

MARYLAND  
DEPARTMENT OF HEALTH  
AND MENTAL HYGIENE

CIGARETTE RESTITUTION FUND PROGRAM

Final Report

Evaluation Framework

June 2001

THE MORAN COMPANY

## **Final Report Evaluation Framework**

### **I. Introduction**

In December 2000, the Cigarette Restitution Fund Program (CRFP) of Maryland's Department of Health and Mental Hygiene (DHMH) contracted with The Moran Company for assistance in planning for a comprehensive evaluation which will comply with Section 9, Article-State Finance and Procurement, of Senate Bill 896. SB 896 requires that the comprehensive evaluation shall include an evaluation of the administration and effectiveness of Programs; including analysis of whether appropriate benchmarks based on objective performance measures have been met and the extent to which the short-term and long-term goals established under §13-1007 and §13-1109 of the Health-General Article have also been met.

In this report we review our findings from the project tasks and then describe the evaluation framework that flowed from these findings. In the last section we describe the tasks required for completing a comprehensive independent evaluation and the timeline for these tasks if an evaluation is to be completed by November 2004 as required by the statute.

### **II. Review of Project Findings**

As part of this project, The Moran Company completed two main tasks. First, we completed a literature review of independent, comprehensive tobacco control and cancer prevention programs throughout the United States. Second, we conducted a series of stakeholder interviews. Based on the information generated by these two tasks as well as general program information gathered during the project, we prepared a presentation of our recommendations and presented this to both senior department officials and the evaluation workgroup. Based on feedback from these presentations we have prepared this final report. This section contains a summary of the findings from the literature review and the stakeholder interviews.

#### **A. Literature Review**

The literature review included an examination of other successful state evaluations as well as relevant published literature. The purpose of this first task was to provide the CRFP with an analysis of program evaluations conducted on behalf of other states. We had three main findings from this literature review. First, surveillance surveys can provide very useful information on the incidence and prevalence of tobacco use. However, surveillance surveys alone do not provide enough information to evaluate questions of program effectiveness when trying to reach the goals and cost effectiveness of the allocation between programs. Second, program effectiveness and cost effectiveness questions are of most interest to policy makers and are most useful when trying to make improvements, however, this type of evaluation requires a considerably more complex design and is potentially more expensive. Lastly, comparisons to other states, national trends, and tobacco industry activities are crucial for interpreting the results of the evaluation and the effectiveness of state efforts in combating this social problem. Our

complete findings can be found in our report "Review of Other States' Independent Comprehensive Evaluations" dated February 1, 2001.

## **B. Interviews with Stakeholders**

The interviews with stakeholders included persons involved with implementation of the CRFP programs from across the component areas. These included DHMH managers, local health officers and representatives from academic health centers. The purpose of these interviews was to allow stakeholders to share their perspectives and concerns from their standpoint on the front lines of implementation. A copy of the interview guide and the list of persons interviewed are included in Appendix A. The issues raised during the interviews were extremely helpful in understanding the variety of initiatives being designed and implemented and the current stage of implementation for these initiatives. These interviews also raised some interesting implementation challenges. Some common issues raised by several interviewees were:

### **Coordinate data collection efforts so that "data fatigue" is avoided.**

State-level programs and staff need to plan and coordinate data collection efforts with county-level programs and staff, both for data reporting required of the counties and surveys of county residents. Particular attention should be paid to surveys that attempt to get statistically significant information about minorities at the county level. In many counties the number of minorities is very small and the same persons could be asked to complete repeated surveys.

### **Web-based data reporting would facilitate data collection.**

If data reporting required of counties is web-based (such as the communicable diseases reporting), data collection is much easier and local health departments could be provided access to comparative information more quickly.

### **State leadership in making analytic data available to local health departments, both project-specific data comparing counties and other useful public datasets, would be more efficient.**

Several local health departments are planning to look at statewide datasets, such as Medicaid claims, Medicare claims, and the Maryland Health Commission health care datasets. It would be more efficient for the Department to obtain and analyze these datasets and make the results available to all of the counties. In addition any data collected by the program on a county basis would be helpful to the local health departments for comparison purposes. We prepared a summary table of data that was mentioned as potentially useful. See Appendix C.

### **There is a need to develop positive synergies between local health departments and state staff, as well as between local health departments.**

Counties and local entities need to develop working relationships where information and data is exchanged. Furthermore, local health departments also need to share and collaborate with each other.

