



# SCHAEFER CENTER FOR PUBLIC POLICY

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## Center for Tobacco Prevention and Control Program Inventory Summary Report

Maryland Department of Health



UNIVERSITY OF  
**BALTIMORE**

Schaefer Center for  
Public Policy

**Center for Tobacco Prevention and Control  
Program Inventory Summary Report  
Maryland Department of Health**

***Submitted to***

**Dawn S. Berkowitz, MPH, CHES**  
Director  
Center for Tobacco Prevention and Control  
Prevention and Health Promotion  
Administration  
Maryland Department of Health  
201 W. Preston Street  
Baltimore, MD 21201  
410-767-2920  
dawn.berkowitz@maryland.gov

***Submitted by***

**Dr. Ann Cotten**  
Director  
Schaefer Center for Public Policy  
College of Public Affairs  
University of Baltimore  
1420 N. Charles Street  
Baltimore, MD 21201  
410-837-6188  
acotten@ubalt.edu

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- Dr. Stephanie Dolamore, Research Analyst
- Michelle Cantave, Survey Research Manager

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# Center for Tobacco Prevention and Control Program Inventory Summary Report

## INTRODUCTION

The Maryland Department of Health, Center for Tobacco Prevention and Control (CTPC) has partnered with the University of Baltimore's Schaefer Center for Public Policy (SCPP) to conduct a comprehensive review of Maryland's Statewide Tobacco Control Program. As part of the evaluation process, the SCPP prepared this inventory of Local Health Departments' (LHD) tobacco control program organizational structure and programming. The purpose of the inventory is to document how the Tobacco Control Program is implemented across Maryland providing detailed information for each jurisdiction as well as an overall view for the state.

Data for this report was provided by the LHDs in response to a program inventory questionnaire sent to the local health department representatives. Of the twenty-four health departments in Maryland, twenty-two completed the inventory in its entirety; one submitted a partial response and one did not provide a response at all.

The data contained in this report provides insight into the strategies used by the LHDs to achieve the goals of the Tobacco Control Program. It is the view of research team that the program inventory questionnaire can provide a foundation for standardizing the annual reporting process for the LHDs, which is a priority for many LHDs. This report can provide a starting point for a statewide annual report on the implementation of the Tobacco Control Program, foster resource sharing, and inform strategic planning efforts for the program.

## METHODOLOGY

In August 2018, the research team at the Schaefer Center drafted a series of questions across 11 domains to form the program inventory. These questions were reviewed by CTPC and the revised draft was compiled in an online survey platform. In September 2018, the Schaefer Center distributed the program inventory electronically to representatives from the 24 LHDs. Responses were collected through October 2018. Participation was overwhelmingly positive with all but two jurisdictions submitting complete responses.

The format of the program inventory included questions with a single response, multiple responses, and open-ended response options. Unless otherwise noted, the number of respondents for each question is 24. For those questions that contain a multiple response option, the abbreviation "MR" is included in the title. It is important to note that if a response percentage distribution is included in a MR table, unlike a single response question, the percentages will not

total 100%. Tables with the abbreviation “OER” include open-ended responses. Using the data submitted by the LHDs in the program inventory, the research team compiled the responses into a LHD profile database. This database has been used to draft the descriptive information of this report as well as the partner profiles that will be included in the final evaluation report for CTPC.

## ORGANIZATIONAL STRUCTURE

For the majority of LHDs, tobacco control programs and enforcement programs are housed in the same units. Table 1 shows where Tobacco Control Programs are located in each LHD. Table 2 shows where the Tobacco Enforcement Programs are located in each LHD. In FY 2019, the Queen Anne’s County enforcement program is managed by Kent County. In addition, Carroll and Harford counties experienced reorganizations that changed their organizational structure in 2018.



**Table 1: Location of Cigarette Restitution Fund Program within the LHD**

Jurisdiction	Behavioral Health	Bureau of Disease Prevention and Management	Office of Community Health and Youth Wellness	Health Promotions	Wellness Promotions	Nursing	Health Education	Public Health Education Unit	Prevention	Prevention and Health Communications	Prevention CRF Tobacco	Chronic Disease	No Response
Allegany	X												
Anne Arundel		X											
Baltimore	X												
Baltimore City			X										
Calvert				X									
Caroline					X								
Carroll						X							
Cecil				X									
Charles	X												
Dorchester							X						
Frederick													X
Garrett							X						
Harford								X					
Howard				X									
Kent		X											
Montgomery					X								
Prince George's	X												
Queen Anne's												X	
St. Mary's												X	
Somerset				X									
Talbot									X				
Washington	X												
Wicomico										X			
Worcester											X		
<b>Total # of LHDs</b>	<b>5</b>	<b>2</b>	<b>1</b>	<b>4</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>
<b>% of LHDs</b>	<b>21%</b>	<b>8%</b>	<b>4%</b>	<b>17%</b>	<b>8%</b>	<b>4%</b>	<b>8%</b>	<b>4%</b>	<b>4%</b>	<b>4%</b>	<b>4%</b>	<b>8%</b>	<b>4%</b>

**Table 2: Location of Enforcement Program within the Organizational Structure of the LHD**

Jurisdiction	Behavioral Health	Bureau of Disease Prevention and Management	Office of Community Health and Youth Wellness	Health Promotions	Wellness Promotions	Nursing	Health Education	Public Health Education Unit	Prevention	Prevention and Health Communications	Prevention CRF Tobacco	Prevention Service in the Tobacco/SYNAR Program	Chronic Disease	Not Applicable	No Response
Allegany	X														
Anne Arundel		X													
Baltimore	X														
Baltimore City			X												
Calvert				X											
Caroline					X										
Carroll						X									
Cecil				X											
Charles	X														
Dorchester							X								
Frederick															X
Garrett							X								
Harford								X							
Howard				X											
Kent		X													
Montgomery					X										
Prince George's	X														
Queen Anne's														X	
St. Mary's													X		
Somerset									X						
Talbot									X						
Washington												X			
Wicomico										X					
Worcester											X				
<b>Total # of LHDs</b>	<b>4</b>	<b>2</b>	<b>1</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>
<b>% of LHDs</b>	<b>17%</b>	<b>8%</b>	<b>4%</b>	<b>13%</b>	<b>8%</b>	<b>4%</b>	<b>8%</b>	<b>4%</b>	<b>8%</b>	<b>4%</b>	<b>4%</b>	<b>4%</b>	<b>4%</b>	<b>4%</b>	<b>4%</b>

\*\* Kent County Health Department is managing Queen Anne's tobacco program this year.

## STAFFING

The majority of LHDs have two or less full-time equivalent (FTE) staff budgeted to work on Tobacco Control. Three jurisdictions have less than one budgeted FTE. The majority (63%) of LHDs have between one and three permanent staff members working in their Tobacco Control Program. In addition, nearly half of LHDs (46%, n=11) have either one or two contracted staff members that work in their program. Tables 3 through 5 show the distribution of staffing levels among the LHDs. Table 8 shows the budgeted, permanent, and contractual staffing levels by jurisdiction. As shown in Table 6, the most common types of professionals that work within Tobacco Control at the LHDs are Community Health Educators and Nurses. Lastly, the primary functions of the staff in the tobacco control programs are similarly dispersed across the activity areas of community-based education, cessation, enforcement, and school-based education (see Table 7).

**Table 3. Summary of Budgeted Staffing for Tobacco Control Program at LHDs**

Budgeted Staffing Level	Percentage of Responses
<1 FTE	13%
1-2 FTE	46%
2+ FTE	21%
No Response	21%

Note: Total does not equal 100% due to rounding. See Table 8 for more details.

**Table 4. Summary of Permanent Staff Working in Tobacco Control Programs at LHDs**

Number of Permanent Staff	Percentage of Responses
1	17%
2	25%
3	21%
4+	29%
No Response	8%

Note: Total does not equal 100% due to rounding. See Table 8 for more details.

**Table 5. Summary of Contractual Staff Working in Tobacco Control Units at LHDs**

<b>Number of Contractual Staff</b>	<b>Percentage of Responses</b>
0	33%
1	25%
2	21%
3	0%
4+	13%
No Response	8%

Note: See Table 8 for more details.

**Table 6. Summary of Professionals Working in Tobacco Control Programs at LHDs (MR)**

<b>Professionals in Tobacco Control Program</b>	<b>Percentage of Responses</b>
Community Health Educator	75%
Nurse	46%
Physician	13%
Pharmacist	8%
Epidemiologist	4%
Dentist	0%
Psychiatrist	0%
Psychologist	0%
Other	71%
No Response	8%

Note: See Table 9 for more details.

**Table 7. Summary of the Primary Functions of Tobacco Control Program Staff (MR)**

<b>Primary Staff Functions</b>	<b>Percentage of Responses</b>
Community-Based Education Activities	88%
Cessation Activities	88%
Enforcement Activities	88%
School-Based Activities	75%
Other	25%
No Response	8%

Note: See Table 11 for more details.

**Table 8: Funding and Staffing Levels for the Tobacco Control Program by Jurisdiction**

Jurisdiction	Budget Level <sup>1</sup>		Budgeted Staffing Level				Number of Permanent Staff					Number of Contract Staff					
	CRF Allocations	Enforcement Allocations	<1 FTE	1-2 FTE	2+ FTE	NR	1	2	3	4+	NR	0	1	2	3	4+	NR
Allegany	\$123,969	\$40,000		X			X						X				
Anne Arundel	\$245,943	\$75,000		X						X		X					
Baltimore	\$286,190	\$180,000			X					X		X					
Baltimore City	\$328,039	\$120,000			X				X					X			
Calvert	\$126,670	\$40,000		X				X						X			
Caroline	\$112,473	\$35,000				X				X			X				
Carroll	\$146,870	\$55,000		X				X				X					
Cecil	\$131,503	\$45,000	X							X		X					
Charles	\$147,148	\$55,000		X			X							X			
Dorchester	\$109,808	\$40,000	X						X				X				
Frederick	\$163,057	\$60,000				X					X						X
Garrett	\$111,138	\$35,000		X						X				X			
Harford	\$179,321	\$60,000			X				X			X					
Howard	\$155,191	\$60,000		X						X				X			
Kent	\$105,755	\$35,000		X				X				X					
Montgomery	\$237,792	\$65,000			X					X						X	
Prince George's	\$302,025	\$120,000		X				X					X				
Queen Anne's	\$114,360	\$40,000	X				X						X				
St. Mary's	\$107,553	\$35,000		X				X								X	
Somerset	\$131,936	\$45,000			X		X					X					
Talbot	\$110,461	\$35,000				X					X						X
Washington	\$150,338	\$55,000				X			X			X					
Wicomico	\$134,438	\$45,000		X				X								X	
Worcester	\$115,249	\$55,000				X			X				X				
<b>Total # of LHDs</b>	<b>n/a</b>	<b>n/a</b>	<b>3</b>	<b>11</b>	<b>5</b>	<b>5</b>	<b>4</b>	<b>6</b>	<b>5</b>	<b>7</b>	<b>2</b>	<b>8</b>	<b>6</b>	<b>5</b>	<b>0</b>	<b>3</b>	<b>2</b>
<b>% of LHDs</b>	<b>n/a</b>	<b>n/a</b>	<b>13%</b>	<b>46%</b>	<b>21%</b>	<b>21%</b>	<b>17%</b>	<b>25%</b>	<b>21%</b>	<b>29%</b>	<b>8%</b>	<b>33%</b>	<b>25%</b>	<b>21%</b>	<b>0%</b>	<b>13%</b>	<b>8%</b>

<sup>1</sup> Source: Local Health Department FY 2019 Guidelines for CRF Tobacco and Tobacco Enforcement.

