Cancer Control Success Stories

July 1, 2011 - June 30, 2012

Progress Report

on the Maryland Comprehensive Cancer Control Plan

The Maryland Comprehensive Cancer Control Plan

fha.dhmh.maryland.gov/cancer/cancerplan

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2011-2012 Progress Report

Introduction

The Maryland Comprehensive Cancer Control Plan was revised and released in July, 2011. The Cancer Plan is meant to serve as a guide for health professionals, as well as a resource for all Marylanders. It is a comprehensive publication that represents the work of more than 200 individuals who authored 15 chapters including cross-cutting topics such as cancer disparities, primary prevention, and survivorship, as well as site specific topics that focus on early detection and treatment. Each chapter outlines goals, objectives, and strategies that individuals and organizations can use to guide cancer control activities.

The Cancer Plan focuses on seven site specific cancers: lung, skin, colorectal, breast, prostate, oral, and cervical. These 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 Cancer Plan encourages collaboration and cohesiveness among stakeholders working to control cancer in Maryland. To engage collaboration in conjunction with the release of the new Cancer Plan, a new statewide coalition was established in 2011 to implement the 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, which is reducing the burden of cancer in Maryland. The six committees of the Maryland Cancer Collaborative are structured around six priority areas of cancer control and include: 1) Primary Prevention; 2) Early Detection and Treatment; 3) Survivorship, Palliative Care, and Pain Management; 4) Cancer Disparities; 5) Evaluation; and 6) Policy. Each committee has identified priorities from the Cancer Plan and began work to implement priorities in 2012.

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 six sections, including five sections based on the first five priority areas of cancer control listed above and one section on progress of the Maryland Cancer Collaborative. Each of the five priority area sections highlight a Success Story, which represents a successful collaboration that demonstrates the impact that cancer control activities have on Marylanders. Updates on the sixth priority area, Policy, are included in several sections of the Progress Report. Surveillance data updates are also found throughout the Progress 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

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 Kent County Health Department, the Maryland Center for Chronic Disease Prevention and Control, Mercy Medical Center, Helping Up Mission, the Pro Bono Counseling Project, Nueva Vida, MedStar Harbor Hospital, the Johns Hopkins Sidney Kimmel Comprehensive Cancer Center, and the Maryland Behavioral Risk Factor Surveillance System.

Incidence and Mortality Updates

Seven Targeted Cancers

		Baseline	Update	2015 Target
Overall Mortality:				
	African American	221 per 100,000	193 per 100,000	164 per 100,000
	White	189 per 100,000 2006 CDC WONDER	176.6 per 100,000 2009 Maryland Vital Statistics MATCH	161 per 100,000
Lung Cancer:	Mortality	52.7 per 100,000 2006 CDC WONDER	48.7 per 100,000 2009 Maryland Vital Statistics MATCH	45.5 per 100,000 (Healthy People 2020 Target)
Melanoma:	Mortality	3.0 per 100,000 2006 CDC WONDER	2.9 per 100,000 2009 Maryland Vital Statistics MATCH	2.4 per 100,000 (Healthy People 2020 Target)
Colorectal Cancer:	Incidence	41.3 per 100,000 2006 Maryland Cancer Registry	38.0 per 100,000 2009 Maryland Cancer Registry	29.4 per 100,000
	Mortality	18.4 per 100,000 2006 CDC WONDER	16.6 per 100,000 2009 Maryland Vital Statistics MATCH	11.0 per 100,000
Breast Cancer:	Incidence	112.8 per 100,000 2006 Maryland Cancer Registry	127.4 per 100,000 2009 Maryland Cancer Registry	96.5 per 100,000
	Mortality	25.0 per 100,000 2006 CDC WONDER	23.5 per 100,000 2009 Maryland Vital Statistics MATCH	22.0 per 100,000
Prostate Cancer:	Mortality	26.3 per 100,000 2006 CDC WONDER	25.5 per 100,000 2009 Maryland Vital Statistics MATCH	14.9 per 100,000
Oral Cancer:	Incidence	8.9 per 100,000 2006 Maryland Cancer Registry	10.0 per 100,000 2009 Maryland Cancer Registry	6.5 per 100,000
	Mortality	2.8 per 100,000 2006 CDC WONDER	2.5 per 100,000 2009 Maryland Vital Statistics MATCH	2.1 per 100,000
Cervical Cancer:	Incidence	6.7 per 100,000 2006 Maryland Cancer Registry	6.8 per 100,000 2009 Maryland Cancer Registry	*Less than* 6.7 per 100,000
	Mortality	2.2 per 100,000 2006 CDC WONDER	2.3 per 100,000 2009 Maryland Vital Statistics MATCH	1.4 per 100,000

The Cancer Plan does not set incidence targets for all seven targeted cancers.

