with 14 various schools, organizations and ethnic and racial communities; and
- Established a relationship with 3 schools established by Maryland State Department of Education through its Century Learning Centers.

### Charles County

Black Leadership Council for Excellence (BLCE) is the MOTA Grantee for Charles County. BLCE has been a MOTA Grantee for the past 5 years.

- Reached over 72,144 by participating in cultural events, health fairs, community fundraisers, workshops, fashion shows, and community canvassing;
- Distributed 25 cancer and tobacco health education tool kit to hair salons, barbershops, restaurants, bars, clubs, and merchant stores;
- Distributed 28,949 pieces of cancer/tobacco related materials;
- Referred 86 individuals to cancer screening/tobacco cessation;
- Partnered with 13 sororities, fraternal, alumni association, cultural entities to provide an array of cancer and tobacco messages to various ethnic and racial groups; and
- Established an electronic newsletter that was emailed to 50 Charles County MOTA partners.

### Dorchester County

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

- Funded 2 faith-based organizations - Cambridge Church of Christ and St. Luke's Church;
- Provided 275 brochures and informational documents at The Men's Night Out Health Initiative sponsored by the ABC and Community Partners Packets;

- Referred 22 individuals for cancer screenings were made along with 9 referrals for tobacco cessation programs through a partnership with Shore Health Systems and Choptank Community Health Systems;
- Reached 300 men, women and children through a health education class hosted by St. Luke Church;
- 23 sub-grantee volunteers delivered goodie bags with health education and awareness messages to restaurants, churches, and the low-income housing projects;
- 36 men, women, and children attended Cambridge Church of Christ's Non-Smoking Tobacco; and
- Sleep Over facilitated by a Drug Abuse Resistance Education (D.A.R.E.) consultant.

### Frederick County

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

- 5,000 persons attended the Pangean County-wide Festival and received health messages;
- 80 foreign dignitaries and researchers attended Dr. Mark Li's Hepatitis Project-purpose to promote hepatitis screening among Asian Americans;
- 250 persons were provided health information on liver cancer activity entitled One-to-One Outreach at the Costco Food Warehouse;
- 30 individuals were referred to Quitline services;
- 65 Asian Americans were greeted in their native language at West Frederick Middle School's Back
- to School for Asian Americans program by a MOTA minority consultant; and
- 25 persons attended sessions for the Native Americans and their families in collaboration with the Governor's Office on Native American Affairs.

### Harford County

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

- 350 individuals received second-hand smoke and cancer and tobacco screening at the Under the Tent celebration which recognized 20 years of service for African Americans in the county;
- 100 anti-tobacco/cancer prevention pamphlets were distributed at the Faith-Based Resource Fair in Edgewood;
- 1,350 bulletin inserts were mailed to faith congregations;
- 12,453 cancer/tobacco-related materials were distributed at the Fall Fest;
- 35 referrals were made to cancer screening and tobacco cessation programs; and
- Sponsored The Appalachian Cherokee All Night Gathering, a special religious ceremony held during the full moon.

### Howard County

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

- 160 persons were referred to tobacco cessation programs;
- 6,282 cancer/tobacco-related literature were distributed; and
- 14 events were held where cancer and tobacco health messages were distributed.

### Kent County

- Bethel AME Church is a faith-based community organization that provides outreach and education to various groups within the community.
- 80 students received a back to school bag containing health messages, during the “Welcome Back to Church/School-Honoring Grandparents” event;
- 40 persons reached at “Party at the Park” event held in collaboration with the local radio station;
- 300 participants attended the “Great American Smoke Out” annual event;
- 140 individuals attended the “Celebrating Cultural Diversity” for cultural enrichment event;
- 30 persons attended the “Hide and Seek Stamp Out Smoking” event; and
- 150 African Americans attended the “Celebration of National Women’s Health Week” event.

### Montgomery County

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

- 150 free laboratory screenings were provided by the hospital in collaboration with the MCEP Program during the “Cover the Uninsured Week Initiative”;
- 100 persons attended the “Annual Native American POW-POW”;
- 22,782 health literature messages on cancer and tobacco were distributed;
- 2,111 cancer screening and tobacco cessation referrals were made; and
- 21,516 educational encounters at 690 outreach sessions were conducted for African Americans, Africans, Asian Americans, Hispanics/Latinos, and Holy Cross Hospital Health Promoters.

