



STATE OF MARYLAND

DHMH

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

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

September 26, 2008

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 2008

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 2008 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 2008 ANNUAL REPORT

FUND EXPENDITURES AND ACCOMPLISHMENTS

October 2008



**John M. Colmers
Secretary**

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

Maryland Department of Health and Mental Hygiene

CIGARETTE RESTITUTION FUND PROGRAM

FISCAL YEAR 2008 ANNUAL REPORT

Table of Contents

<u>Section</u>	<u>Page</u>
I <u>Cancer Control Programs and Tobacco-Use Prevention</u>	
A. Fiscal Reports – Tobacco and Cancer	2
B. Managing-For-Results (MFRs) Reports	5
II <u>Cancer Control Programs and Tobacco-Use Prevention</u>	
A. Accomplishments – Tobacco and Cancer	13
III <u>Minority Outreach and Technical Assistance (MOTA) Program</u>	
A. Accomplishments – MOTA	48
IV <u>Alcohol and Drug Abuse (ADAA) Program</u>	
A. Fiscal Report – ADAA	54
B. Accomplishments – ADAA	55
V <u>Medical Care Program</u>	
A. Fiscal Report	60
B. Managing-For-Results	60

**CANCER AND TOBACCO
PROGRAMS**

FISCAL REPORTS

AND

MANAGING - FOR - RESULTS

**Department of Health and Mental Hygiene
Family Health Administration
Cigarette Restitution Fund Program
Interim Fiscal Report – Fiscal Year 2008**

(July 1, 2007 - June 30, 2008)

1) Cancer Prevention, Education, Screening and Treatment Program

Components:	Appropriation	Expenditures	Obligations	Unobligated
Administration (X671S)	\$ 736,166	\$ 709,711	\$ 13,180	\$ 13,275
Surveillance and Evaluation (X672S)	\$ 1,289,266	\$ 1,018,354	\$ 266,696	\$ 4,216
Statewide Academic Health Center (X673S)	\$ 11,665,000	\$ 5,322,369	\$ 6,342,631	-
Local Public Health (X674S) *	\$ 7,163,090	\$ 6,771,361	\$ 382,095	\$ 9,634
Baltimore City Public Health Grant (X675S)	\$ 2,336,000	\$ 420,783	\$ 1,915,217	-
Statewide Public Health (X676S)	\$ 111,798	\$ 11,002	\$ 100,796	-
Statewide Academic Health Center (X677S)	\$ 1,741,000	\$ 514,636	\$ 1,226,364	-
Cancer - Database Development (X679S)	\$ 385,000	\$ 270,830	\$ 114,170	-
Total	\$ 25,427,320	\$ 15,039,046	\$ 10,361,149	\$ 27,125

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

Subdivision	(Budget) Available Funding	Unreconciled Expenditures	Obligations	Unobligated
Allegany	\$212,626	\$212,626	\$0	\$0
Anne Arundel	\$624,097	\$624,097	\$0	\$0
Baltimore Co.	\$1,153,682	\$771,587	\$382,095	\$0
Calvert	\$177,288	\$177,288	\$0	\$0
Caroline	\$141,856	\$141,856	\$0	\$0
Carroll	\$255,960	\$255,960	\$0	\$0
Cecil	\$197,704	\$197,704	\$0	\$0
Charles	\$210,401	\$210,401	\$0	\$0
Dorchester	\$154,301	\$154,301	\$0	\$0
Frederick	\$287,109	\$287,109	\$0	\$0
Garrett	\$138,124	\$138,124	\$0	\$0
Harford	\$326,945	\$326,945	\$0	\$0
Howard	\$291,630	\$291,630	\$0	\$0
Kent	\$129,781	\$129,781	\$0	\$0
Montgomery	\$832,111	\$832,111	\$0	\$0
Prince George's	\$743,458	\$743,458	\$0	\$0
Queen Anne's	\$150,798	\$150,798	\$0	\$0
St. Mary's	\$175,059	\$175,059	\$0	\$0
Somerset	\$134,201	\$134,201	\$0	\$0
Talbot	\$161,209	\$161,209	\$0	\$0
Washington	\$266,064	\$266,064	\$0	\$0
Wicomico	\$212,833	\$212,833	\$0	\$0
Worcester	\$185,853	\$176,219	\$0	\$9,634
Baltimore City *	\$2,336,000	\$420,783	\$1,915,217	\$0
TOTAL	\$9,499,090	\$7,192,144	\$2,297,312	\$9,634

* The budget and expenditure for Baltimore city are in the Baltimore City Public health (X675S). Baltimore City's budget of \$2,336,000 adds to the Local Public Health distribution by jurisdiction of \$7,163,090 to make a total of \$9,499,090

**Department of Health and Mental Hygiene
Family Health Administration
Cigarette Restitution Fund Program
Interim Fiscal Report – Fiscal Year 2008**

(July 1, 2007 -- June 30, 2008)

2) Tobacco Use Prevention and Cessation Program

Components:	Appropriation	Expenditures	Obligations	Unobligated
Administration (X681S)	\$ 681,947	\$ 600,459	\$ 62,754	\$ 18,734
Surveillance and Evaluation (X682S)	\$ 1,500,000	\$ 492,909	\$ 1,003,119	\$ 3,972
Countermarketing and Media (X683S)	\$ 500,000	\$ 268,654	\$ 231,346	\$ -
Local Public Health (X684S)	\$ 11,541,000	\$ 10,419,668	\$ 1,121,251	\$ 81
Statewide Public Health (X686S)	\$ 3,074,500	\$ 2,470,778	\$ 565,957	\$ 37,765
Total	\$ 17,297,447	\$ 14,252,468	\$ 2,984,427	\$ 60,552

Local Public Health Component - Distribution by Jurisdiction - TOBACCO

Subdivision	(Budget) Available Funding	Unreconciled Expenditures	Obligations	Unobligated
Allegany	\$295,789	\$295,789	\$0	\$0
Anne Arundel	\$939,486	\$939,486	\$0	\$0
Baltimore Co.	\$1,270,821	\$622,868	\$647,953	\$0
Calvert	\$312,762	\$312,762	\$0	\$0
Caroline	\$216,357	\$216,357	\$0	\$0
Carroll	\$408,633	\$408,633	\$0	\$0
Cecil	\$326,137	\$326,137	\$0	\$0
Charles	\$385,371	\$385,371	\$0	\$0
Dorchester	\$206,654	\$206,654	\$0	\$0
Frederick	\$497,465	\$497,465	\$0	\$0
Garrett	\$206,620	\$206,620	\$0	\$0
Harford	\$539,967	\$539,967	\$0	\$0
Howard	\$481,915	\$481,915	\$0	\$0
Kent	\$187,153	\$187,153	\$0	\$0
Montgomery	\$1,100,327	\$1,100,327	\$0	\$0
Prince George's	\$1,078,874	\$1,078,874	\$0	\$0
Queen Anne's	\$224,125	\$224,125	\$0	\$0
Somerset	\$193,206	\$193,206	\$0	\$0
St. Mary's	\$308,174	\$308,174	\$0	\$0
Talbot	\$206,836	\$206,836	\$0	\$0
Washington	\$392,928	\$392,928	\$0	\$0
Wicomico	\$300,925	\$300,925	\$0	\$0
Worcester	\$237,577	\$237,496	\$0	\$81
Baltimore City	\$1,222,898	\$749,600	\$473,298	\$0
TOTAL	\$11,541,000	\$10,419,668	\$1,121,251	\$81

**Department of Health and Mental Hygiene
Family Health Administration
Cigarette Restitution Fund Program
Interim Fiscal Report – Fiscal Year 2008**

(July 1, 2007 -- June 30, 2008)

	(Budget) Available Funding	Expenditures	Obligations	Unobligated
3) Management Support Service (X670)	\$ 959,226	\$ 772,095	\$ 176,014	\$ 11,117
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.

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.

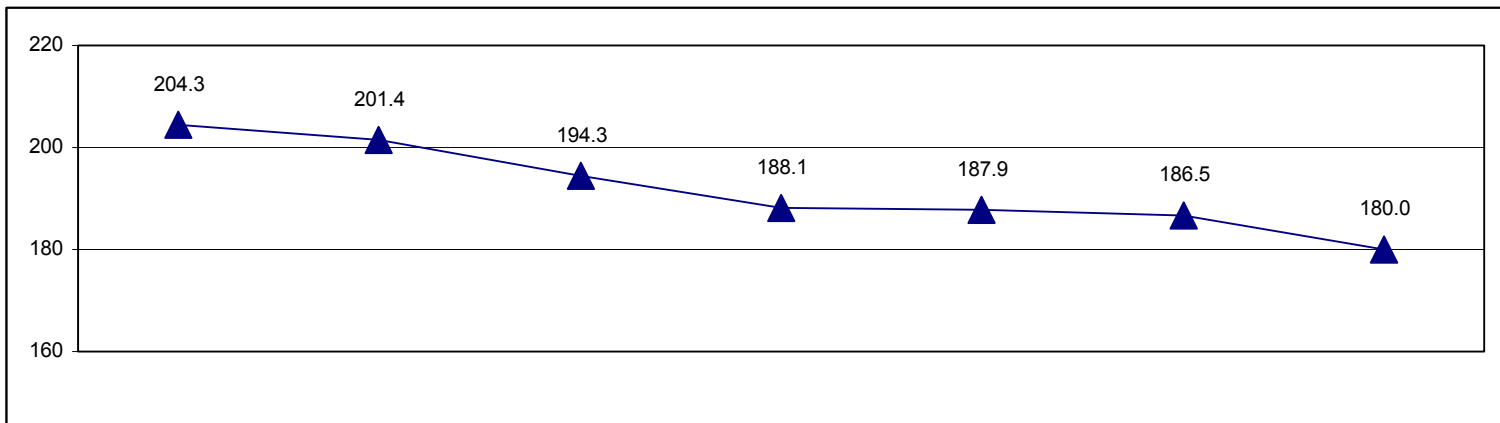
KEY GOALS, OBJECTIVES, AND PERFORMANCE MEASURES

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 170.0 per 100,000 persons. (Age-adjusted to the 2000 U.S. standard population.)

Performance Measures	CY2007 Actual	CY2008 Estimated	CY2009 Estimated	CY2010 Estimated
Outcome: Overall cancer mortality rate	180.0	176.4	173.0	170.0

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



CY 2001 Actual CY 2002 Actual CY 2003 Actual CY 2004 Actual CY 2005 Actual CY 2006 Actual CY 2007 Actual

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 1.13. (Age-adjusted to the 2000 U.S. standard population.)

Performance Measures	CY 2007 Actual	CY 2008 Estimated	CY 2009 Estimated	CY 2010 Estimated
Outcome: Cancer death rate ratio between blacks/whites	1.17	1.15	1.14	1.13

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 15.4 per 100,000 persons in Maryland. (Age-adjusted to the 2000 U.S. standard population.)

Performance Measures	FY2007 Actual	FY2008 Actual	FY2009 Estimated	FY2010 Estimated
Output: Number screened for colorectal cancer with CRF funds	2,274	2,218	2,246	2,246
Number minorities screened for colon cancer with CRF funds	1,160	1,129	1,146	1,146

Performance Measures	CY 2007 Actual	CY 2008 Estimated	CY 2009 Estimated	CY 2010 Estimated
Outcome: Colorectal cancer mortality rate	17.3	16.6	16.0	15.4

Objective 3.2 By calendar year 2010, reduce breast cancer mortality to a rate of no more than 23.2 per 100,000 persons in Maryland. (Age-adjusted to the 2000 U.S. standard population.)

Performance Measures	FY2007 Actual	FY2008 Actual	FY2009 Estimated	FY2010 Estimated
Outputs: Number of women screened for breast cancer with CRF funds	1,440	1,195	1,318	1,318
Number of minority women screened for breast cancer with CRF funds	1,232	1,059	1,146	1,146

Performance Measures	CY 2007 Actual	CY 2008 Estimated	CY 2009 Estimated	CY 2010 Estimated
Outcome: Breast cancer mortality rate	24.6	24.1	23.6	23.2

Objective 3.3 By calendar year 2010, reduce prostate cancer mortality to a rate of no more than 23.7 per 100,000 persons in Maryland. (Age-adjusted to the 2000 U.S. standard population.)

Performance Measures	FY2007 Actual	FY2008 Actual	FY2009 Estimated	FY2010 Estimated
Outputs: Number of men screened for prostate cancer with CRF funds	705	980	843	843
Number of minority men screened for prostate cancer with CRF funds	565	774	670	670

Performance Measures	CY 2007 Actual	CY 2008 Estimated	CY 2009 Estimated	CY 2010 Estimated
Outcome: Prostate cancer mortality rate	26.4	25.5	24.6	23.7

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.

