



Maryland Cancer Plan Progress Report

*A progress report on the
2004 - 2008 **Maryland** Comprehensive
Cancer Control Plan*

The **Maryland**
Comprehensive Cancer
Control Plan

www.marylandcancerplan.org

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INTRODUCTION

BACKGROUND AND PURPOSE

The 2004 - 2008 Maryland Comprehensive Cancer Control Plan (MCCCCP) has served as a resource and guide for cancer control in Maryland. The MCCCCP was developed by more than 200 individuals across the state spanning 14 committees. Since its publication, a great deal of work has been done on cancer control throughout the state by various organizations and individuals. The Maryland Cancer Plan Progress Report uses the 2004 - 2008 MCCCCP as a framework to provide an update of cancer related activities in Maryland, and describe the progress made on many of the Goals, Objectives, Strategies and Targets for Change that the 2004 - 2008 MCCCCP outlined.

PROGRESS REPORT FORMAT

The 2004 - 2008 MCCCCP includes a chapter on the burden of cancer in Maryland, and is then divided into 4 sections:

- Special Topics in Cancer Control
- Primary Prevention of Cancer
- Site Specific Prevention and Early Detection of Cancer
- Tertiary Cancer Control

Each chapter of the MCCCCP within these sections contains a list of Goals, Objectives, Strategies, and Targets for Change. The Progress Report addresses each chapter individually, outlining the status of the **Targets for Change** from the 2004-2008 MCCCCP and including a list of **Progress Highlights** and **Challenges**, which are linked to some of the specific Goals, Objectives, and Strategies from that chapter and based on the cancer control activities that have taken place since the 2004 MCCCCP publication.

METHODS AND LIMITATIONS

When the 2004-2008 MCCCCP was created, each of the chapters was developed by a committee of 10 - 20 experts on the specific topic. In 2009, committees were reconvened for each chapter. These committees included some of the same members that were involved with the planning process of the 2004 - 2008 MCCCCP, as well as many new members.

Committees reviewed the Goals, Objectives, Strategies and Targets for Change for their specific chapter, utilizing data from various sources and the expertise of the committee members who had knowledge of the many activities occurring throughout the state. Committees attempted to include all relevant activities and progress occurring throughout the state, but recognized that it was not possible to be aware of every effort taking place. Therefore, it is important to note that the progress described in this report is not all-inclusive of all cancer control activities and progress throughout the state. Committees, with the assistance of the Maryland Department of Health and Mental Hygiene (DHMH), will continue to make every effort to collect information on cancer control activities and progress moving forward.

DATA SOURCES AND CALCULATIONS

Data sources are named throughout the document. Annual Percent Change (APC) and Black/White Ratio figures were calculated by the Maryland DHMH Center for Cancer Surveillance and Control using the data source noted in the report. Incidence and mortality statistics are reported through 2006, the most recent data year available at the time of writing. Behavioral risk factor data are reported for the most recent year available at the time of writing, which varies from topic to topic, based on which survey questions were asked in various years. Data will be updated in future reports.

Data Source Abbreviations

BRFSS - Behavioral Risk Factor Surveillance System

CDC WONDER - Centers for Disease Control and Prevention Wide-ranging Online Data for Epidemiologic Research

MCS - Maryland Cancer Survey

RECOMMENDATIONS

The list of Challenges that are provided for each chapter are meant to serve as recommendations of areas to be addressed in the future. Many of these challenges will be addressed by Goals, Objectives and Strategies in the new Maryland Comprehensive Cancer Control Plan to be published in 2011.

SUMMARY

Since the publication of the 2004 - 2008 Maryland Comprehensive Cancer Control Plan (MCCCP), significant progress on cancer control has been made throughout the state by various organizations and individuals. This progress, along with some challenges, is described in the following pages for each of the chapters of the MCCCP.

Measurable *Targets for Changes* were set for each chapter of the MCCCP. Work continues towards meeting these targets, and many have been met. Below is a summary of targets that have been met according to the most recently available data at the time of publication of this progress report.

Cancer Disparities



By 2008, develop a system to monitor and document cancer disparities in Maryland.

Colorectal Cancer



By 2008, reduce the colorectal cancer mortality to a rate of no more than 20.8 per 100,000 persons in Maryland.



By 2008, increase the percentage of Marylanders aged 50 and over who are up to date with screening (per ACS guidelines) to 73% or more.



By 2008, increase the percentage of Marylanders aged 50 and over who have been screened with either colonoscopy in the past 10 years or FOBT in the past year, plus flexible sigmoidoscopy in the past 5 years, to 57% or more.

Diet and Physical Activity



By 2008, increase the percent of Marylanders participating in regular and sustained physical activity.

Environmental Issues and Cancer



By 2008, strengthen the practice of dual appointments or establish other formal cooperative relationships between academic institutions and state and local public health agencies.

Tobacco-Use Prevention/Cessation and Lung Cancer



By 2008, reduce lung cancer mortality to a rate of no more than 57.3 per 100,000 persons in Maryland.



By 2008, reduce the proportion of Maryland middle school youth that currently smoke cigarettes to no more than 6.2%.



By 2008, reduce the proportion of Maryland high school youth that currently smoke cigarettes to no more than 20.3%.



By 2008, reduce the proportion of Maryland adults that currently smoke cigarettes to no more than 15 %.





By 2008, increase the proportion of Maryland adults that would support a proposal to make all restaurants in their community smoke-free to 72.1%.

CANCER SURVEILLANCE


The following includes the status of the Targets for Change listed in the 2004-2008 MCCCCP, along with Progress Highlights and Challenges based on the Goals, Objectives, and Strategies of the 2004-2008 MCCCCP.

TARGETS FOR CHANGE


| Target for Change | Status |
|---|---|
|  1. By 2008, increase the capacity to conduct cancer surveillance in Maryland. | See Progress Highlights and Challenges. |




Target Met



Target in right direction; not yet met.



Target in wrong direction; not yet met.



No change in trend; target not yet met.

PROGRESS HIGHLIGHTS

The Maryland Department of Health and Mental Hygiene (DHMH):

Center for Cancer Surveillance and Control

- Improved collection of MCR data on race, created a derived Hispanic ethnicity field for MCR data, and geocoded the MCR data. *(Objective 1)*
- In 2006, identified an apparent increase in the incidence of cervical and melanoma cancers which led to an evaluation of the quality of the in situ vs. invasive cancers, histology, and stage in the MCR data. Identified problems with the data and remediated cancer incidence data deficiencies for diagnosis years 2001-2003. *(Objective 1)*
- Supported the Maryland Cancer Registry Advisory Committee in its role as advisor to the Maryland Cancer Registry (MCR) on issues related to data quality, data use, and data dissemination. *(Objective 1, Strategy 1)*
- Strengthened quality assurance and quality control methods in the MCR. *(Objective 1, Strategy 2)*
- Re-established the Surveillance Advisory Committee and held regular meetings to further cancer surveillance in Maryland. *(Objective 1, Strategy 3)*
- Focused on training of Certified Tumor Registrars and increasing the number of hospitals certified by the Commission on Cancer. *(Objective 1, Strategy 6)*
- Conducted statewide Maryland Cancer Surveys (MCS) under the Cigarette Restitution Fund (CRF) in 2002, 2004, 2006, and 2008. *(Objective 2)*
- Between 2002 and 2007, conducted supplemental MCS surveys of Maryland subpopulations (Baltimore City, Montgomery County Latinos, low-income residents in Charles County) and a physician survey. *(Objective 2)*
- Created public use data sets of the MCS data and added MCS data to the interactive Web utility with the Maryland BRFSS. *(Objective 2, Strategies 1, 2)*

CANCER SURVEILLANCE *(continued)*

- Created a new Web site for posting Maryland Cancer Surveillance information with linkages to national Web sites: www.cancersurveillance.org. *(Objective 3)*
- Created yearly surveillance reports using Maryland hospital discharge data that were posted to the Web. *(Objective 3)*
- Developed and maintained a master distribution list of cancer reports. *(Objective 3, Strategy 1)*
- Created a list of Internet web sites for data and information relevant to cancer surveillance in Maryland. *(Objective 3, Strategy 2)*
- Developed an evaluation component of the CRF Cancer Report allowing opportunities to submit feedback via both written and on-line options. *(Objective 3, Strategy 4)*
- Continued distribution of cancer surveillance documents, including the CRF Cancer Reports, MCR Annual Cancer Reports, and MCS Reports, to the appropriate audiences. *(Objective 3, Strategy 6)*






CHALLENGES

- The 2010 MCS was not conducted due to budgetary restrictions. The Maryland Behavioral Risk Factor Surveillance System will become the main tool for gathering data regarding cancer screening and risk behaviors. *(Objective 2)*
- Delays in availability of annual Maryland cancer mortality data from National Center for Health Statistics and CDC WONDER have led to delays in publishing the legislatively-mandated CRF Cancer Report. *(Objective 3)*

CANCER DISPARITIES

The following includes the status of the Targets for Change listed in the 2004-2008 MCCCCP, along with Progress Highlights and Challenges based on the Goals, Objectives, and Strategies of the 2004-2008 MCCCCP.

