

M A R Y L A N D

State Council on Cancer Control



MARYLAND DEPARTMENT OF HEALTH & MENTAL HYGIENE

2007 Annual Report

Martin O'Malley
Governor

Anthony G. Brown
Lt. Governor

John M. Colmers
Secretary, Department of Health & Mental Hygiene

Dr. J. Richard Lilly
Chair, Maryland State Council on Cancer Control



M A R Y L A N D
State Council on Cancer Control



2007

Annual Report



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

Family Health Administration

Russell W. Moy, M.D., M.P.H., Director – Joan H. Salim, Deputy Director

January 2008

The Honorable Martin O'Malley
Governor
State House
Annapolis, MD 21401

Dear Governor O'Malley:

On behalf of the members of the State Council on Cancer Control, an independent commission established under Executive Order 01.01.1997.07 and reaffirmed under Executive Order 01.01.2002.25, I am pleased to submit the Council's 2007 Annual Report.

During 2007, the Council made robust strides in its mission with the Council holding three meetings and one all day event, our 14th Annual Cancer Control Conference. In January 2007, the Council once again urged the Maryland General Assembly to pass several important pieces of legislation. In April 2007, the Council hosted a public health forum on disparities and workforce diversity, and on November 14, 2007, the Cancer Council held the 14th Annual Cancer Control Conference at Martin's West. Attended by over 300 and 400 people respectively, both events were a direct result of the hard work and dedication of members and staff. Finally, in 2007 the Council continued its work on implementing the Maryland Comprehensive Cancer Control Plan.

Looking forward to 2008, the Maryland State Council on Cancer Control will continue to utilize evidence-based research as the foundation for all Cancer Council activities and recommendations for cancer control programs and policies. In addition to focusing on a host of important topics, the Council will focus our efforts on several key issues outlined later in this report.

The Maryland State Council on Cancer Control looks forward building a strong relationship with your office, the Department of Health and Mental Hygiene, as well as community groups, so that we may all contribute in the fight against cancer in Maryland.

Sincerely,

J. Richard Lilly, M.D.
Chair – Maryland State Council on Cancer Control

Maryland State Council on Cancer Control 2007 Annual Report

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I. State Council on Cancer Control Membership

J. Richard Lilly, MD – Chair

Senior Partner, Multi-Specialty Practice Group

Esther Rae Barr

Executive Director
Maryland Academy of Family Physicians

Dr. Stephen Baylin

Interim Director
Johns Hopkins Kimmel Cancer Center

Kevin Cullen, MD

Director
Univ. of Maryland Greenebaum Cancer Center

Katherine P. Farrell, MD, MPH

Deputy Health Officer
Anne Arundel County Health Department

Mark Gorman

Manager of Public Policy
National Coalition of Cancer Survivorship

John Groopman, PhD

Professor
Johns Hopkins Bloomberg School of Public Health

Gail Roddie-Hamlin

Chief Community Officer
American Cancer Society South-Atlantic Division

Roger Harrell, MHA

Health Officer
Dorchester County Health Department

Dr. Miles Harrison Jr.

Director of General Surgery
Maryland General Hospital

Phillip Heard, MD, MPH

Maryland Department of the Environment

Kathy J. Helzlsouer, MD, MHS

Director, Prevention and Research Center
Mercy Medical Center

Carlessia A. Hussein, RN, Dr. PH

Director
Cigarette Restitution Fund, DHMH

Senator Nathaniel J. McFadden

Maryland Senate

Delegate Heather Mizeur

Maryland House of Delegates

Edward D. Miller, MD

Dean
Johns Hopkins School of Medicine & CEO, Johns Hopkins Medicine

David J. Ramsay, DM, DPhil

Mary Leach, PhD
President
University of Maryland, Baltimore

Dr. Albert Steren

Physician

Diana Ulman

Founder
The Ulman Cancer Fund for Young Adults

Ex-Officio Members

Regina el Arculli, MA

Program Director, National Cancer Institute

Mary Leach, PhD

Executive Assistant to the President
University of Maryland, Baltimore

Executive Director

Robert Villanueva, MPA
Maryland Department of Health and Mental Hygiene

II. History, Mission, and Current Chair

History

The Maryland State Council on Cancer Control (Council) is a 25-member body appointed by the Governor with members selected from State agencies involved in cancer screening, prevention and treatment services, as well as members representing the general public, major academic medical institutions in Maryland's cancer community, national organizations, the business community, and health and scientific disciplines concerned with cancer control. In addition, at least one member of the Council is a known cancer survivor, one is a member of the Maryland State Senate, and another is a member of the Maryland House of Delegates. The Department of Health and Mental Hygiene (DHMH) provides the Council with necessary staff and resources. The Council was established by an Executive Order on June 26, 1991. The mission of the Council was reaffirmed with updated Executive Orders in 1997 and 2002. For a copy of the Council's Executive Order, see Appendix A.

Council Mission

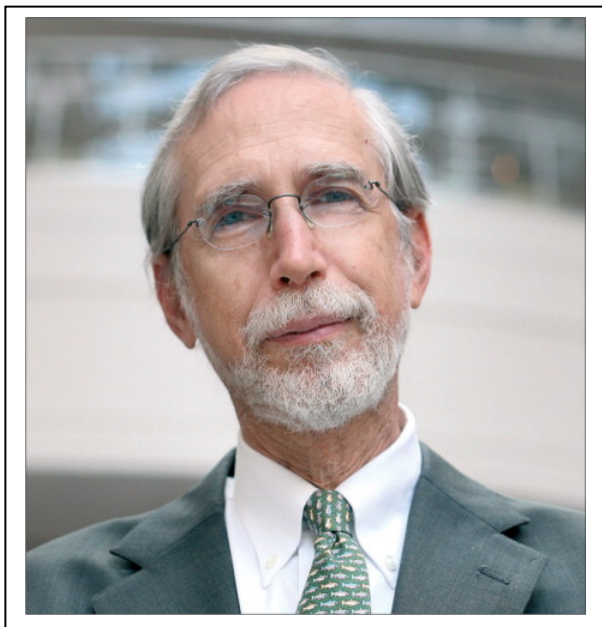
The Council advises the Governor, other government officials, public and private organizations, and the general public on comprehensive State policies and programs necessary to reduce the incidence and mortality of cancer in Maryland. In addition, the Council is charged with promoting and coordinating, in cooperation with other federal, State, local, or private agencies, unified programs that identify and address the cancer needs of Marylanders such as public and private partnerships to improve access to prevention, screening, and treatment services. Finally, the Council is charged with reviewing existing and planned cancer programs in the public and private sectors to ensure proper allocation of State resources.

Current Council Chair

Dr. J. Richard Lilly, a Board Certified Family Physician, is the Senior Partner in a multi-specialty Practice Group in Prince George's County and has served as the Maryland State Council on Cancer Control's Chairman since his appointment in August 1999. Dr. Lilly received his medical degree from Temple University in Philadelphia and completed his internship at the Church Hospital in Baltimore, Maryland. From 1970 –1973 Dr. Lilly served as a Clinical Assistant Professor in the Family Practice Program at the University of Maryland and, from 1974-1978, was a faculty member of the Department of Family Medicine at the University of Maryland, and founder of the Residency Program at Prince George's County Hospital and Medical Center.

In 1995, Dr. Lilly was awarded a Governor's Citation as one of Maryland's most respected and admired members of the medical profession, and in 1996 was selected by the American Hospital Association and the American Medical Association as one of the 50 Most Positive Physicians in America. In 1995-1996, Dr. Lilly served as the President of Med-Chi, the Maryland State Medical Society. Dr. Lilly has served on the Board of Carefirst BlueCross/BlueShield since 1996 and was a founding partner of Doctor's Community Hospital in Prince George's County. Dr. Lilly earned his B.A. in Chemistry from Gettysburg College in 1958.

III. Dr. Martin Abeloff



Dr. Martin Abeloff, Vice Chair of the Cancer Council and the director of the Johns Hopkins Kimmel Comprehensive Cancer Center passed away on September 14, 2007 from leukemia.