Performance Measures	FY2007 Actual	FY2008 Actual	FY2009 Estimated	FY2010 Estimated
Output: Number persons diagnosed and linked or provided treatment	35	56	46	46

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

Objective 5.1 By Fiscal Year 2010 approximately 38% of the individuals participating in clinical trials on the targeted cancers through University of Maryland Greenebaum Cancer Center (UMGCC) will be from diverse populations.

Performance Measures	FY2007 Actual	FY2008 Actual	FY2009 Estimated	FY2010 Estimated
Input: Number of individuals participating in clinical trials	577	497	520	540
Number of diverse individuals participating in clinical trials	201	190	198	205
Outcome: Percentage of diverse individuals participating in clinical trials	34.84%	38%	38%	38%

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

PROGRAM DESCRIPTION

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

MISSION

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

VISION

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

KEY GOALS, OBJECTIVES AND PERFORMANCE MEASURES

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

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

	CY2000	CY2006	CY2008	CY2010
Performance Measures	Actual	Actual	Projected	Projected
Input: Percentage of under-age middle school students who ever smoked a whole cigarette	16.8%	8.5%	10.9%	6.7%
Outcome: Cumulative percentage change for middle school students	N/A	-49.1%	-35%	-60%

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

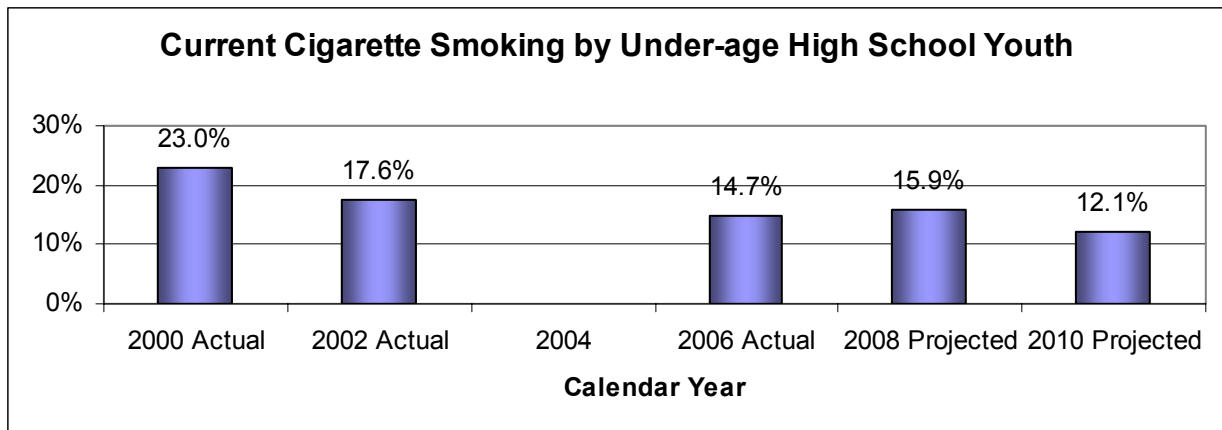
	CY2000	CY2006	CY2008	CY2010
Performance Measures	Actual	Actual	Projected	Projected
Input: Percentage of under-age high school students who ever smoked a whole cigarette	44.1%	26.9%	32.6%	22.1%
Outcome: Cumulative percentage change for high school students	N/A	-38.0%	-26%	-50%

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

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

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

Performance Measures	CY2000 Actual	CY2006 Actual	CY2008 Projected	CY2010 Projected
Input: Percentage of under-age middle school students who currently smoke cigarettes	7.3%	3.7%	4.7%	2.9%
Percentage of under-age high school students who currently smoke cigarettes	23.0%	14.7%	15.9%	12.2%
Percentage of adults who currently smoke cigarettes	17.5%	13.8%	14.9%	12.8%
Outcome: Cumulative percentage change for middle school students	N/A	-49.3%	-36%	-60%
Cumulative percentage change for high school students	N/A	-36.1%	-31%	-47%
Cumulative percentage change for adults	N/A	-21.1%	-15%	-27%



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

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

Performance Measures	CY2000 Actual	CY2006 Actual	CY2008 Projected	CY2010 Projected
Input: Percentage of adult African-Americans that currently smoke cigarettes	22.0%	17.0%	17.8%	15.4%
Outcome: Cumulative percentage change	N/A	-22.7%	-19.0%	-30.0%

Objective 3.2 By the end of calendar year 2010, reduce the proportion of Hispanic adults who currently smoke cigarettes by 40% from the calendar year 2000 Baseline Rate.

Performance Measures	CY2000 Actual	CY2006 Actual	CY2008 Projected	CY2010 Projected
Input: Percentage of adult Hispanics that currently smokes cigarettes	21.2%	13.8%	19.7%	12.7%
Outcome: Cumulative percentage change	N/A	-34.9%	-7.0%	-40.0%

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

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

Objective 4.1 By the end of calendar year 2010, deliver DHMH CRF Tobacco Program counter-marketing and media messages to 12% of the general population.

	CY2000	CY2006	CY2008	CY2010
Performance Measures	Actual	Actual	Projected	Projected
Outcome: Percent of general population seeing/hearing messages	0	23.8%	15.0%	12.0%

Objective 4.2 By the end of calendar year 2010, deliver DHMH CRF Tobacco Program counter-marketing and media messages to 12% of targeted minority populations.

	CY2000	CY2006	CY2008	CY2010
Performance Measures	Actual	Actual	Projected	Projected
Outcome: Percent of minority populations seeing/hearing messages	0	29.0%	15.0%	12.0%

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

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

	CY2000	CY2006	CY2008	CY2010
Performance Measures	Actual	Actual	Projected	Projected
Input: Percent strongly agree	78.1%	93.0%	83.6%	97.7%
Outcome: Cumulative percentage change	N/A	19.1%	7.0%	25.0%

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

	CY2000	CY2006	CY2008	CY2010
Performance Measures	Actual	Actual	Projected	Projected
Input: Percent of youth living in smoke-free homes	68.2%	70.9%	70.3%	73.7%
Outcome: Cumulative percentage change	N/A	4.0%	3.0%	8.0%

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. All data has been updated to reflect updated analyses and any definitional changes.

Where data is listed as “Actual” it represents results of analysis from the relevant data source. Where data is listed as “Estimated” it represents the current estimate when analysis of existing data is not yet complete. Where data is listed as “Projected” it represents a data point on which data has not yet been collected and the figure listed is the current projection of the value of that data point. This differentiation in the use of “Estimates” and “Projections” is consistent with that used by the federal government when distinguishing between estimates of current time frames and projections for future time frames (see U.S. Census for example). Data from the fall 2008 surveys will be reported as required by Subtitle 10, Title 13, Health-General Article in the fall of 2009.

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

**CANCER AND TOBACCO
PROGRAMS**

ACCOMPLISHMENTS

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

FISCAL YEAR 2008 ACCOMPLISHMENTS

LOCAL PUBLIC HEALTH COMPONENT

Overall

- Funding was awarded to each local jurisdiction's (including 23 local health departments, and the two academic health centers in Baltimore City) Cancer Prevention, Education, Screening and Treatment Program for fiscal year 2008. Each local health department received a base amount of \$100,000 with the remainder of its award based on the formula specified in the statute for the CRFP. The academic health centers are funded based on the statute.
- Community health cancer coalitions continued in 24 jurisdictions. Each coalition is comprised of representatives that reflect the demographics of each jurisdiction and includes membership of minority, rural, and medically underserved populations that are familiar with different cultures and communities in the jurisdiction. The majority of the community health coalitions met three or more times during the fiscal year.
- Comprehensive cancer plans addressing prevention, education, screening, and treatment for one or more of the targeted cancers were updated in 24 jurisdictions. Twenty-three jurisdictions addressed colorectal cancer, 8 jurisdictions addressed oral cancer, 13 jurisdictions addressed prostate cancer, 10 jurisdictions addressed breast cancers, 9 jurisdictions addressed cervical cancer and 18 jurisdictions addressed skin cancer and 2 jurisdiction addressed lung cancer in fiscal year 2008.
- 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 132,565 Maryland residents in the general public were educated for all cancers in fiscal year 2008.

- The local health departments awarded 27 subcontracts and/or mini-grants to local community-based organizations to provide outreach and education to minority, underserved, and/or uninsured residents of their jurisdictions.

- Local programs conducted a variety of public education and specific outreach activities.
 - Cancer education and outreach has been conducted through community sites such as at educational institutions, parks and recreation centers, clinics and health agencies, churches, barbershops and libraries, senior centers, housing units, businesses, health fairs, coalitions, conferences and symposiums, mass mailings, radio, newspaper, television, and provider sites.
 - Cancer education was conducted at program supported walk/runs where participants were given literature regarding cancer prevention activities and encouraged to participate in local cancer screenings.
 - Media events included public service announcements on television and radio, talk shows, press conferences and news releases.
 - Local programs have funded and placed road side bill boards 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.
- Examples of public education and outreach performed by the local health departments and the Baltimore City Public Health component included the following:

Anne Arundel County – Program staff provided breast cancer information to participants at community events including the Light of the World Ministries, Mother Daughter Tea, and the Korean Health Fair and Girl’s Night Out at the Holy Trinity Church.

Baltimore City, University of Maryland Medical Group – The program’s health educator was a guest speaker on WJZ-TV channel 13, “On time with Kai Jackson” and spoke about breast and cervical cancer education awareness.

Caroline County – The program’s nurse visited several area churches and delivered a presentation during a Women’s Workshop providing information on the need for colorectal cancer screening.

Garrett County - The program staff arranged and sponsored The Super Colon, a six foot high replica of a human colon, for display and distributed literature regarding colorectal cancer screening recommendations during the Relay for Life with 200 people participating.

Howard County - Program staff educated participants regarding cancer control information at a Muslim Health Fair at the Florence Bain Senior Center.

Johns Hopkins Institutions – Program staff participated in the June 21, 2008 African American Men’s Health Conference at the Baltimore Convention Center. During this event 400 participants were educated about prostate cancer awareness and screening.

Montgomery County - In a partnership with Washington Adventist and Shady Grove Adventist Hospitals, and the American Cancer Society's "Daffodil Day" and the Look Good, Feel Better Campaign, colorectal cancer education and information was provided.

Prince George's County – During April, program staff educated 30 individuals about the importance of colorectal cancer screening at two events; one event was conducted at an elementary school for parents and a second event was held at the Maryland National Park.

Washington County – Staff utilized the direct mail coupon packs in their promotion of sun safety behaviors and the Breast and Cervical Cancer Program.

Wicomico County – Myths and Realities Fact Sheet regarding colon cancer and screening were distributed during Colorectal Cancer Awareness Month to 11 businesses in their community.

Minority Outreach

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

Baltimore City, John Hopkins Medical Institutions - In September, the program staff provided prostate cancer awareness information at three Baltimore City African American churches during their Sunday Morning services as part of the "Blue Suit Sunday" Event.

Carroll County – A program funded vendor organized a Minority Health Council mini event held at the Community Unity Day on Union Street at which cancer control and awareness information was distributed and talked about.

Charles County – The county staff participated in the "National Cancer Survivor Day" at the Nanjemoy (Native American) Community Center and provided colorectal cancer screening services information.

Fredrick County – A staff member was an honoree at the 2008 Women of Excellence Conference sponsored by the AKA Sorority and took the opportunity to speak and express gratitude to the community for their support and promotion of the Colorectal Cancer Screening Program in the County.

Harford County- Program staff wore the SunGuard man costume and distributed sunscreen to children playing at the Aberdeen Bible Church's Community Day and distributed cancer control literature to the predominantly African American program participants.

Kent County - The county staff visited several local Hispanic community businesses and encouraged staff and patrons to utilize the local cancer screenings services.

Somerset County – Program staff honored a minority student and her parent, from the Somerset Intermediate School, who became the winner of the SunGuard Man 3rd Place Poster Contest. She was honored during a June Community Health Coalition meeting.

