



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201

Parris N. Glendening, Governor - Georges C. Benjamin, M.D., Secretary

October 18, 2001

Neil Bergsman, Director
Office of Budget Analysis
Department of Budget & Management
15 Calvert Street
Annapolis MD 21401-1907

Re: State Finance and Procurement Article, Section 7-317 (h)(2), requirement to report annually total funds expended by program and subdivision and specific outcomes or public benefits resulting from that expenditure in the Cigarette Restitution Fund Program (CRFP).

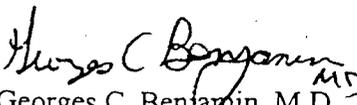
Dear Mr. Bergsman:

Pursuant to Section 7-317(h)(2) of State Finance and Procurement, the Department of Health and Mental Hygiene is directed to report annually by October 1, total funds expended by the CRFP, by program and subdivision, in the prior fiscal year and the specific outcomes or public benefits resulting from that expenditure.

The Department delayed submission of this Report past October 1, 2001 in order to collect the most complete reports from each of the ten Cigarette Restitution Fund Program components across the State. That Report, enclosed for your review contains FY 2001 expenditures for each component and for each subdivision. Also included in this Report are updated Managing For Results' objectives which show the actuals for selected performance measures. Narrative descriptions of outcomes and benefits that were achieved are also included.

Implementation has moved forward in all components of the tobacco and cancer programs, spending \$32,637,033 of the \$40,528,689 final appropriation, an 80.5 percent spending level. Questions may be directed to me at (410) 767-6505 or Dr. Carlessia A. Hussein, Director of the Cigarette Restitution Fund Program (CRFP) at (410) 767-7117.

Sincerely,


Georges C. Benjamin, M.D.
Secretary

Enclosure

cc: Carlessia A. Hussein, Dr. P.H.
James P. Johnson

DEPARTMENT OF HEALTH & MENTAL HYGIENE

CIGARETTE RESTITUTION FUND PROGRAM

FUNDS EXPENDITURES AND ACCOMPLISHMENTS

FISCAL YEAR 2001

October 2001

Georges C. Benjamin, M.D.
Secretary

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

Department of Health and Mental Hygiene
 Family Health Administration
 MF03.06 CRFP UGA DATA

Local Public Health- Tobacco				Local Public Health- Cancer			
JURISDICTION	FY 2001			JURISDICTION	FY 2001		
	Allocation	Award	Actual Expen./Encum		Allocation	Award	Actual Expen./Encum
Allegany	\$104,705	\$64,576	57,605	Allegany	\$328,460	\$328,460	70,599
Anne Arundel	\$581,966	\$358,931	148,678	Anne Arundel	\$1,414,416	\$1,023,220	556,643
Baltimore City	\$766,407	\$766,406	766,406	Baltimore City	\$0	\$0	0
Baltimore Co.	\$780,530	\$780,530	780,530	Baltimore Co.	\$2,653,872	\$2,653,872	2,653,872
Calvert	\$111,320	\$68,665	57,542	Calvert	\$171,360	\$171,361	52,410
Caroline	\$49,311	\$49,311	47,485	Caroline	\$114,522	\$73,426	41,247
Carrol	\$191,433	\$118,064	28,344	Carrol	\$427,148	\$335,001	83,992
Cecil	\$121,422	\$121,421	70,438	Cecil	\$257,190	\$257,190	82,798
Charles	\$170,391	\$170,390	143,071	Charles	\$279,130	\$279,130	123,185
Dorchester	\$39,977	\$39,997	39,905	Dorchester	\$134,956	\$268,476	87,165
Frederick	\$257,770	\$220,480	10,028	Frederick	\$449,366	\$449,366	74,377
Garrett	\$39,756	\$39,756	30,499	Garrett	\$85,258	\$85,258	85,258
Harford	\$291,442	\$291,442	198,703	Harford	\$546,459	\$546,459	249,257
Howard	\$226,111	\$226,110	25,576	Howard	\$433,811	\$433,811	75,278
Kent	\$26,262	\$26,262	22,099	Kent	\$78,056	\$78,000	78,000
Montgomery	\$656,562	\$403,400	403,400	Montgomery	\$2,064,737	\$1,841,125	1,841,125
Prince George's	\$673,866	\$673,865	673,865	Prince George's	\$1,759,172	\$1,024,800	1,024,800
Queen Anne's	\$56,066	\$56,065	22,129	Queen Anne's	\$123,754	\$80,234	35,268
Somerset	\$32,976	\$32,976	110,465	Somerset	\$114,508	\$114,508	63,673
St. Mary's	\$116,061	\$116,061	22,976	St. Mary's	\$212,936	\$436,549	425,580
Talbot	\$36,951	\$36,951	23,634	Talbot	\$148,311	\$98,370	44,994
Washington	\$176,383	\$176,383	163,087	Washington	\$428,857	\$383,857	345,846
Wicomico	\$108,610	\$108,610	93,540	Wicomico	\$326,987	\$326,987	175,318
Worcester	\$58,725	\$58,724	55,962	Worcester	\$196,734	\$196,734	140,058
Totals	\$5,675,000	\$5,005,376	\$3,995,967	Totals	\$12,750,000	\$11,486,194	\$8,410,743

Department of Health and Mental Hygiene
 Family Health Administration
MF03.06 CRFP Financial Report for FY 2001