**General evaluation concerns were expressed.** Study validity issues were raised such as sample size concerns in smaller counties and the need to analyze trends, not just point in time rates.

### III. Evaluation Framework

#### A. Process for Developing an Evaluation Framework

Development of an evaluation framework is a step-wise process. The steps needed from design of a program evaluation to completion have been described more fully elsewhere.<sup>1</sup> In this section we briefly summarize the complete process as presented by these authors. We then present how design steps were accomplished for this project.

Program evaluation is defined as “the systematic collection, analysis and reporting of information about a program to assist in decision-making.” The steps in designing and completing a program evaluation have been described as:

- 1) **Engage stakeholders**, the people who care about what will be learned from the evaluation and about what will be done with the knowledge gained.
- 2) **Describe the program**, including:
  - ◆ *A statement of need* for the program
  - ◆ The *expectations* of what the program will accomplish
  - ◆ The *activities* that will be conducted,
  - ◆ The *resources* that are available to carry out the activities,
  - ◆ A *logic model*, which graphically illustrates how your program activities will lead to the expected short-term and long-term outcomes.
  - ◆ The *context* for the program, and
  - ◆ Its *stage of development*.
- 3) **Focus the evaluation design**, by determining the users of the evaluation, the uses for the evaluation and the purpose and the questions that need to be addressed. Determine a design and methods that will answer the questions and meet the needs identified.
- 4) **Gather and analyze evidence**,
- 5) **Justify conclusions**,
- 6) **Ensure use and share lessons learned**.

Steps 1 through 3 are the design phase and steps 4 through 6 are the execution phase.

In this project we accomplished many of the design steps, from engaging stakeholders (step 1) to identifying questions as part of focusing the evaluation (step 3). We also outlined the need for a data collection strategy (step 4) and provided a high level overview of how this may be accomplished. Since many of the activities of the CRFP are still in development, a full

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<sup>1</sup> The Center for the Advancement of Community Based Public Health, *An Evaluation Framework for Community Health Programs*. June 2000.

description of the program was not possible (step 2). We do however, describe below the program from the view of a comprehensive evaluation and focused on crosscutting parts of the program. Since an independent evaluator will conduct the evaluation, determining a design and methods (the final part of step 3) is most appropriately accomplished with that evaluator in order to take full advantage of the expertise of the evaluator and assert a credible independence of the findings.

Benchmarking is one of the methods that can be a part of the program evaluation. Benchmarking can be defined as “the comparison of one organization’s performance against another’s in order to gather critical information about business processes, risks and controls, and develop metrics by which to improve performance.” The attribute of benchmarking is therefore comparisons to another organization, in this case it may be another state, using comparable measures. According to Jeffrey Berk in *The Six Benchmarking Steps You Need*, “Benchmarking is not a silver bullet; it must be managed correctly and methodically to be successful...it is not simply a venue for collecting data, rather it is a tool for critical insight which can motivate change and lead you to more efficient, effective and innovative business processes.” Moving toward establishing metrics and benchmarking can be part of the evaluation. However, there are two critical steps in development that need to be completed first. The logic model for the program activities and interventions that will be benchmarked needs to be completed in order to identify measures. Second, other states or organizations that are conducting similar programs and collecting comparable data need to be identified to have something to compare Maryland with. Benchmarking which compares counties within Maryland may be more easily accomplished.

Based on the information learned from both the interviews with stakeholders and the literature review we prepared a presentation on evaluation framework options, which was presented to senior department officials and the evaluation workgroup. The evaluation research questions were refined at these meetings and the consensus is presented in this report. In the following section, we briefly describe the CRFP and the context for the evaluation. The list the consensus evaluation questions that resulted from the process and some data collection considerations follow.

## **B. Background on CRFP**

The components of the CRFP were described in detail in the authorizing legislation establishing the program, SB896. The CRFP funds a wide variety of initiatives under the two umbrella programs: the Tobacco User Prevention and Cessation Program and the Cancer Prevention, Education, Screening and Treatment program. The major components under Tobacco Control include: a statewide counter-marketing/media effort, local public health funding, surveillance and evaluation, and administration. The Cancer Prevention program also has a local public health funding, surveillance and evaluation, and administration components and, in addition, has statewide academic health centers research grants and a specific cancer/tobacco disease research mandate.

