Cancer Control Success Stories

January 1, 2014 - December 31, 2014

Progress Report

on the Maryland Comprehensive Cancer Control Plan

The Maryland Comprehensive Cancer Control Plan

phpa.dhmh.maryland.gov/cancer/cancerplan/SitePages/publications.aspx

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2014 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 encourage collaboration in conjunction with the release of the new Cancer Plan, a 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: reducing the burden of cancer in Maryland. The six original 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. Throughout 2012 and 2013 each committee identified priorities from the Cancer Plan to implement and created topic-based workgroups. In 2014 the committees and workgroups continued to implement priorities through a range of activities detailed in the "Maryland Cancer Collaborative" section of this report.

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 the six priority areas of cancer control, and on progress of the Maryland Cancer Collaborative. Success Stories included in this report represent successful collaboration that demonstrates the impact that cancer control activities have on Marylanders. Updates on policy action and surveillance data are also provided 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
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 Johns Hopkins University, Hospital, and Health Systems, Prince George's County Cancer Coalition, Frederick County Breast and Cervical Cancer Program, Hope Connections for Cancer Support and the Maryland Cancer Registry.

Incidence and Mortality Updates

Seven Targeted Cancers

		Baseline	Update	2015 Target
Overall Cancer:	Incidence	426.3 per 100,000 2006 Maryland Cancer Registry	440.7 per 100,000 2011 Maryland Cancer Registry	*No target in Cancer Plan
	Mortality	186.7 2006 CDC WONDER	165.7 2011 Maryland Vital Statistics Administration	160.6 per 100,000 (Healthy People 2020 Target)
Lung Cancer:	Incidence	63.4 per 100,000 2006 Maryland Cancer Registry	56.8 per 100,000 2011 Maryland Cancer Registry	*No target in Cancer Plan
	Mortality	52.7 per 100,000 2006 CDC WONDER	43.7 per 100,000 2011 Maryland Vital Statistics Administration	45.5 per 100,000 (Healthy People 2020 Target)
Melanoma:	Incidence	19.7 per 100,000 2006 Maryland Cancer Registry	20.6 per 100,000 2011 Maryland Cancer Registry	*No target in Cancer Plan
	Mortality	3.0 per 100,000 2006 CDC WONDER	2.6 per 100,000 2011 Maryland Vital Statistics Administration	2.4 per 100,000 (Healthy People 2020 Target)
Colorectal Cancer:	Incidence	41.3 per 100,000 2006 Maryland Cancer Registry	37.3 per 100,000 2011 Maryland Cancer Registry	29.4 per 100,000
	Mortality	18.4 per 100,000 2006 CDC WONDER	14.3 per 100,000 2011 Maryland Vital Statistics Administration	11.0 per 100,000
Breast Cancer:	Incidence	112.8 per 100,000 2006 Maryland Cancer Registry	126.6 per 100,000 2011 Maryland Cancer Registry	96.5 per 100,000
	Mortality	25.0 per 100,000 2006 CDC WONDER	22.4 per 100,000 2011 Maryland Vital Statistics Administration	22.0 per 100,000
Prostate Cancer:	Incidence	153.9 per 100,000 2006 Maryland Cancer Registry	131.7 per 100,000 2011 Maryland Cancer Registry	*No target in Cancer Plan
	Mortality	26.3 per 100,000 2006 CDC WONDER	20.2 per 100,000 2011 Maryland Vital Statistics Administration	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	10.2 per 100,000 2011 Maryland Cancer Registry	6.5 per 100,000
	Mortality	2.8 per 100,000 2006 CDC WONDER	2.4 per 100,000 2011 Maryland Vital Statistics Administration	2.1 per 100,000
Cervical Cancer:	Incidence	6.7 per 100,000 2006 Maryland Cancer Registry	6.4 per 100,000 2011 Maryland Cancer Registry	*Less than* 6.7 per 100,000
	Mortality	2.2 per 100,000 2006 CDC WONDER	2.1 per 100,000 2011 Maryland Vital Statistics Administration	1.4 per 100,000

Cancer Disparities

The Maryland Comprehensive Cancer Control Plan's goal is to reduce cancer disparities in Maryland through 1) reduction of disparity between African American versus white all-cancer mortality and 2) through improved data systems and tracking of cancer disparities. Recognizing that disparities exist in many forms (incidence, mortality, stage at diagnosis, access to care, use of screening tests, etc.) for many groups (racial/ethnic groups, language groups, groups with disabilities, and groups of differing sexual orientation), in this report information on cancer disparities is included throughout the Cancer Plan Success Stories.

