



Maryland Department of Budget & Management

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Office of Budget Analysis

Received

CRFP

ROBERT L. EHRLICH, JR.
Governor

MICHAEL S. STEELE
Lieutenant Governor

JAMES C. DIPAULA
Secretary

October 8, 2003

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

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

Dear President Miller and Speaker Busch:

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

A summary of fiscal year 2003 appropriations and expenditures (including encumbrances) follows. Please note that the expenditures represent State expenditures, and not expenditures by the grantees. To the extent that the grantees do not spend the grants, the funds may be returned to DHMH as part of the grant reconciliation process conducted by the Department. That process is not complete until several months after the end of the State's fiscal year. Funds relating to unspent grants from prior fiscal years were recovered by the Department and transferred back to the Cigarette Restitution Fund in fiscal year 2003 in the amount of \$3,710,922 (not reflected in the fiscal year 2003 activity shown below).

Also, please note that the amounts shown as appropriations to DHMH Prevention and Disease Control (M00F.02.06) do not include \$20 million that was provided via budget amendment pursuant to The Budget Reconciliation and Financing Act of 2002. DHMH did not spend the additional \$20 million in order to provide an additional \$20 million in CRF funds available for Medicaid in fiscal year 2004.

Crop Conversion

L00A.12.13 Tobacco Transition Program - Office of Marketing, Animal Industries and Consumer Services

| | |
|----------------------|-------------|
| Appropriation: | \$6,291,000 |
| Expended/encumbered: | \$6,291,000 |

Cancer Prevention, Education, Screening, and Treatment

M00F.03.06 Prevention and Disease Control – Community and Public Health Admin.

| | |
|---------------------------|--------------|
| Appropriation: | \$37,636,883 |
| Expended/encumbered: | \$37,167,336 |
| Unobligated | \$469,547 |
| Transferred to Management | \$267,017 |
| Reverted: | \$202,530 |

Tobacco Use Prevention and Cessation

M00F.03.06 Prevention and Disease Control – Community and Public Health Admin.

| | |
|---------------------------|--------------|
| Appropriation: | \$20,270,179 |
| Expended/encumbered: | \$19,605,659 |
| Unobligated | \$664,520 |
| Transferred to Management | \$178,012 |
| Reverted: | \$486,508 |

Maryland Health Care Foundation

M00F.03.06 Prevention and Disease Control – Community and Public Health Admin.

| | |
|----------------------|-------------|
| Appropriation: | \$1,000,000 |
| Expended/encumbered: | \$1,000,000 |

DHMH - Management

M00F.03.06 Prevention and Disease Control – Community and Public Health Admin.

| | |
|----------------------|-----------|
| Transferred: | \$445,029 |
| Expended/encumbered: | \$445,029 |

Drug Addiction

M00C.01.05 Addiction Treatment and Prevention Services – Alcohol and Drug Abuse Admin.

| | |
|----------------------|-------------|
| Appropriation: | \$1,300,000 |
| Expended/encumbered: | \$1,300,000 |

M00K.02.02 Addiction Treatment and Prevention Services – Alcohol and Drug Abuse Admin.

| | |
|--------------------------|--------------|
| Appropriation (amended): | \$17,179,644 |
| Expended/encumbered: | \$17,179,644 |

| | |
|----------------------|--------------|
| Total Drug Addiction | \$18,479,644 |
|----------------------|--------------|

Medicaid

M00Q.01.03 – Medical Provider Reimbursement

Appropriation (amended): \$104,000,000

Expended/encumbered: \$104,000,000

Sincerely,



Neil Bergsman
Director

Enclosure

cc: Secretary Riley
Secretary DiPaula
Robyne Fisher
Gil Gardner
Jim Johnson
Cheri Girard
Brian Hepburn
Dina Napata

Secretary Sabatini
Warren Deschenaux
Carlessia Hussein
Peter Luongo
Joan Shirrefs
Doug Wilson
Robyn Elliott

**MARYLAND
DEPARTMENT OF HEALTH & MENTAL HYGIENE**

CIGARETTE RESTITUTION FUND PROGRAM

FISCAL YEAR 2003 ANNUAL REPORT

FUND EXPENDITURES AND ACCOMPLISHMENTS

October 2003

**Nelson J. Sabatini
DHMH Secretary**

**Carlessia A. Hussein, Dr. P.H.
CRFP, Director**

CIGARETTE RESTITUTION FUND PROGRAM

FISCAL YEAR 2003 ANNUAL REPORT

Table of Contents

I Fiscal Reports

- Cancer Prevention & Treatment
- Tobacco Use Prevention
- Alcohol & Drug Abuse Prevention

II Accomplishments & Managing For Results (MFRs)

- Cancer Prevention and Treatment
- Health Care Foundation
- Tobacco Use Prevention
- Other Tobacco-Related Diseases
- Minority Outreach & Technical Assistance
- Alcohol & Drug Abuse Prevention
- Medical Care Services Reimbursement

**Department of Health and Mental Hygiene
Family Health Administration
Cigarette Restitution Fund Program
Fiscal Year 2003 Interim Fiscal
Report**

(July 1, 2002 - June 30, 2003)

1) Cancer Prevention, Education, Screening and Treatment Program

| Components: | Budget | Budget Reduction | Revised Budget | Expenditures | Obligations | Unobligated |
|---|----------------------|-----------------------|----------------------|----------------------|----------------------|-------------------|
| Administration (X671) | \$ 1,402,808 | \$ - | \$ 1,402,808 | \$ 918,500 | \$ 100,229 | \$ 384,079 |
| Surveillance and Evaluation (X672) | \$ 2,402,104 | \$ (188,029) | \$ 2,214,075 | \$ 896,267 | \$ 1,232,340 | \$ 85,468 |
| Statewide Academic Health Center (X673) | \$ 25,000,000 | \$ (3,139,048) | \$ 21,860,952 | \$ 11,691,693 | \$ 10,159,259 | \$ 10,000 |
| Local Public Health (X674) * | \$ 17,000,000 | \$ (4,840,952) | \$ 12,159,048 | \$ 9,873,442 | \$ 2,295,606 | \$ (10,000) |
| Statewide Public Health (X676) | \$ 739,000 | \$ (739,000) | \$ - | \$ - | \$ - | \$ - |
| Total | \$ 46,543,912 | \$ (8,907,029) | \$ 37,636,883 | \$ 23,379,902 | \$ 13,787,434 | \$ 469,547 |

Local Public Health Component - Distribution by Jurisdiction - CANCER

| Subdivision | (Budget) Available Funding | Unreconciled Expenditures | Obligations | Unobligated |
|------------------|----------------------------------|------------------------------|-------------|-------------|
| ALLEGANY | 306,693 | 306,693 | 0 | 0 |
| ANNE ARUNDEL | 1,248,141 | 1,248,141 | 0 | 0 |
| BALTIMORE COUNTY | 2,565,759 | 2,565,759 | 0 | 0 |
| CALVERT | 188,996 | 188,996 | 0 | 0 |
| CAROLINE | 105,831 | 105,831 | 0 | 0 |
| CARROLL | 353,080 | 353,080 | 0 | 0 |
| CECIL | 264,433 | 264,433 | 0 | 0 |
| CHARLES | 281,871 | 281,871 | 0 | 0 |
| DORCHESTER | 160,107 | 160,107 | 0 | 0 |
| FREDERICK | 454,724 | 454,724 | 0 | 0 |
| GARRETT | 96,012 | 96,012 | 0 | 0 |
| HARFORD | 573,233 | 573,233 | 0 | 0 |
| HOWARD | 454,971 | 454,971 | 0 | 0 |
| KENT | 74,625 | 74,625 | 0 | 0 |
| MONTGOMERY | 1,871,515 | 1,871,515 | 0 | 0 |
| PRINCE GEORGE'S | 1,665,959 | 1,665,959 | 0 | 0 |
| QUEEN ANNE'S | 127,278 | 127,278 | 0 | 0 |
| ST. MARYS | 195,399 | 195,399 | 0 | 0 |
| SOMERSET | 90,312 | 90,312 | 0 | 0 |
| TALBOT | 154,881 | 154,881 | 0 | 0 |
| WASHINGTON | 415,593 | 415,593 | 0 | 0 |
| WICOMICO | 304,071 | 304,071 | 0 | 0 |
| WORCESTER | 205,564 | 205,564 | 0 | 0 |
| BALTIMORE CITY * | 2,860,952 | 2,860,952 | 0 | 0 |
| TOTAL | 15,020,000 | 15,020,000 | 0 | 0 |

* The budgets for the local health and statewide academic health center components reflect an across the board adjustment to local programs in all jurisdictions including Baltimore City. The adjustment was made because full funding was not available.

**Department of Health and Mental Hygiene
Family Health Administration
Cigarette Restitution Fund Program
Fiscal Year 2003 Interim Fiscal
Report**

(July 1, 2002 - June 30, 2003)

2) Tobacco Use Prevention and Cessation Program

| Components: | Budget | Budget Reduction | Revised Budget | Expenditures | Obligations | Unobligated |
|------------------------------------|----------------------|------------------------|----------------------|----------------------|---------------------|-------------------|
| Administration (X681) | \$ 1,022,253 | \$ (94,274) | \$ 927,979 | \$ 512,176 | \$ 41,296 | \$ 374,507 |
| Surveillance and Evaluation (X682) | \$ 2,766,142 | \$ (178,672) | \$ 2,587,470 | \$ 1,602,230 | \$ 879,578 | \$ 105,662 |
| Countermarketing and Media (X683) | \$ 10,000,000 | \$ (4,320,671) | \$ 5,679,329 | \$ 5,102,936 | \$ 576,393 | \$ - |
| Local Public Health (X684) | \$ 14,000,000 | \$ (4,775,000) | \$ 9,225,000 | \$ 8,151,119 | \$ 987,897 | \$ 85,984 |
| Statewide Public Health (X686) | \$ 3,574,755 | \$ (1,724,354) | \$ 1,850,401 | \$ 1,477,934 | \$ 274,100 | \$ 98,367 |
| Total | \$ 31,363,150 | \$ (11,092,971) | \$ 20,270,179 | \$ 16,846,395 | \$ 2,759,264 | \$ 664,520 |

Local Public Health Component - Distribution by Jurisdiction - TOBACCO

| Subdivision | (Budget) Available Funding | Unreconciled Expenditures | Obligations | Unobligated |
|------------------|----------------------------------|------------------------------|-------------|---------------|
| ALLEGANY | 170,202 | 170,202 | 0 | 0 |
| ANNE ARUNDEL | 946,015 | 946,015 | 0 | 0 |
| BALTIMORE COUNTY | 1,268,791 | 1,268,791 | 0 | 0 |
| CALVERT | 180,958 | 180,958 | 0 | 0 |
| CAROLINE | 80,156 | 80,156 | 0 | 0 |
| CARROLL | 311,184 | 311,184 | 0 | 0 |
| CECIL | 197,377 | 197,377 | 0 | 0 |
| CHARLES | 276,979 | 276,979 | 0 | 0 |
| DORCHESTER | 64,985 | 64,985 | 0 | 0 |
| FREDERICK | 419,018 | 333,034 | 0 | 85,984 |
| GARRETT | 64,625 | 64,625 | 0 | 0 |
| HARFORD | 473,754 | 473,754 | 0 | 0 |
| HOWARD | 367,554 | 367,554 | 0 | 0 |
| KENT | 42,689 | 42,689 | 0 | 0 |
| MONTGOMERY | 1,067,275 | 1,067,275 | 0 | 0 |
| PRINCE GEORGE'S | 1,095,403 | 1,095,403 | 0 | 0 |
| QUEEN ANNE'S | 91,138 | 91,138 | 0 | 0 |
| ST. MARYS | 188,664 | 188,664 | 0 | 0 |
| SOMERSET | 53,604 | 53,604 | 0 | 0 |
| TALBOT | 60,066 | 60,066 | 0 | 0 |
| WASHINGTON | 286,720 | 286,720 | 0 | 0 |
| WICOMICO | 176,553 | 176,553 | 0 | 0 |
| WORCESTER | 95,460 | 95,460 | 0 | 0 |
| BALTIMORE CITY | 1,245,830 | 1,245,830 | 0 | 0 |
| TOTAL | 9,225,000 | 9,139,016 | 0 | 85,984 |

**Department of Health and Mental Hygiene
 Family Health Administration
 Cigarette Restitution Fund Program
 Fiscal Year 2003 Interim Fiscal
 Report**

(July 1, 2002 - June 30, 2003)

| | (Budget) Available Funding | Expenditures | Obligations | Unobligated |
|--|----------------------------------|--------------|-------------|-------------|
| 3) Management Support Service (X670) | \$ 445,029 | \$ 419,326 | \$ 25,703 | \$ - |
| 4) Maryland Healthcare Foundation (X692) | \$ 1,000,000 | \$ 763,745 | \$ 236,255 | \$ - |

Source: Financial reports of the State's Financial Management Information System (FMIS) and the local health departments

Footnotes / Definitions

- 1) Budget: funds allocated to each component and distributed to each county.
- 2) Expenditures: items reflected in the State's financial management system (FMIS) or on the County's financial reports.
- 3) Obligations: funds reflective of an executed signed agreement or contract.
- 4) Unobligated: budget minus expenditures and obligations.
- 5) Expenditures from all jurisdictions have not yet been reconciled.

**Cigarette Restitution Fund
Alcohol and Drug Abuse Administration
Fiscal Year 2003 Fiscal Report (July 1, 2002 - June 30, 2003)**

| | | As of June 30, 2003 | | | |
|------------------------|------|---------------------|--------------|-------------|-------------|
| | | Budget | Expenditures | Obligations | Unobligated |
| Administrative Support | K102 | 59,005 | 44,367 | 0 | 14,638 |
| Administrative Support | K108 | 59,005 | 24,217 | 3,470 | 31,318 |
| Administrative Support | K204 | 0 | 13,349 | | (13,349) |
| Infrastructure | B503 | 1,300,000 | 1,263,839 | 36,161 | 0 |
| Treatment | K204 | 17,061,634 | 15,139,796 | 1,954,445 | (32,607) |
| | | 18,479,644 | 16,485,568 | 1,994,076 | 0 |

Distribution by Subdivision

| Subdivision | As of June 30, 2003 | | | Unobligated |
|------------------|---------------------|-------------------|------------------|-------------|
| | Budget | Expenditures | Obligations | |
| ALLEGANY | 247,168 | 247,168 | 0 | 0 |
| ANNE ARUNDEL | 1,000,000 | 1,000,000 | 0 | 0 |
| BALTIMORE COUNTY | 1,000,000 | 961,647 | 38,053 | 300 |
| CALVERT | 124,424 | 124,424 | 0 | 0 |
| CAROLINE | 32,654 | 32,654 | 0 | 0 |
| CARROLL | 192,430 | 192,430 | 0 | 0 |
| CECIL | 91,841 | 91,841 | 0 | 0 |
| CHARLES | 124,425 | 124,425 | 0 | 0 |
| DORCHESTER | 143,843 | 143,843 | 0 | 0 |
| FREDERICK | 198,002 | 198,002 | 0 | 0 |
| GARRETT | 40,000 | 40,000 | 0 | 0 |
| HARFORD | 291,099 | 291,099 | 0 | 0 |
| HOWARD | 138,002 | 138,002 | 0 | 0 |
| KENT | 295,909 | 295,909 | 0 | 0 |
| MONTGOMERY | 1,000,000 | 330,000 | 670,000 | 0 |
| PRINCE GEORGE'S | 3,000,000 | 3,000,000 | 0 | 0 |
| QUEEN ANNE'S | 42,859 | 42,859 | 0 | 0 |
| ST. MARY'S | 212,331 | 182,924 | 29,407 | 0 |
| SOMERSET | 114,264 | 114,264 | 0 | 0 |
| TALBOT | 36,736 | 36,736 | 0 | 0 |
| WASHINGTON | 98,002 | 98,002 | 0 | 0 |
| WICOMICO | 473,858 | 473,858 | 0 | 0 |
| WORCESTER | 268,035 | 268,035 | 0 | 0 |
| BALTIMORE CITY | 8,000,000 | 6,783,015 | 1,216,985 | 0 |
| ADJUSTMENTS * | | (71,341) | | |
| TOTAL | 17,165,882 | 15,139,796 | 1,954,445 | 300 |

* Represents monies to be returned based on historical 440 Reports.

CANCER PREVENTION, EDUCATION, SCREENING AND TREATMENT PROGRAM

FISCAL YEAR 2003 ACCOMPLISHMENTS

LOCAL PUBLIC HEALTH

Overall

- The allocation of funding for cancer prevention, education, screening and treatment was determined for each jurisdiction, based on formula specified in the CRF statute.
- Community health cancer coalitions continued in 24 jurisdictions. Each coalition is comprised of representatives that reflect the demographics of each jurisdiction and includes membership of minority, rural, and medically underserved populations that are familiar with different cultures and communities in the jurisdiction. The majority of the community health coalitions met four or more times during the fiscal year.
- Comprehensive cancer plans addressing prevention, education, screening, and treatment for one or more of the targeted cancers were updated in 24 jurisdictions.
- 23 jurisdictions are addressing colorectal cancer, eight jurisdictions are addressing oral cancer, nine jurisdictions are addressing prostate cancer, eight jurisdictions are addressing breast and cervical cancer, and ten jurisdictions are addressing skin cancer.
- Contracts have been entered into and/or renewed between local health departments and local medical providers (e.g., gastroenterologists, medical laboratories, primary care physicians, hospitals, surgeons, etc.). These providers deliver clinical services for cancer screening, diagnosis and treatment.

Public Education and Outreach

- The local health departments awarded at least 52 subcontracts and/or mini-grants to local vendors to promote screening by doing outreach and education to the minority, underserved, and/or uninsured residents of their jurisdictions.
- Local programs conducted a variety of public education and specific outreach activities. Twenty three local health departments and two Statewide Academic Health Centers (SAHCs) reported the following activities to DHMH which were entered into a database:
 - Public education: reached a total of 150,408 Maryland residents.
 - Individual education/outreach was provided to 68,442 Maryland residents.

