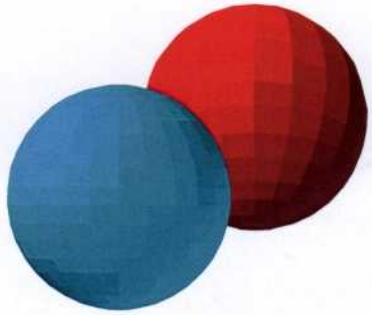
CIGARETTE RESTITUTION FUND PROGRAM

ANNUAL ACCOMPLISHMENT REPORT

FISCAL YEAR 2004



CIGARETTE RESTITUTION FUND PROGRAM

FISCAL YEAR 2004 REPORT

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- Cancer Prevention, Education, Screening & Treatment
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ACCOMPLISHMENTS

CANCER PREVENTION, EDUCATION, SCREENING AND TREATMENT ACCOMPLISHMENTS

CIGARETTE RESTITUTION FUND PROGRAM

CANCER PREVENTION, EDUCATION, SCREENING AND TREATMENT PROGRAM

FISCAL YEAR 2004 ACCOMPLISHMENTS

LOCAL PUBLIC HEALTH

Overall

- Funding was awarded to each local jurisdiction's Cancer Prevention, Education, Screening and Treatment Program for fiscal year 2004. Each local health department received a base amount of $100,000 with the remainder of its award based on the formula specified in the statute for the CRFP.

- 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. Twenty-two jurisdictions addressed colorectal cancer, nine jurisdictions addressed oral cancer, 11 jurisdictions addressed prostate cancer, nine jurisdictions addressed breast and cervical cancers, and 13 jurisdictions addressed skin cancer in fiscal year 2004.

- Contracts were 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 36 subcontracts and/or mini-grants to local community-based organizations to provide outreach and education to minority, underserved, and/or uninsured residents of their jurisdictions.

- Public education reached a total of 111,228 Maryland residents.

- Local programs conducted a variety of public education and specific outreach activities.

  - 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.

- Examples of public education and outreach performed by the local health departments included the following:

Caroline County – Caroline County program staff spoke to the Caroline County School cafeteria staff, members of the Poultry Industry, representatives from the Latino community, and participants at the "Dads Supporting Dads" group (who are primarily African American), about the prevention of colorectal cancer through early detection. In June 2004 during a Ministerial Cancer Awareness Meeting with seven churches, over 40 people listened to a presentation about the county's colorectal cancer program and services.

Frederick County – The County developed a colorectal cancer screening Public Service Announcement, program flyers, mail inserts, and a new cancer control program logo with the slogan "Screening Saves Lives". Outreach workers provided public education regarding breast, cervical, colorectal, and skin cancer prevention messages through presentations and activities with the 4-H, Head Start, Frederick Keys Baseball Club, Catoctin High School, a food bank and through a message board along two main thoroughfares in Frederick.

Harford County – The Harford County cancer control program staff participated in several community events each month. As an example, in May 2004, the cancer control message was provided at a Senior Olympics, at the Magnolia Elementary Spring Fling in Joppa, at the Good Shepard Lutheran Church in Bel Air during their Spring Festival, and during the American Cancer Society's Relay for Life. During the Relay for Life event, a "cancer control jail" was set up for people to answer questions about cancer prevention.

Montgomery County – Holy Cross Hospital, a grantee of Montgomery County's Cancer Control Program, had their Parish Nurse Program, involving 35 parishes, provide community outreach and education at the Maryland Parks and Planning Commission, the

Department of Recreation, and Public Schools. Another of Montgomery County's grantees, Montgomery General Hospital provided community outreach and education to the Housing Opportunities Commission, Islamic Society, and homeless shelters. Through their Asian American Health Program, media and outreach campaigns were conducted about cancer prevention using television, radio and print ads within the Asian Indian, Chinese, Korean and Vietnamese populations.

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:

Anne Arundel County – An Anne Arundel County Cancer Control grantee, KAGRO Foundation, Inc., printed a bilingual (Korean/English) newsletter addressing breast, cervical and prostate cancers and distributed the newsletter throughout the Korean community in the county.

Calvert County – In October 2003, a Women's Ministry Conference was hosted by the Greater Mount Zion Church and attracted 514 people over a 4-day period. Several African American churches participated in this event with health department volunteers providing information about health issues including cancer prevention.

Carroll County - On May 1, 2004, an event for National Minority Cancer Awareness Week was held at the Westminster Senior Center. During the event, planned and attended by a majority of African Americans area residents, cancer information and screenings were provided along with local music, food and testimonies from cancer survivors.

During the spring of 2004, the Carroll County cancer program staff worked with "United Hands of Carroll County" an organization that offers translation and support services for the Hispanic Community. In April 2004, a "meet and greet" event was held at the St. John's Church in Westminster. Latino food and music was provided and there was an opportunity for partnerships to begin with the Hispanic community and community service organizations including the county's cancer control program.

Wicomico County – The Wicomico County Cancer Control Program trained a Hispanic facilitator representing the Business, Economic, and Community Outreach Network (BEACON) at the Perdue School of Business at Salisbury University and Bienvenidos A Delmarva to provide train-the-trainer sessions on colorectal cancer and screening. Two mini-grant recipients, St. James A.M.E. Zion Church and BEACON provided outreach through health fairs or educational seminars in the African-American, Hispanic and Haitian communities.

Professional Education and Outreach

- Local health departments and the two statewide academic health centers educated health care professionals and providers about the targeted cancers and cancer screening guidelines.

  - 39,758 providers were reached through mass education and outreach efforts such as mailings and newsletters.

  - 3,390 individual providers were educated through educational sessions and presentations at various locations such as physicians' offices, the County Medical Society, or hospital staff meetings.

- Local programs mailed medical providers the Minimal Elements for Screening, Diagnosis, and Treatment that were developed and/or updated 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 2004, the following persons were screened for the different targeted cancers under the CRFP:

  - 2,808 total people were screened for colorectal cancer (with FOBT, sigmoidoscopy and/or colonoscopy). 1,163 blood stool kits (called FOBT) were completed and returned of which 49 were positive; 9 sigmoidoscopies were performed; 1,702 colonoscopies were performed of which 350 had adenomatous polyps/adenomas. 35 individuals were diagnosed with colorectal cancer.

  - 46% of new persons screened were minorities.

  - 696 prostate specific antigen (PSA) tests and 660 digital rectal exams (DREs) were performed; of these, 5 individuals were diagnosed with prostate cancer.

  - 1,792 oral cancer screening examinations were performed; of these 1 individual was diagnosed with oral cancer.

  - 448 skin cancer screening examinations were performed; of these, 4individuals were diagnosed with non-melanoma skin cancer.

  -1,004 individuals completed breast cancer screening; 798 mammograms were performed and 924 clinical breast examinations were done; of these 10 individuals were diagnosed with breast cancer.

  - 660 individuals completed cervical cancer screening; 660 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:
  - Eight local health department new employee orientation trainings were conducted with 61 participants in attendance.
  - Nine Education and Outreach Worker trainings were conducted with 19 participants in attendance.
  - Three presentations were made to Community Health Coalitions or County agencies.
  - Six Educational Database trainings were held with 21 participants in attendance.
  - Two web cast Cancer Client Database trainings were conducted; 25 onsite trainings were provided at each site at the time of database implementation

- Community Health Coalition meetings in 23 local jurisdictions were observed by state health department staff.

- Six total regional meetings were held in July 2003 and October 2004. Each of these daylong meetings provided instruction and guidance in clinical, administrative and program evaluation/data collection areas. There were a total of 220 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 and participation on various committees that are making cancer control recommendations for Maryland.

- DHMH CRFP Cancer Control staff distributed cancer control literature and staffed community and statewide events including the Maryland State Fair, Maryland Legislative Black Caucus Event, Take Your Legislator to the Doctor Day, DHMH Black History Month Fair, "Lifelines" Community Native American Program, DHMH National Public Health Week, "Maryland is For Movers" Conference, and the DHMH Health Disparities Conference.

SURVEILLANCE AND EVALUATION

- In September 2003, 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/CRF_Annual_Cancer_Report_2003.pdf

- Guidelines for the standardized data system developed for documenting outreach and education activities by local programs were revised and distributed.

- The second 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 older and to over 1,250 individuals aged 18-39 years in Maryland. The survey was conducted to assess knowledge and practices of selected health behaviors for the seven targeted cancers.

- The Report on the Maryland Cancer Survey, 2002 was developed and disseminated to local health departments, statewide academic health centers, and community-based organizations. The report provided a detailed analysis of the screening and cancer prevention behaviors of Marylanders with respect to the seven targeted cancers.

- The computerized statewide cancer client database system was developed and implemented under a Memorandum of Understanding with the University of Maryland, Baltimore. This database is used by each local health department and statewide academic health center to report standardized data on each person screened for colorectal, prostate, oral and skin cancer under the CRFP to DHMH. The University of Maryland continues to provide epidemiological support to collect and analyze education, screening, diagnosis, and treatment information and to assist in the maintenance and administration of the database with the local jurisdictions.

- The Cancer Surveillance Advisory Committee met regularly and continues to provide advice to DHMH on cancer surveillance and epidemiologic issues.

STATEWIDE ACADEMIC HEALTH CENTERS

Johns Hopkins Institutions Cancer Research Grant

- The Johns Hopkins Institutions (JHI) submitted a grant application for cancer research and was awarded a continuation grant for the fourth year of the CRFP.

- The External Advisory Committee met in May, 2004 to review all Cancer Center research and clinical programs, including the Cigarette Restitution Fund Program (CRFP) initiatives.

- The MOU Advisory Group on intellectual properties management for the JHI Cancer Research grant (comprised of representatives from Johns Hopkins, DHMH, DBED, and TEDCO) met in October, 2003 and in April, 2004 to hear presentations on the priorities, infrastructure, and activities of the cancer program.

  O One noteworthy accomplishment is a research project on the development of biomarkers for use of Nrf2 in cancer prevention drug trials. This project, with possible lung cancer screening applications, led to the first licensed discovery that was funded by the CRFP.

- Seventeen grants were awarded in FY04.

  O Seven translational research projects were competitively awarded. They included epidemiological studies of arsenic exposure; cancer prevention in young African-American adults; a review of the evidence-based research on the objectives and strategies in the Maryland Comprehensive Cancer Control Plan; research on proteomic cancer biomarkers for lung cancer; prostate cancer; a plasma proteomics core project; and research on patients served by the Sidney Kimmel Comprehensive Cancer Control Center (SKCCCC).

  O Five faculty recruitment projects received funding. Two new grants were awarded; one for molecular research and one for cancer prevention and control studies at the SKCCCC. Three faculty recruitment continuation grants were awarded; two for lung cancer research and one for colorectal cancer research.

  O Five faculty retention grants were awarded. Three new faculty retention grants were awarded for research on pancreatic cancer, gastrointestinal cancer, and a behavioral research study. The remaining two faculty retention grants were awarded for continuation of epidemiological studies of fetal exposure to carcinogens in drinking water.

- Four "Longrifles" forums were held to stimulate discussion of cancer hypotheses and assist in identifying potential research avenues for prostate cancer projects.

- *Conquest*, a semi-annual newsletter was published and disseminated in Fall, 2003 and Winter, 2004.
    - The Winter, 2004 *Conquest* summarizes the first four years of the Cigarette Restitution Fund and it's many accomplishments.

- Johns Hopkins Institutions and the University of Maryland Medical Group jointly sponsored and implemented the third annual "Research Matters" conference in November, 2003. The keynote speaker, Dr. Robert Wittes, from the Memorial Sloan-Kettering Cancer Center, presented "The Importance of Partnerships in Cancer Research—An Opportunity for State Government."