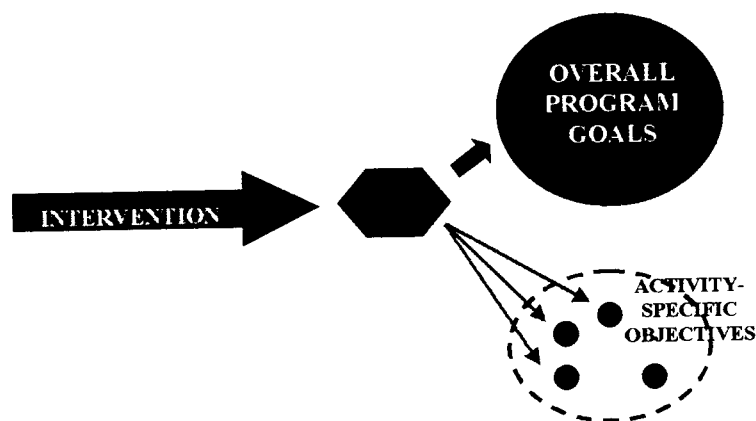
Within each of these broad component areas are many individual initiatives, many of which are designed and implemented by stakeholders outside the Department. Local health departments

receive funding for tobacco control and cancer control programs based on a formula specified in the law and based on prevalence of tobacco use and targeted cancers in the county as determined by the baseline surveys conducted by the Department. Additional input on the direction of the local initiatives is gained by local coalitions, which are to be formed by the health department to advise on program development. The academic health centers can receive funding under four types of grants: public health grants, cancer research grants, tobacco-related diseases research grant, and a network grant. These stakeholders are developing a wide array of creative and interesting programs in each of these areas.

Each individual tobacco and cancer initiative can be seen as a discrete “intervention” that can be evaluated as a means to achieve both activity-specific objectives and contribute to overall program goals.

As depicted in Figure 1, an individual intervention will create outputs, which are essentially the “effects” or outcomes of the intervention. The outcomes of the intervention will presumably meet activity specific objectives and also contribute to overall CRFP goals.

*Figure 1.*



The first step in evaluation design is defining the program that is being evaluated. CRFP faces both challenges and opportunities here. The comprehensive evaluation is to evaluate the program as a whole, which encompasses a wide variety of individual program interventions. The challenge is that many of the individual programs that are a part of the CFRP are at this stage still being developed. The corresponding opportunity is that as these programs are being developed there is the potential to include evaluation elements and data collection in the programs from the beginning.

Given the scope and complexity of the program and the timing of the implementation, focusing on the program as a whole and the issues that cut across individual components, will allow development of a comprehensive evaluation design that can be useful, non-duplicative, and

completed by the due date. SB896 calls for evaluations and reports of many individual components of the CRFP. Appendix B lists the multiple references to evaluation and reports from the bill. Information that is generated by initiative-level evaluations will be helpful in informing judgments about the overall program. The Department was directed as part of SB896 to also conduct a comprehensive evaluation to be provided to the legislature in November 2004.

Following the evaluation design process described in the earlier section, to summarize the first part of step 3, the users, uses and purpose of this evaluation are:

- ◆ Users – The policy makers, executive and legislative
- ◆ Uses – Determine continued funding of program
- ◆ Purpose – Determine whether program goals, as developed by the program, were met.

The study questions identified are described in the next section.

### C. Evaluation questions

When designing any evaluation it is important to understand who the potential audience will be. While there are potentially many audiences for the CRFP evaluation, the policy makers are the primary audience and reason the comprehensive evaluation is being conducted. Therefore, in planning for the comprehensive evaluation, the Department has focused on 1) objectives the policy makers believe they are pursuing with this program and 2) the questions they will need answered the next time they make decisions regarding the program.

The Moran Company compiled a preliminary list of some overarching questions that may have relevance to policy makers. These questions were refined in a meeting with Department officials and a meeting with the evaluation workgroup on May 10, 2001. These questions include:

1. Were the tobacco and cancer goals met? A simplified list of overall goals for tobacco and cancer are to be developed.
2. Was minority outreach and participation achieved by the program?
3. Were the local coalitions working effectively?
4. Are the funding levels as determined by the statutory formula appropriate?
  - a. What is the impact of the formula mechanism on the programs, particularly the yearly recalculation?
  - b. How adequate was the funding for cancer “treatment or linkages to necessary treatment” for uninsured individuals as called for under § 13-1109 D(6).
5. How well did the design of the program, which decentralizes decision making to local communities, work?
6. What initiatives were made possible at the Academic Research Centers with CRFP funding in addition to the existing and on-going activities, e.g. new faculty, leveraging of CRFP money for additional grant funding, published reports or papers, specific research findings?