**Table 9. Types of Professionals Working in Tobacco Control Programs at LHDs**

Jurisdiction	Community Health Educator	Epidemiologist	Physician	Dentist	Nurse	Pharmacist	Psychiatrist	Psychologist	Other (Table 10)	No Response
Allegany	X								X	
Anne Arundel	X				X				X	
Baltimore	X								X	
Baltimore City	X								X	
Calvert	X				X					
Caroline	X		X		X	X			X	
Carroll	X				X				X	
Cecil	X				X				X	
Charles	X	X			X					
Dorchester	X				X				X	
Frederick										X
Garrett	X								X	
Harford	X								X	
Howard	X		X		X				X	
Kent	X				X					
Montgomery	X								X	
Prince George's	X								X	
Queen Anne's					X					
St. Mary's					X				X	
Somerset			X			X				
Talbot										X
Washington	X								X	
Wicomico									X	
Worcester	X								X	
<b>Total # of LHDs</b>	<b>18</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>11</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>17</b>	<b>2</b>
<b>% of LHDs</b>	<b>75%</b>	<b>4%</b>	<b>13%</b>	<b>0%</b>	<b>46%</b>	<b>8%</b>	<b>0%</b>	<b>0%</b>	<b>71%</b>	<b>8%</b>

**Table 10. Other Types of Professionals in Tobacco Control Programs (OER)**

<b>Jurisdiction</b>	<b>Open-Ended Responses for “Other”</b>
Allegany	Coordinator of Special Programs II
Anne Arundel	Local law Enforcement
Baltimore	Program Manager, Program Supervisor, Human Services Associates, Management Analyst
Baltimore City	Programmatic Staff
Calvert	N/A
Caroline	Law Enforcement
Carroll	Program Manager
Cecil	Admin Aide, CSP, CHOW
Charles	N/A
Dorchester	Community Outreach Worker
Frederick	N/R
Garrett	Outreach Worker, Clerical Support
Harford	Administrator (also a degreed health educator)
Howard	Retired Police Officers
Kent	N/A
Montgomery	Program Manager
Prince George's	Community-Based Organizations
Queen Anne's	N/A
St. Mary's	Coordinator of Special Programs, Tobacco Treatment Specialists, Freedom from Smoking Facilitator
Somerset	N/A
Talbot	N/R
Washington	Community Members, NGO
Wicomico	Tobacco Coordinator
Worcester	Dietician
<b>Total # of LHDs</b>	<b>17</b>
<b>% of LHDs</b>	<b>71%</b>

Note: This table presents the “Other” responses for Table 9. Types of Professionals Working in Tobacco Control Programs at LHDs.



**Table 11. Primary Functions of LHD Staff in the Tobacco Control Programs**

Jurisdiction	Community-Based Education Activities	Cessation Activities	Enforcement Activities	School-Based Activities	Other (Table 12)	No Response
Allegany	X	X	X	X		
Anne Arundel	X		X	X		
Baltimore	X	X	X			
Baltimore City	X	X	X	X	X	
Calvert	X	X	X	X		
Caroline	X	X	X	X	X	
Carroll	X	X	X		X	
Cecil	X	X	X			
Charles	X	X	X	X		
Dorchester	X	X	X	X	X	
Frederick						X
Garrett	X	X	X			
Harford	X	X	X	X		
Howard	X	X	X	X		
Kent	X	X	X	X		
Montgomery	X	X	X	X	X	
Prince George's	X	X	X	X		
Queen Anne's		X		X	X	
St. Mary's	X	X	X	X		
Somerset	X	X	X	X		
Talbot						X
Washington	X	X	X	X		
Wicomico	X	X	X	X		
Worcester	X	X	X	X		
<b>Total # of LHDs</b>	<b>21</b>	<b>21</b>	<b>21</b>	<b>18</b>	<b>6</b>	<b>2</b>
<b>% of LHDs</b>	<b>88%</b>	<b>88%</b>	<b>88%</b>	<b>75%</b>	<b>25%</b>	<b>8%</b>

**Table 12. Other Primary Functions of Staff in Tobacco Control Programs (OER)**

<b>Jurisdiction</b>	<b>Open-Ended Responses for “Other”</b>
Allegany	N/A
Anne Arundel	N/A
Baltimore	N/A
Baltimore City	Community Education
Calvert	N/A
Caroline	Faith based education activities
Carroll	Community activities
Cecil	N/A
Charles	N/A
Dorchester	Educational presentations, Youth and Child Care Tobacco Prevention contracts
Frederick	N/R
Garrett	N/A
Harford	N/A
Howard	N/A
Kent	N/A
Montgomery	Administrative oversight
Prince George's	N/A
Queen Anne's	Working with business community on e-cig policies and referrals to Quitline
St. Mary's	N/A
Somerset	N/A
Talbot	N/R
Washington	N/A
Wicomico	N/A
Worcester	N/A
<b>Total # of LHDs</b>	<b>6</b>
<b>% of LHDs</b>	<b>25%</b>

Note: This table presents the “Other” responses for Table 11. Primary Functions of LHD Staff in the Tobacco Control Program.

## COALITIONS

The program inventory asked LHDs about the type of Tobacco Control Coalitions used for their tobacco control programs. Of the responses, more than a quarter of the LHDs have a standalone tobacco control coalition (29%, n=7). The remaining LHDs work with other coalitions including local cancer prevention coalitions (33%, n=8), local health improvement coalitions (17%, n=4), and local substance abuse coalitions (8%, n=2). Three LHDs did not respond to this question (13%, n=3).

**Table 13. Summary of Coalitions Used by LHDs for Tobacco Control Programs (MR)**

Type of Tobacco Control Coalition	Percentage of LHDs Responses
Local Cancer Prevention Coalition	33%
Stand Alone Coalition	29%
Local Health Improvement Coalition	17%
Local Substance Abuse Coalition	8%
Other	8%
Not Applicable	-
No Response	13%

Note: See Table 14 for more details.

**Table 14. Coalitions Used by LHDs for Tobacco Control Programs**

Jurisdiction	Stand Alone Coalition	Local Health Improvement Coalition	Local Substance Abuse Coalition	Local Cancer Prevention Coalition	Other (Table 15)	No Response
Allegany	X					
Anne Arundel	X					
Baltimore	X					
Baltimore City				X		
Calvert				X		
Caroline				X		
Carroll	X					
Cecil	X					
Charles	X					
Dorchester					X	
Frederick						X
Garrett			X			
Harford		X			X	
Howard				X		
Kent				X		
Montgomery				X		
Prince George's	X					
Queen Anne's						X
St. Mary's		X				
Somerset				X		
Talbot						X
Washington			X			
Wicomico		X				
Worcester		X		X		
<b>Total # of LHDs</b>	<b>7</b>	<b>4</b>	<b>2</b>	<b>8</b>	<b>2</b>	<b>3</b>
<b>% of LHDs</b>	<b>29%</b>	<b>17%</b>	<b>8%</b>	<b>33%</b>	<b>8%</b>	<b>13%</b>

**Table 15. Other Coalitions Used by Tobacco Control Programs (OER)**

<b>Jurisdiction</b>	<b>Open-Ended Responses for "Other"</b>
Allegany	N/A
Anne Arundel	N/A
Baltimore	N/A
Baltimore City	N/A
Calvert	N/A
Caroline	N/A
Carroll	N/A
Cecil	N/A
Charles	N/A
Dorchester	The Dorchester County Community Wellness Coalition (CWC) is a combined coalition, which addresses not only issues of tobacco and cancer, but embraces a wellness and healthy lifestyle approach to chronic diseases.
Frederick	N/R
Garrett	N/A
Harford	Not the entire LHIC; rather a "workgroup" of the LHIC dedicated to tobacco use reduction and tobacco control initiatives.
Howard	N/A
Kent	N/A
Montgomery	N/A
Prince George's	N/A
Queen Anne's	N/R
St. Mary's	N/A
Somerset	N/A
Talbot	N/R
Washington	N/A
Wicomico	N/A
Worcester	N/A
<b>Total # of LHDs</b>	<b>2</b>
<b>% of LHDs</b>	<b>8%</b>

Note: This table presents the "Other" responses for Table 14. Coalitions Used by LHDs for Tobacco Control Programs.

## CESSATION ACTIVITIES

LHDs were also asked about what type of cessation activities they provide as part of the Tobacco Control Program. Of the LHDs that responded to this question on the inventory, nearly all provide smoking cessation activities (88%, n=21). The most common cessation activities that LHDs provide are in-person, individual counseling (83%, n=20); referral to the Quitline (83%, n=20); in-person, group counseling (71%, n=17); dispensing Nicotine Replacement Therapy (NRT) (58%, n=19); or distributing vouchers for NRT (42%, n=10). The most commonly used locations for cessation activities are at a community site (75%, n=18) or at the LHD (71%, n=17).

**Table 16. Summary of LHDs that Conduct Smoking Cessation Activities**

Conduct Smoking Cessation Activities	Percentage of Responses
Yes	88%
No	4%
No response	8%

Note: See for Table 19 more details.

**Table 17. Summary of Cessation Activities Conducted by LHDs (MR)**

Types of Cessation Activities	Percentage of Responses
In-Person, Individual Counseling	83%
Referral to the Quitline	83%
In-Person, Group Counseling	71%
Dispensing NRT	58%
Distributing Vouchers for NRT	42%
Referral to an outside program funded by LHD	21%
Dispensing/writing prescriptions for medications	17%
Referral to an outside program not funded by LHD	8%
Other	17%
No Response	8%

Note: See Table 20 for more details.

**Table 18. Summary of Location of Cessation Activities Conducted by LHDs (MR)**

Location of Cessation Activities	Percentage of Responses
Community Site	75%
At Local Health Department	71%
At Work Site	42%
At Health Systems Site	25%
Other	4%
No Response	25%

Note: See Table 23 for more details.