- **Examples of public education and outreach included the following:**
 - Baltimore County** - The Baltimore County Health Department colorectal cancer program facilitated an "Ask the Expert" panel on TV-Channel 13 during March 2003 that allowed callers in the Baltimore area to inquire about colon cancer thereby promoting the County's colon cancer screening and treatment service. The Baltimore County Health Department utilized six hospitals and a church to provide additional educational presentations to their communities.
 - Cecil County** - During March 2003, "Colorectal Cancer Awareness Month", the Cecil County Health Department did a direct mailing to 13,616 individuals age 50 or older in their county. The same colorectal cancer awareness information was distributed to 28,500 individuals in bank statement inserts from Cecil Federal and County Bank branches throughout the county. A billboard was displayed in the Port Deposit community from July through December 2002 along with nine banners placed at strategic locations around the county advertising colorectal cancer awareness. Magnetic signs with colorectal cancer informational messages were displayed on 45 Union Hospital and Cecil County Health Department vehicles that travel throughout the county.
 - St. Mary's County** - A campaign was developed in the late fall of 2002 called "Stop Colon Cancer Before It Stops You!" This slogan along with a cartoon graphic of a police officer was incorporated in all the St. Mary's colorectal cancer control program materials including brochures, postcards (distributed to 7 pharmacies), on flyers (used during outreach events) and on posters (distributed to local organizations for display in bathroom).
 - Talbot County** - The Talbot County Community Health Educator developed two "Power Point" presentations, one on colorectal cancer and another on skin cancer. She educated outreach workers on how to use these presentations and they in turn shared the information with others at various community organizations and locations throughout Talbot County. The health educator also utilized the Power point presentation in a display booth at the Waterman's convention in Ocean City.
- Cancer education and outreach has been conducted through community sites, churches, senior centers, housing units, businesses, health fairs, mass mailings, radio, newspaper, television, and provider sites.
- Media events included public service announcements on television and radio, talk shows, and newspaper stories and local newsletters.
- Local programs have designed videos, brochures, flyers, posters, paycheck inserts, pencils, and magnets and have distributed these at health fairs, door-to-door, at libraries, pharmacies, senior centers, housing units, etc. Local programs have developed and maintained web sites informing the public about the need for colorectal cancer screening, educational messages about prostate, oral, and skin cancer prevention and the availability of services through the CRF program.

Minority Outreach

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

Allegany County - In November and December 2002, the Allegany County Cancer Control case managers went door to door at the Benjamin Banneker Apartments, a government subsidized apartment building with predominately African-American residents, handing out literature regarding the program and offered education on colorectal cancer screening. Twelve of the twenty people reached by this effort were African-American. Also in December 2002, the programs' administrative case manager met with an African-American community group known as Unity In Action. Following that meeting, the county's case manager met with the Reverend Deas of the AME Metropolitan Church, a congregation of predominately African-American members to brainstorm on how to involve and educate the community about the need for colorectal cancer screening and inform them about services provided by the Colorectal Cancer Control Program.

Wicomico County - The successful outreach effort in Wicomico County involved brief education sessions and the distribution of literature at the Salvation Army Thrift Store along with the distribution of literature to area physicians and their staff. Both efforts resulted in several referrals to the screening program.

Calvert County - A Calvert County's Cancer Awareness program made a significant connection within the Latino population through the Crossroads Christian Church. This congregation has a substantial number of Latinos, including the pastor. Program information was delivered prior to the sermon, impacting 150 individuals of the congregation. Following the church service, cancer control brochures and Spanish language palm cards were provided with the program's contact information. This activity facilitated outreach in the Latino community in Calvert County. To assist with these endeavors, the outreach staff works closely with a Spanish language interpreter.

Caroline County - In November 2002, a registered nurse graduate student started a survey of church congregations in Caroline County focusing on minority churches. She gathered information from the church ministers, informal church leaders, or health liaisons to gather information about health education needs of the congregations and provide members with information about the local colorectal screening program. As of February 2003, 14 minority churches have been surveyed. The county cancer control staff continues to reach out through education to ministers particularly in the African American and Latino communities.

Professional Education and Outreach

- Local health departments or their subcontractors and the two SAHCs educated health care professionals and providers about colorectal cancer, other cancers and screening guidelines.

4,843 providers were educated through visits to office staff, breakfast or lunch education sessions, and presentations at County Medical Society or hospital staff meetings.

816 educational activities were provided for trainers or educators.

- Local programs mailed medical providers the Minimal Elements for Screening, Diagnosis, and Treatment that were developed by DHMH for Oral Cancer, Colorectal Cancer and Prostate Cancer and notified them of the services provided through the local CRF cancer control program.

Screening, Diagnosis, and Treatment

- In FY 2003, 23 programs selected colorectal cancer as the focus of their screening efforts.
 - 21 local programs provided colorectal cancer screening through colonoscopy for those with average risk.
 - 1 local program provided colorectal cancer screening with FOBT followed by sigmoidoscopy for those with average risk.
 - 1 local program uses FOBT alone for screening because of a limited budget.
- Following are data on persons who were screened for colorectal cancer in FY 2003:
 - 2,147 individuals completed and returned a blood stool kit to the local program; of them 172 were positive.
 - 11 sigmoidoscopies were performed; of these 6 were negative, 5 had other findings, and no cancers were diagnosed.
 - 2,239 colonoscopies were performed; of these 413 had adenomatous polyps.
 - 27 individuals were diagnosed with colorectal cancer.
- In addition, some counties provided additional cancer screening as follows:
 - 417 individuals completed prostate cancer screening; 415 PSA tests and 228 DREs were performed; of these, one individual was diagnosed with prostate cancer.
 - 2,661 individuals completed oral cancer screening with an oral examination and 70 brush biopsies were completed; of these no one was diagnosed with oral cancer.

- 577 individuals completed skin cancer screening; of these, 2 individuals were diagnosed with skin cancer.
- 847 individuals completed breast cancer screening; 676 mammograms were performed and 839 clinical breast examinations were done; of these 12 individuals were diagnosed with breast cancer.
- 624 individuals completed cervical cancer screening; 624 Pap smears were done; of these 2 persons were diagnosed with cervical cancer.

STATEWIDE PUBLIC HEALTH

- Monthly teleconferences were provided by DHMH Cancer staff, in which representatives from the 23 local jurisdictions, the two academic centers and their vendors participated in a two-way exchange of information and guidance regarding clinical, surveillance, evaluation, and administrative issues in the cancer programs.
- Site visits of the CRFP cancer grants were conducted by the DHMH cancer control staff at the 23 local jurisdictions and two academic centers. During these site visits, consultation and guidance was provided regarding clinical, administrative and program evaluation issues.
- Education and trainings were provided:
 - Three local health department new employee orientations trainings were conducted with 23 participants in attendance.
 - Three Education and Outreach Worker trainings were conducted with 34 participants in attendance.
 - One Educational Database training was held with 9 participants in attendance.
- Community Health Coalition meetings in 23 local jurisdictions were observed by state health department staff.
- DHMH hosted a Statewide CRFP Cancer Meeting in March 2003 with 131 participants in attendance.
- Three Regional Meetings were held in October 2002 throughout the state. Each of these daylong meetings provided instruction and guidance in clinical, administrative and program evaluation/data collection areas. There were a total of 91 individuals (local health departments with their subcontractors, academic centers, MOTA, Maryland Statewide Health network, and DHMH staff) in attendance at these meetings.
- The DHMH Colorectal Cancer Medical Advisory Committee convened to update the Colorectal Cancer Minimal Elements.
- Informed consent forms for various targeted cancer screenings were updated for use by local jurisdictions funded under the CRFP.

- Written guidance continued to be provided to the local jurisdictions. The DHMH website for the Cancer CRFP was continually updated with written guidance for local jurisdictions.
- Monthly discussions were held with the local health officers at the DHMH Roundtable.
- CRFP Cancer Control staff participated in the development of the Maryland Comprehensive Cancer Control Plan through membership on the Core Planning Team, participation at the public Town Hall meetings, and participation on various committees that are making cancer control recommendations for Maryland.
- DHMH CRFP Cancer Control staff distributed cancer control literature and staffed five community and statewide events including the Maryland State Fair, Maryland Legislative Black Caucus Event, DHMH Black History Month Fair, DHMH Minority Health Month Health Fair & Maryland State Council on Physical Fitness Conference.

SURVEILLANCE AND EVALUATION

- In September 2002, the Annual Cancer Report was published outlining cancer incidence, mortality, stage of disease, and statewide screening levels for cancer overall and for the seven targeted cancers (lung and bronchus, colon and rectum, breast, prostate, oral, melanoma, and cervical) statewide and in each jurisdiction in the state. The Annual Cancer Report was distributed to the General Assembly, local health departments and community health coalitions. The document is also posted on the Internet at:
http://www.fha.state.md.us/cancer/pdf/AnnCanRpt_2002-WEBVER.pdf
- Guidelines for the standardized data system developed for documenting outreach and education activities by local programs were revised and distributed.
- Under a Memorandum of Understanding, the Maryland Cancer Survey was conducted in conjunction with the University of Maryland, Baltimore. The survey was administered to over 5,000 adults age 40 years and over in Maryland. The survey was conducted to assess knowledge and practices of selected health behaviors for the seven-targeted cancers.
- Under a Memorandum of Understanding with the University of Maryland, Baltimore for epidemiological support and for the development and implementation of a computerized statewide cancer client database system, the creation of the CRFP cancer database has begun. The University continues to assist in the development and implementation of the database for local jurisdictions to collect and analyze CPEST education, screening, diagnosis, and treatment information.

- The Surveillance Advisory Committee for cancer was reconvened to address surveillance and epidemiologic issues.

STATEWIDE ACADEMIC HEALTH CENTERS

Maryland Statewide Health Network Grant

- The University of Maryland Medical Group submitted a grant application and was awarded a grant for continuation of the Maryland Statewide Health Network project.
- Five offices were maintained in Salisbury, Chestertown, Baltimore City, LaVale, and Hagerstown, along with a Central Office in Baltimore to promote clinical trials, facilitate provider and community partnerships, and provide public and professional education.
- Eleven additional telemedicine/videoconference site linkages were established. Ten of the 17 sites support clinical telemedicine.
- 456 telemedicine hours were logged, primarily for support of tumor boards and patient consults at remote sites. An additional 226 hours were logged for provider education.
- 954 health care providers were reached through 51 continuing education programs, including an eight-part Mini Med series for Parish Nurses.
- 320 public and community education programs were provided reaching nearly 11,000 individuals.
- 1,100 racial or ethnic minority individuals were provided with information on the SELECT prostate cancer clinical trial. 33 individuals were enrolled in the trial.
- Educational messages in print media and broadcast on radio or television reached a potential audience of 700,000.
- 23,816 individuals visited the Maryland Statewide Health Network Website.
- Over 5,000 computer-assisted telephone interviews were conducted in 12 counties and in Baltimore City to assess knowledge, attitudes, and practices about health behaviors and clinical trials.
- Six research projects were awarded for studies of asthmatic children, physical activity for Latina adolescents, services and resources for patients with limited English language skills, tobacco and kidney disease, HPV and cervical cancer, and an obstetrics web-based education project.

University of Maryland Cancer Research Grant

- The University of Maryland Medical Group submitted a grant application for cancer research and was awarded a continuation grant for the third year of the project.
- The Advisory Committee on Intellectual Properties under the UMMG Cancer Research grant (comprised of representatives from UMMG, DHMH, DBED, and TEDCO) met in January, 2003 to hear presentations on the priorities and infrastructure of the cancer program and to meet the new Chief of Gastrointestinal Medical Oncology.
- The External Advisory Committee met on September 17, 2002 to review all Cancer Center research and clinical programs, including the Cigarette Restitution Fund Program initiatives.
- Eight fully operational Shared Service Facilities were maintained for cancer research in Core Service areas. They are Biopolymer, Flow Cytometry,, Tissue Banking and Collecting, Biostatistics, Clinical Research, Biomarker/Gene Discovery, Proteomics, and Transgenic Animal Core.
- 42 new clinical trials were initiated by the University of Maryland Medical Group.
- 207 additional patients were entered into clinical trials at the University of Maryland Medical Group.
- Two research activities progressed from laboratory research toward clinical applications. The first is a Phase I study for use of MS-275 with adults with hematologic malignancies and the second is for use of androgen inhibitors for patients with prostate cancer.
- 30 researchers were funded to conduct a broad variety of research studies aimed at understanding key aspects of cancer that could be translated to clinical use for prevention or treatment of cancer. These studies include hematologic malignancies, gastrointestinal cancers, breast, lung and prostate cancers, and pharmacological and new drug development. Researchers are also funded for behavioral studies of minority cancer patients, biostatistical support for development of clinical trials, and technological support for proteomics, transgenic animal modeling, and tissue collection or access.
- 19 support staff were funded in the Clinical Protocol and Data Management Support Office to assist in implementation of new clinical protocols and programs for the targeted cancer.

- Two support staff were funded to assist in the development of the Integrated Research Information System, a comprehensive patient information system.
- Phase I of renovation of laboratory space in the Bressler Research Building was completed in order to facilitate translational research initiatives. Phase II, renovation of additional laboratory space on the south side commenced.

Johns Hopkins Institutions' Cancer Research Grant

- The Johns Hopkins Institutions submitted a grant application for continuation of a competitively awarded cancer research program and was awarded a grant to continue the program.
- The Advisory Committee on Intellectual Properties under the JHI Cancer Research grant (comprised of representatives from JHI, DHMH, DBED, and TEDCO) met in April, 2003 for a report and updates on research projects, and a presentation and discussion of commercialization of research grant developments. A written agreement regarding Confidentiality of Invention Disclosures and Other Reports for CRFP funded cancer research by JHI was developed and signed by the Advisory Committee
- The External Advisory Committee (EAC), an independent peer review group, met in October, 2002. They reviewed and approved the cancer research grant plan for the FY03 grant.
- Seven faculty recruitment grants were awarded in FY03. Two were continuation grants for the study of breast cancer and colorectal cancer. Three of the five new awards were for studies related to lung cancer and the remaining two were for an urban cancer disparity reduction pilot study and a study of racial disparities in cervical cancer patients.
- Two staff retention grants were awarded in FY03. One was for continuation of drug development strategies for solid tumor malignancies and the other was for creation of cancer therapeutics and diagnostics by combinatorial domain insertion.
- Eight translational research grants were awarded. Four new grants were awarded for cancer prevention and control population resources, racial and ethnic steroid hormone variations in men, breast cancer studies, and a study of youth smoking cessation interventions. Continuation grants were awarded for the cancer prevention and control population resources, and racial and ethnic steroid hormone variations in men, as well as a grant for the study of environmental risk and colorectal cancer. One translational research progress grant was awarded for validation of environmental hazard potential with exposure measurement.

- Four “Longrifles” forums were held to discuss prostate cancer and assist in identifying potential research avenues for the Prostate Cancer Demonstration Project.
- “Conquest”, a semi-annual newsletter, was published and disseminated in Fall, 2002 and Spring, 2003.
- JHI and UMMG jointly sponsored and implemented the second annual “Research Matters” conference on October 17, 2002. This conference offered investigators from both institutions an opportunity for sharing information regarding research initiatives in the targeted cancers with professional colleagues and other health care professionals.

Baltimore City Public Health Grants

- The Baltimore City Comprehensive Cancer Plan was developed and submitted to DHMH for review and approval. Johns Hopkins Institutions and the University of Maryland Medical Group were awarded continuation grants for implementation of the Baltimore City Comprehensive Cancer Plan. Johns Hopkins’ component focused on prostate cancer and the University of Maryland’s component focused on breast, cervical and oral cancer.
- The Baltimore City Cancer Coalition met in September, 2002 and February, 2003.
- Seven community-based Cancer Prevention and Education Centers were established, with five in predominantly African American communities (Bea Gaddy, Garden of Prayer Baptist Church, Park Heights Community Center, Bon Secours UMI, Morgan State University); one serving the Latino community (Hispanic Apostolate), and one serving the Asian American community (Korean Resource Center).
- Public education and outreach for the three targeted cancers was continued through partnerships with small businesses, community associations, employers, churches, and libraries. Health education was provided at community groups, in conjunction with city-wide festivals, and through media promotions including local newspapers, radio, and television. 18,283 persons were reached through public educational programs.
- JHI screened a total of 231 men for prostate cancer between July 1, 2002 and June 30, 2003. 80% of them were racial or ethnic minorities. One man was diagnosed with prostate cancer.
- UMMG screened a total of 853 women for breast cancer between July 1, 2002 and June 30, 2003. 764 women were racial or ethnic minorities. Seven women were diagnosed with breast cancer.

- UMMG screened a total of 538 women for cervical cancer. 475 of them were racial or ethnic minorities. Two women were diagnosed with cervical cancers.
- UMMG screened 575 individuals for oral cancer. All but two were racial or ethnic minorities. No oral cancers were diagnosed.

MARYLAND HEALTHCARE FOUNDATION

- The Maryland HealthCare Foundation submitted an application and was awarded a continuation grant for providing medical and dental services to medically underserved populations, and a numet needs study and a case management evaluation. Grants were awarded to 12 vendors in the principal areas of dental health care, rural health care, case management, and volunteerism programs.
- Three Dental and Rural Health Care continuation grants were awarded: Carroll County Health Department provided dental services for 591 children, Mission of Mercy managed 2,722 patient visits for rural health services, and Calvert Memorial Hospital provided rural health care services for 227 patients.
- Case Management grants were awarded to Anne Arundel Medical Center Foundation for a diabetes and hypertension case management program for services to 110 individuals and to Proyecto Salud's Diabetes Education and Management Program for services to 455 individuals, including 72 new patients.
- Seven Volunteerism grants were awarded:
 - Allegany Health Right, surveyed 50 specialty care physicians to determine their attitudes about providing pro bono care.
 - Calvert Health Care Solutions provided physician, laboratory, and outpatient services to 250 enrollees.
 - Friends of Calvert County provided dental care to 32 eligible patients including extractions, plates, x-rays, examinations and prosthetics.
 - Health Care for the Homeless was funded to recruit specialty physicians to provide services to eligible clients. 37 physicians in 16 specialty areas, including dental and vision, have seen patients through this program.
 - Maryland Foundation of Dentistry for the Handicapped recruited 35 additional dentists, provided care for 313 patients, and established a waiting list of 762 patients in need of dental services.
 - The PartnerS.H.I.P received funding for physician recruitment and case management services. 36 participating physicians provided services for 65 patients. There were only two "no-shows" during the contract period.

- **The Pro Bono Counseling Project recruited 23 additional psychiatrists to provide pro bono care to patients.**
- **Six roundtable meetings were held on health care disparities in which about 40 individuals and organizations participated. Workgroups were formed for Finance Access, Insurance Coverage, and Service Delivery and Utilization. In May, 2003 the Center for Poverty Solutions agreed to take the lead role in forming a coalition of the participants.**
- **A contract was awarded to Suitland Family and Life Development Corporation to develop an inventory of Maryland initiatives to reduce health care disparities (unmet needs study). A report based on the 38 health care providers and organizations that participated in the survey was delivered in May, 2003.**
- **A contract was awarded to the University of Maryland, Baltimore County to evaluate three case management programs (models that work). The report, with recommendations for future programs and for policymakers was completed in June, 2003.**

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

**M.F0206 CIGARETTE RESTITUTION FUND – CANCER PREVENTION, EDUCATION, SCREENING AND TREATMENT PROGRAM
– FAMILY HEALTH ADMINISTRATION**

PROGRAM DESCRIPTION

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

MISSION

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

VISION

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

GOALS AND OBJECTIVES

Goal 1. To reduce overall cancer mortality in Maryland.