#### **D. Data Considerations**

The specific data needed for the evaluation will depend on the measures and methods developed to answer the evaluation questions. However, the measures and methods may in part be constrained by what data can feasibly be collected in the given timeframe. Development of the final evaluation design and a data collection strategy are both concurrent and iterative processes. In order to assist the Department in determining the currently availability of data, The Moran Company developed the "Inventory of Relevant Data Systems, Information Collection Processes and Data Collection Tools," which appears as Appendix C at the end of this report.

The final evaluation design will probably require data from both administrative sources and data collected specifically for the evaluation. To the extent feasible, the data collected for evaluation of the CRFP should not be separated from the information collected and used by managers of program components. A data collection effort feeds both management and evaluation needs should be strongly considered. This effort is likely to produce better quality and more timely data. A feedback loop to managers will also produce early warnings on the direction the program is going. Managers are familiar with the Managing for Results (MFR) process, that while not a part of the CRFP evaluation, serves as the major force driving managers at all levels to think about measures and data collection. The information gathered as part of the MFR process should be assessed for use in the evaluation.

Answering crosscutting questions will require that there is data standardization across program components. This objective is complicated by the decentralized design of the program. Early on the Department should identify a minimum data set that various managers will need to report and define and standardize the meaning of any variables.

#### **E. Evaluation Framework**

Answering the identified evaluation questions will require an independent evaluation process that is more than the "sum of the parts." The comprehensive evaluation, while needing to draw upon the data and results from individual evaluations and the annual surveillance surveys, will also need to be more than the compilation of the separate evaluations for multiple interventions. Many of the questions policy makers will want answered cannot be addressed by evaluations directed at individual initiatives alone.

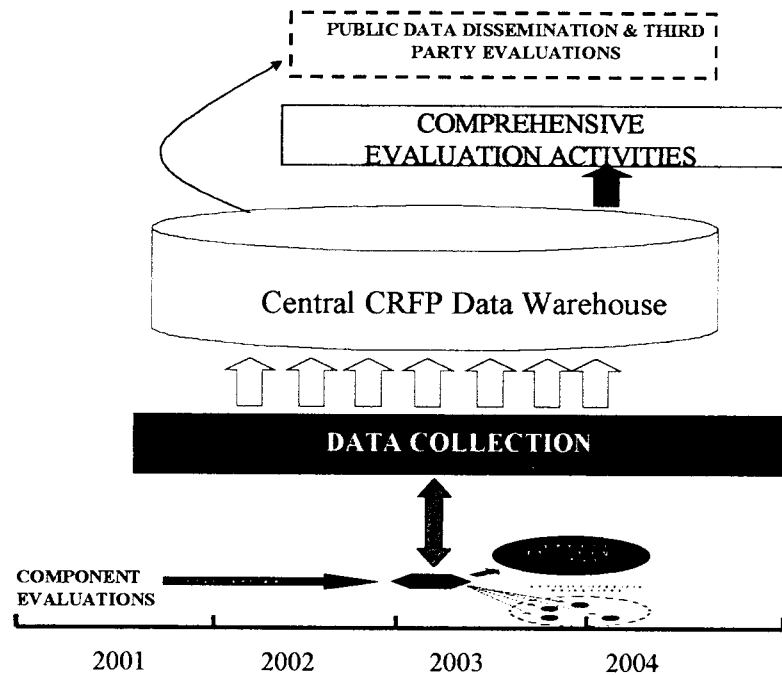


Figure 2

Figure 2 illustrates one way to envision the integration of all the data collection and evaluation activities that are required for this program. The data collection strategy can be viewed as related but separate from the comprehensive evaluation.

Administration of the program will be most efficient if management data reporting and other data collection is centralized to a common data warehouse. This data warehouse could be used to support the comprehensive evaluation and periodic public data disseminations about the program that will be needed.

The component program evaluations can both feed and draw from the central data collection activities as is appropriate.



In order for the comprehensive evaluation to have the most complete data and still complete the evaluation analysis on time a final extract from the database for the evaluation will need to occur by late 2003. Of course, depending on the final evaluation measures and methods there may also need to be concurrent data collection specific to the evaluation that occurs outside this model. For example, qualitative interviews with key informants is a useful methodology to obtain information on administrative process and would not easily fit into this information reporting model. However, there is a vast amount of management information that would fit this model. The central warehouse can be thought of as both electronic storage (preferable) and if necessary a central paper report storage. It is merely a mechanism to centralize information about all of the decentralized activities occurring in CFRP to aid in retrieval and analysis.