University of Maryland Cancer Research Grant

- The University of Maryland Medical Group (UMMG) submitted a grant application for cancer research and was awarded a continuation grant for the fourth year of the CRFP.

- The External Advisory Committee met on October 13, 2003 to review all Cancer Center research and clinical programs, including the Cigarette Restitution Fund Program (CRFP) initiatives.

- The MOU Advisory Group on intellectual properties management for the UMMG Cancer Research grant (comprised of representatives from UMMG, DHMH, DBED, and TEDCO) met in November, 2003 and in May, 2004 to hear presentations on the priorities and infrastructure of the cancer program. At the May meeting, the new Director of the Greenbaum Cancer Center was introduced.

    - The University of Maryland, Greenbaum Cancer Center, and the Johns Hopkins University, Sidney Kimmel Cancer Center, have decided to jointly promote a major cancer research collaboration between the two institutions. Each institution will provide $40,000 in "seed money" to develop a joint program grant proposal for National Cancer Institute funding.

- Six shared services facilities were maintained for cancer research in core service areas. The shared services include: Flow Cytometry, Tissue Banking and Collecting, Biostatistics, Clinical Research, Biomarker/Gene Discovery, and Proteomics.

- Research funding continued in FY04 for a broad variety of research studies aimed at understanding key aspects of cancer that could be translated to a

- A new regional office for southern Maryland opened in Waldorf in May of 2004.

- The MSHN currently has 26 tele-health linkages throughout the State. Thirteen of the 26 sites support clinical telemedicine.

- Eight additional telemedicine/videoconference site linkages were established in FY2004:

  - Eastern Shore Area Health Education Center (Cambridge, Md.)
  - Native American Resource Center (Pomonkey, Md.)
  - Accohannock Indian Tribal Museum
  - Robinwood Medical Center (Hagerstown, Md.)
  - Baltimore City Area Health Education Center
  - Union Hospital
  - Maryland Statewide Health Network Regional Office (Waldorf, Md.)
  - Other Tobacco Related Diseases (Baltimore, Md.)

- 173 telemedicine hours were logged primarily for support of the tumor boards and patient consults at remote sites. An additional 277 hours were logged for provider and physician continuing education.

- 571 health care providers were reached through 20 continuing education programs, including an eight session Mini-Med series for Parish Nurses.

- 400 individuals attended the monthly Health Disparities Seminar sponsored by the Central Baltimore MSHN office.

- 271 public and community education programs were provided reaching 10,536 individuals.

- 66 printed educational messages reached a potential 300,000 readers. 15 radio spots reached a potential 250,000 listeners. Television viewers tuned in on 4 programs with an audience base of 500,000 plus viewers.

- 34,621 individuals visited the Maryland Statewide Health Network Website where a total of 19 Internet articles were presented.

- The report on Baseline Health Assessment data, using the 5,000 Computer Assisted Telephone Interviews (CATI) conducted in 12 counties and in Baltimore City in 2002 and 2003 to assess knowledge, attitudes, and practices about health behaviors and clinical trails, was released in July, 2004.

- The Network provided funding and oversight for pilot projects and studies to

- examine first degree relatives of female breast cancer survivors' knowledge, attitudes, and adherence to recommended breast cancer screenings,

- provide outreach for Maryland Community Health Centers and Local Health Departments related to education, screening, and prevention of cancer and other tobacco related diseases,

- implement an exercise and dietary lifestyle intervention in an African-American church community to reduce body weight and improve cardiovascular fitness, and

- assess individual support interventions in African-American patients and their families during treatment for cancer.

- Four research projects were awarded for tobacco-related studies including Latinos in Baltimore City, school-based addiction in youth, women on methadone, and detecting oral cancer. One research project was awarded to address cardiovascular health in West Baltimore and another to address obesity and heart disease risk interventions. Other research project awards included studies of health status and health service variables, mandated health insurance, African American attitudes about colorectal cancer screening, a cervical cancer outreach intervention, and a pulmonary disease program for youth.

- The pilot testing of the Health Care Information Portal (HCIP) prototype began in 2004. Upon completion of the final phase in 2005, the HCIP will deliver tailored electronic and printed brochures on demand to the healthcare provider and patient.

- Since its inception the MSHN has successfully leveraged resources from federal and private sources to:

  - establish the University of Maryland Center for Health Disparities Research, Training and Outreach (NIH funding),

  - establish a formal cancer outreach center to serve the State (NCI funding),

  - open an Area Health Education Center in Baltimore City (HRSA funding),

  - expand activities of the Maryland Special Populations Cancer Research Network in Western Maryland (NCI funding),

- Provide funds for breast cancer education and screening for African-American women in Somerset County (Komen Foundation funding),
- Provide an evaluation of Home Automated Telemanagement in COPD (NIH/NHLBI funding), and
- provide an evaluation of Home Asthma Telemonitoring (HAT) in adults (NIH/NHLBI funding).

Other Tobacco-Related Diseases Research Grant

- The University of Maryland Medical Group submitted a grant application and was awarded a grant for continuation of the Other Tobacco Related Diseases (OTRD) project.
- The Independent Peer Review Group met in December, 2003 to review and make recommendations regarding the 30 applications received for pilot research projects.
- 12 researchers were funded to conduct projects in the areas of health services research, translational research, and clinical research. There were two health services projects, five translational research projects, and five clinical research projects awarded.
- 2 post-doctoral fellows received funding for health services projects in epidemiology/preventive medicine and nephrology respectively.
- The OTRD staff supported a home tele-health demonstration project in Garrett County using home-based equipment to monitor treatment of chronic diseases in underserved patient populations.
- The OTRD staff, in partnership with the MSHN staff, presented the Second Scientific Forum on Cancer and Other Tobacco-Related Diseases in June, 2004.

Baltimore City Public Health Grant

- The Baltimore City Comprehensive Cancer Plan was developed and submitted to DHMH for review and approval. The University of Maryland Medical Group (UMMG) and Johns Hopkins Institutions (JHI) were awarded continuation grants for implementation of the Baltimore City Comprehensive Cancer Plan. Johns Hopkins' component focused on prostate cancer the University of Maryland's component focused on breast, cervical, and oral cancer.

- The Baltimore City Cancer Coalition met in September, 2003 and in May, 2004.

    - A Colorectal Cancer Subcommittee was established to explore ways and means of promoting colorectal cancer education and screening for Baltimore city residents.

- Seven community-based organizations received funding for continuation of community education and prevention outreach activities. Five of the community-based organizations are in predominantly African-American neighborhoods (Bea Gaddy Family Center, Garden of Prayer Baptist Church, Park Heights Community Center, Bon Secours UMI, Morgan State University), one serves the Latino community (Hispanic Apostelate), and one serves the Asian American community (Korean Resource Center).

    - JHI prepared a procedures and protocols manual that was distributed to all community-based organizations and held three site directors' meetings to discuss accomplishments and challenges.

- Public education and outreach for the targeted cancers was continued through partnerships with small businesses such as beauty and barbershops, community associations, libraries, local employers, civic groups, and faith-based organizations. Health promotion was also provided in conjunction with citywide festivals and through community meetings. 23,840 people were reached with a cancer prevention and screening message.

- Health education and outreach provided through media promotions on radio and television, and via printed promotions such as billboards, mailers and Baltimore City newspapers reached an estimated 618,632 people.

- JHI screened a total of 510 men for prostate cancer between July 1, 2003 and June 20, 2004. 477 of them were racial or ethnic minorities. Two men were diagnosed with prostate cancer.

- UMMG screened a total of 835 women for breast cancer between July 1, 2003 and June 30, 2004. 768 women were racial or ethnic minorities. Seven women were diagnosed with breast cancer.

- In January, 2004 UMMG, in collaboration with the American Cancer Society, UMMG hosted a one-day support group for women diagnosed with cancer.

- UMMG screened a total of 432 women for cervical cancer between July 1, 2003 and June 30, 2004. 397 women were racial or ethnic minorities. Two women were diagnosed with cervical cancer.

- UMMG screened 819 individuals for oral cancer. All but 8 of them were racial or ethnic minorities. One oral cancer was diagnosed.

Maryland Healthcare Foundation

- No funding was provided in 2004 and there are no activities to report.

TOBACCO-USE PREVENTION AND CESSATION ACCOMPLISHMENTS

FY 04 Specific Outcomes and Public Health Benefits
Cigarette Restitution Fund Program (CRFP) -Tobacco

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.

Provided minority outreach and faith-based technical assistance to county health departments and community organizations to building sustainable tobacco programs targeting disparate populations.

Conducted five training sessions on "Best Practices" for Comprehensive Tobacco Control Programs.

Hosted a statewide The Second Statewide Tobacco Summit with the theme Maryland Communities @ Work. The keynote session featured Dr. E.D. Glover from the West Virginia University Cancer Research Center presenting on *"Treating Nicotine Dependence Today and in the Future"* followed by 4 concurrent breakout sessions. 120 local health department staff and grassroots community organizers from around the state attended the conference.

Developed a statewide smoking cessation guide and distributed it to local health departments and local providers.

Collaborated with the Alcohol and Drug Abuse Administration on the Synar Site Visit conducted by the Federal Government.

Community

1045 health care providers, advocates, community leaders and parents trained on community based tobacco use prevention programs and strategies.

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

745,625 people educated on tobacco use prevention.

917 awareness campaigns conducted in targeted communities.

Anne Arundel Co

Anne Arundel County Department of Recreation and Parks enacted a policy that prohibits use of tobacco products at and during organized activities in county parks. This policy is similar to the policy that prohibits alcohol use or littering in public parks and recreational facilities.

Caroline Co
Caroline Co enacted a law that prohibited smoking within 100 feet of all county buildings.

Kent Co
Home Rule Bill No. 2-2003 was passed which requires that all licensed vendors must place all tobacco products behind the counter.

Montgomery Co
Montgomery Code §24-9 was passed prohibiting smoking in certain public places including restaurants. Several incorporated localities—Gaithersburg, Rockville and Takoma Park—also adopted similar laws prohibiting smoking in public places.

Talbot Co
Enacted a law that made all bars and restaurants. Violators can be fined and liquor licensed can be temporarily suspended.

School-based
5,354 teachers, nurses, daycare providers, and school administrators trained on available tobacco use prevention and cessation curricula, programs and strategies.

300,211 Pre-K – 12 students received tobacco use prevention education.

2, 750 students educated in Alternative School settings.

39,843 college students received tobacco use prevention education on campus.

203,756 students reached with Peer Programs.

2,696 private school students educated on tobacco use prevention

5,888 students received smoking cessation counseling and support at school.

Cessation
1,176 nurses and health care providers trained on various smoking cessation models.

7,772 adults participated in smoking cessation classes, 3072 received nicotine patches or Zyban.

Enforcement
10,912 tobacco retailers' compliance checks (stores) were conducted.

418 tobacco retailers (stores) were issued citations for sales to minors.

731 youth were cited for illegal possession of tobacco products.

Minority Outreach

Anne Arundel County
Brooklyn Park Community Resources Center, Inc launched the "A TU SALUD/SALUD ES VIDA (To Your Health/Health is Life) PROJECT. The project reached 507 community members who participated in athletic activities combined with tobacco use prevention education through an organized soccer tournament.

Caroline Co
Union Bethel AME Church hosted the Tobacco/Cancer Ministerial Meeting in June 2004 for 7 African American churches in Caroline County. The effort was a collaborative between the Caroline County Health Department, The Minority Outreach and Technical Assistance (MOTA) program and the Caroline County Ministerial Alliance. The meeting was dedicated the Smoke-Free Holy Grounds initiative that would prohibit smoking on the premises of participating churches.

