

Headline: November 1990 Baltimore Sun

NEWS

Maryland's cancer death rate highest among states Rural incidence helps propel ranking

By Mary Knudson | November 25, 1990

Rural Somerset County is full of folks like Joe Reading, who used to dip his bare hands in DDT, still uses other chemicals on his farm and bathes his dinner greens in bacon grease. And Lewis W. Jones, a medical clinic director who smoked two packs of cigarettes a day until recently. And Weltonia Engram, who avoided getting Pap smears because she was afraid she might learn she had cancer. Smoking, diets loaded with fat and salt, exposure to cancer-causing chemicals and poor access to health care may be clues to why one in 321 Somerset residents dies of cancer every year.



NEWS

Md. cancer death rates move Schaefer to seek analyses, recommendations

By Mary Knudson and Mary Knudson, Sun Staff Correspondent | December 7, 1990

ANNAPOLIS -- Gov. William Donald Schaefer has given the state health and environment secretaries 30 days to draw up recommendations for reducing cancer death rates in Maryland that topped those of any other state this year. Specifically, the governor said he asked the officials to report back to him on cancer-prevention programs in Baltimore and in Allegany County, to examine what the causes of the high rates may be, and to make recommendations for lowering the cancer death rates. Baltimore leads the state in cancer deaths and Allegany County has high death rates in several types of cancer, according to the latest five years of statistics available, 1983 to 1987.



NEWS

Tobacco, alcohol cited in Md. cancer deaths

By Mary Knudson | January 23, 1991

Health officials who have been poring over the state's cancer statistics for the past few months said yesterday they believed that tobacco and alcohol use were the major reasons why Maryland led the nation in cancer death rates. At least 42 percent of Maryland's cancer deaths, including lung, pancreas, esophagus, bladder, pharynx, liver and larynx, are linked to either tobacco use, alcohol use or both, Dr. John Southard of the state Department of Health and Mental Hygiene said yesterday. And the Maryland death rate for all of these cancers is higher than the U.S. average, he said.



NEWS

Poverty can lead to cancer deaths

By Robyn Washington | August 27, 1991

For a long time, it was assumed that race was the primary factor predisposing certain groups of people to developing cancer. Health experts are now finding that race alone does not predispose one to cancer, but that socioeconomic status contributes to high rates of cancer and cancer-related deaths. The inability to access health care systems, certain lifestyles and dietary habits, and attitudes toward cancer are believed to be the primary reasons why blacks and other minorities more often become victims of the disease.



Maryland Cancer Control Plan

Maryland Cancer Consortium

January 1991



1994

NEWS

Maryland 2nd in nation in rate of cancer deaths

By Jonathan Bor and Jonathan Bor, National Center for Health StatisticsSun Staff Writer | February 1, 1994

Maryland has retained its distinction as the state with the second-highest cancer death rate in the nation, trailing neighboring Delaware by a slim margin. The mid-Atlantic region's hold on cancer death is particularly striking when Washington is added to the picture. There, 230 out of every 100,000 inhabitants die of cancer each year, a rate exceeding that of any state. Maryland's other neighbors -- Pennsylvania, Virginia and West Virginia -- also have cancer death rates among the top 10. Statistics comparing cancer deaths rates across the United States appear in Cancer Facts & Figures-1994, released yesterday by the National Cancer Society.



1995

NEWS

State drops to third place in cancer death rates

By Jonathan Bor and Jonathan Bor, American Cancer SocietySun Staff Writer | January 29, 1995

Maryland has dropped from second to third place in the American Cancer Society's annual ranking of cancer death rates in the 50 states, a change that owes more to Louisiana's worsening toll than to major improvements here. The cancer mortality rate dropped by one death per 100,000 people -- a difference that is not considered statistically significant. In the meantime, Louisiana's rate grew by a slightly larger degree, giving that state the dubious distinction of ranking second to Delaware.



1998

NEWS

Maryland's cancer rate improves to 5th worst. State led cancer deaths in US a decade ago

By Jonathan Bor and Jonathan Bor, SUN STAFF | October 7, 1998

Declaring qualified success in combating cancer, Maryland health officials said yesterday the state has dropped from the nation's leader in cancer deaths to the fifth-worst state. The appraisal came yesterday from the Maryland State Council on Cancer Control, which released its first five-year compilation of cancer trends. The report showed that the most important measures -- cancer death and incidence rates -- dropped incrementally from 1992 through 1996. Death rates from the four leading cancer killers -- lung, colorectal, breast and prostate -- dropped over that period, as did rates of newly diagnosed cases.



Report of the Governor's Task Force to Conquer Cancer in Maryland

Parris N. Glendening, Governor

Kathleen Kennedy Townsend, Lt. Governor

Donna L. Jacobs, Esquire, Chair

Georges C. Benjamin, M.D., Vice Chair

December 9, 1999





Making Maryland The TobaccoFree State



A Report to the Governor

December 9, 1999

The Task Force To End Smoking In Maryland

Martin P. Wasserman, M.D., J.D. Chair Senator Nathaniel J. McFadden Vice-Chair



2000 Cigarette Restitution Fund Legislation

SB 896/ HB 1425

1	AN	ACT	concerni	ng
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!	Cigarette Restitution Fund - Tobacco Use Prevention and Cessation
}	Program - Cancer Prevention, Identification Education, Screening, and
	Treatment Program



. . .

WHEREAS. It is the intent of the General Assembly that the State coordinate its use of the Cigarette Restitution Fund in a logical, planned, and committed fashion so as to create a lasting legacy of public health initiatives that result in a reduction of both tobacco use and morbidity and mortality rates for cancer and tobacco-related diseases in the State and otherwise benefit the health and welfare of the State's residents...

2000 SB 896/ HB 1425

Overall Goals of CRF Program

- Decrease Cancer Mortality
- Reduce Disparities among Minorities



Headline: 2013 Baltimore

NEWS

Maryland's cancer rate dips below the US rate Improves to 30th highest of 50 states and DC State led US cancer deaths twenty years ago



20 YEARS OF CANCER CONTROL ACCOMPLISHMENTS

The 20th Maryland State Council on Cancer Control Conference November 19, 2013

Diane M. Dwyer, MD
Medical Director
Center for Cancer Prevention and Control
Department of Health and Mental Hygiene



Measuring the Burden and Accomplishments

- Number of people with cancer or deaths from cancer
- Rates of cancer cases and deaths
- Disparities
- Risk factors including rates of tobacco use
- Cancer screening rates
- Having health care insurance
- Access to quality health care



Measuring the Burden and Accomplishments

- Cost of research
- Cost of prevention
- Cost of treatment
 - Total
 - Cost per case treated
 - Cost per year of life saved
- Survivorship



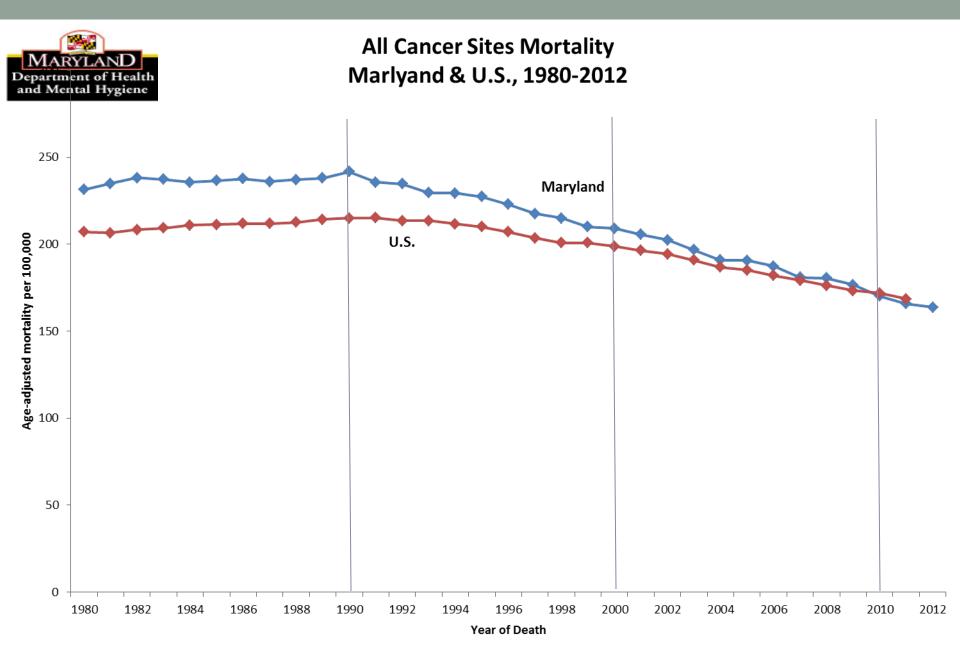
Headline: 2013 Baltimore

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Maryland's cancer rate dips below the US rate Improves to 30th highest of 50 states and DC State led US cancer deaths twenty years ago

