



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

April 28, 2021

The Honorable Bill Ferguson
President of the Senate
Maryland General Assembly
H-107 State House
Annapolis, Maryland 21401

The Honorable Adrienne A. Jones
Speaker of the House
Maryland General Assembly
H-101 State House
Annapolis, Maryland 21401

Re: Report required by State Finance and Procurement Article §7-317(h)(2) – Cigarette Restitution Fund Program Fiscal Year 2020 Annual Report

Dear President Ferguson, and Speaker Jones:

Pursuant to State Finance and Procurement Article §7-317(h)(2), the Maryland Department of Health respectfully submits the attached Cigarette Restitution Fund Program Fiscal Year 2020 Annual Report.

If you have any questions regarding this report, please contact Heather Shek, Director of Governmental Affairs at (410) 767-6480 or heather.shek@maryland.gov.

Sincerely,

Dennis R. Schrader
Secretary

cc: Heather Shek, JD, MS, Director, Office of Governmental Affairs
Jinlene Chan, MD, MPH, FAAP, Acting Deputy Secretary, Public Health Services
Donna Gugel, MHS, Director and Cigarette Restitution Fund Director, Prevention and Health Promotion Administration
Sarah Albert, Department of Legislative Services



MARYLAND DEPARTMENT OF HEALTH

CIGARETTE RESTITUTION FUND PROGRAM

FISCAL YEAR 2020 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)

November 2020

Larry Hogan
Governor

Boyd K. Rutherford
Lieutenant Governor

Dennis R. Schrader
Secretary

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LIST OF ACRONYMS

<i>AACF</i>	Asian American Center of Frederick
<i>AHRQ</i>	Agency for Healthcare Research and Quality
<i>ASO</i>	Administrative Service Organization
<i>BCCDTP</i>	Breast and Cervical Cancer Diagnosis and Treatment Program
<i>BCCP</i>	Breast and Cervical Cancer Program
<i>BHA</i>	Behavioral Health Administration
<i>BMS</i>	Baltimore Medical System
<i>BRFSS</i>	Behavioral Risk Factor Surveillance System
<i>CAREAPP</i>	Community Access to Resources through Enhanced Technology Applications for Providers and Public
<i>CCPC</i>	Center for Cancer Prevention and Control
<i>CDB</i>	Cancer Client Database
<i>CDC</i>	Centers for Disease Control and Prevention
<i>CHC</i>	Community Health Consulting
<i>CPEST</i>	Cancer Prevention, Education, Screening and Treatment
<i>CRF</i>	Cigarette Restitution Fund
<i>EDB</i>	Cancer Education Database
<i>ENDS</i>	Electronic Nicotine Delivery System
<i>ESD</i>	Electronic smoking device
<i>ESWS</i>	Eastern Shore Wellness Solutions
<i>EVALI</i>	E-cigarette or Vaping Associated Lung Injury
<i>FDA</i>	Food and Drug Administration
<i>FFY</i>	Federal Fiscal Year*
<i>FMIS</i>	Federal Management Information System
<i>FQHC</i>	Federally qualified health center
<i>JHHS</i>	Johns Hopkins Health System
<i>LGBTQ</i>	Lesbian, gay, bisexual, transgender, and queer
<i>LHD</i>	Local health department
<i>LRC</i>	Legal Resource Center for Public Health Policy
<i>MCE</i>	Maryland Correctional Enterprises
<i>MCR</i>	Maryland Cancer Registry
<i>MDH</i>	Maryland Department of Health
<i>MHC</i>	Mental Health Condition
<i>MOTA</i>	Minority Outreach and Technical Assistance
<i>MDQuit</i>	Maryland Resource Center for Quitting Use and Initiation of Tobacco
<i>MSDE</i>	Maryland State Department of Education
<i>NGO</i>	Non-Governmental Organization
<i>NPCR</i>	National Program of Cancer Registries
<i>NRT</i>	Nicotine Replacement Therapy
<i>OMT</i>	Opioid Management Therapy
<i>PATCH</i>	Pregnancy and Tobacco Cessation Help
<i>POST</i>	Point of Sale Toolkit

<i>PRMC</i>	Peninsula Regional Medical Center
<i>PSA</i>	Public Service Announcement
<i>RAP</i>	Rapping About Prevention
<i>RTR</i>	Responsible Tobacco Retailer
<i>RVR</i>	Retailer violation rate
<i>SABG</i>	Substance Abuse Prevention and Treatment Block Grant
<i>UMGCCC</i>	University of Maryland Greenebaum Comprehensive Cancer Center
<i>UMMG</i>	University of Maryland Medical Group
<i>UMMS</i>	University of Maryland Medical System
<i>YRBS/YTS</i>	Youth Risk Behavior Survey/Youth Tobacco Survey

*Throughout this report, the term “Fiscal Year” refers to the Maryland State Fiscal Year unless indicated otherwise.

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CIGARETTE RESTITUTION FUND PROGRAM

FISCAL YEAR 2020 ANNUAL REPORT

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**SECTION I: PREVENTION AND HEALTH PROMOTION
ADMINISTRATION – CANCER CONTROL
PROGRAMS AND TOBACCO USE
PREVENTION**

**FISCAL REPORTS –
CANCER CONTROL PROGRAMS AND
TOBACCO USE PREVENTION**

Maryland Department of Health, Prevention and Health Promotion Administration

Cigarette Restitution Fund Program

Interim Fiscal Report – Fiscal Year 2020

(July 1, 2019 – June 30, 2020)

1) Cancer Prevention, Education, Screening and Treatment Program

	Appropriation	Expenditures	Obligations	Unliquidated
Components:				
Administration	621,160	598,159	0	23,001
Surveillance and Evaluation	1,071,259	984,830	86,429	0
Statewide Academic Health Center - Cancer Research	15,000,000	9,040,418	5,959,582	0
Local Public Health *	7,547,472	7,205,457	342,015	0
Baltimore City Public Health Grant: *				
UM - Baltimore Campus	1,212,000	637,826	574,174	0
Medstar Health	1,212,000	940,689	271,311	0
Baltimore City Health Department	22,000	22,000	0	0
Cancer - Database Development	411,935	352,003	59,932	0
Total	27,097,826	19,781,382	7,293,443	23,001

Local Public Health Component - Distribution by Jurisdiction - CANCER

Jurisdiction	(Budget) Available Funding	Unreconciled Expenditures	Obligations	Unliquidated
Allegany	199,334	199,334		0
Anne Arundel	677,224	677,224		0
Baltimore Co.	1,073,362	1,073,362		0
Calvert	196,914	196,914		0
Caroline	141,658	141,658		0
Carroll	293,809	293,809		0
Cecil	228,443	228,443		0
Charles	239,558	239,558		0
Dorchester	149,597	149,597		0
Frederick	316,860	316,860		0
Garrett	135,749	135,749		0
Harford	389,568	389,568		0
Howard	325,892	325,892		0
Kent	129,643	129,643		0
Montgomery	860,022	860,022		0
Prince George's **	843,980	501,965	342,015	0
Queen Anne's	157,827	157,827		0
St. Mary's	206,318	206,318		0
Somerset	130,771	130,771		0
Talbot	152,113	152,113		0
Washington	280,732	280,732		0
Wicomico	224,895	224,895		0
Worcester	193,203	193,203		0
Baltimore City *	2,446,000	1,600,515	845,485	0
TOTAL	9,993,472	8,805,972	1,187,500	0

* 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 for a total of \$9,993,472.

** Prince George's County Health Department no longer receives funds; the funds are allocated to Doctor's Community Hospital.

2) Tobacco Use Prevention and Cessation Program

	Appropriation	Expenditures	Obligations	Unliquidated
Components:				
Administration	265,592	246,421	0	19,171
Surveillance and Evaluation	1,006,738	723,144	283,594	0
Local Public Health	3,877,227	3,877,227	0	0
Tobacco Prevention and Cessation	216,478	202,471	14,007	0
CRF Enforcement	2,013,931	1,607,282	203,790	202,859
Statewide Public Health	2,321,824	1,488,495	833,329	0
Total	9,701,790	8,145,040	1,334,720	222,030

Local Public Health Component - Distribution by Jurisdiction - TOBACCO

Jurisdiction	(Budget) Available Funding	Unreconciled Expenditures	Obligations	Unliquidated
Allegany	124,396	124,396		0
Anne Arundel	241,760	241,760		0
Baltimore Co.	318,804	318,804		0
Calvert	133,532	133,532		0
Caroline	112,956	112,956		0
Carroll	147,848	147,848		0
Cecil	134,559	134,559		0
Charles	146,586	146,586		0
Dorchester	111,359	111,359		0
Frederick	168,101	168,101		0
Garrett	111,653	111,653		0
Harford	177,416	177,416		0
Howard	152,574	152,574		0
Kent	105,430	105,430		0
Montgomery	260,633	260,633		0
Prince George's	284,235	284,235		0
Queen Anne's	114,803	114,803		0
St. Mary's	132,585	132,585		0
Somerset	107,202	107,202		0
Talbot	109,666	109,666		0
Washington	151,456	151,456		0
Wicomico	133,109	133,109		0
Worcester	115,742	115,742		0
Baltimore City	280,822	280,822		0
TOTAL	3,877,227	3,877,227	0	0

	(Budget) Available Funding	Expenditures	Obligations	Unliquidated
3) Breast and Cervical Cancer	13,255,251	13,156,260	98,991	0
CRF Program Totals	13,255,251	13,156,260	98,991	0

***PHPA also spent an additional \$4,083,261.94 in General Funds towards Breast and Cervical Cancer**

Footnotes/Definitions

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

- 1) Budget: funds allocated to each component and distributed to each jurisdiction.
- 2) Expenditures: items reflected in the State's FMIS.
- 3) Obligations: funds reflective of an executed signed agreement or contract.
- 4) Unobligated: budget less expenditures and obligations.
- 5) 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 (CPEST) 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 CPEST 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 CPEST 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 (CY) 2021, reduce overall cancer mortality to a rate of no more than 142.5 per 100,000 persons. (Age-adjusted to the 2000 U.S. standard population.)

	CY2018	CY2019	CY2020	CY2021
Performance Measures	Actual	Estimated	Estimated	Estimated
Outcome: Overall cancer mortality rate	150.0	147.5	145.0	142.5

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

Objective 2.1 By CY 2021, reduce disparities in overall cancer mortality between blacks and whites to a rate of no more than 1.17. (Age-adjusted to the 2000 U.S. standard population.)

	CY2018	CY2019	CY2020	CY2021
Performance Measures	Actual	Estimated	Estimated	Estimated
Outcome: Cancer death rate ratio between blacks/whites	1.16	1.16	1.17	1.17

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 CY 2021, reduce colorectal cancer mortality to a rate of no more than 13.0 per 100,000 persons in Maryland. (Age-adjusted to the 2000 U.S. standard population.)

	CY2018	CY2019	CY2020	CY2021
Performance Measures	Actual	Estimated	Estimated	Estimated
Outcome: Colorectal cancer mortality rate	13.6	13.4	13.2	13.0

Objective 3.2 By CY 2021, reduce breast cancer mortality to a rate of no more than 20.4 per 100,000 persons in Maryland. (Age-adjusted to the 2000 U.S. standard population.)

	CY2018	CY2019	CY2020	CY2021
Performance Measures	Actual	Estimated	Estimated	Estimated
Outcome: Breast cancer mortality rate	21.2	20.9	20.7	20.4

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 (the Program) is a statutory program (Health General Article, Title 13, Subtitle 10) incorporating best practice recommendations of the Centers for Disease Control and Prevention (CDC). The Program delivers comprehensive tobacco use dependence treatment services to Marylanders seeking assistance in quitting tobacco use, as well as evidence-based tobacco use prevention programs and counter-marketing initiatives directed at Maryland youth and young adults.

The Program collects data on tobacco use in Maryland through the Youth Risk Behavior Survey/Youth Tobacco Survey (YRBS/YTS) and the adult Behavioral Risk Factor Surveillance Survey (BRFSS). Both surveys collect jurisdiction-level data on tobacco use and trends, including electronic smoking device (ESD) use.¹ The Program uses the survey data to support state and local program accountability measures, evaluation, program planning and development, as well as for the annual CRF legislative report. The Program completed the most recent cycle of youth surveys in 2018 and received the final YRBS/YTS survey data analysis from the CDC in December of 2019. The next cycle of the YRBS/YTS is scheduled for the fall of 2020, following the statutory schedule of every even calendar year. However, due to the COVID-19 pandemic, the Maryland Department of Health (MDH) and the Maryland State Department of Education (MSDE) determined it would not be possible to implement. Survey administration will resume as soon as possible in 2021.

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.

¹ The term ESD includes products such as, e-cigarettes, vape pens, vapes, and pod-based products such as Juul®.

KEY GOALS, OBJECTIVES, AND PERFORMANCE MEASURES²

Modifications to Tobacco Prevention and Cessation Program Goals, Objectives, and Performance Measures.

In recent years, new tobacco products have emerged that did not exist in 2000 when tobacco use data were first collected. Use of “e-cigarettes”, or ESDs, has drastically increased among youth and young adults both nationally and in Maryland. Maryland began collecting data on ESD use during the 2014 YRBS/YTS and CY 2014 BRFSS for adults. In 2018, data indicated that high school youth use ESDs almost five times more than they use cigarettes.

The key goals, objectives, and performance measures utilized in managing-for-results reports in years prior were limited to youth cigarette smoking. Such measures failed to capture the rapid decline in cigarette use and sharp rise in ESD use among youth, which drives overall tobacco use rates. Objectives to track the prevalence and trends of ESD use in addition to “any tobacco product use” among youth were added to account for this trend: Objective 1.3 measures any tobacco use among middle and high school youth, which includes cigarettes, cigars, smokeless tobacco, and/or ESDs. Objective 1.4 measures ESD use among middle and high school youth. Data on ESDs were collected for the first time during the 2014 YRBS/YTS. However, an irregular trend occurred between 2014 and 2016, when data indicated a decline in ESD use, only to increase again in 2018. Due to this anomaly, the 2018 YRBS/YTS will be used as a baseline for Objectives 1.3 and 1.4. Data from the survey years prior to 2018 are provided as an illustration of the variability of the data before the 2018 baseline.

Goal 1. To reduce the proportion of Maryland youth and adults who currently smoke cigarettes.

Objective 1.1 By the end of CY 2024, reduce the proportion of Maryland middle and high school youth that currently smoke cigarettes by 93.2 percent and 85.2 percent respectively, from the CY 2000 baseline rate.³

Performance Measures	CY2000 Actual	CY2016 Actual	CY2018 Actual	CY2021* Estimated	CY2022 Estimated	CY2024 Estimated
Input: Percent of middle school students who currently smoke cigarettes	7.3%	1.3%	1.1%	0.9%	0.7%	0.5%
Input: Percent of high school students who currently smoke cigarettes	23.7%	8.2%	5.0%	4.5%	4.0%	3.5%
Outcome: Cumulative percentage change from CY 2000 for middle school students	N/A	-82.2%	-84.9%	-87.7%	-90.4%	-93.2%
Outcome: Cumulative percentage change from CY 2000 for high school students	N/A	-65.4%	-78.9%	-81.0%	-83.1%	-85.2%

² Goals and objectives are based on calendar years; however, youth survey data is collected just 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 the calendar year versus the fiscal year, which ends six 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.

³ Maryland no longer limits data on youth tobacco use to those under the age of 18 years. Limiting the data to youth under 18 precluded comparison of Maryland data to data in other states, as they are typically categorized by school attended (i.e., middle or high school), without regard to student age. Chapter 139 of the Acts of 2017 amended Health General §13-1003 so that data for all high school youth, not just underage youth, are included in these objectives. All high school data has been reanalyzed to reflect all high school youth.

**The 2020 youth survey was delayed to 2021 due to the COVID-19 pandemic*

Objective 1.2 By the end of CY 2021, reduce the proportion of Maryland adults that currently smoke cigarettes by 42.4 percent from the CY 2011 baseline rate.⁴

Performance Measures	CY2011 Actual	CY2017 Actual	CY2018 Actual	CY2019 Estimated	CY2020 Estimated	CY2021 Estimated
Input: Percent of adults who currently smoke cigarettes	19.1%	13.8%	12.5%	12.0%	11.5%	11.0%
Outcome: Cumulative percentage change from CY 2011	N/A	-27.7%	-34.6%	-37.2%	-39.8%	-42.4%

Objective 1.3 By the end of CY 2024, reduce the proportion of Maryland middle and high school youth that currently use tobacco products by 16.7 percent and 5.5 percent, respectively, from the CY 2018 rate.⁵

Performance Measures	CY2014 Actual	CY2016 Actual	CY2018 Actual	CY2021* Estimated	CY2022 Estimated	CY2024 Estimated
Input: Percent of middle school students who currently use any tobacco products	11.1%	7.6%	9.0%	8.5%	8.0%	7.5%
Input: Percent of high school students who currently use any tobacco products	27.6%	21.6%	27.4%	26.9%	26.4%	25.9%
Outcome: Cumulative percentage change from CY 2018 for middle school students	N/A	N/A	N/A	-5.6%	-11.1%	-16.7%
Outcome: Cumulative percentage change from CY 2018 for high school students	N/A	N/A	N/A	-1.8%	-3.6%	-5.5%

**The 2020 youth survey was delayed to 2021 due to the COVID-19 pandemic.*

Objective 1.4 By the end of CY 2024, reduce the proportion of Maryland middle and high school youth that currently use ESDs by 25.4 percent and 6.5 percent, respectively, from the CY 2018 rate.

⁴ Beginning in 2011, CDC enhanced its methodology for weighting estimates of adult risk behaviors, including tobacco use, through the BRFSS. As a result, BRFSS estimates for prior years, 2000-2010, cannot be compared to BRFSS estimates for 2011 or thereafter. A new baseline was established in 2011 for these objectives.

