



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

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

OCT 06 2011

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 2011

Dear Secretary Foster:

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

The fiscal year 2011 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 Medical Care programs.

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

Sincerely,

Joshua M. Sharfstein, M.D.
Secretary

Enclosure

cc: Marie L. Grant, J.D.
Patrick Dooley, M.A.
Frances B. Phillips, R.N., M.H.A.
John Newman, BMO
Donna Gugel, M.H.S.
Sarah Albert



**MARYLAND
DEPARTMENT OF HEALTH & MENTAL HYGIENE**

CIGARETTE RESTITUTION FUND PROGRAM

FISCAL YEAR 2011 ANNUAL REPORT

FUND EXPENDITURES AND ACCOMPLISHMENTS

September 2011



Joshua M. Sharfstein, M.D.
Secretary

Donna Gugel, M.H.S.
Family Health Administration

CIGARETTE RESTITUTION FUND PROGRAM

FISCAL YEAR 2011 ANNUAL REPORT

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**CANCER CONTROL PROGRAMS AND
TOBACCO USE PREVENTION**

FISCAL REPORTS

Department of Health and Mental Hygiene, Family Health Administration

Cigarette Restitution Fund Program

Interim Fiscal Report – Fiscal Year 2011 (July 1, 2010 – June 30, 2011)

1) Cancer Prevention, Education, Screening and Treatment Program

	Appropriation	Expenditures	Obligations	Unobligated
Components:				
Administration	\$ 541,138	\$ 540,412	\$ -	\$ 726
Surveillance and Evaluation	\$ 1,164,922	\$ 1,027,759	\$ 61,338	\$ 75,824
Statewide Academic Health Center*	\$ 2,400,000	\$ -	\$ 2,400,000	\$ -
Local Public Health **	\$ 7,504,090	\$ 6,479,696	\$ 1,024,392	\$ 2
Baltimore City Public Health Grant **	\$ 2,446,000	\$ 382,088	\$ 1,947,055	\$ 116,857
Statewide Public Health	\$ -	\$ -	\$ -	\$ -
Statewide Academic Health Center	\$ -	\$ -	\$ -	\$ -
Cancer - Database Development	\$ 244,125	\$ 161,202	\$ 82,923	\$ -
Total	\$ 14,300,275	\$ 8,591,157	\$ 5,515,709	\$ 193,409

Local Public Health Component - Distribution by Jurisdiction - CANCER

Subdivision	(Budget) Available Funding	Unreconciled Expenditures	Obligations	Unobligated
Allegheny	\$214,328	\$214,328	\$0	\$0
Anne Arundel	\$655,706	\$655,706	\$0	\$0
Baltimore Co.	\$1,156,739	\$690,316	\$466,423	\$0
Calvert	\$192,506	\$192,506	\$0	\$0
Caroline	\$143,937	\$143,937	\$0	\$0
Carroll	\$284,134	\$284,134	\$0	\$0
Cecil	\$207,253	\$207,253	\$0	\$0
Charles	\$227,042	\$227,042	\$0	\$0
Dorchester	\$149,352	\$149,352	\$0	\$0
Frederick	\$317,349	\$317,349	\$0	\$0
Garrett	\$136,540	\$136,540	\$0	\$0
Harford	\$350,685	\$350,685	\$0	\$0
Howard	\$300,502	\$300,502	\$0	\$0
Kent	\$135,657	\$135,657	\$0	\$0
Montgomery	\$886,520	\$328,551	\$557,969	\$0
Prince George's	\$815,831	\$815,831	\$0	\$0
Queen Anne's	\$158,366	\$158,366	\$0	\$0
St. Mary's	\$194,748	\$194,748	\$0	\$0
Somerset	\$137,627	\$137,627	\$0	\$0
Talbot	\$163,153	\$163,153	\$0	\$0
Washington	\$271,441	\$271,441	\$0	\$0
Wicomico	\$219,302	\$219,302	\$0	\$0
Worcester	\$185,372	\$185,370	\$0	\$2
Baltimore City **	\$2,446,000	\$382,088	\$1,947,055	\$116,857
TOTAL	\$9,950,090	\$6,861,784	\$2,971,447	\$116,859

* The BRFA of 2010 (SB 141 (2010)) redirects \$100,000 of funds originally budgeted in Statewide Academic Health Center Cancer Research Grants to be used for Tobacco Cessation Program activities.

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

Department of Health and Mental Hygiene, Family Health Administration

Cigarette Restitution Fund Program

Interim Fiscal Report – Fiscal Year 2011 (July 1, 2010 – June 30, 2011)

2) Tobacco Use Prevention and Cessation Program

	Appropriation	Expenditures	Obligations	Unobligated
Components:				
Administration	\$ 159,773	\$ 153,289	\$ 6,484	\$ -
Surveillance and Evaluation	\$ 453,000	\$ 345,501	\$ 107,499	\$ -
Countermarketing and Media	\$ -	\$ -	\$ -	\$ -
Local Public Health	\$ 2,850,000	\$ 2,461,280	\$ 388,720	\$ -
Statewide Public Health	\$ -	\$ -	\$ -	\$ -
Total	\$ 3,462,773	\$ 2,960,070	\$ 502,703	\$ -

Local Public Health Component - Distribution by Jurisdiction - TOBACCO

Subdivision	(Budget) Available Funding	Unreconciled Expenditures	Obligations	Unobligated
Alegany	\$94,149	\$94,149	\$0	\$0
Anne Arundel	\$179,296	\$179,296	\$0	\$0
Baltimore Co.	\$227,193	\$93,745	\$133,448	\$0
Calvert	\$96,805	\$96,805	\$0	\$0
Caroline	\$83,661	\$83,661	\$0	\$0
Carroll	\$110,597	\$110,597	\$0	\$0
Cecil	\$99,781	\$99,781	\$0	\$0
Charles	\$105,177	\$105,177	\$0	\$0
Dorchester	\$82,660	\$82,660	\$0	\$0
Frederick	\$122,915	\$122,915	\$0	\$0
Garrett	\$82,986	\$82,986	\$0	\$0
Harford	\$126,997	\$126,997	\$0	\$0
Howard	\$120,196	\$120,196	\$0	\$0
Kent	\$79,672	\$79,672	\$0	\$0
Montgomery	\$203,975	\$155,377	\$48,598	\$0
Prince George's	\$193,857	\$193,857	\$0	\$0
Queen Anne's	\$85,788	\$85,788	\$0	\$0
Somerset	\$80,675	\$80,675	\$0	\$0
St. Mary's	\$95,368	\$95,368	\$0	\$0
Talbot	\$82,757	\$82,757	\$0	\$0
Washington	\$107,136	\$107,136	\$0	\$0
Wicomico	\$95,004	\$95,004	\$0	\$0
Worcester	\$86,681	\$86,681	\$0	\$0
Baltimore City	\$206,674	\$0	\$206,674	\$0
TOTAL	\$2,850,000	\$2,461,280	\$388,720	\$0

Department of Health and Mental Hygiene, Family Health Administration
Cigarette Restitution Fund Program
 Interim Fiscal Report – Fiscal Year 2011 (July 1, 2010 – June 30, 2011)

	(Budget) Available Funding	Expenditures	Obligations	Unobligated
3) Management Support Service *	<\$20,606>	<\$3,715>	\$0	<\$16,891>
4) Tobacco Cessation Program **	\$100,000	\$100,000	\$0	\$0
5) Breast & Cervical Cancer	\$15,200,000	\$12,063,690	\$1,726,414	\$1,409,896
CRF Program Totals	\$33,042,442	\$23,711,202	\$7,744,826	\$1,586,414

* DHMH processed a budget amendment to transfer CRF Management Support Service/MHHD from Family Health Administration to the Office of the Secretary in early FY 2011. DBM processed section cuts in FY 2011 for CRF Management Support Service after the budget amendment was approved which resulted in a negative special fund appropriation. Since the Office of the Secretary had no CRF appropriation, the negative appropriation had to remain within the Family Health Administration's budget.

At FY 2010 closeout, agencies were advised by the Comptroller's Office to accrue health insurance for the last pay period in FY 2010. No health insurance costs were incurred for that pay period which resulted in a negative expenditure.

** The BRFA of 2010 (SB 141 (2010)) redirects \$100,000 of funds originally budgeted in Statewide Academic Health Center Cancer Research Grants to be used for Tobacco Cessation Program activities.

