



CHANGING  
*Maryland*  
*for the Better*

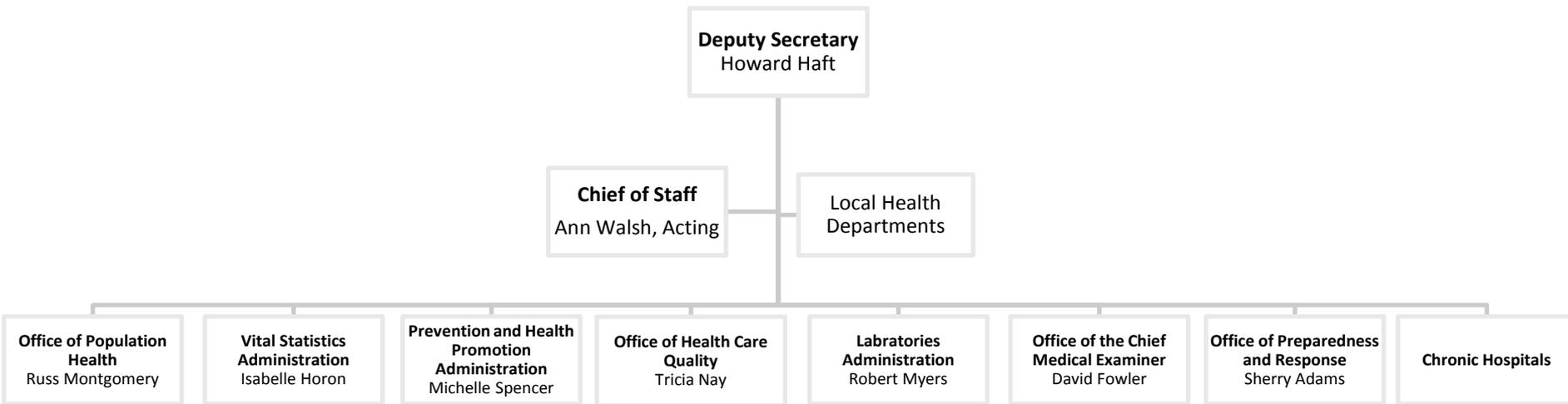
# Prevention and Health Promotion Administration Fiscal 2017 Budget Overview

Van T. Mitchell, Secretary

Howard Haft, MD, MMM, CPE, FACPE, Deputy Secretary



# Public Health Administration Organizational Chart



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## **Prevention and Health Promotion Administration (PHPA)**

Michelle L. Spencer, MS, Director

<http://phpa.dhmh.maryland.gov>



# 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 1,094 food manufactures and 497 dairy facilities which includes 438 dairy farms in Maryland to protect families and jobs

## ■ 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 15, over 83,000 students (elementary, middle, high school, secondary) received sexual assault prevention education
  - More than 4,500 professionals received sexual assault prevention training
- Kids in Safety Seats (KISS)
  - Annually, over 100 car seat check-up events and 1,450 car or booster seat inspections
  - Distributed or loaned 799 car seats or special needs seats via Car Seat Assistance Programs or Special Needs Loaner Program
- Sexual Assault Evidence Collection Medical Reimbursement
  - More than 3,000 invoices processed annually

## ■ Environmental, Occupational, and Injury Epidemiology

- Environmental Public Health Tracking
- Climate Change
- Maryland Violent Death Reporting System (MVDRS)



# 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.

## ■ Office of Food Protection – promoting safe food and food businesses

- Fully implemented farmstead cheese pilot program
- Issued more than 2,800 international export certificates

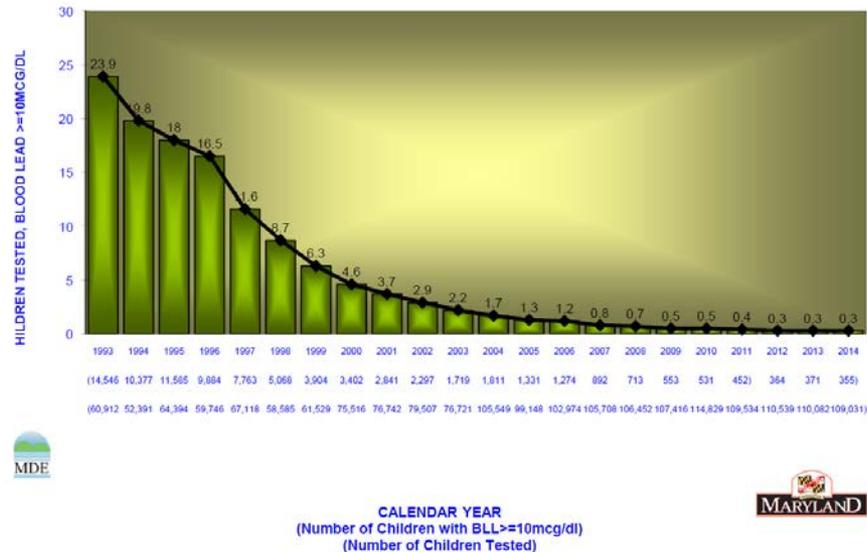
## ■ Sexual Assault Forensic Examination (SAFE) Workgroup Report