⁵ Starting in 2020, this objective was added to measure tobacco product use among middle school and high school youth. Youth tobacco product use includes cigarettes, cigars, smokeless tobacco and/or electronic smoking device use (ESDs). Data on ESDs were collected for the first time during the 2014 YRBS/YTS, due to the irregular trend witnessed between 2014 and 2018, the 2018 YRBS/YTS will be used as the baseline measure.

	CY2014	CY2016	CY2018	CY2021*	CY2022	CY2024
Performance Measures	Actual	Actual	Actual	Estimated	Estimated	Estimated
Input: Percent of middle school students who currently use ESDs	7.6%	4.7%	5.9%	5.4%	4.9%	4.4%
Input: Percent of high school students who currently use ESDs	20.0%	13.3%	23.0%	22.5%	22.0%	21.5%
Outcome: Cumulative percentage change from CY 2018 for middle school students	N/A	N/A	N/A	-8.5%	-16.9%	-25.4%
Outcome: Cumulative percentage change from CY 2018 for high school students	N/A	N/A	N/A	-2.2%	-4.3%	-6.5%
<i>*The 2020 youth survey was delayed to 2021 due to the COVID-19 pandemic.</i>						

Goal 2. To reduce the prevalence of current smoking among minority populations.

Objective 2.1 By the end of CY 2021, reduce the proportion of African American adults who currently smoke cigarettes by 35.4 percent from the calendar year 2011 baseline rate.

	CY2011	CY2017	CY2018	CY2019	CY2020	CY2021
Performance Measures	Actual	Actual	Actual	Estimated	Estimated	Estimated
Input: Percent of African American adults who currently smoke cigarettes	18.9%	15.1%	13.7%	13.2%	12.7%	12.2%
Outcome: Cumulative percentage change from CY 2011	N/A	-20.1%	-27.5%	-30.2%	-32.8%	-35.4%

Objective 2.2 By the end of CY 2021, reduce the proportion of Hispanic adults who currently smoke cigarettes by 70.4 percent from the CY 2011 baseline rate.

	CY2011	CY2017	CY2018	CY2019	CY2020	CY2021
Performance Measures	Actual	Actual	Actual	Estimated	Estimated	Estimated
Input: Percent of Hispanic adults who currently smoke cigarettes	19.9%	12.8%	6.8%	6.5%	6.2%	5.9%
Outcome: Cumulative percentage change from CY 2011	N/A	-35.7%	-65.8%	-67.3%	-68.8%	-70.4%

ACCOMPLISHMENTS – CANCER CONTROL PROGRAMS

CIGARETTE RESTITUTION FUND PROGRAM

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

FISCAL YEAR 2020 ACCOMPLISHMENTS

LOCAL PUBLIC HEALTH COMPONENT

Overall

- Funding was awarded to CPEST programs in each of Maryland's local jurisdictions, including 22 local health departments (LHDs), one hospital in Prince George's County, and an academic health center and hospital located in Baltimore City. Each jurisdiction, 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 (University of Maryland Medical Group, or UMMG, and MedStar Health) were funded according to the budget allocation. The Baltimore City Health Department was funded to administer the Baltimore City Community Health Coalition.
- Community health coalitions addressing cancer were implemented in all 24 Maryland jurisdictions. Each coalition worked to increase participation of members that reflect the demographics of each jurisdiction, including representatives from minority, geographically diverse, and medically underserved populations in each respective jurisdiction, as well as various stakeholders who work with underserved populations. The majority of the community health coalitions met at least two times during the fiscal year. CPEST programs collaborated with their coalitions to address cancer prevention, education, screening, and treatment in their jurisdictions. CPEST programs used their coalitions to assist in the recruitment of underserved and minority clients by participating in outreach events to educate the general public and conducting educational meetings to increase client referrals for cancer screenings from community partners.
- In Fiscal Year 2020, 24 jurisdictions updated their comprehensive cancer plans addressing prevention, education, screening, and/or treatment for one or more of the targeted cancers:
 - 24 jurisdictions addressed colorectal cancer;
 - 10 jurisdictions addressed skin cancer;
 - 15 jurisdictions addressed breast cancer;
 - 12 jurisdictions addressed cervical cancer;
 - 6 jurisdictions addressed lung cancer;
 - 2 jurisdictions addressed prostate cancer; and
 - 1 jurisdiction addressed oral cancer.
- Funded programs (LHDs, private vendors, academic health centers) entered into or renewed contracts with the local medical providers (e.g., gastroenterologists, surgeons, radiologists, primary care physicians, hospitals, medical laboratories). Contracted providers deliver clinical services for cancer screening, diagnosis, and treatment. CPEST programs engaged with providers

throughout the year to increase referrals and to provide follow-up case management of clients receiving cancer screening services.

- CPEST programs continued to provide patient navigation services to assist insured clients in accessing cancer screening services. The objective of this service is to reduce disparities related to accessing screening services for all individuals, regardless of health insurance status. Patient navigation services were implemented by 24 CPEST programs for breast, cervical, and/or colorectal cancer screening. Individualized assistance was offered to clients to help them overcome barriers and facilitate timely access to cancer screening and diagnostic services, as well as to help them with initiation of treatment if needed. CPEST programs assisted clients with transportation to appointments by partnering with public agencies or private transportation businesses (e.g., Uber, Maryland Transit Administration, cab services). Programs provided language interpretation services to non-English speaking clients during the enrollment process or when completing paperwork at provider offices. Programs also provided reminder calls, navigated patients through the healthcare system, provided colonoscopy prep education, and helped ensure that patients understood their procedures and results.
- CPEST programs in 24 jurisdictions collaborated with their CRF Tobacco program counterparts to support tobacco cessation services as a means of cancer prevention. Twelve CPEST programs used their funding to purchase treatment aids or to procure resources and staff to conduct individual or group tobacco cessation counseling. Sixteen CPEST programs implemented tobacco cessation activities either by educating clients about the availability of tobacco cessation services during the client enrollment process, by referring clients to the local CRF Tobacco program or the Maryland Tobacco Quitline, 1-800-QUIT-NOW (the Quitline), or by including tobacco cessation materials in their education and outreach activities.
- In Fiscal Year 2020, five CPEST programs provided lung cancer screening services to uninsured and underinsured high-risk individuals. The five CPEST programs were from Allegany, Baltimore, Cecil, and Harford Counties and MedStar Health in Baltimore City. These programs worked with healthcare providers to link eligible high-risk clients to lung cancer screening services. Programs conducted provider outreach to facilitate client referrals and collaborated with their coalitions, community, and health agencies to implement public education and outreach initiatives. The programs also collaborated with their local tobacco cessation programs to link clients to cessation services. Four programs participated in a lung cancer expansion project and were provided training and technical assistance to launch their own lung cancer screening services in Fiscal Year 2021 or 2022. The four CPEST programs are located in Anne Arundel, Calvert, Garrett, and Queen Anne's Counties.
- The administrative monitoring component of the CRF-CPEST program was integrated with the Breast and Cervical Cancer Program (BCCP) in January 2020 to streamline grant monitoring and technical assistance provided to direct cancer screening grantees in Maryland. Trainings were conducted to improve overall grant monitoring of the cancer screening programs, which include fiscal, administrative, data, and reporting processes.

Prevention, Screening, Diagnosis, and Treatment

In Fiscal Year 2020, prevention, screening, diagnosis, and treatment data for the targeted cancers under the CPEST Program for LHDs, Baltimore City Local Public Health, and the statewide academic health center included the following:

All Cancers

- 1,960 screening tests were performed;
- 1,927 persons received one or more cancer screenings;
- 72 percent of those who received one or more cancer screenings were minorities; and
- 43 individuals in the program who had received a diagnosis of cancer were either linked to care or provided treatment.

Colorectal Cancer

- 1,245 colorectal cancer screening procedures were performed, including:
 - 1,227 screening colonoscopies, in which 463 adenomatous polyps were found;
 - 7 sigmoidoscopies, in which three polyps were found;
 - 7 fecal occult blood tests, none of which were found to be positive; and
 - Four double contrast barium enemas in which no suspected cancer or cancer was diagnosed.
- 16 individuals in the program who received a diagnosis of colorectal cancer were either linked to care or provided with treatment funds.
- 21 programs provided 182 individuals with patient navigation services.
- 368 reports of barriers to colorectal cancer screening were received from patient navigation individuals across 21 programs. The types of barriers and number reported are listed below:
 - Lack of medical resources - 114
 - Transportation - 57
 - Financial concerns - 34
 - Physical disabilities - 19
 - Language - 17
 - Literacy - 11
 - Scheduling conflicts - 10
 - Limited education - 9
 - Lack of social support - 7
 - Behavioral disabilities - 3
 - Other barriers, such as assistance with scheduling and remembering appointments, health literacy, anxiety and nervousness, no family support to go to appointments, and finding providers – 87

Oral Cancer

- Two oral cancer screening exams were performed; and
- No individuals in the program were diagnosed with oral cancer.

Skin Cancer

- 119 skin cancer screening exams were performed; and
- 26 individuals in the program who had received a diagnosis of any type of skin cancer were either linked to care or provided treatment.

Breast Cancer

- 404 mammograms were performed; and
- One individual in the program was diagnosed with breast cancer.

Cervical Cancer

- 214 Pap tests were performed; and
- No individuals in the program were diagnosed with cervical cancer.

Lung Cancer

- Eight lung cancer screening exams were performed; and
- No individuals in the program were diagnosed with lung cancer.

Smoking Cessation

- 633 cessation participants received group or individual counseling by CPEST staff or with CPEST funds;
- 923 referrals were made to the CRF Tobacco Smoking Cessation Program and/or Quitline by CPEST staff or with CPEST funds; and
- 122 clients were provided smoking cessation aids (Chantix, Zyban, patches, lozenges, or gum) with CPEST funds.

Education and Outreach

- CPEST programs implemented a total of 1,989 public education and targeted outreach activities for all cancers combined, resulting in 1,531 Maryland residents signing up for cancer screenings.
- CPEST programs employed various public education and outreach strategies to raise public awareness about cancer prevention and to link eligible individuals to cancer screening. Some of the more common strategies used by CPEST programs included: 1) Using one-on-one education to provide culturally sensitive information to clients about cancer screening; 2) Establishing partnerships with healthcare organizations to increase access to cancer screenings; and 3) Increasing community engagement of minority and other underserved populations by using bilingual staff, faith-based, and civic/social/service organizations.
 - CPEST programs used both traditional and non-traditional venues for education and outreach activities, including brief interactions, group presentations, individual sessions, and dissemination of educational materials. Some traditional venues include physician offices, health clinics, and community health fairs. Some non-traditional venues include faith-based organizations, food pantries, and work sites. CPEST programs implemented culturally appropriate and targeted outreach by providing translated educational materials or providing bilingual staff at venues.
 - CPEST programs established partnerships with healthcare service delivery facilities such as federally qualified health centers (FQHCs), community health clinics, and hospitals to

implement outreach and educational activities and conduct client recruitment. Programs conducted outreach at these facilities through meetings and presentations with providers and support staff or by setting up information desks to provide education and recruitment of clients in the waiting room. These partnerships allow programs to work directly with providers and their staff on client education and referral to the program.

- CPEST programs increased community engagement by leveraging their partnerships with local community service programs that target similar underserved and minority populations. Partnerships include faith-based organizations, cultural community service agencies, and food pantries. CPEST programs also partnered with other programs housed in their jurisdiction's health departments, including the local Breast and Cervical Cancer Screening Program, the CRF Tobacco program, Wellness Coalitions, and the Minority Outreach and Technical Assistance (MOTA) program.
- Examples of public education and outreach strategies implemented by the local jurisdictions include the following:

Anne Arundel County

Through strong partnerships with local FQHCs and other community service agencies, the program screened 140 new clients in Fiscal Year 2020. The program implemented onsite recruitment at the Chase Brexton Health Care clinic in Glen Burnie twice a month and at the Anne Arundel Medical Center Community Health Clinic once a month. Staff conducted public education about the importance of breast and cervical cancer screening to help recruit clients, including those from minority and underserved populations. Having a staff member in these clinics who worked closely with office staff was critical to successful recruitment drives.

Baltimore County

Baltimore County's CPEST program partnered with community clinics and FQHCs to implement public education and outreach activities. The program held weekly on-site outreach and enrollment at the Chase Brexton Health Care clinic in Randallstown. In the first six months of Fiscal Year 2020, 12 clients were referred and enrolled for screening. The program also initiated a partnership with the Baltimore Medical System (BMS) to refer clients from BMS to the CPEST program.

Caroline County

Caroline County's CPEST program worked with various organizations to implement public education and outreach strategies. The program partnered with their local FQHC, Choptank Community Health System, to educate at least 30 providers and staff about cancer screening and the CPEST program. The program also worked with faith-based organizations and food pantries in the county. Program staff put cancer screening and program information in bags distributed at the food pantries. In addition, the program participated in local community events such as the Department of Social Services' Family Fun Day in August 2019. The program utilized its membership in the Wellness Coalition to increase referrals, which resulted in ten client referrals to the CPEST program.

Garrett County

In Garrett County, the CPEST program's philosophy on public education and outreach involves hiring and placing outreach staff within communities. Using this strategy, outreach staff were able to reach and educate isolated and underserved communities in one of the most rural jurisdictions in Maryland. The program staff also attended various community events such as the Food Giveaways hosted by one of its partners, Mountain Laurel Medical Center, to promote cancer screening. Staff distributed flyers and consent forms to various provider offices and sent birthday cards to clients turning 50 years old to promote colorectal cancer screening.

Howard County

Howard County's CPEST program implemented various education and outreach strategies to reach and recruit clients. The program conducted group and individual education sessions on cancer screening for providers and educated more than 58 healthcare professionals or direct service providers. The program also conducted public education and reached 133,687 individuals through brief interactions, group presentations, and individual sessions. The program employed targeted mailing and sent out 466 letters informing individuals about cancer screening and program services. The program also partnered with various providers and community organizations, such as Ellicott City Primary Care and the Interfaith Community Church, and continued to use the Community Access to Resources through Enhanced Technology Applications for Providers and Public (CAREAPP). CAREAPP allowed program staff to address social determinants of health using a partnership network of community organizations and care providers with the ability to communicate in real-time. This technology also provided for bi-directional referrals, the coordination and tracking of healthcare services, the identification of high-risk clients based on unique health-related social needs (e.g., transportation, food, education, employment, housing, and health access), and linkage to critical resources and support. Overall, the program implemented 185 public educational and targeted outreach activities in their jurisdiction.

Montgomery County

Montgomery County's CPEST program and its community partners established relationships with barbershops, storefronts, apartments, senior community centers and churches to provide education on cancer screenings and information on colorectal services. Additionally, staff and community partners attended community health events, provided educational service days at the county's Department of Health and Human Services (DHHS) Dental Clinic and recruited new clients at the DHHS Office of Eligibility to link them to cancer screening services. The program also continued to provide cancer screening education days at four safety-net clinics where staff educated clients on program eligibility, provided colorectal cancer education, conducted medical history reviews, and scheduled appointments. The program implemented 222 public education and targeted outreach activities and linked 92 new individuals to cancer screening services.

Wicomico County

Wicomico County's CPEST program utilized their strong relationship with the Peninsula Regional Medical Center (PRMC) to improve the referral of clients who qualify for program services. The program met with clinical staff to provide comprehensive education about the CPEST program and established an effective referral system to link clients to

cancer screening services. PRMC staff educated clients about the CPEST program, who in turn referred family and friends to the CPEST program. The partnership with a local private health provider targeting the Haitian community also yielded client referrals. As a result of the program's efforts, 26 clients were referred by a healthcare provider to the program and 14 new individuals were enrolled for cancer screening services.

Baltimore City – University of Maryland Medical Group

The program worked with community partners to increase referrals to its cancer screening program. The program focused on building relationships with different organizations, such as the Latino Providers Network, the Park West Health System, and the Coppin State University School of Nursing, to familiarize them with the services provided by the program, thus building a client referral base. The program also posted information about its activities and upcoming events via social media outlets like Facebook. By focusing on building partnerships and widely disseminating information, the program was able to expand its reach to targeted minority and underserved populations.

Minority Outreach

- Each of the 24 jurisdictions planned specific activities that focused on minority outreach within their communities. Examples of these types of activities include:

Anne Arundel County

Anne Arundel County's CPEST program utilized bilingual staff to reach clients and address language barriers. The program also educated clients during enrollment about the importance of keeping appointments and explaining the process and types of appointments. This strategy added to the program's success of enrolling new clients and addressing barriers. In addition, the program implemented a grocery store tour across the county to reach minority communities. The program completed 109 public educational and targeted outreach activities.

Calvert County

Calvert County's CPEST program utilized a Spanish interpreter to provide outreach and education to the Latino population. The interpreter attended a bilingual service at a Catholic church in Prince Frederick and visited businesses that employed Spanish speaking employees to encourage cancer screening. Her efforts resulted in increased referrals for colorectal, breast, and cervical cancer screening. CPEST program staff also attended various events to reach minorities and underserved populations, including events held at the Plum Point United Methodist Church, local food pantries, the Maryland Health Connection SEEDCO Fair, Middleham Mental Health Fair, and Community Homeless Resource Fair.

Cecil County

Cecil County's CPEST program collaborated with La Clinica Medica Primaria de Rising Sun, a medical clinic, to reach uninsured individuals within the Hispanic community. The clinic was started in July 2019 by local providers to meet the healthcare needs of the underserved Latino community. CPEST program staff visited the clinic monthly to enroll

eligible individuals for cancer screening services. Transportation and translation services were provided to meet client needs.

Dorchester County

Dorchester County's CPEST program partnered with various community organizations and participated in local events to reach minority and underserved populations. The program conducted outreach at food banks, educated local health providers, and attended health fairs and festivals. The largest number of referrals to the program were from health fairs and partners that served minorities or underserved communities. The program's partnership with Eastern Shore Endoscopy was key in reaching a growing Haitian population in the Eastern Shore, while the partnership with Choptank Community Health System was important to reach the Latino population.