Footnotes/Definitions

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

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

**CANCER CONTROL PROGRAMS AND
TOBACCO USE PREVENTION**

MANAGING-FOR-RESULTS REPORTS

M00F03.06 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 2012, reduce overall cancer mortality to a rate of no more than 168.3 per 100,000 persons. (Age-adjusted to the 2000 U.S. standard population.)

Performance Measures	CY2009 Actual	CY2010 Estimated	CY2011 Estimated	CY2012 Estimated
Outcome: Overall cancer mortality rate	177.7	174.5	171.4	168.3

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



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

Objective 2.1 By calendar year 2012 reduce disparities in overall cancer mortality between blacks and whites to a rate of no more than 1.05. (Age-adjusted to the 2000 U.S. standard population.)

	CY2009	CY2010	CY2011	CY2012
Performance Measures	Actual	Estimated	Estimated	Estimated
Outcome: Cancer death rate ratio between blacks/whites	1.09	1.08	1.07	1.05

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 2012, reduce colorectal cancer mortality to a rate of no more than 14.8 per 100,000 persons in Maryland. (Age-adjusted to the 2000 U.S. standard population.)

	FY2010	FY2011	FY2012	FY2013
Performance Measures *	Actual	Actual	Estimated	Estimated
Output: Number screened for colorectal cancer with CRF funds	1,384	2,082	1,734	1,734
Number minorities screened for colon cancer with CRF funds	808	1,183	996	996
Performance Measures	CY2009	CY2010	CY2011	CY2012
Actual	Estimated	Estimated	Estimated	Estimated
Outcome: Colorectal cancer mortality rate	16.6	16.0	15.4	14.8

Objective 3.2 By calendar year 2012, reduce breast cancer mortality to a rate of no more than 22.0 per 100,000 persons in Maryland. (Age-adjusted to the 2000 U.S. standard population.)

	FY2010	FY2011	FY2012	FY2013
Performance Measures *	Actual	Actual	Estimated	Estimated
Output: Number of women screened for breast cancer with CRF funds	894	1,362	1,128	1,128
Number of minority women screened for breast cancer with CRF funds	751	1,137	944	944
Performance Measures	CY2009	CY2010	CY2011	CY2012
Actual	Estimated	Estimated	Estimated	Estimated
Outcome: Breast cancer mortality rate	23.5	23.0	22.5	22.0

Objective 3.3 By calendar year 2012, reduce prostate cancer mortality to a rate of no more than 23.4 per 100,000 persons in Maryland. (Age-adjusted to the 2000 U.S. standard population.)

	FY2010	FY2011	FY2012	FY2013
Performance Measures *	Actual	Actual	Estimated	Estimated
Output: Number of men screened for prostate cancer with CRF funds	253	203	228	228
Number of minority men screened for prostate cancer with CRF funds	225	151	188	188
Performance Measures	CY2009	CY2010	CY2011	CY2012
Actual	Estimated	Estimated	Estimated	Estimated
Outcome: Prostate cancer mortality rate	25.5	24.8	24.1	23.4

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.

	FY2010	FY2011	FY2012	FY2013
Performance Measures *	Actual	Actual	Estimated	Estimated
Output: Number persons diagnosed and linked or provided treatment	45	58	52	52

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

Objective 5.1 By fiscal year 2013, approximately 30 percent of the individuals participating in clinical trials through University of Maryland Greenebaum Cancer Center (UMGCC) will be from diverse populations.

	FY2010	FY2011	FY2012	FY2013
Performance Measures	Actual	Actual	Estimated	Estimated
Input: Number of individuals participating in clinical trials	1,198 [^]	839	800	800
Number of diverse individuals participating in clinical trials	396	254	240	240
Outcome: Percent of diverse individuals participating in clinical trials	33.0%	30.2%	30.0%	30.0%

Note: Fiscal Year 2010 Actual numbers for Output measures may be lower due to the 25 percent reduction in CRF funding in FY10.

*The estimated numbers for Fiscal Years 2012 and 2013 are the average of the two years of Actual data.

[^] This number includes American Recovery and Reinvestment Act (ARRA) funded clinical trials. The ARRA funds have ended which caused a decrease in the total number of individuals participating in clinical trials in FY 2011

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 13-1015 of the Health-General Article) incorporating the *best practice* recommendations of the Centers for Disease Control and Prevention (CDC). The Program delivers comprehensive smoking cessation assistance to Maryland smokers seeking assistance in quitting smoking, and tobacco use prevention services and counter-marketing initiatives directed at Maryland youth and young adults. Program funding is through the Cigarette Restitution Fund. 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 youth survey was conducted in the fall of 2010.

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

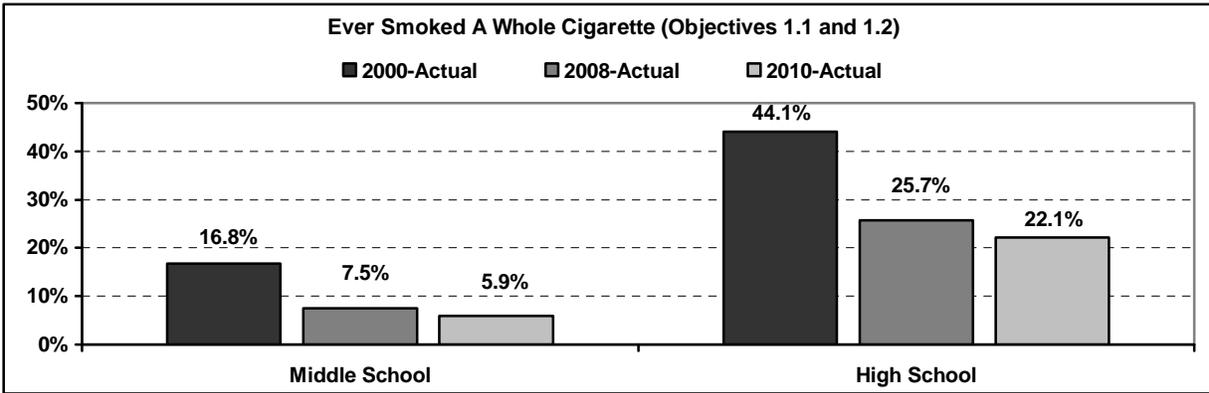
Goal 1. To reduce the proportion of under-age (less than eighteen years old) Maryland youth who have ever initiated tobacco use.

Objective 1.1 By the end of calendar year 2012, reduce the proportion of under-age Maryland middle school students that have smoked a whole cigarette by 70.2 percent from the calendar year 2000 baseline rate.

	CY2000	CY2008	CY2010	CY2012
Performance Measures	Actual	Actual	Actual	Projected
Input: Percentage of under-age middle school students who ever smoked a whole cigarette	16.8%	7.5%	5.9%	5.0%
Outcome: Cumulative percentage change for middle school students	N/A	-55.4%	-64.9%	-70.2%

Objective 1.2 By the end of calendar year 2012, reduce the proportion of under-age Maryland high school students that have ever smoked a whole cigarette by 54.6 percent from the calendar year 2000 baseline rate.

	CY2000	CY2008	CY2010	CY2012
Performance Measures	Actual	Actual	Actual	Projected
Input: Percentage of under-age high school students who ever smoked a whole cigarette	44.1%	25.7%	22.1%	20.0%
Outcome: Cumulative percentage change for high school students	N/A	-41.7%	-49.9%	-54.6%



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

Objective 2.1 By end of calendar year 2012, reduce the proportion of under-age Maryland middle and high school youth and Maryland adults that currently smoke cigarettes, by 58.9%, 43.5%, and 20.0% respectively, from the calendar year 2000 baseline rate.

Performance Measures	CY2000 Actual	CY2008 Actual	CY2010 Actual	CY2012 Projected
Input: Percent of under-age middle school students who currently smoke cigarettes	7.3%	3.5%	3.5%	3.0%
Percent of under-age high school students who currently smoke cigarettes	23.0%	15.3%	14.1%	13.0%
Percent of adults who currently smoke cigarettes	17.5%	12.4%	15.2%	14.0%
Outcome: Cumulative percentage change for middle school students	N/A	-52.1%	-52.1%	-58.9%
Cumulative percentage change for high school students	N/A	-33.5%	-38.7%	-43.5%
Cumulative percentage change for adults	N/A	-29.1%	-13.1%	-20.0%

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

Objective 3.1 By the end of calendar year 2012, reduce the proportion of African-American adults who currently smoke cigarettes by 22.7 percent from the calendar year 2000 baseline rate.