Incidence updates are provided only for cancers with incidence targets in the Cancer Plan.

Primary Prevention

Get Healthy Kent: Inciting Healthy Behaviors through Worksite Wellness

Located on the Eastern Shore of Maryland, Kent County is a rural community with a highly insured population; 92.5% of residents have health insurance compared to 89.1% statewide. However, many residents do not have access to routine preventative care due to the rural landscape and the absence of a community clinic to serve the uninsured and underinsured. Get Healthy Kent is a model worksite wellness initiative that aims to strengthen the primary care infrastructure in Kent County and reduce the burden of chronic disease by bringing healthcare and wellness to the worksite.

Get Healthy Kent represents a partnership between the Kent County Health Department, Chester River Hospital Center, local healthcare providers, participating worksites, and the Maryland Department of Health and Mental Hygiene's Healthiest Maryland Businesses initiative. As of June 2012, fifteen businesses had joined the program, which represents more than 3,000 employees and 46% of the total county workforce. Tobacco use, obesity, poor nutrition, and lack of physical activity are cancer and chronic disease risk factors that can be reduced through healthy lifestyle choices. Get Healthy Kent encourages worksites to make healthy choices easy choices for employees. The program is an outstanding example of local implementation of the Maryland Comprehensive Cancer Control Plan, specifically Objective 2 of the Nutrition, Physical Activity, and Healthy Weight Chapter: ensure that at least 25% of Maryland businesses have policies and supports for promoting healthy eating and physical activity. Get Healthy Kent is a cross-cutting initiative that utilizes policy, systems, and environmental changes to encourage healthy behaviors.

Through the program, the Kent County Health Department provides employees of participating businesses with annual health risk assessments, case management, and referrals to local resources and primary care providers. Chester River Hospital Center fulfills its state-required community benefit by completing lab services for Get Healthy Kent participants, which is a key component of the program. The health department then uses data collected through health risk assessments and screenings to educate worksites about their employee wellness, and to offer technical assistance to worksites on the implementation of policy and environmental changes that support healthy choices.

Employees benefit from the program in many ways. The health assessments and screenings identify cancer and chronic disease risk factors that may have gone unidentified without Get Healthy Kent intervention. Employees also benefit from the changes that businesses are making to improve employee health. An employee from the Kent County Department of Social Services shared,

"*Get Healthy Kent has been helpful for me because I now wear a pedometer which shows me how far I have walked. My co-workers and I walk together which is a big help... The health risk assessment allowed me to see what changes I need to make and showed me good healthy habits I am already doing*."

Businesses also benefit from the data that is collected through health risk assessments, which raises awareness of their population's overall health and the specific needs of their workforce. Another advantage that participating businesses receive from Get Healthy Kent is a per employee estimate of health claim costs due to chronic disease risk factors. By recognizing the financial impact of employee health and learning about the big impact that small changes can have, employers become motivated to take action.

Primary Prevention

Leadership within participating businesses has been receptive and enthusiastic, and many changes have already occurred. Policy and environmental changes that have been adapted since Get Healthy Kent began in 2009 include:

⇒ Chester River Health System (CRHS) signed the *Healthy Food in Health Care Pledge* to improve healthy selections in its cafeteria (including more local, sustainable foods, more fruits and vegetables, and less unhealthy options), and began to post nutritional content and offer an on-site Farmer's Market. The University of Maryland School of Nursing's *Hospitals for a Healthier Environment* program helped CRHS to implement these changes. CRHS's food distributor contracts with several other hospitals, so cafeteria changes may have a ripple effect on other healthcare institutions.

⇒ CRHS also began offering employees use of an on-site cardiac rehabilitation facility after hours at no cost.

⇒ Kent County Public Schools adapted new federal Health and Sustainability Guidelines to offer healthier food and beverages in staff lounge vending machines. A School Wellness Council examined existing nutrition and physical activity policies and created action plans to improve the health of both students and employees. They are striving for Gold recognition for their employee wellness efforts from the *Alliance for a Healthier Generation*.

⇒ Washington College is working toward becoming a smoke-free campus in the near future, along with several other participating businesses.