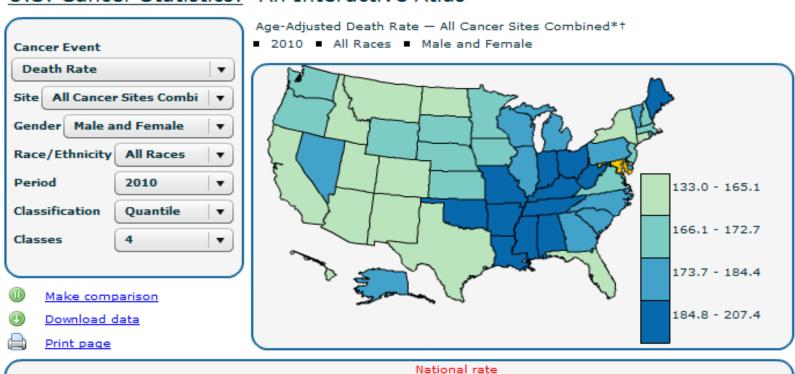


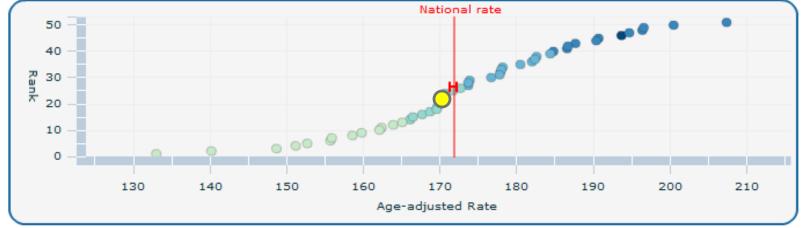
Cancer Mortality



Source: State Cancer Profiles, 1980-2010 Maryland Vital Statistics, 2011-2012

U.S. Cancer Statistics: An Interactive Atlas



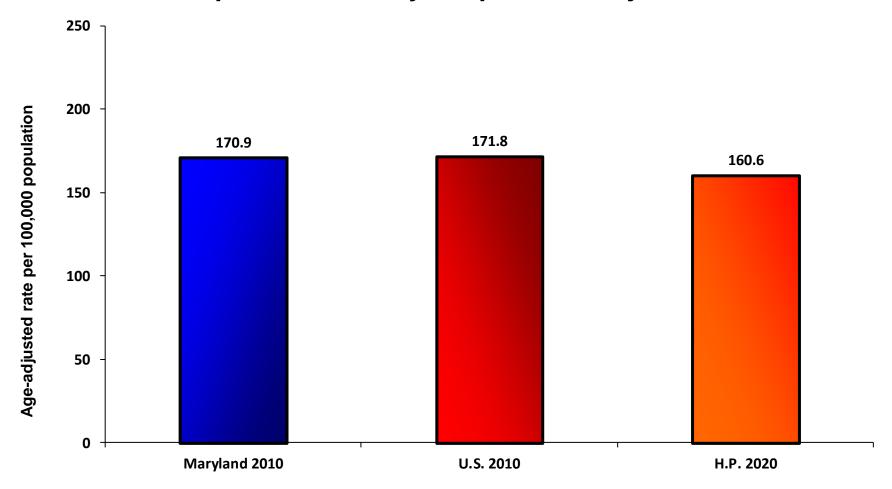




Age-adjusted Death Rate – All Cancer Sites Combined 2010, All Races, Male and Female



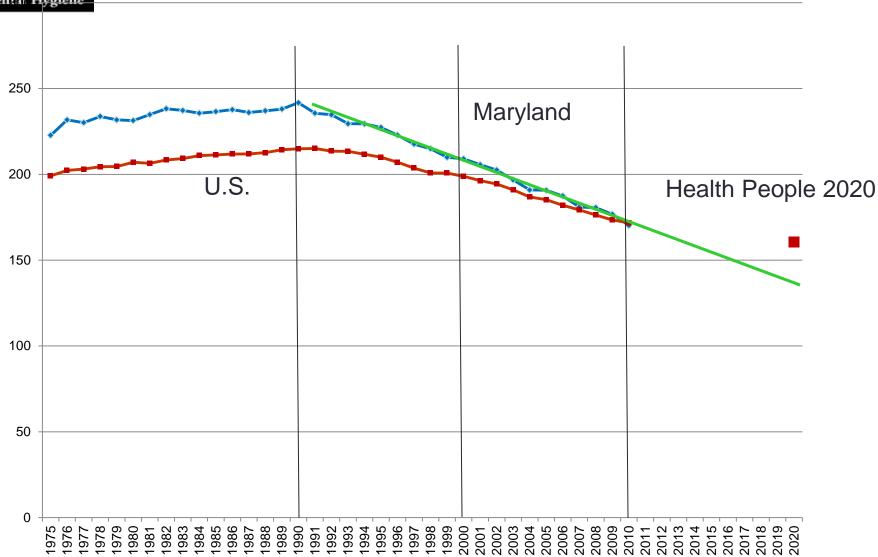
Maryland and U.S. All Cancer Sites Mortality Rates, 2010 Compared to Healthy People 2020 Objectives

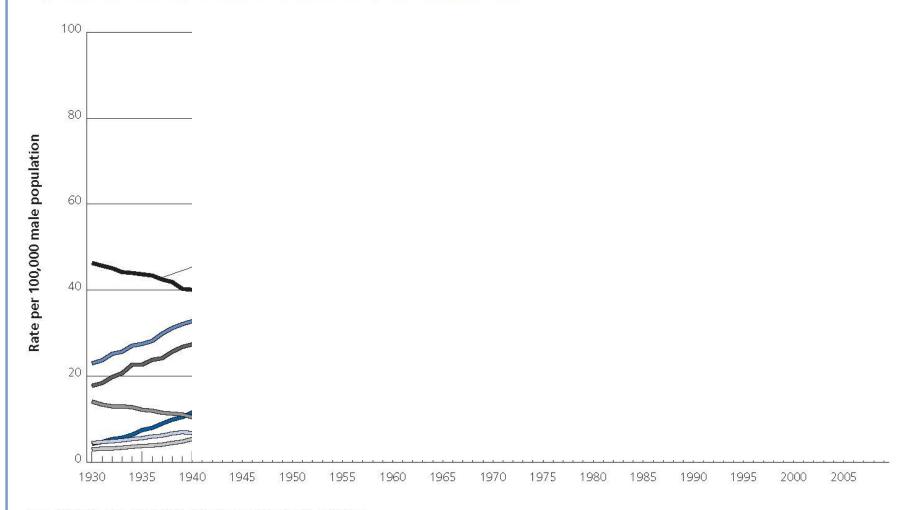


Sources: Maryland Vital Statistics Administration from MATCH
U.S. Seer, Cancer Statistics Review
Healthy People 2020, U.S. Department of Health and Human Services



All Cancer Site Mortality U.S. and Maryland 1975—2010 with Healthy People 2020 Goal