TARGETS FOR CHANGE

| Target for Change | Baseline | Current Status | Data Source |
|--|--|---|--|
|  1. By 2008, develop a system to monitor and document cancer disparities in Maryland. | No system in place. | <u>2004</u> Maryland DHMH Office of Minority Health and Health Disparities created a system for monitoring and documenting cancer disparities. | Maryland DHMH |
|  Target Met |  Target in right direction; not yet met. |  Target in wrong direction; not yet met. |  No change in trend; target not yet met. |

PROGRESS HIGHLIGHTS

The Maryland Department of Health and Mental Hygiene (DHMH):

Office of Minority Health and Health Disparities

- Held Annual Statewide Health Disparities conferences that provided disparities data, presented best practices, featured national and state experts and developed networks among cancer program advocates and provider throughout the State. (Objective 1, Strategies 1, 2)
- Trained the Minority Outreach and Technical Assistance (MOTA) grantees regarding the importance of cancer prevention and early screening and tobacco cessation in order to enhance their effectiveness in reaching ethnic and racial communities in the State. (Objective 1, Strategy 2)
- Disseminated cancer prevention information electronically and by hard copy to ethnic and racial communities in Maryland. (Objective 1, Strategies 1, 2)
- Enhanced the linkage and partnership between the MOTA grantees and the local health department Cancer Coalitions that led to joint public information events and increased cancer screenings among minorities. (Objective 2)
- Restructured the Baltimore City Cancer Coalition to attract more minorities to participate and to empower them to take ownership of the Coalition process. (Objective 2)
- Shared and promoted the use of the Health and Human Services standards for Culturally and Linguistically Appropriate Services (CLAS) to hospitals and other providers. (Objective 2)
- Collaborated with the Maryland DHMH Center for Cancer Surveillance and Control to conduct site visits and attended Cancer Coalition meetings in counties to promote diversity and attention to the health needs of minority communities. (Objective 2)
- Analyzed and reported cancer mortality trends by race and ethnicity for the state and for each jurisdiction. These reports are updated quarterly. (Objective 3, Strategy 2)

CANCER DISPARITIES *(continued)*

- Met with the Deans of three Medical Schools, one Dental School, one Pharmacy School, and eight Baccalaureate Nursing Schools to advocate for cultural competency training in their curriculum and increased recruitment of minority students. *(Objective 4)*
- Collaborated with the Maryland DHMH health professionals commissions to increase their awareness of health disparities, promote taking cultural competency training to their licensees, wrote articles for their newsletters and provided course information for their web sites. *(Objective 4)*

Center for Cancer Surveillance and Control

- Conducted ongoing surveillance of the seven targeted cancers and issued bi-annual reports that showed cancer incidence and mortality by cancer type and by race and gender for each jurisdiction in the state. *(Objective 3)*
- Posted surveillance reports on the web and disseminated to local health departments, MOTA grantees, academic health centers and other providers and advocates in Maryland. *(Objective 3)*
- Provided grants to the University of Maryland Statewide Health Network whose mission was to increase the awareness and participation of minorities in cancer clinical trials. *(Objective 5)*
- Acquired expert guidance and input from a technical advisory group of cancer researchers and physicians to ensure that clinical standards were incorporated into program interventions and clinical protocols and disseminated widely. *(Objective 5; Objective 6, Strategy 3)*
- Continued funding for cancer research to Johns Hopkins and University of Maryland. The research included translational research and the investigation of tobacco-related cancer behaviors and health service interventions. *(Objective 6, Strategy 4)*

Minority Outreach and Technical Assistance (MOTA) Grantees:

- Actively recruited minorities to serve on the Cancer Coalitions and to advocate for programs that target minority communities. *(Objective 2)*






CHALLENGES

- Limited funding for MOTA grantees has hindered their ability to effectively reach out to minorities in order to promote the importance of cancer prevention, early screening and tobacco cessation messages among minorities. *(Objective 2)*
- Underreporting of cancer incidence and mortality among all racial and ethnic minorities in Maryland is a challenge. While cancer incidence and mortality data for African Americans is well documented, data for other racial/ethnic minority groups is either inadequate/insufficient or nonexistent. *(Objective 3)*
- Implementing training programs and specific courses that address cultural competency and issues related to cultural sensitivity, health literacy, and health disparities in the curriculum of health professional schools is complex and challenging. *(Objective 4)*
- There are lower participation rates in clinical trials for cancer treatment among minorities in Maryland. Clinical trials produce treatment and outcome advances that minorities might not benefit from because of their low participation rates. *(Objective 5)*

PATIENT ISSUES AND CANCER SURVIVORSHIP

The following includes the status of the Targets for Change listed in the 2004-2008 MCCCCP, along with Progress Highlights and Challenges based on the Goals, Objectives, and Strategies of the 2004-2008 MCCCCP.

TARGETS FOR CHANGE

| Target for Change | Status |
|---|--|
|  <p>1. By 2008, establish a Patient Issues and Cancer Survivorship Advisory Board to continuously assess the needs of cancer survivors in Maryland and to make recommendations to address those needs.</p> | A Patient Issues and Cancer Survivorship Advisory Board has not been established in Maryland. |
|  Target Met |  Target in right direction; not yet met. |
|  Target in wrong direction; not yet met. |  No change in trend; target not yet met. |

PROGRESS HIGHLIGHTS

HopeWell Cancer Support:

- Offered a broad range of psychosocial support services that allow people to access a community of support throughout all phases of the cancer experience (ongoing). Programs and activities include support groups, educational presentations and discussions, yoga, meditation, exercise classes, support groups for children and teens who have a loved one with cancer, expressive arts programs and social activities. All programs are offered free of charge. (Objective 1, Objective 3)

Maryland Affiliate of Susan G. Komen for the Cure:

- Provided support services and treatment assistance to more than 2,500 survivors during FY 2006-2009. (Objective 1, Objective 2, Objective 3, Objective 4)
- Partnered with several hospitals to offer the Survivors Offering Support (SOS) Program. SOS is a resourceful network of breast cancer survivors who offer psychosocial and emotional support to newly diagnosed patients on a one-on-one basis (ongoing). (Objective 3)

The American Cancer Society:

- Provided several programs and services for patients and caregivers including support groups, education programs, website and toll-free access to other free and low-cost services and resources in the community (ongoing). (Objective 1)
- Provided Patient Resource Navigators at several local hospitals in Maryland to ensure comprehensive services are accessible by all patients (ongoing). (Objective 1, Strategy 3)

The Leukemia and Lymphoma Society:

- Offered several programs for patients and family members coping with blood cancers including a peer-to-peer support program, family support groups, patient education programs and a back to school program for children with cancer (ongoing). (Objective 1)
- Provided financial assistance to help patients with significant financial need under a doctor's care for a blood cancer diagnosis (ongoing). (Objective 2)

PATIENT ISSUES AND CANCER SURVIVORSHIP *(continued)*

The Ulman Cancer Fund for Young Adults:

- Partnered with the University of Maryland Marlene and Stewart Greenebaum Cancer Center (UMGCC) to offer comprehensive navigation services to young adult patients receiving care there (ongoing). The UCF Navigator works in conjunction with the Center's multi-disciplinary medical care teams, social work staff and other care providers. *(Objective 1, Strategy 3)*
- Provided one-on-one cancer support through its Peer Mentor Network, connecting survivors, parents, and other young adults affected by cancer with one another for peer support and information exchange (ongoing). *(Objective 1)*

National Cancer Institute:

- Implemented an annual Cancer Survivorship Telephone Education Workshop Series for health care practitioners and conducts a Biennial Cancer Survivorship Research Conference. *(Objective 3, Strategy 1; Objective 4, Strategies 3, 4)*

CHALLENGES










- A comprehensive cancer information clearinghouse has not been created in Maryland. *(Objective 1, Strategy 1)*
- Financial burden on cancer survivors and their families remains a challenge throughout the state. *(Objective 2)*
- There is a continued need to increase awareness among the general public, providers and policy makers on cancer survivorship including the financial burden, the need for psychosocial services and the needs of long-term cancer survivors in Maryland. *(Objective 1, Objective 2, Objective 3, Objective 4)*

PRIMARY PREVENTION OF CANCER

TOBACCO-USE PREVENTION/ CESSATION AND LUNG CANCER

The following includes the status of the Targets for Change listed in the 2004-2008 MCCCCP, along with Progress Highlights and Challenges based on the Goals, Objectives, and Strategies of the 2004-2008 MCCCCP.

TARGETS FOR CHANGE

| | Target for Change | Baseline | Current Status | Data Source |
|---|--|--|--|--|
|  | 1. By 2008, reduce lung cancer mortality to a rate of no more than 57.3 per 100,000 persons in Maryland. | <u>2000</u> 59.5 per 100,000 | <u>2006</u> 52.7 per 100,000 | CDC WONDER |
|  | 2. By 2008, reduce the proportion of Maryland middle school youth that currently smoke cigarettes to no more than 6.2%. | <u>2000</u> 7.3% | <u>2008</u> 3.7% | Maryland Youth Tobacco Survey |
|  | 3. By 2008, reduce the proportion of Maryland high school youth that currently smoke cigarettes to no more than 20.3%. | <u>2000</u> 23.7% | <u>2008</u> 16.2% | Maryland Youth Tobacco Survey |
|  | 4. By 2008, reduce the proportion of Maryland adults that currently smoke cigarettes to no more than 15 %. | <u>2000</u> 17.5% | <u>2008</u> 12.4% | Maryland Adult Tobacco Survey |
|  | 5. By 2008, increase the proportion of Maryland adults that would support a proposal to make all restaurants in their community smoke-free to 72.1%. | <u>2000</u> 63% | See note* | Maryland General Assembly |
|  | Target Met |  Target in right direction; not yet met. |  Target in wrong direction; not yet met. |  No change in trend; target not yet met. |

*A smoke-free law (Clean Indoor Air legislation) was implemented in Maryland in February, 2008.