Employees have embraced the changes and opportunities that Get Healthy Kent has created. Participating businesses have also embraced the program, and have even begun to challenge one another to reach health goals. Local business Gillespie and Son reported,

"*We recently had a company challenge with another local company (David A. Bramble, Inc.) in a walk during Memorial Day weekend's Chestertown Tea Party Festival. It (Get Healthy Kent) is making everyone aware of the effects of healthy living and eating and everyone is enjoying it so much. Our employer offers a place for employees to play soccer on their lunch hour for fun and relaxation. Employees and family members are taking walks together, many are growing their own vegetables this summer, and several have quit smoking*."

The Gillespie Team

Get Healthy Kent is already impacting employee health in a positive way. In 2011, an evaluation was conducted of health risk assessment data from 160 employees across four worksites. Over the course of one year (2010), mean weight decreased by 2 pounds among all employees, and by 3.8 pounds among employees who were classified as overweight. Fruit and vegetable consumption increased, and employees expressed an increased readiness to make healthy lifestyle changes including practicing good eating habits, engaging in physical activity, losing weight or maintaining a healthy weight, and living an overall healthy lifestyle.

Primary Prevention

One finding that is especially interesting to employers is the drop in the percent of female employees who missed 9 or more days of work in the past year due to illness or injury, which fell from 8.9% in 2010 to 4.4% in 2011. These early evaluation results are promising and show how quickly small worksite changes can begin to make a difference.

The success and momentum of Get Healthy Kent demonstrates the impact that a coordinated local effort to prevent cancer and chronic diseases can have, and serves as a model for other counties to engage businesses and leverage resources statewide.

2012 Maryland General Assembly Session Highlights

Primary Prevention

⇒ Several tobacco-related legislative items passed during the 2012 Session, including an increase in the excise tax on non-premium cigars to 70% of the wholesale price and on other tobacco products to 30% of the wholesale price, and a prohibition on the sale or distribution of electronic cigarettes, cigars, cigarillos, or pipes to youth under the age of 18.
(See Maryland Comprehensive Cancer Control Plan Chapter 5)

⇒ Beginning in October 2012, when Maryland public institutions of higher education revise their facility master plans, they will be required to address bike transportation and pedestrian circulation within the campus and between the campus and the surrounding communities.
(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	24.8% 2010 MD Youth Tobacco Survey	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% Vehicles: 72.4% 2008 MD Youth Tobacco Survey	Indoors: 73.5% Vehicles: 74.2% 2010 MD Youth Tobacco Survey	77.6% 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%	27%	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%	32%	36%
Reduce the proportion of Maryland adults engaging in no leisure time physical activity to 19%.	24%	23%	19%
Increase the proportion of Maryland adults who are at a healthy weight (18.0>= BMI<=25.0) to 44%.	35.5% 2008 MD BRFSS	34% (BMI<=24.9) 2010 MD BRFSS	44%
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	34% 2010 MD BRFSS	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	73%
Chapter 10: Breast Cancer			
Goal 1. Objective 2. By 2015, increase the proportion of Maryland women who:			
Ever breastfed to 85%.	75%	73%	85%
Were breastfeeding at 6 months to 67%.	46%	49%	67%
Were breastfeeding at 12 months to 42%.	26% CDC National Immun. Survey (2006 births)	22% CDC National Immun. Survey (2008 births, provisional data)	42%

Early Detection and Treatment

Mercy Medical Center and Helping Up Mission: Collaborating to Increase CRC Screening in an Under-served Population

Colorectal cancer is the third most common cancer and the second leading cause of cancer deaths in Maryland; in 2009, nearly 1,000 Marylanders died from colorectal cancer. Colorectal cancer (CRC) can be prevented in many cases through early detection by one of several screening tests available, including colonoscopy and sigmoidoscopy. Maryland has made significant progress in the reduction of CRC, and the rate of Marylanders who are screened continues to increase. But many patients still face barriers to CRC screening, including lack of knowledge about screening recommendations, fear of the colonoscopy procedure, lack of insurance, and lack of a medical home.

To address these barriers, the Maryland Colorectal Cancer Control Program (CRCCP) funds several projects to educate the public and to increase CRC screening rates. Through funds from this program, the Prevention and Research Center at Mercy Medical Center has provided free colorectal cancer screenings to the underinsured and uninsured of Baltimore City since 2009. Mercy's efforts through the CRCCP are bringing Maryland closer to meeting the objectives of Colorectal Cancer Chapter of the Maryland Comprehensive Cancer Control Plan. The first goal of the chapter is to "*Reduce colorectal cancer incidence and mortality*," and many of the objectives involve increasing the percentage of Marylanders who are up-to-date with CRC screening.