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.
 - 14,440 providers were reached through education and outreach efforts such as mailings and newsletters.
 - 5,659 health care professionals were educated through brief, group, and individual educational sessions and presentations at various locations such as physicians' offices, the County Medical Society, or hospital staff meetings.
- Local programs 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 2008, screening, diagnosis, and treatment data for the different targeted cancers under the CRFP follow:
 - 6,564 screening tests were performed, and 56 individuals were diagnosed with cancer in the program, linked to care, or provided treatment. .
 - 66% of persons screened were minorities.
 - 1,937 colonoscopies were performed of which 475 had adenomatous polyps; 39 blood stool kits (called FOBT) were completed, of which 1 was positive; 8 sigmoidoscopies were performed; 17 individuals were diagnosed with colorectal cancer in the program, linked to care, or provided treatment.
 - 980 prostate specific antigen (PSA) tests and 868 digital rectal exams (DREs) were performed; of these, 26 individuals were diagnosed with prostate cancer in the program, linked to care, or provided treatment.
 - 168 oral cancer-screening examinations were performed; none of these persons were diagnosed with oral cancer in the program, linked to care, or provided treatment.
 - 207 skin cancer-screening examinations were performed; of these no person was diagnosed with melanoma, 3 individuals were diagnosed with non-melanoma skin cancer in the program, linked to care, or provided treatment.

- 1,019 mammograms were performed and 946 clinical breast examinations were done; of these 8 individuals were diagnosed with breast cancer in the program, linked to care, or provided treatment.
- 372 Pap tests were done; of these none was diagnosed with cervical cancer in the program, linked to care, or provided treatment.
- 18 diagnostic examinations were performed for lung cancer; and 2 individuals were diagnosed with lung cancer in the program, linked to care, or provided treatment.
- 3 diagnostic examinations were performed for endometrial cancer; of these no person was diagnosed with cancer, linked to care, or provided treatment.

STATEWIDE PUBLIC HEALTH COMPONENT

- 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. Additionally, 12 follow-up data visits were conducted.
- Education and trainings were provided:
 - New Employee Orientation trainings were conducted with local health departments with 17 participants in attendance.
 - On line computer-based training modules for health educators, outreach workers, and clinical staff were developed and utilized by the local health departments.
- Community Health Coalition meetings in 21 local jurisdictions were observed by state health department staff.
- Six regional meetings and one video conference were held with 284 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 two other State Office buildings 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, Melanoma Monday Press Conference and during the Healthy Check events. 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 COMPONENT

- Published the CRFP Cancer Report 2006 Amendment.
- Conducted the Maryland Cancer Survey for 2008 in conjunction with the University of Maryland Baltimore under contract. The survey was administered to over 5,000 Maryland adults age 40 years and older. The survey was conducted to assess knowledge and practices of selected health behaviors for the seven targeted cancers. The analysis and report are in process.
- Conducted the Maryland Cancer Survey -- Baltimore City survey which was completed in 2007; the report is in process.
- Published the 'Colorectal Cancer Test Use-Maryland, 2002-2006' in the MMWR, September 14, 2007, Vol. 56:No.36, pages 932-936.
- Developed and published on-line reports on hospital discharges and costs associated with cancers using Hospital Services Cost Review Commission (HSCRC) data.
- Supports the statewide CPEST cancer client database system (CDB) in conjunction with the University of Maryland Baltimore under contract. Each local health department and one statewide academic health center currently use this database on persons screened for colorectal, prostate, oral and skin cancer under CRFP. Maintenance and revisions to the database are ongoing. Training was conducted both at DHMH and at regional sites on the CDB. Ten CDB training sessions were held with 22 participants; 4 of the 10 sessions were at local sites. Quality assurance activities continue; guidance procedures and documents were developed for use by local programs.
- Maintains the Education Database (EDB) for tracking education and outreach efforts and CPEST Mapper, a geocoding and mapping program based on the screening data in CDB.
- The Cancer Surveillance Advisory Committee met regularly and continues to provide advice to DHMH on cancer surveillance and epidemiologic issues.

STATEWIDE ACADEMIC HEALTH CENTERS COMPONENT

Baltimore City Public Health Grant

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

The Baltimore City Cancer Coalition met in August, October, and December 2007, and March, May, and June 2008 with a total of 107 individuals in attendance.

- The coalition held a Strategic Planning Session in May 2008. Some of the goals of the session included: Collaboration of community members for future grant procurement opportunities, Review the Vision, Mission, and Core Values statement for the Coalition, Determined educational topics for future Coalition meetings, and Overview of legislative advocacy plan and communication plan. In addition the FY 2009 Coalition goals, objectives and activities were set and the colorectal cancer initiatives for Baltimore City were reviewed.
- Representatives from JHI, UMMG, and the Baltimore City Health Department (BCHD) worked with the Baltimore City Cancer Coalition Administrative Agent from Jesus' Stop Resurrections, Ivy Moses and partnered with Native American Lifelines and the American Cancer Society to provide transportation for program eligible individuals to receive breast, cervical, prostate or colorectal cancer screening, with Latinos for Progress's Health Fair; enhanced the coalition membership, and provided training to members on cervical cancer.
- In FY 2006, DHMH, in collaboration with the Baltimore City Cancer Coalition, Colorectal Cancer subcommittee received funding from the federal Centers for Disease Control and Prevention for a Colorectal Cancer Screening Demonstration Project in Baltimore City. In FY 2008, DHMH provided ongoing guidance to the five clinical sites (JHMI, 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.
- In April and May 2008, the UMMG program staff completed two "blitz campaigns" in the Cherry Hill and Park Heights Communities where they went door to door informing area residents, business and churches about the breast and cervical cancer screening program and the importance of Breast and Cervical Cancer prevention and early detection through screening.
- In June 2008, JHI partnered with three hospitals and other health care providers, the American Cancer Society, and the Baltimore Medical Society to provide prostate cancer

education and free screening during a daylong African American Men's Health Conference at the Baltimore Convention Center.

- A total of 22,247 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 2.3 million individuals in the general public were reached through media promotions on radio and television, and via printed promotions such as billboards, mailers and Baltimore City newspapers.
- JHI screened a total of 709 men for prostate cancer between July 1, 2007 and June 30, 2008. Of the men tested, 575 were racial or ethnic minorities. Seven men were diagnosed with prostate cancer.
- UMMG screened a total of 972 women for breast cancer between July 1, 2007 and June 30, 2008; 939 women were racial or ethnic minorities. Six women were diagnosed with breast cancer.
- UMMG screened a total of 259 women for cervical cancer between July 1, 2007 and June 30, 2008. Of the women tested, 254 were racial or ethnic minorities. No women were diagnosed with cervical cancer.

Johns Hopkins Institutions (JHI) Cancer Research Grant

- The Johns Hopkins Institutions (JHI) on behalf of the Johns Hopkins University (JHU) submitted a grant application for cancer research and was awarded a grant for the eighth year of the project.
- Eleven (11) grants were awarded in fiscal year 2008 of which three (3) were for faculty recruitment, one (1) for faculty retention and seven (7) were translational research projects. Projects were funded in the following areas: metabolic control and chemo resistance in lung cancer, mortality patterns due to smoking related cancers in families, development of the Epigenetic CORE Lab Facility, analyzing the Epigenetic changes in pre-invasive lung and esophageal neoplasia in the setting of chronic inflammatory changes, examining the connections to care and outcome, examining methylation and inflammation in prostate cancer, and examining the role of estrogen metabolism and the altered gene expression in estrogen induced mammary tumor genesis using the ACI rat model.
- Leveraging CRF results during FY 08 and across all CRF investigators has yielded 26 new grants to the Center from an outside funding source. During FY 08 2 discoveries were registered with the JHU Office of Research.

- Johns Hopkins Institutions and the University of Maryland Medical Group jointly sponsored the seventh annual “Research Matters” conference on November 15, 2007. The main conference topic was Epigenetics, the study of heritable changes in gene function, something that affects a cell, organ or individual without directly affecting its DNA. An epigenetic change may indirectly influence the expression of the genome. The event was attended by 80 investigators from both institutions.
- The program conducted 18 seminars and roundtable meetings on topics ranging from cancer and behavior to clinical applications and epidemiological studies. There have been 128 articles written by CRF Investigators and published in peer-reviewed scientific journals.

University of Maryland Cancer Research Grant

- The University of Maryland Medical Group (UMMG) submitted a grant application for cancer research and was awarded a continuation grant for the eight year of the CRFP.
- The University of Maryland Greenebaum Cancer Center (UMGCC) has developed an interactive research program structure that is multidisciplinary in nature in order to achieve bi-directional translational research. This structure combines clinical and basic research investigators who work together to assure rapid translation of the research in the laboratory to the clinic by developing and supporting a series of shared resources which facilitate specialized research activities for all of its faculty.
- During FY 08, the Center hired a Shared Services Coordinator to assist the Shared Services Director with the billing and tracking process. To improve that process the Center has implemented an on-line, web-based ordering system that has streamlined the shared service billing process making the overall process more efficient and accurate resulting in a 29% increase in overall use of the shared services.
- Eight Shared Services Facilities were maintained for cancer research Core Service areas:

Proteomics Shared Service: This core service area supports and promotes the understanding of the human proteome by placing the most modern mass spectrometry-based protein analysis tools to the researchers. This supports the identification of new biomarkers and therapeutic targets. Specifically, Proteomics allows specialized analysis of proteins and peptide whose structures hold clues to possible diagnostic and therapeutic development and application. Faculty support for this core service was provided for the core leader, core manager, and a laboratory technician. The overall usage of this service has increased by 38% during this grant period.

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

specimens to its researchers. The overall usage of this service has increased by 100% during this grant period.

Flow Cytometry Shared Service: This facility sorts cells and provides cell-imaging services to identify cellular characteristics as a basis for translation into diagnostic or therapeutic strategies. The overall usage of this service has increased by 20 % during this grant period.

Biostatistics Shared Service: This core promotes clinical and laboratory cancer investigations through the application of statistical methodology to proposed and/or ongoing cancer research projects. The core service area serves as the central resource of statistical expertise for the Cancer Center that is absolutely critical and essential to meet the goals of conducting and translating research into clinical applications. The overall usage of this service has increased by 9 % during this grant period.

Clinical Research Core: This core service area or shared service is the Clinical Protocol and Data Management Office that supports the activities of principal investigators involved in clinical trials by preparing clinical trial protocol forms, submitting projects to the Institutional Review Board, registering and accruing patients for clinical trials, and collecting and managing data. The overall usage of this service has increased by 24 % during this grant period.

Biopolymer Core: This core provides basic molecular biology support services, including DNA/RNA synthesis. Funds are used to provide partial fee support to cancer center members who utilized the core service area for materials that were critical in conducting their respective areas of research. The overall usage of this service has increased by 66 % during this grant period.

Translational Core Laboratory (TCL): This core service area was established in 2004 by clinicians participating in early phase drug development clinical trials and for basic scientists that had an interest in assessing the clinical relevance of their own research topics. The 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 3 collaborative National Cancer Institute (NCI) trials, 3 Cancer Center investigator-initiated NCI trials with translational research components; and 1 industry sponsored trial. The TCL has been awarded 2 industry sponsored contracts for preclinical work, one of which has led to the design of a clinical trial. The overall usage of this service has increased by 92 % during this grant period.

X-ray Crystallography Core: This core provides equipment, training, assistance, and technological innovation determining three-dimensional structures of protein and other macromolecules of the structural basis for biological function and dynamics. The facility provides instrumentation and expertise for collecting and processing x-ray diffraction data.

- The CRF Cancer Research grant supported forty-five (45) faculty members of which thirty-three (33) researchers published at least one cancer related article in a peer reviewed scientific journal and twenty-seven (27) published multiple cancer related articles.

- The twenty-five (25) faculty members filed ninety-three (93) federal, state, and private grant applications. In addition there were also eighty-six (86) new clinical trial applications submitted for funding of which sixty-five (65) were approved for funding. There were 1,058 patients that entered into University of Maryland's clinical trials.
- The CRF Cancer Research grant funds were used to award 12 cancer related pilot grants in the following cancer related areas; 3 in breast cancer, 3 in prostate cancer, 1 in colon cancer, and 5 covered all cancers. The research involved Hormone Responsive Cancers (HRC), Molecular and Structural Biology (MSB), Experimental Therapeutics (ET), Tumor Immunology/Immunotherapy (TII), and Viral Oncology (VO).
- The CRF Cancer Research grant funds were used to purchase a Confocal Microscope and therefore establish itself as an international leader in the area of biological microscopy. With this instrument the basic mechanisms of protein trafficking, cancer biology and evaluation of cellular response to novel therapeutics can be better investigated. It is often impossible to distinguish any interior detail with conventional microscopy yet with the confocal microscope it is possible to obtain a perfectly clear image of an optical section. A CRF funded investigator oversees the service and is responsible for training investigators on how to use the instrument and interpret the data.
- The Center has increased the number of patients entered into a clinical trial by 50%. Since the inception of the Baltimore City Cancer Screening Program in 2001, more than 50% of the women screened by the program that received a positive result have enrolled in a clinical trial. There were 4 women recruited during this grant year. The national average of minority women enrolling in clinical trials is less than 2 percent. The cancer center enrollment is 33% African American.
- During the "Research Matters" conference, the 2008 winner of the Statewide Academic Health Centers CRF Collaboration grant was announced. The project entitled "Bioenergetic Control of Cell Growth by the Transcriptional Coactivator PGC1alpha was the initial research responsible for the Center being awarded the Susan G. Komen Career Catalyst Award of \$450,000 to further this work.

