



MARYLAND Department of Health

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

MEMORANDUM

TO: Caitlin Kirkpatrick, CRF Tobacco Program Coordinator
St. Mary's County Health Department

FROM: Lawrence Carter, M.S., M.S.
Chief, Local Public Health Initiatives

DATE: Tuesday December 26, 2017

RE: St. Mary's County Health Department Site Visit – December 6, 2017

Lawrence Carter
12/26/17

Thank you for meeting with my staff and me to discuss your local CRFP Tobacco Use Prevention and Cessation Program. Below is a summary of comments and recommendations from our exit meeting discussion. These comments and recommendations are also included in the attached site visit report.

General Comments

- Good fiscal controls and communication regarding budgets.
- Consistent collaboration with Minority Outreach Coalition and other community organizations to address needs in low income and minority areas.
- Youth and adult tobacco use rates are trending downward, while E-cigarette use among youth is high.
- The membership of the Tobacco Free Living Coalition subgroup is small and does not have a youth voice.
- E-cigarette campaigns and materials are promising.

Recommendations

1. Need to grow coalition membership and attract a youth member.

If you have any concerns in regards to the site visit report, please contact me directly by phone at (410) 767-1374 or by email at lawrence.carter@maryland.gov.

Cc: Meenakshi Brewster, Anna McCreery, Dawn Berkowitz, Nacole S. Smith, Kanika Campbell, Julinda Massey

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JAN 02 2018
By _____

*Cigarette Restitution Fund Program
Local Public Health Tobacco Grants
Site Visit Report*

Jurisdiction: St. Mary's County Health Department

Date of Site Visit: Wednesday December 6, 2017

Review Period: July 1, 2015 through June 30, 2016
July 1, 2016 through June 30, 2017
July 1, 2017 through Present

I. INTRODUCTIONS & OVERVIEW OF SITE VISIT

Jurisdiction representatives in attendance

Libby Blair – Division Director
Angela Cochran – Director of Chronic Disease
Caitlin Kirkpatrick – Tobacco Program Coordinator
Rebecca Jackson – Tobacco Enforcement Coordinator
Joy Sapp – Fiscal Officer
Nat Scroggins – Minority Outreach Coalition (MOC)
Mike Brown – Unified Committee for Afro American Contributions (UCAC)

MDH representatives in attendance.

Lawrence Carter – Chief, Local Public Health Initiatives
Nacole Smith – Community Health Educator
Kanika Campbell – Community Health Educator
Julinda Massey – Community Health Educator

COUNTY PRESENTATION

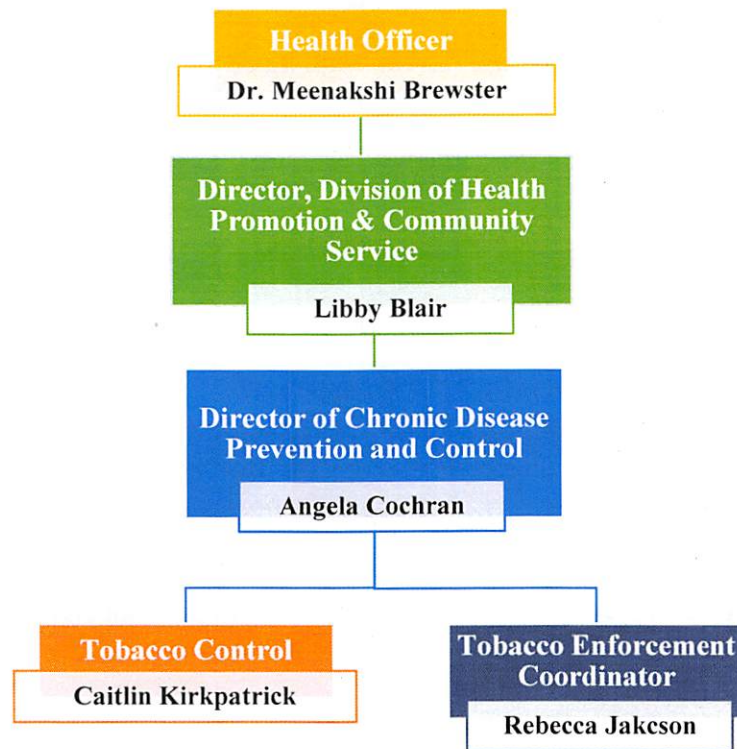
II. PROGRAM STAFF

Briefly describe the FY18 staff and their responsibilities? Discuss any differences between FY18 and FY17 staffing. (Provide an organizational chart)

Caitlin Kirkpatrick (1 FTE) – Tobacco Program Coordinator: Responsible for CRF Tobacco grant, reports, and coordinates cessation and community activities.

