



Mailing Address:
1 Baldwin Street
Drawer 33
Montpelier, Vermont 05633-5701

Tel.: (802) 828-2295
Fax: (802) 828-2483

STATE OF VERMONT
JOINT FISCAL COMMITTEE
1 Baldwin Street
Montpelier, Vermont 05633-5701

MEMORANDUM

To: James Reardon, Commissioner of Finance & Management

From: Rebecca Buck, Staff Associate *RB*

Date: January 11, 2007

Subject: Status of Requests

No Joint Fiscal Committee member has requested that the following items be held for review:

JFO #2280 – \$175,289 grant from the Social Security Administration to the Department of Disabilities, Aging and Independent Living, Division of Vocational Rehabilitation. This work incentives planning and assistance grant will be used to continue development and promote employment for recipients of Social Security Disability Income and Supplemental Security Income.

[JFO received 12/12/06]

JFO #2281 – \$100,000 grant from the American Legacy Foundation to the Department of Health. This grant will be used to support a program targeting smoking cessation and prevention services to young adults who are not enrolled in formal education.

[JFO received 12/12/06]

JFO #2282 – \$344,256 grant from the U.S. Department of Health and Human Services, Health Resources and Services Administration to the Department of Health. These grant funds will be used to expand the state's oral health workforce through the recruitment of dental students, encouragement in oral health careers among state high school and college students, and by studying the feasibility of expanding Vermont's dental education capacity.

[JFO received 12/12/06]

In accordance with 32 V.S.A. §5, the requisite 30 days having elapsed since these items were submitted to the Joint Fiscal Committee, the Governor's approval may now be considered final. We ask that you inform the Secretary of Administration and your staff of these actions.

cc: Linda Morse
Cynthia LaWare
Patrick Flood
Sharon Moffatt

From: "Leach, Gary" <GLEach@vdh.state.vt.us>
To: "Michael Obuchowski" <obie@leg.state.vt.us>
Date: 12/22/2006 10:43 AM
Subject: RE: JFO #2281 -- American Legacy Foundation grant to Department of Health

CC: "Maria Belliveau" <MBELLIVEAU@leg.state.vt.us>, "Rebecca Buck" <RBUCK@le...
Sheri Lynn replies:

We currently fund coalitions in the southern counties. All coalitions will have an opportunity to submit a proposal for these new funds. A team will score proposals in reaching a decision to award 2 to 3 small grants.

With respect to our current coalition grants in the southern counties: In Rutland County we fund one coalition for \$56,864. Bennington County's coalition receives \$48,350. Windham County has two coalitions; one receives \$65,000 and the second receives \$58,362. There are also two coalitions in Windsor county funded at \$62,000 and \$54,006.

Gary Leach
Vermont Department of Health
863-7384

-----Original Message-----

From: Michael Obuchowski [mailto:obie@leg.state.vt.us]
Sent: Thursday, December 21, 2006 10:07 AM
To: Leach, Gary
Cc: Maria Belliveau; Rebecca Buck; Steve Klein; Lynn, Sheri
Subject: Re: JFO #2281 -- American Legacy Foundation grant to Department of Health

In regards to Question 2, is any of the money being reserved for community coalitions in the southern four counties?

>>> "Leach, Gary" <GLEach@vdh.state.vt.us> 12/20/2006 10:23 AM >>>
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What does the American Legacy Foundation do? what is their function/objective?

1) The American Legacy Foundation was created as a result of the tobacco master settlement agreement negotiated by the state attorney general offices back in the late 1990s. Here is the mission statement or function of the foundation that focuses on young people and preventing tobacco use:

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How will the Department of Health ensure that the \$50 incentive payments to pregnant women meet the objectives of the cessation program? How will the Department know if the person receiving the incentive payment follows through with the agreement?

3)We have a protocol in place based on research in the "smoking cessation during pregnancy" field. Therefore women who enroll in this part of the Legacy grant will be asked if they have quit smoking and they would understand that carbon monoxide testing is required for both educational and confirmation purposes. This will assure that pregnant women and their partners receive the \$50 incentive for "not smoking". Pregnant women would be seen throughout the pregnancy and we would collect data to monitor outcomes of the project. We have already established a system to streamline this process.

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From: Michael Obuchowski
To: Gary Leach
Date: 12/21/2006 10:06 AM
Subject: Re: JFO #2281 -- American Legacy Foundation grant to Department of Health

CC: Maria Belliveau; Rebecca Buck; Sheri Lynn; Steve Klein
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To: <obie@leg.state.vt.us>
Date: 12/20/2006 1:28 PM
Subject: JFO #2281 -- American Legacy Foundation grant to Department of Health

CC: "Maria Belliveau" <mbelliveau@leg.state.vt.us>, "Rebecca Buck" <RBUCK@le...
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STATE OF VERMONT
JOINT FISCAL COMMITTEE
1 Baldwin Street
Montpelier, Vermont 05633-5701

MEMORANDUM

To: Joint Fiscal Committee Members

From: Rebecca Buck, Staff Associate *RB*

Date: December 14, 2006

Subject: Grant Requests

Enclosed please find three (3) requests which the Joint Fiscal Office recently received from the Administration:

JFO #2280 – \$175,289 grant from the Social Security Administration to the Department of Disabilities, Aging and Independent Living, Division of Vocational Rehabilitation. This work incentives planning and assistance grant will be used to continue development and promote employment for recipients of Social Security Disability Income and Supplemental Security Income.