As a member of the Cancer Council since its inception in 1992, Dr. Abeloff was instrumental in nurturing and guiding the group during its formative years. During turbulent times involving a wide scope of issues related to cancer and tobacco control, Dr. Abeloff provided a calming voice and sound reason which gained him much respect amongst members of the council, as well as the legislature.

Dr. Abeloff was born in Shenandoah, PA, and after high school enrolled in a five-year program at Franklin and Marshall College that led to Bachelor's degree and a medical degree from the Johns Hopkins School of Medicine.

After residency and fellowship training in Boston's Beth Israel Hospital and Tufts-New England Medical Center, he returned to Baltimore for an oncology fellowship at Johns Hopkins. He joined the Hopkins oncology faculty in 1972, focusing on lung and breast cancer research, and then headed the medical oncology department before directing the entire cancer center.

Under Dr. Abeloff's direction the size of the Center's faculty and increased research funding six-fold and he worked to expand the cancer complex at Johns Hopkins which now includes nearly 1 million square feet of treatment and research space. Dr. Abeloff also established the Art of Healing program, which includes a collection of more than 100 works of museum-quality art.

During his career as an oncologist, Dr. Abeloff served as president of the American Society of Clinical Oncology and chairman of the FDA Oncology Drug Advisory Committee. He also had been the chairperson of the Board of Scientific Counselors to the Intramural Division of Clinical Science at the National Cancer Institute and a member of the NCI Executive Committee.

Upon hearing about Dr. Abeloff's passing, Dr. J. Richard Lilly said "Marty Abeloff was not only a gifted scientist and cancer physician, but also someone who possessed a rare level of care, compassion, and dedication to his patients and colleagues. He will forever be missed at our meetings and as a part of our lives."

IV. Maryland State Council on Cancer Control 2007 Meeting Schedule

The State Council on Cancer Control held three meetings and one conference during calendar year 2007. Agenda items for these meetings included the Cigarette Restitution Fund Program, legislation arising from the 2006 Maryland General Assembly, and the Maryland Comprehensive Cancer Control Plan. Agendas for the 2007 Cancer Council Meetings can be found in Appendix B

Date	Location
Friday May 11, 2007 9:30 – 11:30	American Cancer Society White Marsh, MD
Friday September 14, 2007 9:30 – 11:30	Maryland Dept of the Environment Baltimore, MD
Annual Cancer Conference November 14, 2007 8:30 – 3:30	14th Annual Cancer Conference Martin's West
Friday December 14, 20079:30 – 12:00	University of Maryland Baltimore Baltimore, MD

V. 2007 Council Activities and Accomplishments

A. 2007 Legislative Session

Since its inception in 1991, the State Council on Cancer Control has played an active role in the legislative process by supporting certain legislative measures in the General Assembly aimed at reducing the incidence and burden of cancer in Maryland. During the 2007 session, the Cancer Council supported the Clean Indoor Act, which bans smoking in bars and restaurants. This bill represents almost 10 years of effort to pass similar measures.

In addition, legislation calling for further regulation of tanning beds was considered, but ultimately not given a favorable report. Finally, legislation to require that all cigarettes sold in Maryland meet fire-safe guidelines was passed, making Maryland one of the very few states to require this.

For a complete listing of all legislation tracked during the 2007 Maryland General Assembly session, see **Appendix C**.

B. Comprehensive Cancer Control Planning in Maryland

Since October 2001, DHMH has participated in a cooperative agreement with the Centers for Disease Control and Prevention (CDC) to update the Maryland State Cancer Plan. During a 29-month planning process, the State Council on Cancer Control served as the managing body directing the comprehensive cancer control planning efforts for the State of Maryland.

Since its publication in April 2004, over 1,400 copies of the 2004-2008 Maryland Comprehensive Cancer Control Plan have been disseminated across the State of Maryland and the country. An Executive Summary of the Maryland Comprehensive Cancer Control Plan was published and has been disseminated to over 750 individuals.

In 2005, DHMH applied, on behalf of and in collaboration with, the Baltimore City Colorectal Cancer Collaborative and its partner organizations, for a grant to conduct colorectal cancer screening in Baltimore City under a demonstration project with the CDC. Objectives contained in the colorectal cancer chapter of the Maryland Comprehensive Cancer Control Plan were the basis of the application. In September 2005, DHMH was awarded a cooperative agreement from the CDC for a multi-site colorectal cancer screening demonstration project in Baltimore City. The program is managed by DHMH, with the Collaborative serving as the Steering Committee for all activities under this cooperative agreement.

The www.MarylandCancerPlan.org Web site continues to be the “home base” for comprehensive cancer control efforts in Maryland. Updated regularly by DHMH, this Web site has served as an effective tool for information dissemination, evaluation,

and program announcements. In addition, the Web site was used to register individuals for the various Council conferences, many of which focused on a host of issues contained in the 2004-2008 Maryland Comprehensive Cancer Control Plan. By the end of 2007, over 60,000 hits were registered on this website.

VI. Cervical Cancer Activities: The Human Papilloma Virus Vaccine Task Force

During the 2004 Maryland General Assembly, Senate Bill 499 established a Cervical Cancer Committee. The bill required DHMH to staff the Committee, and required the Committee to present findings and recommendations about developments in cervical cancer to the Governor and the General Assembly annually for five years beginning in October 1, 2004.

Due to the emergence of HPV Vaccines in the healthcare market in 2006 and 2007, the Maryland General Assembly passed HB 1049, a measure establishing the Human Papilloma Virus Vaccine Subcommittee. This subcommittee is charged with the following responsibilities:

- (I) Examine federal and State programs relating to the HPV vaccine;
- (II) Develop a public awareness and education campaign about the HPV vaccine with an emphasis on parental education;
- (III) Evaluate the availability and affordability of the HPV vaccine, including coverage by health insurers and public health programs;
- (IV) Identify barriers to the administration of the HPV vaccine to all recommended individuals;
- (V) Identify and evaluate various resources to cover the costs of the HPV vaccine;
- (VI) Identify and evaluate appropriate mechanisms the State may use to increase access to the HPV vaccine, including mandating the HPV vaccine for enrollment in school on or before September 1 of each year; and
- (VII) Submit a report on its findings and recommendations to the Cervical Cancer Committee of the Maryland Cancer Plan.

During the fall of 2007, members were appointed to the Subcommittee by DHMH Secretary John Colmers and the first meeting of the group is scheduled for early 2008.

A list of the Subcommittee members is on the following page and the legislation establishing the HPV Vaccines Subcommittee can be found in Appendix D.

Human Papilloma Virus Vaccine Subcommittee **Membership**

Subcommittee Slot	Name
Chair	Gloria Jetter American Cancer Society
MSDE	Anne Walker Maryland State Department of Education
Maryland PTA	Laura Carr Parent
Maryland State Teachers Association	Kim Edler Teacher, Cecil County Public Schools
Maryland Association of Boards of Education	Cathy Allen St. Mary's County Board of Education
MACHO	Anne Bailowitz, MD Baltimore City Dept. Of Health
Society for Adolescent Medicine	Ann Bruner Society of Adolescent Medicine
Med-Chi	Lauren Gordon, MD Franklin Square Hospital Center
Maryland Chapter of the American Academy of Pediatrics	Avril Houston, MD Baltimore City Dept. of Health
Children's National Medical Center	Joseph L. Wright, MD, MPH
Johns Hopkins Bloomberg School of Public Health	Dr. Ann Klassen
Maryland Council for American Private Education	Dr. Nicola Lundin
Health Insurance Industry	Dr. Charles Medani, MBA Carefirst Blue Cross/Blue Shield
Consumer	Elizabeth Eugene Student

VII: 2007 Maryland State Council on Cancer Control Conferences

Workforce and Cultural Diversity: A Public Health Forum

On April 24, 2007, The Maryland State Council on Cancer Control and the Maryland Comprehensive Cancer Control Plan sponsored “Workforce and Cultural Diversity: A Public Health Forum” At Martin’s West in Baltimore, MD. The event was held the day following DHMH’s Office of Minority Health and Health Disparities Annual Conference. There were more than 350 individuals in attendance at the forum.