Objective 1.1 By CY 2005, reduce overall cancer mortality to a rate of no more than 201.3 per 100,000 persons. (Age-adjusted to the 2000 U.S. standard population.)

| | | | | | |
|---|----------------|------------------|------------------|------------------|------------------|
| Performance Measures | FY 2002 | FY 2003 | FY 2004 | FY 2005 | FY 2010 |
| | Actual | Actual | Estimated | Estimated | Estimated |
| Output: # individual reached with educational messages | 82,146 | 156,337 | 109,436 | 109,436 | 109,436 |
| | CY 2000 | CY 2003 | CY 2004 | CY 2005 | CY 2010 |
| | Actual | Estimated | Estimated | Estimated | Estimated |
| Outcome: Overall cancer mortality rate | 209.1 | 204.4 | 202.9 | 201.3 | 193.8 |

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

Objective 2.1 By CY 2005, reduce disparities in overall cancer mortality between minorities and whites to a rate of no more than 1.06. (Age-adjusted to the 2000 U.S. standard population.)

| | | | | | |
|--|----------------|------------------|------------------|------------------|------------------|
| Performance Measures | CY 2000 | CY 2003 | CY 2004 | CY 2005 | CY 2010 |
| | Actual | Estimated | Estimated | Estimated | Estimated |
| Outcome: Cancer death rate ratio between nonwhites/whites | 1.13 | 1.08 | 1.07 | 1.06 | 1.00 |

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

**M.F0206 CIGARETTE RESTITUTION FUND – CANCER PREVENTION, EDUCATION, SCREENING AND TREATMENT PROGRAM
- COMMUNITY AND PUBLIC HEALTH ADMINISTRATION (Continued)**

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

Objective 3.1 By CY 2005, reduce colorectal cancer mortality to a rate of no more than 21.9 per 100,000 persons in Maryland. (Age-adjusted to the 2000 U.S. standard population.)

| | | | | | |
|--|----------------|------------------|------------------|------------------|------------------|
| Performance Measures | FY 2002 | FY 2003 | FY 2004 | FY 2005 | FY 2010 |
| | Actual | Actual | Estimated | Estimated | Estimated |
| Output: # screened for colorectal cancer with CRF funds | 4,370 | 3,638 | 2,547 | 2,547 | 2,547 |
| # minorities screened for colon cancer with CRF funds | 2,035 | 1,619 | 1,133 | 1,133 | 1,133 |
| | CY 2000 | CY 2003 | CY 2004 | CY 2005 | CY 2010 |
| | Actual | Estimated | Estimated | Estimated | Estimated |
| Outcome: Colorectal cancer mortality rate | 23.9 | 22.7 | 22.3 | 21.9 | 20.1 |

Objective 3.2 By CY 2005, reduce breast cancer mortality to a rate of no more than 24.8 per 100,000 persons in Maryland. (Age-adjusted to the 2000 U.S. standard population.)

| | | | | | |
|--|----------------|------------------|------------------|------------------|------------------|
| Performance Measures | FY 2002 | FY 2003 | FY 2004 | FY 2005 | FY 2010 |
| | Actual | Actual | Estimated | Estimated | Estimated |
| Output: # women screened for breast cancer with CRF funds | 406 | 847 | 593 | 593 | 593 |
| # minorities screened for breast cancer with CRF funds | 325 | 747 | 523 | 523 | 523 |
| | CY 2000 | CY 2003 | CY 2004 | CY 2005 | CY 2010 |
| | Actual | Estimated | Estimated | Estimated | Estimated |
| Outcome: Breast cancer mortality rate | 27.7 | 25.9 | 25.4 | 24.8 | 22.2 |

Objective 3.3 By CY 2005, reduce prostate cancer mortality to a rate of no more than 28.0 per 100,000 persons in Maryland. (Age-adjusted to the 2000 U.S. standard population.)

| | | | | | |
|--|----------------|------------------|------------------|------------------|------------------|
| Performance Measures | FY 2002 | FY 2003 | FY 2004 | FY 2005 | FY 2010 |
| | Actual | Actual | Estimated | Estimated | Estimated |
| Output: # men screened for prostate cancer with CRF funds | 358 | 417 | 292 | 292 | 292 |
| # minorities screened for prostate cancer with CRF funds | 330 | 283 | 198 | 198 | 198 |
| | CY 2000 | CY 2003 | CY 2004 | CY 2005 | CY 2010 |
| | Actual | Estimated | Estimated | Estimated | Estimated |
| Outcome: Prostate cancer mortality rate | 31.9 | 29.5 | 28.7 | 28.0 | 24.5 |

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

**M.F0206 CIGARETTE RESTITUTION FUND – CANCER PREVENTION, EDUCATION, SCREENING AND TREATMENT PROGRAM
- COMMUNITY AND PUBLIC HEALTH ADMINISTRATION (Continued)**

Objective 3.4 By CY 2005, reduce oral cancer mortality to a rate of no more than 2.6 per 100,000 persons in Maryland. (Age-adjusted to the 2000 U.S. standard population.)

| | | | | | |
|--|------------------|------------------|------------------|------------------|------------------|
| Performance Measures | FY 2002 | FY 2003 | FY 2004 | FY 2005 | FY 2010 |
| | Actual | Actual | Estimated | Estimated | Estimated |
| Output: # persons screened for oral cancer with CRF funds | 1,874 | 2,661 | 1,863 | 1,863 | 1,863 |
| # minorities screened for oral cancer with CRF funds | 1,419 | 1,957 | 1,370 | 1,370 | 1,370 |
| CY 2000 | CY 2003 | CY 2004 | CY 2005 | CY 2010 | |
| Actual | Estimated | Estimated | Estimated | Estimated | |
| Outcome: Oral cancer mortality rate | 3.0 | 2.8 | 2.7 | 2.6 | 2.3 |

Objective 3.5 By CY 2005, reduce cervical cancer mortality to a rate of no more than 2.0 per 100,000 persons in Maryland. (Age-adjusted to the 2000 U.S. standard population.)

| | | | | | |
|--|------------------|------------------|------------------|------------------|------------------|
| Performance Measures | FY 2002 | FY 2003 | FY 2004 | FY 2005 | FY 2010 |
| | Actual | Actual | Estimated | Estimated | Estimated |
| Output: # women screened for cervical cancer with CRF funds | 338 | 624 | 437 | 437 | 437 |
| # minorities screened for cervical cancer with CRF funds | 68 | 571 | 400 | 400 | 400 |
| CY 2000 | CY 2003 | CY 2004 | CY 2005 | CY 2010 | |
| Actual | Estimated | Estimated | Estimated | Estimated | |
| Outcome: Cervical cancer mortality rate | 2.3 | 2.1 | 2.1 | 2.0 | 1.8 |

Objective 3.6 By CY 2005, reduce mortality due to melanoma of the skin to a rate of no more than 2.7 per 100,000 persons in Maryland. (Age-adjusted to the 2000 U.S. standard population.)

| | | | | | |
|--|------------------|------------------|------------------|------------------|------------------|
| Performance Measures | FY 2002 | FY 2003 | FY 2004 | FY 2005 | FY 2010 |
| | Actual | Actual | Estimated | Estimated | Estimated |
| Output: # persons reached with skin cancer prevention messages with CRF funds | 7,459 | 10,305 | 7,214 | 7,214 | 7,214 |
| CY 2000 | CY 2003 | CY 2004 | CY 2005 | CY 2010 | |
| Actual | Estimated | Estimated | Estimated | Estimated | |
| Outcome: Melanoma of the skin mortality rate | 2.7 | 2.7 | 2.7 | 2.7 | 2.7 |

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

**M.F0206 CIGARETTE RESTITUTION FUND – CANCER PREVENTION, EDUCATION, SCREENING AND TREATMENT PROGRAM
- COMMUNITY AND PUBLIC HEALTH ADMINISTRATION (Continued)**

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

Objective 4.1 By FY 2005, to provide treatment or linkages to treatment for uninsured persons screened for cancer under the Cancer Prevention, Education, Screening and Treatment Program.

| | | | | | |
|--|----------------|----------------|------------------|------------------|------------------|
| Performance Measures | FY 2002 | FY 2003 | FY 2004 | FY 2005 | FY 2010 |
| | Actual | Actual | Estimated | Estimated | Estimated |
| Output: # persons diagnosed and linked or provided treatment. | 18 | 44 | 31 | 31 | 31 |

Goal 5. To enhance cancer research and increase translation of cancer research into the clinical setting in order to reduce the burden of cancer in Maryland through the Johns Hopkins Institution's Cancer Research Grant under the Cigarette Restitution Fund.

Objective 5.1 By FY 2005, successfully complete the recruitment of high-quality faculty in a number of the following fields, depending on the quality of the applicant and the amount of funds provided under the CRF: behavioral sciences, genetic epidemiology, cancer epidemiology, molecular genetics of cancer, and viral vaccine development.

| | | | | | |
|--|----------------|----------------|------------------|------------------|------------------|
| Performance Measures | FY 2002 | FY 2003 | FY 2004 | FY 2005 | FY 2010 |
| | Actual | Actual | Estimated | Estimated | Estimated |
| Output: # of successfully completed recruitments of high quality faculty. | 5 | 3 | 2 | 2 | 2 |

Objective 5.2 By FY 2005, retain high-quality faculty, including clinicians and researchers, by implementing a community-focused cancer research and prevention research program for existing faculty at the Johns Hopkins Institutions.

| | | | | | |
|--|----------------|----------------|------------------|------------------|------------------|
| Performance Measures | FY 2002 | FY 2003 | FY 2004 | FY 2005 | FY 2010 |
| | Actual | Actual | Estimated | Estimated | Estimated |
| Output: # of research proposals funded. | 3 | 3 | 3 | 3 | 3 |

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

**M.F0206 CIGARETTE RESTITUTION FUND – CANCER PREVENTION, EDUCATION, SCREENING AND TREATMENT PROGRAM
- COMMUNITY AND PUBLIC HEALTH ADMINISTRATION (Continued)**

Objective 5.3 By FY 2005, implement a competitive-funding program within Johns Hopkins for faculty to target any of the following: assessing exposure to environmental carcinogens and other cancer-causing agents in Maryland; mapping sources of exposure and cancer incidence in Maryland; developing multi-disciplinary projects focused on targeted cancers that will address the unique cultural and other factors related to the delay in treatment and access to care and treatment in underserved communities; and expanding population-based studies for cancer etiology and interventions among priority cancers in Maryland.

| Performance Measures | FY 2002 | FY 2003 | FY 2004 | FY 2005 | FY 2010 |
|--|---------|---------|-----------|-----------|-----------|
| | Actual | Actual | Estimated | Estimated | Estimated |
| Output: # of research proposals funded. | 11 | 3 | 8 | 9 | 9 |
| Outcome: # of new grants received from outside funding sources | 3 | 3 | 3 | 8 | 8 |
| # of peer-reviewed reports in scientific literature. | 86 | 3 | 3 | 3 | 3 |
| # of presentations (oral or poster) at national meetings | 6 | 10 | 10 | 10 | 10 |

Goal 6. To expand the scope of the University of Maryland Greenebaum Cancer Center's translational research efforts.

Objective 6.1 By FY 2005, increase the number of research activities that translate into clinical applications for patient benefit by six.

| Performance Measures | FY 2002 | FY 2003 | FY 2004 | FY 2005 | FY 2010 |
|---|---------|---------|-----------|-----------|-----------|
| | Actual | Actual | Estimated | Estimated | Estimated |
| Output: # of research activities that are translated into clinical applications. (FY 00 Baseline = 2) | 2 | 4 | 5 | 6 | 10 |

Objective 6.2 By FY 2005, increase the number of new University of Maryland clinical trials by 70%.

| Performance Measures | FY 2002 | FY 2003 | FY 2004 | FY 2005 | FY 2010 |
|---|---------|---------|-----------|-----------|-----------|
| | Actual | Actual | Estimated | Estimated | Estimated |
| Outcome: % increase in clinical trials (FY 00 Baseline = 180 protocols) | 50% | 91% | 65% | 70% | 100% |

Objective 6.3 By FY 2005, increase the number of patients entered onto University of Maryland clinical trials by 40%.

| Performance Measures | FY 2002 | FY 2003 | FY 2004 | FY 2005 | FY 2010 |
|--|---------|---------|-----------|-----------|-----------|
| | Actual | Actual | Estimated | Estimated | Estimated |
| Outcome: % increase in clinical trials (FY 00 Baseline = 661 patients) | 25% | 31% | 35% | 40% | 65% |

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

**M.F0206 CIGARETTE RESTITUTION FUND – CANCER PREVENTION, EDUCATION, SCREENING AND TREATMENT PROGRAM
- COMMUNITY AND PUBLIC HEALTH ADMINISTRATION (Continued)**

Objective 6.4 By FY 2005, increase the number of faculty in targeted areas by 35%.

| | | | | | |
|--|----------------|----------------|------------------|------------------|------------------|
| Performance Measures | FY 2002 | FY 2003 | FY 2004 | FY 2005 | FY 2010 |
| | Actual | Actual | Estimated | Estimated | Estimated |
| Outcome: % increase in faculty. (FY 00 Baseline = 127 faculty) | 20% | 25% | 30% | 35% | 50% |

Objective 6.5 By FY 2005, increase the number of peer-reviewed publications by 30%.

| | | | | | |
|---|----------------|----------------|------------------|------------------|------------------|
| Performance Measures | FY 2002 | FY 2003 | FY 2004 | FY 2005 | FY 2010 |
| | Actual | Actual | Estimated | Estimated | Estimated |
| Outcome: % increase in peer-reviewed publications (FY 00 Baseline = 100 publications) | 10% | 50% | 25% | 30% | 50% |

Goal 7. To build critical infrastructure and Core Shared Services Facilities to support the University of Maryland Greenebaum Cancer Center's clinical and translational research activities.

Objective 7.1 By FY 2005, establish a Biomarker/GeneDiscovery Facility and expand current shared service facilities in: biostatistics/informatics, specimen repository, preclinical models of cancer, flow cytometry, and biopolymer.

| | | | | | |
|--|----------------|----------------|------------------|------------------|------------------|
| Performance Measures | FY 2002 | FY 2003 | FY 2004 | FY 2005 | FY 2010 |
| | Actual | Actual | Estimated | Estimated | Estimated |
| Output: # fully operational shared service facilities supporting cancer investigators (FY 00 Baseline = 6 shared services) | 7 | 8 | 8 | 8 | 10 |

Objective 7.2 By FY 2005, increase the number of translational and clinical investigators that are users of the Core Shared Service Facility by 80%.

| | | | | | |
|---|----------------|----------------|------------------|------------------|------------------|
| Performance Measures | FY 2002 | FY 2003 | FY 2004 | FY 2005 | FY 2010 |
| | Actual | Actual | Estimated | Estimated | Estimated |
| Outcome: % increase in the number of investigators. (FY 00 Baseline = 45 investigators) | 60% | 84% | 70% | 80% | 110% |

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

**M.F0206 CIGARETTE RESTITUTION FUND – CANCER PREVENTION, EDUCATION, SCREENING AND TREATMENT PROGRAM
- COMMUNITY AND PUBLIC HEALTH ADMINISTRATION (Continued)**

Goal 8. To reduce the burden of cancer and tobacco-related diseases through the Maryland Statewide Health Network (MSHN) by: conducting prevention, education and control activities; promoting increased participation of diverse populations in clinical trials; developing best practice models; coordinating with local hospitals, health care providers and local health departments; and expanding telemedicine linkages.

Objective 8.1 By FY 2005, to establish one statewide, three regional and two satellite offices in Baltimore City, the Eastern Shore, and Western Maryland.

| | | | | | |
|--|----------------|----------------|------------------|------------------|------------------|
| Performance Measures | FY 2002 | FY 2003 | FY 2004 | FY 2005 | FY 2010 |
| | Actual | Actual | Estimated | Estimated | Estimated |
| Output: # of fully operational central, regional and satellite Offices established. | 6 | 6 | 6 | 6 | 6 |

Objective 8.2 By FY 2005, to increase by 40% the number of individuals participating in prevention clinical trials through University of Maryland Greenebaum Cancer Center (UMGCC) and by 20% the number of diverse populations participating in prevention clinical trials through UMGCC.

| | | | | | |
|--|----------------|------------------|------------------|------------------|------------------|
| Performance Measures | FY 2002 | FY 2003 | FY 2004 | FY 2005 | FY 2010 |
| | Actual | Estimated | Estimated | Estimated | Estimated |
| Outcome: | | | | | |
| % increase in the number of individuals participating in prevention clinical trials through UMGCC (Baseline: 661 in FY'00) | 25% | 30% | 35% | 40% | 65% |
| % increase in the number of diverse populations participating in prevention clinical trials through UMGCC. | 5% | 8% | 12% | 15% | 20% |

Objective 8.3 By FY 2005, identify and implement at least three Best Practice Models related to cancer and tobacco-related diseases intervention strategies.

| | | | | | |
|--|----------------|----------------|------------------|------------------|------------------|
| Performance Measures | FY 2002 | FY 2003 | FY 2004 | FY 2005 | FY 2010 |
| | Actual | Actual | Estimated | Estimated | Estimated |
| Output: # of fully implemented "Best Practice Models" | 0 | 0 | 3 | 4 | 8 |

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

M.F0206 CIGARETTE RESTITUTION FUND – CANCER PREVENTION, EDUCATION, SCREENING AND TREATMENT PROGRAM - COMMUNITY AND PUBLIC HEALTH ADMINISTRATION (Continued)

Objective 8.4 By FY 2005, establish clinical telemedicine/ videoconferencing linkages in twenty-seven sites to improve access to quality care.

| Performance Measures | FY 2002 | FY 2003 | FY 2004 | FY 2005 | FY 2010 |
|---|---------|---------|-----------|-----------|-----------|
| | Actual | Actual | Estimated | Estimated | Estimated |
| Output: # of telemedicine/videoconference linkages established. | 12 | 17 | 25 | 25 | 25 |
| # of fully operational telemedicine/videoconference sites | 4 | 15 | 22 | 25 | 25 |
| # of sites with established clinical telemedicine activities. | 4 | 10 | 15 | 17 | 17 |

Objective 8.5 By FY 2005, conduct educational presentations related to the targeted cancers and other tobacco-related diseases in collaboration with local health organizations to reach at least 12,200 individuals in the regions served by the Network.

| Performance Measures | FY 2002 | FY 2003 | FY 2004 | FY 2005 | FY 2010 |
|---|---------|---------|-----------|-----------|-----------|
| | Actual | Actual | Estimated | Estimated | Estimated |
| Output: # of educational programs on targeted cancers and other tobacco-related diseases. | 90 | 320 | 95 | 100 | 100 |
| # of individuals reached through MSHN's educational programs. | 11,000 | 10,715 | 12,000 | 12,200 | 12,200 |

**Maryland Health Care Foundation
Fiscal Year 2003 MFRs**

V. GOALS AND OBJECTIVES

Dental Health

Goal 1: To improve access to dental health care for the uninsured and underinsured especially low-income children.

