Cancer Control Success Stories

2015

Progress Report

on the Maryland Comprehensive Cancer Control Plan

The Maryland Comprehensive Cancer Control Plan

http://phpa.dhmh.maryland.gov/cancer/cancerplan/Pages/Home.aspx

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2015 Progress Report

Introduction

The Maryland Comprehensive Cancer Control Plan is a guide to cancer control in Maryland that outlines goals, objectives, and strategies that individuals and organizations can use to guide cancer control activities. The Cancer Plan is meant to serve as a guide for health professionals, as well as a resource for all Marylanders. The current Cancer Plan includes 15 chapters covering cross-cutting topics such as cancer disparities, primary prevention, and survivorship, as well as site specific chapters that focus on lung, skin, colorectal, breast, prostate, oral, and cervical cancer. These seven targeted cancers have been selected as priorities because they have high incidence and/or mortality rates in Maryland; effective, evidence-based screening interventions; and/or modifiable risk factors.

The current Cancer Plan was released in 2011 for the period 2011-2015. In 2015, the Maryland Department of Health and Mental Hygiene worked with partners across the state to update the plan for the period 2016-2020. The updated Cancer Plan will be released in 2016, and will include an updated set of goals, objectives, and strategies related to the primary prevention of cancer, high burden cancers in Maryland, and survivorship, palliative care, and hospice care.

The Cancer Plan encourages collaboration and cohesiveness among stakeholders working to control cancer in Maryland. To encourage collaboration, a statewide coalition known as the Maryland Cancer Collaborative (MCC) was established in 2011 to implement the Cancer Plan. The goals of the Maryland Cancer Collaborative are to work with individuals and organizations throughout the state to implement the Maryland Comprehensive Cancer Control Plan, and to bring together existing groups and new partners from across the state to collaborate on a common goal: reducing the burden of cancer in Maryland. Since its formation in 2011, MCC members have come together to form various committees and workgroups that have implemented a number of projects from the Cancer Plan. Please refer to the Maryland Cancer Collaborative section at the end of this report for more information.

This report highlights cancer control efforts in Maryland and progress made on selected goals, objectives, and strategies in the Cancer Plan. The Progress Report is organized into sections based on priority areas of cancer control including cancer disparities, primary prevention, early detection and treatment, and survivorship. Success Stories included in the report demonstrate the impact that cancer control activities have on Marylanders. Relevant cancer disparities are addressed throughout the success stories, and updates on policy action and surveillance data are also provided throughout the report.

Data sources are referenced throughout the Progress Report. Abbreviations include:
MCR - Maryland Cancer Registry
BRFSS - Behavioral Risk Factor Surveillance System
CDC WONDER - Centers for Disease Control and Prevention Wide-ranging Online Data for Epidemiologic Research
MATCH - Maryland Assessment Tool for Community Health
HP 2020 - Healthy People 2020

Acknowledgements

The Center for Cancer Prevention and Control would like to thank everyone who contributed to this Progress Report, including staff and representatives from the University of Maryland St. Joseph Medical (UM SJMC) Cancer Institute, the Johns Hopkins Center to Reduce Cancer Disparities, Adventist HealthCare's Center for Health Equity and Wellness, and Johns Hopkins Medicine and the Johns Hopkins Sidney Kimmel Comprehensive Cancer Center.

Incidence and Mortality Updates

Seven Targeted Cancers

		Baseline	Update	2015 Target
Overall Cancer:	Incidence	426.3 per 100,000 2006 Maryland Cancer Registry	432.1 per 100,000 2012 Maryland Cancer Registry	*No target in Cancer Plan
	Mortality	186.7 2006 CDC WONDER	165.7 2012 CDC WONDER	160.6 per 100,000 (Healthy People 2020 Target)
Lung Cancer:	Incidence	63.4 per 100,000 2006 Maryland Cancer Registry	56.4 per 100,000 2012 Maryland Cancer Registry	*No target in Cancer Plan
	Mortality	52.7 per 100,000 2006 CDC WONDER	43.5 per 100,000 2012 CDC WONDER	45.5 per 100,000 (Healthy People 2020 Target)
Melanoma:	Incidence	19.7 per 100,000 2006 Maryland Cancer Registry	20.7 per 100,000 2012 Maryland Cancer Registry	*No target in Cancer Plan
	Mortality	3.0 per 100,000 2006 CDC WONDER	2.7 per 100,000 2012 CDC WONDER	2.4 per 100,000 (Healthy People 2020 Target)
Colorectal Cancer:	Incidence	41.3 per 100,000 2006 Maryland Cancer Registry	35.8 per 100,000 2012 Maryland Cancer Registry	29.4 per 100,000
	Mortality	18.4 per 100,000 2006 CDC WONDER	14.9 per 100,000 2012 CDC WONDER	11.0 per 100,000
Breast Cancer:	Incidence	112.8 per 100,000 2006 Maryland Cancer Registry	125.0 per 100,000 2012 Maryland Cancer Registry	96.5 per 100,000
	Mortality	25.0 per 100,000 2006 CDC WONDER	23.7 per 100,000 2012 CDC WONDER	22.0 per 100,000
Prostate Cancer:	Incidence	153.9 per 100,000 2006 Maryland Cancer Registry	112.0 per 100,000 2012 Maryland Cancer Registry	*No target in Cancer Plan
	Mortality	26.3 per 100,000 2006 CDC WONDER	20.4 per 100,000 2012 CDC WONDER	14.9 per 100,000

