**RFA Number 0309031133**

**New York State Department of Health**
**Tobacco Control Program**

**Request for Applications**

# Tobacco Cessation Centers

**Applicant Conferences On: December 1, 2, 8, 2003**

**Letter of Intent Due: December 12, 2003**

**Questions Due: December 19, 2003**

**Applications Due: January 14, 2004**

**Contact Name & Address: Craig Ryder**
**NYSDOH Tobacco Control Program**
**Empire State Plaza**
**Corning Tower Room 710**
**Albany, NY 12237**

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## I. Introduction

The New York State Department of Health seeks applications from non-profit educational institutions, hospitals, community health centers, local or county governments, and other non-profit agencies including but not limited to provider, insurer, and professional associations, for funding as Cessation Centers. The primary deliverable of contracts resulting from this request for applications (RFA) will be the provision of training and technical assistance and follow-up to health care institutions and providers regarding the design and implementation of systems to identify tobacco users at each patient encounter and provide brief counseling to tobacco users.

The secondary deliverable of contracts resulting from this RFA will be the identification and promotion of direct cessation services in the form of intensive behavioral counseling in group or individual settings, cessation advice through the New York State Smokers' Quit Line, or provision of direct cessation services by the contractor, as necessary.

Approximately $5 million is available annually to fund agencies in nineteen catchment areas throughout New York State.

### Background

Preventing and reducing tobacco use are the most important public health actions that can be taken to improve the health of New Yorkers. Tobacco addiction is among the leading preventable causes of morbidity and mortality in New York and in the United States. Cigarette use, alone, results in an estimated 430,000 deaths each year in the US, including 25,000 deaths in New York State. The list of illnesses caused by tobacco use is long and contains many of the most common causes of death, including heart disease and stroke and many forms of cancer and lung and vascular diseases.

Nonsmokers who breathe the smoke from other peoples' cigarettes also suffer adverse health consequences related to their exposure to tobacco smoke. According to the U.S. Department of Health and Human Services Centers for Disease Control and Prevention (CDC), researchers have identified more than 4,000 chemicals in tobacco smoke, including at least 43 that cause cancer in humans and animals. The US Environmental Protection Agency estimates that environmental tobacco smoke, also called secondhand smoke, causes approximately 62,000 deaths each year among non-smokers in the United States, including 3,000 deaths each year from lung cancer. An estimated 300,000 children across the nation develop lower respiratory tract infections each year as a result of exposure to second-hand smoke, with approximately 15,000 of these children hospitalized each year due to their infections. Exposure to secondhand smoke is a primary cause of asthma and acute asthmatic events among children. Tobacco smoke also has a direct impact on the health of the developing fetus. Women who smoke during pregnancy have a higher incidence of delivering low birth weight babies, a leading cause of infant death.

The New York State Tobacco Use Prevention and Control Program currently operates with a total of $41.5 million in funding from two sources: state funds ($39.5 million), and the Centers for Disease Control ($2 million). The program was built upon a foundation of community action established during the National Cancer Institute-funded Project ASSIST (1991-1999) and is based on the coordinated, comprehensive, statewide approach to tobacco control promoted and funded by the CDC beginning in 1999. The program seeks to prevent initiation of tobacco use, reduce current use of tobacco products through promotion of cessation, reduce the social acceptability of tobacco use, and eliminate exposure to secondhand smoke by implementing a three-pronged strategy:

**Community mobilization** to change the community environment that supports tobacco use, change community attitudes about tobacco, and de-normalize tobacco use;
**Media and counter-marketing** to increase awareness of the dangers of secondhand smoke and motivate tobacco users to stop, to expose tobacco industry propaganda, and de-glamorize tobacco use; and
**Cessation** systems, services, and support to motivate individual tobacco users to attempt to stop smoking and increase the likelihood of cessation success.

The Tobacco Control Program is additionally supported by surveillance and evaluation and training and program administration to build and maintain an effective tobacco control infrastructure and contributes to the science of tobacco control.

The Program's activities follow recommendations from the National Cancer Institute's *Strategies to Control Tobacco Use in the United States: A blueprint for public health action in the 1990s;* CDC's *Best Practices for Comprehensive Tobacco Control Programs;* the Surgeon General's report on *Reducing Tobacco Use: A Report of the Surgeon General;* and the Task Force on Community Preventive Services' *Guide to Community Preventive Services: Tobacco Use Prevention and Control*.

**Community Mobilization Action Areas**
Community coalitions
Youth partnerships
School-based initiatives
Enforcement of youth access restrictions

*Community coalitions.* Efforts to change community attitudes and de-normalize tobacco use include funding 26 community coalitions covering all 62 New York State counties. Coalitions engage local stakeholders, educate community leaders and the public, and mobilize the community to strengthen tobacco-related policies to restrict the use and availability of tobacco products and limit opportunities for exposure to secondhand smoke. Community coalitions work with local businesses, employers, work places, health care institutions and providers, and schools and community groups to implement effective tobacco-free policies, change public opinion about tobacco and tobacco use, and promote access to cessation services for those who desire assistance to stop smoking. Community coalitions have been successful in promoting initiatives to strengthen clean indoor air laws, product placement laws, tobacco advertising restrictions, and youth access laws and penalties. Coalitions have implemented multi-media campaigns, school and community events as well as other activities to inform, educate, engage and empower the general population in order to decrease the social acceptability of tobacco use. In collaboration with community agencies and health service providers, the coalitions provide resources and support for those who wish to stop using tobacco.

*Youth partnerships.* Partnerships with youth organizations throughout the state, including county health departments and community-based organizations, seek to change community social norms regarding tobacco use through civic action. These programs engage middle and high school aged youth from all economic and cultural backgrounds in activities that are aimed at improving the health status of their community. Branded under the name Reality Check, program initiatives have included exposing the deceptive marketing tactics of the tobacco industry, promoting positive modeling in the entertainment industry; designing and conducting attitude and behavior surveys; community mapping of industry advertising practices; community education linked to social action; and media advocacy.

*School-based initiatives.* Grant support to eight regional Student Support Services Networks provides resources and support services to schools around the state seeking to develop, implement, and enforce effective tobacco-free school policies. Schools play a key role in creating attitude and behavioral change among students, their families and members of the community. By creating an environment that supports and promotes tobacco-free values and behaviors, schools can be leaders in the fight for tobacco-free lifestyles for children and adults.

*Enforcement of youth access restrictions.* Supported by the NYSDOH Center for Environmental Health, local activities to enforce the Adolescent Tobacco Use Prevention Act further change community attitudes about tobacco use as a normative behavior. Educating retailers about the law and citing those who violate it put the whole community on notice that youth smoking is something to be prevented. These activities can help focus community attention on the issue of youth access to tobacco and provide a call to action to community members. When enforcement reaches a level of 95 percent compliance, it can contribute to the prevention and reduction of youth tobacco use.

**Media and Counter-Marketing Action Areas**
General audience media
Youth media and counter-marketing

The tobacco education media campaign has included television, radio, billboard and print advertising, with the goals of educating New Yorkers about the health risks of tobacco use and the dangers of secondhand smoke, motivating tobacco users to stop, and promoting use of the New York State Smokers' Quit Line. The media campaign has included television, radio, and billboard and print advertising and is based on ads and materials available to New York State from the CDC Media Campaign Resource Center.

Counter-marketing efforts directed towards youth seek to expose the promotional strategies employed by the tobacco industry, de-glamorize tobacco use, and build and sustain an anti-industry youth movement. The counter-marketing efforts supports local activity as part of a statewide initiative, reinforce and enhance youth actions and messages at the local level, and motivate youth and partners to become or remain part of the youth-led movement against tobacco.

**Cessation Support and Services Action Areas**
Smokers' Quit Line
Cessation Centers
Medicaid coverage of pharmacotherapies for cessation

Program efforts to motivate individual tobacco users to try to stop and to support tobacco users in their cessation efforts include:

- Funding the New York State Smokers' Quit Line, which provides cessation information and referral services to people who call the toll-free number 1-866-NY-QUITS. The Quit Line receives approximately 50,000 calls per year, and has documented high quit rates among the subset of callers who speak with an intervention specialist.
- Funding for Cessation Centers that promote systematic screening and counseling of tobacco users by all health care providers, in accordance with the Public Health Service guidelines for smoking cessation. These Centers will also promote the availability of cessation services in the community and work with other funded partners to encourage tobacco users to quit;
- Coverage of over-the-counter and prescription cessation therapies for Medicaid-eligible New Yorkers. These covered services play an important role in addressing the need for cessation services in a population with a high rate of cigarette use.

Programmatic Organizational Structure:  Field Operations

The New York Tobacco Control Program's field operation is organized into four (4) Regional Program Networks and each region is divided into two (2) areas.

Western Region
- Rochester Area
- Buffalo Area

Central Region
- Northern Central Area
- Southern Central Area

Capital Region
- Northern Capital Area
- Southern Capital Area

Metropolitan Region
- Lower Hudson Valley Area
- New York City Area

Each region is supervised by a Field Director and each area is staffed by a local Area Manager. Working with the Field Director and Area Managers, community partners will align goals; share best practices; develop strategic plans; develop and implement public relations activities; identify training and technical assistance needs; communicate statewide policy and program initiatives; and communicate problems and issues facing the field.  Communication and networking will be accomplished through Area, Regional, and statewide meetings.

Need for Project

An estimated 3.3 million adults in the state of New York continue to smoke.  Nationally, more than 70 percent of all smokers report that they would like to quit and nearly half of all adult smokers make a quit attempt each year.  However, less than 14% of those smokers are able to maintain abstinence for one month.  For many tobacco users, overcoming the physical and psychological dependence on tobacco products is a challenge that requires intensive assistance and often multiple quit attempts.

In an environment of increased awareness of the health hazards of tobacco use, decreased social acceptability of tobacco use, and clean indoor air laws which limit the opportunity for smoking, there is a need to systematically encourage all tobacco users to quit, and to provide them with appropriate resources to do so.

## II. Who May Apply

This application is open to non-profit educational institutions, hospitals, community health centers, local or county governments, and other non-profit agencies including but not limited to provider, insurer, and professional associations. Applicants must have expertise in the administration of health care systems. The Department will not issue contracts pursuant to this RFA to agencies that are not the primary managing agency of the contract, i.e., agencies that wish to sub-contract the majority of the contract work.

In order to be funded, applicants must demonstrate a significant reach into the health care community within the catchment area. Applicants must provide Memorandums of Understanding with local health care institutions which clearly indicate a commitment to collaborate in institutionalizing tobacco use screening systems and providing brief counseling to tobacco users. Health care institutions include hospitals, community health centers, mental health treatment facilities, substance abuse treatment facilities, insurers, physician groups, and private physician practices.

Eligible applicants must have no affiliations or contractual relationships with any tobacco company, its affiliates, its subsidiaries or its parent organization. All applicants should include a statement verifying the vendor's "no tobacco" status.

Catchment Areas and Estimated Funding:

| **Counties** | **Estimated Funding** |
|---|---|
| Bronx | $302,500 |
| Kings | $467,500 |
| New York | $332,750 |
| Richmond | $200,000 |
| Queens | $431,750 |
| Nassau & Suffolk | $526,500 |
| Putnam, Orange, Rockland, Westchester | $379,250 |
| Dutchess, Sullivan, Ulster | $207,000 |
| Clinton, Essex, Franklin, Hamilton | $164,750 |
| Fulton, Montgomery, Saratoga, Warren, Washington | $213,250 |
| Columbia, Delaware, Greene, Albany, Otsego, Rensselaer, Schenectady, Schoharie | $336,000 |
| Broome, Chenango, Cortland, Tioga, Tompkins | $246,000 |
| Madison, Herkimer, Oneida | $182,250 |
| Cayuga, Oswego, Onondaga | $226,250 |
| Jefferson, Lewis, St Lawrence | $165,750 |
| Allegany, Cattaraugus, Chautauqua, Wyoming | $186,750 |
| Erie, Genesee, Niagara, Orleans | $324,250 |
| Livingston, Monroe, Ontario, Seneca, Wayne | $298,250 |
| Schuyler, Steuben, Yates, Chemung | $173,000 |
| Total | $5,363,750 |

The Department strongly encourages applicants to apply for catchment areas as designated above. If applying for a catchment area that is different from those noted above, applicants must provide substantial justification (see Section V, Part A, question 1). Agencies may apply to serve more than one catchment area. In this case, a separate application must be submitted for each catchment area.

Applicants may include mental health and substance abuse treatment institutions as partners. Specialized technical assistance will be available to these venues through contracts expected to be bid in early 2004.

## III. Project Narrative/Work Plan Outcomes

In 1996, the US Agency for Health Care Policy and Research (AHCPR) completed an exhaustive review of available research and published guidelines for effective health care system to identify tobacco users and provide tobacco use cessation support. The guidelines were revised to incorporate substantial new research and re-released in 2000 as The Public Health Service (PHS) Guideline for Treating Tobacco Use Dependency. (These guidelines are available at http://www.surgeongeneral.gov/tobacco/treating_tobacco_use.pdf or by calling the PHS Publications Clearinghouse at 1-800-358-9295). The updated guideline offers clear guidance on how tobacco screening and intervention systems can be consistently and effectively integrated into health care delivery. For a synopsis of recommended strategies for system-level change, see http://www.surgeongeneral.gov/tobacco/systems.htm. All applicants that propose offering tobacco dependency treatment must incorporate the PHS guideline for smoking cessation in proposed new or ongoing delivery systems for tobacco dependency treatment.

In order to effectively address the issue of tobacco use in New York State, every person who enters a New York State health care system should be screened for tobacco use; all tobacco users should receive at least advice to quit whenever a caregiver sees them. The "5A" model requires that clinicians:

Ask regularly about tobacco use and record the tobacco use status of every patient/client;

Advise tobacco users to quit in a clear, strong, and personalized manner;

Assess the readiness of tobacco users to make a quit attempt;

Assist tobacco users in the quitting process through counseling and the use of pharmacotherapy;

Arrange follow-up support.

The guideline recommends that smoking cessation interventions be delivered at every opportunity by all types of health care providers (e.g., physicians, physician assistants, nurse practitioners, dentists, nurses, psychologists, social workers). Even brief interventions were found to markedly increase cessation rates compared with no provider intervention.

To encourage provider interventions, health care institutions and providers must implement tobacco use assessment systems with prompts or reminder systems to prompt providers to offer brief advice to tobacco users. In addition, all clinicians should be trained in the 5A intervention, the use of pharmacotherapy, process and benefits of behavioral counseling, and follow-up and referral options for cessation so that they are better prepared to increase patients' motivation and success in quitting. Some institutions have provided reimbursement to providers conducting brief interventions.

**Project Deliverables**

The primary deliverable of contracts resulting from this RFA will be the provision of training and technical assistance and follow-up to health care institutions regarding the design and implementation of systems to identify tobacco users at each patient encounter and provide brief counseling to tobacco users. Contractors will identify successful models and gain commitments from institutional managers to implement these screening systems. Contractors will provide training and technical assistance to health care institutions within the catchment area in order to facilitate adoption of systems to identify and provide brief counseling to tobacco users. Training and technical assistance will be provided to individual health care providers regarding effective methods of identifying and conducting brief interventions with tobacco users. Health care institutions include hospitals, community health centers, mental health treatment facilities, substance abuse treatment facilities, insurers, physician groups, and private physician practices. Health care providers include physicians, nurses, dentists, dental hygienists, nurse practitioners, physician assistants and mental health and substance abuse counselors.

Training on effective screening and intervention strategies may additionally be offered to non-clinical settings such as WIC sites and other social service sites.

Funded agencies will actively collaborate with the New York State Smokers' Quit Line to refer clients to the Quit Line. The Quit Line offers a fax referral service called "Quit Coach" through which providers may refer their tobacco-using patients using a fax referral form that includes client contact information (with consent). The client receives a call from the Quit Line to assess readiness to quit, establish a quitting plan and provide resources and support for a successful quit attempt. A patient progress report is then faxed back to the referring provider for additional follow-up. Applicants may choose to use this system to refer clients for advice and counseling.