Objective 1.1: By September 2003, to fund at least five dental programs geographically located around the State serving uninsured and underinsured children. (One program in Carroll County, two in Baltimore City, one in Caroline County, and one in Southern Maryland (combined project of Charles, St. Mary's and Calvert Counties).

| Performance Measure | 2001 Actual | 2002 Actual | 2003 Estimate | 2003 Actual |
|---|---------------------------|--|--|--|
| 1. Output: number of preventive dental programs in Maryland, funded by the Foundation. | 5 approved; 4 of 5 funded | 5 funded with one in Carroll County; two in Baltimore City; one in Caroline County; and one in Southern Maryland (combined project of Charles, St. Mary's and Calvert counties). | 5 cumulative but only 1 receiving Foundation funding in FY'03. | 5 cumulative but only 1 receiving Foundation funding in FY'03. |
| 2. Output: total number of patients receiving dental care | 1,506 | 3,086 | Additional 315 over FY2002 actual | 642 patients; 1,498 patient visits; an additional 187 patients over FY2002 actuals for one program; an additional 480 patient visits over FY'02 for one program. |
| 3. Output: total number of children receiving preventive dental by Foundation funded programs | 1,085 | 2,500 | Additional 315 over FY2002 actual | 634 |

| | | | | |
|---|--|---|--|--|
| 4. Output: percentage of patients receiving preventive dental care by payor | 50%-78.9% range for Medicaid; average of 9 % sliding fee; average of 9.3% uninsured; average of 8% commercial; 3.2% Medicaid/Non MCO. * *The greatest percentage of patients seen by the clinics is Medicaid. The programs are experiencing reimbursement problems by Medicaid. About 10% are sliding fee scale patients. | 50%-78.9% range for Medicaid; average of 9 % sliding fee; average of 9.3% uninsured; average of 8% commercial; 3.2% Medicaid/Non MCO. * *The greatest percentage of patients seen by the clinics is Medicaid. The programs are experiencing reimbursement problems by Medicaid. About 10% are sliding fee scale patients | 50%-78.9% range for Medicaid; average of 9% sliding fee; average of 9.3% uninsured; average of 8% commercial; 3.2% Medicaid/Non MCO. * *The greatest percentage of patients seen by the clinics is Medicaid. The programs are experiencing reimbursement problems by Medicaid. About 10% are sliding fee scale patients | 97% MCO 3% Medicaid |
| 5. Output: types of treatment provided by programs | * See Notes below | * See Notes below | * See Notes below | * See Notes below |
| 6. Output: average number of visits per patient by program | 5* | 5* | 5* | 2 |
| 7. Efficiency: number of volunteer dentists in all programs | 50 | 11 | 15 | Cumulative 61; two to five in the FY'03 program. |
| 8. Efficiency: average number of paid dentists by program | 1 | 1 | 1 | 1 dental fellow |
| 9. Input: average number of hours donated by volunteer dental practitioners by all programs | 16-20 hours per month | 16-20 hours per month | 16-20 hours per month | 3 hours/month |

| | | | | |
|--|---|--|--|---|
| 10. Efficiency: actual cost to operate program | This information was not collected in FY2001. | Draft evaluation report on dental projects due 9/18/02. Information will be reviewed by the Foundation's Grants Review Committee on 10/1/02. The Board will act on it at its October 21, 2002 meeting. | May have estimate post review of draft document. | Evaluation results of two dental projects funded by the Foundation do not provide sufficient data to calculate actual costs to operate the program. More intense cost, utilization, and other data, and agreed upon efficiency standards are necessary. |
|--|---|--|--|---|

Performance Measure #5: * For FY2001 and 2002 the following is a representative sample of the types of treatments provided:

Periodontal scaling and root planing, Amalgam 1 surface, Amalgam 2 surface, sedative filling, therapeutic pulpotomy, palliative treatment, removal of impacted tooth, comprehensive exams, child prophylaxis, emergency exam, fluoride treatment, sealant applications, panorex, bitewing X 2, single tooth extractions. AIDS patients are treated.

For FY2003: Crowns, nitrous oxide, extractions, exams oral hygiene, prophylaxis & fluoride, pulpotomy, recement, restore, sealants, space main, and x-ray.

Performance Measure #6: *The average number of visits needed by each patient surprised dental grantees. This is because many patients presenting at the centers have never had dental care or have waited until their conditions require serious treatment. The majority of the treatments are prophylactic and fluoride, representing 13% of the caseload. The second more frequent treatment is sealants in children, representing about 12.5% of the caseloads.

Performance Measure #7: *The funded program has a pediatric dental fellow, through a financial arrangement with the University of Maryland School of Dentistry. Community dentists are asked to volunteer services in the event of an emergency that cannot be cared for by the dental fellow.

Rural Health

Goal 2: To increase access to preventive and primary health care in Maryland's rural counties.

Objective 2.1: By July 2003, to second year fund two rural health programs providing preventive and primary care in Maryland's rural counties. (Calvert, Carroll, Cecil, and Frederick.)

| Performance Measure | 2001 Actual | 2002 Actual | 2003 Estimate | 2003 Actual |
|---|---------------------------------------|--|---|--|
| 1. Input: number of Foundation funded programs providing primary care services in rural MD counties | 7 approved; 2 of 7 carry-over to '02 | 7 | Two of the seven from FY2002 were funded in '03; one of the two was second year funded. | Two of the seven from FY2002 were funded in '03; one of the two was second year funded. |
| 2. Output: number of individuals treated by program | 1,339 | 1,155 | 700 (two programs) | 1,442 |
| 3. Efficiency: actual cost to operate programs | This data was not collected in FY'01. | The draft evaluation report was received from the consultant on 8/26/02. The Foundation's Grants Review Committee reviewed the report at its October 1, 2002 meeting. The Board acted on it at its October 21, 2002 meeting. | Will estimate based on results of report from evaluator. | Evaluation results of seven rural primary health care projects funded by the Foundation do not provide sufficient data to calculate actual costs to operate the program. Moreover, because of the differences in program design, an apples to apples comparison cannot be made. More intense cost, utilization and other data, and agreed upon efficiency standards are necessary. |

Case Management, Community Linkages and Health Prevention)

Goal 3: To provide case management opportunities for individuals to maximize the use of available preventive and primary health care services and other support services.

Objective 3.1: By May 2003, to develop a health education and case management grant program targeted to the uninsured and underinsured, including low-income seniors. Cancer prevention, chronic disease management and other health prevention and promotion projects may be targeted.

| Performance Measure | 2001 Actual | 2002 Actual | 2003 Estimate | 2003 Actual |
|---|--------------------|--|---------------------------------------|---|
| 1. Input: number of Foundation funded projects providing case management and health education/prevention services | 3 | 3 | 3 cumulative; only 2 funded in FY2003 | 3 cumulative; only 2 funded in FY2003 |
| 2. Output: number of adult participants in health education/prevention programs | 0 | 572 patients of which 542 are adults; 572 includes 307 new patients and 265 continuing patients. | 150 | 595 (457 in one diabetes program of which 68 patients were Foundation funded; and, 138 in another hypertension/diabetes program, all Foundation funded. |
| 3. Output: number of adults case managed | 0 | 550 | 150 | 206 Foundation funded patients. |

Volunteerism

Goal 4: To assess the current use of licensed volunteer health care providers providing health care to the uninsured and underinsured populations in Maryland.

Objective 4.1: By July 31, 2003, to fund one or more projects that use licensed volunteer providers to provide health care to the uninsured and underinsured.

| Performance Measure | 2001 Actual | 2002 Actual | 2003 Estimate | 2003 Actual |
|---|-------------|-------------|---------------|--|
| 1. Input: number of programs funded | 0 | 0 | 7 | 7 |
| 3. Output: number of persons treated by volunteer providers | 0 | 0 | 1,200 | 1,777 |
| 4. Efficiency: number of volunteer hours used. | 0 | 0 | 1,120 | 234 licensed providers including medical, psychiatric, and dental. * |
| 5. Quality: value of services provided | 0 | 0 | | Insufficient data to determine. |

- Programs have reported number of pro bono providers donating services, which are not captured/recorded as hours donated. One mental health program reported 268 volunteer hours; one dental program reported 53 donated hours.

Health Care Disparities

Goal 5: To reduce health care disparities associated with poverty, race and gender.

Objective 5.1 By June 30, 2003, to fund one or more projects which propose to reduce health care disparities among minority or ethnic populations in geographic areas around the state by addressing one of the six leading health status conditions, including cancer, infant mortality, cardiovascular disease, HIV/AIDS, immunization and diabetes.

| Performance Measure | 2001 Actual | 2002 Actual | 2003 Estimate | 2003 Actual |
|---|--------------------|--------------------|--|--|
| 1. Output: number of Foundation funded projects addressing health disparities Input: number of programs funded | 0 | 0 | 2 programs; One Request for Proposal to develop an inventory of Maryland initiatives to reduce health care disparities. | 0 programs funded to deliver services. One Request for Proposal to develop inventory was released. Inventory was completed and a report was published and provided to CRFP and others. * |
| 2. Output: number of patients served | 0 | 0 | Not applicable. | Not applicable. * |
| 3. Output: number of patients served by race | 0 | 0 | Not applicable. | Not applicable. * |
| 4. Output: number and types of diagnoses | 0 | 0 | Not applicable. | Not applicable. * |

Performance Measures #'s 1, 2,3,4: *The Request For Proposals was to develop an inventory of existing services. From the inventory and other information collected, users of the information may develop new or expand existing programs and conduct additional evaluations.

Models that Work--Replication

Goal 6: To evaluate and identify for replication, cost-effective and cost-efficient programs that work, to improve access to health care for the uninsured and underinsured.

Objective 6.1: By June 30, 2001, and annually thereafter, to evaluate and publish results of Foundation funded projects which expand and improve access to preventive and primary health care to the uninsured and underinsured. Publications will be released to the public by December 1 of each year.

Objective 6.2: By June 30, 2003 to have begun a study of the first year case management projects.

| Performance Measure | 2001 Actual | 2002 Actual | 2003 Estimate | 2003 Actual |
|---|--------------------|--------------------------------------|---------------------------------------|--|
| 1. Input: a study on the first year case management projects | 0 | 0 | One study of 3 projects | One study of 3 projects was completed. |
| 2. Input: a study on the first year and first six months of second year dental projects | 0 | One study of 2 dental programs | One study of 2 dental programs. | Evaluation approved and started in FY2002; final report submitted December 2002. |
| 3. Input: a study of the rural health projects funded by the Foundation | 0 | One study of 7 rural health projects | One study of 7 rural health projects. | Evaluation approved and started in FY2002; final report submitted December 2002. |
| 4. Output: number of projects replicated | 2** | 2** | 2** | 2** |

Performance Measures #2 and #3 *: These studies were approved in the FY2002 CRFP budget and started in FY2002.

Performance Measure #4: ** The two projects replicated to date are the medbank programs that were initially funded by the Foundation (Western Maryland Prescription Program and MEDBANK of Maryland, Inc.) These were replicated statewide. A priority for the Foundation is to identify programs that can be replicated on a geographic basis or statewide.

Maryland Health Care Trust

Goal 7: Goal 7: To transfer funds to the Maryland Health Care Trust

Objective 7.1 By September 30, 2002 to transfer \$471,728 to the Maryland Health Care Trust.

| Performance Measure | 2001 Actual | 2002 Actual | 2003 Estimate | 2003 Actual |
|--|--------------------|--------------------|----------------------|---|
| Output: Transfer \$471,728 to the Maryland Health Care Trust | 0 | 0 | \$471,728 | \$471,718 was transferred on September 9, 2002. |

TOBACCO USE PREVENTION AND CESSATION PROGRAM

Fiscal Year 2003 Accomplishments

Local Public Health Component

Overall

Worked with county health departments to develop county specific tobacco control action plans that address CRFP long-term and short-term goals and objectives.

Conducted six regional training sessions on “Best Practices” for Comprehensive Tobacco Control Programs.

Hired and trained staff to develop educational and outreach strategies, monitor county level projects and facilitate “Best Practices” training sessions.

Hired and trained staff to develop educational and outreach strategies, monitor county level projects and facilitate “Best Practices” training sessions.

Community

2,278 health care providers, advocates and parents educated on community based tobacco use prevention programs and strategies.

20 community churches were funded to incorporate tobacco prevention and cessation messages into various church programs.

Caroline County: Initiated a smoking restriction at county health and public service buildings, which will restrict smoking within 100 feet of the buildings.

Anne Arundel County: Enacted a policy that prohibits use of tobacco products at the county parks during organized activities.

Talbot County: enacted a policy that made the health department grounds completely smoke-free.

Charles County: enacted a policy that made the health department grounds completely smoke free.

Kent County: passed a local ordinance to allow Alcohol Beverage Inspectors to conduct tobacco sales compliance checks and write civil citations.

Prince Georges’ County: passed a local product placement regulation.

School-based

2,987 teachers, nurses, daycare providers, and school administrators trained on available tobacco use prevention and cessation curricula, programs and strategies.

117,212 Pre-K–12 students received tobacco use prevention education.

37,553 college students received tobacco use prevention education on campus.

3,007 students received smoking cessation counseling and support at school.

Cessation

1,017 nurses and health care providers trained on the various cessation models.
5,550 adults participated in smoking cessation classes; 3,032 received nicotine patches or Zyban.

Enforcement

6,138 tobacco retailers' compliance checks were conducted.
696 tobacco retailers (stores) were issued citations for sales to minors.
802 youth were cited for illegal possession of tobacco products.

Minority

5 community forums were held that addressed tobacco control and health in minority populations.
69 minority organizations were funded to conduct tobacco control projects.

Statewide Public Health

Legal Resource Center

- Provided legal assistance to over 19 local health departments and jurisdictions throughout the state.
- Continued the implementation of a listserv for community health coalitions throughout the state, which consists of 33 members.
- Published and distributed quarterly newsletters, entitled "Tobacco Regulation Review", which was mailed to over 1,000 organizations nationwide.
- Conducted presentations at 10 community coalition meetings throughout the state to discuss the services of the resource center.
- Twenty-four law students were educated in a tobacco control seminar.
- Four high school students and two law students worked on the Baltimore City sting program. Over three hundred stings were performed in Baltimore City.
- Five presentations were made at national or state tobacco control programs.
- Five state legislators provided assistance during the 2003 General Assembly session.

Surveillance and Evaluation

The Maryland Youth Tobacco Survey (MYTS) and the Maryland Adult Tobacco Survey (MATS) are administered biennially for the purpose of gathering attitude, usage and exposure information regarding tobacco products statewide and within each of the 23 counties in Maryland and Baltimore City. Survey results are also used in apportioning Local Tobacco Use Prevention and Cessation grants among Maryland's 24 major political subdivisions.

The most recent surveys were conducted in the fall of 2002. Over 66,000 students in eligible Maryland public middle and high schools completed MYTS survey questionnaires statewide. At the same time, approximately 25,000 Maryland adults age

18 or older participated in a computer assisted telephone survey. Preliminary analysis of survey data reflects a statistically significant decline in tobacco use by under-age youth (less than eighteen years old) and adults (ages eighteen or older).

Complete data are published for the MYTS and MATS are published on September 1st in the year following survey administration. Administration and analysis of both the MYTS and the MATS surveys are coordinated by the Center for Health Promotion, Education, and Tobacco Use Prevention. Copies of published reports are available from the Center that can be contacted at 410-767-1362. Reports are also available through the Department's website at <http://www.fha.state.md.us/crfp/html/stats.cfm>.

Mass Media and Public Relations Campaigns

Produced two television spots targeting youth, minorities and second hand smoke. The spots began airing statewide in fall of 2002.

Three television spots aired in the late summer of 2002 targeting youth, secondhand smoke and smoking cessation. Over 61% of Maryland's general population reported awareness of the media messages, and 67% of the targeted minorities in Maryland reported awareness of the counter-marketing and media messages.

Over 94,000 people have logged on to the "Smoking Stops Here" website, www.smokingstopshere.com, informing them of additional information about the movement. The website has generated 187 calendar event submissions and 203 personal story testimonial submissions. There have also been over 55 community story submissions from the website.

Community mobilization plans have included coalition members and program participants incorporating the "Smoking Stops Here" campaign into local programs.

Representatives from DHMH and the Maryland Action Partnership attended and/or presented to over 70 community outreach meetings throughout the state to present an in-depth overview of the campaign, discuss collaborations, and provide technical assistance. Over 93 non-profit organizations and coalitions across the state have signed on to support the program.

Over 10,012 Marylanders have signed a pledge to take action against tobacco.

The program has signed up 220 Marylanders to serve as Mobilizers for the program.

Various campaign materials have been translated into Spanish to further outreach activities with the Latino population in Maryland.

"Smoking Stops Here" has co-sponsored or attended 33 statewide events surrounding the Great American Smokeout.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

M00F03.06 CIGARETTE RESTITUTION FUND – TOBACCO USE PREVENTION AND CESSATION PROGRAM - FAMILY HEALTH ADMINISTRATION

STRATEGIES AND DISCUSSION OF PROGRAM PERFORMANCE

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

Objective 1.1 By the end of CY 2004, reduce the proportion of under-age Maryland middle school and high school students that have smoked a whole cigarette, by 34% and 25% respectively, from the CY 2000 Baseline Rate.

Strategy 1.1.1 Allocate resources to the Local Public Health Component (School-Based Programs, Community-Based Programs, Youth Access Enforcement Programs, and Tobacco Use Cessation Programs) and provide technical support for the design and implementation of a comprehensive tobacco use prevention and cessation program in every community.

Strategy 1.1.2 Develop and implement an aggressive and sustainable counter-marketing and media campaign to prevent the initiation of tobacco use, reduce exposure to second hand smoke, and change the environmental context from one which promotes or is neutral towards tobacco use to one which strongly discourages tobacco use.

Strategy 1.1.3 Promote greater involvement of minority groups and coalitions in comprehensive tobacco control programs through the Department's statewide Minority Outreach and Technical Assistance Program.