Incidence and Mortality Updates

Seven Targeted Cancers

		Baseline	**Update**	**2015 Target**
Oral Cancer:	Incidence	8.9 per 100,000 2006 Maryland Cancer Registry	10.5 per 100,000 2012 Maryland Cancer Registry	6.5 per 100,000
	Mortality	2.8 per 100,000 2006 CDC WONDER	2.1 per 100,000 2012 CDC WONDER	2.1 per 100,000
Cervical Cancer:	Incidence	6.7 per 100,000 2006 Maryland Cancer Registry	6.3 per 100,000 2012 Maryland Cancer Registry	*Less than* 6.7 per 100,000
	Mortality	2.2 per 100,000 2006 CDC WONDER	2.0 per 100,000 2012 CDC WONDER	1.4 per 100,000

Cancer Disparities

One Voice: 100 Free Screening Mammogram Program

Healthy People 2020 defines health disparities as "a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage." Cancer disparities remain a daunting challenge in Maryland and are experienced across many population groups in the state, including racial and ethnic minority populations. In particular, Maryland's Hispanic population suffers from disparities in breast cancer screening rates. In 2012, according to Maryland Behavioral Risk Factor Surveillance System (BRFSS) data, 19.6% of Hispanic women age 40 and above have never had a mammogram compared to 7.2% of all Maryland women age 40 and above. In addition, minority populations are less likely to have health insurance; according to 2013 BRFSS data, 49.1% of Hispanic women and 11.4% of Black women do not have any kind of health insurance coverage compared to 5.3% of White women in Maryland.[1] The Maryland Comprehensive Cancer Control Plan sets a goal to reduce cancer disparities, and encourages the implementation of strategies that reduce barriers to cancer prevention, screening, diagnostic services, and treatment.

To address breast cancer screening disparities among Hispanic and uninsured women and to support implementation of the Cancer Plan, the University of Maryland St. Joseph Medical (UM SJMC) Cancer Institute developed the One Voice: 100 Free Screening Mammogram Program, a monthly breast cancer screening initiative. The program was created in 2012 to sustain an initial project titled One Voice, which was funded by an American Cancer Society grant award in 2011. One Voice, a culturally-sensitive breast health outreach program, focused on education, prevention, routine screening, diagnostics, and early detection for uninsured, African American and Latina women and implemented with the help of Nueva Vida, a comprehensive breast cancer support program for Latinas. After funding ended, the team at UM SJMC recognized the need to continue to provide services to Latina and uninsured women. This was confirmed by a needs assessment of the hospital's service area. Advanced Radiology, who was a partner during the initial grant project generously agreed to provide an additional 100 free screening mammograms to uninsured and Latina women to continue One Voice with a new programmatic name One Voice: 100 Free Screening Mammogram Program. The Cancer Institute agreed to provide the space and clinical breast exams. This partnership has been renewed each year to date. One Voice follows the Community Preventative Task Force recommendations for breast cancer screening which include: Client Reminders (letters and/or phone calls), group education and/or one-on-one education and reducing structural barriers.

Since its inception, One Voice: 100 Free Screening Mammogram Program has provided more than 400 free mammograms which now include diagnostics and Clinical Breast Exams through the partnerships with Advanced Radiology and the UM SJMC Breast Center. One hundred percent of the women screened were uninsured, over 90 % were White/Hispanic and the remainder of the women were White/ Non-Hispanic or African American.

Two women have been diagnosed with cancer through the program and were treated and received navigation services at the UM SJMC Cancer Institute. In addition, the program has gone beyond the scope of its original intent and encourages colorectal and cervical cancer screening, by referring eligible women to the Baltimore County Women's Cancer Protection Program.

[1] Maryland Behavioral Risk Factor Surveillance System

Cancer Disparities

One patient receiving services from the program wrote, "As a mom without health insurance and with no money to pay for it, I would love to express my gratitude to the Cancer Institute at St. Joseph Medical Center and Nueva Vida for making this program possible and bringing it to all of us free of charge… for the first time, I did not feel ashamed of my immigration status." Another patient wrote, "I was happy to have had such a service available to me and others, especially since I do not have medical insurance. The staff at the Cancer Institute made me feel welcomed." These patient testimonials demonstrate the value of services provided by the UM SJMC Cancer Institute and its partners; and also show the compassion and kindness they give to their patients.