### Prince George’s County

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

- 34,727 tobacco/cancer-related materials were distributed in the community;
- 34,560 persons received a tobacco/cancer related health message;

- 411 events were conducted by grantee and sub-grantees;
- 3,916 referrals for cancer screening were made;
- 6,205 referrals for tobacco cessation were made;
- 115 referrals were made to the Maryland Quitline;
- 103 persons/organizations received technical assistance on the MOTA program; and
- The local MOTA grantee funded 14 minority sub-grantees to conduct outreach in the county.

#### St. Mary's County

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

- 3,000 "I-quit" health messages were distributed at the County Fair on Tobacco Awareness, with a live performance by Hip Hop artist "No-Puff Daddy";
- 275 military families were reached at the Naval Air Warfare Center family day;
- 749 participants were reached during the joint Latino and Asian/Pacific Island Community event;
- 18,321 cancer/tobacco-related health information materials were distributed countywide;
- 401 cancer screening referrals were made;
- 982 tobacco cessation referrals were made; and
- 111 persons/groups received technical assistance from MOTA.

#### Talbot County

St. Luke's United Methodist Church is a faith-based non-profit organization that serves the county with community support services.

- 1,000 individuals attended the Back-to School collaboration with the Talbot County Department of Social Services;
- 70 individuals were reached and received tobacco and prostate cancer information at the Annual Homecoming Celebration; and
- 650 residents affiliate attended Trapp's October Fest and 55 signatures were obtained confirming receipt of cancer/tobacco information.

#### Wicomico County

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

- 6,886 cancer/tobacco-related materials were distributed;
- 20 health fair and cultural events were held;
- 3 grant writing and advocacy training workshops were conducted; and
- Collaborated with 7 community-based organizations on cancer and tobacco awareness.

**ALCOHOL**

**AND**

**DRUG ABUSE PROGRAM**

**FISCAL REPORT**

**AND**

**ACCOMPLISHMENTS**

Alcohol and Drug Abuse Administration  
Cigarette Restitution Fund Annual Report: Fiscal Year 2009

**A. Introduction**

During Fiscal Year 2009, the Alcohol and Drug Abuse Administration (ADAA) administered \$17,112,339 in Cigarette Restitution Funds. These funds were appropriated in ADAA's budget PCAs K102 and K204. These budget projects provide for the administration of funds for the enhancement and expansion of alcohol and drug treatment programming. Funding allocations are provided based on local requests and priorities regarding areas of greatest needs.

**B. Fiscal Report**

|                |      | As of June 30, 2007 |              |             |             |
|----------------|------|---------------------|--------------|-------------|-------------|
|                |      | Budget              | Expenditures | Obligations | Unobligated |
| Administration | K102 | 64,059              | 46,586       | 0           | 17,473      |
| Treatment      | K204 | 17,048,197          | 17,065,670   | 0           | (17,473)    |
|                |      | 17,112,339          | 17,112,339   | 0           | 0           |