The event was opened by Elder Rico Newman of the Choptico Band of the Piscataway Indians who conducted a Native American Cultural welcoming. Secretary John M. Colmers brought greetings followed by Delegate Shirley Nathan Pulliam and former Director of the Center for Cancer Surveillance and Control, Marsha Biena. Dr. Michelle Gourdine, former Deputy Secretary of the Public Health Services at DHMH, presided over the day’s events.

The first presentation of the day was a panel addressing the diversification of medical education. Members of the panel included Dr. E. Albert Reece, Vice President of Medical Affairs at The University of Maryland School of Medicine, Dr. Larry W. Laughlin, Dean of the F. Edward Hébert School of Medicine, Uniformed Services University of the Health Sciences and Dr. Janice E. Clements Vice Dean for Faculty at Johns Hopkins School of Medicine. Panelists discussed the importance of a culturally diverse medical workforce as well as shared methods and strategies regarding what each perspective school was doing to accomplish that goal. Dr. Jordan J. Cohen, President of the American Association of Medical colleges was the moderator.

The keynote address was brought forth by Dr. Robert C. Like, Director of the Center for Healthy Families and Cultural Diversity at the University of Medicine and Dentistry – Robert Wood Johnson Medical School. Dr. Like presented best and promising practices for cultural competency training in the increasingly diverse healthcare workforce.

Following Dr. Like was Dr. Mary Catherine Beach, Assistant Professor of Medicine at the Bloomberg School of Public Health at Johns Hopkins University. Dr. Beach discussed the importance of patient centered care and the role of the health care provider in helping to reduce and ultimately eliminate health disparities.

After Dr. Beach’s talk, Dr. Lisa A. Cooper, Associate Professor at Johns Hopkins University and the Bloomberg School of Public Health brought forth a very eye opening and candid presentation addressing race relationships and healthcare disparities. Dr. Cooper discussed patient centered strategies for identifying, improving and overcoming racial and ethnic disparities in health care.

Just after the networking lunch Dr. Olivia Carter-Pokras, Associate Professor at the University of Maryland School of Medicine and College Park campuses

reviewed examples of Cultural Competency Education and Training Tools being used in Maryland. Dr. Carter Pokras- was followed by Ms. Carmen Tyler Winston, Vice President of Quality Improvement Programs at the Delmarva Foundation. Ms. Winston shared the successes and difficulties that she has encountered in delivering cultural competency training to the health care workforce.

Mr. Guadalupe Pacheco, Special Assistant to the Director of the Department of Health and Human Services Office of Minority Health demonstrated a training tool used by physicians and other health care professionals, A Health Professional's Practical Guide to Culturally Competent Care.

The day was closed by a very lively and interactive presentation by Ms. Marjory Bancroft, Director of Cross-Cultural Communications, LLC and Ms. Darci L. Graves, Cultural Competence Training Manager at NetworkOmni Multilingual Communications. Ms. Bancroft and Ms. Graves delivered a presentation that involved audience participation to understand the legal requirements and best practices for interpreting in health care.

2007 Maryland State Council on Cancer Control Conference¹



On November 14, 2007, at Martin's West in Baltimore, Maryland, the Maryland State Council on Cancer Control hosted its 14th annual conference on the issues and challenges in cancer control in Maryland. Four hundred and two individuals attended the conference, and it was the largest event ever sponsored by the State Council in Cancer Control.

Opening the morning session of the conference with welcoming remarks was the Secretary of DHMH, John Comers (**at right**). Following Secretary Colmers, Cancer Council Chair, Dr. J. Richard Lilly (**at right, below**), welcomed attendees to the conference.

During his welcoming address, Dr. Lilly gave a historical perspective on the Cancer Council conference and how it has grown to over 400 attendees with a list of speakers that would rival the best conferences in the country. In addition, Dr. Lilly provided an overview of the conference agenda. Dr. Lilly spent a majority of his opening remarks providing a moving tribute to Dr. Martin Abeloff, the Vice Chair of the Cancer Council who recently passed away from leukemia. Dr. Lilly spoke of the impact Dr. Abeloff had on not only the Council, but on all the individuals he touched in his daily life. Dr. Lilly closed his comments by stating that Dr. Abeloff would be missed greatly, and his loss will be felt for some time.



Following Dr. Lilly, Dr. Diane Solomon a Senior Researcher at the National Cancer Institute, (**at left**), provided a presentation on HPV Vaccines. Dr. Solomon described various types of HPV, the burden of cervical cancer and the correlation that HPV has in this diseases' development. She then described historical development of HPV Vaccines and their possible impact on reducing the burden of cervical cancer in Maryland and across the nation. Dr. Salomon focused on the implementation of HPV vaccinations and the possible barriers that might

¹ The conference agenda, along with additional conference materials may be found in **Appendix F**.

caused problems. Dr. Solomon closed her talk with a discussion on the impact HPV Vaccines could have on cervical cancer screening and reiterated, on several occasions, that cervical cancer screening is still a priority for women even as HPV vaccines become widely utilized.



Following Dr. Solomon, Dr. Ronald Summers of the National Institutes of Health **(at left)**, presented a talk entitled “Virtual Colonoscopy: Ready for Primetime?” Dr. Summers started his talk by documenting the burden that colon cancer has on our nation and how more screening can impact the mortality of the disease. Dr. Summers then discussed the various tests currently available for screening. Dr. Summers then spent a portion of his of talk differentiating “virtual colonoscopy” from conventional screening methods including prep, procedure, and test result interpretation. Dr. Summers also spent time discussing the potential cost-effectiveness of the virtual colonoscopy compared to conventional colonoscopy.

To close his presentation Dr. Summers highlighted data from a Multi-Institute Computer Aided Tomography Clinical Trial and stated that the results were very promising and given more research and findings, virtual colonoscopy is close to being ready for introduction as an acceptable method of screening for colon cancer.

Following a short break, Dr. J. Richard Lilly took to the podium and announced to the attendees that the Cancer Council members decided unanimously that Dr. Martin Abeloff’s memory and legacy could not be forgotten.

To honor Dr. Abeloff’s memory, Dr. Lilly announced the Maryland State Council on Cancer Control’s creation of the Martin D. Abeloff Award for Excellence in Public Health and Cancer Control. Dr. Lilly stated that this award will annually recognize work in the area of cancer control which also influences the public health of all citizens.

Dr. Lilly, in announcing that the inaugural award was being given to its namesake Dr. Martin Abeloff, said “Marty was a man who did so much in his life but who was taken from us far too soon. We cannot forget his memory and must make sure that his legacy lives on.”

Dr. Abeloff’s wife, Diane **(at right)**, accepted the award on his behalf and was twice given a standing ovation by conference attendees.





Following the presentation of the Abeloff award, Dr. Deidre Coll (**at left**) from the Marlene and Stewart Greenebaum Cancer Center at the University of Maryland presented on the use of Magnetic Resonance Imaging (MRI) in the detection of breast cancer. Dr. Coll gave a brief overview of currently accepted breast cancer screening and diagnostic modalities including mammography and ultrasound. Following this, Dr. Coll discussed the use of MRI's in breast cancer detection, highlighted the research in the area, and pointed out the American Cancer Society recommendations on the use of MRI.

Dr. Coll concluded her talk by stating that MRI's were of great use to high risk women with certain genetic markers and other risk factors for breast cancer. She stated that the use of MRIs in the general population was not supported by research at this time and that mammography was still the gold standard for breast cancer detection.

Following the conferences traditional networking luncheon, Drs. Carlessia Hussein (**at right, top**) and Dr. David Mann (**at right, below**) from the Maryland Department of Health and Mental Hygiene Cigarette Restitution Fund Program (CRFP), and Office of Minority Health and Health Disparities presented on the impact of Cigarette Restitution Funds on health indicators in Maryland.



Established in 1999, the CRFP funds are dedicated to the control of cancer, tobacco-use, tobacco-related diseases, substance abuse and the conversion of tobacco crop to other uses. Seven targeted cancers were identified that accounted for 57% mortality in 1997; lung, colorectal, breast, prostate, oral, Melanoma and cervix.