Since the inception of the CRC screening program at Mercy, more than 300 men and women have been served, primarily between the ages of 50 and 64. Numerous partnerships have greatly enhanced the diversity within the program, and have provided opportunities for groups of individuals who otherwise may not have been targeted to have a CRC screening. Among the partnerships that help Mercy to reach underserved populations is the relationship between Mercy and Helping Up Mission (HUM). Helping Up Mission is a non-profit organization located in Baltimore City that is dedicated to the recovery of men who are addicted to drugs or alcohol. HUM provides a comprehensive 12-month residential treatment program, and continues to offer support beyond residency. In addition to addiction recovery related therapy, the men also have access to a primary care physician and various health-related educational programs, including a smoking cessation program provided by St. Joseph's Medical Center.

HUM initially reached out to Mercy after being referred by St. Joseph's Cancer Institute in 2011, asking for assistance in providing their clients with colonoscopies. Mercy has since conducted educational symposia, funded primarily through a Priority Populations Grant from the American Cancer Society, focused on dispelling myths and explaining the benefits of receiving CRC screenings. At these gatherings, HUM clients are able to meet Mercy staff, ask questions, and become more knowledgeable and receptive to colon cancer screening. The program is supported by Dr. Lelin Chao of People's Community Health, the primary care physician at HUM, and Mr. James Hill, Client Services Manager, who coordinate clients' appointments and transportation. Participating HUM clients typically arrive at Mercy in small groups to receive their care, and it is common to hear remarks from hospital staff about the calm, gentle presence that they bring to the endoscopy unit.

Through the collaboration of the two organizations, 10 men, recovering from years of addiction and self-neglect, have been able to receive a free colonoscopy. One gentleman remarked, "I am really grateful to have had this done. I would never have done this on my own. I had a 2 centimeter polyp, and I thank Mercy for saving my life." The men who have already completed their colonoscopies are happy to attend future symposia to offer testimonies and enthusiastically support those who are in the preparation stage.

Early Detection and Treatment

Through its partnerships with Helping Up Mission, the Maryland Colorectal Cancer Control Program, and funding from the American Cancer Society, Mercy Medical Center is helping a population of men who are typically considered hard-to-reach, and is positively contributing to the implementation of the Maryland Comprehensive Cancer Control Plan. In addition to creating a healing partnership within the community, this cooperative effort is bringing Maryland closer to its goal of reducing the rate of colorectal cancer.

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	65.6% 2009 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* with screening per ACS/ Multi Society Task Force guidelines to 80%.	73% 2008 MD BRFSS	71% 2010 MD BRFSS	80%
Goal 2. Objective 1. By 2015, increase the rates of up-to-date* CRC screening to 80% or higher for the following groups age 50 and older:			
Black or African American Female:	75%	75%	80%
White Female:	73%	70%	80%
Black or African American Male:	68%	72%	80%
White Male:	76% 2008 MD BRFSS	71% 2010 MD BRFSS	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	81% 2010 MD BRFSS	> 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**	38% 2010 MD BRFSS	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	31% 2009 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	89% 2010 MD BRFSS	> 88%

*The definition of "up-to-date" included double contrast barium enema in 2008; this was not included in the 2010 definition.

**The MD Cancer Survey was not continued after 2008. BRFSS data is used for updates.

Survivorship, Palliative Care, and Pain Management

The Pro Bono Counseling Project: Harnessing the Power of Volunteers to Link Patients with Mental Healthcare

Ms. M was being treated for ovarian cancer at 51 years old.
She described feeling overwhelmed by the recent events of her life.
When she was diagnosed with ovarian cancer the year before,
her mother had recently died and she was fired from the job that she had held for 30 years.
Ms. M contacted the Pro Bono Counseling Project and was linked with a clinical social worker and,
after one month of therapy, she observed that she wasn't feeling afraid anymore.
She was considering new options about work and education.
After three months she concluded therapy, stating that she was doing well in school.

The Jean Steirn Cancer Program with the Pro Bono Counseling Project (PBCP) made this success for Ms. M possible. Many healthcare programs for uninsured patients focus on meeting physical needs, which are essential to maintaining good health. However, mental health is an important component of overall health and a diagnosis of cancer can significantly increase emotional distress. Furthermore, mental health status tends to be poorer within the uninsured population; according to the Maryland Behavioral Risk Factor Surveillance System, in 2010 20.7% of uninsured Marylanders reported that their mental health was not good on 8 or more of the last 30 days, compared to 11.4% of insured Marylanders. Recognizing a gap in the availability of mental health services for uninsured cancer patients, the Pro Bono Counseling Project created the Jean Steirn Cancer Program to address the mental health needs of cancer patients, survivors, and their loved ones.

