



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

SEP 24 2007

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 2007

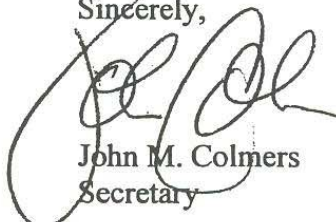
Dear Secretary Foster:

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 2007 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 Dr. Carlessia A. Hussein, Director of the Cigarette Restitution Fund Program on 410-767-0094.

Sincerely,



John M. Colmers
Secretary

Enclosure

cc: James P. Johnson, CFO
Carlessia A. Hussein, Dr. P.H.
Anne Hubbard, Director of Governmental Affairs

**MARYLAND
DEPARTMENT OF HEALTH & MENTAL HYGIENE**

CIGARETTE RESTITUTION FUND PROGRAM

FISCAL YEAR 2007 ANNUAL REPORT

FUND EXPENDITURES AND ACCOMPLISHMENTS

October 2007



**John M. Colmers
Secretary**

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

FISCAL YEAR 2007 ANNUAL REPORT

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Maryland Department of Health and Mental Hygiene

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Maryland Department of Agriculture

**Department of Health and Mental Hygiene
Family Health Administration
Cigarette Restitution Fund Program
Interim Fiscal Report – Fiscal Year 2007**

(July 1, 2006 - June 30, 2007)

1) Cancer Prevention, Education, Screening and Treatment Program

Components:	Appropriation	Expenditures	Obligations	Unobligated
Administration (X671S)	\$ 999,585	\$ 962,838	\$ 3,466	\$ 33,281
Surveillance and Evaluation (X672S)	\$ 1,293,523	\$ 933,957	\$ 325,636	\$ 33,930
Statewide Academic Health Center (X673S)	\$ 13,400,000	\$ 3,006,365	\$ 10,393,635	\$ -
Local Public Health (X674S) *	\$ 7,504,090	\$ 6,947,769	\$ 556,321	\$ -
Baltimore City Public Health Grant (X675S)	\$ 2,446,000	\$ 419,184	\$ 2,026,816	\$ -
Statewide Public Health (X676S)	\$ 111,798	\$ 69,992	\$ 41,806	\$ -
Statewide Academic Health Center (X677S)	\$ 2,000,000	\$ 357,332	\$ 1,642,668	\$ -
Cancer - Database Development (X679S)	\$ 385,000	\$ 162,221	\$ 222,779	\$ -
Total	\$ 28,139,996	\$ 12,859,658	\$ 15,213,127	\$ 67,211

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

Subdivision	(Budget) Available Funding	Unreconciled Expenditures	Obligations	Unobligated
Allegany	\$220,524	\$220,524	\$0	\$0
Anne Arundel	\$660,847	\$660,847	\$0	\$0
Baltimore Co.	\$1,227,567	\$769,713	\$457,854	\$0
Calvert	\$182,708	\$182,708	\$0	\$0
Caroline	\$144,792	\$144,792	\$0	\$0
Carroll	\$271,896	\$271,896	\$0	\$0
Cecil	\$204,556	\$204,556	\$0	\$0
Charles	\$218,143	\$218,143	\$0	\$0
Dorchester	\$158,109	\$158,109	\$0	\$0
Frederick	\$300,229	\$300,229	\$0	\$0
Garrett	\$140,798	\$140,798	\$0	\$0
Harford	\$342,858	\$342,858	\$0	\$0
Howard	\$305,068	\$305,068	\$0	\$0
Kent	\$131,870	\$131,870	\$0	\$0
Montgomery	\$883,447	\$784,980	\$98,467	\$0
Prince George's	\$788,578	\$788,578	\$0	\$0
Queen Anne's	\$154,361	\$154,361	\$0	\$0
St. Mary's	\$180,323	\$180,323	\$0	\$0
Somerset	\$136,599	\$136,599	\$0	\$0
Talbot	\$165,501	\$165,501	\$0	\$0
Washington	\$277,709	\$277,709	\$0	\$0
Wicomico	\$220,756	\$220,756	\$0	\$0
Worcester	\$186,851	\$186,851	\$0	\$0
Baltimore City *	\$2,446,000	\$419,184	\$2,026,816	\$0
TOTAL	\$9,950,090	\$7,366,953	\$2,583,137	\$0

* The budget and expenditure for Baltimore City are in the Baltimore City Public Health (X675S). Baltimore City's budget of

* The budget and expenditure for Baltimore city are in the Baltimore City Public health (X675S) Baltimore City's buget of \$2,446,000 adds to the Local Public Health distribution by jurisdiction of \$7,504,090 to make a total of \$9,950,0900

**Department of Health and Mental Hygiene
Family Health Administration
Cigarette Restitution Fund Program
Interim Fiscal Report – Fiscal Year 2007**

(July 1, 2006 -- June 30, 2007)

2) Tobacco Use Prevention and Cessation Program

	Appropriation	Expenditures	Obligations	Unobligated
Components:				
Administration (X681S)	\$ 769,544	\$ 599,370	\$ 102,032	\$ 68,142
Surveillance and Evaluation (X682S)	\$ 1,900,000	\$ 1,043,618	\$ 484,434	\$ 371,948
Countermarketing and Media (X683S)	\$ 500,000	\$ 461,610	\$ 38,390	-
Local Public Health (X684S)	\$ 12,090,000	\$ 9,932,106	\$ 2,088,401	\$ 69,493
Statewide Public Health (X686S)	\$ 3,465,489	\$ 1,590,278	\$ 1,454,735	\$ 420,476
Total	\$ 18,725,033	\$ 13,626,982	\$ 4,167,992	\$ 930,059
		\$0	\$0	\$0

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

Subdivision	(Budget) Available Funding	Unreconciled Expenditures	Obligations	Unobligated
Allegany	\$305,869	\$305,869	\$0	\$0
Anne Arundel	\$994,067	\$994,067	\$0	\$0
Baltimore Co.	\$1,344,032	\$953,817	\$390,215	\$0
Calvert	\$324,100	\$324,100	\$0	\$0
Caroline	\$220,945	\$220,945	\$0	\$0
Carroll	\$426,514	\$426,514	\$0	\$0
Cecil	\$338,314	\$338,314	\$0	\$0
Charles	\$401,644	\$401,644	\$0	\$0
Dorchester	\$213,571	\$213,571	\$0	\$0
Frederick	\$521,487	\$521,487	\$0	\$0
Garrett	\$210,534	\$209,534	\$0	\$1,000
Harford	\$566,927	\$566,927	\$0	\$0
Howard	\$504,862	\$504,862	\$0	\$0
Kent	\$154,137	\$114,362	\$0	\$39,775
Montgomery	\$1,170,304	\$761,348	\$408,956	\$0
Prince George's	\$1,175,675	\$1,175,675	\$0	\$0
Queen Anne's	\$229,250	\$229,250	\$0	\$0
Somerset	\$196,194	\$196,194	\$0	\$0
St. Mary's	\$319,109	\$298,233	\$0	\$20,876
Talbot	\$210,766	\$210,766	\$0	\$0
Washington	\$409,722	\$409,722	\$0	\$0
Wicomico	\$311,359	\$311,359	\$0	\$0
Worcester	\$243,546	\$243,546	\$0	\$0
Baltimore City	\$1,297,072	\$0	\$1,289,230	\$7,842
TOTAL	\$12,090,000	\$9,932,106	\$2,088,401	\$69,493

**Department of Health and Mental Hygiene
Family Health Administration
Cigarette Restitution Fund Program
Interim Fiscal Report – Fiscal Year 2007**

(July 1, 2006 -- June 30, 2007)

	(Budget) Available Funding	Expenditures	Obligations	Unobligated
3) Management Support Service (X670)	\$ 629,234	\$ 372,743	\$ 93,236	\$ 163,255
CRF Program Totals	\$ 47,494,263	\$ 26,859,383	\$ 19,474,355	\$ 1,160,525

Footnotes/Definitions

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

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

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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.

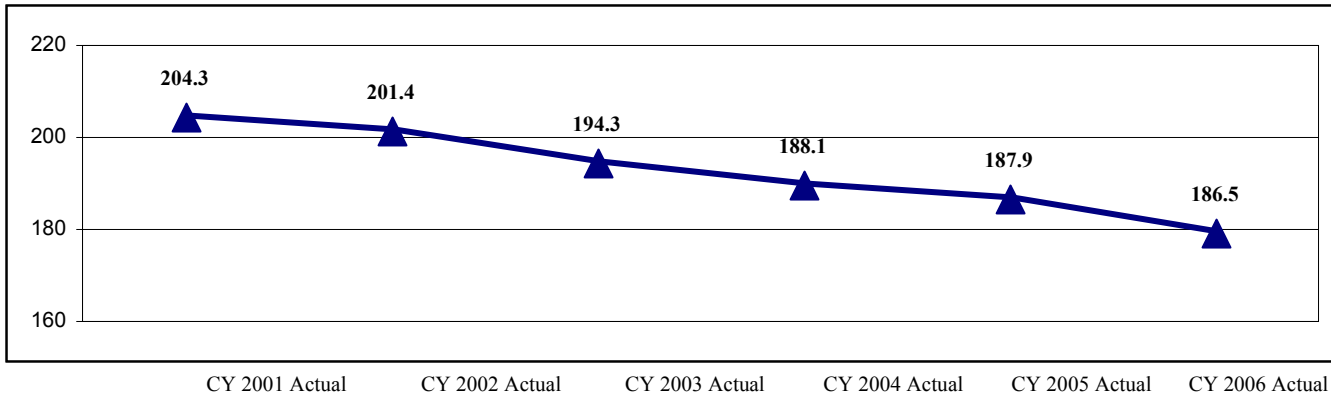
KEY GOALS, OBJECTIVES, AND PERFORMANCE MEASURES

Goal 1. To reduce overall cancer mortality in Maryland.

Objective 1.1 By calendar year 2010, reduce overall cancer mortality to a rate of no more than 168.8 per 100,000 persons. (Age-adjusted to the 2000 U.S. standard population.)

Performance Measures	CY2003 Actual	CY2006 Actual	CY2007 Estimated	CY2010 Estimated
Outcome: Overall cancer mortality rate (Overall cancer mortality rate for CY 2003 based on 10,251 cancer deaths)	194.3	186.5	182.8	172.2

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



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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

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

Objective 2.1 By calendar year 2010, reduce disparities in overall cancer mortality between blacks and whites to a rate of no more than 1.18. (Age-adjusted to the 2000 U.S. standard population.)

	CY2003	CY2006	CY2007	CY2010
Performance Measures	Actual	Actual	Estimated	Estimated
Outcome: Cancer death rate ratio between blacks/whites (Cancer mortality rate for blacks = 234.3; cancer mortality rate for whites = 186.9 in CY 2003)	1.25	1.14	1.13	1.08

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 2010, reduce colorectal cancer mortality to a rate of no more than 14.2 per 100,000 persons in Maryland. (Age-adjusted to the 2000 U.S. standard population.)

	FY2004	FY2005	FY2006	FY2007
Performance Measures	Actual	Actual	Actual	Actual
Output: Number screened for colorectal cancer with CRF funds	3,213	2,873	2,277	2,274
Number minorities screened for colon cancer with CRF funds	1,254	1,186	973	1,160

	CY2003	CY2006	CY2007	CY2010
Performance Measures	Actual	Actual	Estimated	Estimated
Outcome: Colorectal cancer mortality rate (Colorectal cancer mortality rate for CY 2003 based on 1,009 colorectal cancer deaths)	19.3	18.5	17.8	15.3

Objective 3.2 By calendar year 2010, reduce breast cancer mortality to a rate of no more than 25.1 per 100,000 persons in Maryland. (Age-adjusted to the 2000 U.S. standard population.)