**Table 19. Distribution of LHDs that Conduct Smoking Cessation Activities**

Jurisdiction	Yes	No	No Response
Allegany	X		
Anne Arundel	X		
Baltimore	X		
Baltimore City	X		
Calvert	X		
Caroline	X		
Carroll	X		
Cecil	X		
Charles	X		
Dorchester		X	
Frederick			X
Garrett	X		
Harford	X		
Howard	X		
Kent	X		
Montgomery	X		
Prince George's	X		
Queen Anne's	X		
St. Mary's	X		
Somerset	X		
Talbot			X
Washington	X		
Wicomico	X		
Worcester	X		
<b>Total # of LHDs</b>	<b>21</b>	<b>1</b>	<b>2</b>
<b>% of LHDs</b>	<b>88%</b>	<b>4%</b>	<b>8%</b>



**Table 20. Types of Cessation Activities Conducted by LHDs**

Jurisdiction	In-Person, Individual Counseling	In-Person, Group Counseling	Dispensing NRT	Distributing Vouchers for NRT	Dispensing/ writing prescriptions for medications	Referral to an outside program not funded by LHD	Referral to an outside program funded by LHD	Referral to the Quitline	Other (Table 22)	No Response
Allegany	X	X	X					X		
Anne Arundel							X	X		
Baltimore County	X	X	X		X	X	X	X		
Baltimore City	X	X						X	X	
Calvert	X	X		X				X		
Caroline	X		X					X		
Carroll	X		X	X				X	X	
Cecil	X	X		X				X		
Charles	X	X		X				X		
Dorchester										X
Frederick										X
Garrett	X	X		X				X		
Harford	X	X	X	X		X		X		
Howard	X	X	X		X			X		
Kent	X		X					X	X	
Montgomery	X	X	X				X	X		
Prince George's	X	X	X				X			
Queen Anne's									X	
St. Mary's	X	X		X				X		
Somerset	X	X	X	X	X		X	X		
Talbot	X	X	X		X			X		
Washington	X	X	X					X		
Wicomico	X	X	X	X				X		
Worcester	X	X	X	X				X		
<b>Total # of LHDs</b>	<b>20</b>	<b>17</b>	<b>14</b>	<b>10</b>	<b>4</b>	<b>2</b>	<b>5</b>	<b>20</b>	<b>4</b>	<b>2</b>
<b>% of LHDs</b>	<b>83%</b>	<b>71%</b>	<b>58%</b>	<b>42%</b>	<b>17%</b>	<b>8%</b>	<b>21%</b>	<b>83%</b>	<b>17%</b>	<b>8%</b>

**Table 21. Type of NRT Provided by Tobacco Control Programs (OER)**

<b>Jurisdiction</b>	<b>Open-Ended Responses to the Types of NRT Dispensed</b>
Allegany	Patch, Gum, Lozenge
Anne Arundel	N/A
Baltimore County	Patch, Gum, Lozenge
Baltimore City	N/A
Calvert	N/A
Caroline	Patch, Gum, Lozenge
Carroll	Patch, Gum
Cecil	N/A
Charles	N/A
Dorchester	N/A
Frederick	N/R
Garrett	N/A
Harford	NRT Patch, Gum, Lozenge and Combination Therapies
Howard	Patch, Gum, Chantix, Bupropion
Kent	Patch, Gum, Lozenge
Montgomery	Patch, Gum, Lozenge
Prince George's	Patch, Gum
Queen Anne's	N/A
St. Mary's	N/A
Somerset	N/R
Talbot	N/R
Washington	Patch, Gum, Lozenge
Wicomico	Patch, Lozenge
Worcester	N/R
<b>Total # of LHDs</b>	<b>14</b>
<b>% of LHDs</b>	<b>58%</b>

**Table 22. Other Types of Cessation Activities Conducted by LHDs (OER)**

<b>Jurisdiction</b>	<b>Open-Ended Responses for “Other”</b>
Allegany	N/A
Anne Arundel	N/A
Baltimore County	N/A
Baltimore City	HealtiAir 2.0
Calvert	N/A
Caroline	N/A
Carroll	Walk-in Tobacco Clinics where people receive one-on-one counseling
Cecil	N/A
Charles	N/A
Dorchester	N/A
Frederick	N/R
Garrett	N/A
Harford	N/A
Howard	N/A
Kent	Provide NRT to the local inpatient addictions center and the outpatient addictions center
Montgomery	N/A
Prince George's	N/A
Queen Anne's	Queen Anne’s provides provider practices with limited supply of NRT for patients they refer to the Quitline via fax to assist. Queen Anne’s doesn’t provide in-person support by its staff, but Queen Anne's residents can contact Kent Co. Health Department to receive counseling or NRT if they don't want to go through the Quitline.
St. Mary's	N/A
Somerset	N/A
Talbot	N/R
Washington	N/A
Wicomico	N/A
Worcester	N/A
<b>Total # of LHDs</b>	<b>4</b>
<b>% of LHDs</b>	<b>17%</b>

Note: This table presents the “Other” responses for Table 20. Types of Cessation Activities Conducted by LHDs

**Table 23. Locations of Cessation Activities Conducted by LHDs**

Jurisdiction	At Local Health Department	Community Site	At Work Site	At Health Systems Site	Other (Table 24)	No Response
Allegany	X	X	X			
Anne Arundel						X
Baltimore	X	X	X			
Baltimore City		X				
Calvert	X	X				
Caroline	X	X	X			
Carroll	X	X	X			
Cecil	X	X	X	X		
Charles	X	X				
Dorchester						X
Frederick						X
Garrett	X	X	X	X		
Harford	X	X	X	X		
Howard	X	X				
Kent	X				X	
Montgomery		X		X		
Prince George's	X	X				
Queen Anne's						X
St. Mary's	X	X		X		
Somerset	X	X				
Talbot						X
Washington	X	X	X	X		
Wicomico	X	X	X			
Worcester	X	X	X			
<b>Total # of LHDs</b>	<b>17</b>	<b>18</b>	<b>10</b>	<b>6</b>	<b>1</b>	<b>5</b>
<b>% of LHDs</b>	<b>71%</b>	<b>75%</b>	<b>42%</b>	<b>25%</b>	<b>4%</b>	<b>21%</b>

**Table 24. Other Locations for Cessation Activities (OER)**

<b>Jurisdiction</b>	<b>Open-Ended Responses for “Other”</b>
Allegany	N/A
Anne Arundel	N/R
Baltimore	N/A
Baltimore City	N/A
Calvert	N/A
Caroline	N/A
Carroll	N/A
Cecil	N/A
Charles	N/A
Dorchester	N/R
Frederick	N/R
Garrett	N/A
Harford	N/A
Howard	N/R
Kent	Will offer off-site if able to meet partner request
Montgomery	N/A
Prince George's	N/A
Queen Anne's	N/R
St. Mary's	N/A
Somerset	N/A
Talbot	N/R
Washington	N/A
Wicomico	N/A
Worcester	N/A
<b>Total # of LHDs</b>	<b>1</b>
<b>% of LHDs</b>	<b>4%</b>

Note: This table presents the “Other” responses for Table 23. Locations of Cessation Activities Conducted by LHDs.

**Table 25. Other Types of Cessation Curricula or Programs Utilized by LHD (OER)**

<b>Jurisdiction</b>	<b>Responses to Type of Curriculum or Program Utilized</b>
Allegany	LHD program as approved by Health Officer
Anne Arundel	Anne Arundel County Department of Health (AACDOH) contracts with four medical providers to provide tobacco cessation classes and counseling. These include, Student Health Services at Anne Arundel Community College (AACC), Anne Arundel Medical Center (AAMC), University of Maryland Baltimore Washington Medical Center (BWMC) and Owensville Primary Care (OPC). The CEHE program also offers free quit smoking kits to Anne Arundel County residents. Annually, CEHE conducts a quit smoking campaign to encourage and empower individuals to quit smoking. The program also connects with the housing authorities to help enforce the smoke-free policy and provides educational materials and encourage residents to quit smoking.
Baltimore	N/A
Baltimore City	Uses a variety of curricula
Calvert	Mayo Clinic and ALA Freedom from Smoking
Caroline	Created their own set of lessons (6 lessons) to help clients build a quit plan based on the combination of evidenced based research. Started this in FY 17.
Carroll	Uses a self-help book by Channing Bete. The client is assessed to see where they are and counseling is based on their experience and readiness to quit.
Cecil	BH2 from MD Quitline
Charles	MDQuit's BH2 (expanded/modified) Previously used ALA's Freedom from Smoking
Dorchester	N/A
Frederick	N/R
Garrett	Not applicable
Harford	N/A. The cessation professional is a CHE health educator and has Mayo (CTTS) and NCTTP certification, in addition to TT-O (Tobacco Tx in Oncology) training, who has developed her own training and modifies as appropriate to the group she serves. Relative to the collaboration with area health service providers, cessation "curriculum" taught by those instructors is consistent with that adopted by HCHD.
Howard	ALA Freedom from Smoking; BH2 Breaking the Habit;
Kent	Worksites- Pfizer's 'Beat the Pack'
Montgomery	ALA Freedom from Smoking
Prince George's	Freedom from Smoking
Queen Anne's	N/A
St. Mary's	Mayo Clinic "My Path to a Smoke-Free Future", Mayo Clinic "Patient Education-Medications to help you stop using tobacco".
Somerset	BH2 (Breaking the habit in Behavioral Health)
Talbot	N/A
Washington	BH2 curriculum, Baby and Me Tobacco Free
Wicomico	N/A
Worcester	Freedom from Smoking

## ENFORCEMENT ACTIVITIES

The program inventory also solicited information about enforcement activities at the LHDs. Of the LHDs that responded to this question (88%, n=21), all report providing enforcement activities. The most common enforcement activities that LHDs provide are routine tobacco sales compliance checks/enforcement (88%, n=21); in-person, retailer education (83%, n=20); and targeted education on prior non-compliant retailers (79%, n=19). The majority of LHDs (71%, n=15) use law enforcement staff to support routine and/or targeted sales compliance checks. By comparison, LHD staff are most frequently used to support retailer education (75%, n=18) and non-compliant retailer education (63%, n=15). Nonprofit or community organizations are the second most frequently used type of staff to provide retailer education (42%, n=10).

**Table 26: Summary of Enforcement Activities Conducted by LHDs (MR)**

<b>Types of Enforcement Activities</b>	<b>Percentage of Responses</b>
Routine Tobacco Sales Compliance Checks/Enforcement	88%
In-Person, Retailer Education	83%
Targeted Education on Prior Non-compliant Retailers	79%
Targeted Compliance Checks on Prior Non-Compliant Retailer	71%
Community Education	54%
Mass-reach, Retailer Education	38%
No Response	13%

Note: See Table 30 for more details.

**Table 27: Summary of Staff for Tobacco Sales Compliance Checks by LHDs (MR)**

<b>Type of Staff that Support Routine and/or Targeted Tobacco Sales Compliance Checks</b>	<b>Percentage of Responses</b>
Law Enforcement	71%
Youth Inspector	33%
LHD Staff	17%
Nonprofits or Community Organizations	4%
Other	4%
No Response	13%

Note: See Table 31 for more details.