Rebecca Jackson (.5 FTE) – Tobacco Enforcement Coordinator: Conducts outreach and vendor education to retailers to promote awareness of compliance with youth access laws for tobacco.

At the end of FY16, Jane Dodds, Community Health Nurse II, accepted a position at the Calvert County Health Department, Rebecca Jackson was hired as the Tobacco Enforcement Coordinator, and Angela Cochran, Director of Chronic Disease, resumed responsibilities for the CRF program. In the beginning of FY17, Jessica Hartman was hired as the Administrative Specialist III. In FY18, Caitlin Kirkpatrick was hired as the Tobacco Program Coordinator, and Jessica no longer works for Tobacco Control.



III. SITE VISIT RECOMMENDATIONS

a) *Discuss how each recommendation from the last site visit was incorporated into the existing program.*

Recommendation #1: Establish a fiscal monitoring system to avoid unspent funds – **Satisfied**

- CRF staff and the fiscal agent maintain daily communication as well as conduct monthly reconciliations for the tobacco program. In both FY16 and FY17 there were no unspent funds for the CRF Tobacco Program.

Recommendation #2: Need to submit required reports on time – **Satisfied**

- Since FY15, all required reports have been submitted on time.

Recommendation #3: Need to increase coalition membership, add diversity and youth members – **Not Satisfied**

- Between FY16 and FY18, coalition membership has been between 8 - 9 members, with 4 – 7 African Americans and 2 – 4 Caucasians. There are no youth on the coalition.

Recommendation #4: Submit sub-vendor contracts in a timely manner as stated in the CRF Tobacco Conditions of Award – **Satisfied**

- Since FY15, all sub-vendor contracts have been submitted on time.

b) Discuss whether site visit recommendations are shared with the local coalition and provide the date.

Current tobacco program staff were not with the health department during the last site visit and were unable to verify whether site visit recommendations from September 12, 2014 were ever shared with the coalition.

IV. PROGRAM PERFORMANCE

a) Describe your coalition in terms of membership, structure, level of diversity, input, youth participation and sustainability. Has membership, participation and/or interest changed?

In 2014, Minority Outreach Coalition (MOC) merged with the Local Health Improvement Coalition (LHIC) to form the Healthy St. Mary's Partnership. There is a Tobacco Free Living Coalition subgroup within the Partnership with 8 members, 4 African Americans, 4 Caucasians, There are no youth on the coalition, however, staff are currently recruiting youth.

b) Does the county have evidence that Appointee Exemption Forms are completed?

Yes.

c) Describe your county youth tobacco/nicotine use from 2006 – 2014 using the Monitoring Changing Tobacco Use Behaviors: 2000-2014 data report. Please cover the following indicators and compare the county with state averages:

- **All tobacco product use**
 - County rates significantly decreased from 24% in 2006 to 14% in 2014, and is higher than the State rate of 10.7%.
- **Cigarette use**
 - County rates significantly decreased from 19.4% in 2006 to 9.7% in 2014, and is higher than the State rate of 5.7%.
- **Smokeless Tobacco use**
 - County rates increased from 3.5% in 2006 to 5.4% in 2014, and is higher than the State rate of 3.9%.

- **Cigar use**
 - County rates decreased from 10.1% in 2006 to 7.7% in 2014, and is parallel to the State rate of 7.2%.
- **E-cigarette use**
 - High School youth e-cig use was 25.2% in 2014 and is higher than the State rate of 19.7%.

d) Describe your adult tobacco/nicotine use from 2006 – 2014 using BRFSS data. Please cover the following indicators and compare the county with state averages.