Get the Hook-up for Hope² Project

Maryland is a racially diverse state, with over 45% of the state's population considered a racial or ethnic minority. Unfortunately, health disparities exist for these racial and ethnic minorities, with African Americans experiencing higher death rates for cardiovascular disease, cancer, diabetes, stroke and HIV/AIDS. Prince George's County has a majority racial minority population, with African Americans comprising 64.5% of the population and Hispanics comprising 14.9%. African Americans in Prince George's County experience higher mortality rates for colorectal, female breast, and prostate cancer when compared to other races. The Maryland Comprehensive Cancer Control Plan contains goals to not only reduce the mortality of these specified cancers, but to also reduce the overall cancer disparities in Maryland.

The Prince George's County Community Advisory Group/Prince George's County Cancer Coalition (PGCCAG/PGCCC) felt it was their civic responsibility to address the top causes of death for minorities living throughout the County. According to the Coalition, "We are committed to eliminating disparities in cancer screening, diagnosis, and treatment and devoted to enhancing the quality of life through improving continuum care for cancer survivors in Prince George's County." Four members from PGCCAG/PGCCC were selected to participate in the National Leadership Academy for the Public's Health (NLAPH) program, funded by the Centers for Disease Control and Prevention (CDC). NLAPH is a national program focused on improving population health by working with multi-sector leadership teams and training the teams through an applied, team-based collaborative leadership development model. The program is implemented by the Center for Health Leadership and Practice (CHLP), a center of the Public Health Institute (PHI), and will provide training and support for a period of one year.

The team assembled to undertake this critical issue included: Denice Whalen-White, Founder & Executive Director, All Shades of Pink Inc. (Team Leader), Lori Proctor, Cancer Program Chief, Prince George's County Health Department, Madeline Long-Gill, President, Sisters Network Prince George's County, and Rhonda Slade, Outreach & Development Manager, Community Ministry of Prince George's County. The members selected decided to work on an applied health leadership project that tackles an important population health issue with the goal of improving public health outcomes. The project, named "Get the Hook-up for Hope²", aims to: 1) improve screening, early detection and/or education for breast, cervical, colorectal and prostate cancer in the target population; 2) reduce initiation of tobacco use; and 3) empower community members to lead grassroots efforts to improve community health. The targeted high-risk populations include African Americans and Latinos residing throughout Prince George's County.

[1]2010 U.S. Census
[2]Maryland Chartbook of Minority Health and Minority Health Disparities Data, December 2012

Cancer Disparities

By partnering with the Prince George's County Health Department, a Get the Hook-up for Hope[2] webpage on www.mypgchealthyrevolution.org was created that contains information addressing screening, early detection, and education for the four targeted cancers. The information was obtained from professional and community organizations that offer low-cost or free services and are consistent with the mission of the Get the Hook-up for Hope[2] project. Future plans for the project include an "Ask the Doctor" webinar that will provide information on reducing cancer health disparities, co-hosting of a cancer disparities forum utilizing a panel of medical experts in the field of cancer screening, diagnosis, and treatment, and dissemination of health information to county residents through social media and newsprint. The "Ask the Doctor" webinar, sponsored by Johns Hopkins Center to Reduce Cancer Disparities, is planned for January 2015 and will give community members a chance to ask questions about health, including cancer and diabetes, to physicians from Johns Hopkins Medicine. The cancer disparities forum, scheduled for the spring of 2015, will give another opportunity for The Johns Hopkins Center to Reduce Cancer Disparities to assess the impact of the program in Prince George's County, the importance of cancer prevention and early detection, and County resources available for cancer prevention, screening, treatment and support services. The project is on-going and an evaluation of the project will be forthcoming.

By promoting these valuable messages and resources, the Get the Hook-up for Hope[2] project is helping to address cancer disparities in Maryland by providing health education and wrap around social services that reduce barriers, promote healthy lifestyle choices, and encourage informed decision making concerning cancer screening and treatment options in Prince George's County.