## IV. Next Steps and Timeframe

The Moran Company was contracted to help the Department plan for the comprehensive evaluation and develop an evaluation framework. That framework was presented in this report. Our focus in this work has been the identification of research questions, a necessary step before development of specific measures and methods. We have also concurrently been developing evaluation procurement and data strategies for the Department to consider during this process since the timeframe for completion of the evaluation is very tight. In this section, we suggest short-term next steps needed to move toward the completion of the evaluation. A timeline follows which puts the larger evaluation activities in the context of the evaluation completion date of November 2004.

### A. Next Steps

#### *Reality test the evaluation questions with policy makers*

A logical next step in the evaluation design for CRFP includes reality testing the evaluation questions through interviews with policy makers and their staff. Since the legislative and executive branch policy makers have been identified as the users of the comprehensive evaluation

#### *Use final evaluation questions for evaluation contractor RFP*

The list of research questions once finalized can form the core of the statement of work for an evaluation contract. With the questions finalized an evaluation contractor could propose the most appropriate measures and methodologies for answering the questions. Having the technical advisors from the organization conducting the evaluation involved in this step is important for two reasons, 1) the Department benefits from the expertise of the contractor and 2) the independence of the evaluation contractor is more credible. As part of a prospective contractor's proposal the Department could expect a detailed description of options for how to approach the methodology.

#### *Development of logic models for each program component*

Having program managers complete the graphical "logic model" as mentioned in section III.A would be helpful for the individual initiative evaluations that are required and useful in the final design of the methodology. A compilation of logic models for each component activity can communicate both the breadth of activities that are being conducted and illuminate the data collection activities and needs. We have illustrated below a logic model for colorectal cancer screening.

### Logic Model Example

Program Objectives	Evaluation Questions	Intervention Strategies	Short-term Outcomes	Long-term Outcomes
Increase number of persons screened for colorectal cancer	Will an increase in persons screened for colorectal cancer find cancer at an earlier stage and reduce mortality?	<ul style="list-style-type: none"> <li>◆ Provide free screening.</li> <li>◆ Advertise the availability of screening.</li> <li>◆ Refer persons found positive to treatment</li> </ul>	<ul style="list-style-type: none"> <li>◆ Increased number of persons screened</li> <li>◆ Increased number of positive cases found at earlier stages</li> </ul>	Decreased mortality due to colorectal cancer

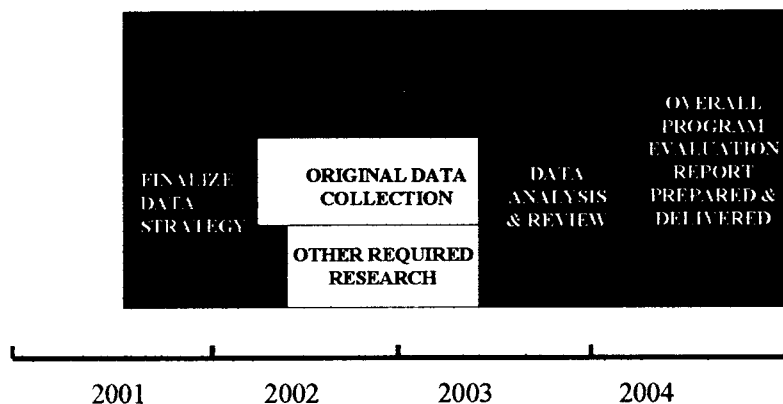
### *Development of a data collection strategy*

In addition, existing data collection efforts, supporting administrative functions and component evaluations, need to be assessed. This may also involve a determination of whether and how to intervene in existing data collection activities to better support the evaluation. This step can be seen as concurrent with and inter-related to the design of the final evaluation methodology.

### B. Timeline

The timeline necessary to accomplish the evaluation by 2004 is illustrated in Figure 3 below. Working backward from the November 2004 due date, the process of translating the results of the evaluation into required outputs for all audiences can be expected to take six to nine months. At least nine months should be allowed for collecting, validating and analyzing all required data. To meet this schedule, data collection efforts must be fully underway in 2002. The Department's data collection strategy will need to be finalized before the end of 2001.