Frederick County

Frederick County's CPEST program provided direct outreach at the Frederick Community Action Agency, an FQHC, and at the Emmitsburg Osteopathic Primary Care Center to increase colonoscopy referrals and the colorectal cancer screening rate among minority and underserved populations. The program also partnered with the Mission of Mercy Mobile Medical Clinic, a free medical clinic that serves minority and underserved populations, to educate patients about the importance of cancer screening and the services provided by the CPEST program. In addition, the program performed outreach at faith-based events, Latino festivals, Pride Day, and the Annual Community Health Fair, which was sponsored by the Asian American Center of Frederick (AACF). Because of the program's outreach activities targeting minority and underserved populations, 66 percent of the clients screened were Latino. Overall, the program was able to reach 26,868 clients at healthcare settings and community service agencies.

Howard County

The Howard County CPEST program had two Spanish and one Korean culturally competent, bilingual staff who navigated clients through the cancer screening process. Bilingual staff were able to effectively communicate with program clients about the importance of cancer screenings, the colorectal cancer screening process, and compliance with appointments and follow-up. These trusted navigators also evaluated and addressed client needs related to low health literacy, financial concerns, transportation, and cultural concerns. In addition, the program partnered with the Chase Brexton Health Center clinic in Columbia and Ellicott City Primary Care, which are culturally competent, patient-centered safety-net facilities that primarily serve minority and underserved populations in Howard County.

Montgomery County

Montgomery County's CPEST program worked collaboratively with partners to reach minority and underserved populations in need of health services. The program provided clients with colorectal cancer screening and patient navigation services at partner safety-net clinics. Successful activities included: 1) providing culturally competent and language appropriate health education materials on topics including breast, cervical, prostate, lung, oral, skin, and colorectal cancer; 2) collaborating with safety-net clinics and two major hospitals to provide trainings to healthcare providers on cancer awareness activities, addressing issues around cancer care and access to screening; and 3) integrating the breast,

cervical, colorectal, and tobacco program information in outreach activities. The information and education materials shared with professional providers, partners and the community included CPEST screening guidelines, articles and presentations on screening, diagnosis, and treatment for the targeted cancers.

Wicomico County

The Wicomico County CPEST program established a new partnership with a provider to present and air educational segments about cancer screening at a local Haitian radio station. Additionally, minority-targeted outreach was implemented at faith-based organizations, employers, community organizations, and wellness fairs. Wicomico County's CPEST program completed 80 public education and outreach activities targeting minorities who were uninsured or underinsured.

Baltimore City – University of Maryland Medical Group

The UMMG CPEST program partnered with a number of organizations that reach minority and underserved populations and are committed to addressing health disparities. The program's partners include the Baltimore City Health Department, FQHCs such as Health Care for the Homeless, and Northeast Market. The program also hosted a number of activities, with the most notable being a breast health awareness event targeting the Latino community in October 2019. This event was held at a restaurant in Highlandtown with more than 200 people in attendance. Speakers included faculty from the University of Maryland and representatives from several local Latino organizations. The event also featured a cancer survivor who was diagnosed with breast cancer and received treatment through the program.

STATEWIDE PUBLIC HEALTH COMPONENT

- Staff of the MDH Center for Cancer Prevention and Control (CCPC) held quarterly CPEST teleconferences throughout the Fiscal Year. Through these teleconferences, CPEST program participants from all 24 jurisdictions were able to receive relevant cancer screening updates, information on effective educational cancer messaging, assistance with administrative and budget requirements, and exchange information with their peers.
- CCPC staff conducted ten site visits and quality assurance reviews of local CPEST programs in ten jurisdictions. During these site visits, CCPC staff reviewed and discussed program progress. The site visit provided an opportunity for CCPC staff to give guidance on educational and outreach strategies, and technical assistance on clinical and case management processes. CCPC staff also discussed administrative, fiscal, and program evaluation issues during these site visits.
- CCPC provided webinars and conference call meetings for CPEST program health educators, outreach workers, clinical staff, and administrative staff throughout the year. The information provided in these training modules focused on effective strategies to increase provider referrals, promote lung cancer screening, improve collaboration with BCCP, and monitor fiscal expenditures.

- CCPC provided individualized technical assistance through conference calls and e-mail communication with grantees to improve understanding and compliance with program requirements, to assist programs in addressing challenges related to improving program performance, and to assist new clinical CPEST program staff with understanding clinical guidance. The calls and e-mail communication addressed various program needs, including clinical and case management, quality assurance of clinical documentation, recall and recruitment efforts targeting minorities and underserved populations, data reporting, sub-vendor contract monitoring, and fiscal monitoring processes.
- Through collaboration with the Colorectal Cancer Task Force and the American Cancer Society, CCPC staff planned and organized a statewide webinar, *80% in Every Community: Engaging Healthcare Systems & Sharing Best Practices*, launched on July 16, 2020 to engage local CPEST staff, providers, and partners interested in improving colorectal cancer screening rates to learn and discuss best practices and evidence-based strategies. In this webinar, presenters from the Primary Care Coalition, Frederick County Health Department, and CareFirst shared knowledge, tools, resources, and strategic approaches to increase colorectal cancer screening in Maryland. Presenters also discussed best practices and quality improvement approaches, including outreach and metrics used to track progress. Webinar attendees had the opportunity to receive one continuing medical education credit for their participation. Eighty healthcare professionals participated in the webinar, and the overall evaluation of the webinar was positive.

SURVEILLANCE AND EVALUATION COMPONENT

- CCPC Surveillance and Evaluation staff continued to maintain and provide support for the Cancer Client Database (CDB) and Cancer Education Database (EDB) applications. The CDB and EDB are used by local CPEST programs to capture clinical and non-clinical data about CRF-funded screening, diagnostic, treatment, patient navigation, education, outreach, and tobacco cessation services. Various enhancements were made to the CDB and EDB during the Fiscal Year, including enhancements to the lung and skin cancer modules and reporting and data download features:
 - 21 LHDs, one statewide academic health center, and two private vendors used the CDB to enter data for individuals screened for colorectal, oral, lung, or skin cancers.
 - 22 LHDs, one statewide academic health center, and two private vendors used the EDB to enter data on education, outreach, and tobacco cessation activities implemented.
 - Six CPEST program staff completed online EDB training.
 - 15 CPEST program staff completed on-site CDB training at MDH.
 - CDB- and EDB-related trainings and updates were conducted, including:
 - Three quarterly “Introduction to the CDB” training sessions;
 - Nine statewide updates via CPEST teleconferences; and
 - Multiple technical assistance calls with CPEST programs.
- Quality assurance and reporting activities included:
 - Quarterly and annual quality assurance reviews of CDB and EDB data entered by all CPEST programs to ensure data accuracy, concordance with clinical reports from healthcare providers, and compliance with select CPEST programmatic requirements. Results of these reviews were shared with each program.

- Various cancer reports were disseminated to CPEST programs:
 - Program Evaluation Summary;
 - Quarterly Colorectal Cancer Benchmark Report;
 - Mid-year Performance Measures Report and Action Plan;
 - Annual Colonoscopy Feedback Report; and
 - Annual Performance Measures Summary Report.
- A Lung Cancer Screening Pilot Evaluation Report was disseminated to stakeholders in July 2019. The report shared findings from an evaluation survey administered to participants in CRF-CPEST's lung cancer screening pilot program. The survey assessed program administration, communication with the general public and healthcare providers, and development and utilization of clinical, education, and outreach resources.
- CCPC staff analyzed data from the Cancer Screening and Tracking System and Care2Care databases used by CPEST programs for breast and cervical cancer screening, diagnosis, treatment, and patient navigation.

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 MDH for review and approval. UMMG, MedStar Health, and the Baltimore City Health Department were awarded grants for implementation of the Baltimore City Public Health Grant. UMMG focused on breast, cervical, and colorectal cancer. MedStar Health focused on colorectal and lung cancer. The Baltimore City Health Department administered the Community Health Coalition with active participation from UMMG and MedStar Health.

UMMG

- UMMG implemented 203 public education and targeted outreach activities for all cancers combined, resulting in 109 Maryland residents signing up for cancer screenings.
- UMMG screened 60 people for colorectal cancer, all of whom were screened with colonoscopies. Of those screened, 59 (98 percent) were racial or ethnic minorities, and 26 (43 percent) were patient navigation clients. No individuals were diagnosed with colorectal cancer.
- UMMG screened 265 women for breast cancer with mammograms, 259 (98 percent) of whom were racial or ethnic minorities. No individuals were diagnosed with breast cancer.
- UMMG screened 131 women for cervical cancer, at least 32 (24 percent) of whom were racial or ethnic minorities. No individuals were diagnosed with cervical cancer.

MedStar Health

- MedStar Health screened 195 clients for colorectal cancer; 193 of whom were screened with colonoscopies. Of the 195 screened, 171 (88 percent) were racial or ethnic minorities, and at least 34 (17 percent) were patient navigation clients. Five of the individuals screened were diagnosed with colorectal cancer and were either linked to care or provided treatment.

Baltimore City Community Health Coalition

- The combined CRF Tobacco and Cancer Coalition held one strategic meeting on September 18, 2019 and four internal administrative planning meetings in Fiscal Year 2020. Outcomes from the meetings included:
 - Membership to the coalition was expanded to include FQHC partners, health insurance providers, and Johns Hopkins providers that work in cancer and smoking cessation.
 - A Baltimore City Health Department epidemiologist provided data on city neighborhoods with the highest prevalence of lung cancer and helped inform FQHCs' and partnering hospitals' screening and patient navigation efforts.
 - Coalition members agreed to focus on providing resources for prevention, tobacco cessation enforcement, and tobacco cessation within neighborhoods in most need.
 - Baltimore City Health Department hosted meetings with FQHCs to discuss efforts to streamline services through Medstar Health and UMMG cancer screening programs.
- Due to the impact of COVID-19, in-person meetings were limited in the second half of Fiscal Year 2020 and communication was conducted through phone and e-mail. The coalition members discussed expanding the membership to include a cancer survivor, representatives from tobacco merchants, and partners that assist pregnant and young mothers. Coalition members also continued to support activities related to tobacco prevention and cancer outreach in the neighborhoods of greatest need.

Johns Hopkins Institutions Cancer Research Grant

- In Fiscal Year 2020, the Johns Hopkins Institutions were awarded \$2,600,000.
- The Johns Hopkins Institutions awarded mini-grants in Fiscal Year 2020 including 11 for faculty recruitment and 13 for translational research. These 24 grants are listed below:
 1. Evolution of neoantigen landscapes during immunotherapy in non-small cell lung cancer
 2. Addressing rising obesity and gynecologic cancer risks through primary prevention: a risk prediction model to guide screening for endometrial hyperplasia and cancer in obese women
 3. Reduction in the cancer burden in the Sidney Kimmel Comprehensive Cancer Center catchment area through disparities elimination
 4. Longitudinal circulating tumor DNA profiling of resected esophageal cancer for early recurrence detection and characterization of tumor clonal evolution
 5. Modifiable risk factors in cancer
 6. Determining predictors of response and resistance to Ras effector targeted therapies
 7. A novel model system to optimize immunotherapy for oral cancer patients using a histoculture-bioreactor system

8. An adaptive weight loss program in overweight or obese breast cancer survivors
 9. Circulating tumor DNA as a screening biomarker for aggressive breast cancer
 10. Impact of skeletal muscle loss on immune checkpoint inhibitors outcomes in kidney cancer
 11. Targeting M2-Tumor Associated Macrophages in prostate cancer
 12. Leveraging clinical somatic mutation profiling of malignancies with modern electronic health records to better characterize etiologic, prognostic, and therapeutic associations
 13. The e-cigarette sweetener ethyl maltol enhances metal transport and DNA damage
 14. Development of a Novel Class of Bim Activators as chemotherapeutic agents
 15. Development, cultural adaptation and piloting of an avatar delivered smoking cessation intervention for low income smokers in Baltimore City
 16. Targeting sterol regulatory element-binding protein cleavage-activating protein in cancer
 17. Inhaled particulate matter and accelerated growth of heterotopic cancers
 18. Developing a novel geospatial database of HPV vaccine access points across Maryland and the Eastern Shore: building the evidence base to target rural disparities in cervical cancer
 19. Understanding smoking behaviors in Baltimore City
 20. Cancer prevention and control biostatistics core for research and proposals
 21. PRO-cision medicine: Pilot-testing to patient-reported outcome system and patient-centered strategy for cancer care
 22. Using artificial intelligence to address the clinical need for timely high-quality germline testing on cancer patients
 23. Behavioral lifestyle intervention in overweight or obese cancer survivors in Maryland: A dissemination and implementation study
 24. Alcohol exposure alters the epigenome to increase breast cancer
- In Fiscal Year 2020, multiple audiences were educated about the findings of CRF investigators through various presentations. Findings were published in “Conquest” and can be viewed at <http://www.hopkinsmedicine.org/news/publications/conquest/issues>.
 - In Fiscal Year 2020, CRF-funded research findings were leveraged and resulted in 136 new grants from outside funding sources.

University of Maryland Cancer Research Grant

- In Fiscal Year 2020, the University of Maryland Greenebaum Comprehensive Cancer Center (UMGCCC) was awarded \$12,400,000.
- UMGCCC had several ongoing projects intended to translate research activity into clinical application for patient benefit. For example, Dr. Feyruz Rassool’s pre-clinical data in her project entitled “Expanding the use of poly (ADP-ribose) polymerase (PARP) inhibitor talazoparib to multiple cancers: Bench to bedside”, a phase I/II clinical trial combining PARP inhibitor talazoparib with epigenetic agent decitabine is ongoing in acute myeloid leukemia, in collaboration with fellow UMGCCC clinical investigator Dr. Maria Baer.
 - As of June 30, 2020, there were 263 peer-reviewed articles authored and published by CRF-supported UMGCCC investigators.

- As of June 30, 2020, 52 CRF-supported UMGCCC faculty members filed at least one federal, state, or private grant application.
- 123 applications for clinical trials were submitted to the Clinical Research Committee, of which 118 cancer-related clinical trials were approved.
- Of the new clinical trials approved in Fiscal Year 2020, 77 were new University of Maryland cancer-based interventional treatment trials.
- During Fiscal Year 2020, a total of 245 new patients entered into all clinical trials at UMGCCC - at least 64 (26 percent) were minorities, with 55 (22 percent) being African-American.

Maryland Cancer Registry

- The Maryland Cancer Registry (MCR) submitted 2017 incidence data for evaluation and confidential feedback from the North American Association of Central Cancer Registries and received “gold” certification. The certification included review of the following areas: completeness of case ascertainment, completeness of information recorded, percentage of “death certificate only” cases, duplicate primary cases, passing edits, and timeliness.
- The CDC National Program of Cancer Registries (NPCR) recognized the MCR for meeting the publication standard that allows Maryland data to be included in the 2020 United States Cancer Statistics report and other analytic data sets.
- During Fiscal Year 2020, MCR linked the MCR database with the BCCP database of cancer cases diagnosed from 2008-2017, resulting in a 100 percent case match across both files. MCR links with the BCCP database annually to assist in case finding and as a requirement of funding for both programs.
- MCR staff at MDH processed 21 requests for release of MCR data.
- MCR staff resolved 3,340 unknown races through queries in the Motor Vehicle Administration’s database for missing race information.

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 2020, BCCDTP paid for services for 1,317 participants, and processed a total of 20,768 paid claims.
- BCCDTP funds were awarded to 13 local BCCPs, which funded additional screening tests or diagnostic services in the local programs.
 - 1,693 women received at least one screening test or diagnostic service:
 - 1,693 women received a breast cancer service; and
 - No women received a cervical cancer service.

**ACCOMPLISHMENTS –
TOBACCO USE PREVENTION AND CESSATION
PROGRAM**

CIGARETTE RESTITUTION FUND PROGRAM

TOBACCO USE PREVENTION AND CESSATION PROGRAM

FISCAL YEAR 2020 ACCOMPLISHMENTS

Background

Maryland’s tobacco use prevention and dependence treatment efforts have proven successful in decreasing the prevalence of conventional tobacco use (i.e., cigarettes, cigars, and smokeless tobacco) among both youth and adults. In 2018, the prevalence of adult cigarette smoking was 12.5 percent, down from 19.1 percent just seven years prior in 2011. In the 2018-19 Maryland YRBS/YTS, the prevalence of high school youth cigarette smoking was 5.0 percent, down from 23.7 percent in 2000-01, and cigar use decreased from 13.0 percent in 2000-01 to 6.0 percent in 2018-19.⁶ High school youth tobacco use initiation also decreased, from 17.9 percent in 2012-13 to 6.5 percent in 2018-19. However, high school youth ESD use increased dramatically from 13.3 percent in 2016-17 to 23.0 percent in 2018-19, a 73.0 percent increase. Similar trends are found at the national level. Nationwide, ESD use among high school youth increased 78.0 percent from 2017 to 2018 — from 11.7 percent to 20.8 percent — with more than three million high school youth using ESDs in 2018.⁷ This sharp increase in youth ESD use resulted in the U.S. Surgeon General declaring an “epidemic.”⁸

There are still over 865,000 Maryland adults and over 65,000 Maryland high school youth who use tobacco products, including ESDs.¹¹ Residents with behavioral health conditions, lower socioeconomic status, and those in lesbian, gay, bisexual, transgender, and queer (LGBTQ) communities are more likely to use tobacco products. Tobacco use in rural areas is also more prevalent than in urban areas.