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 eighth year.
- MSHN continued its support of the popular “Mini – Med” educational program for consumers. The program was presented in Western Maryland with approximately 100 – 130 individuals at each of the five sessions. The Baltimore city “Mini – Med” educational program was held for the seventh year and approximately 125 individuals attended each of the five sessions. A Mini-Med planning and introductory program was presented on the Eastern Shore to 35 individuals.
- MSHN continued the Colorectal and Breast Cancer Patient Navigation Program to help underserved communities obtain appropriate education, screening and follow-up information. 1,264 individuals were educated by Community Health Workers about recommended screening guidelines for colorectal and breast cancer. Six (6) of the ten (10) originally hired community health workers remain in the program.
- MSHN increased its use of telehealth equipment by 67% with the number of attendees increasing by 40% from the prior fiscal year. Network video conferencing sessions included the following: a weekly toxicology class to graduate students at the University of Maryland Eastern Shore and two other sites, two continuing education programs to the Cecil County Cancer Coalition, bi-weekly presentations to the National Institute of Health, weekly sessions between dental health fellows at several locations, and a monthly Health Disparities Journal Club.
- MSHN in collaboration with several other entities continues to implement a Continuous Quality Improvement (CQI) Plan at three (3) Federally Qualified Health Centers (FQHCs) to improve quality care and patient outcomes, address health disparities, and foster public trust in research in the community.
- MSHN staff educated approximately 1,860 health care professionals and the general public at local, state and national meetings regarding the importance of increasing clinical trials in the underserved and rural communities and participation by minority and diverse populations. Highlights of these efforts were given during a National Institute of Health lecture. In addition, provider education for physicians, nurses, social workers on clinical trials was carried out through continuous medical education programs, bi-annual newsletters, and for physicians at Tumor Board meetings.
- 250 educational sessions on the targeted cancers and other tobacco-related diseases were conducted with 10,738 individuals in attendance.
- During fiscal year 2008, the MSHN implemented two CRF funded projects regarding health technology. Four (4) Kiosks with a freestanding, touch screen / keyboard were purchased and used by community residents to collect health information and identify

health issues and risks; and computer training sessions known as Project KITS (Knowledge and Information for Today's Seniors) were piloted to educate seniors and bridge the digital divide.

- MSHN continues to have three offices including Baltimore City, Eastern Shore and Western Maryland locations. The office staff at each of these locations provide education throughout their communities with programs and topics ranging from "Your Skin and the Sun", Reduction of Heart Disease, "Navigating Care, Beyond Diagnosis Seminar", "Step 'N Stride", and Health for Every Body Challenge.

Other Tobacco-Related Diseases Research Grant

- The University of Maryland Medical Group submitted a grant application which was awarded a continuation for the eight year of the CRFP Other Tobacco-Related Diseases Research (OTRD) program.
- Four pilot research projects were funded in fiscal year 2008. Two were translational and two were clinical research. A full time biostatistician was hired in July 2007 to support health services and disparities research.
- A total of four faculty pilot research projects in categories of health services research, clinical research and/or translation research were funded in FY2008-2009. The project titles were as follows: Effect of tobacco smoking on TLR sensing of gram-negative bacteria in pulmonary macrophages; Smoking and NOD-Like receptor microbial sensing; Effect of smoking on women's reproductive health; and, Smoking components induced immunological changes in the joints leading to progression of arthritis.
- Researchers submitted nine articles related to health services, clinical and translational research for publication.
- The OTRD program held the 5th Annual Scientific Forum on November 19, 2007. Approximately 200 attended with a total of 14 investigators presented their findings on studies that were supported through CRF funding.

Skin Cancer Prevention Program Grant

- The Coalition for Skin Cancer Prevention in Maryland started in 2001 with funding from the federal Centers for Disease Control and Prevention and the Maryland Department of Health and Mental Hygiene. Beginning in fiscal year 2005, the Coalition was funded under the Cigarette Restitution Fund Program. The purpose of the Coalition was to promote skin cancer prevention education to the citizens of Maryland through five channels: schools, media, primary healthcare providers, recreational sites, and child care providers with a primary emphasis on reaching children and adolescents.
- Beginning in 2006, a grant was awarded to the Center for a Healthy Maryland, Inc., an affiliate of Med Chi that modified the mission of the program to: 1) increase public

awareness about sun safety and skin cancer; 2) increase physician awareness about sun safety and skin cancer; and, 3) implement policy changes to increase the use of sun-safe behaviors, particularly among youth in Maryland.

- The Skin Cancer Prevention Program (the Program) works towards increasing the public's and physicians' knowledge about damage from ultraviolet radiation, skin cancer prevention, and the need for skin exams and to increase utilization of sun-safe behaviors. The Program regularly meets and works with representatives of fifty-nine (59) organizations, a Skin Cancer Prevention Coalition, including local health departments, governmental organizations, professional medical societies, non-profit organizations, for-profit organizations, and individual citizens. The Program continues to serve as the central resource for skin cancer prevention activities in Maryland.
- The Program had been invited to participate in a community outreach effort with The Maryland Science Center. A skin cancer prevention exhibit will be incorporated into a larger exhibit entitled, Cells, The Universe Inside Us. In August 2008, work will commence on building housing and signage for the exhibit. The exhibit is scheduled to open in March 2009. It is hoped that the 2009 Melanoma Monday Press Conference can take place at the Maryland Science Center to promote this collaborative effort.
- In fiscal year 2008, a new law will go into effect that requires the posting of warning signs and regulates the use of tanning facilities by those under the age of 18. As of October 1, 2008, minors under age 18 will need to have in-person parental consent before a minor can use a commercial tanning facility. The Program is planning a public awareness campaign and printing and distribution of posters to Maryland teachers and nurses educating them about the new law.
- A middle school curriculum entitled "SunGuard Your Skin" was developed by the Program, posted on the Coalition's website, and accessed by 42 Maryland teachers as well as out-of-state teachers and teachers from two foreign counties.
- The Program's mascot called "SunGuard Man" continues to be very popular. There are now ten (10) costumes for SunGuard Man throughout the state for use by local health departments, the Maryland Statewide Health Network, and other organizations. SunGuard Man continues to make appearances in various locales throughout the state.
- The web-based cartoon series entitled "The Adventures of SunGuard Man" continues to provide sun-safe education to all who access the site. The website, www.sunguardman.org, was redesigned and updated during 2008. The new site, including a reorganized informational platform and new look and feel was launched in early April of 2008.
- The program sponsored the annual "Melanoma Monday" event 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. There were 559 entries

from students at 20 schools in 9 counties as well as home-based students. The 2008 event was co-sponsored by the Joanna M. Nicolay Melanoma Foundation. DHMH Secretary John Colmers delivered remarks about skin cancer and read the Governor's Proclamation declaring May, Skin Cancer Detection/ Prevention Month in Maryland. Other speakers included MedChi Executive Director, Martin P. Wasserman, Meena Abraham, Executive Director of the Center for a Healthy Maryland, Dr. Bernard Cohen, Director of Pediatric Dermatology at Johns Hopkins Children's Center and high school student and melanoma survivor, Rachel Peterson. Ms. Peterson attributes use of tanning beds to her development of melanoma.

- The Program formed a media partnership with WMAR-TV during 2008 which was a multi-level marketing program using television commercials, internet exposure, and an in-depth news feature story on Melanoma Monday. An interview aired on May 11th on the show 2 the Point with Terry Owens, and a three hour call-in show followed. More than 2,129,600 households in the WMAR-TV listening area were reached by this effort.
- The program through the Coalition members continues to encourage weather announcers on local television stations to routinely report the UV index.
- The program through the Coalition efforts trained more than 88 childcare providers on how to use the American Cancer Society's Sun Safe Community's Child Care Curriculum in 2008 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 throughout the state to health fairs, educational events, professional medical meetings and community groups to promote an increased awareness of skin cancer risks and prevention measures.

Charles County Prostate Cancer Pilot Project

- Beginning in May 2008, this pilot project began developing materials and started educating the public about informed decision making and prostate cancer screening.
- In July 2008, project staff entered into contracts with clinical providers and scheduled men for prostate cancer screening after having obtained information to determine program eligibility and client consent to participate in the program.

Maryland Cancer Registry

- In July 2007 through January 2008, the Maryland Cancer Registry Quality Assurance and Data Management vendor, Macro International, continued to correct registry data problems that had been identified in FY 2006, and to process new reports.
- The Maryland Cancer Registry submitted Maryland data for diagnosis year 2005 and before, but the data were not accepted by the two national organizations, the North

American Association of Central Cancer Registries or the National Program of Cancer Registries.

- In August 2007, DHMH published the RFP soliciting a new vendor for Quality Assurance and Data Management for the registry. Westat, Inc. was approved as the vendor for the period February 1, 2008—June 30, 2013.
- Westat transferred databases and data and improved the functionality databases; they opened the Web portal for reporting in March 2008.
- During FY08, Macro and Westat received and processed over 68,000 cancer case abstract reports.
- DHMH received and processed 64 requests for release of Maryland Cancer Registry data.

CIGARETTE RESTITUTION FUND PROGRAM
TOBACCO-USE PREVENTION AND CESSATION
PROGRAM

FISCAL YEAR 2008 ACCOMPLISHMENTS

LOCAL PUBLIC HEALTH COMPONENT

Overall

- Conducted **12** site visits of local health department CRFP Tobacco activities to monitor compliance with approved program plans and budgets
- Oversaw **24** local tobacco coalitions with a statewide membership of **879** people to ensure diverse representation and inclusive participation. The statewide coalition demographic is 54% Caucasian, 36% African American, 4% Hispanic/Latino, 4% Asian American and 1% Native American. These coalitions provide input to their local health department on the development of comprehensive tobacco control plans.
- Developed quarterly program performance matrices for the local public health component that describe activities and accomplishments for all Maryland counties by funding element.
- Worked with county health departments to develop county-specific tobacco control action plans that address CRFP long-term and short-term goals, objectives and site visit recommendations.
- Provided minority outreach, training and technical assistance to county health departments and community organizations to build sustainable tobacco control 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.
- Collaborated with the Alcohol and Drug Abuse Administration on tobacco retail compliance checks and vendor education.
- Compiled Statewide Accomplishment reports (April 2008) for School-based, Enforcement and Cessation programs.
- Compiled Statewide Accomplishment reports (April 2008) for Faith-based, Latino/Hispanic and Asian American initiatives.

Community-Based Element

- **1,775** health care providers, advocates, community leaders and parents were trained on clinical practice guidelines, smoking cessation program, and tobacco use prevention strategies.
- **85** faith-based organizations were funded to incorporate tobacco prevention and cessation messages into various programs.
- **217,574** people were educated on tobacco use prevention and control in a variety of venues including local health departments, community outlets, and at faith-based and grassroots organizations.
- **1,706** awareness campaigns were conducted in targeted communities.
- **115** minority organizations were funded by local health departments.
- **128** collaborations took place between local health departments and Minority Outreach and Technical Assistance (MOTA) partners on minority outreach projects.

New Local Tobacco Control Policies

2 counties delegations (Garrett and Carroll) sought and received permission to implement civil penalties for the sale of tobacco products to minors and to specify the amount of those penalties. This continues a trend of local jurisdictions opting for a civil framework as opposed to the current statewide framework of solely criminal penalties for such offenses.

School-Based Element

- **1,832** teachers, nurses, daycare providers, and school administrators were trained on available tobacco use prevention and cessation curricula, programs and strategies.
- **411,914** Pre-K – 12 students received multiple tobacco use prevention education sessions.
- **18,703** private school students were educated on tobacco use prevention
- **3,875** students were educated in alternative school settings.
- **16,490** college students received tobacco use prevention education on campus.
- **61,102** students were reached with Peer Programs in schools.
- **1,809** students received smoking cessation counseling and support at school.

Enforcement of Youth Access Restrictions Element

- **7,031** tobacco retailer (stores) compliance checks were conducted.
- **1,071** tobacco retailers (stores) were issued citations for sales to minors.
- **584** youth were cited for illegal possession of tobacco products.
- **53** product placement citations were issued.
- **389** students participated in the Tobacco Education Group (TEG) program.

