



CHANGING  
*Maryland*  
*for the Better*

# Prevention and Health Promotion Administration FY 2018 Budget Overview

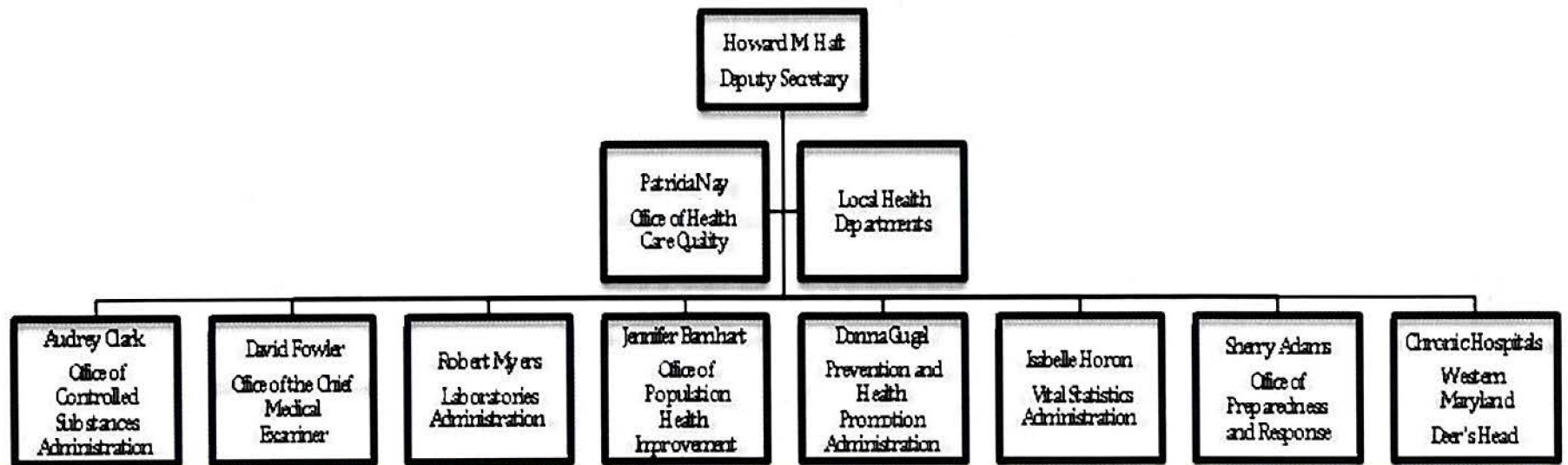
Dennis R. Schrader, Secretary  
Howard Haft, MD, MMM, CPE, FACPE, Deputy Secretary  
Department of Health and Mental Hygiene  
February 9 and 13, 2017



MARYLAND  
DEPARTMENT OF HEALTH  
& MENTAL HYGIENE

# Public Health Services Organizational Chart

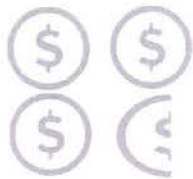
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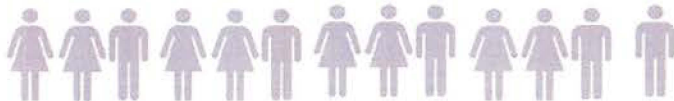
# Prevention and Health Promotion Administration (PHPA)

**100%** Marylanders Served

Providing a public health infrastructure and safety net for all Marylanders



**\$382**  
Million Budget\*



**426** employees

Oversees:

**Cancer and Chronic Disease Bureau**

**Environmental Health Bureau**

**Infectious Disease  
Epidemiology and Outbreak  
Response Bureau**

**Infectious Disease Prevention  
and Health Services Bureau**

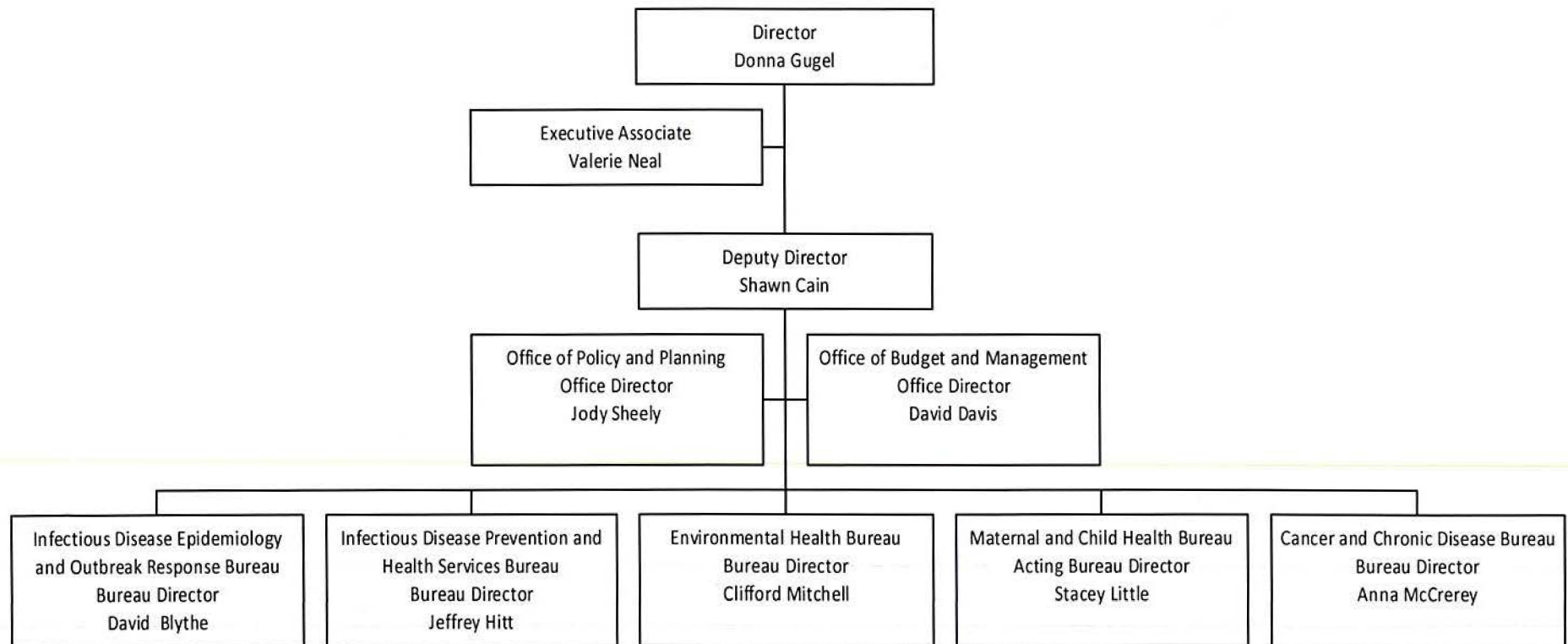
**Maternal and Child Health  
Bureau**



# Prevention and Health Promotion Administration Organizational Chart

Maryland Department of Health and Mental Hygiene  
Prevention and Health Promotion Administration

Office of the Director





# Environmental Health Bureau

*Ensures Marylanders have safe food, air, and water; safe places to live, work, and play; and safe ways of getting from place to place.*

## ▪ Food Protection

Licensing and inspection of 1,406 food manufactures and 658 dairy facilities which includes 425 dairy farms in Maryland to protect families and jobs

Received more than 2,600 food processing, food manufacturing applications, including renewals, of which more than 400 involved plan and process reviews

## ▪ Healthy Homes and Communities

- Certification & inspection of more than 700 youth camps; 250 pool plan reviews
- Violence and Injury Prevention, Sexual Assault and Rape Prevention
  - In SFY 16, over 83,000 students (elementary, middle, high school) received sexual assault prevention education
  - More than 3,000 professionals received sexual assault prevention training
- Kids in Safety Seats (KISS)
  - In SFY16, over 80 car seat check-up events and 1,346 car or booster seat inspections
  - Distributed or loaned 1,235 car seats or special needs seats via Car Seat Assistance Programs or Special Needs Loaner Program
- Lead Testing Initiative
  - Changed regulations in 2016 to increase testing rates for 1, 2 year olds born on or after January 1, 2015
- [Sexual Assault Evidence Collection Medical Reimbursement
  - More than 3,000 invoices processed annually] moving to GOCCP



# Infectious Disease Prevention and Health Services Bureau

*Reducing and preventing the transmission of infectious diseases while helping those impacted live longer, healthier lives.*

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## ▪ HIV Prevention and Health Services

- Expanded investment and range of services for persons at risk for HIV (testing, outreach and education) and persons living with HIV (housing support, dental services, mental health and substance abuse services)
- Partnering with Medicaid to examine care outcomes for persons with HIV enrolled in Medicaid
- In collaboration with DC and Baltimore, establishing pre-exposure prophylaxis navigation programs for persons at very high risk for HIV

## ▪ Maryland AIDS Drug Assistance Program

- In FY 16, served 5,688 individuals
- Added Hepatitis C medications to MADAP formulary

## ▪ Sexually Transmitted Infection Prevention

- Developed materials and provider outreach strategy to promote expedited partner therapy.
- Working with providers to improve proper treatment and reporting of gonorrhea

## ▪ Adult Viral Hepatitis Prevention

- Training primary care providers, providing system supports, and collaborating with Medicaid to integrate Hepatitis C testing and cure into primary medical care



# Infectious Disease Prevention and Health Services Bureau

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## ▪ Syringe Services Programs (SSP)

- Created the Standing Advisory Committee - Opioid-Associated Disease Prevention and Outreach Programs, as a result of 2016 SB 97. This Committee is required to provide technical assistance on the development of operating procedures, community outreach and education plan, and substance-related disorder treatment linkage protocols and make recommendations to the program on procedures and operations