[JFO received 12/12/06]

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[JFO received 12/12/06]

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[JFO received 12/12/06]

The Joint Fiscal Office has reviewed these submissions and determined that all appropriate forms bearing the necessary approvals are in order.

In accordance with the procedures for processing such requests, we ask you to review the enclosed and notify the Joint Fiscal Office (Maria Belliveau at 802/828-5971; mbelliveau@leg.state.vt.us or Stephen Klein at 802/828-5769; sklein@leg.state.vt.us) if you would like any item(s) held for Legislative review (I will be out of the office December 15 through January 1). Unless we hear from you to the contrary by December 28 we will assume that you agree to consider as final the Governor's acceptance of these requests.

cc: James Reardon, Commissioner
Linda Morse, Administrative Assistant
Cynthia LaWare, Secretary
Patrick Flood, Commissioner
Susan Moffatt, Commissioner

STATE OF VERMONT
GRANT ACCEPTANCE FORM

JFO #
2281

DATE: November 22, 2006

DEPARTMENT: AHS / Department of Health

GRANT/DONATION (brief description and purpose): This grant is to support tobacco use cessation efforts targeting the 18 to 24 year olds who are not enrolled in formal education. It is a group that has higher percentage of smokers than other adult age groups. It is a difficult group to reach both because they are in transition socially and it is the adult age group that is least concerned with the future health consequences of its present behavior.

GRANTOR/DONOR: American Legacy Foundation, William Sorrell, Chair.

GRANT PERIOD: 10/1/06 – 9/26/07. The program will operate in state fiscal years 2007 and 2008

AMOUNT/VALUE: \$100,000

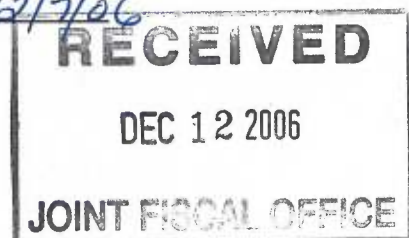
POSITIONS REQUESTED (LIMITED SERVICE): NONE

ANY ON-GOING, LONG-TERM COSTS TO THE STATE: None if the program is discontinued when the grant funding ends.

COMMENTS:

DEPT. FINANCE AND MANAGEMENT:
SECRETARY OF ADMINISTRATION:
SENT TO JOINT FISCAL OFFICE:

(INITIAL) MS 11/24/06
(INITIAL) MS 11.27.07
(DATE) 12/7/06



**STATE OF VERMONT
REQUEST FOR GRANT ACCEPTANCE**

1. Agency: Human Services
2. Department: Health
3. Program: Health Improvement
4. Legal Title of Grant: Targeting cessation, education, and prevention services to young adults through employers, agencies, and other organizations that provide services.
5. Federal Catalog No.: N/A
6. Grantor and Office Address: American Legacy Foundation, 2030 M Street, NW, 6th Floor, Washington D.C. 20036
7. Grant Period: From: 10/1/06 To: 9/26/07
8. Purpose of Grant: The purpose of the grant is to target smoking cessation and prevention services to young adults in Vermont (see attached summary).
9. Impact of Existing Programs if Grant is not Accepted: None

| 10. Budget Information | (1st State FY) FY 2007 | (2nd State FY) FY 2008 | (3rd State FY) FY 2009 |
|------------------------|---------------------------|---------------------------|---------------------------|
| EXPENDITURES: | | | |
| Personal Services | \$ 17,650.00 | \$ 17,650.00 | \$ 0.00 |
| Operating Expenses | \$ 32,350.00 | \$ 32,350.00 | \$ 0.00 |
| Other | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| TOTAL | \$ 50,000.00 | \$ 50,000.00 | \$ 0.00 |
| REVENUES: | | | |
| State Funds: | | | |
| Cash | \$ | \$ | \$ |
| In-Kind | \$ | \$ | \$ |
| Federal Funds: | | | |
| (Direct Costs) | \$ 47,875.00 | \$ 47,875.00 | \$ 0.00 |
| (Statewide Indirect) | \$ 106.00 | \$ 106.00 | \$ 0.00 |
| (Dept. Indirect) | \$ 2,019.00 | \$ 2,019.00 | \$ 0.00 |
| Other funds: | | | |
| (source) | \$ | \$ | \$ |
| TOTAL | \$ 50,000.00 | \$ 50,000.00 | \$ 0.00 |

Grant will be allocated to these appropriation expenditure accounts:

| <u>Appropriation Nos.</u> | <u>Amounts</u> |
|---------------------------|----------------|
| 3420040000 | \$50,000 |

REC'D NOV 20 2006

11. Will grant monies be spent by one or more personal service contracts?
 YES NO

If YES, signature of appointing authority here indicates intent to follow current guidelines on bidding. X *[Signature]*

12a. Please list any requested Limited Service positions:

Titles Number of Positions

None

TOTAL

12b. Equipment and space for these positions:
 Is presently available.
 Can be obtained with available funds.

13. Signature of Appointing Authority

I certify that no funds have been expended or committed in anticipation of Joint fiscal Committee approval of this grant.

