

LARRY HOGAN
Governor
BOYD K. RUTHERFORD
Lieutenant Governor

December 12, 2016

DAVID R. BRINKLEY
Secretary
MARC L. NICOLE
Deputy Secretary

The Honorable Thomas V. Mike Miller, Jr. President of the Senate H-107 State House Annapolis MD 21401-1991

The Honorable Michael E. Busch Speaker of the House H-101 State House Annapolis MD 21401-1991

Dear President Miller and Speaker Busch:

Pursuant to Section 7-317(h)(2) of the State Finance and Procurement Article, we are forwarding reports on funds expended in the prior fiscal year from the Cigarette Restitution Fund and the related outcomes or public benefits, prepared by the Department of Health and Mental Hygiene (DHMH) and the Department of Agriculture.

A summary of fiscal year 2016 appropriations and expenditures (including encumbrances) follows. Please note that the expenditures represent State expenditures and not expenditures by the grantees. To the extent that the grantees do not spend grants, the funds may be returned to DHMH as part of the grant reconciliation process conducted by the Department. That process is not complete until several months after the end of the State's fiscal year. Funds relating to unspent grants from prior fiscal years were recovered by DHMH and transferred back to the Cigarette Restitution Fund in the amount of \$2,629,971 (not reflected in the fiscal year 2016 activity shown below).

### **Crop Conversion**

L00A.12.10 Marketing and Development

Appropriation: \$5,173,000 Expended/Encumbered: \$5,173,000

L00A.12.13 Tobacco Transition Program

Appropriation: \$868,000 Expended/Encumbered: \$868,000

### Cancer Prevention, Education, Screening, and Treatment

M00F.03.04 Prevention and Disease Control

Appropriation: \$25,066,905 Unobligated/Reverted: \$(287,858) Expended/Encumbered: \$24,779,047 The Honorable Thomas V. Mike Miller, Jr The Honorable Michael E. Busch November 21, 2017 Page 2

Tobacco Use Prevention and Cessation M00F.03.04 Prevention and Disease Control	•
Appropriation:	\$7,676,415
Unobligated/Reverted:	\$(299,464)
Expended/Encumbered:	\$7,376,951
Breast and Cervical Cancer M00F.03.04 Prevention and Disease Control	
Appropriation:	\$13,230,000
Expended/Encumbered:	\$13,230,000
<b>Tobacco Enforcement</b> M00F.03.04 Prevention and Disease Control	
Appropriation:	\$2,000,000
Expended/Encumbered:	\$2,000,000
<b>Drug Addiction</b> M00L.01.02 Addiction Treatment and Preventi	on Services
Appropriation:	\$21,032,184
Expended/Encumbered:	\$21,032,184
Medicaid M00Q.01.03 Medical Provider Reimbursement	
Appropriation:	\$108,448,000
Unobligated/Reverted:	\$(4,000,000)
Expended/Encumbered:	\$104,448,000
Education R00A.03.04 Aid to Non-public Schools	
Appropriation:	\$6,109,000
Unobligated/Reverted:	\$(299,541)
Expended/Encumbered:	\$5,809,459

Legal Expenses
C81C.00.01 Legal Counsel and Advice

Appropriation:	\$426,134
Unobligated/Reverted:	\$(255,384)
Expended/Encumbered:	\$170,750

### C81C.00.14 Civil Litigation Division

Appropriation:		\$473,598
Unobligated/Reverted:		\$(84,674)
Expended/Encumbered:		\$388,924

If you have any further questions or concerns regarding this report, please contact me at 410-260-7041.

David R. Brinkley

Secretary

Enclosure

### MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

### CIGARETTE RESTITUTION FUND PROGRAM

### **FISCAL YEAR 2016 ANNUAL REPORT**

### FUND EXPENDITURES AND ACCOMPLISHMENTS

State Finance and Procurement Article, Section 7-317(h)(2) Chapter 58 of the Acts of 2015 (HB 67)

September 2016





### CIGARETTE RESTITUTION FUND PROGRAM

### FISCAL YEAR 2016 ANNUAL REPORT

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### **FISCAL REPORTS**

### CANCER CONTROL PROGRAMS AND TOBACCO USE PREVENTION

### Department of Health and Mental Hygiene, Prevention and Health Promotion Administration Cigarette Restitution Fund Program

Interim Fiscal Report - Fiscal Year 2015 (July 1, 2015 - June 30, 2016)

### **Cancer Prevention, Education, Screening and Treatment Program**

Components:	Appropriation	Expenditures	Obligations	Unobligated
Administration	606,900	521,156	0	85,744
Surveillance and Evaluation	1,222,408	996,283	66,884	159,242
Statewide Academic Health Center - Cancer				
Research	13,000,000	7,977,295	5,022,705	0
Local Public Health *	7,547,472	7,547,472	0	0
Baltimore City Public Health Grant *	2,446,000	885,785	1,560,215	0
Statewide Public Health Network	0		0	0
Statewide Academic Health Center - Other				
Tobacco-Related Diseases	0		0	0
Cancer - Database Development	244,125	125,529	75,724	42,872
Total	25,066,905	18,053,520	6,725,527	287,857

### Local Public Health Component - Distribution by Jurisdiction - CANCER

	(Budget)	Unreconciled		
Subdivision	Available	Expenditures	<b>Obligations</b>	Unobligated
	Funding			
Allegany	205,578	205,578	0	0
Anne Arundel	690,533	690,533	0	0
Baltimore Co.	1,091,949	1,091,949	0	0
Calvert	191,678	191,678	0	0
Caroline	140,959	140,959	0	0
Carroll	285,566	285,566	0	0
Cecil	218,922	218,922	0	0
Charles	229,298	229,298	0	0
Dorchester	148,895	148,895	0	0
Frederick	319,762	319,762	0	0
Garrett	135,894	135,894	0	0
Harford	380,624	380,624	0	0
Howard	320,382	320,382	0	0
Kent	133,917	133,917	0	0
Montgomery	869,142	869,142	0	0
Prince George's	824,716	824,716	0	0
Queen Anne's	157,142	157,142	0	0
St. Mary's	197,627	197,627	0	0
Somerset	137,374	137,374	0	0
Talbot	163,442	163,442	0	0
Washington	274,452	274,452	0	0
Wicomico	230,233	230,233	0	0
Worcester	199,387	199,387	0	0
Baltimore City *	2,446,000	885,785	1,560,215	0
TOTAL	9,993,472	8,433,257	1,560,215	0

<sup>\*</sup> The budget and expenditure for Baltimore City are in the Baltimore City Public Health Grant. Baltimore City's budget of \$2,446,000 adds to the Local Public Health distribution by jurisdiction of \$7,547,472 to make a total of \$9,993,472.

### Department of Health and Mental Hygiene, Prevention and Health Promotion Administration

### **Cigarette Restitution Fund Program**

Interim Fiscal Report - Fiscal Year 2015 (July 1, 2015 - June 30, 2016) (Continued)

### **Tobacco Use Prevention and Cessation Program**

	Appropriation	Expenditures	Obligations	Unobligated
Components:				
Administration	238,744	70,936	0	167,808
Surveillance and Evaluation	1,022,142	689,162	142,447	190,533
Countermarketing and Media	0	0	0	0
Local Public Health	3,877,227	3,875,227	2,000	0
Tobacco Prevention and Cessation	216,478	241,772	(25,294)	0
Statewide Public Health	2,321,824	1,689,499	632,325	0
Total	7,676,415	6,566,596	751,478	358,341

### Local Public Health Component - Distribution by Jurisdiction - TOBACCO

		TT 11		_
a	(Budget)	Unreconciled	0111 4	** ***
Subdivision	Available	Expenditures	Obligations	Unobligated
	<b>Funding</b>			
Allegany	126,876	126,876	0	0
Anne Arundel	232,585	232,585	0	0
Baltimore Co.	314,368	314,368	0	0
Calvert	130,599	130,599	0	0
Caroline	112,592	112,592	0	0
Carroll	153,569	153,569	0	0
Cecil	138,123	138,123	0	0
Charles	143,947	143,947	0	0
Dorchester	109,516	109,516	0	0
Frederick	163,123	163,123	0	0
Garrett	112,881	112,881	0	0
Harford	174,112	174,112	0	0
Howard	160,606	160,606	0	0
Kent	106,149	104,149	2,000	0
Montgomery	268,267	268,267	0	0
Prince George's	293,464	293,464	0	0
Queen Anne's	115,816	115,816	0	0
St. Mary's	131,255	131,255	0	0
Somerset	107,189	107,189	0	0
Talbot	109,807	109,807	0	0
Washington	150,223	150,223	0	0
Wicomico	128,928	128,928	0	0
Worcester	116,175	116,175	0	0
Baltimore City	277,057	277,057	0	0
TOTAL	3,877,227	3,875,227	2,000	0

### Department of Health and Mental Hygiene, Prevention and Health Promotion Administration Cigarette Restitution Fund Program

Interim Fiscal Report - Fiscal Year 2015 (July 1, 2015 - June 30, 2016) (Continued)

	(Budget) Available Funding	Expenditures	Obligations	Unobligated
<b>Breast and Cervical Cancer</b>	13,230,000	11,113,768	2,116,232	0
CRF Program Totals	13,230,000	11,113,768	2,116,232	0

Source: Financial reports of the State's Financial Management Information System (FMIS)

### **Definitions**

Expenditures: items reflected in the State's FMIS.

Obligations: funds reflective of an executed signed agreement or contract.

Unobligated: budget minus expenditures and obligations.

Expenditures from all jurisdictions have not yet been reconciled.

# MANAGING-FOR-RESULTS REPORTS CANCER CONTROL PROGRAMS AND TOBACCO USE PREVENTION

### M00F03.04 CIGARETTE RESTITUTION FUND - CANCER PREVENTION, EDUCATION, SCREENING AND TREATMENT PROGRAM - PREVENTION AND HEALTH PROMOTION ADMINISTRATION

#### PROGRAM DESCRIPTION

The Cancer Prevention, Education, Screening and Treatment Program was created under the Cigarette Restitution Fund (CRF) and seeks to reduce death and disability due to cancer in Maryland through implementation of local public health and statewide academic health center initiatives.

### **MISSION**

The mission of the Cancer Prevention, Education, Screening and Treatment Program is to reduce the burden of cancer among Maryland residents through enhancement of cancer surveillance, implementation of community-based programs to prevent and/or detect and treat cancer early, enhancement of cancer research, and translation of cancer research into community-based clinical care.

#### **VISION**

The Cancer Prevention, Education, Screening and Treatment Program envisions a future in which all residents of Maryland can lead healthy, productive lives free from cancer or disability due to cancer.

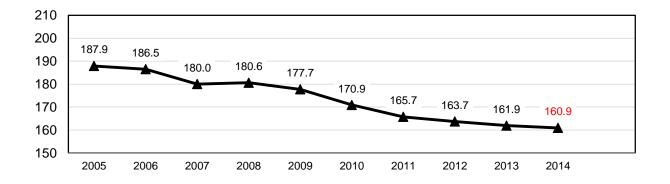
### KEY GOALS, OBJECTIVES, AND PERFORMANCE MEASURES

**Goal 1.** To reduce overall cancer mortality in Maryland.

**Objective 1.1** By calendar year 2017, reduce overall cancer mortality to a rate of no more than 151.9 per 100,000 persons. (Age-adjusted to the 2000 U.S. standard population.)

	CY2014	CY2015	CY2016	CY2017
Performance Measures	Actual	<b>Estimated</b>	<b>Estimated</b>	<b>Estimated</b>
Outcome: Overall cancer mortality rate	160.9	157.8	154.9	151.9

### Overall Cancer Mortality Rate Per 100,000 Persons (Age Adjusted to 2000 U.S. Standard Population)



**Goal 2.** To reduce disparities in cancer mortality between ethnic minorities and whites.

**Objective 2.1** By calendar year 2017, reduce disparities in overall cancer mortality between blacks and whites to a rate of no more than 1.13. (Age-adjusted to the 2000 U.S. standard population.)

	CY2014	CY2015	CY2016	CY2017
<b>Performance Measures</b>	Actual	<b>Estimated</b>	<b>Estimated</b>	<b>Estimated</b>
Outcome: Cancer death rate ratio between	1.13	1.13	1.13	1.13
blacks/whites				

**Goal 3.** To reduce mortality due to each of the targeted cancers under the local public health component of the CRF program.

**Objective 3.1** By calendar year 2017, reduce colorectal cancer mortality to a rate of no more than 12.9 per 100,000 persons in Maryland. (Age-adjusted to the 2000 U.S. standard population.)

Performance Measures	FY2015 Actual	FY2016 Actual	FY2017 Estimated	FY2018 Estimated
Output: Number screened for colorectal cancer with CRF funds	1,217	1,504	1,361	1,361
Number minorities screened for colorectal cancer with CRF funds	848	1,101	975	975
	CY2014	CY2015	CY2016	CY2017
Performance Measures	Actual	<b>Estimated</b>	Estimated	<b>Estimated</b>
Outcome: Colorectal cancer mortality rate	14.3	13.8	13.4	12.9

**Objective 3.2** By calendar year 2017, reduce breast cancer mortality to a rate of no more than 21.6 per 100,000 persons in Maryland. (Age-adjusted to the 2000 U.S. standard population.)

		FY2015	FY2016	FY2017	FY2018
Perform	ance Measures	Actual	Actual	Estimated	Estimated
_	Number of women screened for breast cancer with CRF funds	570	581	576	576
	Number of minority women screened for breast cancer with CRF funds	513	523	518	518
		CY2014	CY2015	CY2016	CY2017
Perform	ance Measures	Actual	<b>Estimated</b>	<b>Estimated</b>	<b>Estimated</b>
Outcome	e: Breast cancer mortality rate	22.7	22.3	22.0	21.6

**Objective 3.3** By calendar year 2017, reduce prostate cancer mortality to a rate of no more than 17.1 per 100,000 persons in Maryland. (Age-adjusted to the 2000 U.S. standard population.)

	CY2014	CY2015	CY2016	CY2017
Performance Measures	Actual	<b>Estimated</b>	<b>Estimated</b>	<b>Estimated</b>
Outcome: Prostate cancer mortality rate	19.2	18.5	17.8	17.1

Goal 4. To increase access to cancer care for uninsured persons in Maryland.

**Objective 4.1** To provide treatment or linkages to treatment for uninsured persons screened for cancer under the Cancer Prevention, Education, Screening and Treatment Program.

	FY2015	FY2016	FY2017	FY2018
Performance Measures	Actual	Actual	<b>Estimated</b>	<b>Estimated</b>
Output: Number of persons diagnosed and	15	41	15	15
linked or provided treatment				

**Goal 5.** To reduce the burden of cancer by promoting increased participation of diverse populations in clinical trials; and coordinating with local hospitals, healthcare providers and local health departments.

**Objective 5.1** By Fiscal Year 2018, at least 13% of the individuals participating in clinical trials through University of Maryland Greenebaum Cancer Center (UMGCC) will be from diverse populations.

	FY2015	FY2016	FY2017	FY2018
<b>Performance Measures</b>	Actual	Actual	<b>Estimated</b>	<b>Estimated</b>
<b>Input:</b> Number of new individuals participating in clinical trials	164	601	170	170
Number of new diverse individuals participating in clinical trials	59	196	22	22
Outcome: Percent of diverse individuals participating in clinical trials	36.0%	32.6%	13.0%	13.0%

### M00F03.04 CIGARETTE RESTITUTION FUND - TOBACCO USE PREVENTION AND CESSATION PROGRAM - PREVENTION AND HEALTH PROMOTION ADMINISTRATION

#### PROGRAM DESCRIPTION

The Tobacco Use Prevention and Cessation Program is a statutory program (Title 13, Subtitle 10 of the Health-General Article) incorporating the *best practice* recommendations of the Centers for Disease Control and Prevention (CDC). The Program delivers comprehensive smoking cessation assistance to Maryland smokers seeking assistance in quitting smoking, and tobacco use prevention services and counter-marketing initiatives directed at Maryland youth and young adults. The Program is funded through the CRF.

The program is mandated to conduct biennial county-level youth and adult tobacco surveys, replicating the Program's baseline (2000) surveys, in support of state and local program accountability measures, evaluation, and program planning and development. The last youth surveys were conducted in the spring of 2013. The last adult survey was completed in December of 2013.

#### **MISSION**

The mission of the Tobacco Use Prevention and Cessation Program is to reduce the use of tobacco products in Maryland, thereby reducing the burden of tobacco-related morbidity and mortality on the population.

### **VISION**

The Tobacco Use Prevention and Cessation Program envisions a future in which all residents of Maryland can lead healthy, productive lives free from disease and cancer caused by the use of tobacco.

### KEY GOALS, OBJECTIVES AND PERFORMANCE MEASURES<sup>2</sup>

**Goal 1.** To reduce the proportion of under-age (less than 18 years old) Maryland youth who have ever initiated tobacco use.

**Objective 1.1** By the end of calendar year 2016, reduce the proportion of under-age Maryland middle school students that have ever smoked a whole cigarette by 58.3% from the calendar year 2000 baseline rate.

	CY2000	CY2012	CY2014	$CY2016^3$
Performance Measures	Actual	Actual	<b>Estimated</b>	<b>Projected</b>
<b>Input:</b> Percent of middle school students who	16.8%	8.1%	7.5%	7.0%
have ever smoked a whole cigarette  Outcome: Cumulative percentage change	N/A	- 51.8%	- 55.4%	- 58.3%

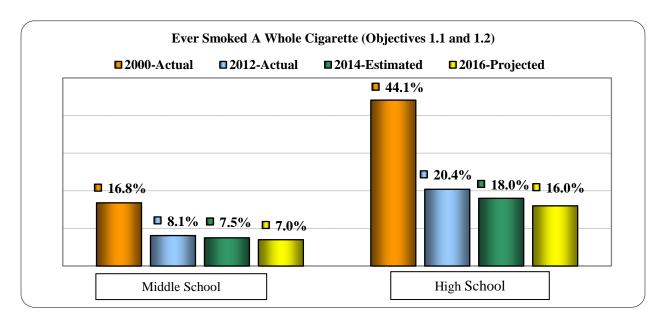
<sup>&</sup>lt;sup>1</sup> Funding for the original Maryland Adult Tobacco Survey (MATS) was discontinued after 2008, necessitating abandonment of the MATS 2000 baseline in favor of the CDC's Behavioral Risk Factor Surveillance System (BRFSS) survey, with its own 2000 baseline data. However, in 2011 the CDC altered its methodology for weighting BRFSS data necessitating the establishment of a new baseline for adult data beginning with the 2011 BRFSS survey.

<sup>&</sup>lt;sup>2</sup> Calendar years were used for goals and objectives where data sources are the baseline and subsequent tobacco surveys. With respect to youth surveys, data collection occurs only during the fourth quarter of the applicable calendar year (the second quarter of the fiscal year). Thus, objectives more closely relate to what has occurred by the end of any particular calendar year than they would to a fiscal year which ends 6 months after the last data is collected. Adult data is collected throughout distinct calendar years and represents an average of tobacco use throughout a single calendar year.

<sup>&</sup>lt;sup>3</sup> The difference between Estimated and Projected figures relates to the methodology used to arrive at the figures.

**Objective 1.2** By the end of calendar year 2016, reduce the proportion of under-age Maryland high school students that have ever smoked a whole cigarette by 63.7% from the calendar year 2000 baseline rate.

	CY2000	CY2012	CY2014	CY2016
Performance Measures	Actual	Actual	<b>Estimated</b>	Projected
Input: Percent of under-age high school students	44.1%	20.4%	18.0%	16.0%
who have ever smoked a whole cigarette				
Outcome: Cumulative percentage change	N/A	- 53.7%	- 59.2%	- 63.7%



**Goal 2.** To reduce the proportion of Maryland youth and adults who currently smoke cigarettes. **Objective 2.1** By the end of calendar year 2018, reduce the proportion of under-age Maryland middle and high school youth that currently smoke cigarettes by 79.5% and 67.4% respectively, from the calendar year 2000 baseline rate.

	CY2000	CY2014	CY2016	CY2018
Performance Measures	Actual	Actual	<b>Estimated</b>	<b>Estimated</b>
<b>Input:</b> Percent of under-age middle school students who currently smoke cigarettes	7.3%	2.5%	2.0%	1.8%
<b>Input:</b> Percent of underage high school students who currently smoke cigarettes	23.0%	8.2%	8.0%	7.5%
Outcome: Cumulative percentage change from CY 2000 for middle school students	N/A	-65.8%	-72.6%	-79.5%
<b>Outcome:</b> Cumulative percentage change from CY 2000 for high school students	N/A	-64.3%	-65.2%	-67.4%

**Objective 2.2** By the end of calendar year 2018, reduce the proportion of Maryland adults that currently smoke cigarettes by 26.7% from the calendar year 2011 baseline rate.<sup>4</sup>

	CY2011	CY2015	CY2016	CY2017
Performance Measures	Actual	Actual	<b>Estimated</b>	<b>Estimated</b>
<b>Input:</b> Percent of adults who currently smoke cigarettes	19.1%	15.1%	14.5%	14.0%
Outcome: Cumulative percentage change from CY 2011	N/A	-20.9%	-24.1%	-26.7%

Goal 3. To reduce the prevalence of current smoking among minority populations.

**Objective 3.1** By the end of calendar year 2018, reduce the proportion of African-American adults who currently smoke cigarettes by 24.3 from the calendar year 2011 baseline rate.<sup>5</sup>

	CY2011	CY2015	CY2016	CY2017
Performance Measures	Actual	Actual	<b>Estimated</b>	<b>Estimated</b>
<b>Input:</b> Percent of adult African-American adults who currently smoke cigarettes	18.9%	15.3%	14.8%	14.3%
Outcome: Cumulative percentage change from CY 2011	N/A	-19.0%	-21.7%	- 24.3%

**Objective 3.2** By the end of calendar year 2018, reduce the proportion of Hispanic adults who currently smoke cigarettes by 54.8% from the calendar year 2011 baseline rate.

	CY2011	CY2015	CY2016	CY2017
Performance Measures	Actual	Actual	<b>Estimated</b>	<b>Estimated</b>
<b>Input:</b> Percent of adult Hispanic adults who currently smoke cigarettes	19.9%	10.2%	9.5%	9.0%
Outcome: Cumulative percentage change from CY 2011	N/A	-48.7%	-52.3%	-54.8%

<sup>&</sup>lt;sup>4</sup> The Behavioral Risk Factor Surveillance System (BRFSS) is a survey of the adult Maryland population, and in order for the survey data to be generalized to the adult population as a whole, survey results must be 'weighted' to reflect the adult population. From the inception of the BRFSS through calendar 2010, the CDC used a 'post-stratification' weighting methodology. Beginning in 2011, the CDC is using an 'Iterative Proportional Fitting' (or Raking) methodology. The new methodology is much more comprehensive and will provide better estimates of risk behaviors. With respect to tobacco use in Maryland, it appears that the higher estimates generated by the new methodology are wholly a result of the methodology change and do not reflect increases in tobacco use.