The work of the Jean Steirn Cancer Program represents implementation of the main goal of the Patient Issues and Cancer Survivorship Chapter of the Maryland Comprehensive Cancer Control Plan, to "*Enhance the quality of life of cancer survivors in Maryland through information and supportive services*." In 2011-2012, PBCP partnered with the Maryland Comprehensive Cancer Control Program and the Maryland Affiliate of Susan G. Komen for the Cure to provide services through the Jean Steirn Cancer Program for 51 individuals. The program provides free mental health treatment, linkage to necessary support services in the community, and transportation to therapy appointments as necessary. Since its inception, the program has provided services to more than 800 cancer patients, loved ones, and caregivers. The individuals served through the program are generally low-income; 70% of those who received free mental health care in 2011 had an annual income of $20,000 or less. These cancer patients and their families struggle with economic hardship in addition to their cancer diagnoses, and the program provides access to crucial services that would otherwise be unavailable.

In order to support the Jean Steirn Cancer Program, PBCP recruits volunteer therapists from various mental health professional associations and licensing boards, and currently works with more than 700 volunteers located in 20 Maryland jurisdictions representing clinical social work, psychology, psychiatry, advanced practice nursing and professional counseling. In exchange for providing free services to PBCP patients, volunteers are given the opportunity to attend continuing education workshops and are able to network with other volunteer therapists. Almost 300 of more than 700 volunteer therapists see cancer patients through the Jean Steirn Cancer Program.

Survivorship, Palliative Care, and Pain Management

One third of survivors in the Jean Steirn Cancer Program report an improvement in their education or job situation, and over half of survivors in the program report improved functioning like improved behavior and relationships. A breast cancer patient who concluded therapy after six months reported that she was no longer experiencing insomnia, had a new job, sold her house, and was moving forward, sharing, "*Things are better than before. A cloud has lifted.*"

PBCP works with an extensive network of partners including volunteer therapists as well as hospitals, healthcare systems, and community organizations to ensure that cancer patients and healthcare providers are aware of the services that are available. The organization has received national attention for its success in linking individuals in need with mental healthcare, and has been contacted by eight states to provide technical assistance in the development of similar programs.

The Jean Steirn Cancer Program provides vital mental health and supportive services to individuals and loved ones in need as they face the life-changing diagnosis of cancer. The program demonstrates how an organization can harness the power of volunteers and partners to positively impact cancer patients and families, and is a great example of implementation of the survivorship goal of the Maryland Comprehensive Cancer Control Plan.

2012 Maryland General Assembly Session Highlight

Survivorship, Palliative Care, and Pain Management

⇒ The Kathleen A. Mathias Chemotherapy Parity Act of 2012 was signed into law, prohibiting insurers from imposing limits or cost sharing on orally administered cancer chemotherapy that are less favorable than limits or cost sharing on intravenous (IV) cancer chemotherapy. This legislation will expand access to life-saving oral chemotherapy drugs for Maryland cancer patients. *(See Maryland Comprehensive Cancer Control Plan Chapter 4)*

Cancer Disparities

Nueva Vida: Bridging the Gap for Latinas in Maryland

Cancer disparities present a real challenge to healthcare providers and organizations across Maryland, and reducing cancer disparities is a recurring goal in many chapters of the Maryland Comprehensive Cancer Control Plan. One population that faces significant disparities is Maryland's Latina population. According to 2010 Census data, 8.2% of Maryland's population is Hispanic. A staggering 29% of Hispanic Marylanders are uninsured compared to 11% of the total state population, which means that many Latinas do not have access to breast and cervical cancer screening services. 16.7% of Latinas age 40 years and older report that they have never had a mammogram, compared to 7.4% of all Maryland women over 40.

Nueva Vida is a non-profit organization that aims to address cancer disparities among Latinas in Maryland by reducing barriers to healthcare, including language, cultural differences, and socioeconomic status. The organization's comprehensive model offers patient navigation including translation and transportation to appointments, mental health support services, referrals to treatment resources, and community education and awareness. Nueva Vida's services represent implementation of numerous strategies of the Cancer Plan. The Cancer Disparities Chapter of the Cancer Plan recommends increasing community engagement to provide outreach and education to minority populations, and the Breast and Cervical Cancer Chapters encourage increasing outreach efforts to populations that have never or rarely been screened and utilizing patient navigation and case management strategies. Nueva Vida's model is a prime example of patient navigation in action, and the impact that navigation services can have on an under-served population.