- Recommendations on access to care, reimbursement, reporting, education, victims' rights, more

## ■ Lead Poisoning Screening Program: New Statewide Targeting Plan and Initiative

- Goal – increase lead testing rates across the State, especially in younger children, and prevent lead exposure and lead poisoning
- Extensive outreach to providers, parents, child care, schools, communities on lead, lead management and prevention
- Close coordination with Maryland Department of the Environment, Housing and Community Development, local health departments

MARYLAND DEPARTMENT OF THE ENVIRONMENT  
CHILDHOOD BLOOD LEAD SURVEILLANCE  
STATEWIDE 1993-2014



# Infectious Disease Prevention and Health Services Bureau

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

## ■ HIV Prevention and Health Services

- Initiated new demonstration project (one of four in U.S.) to integrate HIV testing and treatment into primary medical care and to use surveillance and other evidence-of-care information to trigger outreach to persons with HIV who are not in HIV-related medical care
- Partnered with Medicaid to ensure coverage of pre-exposure prophylaxis
- Expanded the Sexual Health in Recovery program to Carroll, Frederick, and Wicomico counties

## ■ Maryland AIDS Drug Assistance Program

- Enrolled more clients into qualified health plans. Over 80% of clients now have insurance, which is more economical for the program and provides greater benefit for the client.

## ■ Sexually Transmitted Infection Prevention

- Supported policy changes to expand access to expedited partner therapy.
- Implemented improved data system allowing for better quality assurance of partner services

## ■ Adult Viral Hepatitis Prevention

- Initiated new demonstration project (one of three in U.S.) to integrate Hepatitis C testing and cure into primary medical care. Training primary care providers, providing system supports, and collaborating with Medicaid