<sup>&</sup>lt;sup>5</sup> Estimates of adult tobacco use. Beginning with 2011, CDC enhanced its methodology for weighting estimates of risk behaviors through its BRFSS estimates for prior years cannot be compared to BRFSS estimates of 2011 and thereafter. For that reason, a new baseline has been established (2011) for these objectives.

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# ACCOMPLISHMENTS CANCER CONTROL PROGRAMS

### CIGARETTE RESTITUTION FUND PROGRAM

### CANCER PREVENTION, EDUCATION, SCREENING AND TREATMENT PROGRAM (CPEST)

### FISCAL YEAR 2016 ACCOMPLISHMENTS

### LOCAL PUBLIC HEALTH COMPONENT

### **Overall**

- Funding was awarded to each local jurisdiction's CPEST for Fiscal Year 2016; this includes 24 Local Health Departments (LHDs), and an academic health center and a hospital located in Baltimore City. Each LHD, excluding Baltimore City, received a base amount of \$100,000 with the remainder of its award based on the formula specified in the statute for the CRF Program. The Baltimore City programs (Baltimore City Health Department, University of Maryland, and MedStar Health) were funded according to the budget allocation.
- Community health cancer coalitions continued in 24 jurisdictions. Each coalition is comprised of representatives that reflect the demographics of each jurisdiction and includes membership from minority, rural, and medically underserved populations in that jurisdiction. The majority of the community health coalitions met three or more times during the fiscal year.
- Comprehensive cancer plans addressing prevention, education, screening, and/or treatment for one or more of the targeted cancers were updated in 24 jurisdictions in Fiscal Year 2016:
  - o 24 jurisdictions addressed colorectal cancer;
  - o 3 jurisdictions addressed oral cancer;
  - o 5 jurisdictions addressed prostate cancer;
  - o 12 jurisdictions addressed breast cancer;
  - o 11 jurisdictions addressed cervical cancer;
  - o 17 jurisdictions addressed skin cancer; and
  - o 3 jurisdictions addressed lung cancer.
- Contracts were entered into and/or renewed between the funded programs (LHDs, private vendors, academic health centers) and local medical providers (e.g. gastroenterologists, surgeons, radiologists, primary care physicians, hospitals, medical laboratories, etc.). These providers deliver clinical services for cancer screening, diagnosis, and treatment.

### Screening, Diagnosis, and Treatment

• In Fiscal Year 2016, screening, diagnosis, and treatment data for the targeted cancers under the CRF Program for LHDs, Baltimore City Local Public Health, and the statewide academic health center included the following:

- o 2,846 screening tests were performed 41 individuals were diagnosed with cancer in the program, linked to care, or provided treatment;
- 2,373 persons received one or more cancer screenings 77% of persons screened were minorities;
- o 1,522 screening colonoscopies were performed, of which:
  - 495 had adenomatous polyps;
  - Seven sigmoidoscopies were performed; and
  - 16 individuals were diagnosed with colorectal cancer in the program, linked to care, or provided treatment;
- o 12 oral cancer screening examinations were performed No individuals in the program were diagnosed with oral cancer;
- o 44 skin cancer screening examinations were performed 22 individuals in the program were diagnosed with any type of skin cancer, linked to care, or provided treatment;
- o 501 mammograms were performed and 526 clinical breast examinations were performed Three individuals in the program were diagnosed with breast cancer; and
- 234 Pap tests were done No individuals in the program were diagnosed with cervical cancer.
- A total of 105,913 Maryland residents in the general public were educated about all cancers.
- Local programs conducted a variety of public education and specific outreach activities.
  - Cancer education and outreach activities were conducted at various community sites, such as educational institutions, parks and recreation centers, clinics and health agencies, faithbased organizations, food banks, barbershops, laundry facilities, hair and nail salons, department stores, libraries, supermarkets, shopping malls, senior centers, low-income housing units, detention centers and local business offices.
  - Outreach and education activities were also implemented at local community supported events, such as health fairs, town halls, conferences, local sports games, senior resource fairs, American Cancer Society Relay for Life events, homeless resource fairs and community walks. Education and outreach activities were also conducted through the Community Health Cancer Coalitions, whose membership includes various local community representatives.
  - Media events were conducted to increase public awareness about cancer prevention and screening services. Several programs planned media events such as public service announcements on television and radio, news talk show interviews, press conferences, and print news releases. Programs have also increased their education and outreach messaging through online and social media outlets, such as Facebook, Twitter, Instagram and websites.

- Local programs funded large and small media advertisements to promote public health messages focused on cancer prevention and screening. These programs developed mass transit advertisements, placing cancer screening messages on roadside billboards, electronic marquee signs near highways, bus shelters, and on buses. Additionally, local programs conducted small media advertisements by posting information on community bulletin boards, mass mailing of postcards, distributing flyers, posters, and cancer awareness toolkits, and printing messages on doctor visit receipts. Small media marketing was also conducted by distributing items such as pens, water bottles, nail files, hand sanitizers, and cancer awareness bracelets with printed cancer awareness and screening messages.
- Healthcare provider education and outreach was carried out to increase cancer screening referrals. Programs conducted office visits to primary care provider offices, held presentations at hospital medical staff meetings, prepared informational tables at urgent care centers, provided referral information to pharmacies, and provided program education and awareness events at Federally Qualified Health Centers (FQHCs). Additionally, programs distributed information packets and letters with cancer awareness and cancer screening literature for provider offices to share with staff and patients.
- Examples of public education and outreach performed by the LHDs and the Baltimore City Public Health component included the following:

### **Allegany County**

The cancer screening program of the Allegany County Health Department (ACHD) implemented outreach and education activities at various venues to reach local business employees, senior citizens, and low-income populations. The staff from the ACHD provided educational and informational materials at the Pepsi Cola Employee Health Fair in March, set up display tables at business locations, and provided educational materials to multiple local businesses with employees over the age of 50 that did not have employer-based health insurance coverage. The ACHD outreach staff also participated in events that targeted adults over the age of 50, providing literature and education at the Frostburg Senior Citizen Center, at local senior center health fairs, and at St. Luke's Ladies Church group meetings. The program also provided education to customers at retail businesses regarding the Colorectal Cancer Control Program (CCCP) and the importance of colorectal cancer screening.

### Baltimore City, MedStar Health

MedStar Health implemented several outreach and education activities. In February and March, the program conducted on-air interview segments with Fox 45 News. Over 50 phone calls were received in response to the aired interview segments. One individual who decided to get screened after watching the broadcast was diagnosed with early stage colorectal cancer. MedStar also conducted door to door visits to educate front office staff at FQHCs in order to ensure the continuous referral of uninsured clients to the program. Additionally, MedStar reached out to physician practices and urgent care centers to educate them about the program.

### Baltimore City, University of Maryland Medical Group

The Baltimore City Cancer Program newsletter was sent and shared through intranet postings to 900 healthcare providers at the University of Maryland. The newsletter informed the healthcare providers of the program's year-long activities and the breast, cervical, and colorectal cancer screening services available to the community.

### **Carroll County**

The Carroll County Health Department (CCHD) provided outreach to healthcare facilities and at locally sponsored community events to raise awareness about cancer prevention and screening. The CCHD also conducted a "Lunch and Learn" Continuing Education Program at Carroll Hospital Center and delivered colorectal "Dress in Blue" promotional materials to physician offices. In addition, the CCHD conducted brief interventions and provided cancer prevention materials at a Senior Expo, a Hispanic Health Fair, three Relay for Life events, a retired teachers' meeting, and a health and fitness fair. The program also provided a skin analyzer display to raise awareness of importance of sun safety in skin cancer prevention at various local school events, senior center meetings, and employee health fairs. The CCHD also has a strong partnership with a local referral program called "Access Carroll". Many of the referred clients from Access Carroll are individuals who have several health issues and are unable to make their own appointments or may need transportation or translation assistance.

### **Charles County**

The outreach efforts of the Charles County Health Department focused on establishing positive relationships with the businesses and organizations around them. The outreach staff provided a display and supplied program literature at the clinic waiting areas of the Department of Health Substance Abuse and the Disability Services and Mental Health Divisions. Program staff also conducted outreach at the Department of Social Services; Adult Evaluation and Review Services (AERS); the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); and Western County Family Medical Center Clinics. These outreach efforts targeted medically underserved individuals and encouraged eligible individuals to participate in the cancer screening program.

### **Kent County**

The Kent County Health Department's (KCHD) cancer screening program implemented outreach activities that included brief interactions at community events, media postings, and partnerships to promote cancer awareness and early detection screenings for colorectal, breast, cervical, and skin cancer. The KCHD conducted door-to-door recruitment in low-income areas for colorectal cancer screening, and also collaborated with the Dixon Valve Health Fair to conduct one-on-one educational sessions with health fair participants. The program placed advertisements in their local newspapers, distributed colorectal cancer awareness information in bulletin inserts of faith-based organizations, and posted educational information on their health department website, Facebook, Twitter, and Instagram. The KCHD's cancer screening program has collaborated with four other counties (Queen Anne's, Dorchester, Caroline, and Talbot) to advertise in the Star Democrat during Colorectal Cancer Awareness month. One advertisement was developed to promote the programs of all five counties, potentially reaching an estimated 40,000 people.

### **Somerset County**

To increase awareness and referrals to the Somerset County Health Department for cancer screening, the Community Health Educator wrote a colorectal cancer awareness article and created a colorectal cancer awareness newsletter targeting local communities. The Community Health Educator provided brief educational sessions on colorectal cancer and screening recommendations at various locations, including local provider's offices, laundry mats, and Crisfield's Housing Authority. The Somerset County Health Department also funded billboard ads to increase awareness about screening services that their program provides. They developed a sun safety message and display on a billboard for Skin Cancer Awareness month in May and created a colorectal cancer awareness message on a billboard for Colorectal Cancer Awareness month in March.

### Wicomico County

Education was provided to employees of local poultry facilities during their employee health fairs and information was provided on colorectal cancer screening recommendations, skin cancer prevention through sun safety tips, and the screening and patient navigation services that Wicomico provides. Patient navigation recruitment and referral activities have included mailing patient navigation introduction letters to contracted and non-contracted healthcare providers along with patient referral forms, sending patient navigation letters to potential clients, presenting information to staff and providers at FQHCs, and distributing flyers to local business about screening and patient navigation services the health department provides.

### **Minority Outreach**

• Each of the 24 jurisdictions planned specific activities that focused on ensuring that there was minority outreach within their communities. Examples of these types of services include:

#### Anne Arundel County

A collaborative partnership was established with the Hispanic magazine Conexiones to advertise services offered by Anne Arundel County's Breast and Cervical Cancer Program. This is a Spanish language publication with over 2,000 copies distributed monthly throughout Anne Arundel County, targeting the county's Hispanic minority population.

### Baltimore City, University of Maryland Medical Group

The University of Maryland program's bilingual staff member continues to partner with Johns Hopkins during events held on the east side of Baltimore City to educate the community about the services offered in the program. Events include the LaPlaza Hispana Fun Fest, Muevton Health Fair, and outreach activities involving Somos Baltimore, Ventenilla Salud Romero's Grocery and Las Comadres Supermarket. Outreach to the Hispanic/Latino community was also implemented through media outlets, such as the program's bilingual Spanish/English Facebook page and the El Mundo newspaper.

### **Baltimore County**

Baltimore County's Cancer Screening program educated minority populations including Korean, Hispanic, Vietnamese and African Americans regarding colorectal, breast and

cervical cancer prevention, general health education, health promotion, and tobacco cessation during individual visits to ethnic markets and businesses. Program staff provided direct education during individual discussions with business owners and employees during the specified time period.

### **Calvert County**

In September and October, the Calvert County Health Department program staff provided education to underserved minority participants at homeless resource events, food pantries, and health fairs. Participants were provided education about colorectal cancer risk factors and screening recommendations. Materials utilized were from the Screen for Life campaign with an emphasis on minorities, faith-based, and community organizations.

### **Charles County**

After having some initial difficulty establishing a relationship with the Hispanic community in Charles County, the program was able to work with the local Hispanic Catholic community. Nurse case managers were invited to speak at a local Catholic church and provided a presentation on the importance of cancer screening and early detection to church members. An invitation to present at another church is anticipated in the near future.

### **Howard County**

The Howard County Health Department was very active in the Korean and Hispanic community. The program participated in community events to provide age appropriate education to residents about colorectal cancer, breast cancer, and cervical cancer. The program participated in the Korean Festival at Centennial Park and the Latino Health Fair at Wilde Lake Interfaith Center. In March, the Cancer Control Program hosted an educational event titled "HPV Myths and Truths" that was open to the general public as well as healthcare providers. The slides were also presented in both Korean and Spanish. There were 18 non-English speaking participants. Two bicultural advocates (program staff) were present to assist with questions.

### Montgomery County

Adventist Healthcare, a Montgomery County Health Department sub-vendor, has a robust Breast Cancer Screening Program that has been recognized as a success story in the Maryland Comprehensive Cancer Control Program Progress Report. Adventist Healthcare provided free mammography screening and education to women at their Breast Cancer Screening Program at Shady Grove Medical Center and Washington Adventist Hospital. Each patient received breast cancer educational materials and one-on-one education about the screening. Adventist referred 35 women for colonoscopies, of which 90% were minorities, primarily Latino and African American individuals.

#### **Professional Education and Outreach**

• LHDs and the statewide academic health centers educated healthcare professionals and providers about the targeted cancers and cancer screening guidelines:

- o 323,176 healthcare professionals were reached through education and outreach efforts such as mailings and newsletters; and
- 10,302 healthcare professionals were educated through brief group and individual educational sessions and presentations at various locations, such as physicians' offices, the county medical societies, and hospital staff meetings.
- Local programs mailed to medical providers the "Minimal Elements for Screening, Diagnosis,
  and Treatment" (Minimal Elements) that was developed by the Department of Health and Mental
  Hygiene (the Department) for oral cancer, colorectal cancer, breast cancer, cervical cancer, and
  prostate cancer. The programs also notified medical providers of the services provided through
  the local CRF cancer control programs.

### STATEWIDE PUBLIC HEALTH COMPONENT

- Monthly teleconferences were provided throughout the fiscal year by staff from the Department's Center for Cancer Prevention and Control (CCPC). Participants in the teleconferences included representatives from all 24 jurisdictions, the Maryland Skin Cancer Coalition, the Maryland Cancer Fund, the Maryland State Council on Cancer Control, and the Minority Outreach and Technical Assistance Program (MOTA). The teleconferences provided an avenue for information exchange and for sharing guidance on clinical, administrative, and program evaluation/data collection matters. Agendas and PowerPoint presentations were provided prior to the conference calls.
- Site visits and/or quality assurance reviews of the CRF Program cancer grantees were conducted by the Department's CCPC staff in 18 of the 24 jurisdictions. During these site visits and quality assurance reviews, consultation and guidance were provided regarding clinical, administrative, and program evaluation issues.
- The following education and trainings were provided:
  - PowerPoint computer-based training modules for health educators, outreach workers, and clinical staff were developed and utilized by the local jurisdictions. The topics in these modules included a CRF Program overview; information on colorectal, prostate, and oral cancers; case management; patient navigation; paying for clinical services; and linkage to care.
  - Technical assistance meetings and/or conference calls for education/training purposes were provided to health departments in Caroline, Howard, and St. Mary's Counties. Conference call trainings covered different areas of need, including implementation of patient navigation services, improving recruitment and outreach efforts, clinical reimbursements, and clinical standards of case management.
- CRF Program staff provided written guidance to the local jurisdictions, and the Department's website for the CRF Program was updated with written guidance for local jurisdictions.

CRF Program staff set up displays and distributed cancer control literature at the Department's
State Center location during sun safety/skin cancer, prostate cancer, breast, and colorectal cancer
awareness months. CRF Program staff developed and distributed colorectal, prostate, and skin
cancer awareness toolkits with fact sheets, news release templates, proclamations, public service
announcements, social media postings, posters, and resources throughout the state.

### SURVEILLANCE AND EVALUATION COMPONENT

- The Program supported the statewide CPEST Cancer Client Database (CDB) application. Each LHD and one statewide academic health center currently use this database for persons screened for colorectal, oral, and skin cancer. Maintenance and revisions to the database are ongoing. Training was conducted at the Department and at local sites on the CDB. Quality assurance activities continue; guidance procedures and documents were developed for use by the state and local programs.
  - At each site visit, jurisdictions that used CRF funds for colorectal, oral, and/or skin cancer screening were provided with annual review of their data as entered in the CDB. These reviews included assessment of the completeness and accuracy of the data entry as well as assessment of recommended follow-up intervals for future screening to ensure compliance with the Minimal Elements. The intent is to assure that all clients served in the program are getting appropriate care and that funds are being spent according to the specifications in the grant applications submitted for each county.
  - o Guidance documents were updated for data entry into the CDB.
- Data from the Department's Breast and Cervical Cancer Program for the CPEST programs targeting breast and cervical cancer screening, diagnosis, and/or treatment were analyzed by CRF Program staff.
- The statewide CPEST Education Database (EDB) for tracking education and outreach efforts continues to be maintained and supported by Program staff.
- Thirteen staff completed online EDB training.
- Twenty-one staff completed onsite CDB training at the Department.

### STATEWIDE ACADEMIC HEALTH CENTERS COMPONENT

### **Baltimore City Public Health Grant**

• The Baltimore City Comprehensive Plan for Cancer Prevention, Education, Screening, and Treatment was developed and submitted to the Department for review and approval. The University of Maryland Medical Group (UMMG), MedStar Health, and the Baltimore City Health Department were awarded grants for implementation of the Baltimore City Public Health Grant. The University of Maryland's component focused on breast, cervical, and colorectal cancer education and screening. MedStar Health's component focused on colorectal cancer

education and screening. The Baltimore City Health Department administered the Community Health Coalition.

- The coalition met four times in Fiscal Year 2016: November 18, 2015; January 13, 2016; April 12, 2016; and May 2, 2016.
  - O At the November 18, 2015 meeting, members discussed strategies to increase coalition membership. The program identified various local agencies and programs as potential coalition members. The list included FQHCs, Department of Social Services, MOTA programs, Maryland Department of Aging, unemployment agencies, and homeless shelters. The coalition further brainstormed potential priorities for the coalition to focus on as part of their strategic planning.
  - O During the January 13, 2016 meeting, members further discussed the priorities of the coalition. The members discussed the need to gather data on mortality and screenings, to increase screening capacity at clinics, and to identify referrals and resources, as well as ways to improve communication at the provider and patient level. The members further discussed the need to increase coalition membership and the importance of including cancer survivors.
  - O At the April 12, 2016 coalition meeting, the coalition conducted their first strategic planning session. The coalition members examined the strengths and weaknesses of the existing coalition. Members also assessed the opportunities for the coalition to develop, as well as threats affecting communities they serve. The coalition members also examined what action items they could explore based on prior discussions.
  - The last meeting for the fiscal year was held on May 2, 2016. As a follow-up to their previous strategic planning session, coalition members discussed their vision and goal as well as the need to address communication, membership group structure, resources, and project funding. The coalition members also discussed mapping as an instrument to understand the following: 1) priority areas to address the cancer burden in parts of Baltimore City; 2) how the public can access information on cancer resources and services; and 3) the need to identify existing resources. The members determined that a major focus will be to increase the coalition's engagement with Baltimore City. In order to accomplish this goal, the coalition will consider how they can address social issues that affect the cancer burden in Baltimore City, such as poverty, culture, and social injustice. One approach will be to educate community members, healthcare professionals, stakeholders, and leaders on colorectal cancer prevention and the importance of colonoscopies among African Americans in order to reduce colorectal cancer disparities.
- Just less than 14,000 individuals (13,514) in the general public were educated through brief group and individual sessions by UMMG. Public education and outreach for the targeted cancers continued through partnerships with small businesses such as beauty salons and barbershops, community associations, libraries, local employers, civic groups, and faith-based organizations. Health promotion was also provided in conjunction with citywide festivals and through community meetings.

- UMMG screened 46 people for colorectal cancer with colonoscopies. Of the 46 persons screened, 44 (96%) were racial or ethnic minorities. No individuals were diagnosed with colorectal cancer.
- UMMG screened 387 women for breast cancer. Of the women screened, 372 (96%) were racial or ethnic minorities. Three individuals were diagnosed with breast cancer.
- UMMG screened 163 women for cervical cancer. Of the women screened, 159 (98%) were racial or ethnic minorities. No individuals were diagnosed with cervical cancer.
- MedStar Health screened 250 clients for colorectal cancer with colonoscopies. Of the 250 screened, 214 (86%) were racial or ethnic minorities. Two individuals were diagnosed with colorectal cancer.

### **Johns Hopkins Institutions Cancer Research Grant**

- In Fiscal Year 2016, the Johns Hopkins Institutions (JHI) was awarded \$2,600,000.
- JHI awarded mini-grants in Fiscal Year 2016 including five for faculty recruitment, one for faculty retention, and 21 for translational research. Twenty-seven projects were funded in the following areas:
  - 1. Tumor-infiltrating Mesenchymal Stem Cells (MSCs) as a function of the Patient's Immune Response: Potential as a predictive marker of prostate cancer aggressiveness in the African American population
  - 2. Modifiable Risk Factors and their Contribution to Breast Cancer Disparities
  - 3. Phase 1/2 study of phased anti-programmed death ligand 1 antibody, MED14736, in combination with chemotherapy for the first line treatment of unresectable pleural mesothelioma
  - 4. Identifying potential biomarkers of risk of breast cancer metastasis based on hypoxia
  - 5. Understanding the role of screening in cervical cancer incidence and disparities in Maryland
  - 6. Enhancing Clinical Trial Participation: Assistance for Parking and Transportation for Patients Participating in Therapeutic Oncology Trials
  - 7. Leveraging clinical somatic mutation profiling of malignancies with modern electronic health records to better characterize etiologic, prognostic, and therapeutic associations
  - 8. HPV and sinonasal cancer
  - 9. Study of colorectal cancer screening among the underserved in Baltimore (SCRUB)
  - 10. Toward Precision Palliative Care Feasibility of Screening for Hereditary Cancer Risk and Implementing Cancer Prevention Measures in Palliative Care
  - 11. The burden of environmental pollutants: adipose deposition and mobilization of environmental toxins
  - 12. Smoking Cessation Intervention for Cancer Patients
  - 13. Air Pollution and Cancer: Benzene Albumin and Urinary Biomarkers in Baltimore
  - 14. DNA repair gene mutations in the germline of men with Aggressive Prostate Cancer:
  - 15. Possible Contribution to the Disparity in Mortality among African American Men

- 16. Menthol Cigarette Use: Understanding Social and Biological Factors to reduce Tobacco Disparities
- 17. Assessment of HPV vaccine policies and procedures among Johns Hopkins Community Physicians clinics to inform potential intervention efforts to increase vaccine uptake among Maryland boys and girls
- 18. Spatial Analysis of Colorectal Cancer Incidence and Mortality in Baltimore City to Inform Future Screening Interventions
- 19. The East Baltimore Family Smoking Cessation Program
- 20. Cancer screening trends among hospitalized women in Baltimore City: a longitudinal study to enhance breast cancer screening
- 21. Can Advance Planning Reduce the Long-Term Burden of Cancer Treatments on Family Health and Financial Well-Being?
- 22. Barriers to Communication about Family Cancer History in East Baltimore
- 23. Using life expectancy to inform individualized cancer screening
- 24. Evaluating inflammation and oxidative stress in breast cancer survivors at high-familial risk
- 25. Metformin Treatment or Lifestyle Intervention to Improve Health in Overweight/Obese Cancer Survivors
- 26. Digital detection of DNA methylation biomarkers for diagnosis, risk stratification, and disease monitoring of prostate cancer in African American and Caucasian men
- 27. Developing Strategies to Identify and Intervene with High Risk Communities Related to Cancer Mortality
- In Fiscal Year 2016, multiple audiences were educated about the findings of CRF investigators through various presentations. Findings were published in "Conquest" and can be viewed at <a href="http://www.hopkinsmedicine.org/news/publications/conquest/issues.">http://www.hopkinsmedicine.org/news/publications/conquest/issues.</a>
- In Fiscal Year 2016, CRF funds were leveraged and resulted in forty-one new grants from outside funding sources.