Furthermore, the popularity of ESDs presents a particular threat to Maryland youth, who not only use ESDs at far greater rates than any other tobacco product, but also report use five times higher than that of Maryland adults.⁹ Potential risks associated with youth ESD use include nicotine addiction, harm to brain development, nicotine poisoning and seizures, lung disease and respiratory damage from aerosolized chemicals such as solvents and flavorants, exposure to heavy metals such as nickel, tin, and lead, and increased risk of future combustible tobacco use.

ESD use is strongly linked with concurrent use of other tobacco products. In 2018, more than half of adult ESD users in Maryland also used other tobacco products, and more than a quarter of current youth ESD users used other tobacco products. Emerging data shows “dual use” of cigarettes and ESDs is

⁶ The Maryland YRBS/YTS will be identified by the school year during which the survey was conducted (i.e., 2018-19 Maryland YRBS/YTS), rather than a single calendar year (i.e., 2018 Maryland YRBS/YTS). This change was necessary to demonstrate how survey data are representative of a school year (i.e., 2018-19) not a calendar year (i.e., 2018).

⁷ Cullen KA et al. Notes from the Field. Use of Electronic Cigarettes and Any Tobacco Product Among Middle and High School Students – United States, 2011-2018. MMWR Morb Mortal Wkly Rep 2018;67:1276-1277. Retrieved 7 July 2020 at <https://www.cdc.gov/mmwr/volumes/67/wr/mm6745a5.htm>.

⁸ U.S. Surgeon General, Advisory on E-cigarette Use Among Youth, Retrieved 7 July 2020 at https://e-cigarettes.surgeongeneral.gov/documents/surgeon_generals_advisory_on_e-cigarette_use_among_youth-2018.pdf.

¹¹ Maryland Department of Health. Monitoring Changing Tobacco Use Behaviors: 2000–2018. Summary Report. Baltimore: Maryland Department of Health, Prevention and Health Promotion Administration, Cancer and Chronic Disease Bureau, Center for Tobacco Prevention and Control, Unpublished.

⁹ *Id* fn 12

associated with greater heart health risks than using either product alone.¹⁰ Dual use can also impede quitting efforts, increase addiction, and increase the amount of nicotine exposure.

Several key policies were implemented in Fiscal Year 2020. As of October 1, 2019, the Tobacco 21 law that raises the minimum legal sales age for tobacco products from 18 to 21 took effect. The legislation aims to reduce youth access to tobacco and ESD products by delaying the age of experimentation, as few smokers begin after age 21. The law renamed electronic nicotine delivery systems (ENDS) as ESDs to be inclusive of expanded product types, as well as officially classified ESDs as “tobacco products.” Several important enforcement-related changes were included, such as the elimination of youth purchase, use, and possession laws which focuses the responsibility on adult retailers; a new requirement of tobacco retailers and vape shops to post age-of-sale warning signs with specific language in visible locations; and required use of government-issued ID (not school or employer ID) to verify customer age. Additionally, the law specified that the licensee, not clerk, is responsible for remunerating civil penalties for illegal tobacco sales. The law did not include a grandfathering provision for those 18 to 20 years old; however, active duty military 18 years and older with valid military ID were exempt from this law.

On December 20, 2019, the Federal Food, Drug, and Cosmetic Act was amended to raise the minimum legal sales age for any retailer to sell a tobacco product from 18 to then 21 years of age, implementing a Federal Tobacco 21 Law. The amendment does not include any exemptions (therefore voiding Maryland’s military exemption) or grandfathering of age groups.

The Food and Drug Administration (FDA) has regulatory authority over tobacco products, including ESDs. In Fiscal Year 2020, the agency issued 74 warning letters to retailers who illegally sold ESD products to underage youth in Maryland.¹¹ In addition to enforcing the new Federal Tobacco 21 law, the FDA issued guidance in February 2020 on the regulation of ESDs which prohibited: the manufacturing, distribution, and sale of any flavored, cartridge-based ESDs other than menthol or tobacco flavor; all ESDs for which the manufacturer has not taken adequate measures to prevent minors' access; and ESDs targeted to minors or likely to promote the use of ESDs by minors.^{12, 13, 14} Shortly after the FDA guidance was published, the Maryland Office of the Comptroller (the Comptroller) issued a stronger directive to Maryland tobacco retailers, stating the Field Enforcement Division will enforce and prohibit the sale of disposable ESDs (such as Puff Bar) with flavors other than tobacco or menthol.¹⁵

MDH continues to provide evidence-based tobacco use dependence treatment services to Maryland residents utilizing the Quitline, LHD programs, and by incorporating tobacco treatment into routine clinical care in Maryland healthcare and behavioral health systems. The Maryland Tobacco Use Prevention and Cessation Program (the Program) implements a comprehensive statewide tobacco control program based on the five core components outlined in the CDC’s *Best Practices for*

¹⁰ Bhatta DN et al. Electronic Cigarette Use and Myocardial Infarction Among Adults in the US Population Assessment of Tobacco and Health, JAHA, 8(12) 5 June 2019, Retrieved 7 July 2020 at <https://www.ahajournals.org/doi/10.1161/JAHA.119.012317>.

¹¹ Food and Drug Administration, Compliance Check Inspections of Tobacco Product Retailers (Through 05/28/2020). 12 June 2020, Retrieved 7 July 2020 at https://www.accessdata.fda.gov/scripts/oc/inspections/oc_insp_searching.cfm.

¹² Food and Drug Administration, CTP Newsroom. Newly Signed Legislation Raises Federal Minimum Age of Sale of Tobacco Products to 21. 1 January 2020, Retrieved 7 July 2020 at <https://www.fda.gov/tobacco-products/ctp-newsroom/newly-signed-legislation-raises-federal-minimum-age-sale-tobacco-products-21>.

¹³ Food and Drug Administration, CTP Newsroom. Enforcement Actions Against Illegally Marketed Tobacco Products. 27 April 2020, Retrieved 7 July 2020 at <https://www.fda.gov/tobacco-products/ctp-newsroom/enforcement-actions-against-illegally-marketed-tobacco-products>.

¹⁴ Food and Drug Administration, CTP Newsroom. FDA finalizes enforcement policy on unauthorized flavored cartridge-based e-cigarettes that appeal to children, including fruit and mint. 2 January 2020, Retrieved 7 July 2020 at <https://www.fda.gov/news-events/press-announcements/fda-finalizes-enforcement-policy-unauthorized-flavored-cartridge-based-e-cigarettes-appeal-children>.

¹⁵ Comptroller of Maryland, Field Enforcement Division Bulletin, February 10, 2020, Accessed 18 August 2020 at https://content.govdelivery.com/attachments/MDCOMP/2020/02/10/file_attachments/1376534/Tobacco%20Bulletin%2077%20-%202002.10.2020%20-%20Flavored%20ESDs%20Unlawful.pdf.

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.¹⁶

Accomplishments are outlined below by the CRF Program Component areas: Statewide Public Health, Local Public Health, and Surveillance and Evaluation.

COVID-19 Pandemic Impacts

To protect the health and safety of Marylanders during the COVID-19 pandemic, Governor Hogan issued a “stay-at-home” order for residents.¹⁷ The increased safety protocols required operational and programmatic adjustments, as many State and LHD staff were reassigned to COVID-related activities. Accordingly, some prevention and enforcement activities were suspended or reduced in the fourth quarter of the fiscal year. Maryland will continue to assess the situation moving into Fiscal Year 2021, looking for novel approaches to reach Maryland residents while also ensuring all local, state, and federal safety guidelines are followed.

STATEWIDE PUBLIC HEALTH COMPONENT

The Statewide Public Health Component of the Program implements tobacco control efforts across Maryland including tobacco use dependence treatment, health communications/mass reach media campaigns, enforcement efforts, and leadership in coordinating efforts related to state policies, laws, and regulations. Additionally, this portion of the Program provides the skills, resources, and information needed for coordinated and strategic implementation of effective community programs.

Tobacco Use Dependence Treatment and Health Systems Efforts

In Fiscal Year 2020:

- The Program continued to provide funding for the Quitline and provided tobacco use dependence treatment services to 6,287 phone and 1,087 web participants during this reporting period. In Fiscal Year 2020, over one-third of Quitline callers self-reported as Medicaid participants. During the COVID-19 pandemic, the Quitline continued to provide services without interruption, meeting the needs of Marylanders who faced unprecedented stress, additional time at home, and increased motivation to quit due to concerns about smoking- and vaping-related complications from COVID-19.
- The Program maintained the Pregnancy Rewards Program to encourage and support pregnant smokers to use the Quitline. This incentive program offers rewards to women who are pregnant and up to six months postpartum who complete a series of calls with a Quit Coach. Eligible callers receive \$25 gift cards to Target in four installments, based on a total of ten completed calls (maximum of \$100 per participant). The Pregnancy Rewards program enrolled 111 callers, resulting in 42 incentives during Fiscal Year 2020.

¹⁶ 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, Retrieved 7 July 2020 at https://www.cdc.gov/tobacco/stateandcommunity/best_practices/pdfs/2014/comprehensive.pdf.

¹⁷ Vape and/or tobacco establishments were not found on the list of businesses considered essential.

- The Quitline *Tobacco Cessation Behavioral Health* pilot program enrolled 1,385 participants in Fiscal Year 2020.¹⁸ This program provides additional support for adults with mental health conditions (MHCs) and is provided by a dedicated team of Quit Coaches who receive extensive training on MHCs and tobacco use dependence treatment.
- A Text-to-Enroll option was added to offer another way to self-refer to the Quitline to receive services. During the latter half of Fiscal Year 2020, there were 123 inquiries, with nearly a 20 percent enrollment rate.
- The Program and its ad agency, Red House Communications, partnered with The Truth Initiative in May 2020 to promote and utilize their text-to-quit program, “This is Quitting,” a digital cessation service to help youth and young adults quit using ESDs. Participants can text the Maryland-specific keyword “Ready” to 887-09 to subscribe. In May and June, 36 individuals subscribed to the “This is Quitting” service. Of those, 33 individuals enrolled, with 14 individuals between the ages of 13-17 and 19 between the ages of 18-24.

The Program supported the University of Maryland, Baltimore School of Medicine’s implementation of an electronic referral (e-referral) program linking the University of Maryland Medical System (UMMS) to the Quitline through patient health records. UMMS electronically referred 957 patients to the Quitline, resulting in 117 patients accepting services in Fiscal Year 2020. UMMS continued to train providers on tobacco use dependence treatment counseling and e-referrals to the Quitline.

- The Program continued its partnership with Johns Hopkins Health System (JHHS) to implement its e-referral program connecting the entire JHHS to the Quitline. JHHS electronically referred 1,949 patients to the Quitline with over 346 patients accepting services in Fiscal Year 2020. JHHS continues to enhance services through provider training on tobacco use dependence treatment interventions and e-referral processes.
- The Program continues to build partnerships with health systems around Maryland. Anne Arundel Health System recently implemented e-referrals into their system in September 2019.

Health Communications Efforts

The Program implemented several health communications campaigns with multiple CRF funding sources, as well as federal funds. The campaigns listed below are outlined in greater detail in this report under “Counter-Marketing and Media”.

In Fiscal Year 2020:

- The Program extended its outreach and messaging of the new Federal Tobacco 21 law to retailers and the community by developing and distributing press releases, conducting interviews, disseminating tailored communications to colleges/universities and MSDE, and developed a detailed Frequently Asked Questions (FAQs) for retailers (posted on

¹⁸ The Tobacco Cessation Behavioral Health pilot program launched December 31, 2018.

www.NoTobaccoSalesToMinors.com).

- The Program developed and disseminated a resource page, “Vape Help: Key Resources on E-Cigarettes and Vaping,” for youth, parents, schools, healthcare providers, and partners with resources to help youth and young adults using ESDs:
<https://phpa.health.maryland.gov/ohpetup/Pages/VapeHelp.aspx>.

Training and Technical Assistance

In Fiscal Year 2020:

- The Program maintained the following free online trainings for healthcare providers:
 - *Helping Your Patients Quit: A Systems Approach to Tobacco Cessation*. This webinar was developed by the Quitline vendor, Optum, and can be accessed at:
https://phpa.health.maryland.gov/ohpetup/Pages/tob_quit.aspx
 - *Treating Tobacco Use in Maryland: Tools for Helping Your Patients Quit*. This webinar features the “Ask, Advise, and Refer” methods for initiating tobacco treatment discussions, as well as pharmacology information. The training is available at: <http://www.helppatientsquitmd.org> and www.smokingstopshere.com/fax-to-assist/.
 - *An overview of the Quitline*. This webinar describes how the Quitline operates; the effectiveness of the Quitline; a patient’s experience using the Quitline; and how to set up and send e-referrals. The training is available at www.smokingstopshere.com.
- The Program supported the Maryland Resource Center for Quitting Use and Initiation of Tobacco (MDQuit), housed at the University of Maryland, Baltimore County. MDQuit provides statewide technical assistance and training to organizations and healthcare providers to share resources and best practices for tobacco use dependence treatment. MDQuit staff continued to offer and lead trainings on: the effectiveness of the Quitline; how best to use the Quitline in clinics; how to discuss tobacco treatment with patients; effective Quitline referral strategies; and an overview of pharmacotherapy for tobacco treatment. MDQuit expanded its training options to include incorporating tobacco use dependence treatment into substance use recovery programming. This new training reached 174 behavioral health providers through ten training sessions. Additional trainings included: instruction to healthcare providers on the Screening, Brief Intervention, and Referral to Treatment model; counseling on nicotine replacement therapy; tobacco exposure in the prenatal and postpartum periods; implementation of smoke-free policies; and additional topics as requested by LHD tobacco coordinators.

MDQuit continued to expand its Fax-to-Assist Quitline referral training for healthcare providers. In Fiscal Year 2020, MDQuit certified and registered 144 new providers, educating them on providing brief interventions and making direct patient referrals to the Quitline.

- The Program, along with MDQuit, hosted the 14th Annual Best Practices Conference on January 30, 2020 at Turf Valley Resort in Ellicott City, Maryland. Attendees at the free event included 176 providers and professionals from organizations including LHD staff; healthcare professionals; staff from MDH; professionals from colleges/universities; representatives from substance abuse, behavioral health, and mental health agencies; and other professionals from

across Maryland interested in learning more about current best practices for tobacco use prevention and cessation, and in receiving updates on current trends in the field. Topics included youth tobacco use, cessation, and ESDs.

- The Program supported the Legal Resource Center for Public Health Policy (LRC) housed at the University of Maryland Francis King Carey School of Law. The LRC provides technical assistance to community groups, employers, LHDs, residents, and agencies across Maryland on a variety of tobacco control topics. In Fiscal Year 2020, the LRC responded to 216 requests for technical assistance on:
 - Implementation of smoke-free multi-unit housing;
 - Implementation of smoke-free grounds;
 - Implications of ESD use and smoke-free policies;
 - Flavored tobacco products;
 - Tobacco sales to minors, including the increase in sales age from 18 to 21 (effective October 1, 2019); and
 - Tobacco point-of-sale advertising and product placement in retail stores.

The Program, along with the LRC, hosted the fourth annual statewide tobacco control conference titled, “2020 Maryland Tobacco Control Conference, Navigating the Changing Landscape: The Future of Tobacco Control in Maryland” on June 4, 2020. Due to the COVID-19 pandemic, the conference was transitioned into a free virtual format. Attendees included 107 state and local health officials; local tobacco control coordinators; community health workers; law enforcement officers; community-based organizations, and other stakeholders.

Four additional panels were held that day: “State Level Enforcement Efforts”; “Using Social Media”; “Industry Advertising”; and “Youth Vaping Cessation”. Speakers included local and national tobacco control experts from the Comptroller; Campaign for Tobacco Free Kids; Red House Communications; The Truth Initiative Schroeder Institute; the University of Guelph; and The Johns Hopkins University School of Medicine. Due to the virtual format, the conference program was shortened, and additional federal, state, and local updates were provided in a follow-up virtual meeting held on June 25, 2020. This meeting was mostly attended by state and LHD staff, totaling 41 attendees. Presentations from Cecil, Harford, Howard, and Worcester Counties and Baltimore City were provided that featured local efforts.

Community Outreach

Pregnancy and Tobacco Cessation Help (PATCH) Initiative

The Program continued the PATCH Initiative to mobilize and partner with existing resources at the local level to address tobacco treatment, tobacco use screening, education, and prevention services offered to pregnant women and women of childbearing age. Five LHDs – Allegany, Calvert, Dorchester, Garrett, and Kent – were funded through the PATCH initiative and these LHDs incentivized 14 community partners. PATCH partners educated 1,079 women of childbearing age and 267 pregnant women on the dangers of tobacco and nicotine use during pregnancy, as well as on establishing smoke-free homes. PATCH partners made 486 referrals to the Quitline and 541 referrals to LHD cessation programs.

Additional highlights include:

Allegany County

Hosted a community baby shower in March for residents to learn about community resources, including at the LHD, and meet service providers. The event served under-resourced families and was coordinated by the Judy Center in collaboration with over 20 community service providers from partnering agencies.

Calvert County

Partnered with a pediatrician and primary care offices to educate women of childbearing age about secondhand smoke and screen women for tobacco treatment needs. Posters were placed in exam rooms and Safe Sleep and Smoking during Pregnancy displays were placed in waiting areas.

Dorchester County

Partnered with the Dorchester County Zeta Phi Beta Sorority, Inc. and held three educational sessions through their Stork's Nest Initiative where they distributed incentives and educated pregnant women and women of child-bearing age on the dangers of tobacco and nicotine use. Spanish interpreters were present during all sessions.

Garret County

Partnered with Garrett County Healthy Families home visiting staff to utilize the "Stages of Change Model" to develop a smoking cessation support program to use during home visits. Clients were provided different levels of self-help educational materials and incentives to facilitate them moving along the stages of change.

Kent County

Partnered with The Kent Family Center to host a virtual baby shower for 21 community members at: <https://mywebbabyshower.com/kentmd-community-shower/>. Door prizes included a range of baby items and coupons for participants to host their own virtual showers. All gifts came with information about how to contact the Quitline.