Smoking Cessation Element

- **797** nurses and health care providers were trained on various smoking cessation models and clinical guidelines.
- **7,194** adults participated in smoking cessation classes.
 - **3,394** received nicotine patches, **863** received Chantix, and **76** received Zyban to support their quit attempt.
- 45% of smoking cessation class participants were minority
 - 34% of cessation participants were African Americans (**3,029**)
 - 5% of cessation participants were Hispanics/Latinos (**269**)
 - 3% of cessation participants were Asian Americans (**34**)
 - 3% of cessation participants were Native Americans (**84**)
- **208** referrals from the Quitline to local health department cessation programs.

STATEWIDE PUBLIC HEALTH COMPONENT

New Statewide Tobacco Control Policy

The fall 2007 Special Session of the Maryland General Assembly increased the excise tax on a pack of cigarettes sold in Maryland from \$1.00 to \$2.00 per pack effective January 1, 2008. Effective February 1, 2008, Maryland's Clean Indoor Air Law went into effect, effectively prohibiting smoking in all Maryland indoor places of employment and indoor public areas.

Maryland Tobacco Quitline: 1-800-QUIT NOW

- Received over **15,347** calls during fiscal year 2008. Of those calls, approximately **5,157** callers registered for cessation services. Listed below are highlights of demographics of the callers to the Quitline.
 - Callers by Gender: 61.2% Females, 38.9% Males
 - Callers by Race: 43.5% White, 51.1% African American
 - Callers by Ethnicity: 2.6% Hispanic
 - Callers by Age: 18-24 9%, 25-30 10.5%, 31-40 19.2%, 41-50 32.9%, 51-60 20%, 61-70 6.6%, 71-80 1.6%
 - Callers by Insurance Status: Commercial Coverage 33.4%, Medicaid 19%, Medicare 10.8%, Uninsured 35.1%, Other/Refused 1.6% (Had a 3% increase in Medicaid and also a 3% increase in Uninsured callers from FY07).
 - 91.5% of callers were in the "preparation" stage (A 2% increase from FY07)
 - 66 pregnant and/or breastfeeding woman were served
 - 29% of callers self reported that they had a chronic disease
 - 96.9% of callers were tobacco users (A 3% increase from FY07)
 - Greatest numbers of callers were from highly populated areas of the state: Baltimore City, Baltimore, Prince Georges, Montgomery, Howard, and Anne Arundel Counties
 - TV commercials were reported as the most popular way that people heard about the Quitline
 - Referred **1,861** callers to local health department resources
 - Survey Results (conducted by MBE Vendor for the Quitline, Social Solutions International, Inc.).
 - 90.6% of respondents stated that they were satisfied with the services they received.
 - 84% of respondents said they made a serious attempt to quit tobacco since their first contact with the Maryland Tobacco Quitline.
 - 30.6% reported having quit for seven days or more.
- Beginning in September 2007, the Quitline sent out **3,246** shipments of nicotine patches and **3,013** shipments of nicotine gum in FY08.

- DHMH continues to partner with CRF-funded MDQuit to provide administration, outreach, and training assistance for the Fax to Assist Program. Providers can refer their patients or clients who wish to quit to the Maryland Tobacco Quitline.
 - Participation in the Fax To Assist program continues to increase via the on-line training and certification for HIPAA-covered entities at www.MDQuit.org and trainings provided by MDQuit Staff.
 - 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)
 - There were **229** “fax to assist” referrals to the Quitline in FY08.
 - 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.
 - A Fax to Assist kit (clipboard, CD-rom with pens, and other materials) was given to all registered providers and will be provided as new enrollees enter the program.
 - **132** providers have registered to be Fax to Assist providers.

Quitline Outreach

- Partnerships with Local Health Departments – Continued support to local health departments by providing materials and assisting them with integration of the 1-800-QUIT NOW logo into their own media, newsletters, health fairs, and other outreach events. The program also held a conference call training session on May 14, 2008 for local health department and providers to hear a mock session of Quitline counseling. The program has assisted local health departments in larger media placements.
- Organization/Company Outreach – Provided **30,000** posters, over **50,000** brochures, over **30,000** wallet cards, and other materials promoting the Quitline during fiscal year 2008 to nearly **200** unique organizations, including:
 - Over **40** Hospitals and Clinics across the state, as well as providing support for four hospitals in Montgomery County implementing smoke-free policies
 - Private companies operating in Maryland, including construction companies, restaurants, hotels, and bars, among others, to encourage cessation among employees
 - Mental Health Associations
 - Family support centers across the state
 - **20** private health provider practices across the state, along with dental practices and dental schools. Additional outreach to health care and dental care providers was undertaken by MDQuit, the Maryland Center for Quitting Use and Initiation of Tobacco
 - Faith-based partners via smoke free signs and logo placement in church bulletins

- Partnered with the Office of Oral Health during oral cancer week June 22-28th. Provided Quitline materials to over **100** oral health packets that were distributed to local health departments
- Link on Maryland's DHMH website (both internal and external) 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** residents and pharmacies are participating across Maryland
- Colleges/Universities (STOPS – Students Together Organizing Prevention Strategies – Program promoting the Quitline).

Individual Outreach

- Over **100** individuals requesting brochures through the website, www.smokingstopshere.com
- State employees in State Center complex, during wellness fairs, Oral Cancer Week, Great American Smoke Out, and the date the Clean Indoor Air Act took effect. Additional outreach to DHMH state workers occurred via email notifications and posters in state buildings
- Fans attending Bowie Baysox, Frederick Keys, Aberdeen Ironbirds, Delmarva Shorebirds, and Baltimore Blast games and special events
- Restaurant and bar patrons in Fells Point and White Marsh during the week of the Clean Indoor Air Act
- Festival attendees at the African American Heritage Festival and LatinoFest
- Medical and dental professionals and students at University of Maryland, Baltimore health fairs

Outreach to High-Risk and Priority Populations

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

- **Ten** college campuses were funded for the STOPS initiative: Anne Arundel Community College (AACC), Bowie State University, College of Notre Dame, College of Southern Maryland (CSM), Harford Community College, Johns Hopkins University, Morgan State University, University of Maryland, Baltimore County, University of Maryland, Baltimore, and University of Baltimore. Additionally, non-funded colleges from across the state were invited to join STOPS and attend statewide meetings.
- The STOPS mission is: Maryland's college and university tobacco control coalitions have united to create healthier, tobacco-free campuses across the state by building relationships with other campuses, offering prevention and education initiatives, establishing and supporting policies, and sustaining diverse involvement.
- Students form college campus coalitions (with an advisor) to address tobacco use prevention and cessation for students and faculty. Coalitions focus on environmental and policy change

on campus, as well as hosting campus events and activities in an effort to normalize **not** using tobacco among students. Coalitions also promote the Maryland Tobacco Quitline as an option for cessation services for those students ready to quit.

- Policies: Many campuses are concentrating efforts on strengthening their policies and several have affected policy successes on campus. In the past year, CSM limited smoking to designated areas on campus. Coalitions are working with organizations and departments on campus, including security, to increase awareness and enforcement of current campus tobacco use policies.
- A website was launched for STOPS in October 2007— www.marylandstops.org. Each funded coalition has their own password protected page in which they can update their policies and campus events.
- Two statewide STOPS coalition meetings – comprised of advisory board members from each school – were held in FY08. The first held on October 12, 2007 at AACC focused on a panel presentation “Smoking and the College Experience” and included a training on “The Journey Into and Out of Tobacco Use and Nicotine Dependence.” The second held on February 29, 2008 at J Paul’s Restaurant at the Inner Harbor focused on the recent implementation of the Clean Indoor Air Act and showed support for smoke-free restaurants. Coalitions shared campus updates and a training focused on cigars sold as singles and the taxes on little cigars. In addition to these meetings, a statewide conference call was held with STOPS coalition representatives on January 18, 2008. The purpose of the call was to update the groups on the Clean Indoor Air Act taking effect on February 1, 2008.
- The DHMH Maryland STOPS initiative was highlighted by a national presentation at the Bacchus and Gamma National Tobacco Symposium on Young Adults on March 4, 2008.

Statewide Ethnic Networks

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

African American

Black Men Who Dare To Care, Inc. in Washington County held an African American Leadership Gathering, promoted the No Smoking Youth Club in the African American community, and provided training for community members on tobacco use prevention strategies.

Empowering Believers Church of the Apostolic Faith established “Smoke Free Holy Grounds” covenants with churches, trained community leaders, and expanded the concept for “Smoke Free Holy Homes” among African Americans in Anne Arundel County.

Black Leadership Council for Excellence (BCLE) in Charles County educated individuals at community-based organizations and held a county-wide workshop on tobacco companies’ target marketing to African Americans. African Americans Against Tobacco (AAAT) was created as one strategy to develop a network of tobacco use prevention advocates and outreach was conducted in local bars, restaurants, convenience and liquor stores, barber shops, and hair salons.

Hispanic/Latino

Learning Institute for Enrichment & Discovery (LIFE) in Frederick County held numerous gatherings that provided culturally sensitive tobacco use prevention education in Spanish and trained six Hispanic/Latino youth to conduct tobacco use prevention and anti-secondhand smoke activities. In addition, LIFE formed a network of Hispanic/Latino leaders that worked towards tobacco use prevention and established significant partnerships with five Hispanic/Latino organizations in Frederick.

American Indian

Baltimore American Indian Center (BAIC) in Baltimore City developed a culturally sensitive curriculum to promote tobacco use prevention and conducted weekly education sessions with American Indian youth and elders. BAIC also held three tobacco training and network building workshops for the American Indian community.

Asian American

Learning Institute for Enrichment & Discovery (LIFE) in Frederick County was funded to help build the capacity and infrastructure of the Asian American community by conducting regular tobacco use prevention activities in Asian American communities that are culturally sensitive and relevant, developing a leadership training program, and organizing a network of tobacco control advocates to help raise awareness about tobacco control. Through this initiative many “firsts” were accomplished in the county, including the first Asian Health Fair and the first Burmese Health Fair. Many community members (including those representing the Vietnamese, Chinese, and Burmese communities) were recruited to participate in the project.

- Conducted two training sessions to support the development of Ethnic Tobacco Control Networks.
 - Breaking Barriers to Reaching Hispanics/Latinos (October 5, 2007)
 - Ethnic Networks Development Share & Learn Forum (April 8, 2008).

Tobacco Related Disparities Project

Continued to convene a statewide workgroup to develop a strategic plan for identifying and eliminating tobacco-related disparities among African American, Hispanic/Latino, Asian American, American Indian and low-socioeconomic populations.

Tobacco Education and Awareness Initiative (TEA-I)

- The Center for School Mental Health (CSMH) at the University of Maryland, Baltimore was funded to provide training and outreach to high-risk youth and parents in Baltimore City. In the 2007-08 school year we had the following accomplishments:
 - 747 tobacco prevention, education, and interventions were conducted between clinicians and students or families
 - 907 resources were distributed to students and families by mental health clinicians, including information on the Maryland Tobacco *Quitline*
 - 11 monthly TEA-I newsletters were developed and distributed
 - 20 schools participated in the training and successfully completed ten sessions of the evidence-based *Towards No Tobacco Use (TNT)* curriculum
 - 18 clinicians were trained to implement TNT in their schools
 - 21 interns and externs were trained to co-facilitate TNT in the classroom
 - 138 TNT sessions were conducted in the schools in the Spring, 2008
 - 4 parent education events were conducted
 - 5150 *Quitline* promotional materials were distributed to 30 sites in our school communities, including churches, community centers, businesses, libraries, health centers, and recreation facilities
 - 9 Baltimore zip codes were the targets of our outreach efforts
 - 20 students from 6 Baltimore schools participated in the *Towards No Tobacco Program* poster contest and 8 won awards with posters displayed at the August, 2008 *School Health Interdisciplinary Program (SHIP)*, which was attended by over 300 people from Maryland and surrounding states.

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, in their second year, continued to support their mission of linking professionals and providers to state tobacco initiatives, providing evidence-based, effective resources and tools to local programs, creating and supporting an extensive, collaborative network of tobacco prevention and cessation professionals, and providing a forum for sharing best practices throughout the state of Maryland.