### **University of Maryland Cancer Research Grant**

- In Fiscal Year 2016, the University of Maryland Greenebaum Cancer Center (UMGCC) was awarded \$10,400,000.
- UMGCC continued to improve a Shared Services interactive research program structure
  designed to achieve bi-directional translational research. This structure combined clinical and
  basic research investigators who worked together to assure rapid translation of research in the
  laboratory to the clinic by developing and supporting a series of shared resources which
  facilitated specialized research activities for all faculty.
- As of June 2016, UMGCC had several ongoing projects intending to translate research activity into clinical application for patient benefit. For example, the GammaPod, a device invented by two UMGCCC investigators to deliver stereotactic radiotherapy for breast cancer has received an investigational device exemption from the U.S. Food and Drug Administration (FDA); a multisite clinical trial is expected to be initiated at UMGCC and four other sites in 2016. In addition,

a Phase I clinical trial led by Drs. Martin Edelman and Zandberg, tested the MAGE-A3/HPV-16 vaccine in head and neck cancer. This trial demonstrated promising immunologic responses to the vaccine in heavily pretreated patients with head and neck cancer.

- As of June 2016 Shared Services include:
  - o **Pathology Biorepository and Research Core Shared Service**<sup>6</sup>: This core provides banked tissues and blood specimens for genomics, proteomics, and other analyses for identification of new biomarkers and therapeutic targets while maintaining patient confidentiality. The core's main goal is to provide a constant flow of quality banked tissue and blood specimens to its researchers.
  - o **Genomics Shared Service:** This program is a comprehensive genomics resource facility that provides DNA sequencing, genotyping, gene expression analysis by real-time PCR and microarray analysis, as well as continued support for peptide synthesis and custom protein/peptide analysis and purification.
  - O **Biostatistics Shared Service**<sup>7</sup>: This core promotes clinical and laboratory cancer investigations through the application of statistical methodology to proposed and/or ongoing cancer research projects. The core service area serves as the central resource of statistical expertise for the Cancer Center and is critical to meeting the goals of conducting and translating research into clinical applications.
  - Flow Cytometry<sup>8</sup>: This shared service provides supplies, including sheath fluid, necessary to operate the flow cytometers, as well as supplies and calibration kits for BioPlex suspension arrays.
  - o **Translational Laboratory**<sup>9</sup>: This core service area was established for clinicians participating in early phase drug development clinical trials and for basic scientists that have an interest in assessing the clinical relevance of their own research topics.
  - o **Structural Biology (X-ray Crystallography and Nuclear Magnetic Resonance)** <sup>10</sup>: The Structural Biology Shared Service helps researchers use the unique information derived from macromolecular structures to understand the molecular basis of cancer-causing cellular defects and to design drugs that mitigate such defects.
  - o **Imaging**<sup>11</sup>: The Imaging Shared Service provides a wide array of applications using state-of-the-art imaging instruments, offers training and assistance in the use of the instruments, helps optimize data acquisition and analysis, and provides image processing and interpretation services. The applications include electron microscopy, confocal microscopy, and translational imaging services.

<sup>&</sup>lt;sup>6</sup> Receiving CRF funding in Fiscal Year 2016.

<sup>&</sup>lt;sup>7</sup> *Id* fn 6.

<sup>&</sup>lt;sup>8</sup> *Id* fn 6.

<sup>&</sup>lt;sup>9</sup> *Id* fn 6.

<sup>10</sup> *Id* fn 6.

<sup>&</sup>lt;sup>11</sup> *Id* fn 6.

- As of June 30, 2016, there were 124 peer-reviewed articles authored and published by CRF-supported investigators.
- As of June 30, 2016, 37 faculty members filed 114 federal, state, and private grant applications.
- Ninety-two (92) applications for clinical trials were submitted to the Clinical Research Committee, of which 63 were approved for new clinical trials.
- During Fiscal Year 2016, UMGCCC offered 150 new treatment protocols for cancer patients. There were 154 patients enrolled into these new treatment trials.
- During Fiscal Year 2016, a total of 601 new patients entered into all clinical trials (existing and new); 196 (32%) were African-American, and 40% of all new patients were minorities.

### **Maryland Cancer Registry**

- The Maryland Cancer Registry (MCR) submitted 2014 incidence data for evaluation and confidential feedback from the North American Association of Central Cancer Registries (NAACCR) and received "gold" certification. The certification includes review of the following areas: completeness of case ascertainment, completeness of information recorded, percentage of death certificate only cases, passing edits, and timeliness.
- The MCR data for incidence years 1997-2013 was submitted during Fiscal Year 2016 to the CDC National Programs of Cancer Registries (NPCR) for inclusion in the United States Cancer Statistics Publication. NPCR has certified that the MCR data meets the National Data Quality and Completeness Program standards, the highest standards set by this federal program.
- During Fiscal Year 2016, the MCR linked the MCR database with the Breast and Cervical Cancer Programs database of cancer cases diagnosed during 2005-2012 resulting in a 100% case match across both files. After linking the databases, 190 breast cancer records and 9 cervical cancer records were imported from the MCR database into the Breast and Cervical Cancer Program database. The MCR will link with the Breast and Cervical Cancer Program database annually to assist in case finding and as part of requirements of the CDC's Breast and Cervical Cancer Program federal funding.
- During Fiscal Year 2016, the MCR's Quality Assurance/Data Management contractor, Westat, and the Department's MCR staff began the conversion of its database to the NAACCR version 16.
- Westat completed ten hospital audits during Fiscal Year 2016 and evaluated case finding procedures, abstracting, and coding done by each selected facility to determine the quality of data submitted to MCR.
- Westat developed a system to identify and alert the data acquisition manager about gaps in the accession numbers as a tool to improve hospital case completeness. By comparing the lists, the

two registries (hospital and central registries) can identify cases that have been accessioned in the hospital registry but are missing from the central registry.

- MCR staff at the Department processed over 27 requests for release of MCR Data.
- MCR staff resolved over 2,162 unknown races through queries in the Motor Vehicle Administration's database for missing race information.
- In Fiscal Year 2016, the MCR worked with the Department's Meaningful Use Group, which supports the implementation of Maryland Electronic Health Records (EHR) Incentive Program. During Fiscal Year 2016, Westat received test files from eligible providers. If the test file with dummy data was formatted correctly in Clinical Document Architecture (CDA), the provider was placed in a queue in preparation for regular electronic reporting. During Fiscal Year 2016, three providers moved into full production of sending actual data.

### **Breast and Cervical Cancer Diagnosis and Treatment Program**

- The Breast and Cervical Cancer Diagnosis and Treatment Program (BCCDTP) was established in 1992 to provide breast and cervical cancer diagnostic and treatment services to uninsured or underinsured low-income Maryland residents.
- BCCDTP directly reimburses participating providers who provide covered services to BCCDTP
  participants. Covered services include but are not limited to: diagnostic mammograms and
  sonograms, surgical consultations, breast biopsies, colposcopies, cervical biopsies, surgery for
  cancer treatment and breast reconstruction, chemotherapy, radiation therapy, medications,
  durable medical equipment, home health services, physical therapy, and occupational therapy.
- For Fiscal Year 2016 the BCCDTP paid for services for 1,340 participants, and processed a total of 15,772 paid claims.
- BCCDTP funds were awarded to local Breast and Cervical Cancer Programs through Breast and Cervical Cancer Program Expanded Services, which funds additional screening tests or diagnostic services in local Breast and Cervical Cancer Programs.
  - o 24 local programs received funds for Expanded Services in Fiscal Year 2016.
  - o 137 women received at least one screening test or diagnostic service:
    - 137 women received a breast cancer service; and
    - No women received a cervical cancer service.

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## ACCOMPLISHMENTS TOBACCO USE PREVENTION

# CIGARETTE RESTITUTION FUND PROGRAM

# TOBACCO USE PREVENTION AND CESSATION PROGRAM

# FISCAL YEAR 2016 ACCOMPLISHMENTS

# STATEWIDE PUBLIC HEALTH COMPONENT

- The Tobacco Use Prevention and Cessation Program (the Program) continued to provide funding for the Maryland Tobacco Quitline, 1-800-QUIT-NOW (the Quitline). Interventions were provided to 9,390 callers. The Quitline continues to offer a 12-week supply of Nicotine Replacement Therapy (patch and/or gum; combination therapy is now available) and proactive counseling sessions which include a combination of phone, text, and web-based services as desired by each individual.
- The Program maintains a Pregnancy Rewards Program to further encourage and support pregnant smokers to use the Quitline. This incentive program offers women who are pregnant and those who are up to six months postpartum rewards for a series of completed calls with a Quit Coach. Though initially requiring physician referral, this barrier was removed to encourage greater participation by those in need. Pregnant and postpartum women who call the Quitline can receive gift cards (in four installments, based on a total of 10 completed calls) to various stores, including Babies "R" Us and Target.
- The Program implemented the following health communication efforts with multiple CRF funding sources, as well as federal funds. The campaigns listed below are outlined in greater detail in this report under "Tobacco Enforcement Youth Access/Responsible Retailer Accomplishments" and "Countermarketing and Media":
  - o Multiple campaigns promoting the Quitline;
  - o Campaigns reaching those in vulnerable populations (e.g., Medicaid participants, individuals with behavioral health issues, pregnant women);
  - o Responsible Tobacco Retailer campaign; and
  - o Toxic Tobacco Litter campaign.
- The Program supported the Maryland Resource Center for Quitting Use and Initiation of Tobacco (MDQuit), housed at the University of Maryland, Baltimore County. MDQuit staff provide statewide technical assistance and training to organizations and healthcare providers across Maryland on motivational interviewing, Fax-to-Assist programs for patient referrals to the Quitline, trainings for providers and residency programs on addressing tobacco use and cessation among their patients, and development of train-the-trainer type models for providers to address tobacco use among Medicaid patients, as well as patients with behavioral/mental health issues.
- The Program supported the Legal Resource Center for Public Health Policy housed at the University of Maryland, Baltimore, School of Law. The Legal Resource Center provides legal technical assistance to community groups, employers, LHDs, residents, and agencies across Maryland on a variety of topics, including: implementation of smoke-free multi-unit housing,

implementation of smoke-free grounds, implications of smoke-free policies, flavored cigar products, tobacco sales to minors, tobacco point-of-sale advertising and product placement in retail stores, and implications of electronic smoking device (ESD) use. The term ESD includes e-cigarettes.

- The Program supported the University of Maryland, Baltimore, Maryland Learning
  Collaborative to implement a pilot project for electronic referrals to the Quitline. The Maryland
  Learning Collaborative assists with training clinical practices and plays a key role in increasing
  the number of patients receiving coordinated referrals to effective tobacco cessation
  interventions.
- The Program supported the Orthopedic Trauma Department at the University of Maryland, Baltimore, to implement the usage of combined motivational interviewing and a Quitline referral program for patients.
- The Program maintains a free webinar through the Quitline, titled, *Helping Your Patients Quit: A Systems Approach to Tobacco Cessation*. The recording can be accessed at <a href="http://www.alerewellbeing.com/\_assets/cms\_uploads/Effective\_Tobacco\_Treatment\_Systems\_M\_DWebinar.mp4">http://www.alerewellbeing.com/\_assets/cms\_uploads/Effective\_Tobacco\_Treatment\_Systems\_M\_DWebinar.mp4</a>.
- The Program maintains a free online brief tobacco intervention training through the Quitline that features the "Ask, Advise, and Refer" referral methods for the Quitline, as well as pharmacology information. The training is available at <a href="http://www.helppatientsquitmd.org">http://www.helppatientsquitmd.org</a>, and <a href="http://www.helppatientsquitmd.org">www.smokingstopshere.com</a>.
- The Program developed and maintains a free online e-referral training through the Quitline that
  features how the Quitline operates, effectiveness of quitlines, a patient's experience using the
  Quitline, and how to set up and send e-referrals. The training is available at
  <a href="https://www.MDQLereferrals.org">www.MDQLereferrals.org</a> and <a href="https://www.smokingstopshere.com">www.smokingstopshere.com</a>.
- The Pregnancy and Tobacco Cessation Help (PATCH) Initiative was sustained in Fiscal Year 2016 in 12 jurisdictions to address and reduce smoking rates among pregnant women, women of childbearing age, and members of their households. PATCH continued to mobilize existing resources at the local level to better address smoking cessation, tobacco use screening, education, prevention, and treatment services offered and made available to pregnant women, women of childbearing age, and others within their households. In Fiscal Year 2016 there were 43 community partners incentivized through LHDs to be portals for the PATCH initiative, including four FQHCs. There were 22 in-service PATCH trainings with incentivized partner organizations, 10 community baby showers to educate pregnant women and family members about the dangers of tobacco and nicotine use, and five cable and/or radio ads aired to promote PATCH and the Quitline. In addition, there were three tobacco free campus policies enacted that were directly related to PATCH efforts. There were also system changes that enhanced tobacco use screening, referrals to tobacco cessation services, and education and treatment services offered to pregnant women and women of childbearing age. Some highlighted system changes:
  - o **Baltimore City:** Maternal and Infant Care Program and the Family League of Baltimore City partnered on a Pilot Rewards incentive program to promote tobacco cessation

- targeting female smokers identified on home visits from the Maternal and Infant Care Program. In addition, as a result of Fiscal Year 2015 continued efforts with the Family League and Dr. Michelle Eakin, a curriculum was developed to teach childcare providers about the impacts of second and third-hand smoke. This curriculum was targeted to daycare providers that offer childcare services in their homes.
- Cecil County: The Cecil County Health Department partnered with Triangle Health Alliance and West Cecil Health Center to modify EMRs to make access to tobacco referral forms more user friendly.
- Kent County: Chesapeake Charities, Inc. implemented screening for tobacco use with all
  clients and referred them to the Kent County Health Department tobacco cessation
  program and the Quitline.
- Calvert County: Calvert Memorial Hospital added the following mandatory core tobacco/nicotine use questions for patients, "Was patient using nicotine prior to admission?" and "Was patient prescribed a nicotine substitute at discharge?" In addition, the Calvert County Health Department utilized a program entitled Healthy Beginning (developed to specifically address substance abuse among pregnant women utilizing counseling and medication) to also target smoking among pregnant women. In Fiscal Year 2016, the Calvert County Health Officer, Dr. Laurence Polsky, worked directly with women through the Behavioral Health Administration and in conjunction with their obstetrics provider to also provide Nicotine Replacement Therapy (under the care and coordination of the obstetrician) for pregnant women who want to quit smoking.
- Somerset County: Three Lower Counties FQHC enhanced data documentation in patient medical records to include Carbon M levels and "Packs Per Day" smoked while continuing to educate and refer patients to the Somerset County Health Department Tobacco cessation program and the Quitline.
- Wicomico County: The Wicomico Family Support Center developed their own tobacco use survey to utilize during intake. Tobacco using clients were identified and referred to the Wicomico County Health Department tobacco cessation program and/or the Quitline.
- The Program also worked with nine MOTA organizations to promote the PATCH initiative in low-income housing complexes and faith-based settings, and to promote smoke-free homes tobacco policies. MOTA organizations educated 6,776 people about the dangers of smoking during pregnancy, referred 331 individuals to LHD tobacco cessation programs, and referred 511 individuals to the Quitline. In addition, MOTA organizations provided 48 presentations to faith-based organizations and 71 presentations at low-income housing complexes about the dangers of tobacco and promoting available tobacco cessation services.

# LOCAL PUBLIC HEALTH COMPONENT

## **Overall**

• Oversaw 24 local tobacco coalitions with a statewide membership of 580 people to ensure diverse representation and inclusive participation. The demographic composition of all the local coalitions is 39% African American, 4% Asian American, 52% Caucasian, 3% Hispanic/Latino, 1% Native American, and 1% other. These coalitions provide input to their LHDs on the development of comprehensive tobacco control plans. Enforcement was covered separately from the Local Public Health Component in Fiscal Year 2016. Please see the section on the Federal Synar-Related Penalty.

- Provided training and technical assistance to LHDs and community organizations to implement sustainable tobacco enforcement strategies targeting youth and tobacco retailers.
- Funded 210 sub-vendors that ranged from community-based organizations, faith-based organizations, law enforcement, behavioral health organizations, public school systems, colleges and universities, health systems, day care centers, and the housing authority, among others.

# **Youth Electronic Smoking Device Prevention Supported by Local Health Departments**

# **Baltimore County**

County schools that received a tobacco education grant were required by the LHD to incorporate education on ESD use prevention, and 7,508 students were educated on ESDs.

# **Garrett County**

Created an ESD awareness campaign themed "Your Body is Your Home. Be careful what you bring into it." This campaign ran from November 2015 - December 2015 and 581 youth were educated.

# **Kent County**

Middle school health lessons include a focus on ESD use prevention. Over 200 (225) students were provided flash drives in school colors with the message "Don't Vape, Smoke or Chew" on one side and "Nicotine Free" on the other side. Kent High School's Broadcasting students developed tobacco/nicotine Public Service Announcements (PSAs), and during the ninth grade student orientation, a scavenger hunt was conducted which allowed students to find the broadcasting studio and to create their own tobacco/nicotine PSA.

# St. Mary's County

Created a Comcast Spotlight Commercial targeting youth use of ESDs.

## **Worcester County**

Conducted a Youth Peer Leadership Training on November 23 and 24 with targeted high school youth (32 participants). ESDs were a main topic at the training. Youth worked on plans to address tobacco use (including ESDs) in their school's action plans. Likewise, the Students Against Drunk Driving (SADD) Middle School Leadership training was conducted on December 17 with a total of 43 participants from four public middle schools in attendance. As in the high school youth peer leadership training, youth were educated about ESDs.

The Worcester County Youth Council developed a 30 second commercial about ESDs, which was aired on Comcast Cable on December 15 and was made available to Worcester County public schools.

At Berlin Intermediate School, 750 fifth and sixth grade students were educated about potential dangers for youth using ESDs.

# **Policy Changes Supported by Local Health Departments**

# Charles County

• The Jude House, a behavioral health treatment facility in Bel Alton became a smoke-free campus on April 1, 2016.

• The Charles County Health Department revised its Tobacco Use Policy to include the prohibition of ESDs as of July 1, 2016.

# Montgomery County

- Passed Bill 15-15 which established an excise tax of 30% of the wholesale price of ESD products. The bill went into effect on August 19, 2015.
- House Bill 1115 passed, requiring retailers that sell cigarettes in Montgomery County to pay a license fee of \$125; the previous license fee was \$25. The bill goes into effect on October 1, 2016.

# Washington County

- All parks in Washington County became smoke-free as of April 1, 2016.
- The Family Center, a program run through the Department of Social Services, became a smoke-free campus on January 1, 2016.

# Worcester County

• Worcester County government amended personnel rules and regulations prohibiting the use of ESDs in County buildings. Resolution 15-35 was passed and adopted December 15, 2015.

# **Community-Based Element**

- 676 advocates and community leaders were trained on smoking cessation programs and tobacco use prevention strategies.
- 33 faith-based and 39 minority organizations were funded to incorporate tobacco prevention and cessation messages into various programs.
- 119,645 people were educated on tobacco use prevention and control in a variety of venues including LHDs, community outlets, and faith-based and grass-roots organizations.
- 275 awareness campaigns were conducted in targeted communities.
- 51 youth leadership programs were conducted.
- 25,321 youth were educated on ESD use prevention.

# **School-Based Element**

- 1,038 teachers, nurses, daycare providers, and school administrators were trained on available tobacco use prevention and cessation curricula, programs, and strategies.
- 2,170 pre-K students received multiple tobacco use prevention education sessions.
- 141,860 K-12 students received multiple tobacco use prevention education sessions.
- 1,236 private school students were educated on tobacco use prevention.
- 2,971 students were educated in alternative school settings.

- 13,242 college students received tobacco use prevention education on campus.
- 10,772 students were reached with peer programs in schools.
- 8,685 K-12 parents were educated on tobacco use prevention.

# **Smoking Cessation Element**

- 221 nurses and healthcare providers were trained on various smoking cessation models and clinical guidelines.
- 7,157 adults participated in smoking cessation services:
  - o 2,549 received nicotine patches, 395 received Chantix, and 1,011 received nicotine replacement gum to support their quit attempt;
  - o 75 pregnant women participated in smoking cessation services; and
  - o 1,608 participants presented with behavioral health issues.
- 52% of smoking cessation class participants were minorities (3,708):
  - o 42.9% of total cessation participants were African Americans (3,077);
  - o 6.7% of total cessation participants were Hispanics/Latinos (486);
  - o 1.3% of total cessation participants were Asian Americans (98); and
  - o .7% of total cessation participants were Native Americans (47).

# **Enforcement Element**

In Fiscal Year 2016, enforcement efforts were covered under the Federal Synar-Related Penalty; accomplishments can be found in the Synar-Related Penalty section of this Report.