Drs. Hussein and Mann stated that since the inception of the CRFP, cancer mortality in Maryland has fallen from 9th highest state in 1995, to 23rd according to the latest available data. Drs. Hussein and Mann also pointed out that the cancer mortality disparity between Blacks and Whites reduced by 50% between 2000 and 2005



Drs. Mann and Hussein concluded their presentation by illustrating the gains made by CRFP funds in the area of tobacco use prevention. In this area, CRFP funds have aided in a reduction in adult tobacco use for males, females and minorities by substantial margins. In addition, overall underage tobacco use has fallen by 49% in middle school students and by 36% in high school students.



After the presentation by Drs. Hussein and Mann, Dr. John Groopman of the Johns Hopkins Kimmel Comprehensive Cancer Center and Dr. Kevin Cullen of the Marlene and Stewart Greenebaum Cancer Center at the University of Maryland presented on the use of Cigarette Restitution Fund money to conduct clinical research at their respective institutions.

Dr. Groopman (**at left**) stated that Johns Hopkins focused on two broad areas with its funds. The first faculty recruitment and retention is intended to make sure that Hopkins has the best and brightest minds in its fight on cancer. The second area, surveillance and epidemiology is intended to improved understanding of cancer risk factors and how they impact on the State's unique cancer statistics.

Dr. Groopman utilized the Prostate Cancer Screening Project, HPV Therapeutic Vaccine Development, and the Nrf2:Keap1 chemoprevention project to highlight the effort of Johns Hopkins to utilize CRF funds in the fight against cancer in Maryland.

Following Dr. Groopman, Dr. Kevin Cullen (**at right**) used the first part of his presentation to show how the University of Maryland has been able to use CRF research funds to leverage additional research grants from other sources. One of the highlights in the CRF cancer research program at the University of Maryland is Dr. Angela Brodie's continued work on Aromatase Inhibitors to fight breast cancer. Dr. Cullen also highlighted the progress and benefits of work being done on hormone responsive cancers, including some in breast and prostate. Dr. Cullen closed his talk by discussing the groundbreaking work being done at the University of Maryland in the area of immunochemistry of head and neck cancers.



Following Drs. Groopman and Cullen, Dr. Lilly pronounced the meeting closed and thanked all for attending.

Exhibitors

The hallways of Martin's West were filled with 19 exhibitors from various cancer-related organizations and programs. Evaluations noted that the exhibits were very beneficial and informational to the attendees.

Conference Evaluation and Feedback

Conference participants were asked to complete a survey that allowed them to comment on the facilities and conference organization. Over 225 (56%) of the participants completed the survey. Over 92% of the evaluations said that the conference quality was excellent.

VIII: Appendices

Appendix A

State Council on Cancer Control
Executive Order

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Appendix B

2007 State Council on Cancer Control Meeting Agendas

**Maryland State Council on Cancer Control
American Cancer Society – White Marsh
May 11, 2007**

Agenda

- **Call to Order** Dr. J. Richard Lilly
- **Approval of December Meeting Minutes** Group
- **Announcements** Dr. J. Richard Lilly
- **Maryland Cancer Registry Update** Dr. Diane Dwyer
 ○ CRAC Report Dr. Katherine Farrell
- **Maryland Clean Indoor Air Law Overview** Joan Stine
 ○ Legislative Committee Report Dr. Mary Leach
- **Council Conferences** Felicia Plummer
 ○ April 24 Conference Wrap-Up
 ○ November 14, 2007 Conference
- **Cigarette Restitution Fund Update** Dr. Carlessia Hussein
Marsha Bienia
Joan Stine
- **Committee Reports** Dr. Mary Leach
 Legislative Committee
- **New Business** Group

**Maryland State Council on Cancer Control
Maryland Department of the Environment
September 14, 2007**

Agenda

- | | |
|---|--------------------------------------|
| • Call to Order | Dr. J. Richard Lilly |
| • Greetings | Dr. Phil Heard |
| • Approval of May Meeting Minutes | Dr. J. Richard Lilly |
| • Announcements | Dr. J. Richard Lilly |
| • <u>Committee Reports</u> | |
| • Cancer Registry Advisory Committee | Dr. Katherine Farrell |
| • Data Use Policy Concern | Dr. Kathy Helzlsouer |
| • Legislative Committee | Dr. Mary Leach |
| • CRFP Update | Dr. Carlessia Hussein
Donna Gugel |
| • Cancer Conference Update | Robert Villanueva
Felicia Plummer |
| • Council Support of Federal Legislation | Mark Gorman |
| • Progress towards 2007 Council Priorities | Dr. J. Richard Lilly
Staff |
| • New Business/Open Table | Group |
| • Adjourn | |

**Bess and Frank Gladhill Board Room
Health Sciences and Human Services Library
University of Maryland, Baltimore
December 14, 2007**

Agenda

- **Call to Order** Dr. J. Richard Lilly
- **Approval of September Meeting Minutes** Group
- **Announcements** Dr. J. Richard Lilly
- **2008 Meeting Calendar** Group
- **November 14th Cancer Conference Wrap-Up
And Future Directions** Felicia Plummer
Robert Villanueva
- **Committee Reports**
 - Cancer Registry Advisory Committee** Dr. Katherine Farrell
 - Legislative Issues** Mary Leach
- **Cigarette Restitution Fund Update** Dr. Carlessia Hussein
- **2007 Priority Review** Group
- **Open Forum** Group

Appendix C

2007 State Council on Cancer Control Legislative Positions Chart

2007 State Council on Cancer Control Legislative Positions Chart

HB=House Bill, **SB**=Senate Bill, **SJR**=Senate Joint Resolution, **HJR**=House Joint Resolution;
Council Position: S=Support, **O**=Oppose, **NP**=No Position;
SWA=Support with Amendment; **PWA**=Passed with Amendment
House or Senate Action - UNF=Unfavorable, **Amend**=Amendment

HOUSE BILLS

Bill #	Name	Sponsor (s)	Position	House Action	Senate Action	Enacted
HB 78	Environmental Tobacco Smoke Elimination and Waiver Act Prohibiting a person from smoking tobacco products except under specified circumstances; authorizing smoking in bars and restaurants if the owner has an environmental tobacco smoke waiver; and that a waiver is effective for 1 year	Delegate Cardin	NP	Unfavorable Report		
HB 288	Healthy Maryland Initiative Establishing the Healthy Maryland Initiative Fund; altering the distribution of tobacco tax revenues; increasing the tobacco tax rate imposed on cigarettes and other tobacco products	Delegates Hixson, Hubbard, Nathan-Pulliam, et al.	NP	No Action After Hearing		
HB 313	Maryland Cancer Treatment Program Establishing the Maryland Cancer Treatment Program in the Department of Health and Mental Hygiene	Delegates Nathan-Pulliam, Benson, Costa, et al.	NP	No Action After Hearing		
HB 359	Clean Indoor Air Act of 2007 Prohibiting a person from smoking tobacco products in indoor areas open to the public and places of employment;	Delegates Frush, Ali, Anderson, et al.	S	Passed With Amendments 98-40	Passed With Amendments 31-16	Enrolled 4/4
HB 447	St. Mary's County – Distribution of Tobacco Products to Minors Prohibiting the distribution of specified tobacco products and coupons to minors in St. Mary's County	St. Mary's County Delegation	NP	Passed 136-0	Passed 136-0	Returned Passed