	FY2004	FY2005	FY2006	FY2007
Performance Measures	Actual	Actual	Actual	Actual
Outputs: Number of women screened for breast cancer with CRF funds	1,043	528	1,522	1,440
Number of minority women screened for breast cancer with CRF funds	860	415	1,313	1,232

	CY2003	CY2006	CY2007	CY2010
Performance Measures	Actual	Actual	Estimated	Estimated
Outcome: Breast cancer mortality rate (Breast cancer mortality rate for CY 2003 based on 815 breast cancer deaths)	26.6	24.9	24.4	23.1

Objective 3.3 By calendar year 2010, reduce prostate cancer mortality to a rate of no more than 22.0 per 100,000 persons in Maryland. (Age-adjusted to the 2000 U.S. standard population.)

	FY2004	FY2005	FY2006	FY2007
Performance Measures	Actual	Actual	Actual	Actual
Outputs: Number of men screened for prostate cancer with CRF funds	721	773	707	705
Number of minority men screened for prostate cancer with CRF funds	654	676	642	565

	CY 2003	CY 2006	CY 2007	CY 2010
Performance Measures	Actual	Actual	Estimated	Estimated
Outcome: Prostate cancer mortality rate (Prostate cancer mortality rate for CY 2003 based on 536 prostate cancer deaths)	28.4	26.1	25.0	22.0

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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

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.

	FY2004	FY2005	FY2006	FY2007
Performance Measures	Actual	Actual	Actual	Actual
Output: Number persons diagnosed and linked or provided treatment	68	55	55	35

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 2007, to increase by 25% the number of diverse individuals participating in clinical trials through University of Maryland Greenebaum Cancer Center (UMGCC).

	FY2004	FY2005	FY2006	FY2007
Performance Measures	Actual	Actual	Actual	Estimated
Outcome: Percent increase in the number of diverse individuals participating in clinical trials through UMGCC (Fiscal Year 2000 Baseline = 200)	32%	19%	13%	25%

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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 2002, and are next required to be conducted in the fall of 2006.

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 2008, reduce the proportion of under-age Maryland middle and high school students that have smoked a whole cigarette, by 35% and 26% respectively, from the calendar year 2000 Baseline Rate.

Performance Measures	CY2000 Actual	CY2002 Actual	CY2006 Actual	CY2008 Projected
Input: Percentage of under-age middle school students who ever smoked a whole cigarette	16.8%	11.7%	8.5%	10.92%
Percentage of under-age high school students who ever smoked a whole cigarette	44.1%	34.7%	26.9%	32.63%
Outcome: Cumulative percentage change for middle school students	N/A	-30.4%	-49.4%	-35%
Cumulative percentage change for high school students	N/A	-21.3%	-39.0%	-26%

Objective 1.2 By the end of calendar year 2008, reduce the proportion of under-age Maryland middle and high school students that have ever used smokeless tobacco, 28% and 19% respectively, from the calendar year 2000 Baseline Rate.

Performance Measures	CY2000 Actual	CY2002 Actual	CY2006 Actual	CY2008 Projected
Input: Percentage of under-age middle school students who ever used smokeless tobacco	9.7%	7.4%	5.8%	6.98%
Percentage of under-age high school students who ever used smokeless tobacco	15.2%	13.0%	12.6%	12.31%
Outcome: Cumulative percentage change for middle school students	N/A	-23.7%	-40.2%	-28%
Cumulative percentage change for high school students	N/A	-14.5%	-17.1%	-19%

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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 2008, reduce the proportion of under-age Maryland middle and high school youth, and Maryland adults, that currently smoke cigarettes, by 36%, 31% and 15% respectively, from the calendar year 2000 Baseline Rate.

	CY2000 Actual	CY2002 Actual	CY2006 Actual	CY2008 Projected
Performance Measures				
Input: Percentage of under-age middle school students who currently smoke cigarettes	7.3%	5.0%	3.7%	4.67%
Percentage of under-age high school students who currently smoke cigarettes	23.0%	17.6%	14.7%	15.87%
Percentage of adults who currently smoke cigarettes	17.5%	15.4%	13.8%	14.88%
Outcome: Cumulative percentage change for middle school students	N/A	-31.5%	-49.3%	-36%
Cumulative percentage change for high school students	N/A	-23.4%	-36.1%	-31%
Cumulative percentage change for adults	N/A	-12.0%	-21.1%	-15%

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

Objective 3.1 By the end of calendar year 2008, reduce the proportion of African-American adults who currently smoke cigarettes by 19% from the calendar year 2000 Baseline Rate.

	CY2000 Actual	CY2002 Actual	CY2006 Actual	CY2008 Projected
Performance Measures				
Input: Percentage of adult African-Americans that currently smoke cigarettes	22.0%	18.7%	17.0%	17.82%
Outcome: Cumulative percentage change	N/A	-15.0%	-22.7%	-19%

Objective 3.2 By the end of calendar year 2008, reduce the proportion of Hispanic adults who currently smoke cigarettes by 7% from the calendar year 2000 Baseline Rate.

	CY2000 Actual	CY2002 Actual	CY2006 Actual	CY2008 Projected
Performance Measures				
Input: Percentage of adult Hispanics that currently smokes cigarettes	21.2%	20.7%	13.8%	19.72%
Outcome: Cumulative percentage change	N/A	-2.4%	-34.9%	-7%

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 2008, deliver DHMH CRF Tobacco Program counter-marketing and media messages to 15% of the general population.

	CY2000 Actual	CY2002 Actual	CY2006 Actual	CY2008 Projected
Performance Measures				
Outcome: Percent of general population seeing messages	0	61.5%	23.8%	15%

Objective 4.2 By the end of calendar year 2008, deliver DHMH CRF Tobacco Program counter-marketing and media messages to 15% of targeted minority populations.

	CY2000 Actual	CY2002 Actual	CY2006 Actual	CY2008 Projected
Performance Measures				
Outcome: Percent of targeted minority populations seeing messages	0	54.8%	29.0%	15%

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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

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 2008, increase by 7% from the calendar year 2000 Baseline Rate, the proportion of Maryland adults who strongly agree that cigarette smoke is harmful to children.

	CY2000	CY2002	CY2006	CY2008
Performance Measures	Actual	Actual	Actual	Projected
Input: Percent strongly agree	78.1%	79.6%	93.0%	83.57%
Outcome: Cumulative percentage change	N/A	1.9%	19.1%	7%

Objective 5.2 By the end of calendar year 2008, increase by 3% from the calendar year 2000 Baseline Rate, the proportion of Maryland households with minor children that are smoke-free.

	CY2000	CY2002	CY2006	CY2008
Performance Measures	Actual	Actual	Estimated	Projected
Input: Percent of youth living in smoke-free homes	68.2%	68.1%	70.9%	70.25%
Outcome: Cumulative percentage change	N/A	-0.1%	4.0%	3%

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

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 2006, 2008, 2010, 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.

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).

**TOBACCO AND CANCER
PROGRAMS
ACCOMPLISHMENTS**

CIGARETTE RESTITUTION FUND PROGRAM

CANCER PREVENTION, EDUCATION, SCREENING AND TREATMENT PROGRAM

FISCAL YEAR 2007 ACCOMPLISHMENTS

LOCAL PUBLIC HEALTH

Overall

- Funding was awarded to each local jurisdiction's Cancer Prevention, Education, Screening and Treatment Program for fiscal year 2007. 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.
- 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. Twenty-three jurisdictions addressed colorectal cancer, five jurisdictions addressed oral cancer, 13 jurisdictions addressed prostate cancer, 11 jurisdictions addressed breast and cervical cancers, and 14 jurisdictions addressed skin cancer and 1 jurisdiction addressed lung and endometrial cancer in fiscal year 2007.
- 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 114,036 Maryland residents in the general public were educated for all cancers in fiscal year 2007.
- The local health departments awarded 23 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 barbershops and libraries, educational institutions, clinics and health centers, churches, senior centers, housing units, businesses, health fairs, mass mailings, radio, newspaper, television, and provider sites.
 - Miss Maryland, Brittany Lietz, participated in several local cancer control program presentations throughout the State at high schools and at community meetings and delivered the message of sun safety and avoidance of artificial UV light (e.g., tanning booths).
 - Media events included public service announcements on television and radio, talk shows, press conferences and news releases, appearances by “Sun Guard Man” and “Polyp Man” and newspaper stories and local newsletters.
 - Local programs have funded and placed road side bill boards and community bulletin boards, videos, brochures, flyers, posters, paycheck inserts, pencils, and magnets and have distributed these at health fairs, door-to-door, at libraries, pharmacies, senior centers, housing units, and on public transportation vehicles, etc. Local programs have developed and maintained web sites informing the public about the need for colorectal cancer screening, educational messages about prostate, oral, breast, cervical and skin cancer prevention and the availability of services through the CRF program.
- Examples of public education and outreach performed by the local health departments and the Baltimore City Public Health component included the following:

Baltimore City, Johns Hopkins Medical Institutions – During March, program staff set up a table display in the mezzanine between the Outpatient Center and the Hospital and donned the Polyp Man costume and educated passersby about colorectal cancer and the importance of regular cancer screening.

Baltimore County- The county cancer control staff educated the general public during County Health Department sponsored clinics, providing program information, health education and resources to attendees during Oral Cancer Screening Clinics at Liberty and Eastern Family Resource/Health Centers, and HIV Testing Clinics during World HIV/AIDS Day at St. Stephens Church and Towson Health Center.

Charles County - During Colorectal Cancer Awareness Month, Southern Maryland Electric permitted the local cancer control program staff to email 250 employees an article on colorectal cancer and prevention. A local colorectal cancer survivor had a “storyboard” of their personal experience on display in the Charles County Department of Health lobby.

Dorchester, Caroline, Talbot, Kent and Queen Anne’s Counties program staff provided cancer control and prevention information to approximately 100 attendees at Chesapeake College during a November Health and Wellness Affair with table displays, speakers and information provided.

Harford County – The county cancer control staff educated attendees of the Joppatowne, Edgewood, and Darlington Community Council Meetings about the services of the County’s cancer control program, and the need for colorectal, breast and cervical cancer screening. Attendees were provided brochures and flyers to display within their communities and encouraged to spread information about cancer prevention and screening to family and friends living within Harford County.

Prince George’s County - The health educator made a presentation to staff at a private school. The majority of the attendees were unaware of the potential preventability of colorectal cancer or the screening. All of the attendees had health insurance and those who were 50 and older had never been screened.

Talbot County – The county outreach worker educated daycare providers with a “Sun Safe Preschool Curriculum Training” and provided local pediatrician’s offices with sun safety materials to be posted and shared with patients and their families.

Worcester County – The cancer control program staff provided information on cancer prevention and screening to employees at the local Maintenance of the Aged in the Community Center, Home Depot, AARP Health Fair attendees and the Town of Ocean City, Olympia Greek Restaurant and Buck’s Diner employees. Cancer control presentation information was provided to six local hair salons/barbers, to the residents at Health Manor in Snow Hill, a residential health facility, the Worcester County Library and the Berlin Head Start Programs.

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:

Allegany County – Program staff distributed colorectal, breast and cervical cancer awareness and prevention brochures translated into Chinese to six different Chinese restaurants accompanied by a Chinese translator.

Baltimore City, University of Maryland Medical System – During the first two weeks of June, the program arranged for public service announcements about breast and cervical cancer awareness and screening that were aired on the 95.5 FM radio-station that is listened to by the City’s African American population.

Caroline County – The program coordinator and outreach worker were asked to attend and participate in the Men’s Day at the local Crowder Center with eighty African American men in attendance. The program staff gave a presentation about the importance of colorectal cancer screening and the colonoscopy procedure. A display table was set up and included the local cancer control program brochures and pamphlets on getting a colonoscopy done.

Fredrick County - The program’s outreach staff participated in the Gospel Fest at Mullinix Park to an audience of African Americans and engaged this community for the purpose of promoting preventative health and taking advantage of screening opportunities.