[1]2010 U.S. Census
[2]Maryland Chartbook of Minority Health and Minority Health Disparities Data, December 2012

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	201	164
White: 161 per 100,000	189 2002-2006 CDC WONDER	172 2007-2011 MD Vital Statistics Administration	161
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	8.2	<7.9
White Liver Cancer Mortality: Less than 4.2 per 100,000	4.2	5.0	<4.2
Asian/Pacific Islander Stomach Cancer Mortality: 6.4 per 100,000	7.8	7.9	6.4
White Stomach Cancer Mortality: 2.4 per 100,000	3.1 2002-2006 CDC WONDER	2.8 2007-2011 CDC WONDER	2.4
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%

[1]The MD Adult Tobacco Survey and the MD Cancer Survey were not continued after 2008. BRFSS data is 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 Cancer Survey.

Cancer Disparities

Measurable Progress

	Baseline	Current	2015 Target
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% 2011 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	36.6	29.5
Black: 32.0 per 100,000	42.7	39.9	32.0
Male: 31.2 per 100,000	48.1	42.6	31.2
Female: 28.2 per 100,000	36.2 2006 MCR	33.1 2011 MCR	28.2
Mortality: White: 11.1 per 100,000	17.6	13.0	11.1
Black: 13.5 per 100,000	22.7	19.0	13.5
Male: 13.8 per 100,000	21.8	17.4	13.8
Female: 9.0 per 100,000	16.1 2006 CDC WONDER	12.1 2011 MD Vital Statistics Administration	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	124.0	97.7
White: 97.7 per 100,000	115.0 2006 MCR	128.3 2011 MCR	97.7

Cancer Disparities

Measurable Progress

	Baseline	Current	2015 Target
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	17.0	12.4
Black or African American: 23.0 per 100,000	51.2 2006 MD Vital Statistics	36.6 2011 MD Vital Statistics Administration	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	26% 2011 MCR	>25%
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% 2008 MD Cancer Survey[1]	16% 2012 MD BRFSS[2]	26%

[1]The MD Adult Tobacco Survey and the MD Cancer Survey were not continued after 2008. BRFSS data is 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 Cancer Survey.

Primary Prevention

Stepping out for Health: The Walking Program

Physical activity is an important determinant of overall health, not only by helping to control weight, but in the reduction of risk of heart disease, type 2 diabetes, and certain cancers. Substantial evidence supports the role of physical activity in the prevention of many types of cancer, including colon, breast, prostate, and endometrial cancer. The Maryland Comprehensive Cancer Control Plan contains a goal to reduce the burden of cancer in Maryland by improving nutrition and physical activity and promoting the healthy weight of Marylanders across the lifespan. One strategy identified to reach this goal is the cross-promotion of cancer prevention and healthy eating, physical activity, and healthy weight messages from public health service providers and community health partnerships.

While collaborating with several community groups, the Johns Hopkins University School of Public Health (JHSPH) identified the need for support for community groups in organizing and promoting information about health and cancer prevention. Given the high burden of type 2 diabetes and heart disease, as well as cancer seen throughout the population, especially in Baltimore, the community groups, in consultation with JHSPH, decided to promote physical activity as a means to reduce risk for all of these diseases. The Stepping out for Health Walking Program was designed to support this goal by creating and supporting walking groups based at the community level. The project is focused on community groups within Baltimore City, particularly the impoverished area of East Baltimore surrounding Johns Hopkins.

Each walking group is asked to identify the purpose of the walking group, how the group was formed, and the leadership roles within the group. To keep group leaders committed and members engaged, several possible leadership role examples were provided, including a Social Leader to find and gather members for the group, a Champion to encourage and excite the group, and an Organizer to schedule the walks and other details. A survey is given to each group to identify planned activities, membership, and walking paths, and to collect quotes and other activities that occur during the walks. The walking groups are made up of a variety of community groups, including churches, community centers, and outreach programs. One walking group, led by Maya Gaines, represents Amazing Grace Lutheran Church and incorporates their walks into their community outreach. The walking group from Helping Other People through Empowerment, Inc (H.O.P.E), a recovery outreach program, walks around Montebello Lake after they receive their breakfast from the program.