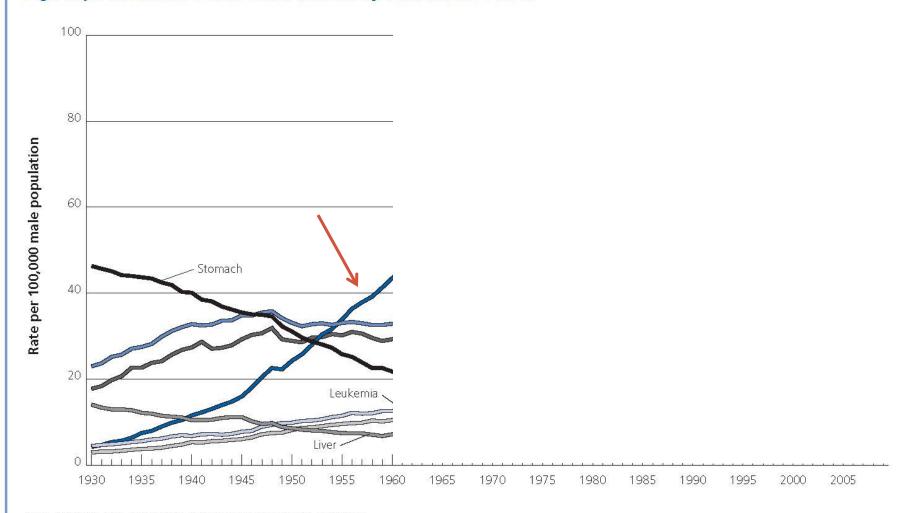




^{*}Per 100,000, age adjusted to the 2000 US standard population.

Note: Due to changes in ICD coding, numerator information has changed over time. Rates for cancer of the liver, lung and bronchus, and colon and rectum are affected by these coding changes.

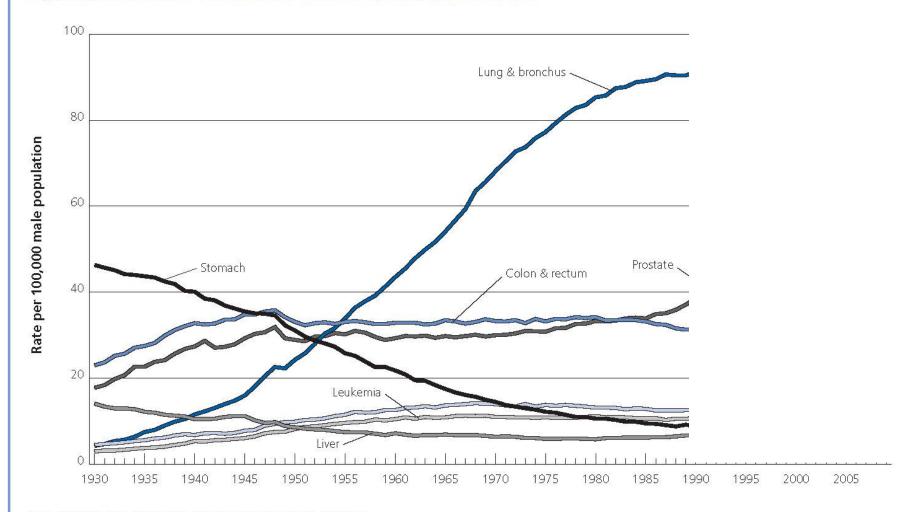
Source: US Mortality Volumes 1930 to 1959, US Mortality Data 1960 to 2009, National Center for Health Statistics, Centers for Disease Control and Prevention.



*Per 100,000, age adjusted to the 2000 US standard population.

Note: Due to changes in ICD coding, numerator information has changed over time. Rates for cancer of the liver, lung and bronchus, and colon and rectum are affected by these coding changes.

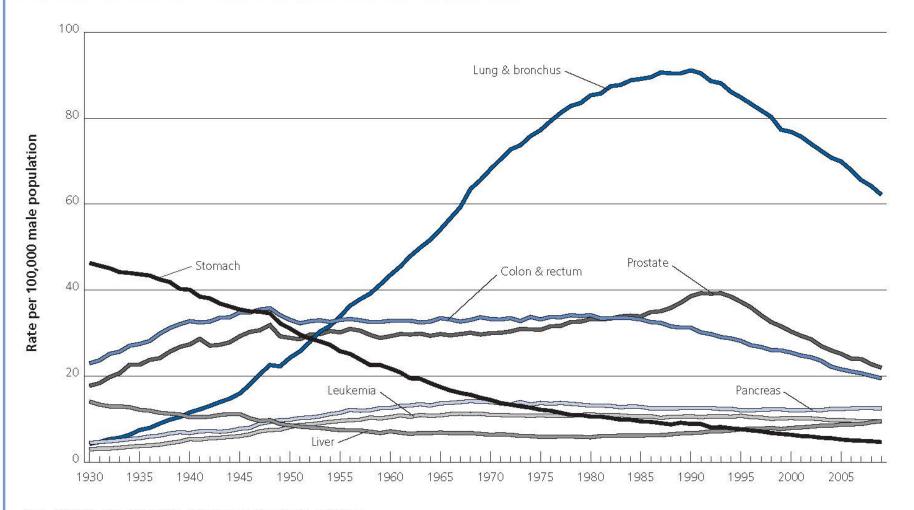
Source: US Mortality Volumes 1930 to 1959, US Mortality Data 1960 to 2009, National Center for Health Statistics, Centers for Disease Control and Prevention.



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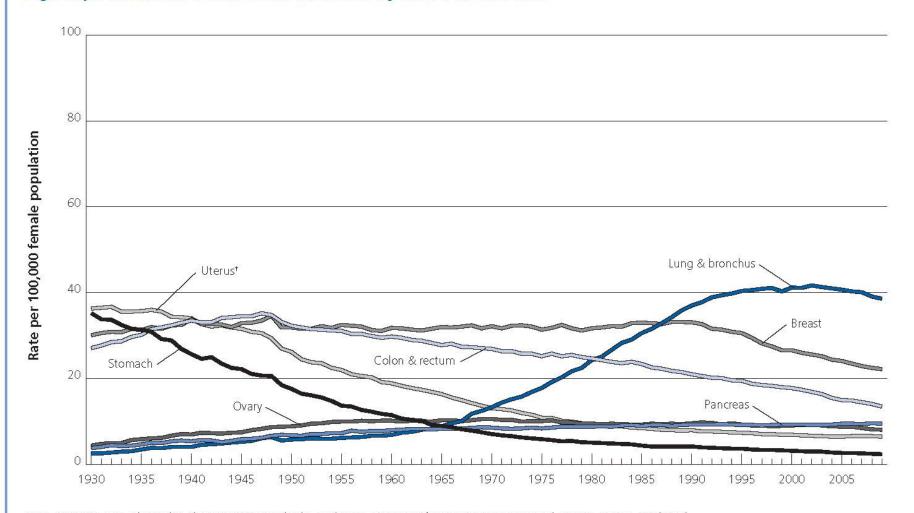
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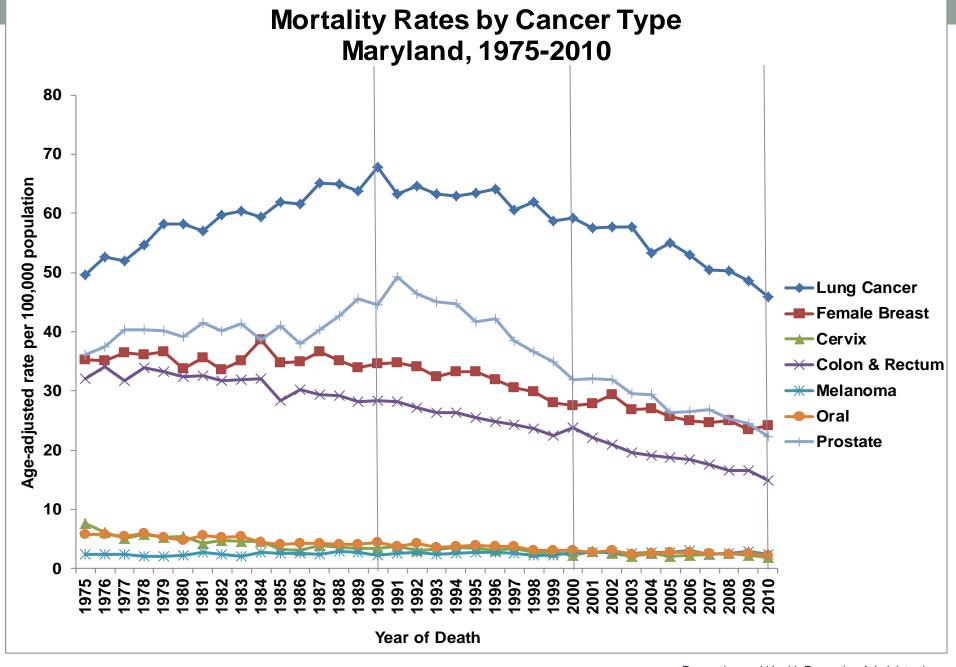
Source: US Mortality Volumes 1930 to 1959, US Mortality Data 1960 to 2009, National Center for Health Statistics, Centers for Disease Control and Prevention.