PCA	Title	Original Appropriation	Deficiency Appropriation	Final Appropriation	Expen/Encum	Balance Unspent
E671S	Cancer- Administration	745,891	(250,000)	495,891	406,038	89,853
E672S	Cancer - Surveillance	2,267,311	(1,745,000)	522,311	300,133	222,178
E673S	Cancer - Statewide Academics	15,000,000	0	15,000,000	14,698,936	301,064
E674S	Cancer - Local Public Health	12,750,000	(2,500,000)	10,250,000	8,410,743	1,839,257
	Cancer - Statewide Public Health	0	0	0	0	0
Subtotal		30,763,202	(4,495,000)	26,268,202	23,815,850	2,452,352
E681S	Tobacco - Administration	820,480	(100,000)	720,480	558,402	162,078
E682S	Tobacco - Surveillance	2,990,007	(600,000)	2,390,007	1,233,884	1,156,123
E683S	Tobacco - Media / Ctr marketing	5,000,000	(3,000,000)	2,000,000	0	2,000,000
E684S	Tobacco - Local Public Health	7,000,000	(1,325,000)	5,675,000	3,995,967	1,679,033
E686S	Tobacco - Statewide Public Health	2,250,000	(275,000)	1,975,000	1,532,930	442,070
Subtotal		18,060,487	(5,300,000)	12,760,487	7,321,183	5,439,304
E692S	MD HC Foundation	1,500,000	0	1,500,000	1,500,000	0
Totals		50,323,689	(9,795,000)	40,528,689	32,637,033	7,891,656

07/25/01

**MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CIGARETTE RESTITUTION FUND PROGRAM**

***CANCER PREVENTION, EDUCATION, SCREENING AND TREATMENT
PROGRAM***

FISCAL YEAR 2001 ACCOMPLISHMENTS

LOCAL PUBLIC HEALTH

Overall

- The allocation of funding for cancer prevention, education, screening and treatment was determined for each local jurisdiction, based on the formula specified in the statute for the CRF.
- Community health cancer coalitions were established in 23 jurisdictions that reflect the demographics of each jurisdiction and include membership of minority, rural, medically underserved populations that are familiar with the different cultures and communities in the jurisdiction.
- Staff were hired in each local jurisdiction to implement the cancer prevention, education, screening and treatment program.
- A written survey instrument was developed and sent to each community hospital in Baltimore, Montgomery and Prince George's counties and Baltimore City to collect information on the criteria listed in the statute to determine the "major community hospital(s)" in each jurisdiction.
- Based on the responses received from the survey instrument, the "major community hospital(s)" in Baltimore, Montgomery and Prince George's counties and Baltimore City were determined. The following hospitals were designated as major community hospitals: Sinai Hospital in Baltimore City; Dimensions Health Systems in Prince Georges County; and all community hospitals in Montgomery and Baltimore counties.
- Comprehensive cancer plans addressing prevention, education, screening and treatment for one of more targeted cancers were developed in 23 jurisdictions.
- 23 jurisdictions are addressing colorectal cancer, four jurisdictions are addressing prostate cancer, seven jurisdictions are addressing oral cancer, five jurisdictions are addressing breast cancer, five jurisdictions are addressing cervical cancer, and six jurisdictions are addressing skin cancer.

- Contracts have been entered into between local health departments and local medical providers (e.g. gastroenterologists, medical laboratories, primary care physicians, hospitals, surgeons, etc.) to provide clinical services for screening, diagnosis and treatment.

Public Education and Outreach

- At least 47 subcontracts and/or mini-grants were awarded by the local health departments to local vendors to promote screening by doing outreach and education to the minority, underserved, and/or uninsured residents of their jurisdictions. Examples of these types of services included:
 - St. Mary's County Health Department has awarded grants to minority businesses churches such as the Minority Business Alliance, La Familia, Knights of St. Josephs, and First Missionary Baptist Church to go door to door in their communities to get the word out about cancer screening.
 - Wicomico County Health Department awarded grants to area African American Churches (Gods Grace, St. Paul AME Zion Church, Trinity Tabernacle) and urban groups (African-American Advisory Panel, and the Salisbury Urban Minority League) for outreach/education.
 - A four-county joint TV/radio/print media campaign encouraging colorectal cancer screening was conducted in Anne Arundel, Baltimore, Carroll and Harford counties. A toll free telephone number was included on each of the spots developed. This campaign has delivered over 300,000 impressions to persons 50 years of age and older.
- Local programs conducted a variety of public education and specific outreach activities. Fifteen local health departments reported the following activities to DHMH which were entered into a database:
 - Public education: 311 events/sessions were conducted, reaching 9,135 participants (63% were women; 40% were minorities; 50% were \geq 50 years of age). Fecal occult blood testing kits were distributed to 1,266 people and 103 people signed up for screening by colonoscopy at the sessions where these were offered.
 - Individual outreach was performed for 606 individuals (61% women; 47% minority; 35% \geq 50 years old). Fecal occult blood testing kits were distributed to 76 people, and 32 were signed up for screening colonoscopy.
- Seven train-the-trainers sessions were conducted for 99 educators, 80 (81%) of whom were minorities.

- 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, local newsletters.
- Local programs have designed brochures, flyers, posters, pencils, and magnets and distributed these at health fairs, door-to-door, at libraries, pharmacies, senior centers, housing units, etc. Local programs developed web sites informing the public about the need for colorectal cancer screening and the availability of the CRF program.

Professional Education and Outreach

- Local programs educated health care professionals about colorectal cancer and screening guidelines.
 - 27 group health care professional sessions and 2 individual sessions reached 581 health care professionals, 33% of whom were minorities.
- Local programs mailed medical providers the Minimal Elements for Screening, Diagnosis, and Treatment of Colorectal Cancer and notified them about the availability of the local CRF programs.
- Local programs reached providers through visits to office staff, breakfast or lunch educational sessions, and presentations at County Medical Society or hospital staff meetings.