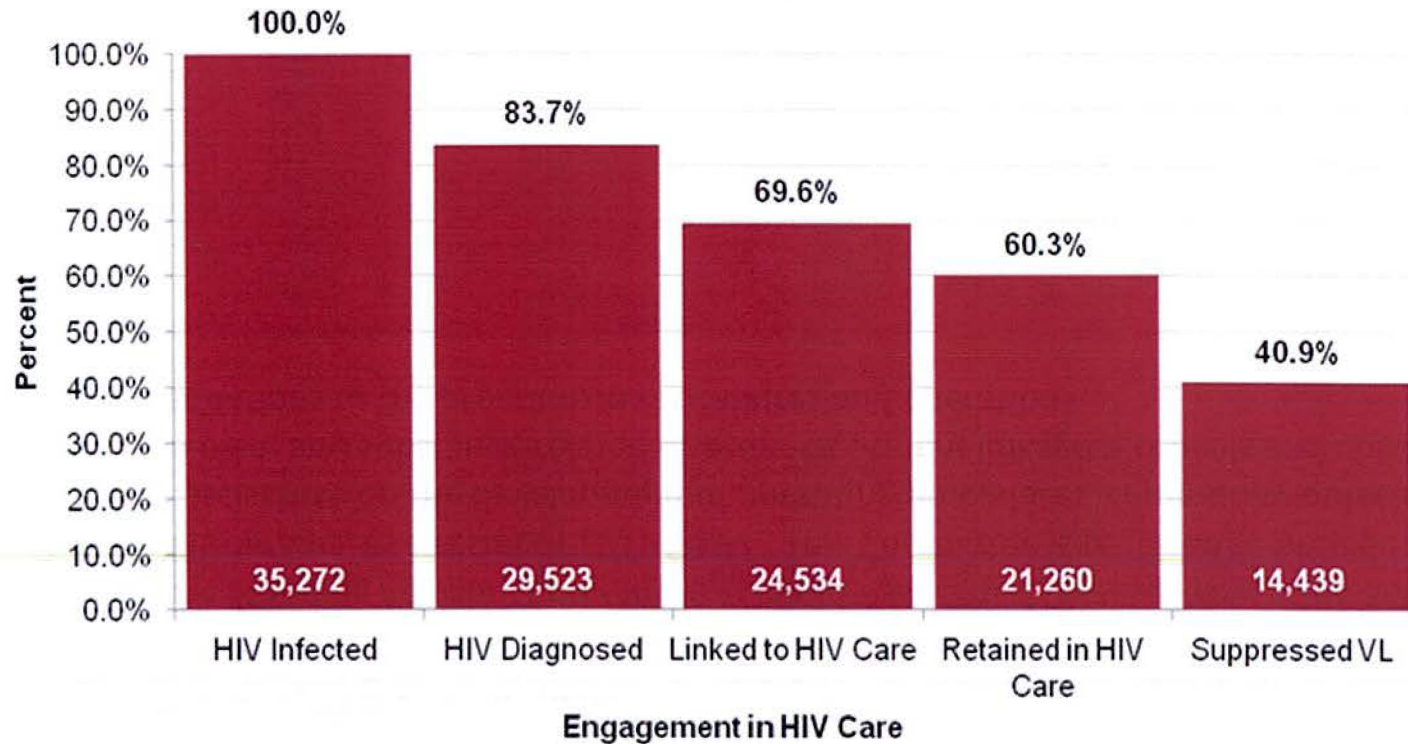


# Infectious Disease Prevention and Health Services Bureau

Reducing and preventing the transmission of infectious diseases while helping those impacted live longer, healthier lives.

## Continuum of Care

Prevalence-Based Estimated Number and Percentage of HIV Infected Adults Engaged in Selected Stages of the Continuum of Care



Using data as reported through 6/30/16





# Infectious Disease Epidemiology and Outbreak Response Bureau

*Reducing and preventing the transmission of infectious diseases while helping those impacted live longer, healthier lives.*

## ■ Surveillance, Infection Prevention, and Outbreak Response

- Responded to 326 infectious disease outbreaks during 2016, including hepatitis A, *Pseudomonas* in a NICU, *Legionella*, *Listeria*, *Salmonella*, influenza and norovirus
- Responded to over 65,000 communicable disease reports, more than 75% of which were automatic electronic laboratory reports

## ■ Childhood, Adolescent, and Adult Immunizations

- Had highest rates in the U.S. for school-entry vaccination against measles, mumps, rubella (MMR 99.4%), and pertussis (TDAP 99.6%)-No. 1 in U.S.
- Recognized by the CDC for already achieving the Healthy People 2020 goal of 70% of children vaccinated against influenza
- Partnered with healthcare providers to further increase the use of ImmuNet, the MD immunization registry, so that now over 37 million vaccinations are recorded in the registry

## ■ Tuberculosis Control and Prevention

- Partnered with private providers, hospitals, FQHCs, colleges and universities, and local health departments, to manage nearly 200 increasingly complex TB cases, including MDR/XDR TB
- Provided TB medications for all active TB cases to ensure appropriate treatment necessary to prevent further transmission



# Infectious Disease Epidemiology and Outbreak Response Bureau

*Reducing and preventing the transmission of infectious diseases while helping those impacted live longer, healthier lives.*

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## ▪ Emerging Infections

- Continued to respond to reports of high consequence infections like Zika, and possible Ebola and MERS
- Monitored and responded to urgent antibiotic resistance threats C diff, Carbapenem-resistant *Enterobacteriaceae* (CRE), and drug-resistant gonorrhea

## ▪ HIV Surveillance and Cluster Response

- Markedly enhanced the use of surveillance data for linkage-to-care and re-engagement in care services and to monitor viral suppression and other continuum of care benchmarks
- Expanded the use of geo-spatial cluster analysis and HIV DNA sequencing data for early identification and response to injection drug use-associated and other clusters of HIV

## ▪ Immigrant and Global Health

- Provided health assessments and linkage to care to ~2400 newly arrived humanitarian immigrants from countries such as Afghanistan, DRC, Sudan, Eritrea, and Iraq
- Responded to international outbreak notifications/alerts related to typhoid, pertussis, measles, cholera, and chickenpox





# Infectious Disease Epidemiology and Outbreak Response Bureau

## Top 15 Reportable Diseases, MD 2015

*Reducing and preventing the transmission of infectious diseases while helping those impacted live longer, healthier lives.*

#	Disease	Rate*	#	Disease	Rate*
1	Chlamydia	457.0	9	Meningitis, Aseptic	8.7
2	Gonorrhea	114.2	10	Syphilis, Primary & Secondary	8.5
3	Lyme disease	39.0	11	Strep pneumoniae, Invasive disease	6.8
4	HIV Infection * Adults/Adolescent (Age 13+)	26.7	12	Giardiasis	4.2
5	Salmonellosis	16.1	13	Shigellosis	3.9
6	Campylobacteriosis	13.1	14	Strep Group A, Invasive disease	3.5
7	Mycobacteriosis (non-TB/ Leprosy)	11.9	15	Tuberculosis	2.9
8	Strep Group B, Invasive disease	10.6		(*per 100,000 population)	

Data Sources: Maryland's NEDSS, eHARS, and STD MIS databases.

\* Age 13+ per CDC convention.