Somerset County - Health promotion staff participated in the Passport to Health Minority Health Conference at the University Of Maryland Eastern Shore, Henson Center. Over 200 persons attended and were educated on colorectal, breast, skin, oral, lung cancer and tobacco. Educational displays as well as other health related topics were presented. Health Promotions staff had over 164 one-to-one contacts with minority participants about the various cancers. A nationally renowned speaker, Willie Jolley, spoke on making good health choices.

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.
 - 35,286 providers were reached through education and outreach efforts such as mailings and newsletters.
 - 6,069 health care providers 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 mailed medical providers the Minimal Elements for Screening, Diagnosis, and Treatment that were developed and/or updated by DHMH for Oral Cancer, Colorectal Cancer and Prostate Cancer and notified them of the services provided through the local CRF cancer control program.

Screening, Diagnosis, and Treatment

- In FY 2007, screening, diagnosis, and treatment data for the different targeted cancers under the CRFP follow:
 - 7,091 screening tests were performed, and 35 individuals were diagnosed with cancer, linked to care, or provided treatment.
 - 56% of persons screened were minorities.
 - 1,865 colonoscopies were performed of which 420 had adenomatous polyps; 80 blood stool kits (called FOBT) were completed, of which 1 was positive; 5 sigmoidoscopies were performed; 17 individuals were diagnosed, linked to care, or provided treatment for colorectal cancer.
 - 664 prostate specific antigen (PSA) tests and 600 digital rectal exams (DREs) were performed; of these, 5 individuals were diagnosed with prostate cancer.
 - 510 oral cancer-screening examinations were performed; of these no person was diagnosed with oral cancer.

- 153 skin cancer-screening examinations were performed; of these no person was diagnosed with melanoma and 1 individual was diagnosed with non-melanoma skin cancer.
- 1,213 mammograms were performed and 1,338 clinical breast examinations were done; of these 8 individuals were diagnosed with breast cancer.
- 663 Pap tests were done; of these no person was diagnosed with cervical cancer.
- 22 diagnostic examinations were performed for lung cancer; of these 3 individuals were diagnosed and treated for lung cancer.
- 14 diagnostic examinations were performed for endometrial cancer; of these no person was diagnosed with cancer.

STATEWIDE PUBLIC HEALTH

- Monthly teleconferences were provided by DHMH Cancer staff, in which representatives from the 24 local jurisdictions, the two academic centers and their vendors participated in a two-way exchange of information and guidance regarding clinical, surveillance, evaluation, and administrative issues in the cancer programs.
- Site visits of the CRFP cancer grantees were conducted by the DHMH cancer control staff at 23 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.
- Education and trainings were provided:
 - Five New Employee Orientation trainings were conducted with local health departments with 29 participants in attendance.
 - One Education and Outreach Worker training was conducted with 51 participants in attendance.
 - Two Clinical trainings were conducted with 71 participants in attendance.
- Community Health Coalition meetings in 23 local jurisdictions were observed by state health department staff.
- Six regional meetings were held with 174 individuals in attendance from local health departments with their subcontractors, academic centers, MOTA, Maryland Statewide Health Network, and DHMH staff. Each of these daylong meetings provided instruction and guidance in clinical, administrative and program evaluation/data collection areas.
- 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 a second State Office building during sun safety/skin cancer and colon cancer awareness months. In addition, DHMH CRFP Cancer Control staffed community and statewide events including the Maryland State Fair and Melanoma Monday Press Conference. DHMH CRFP Cancer Control staff developed and distributed Colorectal Cancer Fact Sheets and a brochure listing the local cancer control programs' contact information used throughout the State.

SURVEILLANCE AND EVALUATION

- The Annual Cancer Report for 2006 was published.
- The third Maryland Cancer Survey (MCS), referred to as MCS 2006, was conducted in conjunction with the University of Maryland, Baltimore. The survey was administered to approximately 5,000 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 Maryland Cancer Survey-Baltimore City Survey was conducted in Baltimore City, among 500 residents, age 40 years and older and 18-39 years old. These surveys were done to try to reach low income/African-American populations and to establish baseline information for Baltimore City as part of an evaluation process for the CDC CRC Demonstration Screening Project. Data have been analyzed; the report is in process.
- The statewide CPEST cancer client database system (CDB) was implemented under a Memorandum of Understanding with the University of Maryland, Baltimore. Each local health department and statewide academic health center currently use this database on each person screened for colorectal, prostate, oral and skin cancer under the CRFP to DHMH. The University of Maryland continues to provide epidemiological support to collect and analyze education, screening, diagnosis, and treatment information and to assist in the maintenance and administration of the database with the local jurisdictions. Revisions to the database are ongoing. Training was conducted both at DHMH and at regional sites on the CDB.
 - 20 Client Database training sessions were held with approximately 42 participants in attendance; 15 of the 20 were onsite trainings.
 - Ongoing modifications to the database continue.
 - A major focus continues to be data quality assurance. Guidance procedures and documents were developed for local jurisdictions.
- The Cancer Surveillance Advisory Committee met regularly and continues to provide advice to DHMH on cancer surveillance and epidemiologic issues.
- The Cancer Education Database (EDB) was rebuilt. A new database system replaced the old system. The new system has additional reports and new features. A self-administered web-

based training program was developed for users. Staff of the Surveillance and Evaluation Unit maintains the Education Database (EDB) and perform analyses of the data.

STATEWIDE ACADEMIC HEALTH CENTERS

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 continuation grants for implementation of the Baltimore City Comprehensive Cancer Plan. Johns Hopkins' component focused on prostate cancer the University of Maryland's component focused on breast and cervical cancer.
- The Baltimore City Cancer Coalition met in November and December 2006, January, April and June 2007.
 - The coalition held its first Strategic Planning Session in April 2007 facilitated by the President of Maxwell Enterprises, Michele S. Towson. Some of the goals of the session included: Strengthening the Coalition Infrastructure and Developing a Vision, Mission, and Core Values statement for the Coalition to include a written strategic plan for future activities and by laws. In June 2007 the Coalition held an official meeting and cast ballots selecting a new vision statement for the Baltimore City Community Health and Cancer Coalition: To eliminate cancer health disparities through education, screening, diagnosis, and treatment among Baltimore's medically underserved and uninsured residents.
 - Representatives from the Johns Hopkins University, the University of Maryland, Baltimore, and the Baltimore City Health Department (BCHD) are finalizing the Request for Proposal (RFP) to receive competitive bids for a community based group to serve in an administrative capacity for the coalition and to collaborate with the BCHD to revitalize community participation and support.
 - The Colorectal Cancer Subcommittee met almost monthly. CRFP Cancer Control staff participated in and provided guidance to the Subcommittee to promote colorectal cancer education and screening for Baltimore city residents.
 - In FY 2006, DHMH, in collaboration with the 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 2007, DHMH provided ongoing guidance to the five clinical sites (Johns Hopkins Medical Institutions, MedStar at Harbor and Union Memorial Hospitals, St. Agnes Hospital, and Sinai Hospital.) Approved sites provided screening for colorectal cancer. DHMH also collaborated with the American Cancer Society which provided support for this Demonstration Project and the use of their phone center for some client intake.

- One community-based organization along with an independent contractor provided community health education and prevention outreach activities. An independent contractor, Miles T. Neal, provides education/outreach in predominantly African-American communities.
- A total of 11,888 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 227,593 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 470 men for prostate cancer between July 1, 2006 and June 30, 2007. Of the men tested, 252 were racial or ethnic minorities. Five men were diagnosed with prostate cancer.
- UMMG screened a total of 1,151 women for breast cancer between July 1, 2006 and June 30, 2007. 1,109 women were racial or ethnic minorities. Eight women were diagnosed with breast cancer.
- UMMG screened a total of 542 women for cervical cancer between July 1, 2006 and June 30, 2007. Of the women tested, 524 were racial or ethnic minorities. No women were diagnosed with cervical cancer.

The University of Maryland Marlene and Stewart Greenebaum Cancer Center (UMGCC) received \$63,500 from the Komen Maryland Foundation for breast reconstruction surgery for its breast cancer patients.

Johns Hopkins Institutions (JHI) Cancer Research Grant

- The Johns Hopkins Institutions (JHI) submitted a grant application for cancer research and was awarded a continuation grant for the seventh year of the project.
- The External Advisory Committee met to review all Cancer Center research and clinical programs, including the Cigarette Restitution Fund Program (CRFP) initiatives.
- The MOU Advisory Group on intellectual properties management for the JHI Cancer Research grant (comprised of representatives from Johns Hopkins, DHMH, DBED, and TEDCO) had a meeting at Johns Hopkins in October 2006 to hear presentations on research priorities, infrastructure, and activities of the JHI Cancer Research program under CRF. The DHMH Secretary attended the meeting and offered his insight on the future of the Cigarette Restitution Fund Program (CRFP).

- Ten (10) grants were awarded in fiscal year 2007 of which two (2) were for translational research, two (2) were for faculty recruitment, and six (6) were for faculty retention. Projects were funded in the following areas: the human oral papilloma virus, bioinformatics, basic science, clinical science, cancer prevention and control, breast cancer, lung cancer prevention, lung cancer research, pancreatic cancer, and minority participation in cancer research trials.
- Johns Hopkins Institutions and the University of Maryland Medical Group jointly sponsored and implemented the sixth annual “Research Matters” conference in November 2006.

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 seventh year of the CRFP.
- The MOU Advisory Group on intellectual properties management for the UMMG Cancer Research grant (comprised of representatives from UMMG, DHMH, DBED, and TEDCO) had a meeting at the University of Maryland in November 2006 and May 2007 to hear presentations on CRF research activities at the Greenebaum Cancer Center. The DHMH Secretary attended the November meeting and offered his insight on the future of the Cigarette Restitution Fund Program (CRFP).
- Research funding continued in fiscal year 2007 for a broad variety of research studies aimed at translating research and clinical innovations into clinical applications. These studies include aero digestive, hematologic, gastrointestinal, head and neck, breast, lung, prostate, and pancreatic cancers, bone marrow and stem cell transplantation, laboratory diagnostic studies, cell biology and molecular biology, and pharmacological and new drug development. Researchers were also funded for behavioral studies of minority cancer patients, biostatistical support, preclinical animal modeling, clinical trials protocols, proteomics, flow cytometry, and tissue collecting shared services management, and basic clinical research support.
- Eleven (11) research activities have progressed from laboratory research into clinical applications since the inception of the CRFP.
- In fiscal year 2007, the program recruited two (2) new basic researchers, one (1) new clinician, one post doctoral fellow and four graduate students.
- In 2007 there were forty-two (42) CRF supported faculty members of which twenty-eight (28) researchers published 62 papers in nationally recognized journals. Of the sixty-two (62) published papers, 10 had multiple authors.

- Eight Shared Services Facilities were maintained for cancer research in Core Service areas. They are:
 - **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.
 - **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. In fiscal year 2007, funds were used to support two technicians to support the lab and cancer center users.
 - **Biostatistics Shared Service:** This core promotes clinical and laboratory cancer investigations through the application of statistical methodology to proposed 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.
 - **Biopolymer Core:** This core provides basic molecular biology support services, including DNA/RNA synthesis. In fiscal year 2007, funds were 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.