Mortality statistics are reported through 2006, the most recent data year available at the time of writing. Data will be updated in future reports.

PROGRESS HIGHLIGHTS

- Tobacco use by under-age Maryland youth decreased 24.3% from 2000 to 2008. Tobacco use by Maryland adults decreased 25.1% from 2000 to 2008. (Goal 1)

Legislation and Regulations:

- Maryland passed statewide Clean Indoor Air legislation that prohibits smoking in all indoor workplaces, including bars and restaurants. (Goal 2; Objective 2, Strategy 1)
- The Maryland State Board of Education promulgated regulations governing the use of tobacco products in school buildings and on school grounds including prohibiting the sale or use of tobacco in all public school buildings at all times and the sale or use of tobacco on school grounds during the official school day. Students are prohibited from possessing or using tobacco in any form on the school premises. In addition, some school systems have imposed tobacco sales and use restrictions on school grounds at all times. (Objective 2, Strategy 3)
- Maryland's excise tax on cigarettes increased to \$2.00 per pack. (Objective 3)
- The Comptroller currently suspends cigarette retailer licensees who have been cited for repeated tobacco sales to minors. This is not mandatory but permitted under existing law. (Objective 4, Strategy 2)
- Statewide legislation to enact civil prohibition on the sale of tobacco to youth under 18 years old has been introduced. Many local jurisdictions have passed laws imposing civil sanctions for underage tobacco sales. (Objective 4, Strategies 1, 3)
- Although efforts at securing statewide product placement restrictions (requiring tobacco retailers to place all tobacco products beyond the reach of their customers without intervention of store personnel) have failed, several local jurisdictions have adopted product placement restrictions. (Objective 4, Strategy 5)

TOBACCO-USE PREVENTION/ CESSATION AND LUNG CANCER *(continued)*

The Maryland Department of Health and Mental Hygiene

Center for Health Promotion, Education, and Tobacco Use Prevention:

- Utilized estimates and data prepared by the CDC and other national tobacco control entities to document the cost of tobacco-related disease in human and economic terms to the Maryland economy and its citizens (ongoing). Direct medical expenses estimated to result from active cigarette smoking are estimated to exceed \$2.2 billion annually in Maryland. Average annual mortality is estimated at 6,800 and morbidity at 149,600. If Maryland were to achieve a 50% reduction in adult tobacco use from the 2000 baseline, and sustain that reduction in the long-term, direct economic savings are estimated at approximately \$980 million annually. *(Objective 1, Strategies 1, 2)*
- Provided education for tobacco retailers on changes in the law and their responsibilities and encouraged local governments to pass ordinances that make it easier to enforce youth access to tobacco laws (ongoing). *(Objective 4, Strategies 6, 8)*
- Established the 1-800-QUIT-NOW telephone cessation quitline providing free cessation counseling and nicotine replacement therapy (NRT) and funded in-person cessation counseling and NRT at every local health department. *(Objective 5, Strategies 2, 3)*
- Developed provider education for CME credit through MDQuit; linked to Fax-to-Assist. *(Objective 6, Strategy 2)*
- Established college coalitions for campus policy and cessation assistance. *(Objective 6, Strategy 3)*
- Developed and widely distributed educational materials on the benefits of smoke-free homes tagged with the Quitline number. *(Objective 6, Strategy 4)*
- Underwent an independent evaluation of programming in 2007. *(Objective 7, Strategies 1, 2)*
- Conducted surveys of adult and youth tobacco-use behaviors at the statewide and county levels in 2006 and 2008. *(Objective 7, Strategy 3)*
- Conducted special population studies targeting high risk and targeted populations in 2007. *(Objective 7, Strategy 4)*
- Is working to create an on-line system that will permit tobacco control activities to be linked and tracked to specific outcome indicators/measures. This enhancement is one of the principal recommendations to come from the 2007 Evaluation Report. *(Objective 7, Strategy 5)*

Center for Health Promotion, Education, and Tobacco Use Prevention:

- Partnered locally with health department smoking cessation programs (ongoing). Clients are offered smoking cessation services, and, alternatively, cancer programs offer screening services to smoking cessation program participants. *(Objective 6, Strategy 1)*

American Cancer Society:

- Provided grant funding to the Anne Arundel Medical Center to target tobacco use in middle and high school students. *(Goal 1)*




CHALLENGES





- Funding for the CRF Tobacco Program is currently less than 10% of the recommended CDC funding level. *(Objective 1; Objective 7, Strategy 10)*
- Documentation of the settlement payments made available to the state of Maryland as a result of its settlement with the tobacco industry and the underlying basis of Maryland's lawsuit is well documented. However, over time, the reporting structures concerning settlement income and expenditures have become less visible and more difficult to track other than for the Maryland DHMH CRF Tobacco and Cancer Programs and the Medicaid Program. *(Objective 1, Strategies 3, 4)*

DIET AND PHYSICAL ACTIVITY

The following includes the status of the Targets for Change listed in the 2004-2008 MCCCCP, along with Progress Highlights and Challenges based on the Goals, Objectives, and Strategies of the 2004-2008 MCCCCP.

TARGETS FOR CHANGE

| | Target for Change | Baseline | Current Status | Data Source |
|---|---|----------------------|--|----------------|
|  | 1. By 2008, increase the percent of Marylanders with a BMI in the normal range (18.5 to 24.9 kg/m2) to 50%. | <u>2000</u> 43.3% | <u>2008</u> 36.6% | Maryland BRFSS |
|  | 2. By 2008, increase the percent of Marylanders participating in regular and sustained physical activity. | <u>2000</u> 22.3% | <u>2008</u> Moderate*: 35.6% Vigorous**: 29.7% | Maryland BRFSS |
|  | 3. By 2008, increase the percent of Marylanders consuming 5 or more servings of fruits and vegetables per day to 33%. | <u>2000</u> 27.4% | <u>2008</u> 27.2% | Maryland BRFSS |

 **Target Met**
  **Target in right direction; not yet met.**
  **Target in wrong direction; not yet met.**
  **No change in trend; target not yet met.**

* Percentage of persons meeting HP 2010 objective of moderate physical activity for 30 minutes or more per day, 5+ days per week. The BRFSS questionnaire describes moderate activities as those that cause small increases in breathing or heart rates, such as brisk walking, bicycling, vacuuming, or gardening.

** Percentage of persons meeting HP 2010 objective of vigorous physical activity for 20 minutes or more per day, 3+ days per week. The BRFSS questionnaire describes vigorous activities as those that cause large increases in breathing or heart rate, such as running, aerobics, or heavy yard work.

PROGRESS HIGHLIGHTS

Maryland Department of Health and Mental Hygiene, Office of Chronic Disease:

- Provided Preventative Health and Health Services (PHHS) Block Grant Program funding to develop and implement programs that result in healthy diet, healthy weight, and healthy physical activity with an emphasis on children, youth, and their families (ongoing). (Objective 1, Strategy 3; Objective 3, Strategy 1)
- Participated in the Health and Physical Education Advisory Council that studied all applicable laws, regulations and implementation issues of mandatory school physical education for primary and secondary schools. (Objective 2, Strategy 1)
- Convened the Childhood Obesity Committee which submitted a report to the Governor including recommendations to increase the prevalence of healthy diet, healthy weight, and physical activity among Maryland youth. (Objective 2)
- Launched Healthiest Maryland Businesses in 2009 to encourage workplace wellness in Maryland businesses. In order to join, businesses declare their commitment to take action to improve their employee health and wellness and identify their organization's employee health management strengths and areas for improvement. There are plans to launch Healthiest Maryland Communities and Healthiest Maryland Schools in the future. (Objective 3, Strategy 1)

Maryland State Department of Education:

- Implemented many programs which have been successful in reaching school age children across the state to increase fruit and vegetable consumption and provide nutrition education including: TEAM Nutrition, School Breakfast Program, Fresh Fruits and Vegetables Program, Farm to School Program, and the Child and Adult Care Food Program (ongoing). (Objective 1, Strategies 1, 5, 6; Objective 2, Strategies 2, 3, 7, 9)

DIET AND PHYSICAL ACTIVITY

(continued)

- Maintained a voluntary school curriculum for health education and physical education (ongoing). (Objective 2, Strategies 2, 3)
- Provided training and certification for PE teachers through the National Association for Sports and Physical Education (ongoing). (Objective 2, Strategy 8)

Maryland Department of Agriculture:

- Administered Farmers' Market Nutrition Programs to provide low-income women, infants & children and seniors with coupon vouchers that can be exchanged for eligible foods at farmers' markets, roadside stands, and community supported agriculture programs (ongoing). (Objective 1, Strategies 3, 6, 9)

American Heart Association:

- Administered the *Power to End Stroke Program*, targeting African American churches in Baltimore City and focusing on increasing healthy eating and physical activity among men and women ages 50+ (ongoing). In 2010, the program was implemented in 32 churches across the state. (Objective 1, Strategy 7)

Johns Hopkins School of Public Health:

- Conducted a Healthy Stores project in Baltimore City in partnership with the Baltimore City Health Department and other interested community programs (ongoing). The project consists of as a series of store-based interventions in low-income areas where healthy foods are often unavailable. The program strives to curb diet-related chronic diseases in ethnic-minority populations by increasing the supply of more nutritious foods, promoting them at the point of purchase, and educating store employees and customers alike about the benefits of healthier diets. (Objective 1, Strategy 8)
- Conducted several programs through the Center for a Livable Future that support communities in healthy eating and physical activity in Baltimore City and throughout Maryland (ongoing). (Objective 1, Strategies 5, 6, 8)

Maryland Highway Safety Office:

- Administered Maryland's Safe Routes to School program which started in 2006 and awards almost 3.5 million annual to local jurisdictions to improve walking and biking to school (ongoing - http://www.saferoutesinfo.org/case_studies/pdfs/MD.federal.pdf). (Objective 1, Strategy 10)

Maryland Department of Planning:

- Is developing a 20 year state master plan, entitled "Plan Maryland" that partners with state and local health, education and planning offices - as well as the general public - to provide a master Smart Growth guide for the state. (Objective 1, Strategy 12)

Maryland Department of Natural Resources:

- Published the Maryland Land Preservation, Parks & Recreation Plan in 2009, which recognizes the importance of trails for physical activity and makes recommendations for the maintenance of trails both statewide and locally throughout Maryland. (Objective 1, Strategy 5)

CHALLENGES

- The prevalence of Marylanders at a healthy weight (not overweight or obese) continues to decrease, with only 37% at a healthy weight in 2008 compared to 43% in 2000 [Maryland BRFSS]. (Targets for Change)
- A tax incentive for small businesses to incorporate employee wellness programs has been underutilized. (Objective 3, Strategy 3)
- Although guidance and assessment tools for use in health care settings for the promotion of physical activity and healthy eating are available, they have not been widely disseminated. (Objective 4, Strategy 3)


PRIMARY PREVENTION OF CANCER

ULTRAVIOLET RADIATION AND SKIN CANCER


The following includes the status of the Targets for Change listed in the 2004-2008 MCCCCP, along with Progress Highlights and Challenges based on the Goals, Objectives, and Strategies of the 2004-2008 MCCCCP.

TARGETS FOR CHANGE


| Target for Change | Baseline | Current Status | Data Source |
|---|-----------------------------------|-----------------------------------|-------------------|
| 1. By 2008, maintain the mortality rate from melanoma of the skin at a rate of no more than 2.7 per 100,000 persons in Maryland. | <u>2000</u> 2.7 per 100,000 | <u>2006</u> 3.0 per 100,000 | CDC WONDER |
| 2. By 2008, increase the percent of Maryland adults to 71% who use at least one of the following sun protective measures: avoid sun from 10am–4pm, wear sun protective clothing, or wear sunscreen. | <u>1998</u> 59% | <u>2006</u> 67% | Maryland BRFSS |




Target Met



Target in right direction; not yet met.



Target in wrong direction; not yet met.



No change in trend; target not yet met.

Mortality statistics are reported through 2006, the most recent data year available at the time of writing. BRFSS data are reported for the most recent year available at the time of writing, which varies from topic to topic. Data will be updated in future reports.

PROGRESS HIGHLIGHTS

Center for a Healthy Maryland, Maryland Skin Cancer Prevention Program

- Disseminated messages about sun safety and skin cancer to the general public via:
 - ◊ websites
 - ◊ television/radio/print media
 - ◊ community events
 - ◊ the SunGuard Man mascot costume
 - ◊ a permanent exhibit at the Maryland Science Center since 2009
 - ◊ a statewide annual poster contest
 - ◊ teacher outreach
 (Objective 1, Strategy 1; Objective 3, Strategy 2)
- Collaborated with Dartmouth Medical School to update the Sun Safe Preschool Curriculum in 2006; 50 trainers have been trained, who have trained more than 500 child care providers to use this curriculum. The child care providers receive continuing education hours through the Maryland Office of Child Care. (Objective 1, Strategy 2)
- Established a working relationship with the Maryland Watermen's Association; sun safe behaviors and skin cancer awareness have been promoted through attendance at the annual Watermen's Expo and articles published in the Watermen's Gazette. (Objective 1, Strategy 3)
- Established a relationship with the Maryland Department of Education (MDE) which has resulted in greater awareness of the need for children to be allowed to carry and use sunscreen products. (Objective 1, Strategy 5)
- Established relationships with physicians through MedChi, the state medical society, by providing websites, posters, patient education brochures, and publications including the MedChi Physician, and the MedChi News (listserv) to increase physician awareness. (Objective 2, Strategy 1, 3, 4; Objective 3, Strategy 1)
- Provided a continuing medical education credit program for providers in September 2008 – October 2009; 266 clinicians registered, with 53% completing the program. (Objective 2, Strategies 1, 2, 3, 4; Objective 3, Strategy 1)

ULTRAVIOLET RADIATION AND SKIN CANCER *(continued)*

- Collaborated with Johns Hopkins Medicine to publish a guide for newly diagnosed melanoma patients. To date, 350 guides have been distributed. *(Objective 2)*

The Maryland Department of Health and Mental Hygiene (DHMH), Center for Cancer Surveillance and Control:

Cigarette Restitution Fund (CRF) Programs

- Educated the public, providers, and trainers about skin cancer prevention: from Jan 2004 - Dec 2008, 191,168 people were educated in brief, group, or individual sessions (182,486 general public, 7,164 health care professionals, 1,518 trainers) and nearly 21 million media “outreach impressions” occurred (TV, radio, newspaper, bulletin boards, reader boards, flyers, etc.). *(Objective 1, Strategy 1; Objective 2, Strategy 1)*

The US Environmental Protection Agency SunWise Program:

- Provided free SunWise Tool Kits, including over 50 cross-curricular classroom activities for grades K-8; an ultraviolet (UV) sensitive Frisbee for hands-on experiments; story and activity books; posters; a video; policy guidance, and more. As of February 2010, more than 1,000 educators in every jurisdiction in Maryland schools, camps, museums, and health departments have registered for the SunWise Program. *(Objective 1, Strategy 1, 2)*

The American Cancer Society (South Atlantic Division):

- Offered brochures and information in multiple languages on skin cancer to nonprofit organizations, healthcare facilities, and providers in Maryland. *(Objective 1, Strategy 1)*

The American Academy of Dermatology:

- Sponsored several successful public skin screening drives, which led to participation by Maryland dermatologists and patients. *(Objective 2, Strategy 7)*

Legislation and Policies:

- A statewide tanning bed law was passed and went into effect on October 1, 2008 requiring on site parental consent for minors. Since that time, Howard County has passed an even more restrictive law including a total ban on indoor tanning for children under 18, licensing and regulation of sanitation and warning signs. *(Objective 5, Strategy 1)*
- A policy established by the Maryland State Department of Education and upheld by a 2006 Maryland law allows children to carry sunscreen products and acknowledges that this is not a medication. *(Objective 1, Strategy 5; Objective 5, Strategy 2)*





CHALLENGES

- Partnerships with youth organizations have been difficult to establish. *(Objective 1, Strategy 2)*
- A need remains for partnerships with organizations and individuals who routinely see and care for their clients' skin (barbers, hairdressers, cosmetologists, manicurists, massage therapists). *(Objective 1, Strategy 4)*
- There continues to be a need for the advocacy for use of wide-brimmed hats, sunglasses, and shaded play areas in Maryland schools. *(Objective 1, Strategy 5; Objective 5, Strategy 2)*

ENVIRONMENTAL ISSUES AND CANCER

The following includes the status of the Targets for Change listed in the 2004-2008 MCCCCP, along with Progress Highlights and Challenges based on the Goals, Objectives, and Strategies of the 2004-2008 MCCCCP.

TARGETS FOR CHANGE

| | Target for Change | Status |
|--|--|--|
|  | 1. By 2008, improve the quality, utility, and use of databases for environmental carcinogens that will enhance exposure assessment. | <ul style="list-style-type: none"> The Maryland Environmental Public Health Tracking Program was launched in 2009. This program provides an informational web portal for easy access to publicly available health and environmental data sets. The Children's Environmental Health and Protection Advisory Council released a report in 2008, Maryland's Children and the Environment, which reviewed the relationship between children's health and environmental factors. It was recognized that there is not enough known at this point to relate a specific cancer or group of cancers in children to environmental factors. |
|  | 2. By 2008, improve the capacity to measure bio-indicators, measure the levels of compounds in the environment, and use other means to estimate environmental exposures at the population level. | <ul style="list-style-type: none"> The capacity of the Maryland Department of Health and Mental Hygiene (DHMH) laboratory to estimate exposures at the population level has improved since 2004 through the acquisition of laboratory instruments capable of improved detection of environmental chemicals in biological media. The Maryland Department of the Environment (MDE) has improved its overall fish-tissue program efficiency by developing a Technical Support Document, formalizing field, laboratory, and data management methods used by the program. MDE has also improved its analytical capacity by procuring services with a lab capable of analyzing more samples, more quickly, with a high level of quality assurance and quality control. |
|  | 3. By 2008, strengthen the practice of dual appointments or establish other formal cooperative relationships between academic institutions and state and local public health agencies. | <ul style="list-style-type: none"> Substantial progress has occurred in the practice of dual appointments between academic institutions and state and local public agencies. Both the Johns Hopkins Bloomberg School of Public Health and the University of Maryland School of Medicine have been active in establishing adjunct faculty appointments for both local and state public health officials. |
|  | 4. By 2008, improve the capacity to identify and prevent occupationally related cancer. | <ul style="list-style-type: none"> Pesticide related illnesses is now reportable to the Maryland DHMH via a change in regulations. The Maryland DHMH is currently writing regulations designed to improve the reporting of occupational diseases, including cancer, by health professionals to the Maryland DHMH for purposes of disease surveillance and prevention. |



Target Met



Target in right direction; not yet met.