Nueva Vida partners with several healthcare organizations and hospital systems in the Baltimore area including MedStar Harbor Hospital, St. Joseph Medical Center, St. Agnes Hospital, Baltimore Medical System, Northwest Hospital, and the Esperanza Center. Nueva Vida enrolls Latinas and refers them to existing screening programs, and arranges transportation and translation services. Women who need diagnostic services or treatment receive assistance with applications for state or federal programs, as well as mental health services including individual counseling and support groups. The organization also offers survivorship programs that are developed to meet the psychosocial and cultural needs of Latina cancer survivors.

In 2011, Nueva Vida connected 327 Latinas in the Baltimore area to more than 700 breast and cervical cancer screening services. 271 women completed screening and diagnostic mammograms and 56 biopsies were performed. A total of 19 cancer patients at different stages of their diagnosis received either navigation or survivorship services. Supportive services like transportation to appointments, translation, and groceries were provided to 188 women, and 31 women received financial assistance including gas cards and assistance with bills or co-pays. Survivorship services included complementary medicine like acupuncture and yoga for 42 women, and mental health services for 85 women and their caregivers. On a larger scale, over 3,000 women received culturally-appropriate cancer education.

The Amigas Project represents one of Nueva Vida's successful partnerships between the organization and MedStar Harbor Hospital's Breast and Cervical Cancer Program (BCCP). Between April 1, 2011 and March 31, 2012, Nueva Vida enrolled 113 women into BCCP at Harbor. The efficiency of the partnership is one of the keys to its success. BCCP designates one day each month for Nueva Vida patients, and Nueva Vida handles recruitment and enrollment. Nueva Vida patient navigators transport women to their appointments and remain with patients to translate during clinical breast exams and Pap tests; BCCP provides a translator for mammogram appointments on the same day. MedStar Harbor Hospital also maintains a Spanish-speaking surgeon and oncologist on staff for women who need

Cancer Disparities

further testing or treatment. The BCCP staff works with Nueva Vida patients to teach them about recommended preventive health services and to encourage them to take charge of their health, and the BCCP Coordinator praises Nueva Vida for going to great lengths to help get Latinas screened.

Patients are truly grateful for the services and support that they receive. One patient who received individual counseling shared, "*[I find the services at Nueva Vida] very useful, I was frightened at the possibility of having cancer, Nueva Vida helped me a lot.*" A cancer survivor shared, "*Nueva Vida has changed my life for the better and now I feel I have a new life. Now I have a more positive attitude towards life*." Nueva Vida's client testimonials show that patient navigation and supportive services can have a big impact on quality of life, especially for patients who are diagnosed with cancer.

Nueva Vida has engaged in several community based participatory research projects to evaluate the effectiveness of its services. One recent study revealed that among 90 breast cancer patients, quality of life increased and distress decreased after intervention from Nueva Vida. The organization uses research findings to increase the understanding of factors that influence the quality of life of Latina cancer survivors, and best practices for addressing barriers to care.

By bridging the gaps between the community and the healthcare system, Nueva Vida helps to ensure that Latinas access the culturally-sensitive care and supportive services that they need. Nueva Vida provides valuable services, and sets a wonderful example of how a community organization can partner with other organizations to implement the Maryland Comprehensive Cancer Control Plan and make a difference in an under-served population.

2012 Maryland General Assembly Session Highlight

Cancer Disparities

⇒ The Health Disparities and Reduction Act of 2012 passed, establishing Health Enterprise Zones and providing funding for two to four zones to address health disparities in those areas. Health Enterprise Zones are designed to reduce health disparities, improve outcomes, and reduce health costs and hospital admissions and readmissions in specific geographic areas of the State. *(See Maryland Comprehensive Cancer Control Plan Chapter 3)*

Measurable Progress

Chapter 3: Cancer Disparities	**Baseline**	**Current**	**2015 Target**
Goal 1. Objective 1.			
By 2015, reduce racial/ethnic minority vs. white cancer disparities to:			
Black or African American: 164 per 100,000	221	214	164
White: 161 per 100,000	189	182.7	161
	2006 CDC WONDER	2008 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	7.0	<7.9
White Liver Cancer Mortality: Less than 4.2 per 100,000	4.2	4.6	<4.2
Asian/Pacific Islander Stomach Cancer Mortality: 6.4 per 100,000	7.8	8.4	6.4
White Stomach Cancer Mortality: 2.4 per 100,000	3.1	2.9	2.4
	2002-2006 CDC WONDER	2009 MD Vital Statistics MATCH	