# SURVEILLANCE AND EVALUATION COMPONENT

- Conducted the Maryland Youth Tobacco and Risk Behavior Survey (YTRBS) in the fall of 2014. The YTRBS combines the Maryland Youth Tobacco Survey and the Maryland Youth Risk Behavior Survey. The survey data was released in 2016.
- Conducted the first biennial Maryland Healthier Communities Survey (MHCS) in the fall of 2014. The MHCS builds upon the core questions of the CDC's Adult Tobacco Survey by utilizing additional health-related questions from other CDC surveys. Unlike the Behavioral Risk Factor Surveillance System (BRFSS) surveys which are weighted to the statewide population, the MHCS data is weighted to the individual counties and Baltimore City from which respondents were surveyed. The CDC released the results of this survey to the Department late summer 2015 and the Department released the data in 2016.
- Successfully collaborated with the Department's Center for Chronic Disease Prevention and Control to enhance the capacity of the existing adult BRFSS both in terms of sample size (to provide more stable annual county specific estimates) and to include questions about tobacco use needed to meet statutory and programmatic requirements and objectives for calendar years 2012, 2013, 2014, and 2015.

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# COUNTER-MARKETING AND MEDIA TOBACCO USE PREVENTION

Chapter 58 of the Acts of 2015 (HB 67)

# **Background**

Pursuant to Chapter 58 of the Acts of 2015 (HB 67), the Department can include a summary of the programmatic activities including the Counter-Marketing and Media Component as part of the annual expenditures and accomplishments report for the CRF required under State Finance and Procurement Article §7-317, Annotated Code of Maryland.

# Introduction

Tobacco use remains the number one cause of preventable death and disease in the United States. In January 2014, the Office of the Surgeon General released its 32<sup>nd</sup> report on the dangerous health effects of tobacco use and reported that since 1964, over 20 million Americans have died prematurely from smoking and exposure to secondhand smoke. Currently, more than 480,000 Americans lose their lives each year due to smoking-related diseases. Almost 90% of these smokers start smoking in their teens, and many experience life-changing health effects of smoking at a relatively early age. Despite the known dangers, nearly one in five adults in the United States still smoke, and every day over 1,000 youth under 18 become daily smokers. Additionally, Maryland's direct healthcare expenditures for smokers are over \$2.7 billion annually, and estimated to grow to \$4.5 billion by 2020; translating into nearly \$11.00 in direct medical care expenditures for each pack of cigarettes sold in Maryland, or \$3,356 for each adult smoker. Efforts promoting prevention and cessation are an essential evidence-based approach for reducing the death and disease resulting from the use of tobacco products, especially to counter the roughly \$26 million a day spent by the tobacco industry promoting and marketing its products.

Additionally, new and emerging products continue to attract youth. Since 2011, youth use of ESDs, has increased more than ten-fold among high school students and nearly nine-fold among middle school students. Analysis of the 2011-2013 National Youth Tobacco Survey data showed that use of ESDs among youth who have never used conventional tobacco products increased from 79,000 to over a quarter million. The rates of ESD use in Maryland have been found to be similar to the national rates, with nearly 20% of Maryland youth reporting to have used ESDs in 2014. Potential risks of using ESDs for both youth and adults include dual use of ESDs and other tobacco products, deterrence of quitting tobacco use, unknown chemical composition, dangers of long-term use, lack of quality control and regulation of use, and enticing fruit and candy flavors attracting youth to use the products and potentially become addicted to nicotine. In addition, calls to the poison control centers nationwide dramatically increased from 2010 to 2014 due to exposure of young children to concentrated liquid

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U.S. Department of Health and Human Services. The Health Consequences of Smoking - 50 Years of Progress: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014. Printed with corrections, January 2014.
 Monitoring Changing Tobacco Use Behaviors: A Report to the Maryland Governor and the General Assembly, Fiscal Year 2013. (2014, August). Baltimore, MD: Maryland Department of Health and Mental Hygiene.

<sup>&</sup>lt;sup>14</sup> Centers for Disease Control and Prevention, Smoking and Tobacco Use. Economic Facts About U.S. Tobacco Production and Use. Retrieved July 20, 2016 from http://www.cdc.gov/tobacco/data\_statistics/fact\_sheets/economics/econ\_facts/

<sup>&</sup>lt;sup>15</sup> Centers for Disease Control and Prevention: Electronic Nicotine Delivery System Key Facts. Retrieved June 20, 2016 from http://www.healthdata.gov/dataset/electronic-nicotine-delivery-systems-key-facts-infographic/resource/ec8dbe47-4910-479e-9bf1. Bunnell, RE, Agaku, IT, Arrazola, R, et al. Intentions to Smoke Cigarettes Among Never-Smoking U.S. Middle and High School

Electronic Cigarette Users, National Youth Tobacco Survey, 2011-2013. *Nicotine and Tobacco Research* (2014). doi: 10.1093/ntr/ntu166, first published online August 20, 2014.

nicotine found in the ESD cartridges.<sup>17</sup> According to the American Association of Poison Control Centers, "in 2015 more than half of reported exposures to ESDs and liquid nicotine occurred in young children under the age of 6."<sup>18</sup>

Since 2000, the Center for Tobacco Prevention and Control (CTPC) within the Department has overseen a comprehensive statewide tobacco control program called the Tobacco Use Prevention and Cessation Program (the Program). The Program is funded by the CRF and the structure is based upon the five core components outlined in the CDC's *Best Practices for Comprehensive Tobacco Control Programs* (2014): (1) State and Community Interventions; (2) Mass-Reach Health Communication Interventions; (3) Cessation Interventions; (4) Surveillance and Evaluation; and (5) Infrastructure, Administration, and Management.<sup>19</sup>

Within the CDC *Best Practices* document, mass-reach health communication interventions are noted as an essential program component for preventing the initiation of tobacco use, promoting and facilitating cessation, and shaping social norms related to tobacco use. CDC *Best Practices* recommends a comprehensive approach - school-based programming must be combined with community interventions, policy implementation, and mass-reach health communication interventions in order to make a meaningful impact on decreasing youth tobacco use initiation. The CDC recommends funding levels of \$0.85 per capita per year for mass-reach health communication interventions in Maryland, translating into \$5 million annually devoted to these efforts. Effective mass-reach health communication intervention strategies at the state and local level include a variety of media, such as: television, radio, transit, billboard, print, and digital advertising. The Community Preventive Services Task Force recommends mass-reach health communication interventions on the basis of strong evidence of effectiveness for decreasing the prevalence of tobacco use, increasing cessation and use of available cessation services (e.g., quitlines), and decreasing initiation of tobacco use among young people. <sup>20</sup>

In State Fiscal Year 2016, no state funding was allocated to the Tobacco Counter-Marketing and Media Component of the Program; however, CTPC was able to leverage federal prevention and cessation funding and campaigns, as well as CRF Statewide Public Health dollars, to support these efforts, along with LHD efforts through CRF Local Public Health dollars.

In Federal Fiscal Year 2014 and Federal Fiscal Year 2015, Maryland was found to have a high non-compliance rate among licensed tobacco retailers with youth access laws. Utilizing state dollars, CTPC developed a statewide campaign to address youth access to tobacco and encourage Maryland tobacco retailers to comply with the pre-existing laws prohibiting the sale of tobacco to persons less than 18 years of age. These funds have enhanced efforts to educate Maryland tobacco retailers, conduct additional compliance checks, and enforce laws regarding youth access. The Department also developed retailer materials, trainings, and a website: <a href="www.NoTobaccoSalesToMinors.com">www.NoTobaccoSalesToMinors.com</a>. After these intensive efforts to promote retailer compliance, Maryland's Federal Fiscal Year 2016 non-compliance

http://www.aapcc.org/alerts/e-cigarettes/.

Morbidity and Mortality Weekly Report. Notes from the Field: Calls to Poison Centers for Exposures to Electronic Cigarettes — United States, September 2010-February 2014. April 4, 2014 / 63(13);292-293. <a href="http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6313a4.htm">http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6313a4.htm</a>
 American Association of Poison Control Centers. E-Cigarettes and Liquid Nicotine. Retrieved July 20, 2016 from

<sup>&</sup>lt;sup>19</sup> Centers for Disease Control and Prevention. Best Practices for Comprehensive Tobacco Control Programs — 2014.Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.

<sup>&</sup>lt;sup>20</sup> Guide to Community Preventive Services. Reducing tobacco use and secondhand smoke exposure: mass-reach health communication interventions. www.thecommunityguide.org/tobacco/massreach.html. Retrieved July 25, 2014.

rate dropped significantly to 14% (from over 31% in Federal Fiscal Year 2015). Please see the section on the Federal Synar-Related Penalty for more details.

Additionally, CRF funds were used to promote prevention and cessation, primarily through the Quitline and LHD programs. A variety of mass-reach health communication interventions were executed, such as television, radio, transit, digital advertising, and print media targeting disparate populations. A summary of the interventions are listed below and examples can be found in the Appendices.

# MEDIA FUNDED THROUGH STATEWIDE PUBLIC HEALTH COMPONENT

# Statewide Promotion of the Maryland Tobacco Quitline, 1-800-QUIT-NOW

The Quitline has been an effective service for Marylanders since it launched in 2006, and has an established quit rate of 30%, while average quit rates without assistance such as the Quitline range from 4% to 7%. The Quitline provides free telephonic tobacco cessation counseling 24 hours a day/7 days a week to Marylanders 13 years of age and older. Residents 18 years of age and older can receive a free supply of up to 12 weeks of Nicotine Replacement Therapy (a combination of patch and/or gum), web support, and text support. The Quitline consistently demonstrates a stable reach across Maryland, including minority populations, Medicaid participants, and uninsured callers. Currently, the Quitline is reaching nearly 1.5% of smokers a year, but has the potential to reach 6-8% of smokers through increased mass-reach health communication interventions. Specialized multi-call and incentive programs for pregnant participants are included, as well as a specialized multi-call program for youth smokers (ages 13-17).

In State Fiscal Year 2016, CTPC was able to leverage the CDC's National Tobacco Education Campaign, as well as television, transit, print, and digital media developed by CTPC to promote the availability of the Quitline to Maryland residents. The Quitline saw an increase in registrations for services from December 2015 - June 2016, a time frame during which these ads aired frequently on the state and national level, demonstrating the effectiveness of mass-reach health communications initiatives.

# CDC's National Tobacco Education Campaign - Tips from Former Smokers

The CDC's National Tobacco Education Campaign, *Tips from Former Smokers* (Tips), ran from January 25 - June 12, 2016 (in addition to a radio-only promotion from June 20 - July 1, 2016 promoting availability of Nicotine Replacement Therapy), and significantly increased demand for Quitline services in Maryland. The 2016 campaign was 20 weeks long and ads featured non-actors candidly describing devastating smoking-related health conditions they experience (e.g., chronic obstructive pulmonary disease (COPD), depression, and health complications related to cigarette use). The campaign placements were purchased by the CDC, and were placed nationally on television, radio, billboards, magazines, newspapers, and online. The ads encouraged smokers to call the Quitline to receive access to quit support through state tobacco control programs. The large media placement of this national campaign in Maryland created a period of extended visibility and helped motivate Maryland tobacco users to call the Quitline. An estimated 16,035 total inbound calls were received by the Quitline during the months that the Tips ads aired (including tobacco users, proxies such as general public, family or friends of a tobacco user, providers, etc.), resulting in nearly 5,500 registered participants. As displayed

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<sup>&</sup>lt;sup>21</sup> *Id* fn 19.

in the chart below, by May 2016 registration volume had increased by 184% from the number of registrations received prior to the Tips campaign launch in December 2015. Tips ads may be found at: <a href="http://www.cdc.gov/tobacco/campaign/tips/">http://www.cdc.gov/tobacco/campaign/tips/</a>.

Calls to the Maryland Tobacco Quitline during the CDC Tips Campaign

<u>Month</u>	Number of Registrations	Percentage Increase
December 2015	461	
January 2016	839	+82%
February 2016	1136	+35%
March 2016	1158	+2%
April 2016	1017	-12%
May 2016	1311	+29%

# Quitline 10<sup>th</sup> Anniversary

2016 marks the 10th year since the launch of the Quitline. Since 2006, the Quitline has served over 82,000 Maryland residents, has received nearly 3,000 referrals from community organizations and LHDs, and has referred over 15,000 residents to LHDs and other cessation programs. Additionally, the Quitline has mailed over 120,000 printed materials to residents in all 24 jurisdictions and has provided over 53,000 shipments of free Nicotine Replacement Therapy. The Quitline has consistently maintained a satisfaction rate of over 95%. The Quitline utilizes state and national media outlets and engages healthcare providers and health systems to direct tobacco users to the Quitline. CTPC marked this 10<sup>th</sup> anniversary milestone with an engaging multimedia birthday campaign.

# **Quitline Media Promotions**

- <u>Mass Media</u> From March 17 June 30, 2016, CTPC contracted with Pinnacle Communications for a statewide multimedia campaign, including: a 15 and 30-second broadcast TV spot on WJZ, WNUV, WMDT, EMDT, and MeTV; a 7-minute TV interview on WJZ and a 6-minute radio interview on WBAL (both interviews were conducted with CTPC Director, Dawn Berkowitz); a 30-second radio spot on Pandora, web video, Facebook ads, printed flyers, and posters; and 10,000 post cards distributed at community events and to businesses. The reach was 6,580,400 gross impressions with a resident reach of 1,958,258.
- <u>Chesapeake Family Magazine</u> From April 1 June 30, 2016, CTPC contracted with Chesapeake Family Magazine for the following: print ads in each monthly issue, e-newsletter banner ads, and ads on ChesapeakeFamily.com website. The total reach through Chesapeake Family magazine is 162,000 parents.
- <u>Press Box</u> From April 1 June 30, 2016, CTPC contracted with Press Box for the following: half page print ads in each monthly issue of Press Box magazine, digital ads on Press Box websites, radio ads, and live reads throughout April, May, and June. Press Box reaches 9,200 sports fans through their newsletter and achieves a minimum of 50,000 impressions on their websites.
- <u>Transit Mass-Reach Health Communication Interventions</u> From May 22 June 26, 2016, CTPC placed the Quitline 10<sup>th</sup> Anniversary ads on transit mediums to raise awareness of the

Quitline's free services available to Maryland residents. The ads were placed throughout Maryland and have the potential to achieve 40 million impressions.

- Web and Digital Mass-Reach Health Communication Interventions CTPC continues to manage a strong web presence for the Quitline and also implemented novel approaches for reaching more Maryland tobacco users in unique settings, including:
  - The existing Quitline website, <a href="www.smokingstopshere.com">www.smokingstopshere.com</a>, remains up-to-date, with an electronic ordering system available to allow residents and healthcare providers to easily order and receive materials such as brochures, wallet cards, posters, and magnets to promote the availability of the Quitline and warn of the dangers of secondhand smoke. Over 70,000 pieces of collateral were shipped.
  - From November 29, 2015 January 15, 2016, CTPC placed Quitline ads on 350 digital touch screens or jukeboxes in bars and restaurants across Maryland. Ads had an interactive game component to engage patrons. These ads reach smokers at times when they may be vulnerable and experiencing cravings. This media placement resulted in more than 7 million impressions. CTPC then renewed this contract from February 22 March 20, 2016 for the Quitline ad to be placed on 368 digital screens or jukeboxes in bars and restaurants across Maryland. This campaign also included a Quitline ad on the BarLink mobile app. This campaign resulted in more than 6 million impressions.
  - *The Baltimore Orioles* The Quitline's 10<sup>th</sup> Anniversary ad is being shown on the main scoreboard following the no-smoking announcement at 50 Orioles home games in the 2016 season, with a potential reach of 2 million people.
- <u>Print Mass-Reach Health Communication Interventions</u> CTPC placed several advertisements in publications targeting specific populations to promote the availability of the Quitline. Ads were placed in:
  - *Maryland Nurse* This publication reaches over 82,000 Maryland nurses. A total of six ads, two in each of the three quarterly publications (November, February, and May), were placed. Ads were tailored to the 'season'; for example, New Year's resolutions and Valentine's Day. For the May issue, the Mother's Day-themed ads were replaced with the Quitline's 10<sup>th</sup> Anniversary ad. The ads placed encouraged nurses to talk to their patients about quitting. The Quitline saw a 19% increase in the number of residents that heard about the Quitline via a 'healthcare professional' after the Mother's Day ad was placed in the May issue.
  - *Maryland Academy of Family Physicians* A full page Quitline 10<sup>th</sup> Anniversary ad was placed in the Spring 2016 edition, reaching over 2,100 family physicians.
  - Sports Team Publications CTPC placed ads in the 2016 NFL Baltimore Ravens Yearbook and the 2016 University of Maryland Basketball Program. Combined the distributions have a reach of 800,000 people.

- Maryland Dog Magazine An ad and article were included in the Spring/Summer issue (published on April 18, 2016 with 5 months of visibility) with a reach of over 30,000 readers. The first page was a full page 10<sup>th</sup> Anniversary ad and the second page included an article on Tobacco Use and Pet Health.
- *Baltimore Magazine* Ads promoting the Quitline's 10<sup>th</sup> Anniversary and raising awareness of free smoking cessation services to Baltimore City residents were placed in the May and June 2016 issues as well as the May 2016 e-newsletter. Publications and e-newsletter have a combined reach of 230,000 residents.

# **Health Communication Outreach to Targeted High-Risk Populations**

# **Pregnant Smokers**

CTPC ran a transit campaign targeting pregnant smokers and the healthcare providers who serve them with the purpose of promoting the health benefits of quitting smoking before and after pregnancy with the help of the Quitline and the Quitline's Pregnancy Rewards Program. Ads ran from February 22 - March 27, 2016 and achieved more than 37 million impressions. Ads were placed on 671 transit venues throughout Baltimore City, Frederick, Montgomery, and Eastern Shore counties.

Using federal funding, CTPC executed a point-of-care marketing campaign from May to June 2016 to reach pregnant, post-partum and women of child-bearing age. Point of care marketing offers patients actionable information on key health conditions and lifestyle changes that directly influence the way they think about their health and encourages them to discuss condition management with their physician. Because smoking during pregnancy carries inherent risks for both mothers and their children, the Quitline offers gift card incentives when pregnant and postpartum women complete a requisite number of counseling sessions. Posters describing the pregnancy incentive program with "take-one displays" were placed in obstetrics/gynecology, pediatric, and family practice offices throughout Maryland with impressions of more than 1.6 million. Throughout this campaign, 13 pregnancy gift card incentives were awarded.

# Medicaid Participants and Healthcare Providers

The Quitline's 10<sup>th</sup> Anniversary posters with "take-one displays" were placed in doctors' offices and independent pharmacies that accept Medicaid throughout Maryland with impressions of more than 1.6 million. During the campaign, there was a 6% increase in calls from Medicaid participants to the Quitline.

# **Additional Statewide Health Communication Interventions**

# Toxic Tobacco Litter Campaign

The toxic tobacco litter awareness campaign aims to educate residents about the negative and detrimental impact of tobacco litter on the environment. The ads show that cigarette toxins can get into "more than just your lungs," and that tobacco litter impacts where we live, work, and play. The campaign's primary audience is those who self-identify as smokers but also aims to reach the general population to encourage healthy communities.

CTPC utilized state dollars to place ads from April 15 - June 30, 2016, placing seven on Ocean City boardwalk tram tops and city-liner buses. Approximately eight million impressions were achieved. See Appendix C.

Ads directed residents to the campaign website, <a href="www.NoTobaccoLitter.com">www.NoTobaccoLitter.com</a>. Radio, television, transit, and other outreach materials, as well as a toolkit, are available on the website to assist LHDs and community partners in implementing their own tobacco litter awareness campaigns.

### MEDIA FUNDED THROUGH LOCAL PUBLIC HEALTH COMPONENT

For the past several years, LHDs have been engaging in a wide variety of countermarketing and media activities with funding from the local public health component of the CRF Program. The various media/marketing campaigns that are developed by LHDs are intended to actively engage all Maryland residents in tobacco control discussions, prevention activities, cessation services, school-based prevention programs, enforcement, policy measures, and dialogue concerning non-smoking norms.

Various print media campaigns conducted include:

- Newspaper articles and inserts;
- Direct mail campaigns;
- News releases;
- Brochures:
- Billboards:
- Bus signs;
- Highway signs; and
- Placards and hanging signs.

Other awareness campaigns were designed to market local programs and educate the public such as:

- Ads on local radio stations:
- Ads on local television and cable access channels;
- Ads at local movie theaters;
- Oral presentations;
- Web based disseminations;
- Text message blasts;
- Online digital advertising; and
- Electronic newsletters.

Some jurisdictions used advanced technology to conduct media/marketing campaigns using list serves and social networks such as Facebook, Twitter, Google Adwords, Pinterest, Instagram, YouTube, Vimeo, QR codes, and mobile telephone apps. To maximize resources, some LHDs collaborated on joint campaigns with neighboring health departments, City Councils, the local Parks and Recreation Department, the Board of Education, the Department of Social Services, and youth clubs/organizations.

Local media/marketing campaigns are also tailored to reach target populations. These campaigns are developed in a culturally and linguistically sensitive manner. Targeted populations consist of, but are not limited to, African Americans, Asian Americans, Hispanics/Latinos, Native Americans, the

medically underserved, low-income, uninsured, and pregnant women. Below are some locations and organizations where direct marketing was targeted to reach ethnic/racial, vulnerable, and special populations:

- Public housing authorities;
- Churches and faith-based institutions;
- Mass transit:
- Homeless shelters;
- Department of social services;
- Cultural organizations;
- Malls;
- Day care providers;
- Mental health facilities;
- WIC programs;
- Hospitals and medical centers; and
- Colleges/universities.

LHDs enlisted members from their local tobacco coalition, faith-based organizations, MOTA vendors, community partners, schools, and state health department staff to develop tailored and sensitive media/marketing campaigns. All of the media/marketing approaches support the four goal areas of the CRF Program: (1) prevent initiation of tobacco use, (2) eliminate harm from secondhand smoke, (3) support cessation among adults, and (4) reduce tobacco related health disparities. Media messages developed by LHDs are also targeted to youth-serving organizations such as the Girls and Boys Club, SADD, the Police Athletic League, community centers, and youth leadership groups. Schools are targeted with poster displays, bulletin boards, videos, and printed materials. Social networks such as Facebook and YouTube have emerged as an effective marketing and outreach tool to engage young people as well.

# MEDIA FUNDED THROUGH TOBACCO ENFORCEMENT/ SYNAR PENALTY COMPONENT

# **Responsible Tobacco Retailer Campaign**

In order to educate retailers about the federal, State, and local laws prohibiting the sale of tobacco to minors, CTPC utilized state dollars from the Synar Penalty to implement a Responsible Tobacco Retailer education campaign. This campaign was implemented in order to reduce youth access to tobacco products and to renew the focus on retailer responsibility.