Program

Performance: Implementation of locally developed tobacco control initiatives with the financial and technical support from the Department, complemented by a statewide counter-marketing and media campaign, supported by enhanced public policies discouraging tobacco use, will reduce the proportion of under-age middle and high school youth who have ever smoked a whole cigarette.

| <u>Performance Measures</u> | <u>CY2000 Base Rate</u> | <u>CY2002 Actual</u> | <u>CY2004 Target</u> | <u>CY2006 Target</u> |
|---|-----------------------------|--------------------------|--------------------------|--------------------------|
| <i>Under-age Middle School Students</i> | | | | |
| Input: % smoked whole cigarette | 16.8% | 11.7% | 11.1% | 10.4% |
| Outcome: Cumulative % change | NA | -30.4% | -34% | -38% |
| <i>Under-age High School Students</i> | | | | |
| Input: % smoked whole cigarette | 44.1% | 34.7% | 33.3% | 31.3% |
| Outcome: Cumulative % change | NA | -21.3% | -25% | -29% |

Objective 1.2 By the end of CY 2004, reduce the proportion of under-age Maryland middle and high school students that have ever used smokeless tobacco, by 27% and 18% respectively, from the CY 2000 Baseline Rate.

Strategy 1.2.1 Allocate resources to the Local Public Health Component (School-Based Programs, Community-Based Programs, Youth Access Enforcement Programs, and Tobacco Use Cessation Programs) and provide technical support for the design and implementation of a comprehensive tobacco use prevention and cessation program in every community.

Strategy 1.2.2 Develop and implement an aggressive and sustainable counter-marketing and media campaign to prevent the initiation of tobacco use, reduce exposure to second hand smoke, and change the environmental context from one which promotes or is neutral towards tobacco use to one which strongly discourages tobacco use.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

100F03.06 CIGARETTE RESTITUTION FUND – TOBACCO USE PREVENTION AND CESSATION PROGRAM - FAMILY HEALTH ADMINISTRATION (Continued)

STRATEGIES AND DISCUSSION OF PROGRAM PERFORMANCE

| <u>Performance Measures</u> | <u>CY2000 Base Rate</u> | <u>CY2002 Actual</u> | <u>CY2004 Target</u> | <u>CY2006 Target</u> |
|---|-----------------------------|--------------------------|--------------------------|--------------------------|
| <i>Under-age Middle School Students</i> | | | | |
| Input: % currently smoking cigarettes | 7.3% | 5.0% | 4.7% | 4.5% |
| Outcome: Cumulative % change | NA | -31.5% | -35% | -39% |
| <i>Under-age High School Students</i> | | | | |
| Input: % currently smoking cigarettes | 23.7% | 18.1% | 17.3% | 16.4% |
| Outcome: Cumulative % change | NA | -23.6% | -27% | -31% |
| <i>Adults</i> | | | | |
| Input: % currently smoking cigarettes | 17.5% | 15.4% | 14.7% | 14.0% |
| Outcome: Cumulative % change | NA | -12.0% | -16% | -20% |

- Objective 2.2** By the end of CY 2004, reduce by 13% from the CY 2000 Baseline Rate, the proportion of Maryland adults that currently use smokeless tobacco.
- Strategy 2.2.1** Allocate resources to the Local Public Health Component (School-Based Programs, Community-Based Programs, Youth Access Enforcement Programs, and Tobacco Use Cessation Programs) and provide technical support for the design and implementation of a comprehensive tobacco use prevention and cessation program in every community.
- Strategy 2.2.2** Allocation of Local Public Health Tobacco Grants between the elements of the Local Public Health Component (School-Based Programs, Community-Based Programs, Youth Access Enforcement Programs, and Tobacco Use Cessation Programs) to ensure implementation of a comprehensive tobacco use prevention and cessation program in every community.
- Strategy 2.2.3** Develop and implement an aggressive and sustainable counter-marketing and media campaign to prevent the initiation of tobacco use, reduce exposure to second hand smoke, and change the environmental context from one which promotes or is neutral towards tobacco use to one which strongly discourages tobacco use.
- Strategy 2.2.4** Promote greater involvement of minority groups and coalitions in comprehensive tobacco control programs through the Department's statewide Minority Outreach and Technical Assistance Program.
- Strategy 2.2.5** Enhancement of policies regarding youth access to tobacco products, product placement, youth access to tobacco products, and exposure to second-hand smoke.
- Program Performance:** Implementation of locally developed tobacco control initiatives with the financial and technical support from the Department, complemented by a statewide counter-marketing and media campaign, supported by enhanced public policies discouraging tobacco use, will reduce the proportion of adults that currently use smokeless tobacco products.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

M00F03.06 CIGARETTE RESTITUTION FUND – TOBACCO USE PREVENTION AND CESSATION PROGRAM - FAMILY HEALTH ADMINISTRATION (Continued)

STRATEGIES AND DISCUSSION OF PROGRAM PERFORMANCE

| <u>Performance Measures</u> | <u>CY2000 Base Rate</u> | <u>CY2002 Actual</u> | <u>CY2004 Target</u> | <u>CY2006 Target</u> |
|--|-----------------------------|--------------------------|--------------------------|--------------------------|
| Input: % currently using smokeless tobacco | 1.1% | 1.0% | 0.9% | 0.9% |
| Outcome: Cumulative % change | NA | -9.1% | -13% | -17% |

Goal 3. To reduce negative disparities in the prevalence of tobacco-related risk behaviors between population groups, especially targeted minorities.

Objective 3.1 By the end of CY 2004 reduce the negative disparity in current tobacco use between White adults (high) and Asian adults (low), by 43% from the CY 2000 Baseline Rate.

Strategy 3.1.1 Allocate resources to the Local Public Health Component (School-Based Programs, Community-Based Programs, Youth Access Enforcement Programs, and Tobacco Use Cessation Programs) and provide technical support for the design and implementation of a comprehensive tobacco use prevention and cessation program in every community.

Strategy 3.1.2 Develop and implement an aggressive and sustainable counter-marketing and media campaign to prevent the initiation of tobacco use, reduce exposure to second hand smoke, and change the environmental context from one which promotes or is neutral towards tobacco use to one which strongly discourages tobacco use.

Strategy 3.1.3 Promote greater involvement of minority groups and coalitions in comprehensive tobacco control programs through the Department's statewide Minority Outreach and Technical Assistance Program.

Program

Performance: Implementation of locally developed tobacco control initiatives with the financial and technical support from the Department, complemented by a statewide counter-marketing and media campaign, supported by enhanced public policies discouraging tobacco use, will reduce the proportion of White adults that currently use tobacco products.

| <u>Performance Measures</u> | <u>CY2000 Base Rate</u> | <u>CY2002 Actual</u> | <u>CY2004 Target</u> | <u>CY2006 Target</u> |
|--|-----------------------------|--------------------------|--------------------------|--------------------------|
| Input: No. % pts. higher White tobacco use | 15.3% | 9.3% | 8.7% | 8.1% |
| Outcome: Cumulative % change | NA | -39.2% | -43% | -47% |

Objective 3.2 By the end of CY 2004, reduce the negative disparity in current tobacco use between African-American adults (high) and Asian adults (low), by 51% from the CY 2000 Baseline Rate.

Strategy 3.2.1 Allocate resources to the Local Public Health Component (School-Based Programs, Community-Based Programs, Youth Access Enforcement Programs, and Tobacco Use Cessation Programs) and provide technical support for the design and implementation of a comprehensive tobacco use prevention and cessation program in every community.

Strategy 3.2.2 Develop and implement an aggressive and sustainable counter-marketing and media campaign to prevent the initiation of tobacco use, reduce exposure to second hand smoke, and change the environmental context from one which promotes or is neutral towards tobacco use to one which strongly discourages tobacco use.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Strategy 3.2.3 Promote greater involvement of minority groups and coalitions in comprehensive tobacco control programs through the Department's statewide Minority Outreach and Technical Assistance Program.

Program

Performance: Implementation of locally developed tobacco control initiatives with the financial and technical support from the Department, complemented by a statewide counter-marketing and media campaign, supported by enhanced public policies discouraging tobacco use, will reduce the proportion of African-American adults that currently use tobacco products.

| <u>Performance Measures</u> | <u>CY2000 Base Rate</u> | <u>CY2002 Actual</u> | <u>CY2004 Target</u> | <u>CY2006 Target</u> |
|--|-----------------------------|--------------------------|--------------------------|--------------------------|
| Input: No. % pts. higher Black tobacco use | 14.8% | 7.8% | 7.3% | 6.7% |
| Outcome: Cumulative percentage change | NA | -47.3% | -51% | -55% |

Objective 3.3 By the end of CY 2004, reduce the negative disparity in current tobacco use between Hispanic adults (high) and Asian adults (low), by 34% from the CY 2000 Baseline Rate.

Strategy 3.3.1 Allocate resources to the Local Public Health Component (School-Based Programs, Community-Based Programs, Youth Access Enforcement Programs, and Tobacco Use Cessation Programs) and provide technical support for the design and implementation of a comprehensive tobacco use prevention and cessation program in every community.

Strategy 3.3.2 Develop and implement an aggressive and sustainable counter-marketing and media campaign to prevent the initiation of tobacco use, reduce exposure to second hand smoke, and change the environmental context from one which promotes or is neutral towards tobacco use to one which strongly discourages tobacco use.

Strategy 3.3.3 Promote greater involvement of minority groups and coalitions in comprehensive tobacco control programs through the Department's statewide Minority Outreach and Technical Assistance Program.

Program

Performance: Implementation of locally developed tobacco control initiatives with the financial and technical support from the Department, complemented by a statewide counter-marketing and media campaign, supported by enhanced public policies discouraging tobacco use, will reduce the proportion of Hispanic adults that currently use tobacco products.

| <u>Performance Measures</u> | <u>CY2000 Base Rate</u> | <u>CY2002 Actual</u> | <u>CY2004 Target</u> | <u>CY2006 Target</u> |
|---|-----------------------------|--------------------------|--------------------------|--------------------------|
| Input: No. % pts. higher Hispanic tobacco use | 14.0% | 9.8% | 9.2% | 8.9% |
| Outcome: Cumulative % change | Base Rate | -30.0% | -34% | -38% |

Objective 3.4 By the end of CY 2004, reduce the negative disparity in current tobacco use between adult Males (high) and adult Females (low), by 4% from the CY 2000 Baseline Rate.

Strategy 3.4.1 Allocate resources to the Local Public Health Component (School-Based Programs, Community-Based Programs, Youth Access Enforcement Programs, and Tobacco Use Cessation Programs) and provide technical support for the design and implementation of a comprehensive tobacco use prevention and cessation program in every community.

Strategy 3.4.2 Develop and implement an aggressive and sustainable counter-marketing and media campaign to prevent the initiation of tobacco use, reduce exposure to second hand smoke, and change the environmental context from one which promotes or is neutral towards tobacco use to one which strongly discourages tobacco use.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

M00F03.06 CIGARETTE RESTITUTION FUND – TOBACCO USE PREVENTION AND CESSATION PROGRAM - FAMILY HEALTH ADMINISTRATION (Continued)

STRATEGIES AND DISCUSSION OF PROGRAM PERFORMANCE

Program

Performance: Implementation of locally developed tobacco control initiatives with the financial and technical support from the Department, complemented by a statewide counter-marketing and media campaign, supported by enhanced public policies discouraging tobacco use, will reduce the proportion of adult males that currently use tobacco products.

| <u>Performance Measures</u> | <u>CY2000 Base Rate</u> | <u>CY2002 Actual</u> | <u>CY2004 Target</u> | <u>CY2006 Target</u> |
|---|-----------------------------|--------------------------|--------------------------|--------------------------|
| Input: No. % pts. higher Male tobacco use | 11.2% | 11.9% | 10.8% | 10.3% |
| Outcome: Cumulative % change | Base Rate | +6.3% | -4% | -8% |

Goal 4. To counteract tobacco industry marketing and advertising efforts by exposing target audiences to sustained counter-marketing and media campaigns.

Objective 4.1 By the end of CY 2004, deliver DHMH CRF Tobacco Program counter-marketing and media messages to 70% of the general population.

Strategy 4.1.1 Develop and implement an aggressive and sustainable counter-marketing and media campaign to prevent the initiation of tobacco use, reduce exposure to second hand smoke, and change the environmental context from one which promotes or is neutral towards tobacco use to one which strongly discourages tobacco use.

Program

Performance: Implementation of an effective counter-marketing campaign will reduce the initiation of tobacco use by youth and reduce exposure to second hand smoke.

| <u>Performance Measures</u> | <u>CY2000 Base Rate</u> | <u>CY2002 Actual</u> | <u>CY2004 Target</u> | <u>CY2006 Target</u> |
|--|-----------------------------|--------------------------|--------------------------|--------------------------|
| Outcome: % of population seeing messages | 0 | 61.5% | 70% | 75% |

Objective 4.2 By the end of CY 2003, deliver DHMH CRF Tobacco Program counter-marketing and media messages to 70% of targeted minority populations.

Strategy 4.2.1 Develop and implement an aggressive and sustainable counter-marketing and media campaign to prevent the initiation of tobacco use, reduce exposure to second hand smoke, and change the environmental context from one which promotes or is neutral towards tobacco use to one which strongly discourages tobacco use.

Program

Performance: Implementation of an effective counter-marketing campaign targeting minority populations will reduce the initiation of tobacco use by youth and reduce exposure to second hand smoke within those populations.

| <u>Performance Measures</u> | <u>CY2000 Base Rate</u> | <u>CY2002 Actual</u> | <u>CY2004 Target</u> | <u>CY2006 Target</u> |
|--|-----------------------------|--------------------------|--------------------------|--------------------------|
| Outcome: % of population seeing messages | 0 | 67.4% | 70% | 75% |

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

100F03.06 CIGARETTE RESTITUTION FUND – TOBACCO USE PREVENTION AND CESSATION PROGRAM - FAMILY HEALTH ADMINISTRATION (Continued)

STRATEGIES AND DISCUSSION OF PROGRAM PERFORMANCE

Goal 5. To change the existing environmental context in Maryland communities from toleration or promotion of tobacco use to a context which does not condone exposing youth less than eighteen years old to second hand smoke.

Objective 5.1 By the end of CY 2004, increase by 4% from the CY 2000 Baseline Rate, the proportion of Maryland adults who strongly agree that cigarette smoke is harmful to children.

Strategy 5.1.1 Allocate resources to the Local Public Health Component (School-Based Programs, Community-Based Programs, Youth Access Enforcement Programs, and Tobacco Use Cessation Programs) and provide technical support for the design and implementation of a comprehensive tobacco use prevention and cessation program in every community.

Strategy 5.1.2 Develop and implement an aggressive and sustainable counter-marketing and media campaign to prevent the initiation of tobacco use, reduce exposure to second hand smoke, and change the environmental context from one which promotes or is neutral towards tobacco use to one which strongly discourages tobacco use.

Strategy 5.1.3 Promote greater involvement of minority groups and coalitions in comprehensive tobacco control programs through the Department's statewide Minority Outreach and Technical Assistance Program.

Strategy 5.1.4 Enhancement of policies regarding youth access to tobacco products, product placement, youth access to tobacco products, and exposure to second-hand smoke.

Program

Performance: Implementation of effective community based health education activities supported by an aggressive counter-marketing campaign will reduce the use of tobacco products and reduce exposure to second hand smoke.

| <u>Performance Measures</u> | <u>CY2000 Base Rate</u> | <u>CY2002 Actual</u> | <u>CY2004 Target</u> | <u>CY2006 Target</u> |
|------------------------------|-----------------------------|--------------------------|--------------------------|--------------------------|
| Input: % strongly agree | 78.1% | 79.6% | 81.2% | 84.3% |
| Outcome: Cumulative % change | NA | +1.9% | +4% | +8% |

Objective 5.2 By the end of CY 2004, increase by 2% from the CY 2000 Baseline Rate, the proportion of Maryland households with minor children that are smoke-free.

Strategy 5.2.1 Allocate resources to the Local Public Health Component (School-Based Programs, Community-Based Programs, Youth Access Enforcement Programs, and Tobacco Use Cessation Programs) and provide technical support for the design and implementation of a comprehensive tobacco use prevention and cessation program in every community.

Strategy 5.2.2 Develop and implement an aggressive and sustainable counter-marketing and media campaign to prevent the initiation of tobacco use, reduce exposure to second hand smoke, and change the environmental context from one which promotes or is neutral towards tobacco use to one which strongly discourages tobacco use.

Strategy 5.2.3 Promote greater involvement of minority groups and coalitions in comprehensive tobacco control programs through the Department's statewide Minority Outreach and Technical Assistance Program.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

M00F03.06 CIGARETTE RESTITUTION FUND – TOBACCO USE PREVENTION AND CESSATION PROGRAM - FAMILY HEALTH ADMINISTRATION (Continued)

Strategy 5.2.4 Enhancement of policies regarding youth access to tobacco products, product placement, youth access to tobacco products, and exposure to second-hand smoke.

Program

Performance: Implementation of locally developed tobacco cessation initiatives with the financial and technical support from the Department, programs to discourage tobacco use around minor children, a statewide counter-marketing and media campaign, all supported by enhanced public policies discouraging tobacco use, will reduce cigarettes smoking in households with children.

| <u>Performance Measures</u> | <u>CY2000 Base Rate</u> | <u>CY2002 Actual</u> | <u>CY2004 Target</u> | <u>CY2006 Target</u> |
|---|-----------------------------|--------------------------|--------------------------|--------------------------|
| Input: % youth living in smoke-free homes | 68.2% | 68.1% | 69.6% | 70.9% |
| Outcome: Cumulative % change | NA | -0.1% | +2% | +4% |

Objective 5.3 By the end of CY 2004, decrease by 6% from the CY 2000 Baseline Rate, the proportion of Maryland middle and high school youth who live in households with cigarette smokers.

Strategy 5.3.1 Allocate resources to the Local Public Health Component (School-Based Programs, Community-Based Programs, Youth Access Enforcement Programs, and Tobacco Use Cessation Programs) and provide technical support for the design and implementation of a comprehensive tobacco use prevention and cessation program in every community.

Strategy 5.3.2 Develop and implement an aggressive and sustainable counter-marketing and media campaign to prevent the initiation of tobacco use, reduce exposure to second hand smoke, and change the environmental context from one which promotes or is neutral towards tobacco use to one which strongly discourages tobacco use.

Strategy 5.3.3 Promote greater involvement of minority groups and coalitions in comprehensive tobacco control programs through the Department's statewide Minority Outreach and Technical Assistance Program.

Strategy 5.3.4 Enhancement of policies regarding youth access to tobacco products, product placement, youth access to tobacco products, and exposure to second-hand smoke.