One Voice: 100 Free Screening Mammogram Program is a powerful example of how programs can be sustained after funding ends. By collaborating with willing partners and sharing resources, the program is able to continue to serve individuals in need. Much work is still needed to reduce cancer disparities in Maryland, but programs like One Voice: 100 Free Screening Mammogram Program demonstrate how implementation of the Maryland Comprehensive Cancer Control Plan can contribute toward progress in the elimination of cancer disparities.

The Amazing Team and Participants at One Voice: 100 Free Screening Mammogram Program

Back row, from left to right: Ethan Rogers, MD (Breast Surgeon for the One Voice Program), Julia Flukinger, MD (Radiologist, Advanced Radiology), Randy Tabb, MD (Radiologist, Advanced Radiology), Donna M. Costa (Oncology Outreach Manager, Coordinator of One Voice Program); and

Front row: Five program participants and Sandra Villa de Leon (3rd from left, Coordinator for Baltimore Nueva Vida Program).

2015 Maryland General Assembly Session Highlights

Cancer Disparities

⇒ The Health Care Disparities, Cultural and Linguistic Competency, and Health Literacy -Recommended Courses Act passed in 2015. This legislation requires the DHMH Office of Minority Health and Health Disparities to provide specified health occupations boards with a list of recommended courses in cultural and linguistic competency, health disparities, and health literacy. Each board must (1) post the recommended courses on the board's website; (2) encourage all applicants and healthcare professionals to take one or more of the recommended courses; (3) provide information about the courses to licensees at the time of licensure renewal; and (4) advertise the availability of the recommended courses in specified board publications.
(See Maryland Comprehensive Cancer Control Plan Chapter 3)

Cancer Disparities

Measurable Progress

	Baseline	Current	2015 Target
Chapter 3: Cancer Disparities			
Goal 1. Objective 1. By 2015, reduce the racial/ethnic minority vs. white cancer disparities in all site morality to:			
Black or African American: 164 per 100,000	221	194.4	164
White: 161 per 100,000	189	168.9	161
	2002-2006 CDC WONDER	2008-2012 CDC WONDER	
By 2015, reduce the Asian/Pacific Islander vs. white liver cancer and stomach cancer mortality disparities by achieving liver cancer and stomach cancer mortality rates:			
Asian/Pacific Islander Liver Cancer Mortality: Less than 7.9 per 100,000	7.9	8.5	<7.9
White Liver Cancer Mortality: Less than 4.2 per 100,000	4.2	5.2	<4.2
Asian/Pacific Islander Stomach Cancer Mortality: 6.4 per 100,000	7.8	6.8	6.4
White Stomach Cancer Mortality: 2.4 per 100,000	3.1	2.6	2.4
	2002-2006 CDC WONDER	2008-2012 CDC WONDER	
Chapter 5: Tobacco-Use Prevention/Cessation and Lung Cancer			
Goal 1. Objective 2. By 2015, reduce current tobacco use by 10% among Maryland adults who do not have a four-year college degree to 14.5%.	16.1% 2008 MD Adult Tobacco Survey[1]	21.2% 2013 MD BRFSS[2]	14.5%
Chapter 6: Nutrition, Physical Activity, and Healthy Weight			
Goal 1. Reduce the proportion of low-income children (ages 2-4) who are obese to 14.1%.	15.7% 2008 Ped. Nutritional Surv. Survey	15.3%[3] 2011 Ped. Nutritional Surv. Survey[3]	14.1% (2016 Target)

[1]The MD Adult Tobacco Survey was not continued after 2008. BRFSS data used for updates.
[2]Because sampling for the Behavioral Risk Factor Surveillance (BRFSS) changed in 2011, data from the BRFSS in year 2011 and beyond cannot be compared to results from previous years of BRFSS data (2010 and earlier) or to results from the Maryland Adult Tobacco Survey.
[3]The Pediatric and Pregnancy Nutrition Surveillance Systems (PedNSS and PNSS) was not continued after 2011; updated data unavailable.

Cancer Disparities

Measurable Progress

	Baseline	Current	2015 Target
Chapter 9: Colorectal Cancer			
Goal 2. Reduce the incidence and mortality of CRC to reach targets:			
Incidence: White: 29.5 per 100,000	40.2	34.5	29.5
Black: 32.0 per 100,000	42.7	40.1	32.0
Male: 31.2 per 100,000	48.1	41.8	31.2
Female: 28.2 per 100,000	36.2	32.2	28.2
	2006 MCR	2012 MCR	
Mortality: White: 11.1 per 100,000	17.6	13.5	11.1
Black: 13.5 per 100,000	22.7	20.1	13.5
Male: 13.8 per 100,000	21.8	18.5	13.8
Female: 9.0 per 100,000	16.1	12.1	9.0
	2006 CDC WONDER	2012 CDC WONDER	
Chapter 10: Breast Cancer			
Goal 1. Reduce the incidence of breast cancer in Maryland to reach targets:			
Black or African American: 97.7 per 100,000	109.7	121.5	97.7
White: 97.7 per 100,000	115.0	126.9	97.7
	2006 MCR	2012 MCR	
Chapter 11: Prostate Cancer			
Goal 2. Objective 2. By 2015, reduce the disparity in prostate cancer mortality rates between African American and white men to reach targets:			
White: 12.4 per 100,000	21.7	17.4	12.4
Black or African American: 23.0 per 100,000	51.2	35.5	23.0
	2006 MD Vital Statistics	2012 CDC WONDER	
Chapter 12: Oral Cancer			
Goal 2. Objective 1. By 2015, increase the proportion of black or African American adults with oral cancer detected at a local stage to greater than 25%.	25%	26%	>25%
	2006 MCR	2012 MCR	
Goal 2. Objective 2. By 2015, increase the percentage of black or African American adults, age 40 years and older, who have been screened in the past year for oral cancer to 25.8%.	23%	16%[1]	26%
	2008 MD Cancer Survey[2]	2012 MD BRFSS[3]	