Target in wrong direction; not yet met.



No change in trend; target not yet met.

ENVIRONMENTAL ISSUES AND CANCER *(continued)*

PROGRESS HIGHLIGHTS

The Maryland Department of the Environment (MDE):

- Has made substantial progress in computerizing databases and geo-coding data. *(Objective 2, Strategy 3)*
- Makes rotations available in order to enhance the training of physicians and environmental scientists in occupational and environmental cancer research at Maryland's universities and institutions. *(Objective 4, Strategy 3)*

The Maryland Department of Health and Mental Hygiene (DHMH), Center for Cancer Surveillance and Control:

- Established new protocols regarding cancer cluster investigations, utilizing inter-agency cooperation of Maryland DHMH, MDE, and local health agencies. *(Objective 4, Strategy 2)*
- Makes rotations available in order to enhance the training of physicians and environmental scientists in occupational and environmental cancer research at Maryland's universities and institutions. *(Objective 4, Strategy 3)*
- Maintained the Maryland Cancer Registry, which was utilized for various research projects including projects to understand and explain different cancer rates between groups (ongoing). *(Objective 6, Strategy 3)*

Center for Disease Control and Prevention - Advisory Committee on Immunization Practices (ACIP)

- Included the HPV vaccine and Hepatitis B virus immunization in its recommendations. *(Objective 5, Strategy 1, 2)*





CHALLENGES


- There is no active occupational disease surveillance at the Maryland Occupational Safety and Health (MOSH), MDE, or the Maryland DHMH. *(Target for Change 4)*
- Efforts to collect data on air toxics have been minimal since 1999. *(Objective 2, Strategy 1)*
- Long-term support for infrastructure of the Maryland Environmental Public Health Tracking Program remains a major challenge. *(Objective 2, Strategy 2)*
- Although legislation to require reporting of commercial pesticide use was introduced to the Maryland legislature, it did not pass. Noncommercial pesticide use was not addressed in this effort. *(Objective 2, Strategy 5)*


COLORECTAL CANCER


The following includes the status of the Targets for Change listed in the 2004-2008 MCCCCP, along with Progress Highlights and Challenges based on the Goals, Objectives, and Strategies of the 2004-2008 MCCCCP.


TARGETS FOR CHANGE

| | Target for Change | Baseline | Current Status | Data Source |
|---|--|---------------------------------|---------------------------------|-------------|
|  | 1. By 2008, reduce the colorectal cancer mortality to a rate of no more than 20.8 per 100,000 persons in Maryland. | <u>2000</u> 23.9 per 100,000 | <u>2006</u> 18.4 per 100,000 | CDC WONDER |
|  | 2. By 2008, decrease the percentage of Marylanders aged 50 and over who have never been screened for colorectal cancer to 15% or less. | <u>2002</u> 26% | <u>2008</u> 18% | MCS |
|  | 3. By 2008, increase the percentage of Marylanders aged 50 and over who are up to date with screening (per ACS guidelines) to 73% or more*. | <u>2002</u> 64%* ** | <u>2008</u> 73% | MCS |
|  | 4. By 2008, increase the percentage of Marylanders aged 50 and over who have been screened with either colonoscopy in the past 10 years or FOBT in the past year, plus flexible sigmoidoscopy in the past 5 years, to 57% or more. | <u>2002</u> 46%* ** | <u>2008</u> 67% | MCS |

 **Target Met**

 **Target in right direction; not yet met.**

 **Target in wrong direction; not yet met.**

 **No change in trend; target not yet met.**

*Data reflect proportion of population up to date with FOBT, sigmoidoscopy, colonoscopy.

** Original 2002 baseline revised slightly in re-analysis of Maryland Cancer Survey data.

Mortality statistics are reported through 2006, the most recent data year available at the time of writing. Data will be updated in future reports.

PROGRESS HIGHLIGHTS

The Maryland Department of Health and Mental Hygiene (DHMH), Center for Cancer Surveillance and Control:

Cigarette Restitution Fund (CRF) Program

- Screened 9,342 people for colorectal cancer (CRC) from Jan 2004 - Dec 2008: 1,831 FOBTs, 40 sigmoidoscopies and 9,051 colonoscopies (ongoing). (Objective 1)
- Educated the public, providers, and trainers about CRC screening recommendations: between January 2004 and December 2008 nearly 304,000 people were educated in brief, group, or individual sessions (282,884 general public, 17,842 health care professionals, 3,023 trainers) (ongoing). (Objective 1, Strategies 1,2,4, 5)
- Worked with Community Health Coalitions and community-based organizations to clarify myths and dispel fears about CRC screening and prevention (ongoing). (Objective 2, Strategies 2-4)
- Provided communication to screening providers and primary care physicians (e.g., Minimal Elements for CRC Screening; CORADS document - to standardize colonoscopy reporting and improve quality of reports; Health Officer Memos giving outreach strategies to providers) - see the first bullet, above, regarding education to providers (ongoing). (Objective 3, Strategy 3, 6, 7, 8)

COLORECTAL CANCER *(continued)*

- Provided case managers and patient navigators to solve barriers for low income uninsured and under-insured clients eligible for their CRC screening programs (ongoing). *(Objectives 6, 9)*
- Held statewide CRC conferences in 2005 and 2007. *(Objective 4, Strategy 4)*
- Supported HEDIS (Health Plan Employer Data and Information Set) adding CRC as a measure and subsequently tracked and shared findings to local health departments. *(Objective 3, Strategy 11)*

Baltimore City Colorectal Cancer Screening Demonstration Program

- Screened more than 700 people with colonoscopies from June 2006—June 2009 through funds from the Centers for Disease Control and Prevention (CDC). *(Objective 10, Strategy 2)*

Maryland Cancer Survey

- ◇ In 2008, reported that 93% of Maryland adults ages 40 and above know that there are screening tests for CRC. *(Objective 1, Strategy 7)*
- ◇ In 2004, reported that 75% of physicians reported recommending home fecal occult blood test (FOBT); however, 70% recommended or performed in-office FOBT. Eighty-seven percent of physicians recommended colonoscopy and 24% recommended flexible sigmoidoscopy. *(Objective 3, Strategy 1)*

Comprehensive Cancer Control Program

- Held a statewide CRC conference in June, 2009 for local health department case managers, health educators, and health-care providers. *(Objective 3, Strategy 4; Objective 4, Strategy 4)*

American Cancer Society (South Atlantic Division):

- Offered low literacy brochures and information in multiple languages on CRC to nonprofit organizations, healthcare facilities, and providers in Maryland. *(Objective 1, Strategy 1)*

Cancer Research and Prevention Foundation:

- Collaborated with the Maryland DHMH Center for Cancer Surveillance and Control to provide the Maryland Dialogue for Action conference in June 2005, bringing providers together for dialogue about strategies to increase CRC screening. *(Objective 3, Strategy 3, 6, 7, 8)*

The Centers for Disease Control and Prevention and Battelle

- Completed the Maryland Survey of Endoscopic Capacity (SECAP) in cooperation with the Maryland DHMH in August, 2006. The survey results indicated that, in general, there was adequate capacity for colonoscopy screening in Maryland. *(Objective 11, Strategy 1)*

CHALLENGES



- Maryland remains challenged to find coverage to pay for treatment for those diagnosed with CRC who do not have insurance coverage and are not eligible for Medical Assistance. *(Objective 8)*


SITE SPECIFIC PREVENTION & EARLY DETECTION

BREAST CANCER


The following includes the status of the Targets for Change listed in the 2004-2008 MCCCCP, along with Progress Highlights and Challenges based on the Goals, Objectives, and Strategies of the 2004-2008 MCCCCP.

TARGETS FOR CHANGE


| | Target for Change | Baseline | Current Status | Data Source |
|---|---|---------------------------------|---------------------------------|----------------|
|  | 1. By 2008, reduce the female breast cancer mortality to a rate of no more than 23.2 per 100,000 females in Maryland. | <u>2000</u> 27.7 per 100,000 | <u>2006</u> 25.0 per 100,000 | CDC WONDER |
|  | 2. By 2008, increase the number of women age 40 and older that received a mammogram in the past two years to 85%. | <u>2000</u> 82% | <u>2008</u> 77% | Maryland BRFSS |




Target Met



Target in right direction; not yet met.



Target in wrong direction; not yet met.



No change in trend; target not yet met.

Mortality statistics are reported through 2006, the most recent data year available at the time of writing. Data will be updated in future reports.