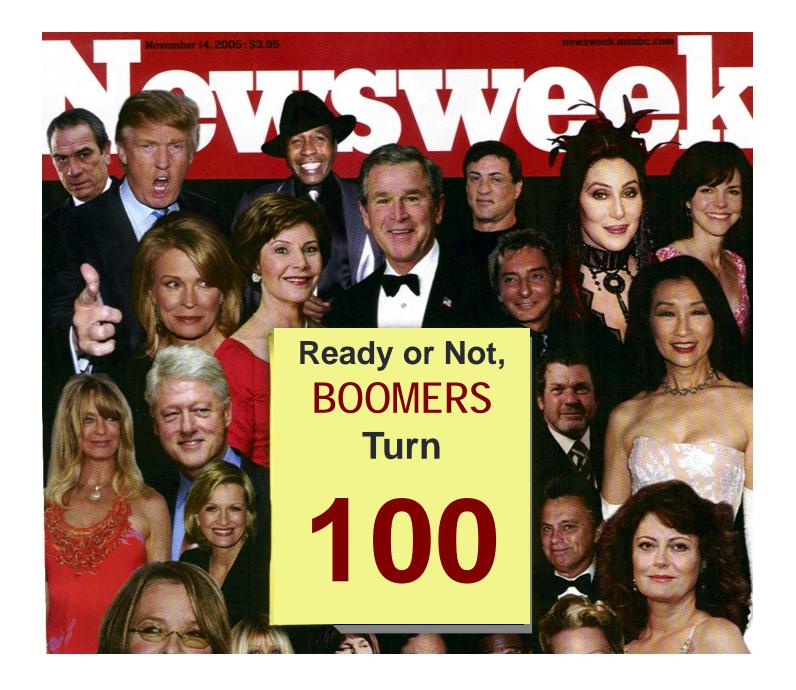


*Per 100,000, age adjusted to the 2000 US standard population. †Uterus refers to uterine cervix and uterine corpus combined.

Note: Due to changes in ICD coding, numerator information has changed over time. Rates for cancer of the lung and bronchus, colon and rectum, and ovary are affected by these coding changes.

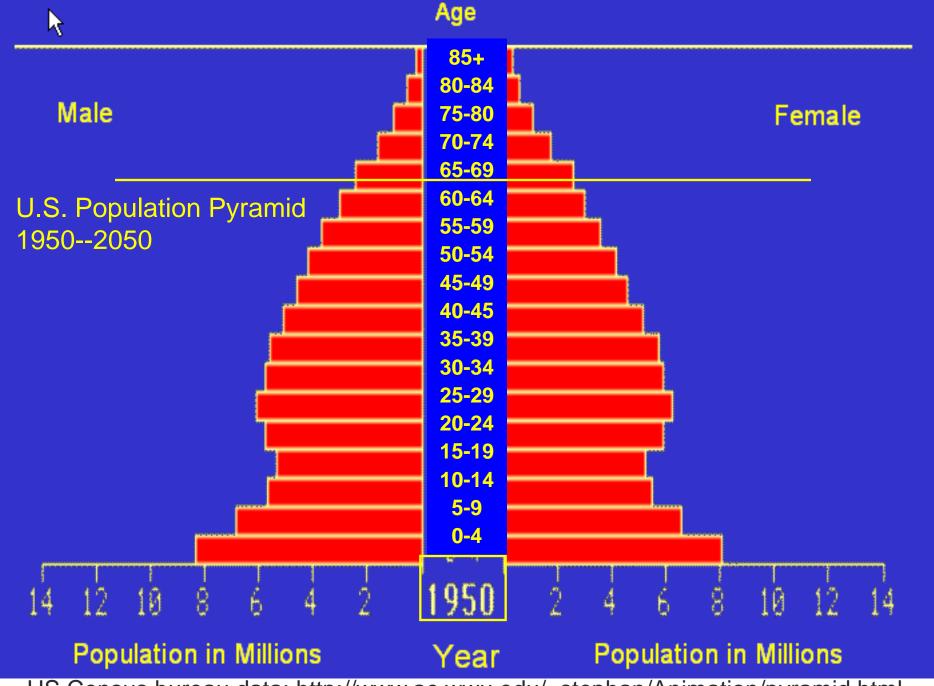
Source: US Mortality Volumes 1930 to 1959, US Mortality Data 1960 to 2009, National Center for Health Statistics, Centers for Disease Control and Prevention.