For all sites where training and technical assistance have been delivered, contractors must provide follow-up support and evaluation of the status of systems used to identify, counsel, and follow-up with tobacco users.

Funded agencies may subcontract with partner institutions to facilitate institutionalization of screening and counseling systems, or may enter into less formal agreements to provide training, technical assistance, and follow-up support and evaluation. In either case, the funded agency will be responsible for ensuring that the effectiveness of the systems that are put in place is evaluated.

The secondary deliverable of contracts resulting from this RFA will be the identification and promotion of direct cessation services in the form of intensive behavioral counseling in group or individual settings, cessation advice through the New York State Smokers' Quit Line, or provision of direct cessation services by the contractor, as necessary. Contractors will survey their catchment area for existing cessation resources and may choose to provide direct services to fill gaps in services. Funded agencies may also subcontract with partner institutions to provide direct services. All subcontracts must be approved in writing by the Department. The use of nicotine replacement therapy or other pharmacotherapy must be encouraged unless contraindicated.

### A) <u>Training and Technical Assistance</u>

1. Funded agencies will provide training and technical assistance to health care institutions within the catchment area regarding design, implementation, and use of systems to identify tobacco users at each patient encounter. Screening systems should be integrated into the intake systems of the institution and prompt providers to offer brief advice to quit to each tobacco user. With training and technical assistance from the contractor, each partner institution should develop a written quality assurance plan that mandates practices in the area of screening systems, training content, intervention process, and follow-up (in accordance with AHCPR cessation system guidelines).

2. Funded agencies will provide training and technical assistance to health care providers regarding effective methods of conducting brief interventions with tobacco users. The 5A model must be used.

3. Health care providers will receive education on appropriate tobacco intervention strategies and the latest science concerning tobacco dependence treatment, including the efficacy of pharmacotherapy. Providers will be educated regarding the state's Medicaid benefit for nicotine replacement therapy.

4. Resources will be provided to clinicians and patients such as self-help materials, including information on pharmacotherapy, the New York State Smokers' Quit Line, and other cessation resources, either on site or nearby.

5. Patients who show an interest in receiving intensive counseling will be referred to cessation resources, including on-site and community programs and the New York State Smokers' Quit Line.

**B) <u>Clinical Requirements for Contractors Proposing to Offer Cessation Services</u>**

Funded agencies that choose to offer direct cessation services must adhere to PHS Clinical Practice Guidelines regarding effective modes of delivery of intensive treatment.

1. Funded agencies will adhere to the PHS guidelines regarding proper client and program documentation and record keeping for both brief interventions and behavioral counseling. Clinical staff must demonstrate competency in all aspects of required clinical documentation and record keeping.

2. In recognition of the Department's status as the payer of last resort, clients must be screened for Medicaid or other insurance that offers a tobacco treatment pharmacotherapy benefit before being offered free or reduced cost NRT paid for by this contract. The use of sliding fee scales for NRT is strongly encouraged.

3. Funded agencies may designate a single Tobacco Intervention Specialist, use fee for service counselors, and/or provide funds through a subcontract with a partner institution to provide direct cessation services. If the agency uses fee for service counselors, a training and quality assurance program must be in place.

4. Tobacco Intervention Specialists must work with clients in developing treatment plans appropriate to the clients' stage of change (c.f. Prochaska and DiClemente), level of addiction, and individual challenges and resources. Client progress must be monitored and treatment plans adjusted as necessary.

5. Patients who choose to enroll in intensive counseling should be encouraged to utilize nicotine replacement therapy or other proven pharmacotherapy, unless use is contraindicated. Tobacco Intervention Specialists will screen for contraindications and obtain medical clearance for clients who have a contraindication prior to dispensing NRT. Minors and pregnant or breast-feeding women may not be offered NRT paid for by this contract.

## C) **Administration**

1. Funded agencies will write and promulgate and/or recommend to partner institutions administrative policies that support tobacco cessation, such as policies mandating a smoke free campus.

2. Funded agencies will actively collaborate with local tobacco control coalitions and other local funded partners in achieving local, Area, and Regional tobacco control goals.

3. Funded agency staff will attend monthly Area or Regional meetings, and other meetings and trainings as required.

4. Funded agencies will complete all required program and fiscal reports in a timely manner.

5. An annual work plan and budget must be filed and are subject to the approval of the Tobacco Control Program.

## D) **Promotion of Cessation Messages and Resources**

1. Up to fifteen percent of the contract budget (or a greater percentage with the approval of the Department) may be designated for the promotion of cessation messages and resources to the general public. Media may include television, radio, print, or out-of-home. Media and public relations initiatives must be coordinated with the local Coalition and Area work plans.

2. When using broadcast media, agencies are strongly encouraged to use existing media with cessation messages such as that archived by the CDC Media Campaign Resource Center (see www.cdc.gov/tobacco/mcrc).

3. Whenever appropriate, media messages must promote public awareness of the availability of Medicaid or other insurance coverage of NRT.

4. Media messages promoting the availability of cessation resources must promote the New York State Smokers' Quit Line whenever appropriate.

## E) **Evaluation**

Contractors will conduct regular follow-up evaluations of their own systems and those of partner institutions to ensure that screening systems are in place and being utilized effectively.

1. A collection of baseline data should be conducted prior to implementing screening systems. See Attachment 9, Evaluation Planning Matrix.

2. Funded agencies must develop mechanisms to be used or recommended to partner institutions for providing feedback at regular intervals to clinicians about their performance in screening for tobacco users and providing brief interventions. Such feedback may include recommendations for additional training to address barriers perceived by the provider.

3. Process and outcome evaluation data must be collected, including documentation of trainings conducted for administrators and clinicians, and demonstration of the implementation of systems by health care provider organizations. Contractors must work

collaboratively with the Tobacco Control Program Tobacco Surveillance, Evaluation and Research Team, and Research Triangle Institute, the Department's independent evaluator for tobacco control.

4. For clients who are provided cessation services by the contractor, contractors must attempt to determine the abstinence rate at three, six and 12 months post-treatment.

## IV. Administrative Requirements

### A. <u>Issuing Agency</u>

This RFA is issued by the NYS Department of Health Tobacco Control Program. The Department is responsible for the requirements specified herein and for the evaluation of all applications.

**Question and Answer Phase:**

All substantive questions must either be addressed at the Applicant Conferences noted below, or be submitted in writing to:

Craig Ryder
NYSDOH Tobacco Control Program
Empire State Plaza
Corning Tower Room 710
Albany, NY 12237
Cxr10@health.state.ny.us
Fax (518) 486-1684

To the degree possible, each inquiry should cite the RFA section and paragraph to which it refers. Written questions will be accepted until close of business on December 19, 2003.

Questions of a technical nature can be addressed in writing or via telephone by calling Craig Ryder at (518) 474-1515. Questions are of a technical nature if they are limited to **how** to prepare your application (e.g., formatting) rather than relating to the substance of the application.

Prospective applicants should note that all clarification and exceptions, including those relating to the terms and conditions of the contract, are to be raised prior to the submission of an application. See the paragraph titled "Applicant Conference and Letter of Intent" (below) to determine who will receive Department responses to questions.

Written answers to all questions raised will be mailed to applicants who have provided a Letter of Intent. Answers will be mailed on or about December 26, 2003.

### B. <u>Applicant Conferences and Letter of Intent</u>

Applicant Conferences will be held at the following locations:

<u>New Rochelle</u>
NYSDOH MARO-New Rochelle Regional Office
145 Huguenot Street, Room 612
New Rochelle, NY 10801
December 1, 2003

10:00 am

<u>Albany</u>

The Desmond Hotel & Conference Center
660 Albany-Shaker Road, 9 Fort Orange
Albany, NY 12205

December 2, 2003
10:00 am

<u>Rochester</u>

NYSDOH Western Region – Rochester Office
335 East Main Street, Room 201
Rochester, NY 14604

December 8, 2003
10:00 am

The Department requests that potential applicants register for one of these conferences by calling Gail Dobkins at the Tobacco Control Program at 518-474-1515 to insure that adequate accommodations can be made for the number of prospective attendees. Failure to attend the applicant conference will not preclude the submission of an application. All applicant conferences will present the same information.

**Letter of Intent to Apply** - Submission of a Letter of Intent to Apply is encouraged, although not mandatory. The Letter of Intent to Apply must be received by December 12, 2003 at the address shown in paragraph B above in order to automatically receive responses to written questions, including those questions raised at the applicant conferences, official applicant conference minutes, and any updates or modifications to this RFA. Failure to submit a Letter of Intent to Apply will not preclude the submission of an application. A sample format is included as Attachment 2 to this RFA. Letters of intent may be mailed, or faxed to (518) 486-1684.

**How to file an application**

Applications must be <u>**received**</u> at the following address by close of business on January 14, 2004. Late applications will not be accepted.

Craig Ryder
NYSDOH Tobacco Control Program
Empire State Plaza
Corning Tower Room 710
Albany, NY 12237

Applicants shall submit one (1) original, signed application and seven (7) copies. Application packages should be clearly labeled with the name and number of the RFA as listed on the cover of this RFA document. Applications will not be accepted via fax or e-mail.

It is the applicant's responsibility to see that applications are delivered to Room 710 prior to the date and time specified above. The Department will not be responsible for proposals lost or delayed by the U.S. Postal Service or other carriers.

**C. <u>THE DEPARTMENT OF HEALTH RESERVES THE RIGHT TO</u>**

1. Reject any or all applications received in response to this RFA.

2. Award more than one contract resulting from this RFA.

3. Waive or modify minor irregularities in applications received after prior notification to the applicant.

4. Adjust or correct cost figures with the concurrence of the applicant if errors exist and can be documented to the satisfaction of DOH and the State Comptroller.

5. Negotiate with applicants responding to this RFA within the requirements to serve the best interests of the State.

6. Modify the detailed specifications should no applications be received that meet all of these requirements.

7. If the Department of Health is unsuccessful in negotiating a contract with the selected applicant within an acceptable time frame, the Department of Health may begin contract negotiations with the next qualified applicant(s) in order to serve and realize the best interests of the State.

8. The Department of Health reserves the right to award grants based on geographic or regional considerations to serve the best interests of the state.

## D. Term of Contract

Any contract resulting from this RFA will be effective only upon approval by the New York State Office of the Comptroller.

It is expected that contracts resulting from this RFA will have the following time period: August 1, 2004 – July 31, 2009

## E. Payment & Reporting Requirements

The State (NYS Department of Health) may, at its discretion, make an advance payment to not for profit grant contractors in an amount not to exceed twenty-five (25) percent of the annual contract.

The grant contractor shall submit monthly or quarterly invoices and required reports of expenditures to the State's designated payment office:

Lynn Heffernan
NYS Department of Health
Empire State Plaza
Corning Tower Room 515
Albany, NY 12237

Payment of such invoices by the State (NYS Department of Health) shall be made in accordance with Article XI-A of the New York State Finance Law. Payment will be made within 30 days of receipt of a correct invoice.

Invoices must be accompanied by back-up documentation for the following expenditures:

Equipment purchases greater than $500: Copy of receipt or invoice, with serial number.

Consultants: Name, hours worked, and rate of pay. For outside consultants, provide a copy of the invoice.

Media purchases greater than $5,000: Copy of receipt.

Miscellaneous expenditures: Listing of all expenditures in this category

The grant contractor shall submit the following periodic reports:

Monthly Activity Reports (format to be determined)

Other reports specific to short term activities may be required.

All payment and reporting requirements will be detailed in Appendix C of the final grant contract.

## G. <u>General Specifications</u>

1. By signing the "Application Form" each applicant attests to its express authority to sign on behalf of the applicant.

2. Contractor will possess, at no cost to the State, all qualifications, licenses and permits to engage in the required business as may be required within the jurisdiction where the work specified is to be performed. Workers to be employed in the performance of this contract will possess the qualifications, training, licenses and permits as may be required within such jurisdiction.

3. Submission of an application indicates the applicant's acceptance of all conditions and terms contained in this RFA. If this applicant does not accept a certain condition or term, this must be clearly noted in a cover letter to the application.

4. An applicant may be disqualified from receiving awards if such applicant or any subsidiary, affiliate, partner, officer, agent or principal thereof, or anyone in its employ, has previously failed to perform satisfactorily in connection with public bidding or contracts.

5. Provisions Upon Default

   a. The services to be performed by the Applicant shall be at all times subject to the direction and control of the Department as to all matters arising in connection with or relating to the contract resulting from this RFA.

   b. In the event that the Applicant, through any cause, fails to perform any of the terms, covenants or promises of any contract resulting from this RFA, the Department acting for and on behalf of the State, shall thereupon have the right to terminate the contract by giving notice in writing of the fact and date of such termination to the Applicant.

c. If, in the judgment of the Department of Health, the Applicant acts in such a way which is likely to or does impair or prejudice the interests of the State, the Department acting on behalf of the State, shall thereupon have the right to terminate any contract resulting from this RFA by giving notice in writing of the fact and date of such termination to the Contractor. In such case the Contractor shall receive equitable compensation for such services as shall, in the judgment of the State Comptroller, have been satisfactorily performed by the Contractor up to the date of the termination of this agreement, which such compensation shall not exceed the total cost incurred for the work which the Contractor was engaged in at the time of such termination, subject to audit by the State Comptroller.

**Appendices**

The following will be incorporated as appendices into any contract(s) resulting from this Request for Application.

APPENDIX A - Standard Clauses for All New York State Contracts

APPENDIX A-1 Agency Specific Clauses

APPENDIX B - Budget

APPENDIX C - Payment and Reporting Schedule

APPENDIX D - Workplan

APPENDIX E - Unless the CONTRACTOR is a political sub-division of New York State, the CONTRACTOR shall provide proof, completed by the CONTRACTOR's insurance carrier and/or the Workers' Compensation Board, of coverage for:

Workers' Compensation, for which one of the following is incorporated into this contract as Appendix E-1:

Certificate of Workers' Compensation Insurance, on the Workers' Compensation Board form C-105.2 or the State Insurance Fund Form U-26.3 (naming the Department of Health, Corning Tower Rm. 1315, Albany 12237-0016), or

Affidavit Certifying That Compensation Has Been Secured, form SI-12 or GSI-105.2

Statement That Applicant Does Not Require Workers' Compensation or Disability Benefits Coverage, form 105.21, completed for workers' compensation; and

Disability Benefits coverage, for which one of the following is incorporated into this contract as Appendix E-2:

Certificate of Insurance, form DB-120.1, or

Notice of Qualification as Self Insurer Under Disability Benefits Law, form DB-155 or

Statement That Applicant Does Not Require Workers' Compensation or Disability Benefits

Coverage, form 105.21, completed for disability benefits insurance.

**NOTE: Do not include the Workers' Compensation and Disability Benefits forms with your application. These documents will be requested as a part of the contracting process should your agency receive an award.**

## V. Completing the Application

### A. <u>Application Content</u>

Applicants must respond to the following questions.

<u>Statement of Need</u>

1. Briefly catalog the number and types of health care institutions that serve the catchment area of the proposed program. If you are proposing a catchment area that is different from those the Department has designated, provide justification as to why a different catchment area is more appropriate.

2. Identify each separate physical location that will participate in the proposed program, including partner institutions. For each location named above, list all units or departments within that location that will participate under this contract. *If services will be institutionalized throughout a site, please indicate in lieu of naming each unit and describe in question 3.* Provide Memorandums of Understanding from each partner institution describing their commitment to participate in the program. If subcontracts are to be used, name the subcontractors, the scope of their work, and describe how they will be held accountable for the use of contract funds.

3. For each physical location identified above, use the chart shown in Attachment 8 to provide the estimates requested below.
    a. the total number of patients/clients served annually at this site/location;
    b. the estimated number of tobacco users served at this site;
    c. the estimated number of tobacco users at this site that will receive a brief intervention.

<u>Training and Technical Assistance</u>

4. Describe in detail how you will provide training and technical assistance to partner institutions within the catchment area regarding the implementation of universal screening systems. Describe the screening procedures you will implement or recommend to partners, including the physical tools to be used, i.e., computerized medical records, vital signs stamps, tobacco-use status stickers, etc.