[1]In the 2014 MD BRFSS respondents were asked if they were ever screened for oral cancer vs. in the past year; updated data unavailable.
[2]The MD Cancer Survey was not continued after 2008. BRFSS data used for updates.
[3]Because sampling for the Behavioral Risk Factor Surveillance (BRFSS) changed in 2011, data from the BRFSS in year 2011 and beyond cannot be compared to results from previous years of BRFSS data (2010 and earlier) or to results from the MD Cancer Survey.

Primary Prevention

Coaching Parents and Grandparents to Increase the Rate of HPV Vaccination

The Human Papillomavirus (HPV) is thought to be responsible for more than 90% of anal and cervical cancers, 70% of vaginal and vulvar cancers, and more than 60% of penile cancers. Each year in the United States, more than 20,000 HPV-related cancers occur in women and more than 12,000 in men, many of which could be prevented by the HPV vaccine.[1] However, HPV vaccination rates in Maryland are lower than the Healthy People 2020 goal of 80%. According to 2014 National Immunization Survey results, only 39.4% of Maryland girls ages 13-17 years had received all 3 doses in the HPV vaccine series, and only 24.5% of Maryland boys ages 13-17 had received 3 doses.[2] One of the Maryland Comprehensive Cancer Control Plan's goals is to decrease cervical cancer incidence in Maryland, with an objective to increase the proportion of guideline-eligible populations who are informed and have access to HPV vaccinations.

On January 1, 2015, the Johns Hopkins Center to Reduce Cancer Disparities (CRCD), in an effort to increase the rate of HPV vaccination among African American preteens and teens in Baltimore City and Prince George's County, started the Coaching Grandparents to Increase the Rate of HPV Vaccination project. The project involves two phases; the first, which spanned from January 1, 2015 to June 30, 2015, involved a survey and assessment among African American adults in Baltimore City and Prince George's County. Participants were recruited at health fairs and community events and asked to complete a 7- to 10- minute survey on attitudes, knowledge, awareness, behavioral intentions, and other factors regarding HPV vaccination.

During the first phase, CRCD conducted 169 face-to-face assessments on knowledge, attitudes, and behavioral intentions on cervical cancer, HPV, and HPV vaccine, and 131 in-depth surveys with caretakers of preteens and teens. CRCD also disseminated 1,449 educational materials and educated 847 individuals on HPV and cervical cancer. Results from the initial assessment have provided some insight on why caregivers were hesitant to have their child or grandchild vaccinated for HPV, including not knowing enough about the vaccine or its side effects. There was also a lack of awareness regarding the benefits of HPV vaccine. However, among participants, awareness of the HPV vaccine was significantly associated with the intention to vaccinate children, and those who were aware of HPV were more likely to think that HPV can cause cervical cancer and to know that HPV is transmitted through sexual contact.

Based on the findings from the initial survey and assessment, CRCD developed outreach and recruitment plans for the project's second phase planned for July 1, 2015 to June 30, 2016. This phase involves implementing an educational intervention, including sending a reminder postcard to parents, grandparents, and other guardians whose preteens and teens have not been vaccinated. During community outreach and education events, caretakers whose children have not gotten the vaccine will be identified through a baseline and follow up (pre-post) assessment and enrolled into the project. These individuals will be sent a reminder postcard with information about the vaccine within 2 weeks of the outreach event, and then called 30-90 days later to assess:

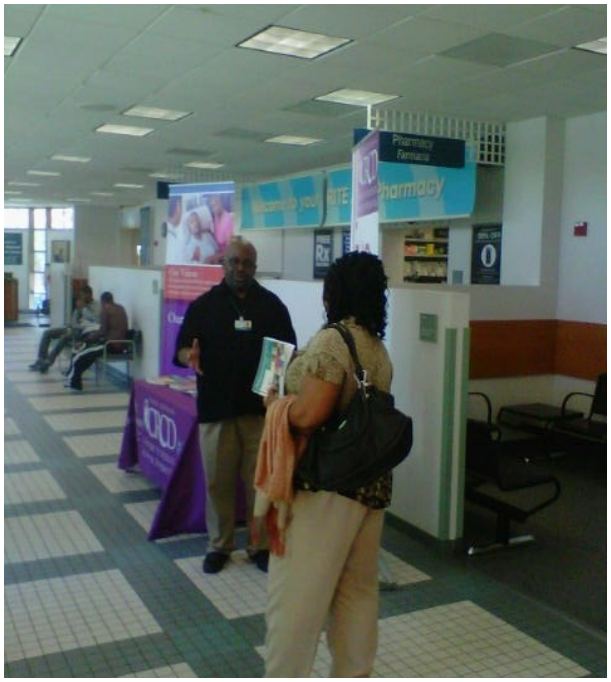
- Whether they have communicated with a health care provider about HPV vaccination
- Whether their child/grandchild has been vaccinated and how many doses
- Barriers and concerns regarding HPV vaccination
- Whether they used and/or shared the educational materials on HPV

The second phase and evaluation of the effect of the educational outreach/intervention are ongoing.

The CRCD has reached an impressive number of individuals in Baltimore City and Prince George's County during the first phase of their effort to increase HPV vaccination. Reducing barriers, raising awareness, and educating caregivers about HPV and cancer are keys to the primary prevention of HPV-related cancers as they foster the uptake of HPV vaccine. With strong efforts from programs like CRCD, the Cancer Plan's goal of reducing the incidence of invasive cervical cancer is within reach.

[1] Centers for Disease Control and Prevention. HPV and Cancer. Accessed on January 14, 2016. Available at: http://www.cdc.gov/cancer/hpv/statistics/
[2] National Immunization Survey

Primary Prevention



A CRCD Team Member at Work
CRCD recruited participants at health fairs and other community events and asked participants to complete a 7- to 10- minute survey on attitudes, knowledge, awareness, behavioral intentions, and other factors regarding HPV vaccination.

2015 Maryland General Assembly Session Highlights

Primary Prevention

⇒ The Maryland-National Capital Park and Planning Commission - Regulations to Prohibit Smoking Act passed in 2015. This legislation requires the Maryland-National Capital Park and Planning Commission to adopt regulations to prohibit the smoking of a cigarette, cigar, or any other tobacco product on property under its jurisdiction.
(See Maryland Comprehensive Cancer Control Plan Chapter 5)

⇒ The Electronic Cigarettes - Sale to Minors - Components, Supplies, and Enforcement Act passed in 2015. This legislation prohibits against selling, distributing, or offering for sale to a minor a component for an electronic device that can be used to deliver nicotine, or a product used to refill or supply an electronic device.
(See Maryland Comprehensive Cancer Control Plan Chapter 5)

⇒ The Baltimore City - Property Tax Credit - Supermarkets Act passed in 2015. This legislation authorizes Baltimore City to grant a property tax credit for personal property owned by a supermarket that completes eligible construction and is located in a food desert area.
(See Maryland Comprehensive Cancer Control Plan Chapter 6)

Primary Prevention

Measurable Progress

	Baseline	Current	2015 Target
Chapter 5: Tobacco-Use and Lung Cancer			
Goal 1. Objective 2. By 2015, reduce current tobacco use by 10% among Maryland high school youth to 21.8%.	24.2% 2008 MD Youth Tobacco Survey	16.9% 2013 MD Youth Tobacco Survey[2]	21.8%
Goal 1. Objective 3. By 2015, increase the percentage of youth not exposed to secondhand smoke indoors and in motor vehicles to reach the following targets: indoors: 77.6%, motor vehicles: 79.6%.	Indoors: 70.6% 2008 MD Adult Tobacco Survey[1]	Indoors: 68.3% 2013 MD Youth Tobacco Survey[2]	77.6%
	Vehicles: 72.4% 2008 MD Adult Tobacco Survey[1]	Vehicles: 74.2% 2010 MD Youth Tobacco Survey[3]	79.6%
Chapter 6: Nutrition, Physical Activity, & Healthy Weight			
Goal 1. Reduce the burden of cancer by improving nutrition and physical activity and promoting the healthy weight of Marylanders. 2016 Targets:			
Increase proportion of MD adults consuming 5 or more fruits and vegetables per day to 32% .	27% 2008 MD BRFSS	17% 2013 MD BRFSS[2,4]	32%
Maintain proportion of MD adults engaging in moderate physical activity for 30 minutes or more per day, five or more days per week at 36%.	36% 2008 MD BRFSS	32% 2010 MD BRFSS[3]	36%
Increase the proportion of adults who engage in aerobic physical activity of at least moderate intensity for at least 150 minutes/week, or 75 minutes/ week of vigorous intensity, or an equivalent combination.	49% 2011 MD BRFSS	48% 2013 MD BRFSS[2,4]	47.9% HP 2020 Target
Reduce the proportion of Maryland adults engaging in no leisure time physical activity to 19%.	24% 2008 MD BRFSS	25% 2013 MD BRFSS[2,4]	19%
Increase the proportion of Maryland adults who are at a healthy weight (18.5>= BMI<25.0) to 44%.	36% 2008 MD BRFSS	36% 2013 MD BRFSS[2,4]	44%

[1]The MD Adult Tobacco Survey was not continued after 2008. MD Youth Tobacco Survey data used for updates.
[2]Updated data unavailable at the time of publication.
[3]Questions changed or have not been asked since 2010; updated data unavailable.
[4]Because sampling for the Behavioral Risk Factor Surveillance (BRFSS) changed in 2011, data from the BRFSS in year 2011 and beyond cannot be compared to results from previous years of BRFSS data (2010 and earlier).