- **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 Core's Director, Dr. Angelika Burger has expanded the lab to 5 full time staff and has become an essential part of the Center's subcontract within the Wayne State University Karmanos Cancer Institute U01 grant. The core also supports three (3) collaborative National Cancer Institute (NCI) trials, three (3) Cancer Center investigator-initiated NCI trials with translational research components; and one (1) industry sponsored trial. The TCL has been awarded two (2) industry sponsored contracts for preclinical work, one of which has led to the design of a clinical trial.
- **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.
- In fiscal year 2007, the Cancer Research Grant provided funds for the following projects:
 - Design and construction costs for the renovation of the biostatistical support area on the second floor of the Medical School Teaching Facility. This renovation will provide consolidated office and support space for a minimum of five biostatistician faculty members and other Biostatistics Shared Services staff members.
 - Renovations of the expanded Proteomics Shared Service facility and associated laboratories. Dr. Austin Yang was hired in August 2007 as the new full-time director of the expanded facility.
 - Minor renovations to accommodate additional Flow Cytometry Core equipment contributed by members of the relocated Holland Laboratory of the Red Cross.
 - Renovations of the biostatistical support space on the second floor of the Medical School Teaching Facility to provide consolidated office and support space for the faculty and biostatistical staff.
 - A dedicated research bunker and linear accelerator. This installation is used solely for research and was part of a master agreement with Varian Medical Systems. It is believed to be the only state-of-the-art radiation facility dedicated entirely to research in the United States.
 - Renovations of the expanded Proteomics Facility and associated laboratories necessary to accommodate new equipment. Minor renovations were required to accommodate needs in the Pathology Biorepository and Research Core and Dr. Rassool's laboratory.

- Funds were provided to support start-up cost excluding salary/benefit cost, capital equipment and supplies for 13 faculty. In addition \$35,000 was spent on general laboratory supplies and \$42,000 was spent for faculty recruitment and travel expenses.
- Funds were provided to the Institute of Human Virology (IHV) to support four (4) developmental projects with a goal of strengthening the cancer component of IHV and fostering collaboration between IHV investigators and UMB cancer faculty. Ultimately the cancer center plans to establish a vibrant research program in Viral Oncology.
- The CRF Cancer Research grant supported forty-two (42) individual CRF researchers. The program provides seed money for translational research projects. The purpose of this internal grants program is to fund pilot grant project applications submitted by Cancer Center members aimed at developing the individual cancer research of the center with a particular focus on multi-investigator projects that will lead to successful extramural grant awards. In 2007, the Greenebaum Cancer Center's clinical and basic research investigators funded through the CRFP were very productive in leveraging funds. There were thirty-seven (37) new grants and contracts awarded to sixteen (16) faculty members totaling \$4.0 million from eighteen (18) private and nineteen (19) federal sources. Two (2) patent applications were filed by CRF investigators; Dr. Kurt Bachman and Dr. Angelika Burger.
- Dr. Angela Brodie was recognized in 2006 for her ground-breaking research in hormone-related cancers. She won the Landon Prize from the American Association for Cancer Research and she was the first female recipient of the \$250,000 Kettering Prize presented annually by the General Motors Corporation which recognizes the most outstanding recent contribution to the diagnosis or treatment of cancer. In June 2007, Dr. Brodie received another prestigious award; the Gregory Pincus Medal for her pioneering work on developing aromatase inhibitors and tamoxifen. This award is given by the Massachusetts Medical Center's Worcester Foundation to recognize individuals who are pioneers in the field of endocrine and reproductive biology.

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 seventh year.
- The MSHN continues to grow its partnerships to plan and implement a wide range of activities. The MSHN assisted its community partners in leveraging \$2 million dollars in community grants. One of its partners, *Sister Circles* received the inaugural Purpose Prize from Civic Ventures, a think tank for leaders in social innovation.
- MSHN launched the Colorectal and Breast Cancer Patient Navigation Program, a pilot field outreach project to help underserved communities obtain appropriate education, screening, and follow-up information and services provided by trained Community Health Workers.

- The MSHN completed and distributed the *Telemedicine Use and Reimbursement Study* in 2007. The report was an extensive assessment of reimbursement for clinical telemedicine uses in Maryland for General Assembly, as required by Senate Bill 728. The full report can be viewed on line at:
http://medschool.umaryland.edu/MRCNP/documents/Reimbursement_Doc2.pdf
- The MSHN expanded its partnerships with the University of Maryland School of Medicine, community health centers, and the Mid-Atlantic Association of Community Health Centers (MACHC) to focus on specific strategies that would impact underserved populations and health disparities by: (1) reducing health disparities; (2) increasing access to clinical education and providers; (3) utilizing tele-health technology to improve access; and (4) partnering to leverage funding and grants to develop collaborative and sustained research and research translation to reduce disparities.
- The MACHC supported by the MSHN submitted an initiative to implement a Cancer and Tobacco Control Program in Health Centers to the U.S. Health Resource Service Administration (HRSA). The MACHC was awarded \$50,000 in September 2006. MACHC will leverage its video conferencing and web-casting capabilities through the MSHN to disseminate lessons learned and evidence based models of comprehensive cancer and tobacco control programs to community health centers throughout the state.
- The MSHN in collaboration with the School of Medicine's Family and Community Medicine Department is developing a major field outreach project entitled *The Primary Care Practice-Based Research Network (PBRN)*. This project will focus on working with Maryland's Federal Qualified Health Centers (FQHC) and establish systems to improve the quality of healthcare; reduce health disparities, establish public trust, and disseminate clinical guidelines and evidenced base interventions.
- The MSHN has completed a comprehensive statewide survey on clinical trials. The objective was to provide further guidance and address barriers to clinical trials. The data will be used to identify specific barriers. The data collection ended on February 15, 2007 and included data on 2,787 Maryland residents of which 66% of the respondents were white, 21% were black, and 5% were Hispanic. Sixty-seven percent (67%) were female, and 54% were 18-54 years old.
- Funds were provided for the continued support of *Partners*, a bi-monthly newsletter that provides highlights of the Network's grants, programs, partnerships, and information on clinical trials.
- The University of Maryland Office of Policy and Planning Health Information Portal was submitted to a Portal Review Committee comprised of health professionals from across the country. The Portal will house up to date health information on cancer and tobacco related diseases and information on MSHN and OTRD programs to consumers and health professionals. It also has an interactive capability to deliver individually tailored messages based on user input to the needs assessment survey.

- The MSHN had established 31 tele-health/telemedicine/videoconferencing linkages but three (3) regional offices were closed as a result of budget reductions in 2006. The offices closed were the LaVale office in Western Maryland, the Chester office on the Eastern Shore, and the Baltimore City office. The MSHN currently has 28 tele-health linkages throughout the State. Eighteen (18) of the 28 sites have capabilities for clinical telemedicine and videoconferencing
- 212 public education programs were provided reaching 8,268 individuals.

Other Tobacco-Related Diseases Research Grant

- The University of Maryland Medical Group submitted a grant application which was awarded a continuation grant for the Other Tobacco-Related Diseases Research (OTRD) project.
- The Independent Peer Review Group met on June 15, 2007 via the MSHN's videoconferencing systems. The members were Dr. Roger Bulger, Dr. William A. Darity, Dr. Ed Ellis, and Dr. Lester Breslow.
- A total of 19 applications were submitted for consideration and review by the committee to receive funding as an OTRD pilot research project. Eleven (11) of the nineteen were funded: one in basic research; seven in translational research; and three in clinical research.
- Examples of areas of research conducted through this grant follow: hematologic malignancies, particularly multiple myeloma; prostate cancer; thoracic oncology; small cell and non-small cell lung cancer; genitourinary cancer; breast cancer; leukemia; hormone responsive cancers; and aerodigestive cancers.
- Three (3) articles have been published on topics related to health disparities. Two were submitted by OTRD investigators.
- The OTRD staff moved the Fourth Annual Scientific Forum on Cancer and Other Tobacco-Related Diseases to October 17 and 18, 2007 in an effort to increase participation and attendance.

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 Coalition continued in 2007 with the above-mentioned modified mission and has representation from fifty-eight (58) organizations, including local health departments, governmental organizations, professional medical societies, non-profit organizations, for-profit organizations, and individual citizens.
- A middle school curriculum was developed entitled “Sunguard Your Skin”. This curriculum is posted on the Coalition’s website. In 2007 the curriculum was accessed by 99 Maryland teachers in more than 20 jurisdictions, out-of-state teachers, as well as teachers from four foreign counties.
- The Coalition has developed a mascot called “SunGuard Man”. Eight costumes for SunGuard Man have been placed around the state for use by local health departments, the Maryland Statewide Health Network, and other organizations. SunGuard Man has appeared in various locales including Baltimore Orioles’ games
- A web-based cartoon series entitled “The Adventures of SunGuard Man” is on-line. Five episodes of this cartoon series have been developed. One episode contains both an English and Spanish version. Plans are underway to rebuild the Sun Guard Man web-based site.
- The program sponsored the annual event called “Melanoma Monday” on the first Monday in May that included a Skin Cancer Prevention Poster Contest for elementary and middle school students and a T-shirt design contest for high school students. During the “Melanoma Monday” press conference the program promoted a new publication I Have Melanoma: Now What?, a collaborative effort of the Johns Hopkins Department of Dermatology and the Center for a Healthy Maryland. The 2007 event was co-sponsored by the Joanna M. Nicolay Skin Cancer Foundation.
- A new Skin Cancer Prevention Poster was created in 2006, a collage of posters from the prior years, that in 2007 continued to be distributed throughout the state to physician’s offices, state and county parks, beaches, and other recreational facilities.
- The program through their Coalition members encouraged local weather announcers on local television stations to routinely report the UV index.
- The program through their Coalition efforts trained more than 700 childcare providers on how to use the American Cancer Society’s Sun Safe Community’s Child Care Curriculum since 2002 and continues to work in this area.

- The program has encouraged healthcare providers throughout the state to display skin cancer prevention brochures and posters in their offices.
- The program staff and Coalition members travel through 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.

CIGARETTE RESTITUTION FUND PROGRAM
TOBACCO-USE PREVENTION AND CESSATION
PROGRAM

FISCAL YEAR 2007 ACCOMPLISHMENTS

LOCAL PUBLIC HEALTH

Overall

- Developed quarterly matrices for the local public health component that describes activity 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 and objectives.
- Provided minority outreach, training and technical assistance to county health departments and community organizations to build sustainable tobacco programs targeting 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.
- Conducted four training sessions on “Best Practices” for Comprehensive Tobacco Control Programs.
- Developed a statewide local public health brochure and distributed it to local health departments for dissemination to county residents and local providers.
- Collaborated with the Alcohol and Drug Abuse Administration on the tobacco retail compliance checks and vendor education.
- Conducted ten site visits of local health department CRFP activities in Anne Arundel, Calvert, Charles, Garrett, Harford, Howard and Queen Anne’s counties.
- Worked with the Worcester County Health Department to organize a county wide event held on March 31, 2007 entitled “Worcester County Minority Health Symposium,” which was sponsored by the Worcester County Tobacco and Cancer Coalition.

- Began a strategic planning process to identify strategies to better address tobacco-related disparities among African American, Hispanic/Latino, Asian American, American Indian and low-socioeconomic populations.

Community

- 1882 health care providers, advocates, community leaders and parents trained on clinical practice guidelines, smoking cessation program, and tobacco use prevention strategies.
- 41 community churches were funded to incorporate tobacco prevention and cessation messages into various church programs.
- 176,470 people educated on tobacco use prevention in a variety of venues including local health departments, and community-based, faith-based, and grassroots organizations.
- 1,458 awareness campaigns conducted in targeted communities.
- 101 minority organizations funded.
- 105 collaborations with the MOTA Program

New Local Tobacco Control Policies

Baltimore City

The Mayor of Baltimore City signed the “Baltimore City Clean Indoor Air Act” into law on February 28, 2007. Effective on January 1, 2008, the ban prohibits smoking in all public places, including bars and restaurants, bowling alleys and taxicabs. Private clubs are exempt and there is a waiver provision that permits the health officer to grant waivers on a case-by-case basis for businesses that prove financial hardship or identify factors that deem compliance unreasonable.

St. Mary’s County

Effective October 1, 2007, St. Mary’s County strengthened HB 447, an act prohibiting the sale of tobacco products to minors, and changed the penalty for selling tobacco to minors from a criminal charge to a civil charge.