**Distribution by Subdivision**

| <u>Subdivision</u> | As of June 30, 2009 |              |             |             |
|--------------------|---------------------|--------------|-------------|-------------|
|                    | Budget              | Expenditures | Obligations | Unobligated |
| ALLEGANY           | 259,349             | 259,349      | 0           | 0           |
| ANNE ARUNDEL       | 1,000,000           | 1,000,000    | 0           | 0           |
| BALTIMORE COUNTY   | 1,000,000           | 1,000,000    | 0           | 0           |
| CALVERT            | 118,799             | 118,799      | 0           | 0           |
| CAROLINE           | 32,654              | 32,654       | 0           | 0           |
| CARROLL            | 143,988             | 143,988      | 0           | 0           |
| CECIL              | 91,841              | 91,841       | 0           | 0           |
| CHARLES            | 118,746             | 118,746      | 0           | 0           |
| DORCHESTER         | 143,842             | 143,842      | 0           | 0           |
| FREDERICK          | 95,579              | 95,579       | 0           | 0           |
| GARRETT            | 40,000              | 40,000       | 0           | 0           |
| HARFORD            | 298,661             | 298,661      | 0           | 0           |
| HOWARD             | 144,966             | 144,966      | 0           | 0           |
| KENT               | 285,909             | 285,909      | 0           | 0           |
| MONTGOMERY         | 1,000,000           | 1,000,000    | 0           | 0           |
| PRINCE GEORGE'S    | 2,997,866           | 2,997,866    | 0           | 0           |
| QUEEN ANNE'S       | 42,859              | 42,859       | 0           | 0           |
| ST. MARY'S         | 203,726             | 203,726      | 0           | 0           |
| SOMERSET           | 114,264             | 114,264      | 0           | 0           |
| TALBOT             | 36,736              | 36,736       | 0           | 0           |
| WASHINGTON         | 98,002              | 98,002       | 0           | 0           |
| WICOMICO           | 424,208             | 424,208      | 0           | 0           |
| WORCESTER          | 268,035             | 268,035      | 0           | 0           |
| BALTIMORE CITY     | 8,088,167           | 8,088,167    | 0           | 0           |
| <u>ADJUSTMENTS</u> |                     | 17,473       | 0           | (17,473)    |
| <b>TOTAL</b>       | 17,048,197          | 17,065,670   | 0           | (17,473)    |

Note: Data source – FMIS for K102S and K204S

**C. Outcomes and Public Benefits: FY 2009 Accomplishments**

Allegany County

The CRF grant funded 11 slots in the Level III.1 Halfway House providing services to 44 patients during the year.

Anne Arundel County

The following services were purchased through CRF funding:

|  |          |                     |
|--|----------|---------------------|
| Level 0.5 Early Intervention   | 4 slots  | 22 patients served  |
| Level 1 Outpatient Services  | 37 slots | 152 patients served |
| Level II.I Intensive Outpatient Services                               | 24 slots | 54 patients served  |
| Level II.1.D Intensive Outpatient Detox                                | 1 slot   | 3 patients served   |
| Level III.1 Halfway House  | 3 slots  | 25 patients served  |
| Level III. 3 Long Term Residential Services                            | 3 slots  | 4 patients served   |
| Level III.5 Therapeutic Community                                      | 1 slot   | 6 patients served   |
| Level III.7 Medically Monitored Inpatient                              | 10 slots | 58 patients served  |
| Level III.7.D Medically Monitored<br>Detoxification Inpatient Services | 1 slot   | 25 patients served  |

Baltimore City

The following services were purchased through CRF funding:

|   |           |                       |
|---|-----------|-----------------------|
| Level I Outpatient:                             | 894 slots | 2,940 patients served |
| Level II.1 Intensive Outpatient                 | 406 slots | 3,003 patients served |
| Level III.1 Halfway House                       | 60 slots  | 120 patients served   |
| Level III.5 Therapeutic Community               | 7 slots   | 13 patients served    |
| Level III.7 Medically Monitored Inpatient (ICF) | 2 slots   | 24 patients served    |
| Opioid Maintenance Therapy                      | 236 slots | 311 patients served   |
| Acupuncture                                     |           | 200 patients served   |
| Interim Methadone                               | 85 slots  | 276 patients served   |

Baltimore County

During fiscal year 2009, CRF funds were used to support 14 Level I Outpatient slots serving 42 patients; 13 Level II.1 Intensive Outpatient slots serving 112 patients; 5 Level III.1 Halfway House slots serving 19 patients, 11 Level III.3 Long-Term Residential slots serving 39 patients, and 9 Level III.7 Medically Monitored Inpatient slots serving 94 patients purchased with CRF funds. CRF also supported. In addition, 16 patients received Level 0.5 Early Intervention services. Intensive outpatient detoxification services (Level II.D) were purchased for 13 patients and 36 patients received Medically Monitored Inpatient (Level III.7.D) detox. Assessments and referrals were provided to 252 people.

### Calvert County

During fiscal year 2009, CRF funds were used to support 250 Assessment and Referral slots that through which 258 patients were served.

### Caroline County

During fiscal year 2009, CRF funds were used to support Level I outpatient treatment for 6 adolescent patients.

### Carroll County

During fiscal year 2009, CRF funds were used to support 30 Level I Outpatient that served 56 patients.