Primary Prevention

Measurable Progress

	Baseline	Current	2015 Target
Chapter 7: Ultraviolet Radiation and Skin Cancer			
Goal 2. Objective 1. By 2015, increase the percentage of Maryland adults to 44% who always or nearly always do at least two of the following:			
Limit sun exposure between 10:00 a.m. and 4:00 p.m., use sunscreen with SPF of 15 or higher when outdoors for an hour or more on a sunny day, wear a hat with a broad brim when outdoors for an hour or more on a sunny day, or wear sun-protective clothing when outdoors for an hour or more on a sunny day.	36% 2006 MD BRFSS	32% 2012 MD BRFSS[1,3]	44%
Goal 2. Objective 1. By 2015, increase the percentage of Maryland children (under age 13) who always or nearly always use sun-protection measures (including sunscreen and protective clothing) to 73%.	68% 2006 MD BRFSS	68% 2010 MD BRFSS[2]	73%
Chapter 10: Breast Cancer			
Goal 1. Objective 2. By 2015, increase the proportion of Maryland women who:			
Ever breastfed to 85%.	75%	80%	85%
Were breastfeeding at 6 months to 67%.	46%	60%	67%
Were breastfeeding at 12 months to 42%.	26% CDC National Immun. Survey (2006 births)	29% CDC National Immun. Survey (2011 births)	42%

[1]Updated data (2014 or 2015) unavailable at the time of publication.
[2]Question has not been asked since 2010; updated data unavailable.
[3]Because sampling for the Behavioral Risk Factor Surveillance (BRFSS) changed in 2011, data from the BRFSS in year 2011 and beyond cannot be compared to results from previous years of BRFSS data (2010 and earlier).

***Local Policy Implementation*: OCEAN CITY GOES SMOKE FREE!**

In **May 2015**, a new Ocean City, MD ordinance went into effect that **restricts smoking on the beaches and bans smoking on the boardwalk**. The policy restricts smoking cigarettes, cigars, and pipes, as well as vaping (the use of e-cigarettes) on beaches except within 15 feet of designated smoking areas, and bans smoking and vaping on the boardwalk. The Town of Ocean City and the Worcester County Health Department used funding from the Maryland Cancer Fund to design, construct, and post signage to inform the public of the ordinance and to establish designated smoking locations. The new policy is expected to impact 8 million annual visitors, residents, and workers that spend time in the resort town.

Early Detection and Treatment

Navigate to Health: Rapid Referral Program at Adventist HealthCare

Quality improvement refers to the ongoing effort to improve efficiency, effectiveness, performance, and/or outcomes that achieve equity and improve the health of a community. The Maryland Comprehensive Cancer Control Plan includes many quality improvement strategies, particularly related to breast cancer, including removal of barriers to self-referral for mammography, the use of creative means to reach underserved women, and the development of patient navigation programs to serve low-income populations. Health systems and public health programs across the state have undertaken quality improvement efforts to become more efficient and provide better care to their patients. One such example is the Navigate to Health: Rapid Referral Program at Adventist HealthCare (AHC).

Adventist HealthCare's (AHC) Navigate to Health: Rapid Referral Program provides breast health services to low-income, uninsured, and ethnically diverse minority women in Montgomery and Prince George's Counties. The Rapid Referral Program is implemented by the AHC Center for Health Equity and Wellness in partnership with community safety net clinics, the Primary Care Coalition of Montgomery County (PCC), and the Montgomery County Women's Cancer Control Program (WCCP). Safety net clinics refer women to the program for breast cancer screening, and PCC and WCCP fund services for eligible women. The program navigates women through the screening process, and links them with diagnostic services and treatment when needed.

As part of ongoing efforts to improve patient care, the Rapid Referral Program identified the amount of time from referral to the program to screening and the amount of time from screening to diagnosis as areas for improvement. Prior to 2012, the average time from a patient's referral to the program to her mammogram was 90 days. Over the years, program staff and management have worked to build stronger relationships and better communication with safety net clinics, which has decreased the average time from referral to screening to 21 days. Another process improvement that has decreased delays is the implementation of block scheduling so that the patient is given an appointment with the Rapid Referral Program when they see their provider at the safety net clinic.