PROGRESS HIGHLIGHTS

- In addition to the decrease in mortality (shown in the table above), the incidence of breast cancer in Maryland decreased from 133 per 100,000 (2000), to 112.8 per 100,000 (2006) [Source: Maryland Cancer Registry]. (Goal 1)
- Maryland met the Healthy People 2010 objective that at least 70% of women age 40 and older received a mammogram in the past two years. (Targets for Change)

The Maryland Department of Health and Mental Hygiene (DHMH), Center for Cancer Surveillance and Control:

- In conjunction with organizations such as the National Institutes of Health and the American Cancer Society, provided books on care options to healthcare providers which are distributed to breast cancer patients upon diagnosis (ongoing). (Objective 6, Strategy 3; Objective 8, Strategy 4)
- Conducted a “Look Back” study to determine factors that contributed to women being diagnosed with late stage breast cancer. Results were limited due to a low response rate. (Objective 1, Strategy 1 and 2).

Breast and Cervical Cancer Program (BCCP)

- Received federal and state funding to provide screening and diagnostic services (ongoing). (Objective 4, Strategy 1)
- Offered breast cancer screenings to eligible women (low income, uninsured or under-insured) free of charge (ongoing). Screening services are available through local programs located in each of Maryland’s 23 counties and Baltimore City. From Jan 2004 to Dec 2008, more than 32,000 women were screened using clinical breast exams and mammography. (Objective 4).
- Provided culturally appropriate educational materials (in some cases in Spanish or Korean), attended local cultural events, and utilized program interpreters and translators. (Objective 4, Strategy 2; Objective 6, Strategy 4)

BREAST CANCER *(continued)*

Local Maryland Breast and Cervical Cancer Programs

- Ensured that activities were culturally appropriate for the county's specific populations (ongoing). Examples vary from county to county, and include offering culturally appropriate educational materials, utilizing program interpreters and translators, and giving women the opportunity to choose from a variety of screening providers. *(Objective 6)*
- Worked to raise awareness about the importance of breast cancer screenings (ongoing). Programs may educate the public through local health fairs, speaking engagements with community groups, or through mass media campaigns (e.g. roadside billboards, newspaper articles). Similar methods are used to increase community awareness of the screening services available to eligible women through the local Breast and Cervical Cancer Program. *(Goal 2)*
- Evaluated their own county's demographics and outreach activities in order to focus their efforts on the priority populations represented within their communities who may currently be underserved. Accordingly, these focus populations were reached through culturally appropriate outreach methods. *(Goal 5)*

Breast and Cervical Cancer Diagnosis and Treatment Program

- Received state funding to provide diagnostic work-up and treatment to those in need (ongoing). *(Objective 4, Strategy 1)*
- Provided diagnostic and treatment services to about 4,000 individuals per year from Jan 2004-Dec 2008. *(Objective 4)*

Cigarette Restitution Fund (CRF) Program

- Educated the public, providers, and trainers about breast cancer prevention and screening recommendations: from Jan 2004-Dec 2008 196,761 people were educated in brief, group, or individual sessions (184,834 general public, 10,439 health care professionals, 1,488 trainers) (ongoing). *(Objective 2)*

Susan G. Komen for the Cure - Maryland Affiliate Grantees:

- Provided education/counseling sessions to nearly 24,000 people during fiscal years 2006 – 2009, and performed nearly 35,000 clinical breast exams and mammograms. *(Objective 2)*
- Educated more than 2,700 women on breast cancer treatment clinical trials, with more than 600 women enrolling in clinical trials during FY 2006-2009; 26% enrolled in FY 2008 and 34% in FY 2009 were minorities. *(Objective 4, Strategy 3)*
- Provided support services and treatment assistance to more than 2,500 survivors during FY 2006-2009. *(Objective 8)*

The American Cancer Society (South Atlantic Division):

- Offered low literacy brochures and information in multiple languages to nonprofit organizations, healthcare facilities, and providers in Maryland. *(Objective 4, Strategy 2; Objective 6, Strategy 4)*

CHALLENGES


- The overall percent of breast cancers diagnosed at distant stage increased from 3.8% in 2000 (57.8% local; 28.4% regional; 10.1% unstaged) to 4.5% in 2006 (57.1% local; 31.9% regional; 6.0% unstaged). Additionally, the gap between distant staged cancers in African American and White women widened between 2000 and 2006. [Source: Maryland Cancer Registry]. *(Goal 2)*
- Currently the Maryland BCCP has enough state and federal funds to cover screening for approximately 21% of eligible women ages 40 - 64 in Maryland. *(Objective 4, Strategy 1)*
- Many women currently must travel outside of their county for state-of-the-art breast cancer care. *(Objective 6)*
- Mammography screening rates are decreasing in Maryland and nationwide. *(Targets for Change)*
- Although the breast cancer mortality rate in Maryland has decreased since 2000, the 2006 rate of 25 per 100,000 remains higher than the US rate of 23.5 per 100,000 [Source: CDC WONDER]. *(Goal 4)*


SITE SPECIFIC PREVENTION & EARLY DETECTION

PROSTATE CANCER


The following includes the status of the Targets for Change listed in the 2004-2008 MCCCCP, along with Progress Highlights and Challenges based on the Goals, Objectives, and Strategies of the 2004-2008 MCCCCP.

TARGETS FOR CHANGE


| Target for Change | Baseline | Current Status | Data Source |
|--|---------------------------------|---------------------------------|-------------|
|  1. By 2008, reduce prostate cancer mortality to a rate of no more than 25.8 per 100,000 persons in Maryland. | <u>2000</u> 31.9 per 100,000 | <u>2006</u> 26.3 per 100,000 | CDC WONDER |




Target Met



Target in right direction; not yet met.



Target in wrong direction; not yet met.



No change in trend; target not yet met.

Mortality statistics are reported through 2006, the most recent data year available at the time of writing. Data will be updated in future reports.

PROGRESS HIGHLIGHTS

- For the period of 2002-2006, the Annual Percent Change (APC) for prostate cancer mortality was negative 7.0% for African American men and negative 3.6% for White men. [Source of mortality data: CDC WONDER] (Goal 2)
- Since the 2004-08 Cancer Plan, multidisciplinary clinics for prostate cancer treatment, and watchful waiting (also known as expectant management and active surveillance) have emerged to optimize the care of men with prostate cancer. (Objective 4)

Maryland Department of Health and Mental Hygiene (DHMH):

Cigarette Restitution Fund (CRF) Programs

- Educated the public, providers, and trainers about prostate cancer prevention and screening recommendations, along with the pros and cons of screening: from Jan 2004 - Dec 2008, a total of 138,815 people were educated in brief, group, or individual sessions (127,426 general public, 9,071 health care professionals, 2,318 trainers). Of those educated, nearly 61% were known to be minorities and more than 34% were known to be low income. These education efforts increased each year, from FY 2004 - FY 2008. (Objective 1; Objective 3, Strategy 2)
- Educated men about prostate cancer based on the recommendations of the “Minimal Elements for Prostate Cancer Education, Screening, Diagnosis, Treatment and Follow-up” developed by the Prostate Cancer Medical Advisory Committee of the Maryland DHMH. In addition, the Minimal Elements are distributed to providers in jurisdictions where the programs target prostate cancer for either education and/or screening. (Objective 1, Strategy 1; Objective 3, Strategy 1)
- Developed prostate cancer educational materials in languages such as Spanish and Korean in order take into account cultural and linguistic differences. (Objective 1, Strategy 3)
- Screened 3,422 men for prostate cancer (3,571 digital rectal exams; 3,988 Prostate Specific Antigen (PSA) tests). Men who were screened through the Maryland DHMH CRF Program were required to sign a Screening Consent Form prior to prostate cancer screening. (Objective 3, Strategy 3)

PROSTATE CANCER *(continued)*

Maryland Cancer Survey (MCS)

- Monitored PSA testing and Digital Rectal Exam rates in the MCS for 2002, 2004, 2006, 2008. Reports including this information have been published for each of the survey years. *(Goal 3)*
- Beginning in 2004, asked men 40 years and older whether a health care professional discussed prostate cancer screening with them. This question was changed from the 2002 survey, which asked whether a health care professional recommended a PSA test. *(Objective 3, Strategy 4)*
- In 2008, reported that the percent of men aged 40 and above that have discussed prostate cancer screening with their health care provider increased from 58% in 2004 to 64% in 2008. *(Objective 1)*
- In 2008, reported that 88% of men aged 50 and older with a family history of prostate cancer in a first degree relative have discussed screening with their health care provider. *(Objective 1, Strategy 2)*

The American Cancer Society (South Atlantic Division):

- Offered low literacy brochures and information in multiple languages on prostate cancer to nonprofit organizations, healthcare facilities, and providers in Maryland. *(Objective 1, Strategy 3)*

CHALLENGES

- Although prostate cancer mortality has been reduced for both white and black men in Maryland, a disparity remains between the two groups. In 2006, the prostate cancer mortality rate for black men in Maryland was 51.2 per 100,000, compared to a rate of 21.7 per 100,000 for white men. [Source: CDC Wonder] *(Goal 2)*
- Maryland remains challenged to pay for treatment for those diagnosed with prostate cancer who do not have insurance coverage and are not eligible for Medical Assistance. *(Objective 4, Strategy 6)*


SITE SPECIFIC PREVENTION & EARLY DETECTION

ORAL CANCER


The following includes the status of the Targets for Change listed in the 2004-2008 MCCCCP, along with Progress Highlights and Challenges based on the Goals, Objectives, and Strategies of the 2004-2008 MCCCCP.