HB 461	Prostate Cancer Pilot Program Establishing the Prostate Cancer Pilot Program	Delegate Nathan Pulliam, et al.	NP	No Action After Hearing		
HB 661	Foster Care - Secondhand Smoke Exposure Requiring the Social Services Administration to adopt regulations authorizing the Administration to require the local departments of social services to consider secondhand smoke exposure in determining permanency plans for children in foster care and require foster care parents to protect children in foster care from exposure to secondhand smoke in enclosed places; etc.	Delegates Cardin, Barnes, et al.	NP	Unfavorable Report		
HB 785	Cigarette Fire Safety Performance Standard and Firefighter Protection Act Prohibiting the manufacture, sale, or offer for sale of cigarettes in the State unless the cigarettes have been tested in a specified manner and meet a performance standard and the manufacturer has filed a specified certification with the Comptroller	Delegates Malone, Barkley, et al.	S	Passed 136-1	Passed 46-0	Enrolled 5/17
HB 1040	Maryland Compassionate Use Act Allowing the medical use of marijuana under specified circumstances	Delegates Oaks, Anderson, et al.	NP	No Action After Hearing		
HB 1049	Task Force on the HPV Vaccine Establishing a Task Force on the HPV Vaccine; requiring the Task Force to report specified findings and recommendations to the Governor and the General Assembly.	Delegates Pena-Melnyk, Aumann, Barnes, et al.	NP	Passed 137-0	Passed 45-2	Enrolled 4/25

SENATE BILLS

Bill #	Name	Sponsor (s)	Position	House Action	Senate Action	Enacted
SB 54	Vaccine for Prevention of Cervical Cancer Requiring specified students to receive, by September 2008, a vaccine that contains materials intended to prevent cervical cancer;	Senators Kelley, Britt, Colburn, et al.			Withdrawn	
SB 67	Credit for Smoking Prohibition on the Premises of Business Establishments Providing for credits against the State income tax for prohibiting smoking on the premises of specified business establishments	Senator Klausmeier	NP		Unfavorable Report	

SB 91	Clean Indoor Air Act of 2007 Prohibiting a person from smoking tobacco products in indoor areas open to the public and places of employment;	Senators Garagiola, Britt, Currie, et al.	S	Passed 100-40	Passed 33-13	Enrolled as Amended to Duplicate HB 359
SB 207	Healthy Maryland Initiative Requiring the Governor to include in the annual State budget bill for specified fiscal years specified appropriations for activities aimed at reducing tobacco use in the State	Senators Jones, Britt, Conway, et al.	S		No Action After Hearing	
SB 283	Charles County Prostate Cancer Pilot Program Establishing the Charles County Prostate Cancer Pilot Program	Senators Middleton and Dyson	NP	Passed 139-0	Passed 44-0	Enrolled 4/2
SB 361	Cigarette Fire Safety Performance Standard and Firefighter Protection Act Prohibiting the manufacture, sale, or offer for sale of cigarettes in the State unless the cigarettes have been tested in a specified manner and meet a performance standard and the manufacturer has filed a specified certification with the Comptroller	Senators Lenett, Forehand, Britt, et al.	S	Passed 138-1	Passed 47-0	Not Enrolled
SB 629	Prohibition Against Smoking in Vehicle Containing Minor Passenger Prohibiting a person from smoking a tobacco product in a vehicle in which a person who is under the age of 6 years is a passenger; and establishing a \$25 civil penalty for a violation of the Act.	Senators Lenett, Britt, Jones, Madaleno, and McFadden	NP		Unfavorable Report	
SB 757	Maryland Compassionate Use Act Allowing the medical use of marijuana under specified circumstances	Senator Gladden	NP		No Action After Hearing	
SB 774	Task Force on the HPV Vaccine Establishing a Task Force on the HPV Vaccine; requiring the Task Force to report specified findings and recommendations to the Governor and the General Assembly on or before December 1, 2008	Senators Britt, Currie, Exum. Et al.	NP	Passed 137-0	Passed 45-2	Enrolled 4/25

Appendix D

HB 1049: Human Papilloma Virus Vaccine Subcommittee Legislation

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Appendix E

Public Health Forum Materials

Workforce and Cultural Diversity:
A Public Health Forum
Martin's West
April 24, 2007

Sponsored by:
The Maryland Department of Health and Mental Hygiene
The Maryland State Council on Cancer Control
The Maryland Comprehensive Cancer Control Plan

The Maryland State Council on Cancer Control & The Maryland Comprehensive Cancer Control Plan

“Workforce and Cultural Diversity: A Public Health Forum”

April 24, 2007

- 7:30 AM **Registration & Continental Breakfast**
- 8:00 AM **Opening**
- Rico Newman – Elder, Choptico Band of the Piscataway – Conoy Confederacy
- 8:10 AM **Greetings and Welcome**
- Secretary John M. Colmers, Maryland Department of Health and Mental Hygiene
 - Shirley Nathan-Pulliam, Delegate, District 10, Maryland General Assembly
 - Marsha Bienia, Center for Cancer Surveillance and Control Maryland Department of Health and Mental Hygiene
- Officiating - Michelle Gourdine, MD, Deputy Secretary, Public Health Administration, Maryland DHMH**
- 8:30 AM **Diversifying Medical Education**
- Jordan J. Cohen, MD, President Emeritus, Association of American Medical Colleges, Moderator
 - E. Albert Reece, MD, PhD, MBA, Vice President for Medical Affairs and Dean, University Maryland School of Medicine
 - Larry W. Laughlin, MD, PhD, Dean, F. Edward Hébert School of Medicine, Uniformed Services University of the Health Sciences
 - Janice E. Clements, PhD, Professor and Vice Dean for Faculty, Johns Hopkins School of Medicine
- 9:45 AM **BREAK**
- 10:00 AM **Keynote Address: Cultural Competency Training: Best and Promising Practices**
- Robert C. Like, MD, MS, Professor and Director, Center for Healthy Families and Cultural Diversity, UMDNJ-Robert Wood Johnson Medical School
- 11:00 AM **Patient-Centered Care and Health Disparities**
- Mary Catherine Beach, MD, MPH, Assistant Professor School of Medicine and Bloomberg School of Public Health, Johns Hopkins University
- 11:30 AM **Race Relationships and Healthcare Disparities: Let's Talk About It**
- Lisa A Cooper, MD, MPH, Associate Professor of Medicine, Epidemiology, Health Behavior & Society, Johns Hopkins University, Bloomberg School of Public Health
- 12:00 PM **Networking Lunch**
- 1:00 PM **Examples of Cultural Competency Education and Training Tools in Maryland**
- Olivia Carter-Pokras, PhD, Associate Professor, Department of Epidemiology and Preventive Medicine, University of Maryland School of Medicine and Associate Professor Department of Epidemiology and Biostatistics, University of Maryland, College Park
- 1:45 PM **Cultural Competency Training: The Challenge and Promise of Participation**
- Carmen Tyler Winston, MHSA, BSN, Vice President, Quality Improvement Programs, Delmarva Foundation
- 2:15 PM **BREAK**
- 2:30 PM **A Health Professional's Practical Guide to Culturally Competent Care**

- Guadalupe Pacheco, MSW, Special Assistant to the Director, DHHS – Office of Minority Health

3:15 PM

HELP! Does Anyone Speak Spanish? Legal Requirements and Best Practices for Interpreting in Health Care

- Marjory Bancroft, MA, Director, Cross-Cultural Communications, LLC
- Darci L. Graves, MA, MA, Cultural Competence Training Manager, NetworkOmni Multilingual Communications

4:00 PM

Summation and Adjournment

Summarized Evaluations

“Workforce and Cultural Diversity: A Public Health Forum”

Sponsored by; The Maryland State Council on Cancer Control

Occupation/Affiliation n=149

Please indicate

Member of Local Government:	10 – 6.71%
Healthcare Provider:	27 – 18.12%
Health Education/Community Outreach:	21 – 14.09%
Local Health Department Staff:	18 – 12.08%
DHMH:	24 – 16.11%
Researcher:	3 – 2.01%
Administrator:	6 – 4.03%
Student:	0 – 0%
Cancer Council Member:	0 – 0%
Other:	21 – 14.09%

GENERAL EVALUATION DATA n=149

Learning Objectives

1. Identify the role of health professionals in addressing health disparities

Strongly Disagree	4 – 2.86%	Aggregate Score: 4.29
Disagree	1 – 0.67%	
Neutral	8 – 5.37%	
Agree	69 – 46.31%	
Strongly Agree	65 – 43.62%	
Blank	2 – 1.34%	

2. Discuss new approaches and strategies for maintaining a culturally competent and diverse workforce

Strongly Disagree	4 – 2.86%	Aggregate Score: 4.10
Disagree	4 – 2.86%	
Neutral	16 – 10.78%	
Agree	73 – 48.99%	
Strongly Agree	50 – 33.56%	
Blank	2 – 1.34%	