5. Describe the methods the agency will implement or recommend to partners in order to ensure the widespread adoption by providers of brief 5A interventions, in accordance with PHS guidelines, including:

    a. how the agency will promulgate or recommend policies to promote brief interventions and ensure accountability;
    b. the agency's plan to educate and train all primary care clinicians and specialists to conduct brief interventions with tobacco users and complete documentation;
    c. how the intervention will be recorded in individual client/patient records. Please attach in an appendix a sample patient record that illustrates how your agency and partners will document tobacco user identification and brief interventions in the clinical records.

Clinical Requirements

6. Describe the materials that you will recommend or make available to institutional partners and individual health care providers such as self-help materials; information on effective cessation strategies; and information on pharmacotherapy. If known, attach examples of these materials as an Appendix.

7. Describe the volume and nature of cessation services that are currently available in the catchment area. If the funded agency plans to offer direct cessation services to fill gaps in coverage, describe where and when services will be offered. Describe the formats in which intensive counseling will be offered, i.e.: group, individual, and/or telephone counseling.

8. If providing cessation services, describe the agency's plans for providing intensive counseling, including

    a. Client intake and assessment protocol;
    b. Treatment planning;
    c. Relapse prevention;
    d. Record keeping.

9. Describe the applicant agency's qualifications for a Tobacco Intervention Specialist, including the education, training and prior experience required at the time of hire. Attach a job description.

Promotion of Cessation Messages and Resources

10. Prepare a media plan for the first 12 months of the contract. Describe strategies for promoting cessation messages and resources, with reference to the characteristics and resources of the geographic area to be served. Cite specific examples of media to be used, if known.

Evaluation

11. Describe how the efficacy of patient screening systems will be measured, including the degree to which clinicians are identifying and counseling tobacco users. Describe how feedback will be provided to clinicians and/or partner institutions.

12. If intensive counseling is being offered, describe how client abstinence will be measured at three, six, and 12 months post treatment.

Work Plan

13. Complete the attached work plan (Attachment 6). The draft NYTCP Strategic Plan is included for reference as Attachment 7. Applicants may choose to address goals other than Goal 3, "Promote Cessation from Tobacco Use," if those goals can be addressed within the scope of this contract. Work plans may be modified during each fiscal year to reflect changes in the tobacco control environment and to incorporate local, Area, or

Regional projects.

Budget

Complete a budget using the attached forms (Attachment 5). Applicants should submit a 12-month budget, assuming a start date of August 1, 2004. All costs must be related to the provision of services as described in this RFA. Justification for each cost should be submitted in narrative form, using the forms provided. For all existing staff, the Budget Justification must delineate how the percentage of time devoted to this initiative has been determined. This funding may only be used to expand existing activities or create new activities pursuant to this RFA. These funds may not be used to supplant funds for currently existing staff activities.

The Department anticipates awarding contracts in the amount shown in the Eligible Applicants section above. Applicants should adhere to these amounts in preparing proposed budgets. The above amounts are subject to change.

Indirect costs will be limited to a maximum of 5% of total direct costs.

Applicants may call Gail Dobkins at (518) 474-1515 to obtain electronic copies of any of the forms referenced in this RFA.

## B. Application Format

There is no formal page limit for applications. Applicants should take care to answer each question completely. The value assigned to each is an indication of the relative weight that will be given when scoring your application.

| | |
|---|---|
| 1. Statement of Need | Maximum Score: 7.5 points |
| 2. Training and Technical Assistance | Maximum Score: 22.5 points |
| 3. Clinical Requirements | Maximum Score: 20 points |
| 4. Promotion of Cessation Messages | Maximum Score: 10 points |
| 5. Evaluation | Maximum Score: 10 points |
| 6. Work Plan | Maximum Score: 10 points |
| 7. Budget | Maximum Score: 20 points |

## C. Review Process

1. Applications will be reviewed and evaluated by the NYSDOH Tobacco Control Program.

2. The highest scoring proposal in a given catchment area will receive the award for that area.

3. Proposals must receive a score of at least 60% in order to receive funding.

4. If there are no applications receiving a score of 60% or better in a given catchment area, the Department will consider funding a portion of the catchment area.

5. If additional funding becomes available, or if funding is reduced, funding will be distributed or reduced proportionally in the same manner as outlined in the RFA. Funding may also be adjusted to account for gaps in direct cessation services.

## VI. Attachments

Attachment 1: Standard Grant Contract with Appendices
Attachment 2: Letter of Intent Format
Attachment 3: Application Cover Sheet
Attachment 4: Budget Instructions
Attachment 5: Application Budget Format
Attachment 6: Work Plan Format
Attachment 7: NYTCP Draft Strategic Plan
Attachment 8: Locations to be served
Attachment 9: Evaluation Planning Matrix and Instructions

Attachment 1 GRANT CONTRACT

| | |
|---|---|
| STATE AGENCY (Name and Address): | NYS COMPTROLLER'S NUMBER:<br>ORIGINATING AGENCY CODE: |
| CONTRACTOR (Name and Address): | TYPE OF PROGRAM(S) |
| FEDERAL TAX IDENTIFICATION NUMBER:<br>MUNICIPALITY NO. (if applicable): | INITIAL CONTRACT PERIOD<br>FROM:<br>TO: |
| CHARITIES REGISTRATION NUMBER:<br>__ __ - __ __ - __ __ or ( ) EXEMPT:<br>(If EXEMPT, indicate basis for exemption): | FUNDING AMOUNT FOR INITIAL PERIOD: |
| CONTRACTOR HAS( ) HAS NOT( ) TIMELY FILED WITH THE ATTORNEY GENERAL'S CHARITIES BUREAU ALL REQUIRED PERIODIC OR ANNUAL WRITTEN REPORTS. | MULTI-YEAR TERM (if applicable):<br>FROM:<br>TO: |
| CONTRACTOR IS( ) IS NOT( ) A SECTARIAN ENTITY<br>CONTRACTOR IS( ) IS NOT( ) A NOT-FOR-PROFIT ORGANIZATION | |

**APPENDICES ATTACHED AND PART OF THIS AGREEMENT**

| | | |
|---|---|---|
| __X_ | APPENDIX A | Standard clauses as required by the Attorney General for all State contracts. |
| __X_ | APPENDIX A-1 | Agency-Specific Clauses (Rev 02/03) |
| __X_ | APPENDIX B | Budget |
| __X_ | APPENDIX C | Payment and Reporting Schedule |
| __X_ | APPENDIX D | Program Workplan |
| __X_ | APPENDIX X | Modification Agreement Form (to accompany modified appendices for changes in term or consideration on an existing period or for renewal periods) |

**OTHER APPENDICES**

| | | |
|---|---|---|
| __X_ | APPENDIX A-2 | Program-Specific Clauses |
| __X_ | APPENDIX E-1 | Proof of Workers' Compensation Coverage |
| __X_ | APPENDIX E-2 | Proof of Disability Insurance Coverage |

| | | |
|---|---|---|
| __X_ | APPENDIX H | Federal Health Insurance Portability and Accountability Act Business Associate Agreement |
| ______ | APPENDIX ___ | ________________________________________ |
| ______ | APPENDIX ___ | ________________________________________ |
| ______ | APPENDIX ___ | ________________________________________ |
| __X_ | APPENDIX C | Payment and Reporting Schedule |
| __X_ | APPENDIX D | Program Workplan |
| ______ | APPENDIX X | Modification Agreement Form (to accompany modified appendices for changes in term or consideration on an existing period or for renewal periods) |

IN WITNESS THEREOF, the parties hereto have executed or approved this AGREEMENT on the dates below their signatures.

____________________________________ ____________________________________

Contract No. __________________________

| | |
|---|---|
| ____________________________________ | ____________________________________ |
| CONTRACTOR | . STATE AGENCY |
| ____________________________________ | ____________________________________ |
| By: __________________________________ | By: ________________________________ |
| (Print Name) | (Print Name) |
| ____________________________________ | ____________________________________ |
| Title: ________________________________ | Title: ______________________________ |
| Date: ________________________________ | Date: ______________________________ |
| | State Agency Certification: |
| .<br>.<br>signature<br>.<br>of<br>. | “In addition to the acceptance of this contract, I also certify that original copies of this page will be attached to all other exact copies this contract.” |
| ______________________________________ | ____________________________________ |

STATE OF NEW YORK )
) SS:
County of ________________)

On the ________ day of _____________20__, before me personally appeared ______________________________, to me known, who being by me duly sworn, did depose and say that he/she resides at ______________________________, that he/she is the

______________________________ of the ____________________________________, the corporation described herein which executed the foregoing instrument; and that he/she signed his/her name thereto by order of the board of directors of said corporation.

(Notary) ______________________________________________________________________

ATTORNEY GENERAL'S SIGNATURE . STATE COMPTROLLER'S SIGNATURE

___________________________________ ________________________________

Title: ______________________________ Title: ____________________________

Date: ______________________________ Date: ____________________________

STATE OF NEW YORK

AGREEMENT

This AGREEMENT is hereby made by and between the State of New York agency (STATE) and the public or private agency (CONTRACTOR) identified on the face page hereof.

WITNESSETH:

WHEREAS, the STATE has the authority to regulate and provide funding for the establishment and operation of program services and desires to contract with skilled parties possessing the necessary resources to provide such services; and

WHEREAS, the CONTRACTOR is ready, willing and able to provide such program services and possesses or can make available all necessary qualified personnel, licenses, facilities and expertise to perform or have performed the services required pursuant to the terms of this AGREEMENT;

NOW THEREFORE, in consideration of the promises, responsibilities and convenants herein, the STATE and the CONTRACTOR agree as follows:

I. Conditions of Agreement

A. This AGREEMENT may consist of successive periods (PERIOD), as specified within the AGREEMENT or within a subsequent Modification Agreement(s) (Appendix X). Each additional or superseding PERIOD shall be on the forms specified by the particular State agency, and shall be incorporated into this AGREEMENT.

B. Funding for the first PERIOD shall not exceed the funding amount specified on the face page hereof. Funding for each subsequent PERIOD, if any, shall not exceed the amount specified in the appropriate appendix for that PERIOD.

C. This AGREEMENT incorporates the face pages attached and all of the marked appendices identified on the face page hereof.

D. For each succeeding PERIOD of this AGREEMENT, the parties shall prepare new appendices, to the extent that any require modification, and a Modification Agreement (the attached Appendix X is the blank form to be used). Any terms of this AGREEMENT not modified shall remain in effect for each PERIOD of the AGREEMENT.

To modify the AGREEMENT within an existing PERIOD, the parties shall revise or complete the appropriate appendix form(s). Any change in the amount of consideration to be paid, or change in the term, is subject to the approval of the Office of the State Comptroller. Any other modifications shall be processed in accordance with agency guidelines as stated in Appendix A-1.

E. The CONTRACTOR shall perform all services to the satisfaction of the STATE. The CONTRACTOR shall provide services and meet the program objectives summarized in the Program Workplan (Appendix D) in accordance with: provisions of the AGREEMENT; relevant laws, rules and regulations, administrative and fiscal guidelines; and where applicable, operating certificates for facilities or licenses for an activity or program.

F. If the CONTRACTOR enters into subcontracts for the performance of work pursuant to this AGREEMENT, the CONTRACTOR shall take full responsibility for the acts and omissions of its subcontractors. Nothing in the subcontract shall impair the rights of the STATE under this AGREEMENT. No contractual relationship shall be deemed to exist between the subcontractor and the STATE.

G. Appendix A (Standard Clauses as required by the Attorney General for all State contracts) takes precedence over all other parts of the AGREEMENT.

II. Payment and Reporting

A. The CONTRACTOR, to be eligible for payment, shall submit to the STATE's designated payment office (identified in Appendix C) any appropriate documentation as required by the Payment and Reporting Schedule (Appendix C) and by agency fiscal guidelines, in a manner acceptable to the STATE.

B. The STATE shall make payments and any reconciliations in accordance with the Payment and Reporting Schedule (Appendix C). The STATE shall pay the CONTRACTOR, in consideration of contract services for a given PERIOD, a sum not to exceed the amount noted on the face page hereof or in the respective Appendix designating the payment amount for that given PERIOD. This sum shall not duplicate reimbursement from other sources for CONTRACTOR costs and services provided pursuant to this AGREEMENT.

C. The CONTRACTOR shall meet the audit requirements specified by the STATE.

III. Terminations

A. This AGREEMENT may be terminated at any time upon mutual written consent of the STATE and the CONTRACTOR.

B. The STATE may terminate the AGREEMENT immediately, upon written notice of termination to the CONTRACTOR, if the CONTRACTOR fails to comply with the terms and conditions of this AGREEMENT and/or with any laws, rules and regulations, policies or procedures affecting this AGREEMENT.

C. The STATE may also terminate this AGREEMENT for any reason in accordance with provisions set forth in Appendix A-1.

D. Written notice of termination, where required, shall be sent by personal messenger service or by certified mail, return receipt requested. The termination shall be effective in accordance with the terms of the notice.

E. Upon receipt of notice of termination, the CONTRACTOR agrees to cancel, prior to the effective date of any prospective termination, as many outstanding obligations as possible, and agrees not to incur any new obligations after receipt of the notice without approval by the STATE.

F. The STATE shall be responsible for payment on claims pursuant to services provided and costs incurred pursuant to terms of the AGREEMENT. In no event shall the STATE be liable for expenses and obligations arising from the program(s) in this AGREEMENT after the termination date.

IV. Indemnification

A. The CONTRACTOR shall be solely responsible and answerable in damages for any and all accidents and/or injuries to persons (including death) or property arising out of or related to the services to be rendered by the CONTRACTOR or its subcontractors pursuant to this AGREMENT. The CONTRACTOR shall indemnify and hold harmless the STATE and its officers and employees from claims, suits, actions, damages and costs of every nature arising out of the provision of services pursuant to this AGREEMENT.

B. The CONTRACTOR is an independent contractor and may neither hold itself out nor claim to be an officer, employee or subdivision of the STATE nor make any claims, demand or application to or for any right based upon any different status.

V. Property

Any equipment, furniture, supplies or other property purchased pursuant to this AGREEMENT is deemed to be the property of the STATE except as may otherwise be governed by Federal or State laws, rules and regulations, or as stated in Appendix A-1.

VI. Safeguards for Services and Confidentiality

A. Services performed pursuant to this AGREEMENT are secular in nature and shall be performed in a manner that does not discriminate on the basis of religious belief, or promote or discourage adherence to religion in general or particular religious beliefs.

B. Funds provided pursuant to this AGREEMENT shall not be used for any partisan political activity, or for activities that may influence legislation or the election or defeat of any candidate for public office.

C. Information relating to individuals who may receive services pursuant to this AGREEMENT shall be maintained and used only for the purposes intended under the contract and in conformity with applicable provisions of laws and regulations, or specified in Appendix A-1.

APPENDIX A-1
(REV 02/03)

AGENCY SPECIFIC CLAUSES FOR ALL
DEPARTMENT OF HEALTH CONTRACTS

1. If the CONTRACTOR is a charitable organization required to be registered with the New York State Attorney General pursuant to Article 7-A of the New York State Executive Law, the CONTRACTOR shall furnish to the STATE such proof of registration (a copy of Receipt form) at the time of the execution of this AGREEMENT. The annual report form 497 is not required. If the CONTRACTOR is a business corporation or not-for-profit corporation, the CONTRACTOR shall also furnish a copy of its Certificate of Incorporation, as filed with the New York Department of State, to the Department of Health at the time of the execution of this AGREEMENT.

2. The CONTRACTOR certified that all revenue earned during the budget period as a result of services and related activities performed pursuant to this contract shall be used either to expand those program services funded by this AGREEMENT or to offset expenditures submitted to the STATE for reimbursement.