**Table 28: Summary of Staff that Support Retailer Education by LHDs (MR)**

<b>Retailer Education Personnel</b>	<b>Percentage of Responses</b>
LHD Staff	75%
Nonprofits or Community Organizations	42%
Law Enforcement	13%
Youth Inspector	4%
Other	4%
Not Applicable	4%
No Response	13%

Note: See Table 32 for more details.

**Table 29: Summary of Staff for Targeted Non-Compliant Retailer Education by LHDs (MR)**

<b>Targeted Non-compliant Retailer Education Personnel</b>	<b>Percentage of Responses</b>
LHD Staff	63%
Law Enforcement	21%
Nonprofits or Community Organizations	8%
Youth Inspector	0%
Other	4%
Not Applicable	8%
No Response	21%

Note: See Table 34 for more details.

**Table 30. Types of Enforcement Activities Conducted by LHDs**

Jurisdiction	Routine Tobacco sales compliance Checks/Enforcement	Targeted Education on Prior non-compliant Retailers	Targeted compliance checks on prior non-compliant retailer	In Person Retailer Education	Mass-reach retailer education	Community Education	No Response
Allegany	X	X	X	X		X	
Anne Arundel	X		X		X		
Baltimore	X	X	X	X			
Baltimore City	X	X	X	X			
Calvert	X	X	X	X	X	X	
Caroline	X	X	X	X	X	X	
Carroll	X	X		X			
Cecil	X	X	X	X	X	X	
Charles	X	X	X	X	X	X	
Dorchester	X	X	X	X		X	
Frederick							X
Garrett	X			X			
Harford	X	X		X		X	
Howard	X	X	X	X		X	
Kent	X	X	X	X	X	X	
Montgomery	X	X		X		X	
Prince George's	X	X	X	X		X	
Queen Anne's							X
St. Mary's	X	X	X	X			
Somerset	X	X	X	X			
Talbot							X
Washington	X	X	X	X	X	X	
Wicomico	X	X	X	X	X	X	
Worcester	X	X	X	X	X		
<b>Total # of LHDs</b>	<b>21</b>	<b>19</b>	<b>17</b>	<b>20</b>	<b>9</b>	<b>13</b>	<b>3</b>
<b>% of LHDs</b>	<b>88%</b>	<b>79%</b>	<b>71%</b>	<b>83%</b>	<b>38%</b>	<b>54%</b>	<b>13%</b>

**Table 31. Staff for Routine and/or Targeted Tobacco Sales Compliance Checks by LHDs**

Jurisdiction	Law Enforcement	Youth Inspector	Nonprofits or Community Organizations	LHD Staff	Other	No Response
Allegany	X	X				
Anne Arundel	X					
Baltimore				X		
Baltimore City	X	X		X		
Calvert	X					
Caroline	X					
Carroll	X					
Cecil	X					
Charles	X	X				
Dorchester	X	X				
Frederick						X
Garrett	X					
Harford	X					
Howard	X	X				
Kent					X	
Montgomery		X		X		
Prince George's		X		X		
Queen Anne's						X
St. Mary's	X					
Somerset	X	X	X			
Talbot						X
Washington	X					
Wicomico	X					
Worcester	X		X			
<b>Total # of LHDs</b>	<b>17</b>	<b>8</b>	<b>1</b>	<b>4</b>	<b>1</b>	<b>3</b>
<b>% of LHDs</b>	<b>71%</b>	<b>33%</b>	<b>4%</b>	<b>17%</b>	<b>4%</b>	<b>13%</b>

**Table 32. Staff that Support Retailer Education by LHDs**

Jurisdiction	Law Enforcement	Youth Inspector	Nonprofits or Community Organizations	LHD Staff	Other (Table 33)	Not Applicable	No Response
Allegany				X			
Anne Arundel						X	
Baltimore				X			
Baltimore City	X			X			
Calvert			X	X			
Caroline			X	X			
Carroll			X	X			
Cecil				X			
Charles				X			
Dorchester	X		X	X	X		
Frederick							X
Garrett				X			
Harford			X	X			
Howard				X			
Kent		X	X	X			
Montgomery			X				
Prince George's			X	X			
Queen Anne's							X
St. Mary's				X			
Somerset				X			
Talbot							X
Washington			X	X			
Wicomico	X		X				
Worcester				X			
<b>Total # of LHDs</b>	<b>3</b>	<b>1</b>	<b>10</b>	<b>18</b>	<b>1</b>	<b>1</b>	<b>3</b>
<b>% of LHDs</b>	<b>13%</b>	<b>4%</b>	<b>42%</b>	<b>75%</b>	<b>4%</b>	<b>4%</b>	<b>13%</b>

**Table 33. Other Staff that Support Retailer Education by LHDs (OER)**

<b>Jurisdiction</b>	<b>Open-Ended Responses for “Other”</b>
Allegany	N/A
Anne Arundel	N/A
Baltimore	N/A
Baltimore City	N/A
Calvert	N/A
Caroline	N/A
Carroll	N/A
Cecil	N/A
Charles	N/A
Dorchester	Youth may be included with the community organizations
Frederick	N/A
Garrett	N/A
Harford	N/A
Howard	N/A
Kent	N/A
Montgomery	N/A
Prince George's	N/A
Queen Anne's	N/R
St. Mary's	N/A
Somerset	N/A
Talbot	N/R
Washington	N/A
Wicomico	N/A
Worcester	N/A
<b>Total # of LHDs</b>	<b>1</b>
<b>% of LHDs</b>	<b>4%</b>

Note: This table presents the “Other” responses for Table 32. Staff that Support Retailer Education by LHDs.

**Table 34. Staff that Support Targeted Non-Compliant Retailer Education by LHDs**

Jurisdiction	Law Enforcement	Youth Inspector	Nonprofits or Community Organizations	LHD Staff	Other (Table 35)	Not Applicable	No Response
Allegany				X			
Anne Arundel						X	
Baltimore				X			
Baltimore City	X			X			
Calvert				X			
Caroline	X			X			
Carroll				X			
Cecil				X			
Charles	X			X			
Dorchester	X		X	X			
Frederick							X
Garrett						X	
Harford				X			
Howard				X			
Kent					X		
Montgomery							X
Prince George's							X
Queen Anne's							X
St. Mary's				X			
Somerset				X			
Talbot							X
Washington			X	X			
Wicomico	X						
Worcester				X			
<b>Total # of LHDs</b>	<b>5</b>	<b>0</b>	<b>2</b>	<b>15</b>	<b>1</b>	<b>2</b>	<b>5</b>
<b>% of LHDs</b>	<b>21%</b>	<b>0%</b>	<b>8%</b>	<b>63%</b>	<b>4%</b>	<b>8%</b>	<b>21%</b>

**Table 35. Other Staff that Support Targeted Non-Compliant Retailer Education (OER)**

<b>Jurisdiction</b>	<b>Open-Ended Responses for “Other”</b>
Allegany	N/A
Anne Arundel	N/A
Baltimore	N/A
Baltimore City	N/A
Calvert	N/A
Caroline	N/A
Carroll	N/A
Cecil	N/A
Charles	N/A
Dorchester	N/A
Frederick	N/R
Garrett	N/A
Harford	N/A
Howard	N/A
Kent	Kent County Government, Tobacco Inspector, Retired Law Enforcement
Montgomery	N/A
Prince George's	N/A
Queen Anne's	N/A
St. Mary's	N/A
Somerset	N/A
Talbot	N/R
Washington	N/A
Wicomico	N/A
Worcester	N/A
<b>Total # of LHDs</b>	<b>1</b>
<b>% of LHDs</b>	<b>4%</b>

Note: This table presents the “Other” responses for Table 34. Staff that Support Targeted Non-Compliant Retailer Education by LHDs.



## SCHOOL-BASED TRAINING

Many of the LHDs also participate in school-based trainings as a component of their tobacco control program (83%, n=20). At a majority of LHDs, school-based training is both developed (54%, n=13) and facilitated (63%, n=15) by LHD staff. One fifth of the LHDs use a pre-developed program (21%, n=5) for school-based training. The majority of school-based training activities are awareness campaigns (75%, n=18), though a fair number of LHDs also use trainings (29%, n=7), curriculum-based activities (25%, n=6) and workshops (17%, n=4). The program inventory also found that LHDs are overwhelmingly providing school-based trainings in middle schools (71%, n=17) and high schools (79%, n=19). Some LHDs also report that they collaborate with nonprofit/community organizations (46%, n=11) as well as faith-based organizations (42%, n=10).

**Table 36: Summary of LHDs that Conduct School-Based Training**

Conduct School-Based Training	Percentage of Responses
Yes	83%
No	8%
No Response	8%

Note: See Table 42 for more details.

**Table 37: Summary of Staff that Develop the School-Based Training for LHDs (MR)**

Type of Staff that Develop School-Based Training	Percentage of Responses
LHD Staff	54%
Pre-Developed Program	21%
Teacher	13%
Nurse	0%
Other	25%
No Response	8%
Not Applicable	8%

Note: See Table 43 for more details.

**Table 38: Summary of Staff that Facilitates the School-Based Training for LHDs (MR)**

Type of Staff that Facilitates School-Based Training	Percentage of Responses
LHD Staff	63%
Teacher	21%
Nurse	4%
Other	29%
No Response	8%
Not Applicable	8%

Note: See Table 45 for more details.

**Table 39: Activities Offered in the School-Based Training for LHDs (MR)**

Type of Activities Offered in School-Based Training	Percentage of Responses
Awareness Campaigns	75%
Trainings	29%
Curriculum-Based	25%
Workshops	17%
Other	33%
Not Applicable	4%
No Response	4%

Note: See Table 47 for more details.

**Table 40: Grade Level that Receives School-Based Training from LHDs (MR)**

Grade Level	Percentage of Responses
High School	79%
Middle School	71%
Elementary School	58%
Preschool/Pre-K	29%
College/University	29%
Other	4%
Not Applicable	8%
No Response	8%

Note: See Table 50 for more details.

**Table 41: Collaborative Partner Organizations for School-Based Training (MR)**

Collaboration Partner Organizations	Percentage of Responses
Nonprofits/Community	46%
Internal Partners	46%
Faith-Based	38%
Behavioral Health Organizations	25%
Private Practices/Hospital(s)	21%
Another Local Health Department	8%
Other External Partner	8%
Not Applicable	21%
No Response	17%

Note: See Table 52 for more details.