Screening, Diagnosis, and Treatment

- In FY 2001, 23 programs selected colorectal cancer as the focus of their screening efforts. Most screening efforts began in the last quarter of FY 2001.
 - Four local programs selected colorectal cancer screening with colonoscopy for those with average risk (i.e. Anne Arundel, Baltimore, Frederick, and Worcester Counties).
 - 19 local programs selected screening by FOBT followed by sigmoidoscopy for those with average risk.
- 14 local programs have provided DHMH with data on individual patients who began colorectal cancer screening in FY 2001. Other programs had not begun screening as of July 1, 2001. Following are *preliminary* numbers of persons who began colorectal cancer screening in fiscal year 2001:

- 627 individuals completed and returned a blood stool kit to the local program; of these, 52 (8%) were positive.
- 47 sigmoidoscopies were performed; of these, 4 (9%) were positive.
- 177 colonoscopies were performed; of these, 49 (28%) had polyps.
- 53 individuals had colonic polyps removed as a result of being screened under the CRFP.
- No individuals were diagnosed with colon cancer in fiscal year 2001.

STATEWIDE PUBLIC HEALTH

- In March 19, 2001, a Colorectal Cancer Training Seminar was conducted at the Wilde Lake Interfaith Center for local public health programs and their community partners and the Minority Outreach and Technical Assistance grantees. Guest speakers included Dr. Francis Giardiello, Director of Gastroenterology and Hepatology at the Johns Hopkins University School of Medicine, and representatives from the Maryland Cancer Registry, American Cancer Society, Frederick County Health Department and DHMH. Over 141 persons attended the seminar.
- A Colorectal Cancer Medical Advisory Committee was established, and "Colorectal Cancer - Minimal Clinical Elements for Screening, Diagnosis, Treatment, Follow-up and Education" were developed for use by local jurisdictions.
- Contract templates for colorectal cancer screening for hospitals, medical laboratories, pharmacies, and other health care providers were developed for use by local health departments and the statewide academic health centers in negotiating contracts with participating medical providers who will screen, diagnose, treat, and medically manage patients screened under the CRFP.
- Informed consent forms for *colorectal cancer* screening were developed for use by local jurisdictions funded under the Cigarette Restitution Fund Program.
- Monthly teleconferences were held with local jurisdictions to discuss program implementation issues.
- A web site for local health departments, JHI, and UMMG was developed to quickly access DHMH memoranda that provide guidance on technical, clinical, and administrative issues relating to the CRF cancer control programs.
- Monthly discussions were held with the Local Health Officers at the DHMH Roundtable.

SURVEILLANCE AND EVALUATION

- An inventory of publicly-funded cancer prevention, education, screening and treatment

programs that relate to each of the targeted cancers in each jurisdiction in the state was developed.

- In September, 2000, the *Baseline Cancer Report* was published outlining cancer incidence, mortality, stage of disease, and statewide screening levels for cancer overall and for the cancers sites targeted under the CRFP (i.e. lung and bronchus, colon and rectum, breast, prostate, cervical, oral, and cervix) statewide and in each jurisdiction in the state. Also included in the *Baseline Cancer Report* was a summary of the public health evidence for prevention and screening and the recommended public health interventions for each targeted cancer site. The *Baseline Cancer Report* was distributed to the General Assembly, local health departments, and local community health cancer coalitions.
- Standardized data forms were developed to collect information on *colorectal cancer* education, screening, diagnosis and treatment services conducted by local jurisdictions funded under the Cigarette Restitution Fund Program.
- Development of a computerized software system for entering standardized information on persons screened under the Cigarette Restitution Fund Program was begun. Information in the software program includes demographic, screening, diagnostic and treatment information on each individual screened under the Cigarette Restitution Fund Program.

STATEWIDE ACADEMIC HEALTH CENTERS

Maryland Statewide Health Network Grant

- A grant application for the Maryland Statewide Health Network was developed and submitted to the DHMH. The DHMH reviewed the grant and subsequently awarded a standard grant agreement to the UMMS to implement the Maryland Statewide Health Network Grant.
- 5 telemedicine linkages were established in FY 2001.
- A central office and 2 regional offices were established in Baltimore City and Western Maryland. The Eastern Shore Regional Office opened in August, 2001.
- 2 regional coordinators have been hired on the Eastern Shore and in Western Maryland.
- A Regional Advisory Council was established in Western Maryland to identify initial priority areas of program implementation.
- A course outline was developed for staff training for Regional Coordinators and Community Field Workers.

Johns Hopkins Institutions' Cancer Research Grant

- A grant application for the cancer research grant was developed by the JHI and submitted to the DHMH. The DHMH reviewed the grant application and subsequently awarded a standard grant agreement to the JHI to implement the cancer research grant.
- A Memorandum of Understanding was developed and signed by the JHI, DHMH, DBED, and TEDCO regarding expediting translational research and state ownership of intellectual properties developed as a result of funding under the Cigarette Restitution Fund Program.
- An Advisory Committee on Intellectual Properties under the CRF Grant was formed and has met on a quarterly basis to review the process for expediting translational research and the process of applying for patents and commercializing inventions.
- An External Advisory Committee has been established to provide independent advice on the implementation plans for the cancer research grant. Dr. John Mendelsohn, President of the MD Anderson Cancer Center in Texas is the chair of the External Advisory Committee.
- An Internal Advisory Committee has been constituted and has met on a regular basis during fiscal year 2001. The Internal Advisory Committee provides guidance on the implementation of the cancer research grant and the recruitment and retention of faculty activities.
- Dr. Norma Kanarek was hired as the Executive Director for the cancer research grant.
- A Steering Committee has been formed; the members of this committee have evaluated the pilot project proposals that were submitted.
- 18 research grants were funded in fiscal year 2001. Of these, 6 proposals were for recruitment of new faculty, 6 proposals were faculty retention research projects, and 6 were research projects. The following areas are being addressed by the funded projects:
 - Cancer-causing agents:*
 - Cancer prevention through risk characterization
 - Cancer risk factors:*
 - Environmental cadmium exposure and prostate cancer risk
 - Lung cancer risk factors in women
 - Loss of imprinting in colorectal cancer
 - Influence of active and passive smoking on cancer incidence
 - Identifying HPV T Cell response
 - Molecular genetics:*
 - Gene expression analysis
 - Chemoprevention/biomarkers for lung cancer

Clinical research:

- Breast ductal lavage as an adjunct to mammography
- Angiogenesis research
- Molecular screening for head and neck cancer
- Strategies for the prevention of lung cancer

Genetic epidemiology:

- Genetic epidemiology of cancer
- Genetic susceptibility of colorectal cancer

Cancer Epidemiology:

- The LUINA Prospective Cancer Cohort Study
- Human papilloma virus and the risk of oral cancer

Translational Research:

- Drug development of solid tumors

Delay in cancer care:

- Educational program for Korean American Women

- Planning sessions were held in conjunction with the University of Maryland for an Academic Health Centers Research Conference to be held on November 28, 2001 at the Johns Hopkins Comprehensive Cancer Center.