3. Administrative Rules and Audits:

   a. If this contract is funded in whole or in part from federal funds, the CONTRACTOR shall comply with the following federal grant requirements regarding administration and allowable costs.

      i. For a local or Indian tribal government, use the principles in the common rule, “Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments,” and Office of Management and Budget (OMB) Circular A-87, “Cost Principles for State, Local and Indian Tribal Governments”.

      ii. For a nonprofit organization other than
         - an institution of higher education,
         - a hospital, or
         - an organization named in OMB Circular A-122, “Cost Principles for Non-profit Organizations”, as not subject to that circular,

         use the principles in OMB Circular A-110, “Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals and Other Non-profit Organizations,” and OMB Circular A-122.

      iii. For an Education Institution, use the principles in OMB Circular A-110 and OMB Circular A-21, “Cost Principles for Educational Institutions”.

      iv. For a hospital, use the principles in OMB Circular A-110, Department of Health and Human Services, 45 CFR 74, Appendix E, “Principles for Determining Costs Applicable to Research and Development Under Grants and Contracts with Hospitals” and, if not covered for audit purposes by OMB Circular A-133, “Audits of States and Local Governments and Non-profit

Organizations", then subject to program specific audit requirements following Government Auditing Standards for financial audits.

b. If this contract is funded entirely from STATE funds, and if there are no specific administration and allowable costs requirements applicable, CONTRACTOR shall adhere to the applicable principles in "a" above.

c. The CONTRACTOR shall comply with the following grant requirements regarding audits.

i. If the contract is funded from federal funds, and the CONTRACTOR spends more than $300,000 in federal funds in their fiscal year, an audit report must be submitted in accordance with OMB Circular A-133.

ii. If this contract is funded from other than federal funds or if the contract is funded from a combination of STATE and federal funds but federal funds are less than $300,000, and if the CONTRACTOR receives $300,000 or more in total annual payments from the STATE, the CONTRACTOR shall submit to the STATE after the end of the CONTRACTOR's fiscal year an audit report. The audit report shall be submitted to the STATE within thirty days after its completion but no later than nine months after the end of the audit period. The audit report shall summarize the business and financial transactions of the CONTRACTOR. The report shall be prepared and certified by an independent accounting firm or other accounting entity, which is demonstrably independent of the administration of the program being audited. Audits performed of the CONTRACTOR's records shall be conducted in accordance with Government Auditing Standards issued by the Comptroller General of the United States covering financial audits. This audit requirement may be met through entity-wide audits, coincident with the CONTRACTOR's fiscal year, as described in OMB Circular A-133. Reports, disclosures, comments and opinions required under these publications should be so noted in the audit report.

d. For audit reports due on or after April 1, 2003, that are not received by the dates due, the following steps shall be taken:

i. If the audit report is one or more days late, voucher payments shall be held until a compliant audit report is received.

ii. If the audit report is 91 or more days late, the STATE shall recover payments for all STATE funded contracts for periods for which compliant audit reports are not received.

iii. If the audit report is 180 days or more late, the STATE shall terminate all active contracts, prohibit renewal of those contracts and prohibit the execution of future contracts until all outstanding compliant audit reports have been submitted.

4. The CONTRACTOR shall accept responsibility for compensating the STATE for any exceptions which are revealed on an audit and sustained after completion of the normal audit procedure.

5. FEDERAL CERTIFICATIONS: This section shall be applicable to this AGREEMENT only if any of the funds made available to the CONTRACTOR under this AGREEMENT are federal funds.

a. LOBBYING CERTIFICATION

1) If the CONTRACTOR is a tax-exempt organization under Section 501 (c)(4) of the Internal Revenue Code, the CONTRACTOR certifies that it will not engage in lobbying activities of any kind regardless of how funded.

2) The CONTRACTOR acknowledges that as a recipient of federal appropriated funds, it is subject to the limitations on the use of such funds to influence certain Federal contracting and financial transactions, as specified in Public Law 101 -121, section 319, and codified in section 1352 of Title 31 of the United States Code. In accordance with P.L. 101-121, section 319, 31 U.S.C. 1352 and implementing regulations, the CONTRACTOR affirmatively acknowledges and represents that it is prohibited and shall refrain from using Federal funds received under this AGREEMENT for the purposes of lobbying; provided, however, that such prohibition does not apply in the case of a payment of reasonable compensation made to an officer or employee of the CONTRACTOR to the extent that the payment is for agency and legislative liaison activities not directly related to the awarding of any Federal contract, the making of any Federal grant or loan, the entering into of any cooperative agreement, or the extension, continuation, renewal, amendment or modification of any Federal contract, grant, loan or cooperative agreement. Nor does such prohibition prohibit any reasonable payment to a person in connection with, or any payment of reasonable compensation to an officer or employee of the CONTRACTOR if the payment is for professional or technical services rendered directly in the preparation, submission or negotiation of any bid, proposal, or application for a Federal contract, grant, loan, or cooperative agreement, or an extension, continuation, renewal, amendment, or modification thereof, or for meeting requirements imposed by or pursuant to law as a condition for receiving that Federal contract, grant, loan or cooperative agreement.

3) This section shall be applicable to this AGREEMENT only if federal funds allotted exceed $100,000.

a) The CONTRACTOR certifies, to the best of his or her knowledge and belief, that:

υ No federal appropriated funds have been paid or will be paid, by or on behalf of the CONTRACTOR, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal amendment or modification of any federal contract, grant, loan, or cooperative agreement.

υ If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the CONTRACTOR shall complete and submit Standard Form-LLL, “Disclosure Form to Report Lobbying” in accordance with its instructions.

b) The CONTRACTOR shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

c) The CONTRACTOR shall disclose specified information on any agreement with lobbyists whom the CONTRACTOR will pay with other Federal appropriated funds by completion and submission to the STATE of the Federal Standard Form-LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions. This form may be obtained by contacting either the Office of Management and Budget Fax Information Line at (202) 395-9068 or the Bureau of Accounts Management at (518) 474-1208. Completed forms should be submitted to the New York State Department of Health, Bureau of Accounts Management, Empire State Plaza, Corning Tower Building, Room 1315, Albany, 12237-0016.

d) The CONTRACTOR shall file quarterly updates on the use of lobbyists if material changes occur, using the same standard disclosure form identified in (c) above to report such updated information.

4) The reporting requirements enumerated in subsection (3) of this paragraph shall not apply to the CONTRACTOR with respect to:

a) Payments of reasonable compensation made to its regularly employed officers or employees;

b) A request for or receipt of a contract (other than a contract referred to in clause (c) below), grant, cooperative agreement, subcontract (other than a subcontract referred to in clause (c) below), or subgrant that does not exceed $100,000; and

c) A request for or receipt of a loan, or a commitment providing for the United States to insure or guarantee a loan, that does not exceed $150,000, including a contract or subcontract to carry out any purpose for which such a loan is made.

b. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE:

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by federal programs whether directly or through State or local governments, by federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable federal funds is Medicare or Medicaid; or facilities where WIC coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a monetary penalty of up to $1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing this AGREEMENT, the CONTRACTOR certifies that it will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act. The CONTRACTOR agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

c. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

Regulations of the Department of Health and Human Services, located at Part 76 of Title 45 of the Code of Federal Regulations (CFR), implement Executive Orders 12549 and 12689 concerning debarment and suspension of participants in federal programs and activities. Executive Order 12549 provides that, to the extent permitted by law, Executive departments and agencies shall participate in a government-wide system for non-procurement debarment and suspension. Executive Order 12689 extends the debarment and suspension policy to procurement activities of the federal government. A person who is debarred or suspended by a federal agency is excluded from federal financial and non-financial assistance and benefits under federal programs and activities, both directly (primary covered transaction) and indirectly (lower tier covered transactions). Debarment or suspension by one federal agency has government-wide effect.

Pursuant to the above-cited regulations, the New York State Department of Health (as a participant in a primary covered transaction) may not knowingly do business with a person who is debarred, suspended, proposed for debarment, or subject to other government-wide exclusion (including any exclusion from Medicare and State health care program participation on or after August 25, 1995), and the Department of Health must require its prospective contractors, as prospective lower tier participants, to provide the certification in Appendix B to Part 76 of Title 45 CFR, as set forth below:

1) APPENDIX B TO 45 CFR PART 76 - CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY

EXCLUSION-LOWER TIER COVERED TRANSACTIONS

*Instructions for Certification*

a) By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.

b) The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

c) The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.

d) The terms *covered transactions, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded,* as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.

e) The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

f) The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled “Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transactions,” without modification, in all lower tier covered transactions.

g) A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded From Federal Procurement and Non-procurement Programs.

h) Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

i) Except for transactions authorized under paragraph “e” of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

2) Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions

a) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by a Federal department agency.

b) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

6. The STATE, its employees, representatives and designees, shall have the right at any time during normal business hours to inspect the sites where services are performed and observe the services being performed by the CONTRACTOR. The CONTRACTOR shall render all assistance and cooperation to the STATE in making such inspections. The surveyors shall have the responsibility for determining contract compliance as well as the quality of service being rendered.

7. The CONTRACTOR will not discriminate in the terms, conditions and privileges of employment, against any employee, or against any applicant for employment because of race, creed, color, sex, national origin, age, disability, sexual orientation or marital status. The CONTRACTOR has an affirmative duty to take prompt, effective, investigative and remedial action where it has actual or constructive notice of discrimination in the terms, conditions or privileges of employment against (including harassment of) any of its employees by any of its other employees, including managerial personnel, based on any of the factors listed above.

8. The CONTRACTOR shall not discriminate on the basis of race, creed, color, sex, national

origin, age, disability, sexual orientation or marital status against any person seeking services for which the CONTRACTOR may receive reimbursement or payment under this AGREEMENT.

9. The CONTRACTOR shall comply with all applicable federal, State and local civil rights and human rights laws with reference to equal employment opportunities and the provision of services.

10. The STATE may cancel this AGREEMENT at any time by giving the CONTRACTOR not less than thirty (30) days written notice that on or after a date therein specified, this AGREEMENT shall be deemed terminated and cancelled.

11. Other Modifications

    a. Modifications of this AGREEMENT as specified below may be made within an existing PERIOD by mutual written agreement of both parties:

        - Appendix B – Budget line interchanges;
        - Appendix C – Section 11, Progress and Final Reports;
        - Appendix D – Program Workplan

    b. To make any other modification of this AGREEMENT within an existing PERIOD, the parties shall revise or complete the appropriate appendix form(s), and a Modification Agreement (Appendix X is the blank form to be used), which shall be effective only upon approval by the Office of the State Comptroller.

12. Unless the CONTRACTOR is a political sub-division of New York State, the CONTRACTOR shall provide proof, completed by the CONTACTOR's insurance carrier and/or the Workers' Compensation Board, of coverage for

    a. Workers' Compensation, for which one of the following is incorporated into this contract as Appendix E-1:

        - Certificate of Workers' Compensation Insurance, on the Workers' Compensation Board form C-105.2 or the State Insurance Fund Form U-26.3 (naming the Department of Health, Corning Tower, Room 1315, Albany, 12237-0016), or

        - Affidavit Certifying That Compensation Has Been Secured, form SI-12 or form GSI 105.2, or

        - Statement That Applicant Does Not Require Workers' Compensation or Disability Benefits Coverage, form 105.21, completed for workers' compensation; and

    b. Disability Benefits coverage, for which one of the following is incorporated into this contract as Appendix E-2:

        - Certificate of Disability Benefits Insurance, form DB-120.1, or

- Notice of Qualification as Self Insurer Under Disability Benefits Law, form DB-155, or

- Statement That Applicant Does Not Require Workers' Compensation or Disability Benefits Coverage, form 105.21, completed for disability benefits insurance.

13. Additional clauses as may be required under this AGREEMENT are annexed hereto as appendices and are made a part hereof if so indicated on the face page of this AGREEMENT.

APPENDIX C

PAYMENT AND REPORTING SCHEDULE

1. Payment and Reporting Terms and Conditions

A. The STATE may, at its discretion, make an advance payment to the CONTRACTOR, during the initial or any subsequent PERIOD, in an amount to be determined by the STATE but not to exceed ______ percent of the maximum amount indicated in the budget as set forth in the most recently approved Appendix B. If this payment is to be made, it will be due thirty calendar days, excluding legal holidays, after the later of either:

υ the first day of the contract term specified in the Initial Contract Period identified on the face page of the AGREEMENT or if renewed, in the PERIOD identified in the Appendix X, OR

υ if this contract is wholly or partially supported by Federal funds, availability of the federal funds;

provided, however, that a STATE has not determined otherwise in a written notification to the CONTRACTOR suspending a Written Directive associated with this AGREEMENT, and that a proper voucher for such advance has been received in the STATE's designated payment office. If no advance payment is to be made, the initial payment under this AGREEMENT shall be due thirty calendar days, excluding legal holidays, after the later of either:

υ the end of the first monthly/quarterly period of this AGREEMENT; or

υ if this contract is wholly or partially supported by federal funds, availability of the federal funds:

provided, however, that the proper voucher for this payment has been received in the STATE's designated payment office.

B. No payment under this AGREEMENT, other than advances as authorized herein, will be made by the STATE to the CONTRACTOR unless proof of performance of required services or accomplishments is provided. If the CONTRACTOR fails to perform the services required under this AGREEMENT the STATE shall, in addition to any remedies available by law or equity, recoup payments made but not earned, by set-off against any other public funds owed to CONTRACTOR.

C. Any optional advance payment(s) shall be applied by the STATE to future payments due to the CONTRACTOR for services provided during initial or subsequent PERIODS. Should funds for subsequent PERIODS not be appropriated or budgeted by the STATE for the purpose herein specified, the STATE shall, in accordance with Section 41 of the State Finance Law, have no liability under this AGREEMENT to the CONTRACTOR, and this AGREEMENT shall be considered terminated and cancelled.

D. The CONTRACTOR will be entitled to receive payments for work, projects, and services rendered as detailed and described in the program workplan, Appendix D. All payments shall be in conformance with the rules and regulations of the Office of the State

Comptroller.

E. The CONTRACTOR will provide the STATE with the reports of progress or other specific work products pursuant to this AGREEMENT as described in this Appendix below. In addition, a final report must be submitted by the CONTRACTOR no later than ____ days after the end of this AGREEMENT. All required reports or other work products developed under this AGREEMENT must be completed as provided by the agreed upon work schedule in a manner satisfactory and acceptable to the STATE in order for the CONTRACTOR to be eligible for payment.

F. The CONTRACTOR shall submit to the STATE monthly/quarterly voucher claims and reports of expenditures on such forms and in such detail as the STATE shall require. The CONTRACTOR shall submit vouchers to the State's designated payment office located in the ________________________________________.

All vouchers submitted by the CONTRACTOR pursuant to this AGREEMENT shall be submitted to the STATE no later than __________________ days after the end date of the period for which reimbursement is being claimed. In no event shall the amount received by the CONTRACTOR exceed the budget amount approved by the STATE, and, if actual expenditures by the CONTRACTOR are less than such sum, the amount payable by the STATE to the CONTRACTOR shall not exceed the amount of actual expenditures. All contract advances in excess of actual expenditures will be recouped by the STATE prior to the end of the applicable budget period.

II. Progress and Final Reports

Organization Name: _____________________________________________________

Report Type:

A. Narrative/Qualitative Report

___________________________ (Organization Name) will submit, on a quarterly basis, not later than __________ days from the end of the quarter, a report, in narrative form, summarizing the services rendered during the quarter. This report will detail how the ________________________ (Organization) _________________ has progressed toward attaining the qualitative goals enumerated in the Program Workplan (Appendix D).

(Note: This report should address all goals and objectives of the project and include a discussion of problems encountered and steps taken to solve them.)

B. Statistical/Quantitative Report

___________________________ (Organization Name) will submit, on a quarterly basis, not later than __________ days from the end of the quarter, a detailed report analyzing the quantitative aspects of the program plan, as appropriate (e.g., number of meals served, clients transported, patient/client encounters, procedures performed, training sessions conducted, etc.)

C. Expenditure Report

____________________________ (Organization Name) ______________ will submit, on a quarterly basis, not later than __________ days after the end date for which reimbursement is being claimed, a detailed expenditure report, by object of expense. This report will accompany the voucher submitted for such period.

D. Final Report

____________________________ (Organization Name) _________________ will submit a final report, as required by the contract, reporting on all aspects of the program, detailing how the use of grant funds were utilized in achieving the goals set forth in the program Workplan.