Immaculate Conception Church hosted a Latino Workshop at the Health Department in March 2004. The workshop educated 80 people about culturally appropriate tools for working with the Latino community.

Kent County
The minority outreach coalition, CATS (Citizens Against Tobacco Smoke) Team sponsored "Take a Loved One to the Doctor Day" April 24, 2004 targeting the African American community. Pastors and congregations from seven African-American churches in Kent County participated. Dr. Shiraz Mishra from the University of Maryland Statewide Health Network spoke on the topic of African Americans and health disparities. 240 community members were in attendance.

Montgomery County
The G.O.S.P.E.L. program was implemented among 11 African American churches to provide awareness of disparities within the African American community relating to disease and death due to tobacco use and the effects of secondhand smoke. The effort resulted in providing educational outreach to 1,154 community members; providing 10 community members with cessation coach training through the National Tobacco Independence Campaign and the dissemination of tobacco use prevention messages through pulpit sermons.

The Korean Community Services Center conducted outreach to the Korean, Vietnamese and Chinese communities reaching more than 15,000 residents. Educational information on the dangers of tobacco use and cessation services was disseminated through literature at churches, restaurants, and other social gatherings as well as radio broadcasts. Youth were reached through programs administered at the Seventh Day Adventist Church in Gaithersburg.

Prince George's County
Sixty community leaders were trained on the Pathways to Freedom tobacco cessation program that targets the African American Community. The 2-day session was facilitated by national tobacco expert and consultant Charyn Sutton of the Onyx Group. Participants were trained as cessation facilitators as well as train-the-trainer facilitators. The Prince George's County Tobacco Coalition sponsored the initiative in March 2004.

Queen Anne's County
The Queen Anne's County Health Department hosted the "Not in Mama's Kitchen" secondhand smoke program at the Chesapeake College Performing Arts Center. The program originated with the purpose of educating the African American community about the importance of establishing smoke-free home policies to protect family members from the dangers of secondhand smoke. The keynote speaker for the program was nationally renowned tobacco control expert Brenda Bell-Caffee, creator of the "Not in Mama's Kitchen" program. The 45 attendees included mothers, fathers, children and other family members. The Sunday afternoon tobacco education program was followed by a late afternoon luncheon that provided an opportunity for attendees to network and obtain other public health prevention materials supplied by numerous health department and private sector vendors.

Talbot County
Bishop Douglas Miles was the keynote speaker at a faith-based luncheon hosted for pastors and other church representatives in the African American community in Talbot County. Bishop Douglas' presentation centered on The Smoke-free Holy Grounds initiative, which prohibits smoking/tobacco use on church premises. The initiative has been implemented in other Maryland churches. Ten churches in Talbot County adopted Smoke Free Holy Grounds policies after attending the luncheon.

The Talbot County Health Department partnered with P.E.A.C.E. (Peace Education and Community Effort) in a Multicultural Fair. The joint effort successfully resulted in providing tobacco use prevention outreach to the growing Hispanic community in the county as well as other minority community members in attendance. The 300 attendees received information about the dangers of tobacco use and smoking cessation programs available through the health department.

Statewide Public Health

Legal Resource Center

- Provided legal assistance to 13 local health departments and jurisdictions throughout the state on youth access and clean indoor air issues.
- Published and distributed two newsletters – "Tobacco Regulation Review" – distributed to over 1,000 recipients.
- Responded to approximately 50 requests from individuals for technical legal assistance on tobacco control issues.
- Provided assistance to five state legislators during the 2004 General Assembly session.

- Taught law students in a Tobacco Control Clinic and a Tobacco Control and the Law seminar.
- Trained high school students in conjunction with Baltimore City's compliance checks for enforcement.
- Presented at nine national/state tobacco control programs.
- Maintained a website containing tobacco control information such as opinions from the Attorney General, court decisions, the Master Settlement Agreement, the World Health Organization Framework Convention on Tobacco Control, model ordinances, and a database of American Law Review articles.
- Hosted a workshop discussing state regulation of tobacco products.

Mass Media and Public Relations Campaigns

- Continued to develop and maintain grassroots partnerships to mobilize the movement in support of current and new tobacco control initiatives. *Maryland – Smoking Stops Here* partners with coalitions, groups and businesses including sports and recreational activities, hospitals, colleges and universities, statewide organizations, local media, community organizations, youth groups, schools, local organizations and businesses.
- Produced "Radio Idol" spots from a youth PSA contest. Final spots ran on 18 Maryland radio stations.
- Developed signage for 200 designated "Smoke Free Holy Grounds" policies in Anne Arundel county.
- Developed over 20 PSAs with Comcast SportsNet to air, featuring professional athletes encouraging Marylanders not to smoke. The spots were aired over 14,000 times.
- Collaborated with and supplied "Here Gear" to over 229 organizations
- Collected more than 400 personal stories of Marylander's experiences with tobacco.
- Compiled nearly 900 events to display on the www.smokingstopshere.com community calendar.
- Received over 134,000 visits from Marylanders to www.smokingstopshere.com
- Acquired nearly 28,300 pledges from Marylanders to take action against tobacco.
- Received commitments from nearly 230 organizations and businesses signing on as key supporters of the movement.
- Conducted "Throw Smoke. Don't Inhale It" Youth Poster Contest with the Aberdeen IronBirds. The contest increased weekly Smoking Stops Here website page views by 798.
- Worked with Anne Arundel and Queen Anne's Counties to develop the policy, design the sign, and hold a press conference in conjunction with their Department of Recreation and Parks Tobacco Free Zones.
- Developed a "Write It. Don't Light It" slogan contest representing 17 Maryland colleges. The winning entry demonstrated the fact that most college students do not smoke: "Leave the cloud, join the crowd."

- Collected over 1,300 Smoking Stops Here pledges from college students at 12 campus events and assisted with registration of two college summits, with nearly 125 attendees.
- Wrapped the Baltimore Collegetown Network Shuttle and displayed interior signs for two years with the campaign message featuring students from colleges along the shuttle route. The Shuttle is a complimentary service provided to students from 13 Baltimore colleges and universities. The Shuttle transports approximately 75,000 students, plus 25,000 employees annually.
- Supported multicultural tobacco control events, including the *1st Annual Maryland Hispanic/Latino Tobacco Control Summit, Associated Balack Charities Great American Smokeout* event, *African American Heritage Festival*, and the *Healing of All National Fall Festival and Pau Wau.*
- Developed a press series of radio PSAs with the American Cancer Society on the Great American Smoke Out, read on seven radio stations.
- Secured 66 business partners at 131 locations for the HERE Club Card business partnership program. Over 1,000 HERE Club rewards cards have been distributed to citizens and over 8,000 HERE Club Card posters, window decals, danglers, and table tents have been distributed to partners. The program rewards Marylanders and local businesses for choosing healthy lifestyles.

MINORITY OUTREACH AND TECHNICAL ASSISTANCE ACCOMPLISHMENTS

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CIGARETTE RESTITUTION FUND PROGRAM MINORITY OUTREACH AND TECHNICAL ASSISTANCE (MOTA)

MAJOR ACCOMPLISHMENTS

Fiscal Year 2004

Reporting Period	**July 1, 2003 -- June 30, 2004**
Project Activities	**Outreach and Technical Assistance Reaching Community-Based Minority Organizations Statewide**
Minority Awards	**MOTA distributed $900,000 to minority based organizations to increase awareness of minority health needs locally.**
Minority Community- Based Organizations Funded	**This year MOTA funding was awarded to 38 minority based organizations, located in 15 of 24 Maryland counties, including Baltimore City, to conduct outreach to targeted minority populations. Organizations have included:** ☞ **2 Women** ☞ **1 Native American** ☞ **3 Hispanic/Latino** ☞ **9 Faith-Based** ☞ **4 Asian American** ☞ **19 African American**
Tobacco and Cancer Coalition Meetings	**Minority member participation at the community health coalitions for cancer and tobacco represented over 307 grantees, sub-vendors and recruited organizations/individuals.**
Community Health Profiles	**Grantees and sub-vendors developed two (2) minority community profiles**
Resource Development	**MOTA grantees/sub-vendors provided technical assistance sessions, to enhance infrastructure and grant opportunities to 257 representatives of 126 community-based minority organizations:** ☞ **141 African Americans** ☞ **27 Asian Americans** ☞ **51 Hispanics/Latinos** ☞ **23 Native Americans** ☞ **15 Women -- only women focused**

MINORITY OUTREACH AND TECHNICAL ASSISTANCE (MOTA)

MAJOR ACCOMPLISHMENTS
Fiscal Year 2004

(continued)

Educational Health Awareness	**Over 64 health awareness sessions, targeting minorities and twenty-one events, focusing on understanding cultural diversities within the communities, have been offered by grantees/sub-vendors**
Collaboration With Local Health Plans	**Minority representation was enhanced in all 24 jurisdictions to promote goals that address minority health needs. Fifteen (15) county health plans incorporated MOTA grantees as partners.**
Minority Outreach	**MOTA Grantees and their sub-vendors recruited over 302 minority community-based organizations to advocate for the health needs of the minority populations throughout the State of Maryland.**
Training/Workshop	**Over 190 training/workshops offered by grantees/sub-vendors and MOTA headquarter staff to community-based organizations focusing on grant writing/understanding, communications, and capacity, team and infrastructure building.**
Funding and Building Capacity	**MOTA Grantees held more than 50 training sessions on understanding RFAs and RFPs. Fifteen (15) organizations received grant awards as a result of MOTA Grantee training. The deployment of the SMOTA Model and technical assistance offered by MOTA paved the way for additional community health based funding streams. Recipients included:** ☞ **Life Lines – $19,210** ☞ **KAGRO – $3,500** ☞ **Community Benevolence Service – $3,000** ☞ **Black Leadership Council for Excellence – $10,000** ☞ **Community Relief Program – $11,000** ☞ **RESPECT Foundation – $63,000** ☞ **Six local minority groups in Talbot County – $6,000** ☞ **Prophecy – $1,000,000** ☞ **Baobab Tree Project – $25,000** ☞ **Baltimore American Indian Center – $7,000**

ALCOLHOL AND DRUG

ABUSE PREVENTION

ACCOMPLISHMENTS

ALCOHOL AND DRUG ABUSE PREVENTION

Outcomes and Public Benefits: FY 2004 Accomplishments

Allegany County

Although the local YMCA did not, in fact build a new facility for the halfway house, the local Health Department Addiction Services located and renovated another building. The new "Allegany House" has the capacity to treat 20 men and women. CRF monies fund 11 of these beds and the Allegany House served 33 people in FY04.

Anne Arundel

In FY 2004 the Department of Health maintained the Hope House beds at full capacity for the entire year. The local Department of Health treated a total of 989 indigent county residents through contracts with private providers. Of those 989, 161 were non-criminal justice patients.

Baltimore City

The following are services that were purchased through CRF funding:

Methadone Maintenance	687 slots	Methadone Detox	100 slots
Halfway House	42 slots	Outpatient Detox	48 slots
Inpatient Detox	17 slots	Adult Intensive Outpatient	60 slots
Adolescent Outpatient	40 slots		

One time only awards were made to providers for data collection, additional equipment and enhanced residential services. Funds were also provided to enhance services in four existing programs: Johns Hopkins - BPRU, Universal Counseling Services, Inc., Total Health Care - Harbel, and JH-PAODD. All BSAS providers are meeting or exceeding the established DrugStat benchmarks, and all are at 95-100% program capacity.