In addition to providing support for the organization and formation of the walking groups, JHSPH provides an additional intervention to all walking groups. Although each group eventually receives the intervention, they are done on a staggered basis along with continuous evaluation so that the effect of the interventions can be monitored. The intervention consists of a cooking demonstration and an exercise class, to both broaden the scope of healthy behaviors and provide additional activities for walking group members to further relationships within the group. There is also a bi-monthly newsletter sent to every walking group that contains community events, walking and health tips, and recipes. Several partners have assisted JHSPH on this project by providing additional resources and guidance, including The Revolution Within, The Wald Community Nursing Center, The Sidney Kimmel Comprehensive Cancer Center, and the Environmental Justice Partnership.

Primary Prevention

As this project is still in process, final results have yet to be determined. However, positive feedback has been received from leaders of the walking groups, who are looking forward to continuing with the project and to being able to tell their own story at the conclusion of the events. Sarah Wallace, a walking group leader from Truth and Reconciliation Council, stated, "with all the senior citizens, legacy residents, and new residents within the footprint, we feel that forming a walking group where everyone can walk together safely is definitely the right fit for the community." By providing these valuable resources and opportunities to local community groups, JHSPH is not only promoting cancer risk reduction, but promoting an overall greater quality of life to a particularly at-risk population in Baltimore City, and giving community members the tools and knowledge needed to continue making healthy choices in the future.

2014 Maryland General Assembly Session Highlights

Primary Prevention

⇒ The Child Care Centers - Healthy Eating and Physical Activity Act passed in 2014. This legislation requires the Maryland State Department of Education to incorporate changes into the existing rules and regulations for licensing and operating child care centers to promote proper nutrition and developmentally appropriate practices. Changes include establishing training and policies promoting breast-feeding, requiring compliance with FDA standards for beverages served to children, and setting limits on screen time.

(See Maryland Comprehensive Cancer Control Plan Chapters 6 and 10)

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	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%	Indoors: 68.3% 2013 MD Youth Tobacco Survey	77.6%
	Vehicles: 72.4% 2008 MD Youth Tobacco Survey	Vehicles: 74.2% 2010 MD Youth Tobacco Survey	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[1]	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	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[1]	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[1]	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[1]	44%

[1]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 Cancer Survey.

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]	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%	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]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 Cancer Survey.

Early Detection and Treatment

Breast and Cervical Cancer Program Recalls
Quality Improvement Project

Breast cancer is the second leading cause of cancer death among women in the State of Maryland, accounting for approximately 16% of female cancer deaths. Although mortality from breast cancer has been declining, 846 women died from breast cancer in Maryland in 2012. The Maryland Comprehensive Cancer Control Plan contains a goal to reduce the morbidity and mortality from breast cancer in Maryland with a specific objective to increase the percentage of females receiving timely mammograms.

The Frederick County Health Department Breast and Cervical Cancer Screening Program (BCCP), funded by the Maryland Department of Health and Mental Hygiene BCCP, recently completed a quality improvement (QI) project focusing on BCCP recall rates. The State guideline for local programs is that 80% of Program eligible clients will be recalled and receive their annual mammograms within 90 days following the due date of their exams. This 90 day limit is important in assuring that clients are screened in a timely manner. If there is a cancer diagnosis, this timeline assures early detection and improved treatment options.

In October 2012, Frederick County BCCP identified that the annual recall rates did not consistently reach 80% or above and decided to implement a local QI process to see where improvements could be made. A QI team was formed consisting of staff working in different roles within the BCCP: the Program Administrator, the Nurse Supervisor, the BCCP Nurse Coordinator, and two BCCP recall staff. Along with the QI project, an additional client contact point regarding the importance of completion of screening exams, termed “final letter”, was instituted as an attempt to improve the number of clients completing their exams within 90 days of their due date and in reaching the 80% recall rate.

Recall rates were studied for the time period beginning October 2012 (when the final letter was instituted) through October 2013. After review of the client recall logs kept by staff, data indicated that the “final letter” instituted did not have a favorable impact on recall rates. It was also found that multiple factors were impacting recall rates, including the client’s personal barriers, difficulty in contacting the client, and inconsistent adherence by the BCCP staff to the recall timeline.

Improvement strategies were implemented to eliminate the “final letter” and modifications were made to a “no response” letter to include the date the client must complete their exams in order to prevent discharge from the program. The client contact recall timeline was also amended to initiate client contact earlier in the recall process. Additionally, a bi-monthly internal audit process was implemented to review client recall status. Since the implementation of these new strategies, there has been a 10% increase in the number of clients returning and completing their exams, from 77.8% between April and August of 2012 to 87.8% between November and March of 2014. The Frederick County BCCP’s effort and success in this QI project highlights the importance of using evaluation to assess program goals and outcomes and demonstrates how it can impact the goals within the Maryland Comprehensive Cancer Control Plan.