Cancer Disparities

	Baseline	Current	2015 Target
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*	21.6% 2010 MD BRFSS	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	15.7% 2010 Ped. Nutritional Surv. Survey	14.1% (2016 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	36.0	29.5
Black: 32.0 per 100,000	42.7	42.4	32.0
Male: 31.2 per 100,000	48.1	42.1	31.2
Female: 28.2 per 100,000	36.2 2006 MCR	34.8 2009 MCR	28.2
Mortality: White: 11.1 per 100,000	17.6	15.2	11.1
Black: 13.5 per 100,000	22.7	21.8	13.5
Male: 13.8 per 100,000	21.8	20.6	13.8
Female: 9.0 per 100,000	16.1 2006 CDC WONDER	13.7 2009 MD Vital Statistics MATCH	9.0
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	121.7	97.7
White: 97.7 per 100,000	115.0 2006 MCR	127.8 2009 MCR	97.7
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	20.7	12.4
Black or African American: 23.0 per 100,000	51.2 2006 MD Vital Statistics	49.6 2009 MD Vital Statistics MATCH	23.0
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% 2006 MCR	28% 2009 MCR	>25%
Goal 2. Objective 2. By 2015, increase the percentage of black or African American adults who have been screened in the past year for oral cancer to 25.8%.	23% 2008 MD Cancer Survey*	23% 2010 MD BRFSS*	25.8%

*The MD Adult Tobacco Survey and the MD Cancer Survey were not continued after 2008. BRFSS data is used for updates.

Evaluation

Prostate Cancer Screening Behaviors: An Evaluation of Primary Care Providers

In recent years, the Sidney Kimmel Comprehensive Cancer Center (SKCCC) at Johns Hopkins has undertaken several evaluation projects as part of an overall initiative to optimize prostate cancer screening. Goal 1 of the Prostate Cancer Chapter in the Maryland Comprehensive Cancer Control Plan is to "*Reduce morbidity related to the detection and management of prostate cancer in Maryland men*." SKCCC is helping to accomplish this goal by evaluating current physician prostate screening behaviors, which represents implementation of the Cancer Plan-suggested strategy to "*Encourage healthcare systems to monitor adherence to prostate cancer screening guidelines*."

As one of the evaluation projects, SKCCC surveyed Johns Hopkins Community Physicians (JHCP) to assess their prostate screening behaviors and their need for a decision-support tool. This project has received notable attention in the oncology community, including a Research Letter accepted in *Archives of Internal Medicine* (Pollack CE, Noronha G, Green GE, Bhavsar NA, Carter HB. Primary care providers' response to the USPSTF draft recommendations on screening for prostate cancer.); a paper accepted at *Cancer* (Pollack CE, Platz EA, Bhavsar NA, Noronha G, Green GE, Chen S, Carter HB. Primary care providers' perspectives on discontinuing prostate cancer screening.); and meeting presentations of the work including a poster at the American Society for Preventive Oncology Annual Meeting and an oral presentation at the Society for General Internal Medicine. This work has been highlighted by national media outlets including *The Washington Post*; *National Public Radio*; and *The Los Angeles Times*.

In the survey, providers were asked about their current prostate specific antigen (PSA) screening practices, factors that influence their decision to discontinue screening, and barriers to discontinuing screening. More than half of the surveyed providers (59.3%) took both age and life expectancy into account in their decisions to discontinue PSA screening; 12.2% did not consider either. Providers varied with the age they typically stop screening, and the majority (66.4%) reported difficulty in assessing life expectancy. The most frequently cited barriers to discontinuing PSA screening were patient expectation (74.4%) and time constraints (66.4%). The study concluded that though age and life expectancy often figure prominently in decisions to employ screening, providers face multiple barriers to discontinue PSA routine screening. Further, the study suggested that the newly released US Preventive Service Task Force guidelines against routine PSA screening would encounter significant obstacles to adoption.

The SKCCC at Johns Hopkins is also in the process of evaluating the current status of prostate cancer screening completed in JHCP practices. This project uses electronic medical record data to examine current patterns of PSA screening among men who receive their primary care at JHCP. In addition, several investigators have submitted a proposal to develop, implement, and evaluate a computer-based clinical decision support system for primary care providers that offers recommendations for individualized PSA-based prostate cancer screening.

The Sidney Kimmel Comprehensive Cancer Center's efforts on this project highlight the importance of using evaluation to assess current physician practices and needs, and serve as an example of how evaluation can inform the implementation of strategies within the Maryland Comprehensive Cancer Control Plan.

The Maryland Cancer Collaborative

The Maryland Cancer Collaborative 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 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.