Additional services purchased:

Adult Outpatient	4 slots	
Therapeutic Comm.	12 slots	
Med. Monitored Inpatient (ICF) Adults	10 slots	
Total for all CRF funded slots		1,020

Baltimore County

During FY 04 there were 98 residential and 114-inpatient detoxification slots funded through CRF. The Baltimore County Department of Health and AMP/CEP Group Homes, Inc d/b/a Hilltop Recovery Center did receive the CON for a 50-bed facility. AMP/CEP Group Homes, Inc. (Hilltop Recovery Center) officially opened April 2002.

CRF also supported 45 Ambulatory Detoxification and 26 Intensive Outpatient slots. Currently, Partners in Recovery provides the IOP services for Baltimore County.

In FY04 CRF funding ($60,000) paid for 10 halfway house beds. Right Turn of Maryland ran the Halfway House.

CRF provided support for a 28 day inpatient treatment projected for 26 clients in Minimum Security Corrections Level and 200 clients in the Women's Detention Center Program. Right Turn of Maryland ran the agency providing the Residential Rehabilitation, Inpatient Detoxification and Minimum Security 28-day Inpatient Treatment Programs. Staff members from the Bureau of Substance Abuse's Criminal Justice Services unit provided the services in the Women's Detention Center until the RFP was awarded to Gaudenzia.

Calvert County

Calvert County Health Department contracted with Calvert Treatment Facility to provide short-term residential treatment for 37 clients. Calvert County Health Department continues to fund an addictions counselor to provide intensive outpatient services.

Caroline County

The total amount received from this grant (CRF): $32,653.

Dispersal of funds: $11,531 for purchase of care

- 42 days inpatient rehab at $250.00 a day $10,500
- 1 day @ $131.00 due to exhausted funds $131
- In addition, 3 days of detox @ $300 $900
- The total number of clients served: 5 for $11,531 in the Purchase of Care (line item 0881)
- Of the 5 patients receiving inpatient services, only one was billed for detox and inpatient services.

Salary for part-time addictions counselor:

- Salary: $17,626 (20 hrs/wk)
- FICA: $1,348
- Indirect Costs: $2,148

Carroll County

Carroll County has continued to serve patients with ambulatory detox services and in FY04 312 adult patients received care. During FY04 ten adolescents were served at Junction, Inc.at the Intensive Outpatient (II.1) Level of Care. There were 15 referrals for detox services.

Cecil County

During FY04, Cecil County expended $85,143 in CRF funds on detoxification services. Through the CRF funds, the County provided 94 individuals with 523 days of service with an average length of stay of 5.6 days.

Charles County

Charles County Health Department contracted with Calvert Treatment Facility to provide short-term residential treatment for 24 clients. The local Health Department hired an addictions counselor to provide intensive outpatient services.

Dorchester County

Cigarette restitution funds were utilized to purchase 48 bed days of detoxification services for 12 individuals, 171 bed days of ICF residential services for 18 individuals, to provide transportation for clients to and from the treatment facility, and to enhance the delivery of treatment services.

Frederick County

The ambulatory detoxification program has been running with a full complement of clinical and medical staff for the past 12 months. Ninety-one patients have been served in FY04.

Garrett County

Testing has continued at the certified drug-testing site established at the Garrett County Health Department Addiction Services location. In FY04, 604 persons received urinalysis testing services. With the funding of an additional adolescent counselor, approximately 304 adolescent patients received outpatient treatment services.

Harford County

Harford County provided the following services for FY04: Rapid Assessment and Referral to Treatment; intensive outpatient services for dual-diagnosed clients; additional individual and group counseling; additional clerical support for expanded programs, a counselor for relapse avoidance, case management and client monitoring; follow-up reporting; and a contract with Whitsitt Center and other providers for inpatient detoxification beds.

Howard County

In FY04 Howard County provided an outpatient detoxification program for adult patients in need of this level of care. These services included assessment, psychiatric evaluation, medication, counseling services, acupuncture, case management and referral.

Kent County

In FY 2004, a total of 188 patients were admitted to detoxification services. Of those patients, 166 continued treatment in ICF beds (88%). The average length of stay for detoxification is 6 days. The buprenorphine protocol for heroin detoxification is 5 days. Thirty-two percent (32%) of the total number of patients were treated for mental health issues while in treatment. Since obtaining the CRF money in December of 2000 and opening detox in June 2001, Kent County

has applied for and received an additional 4 beds, so there are now 24 beds – (20 for ICF and 4 for detoxification).

Montgomery County

In FY04, Montgomery County contracted for services at the outpatient level, residential levels and for persons with co-occurring disorders. Approximately 385 patients received Level I Outpatient treatment; 30 persons were treatment at Level III.3 (Intermediate Care Facility-residential); and 20 at Level II.1 (Intensive Outpatient). There were 700 hours of psychiatric time made available for over 300 patients in Montgomery County.

Prince George's County

Through CRF funds, in FY2004 Prince George's County Addictions Services provided 22 Transitional Housing Units; the Even Start GED Program; six Hospital Detoxification beds; 37 Intensive Outpatient Treatment slots for women; five Therapeutic Community beds for men; assessment services for 3,000 clients; Outpatient treatment at four sites for English and Spanish-speaking clients; and program support services, including security, janitorial and quality assurance.

Queen Anne's County

The County used CRF funds to provide detoxification services for nine patients at Hudson Health Center. These nine patients needed an average of 4 days of detoxification each for a total of 36 detoxification days. CRF was also used to fund Intermediate Care residential beds for 17 patients at Hudson Health Center.

Local Health Department expenditure data indicate that the CRF grant was underspent by $2,305 in FY04. The County reports that full expenditure of CRF funds is anticipated in future fiscal years.

St. Mary's County

Walden/Sierra, Inc. continued to operate an addictions treatment program, through the employment of an addictions treatment specialist, located within the St. Mary's County Detention Center. In FY04, 46 individuals were served in the program. The specialist position was vacant from April 2003 until April 2004, which lowered the number served.

Walden/Sierra, Inc. employs an addiction counselor to provide intensive outpatient treatment services at our California location. One hundred seventy-three adults were served in FY04. Anchor ICF employs a part-time RN, full time case manager and part time therapist to enhance existing detoxification and case management services for the Southern Region. Three hundred sixty-six individuals were served. Of this number 148 were admitted for case management detox.

Somerset County

The CRF Grant funded the following services:
Adult Outpatient Dual Diagnosis, 35 slots or 70 clients a year.
Jail-Based 10 slots or 20 clients a year.
Part-time psychiatrist, 2 hours a week @ $100.00 an hour.
Detoxification services for 20 clients.

Talbot County

Cigarette Restitution Funds were used to support 40% (16 hours) of the salary for the County Coordinator's/Program Director. Prior to the initial CRF award, Talbot County only had a half-time Coordinator/Director due to insufficient funds to pay for a full-time person.

Washington County

CRF funds provide support for two counselor positions in the Jail Treatment Program of the Washington County Detention Center. During FY04, the program treated 250 patients. The program is a 96-hour intensive program with a static capacity of up to 24 inmates (every 6 weeks). The Family Program is also provided at the Health Department Division of Addictions through CRF dollars.

Wicomico County

During FY'04, detoxification services were provided for 88 persons. One patient had to go through detoxification a second time for a total of 89 persons.

Worcester County

Clients Served:

First Offender Program: Goal: 60 Total screened in Year: 106 (+177%)
Detoxification: Bed Days Goal: 70 days
Total days paid: 79 days (+113%)
Note: Due to staff vacancy, additional funds were moved into this area from salaries.
Clients Detoxified: Goal: 14 patients Total Number: 18 (+129%)

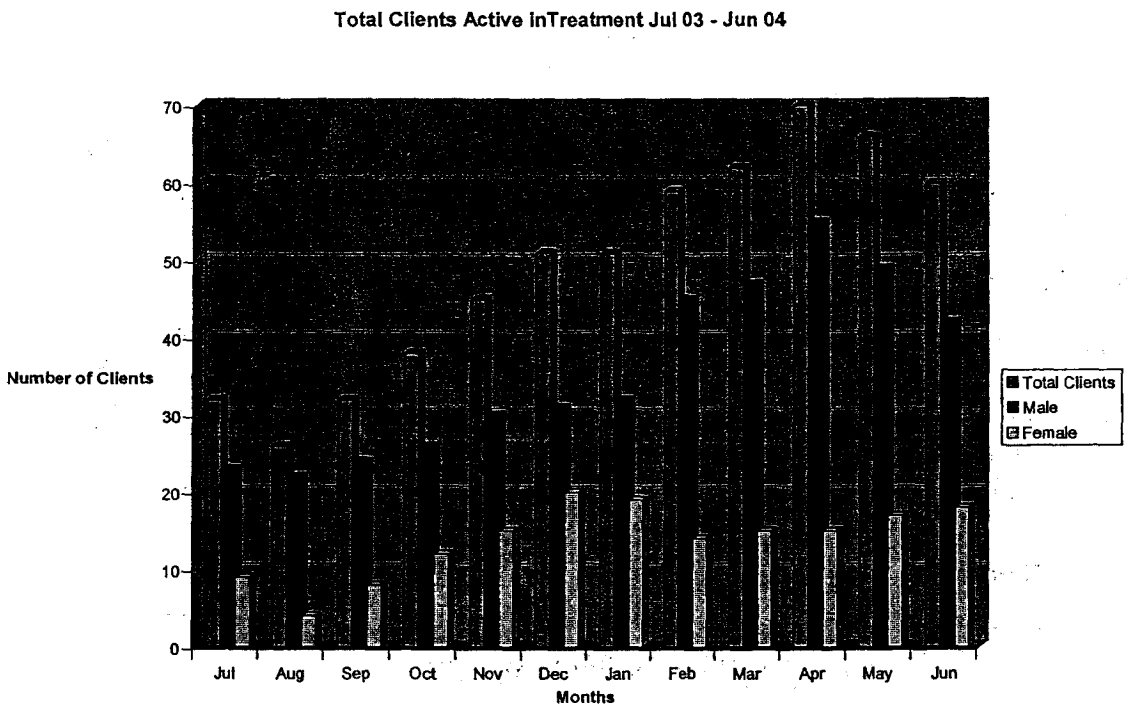
Transferred to Outpatient Care: Goal: 40% complete and enter OP care
Actual: 61% completed detox and entered OP

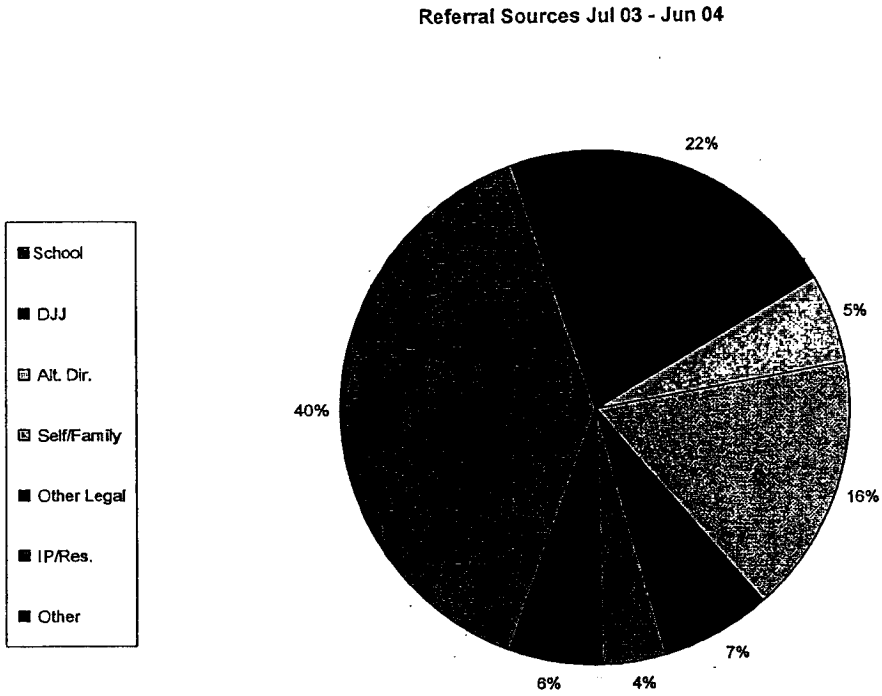
Outpatient Clients: Goal: 130 Total Seen: 217 (+167%)
Note: Due to concentrated outreach efforts by staff within in the school system, the program experienced a significant increase in referrals from the middle school, primarily at the North end of the county, reflected in the attached charts

Intensive Outpatient Completion Rate: Goal: 50% Actual: 100%
5 clients completed IOP this year

Atlantic Club: Total Number visited: 33,114
956 drop in visits, 1201 phone calls (not for self-help meetings)

Staffing Note: One vacancy remained for nine months of the Fiscal Year, due to possible funding cuts and an inability to find a staff member qualified in adolescent treatment.