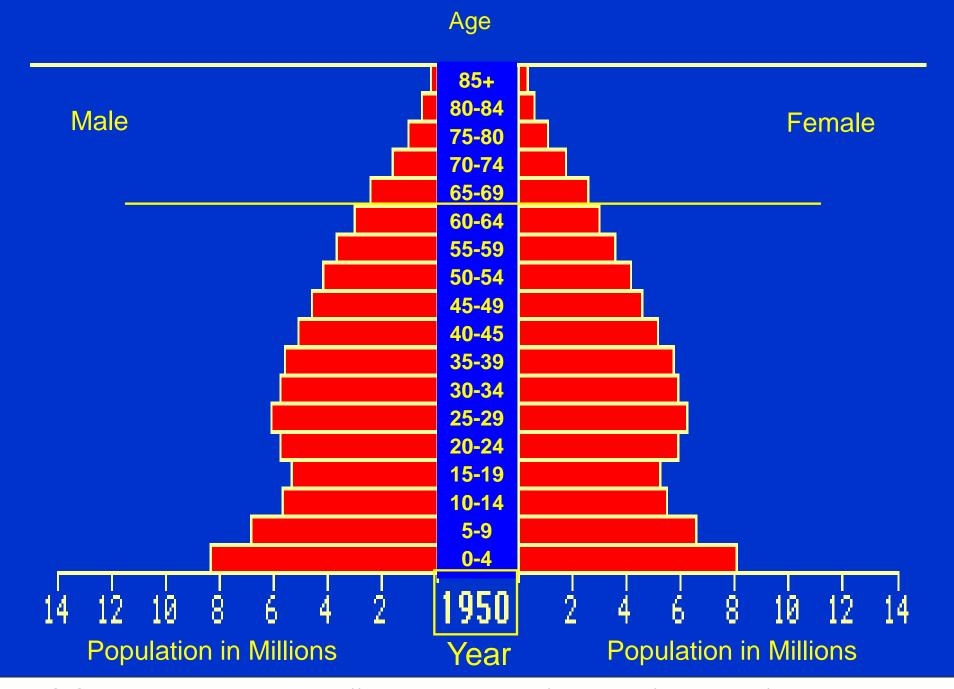




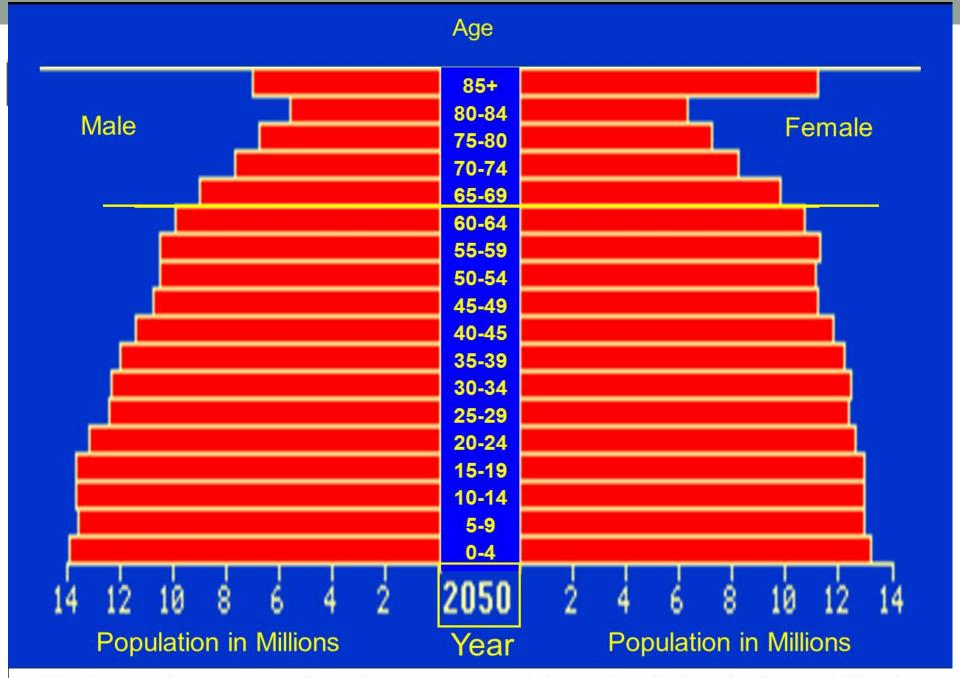
U.S. Population Pyramid 1950—2050



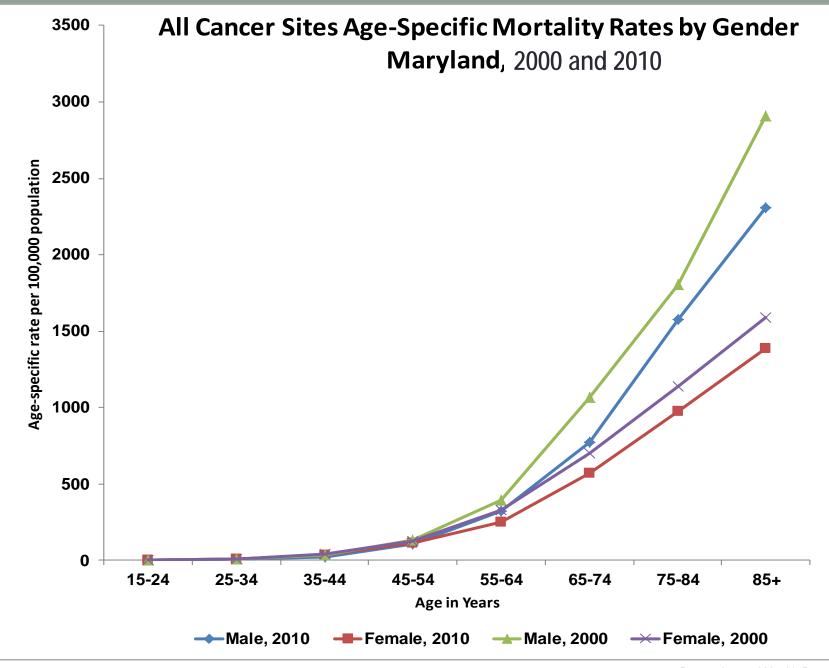
US Census bureau data; http://www.ac.wwu.edu/~stephan/Animation/pyramid.html

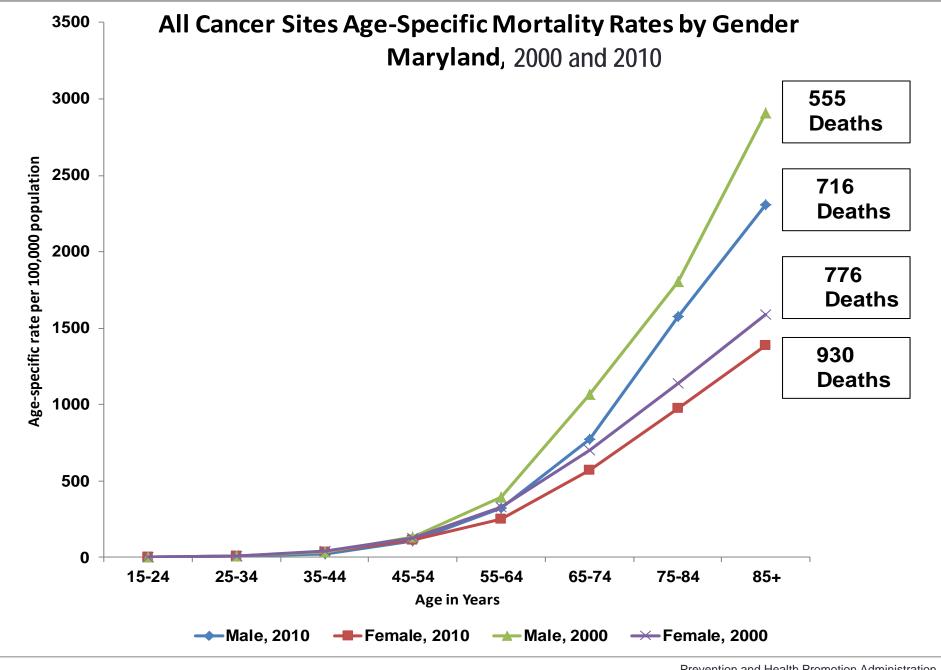


US Census bureau data; http://www.ac.wwu.edu/~stephan/Animation/pyramid.html



US Census bureau data; http://www.ac.wwu.edu/~stephan/Animation/pyramid.html







If rates of cancer stay the same....

Year	Maryland population 85+ years*					
2000	67,000 people 85+					
	1,300 deaths/year from cancer in this group					
2030	165,000 people 85+					
	3,200 deaths/year from cancer in this group					

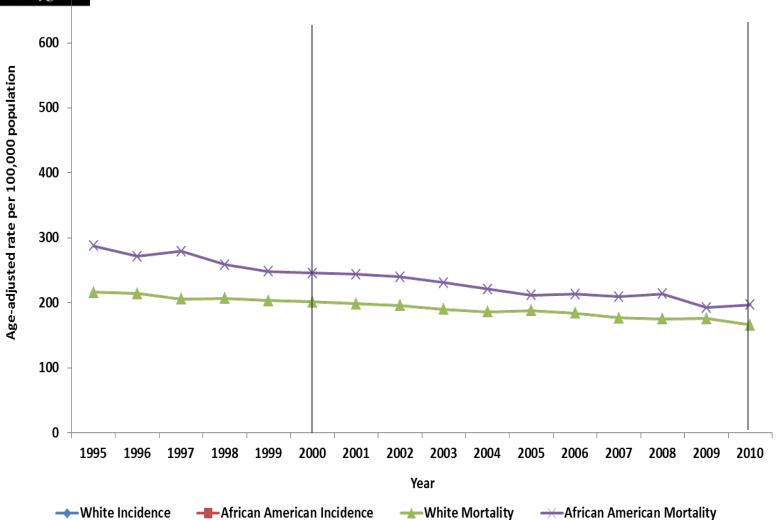
Source: Maryland State Data Center, Maryland Department of Planning http://www.mdp.state.md.us/msdc/dw_popproj.htm