3. Understand and explain the necessity for health professionals to be properly trained with regard to cultural competency

Strongly Disagree	2 – 1.34%	Aggregate Score: 4.41
Disagree	0 – 0%	
Neutral	6 – 4.03%	
Agree	66 – 44.30%	
Strongly Agree	73 – 48.99%	
Blank	2 – 1.34%	

4. Describe best and promising cultural competency training practices for health professionals

Strongly Disagree	3 – 2.01%	Aggregate Score: 4.12
Disagree	3 – 2.01%	
Neutral	10 – 6.71%	
Agree	86 – 57.72%	
Strongly Agree	43 – 28.86%	
Blank	4 – 2.68%	

5. Identify and discuss the importance of concepts of cultural diversity and cultural competency in health care

Strongly Disagree	2 – 1.34%	Aggregate Score: 4.30
Disagree	2 – 1.34%	
Neutral	6 – 4.03%	
Agree	75 – 50.34%	
Strongly Agree	59 – 39.60%	
Blank	5 – 3.36%	

6. Define the concept and rationale for culturally competent, patient centered care

Strongly Disagree	3 – 2.01%	Aggregate Score: 4.32
Disagree	1 – 0.67%	
Neutral	6 – 4.03%	
Agree	72 – 48.32%	
Strongly Agree	63 – 42.28%	
Blank	4 – 2.68%	

7. Improve the network of health professionals interested in workforce diversity and cultural competency

Strongly Disagree	5 – 3.36%	Aggregate Score: 4.08
Disagree	3 – 2.01%	
Neutral	17 – 11.40%	
Agree	64 – 42.95%	
Strongly Agree	54 – 36.24%	
Blank	6 – 4.03%	

Presenters' Evaluation

KEY: SD – Strongly Disagree; D – Disagree; N – Neutral; A – Agree;
SA – Strongly Agree; B – Blank Response; AS – Aggregate Score

Subject Area Knowledge

	<u>Dean's Panel</u>	<u>Like</u>	<u>Beach</u>	<u>Cooper</u>
SD	1 – 0.67%	0 – 0%	0 – 0%	0 – 0%
D	2 – 1.34%	1 – 0.67%	1 – 0.67%	1 – 0.67%
N	3 – 2.01%	0 – 0%	6 – 4.08%	3 – 2.01%
A	37 – 24.83%	17 – 11.56%	37 – 25.17%	29 – 19.73%

SA	86 – 57.72%	122 – 82.99%	92 – 62.59%	104 – 70.75%
B	20 – 13.42%	9 – 6.12%	12 – 8.16%	12 – 8.16%
AS	4.55	4.86	4.60	4.72

	<u>Carter-Pokras</u>	<u>Winston</u>	<u>Pacheco</u>	<u>Bancroft&Graves</u>
SD	0 – 0%	0 – 0%	0 – 0%	0 – 0%
D	1 – 0.67%	2 – 1.34%	3 – 2.01%	1 – 0.67%
N	1 – 0.67%	2 – 1.34%%	6 – 4.08%	2 – 1.34%
A	33 – 22.45%	34 – 23.13%	39 – 26.53%	17 – 11.56%
SA	97 – 65.10%	82 – 55.03%	54 – 36.73%	70 – 47.62%
B	17 – 11.56%	29 – 19.73%	47 – 31.98%	59 – 40.14%
AS	4.71	4.63	4.41	4.73

Effective Presentation Style

	<u>Dean's Panel</u>	<u>Like</u>	<u>Beach</u>	<u>Cooper</u>
SD	1 – 0.67%	0 – 0%	0 – 0%	0 – 0%
D	2 – 1.34%	0 – 0.67%	5 – 3.36%	2 – 1.34%
N	9 – 6.04%	3 – 2.01%	21 – 14.09%	9 – 6.04%
A	64 – 42.95%	29 – 19.46%	60 – 40.27%	46 – 30.87%
SA	53 – 35.57%	107 – 71.18%	51 – 34.23%	79 – 53.02%
B	20 – 13.42%	9 – 6.04%	12 – 8.05%	13 – 8.72%
AS	4.29	4.73	4.15	4.49

	<u>Carter-Pokras</u>	<u>Winston</u>	<u>Pacheco</u>	<u>Bancroft&Graves</u>
SD	0 – 0%	1 – 0.67%	1 – 0.67%	0 – 0%
D	3 – 2.01%	6 – 4.08%	5 – 3.36%	2 – 1.34%
N	8 – 5.37%	10 – 6.71%	15 – 10.07%	3 – 2.01%
A	53 – 35.57%	52 – 34.90%	44 – 29.53%	18 – 12.08%
SA	66 – 44.29%	52 – 34.90%	38 – 25.50%	67 – 44.97%
B	19 – 12.75%	29 – 19.46%	46 – 30.87%	59 – 39.60%
AS	4.40	4.22	4.10	4.67

Appropriate Teaching Strategies

	<u>Dean's Panel</u>	<u>Like</u>	<u>Beach</u>	<u>Cooper</u>
SD	1 – 0.67%	0 – 0%	0 – 0%	0 – 0%
D	2 – 1.34%	1 – 0.67%	4 – 2.68%	2 – 1.34%
N	16 – 10.74%	7 – 4.70%	20 – 13.42%	10 – 6.71%
A	65 – 43.62%	28 – 18.79%	56 – 37.58%	43 – 28.86%
SA	43 – 28.86%	103 – 69.13%	56 – 37.58%	79 – 53.02%
B	22 – 14.77%	10 – 6.71%	13 – 8.72%	15 – 10.07%
AS	4.16	4.68	4.21	4.49

	<u>Carter-Pokras</u>	<u>Winston</u>	<u>Pacheco</u>	<u>Bancroft&Graves</u>
SD	0 – 0%	1 – 0.67%	1 – 0.67%	0 – 0%
D	2 – 1.34%	3 – 2.01%	5 – 3.36%	2 – 1.34%

N	10 – 6.71%	10 – 6.71%	15 – 10.07%	3 – 2.01%
A	48 – 32.21%	52 – 34.90%	44 – 29.53%	18 – 12.08%
SA	69 – 46.31%	53 – 35.57%	38 – 25.50%	67 – 44.97%
B	20 – 13.42%	30 – 20.13%	46 – 30.87%	59 – 39.60%
AS	4.43	4.29	4.10	4.60

Presented Clearly and Concisely

	<u>Dean's Panel</u>	<u>Like</u>	<u>Beach</u>	<u>Cooper</u>
SD	1 – 0.67%	0 – 0%	0 – 0%	0 – 0%
D	4 – 2.68%	3 – 2.01%	5 – 3.36%	2 – 1.34%
N	3 – 2.01%	1 – 0.67%	11 – 7.38%	4 – 2.68%
A	61 – 40.94%	22 – 14.77%	52 – 34.99%	44 – 29.53%
SA	60 – 40.27%	114 – 76.51%	70 – 46.98%	86 – 57.72%
B	20 – 13.42%	9 – 6.04%	11 – 7.38%	13 – 8.72%
AS	4.36	4.76	4.36	4.57

	<u>Carter-Pokras</u>	<u>Winston</u>	<u>Pacheco</u>	<u>Bancroft&Graves</u>
SD	0 – 0%	0 – 0%	0 – 0%	0 – 0%
D	2 – 1.34%	2 – 1.34%	5 – 3.36%	1 – 0.67%
N	4 – 2.68%	6 – 4.03%	13 – 8.72%	2 – 1.34%
A	46 – 30.87%	48 – 32.21%	45 – 30.20%	23 – 15.44%
SA	78 – 52.35%	65 – 43.62%	37 – 24.83%	62 – 41.61%
B	19 – 12.75%	28 – 18.79%	49 – 32.89%	61 – 40.94%
AS	4.54	4.43	4.14	4.65