University of Maryland Medical Systems' Cancer Research Grant

- A grant application for the cancer research grant was developed by the UMMS and submitted to the DHMH. The DHMH reviewed the grant application and subsequently awarded a standard grant agreement to the UMMS for the cancer research grant.
- A Memorandum of Understanding was developed among the University of Maryland, Baltimore, University of Maryland School of Medicine, and the University of Maryland Medical System Corporation regarding the procedures for expenditure of grant funds under the CRFP.
- A Memorandum of Understanding was developed and signed by the JHI, DHMH, DBED, and TEDCO regarding expediting translational research and state ownership of intellectual properties developed as a result of funding under the Cigarette Restitution Fund Program.
- An Advisory Committee on Intellectual Properties under the CRF Grant was formed and has met on a quarterly basis to discuss the process of expediting translational research and the process of applying for patents and commercializing inventions.

- An External Advisory Committee has been established to provide independent advice on the implementation plans for the cancer research grant.
- The following activities were accomplished at the UMMS in fiscal year 2001:
 - 73 new clinical trials were initiated.
 - 44 faculty are working on targeted cancers.
 - 24 new investigators and staff were hired.

Baltimore City Public Health Cancer Grants

- The Baltimore City Comprehensive Cancer Plan was developed and submitted to the DHMH for review and approval. The DHMH subsequently awarded standard grant agreements to Johns Hopkins Institutions and the UMMS to implement the Baltimore City Comprehensive Cancer Plan.
- The Baltimore City Cancer Coalition was established and met several times in fiscal year 2001.
- Sinai Hospital was identified as the “major community hospital” in Baltimore City, using the criteria listed in the CRFP statute.
- Implementation of the Baltimore City Comprehensive Cancer Plan started in March, 2001. Community sites for education and outreach have been identified. The sites include: CURE, University Care, Bea Gaddy’s Place, Sinai and other community locations.
- A Baltimore City Medical Advisory Committee on Prostate Cancer was established.
- A Recruitment Working Group was convened to develop strategies to outreach to the citizens of Baltimore City.
- A cancer curricula was developed for use by the community sites.
- Prostate cancer screening was conducted at 10 sites in Baltimore City, and 202 men were screened for prostate cancer.
- Program staff were recruited and trained. The infrastructure for the local public health program was developed.

ADMINISTRATION

- Hired and trained 16 DHMH staff to coordinate, assist, and provide technical and clinical expertise to the local health departments and the statewide academic health centers in the

development and implementation of their local cancer plans.

- Located space for each CRF-funded staff person hired. Purchased and installed office furniture, computers, and telephones for each staff person hired.
- Developed grant guidance for each local jurisdiction under the public health component, grant guidance for the Maryland Statewide Health Network grant, and grant guidance for the cancer research grants.
- Formed the Baltimore City Executive Steering Committee for the Baltimore City Public Health grant to facilitate development of the *planning* process for this grant. The Executive Committee met three times, after which the Baltimore City Cancer Coalition was formed.
- Developed goals and objectives for each of the local jurisdictions.
- Awarded cancer planning grants to 17 jurisdictions.
- Comprehensive cancer plans from 24 jurisdictions were reviewed to ensure that all of the requirements under the statute were provided. Awarded grants to 23 jurisdictions, JHI and UMMS for cancer education, prevention, screening and treatment.
- Reviewed cancer research grants from JHI and UMMS and the network grant from the UMMS. Met with staff from the Maryland Statewide Health Network, JHI, UMMS to discuss their grant submissions. Awarded grants to the JHI and UMMS for cancer research grants and a grant to UMMS for the Maryland Statewide Health Network grant.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MF03.06 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 surveillance, evaluation and 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 FY 2010, reduce overall cancer mortality to a rate of no more than 151 per 100,000 persons.

Performance Measures	1997	1998	1999	2010
	Actual	Actual	Actual	Estimated
Outcome: Overall cancer mortality rate	175.3	173.0	168.2	151.0

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

Objective 2.1 By 2010, reduce disparities in overall cancer mortality between minorities and whites to a rate of no more than 1.03.

Performance Measures	1997	1998	1999	2010
	Actual	Actual	Actual	Estimated
Outcome: Cancer death rate ratio between nonwhites/whites	1.28	1.19	1.17	1.03

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 FY 2010, reduce colorectal cancer mortality to a rate of no more than 14.0 per 100,000 persons in Maryland.

Performance Measures	1997	1998	1999	2010
	Actual	Actual	Actual	Estimated
Output: # screened for colorectal cancer with CRF funds	n/a	n/a	n/a	*
# minorities screened for colon cancer with CRF funds	n/a	n/a	n/a	*
Outcome: Colorectal cancer mortality rate	18.5	18.2	17.0	14.0

* To be determined

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MF03.06 CIGARETTE RESTITUTION FUND – CANCER PREVENTION, EDUCATION, SCREENING AND TREATMENT PROGRAM – FAMILY HEALTH ADMINISTRATION

Objective 3.2 By FY 2010, reduce breast cancer mortality to a rate of no more than 18.0 per 100,000 persons in Maryland.