Minority Outreach and Technical Assistance (MOTA) Community-Based Organizations

The MDH Office of Minority Health and Health Disparities identifies MOTA organizations as lead community-based organizations for providing health-related outreach and technical assistance to minority communities. In Fiscal Year 2020, the Program funded five MOTA organizations to enhance state and LHD efforts to increase awareness of the dangers of ESD use, educate pregnant women and women of childbearing age on the dangers of tobacco and nicotine use, and direct community members to free tobacco use dependence treatment resources, such as the Quitline and LHD programs.

In Fiscal Year 2020, MOTA partners:

- Educated 2,206 youth in Latino, Asian, and African American communities on the dangers of tobacco/ESD use;

- Educated 1,910 adults and women of childbearing age on the dangers of tobacco and nicotine use while pregnant;
- Conducted 14 forums and meetings for community members to raise awareness about State and local tobacco youth access laws and the dangers of tobacco use and youth ESD use; and
- Referred 299 individuals to the Quitline and/or LHD tobacco cessation programs.

Additional MOTA highlights:

Asian American Center of Frederick (AACF)

Trained ten community health workers on incorporating screening and tobacco-free lifestyle messages in their education with clients and how to provide referrals to the LHD and the Quitline. Social media was used to educate individuals about the dangers of tobacco and ESD use among youth, and youth tobacco use prevention webinars were held virtually. Youth participants were mentees from the “Across Ages” and “Math Matters” programs. AACF also partnered with faith-based organizations to organize webinars for youth.

Eastern Shore Wellness Solutions (ESWS)

Educated individuals on the dangers of tobacco and ESD use through educational materials, care packages, and social media. Two youth advocates created #NoVaping social media posts on Instagram, Facebook, TikTok, and WhatsApp pages. They also worked with a local disc jockey, DJ Nyquil, who has approximately 50,000 followers. Through a partnership with the Board of Education, ESWS educated both youth (ages 10-17) and adults at school lunch distribution centers.

Greater New Hope Church and Ministries

Sponsored various events in collaboration with LHDs, health centers, and hospitals in Caroline and Wicomico Counties to educate low income families about the dangers of youth tobacco and ESD use. A community-sponsored COVID-19 testing event included distribution of 300 care packages for families. The packages consisted of prevention and cessation educational materials, including the Quitline. Partnered with Mt. Calvary United Methodist Church to educate members about the dangers of tobacco and ESD use among youth.

Minority Outreach Coalition (MOC)

Worked closely with St. Mary’s County LHD to raise awareness among youth and adults about the dangers of tobacco and ESD use. MOC utilized food drives and youth food distribution sites to educate youth and adults about tobacco and ESD products and tobacco sales laws. MOC also created ESD use prevention flyers to raise awareness about tobacco and ESD use.

Mt. Olive AME Church

Partnered with Kent County Health Department to co-host a virtual baby shower raising awareness of tobacco and ESD use among youth and pregnant women. Partnered with Graves Chapel to help educate the community about the dangers of tobacco and vape use through public service announcements (PSAs) and messaging during Sunday teleconference services. Youth members posted flyers that highlighted “No Menthol Digital Sunday” in May 2020, the dangers of smoking/smoking while pregnant, harms of tobacco use in the African American community, and promoted a weekly “quit smoking” social media campaign. The two radio PSAs played on the local radio stations WCTR FM 106.9 and AM 1530.

LOCAL PUBLIC HEALTH COMPONENT

Due to the COVID-19 pandemic, in the fourth quarter of Fiscal Year 2020, many efforts were suspended or reduced. Several LHD staff were reassigned at the beginning of the shutdown in March to bolster the public health response to COVID-19. Other staff had to redesign their public health approaches to meet new safety guidelines and address public anxiety. Many planned school-based collaborations were cancelled.

In Fiscal Year 2020, LHDs:

- Coordinated 24 local tobacco coalitions with a diverse representation to provide guidance for local tobacco and cancer prevention programs and ensure inclusive participation. These coalitions provided input on local tobacco control plans, assessed local data trends, facilitated needs assessments, recruited community partners, supported training and community outreach, and integrated tobacco control into other public health and healthcare settings.
- Provided training, technical assistance, and funding to organizations and community partners to sustain tobacco control efforts, particularly in the areas of ESD prevention and secondhand smoke exposure in homes.

School and Community Based Efforts

To maximize the effectiveness of tobacco use prevention and control, LHDs work with organizations to increase local-level tobacco control capacity by training community organizations and school partners to carry-out tobacco control activities and target high-risk populations. LHDs also deliver staff-driven outreach, education, and awareness campaigns.

School-based activities include educating public, private, and alternative school students from pre-K through college; reaching youth through peer programs in schools; and educating school and daycare staff to support the goal of preventing tobacco use initiation among young people.

School-Based Efforts

In Fiscal Year 2020:

- 59,744 students were educated on tobacco and ESD prevention;
- 461 students were educated on tobacco and vaping as a result of school infractions;
- 137 students were provided cessation services;
- 55 schools were funded for youth tobacco prevention activities; and
- 2,929 teachers and school staff were trained/educated on tobacco and vape prevention.

LHD highlights include:

Calvert County

Provided mini-grants to all four high school bio-med teachers to assist with their “Lung Health Ambassador” program, training 14 teachers on tobacco and ESD prevention in classrooms and at

the Judy Center. The health department assisted with program planning and attended the training with students.

Garrett County

Developed and implemented a health communication campaign called “Lungs to Last a Lifetime,” which included distributing bookmarks to students with multiple vape prevention messages, including a call to action to visit the health department’s website, www.KickingTobacco.com. A high school girls’ soccer team was featured in a video shown at each high school, reinforcing the vape prevention messages on the bookmarks. The campaign was featured in the local newspaper and on the health department’s social media page.

St. Mary’s County

Worked with St. Mary’s Public Schools to create an educational class for those students caught vaping on school property. Both organizations collaborated and developed a worksheet to facilitate conversation by combining FDA “Real Cost of Vaping” Scholastic school resources and the American Lung Association’s “In Depth” program. The first class was launched in December 2019.

Talbot County

Worked with Talbot County Public Schools to produce a vaping prevention PSA featuring a coach from every high school in the county. The coaches discussed the consequences of vaping both athletically and academically. (<https://youtu.be/iu17xNovdX4>).

Baltimore City

Partnered with Baltimore City Community College, Liberty Campus to provide workshops and cessation classes to staff and students as part of their move to a smoke-free campus on January 1, 2020. The LHD continues to provide support for their policy change and offer prevention and cessation services for students and staff.

Community Based Efforts

In Fiscal Year 2020:

- 17,580 adults were educated on youth ESD prevention/awareness;
- 49,298 individuals were educated through community engagement/outreach activities;
- 305 health communication campaigns were conducted;
- 27,649 youth were educated on ESD prevention/awareness; and
- 166 organizations were supported for tobacco control activities.

LHD highlights include:

Anne Arundel County

Provided community mini-grant agreements to four African American and ten Hispanic faith-based organizations to provide tobacco prevention presentations and activities to adults and youth. Sixty-eight community activities took place, with 2,610 people educated.

Harford County

Funded the Extreme Family Outreach “Stop in the Name of Love” program to target six low income communities in the Edgewood area. The creative, hands-on program rotated regularly throughout the communities providing participants with relevant information and resources to make educated choices about tobacco use.

Montgomery County

Collaborated with Community Health Consulting (CHC) to provide youth tobacco prevention education. CHC held an outreach event with Rapping About Prevention (RAP) in September 2019. The event was attended by a diverse group of teens, young adults, and families, and offered interactive activities to highlight how all tobacco products, including ESDs, have toxic effects. Educational materials and resources were provided to participants with messages focusing on healthy lifestyles, family, and physical activity. In April 2020, CHC identified teen leaders to utilize online platforms to educate their peers on the harmful effects of smoking tobacco and vaping products. In June 2020, CHC and RAP conducted an outdoor education session at three locations providing smoking prevention information through song and dance.

Worcester County

Partnered with the Environment Protection Agency and the Maryland Coastal Bay Program to fund Ocean City’s Green Team to clean up and recycle cigarette waste using collection huts and benches placed at busy sections of the boardwalk. The efforts promoted recycling and keeping cigarette waste out of waterways. Volunteers transport the huts to Teracycle, Inc. for recycling.

Tobacco Use Cessation/Tobacco Use Dependence Treatment Efforts

To promote quitting among youth and young adults, as well as to eliminate exposure to secondhand tobacco smoke, LHDs provided free tobacco cessation/treatment assistance through on-site and community classes provided by LHD staff. LHDs also contracted with organizations and other trained providers on tobacco use dependence treatment services, which included behavioral modification classes, one-on-one counseling, and advice in clinics and community settings. A variety of tobacco cessation aids were offered to support quit attempts.

In Fiscal Year 2020:

- 3,291 adults participated in tobacco cessation/treatment services, including 47 pregnant women and 1,481 behavioral health clients;
- 125 provider practices and hospitals were reached;
- 217 healthcare providers were trained on various tobacco cessation/treatment models and clinical guidelines;
- 21 organizations were funded to provide services to help residents quit; and
- 2,372 referrals were provided to the Quitline.

Local accomplishments include:

Baltimore County

Established a partnership with the Eastern Family Resource Center homeless shelter to increase smoking cessation opportunities for disparate populations. The partnership had a health educator

available once a week for one-on-one counseling and group cessation assistance. The health educator was also available for homeless clients at the Liberty Resource Center by appointment.

Carroll County

Offered tobacco cessation “Walk-in Clinics” twice a month at the health department and at Access Carroll, a FQHC located in downtown Westminster, as well as individual appointments for participants. “Jumpstart” smoking cessation classes were offered to business and organizations. Twenty-four of their smoking cessation clients attended the Jumpstart classes offered at Shelter Systems. The health department also partnered with Mission of Mercy – a mobile van that provides free healthcare to the uninsured.

Cecil County

Provided individual and group smoking cessation classes. All participants in the cessation classes received Quitline information and were referred to the Quitline for coaching and additional support services. As social distancing restrictions were implemented due to COVID-19, the cessation group programs were reformatted for online implementation via Google Hangouts to avoid any service disruptions.

Washington County

Offered the “Tobacco Free For Life” program to provide smoking cessation support for clients that have mental health/substance use issues. Classes and cessation services were offered at eight community agencies that service this population: Awakenings, Alternative Drug and Alcohol Counseling, Brooke’s House, Soul Haven, CAMEO House, Brooke Lane, REACH, and Hagerstown Treatment Center.

SURVEILLANCE AND EVALUATION COMPONENT

The surveillance and evaluation component monitors and documents key short-, intermediate-, and long-term program outcomes. Data products inform program and policy direction, demonstrate program effectiveness, ensure accountability, and engage stakeholders. In Fiscal Year 2020:

- The Program, along with its survey contractor, ICF, conducted the most recent cycle of the Maryland YRBS/YTS from September 26, 2018 to December 14, 2018 in 181 middle and 184 high schools, with over 68,000 students surveyed.¹⁹ The CDC released the state-level middle and high school data in September 2019, and released the jurisdiction-level data in December 2019. Participation rates overall in middle and high schools exceeded 80 percent, surpassing the minimum threshold required by CDC (60 percent). The participation rates in each jurisdiction, including Baltimore City, also surpassed 60 percent, which ensured weighted and representative data at the jurisdiction and state-levels.
- The Program released the 2018 YRBS/YTS data to Local Health Officers and Superintendents on January 24, 2020. That included data products such as the survey questionnaire, demographics, detailed tables, graphs and figures, PowerPoint slide decks, as well as trend analysis documents that display significant trends between the 2016 and 2018 YRBS/YTS rates. The data were released to the public on February 10, 2020 at

¹⁹ Due to a scheduling error, an additional survey administration was conducted spring 2019 in Dorchester County. This did not impact overall results.

<https://phpa.health.maryland.gov/ccdpc/Reports/Pages/YRBS2018.aspx>. Data were also included in the 2018 CRF Biennial Tobacco Study Legislative Report: Monitoring Changing Tobacco Use Behaviors 2000-2018, which highlights youth and adult tobacco use trends, as well as sub-group level analyses. Survey administration will resume in the fall of 2021 due to the COVID-19 pandemic.

- The Program continues to provide financial support and successfully collaborate with the MDH Center for Chronic Disease Prevention and Control to enhance the capacity of the existing annual adult BRFSS. Every even calendar year, the program adds additional tobacco-related topics to the BRFSS, such as questions related to tobacco initiation, secondhand smoke, use of ESDs and tobacco cessation and treatment. The 2018 BRFSS, the most recent survey data set, was released in fall 2019. The Program anticipates the 2019 BRFSS data to be released during the fall of 2020.
- The Program continues to record and track retailer violations of youth tobacco sales laws through the Point of Sale Toolkit (POST), developed by Counter Tools, <https://md.countertools.org/>. This robust program allows real-time data uploads and provides a single, accurate list of tobacco retail locations, allowing users to monitor tobacco retailer compliance with existing state and federal regulations. As of June 30, 2020, the Maryland POST system had 119 users across all 24 jurisdictions. The Maryland POST system currently stores data for over 37,000 enforcement visits since CY 2012, including more than 12,000 LHD visits, 21,000 FDA compliance checks, and 3,900 state Synar inspection visits.
- The Program completed evaluation activities with the University of Baltimore, Schaefer Center for Public Policy (Schaefer Center) in June 2020. Beginning in 2017, the Schaefer Center was awarded a multi-year contract to conduct a comprehensive evaluation of the statewide Tobacco Use Prevention and Cessation Program activities from June 2014 to December 30, 2019. In Fiscal Year 2020, the Schaefer Center completed a final evaluation report of programmatic activities. The final evaluation report built on the interim report submitted in Fiscal Year 2018 with recommendations that the Program continue comprehensive improvements of statewide data collection, continue to strategically invest in areas of need (e.g. populations in Maryland at higher risk of tobacco use and associated disease and mortality), and create a resource repository that could be accessed by Program staff, LHDs, resource centers, and stakeholders.
- The Program, along with the Schaefer Center, held a second strategic planning retreat on October 10, 2019 at the Wilde Lake Interfaith Center in Columbia, Maryland. The strategic planning retreat was attended by 55 representatives from LHDs, along with staff from the Program, the LRC, and Red House Communications. Attendees were asked to review the current Program strategic plan and provide enhancements to the current strategies. The feedback received during the strategic planning retreat was included in the tobacco section of the 2020-2025 Maryland Comprehensive Cancer Control Plan, which is the current strategic plan for the Program.
- The Program worked with Marketing Decisions Research to implement a pre/post Tobacco 21 policy implementation evaluation to examine the perception, awareness, and expected ease of compliance with Tobacco 21 among Maryland tobacco retailers. Pre-surveys were conducted in September 2019, prior to the Tobacco 21 law going into effect, with a post-policy implementation survey conducted in June 2020. This pre/post Tobacco 21 retailer survey provided an opportunity for the Program to address anticipated challenges noted by retailers and

provide additional support to retailers in their efforts to comply with Tobacco 21 and other tobacco sales laws. The survey results indicated that most retailers support Tobacco 21 and the new law has encouraged them to increase ID checks.

The Program worked with KDH Research and Communications to conduct focus groups and in-depth interviews to better understand the trends in ESD use among Maryland youth (ages 16-17) and young adults (ages 18-23). Seventy-one youth and young adults participated in the focus groups from rural, suburban, and urban regions of the State. The findings of the focus groups informed the vape prevention media campaign, The Vape Experiment. Further information was gathered from eight in-depth interviews conducted with drug-free coalition leaders across Maryland. These interviews highlighted the impact of peer influence, the importance of a consistent campaign across schools, and enforceable school policies related to vaping.

ACCOMPLISHMENTS – TOBACCO ENFORCEMENT

CIGARETTE RESTITUTION FUND PROGRAM

TOBACCO ENFORCEMENT

FISCAL YEAR 2020 ACCOMPLISHMENTS

Background

Enforcement, education, and training related to federal, state, and local laws that restrict youth access to tobacco products are conducted through the MDH Prevention and Health Promotion Administration's Center for Tobacco Prevention and Control (CTPC) and the Comptroller. MDH provides retailer outreach, education, and training; local inspections through LHDs; Federal Substance Abuse and Mental Health Services Administration (SAMHSA) Synar Program State inspections; and FDA inspections. The Comptroller conducts hearings and issues warnings, license suspensions, and revocations to repeat violators.

As a condition of the SAMHSA Substance Abuse Prevention and Treatment Block Grant (SABG), MDH must comply with the Federal Synar Amendment, which requires states to enact and enforce laws prohibiting the sale or distribution of tobacco products to minors. To comply with this amendment, random unannounced inspections of tobacco retail outlets and vending machines must be conducted and reported to SAMHSA each federal fiscal year (FFY). States have historically been required to maintain a retailer violation rate (RVR) of 20 percent or less or be penalized by losing up to 40 percent of their SABG funds, which would total over \$13M for Maryland.

Maryland's RVR was 24.1 percent in FFY 2014 and 31.4 percent in FFY 2015, exceeding the allowable threshold of 20 percent. SAMHSA offered Maryland an alternative penalty; if Maryland allocated an additional \$1,387,390 in new state funds for retailer education and enforcement activities in Fiscal Year 2015 and \$3,860,126 in state in Fiscal Year 2016, the full SABG dollars would be maintained. Due to coordinated enforcement and training efforts by MDH, the Comptroller, and LHDs, Maryland retailers have been back in compliance with the Synar Amendment since FFY 2016, with the most recent RVR calculated at 13.1 percent for FFY 2020. To sustain the success of statewide efforts to reduce youth access to tobacco and help keep the RVR below the 20 percent threshold, Governor Hogan created a Tobacco Enforcement line item in the CRF budget for approximately \$2,000,000 annually, beginning in Fiscal Year 2017.