The program also implemented a change to improve the amount of time from an abnormal screening result to a diagnostic mammogram. This change in process now enables navigators to complete a county or state application for coverage of diagnostic imaging at the time of the initial appointment with the Rapid Referral Program. This change reduces the burden on the patient to return to complete the application, and it allows the program to submit applications for patients immediately after an abnormal finding. Since introducing this process improvement in 2015, the program has observed a decrease in number of days from screening to diagnostic mammogram from the previously typical 40-45 days to as few as five to seven days.

To further improve patient care, in 2015 the program utilized funding from the Avon Foundation to address a limitation of its electronic medical record (EMR) system. The EMR system is only capable of generating test result letters in English, so the Rapid Referral Program developed an informative letter that is provided to every patient upon visiting the program and translated it into languages commonly spoken by patients. The letter outlines what to expect at their appointment, and how to read the results letter generated by the EMR system (in English) that will come in the mail following the visit. This letter has been translated into eight languages: Spanish, Mandarin, Amharic, French, Arabic, Portuguese, Bengali, and Farsi.

The Adventist HealthCare Navigate to Health: Rapid Referral Program health has identified changes that have improved the quality of care provided to underserved women. It serves as an example of how a health system's ongoing efforts to enhance services can also represent implementation of the Maryland Comprehensive Cancer Control Plan.

Early Detection and Treatment

Measurable Progress

	Baseline	Current	2015 Target
Chapter 7: Ultraviolet Radiation and Skin Cancer			
Goal 2. Objective 3. By 2015, improve the early detection of skin cancer by increasing the percentage of melanoma cancers in Maryland diagnosed at the local stage to 74.1%.	59.1% 2006 MCR	59.8% 2012 MCR	74.1%
Chapter 9: Colorectal Cancer			
Goal 1. Objective 1. By 2015, increase the percentage of Marylanders ages 50 years and older who are up-to-date[1] with screening per ACS/Multi Society Task Force guidelines to 80%.	73% 2008 MD BRFSS	69% 2014 MD BRFSS[2]	80%
Goal 2. Objective 1. By 2015, increase the rates of up-to-date[1] CRC screening to 80% or higher for the following groups age 50 and older:			
Black or African American Female:	75%	71%	80%
White Female:	73%	71%	80%
Black or African American Male:	68%	64%	80%
White Male:	76% 2008 MD BRFSS	70% 2014 MD BRFSS[2]	80%
Chapter 10: Breast Cancer			
Goal 2. Objective 1. By 2015, increase the percentage of females in Maryland ages 40 and above who have received a mammogram in the past two years to greater than 77%.	77% 2008 MD BRFSS	79% 2014 MD BRFSS[2]	> 77%
Chapter 12: Oral Cancer			
Goal 1. Objective 1. By 2015, increase the proportion of adults 40 years and older who have had an oral cancer exam in the past year to 48%.	40% 2008 MD Cancer Survey[3]	30% 2012 MD BRFSS[4]	48%
Goal 1. Objective 2. By 2015, increase the proportion of oral cancer detected at a local stage to greater than 28%.	28% 2006 MCR	29% 2012 MCR	> 28%
Chapter 13: Cervical Cancer			
Goal 1. Objective 3. By 2015, utilize state-of-the-art recommendations to increase the proportion of women ages 21 to 70 receiving a Pap test in the last three years to greater than 88%.	88% 2008 MD BRFSS	86% 2014 MD BRFSS[2]	> 88%

[1]The definition of "up-to-date" CRC screening from the BRFSS includes the % of adults age 50 years and older who have had at least one of the following: 1) FOBT in the past year; 2) flex sigmoidoscopy in the past 5 years; 3) colonoscopy in the past 10 years.
[2]Because sampling for the BRFSS changed in 2011, data from the BRFSS in year 2011 and beyond cannot be compared to results from previous years of BRFSS data (2010 and earlier) or to results from the Maryland Cancer Survey.
[3]The MD Cancer Survey was not continued after 2008. BRFSS data used for updates.
[4]In the 2014 MD BRFSS respondents were asked if they were ever screened for oral cancer vs. in the past year; updated data unavailable.

Survivorship, Palliative Care, and Pain Management

The Johns Hopkins Medicine Managing Cancer at Work Program

According to the National Cancer Institute, by 2024 there will be an estimated 19 million cancer survivors in the United States, compared to 14.5 million in 2014.[1] As more cancer patients than ever are surviving their diagnosis, quality of life has emerged as a focus of the Maryland Comprehensive Cancer Control Plan, which sets a goal to enhance the quality of life of cancer survivors in Maryland through information and supportive services. It is not only physical, emotional, and financial wellness that are important for cancer survivors to maintain a high quality of life, but also occupational wellness. Very few employer-sponsored programs have served as models to help employees deal with their cancer diagnosis in the workplace. However, Johns Hopkins Medicine has set an example by developing the Managing Cancer at Work Program to support the needs of employees dealing with cancer.