**Table 42. Distribution of LHDs that Conduct School-Based Training**

<b>Jurisdiction</b>	<b>Yes</b>	<b>No</b>	<b>No Response</b>
Allegany	X		
Anne Arundel	X		
Baltimore	X		
Baltimore City	X		
Calvert	X		
Caroline	X		
Carroll	X		
Cecil	X		
Charles	X		
Dorchester	X		
Frederick			X
Garrett		X	
Harford	X		
Howard	X		
Kent	X		
Montgomery		X	
Prince George's	X		
Queen Anne's	X		
St. Mary's	X		
Somerset	X		
Talbot			X
Washington	X		
Wicomico	X		
Worcester	X		
<b>Total # of LHDs</b>	<b>20</b>	<b>2</b>	<b>2</b>
<b>% of LHDs</b>	<b>83%</b>	<b>8%</b>	<b>8%</b>

**Table 43. Types of Staff that Develop the School-Based Training for LHDs**

Jurisdiction	Teacher	Nurse	LHD Staff	Pre-Developed Program	Other (Table 44)	Not Applicable	No Response
Allegany			X				
Anne Arundel					X		
Baltimore			X				
Baltimore City			X				
Calvert			X				
Caroline			X				
Carroll	X		X				
Cecil					X		
Charles			X				
Dorchester					X		
Frederick							X
Garrett						X	
Harford			X				
Howard					X		
Kent			X				
Montgomery						X	
Prince George's	X		X		X		
Queen Anne's				X			
St. Mary's	X			X			
Somerset			X				
Talbot				X			X
Washington				X			
Wicomico			X				
Worcester			X	X	X		
<b>Total # of LHDs</b>	<b>3</b>	<b>0</b>	<b>13</b>	<b>5</b>	<b>6</b>	<b>2</b>	<b>2</b>
<b>% of LHDs</b>	<b>13%</b>	<b>0%</b>	<b>54%</b>	<b>21%</b>	<b>25%</b>	<b>8%</b>	<b>8%</b>

**Table 44. Other Type of Staff that Develop the School-Based Training (OER)**

<b>Local Health Department</b>	<b>Open-Ended Responses for “Other”</b>
Allegany	N/A
Anne Arundel	No staff within the tobacco control program is directly responsible for developing school-based training. CEHE supports and promotes school-based activities through our AA Healthy Kids (AAHK) website. The AAHK website provides free educational materials and displays to nurses, educators and community leaders. The staff has also attended the public school's professional development day to educate health teachers on emerging tobacco products such as JUULs and promote the AAHK website.
Baltimore	N/A
Baltimore City	N/A
Calvert	N/A
Caroline	N/A
Carroll	N/A
Cecil	Incentivized funding
Charles	N/A
Dorchester	Activities with schools are undetermined at this time
Frederick	N/R
Garrett	N/A
Harford	N/A
Howard	HCPSS Instructional Facilitator
Kent	N/A
Montgomery	N/A
Prince George's	The Maryland Center at Bowie State University
Queen Anne's	N/A
St. Mary's	N/A
Somerset	N/A
Talbot	N/R
Washington	N/A
Wicomico	N/A
Worcester	American Lung Alternative to Suspension Program
<b>Total # of LHDs</b>	<b>6</b>
<b>% of LHDs</b>	<b>25%</b>

Note: This table presents the “Other” responses for Table 43. Types of Staff that Develop the School-Based Training for LHDs.

**Table 45. Type of Staff that Facilitates the School-Based Training for LHDs**

Jurisdiction	Teacher	Nurse	LHD Staff	Other (Table 46)	Not Applicable	No Response
Allegany			X			
Anne Arundel				X		
Baltimore			X	X		
Baltimore City			X			
Calvert			X	X		
Caroline			X			
Carroll	X		X			
Cecil				X		
Charles			X			
Dorchester				X		
Frederick						X
Garrett					X	
Harford			X			
Howard	X					
Kent			X			
Montgomery					X	
Prince George's			X	X		
Queen Anne's	X			X		
St. Mary's	X	X				
Somerset			X			
Talbot	X		X			X
Washington			X			
Wicomico			X			
Worcester			X			
<b>Total # of LHDs</b>	<b>5</b>	<b>1</b>	<b>15</b>	<b>7</b>	<b>2</b>	<b>2</b>
<b>% of LHDs</b>	<b>21%</b>	<b>4%</b>	<b>63%</b>	<b>29%</b>	<b>8%</b>	<b>8%</b>

**Table 46. Other Staff that Facilitates the School-Based Training for LHDs (OER)**

<b>Jurisdiction</b>	<b>Open-Ended Responses for “Other”</b>
Allegany	N/A
Anne Arundel	The staff works with nurses, teachers and community leaders to connect them with free educational materials and display items. Worked at professional development days, all nurse training, SADD chapter meetings and nurse cluster meetings.
Baltimore	Training is provided to only representatives from schools that receive Tobacco Education Grants from the Department CRF Program
Baltimore City	N/A
Calvert	Contracted Staff
Caroline	N/A
Carroll	N/A
Cecil	Incentivized funding
Charles	N/A
Dorchester	Activities with schools are undetermined at this time
Frederick	N/R
Garrett	N/A
Harford	N/A
Howard	N/A
Kent	N/A
Montgomery	N/A
Prince George's	The Maryland Center at Bowie State University
Queen Anne's	Substance abuse counselor
St. Mary's	N/A
Somerset	N/A
Talbot	N/R
Washington	N/A
Wicomico	N/A
Worcester	N/A
<b>Total # of LHDs</b>	<b>7</b>
<b>% of LHDs</b>	<b>29%</b>

Note: This table presents the “Other” responses for Table 45. Type of Staff that Facilitates the School-Based Training for LHDs.

**Table 47. Type of Activities Offered in the School-Based Training for LHDs**

Jurisdiction	Workshop	Awareness Campaigns	Trainings	Curriculum based	Other (Table 48)	Not Applicable	No Response
Allegany		X	X		X		
Anne Arundel					X		
Baltimore			X				
Baltimore City		X	X				
Calvert		X	X				
Caroline	X	X	X	X			
Carroll		X			X		
Cecil		X					
Charles	X	X			X		
Dorchester		X			X		
Frederick							X
Garrett						X	
Harford	X	X		X	X		
Howard		X		X			
Kent		X	X				
Montgomery						X	
Prince George's	X	X	X				
Queen Anne's		X		X			
St. Mary's		X					
Somerset		X					
Talbot		X		X			
Washington		X					
Wicomico		X			X		
Worcester				X	X		
<b>Total # of LHDs</b>	<b>4</b>	<b>18</b>	<b>7</b>	<b>6</b>	<b>8</b>	<b>2</b>	<b>1</b>
<b>% of LHDs</b>	<b>17%</b>	<b>75%</b>	<b>29%</b>	<b>25%</b>	<b>33%</b>	<b>8%</b>	<b>4%</b>



**Table 48. Other Activities Offered in the School-Based Training for LHDs (OER)**

<b>Jurisdiction</b>	<b>Open-Ended Responses for “Other”</b>
Allegany	Students Against Destructive Decisions Peer Organization
Anne Arundel	Through the AAHK website AADOH provides educational materials such as posters, workbooks, bookmarks, lesson plans, presentations, videos and teacher resources. The Department also loans out visual displays such as the tar jar, phlegm jar or consequences of smoking display to help enhance a tobacco-use prevention activity.
Baltimore	Training is provided to only representatives from schools that receive Tobacco Education Grants from the Department CRF Program
Baltimore City	N/A
Calvert	N/A
Caroline	N/A
Carroll	Helped the school system create an e cigarette curriculum,
Cecil	N/A
Charles	Guest speaker: SADD, Just Say No Clubs, HS Health Classes
Dorchester	Besides awareness, the activities to be conducted with the schools is undetermined at this time, until meeting with district administrators
Frederick	N/R
Garrett	N/A
Harford	Developmentally appropriate messages Pre-K through Grade 12, and in higher education (Harford Community College). Also provided limited funding for school-mini-grants.
Howard	N/A
Kent	N/A
Montgomery	N/A
Prince George's	N/A
Queen Anne's	N/A
St. Mary's	N/A
Somerset	N/A
Talbot	N/R
Washington	N/A
Wicomico	Presentations
Worcester	American Lung Alternative to Suspension Program
<b>Total # of LHDs</b>	<b>9</b>
<b>% of LHDs</b>	<b>38%</b>

Note: This table presents the “Other” responses for Table 47. Type of Activities Offered in the School-Based Training for LHDs.

**Table 49. Type of School Based Training Curriculum Tool Used (OER)**

<b>Jurisdiction</b>	<b>Curriculum Used</b>
Allegany	N/A
Anne Arundel	N/A
Baltimore	N/A
Baltimore City	N/A
Calvert	N/A
Caroline	No specific tool; it changes based on latest research and the audience receiving the education.
Carroll	N/A
Cecil	N/A
Charles	N/A
Dorchester	N/A
Frederick	N/A
Garrett	N/A
Harford	"N/A"
Howard	Instructional resources provided to HCPSS Instructional Facilitator related to preventing exposure to tobacco/ESD and secondhand smoke; e.g. YRBS, CDC, NIDA
Kent	N/A
Montgomery	N/A
Prince George's	N/A
Queen Anne's	Schools use Aspire, Catch My Breath, and Stanford's Tobacco Prevention Toolkit
St. Mary's	N/A
Somerset	N/A
Talbot	N/R
Washington	N/A
Wicomico	N/A
Worcester	American Lung Alternative to Suspension Program
<b>Total # of LHDs</b>	<b>4</b>
<b>% of LHDs</b>	<b>17%</b>

**Table 50. Grade Level that Receives School-Based Training from LHDs**

Jurisdiction	Preschool Pre-K	Elementary School	Middle School	High School	College/University	Other (Table 51)	Not Applicable	No Response
Allegany	X	X	X	X				
Anne Arundel	X	X	X	X				
Baltimore			X	X				
Baltimore City		X	X	X				
Calvert			X	X	X			
Caroline	X	X	X	X				
Carroll		X	X	X				
Cecil			X	X				
Charles		X	X	X	X			
Dorchester						X		
Frederick								X
Garrett							X	
Harford	X	X	X	X	X			
Howard		X	X	X	X			
Kent	X	X	X	X				
Montgomery							X	
Prince George's				X				
Queen Anne's		X	X	X	X			
St. Mary's		X	X	X	X			
Somerset		X	X	X				
Talbot								X
Washington	X	X	X	X	X			
Wicomico	X	X	X	X				
Worcester				X				
<b>Total # of LHDs</b>	<b>7</b>	<b>14</b>	<b>17</b>	<b>19</b>	<b>7</b>	<b>1</b>	<b>2</b>	<b>2</b>
<b>% of LHDs</b>	<b>29%</b>	<b>58%</b>	<b>71%</b>	<b>79%</b>	<b>29%</b>	<b>4%</b>	<b>8%</b>	<b>8%</b>

**Table 51. Other Grade Levels that Receive School-Based Training from LHDs (OER)**

<b>Jurisdiction</b>	<b>Open-Ended Responses for “Other”</b>
Allegany	N/A
Anne Arundel	N/A
Baltimore	N/A
Baltimore City	N/A
Calvert	N/A
Caroline	N/A
Carroll	N/A
Cecil	N/A
Charles	N/A
Dorchester	Activities with schools are undetermined at this time
Frederick	N/R
Garrett	N/A
Harford	N/A
Howard	N/A
Kent	N/A
Montgomery	N/A
Prince George's	N/A
Queen Anne's	N/A
St. Mary's	N/A
Somerset	N/A
Talbot	N/R
Washington	N/A
Wicomico	N/A
Worcester	N/A
<b>Total # of LHDs</b>	<b>1</b>
<b>% of LHDs</b>	<b>4%</b>

Note: This table presents the “Other” responses for Table 50. Grade Level that Receives School-Based Training from LHDs.