Performance Measures	1997 Actual	1998 Actual	1999 Actual	2010 Estimated
Output: # screened for breast cancer with CRF funds	n/a	n/a	n/a	*
# minorities screened for breast cancer with CRF funds	n/a	n/a	n/a	*
Outcome: Breast cancer mortality rate	25.4	24.7	23.3	18.0

Objective 3.3 By FY 2010, reduce prostate cancer mortality to a rate of 15.7 per 100,000 persons in Maryland.

Performance Measures	1997 Actual	1998 Actual	1999 Actual	2010 Estimated
Output: # screened for prostate cancer with CRF funds	n/a	n/a	n/a	*
# minorities screened for prostate cancer with CRF funds	n/a	n/a	n/a	*
Outcome: Prostate cancer mortality rate	25.3	24.4	22.7	15.7

Objective 3.4 By FY 2010, reduce oral cancer mortality to a rate of no more than 2.0 per 100,000 persons in Maryland.

Performance Measures	1997 Actual	1998 Actual	1999 Actual	2010 Estimated
Output: # screened for oral cancer with CRF funds	n/a	n/a	n/a	*
# minorities screened for oral cancer with CRF funds	n/a	n/a	n/a	*
Outcome: Oral cancer mortality rate	3.0	2.5	2.4	2.0

Objective 3.5 By FY 2010, reduce cervical cancer mortality to a rate of no more than 1.8 per 100,000 persons in Maryland.

Performance Measures	1997 Actual	1998 Actual	1999 Actual	2010 Estimated
Output: # screened for cervical cancer with CRF funds	n/a	n/a	n/a	*
# minorities screened for cervical cancer with CRF funds	n/a	n/a	n/a	*
Outcome: Cervical cancer mortality rate	2.9	2.2	2.3	1.8

Objective 3.6 By FY 2010, reduce mortality due to melanoma of the skin to a rate of no more than 2.0 per 100,000 persons in Maryland.

Performance Measures	1997 Actual	1998 Actual	1999 Actual	2010 Estimated
Output: # persons reached with skin cancer prevention messages with CRF funds	n/a	n/a	n/a	*
Outcome: Melanoma of the skin mortality rate	2.0	2.0	1.9	2.0

* To be determined

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MF03.06 CIGARETTE RESTITUTION FUND – CANCER PREVENTION, EDUCATION, SCREENING AND TREATMENT PROGRAM – FAMILY HEALTH ADMINISTRATION

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

Objective 4.1 By FY 2003, to provide treatment or linkages to treatment for uninsured persons screened for cancer under the Cancer Prevention, Education, Screening and Treatment Program.

Performance Measures	2000 Actual	2001 Actual	2002 Actual	2003 Estimated
Output: # of persons provided treatment	n/a	0	15	30

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 2003, 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	2000 Actual	2001 Actual	2002 Estimated	2003 Estimated
Output: # of successfully completed recruitments of high quality faculty	n/a	6	2	2

Objective 5.2 By FY 2003, to 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	2000 Actual	2001 Actual	2002 Estimated	2003 Estimated
Output: # of research proposals funded	n/a	6	11	11
Outcome: # of new grants received from outside funding sources	n/a	0	0	*

Objective 5.3 By FY 2003, 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	2000 Actual	2001 Actual	2002 Estimated	2003 Estimated
Output: # of research proposals funded	n/a	6	9	9
Outcome: # of new grants received from outside funding sources	n/a	0	0	*
# of peer-reviewed reports in scientific literature	n/a	0	0	*

* To be determined

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MF03.06 CIGARETTE RESTITUTION FUND – CANCER PREVENTION, EDUCATION, SCREENING AND TREATMENT PROGRAM – FAMILY HEALTH ADMINISTRATION

Goal 6. 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 University of Maryland Medical Systems's Cancer Research Grant under the Cigarette Restitution Fund.

Objective 6.1 By FY 2003, increase the number of research activities that translate into clinical applications for patient benefit by four.

Performance Measures	2000 Baseline	2001 Actual	2002 Estimated	2003 Estimated
Output: # of research activities that are translated into clinical applications (Baseline = 2)	n/a	0	2	4

Objective 6.2 By FY 2003, increase the number of new University of Maryland clinical trials by 40%.

Performance Measures	2000 Actual	2001 Actual	2002 Estimated	2003 Estimated
Output: % increase in clinical trials (Baseline = 180 protocols)	n/a	41%	30%	40%

Objective 6.3 By FY 2003, increase the number of faculty in targeted areas by 20%.

Performance Measures	2000 Actual	2001 Actual	2002 Estimated	2003 Estimated
Output: % increase in faculty (Baseline = 127 faculty)	n/a	35%	20%	20%

Objective 6.4 By FY 2003, increase the number of peer-reviewed publications by 20%.

Performance Measures	2000 Actual	2001 Actual	2002 Estimated	2003 Estimated
Output: % increase in peer-reviewed publications (Baseline = 100 publications)	n/a	0	10%	20%

Objective 6.5 By FY 2003, establish Biomarker/GeneDiscovery Facility and expand current shared service facilities in biostatistics/informatics, specimen repository, preclinical models of cancer, flow cytometry, and biopolymer.

Performance Measures	2000 Actual	2001 Actual	2002 Estimated	2003 Estimated
Output: Fully operational shared service facilities supporting cancer investigators	n/a	7	7	7

Objective 6.6 By FY 2003, increase the number of translational and clinical investigators that are users of the Core Shared Service Facility by 30%.