# Infectious Disease Epidemiology and Outbreak Response Bureau

## PHPA Response to Zika Virus

*Reducing and preventing the transmission of infectious diseases while helping those impacted live longer, healthier lives.*

- **Coordinates clinical evaluations and testing for Zika virus**
  - >2,100 patients approved for testing at public health laboratory
  - 163 Zika cases (as of 2/3/2017)
- **Develops and disseminates information to the general public, including information about Zika virus and pregnancy**
- **Develops and disseminates guidance to health care providers, including obstetricians**
- **Provides education and linkage to care information to MD residents from Zika-endemic countries**
- **Conducts surveillance for birth defects, including microcephaly**
- **Ensures Zika-affected women, infants and families are connected to care**
- **Follows up on all pregnancies and children born to women who might have Zika infection**
- **Ensures family planning services are available to help women who might be traveling to Zika-affected areas**
- **Incorporates Zika sexual transmission prevention messages into existing outreach efforts**
- **Coordinates with MDA Mosquito Control Program to prevent local mosquito transmission in Maryland**





# Infectious Disease Vectorborne Disease Control in Maryland

*Reducing and preventing the transmission of infectious diseases while helping those impacted live longer, healthier lives.*

- **The Department has primary responsibility for surveillance and response to vectorborne diseases**
- **Vectorborne diseases are bacterial and viral diseases transmitted by mosquitoes, ticks, and fleas**
- **Vectorborne diseases of concern in Maryland include:**
  - mosquito-borne diseases including West Nile virus and Zika
  - tickborne diseases including Lyme, Rocky Mountain spotted fever and ehrlichiosis
- **The Department is responsible for:**
  - conducting case and outbreak investigations
  - laboratory testing of humans, mosquitoes, and horses
  - prevention messaging and other public communications
  - coordinating with neighboring jurisdictions and the US Centers for Disease Control and Prevention
- **All is done collaboratively with MDA Mosquito Control Section, local health departments, and other partners**



# Maternal and Child Health Bureau

*A diverse array of public health service programs that cover the life span*

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## FY 2016 Accomplishments:

- **Maryland Family Planning Program**
  - 111,295 family planning & reproductive health visits for 70,818 clients of whom 85% are low-income and/or uninsured – served through a network of over 75 sites statewide
- **Clinical Specialty Services**
  - Contributed towards 13,480 clinical services including visits and genetic counseling in genetic centers, complex care centers, and in pediatric hematology and hemophilia programs
- **Infant Follow up Services**
  - 5,679 newborns identified in the newborn bloodspot screening program, infant hearing program, sickle cell program, critical congenital heart disease screening and the birth defects program received follow up services
- **Maryland WIC Program**
  - Each month over 140,000 pregnant, postpartum and breastfeeding women and children up to age 5 receive nutrition services through a network of 85 sites statewide



# Maternal and Child Health Bureau

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## Accomplishments:

- **Breastfeeding Partnership with Hospitals/MHA**
  - All Maryland Hospitals agreed to follow and support breastfeeding policies. Six Maryland Hospitals have received Baby-Friendly designation.
  
- **Maryland Perinatal-Neonatal Quality Collaborative (MPSC)**
  - Reduced elective deliveries prior to 39 weeks gestation
  - Developed hospital protocols for obstetric Hemorrhage
  - Currently working to reduce primary C-sections and to
  - Provide hospitals with evidence based practices and resources to care for infants with Neonatal Abstinence Syndrome and to decrease the length of stay for these infants