Faith-Based Tobacco Control Conference

The second “Strengthening Maryland Tobacco Control through Faith-Based Partnerships” conference was conducted June 28, 2007. 11 local health department staff and community organizers, representing 22 jurisdictions attended the collaborative effort among local health departments, community organizations and the Maryland Department of Health and Mental Hygiene. The keynote speaker, Pastor Dante’ Miles of the Koinonia Baptist Church of Baltimore Maryland, delivered a motivating Keynote Address on “The Faith Community and its Role in the Anti-Tobacco Movement.” Alejandro Garcia-Barbon from the Latino Council for Alcohol and Tobacco Prevention (LCAT), presented on “Building Successful Partnerships with Faith-Based

Communities.” Bishop Larry Lee Thomas of the Empowering Faith Believers Church in Glen Burnie, Maryland presented on the “Smoke-Free Holy Grounds” faith-based policy initiative. Concurrent workshops were held on Building Effective Partnerships, Community Capacity Building, Promoting Your Program and Promising Practices.

School Based

- 1979 teachers, nurses, daycare providers, and school administrators trained on available tobacco use prevention and cessation curricula, programs and strategies.
- 333,181 Pre-K – 12 students received tobacco use prevention education.
- 13,297 private school students educated on tobacco use prevention
- 2,534 students educated in alternative school settings.
- 20,393 college students received tobacco use prevention education on campus.
- 32,678 students reached with Peer Programs.
- 1,467 students received smoking cessation counseling and support at school.

Enforcement

- 7,041 tobacco retailer compliance checks (stores) were conducted.
- 1,035 tobacco retailers (stores) were issued citations for sales to minors.
- 990 youth were cited for illegal possession of tobacco products.
- 204 product placement citations were issued.
- 250 Tobacco Education Group (TEG) participants

Smoking Cessation

- 1,294 nurses and health care providers trained on various smoking cessation models.
- 7,169 adults participated in smoking cessation classes, 5,245 received nicotine patches or Zyban.
- % of minority participants in cessation classes
 - 34 % of cessation participants were African Americans
 - 5 % of cessation participants were Hispanics/Latinos

- 3 % of cessation participants were Asian Americans
 - 3 % of cessation participants were Native Americans/American Indians
- 587 referrals from the Quit line.

STATEWIDE INITIATIVES

Statewide Ethnic Networks

This statewide effort is aimed at targeting *Asian American, Latino/Hispanic, and Native American* organizations to develop culturally sensitive and relevant programs that educate people about tobacco use and secondhand smoke exposure, organize training programs and networks that build tobacco control leaders in their communities. These initiatives will enhance awareness and build capacity for tobacco control activities within Maryland's minority communities. Building capacity and infrastructure in Maryland's minority communities is a critical component of the state's comprehensive tobacco control efforts.

Asian American Network

I. Funded Organizations

- A. Asian American Anti-Smoking Foundation – Baltimore County
- B. Learning Institute for Enrichment and Discovery – Frederick County

II. Specific Accomplishments

- A. Enhanced Asian American leadership in tobacco control by creating an informal network of small group leaders willing to serve as leaders and educate their peers.
- B. Produced culturally appropriate tobacco use prevention and cessation education DVDs in Chinese, Korean, and Vietnamese.
- C. Focus group conducted in Frederick County to gather community input for needs and program planning.
- D. Frederick County Asian Youth Against Tobacco collaborated with the County TRASH project to develop an anti-tobacco commercial in Chinese and Burmese.
- E. A Burmese health fair and picnic was held in Frederick County to prevent youth initiation of smoking. Over 60 Burmese youth attended the event and were educated on the dangers of smoking.

Hispanic/Latino Network

I. Funded Organizations

- A. Association of Neighbors Puente Inc. – Prince George's County
- B. Learning Institute for Enrichment & Discovery – Frederick County
- C. Latinos For Progress – Baltimore City

II. Specific Accomplishments

- A. Sixty-seven participants were trained to be peer educators/health promoters and conduct anti-smoking presentations at community events.

- B. Six tobacco free network meetings were held to develop evaluation tools, organize a health fairs, and train community advocates.
- C. Educated 500 people at awareness campaigns for Mother’s Day titled, “Gracias Mamá Por No Fumar” (Thanks Mom for Not Smoking).
- D. Collaborated with local health departments, hospitals, health centers, and local radio stations to disseminate anti-smoking messages.

Native American Network

I. Funded Organizations

- A. Baltimore American Indian Center – Baltimore City

II. Specific Accomplishments

- A. American Indian people in Baltimore City have formed a committee that is working toward tobacco use prevention and cessation. The committee has seven dedicated members.
- B. Significant partnerships have been established with the American Lung Association, South Broadway Church (SBBC), Native American Church of Baltimore City, and Baltimore Medical Systems.
- C. Five Baltimore County American Indian community leaders have been interviewed and asked for input in developing a curriculum for tobacco use prevention.
- D. Conducted smoking cessation classes at Native community churches.
- E. Baltimore Medical Systems distributed patches and lozenges to smoking cessation participants.

Faith-based Initiatives

This statewide effort targets faith-based organizations to implement innovative and exciting tobacco control programs and activities that educate people about the health effects of tobacco use and secondhand smoke exposure and empower them to raise awareness in their communities. The initiative engaged faith-based partners who have the capacity to reach large numbers of people on a consistent basis in local tobacco control efforts. These partnerships target disparate populations and builds capacity within the faith community for public health advocacy.

I. Funded organizations

- A. Brothers United Who Dare to Care - Washington County
- B. Collaborating Center for African American Leadership Development - Frederick County
- C. Empowering Believers Church of the Apostolic Faith - Anne Arundel County
- D. Koinonia Baptist Church - Baltimore City
- E. St. James United Methodist Church - Somerset County

II. Specific Accomplishments

- A. Conducted a faith-based leadership forum.
- B. Conducted smoking cessation classes utilizing the Pathways to Freedom Cessation curriculum for 15 people.
- C. Educated 550 persons, including 350 clergy members, on the dangers of tobacco use and secondhand smoke and the Smoke-free Holy Grounds initiative.
- D. Trained 20 community leaders on tobacco use prevention strategies and implementing Smoke-free Holy Grounds initiatives.
- E. Developed a network of interfaith leaders willing to advocate for tobacco control programs.
- F. Conducted focus groups for pilot faith-based smoking cessation curriculum.

MASS MEDIA AND PUBLIC RELATIONS CAMPAIGNS

During the fiscal year 2007, the media component was responsible for creating a demand for cessation and promoting the utilization of the statewide cessation services, specifically the Maryland Tobacco Quitline which launched in June 2006.

- **Annual Plan** – Using data gathered through the extensive strategic media and social marketing analysis of the target audiences and demographics of smokers in Maryland conducted during FY06, the Tobacco Program worked with its media contractor, *gkv communications*, to develop an advertising annual media plan that included newspapers, magazines, TV station partnerships, radio, Web site development and advertising, billboards, transit advertising, cinema slides, faith-based advertising, sponsored community events, minor league baseball partnerships, branded give-away items, and collateral materials.
- **Advertisements** – During FY07, there were three phases of the media campaign:
 - Phase I: Launch, Phase II: New way to live smoke-free and New Year’s Eve tobacco-use cessation promotions, and Phase III: Lisa’s Story.
 - **Phase I:** The first phase was the launch of the Maryland Tobacco Quitline, 1-800-QUIT-NOW. Advertisements ran from July through September 2006. Three Maryland-specific campaigns were placed featuring various ethnicities. The campaigns included the: “Flip” campaign for 18-35 year olds; “Live to See It” campaign for 35-60 year olds; and “Inside You” campaign for pregnant women and women considering pregnancy. Phase I advertising included the following:
 - **Newspapers/Magazines:** During July and August 2006, the launch campaign was printed in **12** newspapers and **four** magazines, reaching **18** counties.
 - **Radio:** During July, the launch radio campaign played on **15** stations in all Maryland markets.
 - **Cinema:** A 15-second slide was shown in **19** movie theaters in **11** counties. The message rotated for eight weeks on **188** screens within the 19 movie theaters to maximize reach.
 - **Online Web Banners:** The campaign launched with banners running on two Web sites, www.BaltimoreSun.com and www.YellowPages.com.
 - **Transit Advertising:** Transit advertising included over **800** bus interior displays running in Baltimore City and the surrounding counties and Worcester County, July through September 2006. Additionally, an exterior wrap was completed for the Collegetown Shuttle. This shuttle travels to **seven** colleges, has **75,000** riders and is seen through Baltimore’s high traffic destinations including the Inner Harbor, Towson Shopping District, Belvedere Square, and Penn Station.
 - **Faith-Based Advertising:** **Thirty** congregations in Baltimore City, Baltimore County, and Prince George’s County displayed outdoor signage, inserted full-page bulletins and broadcast public service announcements.

- *Sponsored Community Events:* During FY07, Maryland's 1-800-QUIT-NOW participated in three events. At two 2006 Fourth of July events, radio station partners distributed Maryland's 1-800-QUIT-NOW promotional giveaways. Additionally, in July 2007, Maryland's 1-800-QUIT-NOW was a sponsor of the African-American Heritage Festival in Baltimore City and the two Baltimore-based Latino Fests.
 - *Minor League Baseball Sponsorships:* Maryland's 1-800-QUIT-NOW participated in four minor league baseball sponsorships in FY07. The sponsorships included billboards in the outfield throughout the season and post-season, marketing opportunities during games, and logo and messages on video boards, P.A. announcements and marquees.
 - *Collateral Materials:* In addition to the tri-fold brochure and wallet cards, branded giveaway items were created. This included t-shirts, lip balm, toothbrush cap, computer picture holder, post-it notepad, self-inking stamps, pens, and magnets. These were distributed to all 24 local health departments for promotion and distribution throughout their communities.
- **Phase II:** The second phase was a continuum of the community advertising that ran November 2006 through June 2007 and included: "Marylanders have a new way to live smoke-free," and "Tonight you will resolve to quit smoking." Phase II advertising included the following:
- *Newspapers/Magazines:* The campaigns ran in **33** papers in **23** counties, with approximately two ads per month.
 - *Bus Shelters:* There were **28** bus shelter units in Baltimore City for a total of eight weeks with a rotation of two campaigns: "*Marylanders Have a New Way to Live Smoke-free*" and "*Tonight You Will Resolve to Quit Smoking*"... The bus shelter units were placed in November and December 2006.
 - *Radio:* With a 54% reach (percentage of target audience reached), two 60-second spots ran in November and December on five Baltimore stations.
 - *Billboards:* In December 2006, billboards featuring the "*Marylanders Have a New Way to Live Smoke-free*" campaign were placed on **23** units in **20** counties with a reach of approximately 45%.
 - *Television:* During a three week period from December 18, 2006 to January 7, 2007, a New Year's Eve resolution campaign ran in Baltimore. The campaign received \$64,000 worth of earned value which was two and a half times what was paid for the media. The schedule reached over 80% of the adults 18-49 years of age in the Baltimore Designated Market Area (DMA) a minimum of 3.5 times with **161** spots. In addition to the on-air TV partnership, WJZ-TV included promotions on their online Countdown Clock, online home page, and online front page of the local news with 850,000 total impressions.
 - *Web Banners:* In December, Web banners of the New Year's Eve resolution campaign were posted on two Web sites, www.WJZ.com and www.BaltimoreSun.com which have **1.8 million** users.