TARGETS FOR CHANGE


| Target for Change | Baseline | Current Status | Data Source |
|--|-----------------------------------|-----------------------------------|-------------------|
| 1. By 2008, reduce the oral cancer mortality to a rate of no more than 2.4 per 100,000 persons in Maryland. | <u>2000</u> 3.0 per 100,000 | <u>2006</u> 2.8 per 100,000 | CDC WONDER |
| 2. By 2008, increase the proportion of adults 40 and older who have had an oral cancer exam in the past year to 48%. | <u>2002</u> 33%* | <u>2008</u> 40% | Maryland BFRSS |




Target Met



Target in right direction; not yet met.



Target in wrong direction; not yet met.



No change in trend; target not yet met.

* Original 2002 baseline of 33.9% was revised slightly in re-analysis of Maryland Cancer Survey data.

Mortality statistics are reported through 2006, the most recent data year available at the time of writing. Data will be updated in future reports.

PROGRESS HIGHLIGHTS

- The Black/White ratio for oral cancer incidence decreased from 1.03 in 2000 to 0.8 in 2006 and oral cancer mortality decreased from 1.7 in 2000 to 1.4 in 2006. [Source for incidence data: Maryland Cancer Registry; Source for mortality data: CDC WONDER] (Goal 2)

The Maryland Department of Health and Mental Hygiene (DHMH):

Office of Oral Health (OOH)

- Provided grant funds to local health departments to provide oral cancer screening; 10,483 people were screened between 2004 and 2008. (Target for Change 2)
- Began sponsoring an annual Oral Cancer Awareness Week (OCAW) in 2001. OCAW materials (PSAs, posters, etc.) are targeted to the public and to healthcare providers (dental and non-dental). (Objective 1, Strategies 1, 3)
- Provided oral cancer educational materials and education sessions throughout Maryland. The materials, which target high-risk groups, are available in English and Spanish. Approximately 38,000 members of the public and health care providers have been educated about oral cancer. (Objective 1, Strategies 1, 2)
- Conducted educational presentations about oral cancer and tobacco use to the SASS (Students Against Starting Smoking) Conference and the Baltimore City Youth Tobacco Conference. (Objective 1, Strategies 1, 2)
- Provided grant funds to local health departments to provide oral cancer continuing education to health care providers. (Objective 2, Strategy 4)
- Presented information about oral cancer to local health departments on a 2009 Cigarette Restitution Fund teleconference. This has led to the Office of Oral Health providing oral cancer grand rounds in Garrett and Anne Arundel counties. (Objective 2, Strategy 4)

ORAL CANCER *(continued)*

- Offered an information clearinghouse for oral cancer materials, which are posted on the Office of Oral Health Website at: http://fha.maryland.gov/oralhealth/oc_prevention.cfm. (*Objective 3, Strategy 1*)

Cigarette Restitution Fund (CRF) Programs

- Provided oral cancer screening to 2,461 people between 2004 and 2008. (*Target for Change 2*)
- Provided education about oral cancer to the public, providers, and trainers: from Jan 2001 - Dec 2008, 63,273 people were educated in brief, group, or individual sessions (54,733 general public, 5,887 health care professionals, 2,653 trainers) and nearly 3 million media “outreach impressions” occurred (TV, radio, newspaper, bulletin boards, reader boards, flyers, etc.) (*Objective 1, Strategies 1, 3, 4*)
- Sponsored oral cancer continuing education courses for healthcare providers through local health departments and the Maryland Statewide Health Network. (*Objective 2, Strategy 4*)
- Provided case management services for individuals needing follow-up/diagnostic services. (*Objective 3, Strategy 5*)
- Conducted research on oral cancer (Johns Hopkins University and the University of Maryland). (*Objective 4, Strategies 1, 2*)

American Cancer Society:

- Provided grant funding to the Anne Arundel Medical Center to target tobacco use in middle and high school students. (*Objective 1, Strategy 2*)

CHALLENGES



- Little or no progress has been made on the following strategies:
 - ◊ Including oral cancer exam training in the medical and nursing school curricula (*Objective 2, Strategy 3*);
 - ◊ Engaging medical and dental boards in discussions about requiring oral cancer education prior to license renewal (*Objective 2, Strategy 1*);
 - ◊ Educating primary care providers (non-dental provides) about how to conduct an oral cancer exam. (*Objective 2 Strategy 4*)


SITE SPECIFIC PREVENTION & EARLY DETECTION

CERVICAL CANCER


The following includes the status of the Targets for Change listed in the 2004-2008 MCCCCP, along with Progress Highlights and Challenges based on the Goals, Objectives, and Strategies of the 2004-2008 MCCCCP.

TARGETS FOR CHANGE


| Target for Change | Baseline | Current Status | Data Source |
|--|-----------------------------------|-----------------------------------|---------------|
|  1. By 2008, reduce cervical cancer mortality to a rate of no more than 1.9 per 100,000 persons in Maryland. | <u>2000</u> 2.3 per 100,000 | <u>2006</u> 2.2 per 100,000 | CDC WONDER |
|  2. By 2008, increase the number of women aged 18 and older who have had a Pap test in the past three years to 94%. | <u>2000</u> 90% | <u>2008</u> 84% | MCS |




Target Met



Target in right direction; not yet met.



Target in wrong direction; not yet met.



No change in trend; target not yet met.

Mortality statistics are reported through 2006, the most recent data year available at the time of writing. Data will be updated in future reports.

PROGRESS HIGHLIGHTS

The Maryland Department of Health and Mental Hygiene (DHMH):

Breast and Cervical Cancer Program

- Identified several priority populations within the state including: African Americans, Asian/Pacific Islanders, women with disabilities, Hispanic/Latinas, Lesbian women, Native Americans, and women who reside in rural areas. Each year, local Breast and Cervical Cancer Programs evaluate their own county demographics and outreach activities in order to focus their efforts on the priority populations represented within their communities who may currently be underserved. Accordingly, these focus populations are reached through culturally appropriate outreach methods. (Objective 1, Strategy 5; Objective 2, Strategy 2)
- Offered cervical cancer screenings to eligible women (low income, uninsured or under-insured) free of charge (ongoing). Screening services are available through local programs located in each of Maryland's 23 counties and Baltimore City. Each local program has the ability to offer regional transportation services as needed. From Jan 2004—Dec 2008, more than 22,000 women were screened using Pap test. (Objective 2, Strategy 3)
- Received both federal and state funding for its programs during the period of 2004-2008 (ongoing). (Objective 2, Strategy 7)
- Revised the Maryland Breast and Cervical Cancer Program Minimal Clinical Elements (MCEs) for Cervical Cancer Detection and Diagnosis (as of March 2009) to include adoption of the 2006-2007 American Society for Colposcopy and Cervical Pathology (ASCCP) guidelines. All Breast and Cervical Cancer Program providers receive the ASCCP guidelines or MCEs at the beginning of each contract cycle. (Objective 3, Strategy 1)

Local Maryland Breast and Cervical Cancer Programs

- Worked within their individual counties to raise awareness among the entire population about the importance of cervical cancer screenings (ongoing). Programs may educate the public through local health fairs, speaking engagements with community groups, or through mass media campaigns (e.g. roadside billboards, newspaper articles). These efforts reach the entire county in order to build awareness. Local programs also use similar methods to make their communities aware that screening services are available to eligible women through the local Breast and Cervical Cancer Program. (Objective 1, Strategies 1 – 2)

CERVICAL CANCER *(continued)*

- Worked to ensure that all of their outreach activities are culturally appropriate for the county's specific populations (ongoing). Activities vary from county to county, and include offering culturally appropriate printed educational materials, attending events held by local cultural groups, and utilizing program interpreters and translators. *(Objective 1, Strategy 3)*
- Partnered locally with health department smoking cessation programs (ongoing). Clients are offered smoking cessation services, and, alternatively, cancer programs offer screening services to smoking cessation program participants. *(Objective 1, Strategy 4)*
- Partnered with area healthcare providers' offices in order to educate providers and their teams about the availability of cervical cancer screening for eligible women (ongoing). Staff may visit or call the office in order to build awareness of the program. *(Objective 2, Strategy 8)*
- Sent ASCCP standards to 1000 providers in 2004 and 2009. *(Objective 3, Strategy 1)*

Cigarette Restitution Fund (CRF) Programs

- Educated the public, providers, and trainers about cervical cancer prevention and screening recommendations: from Jan 2004-Dec 2008, 138,579 people were educated in brief, group, or individual sessions (129,934 general public, 7,753 health care professionals, 892 trainers) and over 18 million media "outreach impressions" occurred (TV, radio, newspaper, bulletin boards, reader boards, flyers, etc.). *(Objective 1)*

Breast and Cervical Cancer Diagnosis and Treatment Program

- Received state funding to provide diagnostic work-up and treatment to those in need (ongoing). *(Objective 4, Strategy 3)*

Tamika and Friends, Inc:

- Promoted the importance of regular cervical cancer screening through its website and program activities (ongoing). *(Objective 1, Strategy 1)*

The American Cancer Society (South Atlantic Division):

- Offered low literacy brochures and information in multiple languages on cervical cancer to nonprofit organizations, health-care facilities, and providers in Maryland. *(Objective 1, Strategy 1)*

Healthy Howard, Inc:

- Launched the Healthy Howard Access Plan on October 1, 2008. The plan offers health coverage to uninsured Howard County residents who do not qualify for public programs. For a minimal monthly fee, eligible participants receive primary and preventative care, low cost prescriptions, and hospital and emergency care. *(Objective 4)*






CHALLENGES

- The Maryland Department of Health and Mental Hygiene conducted a "Look Back" study in an attempt to determine factors that contributed to women being diagnosed with invasive cervical cancer. The study was halted due to problems with the Maryland Cancer Registry data. *(Objective 5; Objective 6, Strategy 1)*
- Gaps in medical coverage continue for certain populations (i.e. certain age groups, citizenship, mid-income women with no insurance). *(Objective 4)*
- Changes to and variations among nationally recognized cervical cancer screening guidelines have made it challenging to provide consistent educational messages to the public and health care providers, as well as track progress on screening. *(Objective 1)*

PAIN MANAGEMENT

The following includes the status of the Targets for Change listed in the 2004-2008 MCCCCP, along with Progress Highlights and Challenges based on the Goals, Objectives, and Strategies of the 2004-2008 MCCCCP.