- MDQuit’s website includes information about current news and events, as well as prevention and cessation programs and materials. In FY08, MDQuit responded to feedback from reviewers, researchers, MDQuit advisory board members, the public and constituents and added new pages including:
 - Specific information for Respiratory Care Professionals in the Provider’s Corner
 - Alternative Tobacco Products on the Tobacco Information page, including bidis, kreteks, hookahs, potentially reduced exposure products (PREPs) as well as a new section on Smokeless Tobacco
 - County-Specific Youth Tobacco Use Fact Sheets created by DHMH
 - Updated tables 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 for each county across the 3 Maryland Adult Tobacco Survey (MATS) and Maryland Youth Tobacco Survey (MYTS); (2000, 2002 and 2006).
- From July 1st, 2007 through June 30th, 2008, there were **10,479** visits to the website, and **22,834** page views, over 300% increase from the initial year.
- **Advisory Board Meetings** – 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. An advisory board meeting was held on June 27, 2008. In addition, 3 Advisory Board members were presenters at MDQuit’s 2nd Annual Best Practices Conference.
- **County Needs Assessments** – MDQuit has 5 Center Specialists (CS) who are responsible for maintaining contact with their assigned counties. MDQuit Center Specialists conducted needs assessments in all **24** jurisdictions. The needs assessment reviewed current prevention and cessation activities in each jurisdiction, utilization of MDQuit resources, and statewide smoking ban issues & efforts. MDQuit has used results from the Needs Assessment to choose topics for their Best Practices conference, plan initiatives and workshops as well as determine how each CS can best assist each of their counties.
- **Best Practices Conference** – MDQuit hosted the 2nd Annual Best Practices conference on December 6, 2007. Over **100** attendees from various agencies and counties across Maryland attended. Nationally recognized leaders in the fields of the top requested topics from our Needs Assessments spoke at the conference on Smoking, pregnancy and secondhand smoke; Smokeless Tobacco; Pharmacological options for smoking cessation; Policy issues; the Clean Indoor Air Act; the Maryland Tobacco Quitline; Future directions for tobacco control; Youth prevention; Smoking among persons with mental illness; and Increasing consumer demand for cessation.
- **Training** – MDQuit presented information about the Center, Fax-to-Assist, Stages of Change for Cessation, and Stages of Smoking Initiation at:
 - The School Health Interdisciplinary Program (SHIP) conference
 - The 3rd Symposium on Addictive and Health Behaviors

- Harford Community College’s Wellness Day
 - Montgomery County Tobacco Coalition Meeting
 - Maryland STOPS advisory meeting
 - Fax to Assist training with WIC providers
 - A presentation on second-hand smoke as part of the “Churches Without Walls Initiative” Spiritual Wellness & Preventive Health Brunch.
- MDQuit developed an hour long, getting ready to quit presentation entitled, “Clearing the Air: What You Need to Know and Do to Prepare to Quit Smoking”. The presentation is intended to give smokers information on all of the available resources and provide keys to successful quitting. The 60 minute quit class (found on www.mdquit.org) includes a PowerPoint Presentation, a standardized presenter’s manual, and packet of information for participants.
 - **Workshops** – MDQuit hosted **2** Workshops.
 - ‘Making the Grade: How to Score Big with Youth Prevention and Cessation Strategies’ with nationally recognized presenters and a panel of local health department staff
 - Smokeless Tobacco Workshop in conjunction with the Allegany County Health Department.
 - **Newsletters** – MDQuit published **3** newsletters in FY08, one in September 2007, a second Special Edition promoting the Clean Indoor Air Act in November 2007, and a third in March 2008. 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. All newsletter can be found on the MDQuit.org website.
 - **Survey Data** – MDQuit performed stage-based analyses of the 2006 MYTS and MATS survey data and tables presenting the change over time. This analysis, along with 2000 and 2002 can be found on the MDQuit.org website.
 - **Clean Indoor Air Act Promotion** – MDQuit used the occasion of the Clean Indoor Air Act (CIAA) to promote the Quitline and cessation counseling among medical professionals. MDQuit created Clean Indoor Air Act (CIAA) kits for the Local Health Departments to give to the bars and restaurants in their jurisdictions.
 - Kits contained promotional items branded with the Air! logo: mints, pens, cocktail napkins, coasters, and window clings. The 1-800-QUITNOW phone number as well as a message to contact their local health department was included
 - MDQuit sent a letter promoting the upcoming CIAA and the many resources available to them to help their clients who are smokers.
 - Letters and brochures were sent to approximately 12,000 healthcare professionals throughout the State of Maryland, in the fields of primary practice, OB/GYN, and pediatrics.
 - **TRASH & STOPS** – MDQuit has been actively involved in supporting TRASH (Teens Rejecting Abusive Smoking Habits) and STOPS (Students Together Organizing Prevention

Strategies), two programs dedicated to prevention and cessation of youth tobacco use. MDQuit works closely with DHMH and is responsible for planning, staffing, and executing advisory board and coalition meetings. During this past fiscal year, there were 2 year end events for TRASH, 5 TRASH youth advisory board meetings, and 2 STOPS advisory board meetings.

Legal Resource Center

- Provided legal assistance to **24** local health departments and jurisdictions throughout the state on youth access, tobacco enforcement, and clean indoor air issues.
- Published and distributed two newsletters in the *Tobacco Regulation Review* distributed to over **1,000** recipients.
- Responded to approximately **40** requests from individuals for technical legal assistance on smoke drift in multiunit housing.
- Responded to approximately **30** additional requests from individuals or organizations for technical assistance on other tobacco control issues (such as sales of cigarettes below cost; ability of employers to hire only non-smokers, etc.).
- Provided assistance to **8** state legislators during the 2007 Special Session and the 2008 Regular General Assembly session.
- Taught law students in a Tobacco Control Clinic (11) and a Tobacco Control and the Law seminar (15).
- Provided training to undercover agents participating in Baltimore City's tobacco sales compliance check program.
- Presented at **4** national and state tobacco control conferences.
- Hosted a workshop discussing enforcement issues facing local jurisdictions attended by **8** jurisdictions, along with representatives from DHMH, the Comptroller's office, and local police departments.
- 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.
- Submitted amicus curiae brief to the U.S. Supreme Court supporting the plaintiffs in consumer protection litigation against Atria (Philip Morris) for marketing on Marlboro Light cigarettes.
- Secured publication of articles in Journal of Health Care Law and Policy from the April 2007 Symposium, including two drafted by Center staff.
- Assisted Baltimore City Health Commissioner in drafting regulations to restrict cigar sales; submitted comments on the regulations.
- Assisted Office of the Attorney General on tobacco-centered litigation and legislation, including certification of fire-safe cigarettes and a case against R.J. Reynolds over an advertisement in *Rolling Stone* magazine.

HEALTH COMMUNICATIONS/COUNTERMARKETING COMPONENT

During the fiscal year 2008, the health communications component, through contracts with GKV Communications, was responsible for creating a demand for cessation and promoting the utilization of the statewide cessation services, specifically the Maryland Tobacco Quitline.

- **Media Campaign Strategy**

To enhance a smoker's motivation to quit and move through the Stages of Change, the Tobacco Program built upon the Quitline's previous successful campaign which featured real Marylanders sharing their story of how they became smoke-free. New stories were developed to resonate with the different target audiences.

- **Annual Work Plan**

Messages were executed through community advertising, earned media, interactive Website activity and a custom asset management solution for the county health departments. The plan included ways to deliver Maryland's 1-800-QUIT-NOW messages and promotion through TV and radio station partnerships, health departments and key stakeholder partnerships, MBE partnerships, transit advertising, mobile marketing, tobacco-free sports, highly attended festivals, direct mail, the Website, Web forum, interactive production on demand, and public relations.

In order to increase awareness of cessation services available through Maryland's Tobacco Quitline, GKV proposed, developed, and implemented six awareness campaigns that reached all counties in Maryland:

- WJZ-TV New Year's Eve promotional sponsorship
- Clean Indoor Air logo and material development
- Mobile marketing unit mini-tour
- Bea's story- Web, TV, Radio, Transit
- Search Engine Marketing
- Summer media campaign- Web, TV, Radio, Community Events, material development.

New Promotional Campaigns

Campaign 1

New Year's Eve Sponsorship (December 20, 2007- January 6, 2008)

Summary

A 2008 New Year's Eve (NYE) promotional sponsorship ran on WJZ-TV from December 20, 2007 to January 6, 2008 and included a live broadcast from the Inner Harbor on New Year's Eve. The campaign targeted the Baltimore market and ran in: Anne Arundel, Baltimore, Baltimore City, Caroline, Carroll, Cecil, Harford, Howard, Kent, Queen Anne's, and Talbot counties. Four individual spots were produced.

Placements

- One hundred forty (140) spots aired between December 20, 2007 and January 6, 2008
- Maryland's 1-800-QUIT-NOW logo was featured on the www.wjz.com homepage as the sponsor of the "Countdown to New Year's" internet clock from December 20, 2007 to January 1, 2008. The homepage receives 1.4 million views per month.
- NYE campaign banner was featured on www.wjz.com from December 20, 2007 to January 6, 2008.
- Maryland's 1-800-QUIT-NOW banner was featured on the local news page of the www.wjz.com website from December 20, 2007 to January 6, 2008.

Performance Measures

Performance measures for the contract were directly linked to breakdown of calls to the Maryland Tobacco Quitline. All callers are asked about how they heard about the Quitline during registration. The Program is able to track specific media promotions. The effectiveness of media is based on call volume reports from the Quitline vendor.

169 callers to the Quitline reported responding directly to this campaign during this time period.

Campaign 2

Clean Indoor Air (December 2007- February 2008)

Summary

Logos were produced and tested for the Clean Indoor Air Act to notify Marylanders, state officials, business owners, and patrons about the new law and the statewide smoking ban that went into effect on February 1, 2008. The purpose of the logo was to provide a positive, consistent message throughout the state and a message consistent with Maryland's 1-800-QUIT-NOW campaign. The logo was featured on all materials for the DHMH press conference announcing the launch of the statewide smoking ban. The logo was also included in an educational package distributed by DHMH prior to the launch of the February 1st smoking ban.

Performance Measures

The Quitline call volume had a 116% increase in call volume during February 2008 compared to February 2007. Over 100% increase in January 2008 as compared to December 2007, with call volumes remaining nearly as high in February and March. In 2007 there was a 19% decrease in the months of February and March compared to December and January. In 2008 when comparing these same months, February and March showed an 8% increase in volume over December and January.

Campaign 3

Mobile Marketing (January 31, 2008- February 8, 2008)

Summary

A 2008 mobile marketing mini-tour, The QUIT NOW Mini-Tour was launched consisting of an exterior van "wrap" with Quitline messages displayed at two mobile outreach events in Baltimore City and Baltimore County to increase the awareness of Maryland's 1-800-QUIT-NOW, and the launch of the statewide smoking ban on February 1, 2008. The outreach events

were held between January 31, 2008 and February 8, 2008 at multiple establishments in Fell's Point and Hunt Valley Town Center. The grassroots effort provided public exposure to Maryland's 1-800-QUIT-NOW Mobile Marketing Unit as well as Bea's story (one of the story's featured in QUIT NOW advertising).

Performance Measures

- One-on-One personal contact was made with **57** individuals.
- **22** callers to the Quitline reported responding to this campaign during this time period.

Campaign 4

Bea's Story (January 21, 2008- April 28, 2008)

Summary

Beatrice (Bea), is an ex-smoker who successfully quit smoking through Maryland's Tobacco Quitline 1-800-QUIT-NOW and was chosen as the campaign's driving story. Beatrice Elmore, a Baltimore City employee, smoked for 36 years. With the support of her 1-800-QUIT-NOW coach, her family and her faith, she was finally able to do what she'd been trying to do for 15 years. She quit smoking!

TV & radio spots were produced along with taxi tops and bus shelter displays. TV ads ran January 21, 2008 – February 17, 2008. Taxi, bus, and radio ads ran January 28, 2008 – March 23, 2008 with many displays remaining posted longer.

Placements

- Sixty-five (**65**) 2 sided taxi tops for a total of **130** placements in Baltimore.
- Twenty-eight (**28**) bus shelter displays for a total of **28** placements at bus shelter locations in Baltimore.
- Two (**2**) television ads for a total of **279** placements on WJZ-TV (:05 and :30 GKV produced).
- One thousand two hundred seventeen (**1,217**) radio placements on WERQ-FM WHFS-FM, WIYY-FM, WJFK-AM, WLIF-FM, WNST-AM, WPOC-FM, WQSR-FM, WRNR-FM, WWIN-FM, WWMX-FM, WZBA-FM.

Performance Measures

- **229** callers to the Quitline reported responding to the radio ads during this time period
- **483** callers to the Quitline reported responding to the TV ads during this time period
- **84** callers to the Quitline reported responding to the taxi tops and bus shelters during this time period.