[1]Maryland Vital Statistics Administration

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	56.4% 2011 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% 2012 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%	73%	80%
White Female:	73%	71%	80%
Black or African American Male:	68%	64%	80%
White Male:	76% 2008 MD BRFSS	70% 2012 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% 2012 MD BRFSS[2]	> 77%

[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 Behavioral Risk Factor Surveillance System (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.

Early Detection and Treatment

Measurable Progress

	Baseline	Current	2015 Target
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[1]	30% 2012 MD BRFSS[2]	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	27% 2011 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	88% 2012 MD BRFSS[2]	> 88%

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

[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.

Survivorship, Palliative Care, and Pain Management

Hope Connections for Cancer Support
Annual Mind/Body Retreat

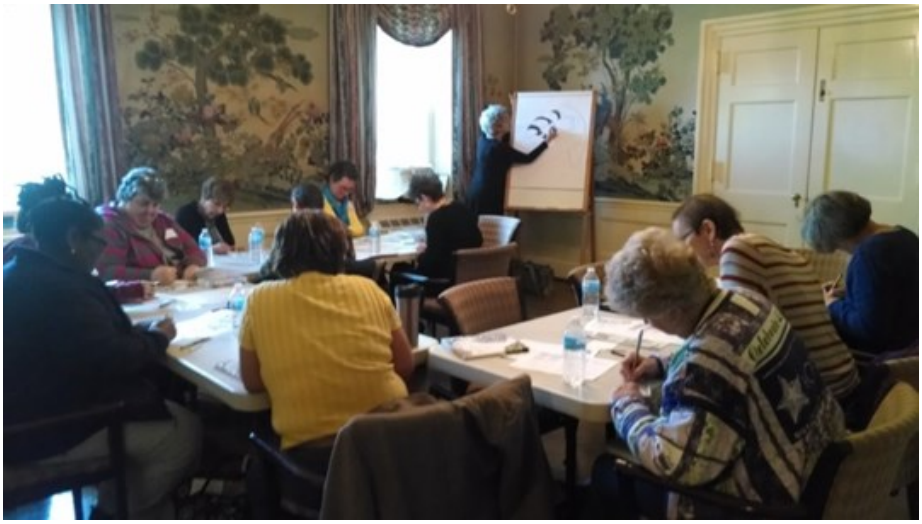
Cancer survivorship has been defined as "the process of living with, through, and beyond cancer", which begins at diagnosis. It includes both those who are free of cancer and those who live with cancer as a chronic disease and undergo continued treatment and surveillance. In 2014, it is estimated that approximately 14 million cancer survivors are living in the United States[1]. The Maryland Comprehensive Cancer Control Plan addresses cancer survivorship by including a goal to enhance the quality of life of cancer survivors in Maryland through information and supportive services.

Hope Connections for Cancer Support is a non-profit organization that provides psychological and social support for people with cancer and their families. Their mission is to help people with cancer and their loved ones deal with the emotional and physical impact of cancer through participation in professionally facilitated programs of emotional support, education, wellness and hope. They provide several services, including support groups, stress management programs, educational workshops, and social activities. In April 2014, Hope Connections hosted its first annual Mind/Body Retreat to provide an opportunity for relaxation and rejuvenation and introduce those affected by cancer to the benefits of mind/body programs available to them.

The program was planned by staff and mind/body professionals at Hope Connections for Cancer Support. The day began with a general session, which laid out the day's activities and included an introduction to mindful eating. Breakout sessions followed in which participants could sample two different mind/body programs. The group reconvened for lunch and broke off into networking groups, including a large group that decided to use the mindful eating technique over lunch. Immediately following lunch, additional breakout sessions were offered, providing the opportunity for attendees to sample two more mind/body programs. Examples of breakout sessions that were offered included Inner Peace & Healing, Meditation, Reiki, and Hypnosis. The day ended with the entire group reconvening for a drumming circle.

[1]American Cancer Society. Cancer Facts & Figures 2014. Atlanta: American Cancer Society; 2014.