Racial Disparities



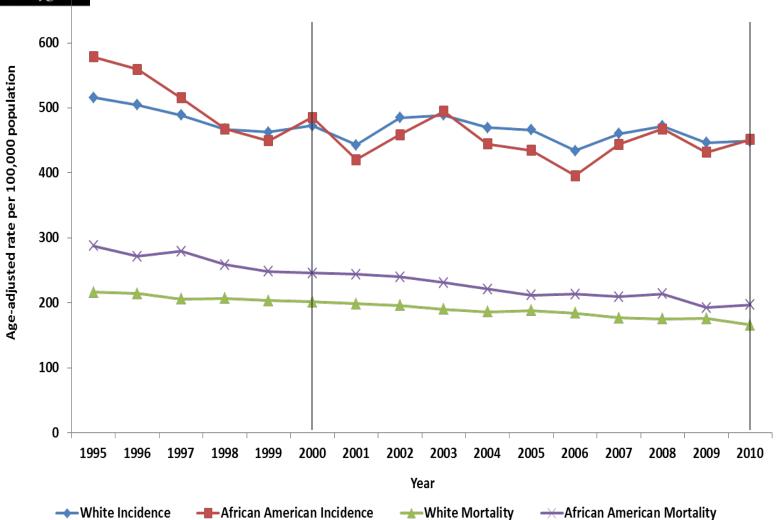
All Cancer Sites Incidence and Mortality by Race Maryland, 1995-2010



Source: Incidence: Maryland Cancer Registry
Mortality: State Cancer Profiles



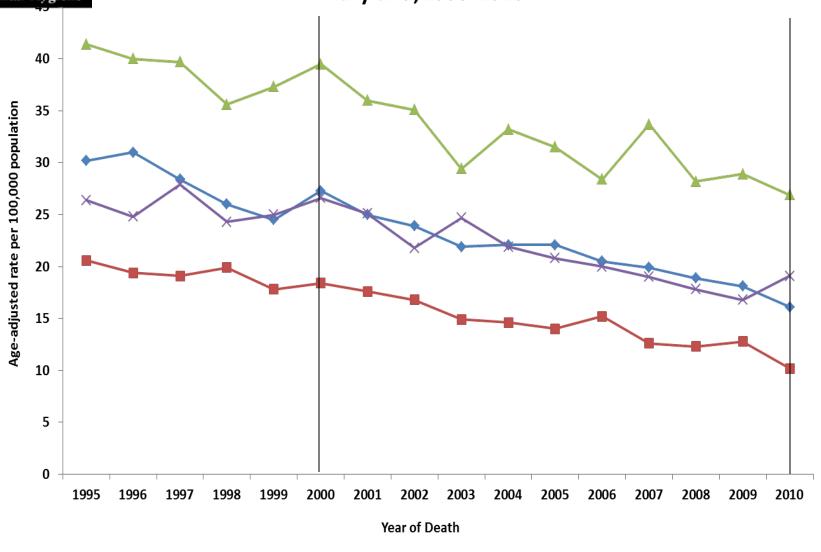
All Cancer Sites Incidence and Mortality by Race Maryland, 1995-2010