From November 21, 2015 - March 6, 2016, CTPC placed:

• <u>Transit Ads.</u> 640 ads on county buses in Frederick, Howard, Anne Arundel, Prince George's, Montgomery, Somerset, Wicomico, Worcester, and Queen Anne's Counties; Baltimore City buses, light rail and metro kiosks, metro car interiors, and bus shelters; and Prince George's and City of Gaithersburg bus shelters. Over 63 million impressions were achieved.

- <u>Radio Ads.</u> 681,590 ads statewide on traditional and internet radio, along with web banner ads
  on corresponding radio station websites. Over 23 million impressions were achieved. As part of
  the radio ad placement, seven radio interviews with CTPC Director Dawn Berkowitz were
  conducted.
- <u>Bulletin Board Ads</u>. 21 ads statewide on bulletin and poster-sized billboards. Over 23 million impressions were achieved.
- Gas Station TV Ads. 245 gas station TV screens across the state from November 21, 2015 February 6, 2016. Over 860,000 impressions were achieved.

# From March 28 - June 30, 2016, CTPC placed:

- <u>Transit ads</u>. 634 ads on county buses in Frederick, Howard, Anne Arundel, Prince George's, Montgomery, Somerset, Wicomico, Worcester, Queen Anne's, St. Mary's, and Charles Counties; Baltimore City buses, light rail and metro kiosks, metro car interiors, and bus shelters; Prince George's and City of Gaithersburg bus shelters; and Ocean City board-walk tram tops and city-liner buses. Over 92.5 million impressions were achieved.
- Radio ads. Over 1 million ads statewide on traditional and internet radio with web banner ads on corresponding radio station websites, gas station radio and gas pump toppers, and drug/grocery store radio. Over 48.7 million impressions were achieved. As part of the radio ad placement, six radio interviews with CTPC Director Dawn Berkowitz were conducted.
- <u>Bulletin Board Ads</u>. 21 ads statewide on bulletin and poster-sized billboards. Over 23 million impressions were achieved.
- <u>Gas Station TV Ads.</u> 245 ads on gas station TV screens statewide. Nearly 950,000 impressions were achieved.
- <u>Mobile Ads</u>. Two ads were placed on the patch.com mobile website. Ads achieved 375,000 impressions.

# From July 6 - October 25, 2016, CTPC placed:

- <u>Transit ads</u>. 584 ads on county buses in Frederick, Howard, Anne Arundel, Prince George's, Montgomery, Somerset, Wicomico, Worcester, and Queen Anne's counties; Baltimore City buses, light rail and metro kiosks; metro car interiors; and bus shelters. Over 52 million impressions were achieved.
- Radio ads. 572,371 ads statewide on traditional and internet radio, along with web banner ads on corresponding radio station websites. Nearly 19.5 million impressions were achieved. As part of the radio ad placement, four radio interviews with CTPC Director Dawn Berkowitz, and one radio interview with the Department's Deputy Secretary Howard Haft were conducted.

Ads direct listeners and viewers to the campaign website -<u>www.NoTobaccoSalesToMinors.com</u>, where materials are available for free download and ordering. Additionally, postcards and toolkits were sent to over 6,000 licensed tobacco retailers in Maryland. Toolkits were also sent to all LHDs and MOTA community-based organizations working on this initiative.

# **Next Steps**

Over the next year, CTPC plans to establish mass-reach health communication interventions to further efforts to prevent the initiation of tobacco use, promote and facilitate cessation, and shape social norms related to tobacco use. This is critical at a time when Maryland youth attitudes about tobacco use are moving in the wrong direction; in 2014, 47% of underage high school smokers believed smoking helps them to look cool or fit in, an increase of 70% since 2000. Even more alarming, 23% of underage high school non-smokers believe smoking helps youth to look cool and fit in, an increase of 83% since 2000. Mass-reach health communication interventions can be powerful tools for preventing the initiation of tobacco use, and there is extensive evidence that tobacco counter-marketing, the use of commercial marketing tactics to reduce the prevalence of tobacco use, can be a valuable tool in reducing smoking. <sup>23</sup>

In many arenas, Maryland continues to be on the forefront of successfully addressing critical tobacco control issues. Maryland is one of the first states to work with the Medicaid program to obtain an administrative match for Quitline services and to develop methods to continue promoting Quitline services. This administrative match provides Maryland with a 50% reimbursement of counseling costs for each Medicaid recipient that utilizes the Quitline.

Other CTPC priority areas for health communication efforts include:

- Continue to leverage and promote the CDC Tips campaigns, with ads airing in 2017.
- Develop and place new components for the Responsible Tobacco Retailer program that complement existing ads and materials.
- Continue to promote the Quitline to vulnerable populations.
- Engage populations disproportionately affected by tobacco use, such as LGBT and those
  of lower socioeconomic status, in addressing tobacco control efforts within their
  communities.
- Promote the Quitline to healthcare providers and encourage them to discuss tobacco use cessation with their patients.
- Expand smoke-free homes and smoke-free living initiatives.

CTPC will continue working with partners to promote and support the Quitline and other state and local initiatives, and to leverage resources from other centers and programs within the Department. Further,

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<sup>&</sup>lt;sup>22</sup> *Id* fn 13.

<sup>&</sup>lt;sup>23</sup> *Id* fn 19.

in order to sustain programming, CTPC will expand collaborations and partnerships to other state health departments, outside partners, and communities.

# FEDERAL SYNAR-RELATED PENALTY

# TOBACCO ENFORCEMENT/ YOUTH ACCESS/ RESPONSIBLE RETAILER ACCOMPLISHMENTS

# TOBACCO ENFORCEMENT (Synar Penalty)

# **Background**

As a condition of the federal Substance Abuse and Mental Health Services Administration (SAMHSA) Substance Abuse Prevention and Treatment Federal Block Grant (SAPTBG) received by the Department's Behavioral Health Administration (BHA), all states must comply with the federal Synar Amendment, which was adopted in 1992. The Synar Amendment required states to enact and enforce laws prohibiting the sale or distribution of tobacco products to individuals under 18 years of age. States must conduct annual, random, unannounced inspections of retail tobacco outlets. States also must work to reduce youth access to tobacco (and therefore youth tobacco use) by adhering to a requirement that they maintain a Retailer Violation Rate (RVR) of 20% or less (i.e. at least 80% of retailers inspected in the state sample must refuse tobacco sales to minors). If retailers in a state are found to be out of compliance with the Synar RVR threshold, the state health department is subject to a penalty of a 40% reduction in their federal SAPTBG funding, which would be equivalent to over \$13.5 million in Maryland. States can select an alternative to the 40% reduction in the SAPTBG by allocating new state government funds to improve enforcement efforts and compliance with the law. In Federal Fiscal Year 2015, the non-compliance rate of Maryland retailers was 31%, which translated to an alternate penalty of \$3.9 million in state funds required to be spent on enforcement initiatives. \$2 million of these funds were allocated from the CRF. The Prevention and Health Promotion Administration has been fully responsible for developing and implementing the initiatives funded by these penalty dollars, through an agreement with the BHA. The resulting "Responsible Tobacco Retailer" initiative is outlined below, aimed to increase enforcement efforts and to provide retailer education to reduce youth access to tobacco products and renew the focus on retailer responsibility.

As a result of the activities below, which were conducted with the \$ 3.9 million penalty, Maryland was successful in reducing the retailer violation rate from 31% in 2014 to 14% in 2015, which represents a 56% decrease. The initiative consisted of the following elements:

# State-Level Element

- O Focus Groups. In order to gain the feedback of retailers themselves, focus groups were conducted to identify barriers and challenges of owners, clerks, distributors, and others in remaining compliant with youth access laws that prohibit the sale of tobacco products to youth under 18, and to aid in the development of new materials.
- <u>Campaign Updates</u>. Using feedback from the focus groups, CTPC developed new radio, transit, and billboard ads to complement the existing media from State Fiscal Year 2015 (see Counter-marketing and Media Section and Appendix B).
- Ad Placement. A statewide health communications campaign was executed with ad placements on radio (traditional, online, in-store, and at the gas pump), transit, billboards, digital (mobile), gas pump toppers, and gas station TV mediums. (see Counter-marketing and Media Section and Appendix B).
- Educational Materials. Materials/toolkits were updated in Fiscal Year 2016 to ensure the most recent information was included and conveyed in order to assist licensed tobacco retailers in complying with youth access laws. In order to expand the reach of messaging, materials were

translated into nine languages: Arabic, Burmese, Chinese (Mandarin), Hindi, Korean, Nepali, Punjabi (Indian), Punjabi (Pakistani), and Spanish.

- Material Distribution. Postcard mailers, educational materials, and ancillary items (window clings, magnets, and stickers) were mailed to LHDs, MOTA community-based groups, and over 6,000 retailers. Materials continue to be offered for free via an online order form and pdf download directly from the website: <a href="www.NoTobaccoSalesToMinors.com">www.NoTobaccoSalesToMinors.com</a>. An interactive online training module to assist retailers in remaining compliant with all youth tobacco sales laws and employee training is available at <a href="www.NoTobaccoSalesToMinors.com">www.NoTobaccoSalesToMinors.com</a>.
- Ongoing Technical Assistance. The University of Maryland Baltimore, Legal Resource Center for Public Health Policy provided ongoing technical assistance to the Department, LHDs, law enforcement, and additional partners on youth tobacco sales laws, how to properly enforce the laws and conduct compliance checks with retailers, and avenues for educating retailers and the community.
- Statewide Training. In conjunction with the University of Maryland Baltimore, Legal Resource Center for Public Health Policy, a statewide meeting was held for LHD staff and enforcement personnel on December 8, 2015. Information and updates were provided on federal, state, and local laws restricting the sale of tobacco to minors, and best practices to enforce these laws. The training also allowed for information sharing among participants regarding lessons learned and successful strategies in the field.
- Partnerships. The Department partnered with the Office of the Comptroller to increase enforcement efforts for retailers who violated youth tobacco sales laws on multiple occasions.

# Local-Level Element

LHD Initiatives. LHDs received funding to ramp up enforcement efforts, educate the community about youth access to tobacco, and conduct one-on-one educational sessions with retailers to assist in following federal, state, and local laws prohibiting the sale of tobacco to minors.

- o 10,419 tobacco sales compliance checks were conducted.
- o 1,291 tobacco sales citations were issued.
- o 201 tobacco sale outlets were referred to the Comptroller for multiple citations.
- o 68 non-governmental organizations (NGOs) were contracted to conduct vendor and community education.
- o 6,035 tobacco sales vendors were educated (face-to-face) on state tobacco sales laws by NGOs.
- o 3,248 tobacco sales vendors were educated (face-to-face) on state tobacco sales laws by LHD staff.

- o 81 town hall meetings were conducted to focus on youth access to tobacco and ESD use prevention, with 3,047 attendees at town hall meetings.
- o 78 leadership meetings were held with community partners, police agencies, local state's attorney community action agencies, and political leaders, with 1,305 attendees at leadership meetings.
- o 79 school-based collaborations that raised awareness about youth access to tobacco products, and prevention were held, with 12,571 attendees at school-based collaborations.
- 46 faith-based collaborations that raised awareness in the faith community about tobacco use, youth access to tobacco products, and prevention were held, with 2,507 attendees at faith-based collaborations.
- 48 tobacco retailer group training sessions were conducted by LHD staff, with 849 attendees at the Tobacco Retail Group Training(s).

# **Community-Level Element**

Community-Based Organizations. Support for 12 designated MOTA organizations, and additional community-based organizations to provide in-depth retailer education.

- o 1,881 store-to-store tobacco/nicotine sales education sessions were conducted.
- o 107 community meetings on tobacco enforcement and youth access laws were conducted.
- o 44 radio interviews were conducted.

# FISCAL REPORT BEHAVIORAL HEALTH ADMINISTRATION

# Behavioral Health Administration

# **Cigarette Restitution Fund Program**

Fiscal Report

During Fiscal Year 2016, the BHA administered \$21,032,184 in CRFs. These funds were appropriated in the BHA's budget PCA M274S - Synar penalty (CRF) funds. These budget's services provide for the administration of funds for the enhancement and expansion of alcohol and drug treatment and recovery programming. Funding allocations are provided based on local requests and priorities regarding areas of greatest needs.

		As of June 30, 2016			
		Budget	Expenditures	Obligations	Unobligated
Treatment	M274	21,032,184	21,032,184	0	0
	_	21.032.184	21.032.184	0	0

# **Distribution by Subdivision**

		As of June 30	), 2016	
<u>Subdivision</u>	Budget	Expenditures	Obligations	Unobligated
Allegany	259,934	259,934	0	0
Anne Arundel	1,000,585	1,000,585	0	0
Baltimore City	11,714,906	11,714,906	0	0
Baltimore County	1,000,585	1,000,585	0	0
Calvert	119,384	119,384	0	0
Caroline	33,239	33,239	0	0
Carroll	144,573	144,573	0	0
Cecil	92,426	92,426	0	0
Charles	119,331	119,331	0	0
Dorchester	144,427	144,427	0	0
Frederick	96,164	96,164	0	0
Garrett	40,585	40,585	0	0
Harford	299,246	299,246	0	0
Howard	145,551	145,551	0	0
Kent	286,494	286,494	0	0
Montgomery	1,000,585	1,000,585	0	0
Prince George's	3,342,244	3,342,244	0	0
Queen Anne's	43,444	43,444	0	0
St. Mary's	204,311	204,311	0	0
Somerset	114,849	114,849	0	0
Talbot	37,321	37.321	0	0
Washington	98,587	98,587	0	0
Wicomico	424,793	424,793	0	0
Worcester	268,620	268,620	0	0
TOTAL	21,032,184	21,032,184	0	0

Note: Data source - FMIS M274S

# ACCOMPLISHMENTS BEHAVIORAL HEALTH ADMINISTRATION

# CIGARETTE RESTITUTION FUND PROGRAM

# BEHAVIORAL HEALTH ADMINISTRATION

# FISCAL YEAR 2016 ACCOMPLISHMENTS

# Outcomes and Public Benefits: Fiscal Year 2016 Accomplishments

During Fiscal Year 2016, CRF funds were used to support the following:

	Slots/bed days	Patients Served
Allegany County		
Level III.7 Adolescent In-Patient Addiction Services	4	22
Anne Arundel County		
Level I Outpatient Services		1
Level II.I Intensive Outpatient Services		2
Level II.5 Partial Hospitalization		1
Level III.1 Halfway House Services		74
Level III.3 Long Term Residential Services		42
Level III.5 Therapeutic Community Services		37
Level III.7 Medically Monitored Inpatient Services		50
Level III.7.D Medically Monitored Inpatient Detoxification		16
Services		
Baltimore City		
Level I Outpatient Services	114	314
Level II.1 Intensive Outpatient Services	63	395
Level III.1 Halfway House Services	75	243
Level III.3 Long Term Residential Services	33	141
Level III.5 Therapeutic Community Services	27	86
Level III.7 Medically Monitored Inpatient Services	56	1,039
Level III.7.D Medically Monitored Inpatient Detoxification	10	643
Services		
OMT Opioid Maintenance Therapy	685	927
Acupuncture		105
Baltimore County		
Level I Outpatient Services (Adult)	217	289
Level I Outpatient Services (Adolescent)	217	5
Level II.1 Intensive Outpatient Services (Adult)	11	28
Level III.7 Medically Monitored Inpatient Services (Adolescent)	100	15
•	100	10
<u>Calvert County</u>		
Level II.1 Intensive Outpatient Services	15	91

Caroline County Level I Outpatient Services (Adult)	40	80
Carroll County Level II.I Intensive Outpatient Services	19	76
<u>Cecil County</u> Level III.7D Medically Monitored Inpatient Detoxification Services		88
Charles County Level II.1 Intensive Outpatient Services	12	85
Dorchester County Level II.1 Intensive Outpatient Services	24	197
Frederick County During Fiscal Year 2016, CRF funds were used to screen individuals for tobacco use.		1,106
Garrett County Level I Outpatient Services (Adolescent)	24	24
Harford County Level I Outpatient Services	425	850
Howard County ASAM Level I Outpatient Services ASAM Level I Outpatient Services (Jail)		160 187
<u>Kent County</u> Level III.7D Medically Monitored Inpatient Detoxification Services (Co-Occurring)		410
Montgomery County Level 0.5 Early Intervention Services Level II.I Intensive Outpatient Services (Avery Road- Co- Occurring)	8	1,133 37
Prince George's County Level 0.5 Early Intervention Services Level I Outpatient Services (Adolescent) Level IA Therapy Treatment Services Level II.I Intensive Outpatient Services (Adolescent) Level II.I Intensive Outpatient Services Level III.3 Long Term Residential Care Services Level III.5 Adolescent Therapy Community Services Assessment and Case Management Services (Adolescent)	75 360 4 226	243 302 853 12 364 47 8 76

Assessment Services (Adult)		501
Continuing Care Services (Adolescent)		2
Continuing Care Services (Adult)		69
Queen Anne's County		
During Fiscal Year 2016, CRF funds were used to support a		
portion of the clinical supervisor program director's salary.		
St. Mary's County		
Level I Outpatient Services (Criminal Justice)	20	65
Level II.1 Intensive Outpatient Services (Criminal Justice)	8	36
Level III.7D Medically Monitored Inpatient Detoxification		25
Services		
Assessments and Referrals (Criminal Justice)		52
Somerset County		
Level I Outpatient Services	140	380
•		
Talbot County		
During Fiscal Year 2016, CRF funds were used to support a		
portion of the clinical supervisor program director's salary.		
Washington County		
Level I Outpatient Services (Jail-Based)	40	41
•		
Wicomico County		
Level III.7 Medically Monitored Inpatient Detoxification Services		29
Worcester County		
Level I Outpatient Services		1,000
Level II.I Intensive Outpatient Services		257
Level III.7D Medically Monitored Inpatient Detoxification		16
Services		

In addition to the services listed above, the Worcester County Health Department contracted with the Joan Jenkins Foundation to provide various recovery services through the Atlantic Club to residents and visitors of the self-help community. In Fiscal Year 2016, the Club reported serving 29,852 individuals per year, of which half of the reported were supported with CRF funds.

# **Managing-For-Results**

The BHA does not establish MFRs according to funding streams (e.g., CRF). The BHA awards funding to the jurisdictions by level of care (type of certified service) through a combination of state, federal, and special funds. The applicable MFR performance measures address the agency goal to provide a comprehensive continuum of effective substance abuse treatment and recovery services with emphasis on access to treatment and retention in treatment; however, the MFRs are not specific to M274S Synar penalty (CRF) funds.

# FISCAL REPORT AND MANAGING-FOR-RESULTS REPORT

# **MEDICAL CARE PROGRAM**

# CIGARETTE RESTITUTION FUND PROGRAM

# MEDICAL CARE PROGRAM

# PROVIDER REIMBURSEMENTS

# **AND**

# **MANAGING-FOR-RESULTS (CY 2015)**

Appropriation: \$108,448,000 Expenditure: \$104,448,000

# M00Q01.00 MEDICAL CARE PROGRAMS ADMINISTRATION

**Objective 1.4** For Calendar Year 2018, reduce by 3 admissions the rate per thousand of asthma-related avoidable hospital admissions among HealthChoice children ages 5-20 with asthma compared to CY 2015.

Admissions are defined as "avoidable admissions" and are based on specifications from the Agency for Healthcare Research and Quality (AHRQ). The methodology for determining performance reflects both AHRQ and the Healthcare Effectiveness Data and Information Set specifications and recommendations. The denominator for this measure includes children enrolled for at least 320 days in a HealthChoice managed care organization during the calendar year and the previous calendar year

CY2015	CY2016	CY2017	CY2018
Actual	Estimated	Estimated	Estimated
31	30	29	28
	Actual	Actual Estimated	Actual Estimated Estimated

**Objective 2.4** For Calendar Year 2018, reduce the gap in access to ambulatory services between Caucasians and African-Americans in HealthChoice by 0.2%.

	CY2015	CY2016	CY2017	CY2018
Performance Measures	Actual	Estimated	Estimated	Estimated
Outcome: Percentage gap between ambulatory care access rate for Caucasians compared to the access rate for African-Americans	4.4 %	4.3%	4.3%	4.2%

**Note:** 90% of total HealthChoice enrollment is made up of African-Americans and Caucasians; therefore comparing access to ambulatory services between these two populations is a good indicator of disparities in access to ambulatory services.

# APPENDICES TOBACCO CONTROL PROGRAM SAMPLE MEDIA

# Point of Care Medicaid and Pregnancy campaign





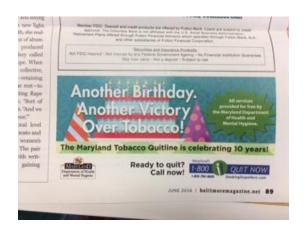




# Orioles Stadium Scoreboard



# **Print Publications**









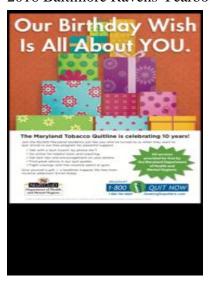
# AMI Jukebox Media







# Professional Sports Publications 2016 Baltimore Ravens Yearbook



# 2016 University of Maryland Basketball Program



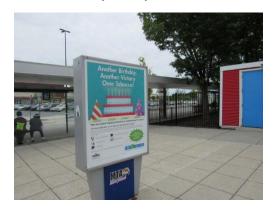
Quitline's 10<sup>th</sup> Anniversary Transit Campaign Annapolis and Frederick County, Maryland







# Baltimore City, Maryland





# Ocean City, Maryland











#### <u>Maryland Tobacco Quitline's SmokingStopsHere.com Print Materials</u> Wallet Card



#### **Brochures**





#### Appendix B

Responsible Retailer Campaign - www.NoTobaccoSalesToMinors.com

#### Material placement July - October 2015



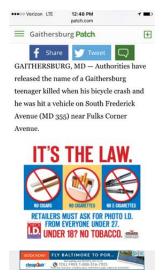




#### Material placement January - June 2016











Appendix C

Toxic Tobacco Litter Campaign - www.NoTobaccoLitter.com











Southern Maryland Agricultural Development Commission (SMADC)
Of the Tri-County Council for Southern Maryland

December 2016



#### END OF YEAR REPORT – FY'16 (JULY 2015- JUNE 2016)

#### **INTRODUCTION**

The Southern Maryland Agricultural Development Commission (SMADC) has worked for many years to provide resources for farmers to be profitable, support land preservation, grow new farmers, and foster healthy food, farms and communities.