Survivorship, Palliative Care, and Pain Management



Each participant completed a survey at the completion of the retreat and the feedback was overwhelmingly positive. All participants stated that the retreat met their expectations and that the workshops they attended provided a good balance of theory and practice. Many participants stated that they had learned special ways to cope with cancer and liked every aspect of the retreat. “Wonderful resource for supporting cancer survivors and loved ones”, one participant remarked. Another participant commented, “This retreat was fantastic. Just what the doctor ordered! Gold stars for all of you! Your first retreat was a home run.” As demonstrated by its survey results, the Mind/Body Retreat successfully supported the Maryland Comprehensive Cancer Control Plan by enhancing the quality of life of survivors by providing supportive services, giving survivors tools to use in their survivorship journey, and building relationships within the cancer survivorship community in Maryland.

Survivorship, Palliative Care, and Pain Management

2014 Maryland General Assembly Session Highlight

Survivorship, Palliative Care, and Pain Management

⇒ The Natalie M. LaPrade Medical Marijuana Commission and Fund were established in 2013, which originally allowed for the investigational use of marijuana by academic medical centers for medical purposes. In 2014, this legislation was expanded to include the approval of physicians to use marijuana for medicinal purposes, including the establishment of a physician application review process, identification of patients and caregivers, and issuance of medical marijuana grower licenses.
(See Maryland Comprehensive Cancer Control Plan Chapter 14)

⇒ The Kathleen A. Mathias Chemotherapy Parity Act of 2012, which prohibits 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, was altered in 2014. The original legislation included an exemption for policies and contracts that provide essential health benefits required by the Affordable Care Act. That exemption was removed in 2014, which will lead to expanded access to oral cancer chemotherapy for patients who are covered by those policies and contracts.
(See Maryland Comprehensive Cancer Control Plan Chapter 4)

Policy

Johns Hopkins Bloomberg School of Public Health
Tobacco-Free Campus Initiative

Tobacco is the leading cause of preventable deaths, responsible for about one in five deaths annually in the U.S., and responsible for more deaths annually than HIV, illegal drug use, alcohol use, motor vehicle injuries, suicides and murders combined. The 2014 U.S. Surgeon General's Report on Smoking and Health highlights that between 1964 and 2014, smoking and exposure to secondhand smoke were responsible for more than 20 million premature deaths and that evidence on the adverse impacts of tobacco use on both smokers and non-smokers continues to expand. It is estimated that six million youth alive today will eventually die prematurely from smoking.2 Almost all (99%) of the adults who smoke everyday started smoking when they were age 26 or younger. This makes university campuses a strategic target for tobacco use prevention and cessation efforts.

To address tobacco use on campus and to promote healthy behaviors, Dean Michael Klag announced the Johns Hopkins Bloomberg School of Public Health (JHSPH) Tobacco-Free Campus Initiative to staff, faculty and students in August 2014. The initiative prohibits the use of all tobacco related products, including smokeless tobacco and e-cigarettes, in all campus buildings, facilities and vehicles and strongly discourages tobacco use on all outdoor campus grounds. Additionally, the initiative prohibits direct and indirect tobacco advertisements, promotion, and sponsorships on all school-owned or leased property and at school-sponsored events. Awareness of tobacco cessation products and services, including the Maryland quit line, were included in initiative materials. This initiative directly supports the Maryland Comprehensive Cancer Control Plan's goal of reducing tobacco use and exposure to secondhand smoke by high-risk Maryland adults and youth by the strategy of engaging with college and university administrators to ensure school campuses are tobacco-free.

Dean Klag was inspired to promote the development of the initiative at JHSPH after hearing Dr. Howard Koh, the Assistant Secretary for Health at the US Department of Health and Human Services, present on DHHS's Tobacco-Free College Campus Initiative at the November 2013 American Public Health Association meeting. Dean Klag charged the JHSPH Institute for Global Tobacco Control to develop the initiative in collaboration with the JHSPH Workplace Wellness Committee. While JHSPH has been smoke-free for more than a decade, an explicit smoking policy was in place only for employees, and it did not cover all tobacco products or e-cigarettes. This initiative will impact over 3,000 JHSPH students, faculty and staff directly and countless others by example.