Source: Incidence: Maryland Cancer Registry
Mortality: State Cancer Profiles



Colorectal Cancer Mortality by Race and Sex Maryland, 1995-2010



→ Black Male

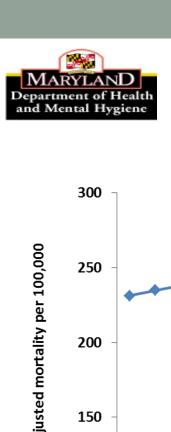
→ Black Female

----White Female

→ White Male



Cancer Risk Factors and Screening Rates



1980

Source: State Cancer Profiles

1982

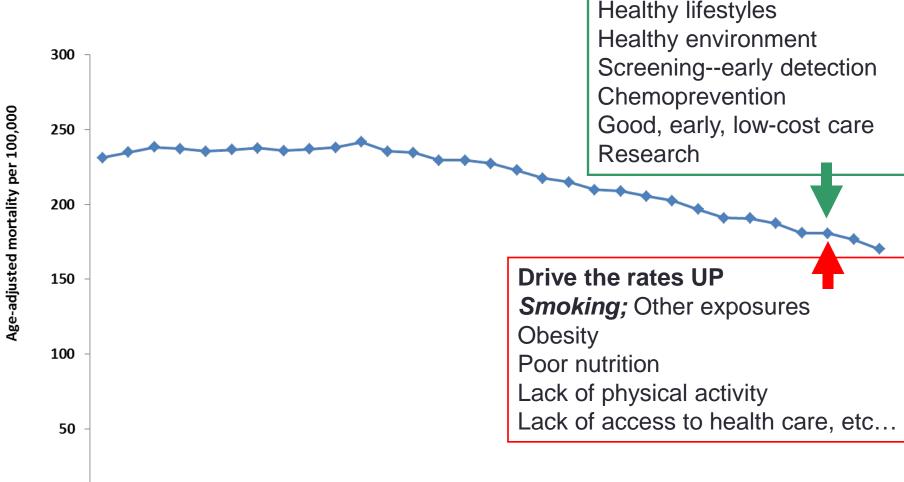
1984

1986

1988

1990

All Cancer Sites Mortality Maryland, 1980-2010



Prevention and Health Promotion Administration November 19, 2013

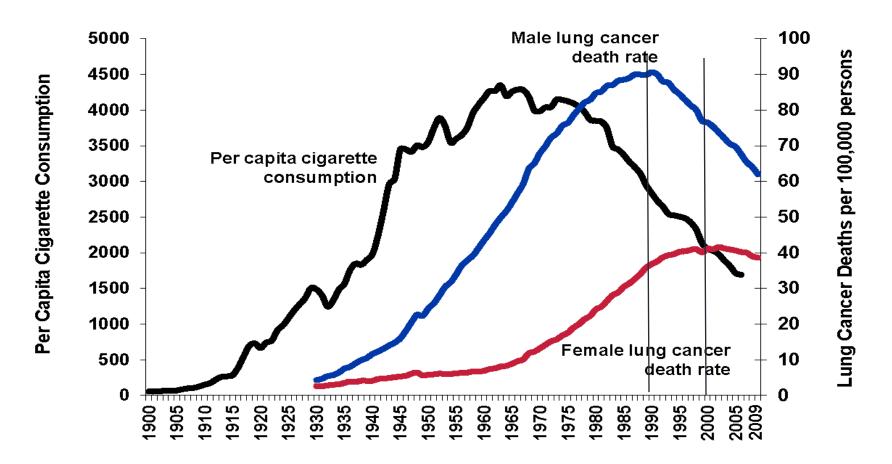
Drive the rates DOWN

1998

2000

2010

Trends in Tobacco Use and Lung Cancer Death Rates* in the US 1900—2009

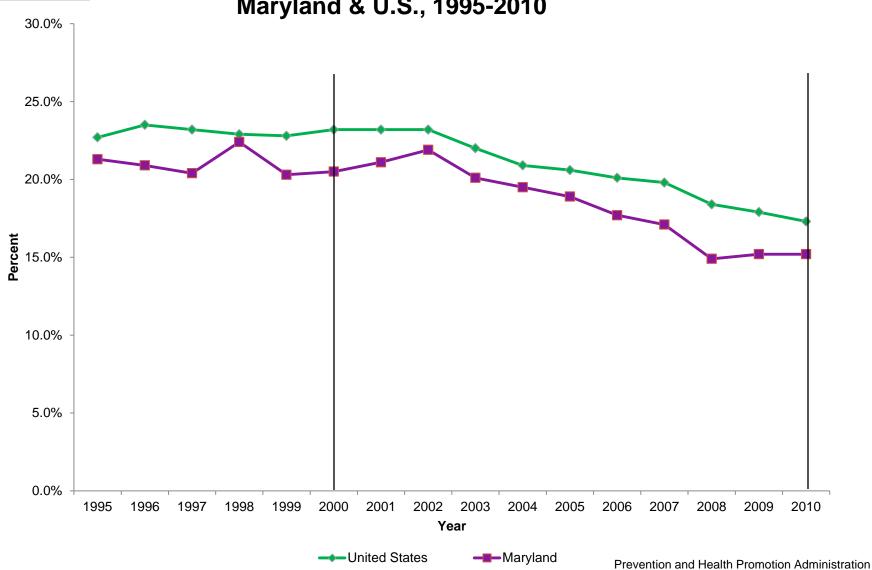


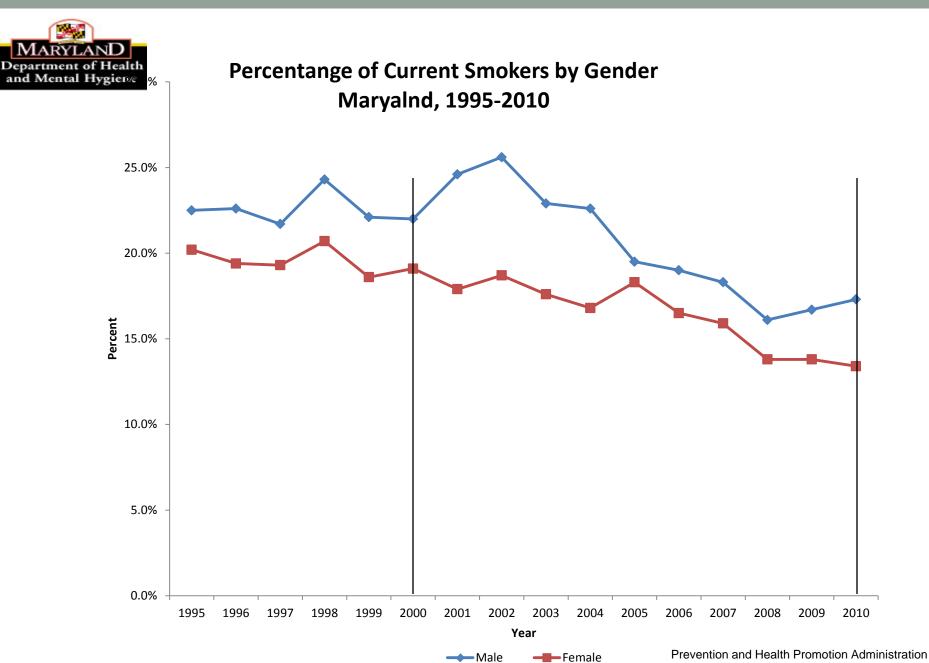
^{*}Age-adjusted to 2000 US standard population.

Source: Death rates: US Mortality Data, 1960-2009, US Mortality Volumes, 1930-1959, National Center for Health Statistics, Centers for Disease Control and Prevention. Cigarette consumption: US Department of Agriculture, 1900-2007.



Percentage of Current Smokers Maryland & U.S., 1995-2010



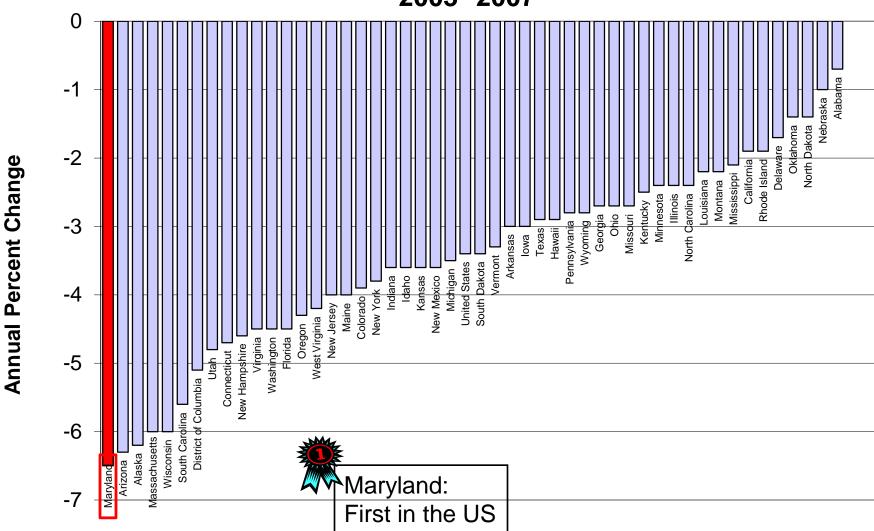




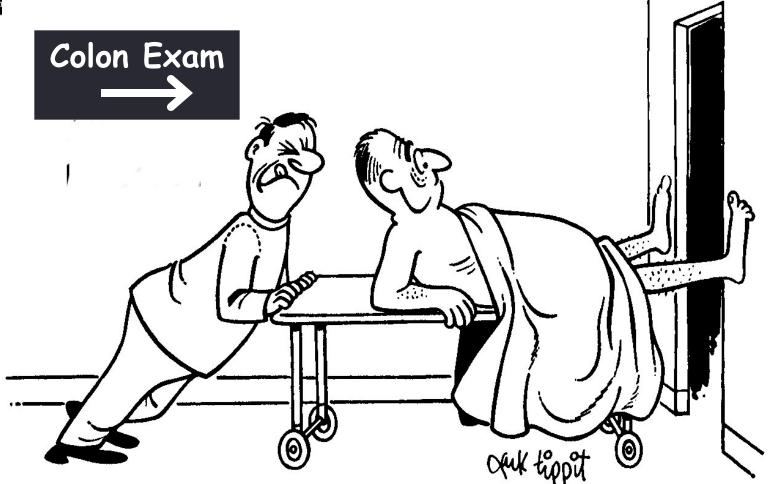
MARYLAND:

FIRST IN THE UNITED STATES in Decreasing Colorectal Cancer Incidence Rates 2003—2007

Annual Percent Change in CRC Incidence by State, 2003--2007







Adapted from Jack Tippit, Saturday Evening Post



Summary of Cigarette Restitution Fund Colorectal Cancer Screening in Maryland

As of November 16, 2013:

25,801

People have had one or more CRC screening procedures (almost all were low income, un- or under-insured)

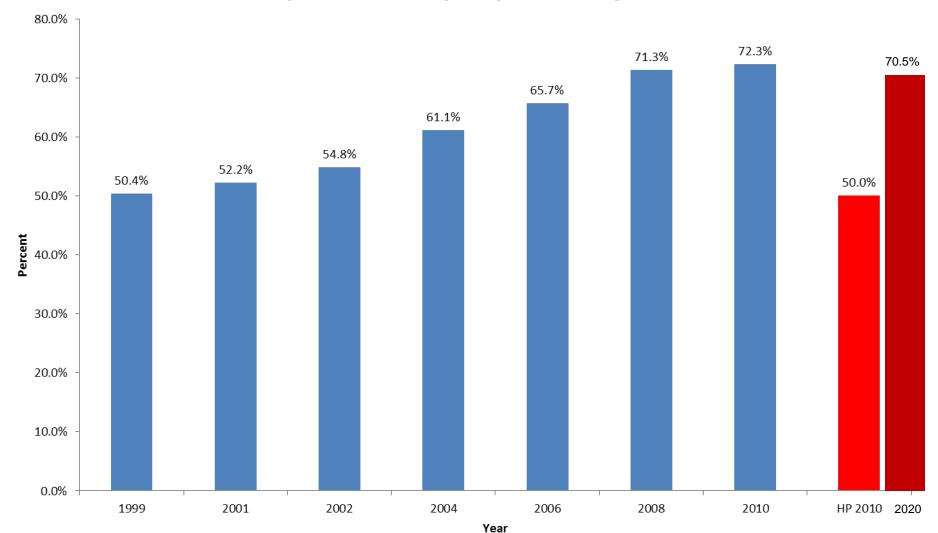
8,359 FOBTs (all income levels)