Program

Performance: Implementation of locally developed tobacco cessation initiatives with the financial and technical support from the Department, programs to discourage tobacco use around minor children, a statewide counter-marketing and media campaign, all supported by enhanced public policies discouraging tobacco use, will reduce cigarettes smoking in households with children.

| <u>Performance Measures</u> | <u>CY2000 Base Rate</u> | <u>CY2002 Actual</u> | <u>CY2004 Target</u> | <u>CY2006 Target</u> |
|-------------------------------------|-----------------------------|--------------------------|--------------------------|--------------------------|
| Middle School Youth | | | | |
| Input: % living in smoke-free homes | 41.2% | 39.3% | 38.7% | 37.9% |
| Outcome: Cumulative % change | Base Rate | -4.6% | -6% | -8% |
| High School Youth | | | | |
| Input: % living in smoke-free homes | 42.6% | 40.8% | 40.0% | 39.2% |
| Outcome: Cumulative % change | Base Rate | -4.2% | -6% | -8% |

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

100F03.06 CIGARETTE RESTITUTION FUND – TOBACCO USE PREVENTION AND CESSATION PROGRAM - FAMILY HEALTH ADMINISTRATION (Continued)

- Objective 5.5** By the end of FFY 2004, increase by 15% from the FFY 2000 Baseline Rate, the proportion of tobacco retail establishments complying with Maryland's youth access laws.
- Strategy 5.5.1** Allocate resources to the Local Public Health Component (School-Based Programs, Community-Based Programs, Youth Access Enforcement Programs, and Tobacco Use Cessation Programs) and provide technical support for the design and implementation of a comprehensive tobacco use prevention and cessation program in every community.
- Strategy 5.5.2** Develop and implement an aggressive and sustainable counter-marketing and media campaign to prevent the initiation of tobacco use, reduce exposure to second hand smoke, and change the environmental context from one which promotes or is neutral towards tobacco use to one which strongly discourages tobacco use.
- Strategy 5.5.3** Promote greater involvement of minority groups and coalitions in comprehensive tobacco control programs through the Department's statewide Minority Outreach and Technical Assistance Program.
- Strategy 5.5.4** Enhancement of policies regarding youth access to tobacco products, product placement, youth access to tobacco products, and exposure to second-hand smoke.

Program

Performance: Implementation of locally developed enforcement initiatives with the financial and technical support from the Department, coupled with new policy initiatives, will reduce youth access to tobacco products.

| Performance Measures* | FFY2000 Base Rate | FFY2002 Actual | FFY2003 Target | FFY2004 Target |
|--|----------------------|-------------------|-------------------|-------------------|
| Input: Proportion complying with access laws | 67.5% | 75.0% | 76.3% | 77.6% |
| Outcome: Cumulative percentage change | NA | +11.0% | +13% | +15% |

Notes: The Department conducted its baseline tobacco surveys in the fall of 2000. Thereafter, comprehensive tobacco surveys will be conducted in the fall every two years. Data from the fall 2002 surveys (CY 2002 data) will be reported in September of 2003 in accordance with statute. The 2002 data contained herein should be considered preliminary.

Calendar years were used for goals and objectives whose data sources are the baseline and subsequent tobacco surveys. The majority of data collection will occur during the fourth quarter of each calendar year (the second quarter of the fiscal year). Thus, objectives more closely relate to what has occurred by then end of any particular calendar year than they would to a fiscal year which ends 6 months after the last data is collected.

Changes in program legislation, and new budgetary constraints, occurred subsequent to the formulation of this MFR document. Goals established prior to these changes (and prior to CY 2002 data) are noted, and will be revised in light of the 2002 data, the new legislation, and the current budgetary environment.

- The source of data for objective 5.5 is the annual federally mandated SYNAR inspections of tobacco retailer compliance with Maryland's youth access to tobacco laws. Compliance data is reported by Federal Fiscal Year (FFY) through the Center for Substance Abuse Prevention of the HHS: Substance Abuse and Mental Health Administration (at www.prevention.samhsa.gov/tobacco/synartable_print.html). Data for FFY 2003 has not yet been published on the site.

**Other Tobacco-Related Diseases Program
OTRD
Fiscal Year 2003 Accomplishments**

- I. As of June 30, 2003, seven faculty are being supported to foster tobacco-related diseases research: health services, clinical and translational research.
- II. In Fiscal Year 2003, a total of 18 new faculty research projects were supported, raising the total number of OTRD University of Maryland (UM) faculty research projects to 31. These projects enable researchers to investigate factors related to prevention, control and treatment of tobacco-related diseases, tobacco addiction and control, infant mortality, chronic pulmonary disease, asthma, and acute coronary syndromes.
- III. The UM Pulmonary and Critical Care Medicine, was chosen as one of only seven in the country to participate in an NHLBI-funded Clinical Network focused on the treatment of COPD. The co-investigator on this grant receives research support for faculty research on COPD.
- IV. Sponsored an inaugural Scientific Forum in April 2003, to share the findings from the various faculty research projects conducted in the prior year.
- V. Funded three faculty research projects to examine important health disparities related to tobacco-related diseases:
 - a) "Disparities in Oral Health: Tobacco-Related Diseases and Oral Cancer - Training Nurse Practitioners to Provide Oral Health Assessments"
 - b) "*In vivo* Studies of the Effects of Nicotine on Neuronal Hippocampal Circuitries Throughout Development"
 - c) "Smoking and Nicotine Use Among People with Severe Mental Illness: Understanding Risk Factors and Outcomes in Order to Improve Smoking Cessation Strategies"
- VI. Initiated a telemedicine project to evaluate outcomes, costs and efficacy of Telemedicine for the Treatment of Congestive Heart Failure (CHF) in Medicare beneficiaries.
- VII. Completed two research projects focused on clinical trials recruitment methods and barriers related to patients from diverse backgrounds.
- VIII. Submitted a proposal to leverage additional funding sources from the federal government - (P-60, NIH). The P60 requested funds for UMSOM/UMB/UMES to establish a Center for Health Disparities Research, Training and Outreach.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

OTRD Actuals for FY 03

CIGARETTE RESTITUTION FUND – OTHER TOBACCO – RELATED DISEASES RESEARCH GRANT – FAMILY HEALTH ADMINISTRATION

** Performance Measures: Please note that in order to accurately account for the contributions of the OTRD Research Grant, the baseline year is changed to FY2001 – the outcome numbers reflect the cumulative changes since baseline year (FY2001).*

To expand the University of Maryland's research efforts through increased faculty recruits in health services, clinical, and translational research in the targeted disease areas. This includes, assembly of a core group of investigators who will lead the University of Maryland School of Medicine's growth in the designated areas.

Goal 1.

Objective 1.1A By FY 2006 increase the number of faculty conducting Health Services Research from FY 2001 by 6.

| | | | | | | |
|--|----------------|----------------|----------------|----------------|----------------|----------------|
| Performance Measures * | FY 2002 | FY 2003 | FY 2004 | FY 2005 | FY 2006 | FY 2010 |
| | Actual | Actual | Estimated | Estimated | Estimated | Estimated |
| Outcome: # of faculty conducting Health Services Research | 2 | 3 | 6 | 6 | 6 | 6 |

Objective 1.1B By FY 2006, increase the number of faculty engaged in Clinical and Translational Research from FY 2001 by 4.

| | | | | | | |
|--|----------------|----------------|----------------|----------------|----------------|----------------|
| Performance Measures | FY 2002 | FY 2003 | FY 2004 | FY 2005 | FY 2006 | FY 2010 |
| | Actual | Actual | Estimated | Estimated | Estimated | Estimated |
| Outcome: # of faculty recruits engaged in clinical and translational Research | 3 | 4 | 4 | 4 | 4 | 4 |

Objective 1.2.A By FY 2006, increase health services research in targeted disease areas from FY 2001 by 23.

| | | | | | | |
|---|----------------|----------------|----------------|----------------|----------------|----------------|
| Performance Measures | FY 2002 | FY 2003 | FY 2004 | FY 2005 | FY 2006 | FY 2010 |
| | Actual | Actual | Estimated | Estimated | Estimated | Estimated |
| Outcome: # of health services research in the targeted disease areas | 6 | 12 | 17 | 20 | 23 | 30 |

Objective 1.2.B By FY 2006, increase number of collaborative clinical research and translational research in targeted disease areas from FY 2001 by 28.

| | | | | | | |
|--|----------------|----------------|----------------|----------------|----------------|----------------|
| Performance Measures | FY 2002 | FY 2003 | FY 2004 | FY 2005 | FY 2006 | FY 2010 |
| | Actual | Actual | Estimated | Estimated | Estimated | Estimated |
| Outcome: # of clinical and translational research in the targeted disease areas | 7 | 19 | 22 | 25 | 28 | 32 |

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Objective 1.3. By FY 2006, develop 9 collaborative research projects with other departments and centers in the School of Medicine and in the Schools of Dentistry, Pharmacy, Nursing and Social Work.

| | | | | | | |
|---|----------------|----------------|----------------|----------------|----------------|----------------|
| Performance Measures | FY 2002 | FY 2003 | FY 2004 | FY 2005 | FY 2006 | FY 2010 |
| | Actual | Actual | Estimated | Estimated | Estimated | Estimated |
| Outcome: # of collaborative research projects with other departments and centers | 1 | 3 | 5 | 7 | 9 | 12 |

Objective 1.4. By FY 2006, increase health services research capacity at UMSON through supporting post-doctoral trainees (Research Associates) from FY 2001 by 6.

| | | | | | | |
|---|----------------|----------------|----------------|----------------|----------------|----------------|
| Performance Measures | FY 2002 | FY 2003 | FY 2004 | FY 2005 | FY 2006 | FY 2010 |
| | Actual | Actual | Estimated | Estimated | Estimated | Estimated |
| Outcome: # of post-doctoral trainees (Research Associates) | 0 | 1 | 3 | 5 | 6 | 9 |

Goal 2. To expand the scope of the University of Maryland' clinical research efforts in targeted disease areas.

Objective 2.1. By FY 2004, increase the number of sponsored clinical trials in the targeted diseases by 3 from FY 2001.

| | | | | | | |
|--|----------------|----------------|----------------|----------------|----------------|----------------|
| Performance Measures | FY 2002 | FY 2003 | FY 2004 | FY 2005 | FY 2006 | FY 2010 |
| | Actual | Actual | Estimated | Estimated | Estimated | Estimated |
| Outcome: Increase in the number of sponsored clinical trials in the targeted diseases over baseline | 0 | 0 | 1 | 2 | 3 | 6 |

Objective 2.2 By FY 2006, increase the number of studies on clinical trials recruitment methods and barriers over FY 2001 by 11.

| | | | | | | |
|--|----------------|----------------|----------------|----------------|----------------|----------------|
| Performance Measures | FY 2002 | FY 2003 | FY 2004 | FY 2005 | FY 2006 | FY 2010 |
| | Actual | Actual | Estimated | Estimated | Estimated | Estimated |
| Outcome: # of completed studies on clinical trials recruitment and methods and barriers | 0 | 2 | 4 | 7 | 11 | 13 |

Deleted objective 2.3. This objective is addressed by Objective 2.1.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Goal 3. To enhance the University of Maryland's health services, clinical and translational research capability and scientific presentations in targeted disease areas.

Objective 3.1 By FY 2006, increase the number of publications in peer-reviewed, scientific and other health-related journals by faculty engaged in health services and translational research efforts in the targeted disease areas over from FY 2001, by 13.

| Performance Measures | FY 2002 | FY 2003 | FY 2004 | FY 2005 | FY 2006 | FY 2010 |
|--|---------|---------|-----------|-----------|-----------|-----------|
| | Actual | Actual | Estimated | Estimated | Estimated | Estimated |
| Output: increase in # of publications in peer-reviewed, scientific and other health-related journals by faculty engaged in the targeted research | 1 | 2 | 5 | 9 | 13 | 17 |

Objective 3.2 By FY 2006, increase the number of NIH funded grants or program projects in the targeted disease areas by 7 in clinical and translational research.

| Performance Measures | FY 2002 | FY 2003 | FY 2004 | FY 2005 | FY 2006 | FY 2010 |
|---|---------|---------|-----------|-----------|-----------|-----------|
| | Actual | Actual | Estimated | Estimated | Estimated | Estimated |
| Output: # increase in NIH funded center grants or program projects in the targeted disease areas in clinical and translational research | 0 | 1 | 3 | 5 | 7 | 10 |

Deleted Objective 3.3. This objective is addressed under Objective 3.1.

Goal 4. To expand the University's endeavors in disseminating research results to engage other scientists and health researchers in the State or at the national level to exchange the results for further studies and/or for appropriate applications to reduce morbidity and mortality from tobacco-related diseases.

Objective 4.1 By FY 2006, conduct an annual conference to disseminate research results to reach at least 200 scientists, researchers and health care providers in collaboration with DHMH.

| Performance Measures | FY 2002 | FY 2003 | FY 2004 | FY 2005 | FY 2006 | FY 2010 |
|--|---------|---------|-----------|-----------|-----------|-----------|
| | Actual | Actual | Estimated | Estimated | Estimated | Estimated |
| Outcome: # of conferences held to disseminate Research findings and engage other scientists, other researchers and health care providers | 0 | 1 | 1 | 1 | 1 | 1 |

Objective 4.2 By FY 2004, hire two faculty members, one at senior with extensive experience in health disparities to establish a center for tobacco-related diseases disparities research that will investigate factors that disproportionately impact racial and ethnic minorities and medically underserved populations.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| Performance Measures | FY 2002 Actual | FY 2003 Actual** | FY 2004 Estimated | FY 2005 Estimated | FY 2006 Estimated | FY 2010 Estimated |
|---|---------------------------|-----------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| Outcome: # of faculty hired to establish a center for tobacco-related diseases disparities research. | 0 | 0 | 2 | 2 | 2 | 2 |

** In Fiscal Year 2003, three faculty research projects were funded with a special focus on addressing disparities.

MINORITY OUTREACH AND TECHNICAL ASSISTANCE MOTA

FISCAL 2003 ACCOMPLISHMENTS

Minority Community-Based Organizations Funded Through MOTA FY 03

MOTA funded 83 organizations consisting of 4 primary grantees and 79 sub-vendors. The four primary grantees were Associated Black Charities - Central Maryland; Black Leadership Council for Excellence - Southern Maryland; Maryland Center at Bowie State University - National Capital and Western Maryland; and Times Community Service, Inc. - Eastern Shore Maryland.

CENTRAL MARYLAND

Anne Arundel County

Respect Foundation, Inc.
Organization of Hispanic/Latino
Americans
Restoration Community
Development Corporation
St James Church of the Apostolic Faith

Baltimore City

Baltimore American Indian Center
Lifeline Foundation, Inc.
Korean Resource Center
Kid's Scoop
Baltimore American Indian Center
Centro de la Comunidad

Baltimore County

Asian American Anti-Smoking
Foundation, Inc.
TAA Foundation, Inc.
Women Accepting Responsibility

Carroll County

Fairview United Methodist Church

Harford County

Inner County Outreach
Korean American Association

Howard County

The Baobab Tree Project
Native American Forum

SOUTHERN MARYLAND

Calvert County

Minority Health Coalition of Calvert
County
NAACP of Calvert County
Plum Point UMC Huntington
Patuxent United Methodist Church
Wards United Methodist Church
St Edmonds United Methodist Church
Healing Waters Outreach Ministries
Southern Maryland Islamic Center
Mount Hope United Methodist Church

Charles County

Bel Alton High School Alumni
Association
Minority Health Coalition
Ministers Alliance of Charles County
Lifestyles of Maryland, Inc.
Promise Missionary Baptist Church
New Community Church of God in
Christ
People Serving People, Inc.
Chosen Generation Phase 2
Southern Maryland Korean Company

Charles County (continued)

Metropolitan United Methodist Church
Pomomkey Alumni High School Association
Sunecke
Christian Family Baptist Church

St. Mary's County

St. Mary's Minority Outreach
Coalition
Big Foot Hunting Club
Hispanic American Association
Knights of St John
Minority Business Alliance
St. Peter Claver Church
Joseph A. Egan Lodge

NATIONAL CAPITAL

Montgomery County

Chinese Culture and Community Service
Center, Inc.
Sanberger Center, Inc.

Prince George's County

Adelphi Langley Park Family Support
Boat People S.O.S.
Asian American Anti-Smoking
Foundation, Inc.
Catholic Charities
Community Unity in Action
Foundation Schools

Frances Fuches Special Center
High School High Tech
Korean Community Service Center
Mission Program
Open Hands Christian Academy
Youth Profession Development

WESTERN MARYLAND

Frederick County

Frederick County Alumni of Kappa
Alpha Psi Fraternity

Washington County

Brothers United Who Dare to Care

Garrett County

Garrett County 4-H Extension

Allegany County

Western Maryland AHEC
Women2Women Empowerment
(Ebenezer Baptist Church)
Frostburg State University Brady Health

EASTERN SHORE

Caroline County

Union Bethel AME Church

Kent County

Bethel AME Church

Dorchester County

Waugh United Methodist Church
BRAVE, Inc.