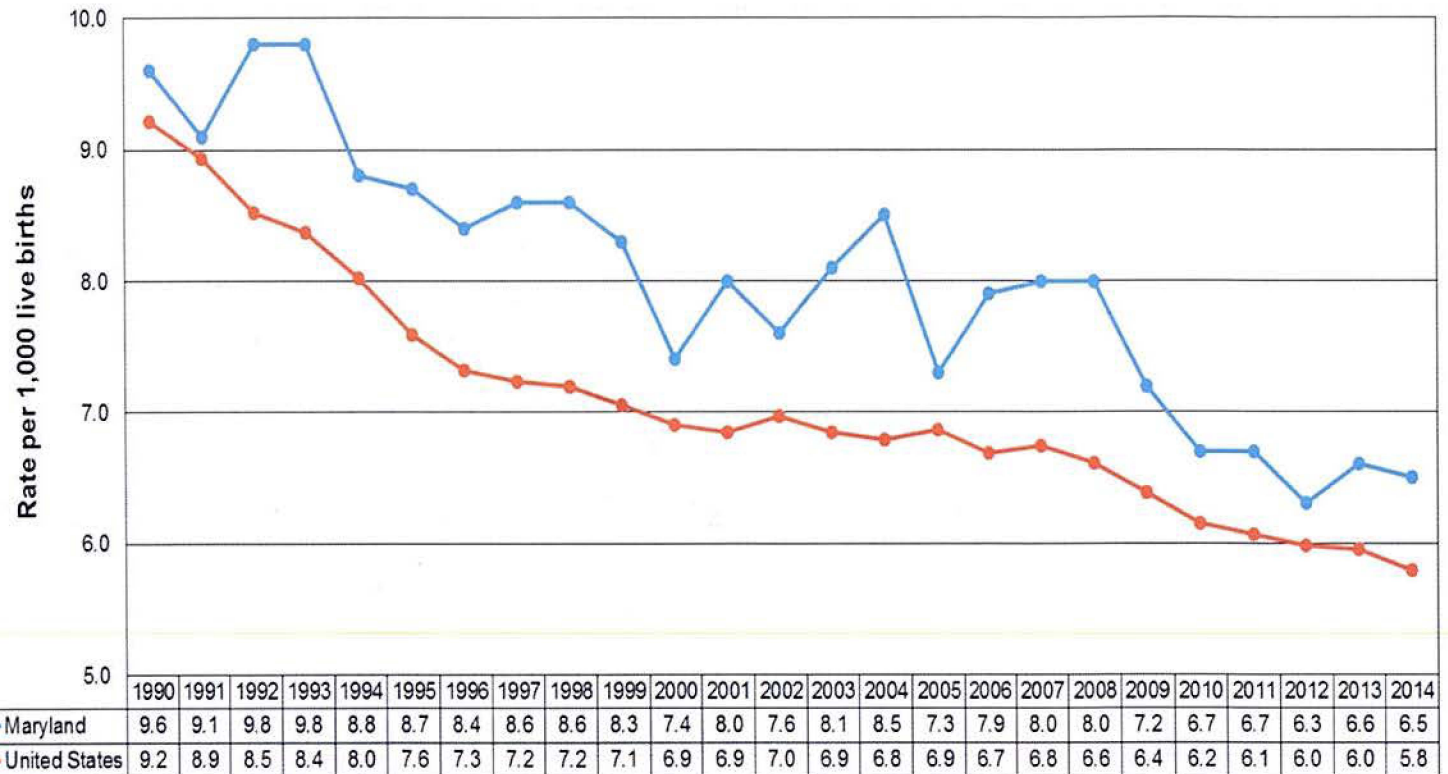


# Maternal and Child Health Bureau

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## Infant Mortality

### Infant Mortality Rate, Maryland and US, 1990-2014



Data Sources: Maryland Vital Statistics Administration, National Vital Statistics System



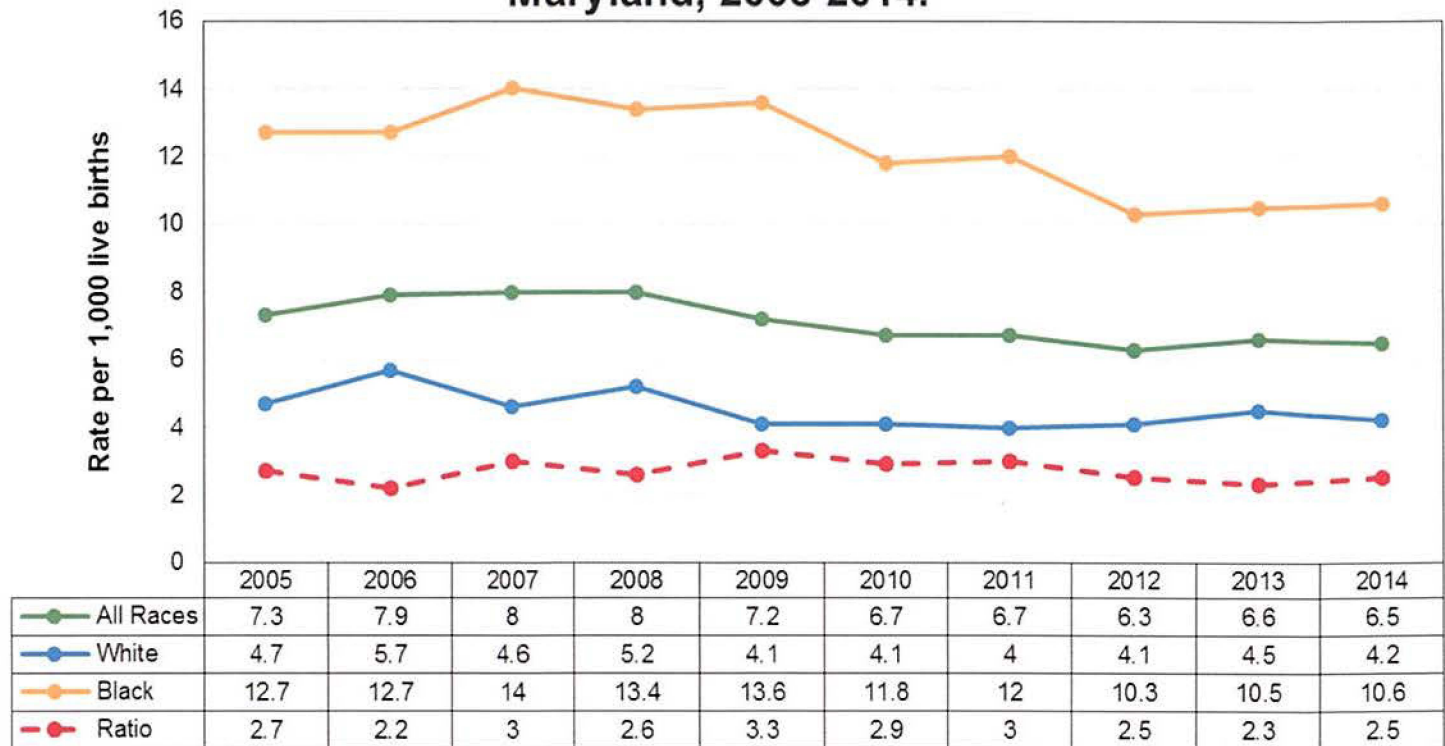


# Maternal and Child Health Bureau

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## Infant Mortality Disparities

**Infant Mortality Rates by Race and Black to White Ratio, Maryland, 2005-2014.**



Data Sources: Maryland Vital Statistics and National Vital Statistics System.