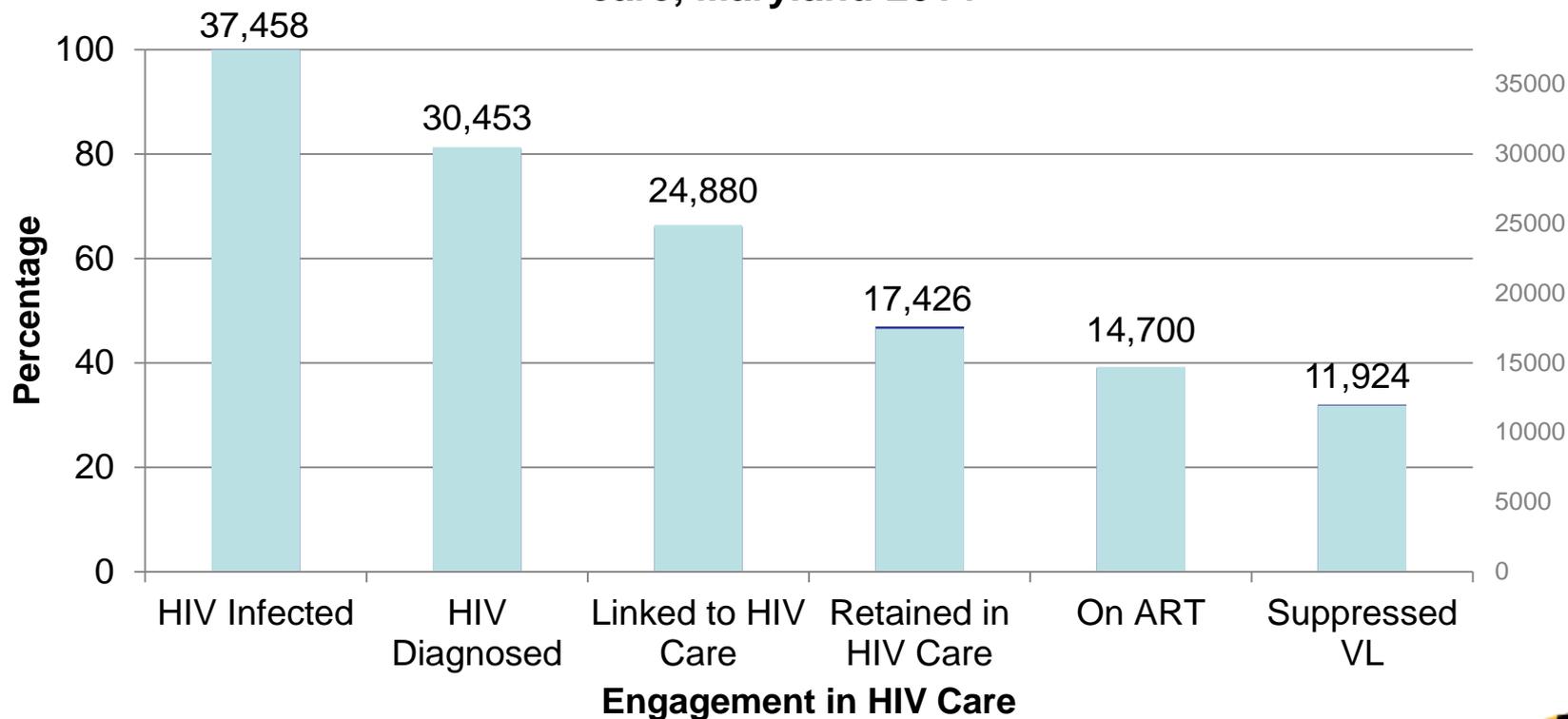


# Infectious Disease Prevention and Health Services Bureau

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

## Continuum of Care

Estimated number and percentage of HIV infected adults/adolescents engaged in selected stages of the continuum of care, Maryland 2014



Using data as reported through 12/31/2015



# 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 353 infectious disease outbreaks during 2015, including *E. coli* O26, influenza norovirus, *Legionella*, *Listeria*, *Salmonella*, and enterovirus
- Responded to over 65,000 communicable disease reports

## Childhood, Adolescent, and Adult Immunizations

- Helped maintain >99% kindergartners vaccinated against measles
- Partnered with providers to increase the use of ImmuNet, the MD immunization registry resulting in 32% increase in vaccinations reported to the registry over a single year

## Tuberculosis Control and Prevention

- Partnered with private providers, local health departments, and CDC to manage nearly 200 increasingly complex TB cases, including MDR/XDR TB



# Infectious Disease Epidemiology and Outbreak Response Bureau

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

## Emerging Infections

- Dealt with emerging infections, like Ebola, MERS, chikungunya and Zika virus
- Monitored and responded to urgent antibiotic resistance threats C diff, Carbapenem-resistant Enterobacteriaceae (CRE), and gonorrhea

## HIV Surveillance, Infection Prevention, and Outbreak Response

- Implemented supplemental surveillance methods to better reflect transgender persons with HIV
- Began using HIV DNA sequencing data to identify clusters of related HIV infections

## Refugee, Asylee, and Migrant Health

- Provided culturally-informed health assessments to ~2400 newly arrived humanitarian immigrants from countries such as Burma, Afghanistan, Sudan, Ethiopia, and Bhutan.