Queen Anne's County

John Wesley UMC

Somerset County

Community Relief Fund Program
Enoch Christian Ministries
Accohannock Indian Tribe

Talbot County

TriLife Christian Center

Wicomico County

JEMAR Associates
Telamon Corporation
Haitian Community Center

New Minority Organizations/Individuals Recruited in FY 03

- ✓ Native Americans (5)
 - Lucinda Lazaro - Prince George's County
 - Alice Goodfox - Montgomery County
 - Lifeline Foundation, Inc. - Baltimore City
 - Sunecke - Charles County
 - Native American Outreach - Charles County
- ✓ Hispanic (1)
 - Hispanic American Association - St. Mary's County
- ✓ Asian American (1)
 - Culture and Community Service - Montgomery County
- ✓ African American (4)
 - Brothers United Who Dare to Care, Inc. - Washington County
 - John Wesley UMC - Queen Anne's County
 - Highway of Holiness - Somerset County
 - Leonard Palmer of New Town - Talbot County
- ✓ Women (2)
 - Women Accepting Responsibility - Baltimore County
 - Women2Women Empowerment – Allegany County

Faith-Based Organizations (7)

Metropolitan United Methodist - Charles County
Mount Hope Methodist - Calvert County
New Community Church of God in Christ - Charles County
Patuxent United Methodist - Calvert County
St Peter Claver Catholic - St Mary's County
Christian Family Baptist - Charles County
Plum Point United Methodist - Calvert County

Minority Outreach Recruitment and Education Awareness

- ✓ 20 Collaborative Educational Workshops with Local Health Departments
- ✓ 77 Cancer and Tobacco Prevention Sessions
- ✓ 2 Ethnicity Competency Workshops
- ✓ 20 Capacity Building/Infrastructure Workshops

Funded Minority Organizations at Cancer and Tobacco Health Coalition Meetings

- ✓ 166 Cancer and Tobacco coalition meetings attended by primary grantees and sub-vendors

Participants at Cultural Fairs and Diversity Events

- 680 African Americans
- 285 Asian Americans
- 32 Women (only)
- 43 Hispanics/Latinos
- 324 Native Americans

Other Outcomes

Minority Groups Receiving 501(c) 3 Designation

Minority Outreach Coalition of St Mary's County

Enhancement Partners

Community Relief Fund Program - Somerset County

Eastern Shore Directors Consortium - Dorchester County

Inner County Outreach - Harford County

Jesus' Stop Adult Restoration - Baltimore City

Leslie Communications - Prince George's County

Maryland Vietnamese Mutual Association - Montgomery County

Respect Foundation, Inc. - Anne Arundel County

**MEDICAL CARE PROGRAM
PROVIDER REIMBURSEMENTS**

FISCAL YEAR 2003 ACCOMPLISHMENTS

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

MFR Measure

By calendar year 2005, reduce by 1 admission annually, the number per thousand of asthma-related hospital admissions among HealthChoice children who have asthma, up to age 21 years.

| Performance Measure | CY2002 Actual | CY2003 Estimated | CY2004 Estimated | CY2005 Estimated |
|---|--------------------------|-----------------------------|-----------------------------|-----------------------------|
| Input: Number of HealthChoice children up to age 21 with asthma | 371,174 | 381,577 | 400,656 | 420,000 |
| Outcome: Number of asthma-related hospital admissions among HealthChoice children up to age 21 with asthma | 878 | 992 | 1,002 | 1,012 |
| Rate (number per thousand) of asthma-related hospital admissions among HealthChoice children up to age 21 with asthma | 24 | 26 | 25 | 24 |

Note: This measure assesses program success at meeting goals of Cigarette Restitution Fund legislation because it measures for disease with symptoms caused by smoking and second hand smoke. Chronic pediatric asthma can be managed with appropriate health care, preventing acute attacks that would necessitate inpatient care. Therefore, a low hospitalization rate may be an indicator of appropriately managed asthma. In 1997, the asthma hospitalization rate for all children aged 0-14 in Maryland was 31.3 per 10,000 (59.3 per 10,000 for African-Americans and 18.1 per 10,000 per whites). * If the 1997 statewide asthma hospitalization rate for all children aged 0-14 is adjusted to reflect the racial composition of Medicaid enrollees in 1997, the statewide asthma hospitalization rate for all children 0-14 becomes 44.1 per 10,000. In Fiscal Year 1997, the asthma hospitalization rate for all children under age 21 in Medicaid was 63.5 per 10,000. In Calendar Year 2000, the asthma hospitalization rate for all children under age 21 in HealthChoice was 28 per 10,000.

***Healthy Maryland Project 2010, Maryland Health Improvement Plan, June 2001.**

Tobacco Conversion Program

TOBACCO CONVERSION PROGRAM
FY 2003 FINANCIAL REPORT

FY03 REVENUES / EXPENDITURES BY THE MD. DEPARTMENT OF AGRICULTURE

| | | |
|--|-----------|-------------|
| FY02 Ending Balance at MDA | | \$2,766,035 |
| FY03 CRF Operating Budget MDA | 0 | |
| FY03 Capital PAYGO MDA | 6,291,000 | 9,057,035 |
| FY03 Allocations to Tri-County Council | 9,057,035 | |
| FY03 Balance at MDA | | 0 |

FY03 Activities by the TCC

| | | |
|-------------------------------------|-----------|--------------|
| Administration | | 308,463* |
| "Buyout" Contracts | | 6,790,528 |
| Anne Arundel | 792,328 | |
| Calvert | 1,230,431 | |
| Charles | 1,484,707 | |
| St. Mary's | 2,560,442 | |
| Prince George's | 715,350 | |
| Queen Anne's | 7,270 | |
| Ag Land Preservation | | 1,481,791 |
| Anne Arundel | 200,018 | |
| Calvert | 475,415 | |
| Charles | 333,413 | |
| St. Mary's | 407,945 | |
| Prince George's | 65,000 | |
| Queen Anne's | 0 | |
| Grants / Infrastructure (statewide) | | 449,900 |
| TCC unobligated balance 6/30/03 | | 26,402 |
| Total FY03 Expenditures by TCC | | \$9,057,035* |

*estimates, actual TCC final figures not finalized as of 9/4/03. Additionally, the TCC had approximately \$710,000 in actual revenues deferred from prior year allocations at the end of FY02. These funds were actually encumbered or spent and reported previously. This report attempts to record the actions of the TCC in relation to the funds appropriated to the MDA.

prepared by D. Wilson 9/4/03

410-841-5845 wilsondh@mda.state.md.us

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SOUTHERN MARYLAND REGIONAL STRATEGY – ACTION PLAN FOR AGRICULTURE: TOBACCO CROP CONVERSION PROGRAM

FY 2003 END of YEAR REPORT

Southern Maryland: Transitioning away from a Tobacco Heritage

Agricultural trends in Southern Maryland (SMD) reveal a major social, cultural, and economic shift as the region transitions away from its 300-year-old tradition of tobacco production. Southern Maryland was home to the original settlement and has been the least changed in terms of its agricultural economy. Settled in 1632, the region quickly established its economy and its currency as one backed by tobacco. Until the later half of the 20th century, tobacco remained the economic keystone of the region and the primary economic engine. In the latter portion of the 1900's, the region became economically dependent on several military bases, while agriculture continued to be dominated by tobacco. In 1992, tobacco accounted for two-thirds of the total value of all agricultural commodities produced in the region and provided the mainstay for over 900 full/part time growers. In 2000, the state of Maryland instituted a voluntary tobacco buy-out program to transition farmers out of tobacco production forever, to be administered by the Tri-County Council for Southern Maryland. The result of the Buyout has been an unprecedented and significant cultural and economic shift as has not been experienced since the advent of European settlers.

According to a recent study (1), the region's heavy dependence on tobacco has left other agricultural sectors poorly developed. Little non-tobacco agricultural infrastructure is currently in place in Southern Maryland. Agricultural innovation and entrepreneurship are severely lacking. Economic indicators show that agriculture in SMD does worse than in other parts of the state as well as elsewhere in the nation. The lowest net returns per acre (price per unit) are in SMD, and very little of those returns circulate through the rest of the SMD economy. With the exception of hay, all agricultural sectors are down in SMD and there is no critical mass in any one sector. The average age of the tobacco farmer is 62, and many taking the Buyout view it as a part of a retirement package. New scales of production may be limited, and willingness to invest in new enterprises appears also to be limited. Farmers say the traditional agricultural forms of assistance have failed them. These factors make it difficult for younger farmers to see a bright future. All of this is coupled with statistics that show urban sprawl and land development are occurring faster on Southern Maryland's remaining 244,000 acres of farmland than anywhere else in the state. In short, agriculture and the natural resource base in Southern Maryland are in need of major help.

To address these tremendous needs, the Tri-County Council for Southern Maryland, a non-profit, quasi-governmental body, convened the SMD Agricultural Development Commission to develop a program to stabilize the region's agricultural economy as farmers convert from tobacco to alternative crop and other agricultural enterprises. The Commission represents a cross-section of the region's community, from elected officials and local government, to representatives from higher education centers and traditional agricultural sectors, to private sector, business and finance representatives, and farmers. Together with the Council, the Commission has revised the Tri-County Council for Southern Maryland Strategic Plan for Agriculture.

MISSION

To promote diverse, market-driven agricultural enterprises*, which coupled with agricultural land preservation, will preserve Southern Maryland's environmental resources and rural character while keeping the region's farmland productive and the agricultural economy vibrant.

*"Agricultural enterprises" and "natural resource based enterprises" are used interchangeably and are broadly defined as tobacco-free sustainable agriculture, and includes forestry and aquatic resources and agriculturally related activities such as agri-tourism and value-added processing.

VISION

A diversified, profitable Southern Maryland agricultural industry thereby enhancing the quality of life for all citizens.

The Tobacco Crop Conversion Program consists of three main components—Tobacco Buyout, Infrastructure / Agricultural Development, and Agricultural Land Preservation as follows:

OVERARCHING GOALS

- (1) The Tobacco Buyout component is a voluntary program which provides funds to a) support all eligible Maryland tobacco growers who choose to give up tobacco production forever while remaining in agricultural production and b) restrict the land from tobacco production for 10 years should the land transfer into new ownership.
- (2) The Infrastructure / Agricultural Development Program will foster profitable natural resource based enterprises and regional economic development for Southern Maryland by assisting farmers and related businesses to diversify and develop and/or expand market-driven agricultural enterprises in the region through a) economic development and b) education.
- (3) The Agricultural Land Preservation component seeks to provide an incentive for Southern Maryland tobacco farmers to place land in agricultural preservation, and to enhance participation in existing Southern Maryland agricultural land preservation programs.

KEY ACCOMPLISHMENTS - FY 2003 (July 2002 - June 2003)

Tobacco Buyout:

- Eighty nine percent of the 1998 eligible tobacco has been taken out of production forever as 779 growers will have taken Maryland's Tobacco Buyout by January 2004. This represents 7.331 million pounds of tobacco and 77% of the producers.
- Certified, return receipt letters were mailed to all remaining eligible growers in May 2003. Advertisements were placed in all newspapers for three months asking any remaining eligible growers to indicate their intent to take the Buyout in 2005, pending availability of funds. Applications will be sent to those who responded in late 2003.
- An additional 90 growers have indicated their intent to take the Buyout in its final year of application, pending availability of funds. This would represent 94% of the eligible tobacco as of January 2005, and a potential total of 7.75 million pounds.
- A sophisticated automated database was newly created and implemented in FY 2003 to assist in processing and tracking the Buyout contracts and annual renewal forms.
- We have met and/or exceeded the target goals in our number one priority program.

Agricultural Land Preservation:

- 2,100 acres have been directly preserved by the program in four counties of Southern Maryland in FY 2003, thus over the two years of the program, over 4,309 acres have been directly preserved by the program in four counties of Southern Maryland. These direct funds enabled four counties to make additional offers for agricultural land preservation and has resulted in supporting over 5,109 acres placed under agricultural land preservation in this fiscal year alone.
- Additionally, the funds enabled the fifth county, Prince George's, to create a new agricultural land preservation program.
- The program provided incentive for 9 new farms to apply for agricultural land preservation that may have not considered this option if not for the Bonus.
- Two counties have used this incentive to renovate and improve two farmer's markets (see Farmers' Markets below).
- We have met and/or exceeded the target goals in our number two priority program.

Infrastructure / Agricultural Development:

In the fall of 2001, a College of Southern Maryland market trends analysis of Southern Maryland (SMD) in the wake of the beginning tobacco Buyout identified several key items. First that SMD is poorly served by production and marketing infrastructure in all agricultural sectors except tobacco. The report found the farmers were looking to the TCC for guidance, feeling that other more traditional avenues of support had not been available, and identified a lack of entrepreneurship in SMD agriculture. The report identified areas of need and proposed areas for real expansion in Southern Maryland. The needs specifically included Leadership development and Marketing support. Among the key opportunities identified were: green products (horticulture), livestock, produce and value-added processing, tourism, grapes/wine, hay, and the equestrian industry.

- ***Marketing Southern Maryland Products***

This program is envisioned to work hand-in-hand with the Agricultural Business Park and So. Maryland, So Good (see below). Additionally, in response to farmers' requests, we are investigating options for off-premise product liability insurance with the Maryland Farm Bureau. This is a new challenge for farmers in Maryland. Increasingly, corporate chains require this insurance in order to conduct business, but there are no such policies at present in Maryland. Furthermore, corporate stores require large shipments of standardized product, thus necessitating consolidation for the smaller growers. We are in the midst of conducting grower surveys, the results of which will guide the next steps to this piece of the program.

- ***Southern Maryland Harvest / So. Maryland, So Good***

A direct marketing program, Southern Maryland Harvest Fresh was initiated in 2002, with the assistance of a grant from MDA. Sixty farmers and 46 stores participated in the first year of this program (FY 2002-3). The program was initially conceived to facilitate buying and selling of products from the five Southern Maryland counties. Directories of the sixty farmers and 46 stores were compiled and exchanged. In the spring of 2003, all of the corporate stores pulled out of the program due to changes in corporate policies. These stores no longer allow their local stores to buy directly from farmers, but insist on products being channeled through their corporate warehouses (located as far away as Arizona) and product liability insurance. (Partially funded through a separate grant.)

In the summer of 2003, we have evolved this program to become our "So. Maryland, So Good" direct marketing campaign. In addition to facilitating marketing links, this campaign is a branding campaign with the goal of adding value to locally produced or processed agricultural products through the use of an identifiable brand. The successful outcome will be a community-wide effort to enhance the quality of the life for our citizens by supporting the local economy. Promotional materials are being developed for farmers, stores, food handlers, and eventually restaurants that will help the consumer identify truly Southern Maryland products. With these promotional materials in hand, we plan to increase the number of farms, stores, and eventually restaurants and other institutions that buy and sell Southern Maryland farm products. The most successful outcome will be enhanced sales for the participating farmers and stores, as well as protecting the viability of Southern Maryland farms.

A website is being developed that features farm products, the farms, stores and eventually restaurants and other institutions. Media events will help to showcase the program and educate consumers. The website will also link directly to the farms and other participants and enable direct communication.

Elementary school materials featuring Southern Maryland farms and products are also envisioned.

- ***Southern Maryland Harvest Directory***

The Southern Maryland Harvest Directory, a Farm Product and Service Directory, was developed and widely distributed throughout the Southern Maryland region (tourist centers, farmers' markets, fairs, chambers of commerce, libraries, and other locales). Farmers have expressed great appreciation for the Directory. Some farmers have said it has brought more business to their farms than anything ever before.

The Directory was developed based on voluntary responses to a survey sent to the more than 5000 farmers registered with the US Department of Agriculture National Agricultural Statistics. The directory consists of a voluntary listing of all products offered by the farm community in the five counties, and an array of services offered by the farms, including agrotourism, holiday events, and even cancer respite. The directory includes maps of each county, descriptions of the farms and markets where products can be found as well as contact information. The Directory also provides a sample list of restaurants that buy and promote local products, as well as farm service businesses and agencies.

The Directory is accessible on the internet (tccsmd.org). A new website (southernmarylandharvest.com) is being developed to periodically update the directory, and enable farmers to update their own information. This will include materials for new applicants. (Partially funded through a separate grant.)

- ***Farmers Markets***

- ***Promotional advertising***

- Market sales for over 221 Southern Maryland growers were increased by promotional advertising for 16 Farmers' Markets in the five counties. Sales in 2002 from these markets averaged \$1.4 million.

- ***Southern Maryland Regional Farmers Wholesale Market***

- The region's only wholesale produce and plant auction market for Southern Maryland (Cheltenham) continues to be supported by program funds and a grant from MDA. This wholesale market supports over 200 Southern Maryland farmers and buyers. Two studies have been undertaken to investigate the potential to improve and expand the physical and economic capacity of this market (see below, SMD Agri-Business Park). The studies will be completed in Fall 2003.

- ***Calvert Country Market***

- A new eight-month indoor farmers' market in Calvert County Programs was established with the support of program funds. Much along the lines of our envisioned "Everything Southern Maryland", this market provides permanent, conditioned space for Southern Maryland farmers and their goods. The market features fresh produce, seafood, cut flowers, crafts, a bakery and eventually a butcher, ice creamery and deli. Twenty-two vendors currently use the market. Funds or services in-kind are matched on a one-to-one basis by Calvert County.

- ***St. Mary's Northern Farmers' Market***

- The St. Mary's Northern Farmers' Market predominantly features Amish and Mennonite farmers and is exceedingly popular for consumers and tourists. Revenues from this market alone exceeded \$250,000 in 2002. The market site is in great need of expansion as it is rapidly outgrowing the current capacity. 2003 funds have been encumbered to assist this expansion. A land survey is underway, and work is expected to commence this fall. Funds or services in-kind are matched on a one-to-one basis by St. Mary's County.

- ***Southern Maryland Agri-Business Park and Regional Processing Kitchen (Park)***

Program Description: With the advent of the Maryland Tobacco Buyout, the need to diversify and increase income from Southern Maryland (SMD) farms is stronger now than ever before. The vision of the Park is to serve as a launching pad for beginning and existing SMD businesses, as well as an attractant for larger agricultural businesses into the region. The Park could provide services to the community such as education, information and training on processing, manufacturing, marketing, and business management, as well as initial test marketing and distribution. We are specifically looking to expand our existing wholesale market (see above), develop a value-added manufacturing center, become a distribution center for horticultural products, and provide the technical and educational services described above. By creating new businesses, enhancing existing businesses, and encouraging SMD producers to become and/or interface with value-added processors, the economic baseline of all will be increased.

We have entered into a partnership with the Maryland Food Center Authority (MFCA), which has the business acumen and experience to operate and manage such a privatized agricultural park, and could enhance the existing SMD wholesale produce auction market. A site analysis study was undertaken in the summer of 2002, which identified the Cheltenham regional market site as the ideal Southern Maryland locale. Cheltenham has the land area necessary to permit the diverse, multiple agricultural business enterprises as envisioned. Its location on a major thoroughfare (Route 301) through Maryland and its proximity to major metropolitan areas makes it a lucrative business site, and will help to attract and retain larger businesses as anchor tenants to help underscore the cost of operations.

An MOU was developed between the MFCA and the current landlord, MDA, for a long-term lease of the site, pending the positive outcome of two studies. These studies are underway to address the engineering capacity of the site, and identify potential anchor tenants. The studies will be completed in the fall of 2003.

Through this partnership and the use of the Cheltenham site, SMD will further its regional identity, harmonizing high technology businesses with prosperous natural resource-based businesses. This initiative will go a long way in promoting a positive industrious image for Southern Maryland and its farmers.

- ***Southern Maryland Farm Viability Enhancement Grant Program***

An exciting new grant program was implemented that provided expert outside assistance to farmers to increase farm income as they transition away from tobacco. The program, Southern Maryland Farm Viability Enhancement Program, provides business planning assistance to farmers on strategies to diversify operations, add value to farm products and/or services, and gain better market access. A total of eight farms developed business plans, including a special session of the grant program for victims of the 2002 Spring tornado. Charles County Commissioners match the funds with \$80,000, thus enabling five additional farmers to come into the program. Envisioned as a two-year pilot program, 2004 will be the last year this program is offered.