[Signature]
Signature of Appointing Authority
[Signature]
Signature of Agency Secretary or Designee

10/26/06
Date
11/15/06
Date

14. Action by Governor:

Approved
 Rejected

[Signature]
(Signature) *12/6/06*
(Date)

15. Secretary of Administration:

Request to JVO
 Information to JFO

[Signature]
(Signature) *11.27.06*
(Date)


16. Action by Joint Fiscal Committee:

Request to be placed on JVC agenda _____ (Dates)
 Approved (not placed on Agenda in 30 days) _____
 Approved by JFC _____
 Rejected by JFC _____
 Approved by Legislature _____

(Signature) (Date)

MEMORANDUM
VERMONT DEPARTMENT OF HEALTH

To: Shirley Dow, AHS

From:  Karen Kelley, Grants Program Specialist

Re: Request for Grant Acceptance: American Legacy Foundation award

Date: 10/31/06

.....

The Department of Health has received a grant from the American Legacy Foundation providing \$100,000 over a one year period in support of targeting smoking cessation and prevention services to young adults in Vermont. These funds will not be supporting new positions.

Enclosed please find an original and one copy of the AA-1 Request for Grant Acceptance and attached summary, grant award document, and the grant application. I would appreciate knowing when you or your office have completed your review and have sent the packet along to the JFC. Thanks for your help and please let me know if you need further information. I can be reached at 657-4258.....



State of Vermont

AGENCY OF HUMAN SERVICES

OFFICE OF THE SECRETARY
103 South Main Street
Waterbury, Vermont 05671-0204

Telephone: (802) 241-2220
Fax: (802) 241-2979

TO: Steve Gold, Deputy Secretary, Agency of Human Services

FROM: Sarah Clark, AHS Central Fiscal Office *SC*

DATE: November 14, 2006

RE: VDH - Grant Approval – American Legacy Foundation Award

Attached is a grant acceptance form from VDH from the American Legacy Foundation in support of smoking cessation and prevention services to young adults. The grant begins upon approval and will continue through FY 2008 for a total value of \$100,000. There is no state match requirement. In addition, there will be no longer-term funding concerns as the programs will terminate upon completion of the grant funding.

I recommend that AHS forward this grant along to the Secretary of Administration, the Governor and the Joint Fiscal Committee for approval.

REC'D NOV 20 2006

Request for Grant Acceptance
American Legacy Foundation
Summary
10/27/2006

The Department of Health has received a grant from the American Legacy Foundation, providing \$100,000 over a one year period in support of a program targeting smoking cessation and prevention services to young adults in Vermont. The goal of the program is to decrease the adult smoking rate in half from 22% in 2001 to 11% in 2010. The program will provide young adults with cessation knowledge and focus on eliminating disparities in accessing Vermont cessation services.

The program will target the 18-24 year old population that are not enrolled in college by using the dedicated community partners and implementing research based and innovative measures to reach this audience. This population may be characterized as: 1) fitting the low socio-economic status definition, 2) renting or living at home with their parents, and 3) experiencing stress from transitioning into adult roles as working parents. According to Vermont smoking prevalence data, this group has the highest rate of smoking. Although there is a raised awareness about Vermont's cessation services, the proposed activities will be more effective at reaching this population.

The objectives for this program are to collaborate with: 1) ten worksites that primarily employ 18 to 24 year olds that will implement on-site smoking prevention education and cessation workshops to employees, 2) two obstetrician/gynecology offices serving young adult women that will implement an ask, advise, and refer system for all pregnant women and their partners that smoke and recruit a total of fifty pregnant smokers to participate in an incentive based smoking cessation program, and 3) three organizations that directly serve or work with young adults of low socio-economic status to link smokers to cessation services. In addition, two existing tobacco coalitions will be identified that will collaborate with local businesses and low income agencies to offer prevention and cessation workshops. Working with employers and organizations that offer services to this group will increase young adults' use of cessation services.

The Department has continued to receive Centers for Disease Control and Master Settlement Agreement funding to implement best practices and research based approaches to prevent smoking and reduce smoking rates. The Department will continue to improve efforts by using Legacy Foundation funds for an evaluator, consultant fees to monitor the program, two community coalition grants to offset costs for recruiting and collaborating with businesses and low income agencies, incentives for pregnant women to quit smoking during their pregnancy, and production of promotional materials.

The Health Department is hereby requesting acceptance of \$50,000 in new Federal funds during State Fiscal Year 2007. The remainder of the Federal funding will be included in the Department's future budget requests.

Legacy

American Legacy Foundation®

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www.americanlegacy.org

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Former Nevada State Senator

George A. Strait, Jr.
Senior Counselor, Hyde Park Communications

Thania Balcorta
*Youth Board Liaison
University of California, Davis*

Cheryl G. Heaton, Dr.P.H.
*President & CEO,
American Legacy Foundation*

September 15, 2006

Angela Margaret Sawyer DeSanctis, MD Ed
Youth Tobacco Control Specialist
Vermont Department of Health
108 Cherry Street; P.O. Box 70
Burlington, VT 05402

Dear Ms. DeSanctis,

Thank you for submitting a proposal to the Small Innovative Grants Program dated June 8, 2006, requesting \$100,000 to support the "TN TXT 2 QUIT:" project. We are pleased to inform you that Legacy has approved your request for funding up to \$100,000.

In late September, Legacy staff will contact the person listed as the program coordinator on your grant proposal cover pages. At that time, we will review the enclosed Applicant Feedback Form that summarizes the strengths and weaknesses of the proposal identified during the review process.

In October, we will conduct contract negotiations with your organization. We will ask you to revisit your program goals and objectives, narrative, timeline, and budget and make any changes necessary to finalize the scope of work. We expect that your project will start between November 1- November 15, unless you request otherwise.