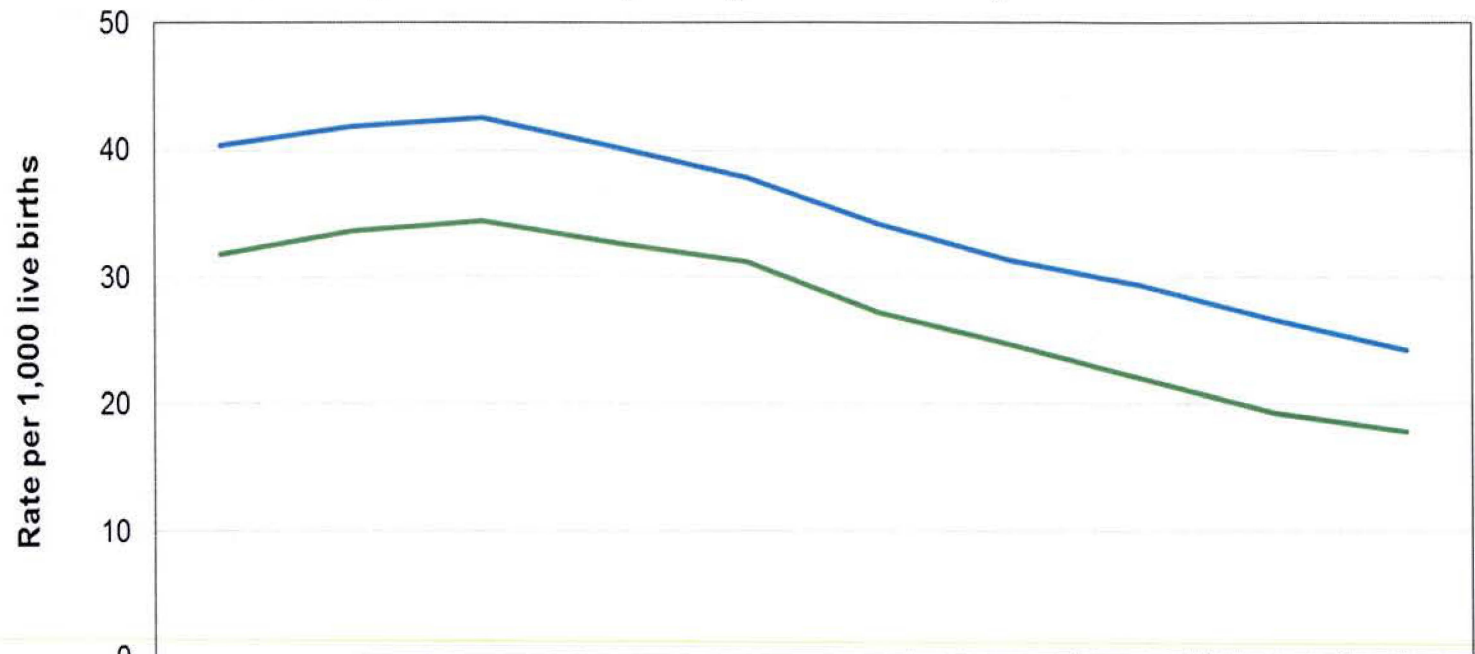


# Maternal and Child Health Bureau

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## Teen Births

### Teen (15-19) Birth Rates, Maryland and US, 2005-2014.



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
— Maryland	31.8	33.6	34.4	32.7	31.2	27.2	24.7	22.1	19.3	17.8
— United States	40.4	41.9	42.5	40.2	37.9	34.2	31.3	29.4	26.6	24.2

Data Sources: Maryland Vital Statistics and National Vital Statistics System



# Cancer and Chronic Disease Bureau

*Working with communities, clinical providers, health care systems, and insurers to improve health outcomes*

## ■ **Cancer Prevention and Control - Cancer Prevention Services**

- Breast/cervical cancer screening program served 4,844 women FY 2016
- Breast/cervical cancer diagnosis and treatment program served 1,340 clients FY 2016
- 2,846 CRF cancer screening tests provided FY 2016
- Maryland's cancer mortality rate has improved from being among the five highest in the nation for the time period 1989-1993, to the 31st highest for the most recent data time period (2009-2013).
- The overall cancer incidence rate in Maryland has decreased 13% since 2002, down from 495.8 cases per 100,000 to 432.1 cases per 100,000 in 2012

## ■ **Tobacco Use Prevention and Control**

- Over 28,000 called the Maryland Tobacco Quitline in FY 2016
- 55% of the nearly 10,000 residents receiving Quitline services reported a chronic disease
- Over 140,000 K-12 students received tobacco prevention education training FY 2016
- Over 60% reduction in the non-compliance rate of retailers selling tobacco to minors from 31% in CY 2014 checks to below 11% in CY 2016, avoiding costly federal penalties to the state for two consecutive years

## ■ **Oral Health**

- During the 2015-2016 school year the Deamonte Driver Mobile Dental Van served 1,516 children
- The Maryland Mighty Tooth Dental Sealant Program funded 11 counties in school year 2015-2016 providing dental sealants to 3,542 children
- Through a partnership with WIC 424 children received sealants on the Eastern Shore





# Cancer and Chronic Disease Bureau

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## Chronic Disease Prevention and Control

### ▪ Diabetes Prevention Program

- One of two states to receive Medicaid Diabetes Prevention Program Reimbursement Grant
- Increased National Diabetes Prevention Programs to 47

### ▪ Health Systems Change

- Implemented quality improvement processes to improve hypertension and diabetes quality measures in 24 health systems, reaching 34,755 patients with hypertension and 15,328 patients with diabetes

### ▪ School and Early Childcare Wellness

- Provided funding to five jurisdictions, through the Preventive Health and Health Services Block Grant, local health departments collaborate with local education agencies and county-level child care organizations to establish and implement wellness policies in 80 schools reaching an estimated 48,000 students; and 30 child care centers reaching an estimated 1,504 children

### ▪ Healthiest Maryland Businesses

- Program reaches over 266,292 Maryland employees
- Program assists employers in improving health outcomes to reduce chronic disease rates