C. Administrative Support

ADAA expended $21,440 of CRF funds to provide infrastructure support through a Grants Specialist II and a Coordinator Special Programs V position for additional technical and programmatic support to the treatment programs that had new or enhanced service delivery as a result of Cigarette Restitution Funds. Freeze exemption requests have been approved for these positions.

D. Managing For Results

The Alcohol and Drug Abuse Administration does not have MFRs specific to CRF. The ADAA awards funding to the jurisdictions as a combination of State, Federal, and Special Funds. The applicable MFR performance measures address the agency goal to provide a comprehensive continuum of effective substance abuse treatment services with emphasis on access to treatment and retention in treatment; however the MFRs are not specific to K204 funds.

MEDICAL CARE PROGRAM

PROVIDER REIMBURSEMENTS

ACCOMPLISHMENTS

MEDICAL CARE PROGRAM

PROVIDER REIMBURSEMENTS

FISCAL YEAR 2004 ACCOMPLISHMENTS (CY 2003)

Appropriation: $108;300,721
Expenditure: $108,300,721

MFR Measures:

For Calendar Year 2005, reduce by 1 admission annually the rate per thousand of asthma-related hospital admissions among HealthChoice children ages 5-20 with asthma.

The Maryland Medicaid program has identified asthma as a disease deserving of increased attention in FY 2006, largely due to the increase in the number of children being diagnosed as having the condition. In previous years, the program has examined how asthma is defined in the six Managed Care Organizations in Maryland, with the goal of arriving at a way of understanding the dramatic increase in asthma diagnoses. The program has also looked at different ways of defining admissions, and after extensive research has decided to define admissions as "avoidable admissions," as does the Agency for Healthcare Research and Quality, a nationally recognized health organization.

In the future the Department, through its Value Based Purchasing initiative, will examine ways to better understand MCO health performance by looking at several specific disease categories, including asthma. Once this information is obtained and appropriately analyzed, the Department will meet with individual MCOs to share and identify opportunities to improve performance. Specific areas needing attention may include preventive care, patient education, and outpatient care.

Objective 1.4 For Calendar Year 2005, reduce by 1 admission annually, the rate per thousand of asthma-related hospital admissions among HealthChoice children ages 5-20 with asthma.

Performance Measures	**CY2003 Actual**	**CY2004 Estimated**	**CY2005 Estimated**	**CY2006 Estimated**
Input: Number of HealthChoice children up ages 5- 20 with asthma	12,661	12,681	12,701	12,721
Output: Number of asthma-related hospital admissions among HealthChoice children ages 5- 20 with asthma	642	635	624	611
Outcome: Rate per thousand of asthma-related hospital admissions among HealthChoice children ages 5-20 with asthma	51	50	49	48

For Calendar Year 2005, reduce the gap in access to ambulatory services between Caucasians and African Americans in HealthChoice by 1 percentage point.

Health disparities in access to care and treatment are nationally recognized issues. The Medicaid program has for the past year began to look at the number of Caucasians and African Americans enrolled in HealthChoice and the percentages of each accessing health services. Although the gap actually increased from Calendar Year 2002 to 2003, the actual number of African Americans accessing care increased during this same period. Our efforts to address health disparities have included participation in the Department's First Annual Health Disparities Conference held in 2004, participation in the Department's Health Disparities workgroup, and providing MCOs with data by race and assisting them in data analysis and program planning. We have also encouraged MCOs to apply for grants to assist them in their effort to address health disparities. Through these actions we anticipate reaching our goal of an eventual decrease in the access to care gap between Caucasians and African Americans by Calendar Year 2005.

Objective 2.5 For Calendar Year 2005 reduce the gap in access to ambulatory services between Caucasians and African Americans in HealthChoice by 1 percentage point.

Performance Measures	**CY 2003 Actual**	**CY 2004 Estimated**	**CY 2005 Estimated**	**CY 2006 Estimated**
Caucasians				
Input: Number of Caucasians enrolled in HealthChoice	183,893	190,020	198,662	205,232
Output: Percentage of Caucasians in HealthChoice accessing at least one ambulatory service	71.8%	72.8%	73.8%	74.8%
African-Americans				
Input: Number of African-Americans enrolled in HealthChoice	338,707	350,187	362,409	374,409
Output: Percentage of African-Americans in HealthChoice accessing at least one ambulatory service	65.2%	67.2%	69.2%	71.2%
Outcome: Percentage gap between access rate for Caucasians compared to the access rate for African-Americans	6.6	5.6	4.6	3.6

Note: 90% of total HealthChoice enrollment is made up of African-Americans and Caucasians; therefore comparing access to ambulatory services between these two populations is a good indicator of disparities in access to ambulatory services.

MANAGING

FOR

RESULTS

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

M00F03.06 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.

KEY GOALS, OBJECTIVES, AND PERFORMANCE MEASURES

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 2005, reduce the proportion of under-age Maryland middle and high school students that have smoked a whole cigarette, by 32% and 23% respectively, from the CY 2000 Baseline Rate.

Performance Measures	2000 Actual	2002 Actual	2005 Estimated	2007 Estimated
Input: Percent of under-age middle school students who smoked whole cigarette	16.8%	11.7%	11.42%	11.09%
Percent of under-age high school students who smoked whole cigarette	44.1%	34.7%	33.96%	33.08%
Outcome: Cumulative percentage change for middle school students	N/A	-30.4%	-32%	-34%
Cumulative percentage relative change for high school students	N/A	-21.3%	-23%	-25%

Objective 1.2 By the end of CY 2005, reduce the proportion of under-age Maryland middle and high school students that have ever used smokeless tobacco, 25% and 16% respectively, from the CY 2000 Baseline Rate.

Performance Measures	2000 Actual	2002 Actual	2005 Estimated	2007 Estimated
Input: Percent of under-age middle school students who ever used smokeless tobacco	9.7%	7.4%	7.27%	7.08%
Percent of under-age high school students who ever used smokeless tobacco	15.2%	13.0%	12.77%	12.46%
Outcome: Cumulative percentage change for middle school students	N/A	-23.7%	-25%	-27%
Cumulative percentage relative change for high school students	N/A	-14.5%	-16%	-18%

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

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.

Objective 2.1 By the end of CY 2005, reduce the proportion of under-age Maryland middle and high school youth, and Maryland adults, that currently smoke cigarettes, by 33%, 26% and 13% respectively, from the CY 2000 Baseline Rate.

Performance Measures	2000 Actual	2002 Actual	2005 Estimated	2007 Estimated
Input: Percent of under-age middle school students who currently smoke cigarettes	7.3%	5.0%	4.89%	4.74%
Percent of under-age high school students who currently smoke cigarettes	23.0%	17.6%	17.02%	16.1%
Percent of adults who currently smoke cigarettes	17.5%	15.4%	15.23%	15.05%
Outcome: Cumulative percentage change for middle school students	N/A	-31.5%	-33%	-35%
Cumulative percentage change for high school students	N/A	-23.4%	-26%	-30%
Cumulative percentage relative change for adults	N/A	-12.0%	-13%	-14%

Objective 2.2 By the end of CY 2005, reduce by 10% from the CY 2000 Baseline Rate, the proportion of Maryland adults that currently use smokeless tobacco.

Performance Measures	2000 Actual	2002 Actual	2005 Estimated	2007 Estimated
Input: Percent currently using smokeless tobacco	1.1%	1.0%	0.99%	0.98%
Outcome: Cumulative relative percentage change	N/A	-9.1%	-10%	-10.9%

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

Objective 3.1 By the end of CY 2005, reduce the disparity in current tobacco use between White adults (high) and Asian adults (low), by 51.5% from the CY 2000 Baseline Rate.

Performance Measures	2000 Actual	2002 Actual	2005 Estimated	2007 Estimated
Input: Number of percentage points higher White tobacco use	11.35%	5.94%	5.5%	5%
Outcome: Cumulative percentage relative change	N/A	-47.7%	-51.5%	-55.9%

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

Objective 3.2 By the end of CY 2005, reduce the disparity in current tobacco use between African-American adults (high) and Asian adults (low), by 49.6% from the CY 2000 Baseline Rate.

Performance Measures	2000 Actual	2002 Actual	2005 Estimated	2007 Estimated
Input: Number of percentage points higher African-American tobacco use	14.89%	7.79%	7.5%	7.0%
Outcome: Cumulative percentage relative change	N/A	-47.7%	-49.6%	-53%

Objective 3.3 By the end of CY 2005, reduce the disparity in current tobacco use between Hispanic adults (high) and Asian adults (low), by 29.5% from the CY 2000 Baseline Rate.

Performance Measures	2000 Actual	2002 Actual	2005 Estimated	2007 Estimated
Input: Number of percentage points higher Hispanic tobacco use	12.76%	9.16%	9.0%	8.8%
Outcome: Cumulative percentage relative change	N/A	-28.2%	-29.5%	-31%

Objective 3.4 By the end of CY 2005, reduce the disparity in current tobacco use between adult Males (high) and adult Females (low), by 7.9% from the CY 2000 Baseline Rate.

Performance Measures	2000 Actual	2002 Actual	2005 Estimated	2007 Estimated
Input: Number of percentage points higher Male tobacco use	3.8%	3.74%	3.5%	3.3%
Outcome: Cumulative percentage relative change	N/A	-1.2%	-7.9%	-13.2%

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 2005, deliver DHMH CRF Tobacco Program counter-marketing and media messages to 20% of the general population.

Performance Measures	2000 Actual	2002 Actual	2005 Estimated	2007 Estimated
Outcome: Percent of population seeing messages	0	61.5%	20%	20%

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

Objective 4.2 By the end of CY 2005, deliver DHMH CRF Tobacco Program counter-marketing and media messages to 20% of targeted minority populations.

Performance Measures	2000 Actual	2002 Actual	2005 Estimated	2007 Estimated
Outcome: Percent of population seeing messages	0	67.4%	20%	20%

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 2005, increase by 3% from the CY 2000 Baseline Rate, the proportion of Maryland adults who strongly agree that cigarette smoke is harmful to children.

Performance Measures	2000 Actual	2002 Actual	2005 Estimated	2007 Estimated
Input: Percent strongly agree	78.1%	79.6%	80.44%	82.01%
Outcome: Cumulative percentage change	N/A	1.9%	3%	5%

Objective 5.2 By the end of CY 2005, increase by 1% from the CY 2000 Baseline Rate, the proportion of Maryland households with minor children that are smoke-free.