Congratulations on an excellent proposal. We are excited to work with you over the next year. We will contact you within two weeks, but if you have questions in the meantime, you may call Katherine Wilson, Director of Grants, at (202) 454-5916.

Sincerely,



Adin C. Miller, MPA
Associate Vice President of Grants and Stakeholder Relations

cc: Amber Hardy Thornton, MPH, CHES
Executive Vice President for Program Development

Katherine Wilson, MPA, JD
Director of Grants

APPLICANT FEEDBACK FORM

Small Innovative Grants

Applicant: Vermont Department of Health.

Project Title: Targeting Cessation, Education, and Prevention Services to Young Adults through Employers, Agencies, and other Organizations that Provide Services

Project Strengths:

- Primary strength is the partnering and integration of cessation services into multiple settings (worksites, OB/GYN offices, and organizations).
- In connection with the above, multiple approaches to cessation will be provided; including ask/advise/refer, referral services, and cessation classes.
- Use of experienced hospital based cessation counselors who are knowledgeable of a wide range of services, such as quitlines, NRT, internet, etc.
- Use of incentives for pregnant woman smokers is a real strength.
- This project would feed into a larger state plan to eliminate tobacco use.
- There is a letter of support from the evaluation and review board for the proposed intervention with pregnant women. The letter from VAHHS indicates that they are working with insurers to encourage them to cover NRTs which would enhance the workplace intervention.

Project Weaknesses:

- Primary weakness of the proposal is its use of multi-session classes for the 18-24 age group. The authors (p. 2) refer to the need to “explore other ways to engage this difficult to reach age group,” yet multi-session cessation classes is the exact format that this age group has stayed away from in droves for decades. It would have been nice to see more age-appropriate formats (workshops, brief cessation counseling, etc.) referred to.
- The panel questioned how the applicant will be able to convince employers to provide benefits to employees without providing incentives to the employers.
- The panel was concerned about the multi-prong focus on worksites, referrals, and OB/GYN settings. The panel recommended structuring the grant on worksites and OB/GYN settings only. The panel recommended that the format of the multi-session for the target age group be restructured to a more attractive and appropriate approach for the targeted age group (single session, double sessions, or cessation-awareness workshops).

Budget:

| |
|--|
| |
|--|

Other Comments/Concerns:

- **Workplace:** Will other adults in selected workplaces also be provided with cessation services? If not, why would employers selectively offer benefits to 18-24 year olds and not other employees? Can this even be done?
- How will the 2 small grants for the community coalitions and hospital partners be split? Won't they need 4 small grants? What is the source of financial support for the provision of hospital cessation services at workplaces? Who will cover the costs of NRTs, especially for working uninsured young adults? Are the working uninsured eligible for free NRTs?
- The applicant identifies process measures that they will track. Beyond tracking the number of worksites who agree and do not agree to participate, the applicant should track the reasons that drive the worksite decisions.
- **Ob/gyn:** The applicant will work with 2 OB/Gyns for this intervention. The budget justification suggests that this intervention is already being piloted. If so, how many OB/gyns are currently working with the applicant. How many pregnant women will be reached through this intervention as a result of this project? If it is 25, why does the budget indicate providing incentives for 50 women? The applicant suggests that \$400 of incentives will be provided to the pregnant women. How will this be sustained beyond the grant? What about other women who are pregnant? Will they be offered any cessation services?
- **Organizations:** How will the applicant identify and select the 3 organizations that they will work with? What support will be provided to the 3 organizations who will implement referral services?
- How will the applicant sustain the incentive program for pregnant smokers?

Small Innovative Grants Initiative -- DUE JUNE 9, 2006 (Full Proposal)
Organization Information

Name of Institution Submitting Proposal

Vermont Department of Health

Legal Name of Institution

(If different from above institution name.)

Vermont Department of Health

Also Known As

VDH

Street Address of Organization

Vermont Department of Health
108 Cherry Street
P.O. Box 70
Burlington, VT 05402

City

Burlington

State

VT

Postal Code

05402

Main Telephone Number

(802) 651-1612

Main Fax Number

(802) 651-1634

Employer Identification Number

036000274

Organization Type

(Please select the appropriate description.)

State Public Entity

Mission Statement

We will lead our state and communities in the development of systematic approaches to health promotion, safety and disease

prevention.

We will continuously assess, vigorously pursue and document measurable improvements to the health and safety of Vermont's population.

We will succeed through excellence in individual achievement, organizational competence and teamwork within and outside of the department of Health

Total Annual Budget

(For the current fiscal year.)

\$4,500,000.00

Tax Registration Date

(This is the date the organization received its tax designation and usually is found on the IRS determination letter for nonprofits.)

January 01, 1906

Previous Application Submitted

(Has applicant previously submitted a request for funding to Legacy?)

Yes

Previous Grant Awarded

(Has applicant previously been awarded Legacy funding? If yes, please include dates of grant award.)

10-20-00 to 8-31-05

Prev_Grant_Organization_Name

(If awarded by Legacy, what was the name of the applying organization?)

The Vermont Department of Health Tobacco Control Program

Legal Applicant Contact Information

Prefix

Ms.