Performance Measures	CY2000 Actual	CY2008 Actual	CY2010 Actual	CY2012 Projected
Input: Percent of adult African-Americans who smoke cigarettes	22.0%	14.4%	17.8%	17.0%
Outcome: Cumulative percentage change	N/A	-34.5%	-19.1%	-22.7%

Objective 3.2 By the end of calendar year 2012, reduce the proportion of Hispanic adults who currently smoke cigarettes by 67 percent from the calendar year 2000 baseline rate.

Performance Measures	CY2000 Actual	CY2008 Actual	CY2010 Actual	CY2012 Projected
Input: Percentage of adult Hispanics who currently smoke cigarettes	21.2%	11.7%	7.8%	7.0%
Outcome: Cumulative percentage change	N/A	-44.8%	-63.2%	-67.0%

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 2012, deliver DHMH CRF Tobacco Program counter-marketing and media messages to 20 percent of the general population and to 25 percent of targeted minority populations.

Performance Measures	CY2000 Actual	CY2008 Actual	CY2010 Actual	CY2012 Projected
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Outcome: Percent of general population seeing/hearing messages	0	22.2%	*	20%
Percent of minority populations seeing/hearing messages	0	27.4%	*	25%

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 2012, increase by 15.2 percent from the calendar year 2000 baseline rate the proportion of Maryland adults who strongly agree that cigarette smoke is harmful to children.

	CY2000	CY2008	CY2010	CY2012
Performance Measures	Actual	Actual	Actual	Projected
Input: Percent strongly agree	78.1%	85.5%	*	90%
Outcome: Cumulative percentage change	N/A	9.5%	*	15.2%

Objective 5.2 By the end of calendar year 2012, increase by 32 percent from the calendar year 2000 baseline rate the proportion of Maryland households with minor children that are smoke-free.

	CY2000	CY2008	CY2010	CY2012
Performance Measures	Actual	Actual	Actual	Projected
Input: Percent of youth living in smoke-free homes	68.2%	76.1%	*	90%
Outcome: Cumulative percentage change	N/A	11.6%	*	32%

Notes: Adult smoking rates (included in Goals 2 and 3) for calendar years 2000 and 2008 are from the Maryland Adult Tobacco Survey (MATS). MATS was not administered in 2010 due to budget restrictions. Therefore, Maryland Behavioral Risk Factor Surveillance System (BRFSS) data are used for adult smoking rates in 2010 and for 2012 projections. MATS and BRFSS data are not completely comparable due to different survey methodologies.

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 six 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 “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.

* The fall 2010 Maryland Adult Tobacco Survey was not administered due to budget reductions. For that reason, no data for 2010 for Goal 4 and 5 are available.

CANCER CONTROL PROGRAMS AND TOBACCO USE PREVENTION

ACCOMPLISHMENTS

CIGARETTE RESTITUTION FUND PROGRAM

CANCER PREVENTION, EDUCATION, SCREENING AND TREATMENT PROGRAM (CPEST)

FISCAL YEAR 2011 ACCOMPLISHMENTS

LOCAL PUBLIC HEALTH COMPONENT

Overall

- Funding was awarded to each local jurisdiction's (including 24 local health departments and one academic health center in Baltimore City) Cancer Prevention, Education, Screening and Treatment Program for fiscal year 2011. Each local county health department, excluding Baltimore City, received a base amount of \$100,000 with the remainder of its award based on the formula specified in the statute for the CRFP. The Baltimore City Programs (Baltimore City Health Department and University of Maryland) were funded according to 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/or treatment for one or more of the targeted cancers were updated in 24 jurisdictions in fiscal year 2011.
 - 24 jurisdictions addressed colorectal cancer,
 - 5 jurisdictions addressed oral cancer,
 - 11 jurisdictions addressed prostate cancer,
 - 12 jurisdictions addressed breast cancer,
 - 10 jurisdictions addressed cervical cancer,
 - 16 jurisdictions addressed skin cancer, and
 - 3 jurisdiction addressed lung cancer.
- Contracts were entered into and/or renewed between local health departments and local medical providers (e.g., gastroenterologists, medical laboratories, primary care physicians, hospitals, surgeons, etc.). These providers deliver clinical services for cancer screening, diagnosis and treatment.

Public Education and Outreach

- A total of 96,001 Maryland residents in the general public were educated for all cancers in Fiscal Year 2011.

- 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, libraries, supermarkets, senior centers, housing units, businesses, health fairs, coalitions, conferences and symposiums, mass mailings, radio, newspaper, television, and provider sites.
 - Cancer education was conducted at program supported walk/runs where participants were given literature regarding cancer prevention activities and encouraged to participate in local cancer screenings.
 - Media events included public service announcements on television and radio, talk shows, press conferences and news releases. Public officials were educated about local cancer control issues during public meetings.
 - Local programs have funded roadside bill boards, community bulletin boards, bus shelter ads, videos, brochures, flyers, posters, paycheck inserts, pencils, and magnets and have distributed these at health fairs, door-to-door, libraries, pharmacies, senior centers, housing units, etc.
- Examples of public education and outreach performed by the local health departments and the Baltimore City Public Health component included the following:

Baltimore City, Baltimore City Health Department

The program's Community Health Educators participated in the March 17, 2011, B'More Healthy Expo at the Baltimore Convention Center and distributed oral/colorectal cancer brochures, flyers and cancer prevention information sheets. In a collaboration with the Enoch Pratt Library, the program provided cancer prevention outreach and education at the Central Library on a bi-monthly basis.

Baltimore City, University of Maryland Medical Group

The program's director was a guest speaker on the topic of Cancer Awareness and Prevention at several large City events and on WMAR (Channel 2) on June 2, 2011.

Anne Arundel County

Staff provided breast and cervical cancer education and screening information to those attending special events and health fairs that targeted women age 40 and over at Adult Addictions and YMCA programs. Through a web-based program, AAHealthyKids, School Health Nurses and Health Educators in public and private schools provided skin cancer prevention messages to their students. Mass media campaigns, using press announcements, print ads and post card mailings, were used to promote cancer prevention activities. In a partnership with the Department's Environmental Health Unit, brochures and posters were provided to public pools to promote using sunscreen to prevent skin cancer.

Caroline County

During March, 2011, program staff participated in a health fair at a high school where students were given the opportunity to use the derma-scan and were educated about skin cancer awareness. Additional cancer education and screening education was provided to high school students, churches, and at a local Native American event.

Carroll County

During the annual 4H Fair at the Agricultural Center in Westminster, health outreach staff interacted with the farming community by featuring Sun Safety activities, general cancer information, and tobacco education. In addition, Sunguard Man made appearances at Vacation Bible Schools during the summer months. The rural town of Harney was visited, with cancer prevention information provided to the local population.

Dorchester County

The program's outreach worker visited the Addiction program and the Warwick Treatment program monthly. In August 2010, the staff provided cancer information to high school educators and attended health fairs at local churches, the Department of Social Services, and other community organizations. In addition, two Hispanic grocery stores in Cambridge were provided with cancer prevention information.

Frederick County

During the winter and spring of FY 2011, program staff distributed brochures with cancer prevention information to community organizations. Presentations and cancer information were provided to a number of facilities including senior centers and other community centers across the county.

Montgomery County

In the winter and early spring of FY 2011, cancer information was provided at health fairs and other community events.

Prince George's County

During the fall and winter of 2010, staff provided education at health fairs at several non-profit organizations, churches, and at Prince George's Community College and the University of Maryland using a PowerPoint presentation distributed by the American Cancer Society *Get Tested for Colon Cancer* DVD and the Center for Disease Prevention and Control *Screen for Life* materials. In addition, the program's physician consultant, Dr. Carreno, provides colorectal cancer education to clients at Adams House, a half-way house for men post-incarceration.

St. Mary's County

During the winter and spring of FY 2011, program staff distributed cancer information at local events, at church groups, community events, and at educational events.

Washington County

Cancer prevention and awareness materials were distributed to the Community Free Clinic. "Back Page Advertisements" were placed in the Herald Mail for colon, breast and cervical cancer awareness and program recruitment. Cancer prevention materials were delivered to Hoffman Auto to present to customers for a Breast Cancer Awareness Car Sale.

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, Baltimore City Health Department

Staff collaborated with the Baltimore City Health Department Needle Exchange and Sexually Transmitted Disease programs to provide colorectal and oral cancer prevention and awareness information and advise the clients of the no cost screenings available through the program. The “tobacco bus” was utilized in high-risk City communities to provide oral cancer prevention and oral cancer screenings and to discuss the hazards of smoking and secondhand smoke. In the winter of 2010, City community leaders were contacted in an effort to engage and plan for future cancer awareness sessions as well as to offer screenings.