As previously mentioned, several key policies were implemented in Fiscal Year 2020. As of October 1, 2019, the Tobacco 21 law that raises the minimum legal sales age for tobacco products from 18 to 21 took effect. In addition to enforcing the new Federal Tobacco 21 law, the FDA issued guidance in February 2020 that prohibits: the manufacturing, distribution, and sale of any flavored, cartridge-based ESDs other than menthol or tobacco flavor; all ESDs for which the manufacturer has not taken adequate measures to prevent minors' access; and ESDs targeted to minors or likely to promote the use of ESDs

by minors.^{20, 21, 22} Shortly after the FDA guidance was published, the Comptroller issued a directive to Maryland tobacco retailers stating the Field Enforcement Division will also enforce prohibiting the sale of disposable ESDs, such as Puffbars, with flavors other than tobacco or menthol.²³

Partnerships between the Program, LHDs, statewide resource centers, community organizations, and the retail community assist with the success of the Responsible Tobacco Retailer (RTR) Initiative. Additionally, a contract with Red House Communications helped promote the new “21 or None” RTR Initiative through media outlets statewide.

COVID-19 Programmatic Impacts

COVID-19 related safety concerns prompted closures of non-essential retail establishments and MDH staff reassignments. Accordingly, many local, state, and federal retailer enforcement efforts were suspended or drastically reduced in the fourth quarter of Fiscal Year 2020. The FDA issued an immediate partial stop work order to suspend all federal retailer inspections on March 19, 2020. The Program and its partners will continue to assess the situation moving into Fiscal Year 2021, following state and federal guidelines.

Fiscal Year 2020 activities are outlined below.

State-Level

- **Campaign Material Updates:** The Program updated its RTR Campaign to reflect major changes that occurred with the passage of the new Tobacco 21 law. The new campaign, “21 or None,” includes updated messaging and materials with information about the provisions of the new law and how retailers can remain compliant. With the enactment of Tobacco 21 law and E-cigarette and Vaping Associated Lung Injury (EVALI) outbreak in the Summer/fall of 2019, the Program ensured information for the Quitline was incorporated into all retailer materials. Cessation resources, including information for a new youth tobacco use cessation texting program, “This is Quitting,” are also listed on the website. See the Counter-marketing and Media Section of this report for further information.
- **Ad Placement:** The Program executed a statewide health communications campaign with Red House Communications to place ads on in-store radio, transit, digital (mobile and web), and Gas Station TV mediums (see Appendix B). See the Counter-marketing and Media Section of this report for further information.
- **Material Distribution:** The Program shipped toolkits to Maryland’s 6,000+ licensed tobacco retailers in October 2019, and all materials continue to be available for order and download from the website at no cost, along with a free online training module and quiz at the campaign

²⁰ Food and Drug Administration, CTP Newsroom. Newly Signed Legislation Raises Federal Minimum Age of Sale of Tobacco Products to 21. 1 January 2020, Retrieved 7 July 2020 at <https://www.fda.gov/tobacco-products/ctp-newsroom/newly-signed-legislation-raises-federal-minimum-age-sale-tobacco-products-21>.

²¹ Food and Drug Administration, CTP Newsroom. Enforcement Actions Against Illegally Marketed Tobacco Products. 27 April 2020, Retrieved 7 July 2020 at <https://www.fda.gov/tobacco-products/ctp-newsroom/enforcement-actions-against-illegally-marketed-tobacco-products>.

²² Food and Drug Administration, CTP Newsroom FDA finalizes enforcement policy on unauthorized flavored cartridge-based e-cigarettes that appeal to children, including fruit and mint. 2 January 2020, Retrieved 7 July 2020 at <https://www.fda.gov/news-events/press-announcements/fda-finalizes-enforcement-policy-unauthorized-flavored-cartridge-based-e-cigarettes-appeal-children>.

²³ Comptroller of Maryland, Field Enforcement Division Bulletin, February 10, 2020, Accessed 18 August 2020 at https://content.govdelivery.com/attachments/MDCOMP/2020/02/10/file_attachments/1376534/Tobacco%20Bulletin%2077%20-%202002.10.2020%20-%20Flavored%20ESDs%20Unlawful.pdf.

website, www.NoTobaccoSalesToMinors.com.

- Retailer Outreach: Leading up to October 1st, the Program directly notified retailers of the upcoming changes to youth access laws by sending a notification letter in July 2019 and a postcard reminder in September 2019, also referring them to the website for the most updated information. A detailed Frequently Asked Questions section was added to the website and continues to be reviewed regularly and updated as needed.
- Ongoing Technical Assistance and Training: The LRC provided ongoing technical assistance to the Program, LHDs, law enforcement, and additional partners. In addition, the LRC hosted two webinars for local enforcement staff with tools and tips for conducting and documenting enforcement visits, and how the Tobacco 21 law would or would not impact these procedures once in effect on October 1, 2019. These enforcement-focused statewide webinars were held on July 31, 2019 and September 25, 2019. The LRC hosted a meeting for LHD tobacco coordinator staff on November 21, 2019, which provided information related to enforcement, and federal, state, and local updates. Due to the COVID-19 pandemic, the June 25, 2020 meeting was held virtually. Forty-one LHD staff, MDH staff, and Program partners attended.
- Statewide Conference: The Program, along with the LRC, hosted a statewide tobacco control conference on June 4, 2020 (see Statewide Public Health Component above). The conference was held virtually due to the COVID-19 pandemic and included sessions on menthol and flavor policy bans, state level enforcement efforts and policies, industry advertising, utilizing social media to reach youth, and youth vaping and nicotine.
- Partnerships: The Program continued to partner with the Comptroller to increase enforcement efforts for retailers who violated youth tobacco sales laws on multiple occasions.

Local-Level

In Fiscal Year 2020, all 24 LHDs received funding to sustain enforcement efforts. LHDs conducted compliance checks using underage youth, provided store-to-store education to tobacco retailers, funded non-governmental organizations (NGOs) to educate tobacco retailers, facilitated tobacco retailer trainings, contracted with law enforcement agencies to conduct tobacco sales compliance checks, conducted leadership and town hall meetings, and collaborated with school and faith-based organizations to raise awareness about tobacco sales to minors.

LHDs work with community partners, youth, law enforcement (when applicable), and local courts to conduct compliance checks and cite retailers that violate these laws. LHDs have leeway in scheduling checks throughout the fiscal year. An inventory of activities in Fiscal Year 2020 include:

- Completion of 4,203 routine tobacco sales compliance checks;
- Completion of 195 follow-up compliance checks to cited tobacco outlets;
- Completion of 58 follow-up compliance checks for Synar violators;
- Issuance of 340 tobacco sales citations;

- 38 tobacco sale outlets referred to the Comptroller because of multiple affirmed violations for illegal sales of tobacco to youth;
- 993 tobacco sales vendors educated (face-to-face) on state tobacco sales laws by NGOs;
- 3,721 tobacco sales vendors educated (face-to-face) on state tobacco sales laws by LHD staff;
- Held 48 leadership meetings with community partners, police agencies, local state's attorney community action agencies, and political leaders (633 attendees);
- Implemented 74 school-based collaborations that raised awareness about youth access to tobacco products and prevention (7,143 attendees);
- Promoted awareness about the illegal sales of tobacco to minors through 46 youth events (9,780 attendees); and
- Raised awareness in the faith community about tobacco use, youth access to tobacco products, and prevention through collaborative events (14 collaborations reaching 853 participants).

In the latter part of Fiscal Year 2020, enforcement activity was affected by COVID-19 shutdowns. Most LHDs stopped tobacco sales compliance checks at the start of the “stay-at-home” order in March, however, four LHDs continued tobacco sales compliance checks through June 2020. The focus of these checks was on problem retailers and in response to public complaints about illegal sales of tobacco products. Though enforcement efforts ceased, many LHDs were able to continue some retailer and community education projects utilizing safety measures and technology for virtual communication. Additionally, 12 jurisdictions worked with schools to reduce attempts to purchase tobacco products through efforts including: conducting classroom presentations, delivering routine morning announcements and back-to-school night presentations, facilitating parent-teen meetings with law enforcement, and developing billboards and other marketing campaigns to promote laws.

Additional Fiscal Year 2020 LHD highlights:

Calvert County

Educated 209 youth, collaborating with Calvert County Sheriff’s Office and Maryland State Police at Camp Jr. Sheriff and Camp COPS. The health department created an educational game, “Juulopoly” that provided information about the health effects of tobacco use and tobacco and ESD laws.

Carroll County

Used various media outlets to inform their residents about the Tobacco 21 law. The LHD posted announcements on their Facebook page, and had an article featured in the January 2020 Carroll County Times titled, “Few Issues Under New Smoking Age Law, Carroll County Tobacco Retailers, Enforcement Officials Say”.

Harford County

Contracted with Phi Beta Sigma fraternity to engage and educate tobacco retailers about new and existing tobacco laws to reduce youth access to tobacco products. Phi Beta Sigma has been a consistent partner for the health department on tobacco-related issues particularly in minority communities.

Howard County

Worked with various news outlets:

- (1) Scott MacFarlane (NBC) participated on a ride along program to observe retailer enforcement checks for a story on Tobacco 21 enforcement/compliance. The story aired in the February News Report: “New Laws to Aim to Crackdown on Underage Vaping” to show increased enforcement and compliance efforts; and
- (2) Deborah Weiner (WBAL) filmed a segment that aired on November 4, 2019, on the Tobacco Education Programs in Howard County Schools, titled “Quitting vaping far from simple, some unable to quit.”

Somerset County

Worked with Washington High School to create a 15 second PSA about Tobacco 21. The announcement aired on local news station WMDT for five weeks during prime time shows and for another five weeks on Facebook and YouTube (<https://youtu.be/Vf3ZGsO7jmg>).

Talbot County

Developed radio ads to increase public awareness of the Tobacco Enforcement Program and educate the public on the new Tobacco 21 law. The radio spots aired on the local radio station WBOC from November 2019 through January 2020. Tobacco 21 materials were also available on the LHD’s Facebook page to increase reach and awareness. In addition, Talbot County placed a newspaper article in the local paper, “The Star Democrat” highlighting the Tobacco 21 law, how the new law would reduce youth access to tobacco products, and tips to help retailers reduce illegal sales.

Community Partners Providing Tobacco Enforcement Education

In Fiscal Year 2020, three MOTA organizations – the AACF, ESWS, and Minority Outreach Coalition (the Coalition) – were funded to conduct in-person educational visits and hold community meetings on youth access to tobacco and ESDs.

Collectively, these organizations conducted 407 in-person and virtual educational visits with tobacco merchants, 19 of which were vape-only shops, to discuss complying with the State youth access laws and properly training their employees to do so. MOTA organizations and community partners also hosted five community forums focused on reducing youth access to tobacco products, and developed seven community campaigns to promote tobacco and vape-free messages to youth.

Community partner highlights include:

Asian American Center of Frederick (AACF)

The Center educated tobacco and vape retailers through in-person visits, phone calls, and mailed postcards. Additional community forums specifically targeted the Asian American population for raising awareness about tobacco sale laws and the dangers of tobacco use. In May 2020, the Center conducted a campaign during Asian Pacific Islander Heritage Month. This campaign was aimed at promoting the Asian Smokers’ Quitline, and increasing awareness of the change in the minimum legal tobacco sales age from 18 to 21. The Center also discussed tobacco prevention in the Korean Times, and reached out to the Association of Asian Pacific

Community Health Organizations to support messaging to increase awareness.

Eastern Shore Wellness and Solutions (ESWS)

ESWS educated tobacco and vape retailers through in-person visits, phone calls, and a virtual meeting. Vape retailers received tote bags containing retailer materials. In coordination with mobile food pantries, ESWS provided face-to-face education to 601 families about youth tobacco access laws and the impacts of tobacco product use. ESWS also partnered with the Board of Education at two school lunch distribution sites in the county to provide “No Tobacco Sales to Minors” information to over 300 youth and adults. ESWS placed a digital billboard on Rt. 50 in Cambridge with the messages “No Nicotine is Safe” and “No ONE under 21” from May 15 through July 10.

Minority Outreach Coalition

The Coalition partnered with multiple agencies, including the LHD, Tobacco Free Living Team, St. Mary’s Health Partnership, Naval Health Clinic, and the NAACP to coordinate messaging about tobacco and vape sales to youth and understanding the changes in the new Federal Tobacco 21 law. The Coalition worked with the NAACP on a Barber and Beautician campaign to increase discussion regarding vape use and tobacco/vape sales laws. In partnership with the St. Mary’s LHD, the Coalition raised awareness among youth and adults on the dangers of tobacco and ESD use through food drives and youth feeding sites.

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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), MDH 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 Section 7-317 of the State Finance and Procurement Article.

Introduction

Since 2000, Maryland has measured youth attitudes and beliefs toward tobacco use. Current high school youth perceptions of smoking show a dangerous trend, with Maryland high school youth increasingly reporting that smoking helps youth ‘fit in’ or ‘look cool,’ and that youth who smoke have more friends than nonsmokers. Among high school youth who smoke, more than half believe smokers have more friends than nonsmokers.²⁴ Of particular concern, the belief that smoking helps young people ‘fit in’ or ‘look cool’ increased by 86.7 percent from 2000 to 2018 among high school youth who do *not* smoke. The belief that smokers have more friends than nonsmokers also increased among youth who do *not* smoke by 99.5 percent since 2000.²⁵

Decreased exposure to tobacco prevention curricula in Maryland schools may have led to the increase in harmful attitudes and beliefs.²⁶ Increasing popularity of ESDs may have also influenced these negative attitudes and beliefs. In the 2018-19 Maryland YRBS/YTS, the prevalence of high school youth ESD use, such as Juul®, e-cigarettes, vapes, etc., increased dramatically from 13.3 percent in 2016-17 to 23.0 percent in 2018-19, a 73 percent increase. In 2018, national data showed there were 1.5 million more youth ESD users in 2018 than in 2017.²⁷ The U.S. Surgeon General called this alarming increase an “epidemic.”²⁸ ESDs emit a complex chemical aerosol that can contain heavy metals such as nickel, lead, tin, and flavorings such as diacetyl, a chemical linked with lung disease.²⁹

Increasing awareness of new policies is extremely important, as new laws prohibiting underage access to tobacco went into effect. Beginning October 1, 2019, the Tobacco 21 law raised the minimum legal sales age for tobacco products from 18 to 21. The law also classified ESDs as “tobacco products,” eliminated youth purchase use and possession laws; required tobacco retailers and vape shops to post age-of-sale warning signs with specific language in visible locations; and required use of government-issued ID (not school or employer ID) to verify customer age. The law did not include a grandfathering provision for those 18 to 20 years old, but active duty military 18 years and older with valid military ID

²⁴ *Id* fn 4

²⁵ *Id* fn 4

²⁶ *Id* fn

²⁷ *Id* fn 17

²⁸ *Id* fn 17

³⁴ U.S. Department of Health and Human Services. E-Cigarette Use Among Youth and Young Adults. 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, 2016, Retrieved 10 August 2020 at https://www.cdc.gov/tobacco/data_statistics/sgr/e-cigarettes/index.htm.

were exempt from this law. On December 20, 2019, the Federal Food, Drug, and Cosmetic Act was amended to raise the minimum legal sales age for any retailer to sell a tobacco product from 18 to 21 years of age, implementing a Federal Tobacco 21 Law, without any exemptions or grandfathering of age groups.

In 2019, the FDA announced its intention to prioritize enforcement of unauthorized ESDs targeted to minors. Such efforts included advertising restrictions on use of cartoons that appeal to youth as well as people who appear to be minors in advertisements.³⁰ In January 2020, the FDA issued a policy prioritizing enforcement against certain unauthorized flavored ESDs that appeal to youth, including fruit and mint flavored cartridge-based products.³¹ Beginning February 10, 2020, the Comptroller issued a directive to Maryland tobacco retailers stating the Field Enforcement Division will prioritize enforcement actions against unauthorized products most widely used by children – specifically, cartridge-based and disposable ESDs with flavors other than tobacco or menthol – to further reduce sales of ESDs marketed towards youth.³²

With the COVID-19 pandemic in 2020, the Program made operational changes, including suspending retailer inspections and enforcement checks, and adjusting media efforts to promote awareness of the Quitline. The Quitline is an essential service to help residents who use tobacco to quit, which is especially vital during these times of national and worldwide pandemic that may cause more health complications to those who smoke or vape.

Counter-marketing and media are essential tobacco prevention and control measures in today's complex and changing tobacco landscape, where an estimated \$25 million is spent daily by the tobacco industry promoting and marketing its products.³³ According to the CDC, mass-reach health communication interventions are an essential program component for preventing the initiation of tobacco use, promoting and facilitating tobacco cessation/treatment, and shaping social norms related to tobacco use.³⁴ 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.³⁵ 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, digital, social media, and other advertising. The Community Preventive Services Task Force recommends mass-reach health communication interventions based on: strong evidence of effectiveness for decreasing the prevalence of tobacco use, increasing quitting and use of available tobacco treatment services (e.g., quitlines), and decreasing initiation of tobacco use among young people.³⁶

Though the Tobacco Counter-Marketing and Media Component is no longer funded as a separate line item in the CRF budget, in Fiscal Year 2020 the Program continued to leverage federal tobacco control

³⁰ FDA Draft Guidance for Industry: Modifications to Compliance Policy for Certain Deemed Tobacco Products, March 2019 Retrieved 10 August 2020 at <https://www.fda.gov/regulatory-information/search-fda-guidance-documents/modifications-compliance-policy-certain-deemed-tobacco-products>.

³¹ FDA News Release: FDA finalizes enforcement policy on unauthorized flavored cartridge-based e-cigarettes that appeal to children, including fruit and mint, January 2020 Retrieved 10 August 2020 at <https://www.fda.gov/news-events/press-announcements/fda-finalizes-enforcement-policy-unauthorized-flavored-cartridge-based-e-cigarettes-appeal-children>.