- A second Collegetown Shuttle was wrapped in March 2007.
- **Phase III:** The third and final phase of FY07 took Lisa, a real person from Caroline County, Maryland who is portrayed on www.SmokingStopsHere.com and transformed her personal story into a media campaign that ran from May to July 2007. The advertisements included the following:
 - *Television: “Lisa’s Story”* Webmercial was aired for four weeks on the Eastern Shore’s WBOC-TV and EBOC-TV with a 90% reach. In addition, a 30-second and two 10-second spots were created and aired by the station. Maryland’s 1-800-QUIT-NOW was the official sponsor of the Weather and Traffic on WBOC-TV and EBOC-TV and linked to their Web sites.
 - *Radio: “Lisa’s Story,”* in her own voice, ran on **four** stations with a 50% reach in the Salisbury/Ocean City market starting over the Memorial Day weekend to capitalize on summer beach traffic. This 60-second spot ran May through June.
 - *Web Banners:* Over an 8-week period, Web banners were posted on four Web sites with the total impressions over the 8-week schedule of **1.1 million**. The www.Fox21Delmarva.com posting was added value.
 - *Internal Bus Cards/Collegetown Shuttle:* Bus cards were inserted on the two Collegetown Shuttles reaching **150,000** riders.
- **Web site** – The call to action for all media components of Maryland’s 1-800-QUIT-NOW is to call the Quitline or to visit the Web site www.SmokingStopsHere.com. Based on focus group feedback from smokers in FY06, the Web site was redesigned to include key information on how to quit smoking and outlines the cessation process in four simple steps, explains the phone counseling services, provides stories and photos of real Marylanders who have successfully quit, explains why the services are free, and provides information on local tobacco cessation resources. In FY07, the Web site was updated to include an event calendar, a brochure order form, and a Web forum for the local health departments to share resources and ideas. Additionally, an interface was created to give DHMH more control over updating the Web site, including updating the events and stories.
 - The 1-800-QUIT NOW Web Forum was set up exclusively for use by Maryland's county health departments. Through this forum the health departments have the opportunity to network and share information about ideas to promote Maryland's 1-800-QUIT NOW. They may also download request forms for brochures, print ads, graphic templates and other promotional materials. By posting messages in the pre-set topics the health departments can begin discussions with other county health departments. Users also have the ability to send private messages to other users of the Forum if they would like to continue their discussion outside of the Forum.
 - Maryland’s 1-800-QUIT-NOW campaign implemented the “Click To Call” functionality on its homepage, linking a Web visitor directly to the call center via the Web. The Web visitor simply clicks on the “Click to Call” button, enters their information onto a form, and within 1-5 minutes, a trained Quit Coach™ will call them back.

- Additionally, to make the Web site more dynamic and innovative, a real Marylander was highlighted who had quit smoking to create the first Webmercial, an animated commercial played on the www.SmokingStopsHere.com Web site, and the number of views is tracked on www.YouTube.com. Currently, there have been over **440** views. This Webmercial, “*Lisa’s Story*,” portrays Lisa, a real Marylander from Caroline County, whose quit story was featured on the Web site.
 - Visitors are encouraged to share their story through www.SmokingStopsHere.com. During FY07, nearly **70** people submitted e-mails through the Web site.
 - The total number of visits to www.SmokingStopsHere.com during FY07 reached 85,199, with 131,658 page views and **1,323,701** hits.
- **Media Partnerships** – Collaborated with the American Legacy Foundation pilot program “Become an EX”, to help smokers who want to quit. The Ex campaign was launched in Baltimore, Maryland in January 2007 and concluded in June 2007. The Ex campaign referenced the 1-800-QUIT NOW phone number on television and other ads across the Baltimore Metropolitan Area. The Program has attributed increased call volume to Quitline during this promotion. The Program is awaiting final results of the promotion. The program also participated as a level three state with the National Cancer Institute’s National Promotion of 1 -800-QUIT-NOW “Be a Quitter” in which **16** TV PSA’s and over **85** Radio PSA’s were sent to Maryland stations. This campaign generated a significant amount of earned media in Maryland. TV station WHAG (NBC affiliate) in the Hagerstown area aired 15 spots of the "I'm A Quitter!" TV PSA. ABC Network and USA Network also aired "I'm A Quitter!" TV PSA. The Program has also attributed increased call volume to Quitline during this promotion.
 - **Media Reach/Success** – All callers are asked about “how they heard about the Quitline” during registration. Therefore, the Program is able to track specific media promotions. The effectiveness of media is based on call volume reports from the Quitline vendor. Using this data the Program has demonstrated achievement of the goals of the media component. The Quitline has received calls from all Maryland counties and Baltimore City, which further indicates achievement of the goals of the media component. Listed below are the percentages of the highest referenced categories of *How Callers Have Heard about the Quitline Service*:
 - TV Commercial/News-43.1%
 - Family and Friends-8.9%
 - Radio-8.7%
 - Brochure/Newsletters/Flyer-6.2%
 - Newspaper/Magazine-6.7%
 - Health Professional-5.2%

STATEWIDE PUBLIC HEALTH

Legal Resource Center

- Provided legal assistance to **20** local health departments and jurisdictions throughout the state on youth access, tobacco enforcement, and clean indoor air issues.
- Published and distributed two newsletters in the *Tobacco Regulation Review* distributed to over **1,000** recipients.
- Responded to approximately **41** requests from individuals for technical legal assistance on tobacco control issues.
- Provided assistance to **6** state legislators during the 2006 General Assembly session.
- Taught law students in a Tobacco Control Clinic and a Tobacco Control and the Law seminar.
- Provided training to undercover agents participating in Baltimore City's tobacco sales compliance check program.
- Presented at **7** national and state tobacco control conferences.
- Hosted a national workshop on reduced harm tobacco products, attended by more than **75** people from across the country, most of whom are lawyers working in public health and tobacco control.
- Hosted a workshop discussing enforcement issues facing local jurisdictions attended by **13** jurisdictions, along with representatives from DHMH, the Attorney General's office, the Comptroller's office, and local police departments.
- Published **1,000** Landlord and **1,500** Tenant brochures on issue of secondhand smoke drift in multiunit housing. These will be distributed in FY08.
- 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.
- Drafted amicus curiae brief to the U.S. Supreme Court supporting the State of Maine's petition for certiorari in a case involving that State's law regulating the sale of tobacco over the Internet.

Maryland Tobacco Quitline: 1-800-QUIT NOW

- Received over **10,297** calls during fiscal year 2007. Of those calls, approximately **5,720** callers registered for cessation services. Listed below are highlights of demographics of the callers to the Quitline.
 - Callers by Gender: 60.7% Females, 39.3% Males

- Callers by Race: 42.9% White, 51.5% African American
- Callers by Age: 31-40 17.2%, 41-50 34%, 51-60 22.3%
- Callers by Insurance Status: Commercial Coverage 26%, Medicaid 16%, Medicare 11.9%, Uninsured 32%, Other/Refused 14%
- 88.2% of callers were in the “preparation” stage
- 93% of callers were tobacco users
- Greatest numbers of callers were from highly populated areas of the state: Baltimore City and Baltimore County, Prince Georges, Montgomery, Howard, and Anne Arundel Counties
- Referred **2,034** callers to local health department resources
- Preliminary Survey Results
 - 98% of callers have set a quit date
 - 30% reported being quit for seven days or more
 - An additional 25% reported having made at least one serious quit attempt
 - Thus, collectively, 55% achieved a milestone of attempting to quit or achieving short-term abstinence
 - Final outcomes information and analysis via the full evaluation are forthcoming.
- Partnered with Baltimore City Health Department and the Quitline vendor to provide Direct Mail Orders of Nicotine Replacement Therapy (NRT) such as the patches and gum. Since March 1, 2007, **1,105** Baltimore City Residents have received NRT through the Quitline (through 6/30/07).
- Launched the Fax to Assist Program on December 1, 2006. DHMH has partnered 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.
 - There is on-line training and certification for HIPAA-covered entities at www.MDQuit.org
 - Tobacco users sign the Maryland Fax Referral enrollment form during a face-to-face intervention with a provider (e.g., doctor's office, hospital, dentist's office, and clinic or agency site)
 - The provider then faxes the form to the Quitline. Within 48 hours, a Quit Coach™ makes the initial call to the tobacco user to begin the coaching process.
 - **Sixty** providers have registered to be Fax to Assist Providers (with 9 of 24 Maryland Counties represented thus far).
 - There have been **100** “fax to assist” referrals to the Quitline.

Quitline Outreach

- Partnerships with Local Health Departments – Provided Quitline materials and education to local health departments at cessation regional trainings during fiscal year 2007. Provided all local health department’s tobacco coordinators community media action kits to assist them with integration of the 1-800-QUIT NOW logo into their own media, newsletters, health fairs, and other outreach events. The program has assisted local health departments in larger media placement also such as:
 - Provided Wicomico county logo materials for prescription bag promotion through Super Fresh
 - Provided Baltimore County materials for radio, billboards, and TV ads
 - Provided Frederick county materials for ad placement at Frederick Keys Stadium

- Organization/Company/Other Outreach – Provided trainings, posters, brochures, and other materials to promote the Quitline during the fiscal 2007 to:
 - 35 Hospitals across the state (provided Quitline resources for smoke free campus launches)
 - Planned Parenthoods across the state
 - Mental Health Associations
 - 25 family support centers across the state
 - 172 community health centers
 - Maryland MCOS health educators
 - Private health provider practices across the state
 - Dental practices and dental schools across the state
 - 74 family planning clinics
 - WIC locations across the state
 - Faith based partners via smoke free signs and church bulletins (over 200 churches)
 - Asthma prevention program in 500 asthma toolkits
 - Partnered with the Office of Oral Health during oral cancer week June 24-30th. (Provided Quitline materials to over a 100 oral health packets that went to local health departments.)
 - Provided updates/information about the Quitline in prenatal newsletter
 - 24 Healthy Start programs/Rural Health Program
 - Commercial based insurances (Blue Cross and Blue Shield)

- Outreach to DHMH state workers via email blast and posters in state buildings
- Link on Maryland's DHMH website site to the Quitline website
- Baltimore City's Tobacco education Bus
- University of Maryland Baltimore School of Pharmacy (resident pharmacists are providing brochures at their community pharmacies over 100 participating across Maryland)
- Colleges/Universities (STOPS – Students Together Organizing Prevention Strategies – Program promoting the Quitline)
- VA Hospitals
- Companies and Businesses

Maryland Resource Center for Quitting Use and Initiation of Tobacco – MDQuit

- Launched in early FY07, MDQuit (www.MDQuit.org) was funded at UMBC dedicated to assisting providers and programs in reducing tobacco use among citizens across the state.
- MDQuit's mission is to link professionals and providers to state tobacco initiatives, to provide evidence-based, effective resources and tools to local programs, to create and support an extensive, collaborative network of tobacco prevention and cessation professionals, and to provide a forum for sharing best practices throughout the state of Maryland.
- MDQuit's website launched in October 2006 and includes information about current news and events, as well as prevention and cessation programs and materials.
 - There are pages dedicated to in-depth coverage of special populations (e.g., pregnant women who smoke, and youth); current models and measures of tobacco addiction; and policy initiatives.
 - There is also a section on Maryland data, which contain information on national rates of tobacco use as well as Maryland specific data derived from secondary analyses of the Maryland Youth Tobacco Survey (MYTS) as well as the Maryland Adult Tobacco Survey (MATS).
 - Tables are posted showing change over time in prevalence rates of tobacco use as well as changes in the distributions of the Stages of Change for Cessation and Stages of Smoking Initiation statewide and for each county.
 - Two counties are highlighted and every two months, new counties will be spotlighted. This gives each county a chance to promote the activities they have conducted in their counties.
- From November 13, 2006 (when monitoring began) through June 2007, there have been **2,880** visits to the website, and **10,643** page views.