Baltimore City, University of Maryland Medical Group

In February 2011, outreach staff went to four apartment complexes, in a targeted zip code to distribute flyers about the breast, cervical and colorectal cancer awareness and program services. In April and May 2011, the program director participated in community action meetings at minority churches and spoke about the program’s cancer screening services. Outreach staff provided information to those attending the April 20, 2011 “Spring into Good Health” at Mondawmin Mall.

Cecil County

On August 2, 2010, “Joining Together to Fight Cancer”, a Cecil County Community Conference on various forms of cancer, was held at Union Hospital in Elkton with three keynote speakers. The conference was advertised by distributing brochures to minority faith based organizations throughout Cecil County and a representative from each church announced this event during church services. Additional one-to-one small group sessions were provided to faith based and community organizations.

Charles County

On September 25, 2010, program staff participated in “Nanjemoy Heritage Day” with a table display, and on October 16, 2010, a “Tea Leaves for Life” tea party regarding colorectal and prostate cancer awareness and prevention was held at the Newburg Fire House and sponsored by a local African American church.

Howard County

Outreach workers emphasized colorectal cancer outreach to Korean and Spanish speaking clients through the Breast and Cervical Cancer Screening Program.

Queen Anne’s County

The program participated in an educational event focused on minorities at Chesapeake College and provided information on colorectal and skin cancer awareness and prevention. On “World No Tobacco Day”, staff presented information on skin cancer to the African American community. Staff also provided colorectal cancer information at a minority focused church event in June.

Somerset County

Outreach staff provided colorectal cancer information at a University of Maryland Eastern Shore health fair targeted at the minority population in Somerset County.

Talbot County

During FY 2011, the nurse case manager encouraged all patients, especially those from the minority community, to share their cancer screening test results with their first degree relatives, especially during the holidays or at family reunions and encourage them to be screened for colorectal cancer if age appropriate or at increased risk.

Worcester County

The program staff participated in the May 7, 2011, "Sharing the Harvest," a food distribution event held at a low-income/subsidized housing project. Minority residents were provided with information on breast, cervical, colon and skin cancers.

Professional Education and Outreach

- Local health departments and the one statewide academic health center educated health care professionals and providers about the targeted cancers and cancer screening guidelines.
 - 52,937 providers were reached through education and outreach efforts such as mailings and newsletters.
 - 9,793 health care professionals were educated through brief group and individual educational sessions and presentations at various locations such as physicians' offices, the county medical societies, and hospital staff meetings.
- Local programs mailed the Minimal Elements for Screening, Diagnosis, and Treatment that were developed and/or updated by DHMH for oral cancer, colorectal cancer, breast cancer, cervical cancer, and prostate cancer to medical providers. The programs also notified medical providers of the services provided through the local CRF cancer control programs.

Screening, Diagnosis, and Treatment

- In FY 2011, screening, diagnosis, and treatment data for the targeted cancers under the CRFP for local health departments and the one statewide academic health center include the following:
 - 6,507 screening tests were performed, and 58 individuals were diagnosed with cancer in the program, linked to care, or provided treatment;
 - 5,388 persons received one or more cancer screenings; 73% of persons screened were minorities;
 - 2,084 screening colonoscopies were performed, of which 540 had adenomatous polyps; 8 blood stool kits (called FOBT) were completed, of which none were positive; 6 sigmoidoscopies were performed; 28 individuals were diagnosed with colorectal cancer in the program, linked to care, or provided treatment;
 - 200 prostate specific antigen (PSA) tests and 192 digital rectal exams (DREs) were performed; 15 individuals were diagnosed with prostate cancer in the program, linked to care, or provided treatment;
 - 1,041 oral cancer screening examinations were performed; none were diagnosed with oral cancer in the program;

- 42 skin cancer screening examinations were performed; six individuals were diagnosed with skin cancer in the program, linked to care, or provided treatment;
- 1,118 mammograms were performed and 1,156 clinical breast examinations were done; eight individuals were diagnosed with breast cancer in the program, linked to care, or provided treatment; and
- 660 Pap tests were done; one was diagnosed with cervical cancer in the program, linked to care, or provided treatment.

STATEWIDE PUBLIC HEALTH COMPONENT

- Monthly teleconferences were provided throughout the year by the DHMH Cancer staff, in which representatives from the 24 local jurisdictions, an academic center, their vendors, a MedChi representative for the Maryland Skin Cancer Coalition, Maryland Cancer Fund, State Council on Cancer Control and MOTA participated in a two-way exchange of information and guidance in clinical, administrative and program evaluation/data collection areas. Prior to these conference calls, an enhanced agenda and PowerPoint presentations were provided as a visual component to each of the teleconferences.
- Site visits and/or quality assurance reviews of the CRFP cancer grantees were conducted by the DHMH cancer control staff at all of the 24 local jurisdictions and the academic center. During these site visits and quality assurance reviews, consultation and guidance were provided regarding clinical, administrative and program evaluation issues. Additionally, eight follow-up data visits were conducted.
- The following education and trainings were provided:
 - Two New Employee Orientation trainings were conducted with local health departments.
 - Two trainings for Colorectal Cancer Ambassadors were conducted with 9 participants at both Prince George's and Calvert Counties.
 - Online computer-based training modules for health educators, outreach workers, and clinical staff were developed and utilized by the local health departments.
 - Statewide Regional Meetings held on November 15, 16 and 17, 2010 with 68 participants.
 - Technical Assistance meetings and/or conference calls for education/training purposes were provided for the new Baltimore City Health Department Program on 11 occasions.
- Community Health Coalition meetings in 22 local jurisdictions were observed by DHMH CRFP staff.
- Written guidance continued to be provided to the local jurisdictions. The DHMH website for the Cancer CRFP was continually updated with written guidance for local jurisdictions.
- DHMH CRFP staff set up displays and distributed cancer control literature at the DHMH central office during sun safety/skin cancer, prostate cancer and colon cancer awareness months. In addition, DHMH CRFP staffed community and statewide events including the Melanoma Monday Press

SURVEILLANCE AND EVALUATION COMPONENT

- Published the CRFP Cancer Report 2010.
- Published the Maryland Cancer Survivor Report, 2009 of the Maryland Cancer Survey project in conjunction with the University of Maryland Baltimore. The purpose of this report was to examine health status, mental and physical quality of life, access to health care, and lifestyle behaviors of cancer survivors in Maryland. Cancer survivors were also compared in each of these domains to persons who have never experienced cancer. This report was based on data obtained from the Maryland Behavioral Risk Factor Surveillance System (BRFSS).
- Published an article: Li J, Nadel MR, **Poppell CF, Dwyer DM**, Lieberman DA, **Steinberger EK**. Quality assessment of colonoscopy reporting: results from a statewide cancer screening program. *Diagn Ther Endosc.* 2010; 2010. pii 419796. Epub 2010 Sep 28.
- Presented three abstracts at the 2011 National Colorectal Dialogue for Action meeting in March 2011:
 - Dwyer DM, Groves C, Andrews B, Hopkins A, Keeleghan E, Shebl F, Steinberger EK. Colorectal cancer screening: Maryland's success story targeting low income, underinsured, and minority clients.
 - Hopkins A, Keeleghan E, Groves C, Andrews B, Soellner J, Steinberger EK, Dwyer DM. Quality control in Maryland's public health colorectal cancer screening program.
 - King M, Groves C, Dwyer DM. Colonoscopy Costs in Maryland's public health colorectal cancer screening program.
- Supported the statewide CPEST cancer Client Database (CDB) application. Each local health department and one statewide academic health center currently use this database for persons screened for colorectal, prostate, oral and skin cancer. Maintenance and revisions to the database are ongoing. Training was conducted both at DHMH and at local sites on the CDB. Quality assurance activities continue; guidance procedures and documents were continually developed for use by the state and local programs.
- Maintained the Education Database (EDB) for tracking education and outreach efforts and CPEST Mapper, a geo-coding and mapping program based on the screening data in CDB. Upgraded the EDB software from Cold Fusion to ASP.NET.
- Education Database training was conducted for one local health department on-site; 23 staff completed the on-line database training.
- Client Database training was conducted for local health departments with 38 participants in attendance.