- Responded to international outbreak notifications/alerts related to measles, cholera, and hepatitis.



# Infectious Disease Epidemiology and Outbreak Response Bureau

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

## Ebola

- Worked with healthcare providers to evaluate > 70 patients suspected of having Ebola
  - 7 ended up undergoing Ebola testing
  - No Ebola cases identified
- Assisted with development, coordination, and assessment of Maryland Ebola tiered hospital strategy
- Monitored > 4,400 travelers from Ebola-affected countries (second only to New York)

## Zika Virus

- Developed and disseminated guidance to health care providers and information to the general public, including information about Zika virus in pregnancy
- Coordinated clinical evaluations and testing for Zika virus
- First Maryland travel-associated case reported February 11, 2016



# Infectious Disease Epidemiology and Outbreak Response Bureau

## Top 15 Reportable Diseases, MD 2014

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

#	Disease	Rate*	#	Disease	Rate*
1	<b>Chlamydia</b>	<b>458.9</b>	9	<b>Meningitis, Aseptic</b>	<b>7.7</b>
2	<b>Gonorrhea</b>	<b>102.2</b>	10	<b>Syphilis, Primary &amp; Secondary</b>	<b>7.5</b>
3	<b>HIV infection***</b>	<b>27.7</b>	11	<b>Strep Pneumoniae, Invasive disease</b>	<b>7.2</b>
4	<b>Lyme disease</b>	<b>23.0</b>	12	<b>Giardiasis</b>	<b>4.5</b>
5	<b>Salmonellosis</b>	<b>14.9</b>	13	<b>Shigellosis</b>	<b>4.4</b>
6	<b>Campylobacteriosis</b>	<b>11.9</b>	14	<b>Pertussis</b>	<b>3.4</b>
7	<b>Mycobacteriosis (non-TB/ Leprosy)</b>	<b>11.3</b>	15	<b>Tuberculosis</b>	<b>3.3</b>
8	<b>Strep Group B, Invasive disease</b>	<b>10.2</b>		(*per 100,000 population)	

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

\*\*\* Provisional; subject to change. Age 13+ per CDC convention.