- **Advisory Board Meetings** – two advisory board meetings have been held: December 15, 2006 and June 22, 2007. The advisory board consists of 13 professionals and leaders in the community from statewide organizations (American Lung Association of Maryland, Inc., Smoke Free Maryland) as well as organizations / departments with a focus on special populations including minority groups and persons with severe mental illness.
- **Best Practices Conference** – MDQuit hosted the 1st Annual Best Practices conference on January 17, 2007. **Eighty** professionals attended from across the state. Speakers from MDQuit, DHMH, American Legacy Foundation, Campaign for Tobacco Free Kids, Smoke Free Maryland, and the Legal Resource Center for Tobacco Regulation, Litigation, and Advocacy all presented.
- **County Needs Assessments** – MDQuit conducted needs assessments in all **24** jurisdictions, and are now in the process of compiling the information. The needs assessments were 20 minute phone surveys to ascertain from each county, their specific needs in the domains of prevention and cessation programs, training, materials, and creating links between their departments and other professionals helping people to quit smoking.
- **Training** – MDQuit presented information about the Center, Fax-to-Assist, Stages of Change for Cessation, and Stages of Smoking Initiation program at three DHMH-sponsored regional trainings for Local Health Departments, the 1st Annual Best Practices Conference, 2006 Cancer Council Meeting, Cecil County Health Department, University of Maryland, Baltimore (School of Pharmacy), Howard County Health Department, Baltimore County Health Department, Johns Hopkins School of Public Health, Western Regional Cancer Conference, and on evaluation planning and strategies at the Students Together Organizing Prevention Strategies (STOPS) and Teens Rejecting Abusive Smoking Habits (TRASH) advisors meeting.
- **Newsletters** – MDQuit has published 2 newsletters, one in January 2007 and a second in April 2007. 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 pdf format is also available on the MDQuit.org website.
- **Survey Data** – MDQuit is performing stage-based analyses of the 2006 MYTS and MATS survey data. They have already conducted this analysis on the 2002 MYTS and MATS, which are located on their website.
- **Fax-to-Assist** – Partnered with DHMH on the “Fax-to-Assist” program – more information provided under *Maryland Tobacco Quitline*.

Outreach to High-risk and Priority Populations

Students Together Organizing Prevention Strategies (STOPS)

- **Ten** college campuses were funded for the STOPS initiative: Anne Arundel Community College, Bowie State University, College of Notre Dame, College of Southern Maryland,

Harford Community College, Johns Hopkins University, Morgan State University, University of Maryland, Baltimore County, University of Maryland, Baltimore, and University of Baltimore.

- 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.
- Coalitions focus on environmental and policy change on campus, as well as on awareness of social norms.
- Several schools have affected policy successes with designated smoking areas, and Harford Community College's campus went entirely smoke free as of July 1, 2007. This includes personal vehicles as long as they are on campus.
- Students form college campus coalitions (with an advisor) to address tobacco use prevention and cessation for students and faculty.
- Coalitions promote the Maryland Tobacco Quitline and will be instrumental in preparing for the Clean Indoor Air regulations beginning in FY08.
- A statewide STOPS coalition meeting – comprised of advisory board members from each school – was held on February 23, 2007 at UMBC to provide statewide networking and brainstorming, with presentations from MDQuit and the Legal Resource Center on stage-based cessation and initiation, and statewide policies.

Tobacco Education and Awareness Initiative (TEA-I)

- The Center for School Mental Health Action and Analysis (CSMHA) at the University of Maryland, Baltimore was funded to provide training and outreach to high-risk youth and parents in Baltimore City.
- **196** tobacco prevention, education, and interventions were conducted between clinicians and students or families.
- **505** resources were distributed to students and families by mental health clinicians, including information on the Maryland Tobacco Quitline.
- **Six** monthly TEA-I newsletters were developed and distributed.
- **18** schools participated in the training and successfully completed ten sessions of the evidence-based *Towards No Tobacco Use (TNT)* curriculum.
 - 18 clinicians have been trained to implement TNT in their schools

- 181 TNT sessions have been implemented
- 397 fifth, seventh, and ninth graders participated in TNT training
- Educational and outreach events were held addressing the behavioral effects of prena
- Total smoking on children, as well as promoting and disseminating information on the Maryland Tobacco Quitline.
 - 4 education parent events have been sponsored at “violence prevention” schools
 - 97 parents and staff members were in attendance
 - A fact sheet was developed and distributed discussing the mental health risks associated with smoking
 - 5,150 Quitline promotional materials were distributed to 30 community sites including libraries, churches, career centers, addiction and treatment centers, health and mental health centers, domestic abuse shelters, and the YMCA
 - 30 follow-up letters were delivered to community sites, expressing appreciation for their participation and eliciting feedback for future Quitline promotions, including “Fax to Assist”

**MINORITY OUTREACH
AND
TECHNICAL ASSISTANCE
PROGRAM

ACCOMPLISHMENTS**

CIGARETTE RESTITUTION FUND PROGRAM

MINORITY OUTREACH AND TECHNICAL ASSISTANCE FISCAL YEAR 2007 ACCOMPLISHMENTS

Grants Awarded

The Minority Outreach and Technical Assistance Program (MOTA) awarded competitive one-year grants to **19** jurisdictions in Maryland that contained the largest proportion of minorities.

Competitive grants ranged from \$35,000 to \$252,000. The community-based organizations receiving the grants includes, **1** - Asian American, **2** - community hospitals, **7** - faith-based, and **8** - African Americans serving community-based organizations and **2** - local health departments. Counties receiving more than \$100,000 used a percentage of their total grant to fund **1**- Native American, **5** - Hispanic, **5** - faith-based, **4** - Asian, **5** - African American, **1** - hospital, and **3** - youth community-based organizations. The jurisdictions funded were:

**Anne Arundel County
Caroline County
Carroll County
Howard County
Prince George's County
Talbot County
Worcester County**

**Baltimore City
Charles County
Frederick County
Kent County
Somerset County
Washington County**

**Baltimore County
Dorchester County
Harford County
Montgomery County
St. Mary'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:

- **411** minority individuals attended the local health department's cancer and tobacco coalition meetings on behalf of MOTA during the year;
- **597** cultural fairs/events that highlighted cancer and tobacco messages; events were held reaching **61,249** individuals;
- **42** 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 **1,427** individuals;
- **84** technical assistance sessions were provided on grant opportunities reaching **226** individuals;

MOTA Grantees partnered with Community Organizations statewide such as:

Harford County - Upper Chesapeake Medical Center, Harford County Action Agency, Harford County Health Department, Unity in the Community, Upper Chesapeake Counsel of Good Medicine Society (Pow-Wow), Hispanic Church Fellowship, Asian American Anti-Smoking Foundation,

Howard County – Howard Community College, Howard County Health Department, Wilde Lake Interfaith Center

Montgomery County - Peoples Community Men’s and Women’s Wellness Clinic, Goshen United Methodist Church, Mount Jezreel Baptist Church, Montgomery Avenue Women’s Shelter, Durga Puja (Indian Religious Festival), Tzu Chi (Buddhist), Annual Chinese Cultural and Community Center, Wat Thai (Thai temple), Filipino Senior Association, Korean Presbyterian Church of Rockville, Guru Nanak Foundation, CASA of Maryland, Kali Bari Temple (Hindu Temple), Maryland Commission on Indian Affairs

Prince George’s County – American Anti-Smoking Foundation, Office of Multi-Ethnic Student Education at University of Maryland at College Park

Somerset County - University of Maryland Eastern Shore, National Advancement of Colored People, Asbury United Methodist Church, Mount Carmel United Methodist Church

Caroline County – Abrams Memorial, Bikers on a Mission Health Fair, New Hope Baptist Church, County Health Department, Haitian Community Center, Helping Hands Neighborhood Association, Wesleyan Church, St Luke’s Health Fair, Allen AME Church, Delta Sigma Theta Sorority, Community Health Center, Mid Shore Counts

Dorchester County – Sojourner Douglas College, St Luke United Methodist Church, Multi-Cultural Enrichment Center

Frederick County – Family Partnership, LIFE & Discovery, Kappa Alpha Psi Fraternity, Mission of Mercy, Sagner Housing Complex, Juneteenth Celebration at Baker Park, El Salvadorian Community, Asian New Year, Centro Hispano

Charles County – Christian Unity Baptist Church, Charles County Chamber of Commerce, Maryland Association of Non-Profit Organizations, Korean Association of Southern Maryland, Charles County NAACP, Alpha Kappa Alpha Sorority, St. Peter’s Catholic Church, Kingdom Baptist Church, Bel Alton High School Association, Community Kwanzaa Marketplace, West Lake High School, North Point High School

Anne Arundel County – Shady Sides National Night Out

Baltimore County – Latino Providers Network, American Cancer Society

St. Mary’s County – United Committee for African Contributions’ Juneteeth Celebration, American Cancer Society, St Mary’s Health Connections

Talbot County – Nace’s Day/Parade and Community Day, Union Baptist Health Sunday

Washington County – Memorial Recreation Center, Washington County Hospital, Gateway Ministries, Center For Peace, YMCA Black Achievers, Native Activism, Hagerstown Suns, Washington County Free Library, People of Color/Faith in Jesus Center, International Corporate Training and Marketing

Wicomico County – The Assateague People, Wicomico Youth and Civic Center, Salisbury University, Telemon Corporation, Wicomico Family Support Center, Wicomico County Board of Education

Worcester County - Tyree AME Church, Health Day Shawell Park, Worcester County Health Department and others. Attendees at these events and others had the opportunity to be screened for cholesterol, cervical, HPV, prostate, oral and breast cancer, vision, Hepatitis B, hypertension, and cancer screenings and receive preventive health education information. **MOTA Grantees** partnered with an estimated 95 and reaching **61,249** individuals.

Outreach

MOTA organized and held Events for youth such as:

Harford County - Aberdeen Middle School/YES Conference, Octoberfest, Aberdeen Bible Church

Howard County - Johns Hopkins Applied Physics, Bethel Korean Presbyterian Church

Caroline County - Youth Day Celebration, Colonel Richardson Middle School, Immaculate Conception’s Happy Helpers Group, Villages at Marley Station, Van Bokkelen Elementary

Kent County -Bethel’s Back to School Night, Colonel High School, Kick-Butt Day-Youth Summit

Frederick County - Youth Life Skill, Kick Butts Day

Wicomico County – Joy Youth Explosion Bible Study, University of Maryland Eastern Shore’s National Youth Sports Program

St Mary’s County –Spring Ridge Middle and Great Mill High School, Lexington Park Elementary School

Washington County – No Smoking Youth Club, Family & Friend Day, Annual MLK Scholarship Dinner, Girls Scouts Shawnee Council, Head Start of Washington County

Worcester County – Berlin Head Start, Snowhill Head Start, reach a total of **2,741** individuals.

- Developed and distributed cancer and tobacco health promotion and prevention messages to over **10,108** persons through newsletter and bill boards; and
- Organized and sponsored **45** health awareness outreach events providing attendees tobacco-use and cancer prevention information.

Cancer and Tobacco Coalition Minority Recruitment

A total of **16** new individuals/organizations were recruited to join and participate with the Cancer and Tobacco Coalitions at the local health departments.

MOTA Outreach Involvement with State/Local Officials

Howard County Councilman Ken Ulman presented a resolution to the Columbia Delta Foundations efforts to reduce minority health disparities in Howard County.

Black Leadership Council for Excellence facilitated the attendance of Senator Thomas Middleton, Delegate Murray Levy, Charles County Commissioners' President Wayne Cooper, Former Governor Robert Ehrlich' representative announced October 1, 2006 as Maryland's Chusok Day a Korean Holiday at the Korean American Cultural Arts Festival.

Maryland Governor's Commissions

MOTA Grantees attended **3** Indian Affairs Commission meetings during 2007 and presented on **2** occasions.