Attachment 2

Sample Letter of Intent

Craig Ryder
NYSDOH Tobacco Control Program
Empire State Plaza
Corning Tower
Room 710
Albany, NY 12237

Re: RFA #: 0309031133
RFA Title: Cessation Centers

Dear Mr. Ryder:

This letter is to indicate our interest in the above Request for Applications (RFA) and to request that our organization be placed on the mailing list for any updates, written responses to questions, or amendments to the RFA.

We understand that in order to automatically receive any RFA updates and/or modifications as well as answers to submitted questions, the Department of Health requires that this letter be received by the NYSDOH Tobacco Control Program by the close of business, December 12, 2003.

Sincerely,

Attachment 3

New York State Tobacco Control Program
Cessation Centers Request for Application
Cover Page

**APPLICANT INFORMATION**

**Applicant:**

**Federal Tax ID#:**___________________ **Charities Registration #:**______________

**Address:** ________________________________________________________________

________________________________________________________________

**County:** ________________________________________________________________

**Name of Contact Person:**__________________________________________________

**Title:** ________________________________________________________________

**Address:** ________________________________________________________________

________________________________________________________________

**Telephone:** ________________________________ **Fax:**__________________________

**E-Mail:** ___________

________________________________________________________

**Authorized Signatory for Contract:** ______________________________________________

Attachment 4

**NEW YORK STATE DEPARTMENT OF HEALTH**
**TOBACCO CONTROL PROGRAM**

**INSTRUCTIONS**
**for Completing**
**Operating Budget and Funding Request**

**General Information**
All expenses for your project must be in line item detail on the forms provided. NYS funded indirect costs may not exceed five percent (5%) of your STATE grant and must be fully itemized (i.e. space, utilities, etc.) and justified.

**BUDGET NARRATIVE/JUSTIFICATION FORMS**

**Form 1: Personnel Services**
**Form 2: Fringe Benefit Rate**
**Form 3: Non-personnel Services**

Use Forms 1 and 3 to provide a justification/explanation for the expenses included in the Operating Budget and Funding Request. The justification must show all items of expense and the associated cost that comprise the amount requested for each budget category (e.g. if your total travel cost is $1,000, show how that amount was determined - conference, local travel, etc.), and if appropriate, an explanation of how these expenses relate to the goals and objectives of the project.

**FORM 1: PERSONNEL SERVICES**

Include a description for each position and the annual salary or rate per hour if non-salaried or if hourly, percentage of time spent on various duties where appropriate, on this form. Contracted or per diem staff is not to be included in personnel services; these expenses should be shown as a consultant or contractual services under non-personnel services.

**FORM 2: FRINGE BENEFIT RATE**

Specify the components (FICA, Health Insurance, Unemployment Insurance, etc.) And their percentages comprising the fringe benefit rate, then total the percentages to show the fringe benefit rate used in budget calculations. If different rates are used for different positions, submit a Form 2 for each rate and specify which positions are subject to which rate.

**FORM 3: NON-PERSONNEL SERVICES**

Any item of expense not applicable to the following categories must also be listed along with a justification of need.

Supplies and Materials
Provide a delineation of the items of expense and estimated cost of each along with justification of their need.

Travel

Provide a delineation of the items of expense and estimated cost (i.e. travel costs associated with conferences, including transportation, meals, lodging, registration fees) and estimated cost along with a justification of need. Costs should be based upon the agency's applicable travel reimbursement policy.

Consultants/Per Diem/Contractual Services

Provide a justification of why each service listed is needed. Justification should include the name of the consultant/contractor, the specific services to be provided and the time frame for the delivery of services. The cost for each service should be fully justified.

Equipment

Delineate each piece of equipment and estimated cost along with a justification of need. Equipment costing less than $500 should be included in the Supplies and Materials category. Anticipated equipment purchases $500 and greater should be included in the equipment line.

**BUDGET**

**TABLE A: SUMMARY BUDGET**

This table should be completed last and will include the total lines only from Table A-1 (Personnel Services) and Table A-2 (Non-personnel Services) and the Grand Total. As a check, grand total NYS should match your state grant award and grand total third party should match the total revenue estimate from Table C. Total expense = NYS+ 3rd party + other source. Other Source may be in-kind, other grants, etc.

**TABLE A-1: PERSONNEL SERVICES**

Personnel, with the exception of consultants and per diems, contributing any part of their time to the project should be listed with the following items completely filled in (consultants/per diems should be shown as a non-personnel services expense on Table A-2);

Title: The title given should reflect either a position within your organization or on this project. More than one individual in a particular title may be listed together [e.g. Nurse Practitioner (2)].

Annual Salary: Regardless of the amount of time spent on this project, the total annual salary for each position should be given.

% FTE: The proportion of time spent on the project based on a full time equivalent (FTE) should be indicated. One FTE is based on the number of hours worked in one week by salaried employees (e.g. 40 hour work week). To obtain % FTE, divide the hours per week spent on the project by the number of hours in a work week. For example, an individual working 10 hours per week on the project given a 40 hour work week = 10/40 = .25 (show in decimal form).

# of Months: Show the number of months out of 12 worked for each title. [If an employee works 10 months out of 12, than 10 months/12 months = .833. This ratio is part of the total expense calculation below.]

Total Expense: Total expense can be calculated using the following method: (Total Annual Salary) X ($FTE) X (# of months worked/12) = Total Expense.

Fringe Benefit Line: The total fringe amount should be shown: (sum of annual salaries total expense) X (fringe rate from Form 2 or the average fringe benefit rate if more than one rate is applicable).

**TOTAL EXPENSE for salaries and fringe benefits must then be distributed between (1) NYS, (2) third party, (3) other source as deemed appropriate. You may use any combination of these three categories for each line item, as long as the total expense = NYS + third party + other source. This is also applicable to Table A-2 discussed below.**

**TABLE A-2: NONPERSONNEL SERVICES**

All non-personnel services expenses should be listed regardless of whether or not funding for these expenses is requested from New York State. As with Table A-1, distribute total expense between NYS, third party, and other source (specify other source).

Attachment 5

## BUDGET NARRATIVE/JUSTIFICATION ATTACHMENT

**FORM 1**
**PERSONNEL SERVICES**

APPLICANT:________________________________________________

PERSONNEL SERVICES

| TITLE | INCUMBENT | B. DESCRIPTION |
|---|---|---|
| | | |

**Page ___ of ___**

**FORM 2**
**FRINGE BENEFITS**

APPLICANT:________________________________________________

FRINGE BENEFITS

| COMPONENT | RATE |
|---|---|
| | |
| **C. TOTAL FRINGE BENEFIT RATE** | |

**Page ___ of ___**

**FORM 3**
**NON-PERSONNEL SERVICES**

APPLICANT:______________________________________________

NON-PERSONNEL SERVICES

| ITEM | COST | DESCRIPTION |
|---|---|---|
| | | |

**Page ___ of ___**

OPERATING BUDGET & FUNDING REQUEST

TABLE A

**Grant Period:**

**APPLICANT:**______________________________________________________________

| | Total Expenses **This Contract** | **Amount Requested From NYS** | **Other Source** | **Specify Other Source** |
|---|---|---|---|---|
| **Personnel Service** | | | | |
| **Subtotal Non-Personnel Service** | | | | |
| **Grand Total** | | | | |

**OPERATING BUDGET & FUNDING REQUEST**

**TABLE A-1**
**PERSONNEL SERVICES**

**Grant Period:**

**APPLICANT:**______________________________________________________________________

| Personnel Services | Budgeted Salary | Budgeted Full-Time Annualized Salary | # of months | % FTE Annual | Total Expenses | Amount Requested from NYS | Other Source | Specify Other Sources |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
| Fringe Benefits __% | | | | | | | | |
| Subtotal Personnel Services | | | | | | | | |

**OPERATING BUDGET & FUNDING REQUEST**

TABLE A-2

**Grant Period:**

**APPLICANT:**________________________________________

| **Non-Personnel Service** | I. Total Expenses **This Contract** | **Amount Requested From NYS** | **Other Source** | **Specify Other Source** |
|---|---|---|---|---|
| | | | | |
| | | | | |
| **GRAND TOTAL** | | | | |

**Attachment 6**

# New York State Department of Health
# Tobacco Use Prevention and Control Program

## COMMUNITY ACTION PLAN FOR COMMUNITY PARTNERS, 2004/2005

## Based on the draft Tobacco Control Program Strategic Plan

**New York State Department of Health**
**TOBACCO CONTROL PROGRAM COMMUNITY ACTION PLAN – YEAR 1, 2004/2005**

| **Program Goal 1: Eliminate exposure to second-hand smoke (SHS)** | | | | |
|---|---|---|---|---|
| **Objective:** | | | | |
| **Outcome:** | | | | |
| **Key Strategies and Activities** | **Target Group** | **Partners** | **Time Line** | **Evaluation** |
| | | | | |

Current Status and Projections

| Year | 2000 | 2001 | 2002 | 2003 | 2004 |
|---|---|---|---|---|---|
| | | | | | |
| Footnotes: **Actual** *Projected | | | | Source: | |

**New York State Department of Health**
**TOBACCO CONTROL PROGRAM COMMUNITY ACTION PLAN – YEAR 1, 2004/2005**

| **Program Goal 2: Decrease the social acceptability of tobacco use.** | | | | |
|---|---|---|---|---|
| **Objective:** | | | | |
| **Outcome:** | | | | |
| **Key Strategies and Activities** | **Target Group** | **Partners** | **Time Line** | **Evaluation** |
| | | | | |

Current Status and Projections

| Year | 2003 | 2004 | 2005 | 2006 | 2007 |
|---|---|---|---|---|---|
| | | | | | |
| Footnotes: **Actual** *Projected | Source: | | | | |

**New York State Department of Health**
**TOBACCO CONTROL PROGRAM COMMUNITY ACTION PLAN – YEAR 1, 2004/2005**

**New York State Department of Health**
**TOBACCO CONTROL PROGRAM COMMUNITY ACTION PLAN – YEAR 1, 2004/2005**

| |
|---|
| **Program Goal 3: Promote cessation from tobacco use** |
| **Objective:** |
| **Outcome:** |

| Key Strategies and Activities | **Target Group** | **Partners** | **Time Line** | **Evaluation** |
|---|---|---|---|---|
| | | | | |

Current Status and Projections

| Year | 2000 | 2001 | 2002 | 2003 | 2004 |
|---|---|---|---|---|---|
| Women | | | | | |
| Men | | | | | |
| State total | | | | | |
| County total | | | | | |
| Footnotes: **Actual** *Projected | | | | Source: | |

**New York State Department of Health**
**TOBACCO CONTROL PROGRAM COMMUNITY ACTION PLAN – YEAR 1, 2004/2005**

| **Program Goal 4: Prevent the initiation of tobacco use among youth and young adults.** | | | | |
|---|---|---|---|---|
| **Objective:** | | | | |
| **Outcome:** | | | | |
| **Key Strategies and Activities** | **Target Group** | Partners | **Time Line** | **Evaluation** |
| | | | | |

Current Status and Projections

| Year | 2000 | 2001 | 2002 | 2003 | 2004 |
|---|---|---|---|---|---|
| | | | | | |
| Footnotes: **Actual** *Projected | | | Source: | | |

**New York State Department of Health**
**TOBACCO CONTROL PROGRAM COMMUNITY ACTION PLAN – YEAR 1, 2004/2005**

| Program Goal 5: Build and maintain an effective tobacco control infrastructure. | | | | |
|---|---|---|---|---|
| **Objective:** | | | | |
| **Outcome:** | | | | |
| **Key Strategies and Activities** | **Target Group** | Partners | **Time Line** | **Evaluation** |
| | | | | |

**New York State Department of Health**
**TOBACCO CONTROL PROGRAM COMMUNITY ACTION PLAN – YEAR 1, 2004/2005**

| Program Goal 6: Contribute to the science of tobacco control. | | | | |
|---|---|---|---|---|
| **Objective:** | | | | |
| **Outcome:** | | | | |
| **Key Strategies and Activities** | **Target Group** | Partners | **Time Line** | **Evaluation** |
| | | | | |

Attachment 7

**New York State Department of Health Tobacco Control Program**
**Draft Strategic Plan**
**Version 10**
**August 25, 2003**

In 2002, the Tobacco Control Program initiated a strategic planning process to guide the implementation of effective program activities supported by a strong program infrastructure and leading to the accomplishment of measurable program objectives and goals. The program's draft strategic plan describes the program's vision and mission, goals and objectives, and the activities that must be implemented to achieve objectives and goals, and the infrastructure and evaluation requirements to support an effective tobacco control program.

### I. Vision, Mission, and Goals.

The Tobacco Control Program (TCP) identified the following vision and mission:

The Vision of the Tobacco Control Program is All New Yorkers live in a tobacco free society. The Mission of the Tobacco Control Program is to reduce morbidity and mortality and alleviate the social and economic burden caused by tobacco use in New York State.

The draft strategic plan contains six goals. Four are programmatic, one relates to infrastructure and one relates to science and evaluation. The six goals are:

1. Eliminate exposure to secondhand smoke.
2. Decrease the social acceptability of tobacco use.
3. Promote cessation from tobacco use.
4. Prevent the initiation of tobacco use among youth and young adults.
5. Build and maintain an effective tobacco control infrastructure.
6. Contribute to the science of tobacco control.

To achieve program goals, the Tobacco Control Program seeks to implement evidence-based interventions and activities that accomplish clearly articulated program objectives. Progress toward achievement of these program objectives and goals will be measured in three complementary ways:

1) Establishment of management, accountability, and evaluation processes to assure that program staff and partners document the implementation of effective tobacco control activities and the short-term impact of those activities.
   These systems are an essential component of program evaluation, documenting that interventions are implemented as designed, that those interventions have achieved the short-term impacts they were expected to achieve, and that the cumulative impact of the variety of program activities and impacts is progress toward achievement of program goals. Program partners will be expected to work with program evaluation specialists to identify simple evaluation studies to demonstrate the short-term impact of program interventions.
2) Implementation of a formal evaluation system, focused evaluation studies, and expanded surveillance activities to answer specific questions about program efficacy and the impact of individual program components.
   These systems and studies will be developed and implemented in 2003, with the execution of a contract with Research Triangle Institute (RTI) of Research Triangle Park, North Carolina. RTI was selected through a competitive bidding process, is implementing similar evaluation systems for other state and national tobacco control programs, and will be working with the New York State Department of Health Tobacco Control Program in collaboration with researchers at Roswell Park Cancer Institute and Columbia University's School of Public Health to evaluate the effectiveness and impact of tobacco control activities.

3) Identification of tobacco-related indicators from the routinely collected data gathered by existing surveillance and other data systems. These indicators will be monitored over time to

- Track progress toward achievement of program goals and objectives,
- Help establish baseline information to track program progress before evaluation systems were in place,
- Complement information obtained from formal evaluation studies.

A list of indicators of utility for tracking program progress toward achievement of program goals is provided on pages 7 through 10 (Figure A). Short-term outcome indicators are listed first, followed by indicators of intermediate and then more long-term program outcomes. Tobacco Control Program goals and related objectives are discussed below, with reference to relevant indicators of progress.

The draft strategic plan includes four programmatic goals, one infrastructure goal and one evaluation goal. Below is a description of each program goal, why it is important, the objectives that contribute to the achievement of the goal, the indicators that may be useful in tracking progress toward the achievement of each goal and associated objectives, and the general program approach to achieving objectives and goals. Program objectives are drawn from the strategies recommended by the Task Force on Community Preventive Services as effective to prevent and reduce tobacco use. The Task Force has identified seven interventions for which there is sufficient evidence of effectiveness to recommend or strongly recommend implementation of the intervention. The Tobacco Control Program will focus on these interventions as it moves forward to implement effective interventions to prevent and reduce tobacco use. The Task Force's recommended effective interventions are displayed in Figure B.

Figure B. Task Force on Community Preventive Services
Recommended Effective Interventions to Prevent and Reduce Tobacco Use,
February 2002.