**Table 52. Collaboration Partner Organizations**

Jurisdiction	Faith-Based	Nonprofits/Community	Private Practices/Hospital(s)	Behavioral Health Organizations	Another Local Health Department	Internal Partners (Table 53)	Other External (Table 54)	Not Applicable	No Response
Allegany	X	X				X	X		
Anne Arundel	X	X	X			X	X		
Baltimore									
Baltimore City						X			X
Calvert			X	X		X			
Caroline	X	X				X			
Carroll									
Cecil	X	X	X	X	X				
Charles		X	X	X		X			
Dorchester	X	X				X			
Frederick									X
Garrett								X	
Harford								X	
Howard						X			
Kent	X								
Montgomery								X	
Prince George's		X							
Queen Anne's								X	
St. Mary's	X	X		X		X			
Somerset	X	X	X	X					
Talbot									X
Washington	X	X							
Wicomico	X	X		X	X	X			
Worcester						X			X
<b>Total # of LHDs</b>	<b>10</b>	<b>11</b>	<b>5</b>	<b>6</b>	<b>2</b>	<b>11</b>	<b>2</b>	<b>4</b>	<b>4</b>
<b>% of LHDs</b>	<b>42%</b>	<b>46%</b>	<b>21%</b>	<b>25%</b>	<b>8%</b>	<b>46%</b>	<b>8%</b>	<b>17%</b>	<b>17%</b>

**Table 53. Other Internal Partners that Collaborate on the School-Based Training (OER)**

<b>Jurisdiction</b>	<b>Responses for Internal Partners</b>
<b>Allegany</b>	Collaborate with BH/Addictions, Mental Health, Chronic Disease Program, Physical Health/Cancer Program, for school events, health fairs
<b>Anne Arundel</b>	The CEHE program partners with the programs within the Behavioral Health Bureau and the School Health Services Bureau to continue to grow partnerships with the Students Against Destructive Decisions (SADD) Chapters in the middle and high schools. The relationship with the SADD chapters is highly valued and allows tobacco-use prevention activities to be conducted on a peer to peer level. The School Health Services Bureau oversees the school nurses in the county. The collaboration with this program assists in connecting nurses with educational materials and information for their school and their students.
<b>Baltimore</b>	N/A
<b>Baltimore City</b>	N/R
<b>Calvert</b>	Red Ribbon Week, Knock Tobacco Out of the Park, Don't Target Me, Lunch n Learns, National Drug and Alcohol Week, Tobacco Road Show
<b>Caroline</b>	Worked with the prevention staff to tag team presentations to talk about tobacco/nicotine addiction (us) and marijuana/alcohol/other drugs addiction (them). Behavioral Health
<b>Carroll</b>	N/A
<b>Cecil</b>	N/A
<b>Charles</b>	Funded mini-grants that have been granted to at least (3) community organizations that are integrating programs with their community schools.
<b>Dorchester</b>	Presentations with community after-school programs. Active member of the District's School Health Council. Outreach provided during school orientations, Back-to-School nights, and other school/community events.
<b>Frederick</b>	N/R
<b>Garrett</b>	N/R
<b>Harford</b>	N/A
<b>Howard</b>	Education and dissemination of tobacco prevention materials to college students seeking family planning and STI screening at the Howard Community College Wellness Center. Provide instructional resources to private schools and Title I Bridges after-school programs.
<b>Kent</b>	N/A
<b>Montgomery</b>	N/R
<b>Prince George's</b>	N/A
<b>Queen Anne's</b>	N/A
<b>St. Mary's</b>	In collaboration with the Behavioral Health Department, the Department is participating in "Wise Owl's Drug Safety Education" for K-3rd grade.
<b>Somerset</b>	N/A
<b>Talbot</b>	N/R
<b>Washington</b>	N/A
<b>Wicomico</b>	Collaborate with Daycare Centers doing poison prevention month & incorporate information on second-hand smoke. Work with local Middle & High school health teachers and schedule presentations on vaping/tobacco use.

<b>Jurisdiction</b>	<b>Responses for Internal Partners</b>
<b>Worcester</b>	N/R
<b>Total # of LHDs</b>	<b>9</b>
<b>% of LHDs</b>	<b>38%</b>

Note: This table presents the “Other” responses for Table 52. Collaboration Partner Organizations.

**Table 54. Other External Partners that Collaborate on the School-Based Training (OER)**

<b>Jurisdiction</b>	<b>Open-Ended Responses for “Other”</b>
Allegany	Marketing firm
Anne Arundel	Anne Arundel County Public Schools (AACPS)-Materials of Instruction Team to approve educational materials and the local community college
Baltimore	N/A
Baltimore City	N/A
Calvert	N/A
Caroline	N/A
Carroll	N/A
Cecil	N/A
Charles	N/A
Dorchester	N/A
Frederick	N/R
Garrett	N/R
Harford	N/A
Howard	N/A
Kent	N/A
Montgomery	N/R
Prince George's	N/A
Queen Anne's	N/A
St. Mary's	N/A
Somerset	N/A
Talbot	N/A
Washington	N/A
Wicomico	N/A
Worcester	N/A
<b>Total # of LHDs</b>	<b>2</b>
<b>% of LHDs</b>	<b>8%</b>

Note: This table presents the “Other” responses for Table 52. Collaboration Partner Organizations.



## COMMUNITY CAMPAIGNS AND PROGRAMS

When asked about the type of community-based training, the majority of LHDs reported that they provide education in a community setting or at community events (88%, n=21), via funded partner organizations (83%, n=20), or deploy mass-reach campaigns (67%, n=16).

**Table 55: Summary of Community-Based Trainings Conducted by LHDs (MR)**

<b>Conduct Community-Based Education Activities</b>	<b>Percentage of Responses</b>
Yes	88%
No	4%
No Response	8%

Note: See Table 57 for more details.

**Table 56: Summary of Community-Based Training Activities for LHDs (MR)**

<b>Type of Community-Based Education Activities</b>	<b>Percentage of Responses</b>
Educate in Community Setting or Community Events	88%
Funded Partner Organizations	83%
Mass-Reach Campaigns	67%
Train Community Leaders	46%
Town Hall Meetings	25%
Other	4%
Not Applicable	4%
No Response	8%

Note: See Table 58 for more details.

**Table 57. Distribution of Community-Based Trainings Conducted by LHDs**

<b>Jurisdiction Name</b>	<b>Yes</b>	<b>No</b>	<b>No Response</b>
Allegany	X		
Anne Arundel	X		
Baltimore	X		
Baltimore City	X		
Calvert	X		
Caroline	X		
Carroll	X		
Cecil	X		
Charles	X		
Dorchester	X		
Frederick			X
Garrett	X		
Harford	X		
Howard	X		
Kent	X		
Montgomery	X		
Prince George's	X		
Queen Anne's		X	
St. Mary's	X		
Somerset	X		
Talbot			X
Washington	X		
Wicomico	X		
Worcester	X		
<b>Total # of LHDs</b>	<b>21</b>	<b>1</b>	<b>2</b>
<b>% of LHDs</b>	<b>88%</b>	<b>4%</b>	<b>8%</b>

**Table 58. Type of Community-Based Training for LHDs**

Jurisdiction	Train Community Leaders	Fund Partner Organizations	Educate in Community Setting or Community Events	Mass-Reach Campaigns	Town Hall Meetings	Other (Table 59)	Not Applicable	No Response
Allegany		X	X	X				
Anne Arundel		X	X	X	X			
Baltimore		X	X	X				
Baltimore City		X	X					
Calvert	X	X	X	X				
Caroline	X	X	X	X	X			
Carroll		X	X					
Cecil	X	X	X	X	X			
Charles	X	X	X	X				
Dorchester	X	X	X	X		X		
Frederick								X
Garrett	X	X	X	X				
Harford		X	X	X				
Howard			X	X	X			
Kent	X	X	X	X	X			
Montgomery	X	X	X					
Prince George's	X	X	X	X				
Queen Anne's							X	
St. Mary's		X	X					
Somerset		X	X					
Talbot								X
Washington	X	X	X	X	X			
Wicomico	X	X	X	X				
Worcester		X	X	X				
<b>Total # of LHDs</b>	<b>11</b>	<b>20</b>	<b>21</b>	<b>16</b>	<b>6</b>	<b>1</b>	<b>1</b>	<b>2</b>
<b>% of LHDs</b>	<b>46%</b>	<b>83%</b>	<b>88%</b>	<b>67%</b>	<b>25%</b>	<b>4%</b>	<b>4%</b>	<b>8%</b>

**Table 59. Other Type of Community-Based Training for LHDs (OER)**

<b>Jurisdiction</b>	<b>Open-Ended Responses for “Other”</b>
Allegany	N/A
Anne Arundel	N/A
Baltimore	N/A
Baltimore City	N/A
Calvert	N/A
Caroline	N/A
Carroll	N/A
Cecil	N/A
Charles	N/A
Dorchester	Participate in various coalition meetings
Frederick	N/R
Garrett	N/A
Harford	N/A
Howard	N/A
Kent	N/A
Montgomery	N/A
Prince George's	N/A
Queen Anne's	N/A
St. Mary's	N/A
Somerset	N/A
Talbot	N/R
Washington	N/A
Wicomico	N/A
Worcester	N/A
<b>Total # of LHDs</b>	<b>1</b>
<b>% of LHDs</b>	<b>4%</b>

Note: This table presents the “Other” responses for Table 58. Type of Community-Based Training for LHDs.

## INNOVATIVE PROGRAMS SUMMARY

The final sections of the program inventory included several open-ended questions to explore additional areas of interest to CTPC. The following section provides responses regarding innovative programs within the LHDs. Responses varied across the state. As a result, the entirety of each LHD's response is provided in the table below. Note, responses were modified slightly by the research team so that all responses are presented in third person.