First Name

Angela

Middle Initial

Margaret

Last Name

Sawyer DeSanctis

Suffix

MS Ed

Title

Youth Tobacco Control Specialist

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Project Cover Sheet

Proposal Information

Proposal_Writer

Angela Sawyer DeSanctis and Sheri Lynn

Project Title

Targeting Cessation, Education, and Prevention Services to Young Adults (18-24 not enrolled in higher education) through Employers, Agencies, and other Organizations that Provide Services

Project Description

(Please provide a succinct description of the intent of your project in sixty-five (65) words or less.)

The Vermont Department of Health (VDH), Tobacco Control Program (TCP) plans to target 18-24 year olds, who are not, enrolled in higher education for tobacco cessation, prevention and education interventions. This project will use the existing TCP infrastructure to target this age group. Interventions will be implemented at worksites (grocery/convenience stores, restaurants, hotels, and factories, etc.), Obstetrician practices, low income services, and community organizations.

Request Date

(Date application is submitted to Legacy.)

June 08, 2006

Request Amount

(Applicants may request up to \$100,000 for one year only.)

\$100,000.00

Project Budget

(What is the total budget for the project?)

\$100,000.00

Project Start Date

(Contracts will be scheduled to start no earlier than October 2006 for awarded grants.)

October 01, 2006

Project End Date

September 26, 2007

Type of Support

Capital/Renovation Support

Grant Intent

(Please select the type of intent that describes the proposed project.)

Population Interventions-Community policies (school, restaurant, work place)

Program Area

(Please identify the primary and secondary (if appropriate) Foundation Goal the project will address.)

Cessation

Target Population

(Please describe the population that will benefit from this project.)

Age Group

(Please identify the primary and secondary (if appropriate) age populations the project will target.)

Young Adults (18-24)
Children & Infants (0-11)

Gender

All

Ethnicity

(Please identify the primary and secondary (if appropriate) populations the project will target.)

Multi-ethnic
Asian American

Population Type

(Please identify the primary and secondary (if appropriate) populations the project will target.)

Low Socioeconomic Status
All

Exposure to Tobacco

(Please identify the target population's exposure to tobacco products.)

Cigarettes

Attachments

| Title | File Name |
|--|---|
| Executive Summary | Final 1. Executive Summary 6-5-06 (submitted).doc |
| Budget Narrative | Final III. Budget Narrative 6-2-06 (submitted version).doc |
| Budget Narrative | Final CV_dawson (submitted).doc |
| Budget Narrative | final cost allocation 1989 letter (submitted).pdf |
| Budget Narrative | final cost allocation 2006 letter (submitted).pdf |
| Budget Form | final III. Budget Request VDH form 5-31-06 (submitted).xls |
| Appendix Items | Final IV Appendix approved (submitted).doc |
| Appendix Items | Final Catharine legacy letter (submitted).doc |
| Appendix Items | Final Moira ALF support letter submitted.doc |
| Appendix Items | Final Ted Marcy Legacy Support Letter (submitted).doc |
| Program Description and Narrative Form | Final II. Program Narrative for 18-24 yo application (submitted version June 8, 2006).doc |
| Timeline/Workplan | Final template_timeline_chart- (submitted version).doc |

I. Executive Summary –Vermont Department of Health (VDH) Smoking Cessation and Prevention for Young Adults

Statement of Need: The VDH, Tobacco Control Program seeks to target the 18-24 year old population that are not enrolled in college by using the dedicated community partners and implementing research based and innovative measures to reach this audience. This population may be characterized as: 1) fitting the low socio-economic status definition, 2) renting or living at home with their parents, and 3) experiencing stress from transitioning into adult roles as working parents. According to Vermont smoking prevalence data, this group has the highest rate of smoking; estimated at 29% in 2004 down from 37% in 2000. Overall the adult smoking rate is 19% down from 22% in 2001. Although, there is a raised awareness about Vermont's cessation services, the proposed activities will be more effective at reaching this population. Working with employers and organizations that offer services to this group will increase young adults use of cessation services .

Project Description: The long-term goal of Vermont Department of Health is to decrease the adult smoking rate in half from 22% in 2001 to 11% in 2010. The American Legacy Foundation goals would be achieved through this proposal; to arm young people with the knowledge and to eliminate disparities to access Vermont cessation services. The objectives for this project are to collaborate with: 1) 10 worksites that primarily employ 18 to 24 year olds will implement on-site smoking prevention education and cessation workshops to employees, 2) 2 Obstetrician/Gynecology offices serving young adult women will implement an ask, advise, refer system for all pregnant women and their partners that smoke and recruit a total of 50 pregnant smokers to participate in an incentive based smoking cessation program, and 3) 3 organizations that directly serve or work with young adults of low socio economic status to link smokers to cessation services.

Project Strategy and Activities: Vermont is a very rural state that is comprised of 270 small towns and villages. This project will identify two existing tobacco coalitions that will collaborate with local businesses and low income agencies to offer prevention and cessation workshops to the 18-24 year olds. One innovative strategy this proposal will implement is working with two healthcare providers to implement a "smoking cessation during pregnancy" incentive program that was piloted in one Vermont practice to date. One outcome from this practice was a 31% quit rate for pregnant smokers during pregnancy.

Organizational Capacity: The Vermont Department of Health has continued to receive CDC and Master Settlement Agreement funding to implement best practices and research based approaches to prevent smoking and reduce smoking rates. Accomplishments to date include an increased awareness among young adults of programs to help people quit; from 53.1% in 2001 to 83% in 2005. This proposal seeks to move young adults to quit or prevent smoking.