- Reducing exposure to second-hand smoke:
  - Smoking bans and restrictions
- Increasing cessation:
  - Increasing the unit price of tobacco products
  - Provider reminders alone or with provider education
  - Multi-component telephone support systems (Quit Lines)
  - Reducing patient costs for treatments
  - Multi-component mass media campaigns with interventions
- Reducing initiation:
  - Increasing the unit price of tobacco products
  - Multi-component mass media campaigns with interventions

## II. Goals, Objectives, and Indicators.

### Goal 1. Eliminate exposure to secondhand smoke.

The US Environmental Protection Agency estimates that secondhand smoke causes up to 62,000 deaths each year among non-smokers in the United States, including 3000 deaths each year from lung cancer. An estimated 300,000 children across the nation develop lower respiratory tract infections each year as a result of exposure to secondhand smoke, with approximately 15,000 of these children hospitalized each year due to their infections. Exposure to secondhand smoke is a primary cause of asthma and acute asthmatic events among children. Eliminating exposure to secondhand smoke reduces morbidity and mortality. In addition, the elimination of tobacco use from public and work places may contribute to changes in the perception of tobacco use as normative.

Draft programmatic objectives related to this goal area are:

1. Increase public support for New York's comprehensive clean indoor air law.
2. Increase compliance with New York's comprehensive clean indoor air law.
3. Increase the percent of adults and youth who live in homes where smoking is prohibited.
4. Increase the percent of adults who drive or ride in vehicles where smoking is prohibited.
5. Increase the number of educational institutions (elementary, secondary, and post-secondary) that implement effective tobacco-free policies to eliminate tobacco use from all facilities (including dormitories), property, vehicles and events.

Several indicators on the list beginning on page 6 can be monitored to assess progress toward achievement of Goal 1 and associated objectives.

Programmatic activities intended to eliminate exposure to secondhand smoke by strengthening compliance with the state law include:

- Community mobilization efforts to educate community members and employers about the health risks of secondhand smoke;
- Community mobilization efforts to educate community members and employers about the Clean Indoor Air law that protects workers and the public from exposure to secondhand smoke;
- Statewide media campaigns to raise awareness of the dangers of secondhand smoke and increase support for and compliance with the new law;
- Efforts to support compliance with the tobacco-free schools law among schools and other educational institutions across the state;
- Campaigns to convince community members to make their homes and cars smokefree.

The purpose of these educational and other interventions is to move workers and the public along a continuum toward decreased tolerance of tobacco use and secondhand smoke and increasing support for the new law that protects workers and the public from exposure to secondhand smoke. Shifts in attitudes should lead to enhanced compliance with the state's clean indoor air law prohibiting smoking from all work places and public places. Effective implementation of the law should reduce opportunities for exposure to secondhand smoke, strengthen shifts in community norms about tobacco, motivate smokers to cut-down or stop smoking altogether, reduce modeling of tobacco use behaviors, and reduce initiation into tobacco use.

**Goal 2. Decrease the social acceptability of tobacco use.**

After nearly a century of highly effective advertising and promotion, tobacco use has become pervasive and normative in American society. Effective tobacco use prevention and control depends on de-normalizing – reducing the social acceptability of – tobacco use.

Draft objectives related to this new program goal are:

1. Increase anti-tobacco attitudes among youth and adults.
2. Reduce tobacco sponsorship of sporting, cultural, entertainment, art and other events in the community, region, and state.
3. Reduce tobacco promotions occurring in sporting, cultural, entertainment, art and other events in the community, region, and state.
4. Reduce the number of retailers that post point-of-purchase tobacco advertising.

Several indicators on the list beginning on page 6 can be monitored to assess progress toward achievement of Goal 2 and associated objectives.

Programmatic activities intended to reduce the social acceptability of tobacco use include community efforts to:

- Educate youth and adults about the manipulative and deceptive marketing practices of the tobacco industry;
- Expose and counter tobacco industry promotional activities;
- Reduce or eliminate tobacco industry sponsorship of community events;
- Educate retailers and the public about laws restricting sales of tobacco products to minors.

Initiatives to expose, counter and eliminate tobacco industry product promotion are expected to reduce the allure of tobacco products and make them less attractive and less normative. Policy initiatives that require tobacco products to be placed behind the counter of retail establishments, eliminate self-service displays of tobacco products, and prohibit in-store promotions and discounting may further establish and re-enforce the non-normative nature of tobacco use and tobacco products and make them less attractive. Specific evaluation studies will document the value of these activities in reaching program goals.

**Goal 3. Promote cessation from tobacco use.**

Implementation of effective strategies to promote cessation from tobacco use is the single most important investment for a tobacco control program to achieve near-term savings in the cost of medical care to treat tobacco-caused diseases and reductions in the number of tobacco-caused illnesses and deaths. Each year in New York State, 25,000 residents die as a result of cigarette use, losing an average of 14 years of life. Each year, the state and its residents spend $6.4 billion treating the diseases caused by cigarette use. Stopping smoking now greatly reduces the likelihood that a smoker will develop a smoking-related illness or die prematurely as a result of tobacco use.

Draft objectives intended to enhance promotion of cessation from tobacco use are:

1. Increase the number of health care provider organizations that have a system in place to implement the Preventive Services Task Force clinical guidelines for cessation and consistent with the Agency for Health Care Policy and Research cessation system recommendations.
2. Increase the number of Medicaid recipients who access pharmacotherapy for smoking cessation.
3. Increase the number of health plans that provide coverage of evidence-based treatment for nicotine dependence.
4. Increase the number of non-Medicaid eligible low-income tobacco users who receive free or reduced-priced pharmacotherapy to support a cessation attempt
5. Increase access to cessation counseling and services.

Several indicators on the list beginning on page 6 can be monitored to assess progress toward achievement of Goal 3 and associated objectives.

Programmatic activities designed to promote cessation from tobacco use include:

- Support of the New York State Smokers' Quit Line, which provides information, referral and services to thousands of callers each month, and expansion of Quit Line services to include implementation of health care provider referral system, pro-active counseling, and an interactive, web-based cessation service;
- Mass media campaigns to motivate smokers to stop smoking and to educate smokers about the health risks of smoking, the benefits of quitting, and New York State Smokers' Quit Line services available to help smokers stop smoking;
- Coverage of over-the-counter and prescription pharmacotherapy for tobacco use cessation for Medicaid recipients; and
- Implement provider reminder systems and train providers to assess tobacco use status and offer brief cessation advice to tobacco users.

Each of these activities promotes or supports cessation efforts by tobacco users. If they are successful, use of tobacco products should decline over time. The effectiveness of these program activities in motivating tobacco users to stop using tobacco will be determined by activity-specific evaluation studies, and by monitoring relevant indicators over time.

**Goal 4. Prevent initiation of tobacco use among youth and young adults**

Cigarette smoking is most likely to become established during adolescence and young adulthood. Youth and young adults are future customers to whom cigarette manufacturers sell a product that kills one-third of those who use it.

Draft objectives intended to prevent initiation of tobacco use are:

1. Increase the unit price of cigarettes sold in New York State.
2. Increase the number of jurisdictions with a 5% or less illegal sales to minors rate.
3. Reduce the statewide retailer illegal sales to minors rate to 5% or less.

Several indicators on the list beginning on page 6 can be monitored to track progress toward prevention of initiation of tobacco use by youth and young adults.

Two evidence-based interventions have been strongly recommended to reduce initiation into tobacco use:

- Increasing the unit price of tobacco products; and
- Multi-component mass media campaigns to counter pro-tobacco messages.

Since 2000, the state cigarette excise tax has been raised twice, from $0.56 to $1.11 and then to $1.50. The tax on other tobacco products was raised from 20% of wholesale price to 37% in 2002. Raising the tax on tobacco products is one way to increase the unit price of the product. Other strategies include reducing opportunities for purchasers to avoid paying state and local excise and sales taxes and eliminating promotional opportunities by tobacco companies that reduce the price of cigarettes (e.g., "buy one get one free" promotions).

The Tobacco Control Program implements counter-marketing campaigns at the local level, with statewide coordination and media support. These statewide media efforts, combined with earned media opportunities locally, are support activities locally to de-normalize tobacco use and engage youth in the anti-tobacco movement.

**Goal 5. Build and maintain an effective tobacco control program infrastructure**

In order to enhance program functioning, the draft strategic plan focuses attention on program infrastructure, including program funding, organization and staff development at the local and state levels. Draft objectives intended to build an effective tobacco control infrastructure are:

1. Increase local funding dedicated to tobacco control activities, including dedication of 5 % of any new jurisdictional tobacco excise tax to local tobacco control activities.
2. Ensure adequate level of staffing and funding to implement effective tobacco control activities.
3. Strengthen regional infrastructure to promote coordination and collaboration among partners within each region.
4. *Enhance communication and collaboration among the tobacco control program, community partners, and statewide stakeholders.*
5. Establish roles, responsibilities and competencies for all program staff.
6. Tobacco control program staff and partners will participate in professional development opportunities each year.

**Goal 6. Contribute to the science of tobacco control**

The Tobacco Control Program must make better use of existing data, collect new data to assess program progress and effectiveness, evaluate promising interventions, and document and disseminate program findings. Draft objectives intended to focus the program on contributing to the science of tobacco control are:

1. Analyze and synthesize data from existing data systems related to tobacco in order to monitor progress toward achieving program goals.
2. Develop and implement data collection systems and research and evaluation studies to monitor, measure, and help understand the impact of the tobacco control program.
3. Increase the number of tobacco control program interventions that are evaluated.
4. Document and disseminate findings from tobacco control program activities and initiatives on an ongoing basis.

**Figure B. Indicators of Tobacco Control Program progress toward meeting short, intermediate and long-term program outcomes, 2000 – 2004.**

| **Indicator 1.** Percent of middle and high school students who indicate high receptivity to tobacco company promotional items. | | | | | |
|---|---|---|---|---|---|
| Year | 2000 | 2001 | 2002 | 2003 | 2004 |
| Middle School | **17.9%** | NA | **13.1%** | NA | 12.0%* |
| High School | **22.5%** | NA | **16.1%** | NA | 16.0%* |
| Footnotes: **Actual** *Projected | Source: NYS Dept of Health – Youth Tobacco Survey | | | | |

| **Indicator 2.** Percent of middle and high school students who indicate a commitment to never smoke cigarettes. |
|---|

| Year | 2000 | 2001 | 2002 | 2003 | 2004 |
|---|---|---|---|---|---|
| Middle School | **51.3%** | NA | **54.1%** | NA | 69.0%* |
| High School | **27.8%** | NA | **33.6%** | NA | 37.0%* |
| Footnotes: **Actual** *Projected | Source: NYS Dept of Health – Youth Tobacco Survey | | | | |

| **Indicator 3.** Percent of middle and high school students who were in a room or car where someone had been smoking on one or more of the past seven days | | | | | |
|---|---|---|---|---|---|
| Year | 2000 | 2001 | 2002 | 2003 | 2004 |
| Middle School | **57.9%** | NA | 52.0%* | NA | 47.0%* |
| High School | **74.8%** | NA | 69.0%* | NA | 61.0%* |
| Footnotes: **Actual** *Projected | Source: NYS Dept of Health – Youth Tobacco Survey | | | | |

| **Indicator 4.** Percent of adults who live in households where smoking is prohibited | | | | | |
|---|---|---|---|---|---|
| Year | 2000 | 2001 | 2002 | 2003 | 2004 |
| Smokers | **9.8%** | NA | 15.0%* | NA | 23.0%* |
| Non-smokers | **90.2%** | NA | 95.0%* | NA | 98.0%* |
| All | **63.9%** | NA | 70.0%* | NA | 80.0%* |
| Footnotes: **Actual** *Projected | Source: NYS Dept of Health – BRFSS/ATS | | | | |

| **Indicator 5.** Percent of youth who live in households where smoking is prohibited | | | | | |
|---|---|---|---|---|---|
| Year | 2000 | 2001 | 2002 | 2003 | 2004 |
| Middle School | **%** | NA | %* | NA | %* |
| High School | **%** | NA | %* | NA | %* |
| All | **%** | NA | %* | NA | %* |
| Footnotes: **Actual** *Projected | Source: NYS Dept of Health – YTS | | | | |

| **Indicator 6.** Percent of adults who report zero hours of exposure to secondhand smoke in the past seven days | | | | | |
|---|---|---|---|---|---|
| Year | 2000 | 2001 | 2002 | 2003 | 2004 |
| Smokers | **NA** | NA | NA%* | | %* |
| Non-smokers | **NA** | NA | NA%* | | %* |
| All | **NA** | NA | NA%* | | %* |
| Footnotes: **Actual** *Projected | Source: NYS Dept of Health – ATS | | | | |

| **Indicator 7.** Vendor non-compliance rate for ATUPA. | | | | | |
|---|---|---|---|---|---|
| Year | 2000 | 2001 | 2002 | 2003 | 2004 |
| | **12%** | **9%** | 8%* | 6%* | 5%* |
| Footnotes: **Actual** *Projected | Source: NYD Dept of Health Ctr for Envir Hlth | | | | |

| **Indicator 8.** Number of taxed pack sales of cigarettes per capita | | | | | |
|---|---|---|---|---|---|
| Year | 2000 | 2001 | 2002 | 2003 | 2004 |
| Taxed packs sold | **57.8** | **48.0** | 40.1* | 38.5* | 37.0* |
| Footnotes: **Actual** *Projected | Source: NYS Department of Taxation and Finance | | | | |

| **Indicator 9.** Average retail price paid for a pack of cigarettes in New York. | | | | | |
|---|---|---|---|---|---|
| Year | 2000 | 2001 | 2002 | 2003 | 2004 |
| | **$3.268** | **$3.985** | **$4.375** | $5.015* | $5.255* |
| Footnotes: **Actual** *Projected | Source: NYS Department of Taxation and Finance | | | | |

| **Indicator 10.** Percent of adult current smokers who stopped smoking for one day or more in the past twelve months. | | | | | |
|---|---|---|---|---|---|
| Year | 2000 | 2001 | 2002 | 2003 | 2004 |
| Women | **48.9%** | **%** | 63.0%* | 66.0%* | 69.0%* |
| Men | **51.9%** | **%** | 59.0%* | 62.0%* | 69.0%* |
| All | **50.4%** | **49.6%** | 61.0% | 64.0%* | 69.0%* |
| Footnotes: **Actual** *Projected | | Source: NYS Dept of Health – BRFSS/ATS | | | |

| **Indicator 11.** Percent of middle and high school students who have smoked cigarettes on one or more of the past 30 days | | | | | |
|---|---|---|---|---|---|
| Year | 2000 | 2001 | 2002 | 2003 | 2004 |
| Middle School | **10.1%** | NA | **6.7%** | NA | 6.1%* |
| High School | **27.4%** | NA | **21.3%** | NA | 17.0%* |
| Footnotes: **Actual** *Projected | | Source: NYS Dept of Health – Youth Tobacco Survey | | | |

| **Indicator 12.** Percent of employed adults who report no smoking in all indoor areas of the work place in the past seven days. | | | | | |
|---|---|---|---|---|---|
| Year | 1999 | 2001 | 2002 | 2003 | 2004 |
| | **83.7%** | NA | NA | 89.0%* | 96.0%* |
| Footnotes: **Actual** *Projected | | Source: NYS Dept of Health –ATS | | | |

| **Indicator 13.** Percent of adults aged 18 to 24 years who smoke cigarettes daily | | | | | |
|---|---|---|---|---|---|
| Year | 2000 | 2001 | 2002 | 2003 | 2004 |
| Women | **25.7%** | **24.7%** | 22.5%* | 19.0%* | 16.0%* |
| Men | **22.4%** | **17.0%** | 14.5%* | 13.0%* | 12.0%* |
| All | **24.0%** | **20.8%** | 18.5%* | 16.0%* | 14.0%* |
| Footnotes: **Actual** *Projected | | Source: NYS Dept of Health – BRFSS/ATS | | | |

| **Indicator 14.** Percent of adult smokers who smoke cigarettes on some days, but not every day. | | | | | |
|---|---|---|---|---|---|
| Year | 2000 | 2001 | 2002 | 2003 | 2004 |
| Women | **25.7%** | **25.6%** | 29.0%* | 32.0%* | 38.0%* |
| Men | **27.1%** | **30.9%** | 35.0%* | 38.0%* | 42.0%* |
| 18 – 24 year olds | **27.3%** | **37.0%** | 40.0%* | 45.0* | 50.0* |
| All | **26.4%** | **28.4%** | 32.0%* | 35.0%* | 40.0%* |
| Footnotes: **Actual** *Projected | | Source: NYS Dept of Health – BRFSS/ATS | | | |