### Cecil County

During fiscal year 2009, CRF funds were used to support 100 Level III.7 Detoxification slots to serve 132 patients.

### Charles County

During fiscal year 2009, CRF funds were used to support 12 slots of Level II. I Intensive Outpatient that served 49 patients and 1 slot of Level III.3 Long Term Residential that served 6 patients.

### Dorchester County

During fiscal year 2009, CRF funds were used to support 199 Level I Outpatient slots that served 610 patients.

### Frederick County

During fiscal year 2009, CRF funds were used to support 5 slots for Level I D Outpatient Detox providing services to 17 patients. Additionally, CRF funds were used to partially support a psychiatrist who assists with detox services, evaluates and prescribes medications for patients with co-occurring disorders, and serves as the program medical director.

### Garrett County

During fiscal year 2009, CRF funds were used to support 25 Level I Outpatient slots providing services for 33 adolescent patients.



Harford County

During fiscal year 2009, CRF funds were used to serve 2 Level 0.5 Early Intervention patients and support 39 Level I Outpatient slots serving 139 patients, 7 Level II.I Intensive Outpatient slots that served 5 patients, 1 Level III.7 (Medically Monitored Inpatient) slot that served 4 patients, and 10 Opioid Maintenance Therapy (OMT) slots that served 19 patients.

Howard County

During fiscal year 2009, CRF funds were used to support 10 Level II.1 Intensive Outpatient slots that served 30 patients. Twenty-three (23) patients also received Level II.D Intensive Outpatient detoxification services

Kent County

During fiscal year 2009, CRF funds were used to support 288 Medically Managed Inpatient Detox slots that served 200 patients. Note: The number served is lower than the number of slots due to the waiting list to get into treatment and referring programs referring to other detox programs both in state and out of state. CRF funds not spent on these slots were used in ICF beds (Level III.7 Medically Monitored Inpatient) at same facility.

Montgomery County

During fiscal year 2009, CRF funds were used to support:

|  |          |                    |
|--|----------|--------------------|
| Level 1 Outpatient Services              | 32 slots | 65 patients served |
| Level II.I Intensive Outpatient Services | 27 slots | 88 patients served |
| Level III.3 Long Term Residential Care   | 10 slots | 22 patients served |

Prince George's County

The following services were purchased through the CRF funding:

|   |           |                       |
|---|-----------|-----------------------|
| Level 0.5 Early Intervention                      |           | 309 patients served   |
| Level 1 Outpatient Services                       | 415 slots | 1,097 patients served |
| Level II.I Intensive Outpatient Services          | 85 slots  | 252 patients served   |
| Level III.1 Halfway House                         | 5 slots   | 19 patients served    |
| Level III.7 Medically Monitored Inpatient         | 5 slots   | 65 patients served    |
| Level III.7.D Medically Monitored Inpatient Detox | 1 slot    | 42 patients served    |

Queen Anne's County

During fiscal year 2009, CRF funds were used to support 10 Level III.7.D (Medically Monitored Inpatient Detox slots that served 26 patients.

St. Mary's County

During fiscal year 2009, CRF funds were used to support 15 Level I Jail Outpatient slots that served 115 patients and 23 Level II Intensive Outpatient slots that served 176 patients. Of the Level II IOP slots, 8 were jail based and served 37 criminal justice patients.

Somerset County

During fiscal year 2009, CRF funds were used to support 30 Level I Outpatient slots that served 60 patients.

Talbot County

During fiscal year 2009, CRF funds were used to support part of the treatment coordinator/program director's salary as well as fund 10 slots serving 26 patients. The slots funded 332 days (259 ICF/ 73 Detox).

Washington County

During fiscal year 2009 CRF funds were used to support 234 Level I Outpatient (Jail-based) slots that served 282 patients.

Wicomico County

During fiscal year 2009 CRF funds were used to support 65 Level I Outpatient slots that served 157 patients and 15 Level IV.D Medically Managed Detox slots that served 15 patients.