Use of Funds: We will continue to improve efforts by using these funds for VDH evaluation staff, consultant fees to monitor the program, two community coalition grants to offset costs for recruiting and collaborating with businesses and low income agencies, and incentives for pregnant women to quit smoking during their pregnancy.

II. Program narrative

A. Statement of Need and Rationale- Vermont encourages adult cessation through the use of the statewide quit line, internet based quit net, and hospital cessation services in conjunction with free NRT (to those individuals that are eligible). Currently, the overall adult smoking rate in Vermont has dropped to 19.4%. In 2000, the adult smoking rate in Vermont was 22%, and the Healthy Vermonter 2010 goal is to reach 11%. In Vermont, the young adult population (18-24) that is not enrolled in higher education is a segment of the population where the Vermont Department of Health (VDH) seeks to reduce smoking rates. According to the 2005 BRFSS (Adult Behavior Risk Factor Surveillance System), young adult smokers continue to have a higher smoking prevalence than any other adult age group with about 24% of 18-24 year olds smoking cigarettes in 2005. While this group is being targeted aggressively by tobacco industry promotions, tobacco control programs do not yet have access to research that would provide clear guidance on proven strategies to address this population.

From a review of the published literature, inquiries to other states, and the results from focus groups conducted with non-college young adults in Vermont, the target population can be characterized as follows. They are a group that is in transition. Some live on their own, but many are still living with their families. They may have children or are expecting. They're likely to be working low wage jobs and feeling stress about new responsibilities during this adult transitional period in their lives. This age group also tends to dismiss future health concerns. They assume they'll quit smoking long before they suffer any of the side effects.

In the past there has been very little money allocated in Vermont's budget to specifically target 18-24 year olds. Lack of funding has caused the comprehensive tobacco control program to focus on the needs of adults in general. If awarded the Small Innovative Grant, it will be the first time that Vermont has had money available to target this population. The only money that has been available to target 18-24 year olds has come from the media budget. In 2004 and 2005, Vermont Department of Health aired TV, radio, and print media aimed at reaching this population. The campaign focused on smoking and erectile dysfunction, premature aging, and the amount of money that can be saved by quitting smoking. The print media was distributed to bars across that state. Young adults of lower socio economic status and in rural areas are less likely to have the disposable income to use at local bars. Therefore, during this campaign young adults were also offered the opportunity to participate in statewide incentive based Group QUIT contests. The response to the paid media was overwhelmingly supportive; and as a result, the overall awareness of the advertisement reached 82.4% of the population helping Vermont move forward with the long term goal for smokers to quit using one of the cessation services available to them and to prevent smoking among this population. Unfortunately, the Group QUIT contests were not popular and very few people entered to win. Based on these factors, it is critical for the Vermont Department of Health to explore other ways to engage this difficult to reach age group with the use of the Legacy funds.

B. Project Description

i. Goals and Measurable Objectives – The long-term goal of the Vermont Department of Health is to decrease the adult smoking rate from 20% in 2005 (BRFSS) to 11% in 2010. The

ALF goals would be achieved to arm young people with the knowledge and eliminate disparities to access to Vermont services by achieving the following 2007 objectives for this proposal:

- 1) By October 2007, 10 worksites (that primarily employ 18 to 24 year olds) will implement on site smoking prevention education and cessation workshops to employees,
- 2) By October 2007, two Obstetrician/Gynecology offices serving young adult women will implement an ask, advise, refer system for all women of child bearing age and offer pregnant women and their partners (18-24) the opportunity to participate in an incentive based program to help them quit during their pregnancy.
- 3) By October 2007, referral services for people that smoke will be established between three organizations that directly serve or work with young adults of low socio economic status and Vermont's hospital cessation services.

ii. Project Strategy and Activities - One of the difficulties that the Vermont Department of Health (VDH) has encountered when targeting the young adult population (18-24 year olds) is accessing groups large enough to warrant providing cessation services. Vermont is a very rural state that is comprised of 270 small towns and villages. Burlington, the largest city, has a population of 39,000 (2004 Census data). In addition, the young adult populations we have targeted have not taken advantage of the free cessation services. VDH would like to work with our current infrastructure of partners that include the tobacco community coalitions and hospital cessation programs to better reach young adults.

The State of Vermont currently spends approximately 1 million dollars of tobacco master settlement agreement funds to 20 tobacco community coalitions. These coalitions work within their communities to help prevent young people from starting to smoke, eliminate the barriers that people have accessing cessation services, and provide education to their communities about

the dangers of second hand smoke. Another important asset of the VDH tobacco network is the 14 local hospital counselors based in every public hospital around the state. They are also funded with the tobacco settlement funds (totaling \$760,000). These counselors work at the local hospitals and provide free individual and group cessation services to people who want to quit. Under this project to reach 18-24 year olds at work (objective 1), VDH will identify 2 community coalition partners that will recruit worksites that employ large numbers of 18-24 year olds and arrange with businesses to implement cessation services run by the hospital cessation counselors. Two small grants will be awarded to offset the costs for the community coalitions and the hospital partners. The hospital cessation counselors would organize, offer, and conduct onsite cessation, prevention, and educational services and refer smokers to other cessation services like the Vermont Quit Line or internet based program and free NRT. The cessation services would be offered before, during, or after work hours to eliminate the need for additional transportation and time away from their families and friends. The employers would benefit from employees taking less sick days, lower insurance costs, and better productivity. Businesses that community coalitions will target to recruit for the cessation and prevention worksite program include grocery stores, large restaurants, factories, automobile repair shops, ski areas, and hotels.