³² Comptroller of Maryland, Comptroller Announces First-in-the-Nation Prohibition on Sales of Disposable Flavored E-Cigarettes, February 10, 2020 Retrieved 10 August 2020 at <https://www.marylandtaxes.gov/media/2020/02-10-2020-Comptroller-Announces-First-in-the-Nation-Prohibition-on-Sales-of-Disposable-Flavored-E-Cigarettes.pdf>.

³³ Centers for Disease Control and Prevention, Economic Facts About U.S. Tobacco Production and Use, Retrieved 12 August 2020 at http://www.cdc.gov/tobacco/data_statistics/fact_sheets/economics/econ_facts/.

³⁴ *Id* fn 26

³⁵ *Id* fn 26

³⁶ The Community Preventive Services Task Force, Tobacco Use and Secondhand Smoke Exposure: Mass-Reach Health Communication Interventions, Retrieved 12 August 2020 at <https://www.thecommunityguide.org/findings/tobacco-use-and-secondhand-smoke-exposure-mass-reach-health-communication-interventions>.

funding and campaigns, as well as CRF Statewide and Local Public Health dollars (through LHDs), to support these efforts. The Program promoted the Quitline; provided support to LHDs for prevention and cessation/tobacco treatment efforts, particularly to populations disproportionately affected by tobacco use; and continued a multi-year media contract with Red House Communications to design, develop, and implement additional health communication campaigns that support Program goals.

Below is a summary of the counter-marketing and media interventions. Samples are in the Appendices.

MEDIA FUNDED THROUGH STATEWIDE PUBLIC HEALTH COMPONENT

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

In Fiscal Year 2020, the Program was able to leverage the CDC's National Tobacco Education Campaign, as well as television, transit, print, and digital media developed by the Program to promote the availability of the Quitline to Maryland residents (see Appendix A). During the ongoing COVID-19 pandemic when stress levels may be heightened and access to resources may be reduced, the Program focused media efforts to heavily promote the Quitline during the fourth quarter of Fiscal Year 2020. The Quitline is an essential free service to help residents who use tobacco to quit.

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

The CDC's National Tobacco Education Campaign, *Tips from Former Smokers (Tips)* began March 23, 2020. The 28-week campaign features actual smokers candidly describing their devastating smoking-related health conditions (e.g., chronic obstructive pulmonary disease, depression, and other health complications related to cigarette use). The campaign placements were purchased by the CDC and placed nationwide on television, radio, and digital platforms. The ads encourage smokers to call the Quitline to receive access to quit support through state tobacco control programs. Placement of this national campaign in Maryland creates a period of extended visibility and helps motivate Maryland tobacco users to call the Quitline. In the first month of the *Tips* campaign, April 2020, call volume increased by 23 percent (1,609 versus 1,305 callers) and the number of registered participants increased by 27 percent (485 versus 383 registrants) compared to the previous month. Both the number of calls and registered participants in the *Tips* campaign is expected to continue.

Maryland Tobacco Quitline Media Promotions

The Quitline website, www.SmokingStopsHere.com, had over 20,000 visitors between July 1, 2019 and June 30, 2020. The busiest month for web traffic was June of 2020 with over 6,000 visitors. This increased traffic coincided with placement of Quitline promotions on Google Display ads, Facebook/Instagram ads, and Snapchat filters during LGBTQ pride month, in addition to the CDC's *Tips from Former Smokers* campaign.

- *Mass Reach Media:*
 - From December 30, 2019 to January 19, 2020, the Program aired three new "Make This the Quit that Sticks" TV ads, featuring real Marylanders talking about their journey with tobacco use and desire to quit. These ads can be viewed at: <http://smokingstopshere.com/media/>. The testimonials were aired to coincide with New Year's resolutions season, and placed on: WJZ,

WNUV, and WBFF (Baltimore Metro area); WBOC (Ocean City/Salisbury market area); and Comcast Cable (Allegany, Frederick, Montgomery, and Prince George's Counties). The Program's Director, Dawn Berkowitz, was interviewed twice as part of the WBFF "B'more Lifestyle" program. The first interview, which featured the Quitline, aired December 31, 2019, and January 8 and 24, 2020. The second interview, which focused on the dangers of youth and young adult vaping and available resources for young people, parents, schools, and healthcare providers, aired on January 16 and 21, 2020. Both segments were featured on the MyTVBaltimore website. For the entire campaign, there were 3,533 placements and over 6 million impressions achieved.

- From April 13, 2020 to May 3, 2020, the Program again aired the "Make This the Quit That Sticks" TV ads, using the same ads placed in January as well as two new testimonials. There were 4,457 placements and over 8.2 million impressions were achieved.
- From December 16, 2019 to January 26, 2020, the Program aired a 30-second audio PSA promoting the Quitline in 237 grocery store locations. Over 5.7 million impressions were achieved.
- From May 28, 2020 to June 30, 2020, the Program implemented a pharmacy outreach campaign and printed pharmacy bags with messaging to promote the Quitline. Bags were distributed at 172 pharmacy locations statewide. Each pharmacy received 1,000 of these pharmacy bags, as well as a Quitline poster.
- The Program placed two advertisements in the Maryland Family Physician reaching over 4,200 physicians in the Maryland area. The first ad was placed in the February 2020 edition and included information on vape prevention and cessation resources available from the Program. The second ad was placed in the May 2020 edition to increase awareness of the Quitline, and specifically noted increased risks of complications from COVID-19 infection related to smoking/vaping.
- *Transit Mass-Reach Health Communication Interventions:*
 - From January 13, 2020 to March 8, 2020, the Program placed the Quitline "Make This the Quit That Sticks" ads on transit mediums to raise awareness of the Quitline's free services available to Maryland residents. A total of 215 ads were placed throughout the Baltimore metro region with an estimated 23.8 million impressions achieved.
 - From May 11, 2020 to June 21, 2020, the Program placed Quitline "Make This the Quit That Sticks" ads on transit mediums to raise awareness of the Quitline's free services available to Maryland residents. The ads were placed throughout Harford, Montgomery, Somerset, Wicomico, and Worcester Counties, and Baltimore City with over 12.3 million impressions achieved. Due to COVID-19 and a drastic decrease in ridership of public transportation, the Program strategically placed ads on the outside of buses and at bus stops near grocery stores and hospitals – locations visited by residents during the pandemic.
- *Web and Digital Placements:*

- The Program continued a strong web presence for the Quitline (at www.smokingstopshere.com); 27,000 pieces of collateral were shipped from the electronic ordering system in Fiscal Year 2020. Residents and healthcare providers can order free materials (including brochures, wallet cards, and posters) to promote the availability of the Quitline and to warn of the dangers of secondhand smoke.
- The Program implemented the following novel approaches to reach more Maryland tobacco users. Reach focused on those who experience a disproportionate burden of tobacco-related diseases, including those experiencing substance use or mental health conditions, individuals in LGBTQ communities, and racial and ethnic minorities.
 - From January 6, 2020 to February 23, 2020, the Program placed Quitline ads on 418 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. Over 7.8 million impressions were achieved.
 - The Program placed several web ads on Google Video Network promoting the Quitline. Three “Make This the Quit That Sticks” ads aired from January 1, 2020 through June 30, 2020, earning over 2 million impressions.
 - The Program placed several web ads on Google Display Network from January 1, 2020 through June 30, 2020. These ads promoted the Quitline and often coincided with specific health observances, such as National Healthy Heart Month (February); “No Tobacco Litter” ads during Earth Month (April/May); and modified versions the National LGBT Cancer Network’s “Because Me” ads during LGBTQ pride month (May/June). Users who clicked on the ads were directed to the Quitline website, which earned over 1.8 million impressions.
 - The Program placed web ads on the streaming application, “Choozle.” This platform reaches audiences through streaming devices, such as Apple TV, Roku, and Amazon Fire Stick. The Program ran “Make This the Quit That Sticks” 15-second videos from June 1 to June 30, 2020, earning over 984,000 impressions.
 - From May 28, 2020 to June 30, 2020, the Program placed video ads at 45 pharmacy screens in Maryland, as part of a larger pharmacy outreach media placement (pharmacy bags and posters, mentioned previously), earning over 2 million impressions.
 - From June 9, 2020 to June 30, 2020, the Program placed web ads on Facebook and Instagram, promoting the Quitline and directing those who clicked on the ads to the Quitline website. These ads earned over 2.3 million impressions and over 12,000 clicks to the website.

Health Communication Outreach to Targeted High-Risk Populations

Pregnant Smokers

The Program continues to promote the pregnancy rewards program offered by the Quitline through its website and outreach to partners and healthcare providers. The pregnancy rewards program was included in an interview featuring the Quitline on the WBFF “B’more Lifestyle” segment. As previously reported, this interview aired December 31, 2019, and January 8 and 24, 2020. The segment was also featured on the MyTVBaltimore website.

Medicaid Participants and Healthcare Providers

Using federal and state funding, the Program executed a “Point-of-Care” marketing campaign from May 28, 2020 to June 30, 2020 to reach Maryland's Medicaid participants and the healthcare providers who serve them (see Appendix A). The Quitline’s “Make This the Quit That Sticks” prescription pharmacy bags were distributed in 172 pharmacy locations, with at least 50 accepting Medicaid throughout Maryland with a total of over 2.3 million impressions.

Behavioral Health Populations

The Program launched a Behavioral Health campaign with two complementary components. The first component, “Continue the Good,” provides materials to healthcare providers who work with patients and clients who have mental health and/or substance use conditions. A toolkit was developed that provides educational materials for providers on why it is important to incorporate tobacco use dependence treatment into overall recovery and treatment plans. The toolkits also provided materials and tools for providers to distribute to patients that promote the benefits of quitting tobacco and available free tobacco use dependence treatment resources – such as the Quitline – to assist with quitting tobacco use. The toolkit contains an introduction letter from MDH, a provider resource guide, 50 patient brochures and five posters to put in waiting rooms and offices (see Appendix C). Over 1,100 toolkits were shipped to providers across the State in June 2020.

The second component of the campaign includes video testimonials with real Marylanders living with behavioral health conditions. Additional videos were recorded with Maryland healthcare providers discussing how they approach tobacco use dependence treatment with their patients. A webpage was created for providers and is available at <https://smokingstopshere.com/provider-resources/>. All videos, along with downloadable files of the toolkit materials, are available on this site. The webpage went live on June 4, 2020, and by June 30, 2020, there were 170 unique page views.

From June 22 through July 26, 2020, the Program ran a 53-second video across healthcare provider office TV screens. This video featured Joann, a real Marylander, who discussed her desire to quit tobacco, as well as her experience as a person with a behavioral health condition. These videos earned approximately 633,000 impressions.

Youth and Young Adults and Emerging Products

This is Quitting Text-to-Quit Program Promotion

In Fiscal Year 2020, the Program partnered with The Truth Initiative to promote and utilize their text-to-quit program, “This is Quitting,” a digital cessation service to help youth and young adults quit using

ESDs. The Program and its ad agency, Red House Communications, placed text-only ads on Google Adwords from May 5, 2020 through June 30, 2020. The calls to action for the ads included:

- To text the Maryland-specific keyword “Ready” to 887-09;
- To link to the “This is Quitting” cessation program;
- Or to visit www.TheVapeExperiment.com for more information about the dangers of vaping.

The placement earned over 78,000 impressions. Thirty-six individuals subscribed to the “This is Quitting” service. Of those, 33 individuals enrolled, 14 between the ages of 13-17, and 19 between the ages of 18-24. Twenty of the enrollees set quit dates, and two enrollees reported they cut down or quit entirely.

The Vape Experiment Campaign

The Vape Experiment (www.TheVapeExperiment.com) campaign was redesigned in Fiscal Year 2020 and reaches youth and young adults with prevention messages to debunk common myths and misconceptions about ESDs. The campaign now also promotes cessation resources, specifically the “This Is Quitting” text-to-quit services. In September 2019, focus groups were conducted with youth and young adults (ages 16-23) to determine what messages around ESD prevention and cessation resonated and were considered most effective for this age group. Participants from the focus groups, and later youth members of the Governor’s Youth Advisory Council, reviewed updated creative concepts for The Vape Experiment and provided feedback for expanded executions that were developed and finalized by June 2020. The campaign is ready for placement in Fiscal Year 2021, and will be entirely digital to reach youth and young adult audiences (see Appendix D).

Resources and Outreach

In Fiscal Year 2020, several events occurred, including the spike in youth e-cigarette use; the passage of Tobacco 21 laws; and the outbreak of EVALI in the Summer/fall 2019 that led to an increase in requests for information on ESDs by school administrators, parent-teacher associations, school nurses, healthcare providers, and others. The Program developed and disseminated a resource that includes a wealth of information – all in one location – to help youth and young adults using ESDs to quit and to prevent initiation of these products. The resource, “Vape Help: Key Resources on E-Cigarettes and Vaping,” is posted at: <https://phpa.health.maryland.gov/ohpetup/Pages/VapeHelp.aspx>. The Program also responded to numerous information requests related to EVALI. The Program’s Director, Dawn Berkowitz, was interviewed and cited across various news outlets, as well as requested to speak across a diverse range of audiences from middle school students, parents, teachers, health officers, health educators, and others.

MEDIA FUNDED THROUGH LOCAL PUBLIC HEALTH COMPONENT

For the past several years, LHDs have engaged in a wide variety of counter-marketing 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 engage all Maryland residents in tobacco control discussions, prevention activities, tobacco treatment services, school-based prevention programs, ESD education, and dialogue concerning non-smoking norms.

Various print media campaigns conducted include:

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

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

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

Some jurisdictions conducted media/marketing campaigns using listservs and social networks such as Facebook, Twitter, Google, Pinterest, Instagram, YouTube, and mobile telephone apps. To maximize resources, some LHDs collaborated 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, and Native Americans, medically underserved, low-income, the 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;
- Homeless shelters;
- Departments of Social Services;
- Cultural organizations;
- Day care providers;
- Mental health facilities;
- WIC programs;
- Hospitals and medical centers; and
- Colleges and 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 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 quitting among adults, and (4) reduce tobacco-related health disparities.

MEDIA FUNDED THROUGH CRF TOBACCO ENFORCEMENT

Responsible Tobacco Retailer Campaign

In Fiscal Year 2020, the Program updated the RTR Campaign to reflect major changes that occurred with the passage of the new Tobacco 21 law that went into effect on October 1, 2019. The new campaign, “21 or None,” includes updated messaging and materials with information about the provisions of the new law and how retailers can remain compliant (see Appendix B).

Toolkits were developed that included training and educational resources, a poster and a window cling with the language required by the law, a quick reference guide, a law overview guide, a 2019/2020 calendar to be kept near the register for reference, and additional resources (see Appendix B). Toolkits were shipped to Maryland’s 6,000+ licensed tobacco retailers in October 2019, and all materials continue to be available for order and download from the website at no cost, along with a free online training module and quiz at the campaign website, www.NoTobaccoSalesToMinors.com.

Leading up to the October 1 effective date, the Program directly notified retailers of the upcoming changes to youth access laws by sending a notification letter in July 2019 and a postcard reminder in September 2019, also referring them to the website for the most updated information. A detailed Frequently Asked Questions section was added to the website and continues to be reviewed and updated as needed.

MDH took additional steps to increase awareness about the new Tobacco 21 law among both retailers and residents by:

- Issuing three press releases;
- Conducting several TV and radio interviews; and
- Placing advertisements directing viewers to the website, www.NoTobaccoSalesToMinors.com on targeted mediums such as LinkedIn, Google Adwords, transit (e.g., buses, bus stops), and Gas Station TV, between July 1, 2019 and June 30, 2020.

There were over 36,000 visitors to the website, peaking in October 2019, around the time Tobacco 21 went into effect. From July 2019 to June 2020, there were 326 views of the retail training module and 114 views of the retailer training quiz.

With the Tobacco 21 law going into effect without a grandfather period for those using tobacco who were already 18-20, and the outbreak of EVALI in the Summer/fall of 2019, MDH ensured information for the Quitline was incorporated onto all retailer materials to provide resources for those motivated to quit as a result of the new law and concerns of EVALI. Cessation resources, including information for the new youth tobacco use cessation texting program, “This is Quitting,” are also listed on the website.

As outlined below, the Program placed “21 or None” ads throughout the fall 2019/winter 2020; however, in March 2020 the COVID-19 pandemic altered retailer enforcement and communication efforts. As a result of decreased enforcement activities and the need to increase promotion of free resources to help residents quit tobacco use, the Program shifted its health communications efforts to focus on Quitline promotions and delayed retailer ads until the summer.

Mass-Reach Health Communication Interventions – Summer 2019:

- Transit Ads. From July 1, 2019 through August 25, 2019, the Program placed 125 ads on Baltimore City/County buses, light rail panels, metro car interiors, and bus shelters. Ads were also placed on buses in Anne Arundel, Dorchester, Frederick, Harford, Howard, Kent, Prince George, Queen Anne’s, Somerset, Talbot, Wicomico, and Worcester Counties, as well as on buses in Annapolis and Ocean City. Over 39 million impressions were achieved.
- Gas Station TV Ads. From July 1 to August 31, 2019, the Program placed ads on 278 Gas Station TV screens across the state. Over 410,000 impressions were achieved.
- Radio Ads. From July 1 to August 18, 2019, the Program placed a 30-second radio ad at 246 grocery stores across the state on Public Service Network in-store radio. Over 8.7 million impressions were achieved.
- Digital Ads. From July 1 to August 25, 2019, the Program placed digital mobile banners on Patch.com, reaching over 714,000 impressions.