Performance Measures	2000 Actual	2001 Actual	2002 Estimated	2003 Estimated
Output: % increase in the number of investigators (Baseline = 45 investigators)	n/a	10%	20%	30%

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MF03.06 CIGARETTE RESTITUTION FUND – CANCER PREVENTION, EDUCATION, SCREENING AND TREATMENT PROGRAM – FAMILY HEALTH ADMINISTRATION

Goal 7. To reduce the burden of cancer and tobacco-related diseases through the Maryland Statewide Health Network (MSHN) by conducting prevention and control activities, promoting increased participation of diverse populations in clinical trials, developing best practices, and expanding telemedicine linkages.

Objective 7.1 By FY 2003, to initiate the establishment of one statewide and three regional offices in Baltimore City, the Eastern Shore, and Western Maryland.

Performance Measures	2000 Actual	2001 Actual	2002 Estimated	2003 Estimated
Output: # of fully operational central and regional offices established	n/a	4	5	6

Objective 7.2 By FY 2003, at least 30% of individuals who participate in the 6-week physical activity and weight control program offered through the MSHN will meet their established goal for physical activity and/or weight control.

Performance Measures	2000 Actual	2001 Actual	2002 Estimated	2003 Estimated
Output: # of individuals who complete a 6-week physical activity and weight control program	n/a	0	10	20
Outcome: % of participants who meet their established goal for physical activity or weight control	n/a	0	20%	30%

Objective 7.3 By FY 2003, increase by 10% the number of diverse populations participating in clinical trials.

Performance Measures	2000 Actual	2001 Actual	2002 Estimated	2003 Estimated
Output: # of individuals/health professionals targeted with information on clinical trials	n/a	0	52	90
Outcome: % increase in the number of diverse populations participating in clinical trials	n/a	0	5%	10%

Objective 7.4 By FY 2003, identify and implement at least two Best Practice Models related to cancer and tobacco-related diseases intervention strategies.

Performance Measures	2000 Actual	2001 Actual	2002 Estimated	2003 Estimated
Output: # of Best Practice Models identified and evaluated	n/a	0	1	3
Outcome: Full implementation of Best Practice Models with improved intervention results	n/a	0	0	2

Objective 7.5 By FY 2003, establish additional telemedicine linkages in seven sites to improve access to quality care.

Performance Measures	2000 Actual	2001 Actual	2002 Estimated	2003 Estimated
Outcome: # of telemedicine linkages	1	5	6	7

**MARYLAND DEPARTMENT OF HEALTH AND MENTAL
HYGIENE**

CIGARETTE RESTITUTION FUND PROGRAM

TOBACCO USE PREVENTION AND CESSATION PROGRAM

FISCAL YEAR 2001 ACCOMPLISHMENTS

Local Public Health Component

Overall

Conducted an inventory of existing tobacco use prevention, cessation and control resources in each local jurisdiction.

Built infrastructure in the Local Health Departments (staff, materials, & equipment) to conduct comprehensive tobacco control activities.

Established diverse coalitions in 24 jurisdictions and developed county specific tobacco control plans with long term and short term goals and objectives.

Conducted a statewide training 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 Practice” training sessions.

Community

112 health fairs conducted statewide on prevention and cessation of tobacco use and the Cigarette Restitution Fund Program.

92 training sessions were conducted for providers, advocates, organizations and parents to educate them about various community based tobacco use prevention programs and strategies.

534 smoke free zone signs were produced and installed at local ball fields and parks to enhance voluntary compliance.

**MARYLAND DEPARTMENT OF HEALTH AND MENTAL
HYGIENE
CIGARETTE RESTITUTION FUND PROGRAM**

TOBACCO USE PREVENTION AND CESSATION PROGRAM

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

Schoolbased

305 training sessions were conducted for teachers, nurses, daycare providers, and school and college administrators to orient them to available tobacco use prevention and cessation curricula, programs and strategies.

2,740 tobacco curricula were purchased for 114 schools.

1 college based conference on tobacco control held at Allegany College.

Cessation

285 training sessions were conducted for nurses, health care providers, advocates and community organizations on the various cessation models.

156 adults participated in smoking cessation classes.

318 sets (6-8 week supply) of nicotine patches were purchased for participants in smoking cessation classes.

Enforcement

36 tobacco retailers (stores) were issued citations for underage sales.

141 youth were cited for illegal possession of tobacco products.

232 visits were made to tobacco retailers for compliance checks.

400 restaurants were inspected for compliance with MOSH regulation.

91 citations were issued for MOSH violations.

Minority

Established an Office of Minority Health in Anne Arundel County Health Department to coordinate CRFP Minority Outreach and Tobacco programs.

Funded 12 minority churches to conduct outreach, focus groups and develop culturally sensitive program for their congregation and surrounding community.

Statewide Public Health

An MOU was negotiated between DHMH and the University of Maryland School of Law, in cooperation with the Maryland Office of the Attorney General to start in FY02.

The first year of the project will be devoted to planning and will consist of a needs assessment; data collection; and development of the final proposal to establish the Center, including services to be provided, staffing, resources and budget.

The Center will serve as a resource to community groups, local governments, private entities, and lawyers attempting to reduce smoking and its related health impacts across the state.

Surveillance and Evaluation

The Maryland Baseline Tobacco Study (MBTS) was completed. The MBTS surveyed over 55,000 Maryland public middle and high school students, as well as 15,000 adults.

The Department released its Initial Findings from the Baseline Tobacco Study Report in February 2001. The Department continues to analyze the data collected by the MBTS and release additional data and findings as they become available.

Counter-Marketing and Media

RFPs for "Formative Research Phase" and "Mass Media and Public Relations Campaigns" developed.

The Formative Research Findings will drive the development and implementation of the Mass Media and Public Relations Campaigns.