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 the Baltimore City Health Department were awarded grants for implementation of the Baltimore City Comprehensive Cancer Plan. The Baltimore City Health Department component focused on colorectal and oral cancer and the University of Maryland's component focused on breast and cervical cancer education and screening along with education about colorectal cancer.
- The Baltimore City Cancer Coalition met five times in Fiscal Year 2011. The Baltimore City Health Department became the Community Coalition's administrative agent and held the first Coalition meeting in August 2010, under the new agent's direction.
 - At the strategic planning meeting in April, several activities were discussed and noted to need further exploration during the year with the new Administrative Agent. Some of these activities included recruitment, creating a website, evidence-based activities, program and projects. Minority recruitment activities were discussed during the Coalition planning meetings and information was shared about other health coalition meetings such as the Urban Health Institute Community Planning Committee, the Greater Baltimore HIV Health Services Planning Council, the Why Women Cry Planning Coalition and the Baltimore County Cancer Coalition.
 - Information about the Coalition was provided or distributed to programs and agencies that collaborate with the City's two Cigarette Restitution Fund cancer control programs, as well as those service providers and community members that were referred by other Coalition members.
- The UMMG program staff applied for and received additional funding from the Avon Foundation to provide breast cancer screening services and from the Maryland Affiliate of Susan G. Komen for the Cure for additional patient navigation, outreach and education.
- The UMMG minority recruitment activities included a partnership with Women Accepting Responsibilities (WAR) to assist in recruiting underserved and uninsured residents in their community. Together with the Baltimore City Health Dept. (BCHD), the UMMG staff rode the Smoking Cessation Van that has been adopted to provide oral cancer education and screenings throughout Baltimore City. In addition, success was achieved with the Maryland Transit Administration buses traveling throughout Baltimore City with ads placed inside of the bus, the tail of the bus, and at 4 transit kiosks. In addition, two billboard ads were placed during the Fiscal Year.
- A total of 12,551 individuals in the general public were educated through brief group and individual sessions. Public education and outreach for the targeted cancers continued through partnerships with small businesses such as beauty salons and barbershops, community associations, libraries, local employers, civic groups, and faith-based organizations. Health promotion was also provided in conjunction with citywide festivals and through community meetings.

- UMMG screened a total of 1,011 women for breast cancer. Of the women screened, 948 were racial or ethnic minorities. Seven women were diagnosed with breast cancer and were linked to care or provided treatment services.
- UMMG screened a total of 456 women for cervical cancer. Of the women screened, 421 were racial or ethnic minorities. One woman was diagnosed with cervical cancer and was linked to care or provided treatment services.
- Baltimore City Health Department screened a total of 207 persons for colorectal cancer with colonoscopy. Of the 207 persons screened, 178 were racial or ethnic minorities. Two persons were diagnosed with colorectal cancer and were linked to care or provided treatment services. A total of 1,007 persons were screened for oral cancer with no one found to have oral cancer. Of the 1,007 persons screened, 923 were racial or ethnic minorities.

Johns Hopkins Institutions (JHI) Cancer Research Grant

In Fiscal Year 2011, the Johns Hopkins Institutions Research Grant funds were reduced from \$401,436 to \$392,700.

- 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 eleventh year of the project.
- JHI awarded mini-grants in Fiscal Year 2011 including three for faculty recruitment. Projects were funded in the following areas: treatment regimens for locally advanced head and neck cancer, treatment in patients with metastatic renal cell carcinoma, and an examination of public health studies of cigarette use (a collaboration with cancer center statisticians to refine clinical trials measures).
- In Fiscal Year 2011, CRF funds were used to fund two research proposals in the following areas: understanding estrogen metabolism and its role in breast cancer and examining the use of circulating DNA to identify persons with colonic polyps.
- In Fiscal Year 2011, CRF funds were leveraged and resulted in 62 new grants to the Center from outside funding sources.

University of Maryland Cancer Research Grant

In Fiscal Year 2011, the University of Maryland Cancer Research Grant funds were increased from \$1,286,987 to \$2,007,300.

- The University of Maryland Medical Group (UMMG) submitted a grant application for cancer research and was awarded a continuation grant for the eleventh year of the CRFP.
- The University of Maryland Greenebaum Cancer Center (UMGCC) developed and continued to improve a Shared Services interactive research program structure designed to achieve bi-directional translational research. This structure combined clinical and basic research investigators who worked together to assure rapid translation of research in the laboratory to the clinic by developing and supporting a series of shared resources which facilitated specialized research activities for all faculty.

- During Fiscal Year 2011, through increased efforts to market the Shared Services, there was a dramatic increase in utilization by members of the Program in Oncology. The overall process became more efficient and accurate resulting in a 25-30% increase in overall use of the shared services.
- As of June 30, 2011, UMGCC had 8 active research projects that translated into clinical applications for patients.
- During Fiscal Year 2011, the Shared Services Facilities and their staff received an additional shared instrumentation grant demonstrating successes in bringing in additional funds to enhance cancer research capacity. The current Shared Services Facilities include:

-Pathology Biorepository and Research Core (PBRC) Shared Service: This core provides banked tissues and blood specimens for genomics, proteomics, and other analyses for identification of new biomarkers and therapeutic targets while maintaining patient confidentiality. The core's main goal is to provide a constant flow of quality banked tissue and blood specimens to its researchers.

-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 utilize the core service area for materials that are critical in conducting their research. The overall usage of this service increased by 40% during the grant period.

-Proteomics Shared Service: This core service area supports and promotes the understanding of the human proteome. 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.

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

-High Throughput Screening Shared Services: This shared service provided a way for investigators to screen up to 40,000 unique compounds for a variety of anti-cancer activities.

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

-Translational Core Laboratory (TCL): This core service area was established for clinicians participating in early phase drug development clinical trials and for basic scientists that have an interest in assessing the clinical relevance of their own research topics.

-Clinical Research Core: This core service area is the Clinical Protocol and Data Management Office that supports the activities of principal investigators involved in clinical trials by preparing clinical trial protocol forms, submitting projects to the Institutional Review Board, registering and

accruing patients for clinical trials, and collecting and managing data. The overall usage of this service has increased by 105% during this grant period.

-Structural Biology: The Structural Biology Shared Service (SBSS) helps researchers use the unique information derived from macromolecular structures to understand the molecular basis of cancer-causing cellular defects and to design drugs that mitigate such defects.

-Genomics: This program is a comprehensive genomics resource facility that provides DNA sequencing, genotyping, gene expression analysis by real-time PCR and microarray analysis, as well as continued support for peptide synthesis and custom protein/peptide analysis and purification.

-Flow Cytometry: This shared service provides supplies including sheath fluid necessary to operate the flow cytometers, as well as supplies and calibration kits for BioPlex suspension arrays.

- The CRF Cancer Research grant supported 37 faculty members and 24 of these researchers published at least one cancer related article in a peer reviewed scientific journal.
- 16 faculty members filed 28 federal, state, and private grant applications. In addition, there were also 81 new clinical trial applications submitted for funding. There were 839 patients that entered into the University of Maryland's clinical trials.
- The Greenebaum Cancer Center has increased the number of patients entered into a clinical trial by approximately 50%. Since 2007, 48% of the women screened by the CRF- funded Cancer Prevention, Education, Screening and Treatment Program with a positive result enrolled in a clinical trial. The national average for minority women enrolled in clinical trials is less than 2 percent. For FY 2011, the cancer center's overall enrollment in clinical trials was 30% African American.

Maryland Cancer Registry

- The Maryland Cancer Registry (MCR) submitted data for incidence year 2008 for evaluation and confidential feedback from the North American Association of Central Cancer Registries (NAACCR) and received "Gold" certification on completeness of case ascertainment, completeness of information recorded, percent of death certificate only cases, duplicate primary cases; passing EDITS, and timeliness.
- During Fiscal Year 2011, the MCR data for incidence years 1996 through 2008 met the requirements for inclusion in the United States Cancer Publication Standard for the National Program of Cancer Registries.
- As a requirement for receiving Federal funds from the Centers for Disease Control (CDC), NPCR, the MCR is audited by the CDC every 5 years of the MCR data and processing of data incoming from selected hospitals. The MCR prepared for the audit in FY 2010 and the auditors began their work in Maryland in FY 2011. NPCR auditors concluded that:
 - MCR had an overall case completeness rate of 97.76 percent for all cancer sites audited and is to be commended for this excellent result.
 - MCR's overall data accuracy rate was 94.18 percent. Implementation of recommended procedures in this report will help MCR improve this result. MCR is strongly encouraged to continue conducting visual editing to improve data quality in the State, in addition to reviewing basic abstracting principles.