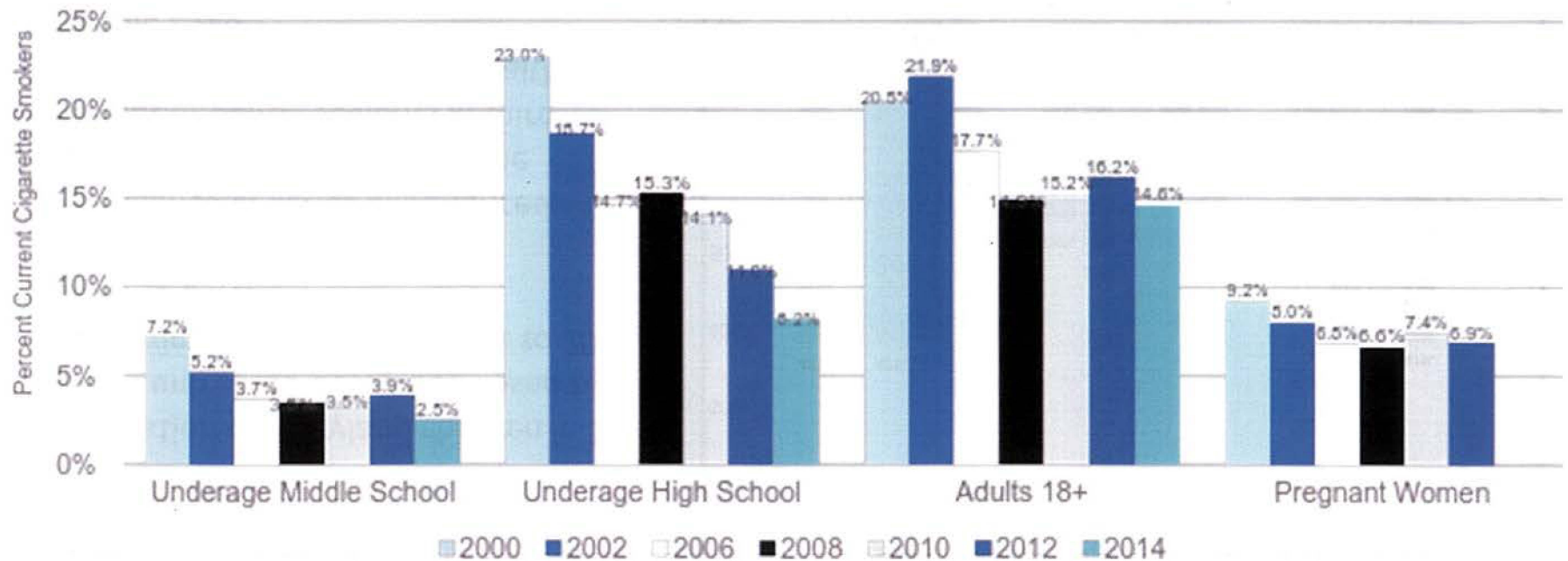




# Cancer and Chronic Disease Bureau

Working with communities, clinical providers, health care systems, and insurers to improve health outcomes

## Trends in Cigarette Smoking 2000-14



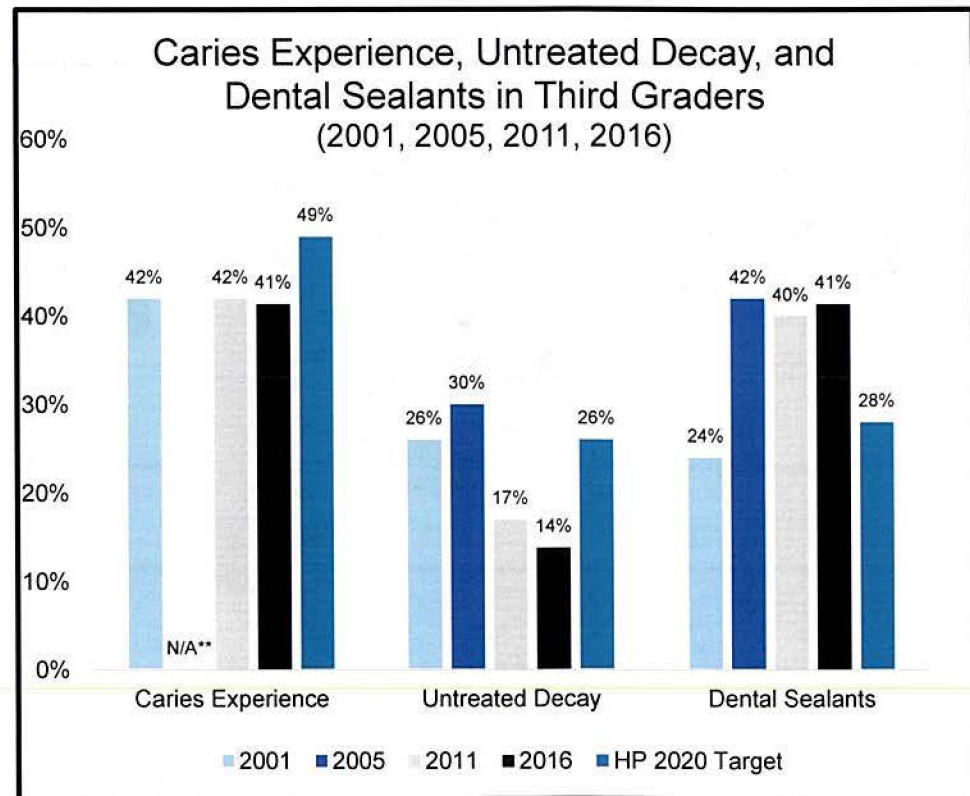
Source:  
 Youth data 2000-2014: Maryland Youth Tobacco Survey (YTRBS); 2014 data not yet published  
 Adult data: Maryland Risk Behavior Surveillance System (BRFSS) Survey  
 Pregnant women data: DHMH Vital Statistics Administration



# Cancer and Chronic Disease Bureau

*Working with communities, clinical providers, health care systems, and insurers to improve health outcomes*