*Figure 3*



**Appendix A**  
**Interview Guide**

## **CRFP Comprehensive Evaluation Interviews with Stakeholders**

### **Purpose**

The statute that established the CRFP also requires a comprehensive independent evaluation be conducted and provided to the legislature November 1, 2004. The law requires that the evaluation report include evaluation of administration and effectiveness of programs, including whether appropriate benchmarks and goals have been met. We are hopeful that the evaluation can be more than a summary of component evaluations, and will provide insight into how the department met the broader goals of the program. We are also hopeful that the evaluation can supply useful information on how to improve the program.

### **Process**

For a quality evaluation, the evaluation design and data collection needs to be incorporated in the administration of the program early on. To begin this process, the Department has convened a working team for planning the comprehensive evaluation. The Department has also contracted with the Moran Company to assist in planning for the evaluation and to produce an "evaluation framework."

As part of the planning process a consultant from the Moran Company is interviewing members of the evaluation team and other stakeholders for information on their part in the CRFP program and thoughts on evaluation. The results of these interviews will be used in the development of the framework.

### **Interview Questions**

We appreciate your time in meeting with us and specifically would like your thoughts on the following:

- What data are you collecting or planning to collect as part of your administration of your programs under CRFP?
- What data will you be using that is collected elsewhere?
- Are you planning any evaluation or study? If so, describe.
- What questions would you like answered from the comprehensive evaluation?
- What are the synergies that you see between programs under your responsibility and other programs in the CRFP?
- What other thoughts or ideas do you have that would be useful in planning for the comprehensive evaluation?

**Appendix B**

**References to Evaluations and  
Reports in SB 896**

References to evaluations and reports in SB 896

Component	Legal Citation	Description	Responsible Party
SURVEILLANCE and EVALUATION- Tobacco	§13-1002(C)(1) §13-1003(A) §13-1003(B) §13-1003(C)	<ul style="list-style-type: none"> <li>• The surveillance and evaluation component is as a component of the Tobacco Use Prevention and Cessation Program in the Department.</li> <li>• The purposes are to:               <ul style="list-style-type: none"> <li>• 1) Collect, analyze and monitor data relating to tobacco use,</li> <li>• 2) Measure &amp; evaluate results, including each component,</li> <li>• 3) Conduct a baseline study (due 1/1/01),</li> <li>• 4) Conduct an annual tobacco study (due 9/1)</li> </ul> </li> <li>• Specific measures for the baseline are described, and to be used in the annual study. The Dept. can also use other measures.</li> </ul>	Department
COMMUNITY-BASED PROGRAMS- Tobacco	§13-1008(B)(2)(f) §13-1008(C)(2)	<ul style="list-style-type: none"> <li>• Evaluate the effectiveness of publicly funded programs identified as part of the application for a grant.</li> <li>• Evaluate programs conducted under the grant.</li> <li>• The comprehensive plans shall include the evaluations.</li> </ul>	Local Health Officer
Counter Marketing	1013(C)(2)	<ul style="list-style-type: none"> <li>• The Department may due formative research on counter-marketing prior to the completion of the baseline study.</li> <li>• Report on goals due 1/1/01.</li> <li>• Annual report due 9/1 each year on results.</li> </ul>	Department

Component	Legal Citation	Description	Responsible Party
SURVEILLANCE and EVALUATION- Cancer	§13-1102(C)(1) §13-1103(A) §13-1103 (C)(7)	<ul style="list-style-type: none"> <li>The surveillance and evaluation component is as a component of the CANCER PREVENTION, EDUCATION, SCREENING, AND TREATMENT PROGRAM in the Department.</li> <li>The purposes are to:               <ul style="list-style-type: none"> <li>1) Collect, analyze and monitor data relating to cancer use,</li> <li>2) Measure &amp; evaluate results, including each component,</li> <li>3) Conduct a baseline study (due 9/1/00),</li> <li>4) Conduct an annual cancer study (due 9/1)</li> </ul> </li> </ul>	Department
COMMUNITY-BASED PROGRAMS- Cancer	§13-1109(C)(2)(II) §13-1109(D)(2)	<ul style="list-style-type: none"> <li>Evaluate the effectiveness of publicly funded programs identified as part of the application for a grant.</li> <li>Evaluate programs conducted under the grant.</li> <li>The comprehensive plans shall include the evaluations.</li> </ul>	Local Health Officer
BALTIMORE CITY- Cancer	§13-1115(B)(2)(II) §13-1115(C)(2)	<p>The UNIVERSITIES, along with the assistance of the BALTIMORE CITY COMMUNITY HEALTH COALITION (established by the universities) shall evaluate cancer programs that relate to targeted cancers in Baltimore City that are publicly funded.</p> <ul style="list-style-type: none"> <li>Evaluate the effectiveness of publicly funded programs identified as part of the application for a grant.</li> <li>Evaluate programs conducted under the grant.</li> <li>The comprehensive plans shall include the evaluations.</li> </ul>	Universities
Tobacco related diseases research grant -- Evaluation of	§13-1117(F)	<p>Each year the Department shall evaluate the research conducted under the tobacco related diseases research grant. The grants are distributed to the University of Maryland Medical group.</p>	Department
Study of all screening programs	§7-317 Section 8	<p>Conduct a study to determine whether all screening programs that are funded through grants that are distributed under the Cancer program provide necessary treatment for uninsured individuals.</p>	Department