Mass-Reach Health Communication Interventions – fall 2019:

- Digital Ads. From October 7, 2019 through January 12, 2020, the Program placed text-based ads on Google Adwords to reach retailers and the public with “21 or None” messaging. The placement earned over 30,000 impressions. From November 4, 2019 to January 31, 2020, the program placed ads on LinkedIn, specifically targeting retailers. These ads earned over 431,000 impressions.
- Print Ads. The Program placed a print ad in the Maryland Beverage Journal’s November 2019 Catalog. This placement achieved 5,000 impressions.

Mass-Reach Health Communication Interventions – Summer 2020:

- Transit Ads. Beginning in June 2020, the Program placed 151 ads on Baltimore City/County buses, light rail, and bus shelters. Ads were also placed on buses in Anne Arundel, Dorchester, Frederick, Harford, Howard, Kent, Prince George, Queen Anne’s, and Talbot Counties, as well as on buses in Annapolis and Ocean City. This is estimated to have achieved more than 26 million impressions.
- Digital Ads. From June 1 to June 30, 2020, the Program placed text-based ads on Google Adwords to reach retailers and the public with “21 or None” messaging. The placement earned over 9,100 impressions. From June 1 to June 30, 2020, the program placed ads on LinkedIn, specifically targeting retailers. These ads earned over 57,000 impressions.

SECTION II: BEHAVIORAL HEALTH ADMINISTRATION

**FISCAL REPORT –
BEHAVIORAL HEALTH ADMINISTRATION**

Behavioral Health Administration
Cigarette Restitution Fund Program
 Fiscal Report

During Fiscal Year 2020, the Behavioral Health Administration (BHA) administered \$21,452,828 in CRF funds. These funds were appropriated in BHA's budget M00.L0102 – Behavioral Health Community Services to the Uninsured. The budget services provide funds for the enhancement and expansion of substance related disorder treatment and recovery services. Expenditures are based on claims submitted by providers that have been reviewed and approved for payment by the Administrative Service Organization (ASO). The goal of the ASO is to create a coordinated and seamless system to improve clinical outcomes, recovery, and resiliency for individuals served.

		As of June 30, 2020		
	Budget	Expenditures	Obligations	Unobligated
Treatment Services	<u>21,452,828</u>	<u>21,452,828</u>	<u>0</u>	<u>0</u>
	21,452,828	21,452,828	0	0

Statewide – Fee-For-Service

	As of June 30, 2020
<u>Service</u>	<u>Expenditures</u>
Ambulatory Services	
Outpatient Services	4,464,822
Intensive Outpatient Services	2,890,597
Opioid Maintenance Therapy (OMT)	6,097,409
Subtotal - Ambulatory Services	13,452,828
Residential Services	8,000,000
TOTAL	21,452,828

ACCOMPLISHMENTS – BEHAVIORAL HEALTH ADMINISTRATION

CIGARETTE RESTITUTION FUND PROGRAM

BEHAVIORAL HEALTH ADMINISTRATION

FISCAL YEAR 2019 ACCOMPLISHMENTS

Outcomes and Public Benefits: Fiscal Year 2020 Accomplishments

During Fiscal Year 2020, CRF funds supported the following:

	Patients Served
<u>Ambulatory Services</u>	
Outpatient Services (Level 1)	13,630
Intensive Outpatient Services (Level 2.1)	1,214
Opioid Maintenance Therapy (OMT)	5,470
<u>Residential Services</u>	
Residential Services (Level 3.1/3.3/3.5/3.7)	1,676

Managing For Results

BHA does not establish MFRs according to funding streams (e.g., CRF). 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-related disorder treatment and recovery services with emphasis on access to treatment and retention in treatment.

SECTION III: MEDICAL CARE PROGRAM –
MEDICAL ASSISTANCE PROGRAM

**FISCAL REPORT AND
MANAGING FOR RESULTS REPORT –
MEDICAL CARE PROGRAM**

CIGARETTE RESTITUTION FUND PROGRAM

MEDICAL CARE PROGRAM

PROVIDER REIMBURSEMENTS AND

MANAGING FOR RESULTS

Appropriation: **\$54,697,709**

Expenditure: **\$54,697,709**

MOOQOI.00 MEDICAL CARE PROGRAMS ADMINISTRATION

Objective 1.4 For CY 2022, 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 2019.

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 (commonly known as HEDIS®) 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.

	CY 2019	CY 2020	CY 2021	CY 2022
Performance Measures	Actual	Estimated	Estimated	Estimated
Outcome: Rate per thousand of asthma-related avoidable admissions among HealthChoice children ages 5-20 with asthma	20	19	18	17

Objective 2.4 For CY 2022, reduce the gap in access to ambulatory services between Caucasians and African-Americans in HealthChoice by 0.3 percentage points.

	CY 2019	CY 2020	CY 2021	CY 2022
Performance Measures	Actual	Estimated	Estimated	Estimated
Outcome: Percentage gap between ambulatory care access rate for Caucasians compared to the access rate for African-Americans	4.3%	4.2%	4.1%	4.0%

**SECTION IV: APPENDICES – TOBACCO CONTROL
PROGRAM SAMPLE MEDIA**

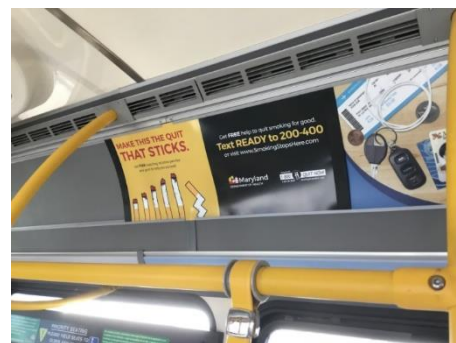
Appendix A

Maryland Tobacco Quitline Mass Media Promotions - www.SmokingStopsHere.com

Quitline Ads: Make This the Quit That Sticks



Web Ads (GIF)



MTA Interior Bus Transit Ad

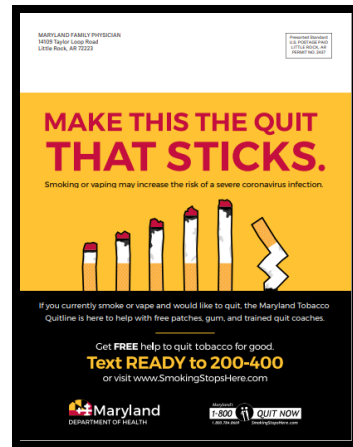
Light Rail Transit Ad

Quitline Ads: Point of Care Marketing



Pharmacy placements

- Pharmacy Rx bags
- Posters
- Video Ad on Pharmacy Screens



Maryland Family Physician, May 2020

Maryland Tobacco Quitline's Print Materials: Wallet Cards and Brochures



LGBT Google Ads

Why quit smoking now?



**Because...
Her.**

For free help,
call 1-800-QUIT-NOW.



The advertisement features a yellow header with the text "Why quit smoking now?". Below this is a photograph of a woman and a young girl smiling. A red box on the right contains the text "Because... Her." in white. Below the red box, it says "For free help, call 1-800-QUIT-NOW." At the bottom is the Maryland Department of Health logo, which includes the state flag and the text "Maryland DEPARTMENT OF HEALTH".

Why quit smoking now?



**Because...
Him.**

For free help,
call 1-800-QUIT-NOW.



The advertisement features a yellow header with the text "Why quit smoking now?". Below this is a photograph of a man and a young boy. A red box on the left contains the text "Because... Him." in white. Below the red box, it says "For free help, call 1-800-QUIT-NOW." At the bottom is the Maryland Department of Health logo, which includes the state flag and the text "Maryland DEPARTMENT OF HEALTH".

Litter Ads – Google




**Cigarette toxins
get into more
than just
your lungs.**


 **Maryland**
DEPARTMENT OF HEALTH

www.NoTobaccoLitter.com

HELP PROTECT
OUR PLANET




**Smoking harms
more than just
your lungs.**


 **Maryland**
DEPARTMENT OF HEALTH

www.NoTobaccoLitter.com

HELP PROTECT OUR PLANET



**Cigarette toxins
get into more than
just your lungs.**

 **Maryland**
DEPARTMENT OF HEALTH

www.NoTobaccoLitter.com

HELP PROTECT OUR PLANET

Facebook and Instagram Ads

Maryland Department of Health
June 9

Alvin knows how stress can make quitting harder, but with free and confidential help from the Maryland Tobacco Quitline, he was able to quit cigarettes for good. Learn how. Make this the quit that sticks.



SMOKINGSTOPSHERE.COM
Quit smoking
Text READY to 200-400

478 136 Comments 121 Shares

Maryland Department of Health
June 16

Make this the quit that sticks! Get free support from the Tobacco Quitline with coaching, nicotine patches and gum.



SMOKINGSTOPSHERE.COM
Quit smoking
Text READY to 200-400

329 119 Comments 136 Shares

Like Comment Share

Most Relevant

Write a comment...

I haven't picked up a cigarette in 23yrs

Maryland Department of Health
June 9

Quitting smoking is a journey. The Maryland Tobacco Quitline is here to support you. You can do it. We can help. It's free. It's confidential. It works.



SMOKINGSTOPSHERE.COM
Text READY to 200-400
Make this the quit that sticks.

123 29 Comments 46 Shares

Maryland Department of Health
June 16

It can take many tries to quit smoking. Get free help from the Maryland Tobacco Quitline with coaching, nicotine patches and gum.




SMOKINGSTOPSHERE.COM
Quit smoking
Call 1-800-QUIT-NOW

87 23 Comments 30 Shares

Instagram

Search Log In Sign Up



Maryland Department of Health

Text READY to 200-400. Quitting smoking is tough, but Joann knows she can do it and she has the Maryland Tobacco Quitline for support. It's free. It's confidential. It works.


10w

juliemalczewski Oh I'll be counting on you! As soon as I get the word on a go

28,957 views
JUNE 9

Instagram

Search Log In Sign Up



Maryland Department of Health

Text READY to 200-400. Alvin knows how stress can make quitting harder, but with free and confidential help from the Maryland Tobacco Quitline, he was able to quit cigarettes for good. Learn how. Make this the quit that sticks.


10w

black_shoreboy @mzmelzz

38,989 views
JUNE 9

Instagram

Search Log In Sign Up



Maryland Department of Health

Text READY to 200-400. Make this the quit that sticks! Get free support from the Tobacco Quitline with coaching, nicotine patches and gum.

10w

lovin_life_4ever I Ready

boostered_t1 Ready

froggy_0626 Only when it becomes

408 likes
JUNE 16

Log in to like or comment.

Appendix B

Responsible Tobacco Retailer Campaign - www.NoTobaccoSalesToMinors.com

Responsible Tobacco Retailer Transit Ads Summer 2019



Shore Transit, Exterior Bus ad



Howard County Transit, Exterior Bus ad



Baltimore Metro Area Bus Shelter ad



Baltimore Metro Interior ad

*Responsible Tobacco Retailer Transit Ads
Spring/Summer 2020*



Shore Transit, Exterior Bus ad



Baltimore Transit, Exterior Bus ad



Frederick Transit, Exterior Bus Tail ad



Harford County Transit, Exterior Bus ad

Responsible Tobacco Retailer LinkedIn and Google AdWords



 **Maryland Department of Health**
999 followers
Promoted

It's now illegal to sell tobacco products, including vapes, to people under 21. The health of MD minors is a major concern.



Under 21 is now underage for tobacco. Be a responsible retailer. [Learn More](#)

notobaccosalestominors.com

 Like  Comment  Share

 **Maryland Department of Health**
999 followers
Promoted


As of October 1, selling tobacco products to anyone under 21 is illegal. Help keep tobacco out of the hands of MD youth.



Under 21 is now underage for tobacco sales. Order free resources. [Learn More](#)

notobaccosalestominors.com

 Like  Comment  Share

Attention Tobacco Retailers | New tobacco sales age of 21 | In MD, it's 21 or none 

 health.maryland.gov

Selling tobacco products to people under 21 is illegal. Help keep MD minors healthy. Find additional information and free materials online.

A new legal age for tobacco | In Maryland it's 21 or none | Check IDs and avoid penalties 

 health.maryland.gov

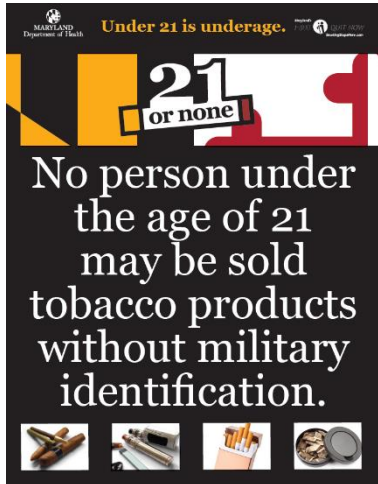
Selling tobacco products to people under 21 is illegal. Be aware. Be responsible. Learn more and find free materials online.

Attention Maryland retailers | Tobacco laws have changed | It's now 21 or none 

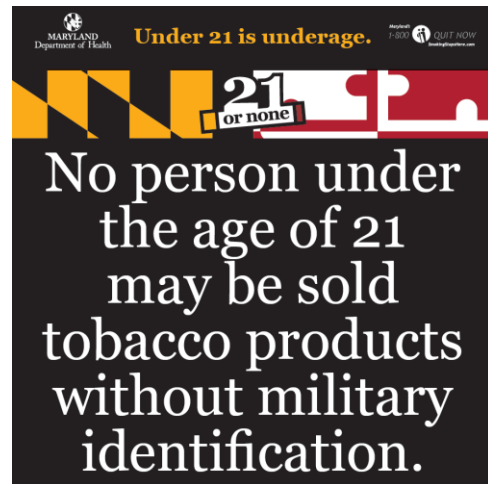
 health.maryland.gov

Selling tobacco products, including vapes, to people under 21 is illegal. Learn more about your role. The health of MD minors is a major concern.

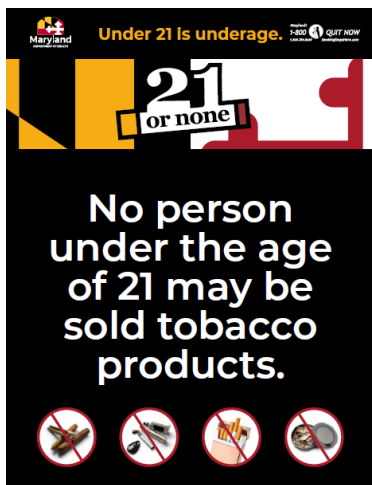
Fiscal Year 2020 “21 or None” Toolkit Calendar and Window Cling for Tobacco Retailers



‘21 or None’ Maryland Law
Compliant Poster



‘21 or None’ Maryland Law
Compliant Window Cling



“21 or None” Poster
*Available after Federal T21
went into effect*



“21 or None” Window Cling
*Available after Federal T21
went into effect*

Fiscal Year 2020 “21 or None” Toolkit
Window Cling for Tobacco Retailers
Image below from a retail location

Retailer Store
Bethesda, MD

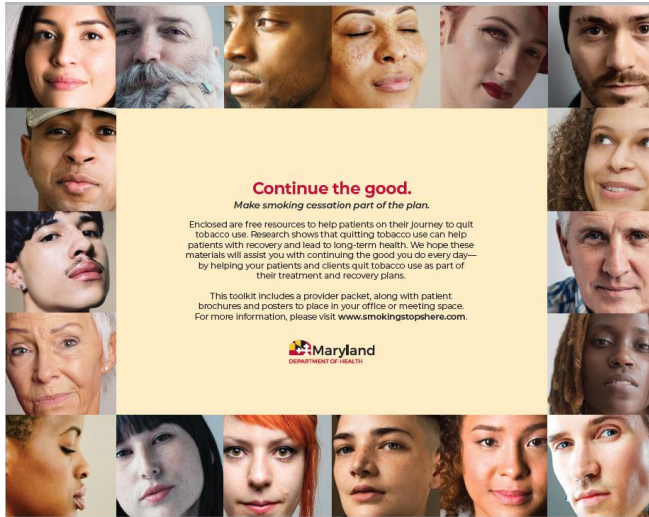


Appendix C

Behavioral Health Campaign

Toolkit Materials

Interior of Toolkit Box



Behavioral Health Toolkit Poster



Behavioral Health Toolkit Patient Brochure



Behavioral Health Toolkit Provider Guide

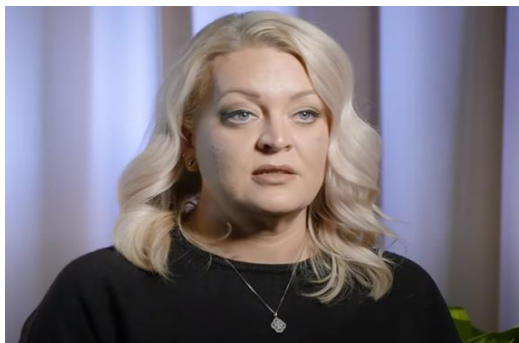


***Behavioral Health Campaign
Provider and Patient Videos***

Provider Videos



Patient Videos



Appendix D

The Vape Experiment – www.TheVapeExperiment.com

The Vape Experiment Campaign Creative Developed



Maryland Family Physician Ad February 2020 Edition



Help patients and families address youth vaping.

Many people are unaware that nicotine is a common ingredient in e-cigarettes. Nicotine in any form, including e-cigarettes, is unsafe. It is highly addictive and can harm the developing adolescent brain.

Ask about e-cigarette use when screening your patients for tobacco use.

Advise your patients to quit vaping.

Refer youth and young adults to cessation support services:

- This is Quitting – youth and young adults can text "READY" to 877-09
- Visit teenSmokefree.gov
- The Maryland Tobacco Quitline – anyone ages 13 and older can text "READY" to 200-400 to enroll or visit www.smokingstopshere.com for more information

For more resources, visit
phpa.health.maryland.gov/ohpetup/Pages/VapeHelp.aspx



Maryland
DEPARTMENT OF HEALTH

Maryland's
1-800-QUIT-NOW
1.800.784.8669
SmokingStopsHere.com