- **Cigarette use**
 - County rates decreased from 23.4% in 2006 to 19.8% in 2014, and is higher than the State rate of 14.6%.
- **E-Cigarette use**
 - Adult e-cig use was 7.8% in 2014, and is higher than the State rate of 5.6%.
- **Cigarette Smoking during Pregnancy** (Maryland Birth Certificate Data)
 - County rates increased from 9.9% in 2006 to 11.2% in 2015, and is higher than the State rate of 6.9%.

e) Are any population disparities identified in the adult tobacco data? If so, how are they being addressed in the FY18 plan?

SMCHD plans to outreach to pregnant women, behavioral health, low income and the Hispanic populations by providing health information to community organizations, making referrals to the Quitline, offering cessation classes in the Lexington Park community, and utilizing the services of a Community Health Outreach Worker from the CPEST program.

f) Describe lung cancer mortality data between 2000 – 2011.

The lung cancer mortality rate increased from 55.5 per 100,000 in 2000 to 58.7 per 100,000 in 2011. This rate is higher than the State rate of 43.7 per 100,000.

g) Discuss the FY17 accomplishments and challenges of CRF Tobacco Initiatives.

Community:

- 3 organizations were funded for youth tobacco prevention and e-cig activities.
- Implemented a mobile app campaign that sends notifications about the dangers of smoking.
- Implemented a Vape Aware Campaign targeting youth.

h) Discuss whether County met or exceeded all performance measures identified on the DHMH 4542c in FY 15 and FY16 for CRF Tobacco Grant.

	BUDGET YEAR ESTIMATE	FY15 TOTAL
COMMUNITY		
# of Awareness Campaigns	6	9
# of People Educated	1500	2074
# of Youth Educated on E-Cigarette Prevention	750	4015
# of Healthcare Providers Trained in Clinical Practice Guidelines	25	0
# of Organizations Funded for Youth Tobacco Prevention Activities	2	3
# of Print Media Campaigns	12	13
# of Organizations Funded for Tobacco Control Activities	3	2
CESSATION		
# of participants in Smoking Cessation - Total	185	119
# of participants in Smoking Cessation - African American	50	28
# of participants in Smoking Cessation - Pregnant Women	5	5
# of Health Care Providers Trained on Clinical Practice Guidelines	50	140
# of participants in smoking Cessation - Hispanic	5	0
# of participants in smoking cessation - WIC	5	6
# of participants in smoking cessation – Behavioral Health	5	16
ENFORCEMENT		
# of merchants educated on Youth Access Law	20	25
# of merchants educated on product placement	20	25
# of tobacco merchant sales citations	10	0
# of Youth Access Compliance Checks	40	40
# of NGO's funded for vendor education	2	2
# of merchants educated in person by NGO	80	80

	BUDGET YEAR ESTIMATE	FY16 TOTAL
CESSATION		
# of participants in Smoking Cessation - Total	185	161
# of participants in Smoking Cessation - African American	35	36
# of participants in Smoking Cessation - Caucasian	145	121
# of participants in Smoking Cessation - Hispanic/Latino	5	1
# of participants in Smoking Cessation - Pregnant Women	10	2
# of participants in smoking Cessation - Women	100	98
# of participants in smoking Cessation - Men	85	65
# of participants in smoking cessation - WIC	5	3
# of participants in smoking cessation – Behavioral Health	10	0
SCHOOL		
# of K-12 Parents Educated	40	100
# of K-12 Students Educated	1250	1695
# of K-12 Peer Programs Organized	1	1
COMMUNITY		

# of Print Media Campaigns	12	9
# of Awareness Campaigns	6	6
# of People Educated	1000	1130
# of Youth Educated on E-Cigarette Prevention	1000	1579
# of Organizations Funded for Youth Tobacco Prevention Activities	2	2

i) Discuss efforts to educate youth on electronic cigarette prevention

SMCHD implemented a Vape Aware campaign to educate youth and parents on the dangers of using electronic cigarettes. Bus advertisements, printed materials such as posters and cards were disseminated County wide. Also, sub-vendors were required to educate youth on e-cig prevention as a part of their MOU.

j) Discuss any efforts to reach pregnant women and women of childbearing age including any Pregnancy And Tobacco Cessation Help (PATCH) Initiatives.

Provided education to the Maternal Child and Health Department as well as the Southern Maryland Women’s Health Program. Disseminated flyers to the Care Net Pregnancy Center of Southern Maryland.

k) Discuss local policy initiatives and accomplishments.