Performance Measures	2000 Actual	2002 Actual	2005 Estimated	2007 Estimated
Input: Percent of youth living in smoke-free homes	68.2%	68.1%	68.9%	69.56%
Outcome: Cumulative percentage change	N/A	-0.1%	1%	2%

Objective 5.3 By the end of CY 2005, decrease by 5% 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 Actual	2005 Estimated	2007 Estimated
Input: Percent of middle school youth living in smoke-free homes	41.2%	39.3%	39.14%	38.73%
Percent of high school youth living in smoke-free homes	42.6%	40.8%	40.47%	40.05%
Outcome: Cumulative percentage change for middle school youth	N/A	-4.6%	-5%	-6%
Cumulative percentage change for high school youth	N/A	-4.2%	-5%	-6%

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

Objective 5.4 By the end of FFY 2006, increase by 36% from the FFY 2000 Baseline Rate, the proportion of tobacco retail establishments complying with Maryland's youth access laws.

Performance Measures	2000 Actual	2002 Actual	2003 Actual	2004 Estimated	2005 Estimated	2006 Est.
Input: Proportion complying with access laws	67.5%	75.0%	89.6%	90.45%	91.13%	91.8%
Outcome: Cumulative percentage change	N/A	11.11%	32.74%	34%	35%	36%

Note: The latest published compliance data available as of 8/25/04 from the Center for Substance Abuse Prevention of the HHS: Substance Abuse and Mental Health Administration at **www.prevention.samhsa.gov/tobacco** *is for Federal Fiscal Year (FFY) 2003.*

Notes: The Department conducted its baseline tobacco surveys in the fall of 2000. Currently (August 2004) the Department is required by legislation to conduct its next tobacco surveys in the fall of 2005.

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 that ends 6 months after the last data is collected.

Changes in program legislation, and new budgetary constraints, occurred subsequent to the formulation of the original proposed FY05 MFR document. This revised version is based upon the FY05 budget for the Tobacco Use Prevention and Cessation Program as proposed by the Administration, and existing budget guidance for FY06.

The source of data for objective 5.4 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.htm). Data for FFY 2004 has not yet been published on the site.

M00F03.06 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 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.

KEY GOALS, OBJECTIVES, AND PERFORMANCE MEASURES

Goal 1. To reduce overall cancer mortality in Maryland.

Objective 1.1 By CY 2010, reduce overall cancer mortality to a rate of no more than 174.6 per 100,000 persons. (Age-adjusted to the 2000 U.S. standard population.)

Performance Measures	FY2003 Actual	FY 2004 Actual	FY 2005 Estimated	FY 2006 Estimated
Output: Number of individuals reached with educational messages	115,248	115,388	100,388	100,388

	CY 2001 Actual	CY 2005 Estimated	CY 2006 Estimated	CY 2010 Estimated
Outcome: Overall cancer mortality rate	202.2	189.4	186.4	174.6

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

Objective 2.1 By CY 2010, reduce disparities in overall cancer mortality between minorities and whites to a rate of no more than 1.00. (Age-adjusted to the 2000 U.S. standard population.)

Performance Measures	CY 2001 Actual	CY 2005 Estimated	CY 2006 Estimated	CY 2010 Estimated
Outcome: Cancer death rate ratio between nonwhites/whites	1.15	1.09	1.08	1.00

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 2010, reduce colorectal cancer mortality to a rate of no more than 17.5 per 100,000 persons in Maryland. (Age-adjusted to the 2000 U.S. standard population.)

Performance Measures	FY2003 Actual	FY 2004 Actual	FY 2005 Estimated	FY 2006 Estimated
Output: Number screened for colorectal cancer with CRF funds	4,351	2,808	2,443	2,443
Number minorities screened for colon cancer with CRF funds	1,782	1,132	985	985

	CY 2001 Actual	CY 2005 Estimated	CY 2006 Estimated	CY 2010 Estimated
Outcome: Colorectal cancer mortality rate	21.6	19.7	19.2	17.5

M00F03.06 CIGARETTE RESTITUTION FUND – CANCER PREVENTION, EDUCATION, SCREENING AND TREATMENT PROGRAM – FAMILY HEALTH ADMINISTRATION (Continued)

Objective 3.2 By CY 2010, reduce breast cancer mortality to a rate of no more than 21.5 per 100,000 persons in Maryland. (Age-adjusted to the 2000 U.S. standard population.)

Performance Measures	FY2003 Actual	FY 2004 Actual	FY 2005 Estimated	FY 2006 Estimated
Output: Number of women screened for breast cancer with CRF funds	1,838	1,004	873	873
Number of minority women screened for breast cancer with CRF funds	749	763	664	664

	CY 2001 Actual	CY 2005 Estimated	CY 2006 Estimated	CY 2010 Estimated
Outcome: Breast cancer mortality rate	27.3	24.6	23.9	21.5

Objective 3.3 By CY 2010, reduce prostate cancer mortality to a rate of no more than 20.4 per 100,000 persons in Maryland. (Age-adjusted to the 2000 U.S. standard population.)

Performance Measures	FY2003 Actual	FY 2004 Actual	FY 2005 Estimated	FY 2006 Estimated
Output: Number of men screened for prostate cancer with CRF funds	486	681	592	592
Number of minority men screened for prostate cancer with CRF funds	220	611	532	532

	CY 2001 Actual	CY 2005 Estimated	CY 2006 Estimated	CY 2010 Estimated
Outcome: Prostate cancer mortality rate	31.3	25.9	24.7	20.4

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

Objective 4.1 By FY 2006, to provide treatment or linkages to treatment for uninsured persons screened for cancer under the Cancer Prevention, Education, Screening and Treatment Program.

Performance Measures	2003 Actual	2004 Actual	2005 Estimated	2006 Estimated
Output: Number persons diagnosed and linked or provided treatment	45	57	50	50

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 2006, 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	2003 Actual	2004 Actual	2005 Estimated	2006 Estimated
Output: Number of research proposals funded	5	6	5	5
Outcome: Number of new grants received from outside funding sources	31	17	20	20
Number of peer-reviewed reports in scientific literature	180	197	220	220

M00F03.06 CIGARETTE RESTITUTION FUND – CANCER PREVENTION, EDUCATION, SCREENING AND TREATMENT PROGRAM – FAMILY HEALTH ADMINISTRATION (Continued)

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

Objective 6.1 By FY 2006, increase the number of research activities that translate into clinical applications for patient benefit by nine.

Performance Measures	2003 Actual	2004 Actual	2005 Estimated	2006 Estimated
Output: Number of research activities that are translated into clinical applications (FY00 Baseline = 2)	4	5	7	9

Objective 6.2 By FY 2006, increase the number of new University of Maryland clinical trials by 185%.

Performance Measures	2003 Actual	2004 Actual	2005 Estimated	2006 Estimated
Outcome: Percentage increase in clinical trials (FY00 Baseline = 180 protocols)	91%	122%	155%	185%

Objective 6.3 By FY 2006, increase the number of patients entered onto University of Maryland clinical trials by 50%.

Performance Measures	2003 Actual	2004 Actual	2005 Estimated	2006 Estimated
Outcome: Percentage increase in clinical trials (FY00 Baseline = 661 patients)	31%	39%	45%	50%

Objective 6.4 By FY 2006, increase the number of peer-reviewed publications by 110%.

Performance Measures	2003 Actual	2004 Actual	2005 Estimated	2006 Estimated
Outcome: Percentage increase in peer-reviewed publications (FY00 Baseline = 100 publications)	50%	72%	95%	110%

Goal 7. 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 7.1 By FY 2006, to increase by 17% the number of diverse individuals participating in clinical trials through University of Maryland Greenebaum Cancer Center (UMGCC).

Performance Measures	2003 Actual	2004 Actual	2005 Estimated	2006 Estimated
Outcome: Percentage increase in the number of diverse individuals participating in clinical trials through UMGCC (FY00 Baseline = 200)	7%	12%	15%	17%

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STATE OF MARYLAND
DEPARTMENT OF AGRICULTURE

OFFICE OF THE SECRETARY
September 15, 2004

TO: David Treasurer
Acting Director, Department of Budget and Management

FROM: Lewis R. Riley
Secretary of Agriculture

SUBJECT: Annual Report FY2004 - Cigarette Restitution Fund - Tobacco Conversion Program

Per DBM's request of August 17, 2004 concerning the report required by Section 7-317(h)(2) State Finance and Procurement, this information describes the Department of Agriculture's expenditures for FY2004 to the Tri-County Council (TCC) for Southern Maryland for their activities in conducting the Tobacco Conversion Program (L00A 12.10 and 12.13). We have identified the specific areas of expenditure by subdivision for the Tobacco Buyout and funds spent for Agricultural Land Preservation (both for easement expenditures and bonus programs). The remaining expenditures by the TCC were for "infrastructure grants" that are classified "statewide" or administrative costs.

The broad goal of this program is the elimination of tobacco production in Maryland and 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 community vibrant.

The Tobacco Conversion Program consists of three main components - Tobacco Buyout, Agricultural Land Preservation and Infrastructure / Agricultural Development.

FY04 saw 540,777 additional eligible pounds of tobacco added to the "Buyout" program. This brings the total of the buyout to 7,336,470 pounds. The TCC projects an additional 464,000 pounds being included for the 2005 season. As 2005 is the last year for enrolling in the buyout, the final buyout total is expected to be 7,796,661 pounds.

In the land preservation component of the regional plan, the TCC has provided or encumbered $1,258,865 to support agricultural land preservation efforts both to local and state programs. Of this total, the Council has paid $147,000 in the bonus program during FY04, which provides eligible growers, who take the buyout, a 10% bonus on the easement value of land placed under a preservation easement (state or local) with leveraged funds from the counties. These FY04 funds have assisted in permanently preserving 5,130 additional agricultural acres from development. The three year cumulative total of preserved land is 12,664 acres.

The TCC also continues to provide a wide variety of grants and incentives to assist landowners to transition from tobacco production. These programs are intended to provide an array of services such as development of business plans, creation of new market opportunities, a transition to specialty crops or value added products and agro-tourism programs. Using FY04 funds allocated by MDA, the TCC expended or pledged an additional $314,642 for these grant and infrastructure activities. The TCC also has several other pending or encumbered outlays for grant and infrastructure activities.

As to tobacco acreage, as of the end of the 2004 season, 4,890 acres of tobacco have been removed from production because of the buyout program (7,336,470 pounds in buyout @ 1500 pounds per acre). This represents 779 (76%) growers eligible for the program and 89% of the eligible tobacco poundage. An additional 306 acres will not be planted in the spring of 2005 as we have added 460,000 additional pounds from 96 growers for the FY05 buyout program. This would bring the total at the end of the 2005 season to 5,196 acres removed from production representing 7,800,000 pounds of tobacco.

It is important to understand the relationship of these 5,196 acres in relation to the use of alternative crop production and the agricultural landscape in Southern Maryland. There are about 240,000 acres of land areas in farms in Southern Maryland of which about 160,000 are related to harvested crops or pasture. The remaining acres are primarily woodland or marshland. The tobacco acreage in 1999 was only 6,500 - 7,000 acres. For tobacco farmers, the primary issue is the value of the crop per acre, not the number of acres displaced. We know many of the acres previously in tobacco were planted in other crops.