# Maternal and Child Health Bureau

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

**FY2015:**

## **Maryland Family Planning Program**

- 109,970 family planning & reproductive health visits for 67,294 low-income, uninsured clients per year – served through a network of over 60 sites statewide

## **Clinical Specialty Services**

- 11,138 clinical services were supported including visits and genetic counseling in genetic centers, complex care centers, and in pediatric hematology and hemophilia programs

## **Infant Follow up Services**

- 5,999 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

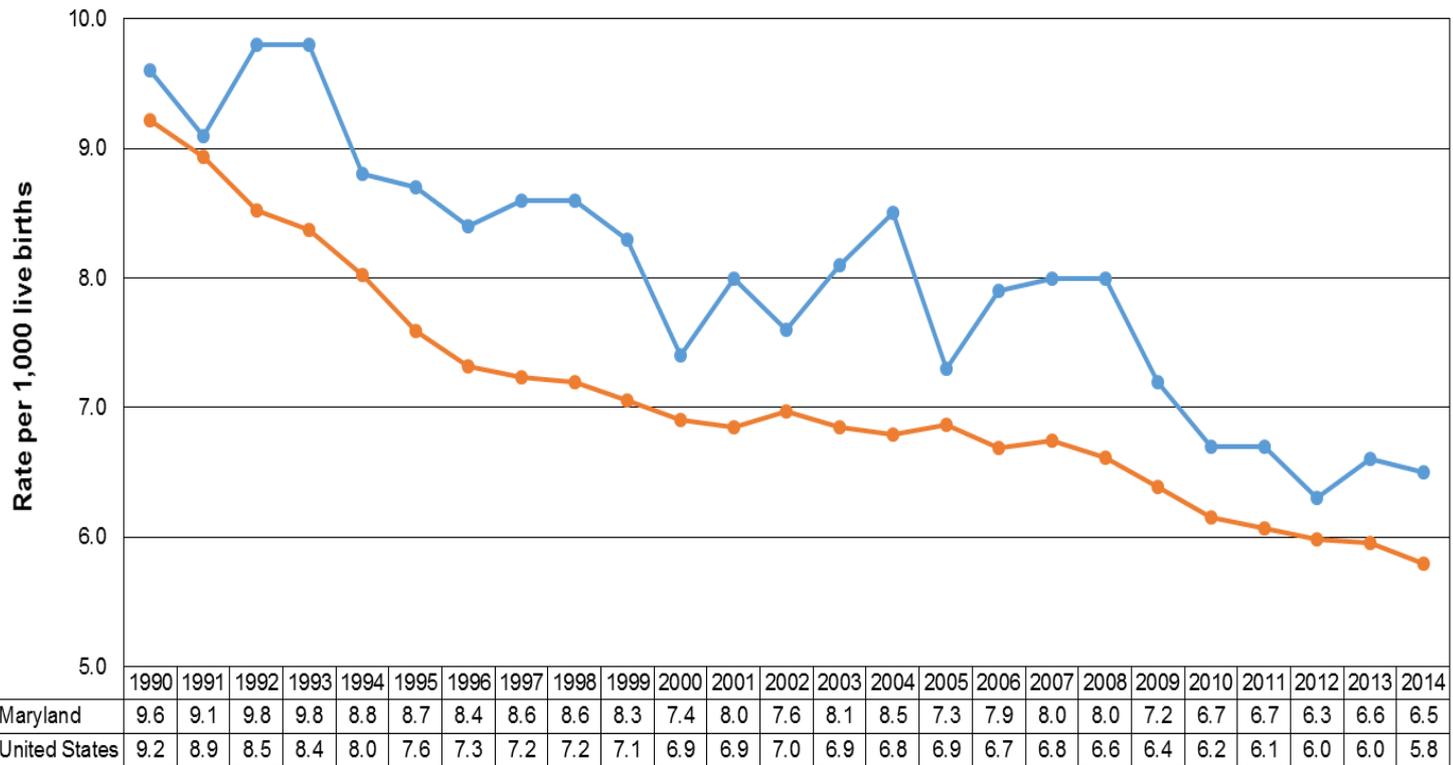


# Maternal and Child Health Bureau

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

## Infant Mortality

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



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

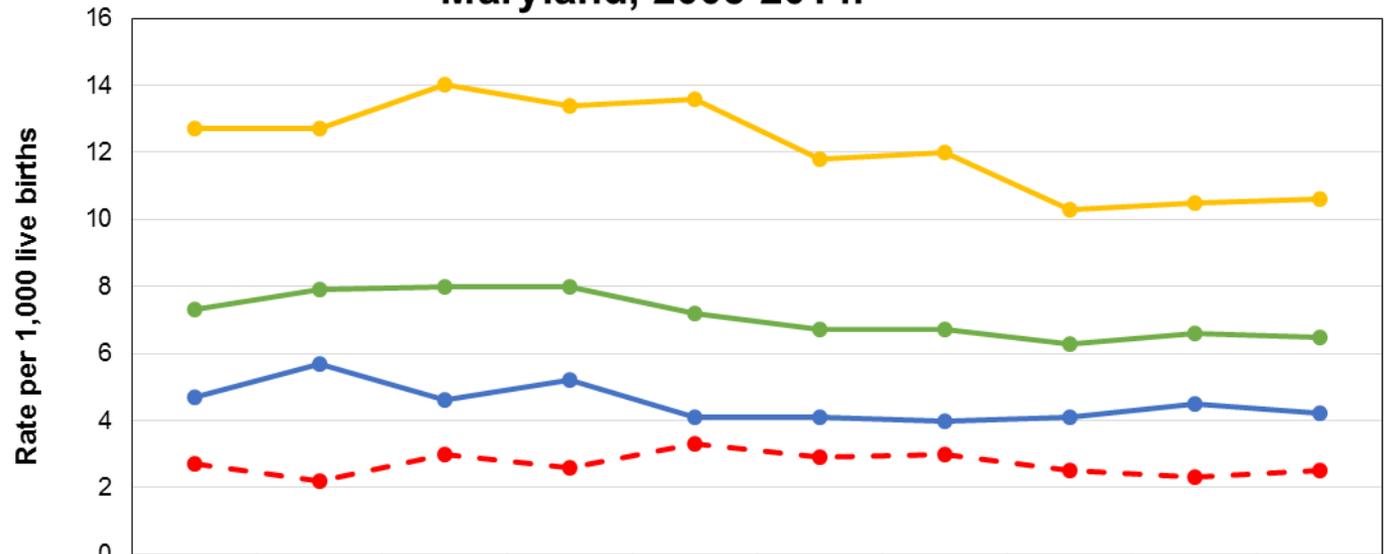


# Maternal and Child Health Bureau

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

## Infant Mortality Disparities

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



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
All Races	7.3	7.9	8	8	7.2	6.7	6.7	6.3	6.6	6.5
White	4.7	5.7	4.6	5.2	4.1	4.1	4	4.1	4.5	4.2
Black	12.7	12.7	14	13.4	13.6	11.8	12	10.3	10.5	10.6
Ratio	2.7	2.2	3	2.6	3.3	2.9	3	2.5	2.3	2.5