Worcester County

During fiscal year 2009, CRF funds were used to support:

|  |          |                                |
|--|----------|--------------------------------|
| Level 0.5 Early Intervention                         | 5 slots  | 1 patient served               |
| Level I Outpatient                                   | 29 slots | 160 adolescent patients served |
| Level II.1 Intensive Outpatient                      | 5 slots  | 9 patients served              |
| Level III.7.D Medically Monitored Inpatient<br>Detox | 5 slots  | 43 patients served             |

**D. Administrative Support**

For FY2009 the ADAA budgeted \$64,059 for administrative support from CRF funds (K102). These funds are used to provide infrastructure support through a Grants Specialist II position for additional technical and programmatic support to the treatment programs to enhance service delivery through the Cigarette Restitution Funds. Actual CRF (K102) expenditures for FY2009 were \$46,586. The balance (\$17,473) was unobligated due to a staff vacancy. Recruitment is underway to fill the vacancy.

**E. Managing For Results**

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

**MEDICAL CARE PROGRAM**

**FISCAL REPORT**

**AND**

**MANAGING – FOR – RESULTS**

# CIGARETTE RESTITUTION FUND PROGRAM

## MEDICAL CARE PROGRAM

### PROVIDER REIMBURSEMENTS

#### FISCAL YEAR 2009 ACCOMPLISHMENTS (CY 2008)

Appropriation: \$125,400,000

Expenditure: \$125,400,000

#### M00Q01.00 MEDICAL CARE PROGRAMS ADMINISTRATION

##### Objective 1.4

**For Calendar Year 2010, reduce by one admission annually, the rate per thousand of asthma-related avoidable hospital admissions among HealthChoice children ages 5-20 with asthma.**

The number of hospital admissions per thousand for asthma-related illness decreased from 49 in 2007 to 39 in 2008. This significant decrease probably reflects the various efforts of the health care community. Admissions are defined as “avoidable admissions” and are based on specifications from AHRQ (Agency for Healthcare Research and Quality). The methodology for determining performance reflects both AHRQ and HEDIS (Healthcare Effectiveness Data and Information Set ) specifications and recommendations.

| <b>Performance Measures</b>  | <b>CY 2007<br/>Actual</b> | <b>CY 2008<br/>Actual</b> | <b>CY2009<br/>Estimated</b> | <b>CY2010<br/>Estimated</b> |
|--|---------------------------|---------------------------|-----------------------------|-----------------------------|
| <b>Input:</b> Number of HealthChoice children ages 5- 20 with asthma   | 6,823                     | 7,475                     | 8,085                       | 8,706                       |
| <b>Output:</b> Number of asthma-related avoidable admissions among HealthChoice children ages 5- 20 with asthma            | 330                       | 290                       | 310                         | 320                         |
| <b>Outcome:</b> Rate per thousand of asthma-related avoidable admissions among HealthChoice children ages 5-20 with asthma | 48                        | 39                        | 38                          | 37                          |

**Objective 2.5** For calendar year 2009 reduce the gap in access to ambulatory services between Caucasians and African-Americans in HealthChoice by one percentage point.

| <b>Performance Measures</b>   | <b>CY 2006<br/>Actual</b> | <b>CY 2007<br/>Actual</b> | <b>CY 2008<br/>Estimated</b> | <b>CY 2009<br/>Estimated</b> |
|---|---------------------------|---------------------------|------------------------------|------------------------------|
| <b>Input:</b> Number of Caucasians enrolled in HealthChoice   | 177,527                   | 174,704                   | 182,000                      | 184,000                      |
| Number of African-Americans enrolled in HealthChoice  | 338,556                   | 335,258                   | 342,000                      | 344,000                      |
| <b>Output:</b> Percentage of Caucasians in HealthChoice accessing at least one ambulatory service                   | 75.7%                     | 76.4%                     | 77.1%                        | 78.1%                        |
| Percentage of African-Americans in HealthChoice accessing at least one ambulatory service                           | 68.8%                     | 69.6%                     | 72.2%                        | 74.2%                        |
| <b>Outcome:</b> Percentage gap between access rate for Caucasians compared to the access rate for African-Americans | 6.9%                      | 6.8%                      | 5.8%                         | 4.8%                         |

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

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**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. Although the gap in access has remained relatively stable over the past three years, the percentage of African Americans accessing care increased from 62% to 68.8% between Calendar Year 2002 and Calendar Year 2006. In 2007 it was up to 69.6%. 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