**Table 60. Innovative Programs at the LHDs (OER)**

<b>Jurisdiction</b>	<b>Open-Ended Response of Innovative Programs</b>
Allegany	An innovative program at the LHD is an initiative with one local high school SADD Chapter that combines creativity with formal marketing training to produce an awareness campaign that utilizes radio, billboard, and social media.
Anne Arundel	One of the most innovative programs within AACDOH tobacco control program is the creation of the "No Smoking or Vaping; Join The Movement" video. This is a sixty second video that utilizes Anne Arundel County high school-aged youth to challenge their peers to end smoking and vaping. The video covers the topic of tobacco including: cigarette use, dangers of hookah, cigarillos and ENDS.
Baltimore	The most innovative programs at the LHD includes walk-in cessation assistance and enforcement of Youth Access laws.
Baltimore City	The most innovative approach is having education packets on tobacco laws for retailers when they renew or receive their retail licenses to reinforce the tobacco laws. The LHD is working with the State Comptroller's Office on the enforcement of loose cigarette sales.
Calvert	An innovative program at the LHD is a T-shirt campaign involving high and middle school student with anti-smoking/vaping messages that allowed students to design, print and distribute to their peers.
Caroline	N/R
Carroll	An innovative program at the LHD is the elementary school poster contest which was sent out to all 19 elementary schools and several private schools. Eight schools participated and a total of 70 posters were received. The winning poster was selected by the tobacco coalition and made into a billboard and bookmark.
Cecil	An innovative program at the LHD is tracking and monitoring the progress of cessation clients with a database that is set up to interact with EHRs and local providers in the county. The data system will be able to receive referrals and send NRT vouchers via digital fax and provides status reports to providers. In the process of adding a mechanism to determine quit rates.
Charles	An innovative program at the LHD are mini-grants to 8-10 community organizations per fiscal year - excellent community participation

Jurisdiction	Open-Ended Response of Innovative Programs
Dorchester	<p>There are two innovative programs worth noting. 1. Working with the child care providers to conduct early prevention and education with children, to address eliminating exposure to secondhand smoke, encourage adoption of smoke-free rules in households and vehicles, and cessation among families, including women of childbearing age. Each year, a few new providers apply, which extends our reach and increases community dialogue. Often, providers have unique relationships with the parents and children they serve, resulting in vast opportunities for awareness, information sharing and resources.</p> <p>2. Utilizing non-traditional venues to inform, educate and reach all populations of the County. Includes “strolling outreach” simple but creative messages promoted throughout communities and placed on Facebook and Swap and Sell, and “pop-up parades”.</p>
Frederick	<p>An innovative program at the LHD is the development of an employee toolkit created in observance of the Great American Smoke Out (GASO). It included an adapted communication guide from the American Cancer Society along with posters and the materials needed for two simple activities. This toolkit was used by three (3) local organization to celebrate. Additionally, a social media campaign was used on Facebook, pushing out posts throughout the day with tips for quitters and those supporting quitters including links to resources for cessation. Lastly, large community events are sponsored through four local little leagues. These sponsorship allowed for signage at the ball fields, announcements at games about fields being tobacco free areas and promotion on little league websites.</p>
Garrett	<p>An innovative program at the LHD is the Play Hard, Live Clean, a healthy lifestyle campaign implemented in K-12 in Garrett County. The innovative piece is implemented online for high school students. (Check out <a href="http://playhardliveclean.com">playhardliveclean.com</a>). High school students that pledge to live certain drug free lifestyles earn points towards a scholarship. Registered users participate in monthly surveys that help staff disseminate and collect health information. Each month, any person that has completed the survey has a chance to win PHLC gear such as sweatshirts, blankets, coolers, Bluetooth speakers, etc.</p>
Harford	<p>Much of the work the LHD does is "in the trenches" and, despite the effectiveness and efficiency with which we employ many traditional "M-O's", lacks the sizzle or sex appeal that would characterize them as necessarily "innovative." However, the way that the LHD's School &amp; Community Education Specialist approaches traditional outreach initiatives, "does." Vaping is a serious public health threat, particularly among youth whose parents as often as not know very little about the phenomenon. Using her personal funds, the School and Community Development Specialist has accumulated a vast collection of vaping</p>

Jurisdiction	Open-Ended Response of Innovative Programs
	products (including the most current) that she enjoys taking with her to most venues, that serves as a visual basis for discussion among students and parents, alike. Public response to her approach is profoundly favorable and we believe results in greater awareness as well as increased dialogue between parents and their youth.
Howard	The LHD is currently restructuring and streamlining cessation program and developing SOPs. In addition, the LHD is adapting Stanford Prevention toolkit to update our Tobacco Awareness Program for Teen (TAPFT) curriculum. Lastly, the LHD is currently partnering with HC General Hospital's Wellness Center to recruit referrals and conduct cessation classes.
Kent	An innovative program at the LHD includes partnering with the broadcasting students at the high school to create and deliver social norming and anti-tobacco and nicotine messaging. The LHD is also working on "Which Moments" print and social media campaign that uses images of Kent citizens with their children/ grandchildren, etc. to ask 'which moments are you willing to give away?'
Montgomery	N/R
Prince George's	An innovative program at the LHD is the student ambassador program. The LHD has worked collaboratively with the Prince George's County Public Schools, grades 7 through 12 to educate our youth. The signature and most effective program is our Tobacco Ambassador Program. This school based program focuses attention on public high schools in the northern, central and southern regions of the county with emphasis on areas in southern part of the county, where special emphasis is needed. Students from high schools in the central and southern region of the county are selected as ambassadors. As a result of increased youth tobacco use in this area, the LHD selected 2 students per school, and educate the youth using the peer-to-peer education method. The LHD educates youth on all tobacco products, and specifically focus on cigars, cigarettes, electronic cigarettes, and second hand smoke exposure.
Queen Anne's	N/A, 1st year implementing this grant for QA
Somerset	An innovative program at the LHD is the school based programming. New ideas have to be made to keep the attention of parents and students.
St. Mary's	The most innovative program/initiative that the St. Mary's County Health Department (SMCHD) implemented within the Tobacco Control & Prevention program is the VapeAware: Get the Facts, media campaign ( <a href="http://www.smchd.org/vapeaware">www.smchd.org/vapeaware</a> ). This mass-reach health communications intervention began as an effort to communicate to the community about the potential health issues surrounding vaping and use of electronic nicotine devices (ENDS). Mass-reach health communication interventions have a strong evidence base showing effectiveness in decreasing the

Jurisdiction	Open-Ended Response of Innovative Programs
	prevalence of tobacco use and decreasing initiation of tobacco use among young people. At the time of creating the campaign in 2004 there were no local or statewide efforts to educate and target large audiences about vaping and ENDS use in the community. Therefore, we used this evidence-based model to create our VapeAware campaign.
Talbot	N/R
Washington	The most innovative program that is through CRF is the Baby and Me Tobacco Free Program. The LHD is collaborating with another community partner to promote cessation among pregnant women. The CRF program has worked really hard to get into the Behavioral Health programs within the county to ensure that the population is receiving cessation and NRT.
Wicomico	Weekly smoking classes consist of a variety of activities such as games, rock painting, art projects and speakers doing presentations on various topics that the group may request information about.
Worcester	N/R



## EFFECTIVE PROGRAMS SUMMARY

As previously mentioned, the final sections of the program inventory included several open-ended questions to explore additional areas of interest to CTPC. The following section provides responses regarding effective programs within the LHD. Responses varied across the state. As a result, the entirety of each LHD's response is provided in the table below. Note, responses were modified slightly by the research team so that all responses are presented in third person.

**Table 61. Effective Programs at the LHDs (OER)**

<b>Jurisdiction</b>	<b>Open-Ended Response of Effective Programs</b>
Allegany	The LHD feel that all of their programs are effective and finds it too hard to choose between CRF Programs and Enforcement.
Anne Arundel	One of the most effective programs within the AADOH tobacco control program is the Tobacco-Free Kids (TFK) Week. This event is held annually through the AACDOH. Tobacco-Free Kids Week, which has been celebrated in the county for over 20 years, rallies kids and teens in the county against using tobacco. Schools and community groups hold activities for their kids, and the Department of Health supports them with planning activities and providing free materials and supplies. The Department offers activity ideas, games and videos for coordinators to utilize year round, but especially during TFK Week. Coordinators can access information through <a href="http://www.SmokingStinks.org">www.SmokingStinks.org</a> . The website also has a kid/ youth focused section for youth to learn about the dangers of tobacco products. Last year, 152 schools and community groups registered and over 70,000 kids (K-12) participated in anti-tobacco activities.
Baltimore	The most effective program has been the enforcement of youth access laws.
Baltimore City	The most effective program with youth and adults is the display of lungs when exposed to smoking. Youth and adults are always amazed as well educated on how smoking impacts health. The LHD has received many requests for this presentation.
Calvert	The most effect program has been cessation classes. The LHD has seen an approximate 43% quit rate.
Caroline	Outreach and community education, as well as school-based education using visuals, examples, and evidence based facts in terms our audiences can understand and relate to have been very effective.
Carroll	Smoking cessation (Quit Together) and community outreach events (e.g. elementary school poster contest) have been the most effective programs.
Cecil	Tracking and monitoring the progress of cessation clients with a database that is set up to interact with EHRs and local providers in the county. The data system will be able to receive referrals and send NRT vouchers via

<b>Jurisdiction</b>	<b>Open-Ended Response of Effective Programs</b>
	digital fax and provide status reports to providers. The LHD is in the process of adding a mechanism to the database to determine quit rates.
Charles	N/R
Dorchester	The LHD contracts with child care providers and organizations serving youth and utilizes non-traditional venues to inform, educate and reach all populations of the County.
Frederick	The most effective programs have been awareness campaigns that include attending community events, speaking engagements, and small group lessons and activities. The programs include a variety of information such as prevention of traditional tobacco use, electronic cigarette/vaping products, and cessation techniques. The information is always tailored to the audience at each event.
Garrett	The most effective program has been the Department's Garrett County Youth in Action team which plans and implements two tobacco prevention activities per school per year, at a cost of \$100 per group. This includes the county's 2 middle schools and 2 high schools. Last year, activities included educational games during lunch shifts, tobacco related announcements on the morning news, and a partnership with CVS to promote the next tobacco free generation.
Harford	The most effective programs has been having the LHD's school health educator (who also performs community-based tobacco awareness initiatives) provide developmentally appropriate tobacco use prevention and awareness presentations in (Pre K - 12) classrooms and other large-group presentations to more than 10,000 (public, private and alternative education settings) students annually. Topics vary but emphasis always is placed on MDH CRF Tobacco priority areas including but not limited to second-hand smoke and ESD/vaping concerns.
Howard	The most effective program has been contracting with retired police officers to conduct the compliance checks.
Kent	The most effective program has been the community engagement activities geared towards families, (i.e. the Easter Egg Hunt and the "Halloteen" events) which are held annually and bring out hundreds of people.
Montgomery	N/R
Prince George's	N/R
Queen Anne's	This is the first year the LHD has implemented the grant so they are not able to select a most effective program.
Somerset	The most effective program has been the LHD's school-based program. This is where the LHD reaches the majority of their measures.