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

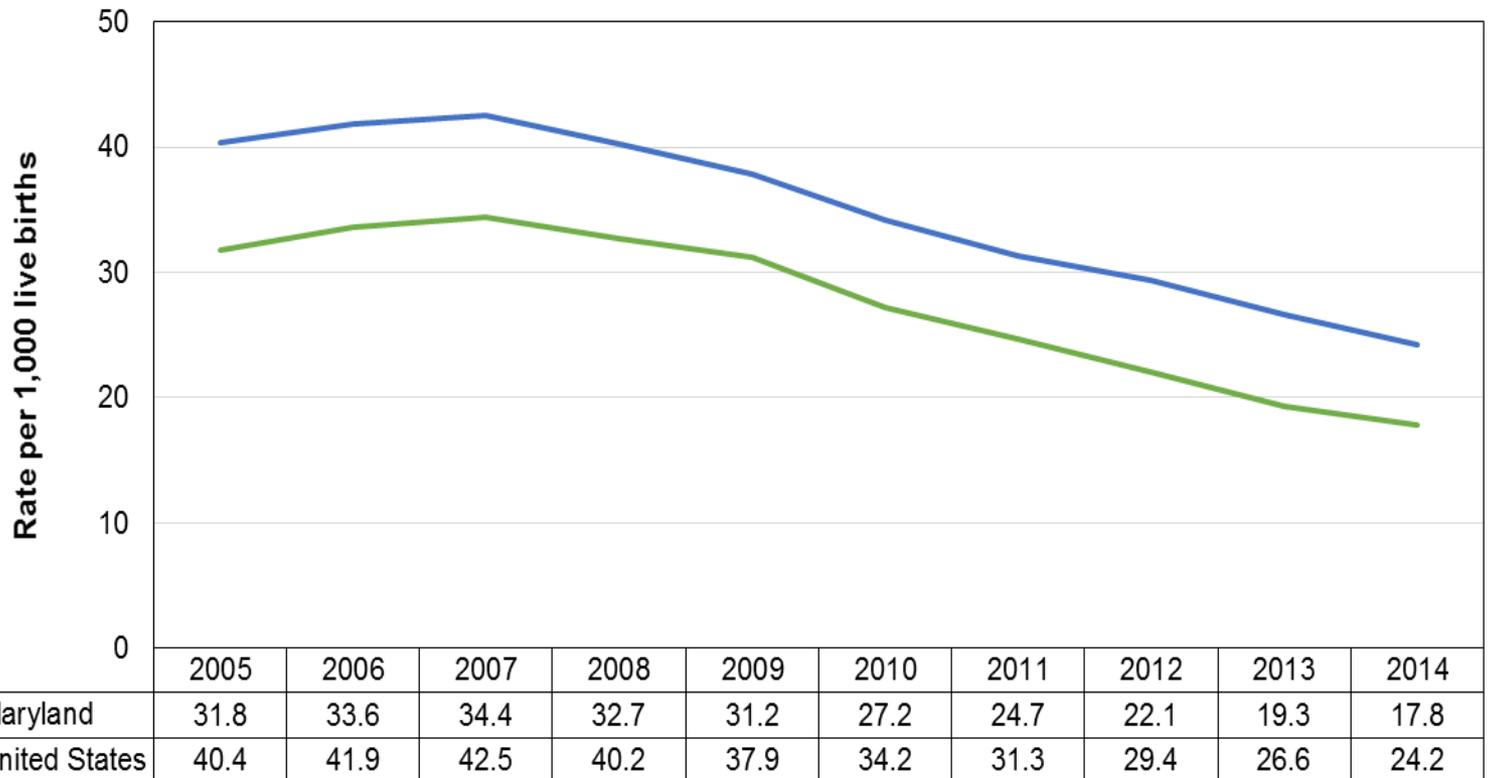


# Maternal and Child Health Bureau

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

## Teen Births

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



Data Sources: Maryland Vital Statistics and National Vital Statistics System



# Primary Care and Community Health 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 5,225 women FY 2015
- Breast/cervical cancer diagnosis and treatment program served 1,861 clients FY 2015
- Over 3,000 CRF cancer screening tests provided FY 2015

## Chronic Disease Prevention and Control

- 420 employers committed to implement evidence/practice-based prevention & wellness strategies
- Healthiest Maryland Businesses reaches over 322,400 Maryland employees
  - Program to assist employers in improving health outcomes to reduce chronic disease rates

## Tobacco Use Prevention and Control

- Over 23,000 individuals received Tobacco Quitline services (52% with a chronic disease) FY 2015
- Over 103,000 students received tobacco prevention education training FY 2015
- Over 50% reduction in the non-compliance rate of retailers selling tobacco to minors from 31% to below 14%



# Primary Care and Community Health Bureau

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

## Oral Health

- Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program:
  - Low-income children 9 months to 3 years of age enrolled in program
  - Received over 158,300 fluoride varnish applications
  - 650 trained Medicaid primary care medical providers provided services during well-child visits