- The Centers for Disease Control and Prevention (CDC) National Program for Cancer Registries (NPCR) conducted a successful site visit to the MCR on June 1-2, 2011. The primary purposes of the site visit were to:
 - Increase the CDC's understanding of the MCR and its progress, successes, challenges and context;
 - Assess the MCR's progress toward implementing a statewide, population-based central cancer registry and meeting NPCR program standards;
 - Identify program gaps and barriers that impede progress;
 - Discuss MCR policies and procedures; and
 - Discuss the MCR's education and training strategies, quality assurance activities, use of and/or participation in data utilization, collaborative relationships, and advanced activities.

- During Fiscal Year 2011, the MCR developed procedures for matching its data with the Social Security Death Index database.

- The MCR's Quality Assurance/Data Management contractor, Westat, and DHMH MCR staff completed the conversion of its database to the NAACCR version 12 during Fiscal Year 2011. Version 12 represents a large change in the format and content of the cancer registry databases in the US and Canada, expanding the size, number of fields, and coding of registry information.

- The MCR's Quality Assurance/Data Management contractor, Westat, completed five hospital audits during Fiscal Year 2011. Westat evaluated case finding procedures, abstracting and coding done by each selected facility.

- MCR staff at DHMH processed over 46 requests for release of Maryland Cancer Registry data.

- Westat received over 45,563 abstract reports of cancer in FY 2011.

- To identify the race of people reported with Unknown race, the MCR staff looked up over 3,700 names in the Department of Motor Vehicles database for missing race information.

Breast and Cervical Cancer Diagnosis and Treatment Program

- The Breast and Cervical Cancer Diagnosis and Treatment Program (BCCDTP) was established in 1992 to provide breast and cervical cancer diagnostic and treatment services to uninsured or underinsured low-income Maryland residents.

- BCCDTP directly reimburses participating providers who provide covered services to BCCDTP residents. Covered services include but are not limited to: diagnostic mammograms and sonograms, surgical consultations, breast biopsies, colposcopies, cervical biopsies, surgery for cancer treatment and breast reconstruction, chemotherapy, radiation therapy, medications, durable medical equipment, home health services, physical therapy, and occupational therapy.

- For FY 2011 the BCCDTP:
 - Paid for services for 2,729 participants and
 - Processed a total of 29,747 paid claims.

- In addition, BCCDTP funds were awarded to local Breast and Cervical Cancer Programs through Breast and Cervical Cancer Program (BCCP) Expanded Services. BCCP Expanded Services funds additional screening tests or diagnostic services in local Breast and Cervical Cancer Programs.
 - 23 local programs received funds for Expanded Services in FY 2011.
 - 709 women received at least one screening test or diagnostic service.
 - 646 women received a breast cancer service and
 - 72 women received a cervical cancer service.

CIGARETTE RESTITUTION FUND PROGRAM
TOBACCO USE PREVENTION AND CESSATION PROGRAM
FISCAL YEAR 2011 ACCOMPLISHMENTS

LOCAL PUBLIC HEALTH COMPONENT

Overall

- Conducted 11 site visits of local health department CRF Tobacco programs to monitor compliance with approved program plans and budgets.
- Oversaw 24 local tobacco coalitions with a statewide membership of 717 people to ensure diverse representation and inclusive participation. The demographic composition of all the local coalitions is 53.2% Caucasian, 39.1% African American, 3.6% Asian American, 3.1% Hispanic/Latino, and 1% Native American. These coalitions provide input to their local health department on the development of comprehensive tobacco control plans.
- Worked with local health departments to develop jurisdiction-specific tobacco control action plans that address CRFP goals, objectives, site visit recommendations and audit findings.
- Provided training and technical assistance to county health departments and community organizations to build sustainable tobacco control programs targeting minority and disparate populations. Presented to several local health departments on the Tobacco Related Disparities workgroup recommendations.
- Collaborated with the Alcohol and Drug Abuse Administration on tobacco retail education and compliance checks to comply with the federal SYNAR regulation.
- Collaborated with the Alcohol and Drug Abuse Administration on the new Strategic Prevention Framework (federally funded) to ensure tobacco control policy and coalition development was part of the comprehensive approach.
- Collaborated with the Mental Hygiene and Alcohol and Drug Abuse Administrations, SAMSHA and Community partners to develop a strategic plan to address disparate smoking rates among mental health and substance abuse clients.

Community-Based Element

- 820 advocates and community leaders were trained on smoking cessation programs and tobacco use prevention strategies.
- 16 faith-based and 19 minority organizations were funded to incorporate tobacco prevention and cessation messages into various programs.

- 88,835 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.
- 256 awareness campaigns were conducted in targeted communities.
- 9 Youth Leadership Programs conducted.

School-Based Element

- 322 teachers, nurses, daycare providers, and school administrators were trained on available tobacco use prevention and cessation curricula, programs and strategies.
- 1,992 Pre-K students received multiple tobacco use prevention education sessions.
- 58,368 K–12 students received multiple tobacco use prevention education sessions.
- 1,668 private school students were educated on tobacco use prevention.
- 2,831 students were educated in alternative school settings.
- 1,006 college students received tobacco use prevention education on campus.
- 5,550 students were reached with Peer Programs in schools.
- 74 students received smoking cessation counseling and support at school.

Enforcement of Youth Access Restrictions Element

- 1,795 tobacco retailer (stores) compliance checks were conducted.
- 185 tobacco retailers (stores) were issued citations for sales to minors.
- 50 youth were cited for illegal possession of tobacco products.
- 136 product placement citations were issued.
- 138 students participated in the Tobacco Education Group (TEG) program.

Smoking Cessation Element

- 302 nurses and health care providers were trained on various smoking cessation models and clinical guidelines.

- 6,148 adults participated in smoking cessation services.
 - 2,269 received nicotine patches, 1,030 received Chantix, and 9 received Zyban to support their quit attempt.
- 46% of smoking cessation class participants were minority (2,867):
 - 39% of cessation participants were African Americans (2,443)
 - 5% of cessation participants were Hispanics/Latinos (310)
 - 1% of cessation participants were Asian Americans (80)
 - 1% of cessation participants were Native Americans (34)

Policy Changes Supported by Local Health Departments

Allegany County

The county collaborated with Frostburg State University to implement a Smoke Free Campus Policy that began in August 2011.

Baltimore County

Towson University enacted a smoke-free campus policy August 1, 2010. They also received the Certified Smoke-Free Workplace Award from the South Atlantic Division of the American Cancer Society. The award recognized the University for its' outstanding contribution to the global fight against cancer.

Carroll County

The health department campus went smoke free on April 21, 2011 after six months of planning and educating. The Carroll County Times published an article announcing the change and the accomplishment.

Howard County

Howard County collaborated with Howard County Community College to implement a smoke-free campus policy that will begin in 2012.

Montgomery County

Montgomery County Board of Health passed a resolution (No.: 17-210) that prohibits smoking in certain common areas of multiple-family residential dwellings and certain playground areas. The resolution went into effect August 12, 2011.

Local Health Department Tobacco Use Prevention Media and Marketing

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

All local health departments in Maryland implemented marketing activities that informed the public of tobacco prevention, smoking cessation, secondhand smoke and enforcement activities within their jurisdiction. A variety of media/marketing strategies were utilized to increase public awareness about the impact of tobacco use, foster dialogue about changing social norms, and support policy solutions for tobacco control. Various print media campaigns conducted include:

- newspaper articles and inserts
- direct mail campaigns
- news releases
- brochures
- billboards
- bus and bus shelter advertisements

Other awareness campaigns were designed to market local programs and educate the public such as:

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

In addition, some jurisdictions used advanced technology to conduct media and marketing campaigns on list serves and social networks such as Facebook, Twitter, YouTube, and/or QR equipped mobile telephone. To maximize resources, some local health departments collaborated with neighboring health departments on joint campaigns.

The local media/marketing campaigns were tailored and sensitive to target populations within the jurisdictions, and they were culturally and linguistically presented in the friendliest manner.

Campaigns were developed to reach ethnic/racial minorities (African Americans, Hispanic/Latinos, Asian Americans and Native Americans) as well as the medically underserved, low-income and uninsured populations.

Some examples of those campaigns are direct marketing to:

- African American hair/nail salons and barbershops
- Public Housing Authorities
- Churches and faith-based institutions
- Mass transit
- Homeless shelters
- Dept. of Social Services
- Cultural organizations
- Malls
- Day care providers
- Mental health facilities
- WIC Programs
- Hospitals

Local health departments reached youth with media messages by targeting youth-serving organizations such as Girls' and Boys' Clubs, Parks and Recreation Programs, Police Athletic Leagues, community centers, and camps. Schools were targeted with poster displays, bulletin boards and printed materials. Social networks like Facebook and YouTube have emerged as an effective marketing and outreach tool to engage young people as well.