[1]Centers for Disease Control and Prevention (CDC). Smoking---attributable mortality, years of potential life lost, and productivity losses------United States, 2000---2004. MMWR Morb Mortal Wkly Rep. 2008;57(45):1226---1228

[2]Mokdad AH, Marks JS, Stroup DF, Gerberding JL. Actual causes of death in the United States, 2000.JAMA. 2004;291(10):1238---1245.

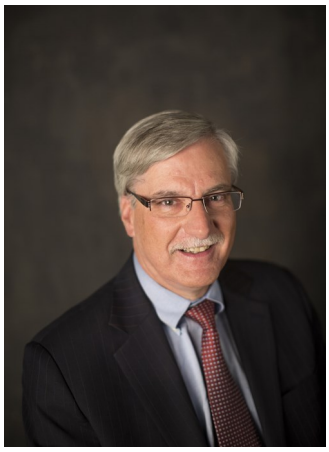
[3]U.S. Department of Health and Human Services. The health consequences of smoking —50 years of progress: A report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.

[4]Substance Abuse and Mental Health Services Administration. Results from the 2010 national survey on drug use and health: Summary of national findings, NSDUH series H---41, HHS publication no. (SMA) 11---4658. Rockville, MD: Substance abuse and mental health services administration, 2011.

Policy

The JHSPH Institute for Global Tobacco Control, under the leadership of Professor of Health, Behavior and Society, Dr. Joanna Cohen, drafted the initiative. The JHSPH Workplace Wellness Committee, led by Associate Dean of Student Affairs Michael Ward and Professor of Epidemiology Elizabeth Platz, and whose members reflect all constituencies of the school, provided input. Johns Hopkins University Human Resources and General Counsel reviewed the initiative, and the Dean's Office further vetted the initiative.

With the press release in August 2014, the project has just begun. There will be additional activities developed and performed in conjunction with the JHSPH Communications and Marketing Team to raise awareness of the initiative on campus. JHSPH will consider the initiative an even greater success when the remainder of Johns Hopkins University and Johns Hopkins Hospital and Health System go tobacco-free, and faculty, staff and students have meaningful access to tobacco use cessation services.



"As a school of public health we are dedicated to promoting the well-being of the global community," Klag says. "With the Tobacco-Free Campus Initiative, we are taking steps to also promote our own health as well."

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 December 2014 there are 170 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
- 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

The Collaborative structure includes six original standing committees (Primary Prevention; Early Detection and Treatment; Survivorship, Palliative Care, and Pain Management; Policy; Cancer Disparities; and Evaluation) and three topic-based workgroups (Tobacco; Survivorship; and Palliative Care) developed from the committees that meet regularly to implement the committee action plans. Each committee 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 in the summer of 2011 through December 2014, committees and workgroups have met to review relevant chapters, goals, and objectives in the Cancer Plan, select priorities for implementation, and create and implement action plans for selected priorities. 2014 projects include:

- Survivorship Workgroup: Finalized and released a Guide to Cancer Survivorship and Resources for Cancer Patients, which was developed to assist cancer patients in understanding the phases and components of comprehensive quality cancer care. The guide outlines many issues that may impact a patient throughout the cancer survivorship journey. It is divided into three phases of survivorship: Treatment Planning, Active Treatment, and Post Treatment. Each phase of survivorship also links to a comprehensive list of Maryland resources that patients can access to assist with various needs.

- Palliative Care Workgroup: Administered a survey to hospitals in Maryland to collect data about their palliative care programs and initiatives, as well as challenges, barriers, and support needed. Data has been analyzed and workgroup members are pursuing journal publication of the results.

The Maryland Cancer Collaborative

- Tobacco Workgroup: Collected information on smoke-free campus policies at Maryland colleges, examined data on smoking in the young adult population in Maryland, and researched best practices in campus tobacco policies to eventually share with colleges. The Workgroup also created a survey that it will administer to colleges in late 2014/early to collect information about tobacco policy enforcement strategies, prevention and cessation services offered, and dissemination strategies of prevention and cessation messaging.
- Evaluation Workgroup: Provided support and consultation to all other workgroups for their projects and efforts.

A new cancer plan will be published in 2016. Workgroups will continue to work on projects throughout 2015 while the current Cancer Plan is updated, and will select new priorities and projects in 2016 based on the goals, objectives, and strategies in the new Cancer Plan.

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

phpa.dhmh.maryland.gov/cancer/cancerplan/SitePages/publications.aspx