- Proportion of Maryland children in 3<sup>rd</sup> grade with untreated decay decreased from 30% to 14% since 2005
- Proportion of Maryland children in 3<sup>rd</sup> grade untreated decay decreased by approximately 34% from 2001 to 2016 (26% to 14%)
- Prevalence of caries experienced, untreated tooth decay, and the receipt of dental sealants in third graders met targets set by Healthy People 2020
- Receipt of dental sealants in 2016 exceeded the Healthy People target by 13.0%



Source: 2001-2016 Schoolchildren Oral Health Survey



# Maryland's Health Enterprise Zones Initiative

- **5 HEZs, \$16 million budget over 4 years (ending 6/30/17), annual base awards of:**
  - Anne Arundel: \$200,000
  - Caroline/Dorchester: \$695,000
  - Greater Lexington Park: \$700,000
  - West Baltimore: \$959,964
  - Prince George's: \$1,035,855
- **Expanding capacity to deliver services:**
  - 22 health care delivery sites opened or expanded across the 5 HEZs
  - 78.4 FTEs added or retained across HEZs, including 11.7 licensed independent practitioners, 16.6 other licensed or certified health care practitioners, 15.85 CHWs
  - \$203,938 in income tax credits awarded to HEZ practitioners and 16 HEZ practitioners awarded loan repayment assistance
- **Providing new or expanded primary care, behavioral health, dental and wrap-around public health and social services:**
  - 304,330 visits provided to 169,842 patients across the 5 HEZs
  - Care coordination programs target 'high utilizers' in all HEZs
  - Linked HEZ data systems facilitate data sharing and co-management of complex patients
  - Self-management and community supports address social determinants of health
- **Impact on Health Outcomes**
  - Decrease in inpatient admissions and readmissions greater for HEZ zip codes compared to HEZ-eligible and non-HEZ zip codes across MD between 2009 and 2015
- **2016 ASTHO Vision Award for Innovation, Effectiveness, and Replicability**





# A Few Success Stories

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## Underage sale of Tobacco to Youth

- Beginning in 2013, violation rates in Maryland increased to 24.1%, the highest in the nation, then soared to 31.4% in the following year. DHMH successfully reduced violation rates by 56% -- from 31.4% to 13.8% -- in a single year
- Reduced # of violations of tobacco retailers sales to minors to below 20% avoiding a \$13 million dollar penalty from SAMSHA through a Responsible Tobacco Retailer Initiative
- Success could not have been achieved without the partnerships between Public Health Administration (PHA), Behavioral Health Administration (BHA), the Comptroller's office, Local Health Departments (LHDs), Department leadership, statewide resource centers, community organizations, and the retail community



# A Few Success Stories (Continued)

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- DHMH was first to identify a multi state outbreak of Burkholderia Cepacia caused by contaminated saline filled syringes, resulting in a nationwide recall. Following an outbreak in several nursing homes, DHMH reached out to other states and CDC leading to the recognition of 162 cases (including 7 deaths) at 59 facilities in NY, NJ, DE, PA, and MD
- Successful response to the emergence of Zika virus, creating a Zika surveillance system, establishing Zika laboratory testing protocols, disseminating Clinical guidance to Maryland providers, developing and providing prevention guidance to MD residents and working with LHD's and MD Department of Agriculture to ensure mosquito surveillance and robust control



# A Few Success Stories (Continued)

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- Multi agency initiative lead by the Environmental Health Bureau resulted in regulation changes requiring testing for all Maryland children ages 1 and 2, born after January 1, 2015. An increased # of children exposed to lead have been identified
- Successful application for a new competitive State Violence and Injury Prevention Program (SVIPP) cooperative agreement. Maryland was one of three states awarded the full amount, \$475,00 per year for five years – Maryland, Massachusetts and Colorado
- Received Models of Collaboration grant for State Chronic Disease and Oral Health Programs focused on expanding dental capacity to provide blood pressure screening and referrals. Only six states funded





**The Department of Health and Mental Hygiene's  
Responses to the DLS FY 2018  
Prevention and Health Promotion Administration Budget Analysis  
February 9, 2017 (Senate) and February 13, 2017 (House)**

*DLS concurs with the Governor's Allowance. (pg. 4)*

The Administration concurs with this recommendation.

*The agency should comment on the role public health agencies should play in addressing gun violence. (pg. 26)*

Gun violence can be prevented through a comprehensive public health approach. Violence is contagious and can become epidemic within communities. Primary prevention activities involve the use of core public health activities to interrupt the transmission of violence through:

1. Conducting surveillance to track gun-related deaths and injuries, gain insight into the causes of gun violence and to assess the impact of interventions;
2. Identifying risk factors associated with gun violence and resilience or protective factors that guard against violence;
3. Developing, implementing and evaluating interventions to reduce risk factors and build resilience; and
4. Institutionalizing successful prevention strategies.

The many different forms of violence are interconnected and often share the same root causes. Understanding shared risk and protective factors can help us plan how to prevent multiple forms of violence at once. States and communities must comprehensively address violence by coordinating and integrating responses to violence in a manner that recognizes the connections between different forms of violence, and how these connections affect communities

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*The Department of Legislative Services recommends a BRFA provision abolishing the mandate, transferring the funds to the General Fund. (pg. 23)*

The Administration does not concur with this recommendation.

Chapter 510 of the Acts of 2016 expanded the allowable uses of the Spinal Cord Injury Research Trust Fund to include administration of the Advance Directive Program. HB 188 of 2017 (pending) would rename and repurpose this fund for the sole use of the Advance Directive Program. The Department supports HB 188 and has been working since last session to develop the Advance Directive Program and is planning to use these funds for this program. To that end, the Department recommends against returning these funds to the general fund.

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