The tobacco control media/marketing approaches in Maryland are designed to reach individuals within all populations and age groups in the state. Local health departments enlist members from their local coalition, community partners, schools, and state health department staff to develop efficient and sensitive marketing and media campaigns. All of the marketing and media approaches implemented support the four goal areas of the Cigarette Restitution Fund Program: (1) prevent initiation of tobacco use; (2) eliminate harm from secondhand tobacco smoke; (3) support cessation among adults; and (4) reduce tobacco related health disparities.

The following jurisdictions had better developed approaches and are highlighted as promising examples of local counter marketing and media.

Anne Arundel

Anne Arundel implemented a campaign featuring three different print ads promoting the self-help quit smoking materials to African Americans. The print ads were part of a series of messages emphasizing "the power to quit" smoking cessation. The print ads ran in the Penny Saver and on Radio One/Interactive One website. Another campaign, providing anti-cigar messages was conducted on two online websites and twenty-one sites on Google Display Network.

Anne Arundel also used a campaign targeting African Americans with texting and QR mobile telephone technology, which allows mobile phone users to access a mobile page providing tobacco use prevention and cessation information.

Baltimore County

Collaborated with the County School System and the County Executive to launch a countywide "Smoke-Free Cars and Homes" campaign to educate communities on the risks of secondhand smoke exposure and encourage residents to implement a smoke-free car and home policy. The campaign kicked off at Woodlawn High School with a large press conference. The campaign provided quit kits with refrigerator magnets, car window decals, cessation services flyer, and a 1-800-QUIT NOW card.

Calvert County

Calvert County placed 9 print ads in local newspapers such as the Calvert Recorder, Voices and Penny Saver to promote smoking cessation and secondhand smoke awareness. Utilized a local radio station (98.3 STAR) for 50 short spots about tobacco use prevention, cessation and program availability. Collaborated with neighboring Charles and St. Mary's county to write articles for the Calvert Recorder on tobacco use prevention, cessation and the 1-800-QUIT NOW line.

Cecil County

Implemented public service announcements about secondhand smoke prevention, smoke-free home policies and cessation services for 12 weeks on 8 channels including HGTV, USA, CMT, ABC, Family, TNT, Discovery, Cecil County Health Channel & on YouTube (124,332 contacts). An advertisement promoting youth access compliance "No ID, No Tobacco! Tobacco products will not be sold to anyone under the age of 18. Cecil County Enforces This Law!" was placed in *Cecil Whig* newspaper.

Frederick County

Frederick County implemented multiple print media campaigns in local newspapers like the Frederick Post News, Gazette and Child Magazine promoting tobacco use prevention and cessation programs. The county also used web-based campaigns on the Health Department and County Government sites to promote smoking cessation and advertise tobacco prevention events such as Kick Butts and World No Tobacco Day. They conducted radio interviews on WFRE to promote the 1200 Hands projects at Oakdale and Urbana schools, and collaborated with the hospital, Police Activities League and a 4-H Club on a signage campaign “Tobacco-Put It Out, B4 It Puts U Out” for the perimeter fence at the fairgrounds.

Harford County

Harford County implemented multiple print media campaigns promoting tobacco use prevention and cessation services, particularly messages targeting Native American and Hispanic/Latino populations. They conducted public service announcements to promote smoking free homes and cars, and negotiated with the Ripken Foundation to begin a counter marketing campaign at Ripken Field. They also produced a tobacco cessation segment on Harford Cable Network to promote smoking cessation with Dr. DiClemente and Health Department officials.

Prince George's County

Prince George's County utilized CBS Radio - WPGC and Radio One – WMMJ to run a 45 day media campaign to educate the public about tobacco use prevention and promote available smoking cessation services.

Wicomico County

Wicomico used a marketing campaign to promote tobacco use prevention and cessation services. This campaign included radio public service announcements, billboards on the Shore Transit Buses and posters in the WIC clinics, Village of Hope, TLC Centers as well as local OB/GYN and pediatrician offices. Wicomico also implemented a web banner and weather crawler advertising with Comcast Cable Network that directs people to the health department's Tobacco page.

SURVEILLANCE AND EVALUATION COMPONENT

- Conducted the fall 2010 Maryland Youth Tobacco Survey (MYTS) for public middle and high school youth. Approximately 85,000 youth from over 300 schools participated statewide.
- Survey contractor cleaned and weighted the MYTS data and began primary data analysis in support of the biennial report due to the Maryland General Assembly on September 1, 2011 (FY 2012).
- The fall 2010 survey was developed collaboratively with several DHMH offices and administrations in support of their activities. Questions on underage drinking, marijuana use, and bullying were included in the survey. Data will be made available to interested offices and centers beginning in FY 2012.
- Supported the work of the Maryland Cancer Council as it developed its new comprehensive cancer plan. Support was specifically provided for the Tobacco Use Prevention and Cessation/Lung Cancer Chapter. The comprehensive cancer control plan was released to the public in July of 2011 (FY 2012).
- Supported the work of the Office on Chronic Disease by providing MYTS county-specific data on youth obesity.

- Continued a joint MSDE and DHMH workgroup with the goal of combining the Maryland Youth Tobacco Survey and the Maryland Youth Risk Behavior Survey (YRBS). The result was a recommendation that DHMH administer a CDC approved YRBS at the county level, supplemented by tobacco use behavior questions. A Request for Proposals for a contractor to conduct the combined YRBS/YTS beginning in the fall of 2012 will be issued and the procurement completed during FY 2012.
- Began work to coordinate efforts with the Office of Chronic Disease to enhance the capacities of the existing adult Behavioral Risk Factor Surveillance System (BRFSS) both in terms of sample size (to provide more stable annual county specific estimates) and to increase the number of questions that can be included in the survey. The goal is to field an enhanced BRFSS rather than both the BRFSS and the Maryland Adult Tobacco Survey during even calendar years beginning in Calendar Year 2014 (FY 2015).

**ALCOHOL AND DRUG ABUSE ADMINISTRATION
PROGRAM**

FISCAL REPORT

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

During Fiscal Year 2011, the Alcohol and Drug Abuse Administration (ADAA) administered \$21,077,077 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.

		As of June 30, 2011			
		Budget	Expenditures	Obligations	Unobligated
Administration	K102	65,920	69,276	0	-3,356
Treatment	K204	21,011,157	21,007,801	0	3,356
		21,077,077	21,077,077	0	0

Distribution by Subdivision

<u>Subdivision</u>	As of June 30, 2011				
	Budget	Expenditures	Obligations	Unobligated	
ALLEGANY	259,349	259,349	0	0	
ANNE ARUNDEL	1,000,000	1,000,000	0	0	
BALTIMORE COUNTY	1,000,000	1,000,000	0	0	
CALVERT	118,799	118,799	0	0	
CAROLINE	32,654	32,654	0	0	
CARROLL	143,988	143,988	0	0	
CECIL	91,841	91,841	0	0	
CHARLES	118,746	118,746	0	0	
DORCHESTER	143,842	143,842	0	0	
FREDERICK	95,579	95,579	0	0	
GARRETT	40,000	40,000	0	0	
HARFORD	298,661	298,661	0	0	
HOWARD	144,966	144,966	0	0	
KENT	285,909	285,909	0	0	
MONTGOMERY	1,000,000	1,000,000	0	0	
PRINCE GEORGE'S	3,341,659	3,341,659	0	0	
QUEEN ANNE'S	42,859	42,859	0	0	
ST. MARY'S	203,726	200,370	0	0	
SOMERSET	114,264	114,264	0	0	
TALBOT	36,736	36,736	0	0	
WASHINGTON	98,002	98,002	0	0	
WICOMICO	424,208	424,208	0	0	
WORCESTER	268,035	268,035	0	0	
BALTIMORE CITY	11,707,334	11,707,334	0	0	
		21,011,157	21,007,801	0	3,356
TOTAL					

Note: Data source – FMIS for K102S and K204S

ALCOHOL AND DRUG ABUSE ADMINISTRATION PROGRAM

ACCOMPLISHMENTS

CIGARETTE RESTITUTION FUND PROGRAM

ALCOHOL AND DRUG ABUSE ADMINISTRATION

FISCAL YEAR 2011 ACCOMPLISHMENTS

Outcomes and Public Benefits: FY 2011 Accomplishments

Allegany County

During fiscal year 2011, CRF funds were used to support the following:

Level III.1 Halfway House	11 slots	30 patients served
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Anne Arundel County

The following services were purchased through CRF funding:

Level I Outpatient Services		348 patients served
Level II.I Intensive Outpatient Services		128 patients served
Level II.1.D Intensive Outpatient Detox		3 patients served
Level III.1 Halfway House		75 patients served
Level III. 3 Long Term Residential Services		12 patients served
Level III.5 Therapeutic Community		11 patients served
Level III.7 Medically Monitored Inpatient		100 patients served
Level III.7.D Medically Monitored Detoxification Inpatient Services		68 patients served

Baltimore City

The following services were purchased through CRF funding:

Level I Outpatient	734 slots	2,795 patients served
Level II.1 Intensive Outpatient	289 slots	2,214 patients served
Level III.1 Halfway House	12 slots	24 patients served
Level III.3 Long Term Residential Services	5 slots	9 patients served
Level III.5 Therapeutic Community	7 slots	13 patients served
Level III.7 Medically Monitored Inpatient (ICF)	0 slots	14 patients served
Opioid Maintenance Therapy	227 slots	297 patients served
Acupuncture		200 patients served

Baltimore County

During fiscal year 2011, CRF funds were used to support the following:

Level II.1 Intensive Outpatient	14 slots	71 patients served
Level II.D IOP Detox.		26 patients served
Level III.1 Halfway House	4 slots	8 patients served
Level III.3 Long Term Residential Services	12 slots	42 patients served
Level III.5 Therapeutic Community		2 patients served
Level III.7 Medically Monitored Inpatient (ICF)	9 slots	102 patients served
Level III.7D Med. Mon. Inpatient (ICF) Detox.		32 patients served
Assessments- Criminal Justice		337 patients served

Calvert County

During fiscal year 2011, CRF funds were used to support the following:

Level II.1 Intensive Outpatient	15 slots	45 patients served
Level III.1 Halfway House	3 slots	4 patients served
Level III.3 Long Term Residential Services	3 slots	5 patients served

Caroline County

During fiscal year 2011, CRF funds were used to support the following:

Level I Outpatient (Adolescent)	12 slots	24 patients served
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Carroll County

During fiscal year 2011, CRF funds were used to support the following:

Level II.I Intensive Outpatient	71 slots	142 patients served
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Cecil County

During fiscal year 2011, CRF funds were used to support the following:

Level III.7D Medically Monitored Inpatient (ICF) Detox.		90 patients served
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Charles County

During fiscal year 2011, CRF funds were used to support the following:

Level II.1 Intensive Outpatient	2 slots	57 patients served
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Dorchester County

During fiscal year 2011, CRF funds were used to support the following:

Level II.1 Intensive Outpatient	25 slots	65 patients served
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Frederick County

During fiscal year 2011, CRF funds were used to support the following:

Level I.D Outpatient Detox.		21 patients served
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Garrett County

During fiscal year 2011, CRF funds were used to support the following:

Level I Outpatient (Adolescent)	23 slots	69 patients served
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Harford County

During fiscal year 2011, CRF funds were used to support the following:

Level 0.5 Early Intervention		2 patients served
Level I Outpatient	52 slots	95 patients served
Opioid Maintenance Therapy	10 slots	15 patients served

Howard County

During fiscal year 2011, CRF funds were used to support the following:

Level II.D IOP - Detox 22 patients served

Kent County

During fiscal year 2011, CRF funds were used to support the following:

Level III.7D Med. Mon. Inpatient (ICF) Detox (Co-Occurring) 240 patients served

Montgomery County

During fiscal year 2011, CRF funds were used to support the following:

Level 0.5 Early Intervention Services 354 patients served

Level II.I Intensive Outpatient Services 60 patients served

Prince George's County

The following services were purchased through the CRF funding:

Level I Outpatient Services 377 slots 1,097 patients served

Level II.I Intensive Outpatient Services 38 slots 304 patients served

Level III.1 Halfway House 1 slot 3 patients served

Assessment & Case Mgmt (Women) 185 patients served

Assessment (Men) 167 patients served

Assessment (Criminal Justice) 30 patients served

Queen Anne's County

During fiscal year 2011, CRF funds were used to support the following:

Level II.1 Intensive Outpatient Services 1 slot 3 patients served

Level III.7 Medically Monitored Inpatient (ICF) 5 patients served

St. Mary's County

During fiscal year 2011, CRF funds were used to support the following in Criminal Justice:

Level I Outpatient 10 slots 53 patients served

Level II.1 Intensive Outpatient 18 slots 54 patients served

Somerset County

During fiscal year 2011, CRF funds were used to support the following:

Level I Outpatient 17 slots 34 patients served

Talbot County

During fiscal year 2011, CRF funds were used to support a portion of the treatment coordinator/program director’s salary.

Washington County

During fiscal year 2011, CRF funds were used to support the following:

Level I Outpatient (Jail-based)	40 slots	80 patients served
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Wicomico County

During fiscal year 2011, CRF funds were used to support the following:

Level I Outpatient	30 slots	140 patients served
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Worcester County

During fiscal year 2011, CRF funds were used to support the following:

Level I Outpatient	36 slots	89 patients served
Level II.1 Intensive Outpatient	5 slots	3 patients served
Level III.7.D Medically Monitored Inpatient Detox.		46 patients served

In addition to the services listed above, the Worcester County Health Department contracts with the Joan Jenkins Foundation which operates the Atlantic Club, located in the basement of the WACS Center. This center provides ancillary services, 24 hour access to self help meetings and fellowship to 35,626 individuals per year.

Administrative Support

For FY2011, the Alcohol and Drug Abuse Administration (ADAA) budgeted \$65,920 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 FY2011 were \$69,276.

Managing For Results

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

MEDICAL CARE PROGRAM

FISCAL REPORT AND MANAGING-FOR-RESULTS

CIGARETTE RESTITUTION FUND PROGRAM

MEDICAL CARE PROGRAM

PROVIDER REIMBURSEMENTS

&

MANAGING-FOR-RESULTS (CY 2010)

Appropriation: **\$86,700,000**

Expenditure: **\$86,700,000**

M00Q01.00 MEDICAL CARE PROGRAMS ADMINISTRATION

Objective 1.4 For Calendar Year 2012, reduce by one admission annually, the rate per thousand of asthma-related avoidable hospital admissions among HealthChoice children ages 5-20 with asthma.

The number of hospital admissions per thousand for asthma-related illness decreased from 46 in 2009 to 38 in 2010. This significant decrease probably reflects the various efforts of the health care community. Admissions are defined as “avoidable admissions” and are based on specifications from AHRQ (Agency for Healthcare Research and Quality). The methodology for determining performance reflects both AHRQ and HEDIS (Healthcare Effectiveness Data and Information Set) specifications and recommendations.

	CY 2009	CY2010	CY2011	CY 2012
Performance Measures	Actual	Actual	Estimated	Estimated
Input: Number of HealthChoice children ages 5- 20 with asthma	8,401	10,208	11,228	12,351
Output: Number of asthma-related avoidable admissions among HealthChoice children ages 5- 20 with asthma	387	392	415	457
Outcome: Rate per thousand of asthma-related avoidable admissions among HealthChoice children ages 5-20 with asthma	46	38	37	36

Objective 2.5 For Calendar Year 2012, reduce the gap in access to ambulatory services between Caucasians and African-Americans in HealthChoice by one percentage point.

	CY 2009	CY 2010	CY 2011	CY 2012
Performance Measures	Actual	Actual	Estimated	Estimated
Input: Number of Caucasians enrolled in HealthChoice	215,805	243,937	261,125	279,404
Number of African-Americans enrolled in HealthChoice	380,582	418,483	460,504	501,949
Output: Percentage of Caucasians in HealthChoice accessing at least one ambulatory service	78.6%	78.6%	81.4%	84.3%
Percentage of African-Americans in HealthChoice accessing at least one ambulatory service	72.2%	73.7%	77.6%	81.5%
Outcome: Percentage gap between access rate for Caucasians compared to the access rate for African-Americans	6.4%	4.9%	3.8%	2.8%

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

Program Performance Discussion

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

Although the gap in access has remained relatively stable over the past three years, the percentage of African Americans accessing care increased from 70.5% to 73.7% between Calendar Year 2008 and Calendar Year 2010. While DHMH is pleased that the gap in access to care continues to decrease, a gap remains. Continuing efforts to address health disparities include increasing availability of race/ethnicity data among managed care organizations (MCOs), increasing performance measurement by race/ethnicity, targeting MCO care management to address disparities, initiating grant projects to address disparities in access to care, and participation in health disparities conferences and workgroups. Through continued focus in these areas, we aim to decrease the gap in access to care between Caucasians and African Americans over the upcoming years.