With our partners, SMADC has helped individual farms and the community transform to a new agricultural economy based on food, beverages, equine, tourism, green products, and natural resources. Our efforts have successfully enhanced individual farmers' capacity and increased the supply of fresh, locally grown food. SMADC has initiated and/or fostered the development and successful incubation of several agricultural industries, most notably the direct sale of farm food to the local food markets, the reemergence of a meat industry, the creation of a wine industry and an agritourism industry. We have worked to increase access to fresh food for the hunger community while enhancing farmers' profitability. We created a *Farm Share* program so that farmers could share equipment, and we developed a *Maryland FarmLINK* program to foster new farmers, and bridge communication between farmers, both new and experienced. Our efforts in streamlining regulations have helped farms to add value to their products by extending the life of farm foods through on-farm processing, dairy processing, and more.

Simultaneously, SMADC launched promotion campaigns to the public to alert consumers and buyers to the availability of Southern Maryland's diverse farm foods and innovative on-farm services (*So. Maryland, So Good*), the Maryland *Buy Local Challenge, Southern Maryland Trails: Earth, Art, Imagination, Southern Maryland Meats.* Throughout the process, SMADC has held public forums, focus group discussions, and invited public input on our strategic plans. Consistently, the community has asked SMADC to address a meat processing facility for the region, provide assistance to the growing equine and aquaculture industries, provide infrastructure for value-added processing and on-going regulatory support.

#### **SCALING UP:**

#### AGRICULTURAL BUSINESS PARK AND FOOD INNOVATION CENTER

The Ag and Food Innovation Center is intended to benefit Southern Maryland by: 1) enhancing farmers' profitability, 2) enabling entry to bigger wholesale markets, 3) increasing the region's capacity to meet consumer demand for locally produced foods, 4) expanding and fortifying the region's multi-cultural farm community, 5) enabling businesses to develop and expand using local farm products, and 6) creating new jobs for the region. The Center plan concept is structured in a way to give farmers and rural businesses a voice in the Center and its success.

#### MEAT PROCESSING FACILITY

Feedback from public forums and surveys over the past two years, particularly during FY'15, identified the key components for the potential agriculture center for Southern Maryland. SMADC's concept for the Ag and Food Innovation Center includes multiple infrastructure components based on the needs, as expressed, of the regional farming community (meat processing, warehouse/distribution, certified kitchen, new farmer incubation, farmers' market/retail, aquaculture processing) of which a meat processing facility was identified as the top priority for the region.

#### Introduction

In March 2016, SMADC was directed by the Executive Board of the Tri-County Council for Southern Maryland (TCCSMD) to focus exclusively on the creation of a USDA certified meat slaughter/processing facility convenient to the region's farmers and develop a Request for Proposal (RFP) to identify a site and managing entity and pursue an aggressive timeline to complete the project. Since time is of the essence, TCCSMD Executive Board resolved that co-locating the Ag. Center with the meat processing facility is not practical. All other prioritized infrastructure components of the Ag and Food Center are now secondary to the immediate successful creation of the meat facility and may be considered at a later date pending outcomes of the meat processing facility.

The TCCSMD directive is to create an RFP that allows a public-private partnership to develop, manage and operate the meat processing facility for the farmers of the region (under current structural organization the TCCSMD and SMADC cannot hold title to property). The objective is to find an entity that will make a long-term commitment to operate the facility at a mutually agreed upon location. TCCSMD has grant funds available to assist with regulatory requirements, equipment purchases, ongoing operational assistance and other potential overhead expenses.

In order to inform the agricultural community to the opportunity of the RFP, SMADC and TCCSMD Executive Board held a public information session in April 2016 to outline the RFP objective, to put in place a meat processing facility located within the five counties of Southern Maryland, and to clarify specific goals of the RFP for potential property owners, developers and operators considering submitting a bid. The meat processing facility is intended to provide a suite of multi-species meat processing services adhering to USDA certification (slaughter, cut, process and wrap) as well as 'custom' processing options for local producers. The facility may include retail and wholesale outlets with the potential to develop a high quality line of meat products including niche products to meet ethnic community demand.

In May 2016, the TCCSMD Executive Board temporarily assigned the duty of managing SMADC to the TCCSMD Executive Director (upon the departure of the SMADC Executive Director) and assumed control of the RFP development. The RFP is being drafted in strict alignment with state procurement law requirements under the legal oversight and review (for content and language) by the TCCSMD attorney at the Department of Commerce and attorneys at the Department of General Services (DGS) and state attorney's at the Department of Budget and Management (DBM). The RFP will be presented to the Board of Public Works for final review and approval before implementation. Regular updates on the project/RFP (projected timelines, public meetings and status) are posted on the SMADC website homepage and provided directly through SMADC media communications conduits and in press releases.

SMADC has set aside funds in FY'16 to support the development/construction of the meat processing facility. Additionally, TCCSMD and SMADC have engaged in conversations with Maryland Agricultural Resource-Based Industry Development Corporation (MARBIDCO) to investigate the possibility of dispensing SMADC funds for this project through MARBIDCO financial instruments, such as a conditional loan. This would entail issuing the funds as a low-interest loan which may be converted to a grant, conditional upon certain benchmarks being achieved. MARBIDCO has expressed willingness to take on this role and assist with the financial component of the RFP development.

#### **Highlights (2015-2016):**

- 23 public meetings/open houses have been held regarding the Ag. Center since December 2014.
- 2 meetings with wholesale producers/farms (Ag. Center infrastructure requirements).
- Ag Center Community Survey issued on-line and in-print (110 respondents) as of July 2016.
- Initial Business Plan elements drafted/completed in FY'16.
- 1 public information meeting on RFP components and timeline (April 2016).

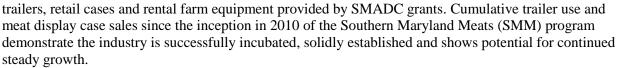
## SOUTHERN MARYLAND AGRICULTURAL DEVELOPMENT PROGRAMS:

#### PROVIDING FARMERS RESOURCES TO BE PROFITABLE

#### SOUTHERN MARYLAND MEAT INDUSTRY

#### **Southern Maryland Meats (SMM)**

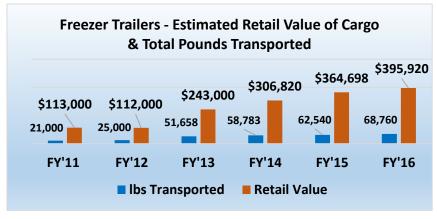
In the past six years, SMADC has undertaken the challenge of building the local meat industry. As a result, more producers are adding livestock to their business models and taking advantage of value-added potential for profit offered by SMM trailers are adding livestock to their business models and taking advantage of value-added potential for profit offered by SMADC greats. Computer the state of the second part of the second p



#### Farm Share Equipment - Freezer Trailers

In 2011, SMADC provided funds to St. Mary's County Farm Bureau and Prince George's County Farm Bureau for two freezer trailers to transport farmers' meat products from USDA processing plants to farm

or retail stores. In FY'15, funds were approved for a third trailer for Calvert County Farm Bureau. All three trailers are available to rent by any Southern Maryland meat producer. In the past five years, St. Mary's and Prince George's trailers have accumulated considerable mileage resulting in wear and tear. In FY'16, Prince George's and St. Mary's



counties submitted proposals to purchase two new trailers with more robust specifications to replace existing trailers. SMADC approved funding, which was conditional upon parity of rental rates, across all counties, to ensure equitable use of the trailers.

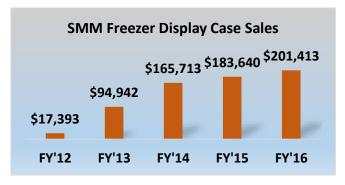
Counties continue to experience steady use of the trailers; 68,760 pounds of frozen meat product was transported in FY'16 (an increase of 10%), for an estimated retail value of \$395,920. Consensus of the managing entities is that the trailers are well utilized and "have done the most good for the transition from tobacco by enabling operations to expand and transport meat as never before." (SMADC Regional Equipment Meeting, November 9, 2015).

#### **Marketing at Retail Venues**

SMADC also funded the purchase of eight commercial freezer display cases to promote sales of Southern Maryland Meats directly to the public. The SMM freezer case initiative has provided SMM participants with important retail sales opportunity within Southern Maryland and has achieved program goals of facilitating successful, profitable on-going retail connections for producers. In FY'16, SMM retail partners reported meat sales are steady with total sales of \$201,413.00 (10% increase overall). SMM

partner, Chesapeake's Bounty (farm market retailer) stated SMM meats constitute approximately 85-95% of their total meat sales "With the exception of 2 farms, all meats purchased are sourced from SMM (participating) farms." William Kreamer, owner, Chesapeake's Bounty.

In FY'16, seven retail display cases were located at farm market stores and grocery stores



(3 in Calvert, 1 in Charles, 1 in Anne Arundel and 2 in St. Mary's). Two cases were relocated to new partner sites in Calvert County (Chesapeake's Bounty North) and Anne Arundel County (Greenstreet Gardens). As the cases age (most purchased in 2011), retailers are experiencing recurring maintenance issues (cumulative repairs are over \$6,000). The SMM Steering Committee has proposed a 'twilight' of cases and will offer the cases for sale to livestock producers to be used for their on-farm meat storage needs. Proceeds from the sale of the freezers will be used to establish a maintenance fund for all SMADC funded equipment. Two freezers are in temporary storage pending sale.

#### **SMM Website**

A popular destination for both consumers and producers, the SMM website averages 1,850 visits a month. The website is the main public portal for the SMM program providing producer and retail partner directories, plus resources for producers such as marketing and processing information, promotional materials, rental equipment and regulatory/licensing guidelines. SMM Facebook page offers an additional conduit for retail partners and producers to connect directly with consumers and 'post' availability of product for sale, upcoming events and other updates.

#### **Promotion and Marketing**

A program priority is to build awareness for SMM meats. SMADC published the first Meats and Seafood Directory for the region in 2012. Although no longer available in print, the guide is the top download on the website (over 1,400 views in FY'16) and remains a top resource for consumers eager to find locally raised meats. A new, updated printed guide is planned for development in FY'17.

The "Southern Maryland Meats" brand/logo, co-created by SMADC and producers, assures transparency and product authenticity to consumers. Participating farms' raising practices are 'juried' to assure the quality and integrity of the SMM brand is maintained. 47 producers participate in SMM program (2 new in FY'16). In response to SMM Steering Committee requests for enhanced marketing support to educate farms on how to make the most of social media and other digital tools to market their products, SMADC hosted two social media workshops which covered the social media basics (Facebook, Twitter, etc.) plus advanced topics on blogging and other trending digital resources, 21 farms attended.

#### What's Next

The program continues to show successes with consistent retail sales; however, more work needs to be done to increase consumer awareness for the brand. Steering Committee recommendations include increased marketing efforts to build and reinforce brand recognition for SMM 'juried' meats, promote SMM participating farms and provide more tools for consumers to find SMM products in the market place. In FY'16, SMM has requested funding for a 'youth' promotion to build awareness of SMM program, inform a new generation of beginning farmers and producer families, to stimulate interest to implement SMM raising practices and grow participation in the SMM program.

#### **Highlights:**

- 47 producers participate in SMM (2 new in FY'16).
- 68,760 pounds of frozen product transported, estimated retail value of \$395,920.
- 7 retail host venues report sales of \$201,413 (an increase of 10% from FY'15).
- 2 new freezer trailers purchased (Calvert and St. Mary's).
- 7 retail venues host retail SMM display cases.
- 21 farms attended the Social Media Workshops.

#### www.southernmarylandmeats.com

#### **DAIRY INDUSTRY**

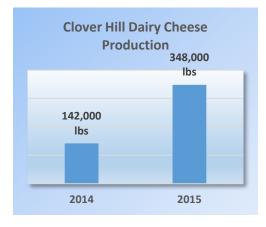
In 2011, SMADC was solicited by members of the Amish farming community in St. Mary's county to assist with regulatory requirements to obtain a permit for a Grade 'M' dairy for the production of cheese.



From 2011 to spring of 2014, SMADC staff facilitated meetings with the state Center for Milk Control, developed Standard Operating Procedures (SOP's) and assisted with other regulatory issues to facilitate approval of the dairy pasteurization equipment. In March 2014, Clover Hill Dairy received their Grade 'M' operating permit (the first for Southern Maryland).

#### **On-Going Regulatory Facilitation**

SMADC staff continues to facilitate communications with the state Center for Milk Control and assist the dairy management with regulatory compliance requirements. "Meetings we have are much more productive with SMADC staff in the loop." Kirk Engle, Center for Milk & Dairy Product Safety.



In FY'16, staff attended two training sessions with dairy personnel to assist in the preparation for new Hazard Analysis Critical Control Point (HACCP) plan requirements (now a prerequisite for all Maryland creameries/cheese houses) mandated by the Food Safety Modernization Act (FSMA). SMADC staff will work as requested/needed to help develop and implement the dairy HACCP plan by the fall of 2017.

Clover Hill Dairy processed over 348,000 pounds of finished cheese in 2015, an increase in production of well over 100% from 2014. Seventeen local dairy farms in St. Mary's and Charles counties supply bulk milk for the cheese production.

A new extension for dry-goods, packaging, storage, and office space was completed in the spring of 2016. Currently, staff is facilitating coordination of plan review requirements with the Center for Milk Control for permit applications and equipment approvals for a further expansion of the dairy production area (7,000 sq. ft.).

#### **Highlights:**

- 348,000 lbs. of cheese produced in 2015.
- New packaging/office expansion completed.
- 17 dairy farms supply bulk milk.
- 17 recipes approved for production.

#### **EQUINE INDUSTRY**

Since its creation in 2000, SMADC has helped local farms expand and thrive. SMADC focuses on promoting the region's diverse agricultural businesses inclusive of Southern Maryland's equine community. Southern Maryland's horse stables and farms help to preserve the rural landscape and stimulate the trajectory of the regional economy bringing together communities through equine sports events, recreational activities, and as vibrant tourism destinations. Over 30,000 acres are attributed to equine businesses in Southern Maryland, (MD Horse Board 2010 Census) and more than 165 Maryland Horse Industry Board (MHIB) licensed equine facilities operate in the region.

#### **Southern Maryland Equine Guide**

In FY'16, SMADC developed and published "For Your Horse," the fourth edition of the Southern Maryland Equine Guide, which showcases Southern Maryland's equine community and provides information and resources for horse owners, horse-related businesses and consumers. The 44-page, full-color directory lists 63 horse farms and stables (9 new in FY'16), in Anne Arundel (23), Calvert (10), Charles (12), Prince George's (6) and St. Mary's (12) counties that offer riding lessons, training programs, horse boarding, sales and breeding. Additionally, 18 regional hay producers are featured as well as listings of equine-related goods and services including feed suppliers, vets, farriers, tack shops, horseback riding trails, show arenas and equine associations.

The guide also highlights Southern Maryland's seven Horse Discovery Centers [Anne Arundel (2), Calvert (2), Prince George's (1) and St. Mary's (2)]; these certified stables provide a safe, knowledgeable environment where visitors can interact with horses. Another section offers a preview of SMADC's newest heritage trail "Hoofbeats Through History: The Southern Maryland Historic Horse Trail," a network of destinations highlighting the important role of horses in the area's culture and heritage. A total of 15,000 Equine Guides were printed in FY'16, with initial distribution of 6,300 copies to regional public libraries, welcome centers and participating businesses. Ten full color advertisements generated \$2,640 towards print costs. The guide is available to view or download on the SMADC website.

#### **Southern Maryland Historic Horse Trail**



Launched in June 2016, "Hoofbeats Through History: The Southern Maryland Historic Horse Trail" is one of a network of heritage 'driving' trails in development across the state that highlight the contribution of horses to Maryland's history and culture.

The state-wide Maryland Historic Horse Trails (HHT) was initiated by the Maryland Horse Industry Board (MHIB) which

invited SMADC's participation and provided \$3,000 funding for the development of the HHT website and companion brochure. The HHT initiative is a novel approach to heritage tourism which enhances economic opportunity for regional cultural sites hand in hand with the promotion of the area's equine industry.

The HHT website is the project centerpiece and features a mapped, self-guided driving trail of 17 documented/equine-related destinations in Southern Maryland (Calvert, Charles, Prince George's and St. Mary's counties\*) that illustrate the role of horses in the region's past offering historical insight and educational opportunities. The trail website includes descriptions, stories, photos, hours, galleries of related documents, articles and an interactive map for the key sites.

In addition to the history piece, the website highlights the area's active working horse farms, plus equine events that encourage visitors to experience and participate in the world of horses today. A full color printed brochure provides a summarized version of the trail which directs the public to the HHT website; 15,000 brochures were printed, with 5,850 copies distributed in FY'16. The HHT website has received over 6,000 visits since the launch date in June. A series of Ads and events to promote the Trail and Equine Guide are planned for FY'17.

(\*SMADC's mission and programs generally encompass all five Southern Maryland counties; for this initiative, Anne Arundel County will produce a separate trail.)

#### Highlights (FY'16):

- 63 equine businesses (9 new FY'16), 18 hay producers, 31 equine businesses listed/Equine Guide
- 10 ads generate \$2,640/Equine Guide
- 6,300 Equine Guides distributed
- 17 destination sites, 63 active equine businesses promoted/HHT brochure and website
- 5,850 HHT brochures distributed
- Over 6,000 visits recorded on HHT website since June launch

www.somdhorsetrails.smadc.com

#### MARYLAND BUY LOCAL CHALLENGE

SMADC created the Buy Local Challenge (BLC) in 2007 to educate the public about the benefits of supporting local farms with the goal to incentivize and increase purchases of Maryland farm foods year-round.

SMADC's 2016 theme, "Healthy Plate, Healthy Communities," conveys messages about the benefits of buying locally raised farm foods that parallel the state's "Smart, Green and Growing" (SGG) initiative, highlighting personal, community, environmental and economic health for the region. Governor Hogan and Agriculture Secretary Bartenfelder have endorsed the annual continuance of the BLC promotion as a statewide initiative. SMADC co-promotes the BLC in partnership with the Maryland Department of Agriculture (MDA).

The Buy Local Cookout and contest, hosted each year at the Governor's mansion (for eight consecutive years and through two administrations) featured selected recipes showcasing the diversity of Maryland's farm products. In FY'16, recipes included products from 14 Southern Maryland farms including one winery, a brewery and eight Southern Maryland restaurant/caterers/chefs.

Enhanced consumer education, through promotions like the BLC, is increasing public awareness and preference for locally raised/produced products. "We are really seeing the demand from the public for locally produced meats, we have increased our production every year and we still can't keep up." Deanna Tice, Enticement Meats, Anne Arundel. (Capital Gazette BLC editorial, July 21, 2016). In direct response to retail demand, Maryland distributors such as Coastal Sunbelt and Hearn Kirkwood are sourcing Maryland-grown farm products. As more distributors make connections with local growers, chefs and food service directors have direct and convenient access to locally produced foods.



In FY'16, 150,000 SMADC BLC fliers were distributed to over 100 Southern Maryland region 'farm to table' venues (stores, restaurants, caterers), area food banks, farmers' markets, three

regional library systems and welcome centers. MDA distributed 100,000 (SMADC designed) state BLC flyers to the general public in their MVA license renewals. Statewide Agriculture Marketing Professionals (AMPs) spearheaded BLC promotions/events in their counties. The Maryland Wineries Association, Brewers Association of Maryland and Maryland Distillers Guild, all endorsed Buy Local Week.

#### **BLC Media Campaign**

The BLC campaign is self-propelling, borne out by the activity on Facebook and the BLC website, as more consumers connect with "the Challenge" and are incentivized to create their own BLC week events and commit to the challenge annually. "We decided to do this annually...we have fun and tell about all we ate and where it came from." North Beach Senior Center, Calvert.

Throughout the BLC week the Governor's Office, MDA, SMADC, numerous independent media (ABC News, Capital Gazette, CBS, Baltimore Sun), county agencies, local townships and governments promoted the BLC on social media and on their websites. During the campaign, the BLC Facebook page registered a total 'reach' of over 10,700. The BLC website registered 84,925 unique visits for the fiscal year, with over 10,000 visits during the FY' 16 BLC week (of which 7,200 were new visitors). SMADC supported the BLC with advertisements served to all Maryland and the metro DC area. The 'creative' performance of the Washingtonpost.com advertisement exceeded industry benchmarks (77.6% versus 52.9% industry), employing content and behavioral targeting across all platforms (desktop, mobile and pads), delivered to an audience of over one million (1,396,315) with a click through rate of 15%.

#### Highlights (FY'16-17):

- 150,000 SMADC/BLC fliers distributed regionally.
- 100,000 MDA/BLC fliers mailed with MVA license renewals statewide
- Governor Hogan and Agriculture Secretary endorse BLC Week.
- Numerous independent articles, press notices, TV, radio and SMADC ads reached a combined audience over 1 million people.

#### www.buylocalchallenge.com

#### SO. MARYLAND, SO GOOD: MARKETING SOUTHERN MARYLAND

So. Maryland, So Good (SMSG) – This three-fold campaign seeks to directly link farmers and buyers, add value to local agricultural products through the use of an identifiable brand (logo), and educate consumers about the benefits of buying from and supporting local farms.

Data from the latest USDA National agricultural census shows that from 2007 to 2012, the value of agricultural products sold directly to individuals for human consumption grew 58% in Southern Maryland. Direct sales grew by \$1.6 million in Southern Maryland, with growth in all five counties.

#### SMSG Buyer Grower Exchange - Connecting Buyers and Sellers

In April 2015, at the request of chefs and farmers, SMADC designed and developed a pilot communication platform, the *So. Maryland, So Good Buyer Grower Exchange* on Facebook, in

partnership with Anne Arundel Economic Development Corporation (AAEDC) and hotel/caterer Herrington on the Bay. The Exchange facilitates sales of fresh farm foods between buyers and growers. The Exchange has 29 participants consisting of farmers, chefs, restaurants, caterers,



and stores located in the Herring Bay area on the Anne Arundel/Calvert county lines.

#### **SMSG Farm to Table List**

Launched to coincide with the 2015 Buy Local Week, SMADC published an online 'Farm to Table' listing of regional businesses that purchase and promote farm products grown and produced exclusively by farms in Southern Maryland. Available to view or download, the SMSG Farm to Table List is intended as a resource to help consumers find locally grown farm products at regional stores, restaurants and other retail businesses. 15 food service businesses applied to be listed in FY'16.

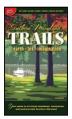
#### **Highlights FY'16:**

- SMSG Farm to Table Listing (15 venues listed in FY'16).
- 369 farms (9 new in FY'16), listed throughout all of SMADC websites, guides and contact lists.
- 2016 Farmers' Market Guide listing 30 So. MD Markets and 10 additional markets in MD, Metro DC and VA hosting Southern MD farm vendors.
- 2016 Farms for the Holiday's Guide listing 72 agricultural businesses, 6 new farm listings in FY'16 (of which 2 farms are new to SMADC programs)
- 2016 Equine Guide listing 63 horse farms/stables (9 new farms).
- 4 SMADC workshops benefitted 107 individuals/farm businesses.
- SMADC website over 43,800 unique visitors\* in FY'16.
- SMADC Facebook page registered 13,992 total 'daily reach' for FY'16.