I have enclosed two attachments for use in preparing the required report. 1) a financial summary of MDA and TCC expenditures for FY04, and 2) a summary of "Key Accomplishments" of the Southern Maryland Tobacco Conversion Program for FY04. This report also includes their FY05 and FY06 MFR goals and strategies. I also have available the recently updated *Southern Maryland Regional Strategy - Action Plan for Agriculture,* which is a ten year strategic plan with a five year set of specific strategies for implementing the Tobacco Conversion Program.

cc: L. Hilden (DBM)
M. Feltz (DBM)
J. Shirrefs (DBM)
C. DeLorenzo (DBM)
D. Wilson (MDA)
C. Bergmark (TCC)

TOBACCO CONVERSION PROGRAM
FY 2004 FINANCIAL REPORT

FY04 REVENUES / EXPENDITURES BY THE MD. DEPARTMENT OF AGRICULTURE

FY03 Ending Balance at MDA			$ 0
FY03 Funds Re-allocated by TCC to FY04			127,642
FY04 CRF Operating Budget MDA		1,060,000	
FY04 Capital PAYGO MDA		5,040,000	
FY04 Capital Bonds		4,000,000	
FY04 Allocation to DHMH			1,000,000
FY04 Allocations to Tri-County Council			9,100,000
FY04 Balance at MDA			0
FY04 Activities by the TCC			
Administration		317,665*	
"Buyout" Contracts		7,336,470	
Anne Arundel	833,531		
Calvert	1,328,756		
Charles	1,505,863		
St. Mary's	2,901,532		
Prince George's	741,623		
Queen Anne's	7,270		
Cecil	17,895		
Ag Land Preservation		1,258,865	
Anne Arundel	107,002		
Calvert	246,530		
Charles	237,453		
St. Mary's	556,874		
Prince George's	111,006		
Queen Anne's	0		
Grants / Infrastructure (statewide)		314,642	
TCC unobligated balance 6/30/04		0	
Total FY04 Expenditures by TCC		$9,227,642**	

*estimates, actual TCC final figures not finalized as of 8/30/04. This report attempts to record the actions of the TCC in relation to the funds appropriated to the MDA.
**TCC re-allocated $127,642 of FY03 funds encumbered for Ag Business Park to FY04 Ag Land Preservation activity. FY04 account is $9,100,000 + $127,642 = $9,227,642

prepared by D. Wilson 9/15/04
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crf04#2

Southern Maryland Agricultural Development Commission **August 2004**
Tri-County Council for Southern Maryland

SOUTHERN MARYLAND TOBACCO CROP CONVERSION PROGRAM

KEY ACCOMPLISHMENTS - FY 2004 (July 2003 - June 2004)

TOBACCO BUYOUT:

- Eighty six percent of the 1998 eligible tobacco has been taken out of production forever for human consumption as 877 growers will have taken Maryland's Tobacco Buyout by January 2005. This represents 7.80 million pounds of tobacco and 94% of the producers.
  - A sophisticated automated database was 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:

- 1,454 acres have been directly preserved by the program in five counties of Southern Maryland in FY 2004, resulting in 5,763 acres cumulative over the three years of the program.
  - Leveraging: These program funds enabled the five counties to make additional offers for agricultural land preservation and has leveraged the counties to be place over 5,200 acres placed under agricultural land preservation in this fiscal year alone.
  - 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.

AGRICULTURAL DEVELOPMENT / INFRASTRUCTURE "What Next":

A market trends analysis of the Southern Maryland Agricultural Community in the first year of the Buyout identified the needs and opportunities. The needs specifically included *Marketing support and Leadership development.* Among the key opportunities identified were: *green products (horticulture / nursery), livestock, produce and value-added processing, tourism, grapes/wine, hay, and the equestrian industry.*

MARKETING SOUTHERN MARYLAND

- ***So. Maryland, So Good*** – a direct marketing campaign launched September 2003. 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. It also directly links farms with retail and wholesale buyers (stores, restaurants, caterers, universities).
  - ***Promotional materials*** were developed for farmers, stores, food handlers, and restaurants to help the consumer identify truly Southern Maryland products. The materials have been used in advertisements by local grocers and restaurants, on menus, at farmers markets and stands in Southern Maryland, and Washington, DC. With these promotional materials in hand, we are working to increase the number of stores, restaurants and other institutions that buy and sell Southern Maryland farm products. Sixty farms participated in the first year of the program, and as a result of the spring and summer, 12 additional farms have joined. Farmers and stores are thrilled with the promotional materials, and several local businesses are using the logo in their newspaper ads, newsletters, and even on their menus.
  - ***Direct contact facilitation*** provides direct links between farms and retail and wholesale buyers (stores, restaurants, caterers, universities). In 2002-3, 46 stores were listed in the program, but by mid-2003, all of the corporate chain stores no longer purchased local products due to corporate changes in policy. Starting over again, as a result of the combined efforts of all parts of the program, in the local/metro area, 18 stores, 13 restaurants, 1 broker, and 2 universities are currently purchasing from local producers in the program, with new ones coming on board almost every

week. One of the local county public school systems would like to participate, and we will be working to help facilitate this.

- ***A creative and assertive campaign advertises*** the logo in conjunction with a wide selection of farm/seafood products, and encourages and educates consumers to shop and dine at businesses that feature local products. Ads are run in area newspapers, magazines, and a regional radio station.
- ***A website (www. somarylandsogood.com)*** has been developed to feature farm products, the farms, stores and restaurants and other institutions. The website also links directly to the farms and other participants and will enable direct communication. Under development now, the site will include upcoming events, what's in season, grant opportunities, and a special section for kids and teachers. This strategic merging will also provide a seamless connection between the directory and the So. Maryland, So Good campaign in consumers' eyes.
- ***Two media events*** were held (Fall 2003 and Spring 2004) to showcase the program and educate and excite consumers. More such events are envisioned across the region to showcase the broad array of quality products available and to educate the public about the importance of supporting local farms.
    - The campaign was officially launched in September, 2003, in Calvert County. The event was primarily informative, and targeted elected officials and agency representatives. Several news articles ensued, and requests from the public and farmers for more information and how to participate, and where to buy farm products.
    - The **Spring** event, held at a Charles County Agritourism farm was particularly successful resulting in significant media interest. Over 70 people attended with wide representation, from 30 area farms including organic, specialty flower, and bedding plant producers, meat & poultry producers, seafood, and agritourism farms. The event also drew elected officials and representatives from tourism, economic development, and cooperative extension. The notable and ongoing results generated full-page editorials and numerous follow-up articles in 3 local newspapers, several new restaurants wishing to join the program, and over 20 immediate calls from the public in requesting the Harvest Directory. In addition to the new introductions, the event successfully partnered farms with restaurants seeking producers of high quality products for their menus.
- ***Southern Maryland Harvest Directory*** – From Arugula and Alpacas to Zinnias and beyond, this Guide leads customers to some of the finest and freshest farm products the region has to offer. The Guide, first developed in late 2002, was updated for 2004 and lists farms, products, businesses, and services throughout Southern Maryland. It is widely distributed to tourist centers, farmers' markets, fairs, chambers of commerce, libraries, and other locales, and the nearby metro areas. The Directory also includes an array of services offered by the farms, including Agritourism, holiday and special events, and provides a sample list of restaurants that buy and promote local products, as well as farm service businesses and agencies. Maps of each county are included, along with descriptions of the farms and markets where products can be found as well as contact information. Farmers have expressed great appreciation for the Directory. Farmers report increased calls and sales as a result of being listed, and have said it brought them more business directly to their farms than anything else to date.
    - A total of 143 farms were listed by April '04 (Anne Arundel: 22, Calvert: 41, Charles: 32, Prince George's: 20, St. Mary's: 28). As new farms come in, they will be included in the on-line virtual farm guide once the new database is completed.
- ***A Directory Website*** was developed (www.southernmarylandharvest.com) to periodically list the directory as a "virtual farmers market". This website will be combined with www.somarylandsogood.com in the fall of 2004 so that information will be timely and can be more easily updated.

- ***Farmers Markets – Promotional advertising*** -- increased Market sales for over 179 Southern Maryland growers for 14 Farmers' Markets in the five counties. Sales in 2002 from these markets averaged $1.6 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 and brings in annual sales of $450,000 to regional farmers.

- ***Calvert Country Market – An indoor, year-round farmers' market*** in Calvert County 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, 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 -- predominantly features Amish and Mennonite*** farmers and is exceedingly popular for consumers and tourists. Revenues from this market alone exceeded $600,000 in 2003. The market site is in great need of expansion as it is rapidly outgrowing the current capacity. Funds have been encumbered to assist this expansion. Funds or in-kind services are matched, one-to-one, by St. Mary's County. This market features approximately 17 vendors and begins in early May. This six-day market is unique in that operates almost daily throughout the summer. On Saturday attendance averages well over 500 visitors.

AGRITOURISM

- ***Celebrate the Bounty of our Lands and Waterways – Southern Maryland Agritourism Brochure*** – a special brochure was developed to showcase farms, and heritage sites, and events that highlight the bounty of Southern Maryland's lands and waterways. The brochure was printed in May 2004. This brochure has proven to be immensely popular, and thousands of copies have been requested. An Agritourism Field Day is planned for August 2004, followed by a hands-on field trip for area farmers to visit successful grassroots Agritourism destinations in North Carolina later in the year.
  - A total of 84 agri-tourism farms, business and events featuring agriculture and natural resources are listed. Additionally, a map of 15 area farmers' markets with directions and contact information is included.

AGRIBUSINESS DEVELOPMENT

- ***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 was 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. Target opportunities include expand of the existing wholesale market (see above), a value-added manufacturing center, and a distribution center for horticultural products. A study conducted through the Maryland Food Center Authority in late 2003/ early 2004 was inconclusive, but stated that the current site of the Cheltenham Market was unsuitable for the project because of its limited acreage and lack of water and sewage. Other sites are currently being investigated along Rt. 301 in Prince George's, with the vision of a statewide multi-purpose agri-business park. Discussions with the State have been initiated.

- ***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 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. Twenty-seven varieties have been evaluated to date and several meetings for area growers have been held.

- ***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. In March 2004, a meeting was held with regional farmers in which the call for a local slaughter/ processing facility was strongly brought forth. We are actively pursuing the possibilities with the farm community and other state and federal agencies. A value-added livestock and meat-processing field day and workshop are planned for October 2004.

- ***Regional Butcher Shop*** – Program funds were used to complete the establishment of a butcher in the Calvert County Farmers' Market. Currently, the butcher buys beef from regional livestock producers, but due to the lack of a near-by processing facility, local pork is no longer available. Considering that stuffed ham is one of the most famous Southern Maryland holiday dishes, clearly this presents additional incentive for a local facility.

- ***Nursery Opportunities*** – Opportunities with Bell Nursery (a Maryland business, based on a growers' network) have been considered as a possibility for Southern Maryland's many former tobacco greenhouses. Several Bell nursery growers are currently in Southern Maryland, but interest from Bell in further expansion appears to be limited at this time. We will continue to explore nursery options, as this is one of our key areas of opportunity.

- ***Maryland Sand and Gravel*** – Requested by the Maryland Department of Agriculture, the Commission oversaw a study for the State on sand and gravel operations.

LEADERSHIP AND ENTREPRENEURIAL DEVELOPMENT

- ***Southern Maryland Farm Viability Enhancement Grant 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. Thirteen farms have developed or are developing business plans. Eight of these farms joined in 2002 (including five tornado-hit farms), three in 2003, and two in 2004. Funds for the special session of the tornado-hit farms in 2002 were matched by Charles County. The last round of grants were targeted at the Greenhouse/nursery industry, Grapes/wineries, Agritourism, and Value-added processing. The farms which received funds or are developing business plans are engaged in the following activities:
- ***New grants***:
    - Greenhouse production for bedding plants and fall flowers and crops (2004)
    - Local winery business (2004)
    - Wetland plant species – production for wetlands restoration programs (2003)
    - Extended-Season fruits and vegetables through Greenhouse production (2003)
    - Expanded Nursery stock and bedding plants through Greenhouse production (2003)

Previous grants

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

EDUCATION

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

Advanced Level Education:

LEAD Agriculture Maryland: Scholarships for Southern Maryland participants to attend the LEAD Agriculture Maryland course are on going. One new applicant sponsored in 2003-4 is currently engaged in specialized oyster production. (Partially funded through a separate grant.)