Jurisdiction	Open-Ended Response of Effective Programs
St. Mary's	The most effective initiative within the Tobacco Control Program is the youth education on health risks of electronic cigarettes through mini-grants with community partners/non-governmental organizations (NGOs). Through this program the LHD reaches out to community partners with a request for proposals to fund three NGOs to educate local youth. The LHD has partnered with a variety of community organizations, including faith-based, students groups and civic organizations to focus on youth education. In the past three years, the LHD has educated almost 10,000 youth on the health risks of vaping and electronic nicotine devices. This effort is focused on decreasing the 42% of St. Mary's County youth who have tried electronic vapor devices and the 19% who currently use vapor products (2016 YRBS).
Talbot	N/R
Washington	The LHD's most effective program is their cessation program.
Wicomico	The most effective program is the weekly cessation classes held at the LHD. On average at least 2-3 new clients and 12 people weekly attend the classes.
Worcester	N/R

## PROGRAM ACCOMPLISHMENTS

In addition to asking open-ended questions about innovation and effectiveness, the open-ended questions on the program inventory also asked about noteworthy accomplishments. The following section provides these responses. Responses varied across the state. As a result, the entirety of each LHD's response is provided in the table below. Note, responses were modified slightly by the research team so that all responses are presented in third person.

**Table 62. Program Accomplishments in the Tobacco Control Program (OER)**

<b>Jurisdiction</b>	<b>Open-Ended Response of Program Accomplishments</b>
Allegany	A noteworthy accomplishment includes the extensive relationships Allegany County has built with their community stakeholders and all that has flourished over the years as a result.
Anne Arundel	A noteworthy accomplishment includes partnerships with community groups. The community partners for the LHDs helps to reach and educate target and priority populations. These partners are the bridge that allows the LHD to cross over into these communities. It is through these partnerships that the LHD is able to better understand the needs of the community, learn where the LHD should shift focus, and ultimately gain a better insight to the people the LHD is serving.
Baltimore	A noteworthy accomplishment includes enforcement success.
Baltimore City	A noteworthy accomplishment includes the staff who work in this program. The staff are able to do the work and be effective. Their accomplishment is the ability to engage the community at different ages and stages of cessation.
Calvert	A noteworthy accomplishment includes youth involvement in campaigns (radio and TV ads, YouTube contests, and t shirts).
Caroline	A noteworthy accomplishment includes evidence of a receptive audience. When the audience is engaged and wants to spread the messages with the LHD, this is a great accomplishment.
Carroll	Noteworthy accomplishment includes community education at outreach events, school based activities included an elementary school poster contest and provision of speakers, cessation programs (e.g. Quit Together) are offered; NRT is provided and messaging was shared with the prenatal SART (Screening, Assessment, Referral, Treatment) program.
Cecil	A noteworthy accomplishment includes tracking and monitoring the progress of cessation clients with a database that is set up to interact with EHRs and local providers in the county. The data system will be able to receive referrals and send NRT vouchers via digital fax and provides status reports to providers. The LHD is in the process of adding a mechanism to determine quit rates.
Charles	A noteworthy accomplishment includes the Anti-Tobacco Advocate youth program. Also, the Movie Theater Anti-Vaping PSA Campaign Mini-Grants

<b>Jurisdiction</b>	<b>Open-Ended Response of Program Accomplishments</b>
	provided to 8-10 community organizations per fiscal year (targeted reach is valuable). In addition, established school relationships for school-based education and community-trusted cessation program. People feel safe to return after a relapse.
Dorchester	N/R
Frederick	A noteworthy accomplishment includes the development of a great new relationship with the Frederick County Detention Center. While the detention center is not yet ready to provide these cessation services on their own, they graciously welcomed the LHD staff into the center to provide services to the inmates. This allowed the LHD staff to reach a high risk population with whom they would otherwise not have had access.
Garrett	A noteworthy accomplishment includes the four year average for tobacco compliance is 94%, which is well above the state average. Our one year quit rates among clients that complete the smoking cessation classes was 43.5% in FY17 and 42% in FY16.
Harford	The LHD is proudest of the impact made on youth ages 5 through 18 through our aggressive school outreach/educational campaign. The numbers are prolific, but, it has nurtured a splendid relationship between: the Harford CRF Tobacco and Enforcement Programs and the Harford County Public Schools Administration. As a result, school administrators and teachers that has paved the way for additional activities such as "Back-to-School" and "Open House" opportunities to reach students and parents. In addition, this has led to inroads into curriculum planning and school health services, including HCPS Tobacco Policy Student Violators Referral Program, and contributions to Harford's Coordinated School Health Policy meetings.
Howard	A noteworthy accomplishment includes enforcement Officers completing 250 compliance checks in FY18, 11% violation. Also, developing partnership with HCPSS Executive Director of Community, Parent, and School Outreach Division of School Management and Instructional Leadership Howard County Public Schools which contributed to an increased number of students referrals to our Tobacco Awareness Program for Teen (TAPFT) program.
Kent	A noteworthy accomplishment includes Kent On the Move, the umbrella movement for which all of the LHDs work falls under. This project has over 800 followers on Facebook which allows the program to reach a big audience when doing awareness campaigns or events. The network of partners is also quite strong and all participate in the outreach efforts. The LHD is also proud of efforts to promote smoke-free air, and have been successful with local businesses adopting smoke-free campuses.
Montgomery	N/R
Prince George's	N/R

<b>Jurisdiction</b>	<b>Open-Ended Response of Program Accomplishments</b>
Queen Anne's	N/A. This is the first year implementing this grant for Queen Anne's County.
Somerset	A noteworthy accomplishment includes getting students involved to be advocates for anti-tobacco.
St. Mary's	The accomplishment the LHD is most proud of within the Tobacco Control Program is the successes of the Tobacco Free Living (TFL) action team, which is a part of the St. Mary's Healthy Partnership (the Local Health Improvement Coalition in St. Mary's County). TFL is currently focused on efforts to increase the number of smoke and vape-free grounds in St. Mary's County. The coalition is assisting community-based organizations to pursue policy creation that reduces tobacco use and secondhand smoke exposure. This year SMCHD's Tobacco Control Program partnered with the St. Mary's County Fair Association to enact for the first time "Smoke and Vape Free Kids Day" at the St. Mary's County Fair. This is the first phase for continued plans for the fairgrounds to become completely smoke and vape free. In addition to the fairgrounds efforts, TFL worked with the St. Mary's County Government to enact a smoke and vape free policy for all county government grounds to be smoke and vape free. The county government plans have been approved by the county commissioners and they are working on creating an implementation plan through their smoke and vape free work group. TFL and the Tobacco Control Program will continue to provide the county government with technical assistance, education and offer smoking cessation classes on site as they move forward. TFL is also working with local faith based organization on the Smoke Free Holy Grounds initiative.
Talbot	N/R
Washington	A noteworthy accomplishment includes maintaining the level work that the county produces with such a small staff. Also it would be the community partnership that have been formed and maintained for the duration of the CRF monies have been allocated to our county.
Wicomico	A noteworthy accomplishment includes clients that have quit smoking and continue to come to class and support & encourage newcomers and those that are still trying to quit.
Worcester	N/R

## PRIORITIES FOR NEXT YEAR

The final open-ended question on the program inventory asked LHDs to provide a description of their priorities for the next year of the tobacco control program. The following section provides these responses. Responses varied across the state. As a result, the entirety of each LHD's response is provided in the table below. Note, responses were modified slightly by the research team so that all responses are presented in third person.

**Table 63. LHD Priorities for Next Year (OER)**

<b>Jurisdiction</b>	<b>Open-Ended Responses of Priorities for Next Year</b>
Allegany	The priority for next year is to focus on youth rates of ENDS use.
Anne Arundel	The priority area is the 18-24 year old age group. The Anne Arundel County Department of Health's (AACDOH) goal is to plan and create a new campaign that targets this group. The AACDOH hopes to use input from young adults attending local colleges to gain a better understanding of how tobacco products are perceived among their age group and best practices for reaching them. The AACDOH would also like to potentially utilize local residents to be a part of the campaign development.
Baltimore	The priority for next year is collaboration with Baltimore County Public Schools in electronic nicotine device education to teachers and students.
Baltimore City	Baltimore City is going to prioritize certain areas in the city to promote education, enforcement and cessation.
Calvert	The priority issues are underage use of electronic nicotine devices. Having a smoke free county fair on all days, not just youth day, and Enacting Tobacco 21 and similar policies. The LHD will also prioritize having smoke free parks.
Caroline	The LHD will continue prioritize the expansion of Caroline County's knowledge of ENDS (e. cigs, JUULs, vapes, etc.) as new research arises and share with the community as a whole on the issue.
Carroll	The LHD's priority for next year is smoking cessation programming and connecting with the SART program to reach pregnant women.
Cecil	The LHD's priorities for next year is to develop implementation procedures, streamlining state forms required, and creating user friendly templates for community to use in each program area (cessation, incentivized funding, retailer education and enforcement compliance checks). In addition, our priorities will also include identifying new evidence based programs to address vapes such as Catch My Breath and Take Down Tobacco (Youth Advocacy Program). Fading out single session events/presentations to more outcome- based programs. Also, the LHD will prioritize improvement streamlined funding from incentivize partners and LHD. Lastly, the LHD will address the difficulty of identifying tobacco retailer owners via internet sources (Comptroller, Dept. of Tax Assessment, circuit court) which makes it hard to cite owners.



<b>Jurisdiction</b>	<b>Open-Ended Responses of Priorities for Next Year</b>
Charles	The LHD's priorities for next year are addressing the Vaping/Juuling "epidemic" and secondhand smoke in homes with small children
Dorchester	The LHD's priority for next year is to build upon the positive partnerships with the school system to develop strategies for collaboration with individual schools, specifically in regards to electronic smoking devices.
Frederick	N/R
Garrett	The LHD's priority for next year is to address the trend of higher smokeless tobacco use and vaping among Garrett County youth.
Harford	Hartford County will continue to focus a great deal of their education and outreach on the technologically advanced but unregulated vaping/ENDS/EDS/"Juuling industry wherein, conservative (anecdotal) estimates of student experimentation with vaping products among high school students range from 60% to 90% of student bodies. This, despite ever increasing documentation and evidence of health risk to the present generation of ESD users in the way of addiction, cardiovascular disease, pulmonary disease and cancers.
Howard	Howard County's priorities are to mobilize community organizations to support tobacco sales compliance laws. In addition, the LHD will prioritize the restriction of youth access to tobacco products by conducting a faith-based leadership meeting to present MD tobacco laws and HC tobacco Enforcement to youths. The LHD also will prioritize requests for community support in faith-community initiatives. Other priorities include recruiting and retaining cessation participants and facilitating training on the Stanford Prevention toolkit.
Kent	In Kent County the priority is to institute a permanent smoke-free air policy at all parks, beaches, and rec sites. Currently this policy is only in place during youth events.
Montgomery	N/R
Prince George's	N/R
Queen Anne's	N/R
Somerset	Somerset County's priority is increasing cessation rates.
St. Mary's	St. Mary's County priority is to increase the effort to reach adults and youths who are receiving treatment for mental health conditions and for substance-related disorders. Currently, St. Mary's County Health Department offers an on-site smoking cessation class at a residential rehabilitation center. While this is a start more effort needs to be made to reach this population.
Talbot	N/R
Washington	For Washington County the priority is to create a database for SYNAR and receive more Technical Assistance from the state.
Wicomico	Wicomico County's priority is to provide more education to youths, school officials, and parents on juuling.
Worcester	N/R