The first applications were received in FY 2002. Nine farms received assistance developing farm business plans. Two of them are among the top five former tobacco producers in Southern Maryland. One farm elected to drop out of the program, finding the regulatory process in Maryland too cumbersome. The eight farms which received funds are engaged in the following activities:

- Agri-tourism, value-added apple products, and retail sales on-farm
- Nursery plants, high value produce, and livestock for value-added beef
- Early season bramble berries and expanded marketing strategies (state-of-the art hydroponic system)
- Cow-calf operations (victim of the spring 2002 tornado)
- Livestock for Value-added beef (tornado victim)
- Nursery plants, high value produce, higher value grain production (tornado victim)
- Educational, diverse, innovative farm for school children (tornado victim)
- Grain and produce production and improved storage (tornado victim)

A third round of applications for 2003 was completed. We received nine applications, and have approved four farms to move to Phase II. These farms are developing business plans with the consultants. Once reviewed and if approved, the farms will receive grant funds in the fall of 2003. Business plans for these four farms are as follows:

- Wetland plant species – production for wetlands restoration programs
- Agri-tourism, horse farm (farm was retrieved from impending development)
- Extended-Season fruits and vegetables through Greenhouse production
- Expanded Nursery stock and bedding plants through Greenhouse production

- ***Grape and Wine Potential in Southern Maryland***

The potential for grapes and wine processing in Southern Maryland is high, but as yet, undeveloped. Interest in the region is high and continues to expand. An extension of a previous grant was awarded to the Southern Maryland Cooperative Extension for continued research on grape varieties, production practices, and wine processing in SMD. The research involves on-farm trials, and research on the Cooperative Extension Research Station in Upper Marlboro.

- ***Livestock Processing, Marketing, and Value-Added Opportunities***

Livestock production is on the rise in Southern Maryland as many farmers transition away from tobacco. There is no current livestock slaughter or processing facility in Southern Maryland for retail sales of meat products. Farmers now ship live animals to auctions or houses in Baltimore, Westminster, or Virginia. Because of this lack of infrastructure, most farmers say it is not cost-effective to consider retail sales of value-added meat. A study is just being completed that addresses these demands, current infrastructure, and potential for expanded livestock processing as well as potential outlets for Southern Maryland livestock and meat products. It is envisioned that the results of this study will be disseminated to farmers and will be used as a platform to develop a future strategy for this important need.

- ***Leadership and Entrepreneurial Development and Education***

Advanced Level Education:

Nx Level - Advanced level courses and agricultural and related curriculum for K-12 children's education programs in Southern Maryland have been minimal. In 2003, the program helped initiate the Nx Level

Course through the College of Southern Maryland, a nationally recognized course for agricultural entrepreneurship and business management.) The program sponsored scholarships for two SMD farmers to attend the first course in the Spring of 2003.

LEAD Agriculture Maryland: Scholarships for Southern Maryland participants to attend the LEAD Agriculture Maryland course are on going. One new applicant was sponsored in 2003 who is currently engaged in specialized oyster production.

Elementary and Teen Education:

Mobile Science Agricultural Laboratories: Eleven weeks of agricultural education to children in K-12 was sponsored through the Maryland Agricultural Education Foundation's mobile science laboratories. Weeklong sessions in Agricultural Products, Aquatics, and Biotechnology were offered to eight schools in the region. (Funded through a separate grant.)

Take Me Out to the Ballgame: A creative, highly entertaining and informative video, highlighting Maryland's top agricultural products, was sponsored through funds to the Maryland Agricultural Education Foundation. The video highlights agriculture's importance in the daily lives of all Marylanders and will be available for elementary school teachers in Fall 2003. (Funded through a separate grant.)

Southern Maryland 4-H: Youths involved in 4-H agricultural education in four counties were supported by program funds. Specifically, the funds were used to provide hands-on educational learning opportunities such as agriculturally related learning laboratory kits to teach youths about animals, agriculture, horticulture and farming. Additionally, funds were used to develop career awareness for older 4-H teens about futures in agricultural industry and sponsored trips for teens to attend National 4-H Agricultural Educational programs.

For more information regarding this program, please contact the following:

Dr. Christine L. Bergmark, Director, Agricultural Development or Cia Morey, Administrator
Southern Maryland Agricultural Development Commission
Tri-County Council for Southern Maryland
P.O. Box 745
Hughesville, MD, 20637.

Telephone: 301-274-1922

FAX: 301-274-1924

Email: cbergmark@tccsmd.org

Street Address: 15045 Burnt Store Road, Hughesville, MD.

- The Surveillance Advisory Committee for cancer was reconvened to address surveillance and epidemiologic issues.

STATEWIDE ACADEMIC HEALTH CENTERS

Maryland Statewide Health Network Grant

- The University of Maryland Medical Group submitted a grant application and was awarded a grant for continuation of the Maryland Statewide Health Network project.
- Five offices were maintained in Salisbury, Chestertown, Baltimore City, LaVale, and Hagerstown, along with a Central Office in Baltimore to promote clinical trials, facilitate provider and community partnerships, and provide public and professional education.
- Eleven additional telemedicine/videoconference site linkages were established. Ten of the 17 sites support clinical telemedicine.
- 456 telemedicine hours were logged, primarily for support of tumor boards and patient consults at remote sites. An additional 226 hours were logged for provider education.
- 954 health care providers were reached through 51 continuing education programs, including an eight-part Mini Med series for Parish Nurses.
- 320 public and community education programs were provided reaching nearly 11,000 individuals.
- 1,100 racial or ethnic minority individuals were provided with information on the SELECT prostate cancer clinical trial. 33 individuals were enrolled in the trial.
- Educational messages in print media and broadcast on radio or television reached a potential audience of 700,000.
- 23,816 individuals visited the Maryland Statewide Health Network Website.
- Over 5,000 computer-assisted telephone interviews were conducted in 12 counties and in Baltimore City to assess knowledge, attitudes, and practices about health behaviors and clinical trials.
- Six research projects were awarded for studies of asthmatic children, physical activity for Latina adolescents, services and resources for patients with limited English language skills, tobacco and kidney disease, HPV and cervical cancer, and an obstetrics web-based education project.

**TRI-COUNTY COUNCIL for SOUTHERN MARYLAND
SOUTHERN MARYLAND AGRICULTURAL DEVELOPMENT COMMISSION**

Southern Maryland Regional Strategy – Action Plan for Agriculture

**KEY ACCOMPLISHMENTS BY OBJECTIVES, STRATEGIES, ACTION PLANS and MFRs
FY 2003 (July 2002 - June 2003)**

Goal 1. Transition Maryland growers away from tobacco production for human consumption

| | |
|-----------------------|---|
| Objective 1.1 | <i>By the year 2005, 85-90% of the eligible tobacco growers in Maryland will no longer produce tobacco in Maryland for human consumption</i> |
| Strategy 1.1.1 | Administer the Tobacco Buyout Program for the State of Maryland which offers a monetary incentive for growers who produced tobacco in 1998 to forever cease tobacco production for human consumption |
| Action Plan | • Tobacco Buyout |

KEY ACCOMPLISHMENTS - FY 2003 (July 2002 - June 2003)

Managing for Results

| | Actual | Goal | Actual | Goal | Actual (Est.) | Goal | Actual (Est.) |
|--|--------|------|--------|------|------------------|------|------------------|
| Performance Measures | 2002 | 2003 | 2003 | 2004 | 2004 | 2005 | 2005 |
| Inputs: | | | | | | | |
| Number farmers applying for the program per year | 100 | 69 | 58 | 85 | 67 | 90 | 90 |
| Output: | | | | | | | |
| Total number of applying farmers who have contractually agreed to cease tobacco production | 96 | 57 | 57 | 80 | 67 | 80 | 90 |
| Efficiency: | | | | | | | |
| Applications and contracts processed in timely manner (%) | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| Payment checks issued in timely manner (%) | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| Outcomes: | | | | | | | |
| Cumulative number of growers out of tobacco | 655 | 712 | 712 | 825 | 779 | 895 | 869 |
| Cumulative pounds of eligible tobacco out of production (millions) | 6.41 | 6.81 | 6.81 | 7.33 | 7.331 | 7.7 | 7.75 |
| Quality: | | | | | | | |
| Percent of tobacco farmers who cease tobacco production via the program (cumulative) | 66% | 71% | 71% | 83% | 77% | 90% | 89% |
| Percent of tobacco pounds that are out of production via the program (cumulative) | 78% | 83% | 83% | 90% | 89% | 95% | 94% |
| Payments issued in timely manner (%) | 100 | 100 | 100 | 100 | 100 | 100 | 100 |

Goal 2. Assist farmers and businesses to diversify and develop market-driven agricultural enterprises

KEY ACCOMPLISHMENTS - FY 2003 (July 2002-June 2003)

| | |
|-------------------------|---|
| Objective 2.1 | Targeted marketing programs for Southern Maryland developed |
| Strategy 2.1.1 | Develop and support programs for retail and/or wholesale markets for Southern Maryland agricultural products |
| Action Plan/Step | <u>Marketing Southern Maryland Products</u> <ul style="list-style-type: none"> Develop a marketing program to enable Southern Maryland producers to gain access to metropolitan markets. |
| Action Plan/Step | <u>Southern Maryland Fresh Harvest (now So. Maryland, So Good)</u> <ul style="list-style-type: none"> Develop a targeted marketing Project for growers to direct market Southern Maryland fresh produce |
| Action Plan/Step | <u>Southern Maryland Regional Farm Product and Services Directories</u> <ul style="list-style-type: none"> Update and develop Farm Product and Services Directories to promote Southern Maryland farm, store, and restaurant retail and wholesale products and services |
| Action Plan/Step | <u>Farmer's Market Promotion and Development</u> <ul style="list-style-type: none"> Assist counties and producers in the promotion and development of farmers' markets for local products |

Managing for Results

Goal 2. Objective 2.1: Targeted marketing Programs for Southern Maryland developed

| | |
|-----------------------|---|
| Strategy 2.1.1 | Develop and support Projects for retail and/or wholesale markets for Southern Maryland agricultural products |
|-----------------------|---|

| | Actual | Goal | Actual | Goal |
|---|---------------|-------------|---------------|-------------|
| Performance Measures | 2002 | 2003 | 2003 | 2004 |
| Inputs: | | | | |
| Number of grower applications: SMD Fresh (cumulative) | 60 | 80 | 60 | 80 |
| Number of store participants: SMD Fresh (cumulative) | 46 | 80 | 46 | 60 |
| Number of applications: SMD Harvest Directory (cumulative) | 143 | na | 156 | 200 |
| Number of Farmers' Market applications | 15 | 15 | 16 | 16 |
| Output: | | | | |
| Market trends, loan, and feasibility studies assessed | 2 | 1 | 3* | 1 |
| SMD Directories published (Regional, Direct-market) | 2 | 3 | 3 | 3 |
| Efficiency: | | | | |
| Directories published in timely manner | 2 | 3 | 2 | 2 |
| Farmer market applications and contracts processed timely | 100% | 100% | 100% | 100% |
| Outcomes: | | | | |
| Number of growers / businesses advertising in Directory | 143 | 143 | 143 | 200 |
| Number of produce growers / businesses direct marketing through Program (SMD Fresh Harvest) | 106 | 160 | 106 | 150 |
| Number of Farmers Markets supported/promoted | 15 | 15 | 16 | 16 |
| Number of Farmers' benefiting from farmers' market promotion, | na | na | 421 | 500 |

| | | | | |
|--|------|------|------|------|
| enhancement | | | | |
| Quality: | | | | |
| Advertising campaign – number of direct mailings, media ads*** | 2000 | 1500 | 6500 | 7500 |

* Ag Park Studies, Livestock Processing and Marketing

***Tobacco List, 5000 directories, SMD Harvest/ So. MD, So Good/ Grant advertising

Goal 2. Objective 2.2. Farmers and agri-businesses diversified and on-farm and related income increased

| | |
|----------------|--|
| Strategy 2.2.1 | Develop and implement a grant program to provide incentives and professional support for farmers to increase on-farm income and preserve the farm's environmental resources (Southern Maryland Farm Viability Enhancement Program) |
| Strategy 2.2.2 | Develop opportunities for value-added processing |
| Strategy 2.2.3 | Develop and support a regional agri-tourism program |
| Strategy 2.2.4 | Promote, advertise and recruit agri-businesses into and from Southern Maryland |
| Strategy 2.2.5 | Provide matching grant support for targeted local, state and federal agricultural grant programs |

| | Actual | Goal | Actual | Goal |
|---|--------|------|--------|------|
| Performance Measures | 2002 | 2003 | 2003 | 2004 |
| Inputs: | | | | |
| Number of applications for SMD Farm Viability | 9 | 20 | 9 | 10 |
| Number of relevant local, state and/or federal grants | 2 | 1 | 2 | 1 |
| | | | | |
| Output: | | | | |
| Cumulative number of Farm Viability Business Plans developed | 4 | 10 | 12 | 15 |
| Business Incubator / Processing Kitchen design underway | na | 1 | 1 | 1 |
| Agri-tourism Brochures published | na | 1 | 0 | 1 |
| Number of advertisements recruiting/promoting agri-businesses | 70 | 1 | *na | *na |
| Number of applications for relevant matching grants | 1 | 3 | 1 | 1 |
| | | | | |
| Efficiency: | | | | |
| Applications and plans processed timely | 100% | 100% | 80% | 100% |
| Grant funds processed in timely manner | 100% | 100% | 100% | 100% |
| | | | | |
| Outcomes: | | | | |
| Number of farms with viable business plans (cumulative) | 4 | 9 | 12 | 15 |
| Number of producers / businesses involved in value-added processing as result of program (cumulative) | na | 12 | na* | na* |
| Business Incubator / Processing Kitchen design underway | na | 1 | 1 | 1 |
| Number of producers/business participating or enhanced in agri-tourism as a result of program (cumul) | na | 12 | 2 | 15 |
| Matching grants awarded | 1 | 1 | 1** | 1 |
| | | | | |
| Quality: | | | | |
| Advertising campaign – number of direct mailings, media ads*** | 2000 | 1500 | 6500 | 7500 |

* Outcome will be based on the development of the Ag Business Park and Processing Kitchen. Funds were not made available in 2002 for the kitchen. In 2003, in order not to compete with the planned development of a similar concept locally, the Commission was advised to prioritize a Regional Ag Business Park and Processing Kitchen.

** MD Cooperative Extension Grape Grant

***Tobacco List, 5000 directories, SMD Harvest/ So. MD, So Good/ Grant advertising

Managing for Results

Goal 2. Objective 2.3. *Information and education to enable the agricultural community to diversify farm and related operations provided*

| | |
|----------------|---|
| Strategy 2.3.1 | Develop and/or support relevant trade fairs, conferences, workshops and seminars on select related topics |
| Strategy 2.3.2 | Support and develop education and training opportunities in agriculture, leadership and business management |
| Strategy 2.3.1 | Provide information through diverse media (eg: newsletter, website, resource library) |

| | Actual | Goal | Actual | Goal |
|---|--------|------|--------|------|
| Performance Measures | 2002 | 2003 | 2003 | 2004 |
| Inputs: | | | | |
| Funds available for Infrastructure programs | 250 | yes | yes | yes |
| Output: | | | | |
| Number of Educational Tours developed | 2 | 2 | 1 | 2 |
| Educational opportunities (fairs, conferences, courses, seminars, etc.) sponsored through program | 4 | 5 | 17* | 20 |
| Number of scholarships awarded | na | 3 | 3 | 8 |
| Number of farmers / businesses directly receiving information | 1500 | 1500 | 1500 | 1500 |
| Efficiency: | | | | |
| Grant or sponsoring funds processed in timely manner | 100% | 100% | 100% | 100% |
| Outcomes: | | | | |
| Number of agri-businesses enhanced/developed as a result of tours, education, trade fairs, grants, etc. | 12 | 40 | 17** | 25 |
| Quality: | | | | |
| Advertising campaign – number of direct mailings, media ads*** | 2000 | 1500 | 6500 | 7500 |

* Mobile Science Labs, Maryland Video, Pasture-Raised Livestock Seminar, 4-H

**Grantees, scholarships, tour

***Tobacco List, 5000 directories, SMD Harvest/ So. MD, So Good/ Grant advertising

Goal 3. To promote and support agricultural land preservation in Southern Maryland.

| | |
|----------------------|---|
| Objective 3.1 | <i>Incentives for landowners to put land under state and/or local agricultural land preservation programs and to support the counties' agricultural land preservation programs provided</i> |
| Strategy 3.1.1 | Provide an incentive for landowners who take the Tobacco Buyout to place their land under agricultural preservation as specified in the Tobacco Buyout Contract by receiving an additional 10% of the easement price, pending availability of funds |
| Strategy 3.1.2 | Match State / County Easements for agricultural land easement on a one-to-one basis. First priority will be given to landowners who have committed to the Tobacco Buyout and received their first payment. Remaining funds may be used for agricultural land easements of other agricultural landowners |
| Objective 3.2 | <i>Acquisition of County land for Farmers' markets on a one-to-one match from the County and General Market Support</i> |
| Strategy 3.2.1 | Provide support and funds upon request for acquisition of land for a Farmers' Market. Acquisition may include either the purchase of land or a long-term lease agreement. Funds may also be used for general market support. |

KEY ACCOMPLISHMENTS - FY 2003 (July 2002-June 2003)

| FY'03 Performance Measures | Actual 2001 | Actual 2002 | Goal 2003 | Actual 2003 | Goal 2004 |
|---|--------------------|--------------------|------------------|--------------------|------------------|
| Inputs: | | | | | |
| Funds made available to support existing county preservation program (thousands) | 0 | 1,200 | 1,200 | 1,325 | 2,412 |
| Bonus funds available to support incentive for tobacco farmers (thousands) | 300 | 300 | 300 | 287 | 300 |
| Output: | | | | | |
| County programs strengthened | 1 | 4 | 5 | 5 | 5 |
| Number of eligible Growers who place land under agricultural preservation (cumulative, inc. matching) | 1 | 23 | 40 | 40 | 60 |
| Outcomes: | | | | | |
| Cumulative acres permanently preserved (inc. matching) | 31 | 2425 | 4000 | 7534 | 5500 |
| Counties participating | 1 | 4 | 5 | 5 | 5 |
| Quality: | | | | | |
| Payments issued in a timely manner | na | 100% | 100% | 100% | 100% |

For more information regarding this program, please contact the following:

Dr. Christine L. Bergmark, Director, Agricultural Development or Cia Morey, Administrator
 Southern Maryland Agricultural Development Commission
 Tri-County Council for Southern Maryland
 P.O. Box 745
 Hughesville, MD, 20637.

Telephone: 301-274-1922
 FAX: 301-274-1924
 Email: cbergmark@tccsmd.org
 Street Address: 15045 Burnt Store Road, Hughesville, MD.