Component	Legal Citation	Description	Responsible Party
Comprehensive Evaluation	§7-317 Section 9	<ul style="list-style-type: none"> <li>• States that a comprehensive evaluation of the Tobacco and Cancer programs be conducted by a higher education institution or private entity. Shall include an evaluation of:               <ol style="list-style-type: none"> <li>1) Administration</li> <li>2) Effectiveness of the programs, including whether appropriate benchmarks and goals have been met</li> </ol> </li> <li>• RFP must be reviewed submit no later than 2/1/04</li> <li>• Report due 11/1/04</li> </ul>	Department

## **Appendix C**

### **Inventory of Relevant Data Systems, Information Collection Processes, and Data Collection Tools**

## Inventory of Relevant Data Systems, Information Collection Processes and Data Collection Tools

RELEVANT DATA and TOOLS		DESCRIPTION AND COLLECTION PROCESSES
<b>DHMH</b>	Tobacco Surveys (MATS and MYTS)	The same survey is administered every other year. The adult survey is a representative sample of each county, simple random sampling design within county. 500 respondents are targeted in each county, except large counties where target is 1,000. The youth survey is a cluster sample of public schools—classes are randomly chosen and all students received a survey.
	Behavioral Risk Factor Survey (BRFS)	The BRFS does include some smoking and cancer screening questions in the survey. The sample for this survey is drawn on a statewide basis, not at the county level, however some counties have sampled to be able to get county numbers. The BRFS is also conducted in other states. Maryland data may be comparable to other state results.
	Inpatient Hospital Discharge HSCRC	An inpatient acute care hospital discharge data, which is being expanded to include hospital outpatient data.
	Cancer Registry	Hopkins currently operates the state cancer registry and captures diagnosis and mortality data
	Vital Statistics	Birth and Death Certificate data. Birth certificates do report smoking during pregnancy, but the accuracy of this data is currently unknown.
	Medicaid Data	Encounter and claims data is collected for recipients receiving Medical Assistance. Analytic summary files are collected at CHPDM.
	Ambulatory Care Data Set (Maryland Health Care Commission (MHCC))	MHCC collects claims data from payers with >\$1million in premiums.
<b>MD</b>	Uniform Crime Report	Statistics of cigarette thefts by youth.
<b>National</b>	Medicare	Medicare Data files are available for purchase from HCFA. Maryland data <i>may</i> also be available from DeMarva.
	National Health Interview Survey (National Center for Health Statistics)	Smoking questions have been included in the NHIS periodically since 1965. Cancer conditions are captured. NHIS is a multipurpose health survey consisting of health and demographic data. The Medical Expenditure Panel Survey (MEPS) also uses the NHIS sample as the basis for panel selection.
	Tobacco Supplements of the Current Population Survey (US Census Bureau and Department of Labor)	Periodically supplements on topics of interest are added to this national population survey. Tobacco supplement fielded for years 1985, 1989, 1992-93, 95-96.
	Sales Data reported to the Federal Trade Commission	Statistics on Cigarette sales, smokeless tobacco sales and advertising are available from annual reports by the FTC to Congress. See <a href="http://www.ftc.gov">www.ftc.gov</a>
	Price Data provided by the Tobacco Institute: 1989-1995	<a href="http://www.tobaccoinstitute.com/">http://www.tobaccoinstitute.com/</a> The tobacco institute as a condition of the settlement provides various documents on its web site.