The Tobacco Free Living Coalition is currently advocating for the following initiatives: Smoke Free Holy Grounds with Bishop Thomas and Smoke Free St. Mary’s County Government Grounds. The College of Southern Maryland went smoke and vape free in January 2017.

l) Discuss any efforts to reach the mental health and substance abuse populations.

The St. Mary’s Health Department Director of Behavioral Health recently joined the Tobacco Free Living Coalition subgroup. Active coalition member, Mike Brown, has been trained to conduct cessation classes with behavioral health clients. The Chronic Disease and Behavioral Health Division are working collaboratively to provide cessation services to behavioral health clients.

m) Discuss any counter marketing and/or media strategies.

For FY18, staff is looking into creating a Vape Aware commercial through Comcast. Staff have also developed a mobile app campaign with Clear Channel to provide tobacco prevention messages to the community. Other forms of media strategies include the Vape Aware campaign, e-cigarette poster contest, social media ads, billboards, and newspaper advertisements.

n) Describe how your tobacco program works with or integrates with chronic disease prevention efforts.

Staff outreach for all health department programs. Asthma and colorectal patients are screened for smoking during intake, and CPEST will hire a CHOW to conduct tobacco outreach in FY18.

o) Describe tobacco enforcement procedures and partners.

From FY16 – FY18, SMCHD has partnered with the St. Mary's County Sheriff's Office, UCAC, MOC, and Walden Sierra to conduct compliance checks and face to face retailer education. During a compliance check, the minor enters the establishment and attempts to buy a tobacco product while law enforcement remain in the car. If the retailer does not make a sale to a minor, then law enforcement makes a report of their compliance. The St. Mary's Health Department follows up with a letter to the retailer informing them that they did not sale tobacco products to a minor. If a retailer does make a sale to a minor, law enforcement informs the retailer of the violation and issues a citation. The Health Department follows up with the retailer to provide additional education to avoid further citations in the future.

p) Discuss the FY17 accomplishments and challenges, including whether you met or exceeded performance measures for Tobacco Enforcement Initiatives.

In FY16, 103 compliance checks were completed with 53 citations, and 175 face to face vendor education visits.

In FY17, 92 compliance checks were completed with 17 citations, and 83 face to face vendor education visits were completed.

There were no referrals to the Comptroller's Office for both FY16 and FY17. In FY17, the Sheriff's Office was using the wrong county code when issuing a citation to retailers who violated the law, which resulted in the citation being thrown out in court. Rebecca Jackson, Tobacco Enforcement Coordinator, partnered with the County Attorney and the Sheriff's Office to rectify the problem with writing citations. In both FY16 and FY17, the NGO's reported that the majority of the retailers were very receptive to the education that they received. However, there were a few challenges related to travel time to and from each tobacco retailer within the county, language barrier, availability of owner/manager during educational visits.

q) Describe follow up efforts with non-compliant tobacco vendors, specifically non-compliant vendors identified during FFY18 Synar compliance checks.

SMCHD uses a 3 step process when citing a retailer who violated the law. 1) Law enforcement returns the next day to notify the owner of the citation, 2) a letter is sent to the retailer from the Health Department letting them know they sold tobacco to a minor and violated the law, and 3) then law enforcement delivers the citation to the clerk who sold tobacco to the minor. In FFY18, St. Mary's had a 16.7% Synar non-

compliance rate for the county. In FY18, those retailers that were non-compliant in FY17 were re-visited.

- r) *Discuss efforts to work with county leadership and community organizations to enhance store level compliance.*

SMCHD has a good relationship with the Alcohol Beverage Board, Sheriff's Office, Commissioners, and Board of Health. Congratulatory letters are sent to retailers that are compliant.

V. **MINORITY OUTREACH AND MEDICALLY UNDERSERVED AND LOW SES (socio-economic status) POPULATIONS**

- a) *Discuss the FY17 strategies and accomplishments within African American, Asian American, Hispanic/Latino and Native American communities including work with your MOTA vendor (if applicable).*

SMCHD partnered with MOC and UCAC. Participated in Juneteenth and Judy Center Family Fiesta. Expanding cessation services to the Lexington Park area where a large African American population resides.