## Office of Primary Care Access

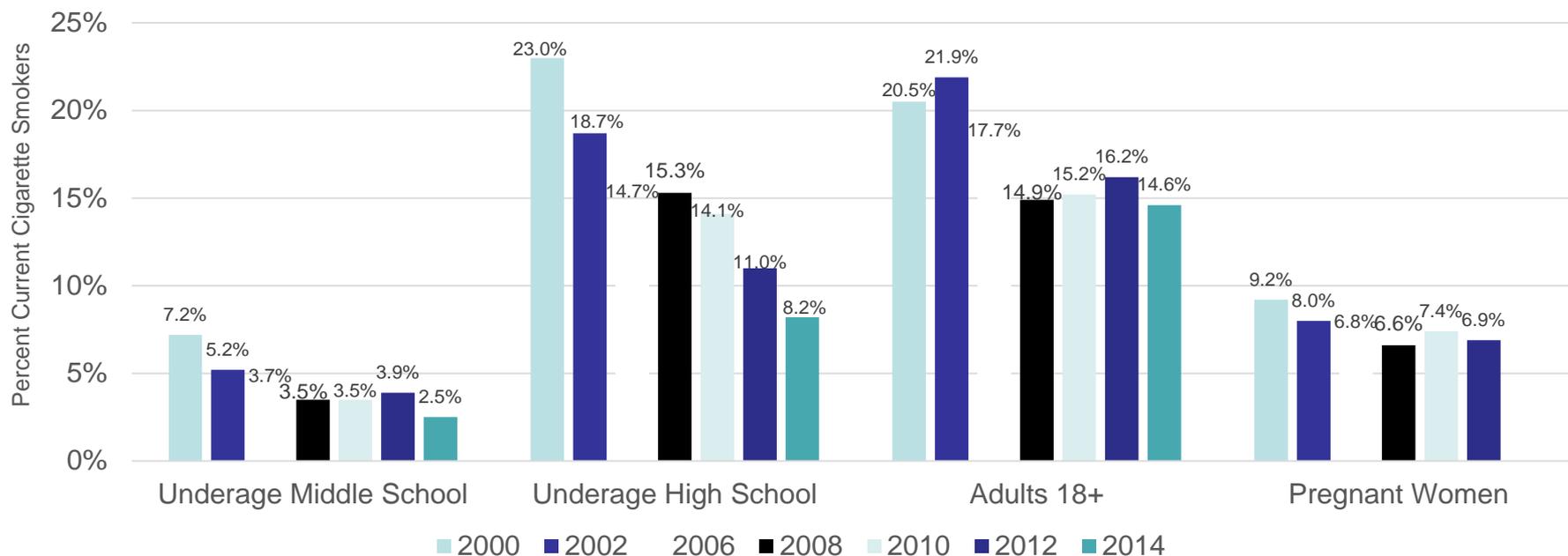
- State Loan Repayment Program:
  - SFY 15 - 22 awardees
  - SFY 16 - 37 awardees
  
- J1 Visa Waiver Program:
  - SFY 15 – 30 awardees
  - SFY 16 - 30 awardees



# Primary Care and Community Health 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

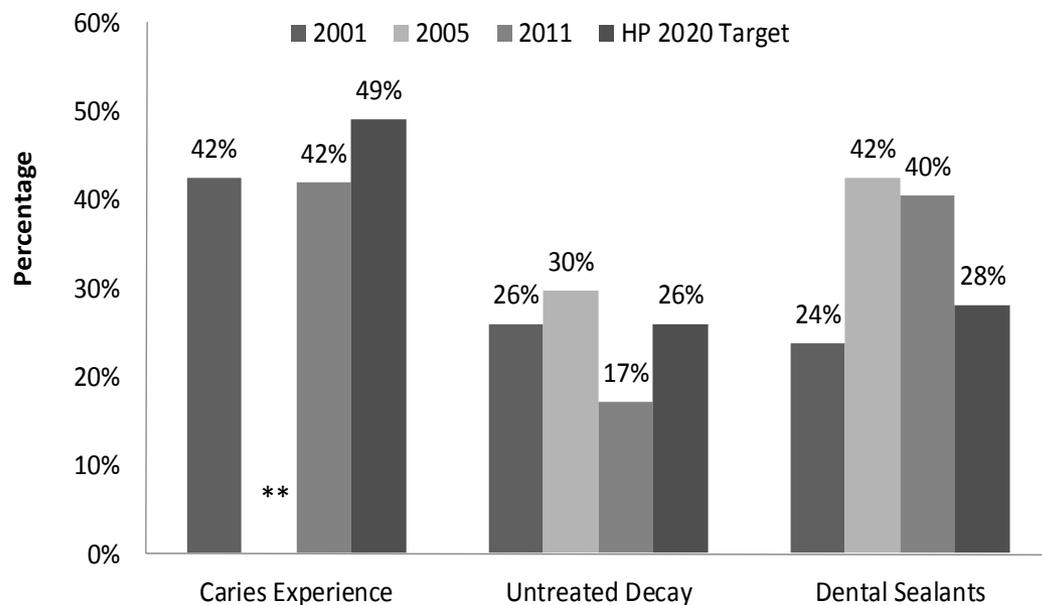


# Primary Care and Community Health Bureau

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 17 in 6 years (2005-2011)
- Proportion of Maryland children in 3<sup>rd</sup> grade untreated decay decreased by approximately 34% from 2001 to 2011 (26% to 17%)
- 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 2011 exceeded the Healthy People target by 12.0%