One innovative activity to increase employee participation will include encouraging employers to provide incentives to smokers that choose to quit and are successful in quitting. These incentives could possibly include time off, small gifts, or money incentives. The community coalitions will begin recruiting businesses at the beginning of October 2006, and the first cessation classes run by the hospital counselors will be ready to begin in early January 2007. Employees that enroll in classes will be expected to attend one hour group sessions for six consecutive weeks. Hospital cessation counselors will follow up with participants that make a

quit attempt at 3, 6, and 12 months to monitor their smoking status. Cessation classes will continue to be offered throughout the course of the grant.

To reach the 18-24 year old women of childbearing age (objective 2), the VDH will recruit two obstetrician and gynecological offices to implement an ask, advise, refer system for all women of child bearing age and to offer additional incentives to pregnant women (18-24 years old) and their partners that quit smoking during the pregnancy. Approximately 20% of pregnant women in Vermont smoke compared to 12.2% nationwide. Single Vermont residents under age 30, with less than a high school education are most likely to smoke while pregnant. VDH has taken steps toward reducing the number of women that smoke during pregnancy. With the help from the March of Dimes and other partners we created a statewide strategic plan for smoking cessation during pregnancy that includes information for guiding partners to resources, rational for reducing smoking during pregnancy, best practices, and evaluation tools. VDH is also preparing a media campaign that will air in the fall of 2006 targeting women of child bearing age, encouraging them to quit smoking before they become pregnant. We anticipate that the synergy of this incentive program for pregnant woman and education to all women of child bearing age, will aid in moving more women smokers in the target group to attempt to quit, especially during pregnancy.

The VDH is using a sound research based approach to work with the young adult group; 1) implementation of the 5A system 2) incentives for pregnant women ages 18-24 and their partners, and 3) tracking participants for 12 months to assess quit rates. The original Vermont Department of Health pilot project was conducted at an OB/Gyn clinic that saw at least 40 pregnant smokers a year. The patients that attended the clinic were given the opportunity to voluntarily participate in the study and the women who agreed to take part in the study, were

eligible to earn up to \$400 in gift certificates to local grocery stores and baby supplies. The women would be required to fill out a pre and post test and submit to carbon monoxide (CO) monitoring from their second visit to their seventh visit and again at the ninth visit. The pregnant women would only receive a \$50 incentive if the CO monitor had a reading of 5 or less. In January 2006, the final quit rate from the study was calculated with promising results; 58 women that participated in the program had a quit rate of 31%. A successful quit rate was recorded if the women were able to quit before the sixth visit (26-28 weeks of pregnancy) and remain non-smoking for the remainder of the pregnancy. The Legacy money requested in this proposal would also be used to offer incentives to the smoking partners' that are 18-24 year olds. The partners of the pregnant women would be offered the same incentive of \$50 per visit and the same conditions would apply. The incentives will help to encourage partners to quit creating a supportive social network for the women. It is VDH's intention that this will help women to remain non-smokers after their pregnancy. It should be noted that the pregnant women (18-24 years old) would not be required to have a partner to participate in the incentive program.

The 2 Ob/Gyn practices that VDH recruit would also agree to utilize the 5 A's system for all their patients; 1) Ask about smoking at all visits, 2) Advise women to quit smoking, 3) Assess her interest in quitting , 4) Assist her with quitting (encourage her to set a quit date, encourage her to problem-solve high risk for smoking situations, encourage her to identify indigenous support, give her self-help material), and 5) Arrange for follow-up into all exams that they conduct) to all women that they work with (pregnant or not). Doctors would complete the fax referral form for any women that indicated a readiness to quit smoking. This fax would initiate a call from telephone counseling at the Vermont Quit Line or local hospital cessation program. By the beginning of December, two Ob/Gyn offices will agree to participate and utilize the 5 A's to

all patients and the implement the incentive based program to pregnant women and their partners (18-24). At the beginning of January 2007, staff from the 2 practices will be trained by the local hospital cessation coordinator in how to utilize the 5 A's, the administering of the pre and post test to the pregnant mother and their partners, the proper use and maintenance of the carbon monoxide monitor, and the use of the fax referral forms. All fax referral forms will be submitted directly to the Vermont Quit Line or the local hospital cessation program for immediate follow up. The implementation of the 5A's will begin immediately after the January training until the end of the grant project in October 2007. The incentive services will be administered at the beginning of January 2007 and run through October 2007. Pregnant women and their partners that are successful with their quit attempts will be contacted at 3, 6, and 12 months to determine their smoking status.

The Vermont Department of Health seeks to hire a consultant to monitor this project and to meet with the Ob/Gyn staff in late March 2007. At the end of September 2007 the data will be collected and submitted to the Vermont Department of Health for evaluation and analysis. Carolyn Dawson, evaluator for the Vermont Department of Health will fill this role.

Lastly, in order to reach this population (objective 3), VDH will work with our existing community coalition and hospital cessation program partners, to recruit 3 organizations that work with young adults of lower SES such as: vocational services, housing authorities, low assistance fuel programs, parenting programs or mental health programs. The organizations that agree to participate will implement an ask, advise, refer system to identify the 18-24 year old smoking clients they serve. Clients that agree to smoking cessation services will be referred to the local hospital cessation coordinator for services and nicotine replacement therapy. We would initiate these recruitment activities in October of 2006. Two community coalition coordinators

that receive funds under this proposal to recruit businesses that employ 18-24 year olds will also find local organizations that serve low income young adults. Once the three organizations are recruited the local hospital cessation coordinator will train staff how to use the ask, advise, refer system. The 3 locations will be contacted throughout the course of the grant year by the hospital cessation coordinator to determine the progress of the program and to assist if needed. The number of referrals from each agency will be tracked and documented.