The purpose of the Counter-Marketing and Media Component is to coordinate a science based statewide counter-marketing and media campaign to counter the advertisement and marketing efforts of the tobacco industry and to discourage the use of tobacco products. The Campaign will focus on preventing youth initiation and clean indoor air.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MF03.06 CIGARETTE RESTITUTION FUND – TOBACCO USE PREVENTION AND CESSATION PROGRAM - FAMILY HEALTH ADMINISTRATION

PROGRAM DESCRIPTION

The Tobacco Use Prevention, and Cessation Program seeks to reduce the use of tobacco products in Maryland through implementation of local and statewide public health initiatives, an aggressive counter-marketing and media campaign, surveillance of tobacco use as a risk behavior, and evaluation. The Program's structure, content, and activities are governed by Subtitle 10, Sections 13-1001 through 13-1014 of the Health-General Article. Program funding is through the Cigarette Restitution Fund, established under Section 7-317 of the Finance and Procurement Article.

MISSION

The mission of the Tobacco Use Prevention and Cessation Program is to reduce the use of tobacco products in Maryland, thereby reducing the burden of tobacco related morbidity and mortality on the population.

VISION

The 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 the proportion of Maryland youth who initiated the use of tobacco products.

Objective 1.1 By the end of CY 2004, reduce by 10% from the CY 2000 Baseline Rate the proportion of Maryland middle school students that have smoked at least one whole cigarette.

Performance Measures	2000 Actual	2002 Estimated	2003 Estimated	2004 Estimated
Input: Proportion smoked whole cigarette	16.9%	16.4%	15.9%	15.2%
Outcome: Cumulative percentage reduction	n/a	1%	6%	10%

Objective 1.2 By the end of CY 2004, reduce by 10% from the CY 2000 Baseline Rate the proportion of Maryland high school students that have smoked at least one whole cigarette.

Performance Measures	2000 Actual	2002 Estimated	2003 Estimated	2004 Estimated
Input: Proportion smoked whole cigarette	44.1%	42.8%	41.5%	39.7%
Outcome: Cumulative percentage reduction	n/a	3%	6%	10%

Objective 1.3 By the end of CY 2004, reduce by 10% from the CY 2000 Baseline Rate the proportion of Maryland middle school students that have ever used chewing tobacco, snuff, or dip.

Performance Measures	2000 Actual	2002 Estimated	2003 Estimated	2004 Estimated
Input: Proportion ever used smokeless tobacco	3.9%	3.8%	3.7%	3.5%
Outcome: Cumulative percentage reduction	n/a	3%	6%	10%

Objective 1.4 By the end of CY 2004, reduce by 10% from the CY 2000 Baseline Rate the proportion of Maryland high school students that have ever used chewing tobacco, snuff, or dip.

Performance Measures	2000 Actual	2002 Estimated	2003 Estimated	2004 Estimated
Input: Proportion ever used smokeless tobacco	10.3%	10.0%	9.7%	9.3%
Outcome: Cumulative percentage reduction	n/a	3%	6%	10%

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MF03.06 CIGARETTE RESTITUTION FUND – TOBACCO USE PREVENTION AND CESSATION PROGRAM - FAMILY HEALTH ADMINISTRATION

Goal 2. To reduce the proportion of Maryland residents currently engaged in tobacco-related risk behaviors detrimental to their health and the health of others areas.

Objective 2.1 By the end of CY 2004, reduce by 10% from the CY 2000 Baseline Rate the proportion of Maryland middle school youth that currently smoke cigarettes.

Performance Measures	2000 Actual	2002 Estimated	2003 Estimated	2004 Estimated
Input: Proportion currently smoking cigarettes	7.3%	7.1%	6.9%	6.6%
Outcome: Cumulative percentage reduction	n/a	3%	6%	10%

Objective 2.2 By the end of CY 2004, reduce by 10% from the CY 2000 Baseline Rate the proportion of Maryland high school youth that currently smoke cigarettes.

Performance Measures	2000 Actual	2002 Estimated	2003 Estimated	2004 Estimated
Input: Proportion currently smoking cigarettes	23.7%	23.0%	22.3%	21.3%
Outcome: Cumulative percentage reduction	n/a	3%	6%	10%

Objective 2.3 By the end of CY 2004, reduce by 10% from the CY 2000 Baseline Rate the proportion of Maryland adults that currently smoke cigarettes.

Performance Measures	2000 Actual	2002 Estimated	2003 Estimated	2004 Estimated
Input: Proportion currently smoking cigarettes	17.5%	17.0%	16.5%	15.8%
Outcome: Cumulative percentage reduction	n/a	3%	6%	10%

Objective 2.4 By the end of CY 2004, reduce by 10% from the CY 2000 Baseline Rate the proportion of Maryland middle school youth that currently use smokeless tobacco.

Performance Measures	2000 Actual	2002 Estimated	2003 Estimated	2004 Estimated
Input: Proportion currently using smokeless tobacco	2.20%	2.14%	2.07%	1.98%
Outcome: Cumulative percentage reduction	n/a	3%	6%	10%

Objective 2.5 By the end of CY 2004, reduce by 10% from the CY 2000 Baseline Rate the proportion of Maryland high school youth that currently use smokeless tobacco.

Performance Measures	2000 Actual	2002 Estimated	2003 Estimated	2004 Estimated
Input: Proportion currently using smokeless tobacco	5.0%	4.9%	4.7%	4.5%
Outcome: Cumulative percentage reduction	n/a	3%	6%	10%

Objective 2.6 By the end of CY 2004, reduce by 10% from the CY 2000 Baseline Rate the proportion of Maryland adults that currently use smokeless tobacco.

Performance Measures	2000 Actual	2002 Estimated	2003 Estimated	2004 Estimated
Input: Proportion currently using smokeless tobacco	1.10%	1.07%	1.04%	0.99%
Outcome: Cumulative percentage reduction	n/a	3%	6%	10%

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MF03.06 CIGARETTE RESTITUTION FUND – TOBACCO USE PREVENTION AND CESSATION PROGRAM - FAMILY HEALTH ADMINISTRATION

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 10% from the CY 2000 Baseline Rate.