As of June 2012 there are 275 members on the Maryland Cancer Collaborative, representing state and local health departments, academic institutions, hospitals and healthcare systems, private providers, representatives from nonprofit and community based organizations, survivors, and citizens. 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
- Be identified as a member of the Maryland Cancer Collaborative

The Collaborative structure includes six committees: Primary Prevention; Early Detection and Treatment; Survivorship, Palliative Care, and Pain Management; Policy; Cancer Disparities; and Evaluation. Each committee has a Chair or Co-chairs, which comprise the Collaborative Steering Committee. The current Collaborative Chair is a retired Vice President of the American Cancer Society's South Atlantic Division. The Chair and Steering Committee have been instrumental in structuring the Collaborative and building its membership base.

From the time that the Collaborative was established in the summer of 2011 through June 2012, committees have been busy meeting and reviewing relevant chapters, goals, and objectives in the Cancer Plan to select priorities for implementation. Each committee has selected two priority objectives, as well as related strategies and activities. Implementation of these activities began in 2012. A summary of each committee's selected priority objectives can be found on page 19.

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 Cancer Collaborative

Maryland Cancer Collaborative Priority Objectives

Primary Prevention Committee

By the end of 2015, adopt and implement statewide and local public policies that combat tobacco-industry marketing strategies used to promote and sustain the use of existing and emerging tobacco products. (Chapter 5, Goal 1, Objective 1)

By 2015, ensure that at least 25% of Maryland businesses have policies and supports for promoting healthy eating and physical activity. (Chapter 6, Goal 1, Objective 2)

Early Detection and Treatment Committee

By 2015, increase the percentage of Marylanders ages 50 years and older who are up-to-date with CRC screening per ACS/ Multi Society Task Force guidelines to 80% with special focus on minority groups. (Chapter 9, Goal 1, Objective 1 combined with Chapter 9, Goal 2, Objective 1)

By 2015, increase skin cancer detection education *for Maryland healthcare providers and beauty industry providers and improve the early detection of skin cancer by increasing the percentage of melanoma cancers diagnosed at the local stage to 74.1%. (Chapter 7, Goal 1, Objective 2)*

Survivorship, Palliative Care, and Pain Management Committee

By 2015, develop and disseminate materials and explore the need/feasibility of providing formal training and/or certification to educate policy and decision makers, community leaders, educators, and health care providers about cancer survivorship including psychosocial issues and the role and value of providing long term care and support services to cancer survivors. (Chapter 4, Objective 4 combined with Chapter 4, Objective 7)

By 2015, develop an awareness campaign to educate Maryland citizens about palliative and hospice care, including pain management, within 50% of Maryland jurisdictions. (Chapter 14, Goal 1, Objective 1 combined with Chapter 15, Objective 1).

Cancer Disparities Committee

By 2015, reduce racial/ethnic minority vs. white cancer disparities in Maryland to:

Reduce the black or African American vs. white all-cancer mortality disparity by achieving the all-cancer mortality rates listed (see Cancer Plan).

Reduce the Asian/Pacific Islander vs. white liver cancer and stomach cancer mortality disparities by achieving the liver cancer and stomach cancer mortality rates listed. (see Cancer Plan). (Chapter 3, Objective 1)

By 2015, conduct an assessment and create and implement a plan to improve data systems to better identify and track cancer disparities defined by race, ethnicity, language, disabilities, sexual orientation, and other factors. (Chapter 3, Objective 2)

Policy Committee

*By 2015, reduce current tobacco use by 10% among high risk populations***.** (Chapter 5, Goal 1, Objective 2)

By 2015, create policies that promote access to healthy food and opportunities for physical activity in 75% of Maryland jurisdictions. (Chapter 6, Goal 1, Objective 5)

Evaluation Committee

Through 2015, analyze cancer data and develop reports to assist with meeting the needs of the public and researchers. (Chapter 2, Goal 1, Objective 2)

Through 2015, increase public availability and awareness of Maryland cancer mortality, incidence, and risk factor information. (Chapter 2, Goal 1, Objective 3)

Produced by the
Maryland Department of Health & Mental Hygiene
Center for Cancer Prevention and Control

Martin O'Malley, Governor

Anthony G. Brown, Lt. Governor

Joshua M. Sharfstein, M.D., Secretary

This publication was supported by

CDC Cooperative Agreement Number 5U58DP000827-05

Its contents are solely the responsibility
of the authors and do not necessarily represent the official views of the
Centers for Disease Control and Prevention.

The Maryland Comprehensive Cancer Control Plan

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