\*In FY'15 SMADC measured using the total number of visits, not accounting for multiple visits by individuals. We feel that measuring by unique visitors is a more accurate way to show the impact of the SMADC website and we will continue to use this measurement in the future.

http://www.smadc.com/programs/smsg.html

#### SOUTHERN MARYLAND TRAILS: EARTH, ART, IMAGINATION



The Southern Maryland Trails Guidebook has connected area farms with arts, eateries and other public venues and businesses to enhance cross promotion, profit opportunities and build a sense of local awareness and community. Now in its fifth edition, the guide continues to be a sought after publication in Welcome Centers across the state and the entire 30,000 original print run has been distributed. SMADC continues to receive requests for additional copies and it is envisioned that a sixth edition should be developed soon.

#### FARM SHARE: EQUIPMENT AND ENVIRONMENTAL STEWARDSHIP

Beginning in 2010, SMADC was hearing from the farming community that farm equipment is expensive, and many found it cost-prohibitive to purchase equipment that is used only a few times a year. SMADC invited agricultural entities to identify farm equipment needs that would be shared and rented by farmers across the Southern Maryland region. Funds were made available to purchase the equipment. In addition to popular pieces of equipment, priority was placed on equipment that promoted long-term environmental benefit to the Chesapeake Bay and/or supported new farm initiatives (such as wine grape growing, small scale and urban farming operations).

The equipment is managed by local agricultural entities. Rental fees are expected to cover routine maintenance and other costs of the program, such as insurance. SMADC held a meeting in the fall of 2015 with all the managing entities to discuss the program; review any underutilized equipment and take

steps to make the program even more successful. SMADC plans to hold an equipment meeting every two years.

The equipment is listed on the "farmer resources" page of the SMADC website, and on the websites of the managing entities.

#### Highlights (2016):

- In 2016, SMADC offered an Equipment Grant for local agencies to apply. 15 pieces of equipment were requested and after reviewing and researching the requests, SMADC approved five pieces for funding. Four pieces will be replacing equipment already in the program.
- 37 pieces of equipment have been purchased and are available for farmers to rent across the region.
- 2,396 acres positively impacted by conservation tillage across the five counties.
- The no-till drill is the most demanded piece of equipment. There are four drills between three counties.

http://www.smadc.com/farmRESOR/equiprental.htm

#### REGULATORY ASSISTANCE/ SMADC OMBUDSMAN

SMADC's regional and statewide programs strive to create economic opportunities for farmers and provide the research, resources, information and support for existing and new farm entrepreneurs to be successful. SMADC's works cooperatively with farms and agencies to facilitate a vital regulatory information conduit for the farming community by providing workshops for regulatory updates, staff expertise/support for ongoing record keeping, process reviews, and license applications as needed.

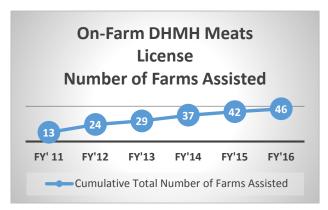
#### What's SMADC Doing?

An ever growing inventory of value-added on-farm products (fermented foods, dairy, acidified, meats, etc.) coupled with innovative on-farm agritourism activities are dramatically changing the profile of farming; health and permit inspectors struggle to interpret current guidance and regulation to accommodate new agri-business models. As a result, SMADC staff is frequently sought out regionally and statewide as a knowledgeable resource to help producers navigate the complex regulatory requirements of multiple federal, state and local agencies (FDA, USDA, DHMH, SHA) which oversee food production and farm enterprise.

Examples of SMADC regulatory outreach in FY'16 include partnering with DHMH and University of Maryland Extension to present at Annie's Project workshop which featured presentations and updates to on-farm processing and value-added regulations (15 producers attended). SMADC with St. Mary's County Government facilitated and attended meetings with FSIS/USDA (Food Safety Inspection Service) to assist with the development of an Amishowned meat processing facility. SMADC staff were also invited to participate on the Anne Arundel County Agritourism Workgroup to provide input which will be used to assist in the development of an agritourism definition for Anne Arundel County.



In winter of 2016, SMADC held two meetings to determine ongoing needs and opportunities for wholesale producers of fruits and vegetables in Southern Maryland. Feedback from these meetings concerning regulatory and other hurdles inhibiting farm business was included in testimony given by



SMADC staff at Governor Hogan's Regulatory Reform Commission listening sessions in July 2016. This information was also documented and provided to the Maryland Agricultural Commission for the development of the Maryland Agriculture Strategic Plan.

The Food Safety Modernization Act (FSMA), is intensifying regulatory oversight for food production, as focus shifts to heightened preventative controls. In August 2016, the US Food and Drug Administration (FDA) issued a

final rule that extends and clarifies the compliance dates of FSMA as manifested in the Current Good Manufacturing Practices and Preventive Control Rule for Human Food. It is anticipated, almost all farming enterprises will be affected by the new regulations.

In FY'16, SMADC staff attended several workshops to be better prepared to assist farms with steps needed to achieve mandatory FSMA compliance deadlines, (commencing September 2016 through the next 2 to 3 years), including two HACCP training sessions for building practical, sustainable food safety plans for small and mid-sized dairy plants. As many mid-size and large retail food businesses are now requiring GAP certification for their farm sources, staff attended Maryland GAP (Good Agricultural Practices) training sessions and a 'mock' GAP audit hosted by MDA and the University of Maryland's Terp Farm which also included updates on the FSMA rule for vegetable and fruit producers.

SMADC's online tools, tutorials and template resources continue to provide easily accessible local and state regulatory compliance guidelines for Acidified Foods and the On-Farm Processor/Meats License application; both tutorials remain top visited pages on the SMADC website. SMADC facilitated 5 new meat/on-farm processor licenses in FY'16.

#### **Highlights FY'16:**

- 2 new acidified recipe submissions facilitated/approved (Cornell, FDA, DHMH)
- 4 on-farm acidified foods DHMH annual process reviews, 4 SOP updates facilitated.
- Clover Hill Dairy FSMA/HACCP training facilitated
- Clover Hill Dairy storage room expansion/approvals facilitated
- 5 new on-farm processor meat licenses facilitated
- Enhancing Wholesale Distribution 'needs and opportunities' meetings 10 producers attended
- Annie's Project value-added regulation update 15 producers attended

#### **Ongoing:**

- Clover Hill Dairy assist with compliance approvals for new extension/equipment and HACCP
- Acidified SMADC will work with DHMH in FY'17 to update acidified tutorial and facilitate on-farm reviews.
- Group GAP SMADC will explore implementation of a pilot with state partners www.smadc.com

#### LAND PRESERVATION AND STEWARDSHIP

#### **AGRICULTURAL LAND PRESERVATION**

The land preservation component of the Tobacco Buyout should not be understated. While the buyout of individual farmers radically changed the *culture* of agriculture in the five-county region, investment in land preservation has made a significant impact on the region's agricultural industry. Land preservation efforts have slowed the development of prime agricultural land, helped to stabilize farming operations and foster renewed enthusiasm for agriculture in Southern Maryland.

Land preservation is a high priority for SMADC, as Southern Maryland has been one of the fastest growing areas in the state. The average age of the tobacco farmer is now well into their 70's. SMADC's funds permit the counties to place a priority on former tobacco farms through matching funds. These funds assure that farmland will persist not just for today, but for farmers and food production into the future.

#### **Highlights FY'16:**

#### SMADC funds:

- 81 acres (1 farm) directly preserved in one county (1 Anne Arundel).
- Resulting in 16,257 cumulative acres over the 14 years of program funding.

#### SMADC plus leveraged County and State program funds:

- 36,325 acres (320 farms) cumulatively preserved in the five counties.
- SMADC has been able to attain SMADC's early goal of 35,000 acres preserved by including leveraged funds with SMADC funds. SMADC funds represent approximately 45% of the 36,325 total acres preserved.

#### FOOD, FARMS AND HEALTHY COMMUNITIES

#### **SOUTHERN MARYLAND FARMERS' MARKETS**

Farmers' markets continue to be popular for a number of reasons: more informed consumers, desire to support the local growers and the economy, and wanting to know where one's food comes from. They can also be a means to provide fresh food to the underserved communities, while also boosting income for farmers.

#### **SMADC Support**

SMADC assists farmers' markets in the five counties (Anne Arundel, Calvert, Charles, Prince George's and St. Mary's) through education, promotion, advice for start-up, and acting as a conduit of information about regulations and other pertinent information.

SMADC hosts workshops for farmers' market managers to keep the markets up to date with new incentives, opportunities and regulations. SMADC has provided administrative support to individual markets in applying for grants for EBT/SNAP incentive funds. As well as annual production of a directory of farmers' markets throughout the five-county region. The brochure features a chart of "What's in Season" and lists markets which provide EBT/SNAP.

SMADC provides promotional assistance grants, ranging from \$500 - \$2,000, directly to farmers' markets where the majority of farm vendors are from Southern Maryland. Since 2003, over \$242,000 has been awarded to eligible farmers' markets for promotion. In 2015, gross revenue from these farmers markets was approximately \$2.4 million, from 266 Southern Maryland vendors. Over the years that SMADC has worked with markets, a cumulative estimate of over \$25 million has been earned through the markets; which amounts to a \$47 million impact on the local economy, as farms and their employees reinvest their earnings in the community. For a relatively small amount of SMADC grant funds, the overall return on investment in the farmers' markets has been significant.

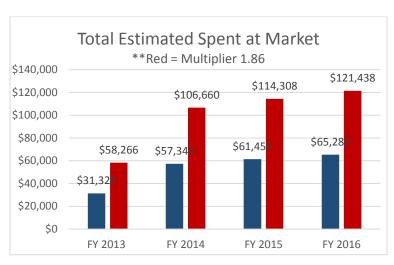
Year (Previous Market Year)	Total Markets	Total Vendors	So. Md. Vendors	SMADC Mkt. Grant	Revenue	Market impact with multiplier* (1.86)
2003 - 2010	117	1655	222	156,250	15,687,450	29,178,657
2011	19	239	217	25,000	2,312,498	4,301,246
2012	16	291	252	22,450	2,667,252	4,961,089
2013	17	353	314	22,650	2,647,760	4,924,834
2014	14	279	266	16,500	2,460,386	4,576,318
2015	11	288	266	16,500	2,583,000	4,804,380
TOTAL	181	2817	1271	242,850	25,775,346	47,942,144

#### **Farmers' Market Economic Surveys**

In order to fully appreciate the economic and social impact of Southern Maryland farmers' markets on the local economy, SMADC has conducted consumer surveys at markets. The number of shoppers is recorded, along with a customer survey. Analysis is enabling SMADC and the markets to better understand the impact of the market on the local communities. These surveys also help vendors, market managers and local community government better understand the needs and wishes of their customers.

Five markets have been continuously surveyed for three years, and in 2015, staff will conduct a 4<sup>th</sup> survey round. Surveying over a number of years should average out abnormalities in any given year. Data and highlights are shared with the individual markets. The following graphs show preliminary data from the original five markets.





Results are for a single market day on a specific date. Note: Shopping group is typically 1.6-2.0 people; SMADC used 1.8 as the average number. Counts take place hourly, 20 minutes after the hour. The estimated attendance is determined by multiplying the total of the hourly counts by 3. Shopping groups are determined by dividing the est. attendance by 1.8.

Thus far, in 2015, preliminary data for five markets shows following:

- 83% of all patrons of these markets primarily came out exclusively for the market (may depend on market location and proximity to other businesses).
- Patrons surveyed spent \$15 \$24 at the markets on day of survey.
- An estimated \$4,000 \$23,000 was spent at the markets on day of the survey.

#### Increasing Access to Fresh Food for the Hunger Community at Farmers' Markets

Several federal nutrition assistance programs have been established to help needy families attain better access to fresh farm food, such as the Supplemental Nutrition Assistance Program (SNAP), Farmers' Market Nutrition Program (FMNP/WIC), and Fruit and Vegetable Check (FVC) program. The primary challenge in making farmers' markets accessible to low-income shoppers is the technology and administration required to accept SNAP benefits. In Maryland, all SNAP benefits are redeemed through Electronic Benefits Transfer (EBT) machines. Debit and credit cards can also be swiped through the EBT machines which allow the market to earn income through transaction fees. In the past, SMADC has assisted two markets to obtain EBT machines.

Recently, USDA has expanded to allow direct marketing farmers to accept SNAP. This change is helpful because if a market does not have the resources to host a machine for all farm vendors, individual farmers can apply to accept SNAP. SMADC offers assistance to any farmers in the application process and assisted two farms in 2016.

#### **HUB AND SPOKE PROGRAM**

The Hub and Spoke model of local food distribution is designed to increase the availability of fresh produce to those in need in Southern Maryland. While many anti-hunger organizations are providing food, donations to these organizations tend heavily toward bulk, packaged products with a deficit of



fresh produce. Moving bulk fresh produce often requires its own distribution needs. At the same time, Maryland farmers often have vegetables or fruit that are surplus or slightly blemished and therefore not marketable at full retail value. The Hub and Spoke has provided a market for this produce. Notably, it has

also provided a market for dropped accounts by large wholesalers, and an outlet for what would be otherwise considered food waste. A Maryland Hub and Spoke Task Force convened in 2013 to study the needs, challenges and opportunities of the region. The Task Force's findings and recommendations were published in a report available on SMADC's website. From that, a partnership between SMADC and Farming 4 Hunger formed, and the Hub and Spoke model was built and tested in the region. SMADC provided grant funds to assist Farming 4 Hunger in purchasing a truck to help with distribution and administrative support for coordination. During FY'16, SMADC continued to coordinate the program and donations by farmers to both Farming 4 Hunger (considered the hub) and to independent organizations (considered the spokes) willing to receive locally grown produce directly from farmers.

The intent is that farmers will be offered a financial incentive for their donation through a proposed Maryland tax credit (to help cover the cost of production, harvest and delivery). The bill was brought forth in the Maryland General Assembly in FY'14 (SB0670 and HB1083), FY'15 (SB0280 and HB0359), and FY'16 (SB249 and read in the House). To date the bill has not passed; however, the program has carried on, and in many cases, Farming 4 Hunger has been able to provide a financial incentive to farmers. SMADC funds expended to Farming 4 Hunger have amounted to \$74,790 in total, resulting in over \$670,000 in revenue to 29 farms and 4,241,230 pounds of fresh, local produce to those in need. With SMADC's support, Farming 4 Hunger has made (and continues to make) connections and partnerships with Southern Maryland wholesale produce farmers, including: Miller farms (Prince George's County), Tim Wallace (Calvert County), the Loveville Produce Auction (St. Mary's County) and Serenity Farm (Charles County).

Some farms donate directly to Spokes in their neighborhoods. Many of these partnerships have gone so well that the pantries have reduced having to buy canned vegetables and fruits, thus providing their communities with fresher and tastier foods. Farms who donate regularly, did not receive funds in FY'15 or FY'16, and would have received the benefit of the Maryland Tax Credit for Farm Food Donations, had it existed.

New during FY'16, the Hub and Spoke program implemented a measurement tool (survey) to assess the impact of the distribution of fresh, locally grown fruits and vegetables. The objective of the survey was to gather baseline data on the clients receiving fresh food through the distribution sites. The survey provided information beyond basic measures (pounds of food delivered, number of families served, etc.) such as the extent of unmet need for fresh food, knowledge, attitudes, and behaviors about fresh food, and the program's impact on social well-being and community engagement. This was helpful to the program stakeholders. The findings of the survey and assessment report can be found on SMADC's website.

The Hub and Spoke has always been intended by both SMADC and the Task Force members, to be adaptable to the needs of any community, and to be replicated and shared with other communities around the state and beyond.

#### Highlights (FY'16):

- Survey conducted by SMADC from 115 fresh food recipients across southern Maryland.
- Drafted and published the "Hub and Spoke Fresh Food Survey Summary" report.
- SMADC worked to make connections to additional local farmers for fresh produce that would have otherwise been purchased from out of state. 29 farmers are now engaged.
- Diversity, quality and freshness of farm foods increased: over 20 varieties of fresh vegetables and fruits are now offered.
- Increased direct farmer to food pantry relationships (Spokes), increasing fresh produce intake.
- SMADC funds expended to Farming 4 Hunger have amounted to \$74,790 in total, resulting in over \$670,000 in revenue to 29 farms and 4,241,230 pounds of fresh, local produce.

#### MARYLAND FOOD HUBS - REPORT AND CONVENINGS

In response to a request from the Maryland Legislature, SMADC prepared a summary report of food hubs



in Maryland in FY'15 and FY'16. SMADC undertook the reporting through a transparent process, inviting all hubs willing to participate. A survey was sent to all food hubs that could be identified in Maryland, with a relatively good response rate. Some significant changes occurred between the FY'16 report and the FY'15 report such as hubs dissolving and a few new hubs emerging. The two reports have helped identify areas of need and provided a blueprint for the state. The summary reports were then used by the Wallace Center during FY'16, in partnership with SMADC, to write a follow-on report to assess the Maryland food system and the roles food hubs play. SMADC and the Wallace Center conducted research and regular meetings to gain feedback from hubs and food system stakeholders, before the final report was released in June of 2016. SMADC sees value in breaking down the silos across the region. By working together as a group or sub-groups,

the Maryland food hubs are learning about each other and discovering ways to work together to enhance the local food system.

During FY'16, SMADC coordinated four (4) convenings at existing regional food hubs. Each was designed to showcase the different models in operation, and build connections between those who operate, or are thinking of operating, food hubs. Attendees toured each operation and had Q&A sessions. Discussions included topics to help the audience make initial decisions about feasibility and business planning, understanding the different food hub models and how they operate, food safety and regulation updates, market pricing, transportation and distribution, and financing and raising capital.



The first convening took place in the Fall at Common Market, one of the oldest Food Hubs in the Mid-Atlantic. Common Market is a nonprofit food hub providing wholesale to institutions, primarily schools in Maryland and Pennsylvania. SMADC coordinated a second convening in January during the Cultivate the Chesapeake annual conference to discuss food hub trends in the Maryland region and beyond, and to gain insight for the report in collaboration with the Wallace Center. SMADC coordinated a third convening in the Spring to a for-profit food hub selling direct-to-consumer, Friends

and Farms. The afternoon portion of that convening met at the Maryland Food Center Authority, a wholesale terminal market, for a roundtable discussion. The Wallace Center was also present at this convening to discuss the "2015 National Food Hub Survey" results and gain final input to the "Maryland Food Hubs: Scaling the Food System Impact" report which was in its final draft at the time of the convening. Lastly, over the Summer, a convening was coordinated to Chesapeake Farm To Table, a forprofit food hub with a commitment to sourcing from small farms, and delivering to restaurants in the Baltimore metro region.

All convenings in FY'16 met our target audience, each having representation from all regions of Maryland, including Western, Central, Eastern, and Southern. We also had attendees from the surrounding regions of Washington D.C., Virginia and Pennsylvania. Many attendees were food hub operators, or emerging food hub operators. All came from different food system backgrounds such as economic development and food policy, and brought a lot to the table during the discussion and Q&A sessions. One attendee wrote us after a convening and said, "Thank you for orchestrating this. Bringing the local food systems activist, practitioners and supporters together was an invaluable opportunity to

share and network for the greater good of developing the Maryland local food system." SMADC was grateful to the generous food hub operators who offered their time, knowledge and feedback to attendees.

SMADC places importance in continuing to pursue these endeavors and sharing lessons learned, cross-marketing, and working collectively as needed. All three reports are available on SMADC's website.

#### Highlights (FY'16):

- Updated and published the "2015 Existing and Emerging Food Hubs in Maryland" report.
- Coordinated on 4 food hub convening's at operating food hubs.
- Collaborated on the "Maryland Food Hubs: Scaling the Food System Impact" report with the Wallace Center.

#### CROP HOP: A CYCLING TOUR OF SO. MARYLAND FARMS



Always looking for creative ways to engage and educate the community about the importance of farms and fresh food, SMADC initiated the Crop Hop in 2012. The Crop Hop is a cycling tour of Southern Maryland farms designed to provide a fun and healthy way to learn about our area's diverse agriculture, and raise funds to provide fresh, local farm products to low-income communities in Southern Maryland. The event is for all riders, including avid cyclists and families.

The Crop Hop has the three following goals:

- Connect people to the local food system by improving their understanding of local farms.
- Promote healthy living through a diet of fresh, local foods and physical activities such as bicycling.
- Support those who can't afford to buy locally produced foods by donating proceeds to a local anti-hunger organization to purchase and distribute fresh local foods.

In its fourth year, the 2105 Crop Hop was scheduled to take place in Anne Arundel County in partnership with Anne Arundel Economic Development Corporation (AAEDC), however, due to late submission for review of the routes the ride had to be canceled. Five diverse farms and a historic baseball field were to be featured (The Vineyard at Dodon, Obligation Farm, Griffith Farm, Greenstreet Gardens, Red Top Farm and Hot Sox Ball Field).

#### 2016 Crop Hop

The 2016 Crop Hop is scheduled for Saturday, October 22, 2016 in St. Mary's County. The route will begin and end at the 7<sup>th</sup> District Optimist Club Park. The 2016 farm stops will be Moore or Less Farm, The Clover Hill Dairy, Russell Brothers, Briar Branch Alpacas, Russell Produce Stand, Wolves Knoll Farm and Still Creek Vineyards.

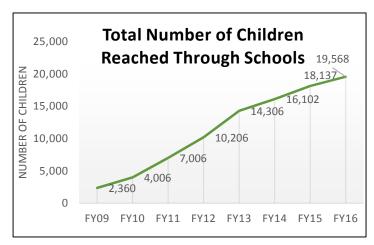
www.crophop.com and www.facebook.com/TheCropHop

#### CORNELIA AND THE FARM BAND PROGRAM

#### ADDRESSING CHILDHOOD HEALTH

SMADC's Cornelia and the Farm Band program was created to educate and excite children and their families about the long term benefits of supporting farms, good health and tasty local foods. It addresses serious topics such as childhood obesity and exercise in fun and creative ways. The program has grown over the years, and impacts children and their families in many diverse ways.

Now in its tenth year, much of the educational package is available to view and download from the www.Let'sGotoAFarm.com website for individual classroom and home schooling



venues. These materials also continue to be widely distributed at public events and *Farm to School* activities.

#### Cornelia and the Farm Band Go to the Sing-Off

This year Cornelia and the Farm Band have a brand new coloring/activity book. With support from a grant from the Maryland Agriculture Council, Inc. SMADC has produced the fourth activity book for children. These books are distributed at schools, fairs, and other special events helping Cornelia to continue to share her messages about eating healthy and staying active. The 20 page book features the farm band trying some unhealthy ways to get ready for a big singing competition and Cornelia is there to lead them back onto a safe and healthy path. Included in the activities are a crossword puzzle, word search, maze and a brand new song "Active Every Day" is sung to the tune of "She'll be Comin' Round the Mountain" to remind kids to be active and make healthy choices.