| **Indicator 15.** Number of smokers who speak with an intervention specialist at the NYS Smokers' Quit Line | | | | | |
|---|---|---|---|---|---|
| Year | 2000 | 2001 | 2002 | 2003 | 2004 |
| Smokers | **1,416** | **7,826** | **11,841*** | 20,000* | 17,000* |
| Footnotes: **Actual** *Projected | | Source: NYS Smokers Quit Line | | | |

| **Indicator 16.** Number of adults who access cessation pharmacotherapy through Medicaid | | | | | |
|---|---|---|---|---|---|
| Year | 2000 | 2001 | 2002 | 2003 | 2004 |
| Women | **18,242** | **22,838** | 27,000* | 32,000* | 36,000* |
| Men | **12,624** | **16,190** | 18,000* | 21,000* | 23,000* |
| All | **30,866** | **39,029** | 45,000* | 53,000* | 59,000* |
| Footnotes: **Actual** *Projected | | Source: NYS Office of Medicaid | | | |

| **Indicator 17.** Percent of middle and high school students who have ever tried cigarettes |
|---|

| Year | 2000 | 2001 | 2002 | 2003 | 2004 |
|---|---|---|---|---|---|
| Middle School | **31.7%** | NA | 29.0%* | NA | 25.0%* |
| High School | **62.0%** | NA | 59.0%* | NA | 54.0%* |
| Footnotes: **Actual** *Projected | | | | | |

| **Indicator 18.** Percent of adults aged 18 to 24 years who smoke cigarettes | | | | | |
|---|---|---|---|---|---|
| Year | 2000 | 2001 | 2002 | 2003 | 2004 |
| Women | **32.8%** | **35.5%** | 32.9%* | 30.0%* | 28.0%* |
| Men | **33.3%** | **30.6%** | 28.5% | 26.0%* | 24.5%* |
| All | **33.0%** | **33.0%** | 31.0%* | 28.0%* | 26.5%* |
| Footnotes: **Actual** *Projected | | | Source: NYS Dept of Health – BRFSS/ATS | | |

| **Indicator 18.** Percent of adults who smoke cigarettes | | | | | |
|---|---|---|---|---|---|
| Year | 2000 | 2001 | 2002 | 2003 | 2004 |
| Women | **20.6%** | **20.7%** | 19.0%* | 18.0%* | 17.0%* |
| Men | **22.6%** | **26.1%** | 21.0%* | 20.0%* | 19.0%* |
| Adults w/Medicaid | **38.0%**** | **NA** | NA | 32.0%* | 39.0%* |
| All | **21.6%** | **23.2%** | 21.0%* | 19.0%* | 18.0%* |
| Footnotes: **Actual** *Projected **Three-year rolling average (1998-2000) Source: NYS Dept of Health – BRFSS/ATS | | | | | |

**III. Objectives, Strategies and Activities.**

**GOAL 1 – ELIMINATE EXPOSURE TO SECONDHAND SMOKE.**

Objective 1A – Increase the percent of adults who support or strongly support New York's comprehensive clean indoor air law.

| Year | 2000 | 2001 | 2002 | 2003 | 2004 |
|---|---|---|---|---|---|
| Smokers | **NA** | **NA** | **NA** | * | * |
| Nonsmokers | **NA** | **NA** | **NA** | | |
| All | **NA** | **NA** | **NA** | | |
| Footnotes: **Actual** *Projected | | | | | Source: NYS ATS |

**Activities:**

- TCP to provide training and technical assistance to community partners on strategies to increase public support for the expanded CIA law.
- Community partners to educate community member, employers, and the media about the dangers of secondhand smoke and the importance of effectively implementing the CIA law.
    - Community partners to meet with key opinion leaders and media representatives to share information.
    - Community partners to organize letter-writing campaigns, meetings, and advocacy activities, as appropriate to enhance support for the law.
    - Community partners to work with local media to publicize importance of smoking restrictions, extent of public support for restrictions, magnitude of any exposure/compliance problem locally.
    - Community partners to raise community awareness of the tobacco industry's manipulation of information related to secondhand smoke and clean air laws.
    - TCP to provide media support and training.
- Community partners to conduct local surveys to determine current level of support for effective implementation of the Clean Indoor Air law and expansions of the law (e.g., to public parks and outdoor recreation areas, areas around building entry ways).
- Community partners to work with media contractor to extend and localize statewide SHS and CIA media campaigns.
- TCP to partner with other State agencies (such as DEC, Occupational Health, OASAS, Social Security, Insurance Commission) to effectively implement smokefree laws and policies.

**Objective 1B – Increase the percent of work places that are in compliance with New York's comprehensive clean indoor air law.**

| Year | 2000 % | 2001 % | 2002 % | 2003 % | 2004 % |
|---|---|---|---|---|---|
| Restaurants | NA | NA | NA | | |
| Bars | NA | NA | NA | | |
| Bowling Facilities | NA | NA | NA | | |
| Footnotes: **Actual** *Projected | | | | Source: NYS-CTFNY Observational Study | |

Activities:

- TCP to work with community partners to provide resources and education to businesses and employers to effectively implement the Clean Indoor Air law.

- TCP and community partners to identify locations where exposure to secondhand smoke continues to occur and quantify the magnitude of the problem.
- Community partners to work with media contractor to develop and implement local public relations and earned media strategies to support effort.
- Community partners to implement strategic direct mail/"do-me-a-favor" drives to increase support for effective implementation of the CIA law and/or to increase support for local level expansions of the law.
- Community partners to conduct observational assessments of compliance by local businesses.

**Objective 1C – Increase the percent of adults and youth who live in households where smoking is prohibited.**

| Year | 2000 | 2001 | 2002 | 2003 | 2004 |
|---|---|---|---|---|---|
| Adult Smokers | | NA | | | |
| Adult Non-smokers | | NA | | | |
| All | | NA | | | |
| Middle School | | | | | |
| High School | | | | | |
| Footnotes: **Actual** *Projected | | | | Source: NYS ATS and YTS | |

**Objective 1D – Increase the percent of adults who drive or ride in vehicles where smoking is prohibited.**

| Year | 2000 | 2001 | 2002 | 2003 | 2004 |
|---|---|---|---|---|---|
| Smokers | | | | | |
| Non-smokers | | | | | |
| All | | | | | |
| Middle School | | | | | |
| High School | | | | | |
| Footnotes: **Actual** *Projected | | | | Source: NYS ATS and YTS | |

**Activities for 1C and 1D:**

- TCP to work with media contractor to identify effective marketing strategies to promote smokefree homes and vehicles.
  - Community partners to work with media contractor to extend and "localize" statewide messaging.
  - Community partners to identify local activities to reinforce and promote smokefree home and vehicle marketing.
  - Community partners to work with NYS Community Health Worker Program, local health department Certified Home Health Agencies, private home health aide agencies, Head Start, Early Intervention, schools and PTAs to promote smokefree homes and vehicles
  - Coordinated school health network to provide guidance in working with schools and parent-teacher organizations to promote tobacco-free homes and vehicles.

- Quit Line to develop and include informational brochures on establishing smokefree homes and vehicles in all mailings to callers.
- Community partners to identify local target areas to publicize messages (libraries, hospitals, baby changing stations, nursery schools, head start programs, care seat check programs, day care centers) and local target groups to receive messages (asthma patients, people in cessation programs)

- TCP to collaborate with New York State Automobile Dealers Association to create a program for higher trade-in values of smokefree vehicles.
- TCP to collaborate with Division of Motor Vehicles to publicize and promote benefits of smokefree vehicles.
- TCP and community partners to work with automobile rental companies to strengthen policies and messages to reduce tobacco use in vehicles.
- TCP to collaborate with New York State Commissioner of Insurance to encourage all insurance agencies to offer reduced rates on home, apartment, and vehicle insurance for smokefree homes, apartments, and vehicles.
- TCP to monitor progress toward achievement of these objectives in the population as a whole and in specific subpopulations that are disproportionately affected by this issue/problem.

**Objective 1E – Increase the number of educational institutions (elementary, secondary and post-secondary) that implement effective tobacco-free policies to eliminate tobacco use from all facilities, property, vehicles and events.**

| Year | 2000 | 2001 | 2002 | 2003 | 2004 |
|---|---|---|---|---|---|
| High School | | | | | |
| Community College/Vocational | | | | | |
| College/University | | | | | |
| | | | | | |
| | | | | | |
| Footnotes: **Actual** *Projected | Source: TBD and Statewide Center for Healthy Schools | | | | |

**Activities:**

- Conduct an assessment of the tobacco-free status of high school and post-secondary educational institutions.
  - TCP and community partners to work with evaluation contractor to conduct a statewide assessment of the tobacco use on a representative sample of high schools and post-secondary campuses.
  - ACS/CAAT and community partners, in cooperation with New York State College Health Educators Association and Bacchus and Gamma, to identify and catalog post-secondary institutions and their status with respect to effectively implement tobacco-free policies.
- Collaborate with educational institutions to provide resources and support for effective implementation of tobacco-free school policies.
  - Coordinated School Health Network to

        - Establish protocol for working with schools to effectively implement tobacco-free schools policies and test protocol on set of pilot middle and high schools.
        - Identify and catalog effective procedures for handling tobacco-free school policy violations by employees, students, and visitors at primary and secondary schools.
        - Collaborate with community partners to encourage environmental change within the community and educational institutions to effectively implement tobacco-free policies.
    - ACS/CAAT to establish protocol for working with post-secondary schools to effectively implement tobacco-free schools policies and test protocol on set of pilot post-secondary campuses, including protocols that address the unique needs of SUNY campuses, community colleges, and private colleges.
    - TCP and community partners to provide signage and support for effective tobacco-free policies to educational institutions.
    - Community partners to work with media contractor to develop and implement local marketing campaigns to raise awareness about and increase support for effective implementation of tobacco-free campus policies.
    - 

**GOAL 2 – DECREASE THE SOCIAL ACCEPTABILITY OF TOBACCO USE.**

**Objective 2A – Increase anti-tobacco attitudes among youth and adults.**

| Year | 2000 | 2001 | 2002 | 2003 | 2004 |
|---|---|---|---|---|---|
| Adult smokers | | | | | |
| Adult nonsmokers | | | | | |
| Middle School | | | | | |
| High School | | | | | |
| Footnotes: **Actual** *Projected | | | Source: TBD: Media Survey | | |

**Activities:**

- TCP to work with media contractor and community partners to implement effective marketing campaigns to counter tobacco industry promotional activities. Messaging should appear on the following media: television, radio, billboards, movie theaters, convenience stores, events, news stories, opinion/editorial writing; local action should target specific tobacco industry promotions (e.g., bar promotions).
    - Community partners to work with media contractor to extend and enhance the statewide campaign locally and to maximize media coverage of local anti-tobacco promotion activities.
- TCP to work with media contractor to implement effective media and public relations strategies to educate consumers about their tobacco products (low tar, filter vents, filter fiber fallout, menthol and other additives).
    - Community partners to work with media contractor to extend and enhance the statewide campaign locally.
- TCP to work with community partners to coordinate local and statewide initiatives to de-normalize and de-glamorize tobacco use, and expose tobacco industry promotional activities.
    - Initiatives should include specified targets, visible actions, earned media, public

education, and culminating press events.

- TCP to provide training to community partners on implementing local media literacy/media advocacy activities.
- Community partners to use earned media and paid advertising to counter pro-tobacco advertising and increase awareness of tobacco marketing practices.
- TCP to monitor progress toward achievement of this objective in the population as a whole and in specific subpopulations that are disproportionately affected by this issue/problem.

**Objective 2B – Reduce tobacco sponsorship of sporting, cultural, and entertainment and other events in the community, region, and state.**

| Year | 2000 | 2001 | 2002 | 2003 | 2004 |
|---|---|---|---|---|---|
| Number | | | | | |
| Footnotes: **Need to figure out how to monitor/measure/operationalize this.** | | | | | |

**Activities:**

- TCP to work with evaluation contractor to develop methodology to assess extent of tobacco sponsorship in New York State, including variation in level of sponsorship in different communities (rural/urban, ethnic, income).
  - Community partners to implement assessment protocol locally.
- TCP to develop a tool kit and provide training to community partners on alternatives to tobacco industry sponsorship and strategies to reduce tobacco industry sponsorships.
  - Each community partner to identify at least two local events each year from which to eliminate tobacco industry sponsorship.
- TCP to monitor progress toward achievement of this objective in the population as a whole and in specific subpopulations that are disproportionately affected by this issue/problem.

**Objective 2C – Reduce tobacco use and promotion in movies, arts, and entertainment.**

| Year | 2000 | 2001 | 2002 | 2003 | 2004 |
|---|---|---|---|---|---|
| Number | | | | | |
| Footnotes: **Need to figure out how to monitor/measure/operationalize this.** | | | | | |

- TCP to develop tool kit for statewide movie initiative.
- Community partners to implement tool kit activities and locally appropriate activities to raise awareness of the promotion of tobacco products in movies, art and entertainment and decrease consumer acceptability of such promotion.

**Objective 2D – Reduce the proportion retailers that post point of purchase tobacco advertising.**

| Year | 2000 | 2001 | 2002 | 2003 | 2004 |
|---|---|---|---|---|---|
| Number | | | | | |
| Footnotes: **Need to figure out how to monitor/measure/operationalize this.** | | | | | |

**Activities:**

- TCP to work with evaluation contractor to develop methodology to assess extent of tobacco point of purchase advertising in a representative sample of retail stores, including assessing variation in level of point of purchase advertising in different communities (rural/urban, ethnic, income).
    - Youth partners to organize and catalog information obtained from the 2001/2002 check it campaign.
- TCP to develop educational tool kit to increase awareness among retailers of the role of point of purchase advertising in promoting youth tobacco use.
    - Community partners to disseminate information locally on the role of point of purchase advertising in promoting youth tobacco use and sustaining tobacco use in the community. Partners to encourage elimination of point of purchase advertising.
- TCP to partner with trade associations to encourage participants not to sell advertising space to tobacco companies.
- TCP to work with the Department of Agriculture and Markets to ban the sale of candies, gum, and other snacks that resemble tobacco products or that use packaging similar to tobacco products.
- TCP to monitor progress toward achievement of this objective in the population as a whole and in specific subpopulations that are disproportionately affected by this issue/problem.

**GOAL 3 – PROMOTE CESSATION FROM TOBACCO USE.**

**Objective 3A – Increase the number of health care provider organizations that have a system in place to implement the Preventive Services Task Force clinical guidelines for cessation.**

| Year | 2000 | 2001 | 2002 | 2003 | 2004 |
|---|---|---|---|---|---|
| Number | | | | | |
| Footnotes: **Need to figure out how to monitor/measure/operationalize this.** | | | | | |

**Activities:**

- Provide grant support to health care provider organizations to develop and implement tobacco use screening and assessment systems consistent with the Clinical Practice Guideline for Treating Tobacco Use and Dependence.
    - TCP to develop and release a Request For Applications from health care provider organizations or other bidders to develop and implement systems to support the use of the clinical guidelines for cessation. Community partners to provide mini-grants to local provider organizations to implement systems.
- TCP and community partners to work with the NYS Smokers Quit Line to establish patient referral systems for local health care providers and the Quit Line.
    - TCP and Quit Line to develop supportive materials (brochures, tool kit, information about how to) for provider organizations.
    - TCP to enhance support to the Quit Line to establish referral system and pro-active counseling service.