Farmer Seminars/Workshops: Two seminars were co-sponsored: Livestock Grazing seminar (Calvert, 2003) and a Nursery workshop (Charles, Feb. 2004). Both were well attended, and follow-up workshops are planned for Fall 2004.

Our Farms, Our Future: Sixty of Southern Maryland's most successful farms participated in a daylong event in March, 2004. The event was designed to energize, motivate, and creatively build a series of action plans for the future of Southern Maryland's agriculture. Farms actively working in the hay, livestock, nursery, Agritourism (including grape and wineries), wholesale produce, and direct-marketing sectors were invited. Local food was featured, and the groups were divided by sector and encouraged to "think outside of the box". Each group developed a series of recommendations and actions, both personally, and for the Commission (see attached report). The group hopes to come back together in the late fall or winter 2004-5 to report on follow-up activities. It is envisioned that this could become an annual event for the farmers of Southern Maryland.

Elementary and Teen Education:

Kids Cook – This activity, although *more challenging than anticipated* to start due to the Federal "Leave No Child Behind" Educational Mandate fits very well into the stated goals of the current Maryland Executive Administration of Education and Health. By tying two themes together in unique ways to excite and interest children and their families about the connection between tasty foods, nutrition, long-term health benefits and the support of local agriculture, we hope to have a lasting impact on health, education and the farm economy. The program is designed to educate children and their families about the importance of supporting the local farm economy and the nutritional value of consuming fresh, local farm goods. During these unique field trips, children learn about farming, the importance of supporting local farms and related businesses, and get to prepare and taste food they pick or purchase with chefs. In this initial pilot project, two elementary school classes participated in trips to farms and markets, and at least 94 children and adults participated in winter holiday program held at a regional library, featuring the natural bounty of local farms. One class visited an organic farm, learning earth science and land use history, the second class visited one-on-one with Amish farmers at a market and Amish bakery, learning about agriculture and a culture quite different from the mainstream. With local food professionals, both classes also prepared and tasted the farm products they'd picked or purchased, thus learning that fresh food is not only good for you, but can also be exciting and tasty. Children were then given coupons to encourage their families to buy at local farmers markets and stands. (Partially funded through a separate grant).

Curriculum Development: The Kids Cook project also developed new curriculum designed to meet Maryland state standards incorporating agriculture and the concepts of buying local (4^{th} grade level). (Partially funded through a separate grant).

Cornelia and the Farm Band Coloring Book -- A design competition was conducted throughout the region in the winter of 2004 for an agricultural mascot. Approximately 250 students responded with so many creative designs that a coloring book was developed to encourage children and their families to support the local farm economy in a fun and humorous manner. The coloring book uses the student-inspired designs to teach subtle messages about the diversity of local farm products and services available in Southern Maryland, and gives the parents a message to "buy local".

The coloring book was published in early summer of 2004, and by late summer farms, local businesses and civic groups that support local farmers, have requested thousands of copies. The theme has been picked up by local educational newspapers, and will be distributed to all schools in the region in the fall of 2004. It is also hoped that the book will be widely used throughout the school systems this coming school year.

Mobile Science Agricultural Laboratories: 10 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 became available for elementary school teachers in Fall 2003. (Funded through a separate grant.)

4-H: Program funds sponsored a regional horticulture workshop for youths.

Public Education – So. Maryland So Good: All of the materials that have been developed regarding the program (see all of the above) are being continuously displayed at fairs, local community events, 4-H shows and more throughout the spring and summer of 2004. A special display is being created for the five county fairs in 2004 that will include attractions for adults and children, to actively promote Southern Maryland's agriculture.

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

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Tri-County Council for Southern Maryland
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Southern Maryland Agricultural Development Commission
Tri-County Council for Southern Maryland

SOUTHERN MARYLAND TOBACCO CROP CONVERSION PROGRAM

Southern Maryland: Transitioning away from a Tobacco Heritage

For over 360 years, Southern Maryland's agricultural economy has been dependent on tobacco production. 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 study conducted in 2001, 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. 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, to enhance participation in existing Southern Maryland agricultural land preservation programs, and to assist infrastructure needs for farmers' markets.

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

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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 2004 (July 2003- June 2004)

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

Objective 1.1	***By the year 2005, 85-90% of the eligible tobacco growers in Maryland will no longer produce tobacco in Maryland for human consumption***
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 2004 (July 2003 - June 2004)

Managing for Results

	Actual	Goal	Actual	Goal	Actual (Est.)	Goal
Performance Measures	**2003**	**2004**	**2004**	**2005**	**2005**	**2006**
Inputs:						
Number farmers applying for the program per year	58	85	67	90	96	na
Output:						
Total number of applying farmers who have contractually agreed to cease tobacco production	57	80	67	80	96	na
Efficiency:						
Applications and contracts processed in timely manner (%)	100	100	100	100	100	na
Payment checks issued in timely manner (%)	100	100	100	100	100	100
Outcomes:						
Cumulative number of growers out of tobacco	712	825	779	895	877	877
Cumulative pounds of eligible tobacco out of production (millions)	6.81	7.33	7.331	7.7	7.8	7.8
Quality:						
Percent of tobacco farmers who cease tobacco production via the program (cumulative)	71%	83%	76%	86%	86%	86
Percent of tobacco pounds that are out of production via the program (cumulative)	83%	90%	89%	94	94%	94%
Payments issued in timely manner (%)	100	100	100	100	100	100

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

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	**Marketing Southern Maryland Products (now So. Maryland, So Good (SMSG))** • Develop a marketing program to enable Southern Maryland producers to gain access to metropolitan markets.
Action Plan/Step	**Southern Maryland Fresh Harvest (now SMSG)** • Develop a targeted marketing Project for growers to direct market Southern Maryland fresh produce
Action Plan/Step	**Southern Maryland Regional Farm Product and Services Directory (now SMSG)** • 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	**Farmer's Market Promotion and Development** • 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	Goal
Performance Measures	**2003**	**2004**	**2004**	**2005**	**2006**
Inputs:					
Number of grower applications: SMSG (cumulative)	60	80	72	90	100
Number of store participants: SMSG (cumulative) (now including stores, restaurants, institutions)	46	60	34 see text	45	45
Number of applications: SMD Harvest Directory (cumulative)	156	200	143	200	250
Number of Farmers' Market applications	16	16	14	15	15
Output:					
Market trends, loan, and feasibility studies assessed	3	2	2*	1	1
SMD Directories published (Regional, Direct-market)	3	3	3 (Guide, SMSG, Agritour)	3	3
Efficiency:					
Directories published in timely manner	2	2	3	3	3
Farmer market applications and contracts processed timely	100%	100%	100%	100%	100%
Outcomes:					
Number of growers / businesses advertising in Directory	143	200	177	200	250
Number of produce growers / businesses direct marketing through Program (SMSG)	106	150	177	200	250
Number of Farmers Markets supported/promoted	16	16	14	15	15
Number of Farmers' benefiting from farmers' market promotion, enhancement	421	500	550	600	600
Quality:					
Advertising campaign – number of direct mailings, media ads***	6500	7500	1.35 million	2 million	2.5 mill

* Ag Park Study, MDA Sand and Gravel
***Tobacco List, SMD Harvest directories, Agritourism brochure, Coloring book, Our Farms, Our Future, So. MD, So Good, Grant advertising, Seminar (nursery, livestock) mailings, & circulation reached through press releases

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	Goal
Performance Measures	**2003**	**2004**	**2004**	**2005**	**2006**
Inputs:					
Number of applications for SMD Farm Viability	**9**	**10**	**4**	**3 (ag tour, meat)**	**3**
Number of relevant local, state and/or federal grants	**2**	**1**	**1**	**1**	**1**
Output:					
Cumulative number of Farm Viability Business Plans developed	**12**	**15**	**13**	**16**	**19**
Agri-tourism Brochures published	**na**	**1**	**1**	**1**	**1**
Number of applications for relevant matching grants	**1**	**1**	**0**	**3**	**3**
Efficiency:					
Applications and plans processed timely	**80%**	**100%**	**100%**	**100%**	**100%**
Grant funds processed in timely manner	**100%**	**100%**	**100%**	**100%**	**100%**
Outcomes:					
Number of farms with viable business plans (cumulative)	**12**	**15**	**13**	**16**	**19**
Number of producers / businesses involved in value-added processing as result of program (cumulative)	**na**	**na**	**1**	**3**	**5**
Business Incubator / Processing Kitchen design underway	**1**	**1**	**na**	**1 (meat)**	**1 (meat)**
Number of producers/business participating or enhanced in agri-tourism as a result of program (cumul)	**2**	**15**	**84**	**90**	**95**
Matching grants awarded	**1**	**1**	**0**	**1**	**1**
Quality:					
Advertising campaign – number of direct mailings, media ads***	**6500**	**7500**	**1.35 m**	**2 m**	**2.5 m**

** MDA Sand and Gravel Study
***Tobacco List, SMD Harvest directories, Agritourism brochure, Coloring book, Our Farms, Our Future, So. MD, So Good, Grant advertising, Seminar (nursery, livestock) mailings, circulation

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	Goal
Performance Measures	**2003**	**2004**	**2004**	**2005**	**2006**
Inputs:					
Funds available for Infrastructure programs	yes	yes	yes	yes	Yes
Output:					
Number of Educational Tours developed	1	2	2	2	2
Educational opportunities (fairs, conferences, courses, seminars, etc.) sponsored through program	17	20	18*	20	22
Number of scholarships awarded	3	8	1	2	2
Number of farmers / businesses directly receiving information *	1500	1500	1500*	1750	1750
Efficiency:					
Grant or sponsoring funds processed in timely manner	100%	100%	100%	100%	100%
Outcomes:					
Number of agri-businesses enhanced/developed as a result of tours, education, trade fairs, grants, etc.**	17	25	300**	350	350
Quality:					
Advertising campaign – number of direct mailings, media ads***	6500	7500	1.35 m	2 m	2 m

* Mobile Science Labs, Nursery, Livestock, Our Farms, Our Future, Chelt, 4-H, Kids Cook (3)
**Grantees(13), scholarships(1), participants at seminars (200, 60) field trips to farms, Kids cook (10)
***Tobacco List, 5000 directories, SMD Harvest/ So. MD, So Good/ Grant advertising, press releases circulation

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

Objective 3.1	*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*
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	*Acquisition of County land for Farmers' markets on a one-to-one match from the County and General Market Support*
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.

	Actual	Goal	Actual	Goal	Goal
FY'04 Performance Measures	**2003**	**2004**	**2004**	**2005**	**2006**
Inputs:					
Funds made available to support existing county preservation program (thousands)	1,325	2,412	902	1,481	1,481
Bonus funds available to support incentive for tobacco farmers (thousands)	287	300	147	378	378
Output:					
County programs strengthened	5	5	5	5	5
Number of eligible Growers who place land under agricultural preservation (cumulative, inc. leveraged matching)	40	60	74	85	92
Outcomes:					
Cumulative acres permanently preserved (inc. matching)	7534	5500	12,735	15,000	18,000
Counties participating	5	5	5	5	5
Quality:					
Payments issued in a timely manner	100%	100%	100%	100%	100%

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

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