#### Farm to School (Maryland Homegrown School Lunch Week):



The goal of the Maryland Farm to School Week is to encourage the use of locally grown produce in school meals, to promote community partnerships, and to help students connect with local farmers. Throughout FY'16, SMADC's mascot, Cornelia attended three elementary schools, reaching 1,431 students. This year Cornelia was featured during Farm to School week in the local newspapers as she helped the children understand the importance of local farm foods and encouraged them to identify some of the many fun outdoor activities they can experience at local farms. Since 2009, Cornelia has reached over 19,568 students in schools.

#### **Blue Crabs Baseball Game**

In early July 2016, SMADC sponsored the Southern Maryland Blue Crabs (Baseball) "Farm Fresh" Night. Farms and Farming entities were featured on the concourse. During the game Cornelia and staff had the opportunity to promote SMADC, the Crop Hop, the Buy Local Challenge and SMADC's guides and resources. Cornelia posed for photos and shared her message with the 4.400 fans in attendance.

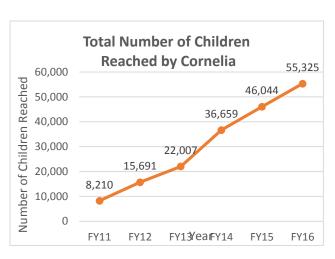
#### **Bowie Baysox Baseball Game**



On July 22<sup>nd</sup>, 2016, SMADC sponsored their third Bowie Baysox baseball game and for the first time the Bowie Baysox offered grilled locally sourced corn for patrons to purchase. Cornelia and staff promoted SMADC programs: The Buy Local Challenge, The Crop Hop and the Historic Horse Trail. SMADC was also given the opportunity to speak prior to the game, display banners and distribute marketing materials. Cornelia threw out a spectacular first pitch and SMADC radio announcements were played through the entire Baysox season. Cornelia had opportunities to interact with the 4,000 fans in attendance.

#### **County Fairs**

Cornelia and Couch are enthusiastically received at the local County Fairs where they pass their messages to parents and children, and encourage people to visit the SMADC booth. SMADC was honored in Charles County with the Best Non-Commercial Inside Exhibit. Cornelia continues to make countless connections with parents and children, many of whom remembered her from visits to their schools. This year the end supply of "Farm Starter Kits" were distributed to kids during the County Fairs.



#### **Marine Corps Marathon**



Cornelia once again attended the Marine Corps Marathon Healthy Kids Fun Run in October. The MCM Kids run is an opportunity for children ages 5 to 12 to get active with a one-mile fun run. During the event Cornelia has an opportunity to interact with a portion of the 3,600 children participating, where she shares her message, poses for photos and cheers the runners on as they near the finish line.

#### **Highlights (FY'16)**

- Approximately 9,281 new children were reached at the special events and schools.
- Since 2009, Cornelia has reached over 55,325 children through schools and special events.
- Since 2009, over 19,500 school children have been reached at schools

www.Let'sGotoAFarm.com

#### SOUTHERN MARYLAND FOOD COUNCIL



SMADC created the Southern Maryland Food Council in 2011 to bring a new set of voices to a table concerned with food issues, food access and availability, and to increase awareness of Southern Maryland farms, farm stores, and agritourism. The Council has a mission to bring together diverse stakeholders to integrate all aspects of the food system (production, distribution, access, consumption, processing and recycling) in order to sustain and enhance the environmental, economic, social and nutritional health of Southern Maryland. The Council provides a forum for

education and community discussion, which has resulted in stronger community networks between organizations and individuals.

In FY'16, SMADC continued to administer and chair the Council, which held public meetings, discussion groups, a community networking event, and hosted guest speakers from around the region. The Council continued to meet regularly to provide an intersection point for community members to come together around the different sectors of the food system. The Council continued to partner and network with other food councils around the state at regional meetings to collaborate and support each other. The Council continued to work to increase partnerships and expand its membership.

#### 3<sup>rd</sup> Annual Foodways Community Networking Event

During FY'16, the Council hosted the third annual Foodways Community
Networking Event. The event was well attended and allowed participants to explore specific food-related issues. Topics of discussion were identified through an online public survey.

Survey Results

The 3rd Annual Foodways Networking Event took place on Wednesday, May 11th, 2016. The event featured discussions including topics on wated food/food recovery, school garden programs, buying/eating local and Southern Maryland's emerging Ag & Food Innovation Center.

Response by attendes on hote is information exchanged at the event impacts the work that they do:
It will help to connect us with boal food to feed the children in our cre, and form with them.
Will support the agriculture community using sooil media and networking!
Have a better understanding of the scope of enthusiasm and effort being put into this.
More resources for farm to school events and school gardening.
Learning and formation and share a with others.
Develop connections and potential partnerships.
It will definified food sooy give Renes and teaching people how to cook.
Learning and Networking.
Connecting with others in the community who are able to share what's working [and what has not) will be a great asset.

Resources of other farms and where farmers markets are in DC I can source from.
It helps me look at the future and how I can help make it happen.
Good networking, Icke the dees exchanged, Going to plan a community promis in North Beach.
Networking and making connectors that will improve the food systems work we do.
Continue to make further connections for farm to School.

The Food Council co-shair and administration of the control of the control of the state of the control o

The event was successful in reaching

the intended target audience, featuring a networking session followed by an action planning session. Topics focused on: Community Gardens, the Southern Maryland Meat Processing Facility, Buying and Eating Local, and Wasted Food/Food Recovery. During the event, new connections were made and networking took place among organizations and citizens working on food-related work.

In July of 2016, it was decided that SMADC would no longer administer or Chair the Council due to funding restraints. Fortunately, the Council's Co-chair, Brenda DiCarlo of the Southern Maryland Food Bank, stepped up to take the lead role in administering and chairing the Council moving forward. SMADC was pleased that a regional organization, that has been engaged in the Council since the beginning, came forward to take the Council out of incubation and into the next phase. The Council has always filled a niche for Southern Maryland that no other organization covered, and quickly became another successfully incubated program.

#### Highlights (FY'16)

- Held seven Council meetings.
- Held four Educational Presentations from food-related organizations prior to Council meetings.
- Held one annual Community Networking Event.
- Participated in three meetings/conference calls with other Food Policy councils from Maryland and surrounding region.

#### SMILE: EDUCATION AND NETWORKING FOR YOUTH IN AGRICULTURE



As farms become fewer in number across the state of Maryland, it is increasingly important to find ways to provide educational and networking opportunities for farm and community youth, stimulate interest in agricultural careers and grow a new generation of farmers. To address this need, SMADC has sponsored the Southern Maryland Invitational Livestock Expo (SMILE) show for 12 consecutive years.

The SMILE Expo features fitting and showing, market and breeding competitions for large livestock species and for small domestic species (rabbits and guinea pigs). For urban youth who may not have the land and facilities to raise large livestock, the SMILE Rabbit and Cavy classes offer an opportunity to participate in an agriculture event and connect with farmers and other youth involved in farming. Team games and a community dinner reinforce friendships and exchange of ideas. The show is consistently well attended with 103 kids participating in FY'16.

#### Highlights (FY'16):

- 103 youth participated from five counties (Anne Arundel, Calvert, Charles, St. Mary's, Montgomery).
- 362 animals were registered for the events (79 Swine, 59 Sheep, 128 Meat Goats, 31 Dairy Goats, 8 Dairy Cows, 30 Beef and 27 Rabbits and Cavies).

#### FOOD, FARMS AND HEALTHY COMMUNITIES: FUTURE

#### **GROWING NEW FARMERS**

Within the next 20 years, 75% of the Maryland's farmland will change hands. The average age of a principal farmer in Maryland is 59 and the average age of the former tobacco farmers is well into the 70s. As those farmers retire, they are not being replaced sufficiently. Less than 5% of Maryland farmers are under 35 years of age.

The American Farm Bureau Federation's 2015 national survey of young farmers reports that they are most concerned about the availability of land to grow their crops and raise their animals. Despite increased interest in farming (by those who grew up on a farm, and those who did not), access to land remains a top concern. Furthermore, new farmers who did not grow up on a farm lack access to experienced farmers who can act as mentors.

#### MARYLAND FARMLINK

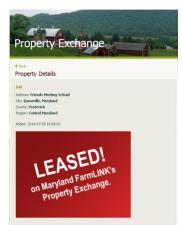
Maryland FarmLINK is designed to help beginning farmers locate farmland, find mentors and business partners, a Farm Forum for all farmers to exchange valuable information (such as where to find equipment for rent), educational opportunities, and general topics of interest. The FarmLINK website provides a one-stop shop for farm resources in



Maryland. SMADC has been on the forefront of incubating these services in Maryland, as no other farm linking program currently exists

#### Property Exchange: Helping farmers buy, sell, and lease farm land in Maryland

Land access continues to be a barrier for beginning farmers. First, land values in Maryland are nearly



three times the national average and it is difficult for beginning farmers to qualify for farm loans. Second, farmland owners appear reluctant to make their land available for lease, a preferred option for many beginning farmers. Third, most farmland offered for sale is sold through a realtor, but many realtors, particularly those outside the region, are not familiar with the unique characteristics of selling farmland, and may not be not aware that Maryland FarmLINK exists. Maryland FarmLINK's Property Exchange is helping those seeking farmland find properties for sale or lease.

To overcome these challenges, staff reaches out to real estate agents, agriculture organizations to expand the list of properties available on Maryland FarmLINK. Over 130 farm properties have been listed for sale or lease on the FarmLINK website. FarmLINK has not been able to monitor

when a property has been successfully sold or leased at this time. However, during FY'16 staff worked to check in with property owners periodically to find out if a sale or lease was made and whether or not it was to a farmer. Several new farmers made leasing arrangements through FarmLINK in FY'16. A land owner in Frederick County, who had posted a listing, contacted SMADC to let us know the land was leased soon after it was offered on FarmLINK. The tenant farmer called to thank us, saying he had been looking at Maryland FarmLINK from California for some time and finally found a good fit for relocating.

Maryland FarmLINK serves as a site which has a two-fold approach: helping land owners keep their farmland in farming, and helping farmers (many beginning farmers) find farmland for sale or lease, and occasionally with that lease, a landowner willing to provide mentorship. A land owner in Prince George's County, who leased a house and farmland to young farmers through FarmLINK, commented, "When working with new farmers, us older traditional farmers need to keep an open mind and have plenty of patience. Many of these younger people have not been raised on a farm and have no knowledge of equipment, general farming techniques or maintenance. Much of the knowledge we take for granted, needs to be taught to them right up front. You need to be willing to talk with them openly about the smallest issues pertaining to the stewardship of your land, and always keep in mind that you can actually learn a thing or two from them."

#### **Mentor Match: Training for beginning farmers**

Another dynamic component of FarmLINK is, Mentor Match, which pairs experienced farmers (mentors) with new or transitioning farm owners/operators (mentees) for one-on-one training, advice and interaction. Staff also hosts an annual mentee/mentor meeting where recipients can meet and network with each other. In FY'16, the meeting included presentations by SMADC, FarmLINK, the University of

Maryland Ag Law Initiative, and Soil Conservation. The cost to match a mentor and mentee is roughly \$1,200 per year, requiring about 30 hours of staff time per mentee per year.

A mentor from Prince George's County, Scott Hertzberg of Jug Bay Market Garden, said this, "I enjoyed participating as a Mentor in the Mentor Match program. Farming is often a solitary and competitive enterprise. The mentoring was an opportunity to be less lonely and help rather than compete with a young farmer. Just the other day I saw a Facebook post from my mentee about how he is growing pole beans after seeing that the crop did well on our farm last season. My first response was to hope his beans

would not do as well as mine. Then I thought about it some more and decided to just be happy I had a role in him planting beans. The Mentor Match program inspired me to think beyond myself and our farm for the betterment of the community at large."

Initially, Mentor Match was offered by SMADC for the five Southern Maryland counties; however, through a 3 year grant with the Maryland Collaborative for Beginning Farmers Success was awarded funding from the USDA's Beginning Farmer and Rancher Development Program, which

#### Mentor Match & Tomorrow's Harvest

"Networking and word-of-mouth is critical with farming and the program has helped expand my network. By being in the Mentor Match program, I know Lisa [mentor] a lot better now, and have better connections to new sales outlets. Lisa helped me find a place to buy herb plugs when I need them, and when we needed more chickens I was able to reach out to her too. We traded chickens for seedlings this year. Lisa has been a person to reach out to for solutions

-helpful- because both Emma and I have no formal education in agriculture. "—Jason James, Mentee, Farmer, Moon Valley Farm



expand Mentor Match state-wide. During FY'15, the program grant funding ended; however, SMADC members agreed to continue to support and fund the program in the five counties of Southern Maryland.

#### **Tomorrow's Harvest**

SMADC worked to create a website to host and showcase farmer profiles of successfully graduated mentees of the Mentor Match Program. Eight profiles were published in the fall of FY'16 (5 of which are new farmer enterprises). In the Spring and Summer of 2016, SMADC worked on the second round of seven interviews; resulting profiles are expected to launch on the website in early Fall of FY'17.

#### Outreach

The popularity of Maryland FarmLINK continues to grow. Visits to the site increased during FY'16; the website picked up 581 new members. FarmLINK maintains a current calendar of upcoming seminars, workshops and other educations opportunities around the state and region, averaging 30-50 listings at any time. Staff researched and published 29 blog posts. FarmLINK maintains a Tools page on the website that provides resources such as guides and tutorials for farmers. Each week FarmLINK sent 55 "Weekly Roundup" newsletters to subscribers by email with topical updates.

#### **NEW! FarmLINK 2.0 Website**

During FY'16, SMADC worked to make FarmLINK the ultimate online destination to find or market farm properties, and facilitate online community networking where farmers can connect with each other, with experts and find educational opportunities. The new design and enhanced operating system has expanded features and flexibility. A new mobile-compatible format enables FarmLINK to be experienced on smart phones and tablets, making it more accessible to farmers on the go.

During FY'16, the property listing tools were also enhanced. Specifically, the Property Exchange searchable fields: "for sale" or "for lease." Users can also: upload multiple photos (up to three) to illustrate the listing, or link to photos on other servers, edit, revise and save unfinished listings as needed.

Users looking to buy or lease property, can now engage in multiple search preferences: properties for sale, lease only, or view a full list. Searchable field include: by region (i.e. Southern Maryland or Eastern Shore), by county, by address and more. Users can now search for past Farm Forum conversations using keywords and sort the threads by original post date or recent activity. The Person-To-Person feature has been expanded to help make it easier to find other FarmLINK members with specific expertise looking to mentor, partner or apprentice and to search the member database by keywords.

SMADC has provided a benchmark model for others around the state and has been happy to share resources, partner, and share information for both Maryland FarmLINK and Mentor Match.

#### Highlights (FY'16):

- Launched a new website (FarmLINK 2.0) platform with increased features for users.
- Conducted seven site visits to Mentee farms.
- Held annual Mentor Match meeting with Mentees and Mentors.
- 130 properties posted for sale or lease.
- 581 new members signed-up for the FarmLINK website/Weekly Roundup.
- 29 blog posts researched and published.
- 55 Maryland FarmLINK "Weekly Roundup" newsletters sent to 1,900 subscribers.
- Eight new farmer profiles implemented and launched Tomorrow's Harvest website.



# SOUTHERN MARYLAND AGRICULTURAL DEVELOPMENT COMMISSION Southern Maryland Regional Agricultural Strategy 2012—2020

#### **MEASURING FOR RESULTS FY'16**

### GOAL 1: THRIVING, MARKET-DRIVEN FARMS THAT HAVE THE RESOURCES TO BE PROFITABLE

#### **Resources for Profitability**

Measurement forecasted in FY'12: 5 % increase in profitability for key product areas for existing farms by 2015.

#### Southern Maryland Meats (SMM):

- 68,760 pounds of frozen product transported, estimated retail value of \$395,920.
- 7 Retail host venues report sales of \$201,413 (over 100% increase since program inception).
- 47 producers participate in SMM (2 new in FY'16).
- 21 farms attended the Social Media Workshops.

#### Dairy:

- Southern Maryland's first Amish Dairy established in 2014, assisted by SMADC.
- 348,000 lbs. of cheese produced in 2016.
- 17 dairy farms supply bulk milk.

#### Maryland Buy Local Challenge (BLC):

- BLC Facebook page registered a total 'reach' of over 10,700.
- BLC website registered 84,925 unique visits for the fiscal year; over 10,000 visits during FY' 16 BLC week, of which 7,200 were new visitors.

#### GOAL 2: FARMLAND PRESERVATION AND ENVIRONMENTAL STEWARDSHIP

#### **Increased acres under farmland preservation**

Measurement forecasted in FY'12: 247 farms preserved, which will result in preserving an estimated cumulative total of 28,200 acres, by 2015, assuming funds are made available.

#### Agricultural Land Preservation:

- One farm containing 81 acres has been directly preserved by the program in one county of Southern Maryland in FY'16, resulting in 16,257 acres cumulative over the 14 years of program funding (just SMADC program funds).\*
- 320 farms containing 36,325 acres have been cumulatively preserved in Southern Maryland (SMADC and leveraged funds by the counties).
- The FY'16 goal of 36,000 preserved acres has been achieved. SMADC funds represent approximately 45% of the 36,325 total acres preserved.

<sup>\* (</sup>Recommend the FY'17 goal increase the number of preserved acres to an estimated 37,000 acres.)

#### Farm Share Equipment:

- 37 pieces of equipment purchased, available for farmers to rent across the region.
- 2,396 acres positively impacted by conservation tillage across the five counties, a decrease of 9% from FY'15.

## GOAL 3: A FUTURE WHERE PROFITABLE FARMS PLAY AN INTEGRAL ROLE IN THE HEALTH AND QUALITY OF LIFE OF OUR COMMUNITY (FARMS, FOODS, COMMUNITIES)

#### **Increased access to farm foods**

*Measurement: Track the number of underserved that receive fresh, local farm foods.* 

#### Farmers' Markets

• 10 Farmers' markets in Southern Maryland now accept EBT. Of those markets, 1 received marketing assistance from SMADC and 2 farmers received assistance with acquiring EBT equipment.

#### **Hub and Spoke**

- Survey conducted by SMADC from 115 fresh food recipients across Southern Maryland.
- "Hub and Spoke Fresh Food Survey Summary" report drafted and published.
- SMADC worked to make connections to additional local farmers for fresh produce that would have otherwise been purchased from out of state. 29 farmers are now engaged.
- Diversity, quality and freshness of farm foods increased: over 20 varieties of fresh vegetables and fruits are now offered.
- Increased direct farmer to food pantry relationships (Spokes), increasing fresh produce intake.

## Enhanced awareness of the beneficial role farms provide in childhood obesity, nutrition, overall community health, and the environment.

Measurement: Track the number of children exposed to the benefits of local farm foods. 20% more children exposed: 3,000 more school children exposed to the benefits of local farm foods in FY'14 and again in FY'15

#### Cornelia and the Farm Band:

- Approximately 9,281 new children were reached at the special events and schools.
- Since 2009, Cornelia has reached over 55,325 children through schools and special events.
- Since 2009, over 19,500 school children have been reached at schools.

#### SMILE:

• 103 youth participated from five counties (Anne Arundel, Calvert, Charles, St. Mary's, Montgomery).

#### **Increase the number of new farmer enterprises**

Track the number of new farms in the region. Measurement forecasted in FY'12: 20 new farmer enterprises by 2015.

5 new Mentor/Match farm enterprises facilitated in FY'16

Equine: 63 equine businesses (9 new promoted in FY'16)

Meats: 5 new on-farm processor meat licenses facilitated

2016 Farms for the Holiday's Guide 72 (2 new farms in FY'16).

#### Maryland FarmLINK

- Launched a new website (FarmLINK 2.0) platform with increased features for users.
- Conducted 7 site visits to Mentee farms.
- Held Mentor Match meeting with Mentees and Mentors.
- 130 properties posted for sale or lease.
- 581 of new members signed-up for the FarmLINK website/Weekly Roundup.
- Researched and published 29 blog posts.
- Sent 55 Maryland FarmLINK Weekly Roundup newsletters to 1,900 subscribers.
- Implemented and launched Tomorrow's Harvest website including 8 new farmer profiles.

#### For more information regarding this program, please contact:

Southern Maryland Agricultural Development Commission P.O. Box 745, Hughesville, MD, 20637

Telephone: 301-274-1922 x1

info@smadc.com www.smadc.com

#### SMADC Staff:

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Acronyms and Abbreviations						
AAEDC	Anne Arundel Economic Development Corporation					
AMPS	Agricultural Marketing Professionals					
BLC	Buy Local Challenge					
CASA	Chesapeake Alliance for Sustainable Agriculture					
DBM	Department of Budget and Management					
DC	District of Columbia					
DGS	Department of General Services					
DHMH	Maryland Department of Health and Mental Hygiene					
EBT	Electronic Benefit Transfer					
EOI	Expression of Interest					
F4H	Farming 4 Hunger					
FARM	Free and Reduced Meals					
FDA	Food and Drug Administration					
FMNP	Farmers' Market Nutrition Program					
FSMA	Food Safety Modernization Act					
FVC	Fruit and Vegetable Check					
FY	Fiscal Year					
GAP	Good Agricultural Practices					
GMP	Good Manufacturing Practices					
НАССР	Hazard Analysis and Critical Control Points					
HEAL	Healthy Eating and Active Living					
ННТ	Historic Horse Trails					
MD	Maryland					
MD H2E	Maryland Hospitals for a Healthy Environment					
MDA	Maryland Department of Agriculture					
MHIB	Maryland Horse Industry Board					
MOMS	My Organic Market					
Mt.	Mount					
MVA	Maryland Motor Vehicle Administration					
RFP	Request for Proposal					
SB	Senate Bill					
SGG	Smart, Green, and Growing					
SHA	Maryland State Highway Administration					
SMADC	Southern Maryland Agricultural Development Commission					
SMECO	Southern Maryland Electric Cooperative					
SMILE	• • •					
	Southern Maryland Invitational Livestock Expo					
SMM	Southern Maryland Meats					
SMSG	So. Maryland, So Good					

#### Acronyms and Abbreviations

SNAP	Supplemental Nutrition Assistance Program		
So. MD	Southern Maryland		
SOP	Standard Operating Procedures		
St.	Saint		
TCC	Tri-County Council for Southern Maryland		
UME	University of Maryland Extension		
USDA	United States Department of Agriculture		
WIC	Women, Infants, and Children		

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