## Caries Experience, Untreated Decay, and Dental Sealants\* Third Grade - 2001, 2005, 2011



\* 2010-2011 Schoolchildren OH survey - <http://phpa.dhmh.maryland.gov/oralhealth/Documents/SchoolSurveyFullReport.pdf>  
and PPHA Oral Health summary report - <http://phpa.dhmh.maryland.gov/oralhealth/Documents/SchoolSurveySummary.pdf>  
\*\*2005 data not available





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## Fiscal 2017 Budget Overview

Howard M. Haft, MD, Deputy Secretary  
Department of Health and Mental Hygiene  
Public Health Administration





STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

*Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Van Mitchell, Secretary*

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**Prevention and Health Promotion Administration  
M00F03.00**

**Response to Recommended Actions**

**Recommendation #1:**

Adopt the following narrative:

**Diabetes and Obesity Initiatives and Funding:** The committees are interested in efforts to reduce the growing problem of obesity in Maryland. The Department of Health and Mental Hygiene (DHMH) is requested to provide a detailed analysis of the agency's (1) current initiatives for addressing obesity and diabetes statewide and by county; (2) spending by county on initiatives addressing obesity and diabetes; and (3) identification of potential long-term dedicated funding streams for programs aimed at reducing diabetes and obesity.

**Information Request**

Report on diabetes and obesity initiatives and funding

**Author**

DHMH

**Due Date**

November 1, 2016

**Response:**

DHMH concurs with the recommended action.

**Prevention and Health Promotion Administration  
M00F03.00**

**Responses to Requests for Comment**

**Request for Comment #1:** The agency should comment on initiatives aimed at preventing chlamydia in the other high rate counties.

**Response:**

Expedited Partner Therapy (EPT) for Chlamydia and Gonorrhea is the practice of treating the sex partners of persons with chlamydia or gonorrhea without an intervening medical evaluation. The usual implementation of EPT is through patient-delivered medications or prescriptions to their sex partner(s). EPT is a critical method of reducing the likelihood of repeat infection in patients, and reducing the further transmission of infection in the community.

Maryland is the 35th state in the U.S. to legally allow the practice of EPT.

Senate Bill 599 was signed into law in April 2015, authorizing certain healthcare providers in Maryland to practice Expedited Partner Therapy (EPT) for chlamydia and gonorrhea. Implementing regulations are expected to be promulgated by early March 2016.

DHMH continues to support Local Health Departments through PHPA's Center for STI Prevention which allocates 20,000 chlamydia and gonorrhea tests annually to local health department STI and Family Planning clinics for screening and testing of the vulnerable populations seen at these facilities. Local health department clinics assure access to care for vulnerable populations at high risk for STIs, particularly the uninsured, the underinsured, and patients with insurance who are seeking confidential care and may be unwilling to visit their private providers.

DHMH has been awarded funds from the Centers for Disease Control and Prevention for a two-year evaluation of EPT in Maryland.

**Request for Comment #2:** DLS recommends DHMH comment on plans for spending from the fund [Spinal Cord Injury Trust Fund].

**Response:**

The last time funds were awarded was in FY 2007 for multi-year projects and close-out payments on those awards were made in FY 2010. The 2015 BRFA authorizes the transfer to the General Fund, on or before June 30, 2016, of \$500,000 to be transferred by statute from the Insurance Administration into the Spinal Cord Injury Research Trust Fund during FY 2016.

Once the above transfer to the General Fund is made, the Trust Fund will have a zero dollar fund balance as of June 30, 2016. DHMH does not expect these funds to be used by the currently inactive Board and has no current plan for the use of these funds.

**Request for Comment #3:** Given the underutilization of the practice obligations and the percentage of the population living in HPSAs, the agency should comment on workforce programs to recruit and retain physicians in underserved areas, including financial incentives for physicians.

**Response:**

In prior years the National Health Services Corps (NHSC), a federal loan repayment program for physicians, awarded up to \$50,000 annually while the State Loan Repayment Program (SLRP) had a cap of \$ 25,000 per year. Consequently, more physicians in Maryland would apply to NHSC rather than SLRP. During FY16 the Maryland Higher Education Commission approved an increase to allow an award up to \$50,000 per year per recipient for SLRP. In FY16, there were 37 SLRP recipients compared to 22 in FY 15. The Office of Primary Care Access (OPCA) and its partners conducted targeted outreach to eligible applicants and facilities to increase the pool of applicants for FY16. OPCA will continue their targeted outreach efforts in FY17 and beyond.