Presentation was Informative and Useful

	<u>Dean's Panel</u>	<u>Like</u>	<u>Beach</u>	<u>Cooper</u>
SD	1 – 0.67%	0 – 0%	1 – 0.67%	1 – 0.67%
D	6 – 4.03%	2 – 1.34%	4 – 2.63%	2 – 1.34%
N	8 – 5.37%	1 – 0.67%	11 – 7.38%	7 – 4.70%
A	53 – 35.57%	26 – 17.45%	53 – 35.57%	39 – 26.17%
SA	61 – 40.94%	112 – 75.17%	68 – 45.64%	87 – 58.39%
B	20 – 13.42%	8 – 5.37%	12 – 8.05%	13 – 8.72%
AS	4.29	4.76	4.34	4.54

	<u>Carter-Pokras</u>	<u>Winston</u>	<u>Pacheco</u>	<u>Bancroft&Graves</u>
SD	1 – 0.67%	1 – 0.67%	1 – 0.67%	0 – 0%
D	2 – 1.34%	2 – 1.34%	2 – 1.34%	1 – 0.67%
N	6 – 4.03%	11 – 7.38%	13 – 8.72%	4 – 2.68%
A	43 – 28.86%	46 – 30.87%	38 – 25.50%	20 – 13.42%
SA	78 – 52.35%	60 – 40.27%	46 – 30.87%	62 – 41.61%
B	19 – 12.75%	29 – 19.46%	49 – 32.89%	62 – 41.61%
AS	4.53	4.35	4.26	4.65

Facility Evaluation

Facilities were conducive to learning

Strongly Disagree 1 – 0.67%
Disagree 1 – 0.67%
Neutral 12 – 8.05%
Agree 59 – 39.60%
Strongly Agree 60 – 40.27%
Blank 16 – 10.74%

Aggregate Score: 4.32

Content was relevant to objectives

Strongly Disagree 1 – 0.67%
Disagree 1 – 0.67%
Neutral 6 – 4.03%
Agree 61 – 40.94%
Strongly Agree 64 – 42.95%
Blank 16 – 10.74%

Aggregate Score: 4.40

Content was consistent with stated program objectives and goals

Strongly Disagree 1 – 0.67%
Disagree 1 – 0.67%
Neutral 6 – 4.03%
Agree 66 – 44.30%
Strongly Agree 59 – 39.60%
Blank 16 – 10.74%

Aggregate Score: 4.36

Teaching methods were effective for the content

Strongly Disagree 3 – 2.01%
Disagree 1 – 0.67%
Neutral 14 – 4.40%
Agree 70 – 46.78%
Strongly Agree 45 – 30.20%
Blank 16 – 10.74%

Aggregate Score: 4.15

Audiovisual/handout materials were effective

Strongly Disagree 3 – 2.01%
Disagree 13 – 8.72%
Neutral 30 – 20.13%
Agree 45 – 30.20%
Strongly Agree 41 – 27.52%
Blank 17 – 11.41%

Aggregate Score: 3.82

What is your overall evaluation of this program?**QUALITY****Quality of Conference**

Poor 0 – 0%
Fair 3 – 2.01%
Neutral 5 – 3.36%
Good 60 – 40.27%
Excellent 63 – 42.28%
Blank 18 – 12.08%

Aggregate Score: 4.42

Quality of Exhibitors

Poor	0 – 0%
Fair	4 – 2.68%
Neutral	20 – 13.42%
Good	73 – 48.99 %
Excellent	32 – 21.48%
Blank	20 – 13.42%

Aggregate Score: 4.03

CONFERENCE FACILITIES**Accessibility**

Poor	0 – 0%
Fair	3 – 2.01%
Neutral	8 – 5.37%
Good	54 – 36.24%
Excellent	72 – 48.32%
Blank	12 – 8.05%

Aggregate Score: 4.42

Convenient Location

Poor	0 – 0%
Fair	5 – 3.36%
Neutral	13 – 8.72%
Good	49 – 32.89%
Excellent	70 – 46.98%
Blank	12 – 8.05%

Aggregate Score: 4.34

Luncheon

Poor	0 – 0%
Fair	2 – 1.34%
Neutral	11 – 7.38
Good	51 – 34.23%
Excellent	68 – 45.64%
Blank	17 – 11.41%

Aggregate Score: 4.40

Time of Event

Poor	0 – 0%
Fair	10 – 6.71%
Neutral	8 – 5.37%
Good	65 – 43.62%
Excellent	54 – 36.24%
Blank	12 – 8.05%

Aggregate Score: 4.19

Audio/usual set-up

Poor	6 – 4.03%
Fair	24 – 16.14%
Neutral	33 – 22.15%
Good	49 – 32.89%
Excellent	23 – 15.64%
Blank	14 – 9.40%

Aggregate Score: 3.46

Appendix F

Cancer Conference Materials

Cancer Issues and Challenges
The 14th Maryland State Council on Cancer Control
Conference

November 14, 2007

Cancer Issues and Challenges
The 14th Maryland State Council on Cancer Control
Cancer Conference
November 14, 2007

- | | |
|----------------------|--|
| 7:45 – 8:45 | Registration and Continental Breakfast |
| 8:45 – 9:00 | Call to Order, Welcome and Remarks <ul style="list-style-type: none">• John Colmers, Secretary, Maryland Dept. of Health & Mental Hygiene• J. Richard Lilly, MD, Chair, Maryland State Council on Cancer Control |
| 9:00 – 10:00 | HPV Vaccines <ul style="list-style-type: none">• Dr. Diane Solomon, National Cancer Institute |
| 10:00 – 10:55 | Virtual Colonoscopy <ul style="list-style-type: none">• Dr. Ronald Summers, National Institutes of Health |
| 11:00 – 11:10 | Morning Break |
| 11:10 – 11:15 | Presentation of Awards |
| 11:15 – 12:00 | Breast Cancer Detection through Use of MRI <ul style="list-style-type: none">• Dr. Deirdre Coll, University of Maryland Medical Center |
| 12:00 – 1:00 | Networking Lunch |
| 1:00 – 1:45 | CRF Impact on Health Measures <ul style="list-style-type: none">• Dr. Carlessia Hussein, Maryland Department of Health & Mental Hygiene |
| 1:45 – 3:15 | Research with CRF Funds <ul style="list-style-type: none">• Dr. Kevin Cullen, The Marlene and Stewart Greenebaum Cancer Center• Dr. John Groopman, the Johns Hopkins School of Public Health and the Sidney Kimmel Comprehensive Cancer Center |
| 3:15 - 3:30 | Summation and Adjournment |

Cancer Conference 2007 Evaluation Summary

Continuing Education Credits

Total distributed/awarded	93
CME	62
CHES	15
Social Work	10
Certificate of Attendance	6

CONFERENCE EVALUATION FORMS

Attendees who submitted evaluation forms **225**

Breakdown in Attendee Designation	<u>n</u>	<u>percentage</u>
Local Health Department Staff	57	25.33%
Health Education/Community Outreach	47	20.89%
Healthcare Provider	31	13.33%
DHMH	27	12.00%
Other	23	10.22%
Blank	13	5.78%
Member of Local Government	9	4.00%
Administrator	6	2.67%
Student	6	2.67%
Researcher	5	2.22%
Cancer Council Member	1	0.44%

CONFERENCE EVALUATION

Learning Objectives

1. Discuss the potential for HPV Vaccines to reduce cervical cancer occurrence

Strongly Agree	140 – 62%
Agree	71 – 32
Neutral	0 – 0%
Disagree	0 – 0%
Strongly Disagree	6 – 3
Blank	8 – 4

2. Identify advantages and difficulties of Virtual Colonoscopy as a screening tool for colorectal cancer

Strongly Agree	132 – 59%
Agree	68 – 20%
Neutral	9 – 4%
Disagree	6 – 3
Strongly Disagree	1 – 0.4%
Blank	9 – 4%

3. Describe the effectiveness, benefits and limitations of MRI for breast cancer detection

Strongly Agree	159 – 71%
Agree	48 – 21%
Neutral	4 – 2%
Disagree	0 – 0%
Strongly Disagree	5 – 2%
Blank	9 – 4%