Campaign 5

Search Engine Marketing (February 7, 2008- June 13, 2008)

Summary

A Search Engine Marketing (SEM) campaign was developed through purchasing major keywords on Google to target audiences both geographically and demographically. The campaign began on February 7, 2008. Since the inception of the campaign, the number of

impressions or searches has reached over **43,151** impressions. The Quitline's website, Smokingstopshere.com has maintained a first or second position on the search engine which means when googled, the site appears either in the first or second position. Immediately after the launch of the Search Engine Marketing campaign, reports showed a 4.56% click through rate. Weeks after the launch of the campaign, the click through rate performance continued to increase with a rate above 6% each week, significantly higher than the national average of 1%.

- **148** visitors used *Click to Call* – an icon on the Quitline's site where a resident can input their phone number to have a Quit Coach call them back within minutes.
- A total of **1,307** site visits resulted from search engine marketing through Google.

Website

The Quitline's Website www.smokingstopshere.com had a total of **17,984** visitors with an average of 89% visiting the site for the first time during the time period of December 2007 through June 2008. The traffic sources overview report shows that Google is the top referring site. The highest viewed page under www.smokingstopshere.com is the homepage, followed by Steps to Quitting Page.

Campaign 6

2008 Summer Media Campaign - Juan's Story (June 28, 2008-August 28, 2008)

Summary

The summer campaign for Maryland's Tobacco Quitline 1-800-QUIT-NOW focused on the face behind the Quitline call center. The two previous stories have focused on callers who have quit using the Tobacco Quitline and local cessation services. This story focused on the Quit Coach™ that helps Marylanders when they are ready to quit. The webmercial and TV spot featured a real Quit Coach, Juan Ortiz, and focused on the journey that smokers endure when they quit smoking and the support they will receive from their Quit Coach.

The spots broadcasted in the Salisbury market to capitalize on the eastern shore and those who tuned in and listen for beach traffic and weather. This placement was strategic also because Somerset and Wicomico have the second and third highest percentages of smokers in Maryland. The spots also reached Worcester and Dorchester counties.

In an effort to reach the target audience and stay within the budget, eight rated radio stations in the Salisbury-Ocean City were chosen to run the spots for a total of 8 weeks (6/30/08 through 8/24/08). The area covered Dorchester, Somerset, Wicomico, and Worcester counties. Eight weeks of activity allowed for sufficient on-air levels to help build awareness. Additionally, TV ads ran on WBOC and EBOC 7/14/08 - 8/3/08.

Placements

- **960** spots aired between 7/30/08 and 8/28/08 on eight stations in the Salisbury Market.
- **375** spots aired between 7/4/08 and 8/3/08. 175 :30 second spots and 200 :10 spots on two stations (WBOC) and their sister station (EBOC) in Salisbury area.

Performance Measures

The spots are still airing and DHMH is awaiting final numbers for the campaign.

Additional Campaign Components

US OPEN Sponsorship

In order to continue the strong response to the Lisa TV spot, in which Lisa tells her story of how she quit smoking for her children, which ran on the Eastern Shore in the summer of FY07; Maryland's 1-800 QUIT NOW, was the local sponsor of the US Open Tennis Tournament on WJZ during 8/27 through 9/9/07. As part of the sponsorship we received station produced :05 and :10 spots that promoted 1-800-QUIT NOW as the sponsor of WJZ's coverage of the event. The :30 Lisa spot also ran **35** times.

Body Sense Newsletter

The program designed a four page newsletter promoting how smoking affects your body. The images were geared to young women and a survey was also included to determine satisfaction and prevalence.

Webmercials

The current homepage was redesigned to reflect the current creative and showcase the interactive webmercials that highlighted the Quit Coach and the four calls.

Following the same idea as the television spot, the webmercials were broken out into four spots to show the "marathon" a smoker is running as they decide to quit. Creatively, each spot was planned to follow a road in the eyes of a runner, showing that he's working to complete the "marathon". An announcer can be heard as the voice over discussing what happens during each of the four phone sessions, as well as encouraging the runner. The spots are animated and on the new homepage.

Tobacco Free Sports/Festivals

DHMH ran campaign spots with the Frederick Keys, Aberdeen Ironbirds, and the Delmarva Shorebirds from May to August 2008. Through a sponsorship with the African American Heritage Festival and the Bea Spot was viewed on the Jumbotron during their three day festival in June 27-29, 2008.

SURVEILLANCE AND EVALUATION COMPONENT

The biennial tobacco study, composed of the youth and adult tobacco surveys was administered in the fall of 2006 (FY07). In FY08, this data was analyzed and reported to the Maryland General Assembly, the Governor, Local Health Departments, the Maryland State Department of Education, and local school districts. Overall, tobacco use and cigarette smoking had declined significantly from the fall 2000 baseline surveys. Detailed results are presented herein as part of the CRF Tobacco Program's Managing for Results information.

Preparations were also made for the next biennial tobacco study, with surveys being administered in the fall of 2008 (FY09).

Partial funding for the MDQuit.org resource center (see Statewide Public Health Component) was continued and several new evaluation-related projects were initiated in response to the report of the independent evaluator of the CRF programs. These projects include:

- 1). Enhanced Program Activity Data Collection and Reporting System – The evaluation report specifically recommended that the Tobacco Program enhance its data collection and reporting capacities in support of internal evaluation activities. This project will pilot an Internet-based data collection and reporting system that is intended to support the CRF Tobacco Program, and be designed with the flexibility and modularity necessary for transfer to other CRF programs, etc.
- 2). Independent Cessation Follow-Up Call Center – This Center will make follow-up calls to persons who had enrolled for smoking cessation services through the statewide telephone Quitline (1-800-QUIT-NOW) to ascertain their satisfaction with the services provided and their success in quitting smoking. This system will be expanded to encompass cessation services provided through CRF funded local smoking cessation services during the next several fiscal years. Analysis of the data collected will be conducted by MDQuit.org. Collectively, this effort will provide a comprehensive assessment/evaluation of Maryland’s efforts to assist smokers in quitting their use of tobacco products.
- 3). Tobacco Program Evaluation Project – This project is being conducted by the School of Public Health at the University of Maryland College Park. Initial focus is on verification of program data analysis and reporting, reporting of tobacco use behaviors of high-risk populations in Maryland, development of science-based logic models for use in the development of evaluation plans and as guidance in the development of the data collection and reporting system, and development of evaluation plans for the program overall as well as for individual program components and elements of those components as feasible.
- 4). Student Health Survey Workgroup – Staffing was provided to a joint MSDE/DHMH workgroup tasked by the Maryland General Assembly to review, evaluate, and make recommendations on reducing the impact of Maryland’s existing three health-related surveys that are administered to students in Maryland public schools. A report is due to the General Assembly in the fall of 2008 (FY09). Data from the Maryland Youth Tobacco Survey provides the only data available in Maryland for evaluation of the CRF Tobacco Program’s impact on reducing youth use of tobacco.

**MINORITY OUTREACH
AND
TECHNICAL ASSISTANCE
PROGRAM**

ACCOMPLISHMENTS

CIGARETTE RESTITUTION FUND PROGRAM

MINORITY OUTREACH AND TECHNICAL ASSISTANCE FISCAL YEAR 2008 ACCOMPLISHMENTS

Grants Awarded

The Minority Outreach and Technical Assistance Program (MOTA) awarded competitive one-year grants to **16** jurisdictions in Maryland that contained the largest proportion of minorities.

Competitive grants ranged from \$35,000 to \$252,000. The organizations receiving the grants includes: **2** - Asian American, **1** - community hospital, **4** - faith-based, **1** - Native American Organization, **1** - Community-Based-Academic Organization, **1** - Multi-Cultural Community-Based Organization, and **6** - African Americans serving community-based organizations. 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, and **3** - youth community-based organizations. The jurisdictions funded were:

Anne Arundel County
Caroline County
Frederick County
Kent County
Somerset County
Washington County

Baltimore City
Charles County
Harford County
Montgomery County
St. Mary's County
Wicomico County

Baltimore County
Dorchester County
Howard County
Prince George's County

The non-funded jurisdictions are:

Talbot County

Worcester 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 with organizations within their respective jurisdiction to prevent tobacco use and decrease cancer incidence. These activities included:

- **338** minority individuals attended the local health department's cancer and tobacco coalition meetings on behalf of MOTA during the year;
The ethnicities of the attendees at the Local Health Coalition meetings across the state:
197 African American **22** Native American **53** Asian American **43** Hispanic/Latino
- **496** cultural fairs/events that highlighted cancer and tobacco messages; events were held reaching **59,933** individuals;
- **88,606** tobacco-cessation and cancer awareness brochures and educational materials were distributed;

- **37** training sessions were conducted on resource development targeting minority and/or minority serving community-based organizations. Some of the topics included: grant writing, understanding grant announcements, building the health program infrastructure and networking within communities; During these technical assistance sessions, **373** individuals were in attendance;
- **74** technical assistance sessions were provided on grant opportunities reaching **328** individuals;
- **361** Cancer screening informational referrals were made to the Local Health Department;
- **594** Tobacco Cessation informational referrals were made to the Local Health Department

Local Jurisdiction Cancer and Tobacco Coalition Minority Recruitment

A total of **130** new individuals/organizations were recruited to join and participate in the Local Cancer and Tobacco Coalitions at the local health departments. The local coalitions are charged to develop their respective county’s tobacco and cancer control plans. The plans through legislation must include community input.

The ethnicities of the new individuals were:

44 African Americans **10** Native Americans **34** Asian Americans
31 Hispanic/Latino

MOTA Grantees partnered with community organizations statewide such as:

Baltimore City- Maintains an extensive 158-paged community-based organization resource list that reaches across the state. University of Maryland and Johns Hopkins Cancer Programs are active partners. **Sub grantee partners are:** Latinos for Progress, Dayspring Programs, Inc, KAGRO of Maryland, Inc., and Native American Lifelines, Inc. **Community partners include:** Alternative Directions, Inc., The Family League of Baltimore, Baltimore American Indian Center, 100 Black Men, Inc. Baltimore Healthcare Access, Casa de Maryland, Center for Health Disparities Solution-JHU, Centro de la Comunidad, East Baltimore Community Corporation, Greater Baltimore Urban League, Korean Resource Center, University of Maryland Hospital for Children’s Breathmobile, Tobacco Free Kids Maryland.

Baltimore County- Susan G. Komen of Maryland, American Cancer Society of Maryland-Baltimore County, Asian American Round Table, Philippine Festival, Migrant Heritage Commission Gala, Maryland Association of Nigerian Physicians.

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

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, Charles County NAACP, Western Maryland Civic Association, Charles County Black Caucus, Tau Lambda Lambda Chapter of Omega Psi Phi Fraternity, Morgan State University Alumni Association of Charles County, Juneteenth Festival of African American Cultures, Expanding Horizons Club of Thomas Stone High School, Ministers Alliance of Charles County, Korean American Association of Southern Maryland, Organization for the Relief of Underprivileged Women in Africa (ORUWOCA). Notable was the recruitment of the Korean American Association of Southern Maryland as a collaborating partner in disseminating and gaining participation of the Asian community in Southern Maryland was attained.

Dorchester County – Sub-grantee Partner: Cambridge Church of Christ. **Community Partners:** Sojourner Douglas College, Dorchester County Public Schools, 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, Chinese Lunar New Year, Centro Hispano.

Harford County - Upper Chesapeake Medical Center, Harford County Action Agency, Harford County Health Department, Harford County Office on Aging, Morning Star Native Pow-Wow, Asian American Anti-Smoking Foundation, 18th Annual National Leadership Forum, Priority Partners, Community Organization to Aid Non English Speakers (CANES), Aberdeen Boys and Girls Club.

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

Montgomery County – Sub-grantee Partners: African America Health Program, African Women’s Cancer Awareness Association (AWCAA), Asian American Health Initiative (AAHI), Casa of Maryland, Inc. (CASA), Community Ministries of Rockville, Holy Cross Hospitals’ Department of Community Health-Health Promoters, Maryland Commission on Indian Affairs, Holy Cross Minority Empowerment Project (MCEP). **Community Partners include:** 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, Chinese American Senior Services Association, Washington Japanese Alliance Church, Burmese Temple (Rockville), Wat Thai (Thai Temple), Filipino Senior Association, Korean Presbyterian Church of Rockville, Guru Nanak Foundation, Montgomery College-Takoma Park, Health Freedom Walk, East County Community Center, Woodside United Methodist Church, Ecuador Embassy, George Washington University Mammovan, Montgomery Housing Partnership, Sophia House, Kali Bari Temple (Hindu Temple), Upper County Recreation Center.