**Objective 3B – Increase the number of Medicaid recipients who access pharmacotherapy for smoking cessation through the Medicaid program.**

| Year | 2000 | 2001 | 2002 | 2003 | 2004 |
|---|---|---|---|---|---|
| Women | **18,242** | **22,838** | 30,000* | 40,000* | 50,000* |

| | | | | | |
|---|---|---|---|---|---|
| Men | **12,624** | **16,190** | 20,000* | 24,000* | 30,000* |
| All | **30,866** | **39,029** | 50,000* | 64,000* | 80,000 |
| Footnotes: **Actual** *Projected | | | | Source: Office of Medicaid | |

**Activities:**

- Educate pharmacists, Medicaid providers and Medicaid recipients about the pharmacotherapy benefit.
  - TCP and partners to develop culturally sensitive and literacy appropriate informational posters, brochures, and media messages to promote Medicaid benefit to target audiences.
  - Community partners to work with local Medicaid providers to increase awareness and use of benefit.
  - New York State Smokers' Quit Line to provide information on benefit on the telephone and through the mail to all Medicaid providers and recipients, among others, who contact the Quit Line.
  - TCP to develop culturally sensitive and literacy appropriate insert on Medicaid coverage of cessation medications for pharmacists to place in filled Medicaid prescriptions; community partners to distribute to local pharmacies.
  - TCP and community partners to work with WIC, Child and Family Services, OASAS, OMH, American College of Obstetrics and Gynecology, Federally Funded Health Centers, New York State Pregnancy Care Assistance Program, MOMS programs, Public Assistance Application sites, Perinatal Networks, Family Planning Programs, not-for-profit community organizations that serve low income clients and other income-eligible programs to increase awareness of Medicaid benefit.
  - TCP to monitor progress toward achievement of this objective in the population as a whole and in specific subpopulations that are disproportionately affected by this issue/problem.

**Objective 3C – Increase the number of health plans that provide coverage of evidence-based treatment for nicotine dependence.**

| Year | 2000 | 2001 | 2002 | 2003 | 2004 |
|---|---|---|---|---|---|
| Number | | | | | |
| Footnotes: **Need to figure out how to monitor/measure/operationalize this.** | | | | | |

**Activities:**

- TCP to convene a task force or work group to compile/develop supportive materials and work with businesses and health plans to extend coverage.
  - TCP to gather research to document the benefit of providing this coverage (benefit to patients, employers, and health plans).
  - TCP to identify allies, partners and stakeholders to work with health plans and providers in establishing coverage of evidence-based treatment for nicotine dependence.
  - TCP to work with New York State Insurance Commissioner to extend coverage of cessation benefits.

Objective 3D – Increase the number of non-Medicaid eligible low-income tobacco users who receive free or reduced-priced pharmacotherapy from the TCP to support a cessation attempt.

| Year | 2000 | 2001 | 2002 | 2003 | 2004 |
|---|---|---|---|---|---|
| Women | | | * | * | * |
| Men | | | * | * | * |
| All | | | * | * | |
| Footnotes: **Actual** *Projected | | | | | Source: TBD |

**Activities:**

- TCP to develop and release a Request For Applications from cessation service providers, with existing, effective cessation programs, to receive funding to provide free or reduced-priced pharmacotherapy in conjunction with the cessation service provided by the organization.
- TCP to work with NYS Smokers' Quit Line to provide free or reduced-cost pharmacotherapy to eligible callers.

Objective 3E – Increase access to cessation counseling and services.

| Year | 2000 | 2001 | 2002 | 2003 | 2004 |
|---|---|---|---|---|---|
| Number | | | | | |
| Footnotes: **Need to figure out how to monitor/measure/operationalize this.** | | | | | |

**Activities:**

- TCP to enhance funding and promotion of the NYS Smokers' Quit Line
  - o TCP to develop and implement media messages for placement in a variety of standard and non-standard venues to motivate smokers to make a quit attempt and to seek appropriate services and support to make the quit attempt successful
- Community partners to coordinate with and promote use of the Quit Line locally, as a resource for information, educational materials, and cessation counseling and support
- Community partners to maintain and disseminate updated local cessation service directories.
- TCP to work with the Department of Taxation and Finance to ensure that the NYS Smokers' Quitline telephone number (888-609-6292) is printed on the New York State cigarette excise tax stamp.
- TCP to work with statewide Coalition to support development and implementation of more effective tobacco product warning labels.

## GOAL 4 – PREVENT THE INITIATION OF TOBACCO USE AMONG YOUTH AND YOUNG ADULTS.

### Objective 4A – Increase the unit price of cigarettes sold in New York State.

| Year | 2000 | 2001 | 2002 | 2003 | 2004 |
|---|---|---|---|---|---|
| Average retail price | **$3.268** | **$3.985** | $4.384* | $4.822* | $5.30* |
| Footnotes: **Actual** *Projected | | | Source: NYS Department of Taxation and Finance | | |

*Activities:*

- Increase the total federal and state cigarette excise tax to at least $2.00 per pack.
- Eliminate promotions and discounts ("Buy 1 get 1 free") that lower the price of cigarettes.

- Reduce untaxed sales of cigarettes.

**Objective 4B – Increase the number of jurisdictions that levy their own tobacco excise taxes. Increase the amount of each local tobacco excise tax**.

| Year | 2000 | 2001 | 2002 | 2003 | 2004 |
|---|---|---|---|---|---|
| | **1** | **1** | **1** | 2* | 4* |
| Footnotes: **Actual** *Projected | | | | | Source: TBD |

**Activities:**

- TCP and community partners to educate the public, local legislators, and key opinion leaders and decision makers about the relationship between increased price of tobacco products and decreased tobacco use and increase public support for high tobacco prices and high excise taxes.
- TCP to work with media contractor to
  - Develop workshop/training on education and advocacy strategies related to tobacco product prices and tobacco use, including fact sheet, tool kit, presentation, brochure, letter to editor, etc that can be customized to local context.
  - Identify ways to increase public support for local cigarette excise tax through media and public relations activities.
  - Coordinate paid and earned media and PR activities around increasing public support for local cigarette excise taxes.

**Objective 4C – Increase the number of jurisdictions with a 5 % or less illegal sales rate to minors.**

| Year | 2000 | 2001 | 2002 | 2003 | 2004 |
|---|---|---|---|---|---|
| # Jurisdictions | **21** | 32 | 43 | 49 | 58 |
| Footnotes: **Actual** *Projected | Source: Bureau of Community Sanitation and Food Protection | | | | |

**Objective 4D – Reduce the statewide retailer non-compliance with sales to minor's law rate to 5% or less.**

| Year | 2000 | 2001 | 2002 | 2003 | 2004 |
|---|---|---|---|---|---|
| Statewide rate | **13%** | **11%** | 9% | 7% | 5% |
| Footnotes: **Actual** *Projected | Source: Bureau of Community Sanitation and Food Protection | | | | |

**Activities for 4C and 4D:**

- Local Health Departments (LHD) to conduct compliance checks of tobacco retailers.
  - CEH to develop protocol and provide grants to LHD.
  - Violators will receive two re-inspections per year (until points are removed), per new law.
- CEH and community partners to
  - Assess retailer compliance with the self-service display ban.
  - Educate local retailers (starting with pharmacies, retailers in close proximity to schools) on the hazards of tobacco use, the problem of selling tobacco products to minors, the role of point of purchase advertising in promoting tobacco use.

- Discourage sale of tobacco products by retailers.
- Encourage posting of the NYS Smokers' Quit Line number near all tobacco displays and on all regulatory signs (e.g., sales to minors restriction notices).

**INFRASTRUCTURE GOAL**

**GOAL 5 – BUILD AND MAINTAIN AN EFFECTIVE TOBACCO CONTROL INFRASTRUCTURE**

**Objective 5A – Increase local funding dedicated to tobacco control activities, including dedication of 5 % of any new jurisdictional tobacco excise tax to local tobacco control activities**.

**Objective 5B – Ensure adequate level of staffing and funding to implement effective tobacco control activities.**

**Objective 5C – Strengthen regional infrastructure to promote coordination and collaboration among partners in each region.**

**Objective 5D –Enhance communication and collaboration among the tobacco control program, program contractors, and statewide stakeholders/partners.**

*Objective 5E – Establish roles, responsibilities and competencies for all program staff.*

**Objective 5F – Tobacco control program staff and contractors will participate in professional development opportunities each year.**

**SCIENCE GOAL**

**GOAL 6 – CONTRIBUTE TO THE SCIENCE OF TOBACCO CONTROL.**

**Objective 6A – Analyze and synthesize data from existing data systems related to tobacco in order to monitor progress toward achieving program goals.**

**Activities:**

- Catalog existing data systems related to tobacco control.
- Assess trends described by existing data and their implications for tobacco control program activities.
- Include information based on analysis and synthesis of data from existing data systems in annual program reports.

**Objective 6B – Develop and implement data collection systems and research and evaluation studies to monitor, measure, and help understand the impact of the tobacco control program**

**Activities:**

- TCP to work with independent evaluation contractor to develop and implement program evaluation and research activities.
- TCP to provide opportunities and guidelines for required evaluation methods to contractors to try promising tobacco control activities at the local level.
- TCP to increase the availability of tobacco-related surveillance data

**Objective 6C – Increase the number of tobacco control program interventions that are rigorously evaluated.**

**Activities:**

- Establish quarterly report system for all contractors and grantees.

- Establish data collection and reporting systems for selected partners.
- Catalog program interventions and prioritize which program interventions should be evaluated.
- Develop appropriate evaluation strategies for each priority intervention.
- Provide technical assistance to partners to implement effective evaluation strategies.
- Work with the independent evaluation contractor to develop and implement an overall program evaluation plan.
- Incorporate evaluation components into community partner action plans.

**Objective 6D – Document and disseminate findings from tobacco control program activities and initiatives on an ongoing basis.**

**Activities:**

- Establish a quarterly seminar series to discuss and disseminate program evaluation findings.
- Present papers at national conferences and meetings to share information on the impact of the Tobacco Control Program.
- Prepare and submit manuscripts to peer reviewed journals to disseminate program information.
- Produce and disseminate an annual tobacco control program report.

Attachment 8

(Please use this or a similar form)

Applicant Agency: ___________________________________________

| | A | B | C | D |
|---|---|---|---|---|
| **Site Name:** | **Total Number of patients at this site** | **Percentage of Smokers at this site** | **# of Smokers at this site (a x b)** | **# of Smokers to receive 5A interv.** |
| **1.** | | | | |
| **2.** | | | | |
| **3.** | | | | |
| **4.** | | | | |
| **5.** | | | | |
| **6.** | | | | |
| **7.** | | | | |
| **8.** | | | | |
| Totals: | _________ | _________ | _________ | _________ |

Attachment 9

EVALUATION PLANNING MATRIX

| **TCP Program Goal:** | | | | | | |
|---|---|---|---|---|---|---|
| **TCP Objective(s):** | | | | | | |
| **Intervention/Strategy/Activities:** | | | | | | |
| **Expected Short-term Change(s) and/or Intermediate Impact(s):** | | | | | | |
| Evaluation Question(s)<br><br>*What do you want to know?*<br><br>*What questions will be answered by the data you collect?* | **Evidence**<br><br>*What can be measured to determine if change has occurred?*<br><br>*How will you know it has happened?*<br><br>*What are the indicators?* | **Data Collection** | | | **Understanding and Applying Data** | |
| | | **Method(s)**<br>What method will you use to collect the information?<br><br>Measurement Tool(s)<br>Is there an instrument/tool that will be used to collect the information? | **Sample**<br>Who/where will you get the information from?<br><br>How will you select the sample? | **Time Frame**<br>When will you collect the data?<br><br>By what date will data collection be complete? | **Analyze Data**<br>How and who will analyze the data? | **Report Results**<br>*Who will prepare the report?*<br><br>How will it be disseminated & who will receive it? |
| | | | | | | |

## EVALUATION PLANNING MATRIX

| Evaluation Question(s) | Evidence | Method(s) Measurement Tool(s) | Sample | Time Frame | Analyze Data | Report Results |
|---|---|---|---|---|---|---|
| | | | | | | |

**Notes:**

## Using the Evaluation Planning Matrix

The Evaluation Planning Matrix is a tool that facilitates program evaluation planning. Community partners should use this tool when developing strategies to evaluate their tobacco control efforts. The matrix outlines all of the components that must be addressed when planning an evaluation to measure the impact of tobacco control initiatives. It is presented in tabular form, flows from top to bottom and from left to right. It is designed to include all of the necessary steps for evaluating the impact of a single or multiple initiatives that are meant to have an impact on a single objective and goal.

The following instructions will help guide you through using the matrix:

1.) **TCP Program Goal/Objective:** The initiative that you would like to evaluate **must** relate to a Goal and Objective from the Tobacco Control Program Strategic Plan. At the top of the matrix, fill in the TCP goal and corresponding objective that your initiative works toward.

2.) **Intervention/Strategy/Activities:** On the third line of the matrix, describe the intervention, strategy and/or activities that you plan to implement to reach the TCP goal and objective listed in the top two lines. It is not necessary to give a lot of detail about all of your planned activities. List only the key components of your initiative to provide an outline of the activities you will implement. In most cases you will be implementing a number of different activities to reach your desired TCP goal and objective. Completing the evaluation planning matrix will help you to determine how to measure the cumulative effect of these activities rather than measuring the effectiveness of each individual activity.

3.) **Short-term Change and Intermediate Impact**: Identify the short-term changes and intermediate impacts that you expect to produce by implementing the intervention. Remember that short-term changes refer to changes in learning (awareness, knowledge, attitudes & beliefs) and can happen relatively quickly while intermediate impacts usually refer to changes in action (behaviors, practices, decision-making, policies) and take a little more time to achieve. Your intervention may produce a number of different outcomes that are either short-term or intermediate, and each of those should be described on the fourth line of the matrix.

4.) **Evaluation Questions:** The questions for your evaluation will outline what it is that you hope to learn by conducting the evaluation. These questions must be specified beforehand so that you know what to look for and what to measure to demonstrate effectiveness. When evaluating impact, your evaluation questions will come directly from the expected short-term changes and intermediate impacts that were stated on the fourth line of the matrix. For example, if you expect that your intervention will produce an increase in knowledge among health care providers about clinical cessation guidelines, then one of your evaluation questions will be “Did knowledge of the clinical cessation guidelines increase among health care providers?” In addition to evaluation questions that measure impact, you may have other questions that relate to how well the intervention was implemented or how well your target population was reached by the intervention. For each of your evaluation questions, complete each column of the matrix from left to right.

5.) **Evidence:** Describe what will be measured to demonstrate that change (short-term and/or intermediate) has occurred as a result of the intervention. Include the **indicators** that will be used to measure the change. For example, indicators could be specific questions on a survey that measure knowledge and awareness of cessation guidelines among health care providers, pre and post counts or percentages of health care providers implementing cessation guidelines, number of calls to the New York State Quit Line, number of patients accessing counseling services, etc.

6.) **Method & Measurement Tool:** Describe the data collection method that will be used. The data collection method could be a survey, structured interview, focus group, case study, or an observational assessment. If possible, include the name of the specific tool/instrument that will be used. Often times, a tool has already been developed for use. If not, note in the matrix that a tool will be developed and include a brief description.

7.) **Sample:** Describe the target population that will receive the intervention and explain who will be selected from this larger group to provide the information for the evaluation. Include how the sample will be chosen and how many will be included in the sample.

8.) **Time Frame:** Describe when the data will be collected and list the anticipated schedule for data collection.

9.) **Analyze Data:** Describe how and who will analyze the data. Include names of people and/or organizations that will be involved.

10.) **Report Results:** Include who will be responsible for preparing and reporting results. Describe how and who will receive report findings.

**Nuts and Bolts of Using the Evaluation Planning Matrix:**

- What is the TCP Goal and Objective that your intervention works toward?
- What are the strategies and activities that will be implemented?
- What are the anticipated short-term changes and/or intermediate impacts?
- What are the questions that you want the evaluation to answer?
- For each evaluation question, work through each column in the matrix from left to right:
    - *Evidence & indicators*: Specific measures of change (usually counts, percentages, survey responses, etc.)
    - *Method & Measurement Tool:* Type of data collection method (survey, interview, etc.) and description of instrument if applicable
    - *Sample*: Group that will provide the evaluation information (selected from the larger target population)
    - *Time Frame:* Anticipated time schedule for data collection
    - *Analyze Data:* How and who will do the data analysis
    - *Report Results:* Who will prepare report, how will findings be disseminated, and to whom