191 Sigmoidoscopies

24,511 Colonoscopies

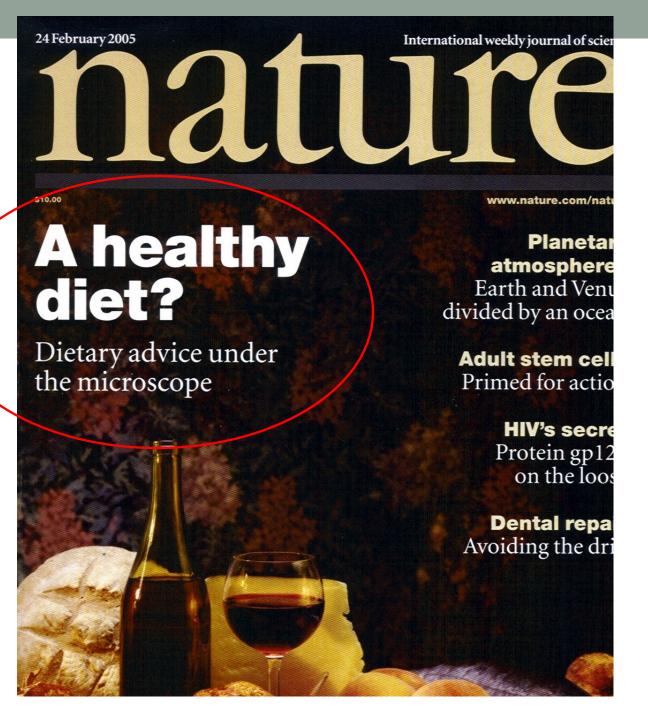


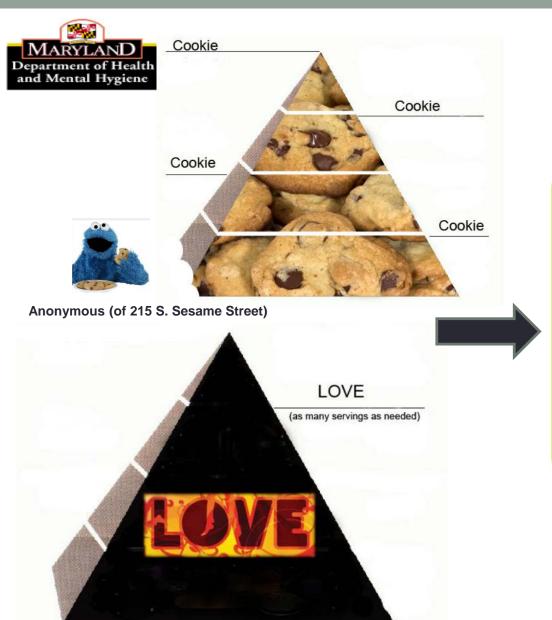
Ever Had Sigmoidoscopy or Colonoscopy 50 Years and Older by Year of Survey, Maryland Compared to Healthy People 2010 Objective



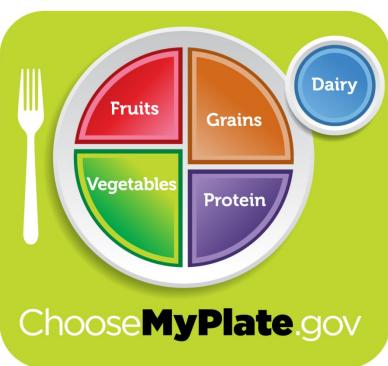
Sources: Maryland BRFSS Healthy People 2010, 2020







P. McCartney, J. Lennon, G. Harrison, R. Star

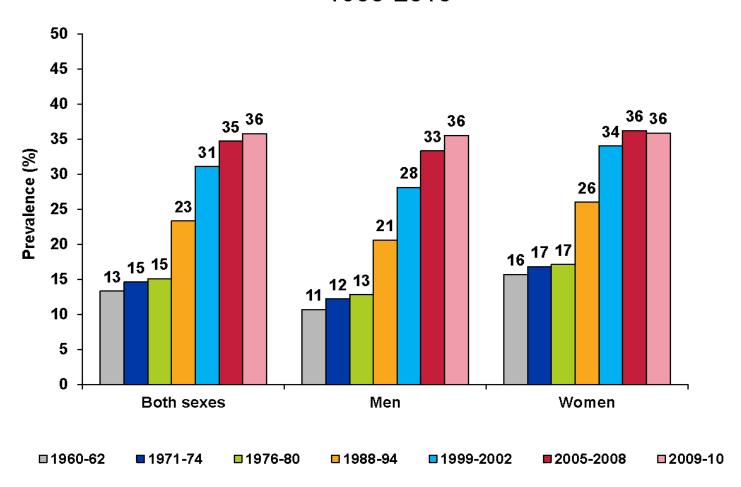


2011

Source: www.choosemyplate.gov,
United States Department of Agriculture



Trends in Obesity* Prevalence, Adults Aged 20 to 74, US, 1960-2010

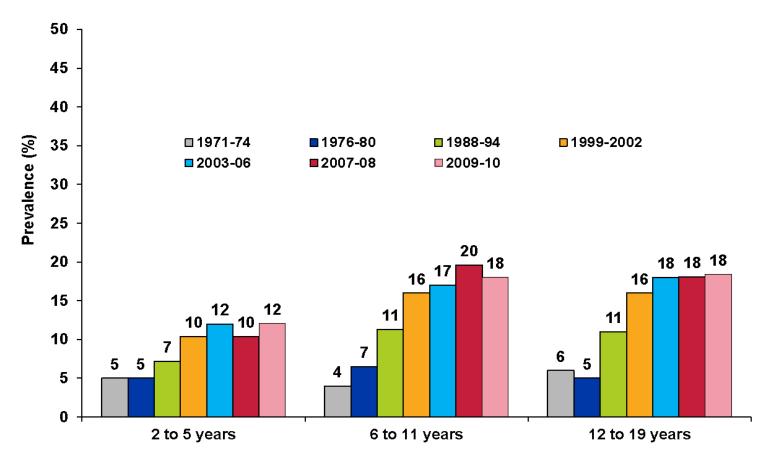


^{*}Obesity=body mass index ≥ 30 kg/m²; estimates are age adjusted to the 2000 US standard population. Source: National Health and Nutrition Examination Survey, National Center for Health Statistics, Centers for Disease Control and Prevention.

Taken from Cancer Statistics 2013 Slide Presentation, American Cancer Society



Trends in Obesity* Prevalence among Children, US, 1971-2010



^{*}Body mass index ≥ the sex-and age-specific 95th percentile cutoff points from CDC Growth Charts.

Source: National Health and Nutrition Examination Survey, 1971-1974, 1976-1980, 1988-1994, 1999-2002, National Center for Health Statistics, Centers for Disease Control and Prevention. 2003-06: Ogden, et al. JAMA 2008. 2007-08: Ogden, et al. JAMA 2010. 2009-10: Ogden, et al. NCHS data brief, no 82. National Center for Health Statistics 2012.



Maryland Adults, 2010

- Only 27% consumed ≥ 5 fruits & vegetables per day
- Only 34% had healthy weight (not overweight or obese)
- Only 32% were physically active
- Only 6.6% of Maryland adults met all three healthy goals

Maryland Behavioral Risk Factor Surveillance System, 2010



Conclusions

With your help....

- Maryland has made great strides in cancer control
- Maryland cancer mortality is now below the US rate
- Maryland is ready to meet the challenges of:
 - changing behaviors
 - further eliminating disparities
 - providing healthcare coverage and access to all



Thanks to You!





Acknowledgements

- Kelly Richardson, MPH, Surveillance and Evaluation Unit, Center for Cancer Prevention and Control
- DHMH, Prevention and Public Health Admin. (PHPA), Cancer and Chronic Disease Bureau (CCDB), Center for Cancer Prevention and Control (CCPC)
- CCPC Surveillance and Evaluation Unit and CRF Programs Unit
- University of Maryland, Baltimore—Dept. of Epidemiology and Public Health
- CCPC Maryland Cancer Registry
- Maryland Tumor Registrars; Westat
- DHMH, PHPA, CCDB, Center for Tobacco Prevention and Control
- DHMH, Office of Minority Health and Health Disparities
- DHMH Minority Outreach and Technical Assistance
- Maryland Local Health Departments
- Maryland Academic Medical Centers: U of Maryland, Johns Hopkins
- DHMH Vital Statistics
- Maryland Behavioral Risk Factor Surveillance System
- American Cancer Society
-and MANY others



Overall CRF Funding FY14: \$150 Million