Prince George's County –Sub-grantee partners: Asian American Anti-Smoking Foundation, Community Ministries of Prince Georges County, First Impressions, Inc, Korean Community Service Center, Corinth Community redevelopment Resource Foundation, MISR Temple #213, Prince Georges Child Resource Center, Inc, ROJA Inc, Take Charge of Your Life Juvenile Diversion Program Inc, The Energy Institute of the Healing Arts, Youth Professional Development, Inc. **Community Partners include:** American Cancer Society, American Anti-Smoking Foundation, Office of Multi-Ethnic Student Education at University of Maryland at College Park, Prince Georges County Health Department Community Health Awareness Program (CHAMP), American Legacy Foundation, Institute of Medicine (IOM) “Ending the Tobacco Problem: A Blueprint for the Nation”, The George Washington University School of Public Health and Health Services Department of Prevention and Community Health, Delta Sigma Theta Sorority, Inc, Prince Georges Alumnae Chapter.

Somerset County - University of Maryland Eastern Shore, National Advancement of Colored People.

St. Mary's County – 350 Military Families that received care through the Naval Air Warfare Center received information and referrals for local health department services on cancer and tobacco awareness. Mt. Zion Church, Elk's Temple, Joseph Egans Masonic Temple, Lexington Park and Leonardtown Public Libraries, Lockett Consulting Group-Summer Education Programs for Youth, United Committee for African Contributions' Juneteeth Celebration, St Mary's Health Connections.

Washington County – Member of the Maryland Tobacco-Related Disparities Workgroup, Initiated Campaign: “Don't Smoke with Kids in the Car”. Distributed campaign advocate information and commitment forms to over 20, 000 students in the Washington County School System.

Wicomico County – A new initiative was launched targeting African America-Barbershops in the county. The Initiative entitled: “Black Barbers Promoting Health”, culminated the gathering of barbers to discuss ways to get health information to the populations that they serve. The initiative was successful in maintaining a partnership with 10 local barbershops in the county. The Wicomico County Health Dept in collaboration with the St. James AME Church/MOTA Program conducted health education sessions with the barbers and provide them with health materials to distribute in their businesses. The Assateague People, Wicomico Youth and Civic Center, Salisbury University, University of Maryland Statewide Network (Eastern Shore), Telamon Corporation, Greenhill Yacht Club, One Stop Job Market, Salvation Army Boys and Girls Club, Wicomico Family Support Center, Wicomico County Board of Education, Local Hotels, Apartment Complex's Restaurant's, and Café's.

Outreach to Youth

Organized and held events for youth such as:

Harford County – No Puff Pals-Anti-Tobacco presentation targeting youth among child care age, October Fest Event, targets youth and families to promote better health and nutrition, Harvest Dinner held at the Boys/Girls Club of Aberdeen.

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

Charles County- Family Fun Day At the Nanjemoy Community Center, Bel Alton Alumni Association Meetings, “Welcome to Hollywood Fashion Show” sponsored by the Class of 2009 at Westlake High School where 300 persons were in attendance, Shear Perfection Fashion Show sponsored by the Expanding Horizons Club of Thomas Stone High School, 300 persons were in attendance.

Dorchester County- Organized and confirmed 4 New County Schools as tobacco-free materials distribution site: Mace’s Lane Middle, South Dorchester High, North Dorchester Middle and High School.

Kent County -Bethel’s Back to School Night, Community Health Day at the Playground, Kick-Butt Day-Youth Summit

Frederick County - Youth Life Skill, Kick Butts Day, Chinese Lunar New Year Event,

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

St Mary’s County –Lockett Consulting Summer Youth Program

Washington County – No Smoking Youth Club, Family & Friend Day, Annual MLK Scholarship Dinner, “Don’t Smoke With Kids in the Car” Washington County Schools and County-wide Campaign.

MOTA Outreach Involvement with State/Local Officials

Charles County MOTA Grantee Black Leadership Council for Excellence was an exhibitor at the Annual Martin Luther King Jr. Breakfast at North Point High School in Waldorf, Maryland. Congressman Elijah Cummings was the keynote speaker.

Maryland Governor’s Commissions

- MOTA Grantees attended **3** Indian Affairs Commission meetings during 2008.
- MOTA Grantees attended **4** Asian American Affairs Commission meetings during 2008.

DHMH Program Administration

The MOTA program staff participated in Cancer Program teleconferences. The program staff organized and coordinated the 2008 Maryland Health Disparities Two-Day Conference. A formal presentation of the MOTA Program: A Statewide Partnership Model was made at the 6th Annual International Conference on Urban Health, sponsored by the Johns Hopkins University. Program staff exhibited at the African American Health Roundtable, Maryland Black Caucus Annual Event, DHMH-Headquarters Healthy Check Initiative, and Maryland Center’s Health Symposiums, Annual Cancer Council Conference and attended the Accohannock Indian Tribe, Inc.’s Pow-Wow. Partnership in referrals and referral reporting between MOTA grantees and the Maryland Quit line was established. Statewide tracking of MOTA referrals to the quit line will be monitored.

ALCOHOL

AND

DRUG ABUSE PROGRAM

FISCAL REPORT

AND

ACCOMPLISHMENTS

Alcohol and Drug Abuse Administration
Cigarette Restitution Fund
Annual Report: Fiscal Year 2008

A. Introduction

During Fiscal Year 2008, the Alcohol and Drug Abuse Administration (ADAA) administered \$17,112,339 in Cigarette Restitution Funds. These funds were appropriated in ADAA's budget PCAs K102 and K204. These budget projects provide for the administration of funds for the enhancement and expansion of alcohol and drug treatment programming. Funding allocations are provided based on local requests and priorities regarding areas of greatest needs.

B. Fiscal Report

		As of June 30, 2008			
		Budget	Expenditures	Obligations	Unobligated
Administration	K102	56,189	52,727	0	3,462
Treatment	K204	17,056,150	17,059,612	0	(3,462)
		17,112,339	17,112,339	0	0

Distribution by Subdivision

		As of June 30, 2008			
Subdivision		Budget	Expenditures	Obligations	Unobligated
ALLEGANY		259,349	259,349	0	0
ANNE ARUNDEL		1,000,000	1,000,000	0	0
BALTIMORE COUNTY		1,000,000	1,000,000	0	0
CALVERT		118,799	104,464	0	14,335
CAROLINE		32,654	32,654	0	0
CARROLL		143,988	143,987	0	1
CECIL		91,841	91,841	0	0
CHARLES		118,746	118,746	0	0
DORCHESTER		143,842	143,842	0	0
FREDERICK		95,579	95,579	0	0
GARRETT		40,000	40,000	0	0
HARFORD		298,661	298,661	0	0
HOWARD		144,966	144,966	0	0
KENT		285,909	285,909	0	0
MONTGOMERY		1,000,000	1,000,000	0	0
PRINCE GEORGE'S		2,997,866	2,997,866	0	0
QUEEN ANNE'S		42,859	42,859	0	0
ST. MARY'S		203,726	203,726	0	0
SOMERSET		114,264	114,264	0	0
TALBOT		36,736	27,933	0	8,803
WASHINGTON		98,002	98,002	0	0
WICOMICO		432,161	357,429	0	74,732
WORCESTER		268,035	268,035	0	0
BALTIMORE CITY		8,088,167	8,189,500	0	-101,333
ADJUSTMENTS			0	0	0
TOTAL		17,056,150	17,059,612	0	(3,462)

C. Outcomes and Public Benefits: FY 2008 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

The following services were purchased through CRF funding:

Level 0.5 Early Intervention		39 patients
Level 1 Outpatient Services	32 slots for	96 patients
Level ID Outpatient Detoxification Services		93 patients
Level II.I Intensive Outpatient Services	6 slots for	35 patients
Level III. 3 Long Term Residential Services	2 slots for	2 patients
Level III.5 Therapeutic Community	5 slots for	5 patients
Level III.7D Medically Monitored Detoxification Inpatient Services		103 patients
Assessment and Referral Services		1,000 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 2008, there were 5 Level III.1 Halfway House slots serving 15 patients, 15 Level III.3 Long-Term Residential slots serving 45 patients, and 7 Level III.7 Medically Monitored Inpatient slots serving 78 patients purchased with CRF funds. CRF also supported 10 Level II.1 Intensive Outpatient slots serving 40 patients. In addition, detoxification services were purchased for 39 patients at III.7 and 30 patients at level II.D. 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.

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 2008, Cecil County funded Level III.7 Detoxification services for 100 patients.

Charles County

Funding was provided for 12 slots of Level II. I Intensive Outpatient services for 30 patients and 1 slot for 5 patients in Level III.3 Long Term Residential Services.

Dorchester County

Funding was provided for 15 Level II.1 slots in the detention center for 30 patients.

Frederick County

The CRF grant funded 5 slots in the Level I D Ambulatory Detoxification program providing services to 35 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 2008, there were 45 Level II.1 Intensive Outpatient slots serving 180 patients and services for 12 patients for Level II.D. In addition, there were 6 patients served in Opiate Maintenance Treatment.

Howard County

In fiscal year 2008, 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. Also, 29 patients were provided acupuncture services.

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

The following services were purchased through the CRF funding:

Level 0.5 Early Intervention		40 patients
Level 1 Outpatient Services	323 slots for	1081 patients
Level II.I Intensive Outpatient Services	70 slots for	207 patients
Level III.1 Halfway House Services	3 slots for	31 patients
Level III.7 Medically Monitored Inpatient Services	1 slot for	15 patients
Assessment and Referral Services		1,268 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 1 slot of Level III.1 adult services for 4 patients.

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 II.D Detoxification services for 10 patients

Talbot County

Cigarette Restitution Funds were used to support 3 slots at level III.7 serving 6 patients.

Washington County

The CRF grant provided for 52 slots in the Level I, Jail Based services program providing for services for 104 patients annually.

Wicomico County

Cigarette Restitution Funds were used to provide 60 slots at Level I for 90 patients, 20 Level II Intensive Outpatient slots for 76 patients.

Worcester County

Cigarette Restitution Funds were used to provide 37 slots Level I Adolescent Outpatient for 74 patients, 5 Level II.1 Intensive Outpatient for 10 patients and 5 slots for III.7D. Additionally, intervention services for 5 patients.

D. Administrative Support

For FY2008 the ADAA budgeted \$56,189 for administrative support from CRF funds (K102). These funds are used to provide infrastructure support through a Grants Specialist II position for additional technical and programmatic support to the treatment programs to enhance service delivery through the Cigarette Restitution Funds. Actual CRF (K102) expenditures for FY2008 were \$52,727.

E. Managing For Results

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

MEDICAL CARE PROGRAM

FISCAL REPORT

AND

MANAGING – FOR – RESULTS

CIGARETTE RESTITUTION FUND PROGRAM

MEDICAL CARE PROGRAM

PROVIDER REIMBURSEMENTS

FISCAL YEAR 2008 ACCOMPLISHMENTS (CY 2007)

Appropriation: \$106,720,000
Expenditure: \$106,720,000

MFR Measures:

Objective 1.4

For Calendar Year 2009, 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 increased. Admissions are defined as “avoidable admissions” based on specifications from the Agency for Healthcare Research and Quality, a nationally recognized health organization. The methodology for determining performance is a refinement from previous years and reflects HEDIS specification changes and AHRQ recommendations. This may have an impact on the number of identified admissions.

Performance Measures	CY 2006 Actual	CY2007 Actual	CY2008 Estimated	CY 2009 Estimated
Input: Number of HealthChoice children up ages 5- 20 with asthma	6,226	6,823	7,164	7,522
Output: Number of asthma-related avoidable admissions among HealthChoice children ages 5-20 with asthma	306	330	344	354
Outcome: Rate per thousand of asthma-related avoidable admissions among HealthChoice children ages 5-20 with asthma	44	49	48	47

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 there has only been a slight decrease in the gap, the percentage of African Americans accessing care has increased to 68.8% in Calendar Year 2006; 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.

Performance Measures	CY2006 Actual	CY2007 Estimated	CY2008 Estimated	CY2009 Estimated
Input: Number of Caucasians enrolled in HealthChoice	177,527	182,000	184,000	186,000
Number of African-Americans enrolled in HealthChoice	338,556	342,000	344,000	346,000
Output: Percentage of Caucasians in HealthChoice accessing at least one ambulatory service	75.7%	76.1%	76.5%	76.9%
Percentage of African-Americans in HealthChoice accessing at least one ambulatory service	68.8%	70.2%	72.2%	73.0%
Outcome: Percentage gap between access rate for Caucasians compared to the access rate for African Americans	6.9%	5.9%	4.9%	3.9%

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.