TARGETS FOR CHANGE

| Target for Change | Status |
|--|---|
|  <p>I. By 2008, develop a system to monitor the availability and quality of pain assessment and management services for cancer patients in Maryland, with specific attention to the needs of special populations, including pediatrics and minorities.</p> | <p>A system has not been developed.</p> |
| <p>  Target Met  Target in right direction; not yet met.  Target in wrong direction; not yet met.  No change in trend; target not yet met. </p> | |

PROGRESS HIGHLIGHTS

Maryland Pain Initiative:

- Collaborated with the Maryland Department of Health and Mental Hygiene to sponsor a Maryland Pain Summit held in 2008 for a diverse group of clinicians, activists, political leaders and academics. *(Objective 1, Objective 6)*
- Offered access to information on pain conferences and events in Maryland, pain related reports and news items, current pain related policy/advocacy issues and links to other pain organizations (ongoing). *(Objective 6)*
- Conducted a pain survey in 2008 among Maryland adults in order to:
 - ◊ describe the prevalence, frequency, intensity and impact of pain;
 - ◊ identify the barriers that pain sufferers face when seeking and obtaining effective pain treatment;
 - ◊ describe pain treatments, pain providers, and treatment effectiveness; and
 - ◊ identify differences in attitudes, barriers and pain treatment for African Americans and the elderly.*(Objective 6)*

Physician’s Palliative Care Pain Hotline:

- Provided a 24 hour pain hotline, where any physician who has a pain management question could call and receive the immediate expertise of a physician who has been trained and certified in the specialty of hospice and palliative care medicine. *(Objective 1)*

Pain Connection:

- Provided training for Maryland mental health professionals on chronic pain (ongoing). *(Objective 1)*
- Offered support groups, mental health services, information and referrals and other resources for people with chronic pain in Maryland (ongoing). *(Objective 6)*

PAIN MANAGEMENT *(continued)*

Maryland State Advisory Council on Quality Care at End of Life:

- Monitored trends in the provision of care to patients with fatal illnesses and participated in public and professional educational efforts (ongoing). *(Objective 6)*
- Studied the impact of State statutes, regulations, and public policies on the providing of care to the dying (ongoing). *(Objective 7)*
- Advised the General Assembly, Office of Attorney General, Department of Aging, and the Department of Health and Mental Hygiene on matters related to the provision of care at the end of life (ongoing). *(Objective 7)*

Maryland State Advisory Council on Pain Management:

- Submitted a report to the general assembly including 30 recommendations on statewide pain management policy issues. *(Objective 7)*

American Pain Society:

- Provided training and education, access to publications, information on advocacy and other resources to increase provider awareness and education on pain management issues. *(Objective 1)*

CHALLENGES

- Many clinicians in Maryland may not have been exposed to adequate pain management training during their basic or advanced training. *(Objective 1)*
- In both Maryland and the US, there is a lack of palliative medicine physicians certified by the American Board of Hospice and Palliative Medicine (ABHPM), as well as advanced practice nurses (APN) and registered nurses (RN) certified by the National Board for Certification of Hospice and Palliative Nurses (NBCHPN). *(Objective 1)*
- Comprehensive insurance coverage for pain management resources continues to be an issue. *(Objective 2)*
- The availability of pain management medications, particularly opioids, remains a challenge in many communities. *(Objective 4, Strategy 2)*

END OF LIFE CARE

The following includes the status of the Targets for Change listed in the 2004-2008 MCCCCP, along with Progress Highlights and Challenges based on the Goals, Objectives, and Strategies of the 2004-2008 MCCCCP.

TARGETS FOR CHANGE



| Target for Change | Status |
|--|----------------------------------|
| I. By 2008, develop a system to monitor the availability and quality of end of life care services for cancer patients in Maryland, with specific attention to the needs of special populations, including pediatrics and minorities. | A system has not been developed. |



Target Met



Target in right direction; not yet met.



Target in wrong direction; not yet met.



No change in trend; target not yet met.

PROGRESS HIGHLIGHTS

- According to the 2008 *State-by-State Report Card on Access to Palliative Care* published by the Center to Advance Palliative Care (CAPC) and the National Palliative Care Research Center (NPCRC), 67% of Maryland hospitals (with more than 50 beds) report the presence of a palliative care program, a significant increase over the 26% reported in the 2002 *Means to a Better End* report published by Last Acts. (Objective 4)

Individual Hospice Care Organizations in Maryland:

- Provided public education regarding hospice care services to Maryland residents, including some local radio advertisements. (Objective 2)
- Enhanced access to services in Maryland by creating pediatric palliative and hospice programs. Some of the programs include:
 - Gilchrist Kids*, a program of Gilchrist Hospice Care, which aims to enhance the quality of life for seriously ill children and their families focusing on palliative care, pain management, symptom control and emotional support.
 - Dr. Bob's Place*, a pediatric hospice facility being constructed through Joseph Richey Hospice. When complete, the 20,800 square foot facility will offer full hospice services to children, as well as providing hospice services to children at home.
 - Butterfly Connection*, a partnership of Hopkins Children's Center, the Maryland Pain Initiative, Sinai Hospital, the University of Maryland, Pediatrics at Home and the Community Hospice of Maryland, which provides a bridge connecting hospital and home care for pediatric oncology patients.
 (Objective 4, Strategies 1, 4)

The Hospice and Palliative Care Network of Maryland:

- Provided educational events and information on hospice care throughout Maryland. (Objectives, 1, 2)

Maryland Health Care Providers and Organizations:

- Recognized National Health Care Decisions Day to promote advanced care planning on April 16th for the inaugural year in 2008, followed by similar successful efforts in 2009 and 2010. (Objectives 1, 2)

END OF LIFE CARE *(continued)*

The Maryland Department of Aging:

- Collaborated with the Maryland Attorney General's Office and local Aging departments to implement statewide distribution of the *Five Wishes* advanced directive, along with a letter from the Governor encouraging the use of advanced directives. The *Five Wishes* advance directive has since been translated into 26 languages to better serve Maryland's diverse population. *(Objective 2, Strategies 1, 2, 3)*

The Maryland State Advisory Council on Quality Care at End of Life:

- Monitored trends in the provision of care to patients with fatal illnesses and participated in public and professional educational efforts (ongoing). *(Objective 2)*
- Studied the impact of State statutes, regulations, and public policies on the providing of care to the dying (ongoing). *(Objectives 3, 4)*
- Advised the General Assembly, Office of Attorney General, Department of Aging, and the Department of Health and Mental Hygiene on matters related to the provision of care at the end of life (ongoing). *(Objectives 1, 3, 4)*

The Maryland Attorney General's Counsel for Health Decisions Policy:

- Formed a workgroup at the request of the Maryland General Assembly's Senate Finance Committee and House Health and Government Operations Committee to study and make recommendations related to end-of-life counseling and hospice care. *(Objectives 1, 3, 4)*

The American Association of Colleges of Nursing:

- Administered the End-of-Life Nursing Education Consortium (ELNEC) project, a national education initiative to improve palliative care. The project provided undergraduate and graduate nursing faculty, continuing education providers, staff development educators, and specialty nurses (including oncology nurses) with training in palliative care so they can teach this information to nursing students and practicing nurses. Training programs were held throughout the US, including some in Maryland. *(Objective 1)*

The National Cancer Institute:

- Coordinated Education in Palliative and End-of-Life Care for Oncology (EPEC-O), a comprehensive multimedia curriculum for health professionals caring for persons with cancer. The EPEC-O project seeks to equip oncologists and other health care professionals in cancer care with the tools to teach core skills in palliative care, including symptom management, ethical issues and communication skills. *(Objective 1)*

CHALLENGES

- According to the 2008 *State-by-State Report Card on Access to Palliative Care* published by the Center to Advance Palliative Care (CAPC) and the National Palliative Care Research Center (NPCRC), there is still a lack of palliative medicine physicians certified by the American Board of Hospice and Palliative Medicine (ABHPM), as well as advanced practice nurses (and registered nurses certified by the National Board for Certification of Hospice and Palliative Nurses (NBCHPN)). The report noted that Maryland had 56 ABHPM certified physicians, 13 NBCHPN certified advanced practice nurses, and 213 NBCHPN certified registered nurses. *(Objective 1)*
- There is a need to develop systems for monitoring the number of patients receiving quality end of life and related services at the state level in order to measure need for such services throughout the state. *(Goal 1)*



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The **Maryland** Comprehensive Cancer Control Plan
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