- b) *Does the health department partner and engage organizations that serve minority communities.*

Yes. The health department partners with MOC, UCAC, Walden and The Cove, Pathways, CareNet, and is currently collaborating with their local NAACP.

- c) *Discuss the strategies utilized to insure low income and/or low educated populations have appropriate access to cessation and prevention services.*

SMCHD has partnered with the Department of Social Services and cessation classes will be offered at DSS. The CPEST CHOW will conduct outreach in the Lexington Park and Great Mills area, which are low SES areas.

- d) *Describe local partnerships with local community groups, housing agencies and anti-poverty programs.*

SMCHD has partnered Three Oaks Women's and Children's Shelter, MOC, Tri-County Youth Services, MedStar St. Mary's Hospital, and is in the process of implementing a Smoke Free Holy Grounds Initiative with Bishop Thomas.

VI. **PROGRAM AND RECORD COMPLIANCE**

- a) *Validate select FY16 Performance Measures reported on DHMH 440A by local health department.*

- FT03 - # of k-12 students educated (1,695) – **Validated**
- FT05 - # of cessation participants – Total (161) – **Validated**

- FT02 - # of youth educated on e-cigarette prevention (1,579) – **Under reported; final count was (2,353)**

b) Review FY16 contractual agreements and reports.

- Minority Outreach Coalition – **Validated with contracts, invoices and reports**

c) Validate smoking cessation quit rate follow up.

- Staff uses the Electronic Medical Records (EMR) system to track quit rates, as well as written forms and phone calls.

d) Discuss compliance with Conditions of Award

- SMCHD is compliant with all Conditions of Award.

VII. SUB-VENDOR AND/OR PARTNER PRESENTATIONS

Vendor(s) should discuss significant accomplishments and performance related to grants received in FY16 and FY17.

Nat Scroggins from Minority Outreach Coalition was funded in FY16 for \$3,500 to conduct face to face vendor education with tobacco retailers. A total of 65 tobacco retailers were educated about the state and local tobacco sales law. Tobacco retailers were receptive to the education, liked the retailer calendars, and were shown a video about not selling tobacco products to minors.

Mike Brown from Unified Committee for Afro American Contributions was funded in FY16 for \$3,500 to conduct face to face vendor education with tobacco retailers. 65 tobacco retailers were educated. Employees were receptive to the information, however, a few retailers spoke a language other than English, and this made it difficult to educate them on the state and local tobacco sales law.

VIII. FISCAL SYSTEMS AND PROCUREMENT COMPLIANCE

a) How are CRFP funds managed and tracked?

Funds are managed and tracked through PatTrac and then processed through FMIS.

b) Who reviews and approves invoices?

The Director of Chronic Diseases, Angela Cochran, and the Fiscal Officer, Joy Sapp, review and approve invoices.

c) Describe the communication linkage between fiscal and program staff.

CRF staff and Fiscal Agent has daily communication as well as conduct monthly reconciliations for the tobacco program.

d) *Explain unspent funds from FY16 and/or FY17.*

There were no unspent funds for both FY16 and FY17.

e) *What is the status of this fiscal year's (FY18) CRFP budget expenditures?*

24% of CRF funds have been expended.

f) *Are there any outstanding reconciliations or audit findings?*

No.

IX. SITE VISIT SUMMATION AND DEBRIEFING

General Comments

- Good fiscal controls and communication regarding budgets.
- Consistent collaboration with Minority Outreach Coalition and other community organizations to address needs in low income and minority areas.
- Youth and adult tobacco use rates are trending downward, while E-cigarette use among youth is high.
- The membership of the Tobacco Free Living Coalition subgroup is small and does not have a youth voice.
- E-cigarette campaigns and materials are promising.

Recommendations

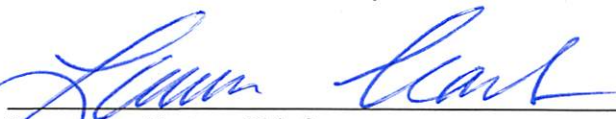
1. Need to grow coalition membership and attract a youth member.



Nacole S. Smith, Community Health Educator

12/26/17

Date



Lawrence Carter, Chief
Division of Statewide Tobacco Control Initiatives

12/26/17

Date