Performance Measures	2000 Actual	2002 Estimated	2003 Estimated	2004 Estimated
Input: Percentage higher tobacco use	212.5%	206.1%	199.8%	191.3%
Outcome: Cumulative percentage reduction	n/a	3%	6%	10%

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 10% from the CY 2000 Baseline Rate.

Performance Measures	2000 Actual	2002 Estimated	2003 Estimated	2004 Estimated
Input: Percentage higher tobacco use	205.6%	199.4%	193.4%	185.0%
Outcome: Cumulative percentage reduction	n/a	3%	6%	10%

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 10% from the CY 2000 Baseline Rate.

Performance Measures	2000 Actual	2002 Estimated	2003 Estimated	2004 Estimated
Input: Percentage higher tobacco use	194.4%	188.6%	182.7%	175.0%
Outcome: Cumulative percentage reduction	n/a	3%	6%	10%

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 10% from the CY 2000 Baseline Rate.

Performance Measures	2000 Actual	2002 Estimated	2003 Estimated	2004 Estimated
Input: Percentage higher tobacco use	67.9%	65.9%	63.8%	61.1%
Outcome: Cumulative percentage reduction	n/a	3%	6%	10%

Goal 4. To sustain community-based comprehensive tobacco control strategies through the Local Public Health Component of the Tobacco Use Prevention and Cessation Program.

Objective 4.1 By FY 2003, review, approve, and fund school-based tobacco use prevention efforts in all 24 local jurisdictions.

Performance Measures	2000 Actual	2001 Actual	2002 Estimated	2003 Estimated
Outcome: Tobacco Grant and approved plan	n/a	24	24	24

Objective 4.2 By FY 2003, review, approve, and fund community-based efforts in all 24 local jurisdictions.

Performance Measures	2000 Actual	2001 Actual	2002 Estimated	2003 Estimated
Outcome: Tobacco Grant and approved plan	n/a	24	24	24

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MF03.06 CIGARETTE RESTITUTION FUND – TOBACCO USE PREVENTION AND CESSATION PROGRAM - FAMILY HEALTH ADMINISTRATION

Objective 4.3 By FY 2003, review, approve, and fund local programs for enforcement of Maryland’s youth access laws in all 24 local jurisdictions.

Performance Measures	2000	2001	2002	2003
	Actual	Actual	Estimated	Estimated
Outcome: Tobacco Grant and approved plan	n/a	24	24	24

Objective 4.4 By FY 2003, review, approve, and fund local tobacco use cessation programs in all 24 local jurisdictions.

Performance Measures	2000	2001	2002	2003
	Actual	Actual	Estimated	Estimated
Outcome: Tobacco Grant and approved plan	n/a	24	24	24

Goal 5. To counteract tobacco industry marketing and advertising efforts by exposing target audiences to sustained counter-marketing and media campaigns.

Objective 5.1 By the end of CY 2003, deliver DHMH CRF Tobacco Program counter-marketing and media messages to 40% of the general population.

Performance Measures	2000	2001	2002	2003
	Actual	Estimated	Estimated	Estimated
Outcome: Proportion of population seeing messages	n/a	n/a	25%	40%

Objective 5.2 By the end of CY 2003, deliver DHMH CRF Tobacco Program counter-marketing and media messages to 40% of targeted minority populations.

Performance Measures	2000	2001	2002	2003
	Actual	Estimated	Estimated	Estimated
Outcome: Proportion of population seeing messages	n/a	n/a	25%	40%

Goal 6. To change the existing environmental context in Maryland communities from toleration or promotion of tobacco use to a context which does not condone the use of tobacco products.

Objective 6.1 By the end of CY 2004, increase by 10% from the CY 2000 Baseline Rate the proportion of Maryland adults who would support a proposal to make all restaurants in their community smoke-free.

Performance Measures	2000	2002	2003	2004
	Actual	Actual	Estimated	Estimated
Input: Proportion supporting smoke-free restaurants	63.0%	64.9%	59.2%	56.7%
Outcome: Cumulative percentage increase	n/a	3%	6%	10%

Objective 6.2 By the end of CY 2004, increase by 12% from the CY 2000 Baseline Rate the proportion of Maryland adults who strongly agree that cigarette smoke is harmful to children.

Performance Measures	2000	2002	2003	2004
	Actual	Estimated	Estimated	Estimated
Input: Proportion strongly agree	76.3%	80.1%	82.4%	85.5%
Outcome: Cumulative percentage increase	n/a	5%	8%	12%

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MF03.06 CIGARETTE RESTITUTION FUND – TOBACCO USE PREVENTION AND CESSATION PROGRAM - FAMILY HEALTH ADMINISTRATION

Objective 6.3 By the end of CY 2004, increase by 12% from the Baseline Rate the proportion of Maryland households with minor children that are smoke-free.

Performance Measures	2000 Actual	2002 Estimated	2003 Estimated	2004 Estimated
Input: Proportion smoke-free households with children	NYA	TBD	TBD	TBD
Outcome: Cumulative percentage increase	n/a	5%	8%	12%

Objective 6.4 By the end of CY 2004, decrease by 12% from the CY 2000 Baseline Rate the proportion of Maryland middle and high school youth who live in households with cigarette smokers.

Performance Measures	2000 Actual	2002 Estimated	2003 Estimated	2004 Estimated
Input: Proportion youth living in smoke-free home	42.0%	39.9%	38.6%	37.0%
Outcome: Cumulative percentage decrease	n/a	5%	8%	12%

Objective 6.5 By the end of CY 2004, increase by 8% from the CY 2000 Baseline Rate the proportion of tobacco retail establishments complying with Maryland's youth access laws.

Performance Measures	2000 Actual	2002 Estimated	2003 Estimated	2004 Estimated
Input: Proportion complying with access laws	74.3%	76.5%	78.0%	80.2%
Outcome: Cumulative percentage increase	n/a	3%	5%	8%