4. Summarize the health outcomes of the Cigarette Restitution Fund programs in Maryland

Strongly Agree	102 – 45%
Agree	72 – 32%
Neutral	13 – 6%
Disagree	0 – 0%
Strongly Disagree	3 – 1%
Blank	35 – 16%

5. Describe the key roles academic health institutions play in cancer control and cancer burden

Strongly Agree	81 – 36%
Agree	58 – 26%
Neutral	11 – 5%
Disagree	2 – 0.9%
Strongly Disagree	2 – 0.9%
Blank	71 – 32%

6. Improve the network of health professionals interested in education and reform in cancer control in Maryland

Strongly Agree	81 – 36%
Agree	44 – 36%
Neutral	17 – 8%
Disagree	4 – 2%
Strongly Disagree	3 – 1%
Blank	76 – 34%

Presenters' Evaluation

KEY: SD – Strongly Disagree; D – Disagree; N – Neutral; A – Agree; SA – Strongly Agree; B – Blank

Subject Area Knowledge

	<u>Solomon</u>	<u>Summers</u>	<u>Coll</u>	<u>Hussein</u>
SA	175 – 78%	163 – 72%	178 – 79%	114 – 51%
A	32 – 14%	44 – 20%	31 – 14%	61 – 27%
N	3 – 1%	4 – 2%	3 – 1%	10 – 4%
D	1 – 0.4%	0 – 0%	0 – 0%	0 – 0%
SD	0 – 0%	1 – 0.4%	0 – 0%	0 – 0%
B	14 – 6%	10 – 4%	13 – 6%	40 – 18%

	<u>Groopman</u>	<u>Cullen</u>
SA	125 – 56%	125 – 56%
A	28 – 12%	26 – 12%
N	4 – 2%	2 – 1%
D	0 – 0%	0 – 0%
SD	0 – 0%	1 – 0.4%
B	68 – 30%	70 – 31%

Effective Presentation Style

	<u>Solomon</u>	<u>Summers</u>	<u>Coll</u>	<u>Hussein</u>
SA	176 – 78%	116 – 52%	148 – 66%	67 – 30%
A	32 – 14%	74 – 33%	53 – 24%	76 – 34%
N	1 – .04%	15 – 7%	9 – 4%	31 – 14%
D	0 – 0%	2 – 0.9%	0 – 0%	9 – 4%

SD	0 – 0%	1 – 0.4%	0 – 0%	3 – 1%
B	16 – 7%	17 – 8%	15 – 7%	39 – 17%

	<u>Groopman</u>	<u>Cullen</u>
SA	91 – 40%	81 – 36%
A	54 – 24%	58 – 26%
N	9 – 4%	11 – 5%
D	1 – 0.4%	3 – 1%
SD	0 – 0%	2 – 0.9%
B	70 – 31%	70 – 31%

Appropriate Teaching Strategies

	<u>Solomon</u>	<u>Summers</u>	<u>Coll</u>	<u>Hussein</u>
SA	130 – 58%	115 – 51%	138 – 61%	70 – 31%
A	65 – 29%	70 – 31%	64 – 28%	76 – 34%
N	12 – 5%	18 – 8%	6 – 3%	32 – 14%
D	0 – 0%	2 – 0.9%	0 – 0%	5 – 2%
SD	0 – 0%	1 – 0.4%	1 – 0.4%	2 – 0.9%
B	18 – 8%	19 – 8%	16 – 7%	40 – 18%

	<u>Groopman</u>	<u>Cullen</u>
SA	84 – 37%	76 – 34%
A	53 – 24%	54 – 24%
N	17 – 8%	16 – 7%
D	2 – 0.9%	12 – 5%
SD	0 – 0%	1 – 0.4%
B	69 – 31%	66 – 29%

Presented Clearly and Concisely

	<u>Solomon</u>	<u>Summers</u>	<u>Coll</u>	<u>Hussein</u>
SA	153 – 68%	136 – 60%	154 – 68%	89 – 40%
A	54 – 24%	59 – 26%	50 – 22%	74 – 33%
N	3 – 1%	12 – 5%	7 – 3%	14 – 6%
D	0 – 0%	1 – 0.4%	0 – 0%	5 – 2%
SD	0 – 0%	1 – 0.4%	0 – 0%	1 – 0.4%
B	15 – 7%	16 – 7%	14 – 6%	40 – 18%

	<u>Groopman</u>	<u>Cullen</u>
SA	91 – 40%	83 – 37%
A	48 – 21%	56 – 25%
N	11 – 5%	12 – 5%
SD	2 – 0.9%	1 – 0.4%
D	1 – 0.4%	0 – 0%
B	72 – 32%	73 – 32%

Presentation was Informative and Useful

	<u>Solomon</u>	<u>Summers</u>	<u>Coll</u>	<u>Hussein</u>
SA	155 – 69%	134 – 60%	163 – 72%	87 – 39%
A	52 – 23%	64 – 28%	42 – 19%	74 – 33%
N	3 – 1%	10 – 4%	5 – 2%	18 – 8%
D	0 – 0%	0 – 0%	0 – 0%	5 – 2%
SD	0 – 0%	1 – 0.4%	0 – 0%	1 – 0.4%
B	15 – 7%	16 – 7%	15 – 15%	40 – 18%

	<u>Groopman</u>	<u>Cullen</u>
SA	92 – 41%	87 – 39%
A	46 – 20%	54 – 24%
N	13 – 6%	9 – 4%
D	1 – 0.4%	2 – 0.9%
SD	0 – 0%	0 – 0%
B	73 – 32%	73 – 32%

Facility Evaluation

1. Facilities were conducive to learning

Strongly Agree	114 – 51%
Agree	88 – 39%
Neutral	10 – 4%
Disagree	2 – 0.9%
Strongly Disagree	2 – 0.9%
Blank	9 – 4%

2. Content was relevant to the objectives

Strongly Agree	142 – 63%
Agree	71 – 32%
Neutral	1 – 0.4%
Disagree	0 – 0%
Strongly Disagree	1 – 0.4%
Blank	10 – 4%

3. Content was consistent with stated program objectives/goals

Strongly Agree	142 – 63%
Agree	70 – 31%
Neutral	2 – 0.9%
Disagree	0 – 0%
Strongly Disagree	1 – 0.4%
Blank	10 – 4%

4. Teaching methods were effective for the content

Strongly Agree	114 – 51%
Agree	89 – 40%
Neutral	11 – 5%
Disagree	0 – 0%
Strongly Disagree	1 – 0.4%
Blank	9 – 4%

5. Audiovisual handout materials were effective

Strongly Agree	113 – 50%
Agree	84 – 37%
Neutral	12 – 5%
Disagree	1 – 0.4%
Strongly Disagree	3 – 1%
Blank	11 – 5%

Overall evaluation of program Quality

1. Quality of Conference

Excellent	140 – 62%
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Good	67 – 30%
Neutral	5 – 2%
Fair	0 – 0%
Poor	0 – 0%
Blank	13 – 6%

2. Quality of Exhibitors

Excellent	89 – 40%
Good	98 – 44%
Neutral	18 – 8%
Fair	0 – 0%
Poor	0 – 0%
Blank	20 – 9%

Conference Facilities

1. Accessibility

Excellent	120 – 53%
Good	81 – 36%
Neutral	7 – 3%
Fair	4 – 2%
Poor	0 – 0%
Blank	13 – 6%

2. Convenient Location

Excellent	114 – 51%
Good	73 – 32%
Neutral	16 – 7%
Fair	7 – 3%
Poor	0 – 0%
Blank	15 – 7%

3. Luncheon

Excellent	105 – 47%
Good	67 – 30%
Neutral	12 – 5%
Fair	8 – 4%
Poor	1 – 0.4%
Blank	32 – 14%

4. Time of Event

Excellent	115 – 51%
Good	82 – 36%
Neutral	4 – 2%
Fair	6 – 3%
Poor	1 – 0.4%
Blank	17 – 8%

5. Audio/Visual Set-up

Excellent	115 – 51%
Good	78 – 35%
Neutral	8 – 4%
Fair	5 – 2%
Poor	3 – 1%
Blank	16 – 7%