Selected Outcomes

- 23** individuals referred for colonoscopies
- 27** women educated on cervical cancer
- 46** individuals received culturally and linguistically training
- 60** women referred for pap smears
- 61** women educated on colorectal cancer
- 65** men educated on lung cancer
- 66** women educated on lung cancer
- 107** men educated on colorectal cancer
- 126** men educated on prostate cancer
- 132** women referred for mammograms
- 205** men educated on breast cancer
- 273** men educated on cardiovascular disease
- 273** women educated on cardiovascular disease
- 692** women educated on breast cancer

Program Administration

The MOTA program staff participated in Cancer Program teleconferences. The program staff organized and coordinated the 2007 Maryland Health Disparities Two-Day Conference. Program staff served on Maryland General Hospital's planning committee as the Department's liaison to programs for the 2006 Take-A-Loved-One-to-the-Doctor-Day Event; exhibited at the African American Health Roundtable, Maryland Black Caucus Annual Event, Holy Cross Hospital's Health Fair & Pow-Wow, Parks' School Minority Bone Marrow Drive, Maryland Center's Health Symposiums, Annual Cancer Council Conference and attended the Accohannock Indian Tribe, Inc.'s Pow-Wow. These events reached over **4,500** individuals.

ALCOHOL

AND

DRUG ABUSE PROGRAM

FISCAL REPORT

AND

ACCOMPLISHMENTS

Alcohol and Drug Abuse Administration
Cigarette Restitution Fund
Annual Report: Fiscal Year 2007

A. Introduction

During Fiscal Year 2007, the Alcohol and Drug Abuse Administration (ADAA) administered \$17,113,306 in Cigarette Restitution Funds. These funds were appropriated in ADAA's budget PCAs K102, K108 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	55,484	60,686		(5,202)
Administration	K108	55,504	0	0	55,504
Treatment	K204	17,002,318	16,106,031	946,589	(50,302)
		17,113,306	16,166,717	946,589	0

Distribution by Subdivision

		As of June 30, 2007			
Subdivision		Budget	Expenditures	Obligations	Unobligated
ALLEGANY		259,349	259,349	0	0
ANNE ARUNDEL		1,000,000	920,526	0	79,474
BALTIMORE COUNTY		1,000,000	670,586	329,414	0
CALVERT		118,799	118,799	0	0
CAROLINE		32,654	32,005	0	649
CARROLL		132,881	130,688	0	2,193
CECIL		91,841	89,953	0	1,888
CHARLES		118,746	118,746	0	0
DORCHESTER		143,842	143,842	0	0
FREDERICK		95,579	81,616	0	13,963
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	663,032	21,968	315,000
PRINCE GEORGE'S		2,997,866	3,312,866	0	(315,000)
QUEEN ANNE'S		42,859	42,859	0	0
ST. MARY'S		203,726	228,009	0	(24,283)
SOMERSET		114,264	114,264	0	0
TALBOT		36,736	36,671	0	65
WASHINGTON		98,002	98,002	0	0
WICOMICO		432,557	377,889	0	54,668
WORCESTER		268,035	268,035	0	0
BALTIMORE CITY		8,095,348	7,628,758	595,207	(128,617)
ADJUSTMENTS					
TOTAL		17,052,620	16,106,031	946,589	0

Alcohol and Drug Abuse Administration
Cigarette Restitution Fund
Annual Report: Fiscal Year 2007

C. Outcomes and Public Benefits: FY 2007 Accomplishments

Allegany County

The CRF grant funded 11 slots in the Level III.1 Halfway House providing services to 30 patients during the year.

Anne Arundel County

Funding was provided for Level 0.5 Early Intervention for 10 slots for 57 patients; Level I Outpatient services for 36 slots for 96 patients; Level ID for 7 slots for 26 patients; Level II.1 Intensive Outpatient for 6 slots for 35 patients; Level III.3 Residential for 2 slots for 2 patients; Level III.7 ICF for 7 slots for 123 patients and Level III.7D for 3 slots for 103 patients.

Baltimore City

The following services were purchased through CRF funding:

Level I Outpatient:	110 slots
Level II.1 Intensive Outpatient	38 slots
Level III.1 Halfway House	54 beds
Level III.5 Therapeutic Community	122 beds
Level III.7 Medically Monitored Inpatient (ICF)	25 beds
Medication Assisted Treatment	992 slots

Baltimore County

During fiscal year 2007, there were 4 Level III.1 Halfway House slots, 15 Level III.3 Long-Term Residential slots, and 5 Level III.7 Medically Monitored Inpatient slots purchased with CRF funds. CRF also supported 10 Level II.1 Intensive Outpatient slots. In addition, detoxification services were purchased for 57 patients at III.7. Early Intervention Level 0.5 was provided to 150 people and assessments were provided to 1,248 people.

Calvert County

Funding was provided for Level II.1 Intensive Outpatient services for 15 slots for 70 patients and Level III.3 Long Term Residential services for 4 slots for 4 patients.

Caroline County

Funding was provided to fund a part-time addictions counselor (16 hrs/wk) and to provide 3 Level I Outpatient slots for 8 patients.

Alcohol and Drug Abuse Administration
Cigarette Restitution Fund
Annual Report: Fiscal Year 2007

Carroll County

The CRF grant funded 50 slots in the Level III.7D. In addition, funding was made available for 2 slots in the Level II.1 adolescent Intensive Outpatient Program providing services to 4 patients annually.

Cecil County

In fiscal year 2007, Cecil County funded Level III.7 Detoxification services for 93 patients.

Charles County

Funding was provided for 12 Level II Intensive Outpatient treatment for 30 patients and 1 Level III.3 long Term Treatment slots for 5 patients.

Dorchester County

Funding was provided for Level III.7 Detoxification services for 12 Patients and Level III.7 Residential treatment for 5 patients, Level I Outpatient services for 12 adolescent slots for 24 patients and 8 Level II.1 slots in the detention center for 16 patients.

Frederick County

The CRF grant funded 6 slots in the Level I D Ambulatory Detoxification program providing services to 40 patients annually.

Garrett County

The CRF grant funded 16 slots in the Level I Adolescent Outpatient Services providing services for 48 patients annually.

Harford County

During fiscal year 2007, there were 5 Level II.1 Intensive Outpatient slots funded by CRF. In addition, there were 104 patients served in long-term intensive outpatient detoxification.

Howard County

In fiscal year 2007, Howard County provided Level II D Outpatient Detoxification Program for 29 patients in need of this level of care. These services included assessment, psychiatric evaluation, medication, counseling services, acupuncture, case management and referral.

Alcohol and Drug Abuse Administration
Cigarette Restitution Fund
Annual Report: Fiscal Year 2007

Kent County

Kent County funded 4 Level III.7 Detoxification beds providing service for 288 patients.

Montgomery County

The CRF grant funded 49 slots in the Adult Level I for 98 patients, 9 slots in adolescent Level II.1 Intensive Outpatient for 18 patients. It provided for 18 Adult Co-occurring level III.3 slots and 18 Level II.1 Intensive Outpatient for adult co-occurring patients. The grant also provided for Psychiatric Services to 300 adults annually.

Prince George's County

Funding was provided for 377 Level I Outpatient slots for 1233 patients; 80 Level II.1 Intensive Outpatient slots for 227 patients; 1 Level III.1 Halfway House slots for 15 patients and 1 Level III.7 slots for 15 patients. Assessment and Referral services were provided for 1,242 patients.

Queen Anne's County

Queen Anne's County funded Level III.7 Detoxification services for 5 patients, and Level III.7 Residential services for 10 patients up to a total of 280 days. It also provided for the purchase of 60 days of Level III.1 adult services.

St. Mary's County

Funding was provided for 15 Level I Jail Outpatient Slots for 45 patients and 15 Level II Intensive Outpatient slots, 8 of which was Level II Jail based services for 60 patients.

Somerset County

Somerset County funded 31 Level I Outpatient slots and provided services for 62 patients, and Level III.7 Detoxification services for 10 patients.

Talbot County

Cigarette Restitution Funds were used to support 36.5% of the salary for the County Coordinator's/Program Director's position.

Washington County

The CRF grant provided for 54 slots in the Level I, Jail Based services program providing for services for 108 patients annually.

Alcohol and Drug Abuse Administration
Cigarette Restitution Fund
Annual Report: Fiscal Year 2007

Wicomico County

Cigarette Restitution Funds were used to provide 45 slots at Level I for 80 patients, 16 slots for Opioid Maintenance Therapy (OMT) services for 21 patients, 20 Level II Intensive Outpatient slots for 86 patients.

Worcester County

Cigarette Restitution Funds were used to provide 46 slots Level I Adolescent Outpatient for 92 patients, 5 Level II.1 Intensive Outpatient for 10 patients and 5 slots for co-occurring services for 10 patients. Additionally, it provided ancillary services to the Atlantic Club outreach program.

D. Administrative Support

ADAA expended \$60,686 of CRF funds 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.

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 funds.

MEDICAL CARE PROGRAM

FISCAL REPORT

AND

MANAGING – FOR – RESULTS

CIGARETTE RESTITUTION FUND PROGRAM

MEDICAL CARE PROGRAM

PROVIDER REIMBURSEMENTS

FISCAL YEAR 2007 ACCOMPLISHMENTS (CY 2006)

Appropriation: \$63,700,000

Expenditure: \$63,700,000

MFR Measures:

Objective 1.4

For Calendar Year 2008, reduce by 1 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 has decreased. Admissions are defined as “avoidable admissions” based on specifications from the Agency for Healthcare Research and Quality, a nationally recognized health organization. The new methodology for determining performance is a refinement from previous years and reflects HEDIS specification changes and AHRQ recommendations.

Performance Measures	CY2005 Actual	CY 2006 Actual	CY2007 Estimated	CY2008 Estimated
Input: Number of HealthChoice children up ages 5- 20 with asthma	5,603	6,226	6,326	6,426
Output: Number of asthma-related avoidable admissions among HealthChoice children ages 5-20 with asthma	257	275	272	270
Outcome: Rate per thousand of asthma-related avoidable admissions among HealthChoice children ages 5-20 with asthma	46	44	43	42

Note: Methodology refined from previous years to reflect recent HEDIS specification changes and AHRQ recommendations. Specifically, HEDIS requires an enrollee to meet two years of both enrollment and clinical eligibility in order to get into the Asthma cohort. The data we provided last year only looked at one year of both clinical and enrollment eligibility. Also, HEDIS specifications require the use of only the primary diagnosis when identifying emergency room visits and inpatient admissions, but in the data we submitted previously, we used both the primary and secondary diagnoses. Due to these changes, the asthma cohort size decreased considerably compared to the data we submitted in previous years. Were the same methodology applied to previous years, the rate in CY 2002 would have been 48 and the rate in CY 2003 would also have been 48.

Objective 2.5

For Calendar Year 2008, reduce the gap in access to ambulatory services between Caucasians and African-Americans in HealthChoice by 1 percentage point.

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 61.8% to 67.5% between Calendar Year 2002 and Calendar Year 2005; and the rate of increase for this period is slightly higher for African Americans. 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.

	CY2005	CY2006	CY2007	
CY2008	Actual	Estimated	Estimated	
Performance Measures				
Estimated				
Input: Number of Caucasians enrolled in HealthChoice	179,378	180,000		
182,000	184,000			
Number of African-Americans enrolled in HealthChoice	338,681	340,000		
342,000	344,000			
Output: Percentage of Caucasians in HealthChoice accessing at least one ambulatory service	74.1%	75.1%	76.1%	77.1
Percentage of African-Americans in HealthChoice accessing at least one ambulatory service	67.5%	69.5%	71.5%	73.5%
Outcome: Percentage gap between access rate for Caucasians compared to the access rate for African Americans	6.6	5.6	4.6	3.6

Note: Information for this measure is not compiled until October of the following Calendar Year (e.g. CY 2006 data is compiled in October 2007) due to issues in reporting. The normal data run-out period is six months. However, the Department waits nine months in order to allow adequate time for data submission from the MCOs.