Managing Cancer at Work, which started in 2015, is a unique education, advocacy, and navigation program designed specifically to support those who are working while dealing with the long-term impact of a cancer diagnosis, or while caring for someone with cancer. The program has two components for employees - expert and personal support from a nurse navigator, and online support. The nurse navigator is available by telephone to provide confidential guidance to employees on medical and work issues, while they are going through treatment or serving as a caregiver. The navigator also helps employees to access support groups and other resources. The online support, offered through www.managingcanceratwork.com, provides comprehensive information and videos for employees on various cancer topics including types of cancer, screening recommendations, prevention strategies, and caregiver education.

The program also provides online support for managers and supervisors in the workplace through a separate portal on the website. Managers and supervisors can access guidance and resources to better understand how to support employees who have cancer or who are caregivers of cancer patients, how to support and educate co-workers about cancer, and how to understand government entitlements and human resources policies and procedures that protect cancer patients in the workplace.

The Managing Cancer at Work program is completing its pilot stage and results from the program are preliminary. However, expected outcomes include:

- Increase in employees' ability to make wise decisions about working and cancer;
- Increase in employees with cancer who are engaged in daily activities;
- Decrease in anxiety related to a new cancer diagnosis;
- Decrease in cancer-related lost time from work; and
- Decrease in employee use of disability benefits.

Over the coming years, these outcomes will be measured by tracking the number of short- and long-term disability days used per employee with cancer (pre and post program implementation), employee satisfaction surveys, and website traffic data.

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Testimonials from employees dealing with cancer, either as a patient, caregiver, or manager, have been overwhelmingly positive. Positive feedback has focused on how the navigator has assisted employees in accessing services, maintaining employment while being treated, and providing care to a loved one while maintaining income and employment. Additional praise of the program has focused on how the navigator has assisted managers and supervisors in maintaining a supportive and productive environment, while assuring the privacy of employees.

Although the program is still a pilot program, testimonials indicate that it has been a great success. It is included as part of Johns Hopkins Medicine's comprehensive benefits package and offered at no charge to employees. The Managing Cancer at Work team is looking to expand its reach by marketing the program to medium and large employers at low costs. The proceeds will help to cover ongoing development and operating costs.

Cancer has an overarching impact on all aspects of life for those who are affected, either as a patient or a caregiver. As the Managing Cancer at Work Program has demonstrated, by providing information and supportive services as recommended by the Maryland Comprehensive Cancer Control Plan, employers have the ability to improve the quality of life of those who are living with or surviving cancer.

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[1] National Cancer Institute: Office of Cancer Survivorship. Statistics. Accessed on January 14, 2016. Available at: http://cancercontrol.cancer.gov/ocs/statistics/statistics.html.

The Maryland Cancer Collaborative

The Maryland Cancer Collaborative (MCC) was established in 2011 as a statewide coalition working to implement the Maryland Comprehensive Cancer Control Plan. The goals of the Collaborative are to work with individuals and organizations throughout the state to implement the Cancer Plan, and to bring together existing groups and new partners to collaborate on a common goal: reducing the burden of cancer in Maryland.

As of December 2015 there are 195 members of the MCC, representing state and local health departments, academic institutions, hospitals and healthcare systems, private providers, nonprofit and community organizations, and survivors. Members agree to:

- Support and utilize the Maryland Comprehensive Cancer Control Plan
- Take specific action to implement the Maryland Comprehensive Cancer Control Plan
- Support and participate in evaluation of implementation efforts
- Participate in meetings regularly
- Report implementation efforts and progress to DHMH
- Abide by and adhere to the *Approval Procedure for Communicating Beyond the Collaborative* and the *Policy Ground Rules*
- Bring available resources to the table

Members of the MCC join topic-based workgroups that meet regularly to choose priorities from the Cancer Plan and implement action plans. Each workgroup has a Chair or Co-chairs, which comprise the Collaborative Steering Committee. The Chair of the Collaborative is a professor at the Johns Hopkins Bloomberg School of Public Health and Deputy Chair of the Department of Epidemiology.

From the time that the Collaborative was established through December 2015, committees and workgroups have met to review relevant chapters, goals, and objectives in the Cancer Plan, select priorities, and create and implement action plans. 2015 projects include:

- ***Palliative Care Workgroup***: Developed materials including messaging and a collection of resources to raise awareness about palliative care among primary care providers and their patients. The workgroup identified primary care provider professional associations to share materials with in 2016.
- ***Tobacco Workgroup***: Created and administered a survey to collect information from colleges and universities about campus tobacco policy enforcement strategies, cessation services offered, and dissemination strategies of prevention and cessation messaging. Data has been analyzed and the workgroup has drafted data summary and best practice documents to share back with colleges and universities in 2016.

Workgroups will meet to select new priorities and projects in 2016 based on the goals, objectives, and strategies in the newly updated Cancer Plan (to be released in 2016).

Anyone who is interested in becoming a member of the Collaborative is welcome to join. For more information, please contact:

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The Maryland Comprehensive Cancer Control Plan

http://phpa.dhmh.maryland.gov/cancer/cancerplan/Pages/Home.aspx