All of the activities mentioned above will be managed by an independent consultant hired through a formal bid process. The VDH has identified potential consultants like Cheshire Mediation, JSI, and Erica Garfin that have tobacco related experience. The VDH will send each an invitation to bid. These potential consultants have demonstrated capacity and experience in tobacco control. For example each has worked with members from the community. The selected consultant will also be responsible for completing and submitting quarterly progress reports to the American Legacy Foundation.

iii. Timeline and Deliverables- See appendix Timeline Chart.

iv. Evaluation and Dissemination - The evaluator for this project will be Carolyn Dawson, from the Vermont Department of Health. Her duties under this project will include analysis of the data from the smoking cessation during pregnancy project (objective 2), analysis of smoking rates through the Behavioral Risk Factor Surveillance Survey, and analysis of data collected from the consultant about smoking rates within businesses (objective 1). Ms Dawson will also advise on process measures during this project and collaborate with the consultant hired to provide oversight and management of activities completed by the two community coalitions that receive grants and the two healthcare practices that refer patients to cessation services. Objective 1 (recruiting employers to promote smoking cessation services) process measures:

- 1) Work with ten businesses to obtain employee smoking rates for all employees
- 2) Record the number of worksites agreeing to participate in the program (as well as those that refused)
- 3) Record the number of worksites that agree to offer incentives to their employees
- 4) Record the number of employees that enroll in cessation/education classes and the number of employees that complete the program.

The outcome measures for Objective 1 will look at the number and percentage of enrolled employees that made a quit attempt lasting at least 24 hours. Among the enrolled employees, their smoking status at 3, 6, and 12 months will also be evaluated. Quit rate measures are 48 hours, 7 day, and 30 day point prevalence. Among the employees that enrolled but did not quit, or quit but relapsed, the number of cigarettes they smoked before and after the intervention will be evaluated. Lastly, the smoking rates for all employees before the intervention and 12 months later will be compared to each other as well as to the smoking rates of employees that successfully completed the intervention.

For Objective 2 (offering services to young adult women), the evaluation measures will record the smoking status of all patients and those patients that are in the 18-24 year old age group. The process data will look at the number of Ob/Gyn offices that agree to incorporate an ask, advise, refer system and also provide incentives for pregnant women and their partners to quit. In addition, it will look at the number of the practices that did not agree to participate. The number of practices that agree to implement an ask, advise, refer system but not provide incentives will also be documented. Finally, the number of incentives delivered will be measured. The outcome measures will document: the number of pregnant smokers and their partners making a quit attempt lasting at least 24 hours, the number of pregnant smokers and

their partners, smoking at their initial prenatal visit and quit smoking by their sixth visit (as verified by the CO monitor), and the number of women and their partners who quit smoking that remain quit for the duration of their pregnancy (as verified by the CO monitor).

For Objective 3 that implements a smoking cessation referral system within organizations serving this young adult population, we will include process measurements like the number of low income organizations implementing an ask, advise, refer system by October 2007. The outcome measurement will look at the number of referrals, by site and age group, made by October 2007 and can be reviewed on a monthly basis in order to address barriers to achieving the referrals. The outcome measurements will also include the number of people referred that actually enroll in a cessation class, the number of people that make a quit attempt lasting at least 24 hours will be measured and lastly, of those that enroll in services the 3, 6, and 12 month quit rates.

Vermont has a very successful track record of disseminating the successes and information learned from our programs and projects. Abstracts would be submitted to the National Tobacco Conference and a potential journal article recording the process and outcome measures of the activities would be submitted. If requested, Vermont would participate in a case study evaluation. The Vermont Department of Health has cooperated with all requests that the American Legacy Foundation has made with a prior grant award for our youth empowerment program.

C. Organizational Capacity- The Vermont Department of Health's accomplishments and experiences as it relates to the young adult 18-24 year old population within this proposal include the following; 1) Increase awareness of programs to help people quit among young adults; from

53.1% in 2001 to 83% in 2005¹ ; 2) decreased rate of young adult smokers; from 34.7% in 2001 to 24% in 2005²; 3) increase use of telephone and local cessation services; 4) sustain annual budget of Vermont Department of Health's, Tobacco Control Program with tobacco Master Settlement Agreement (MSA) and Centers for Disease Control (CDC) funds 5) ranking by Tobacco Free Kids of 13 out of 51 states for spending on tobacco prevention; 6) successful implementation of research-based comprehensive programs that include twenty tobacco-free community coalitions and smoking cessation services to help smokers quit; 7) decrease in second hand smoke exposure through effective policies like the worksite smoking and Clean Indoor Air legislation; and 8) a well established evaluation plan to assess outcomes of the comprehensive tobacco control program. Vermont Statute Annotated, Title 18, Chapter 225 Tobacco Prevention, established a Tobacco Evaluation and Review Board to review, advise, and monitor an independent contractor to perform evaluation. Research Triangle Institute has held the contract since 2001. As a result of these accomplishments, Vermont has seen a slight decrease in the overall adult smoking rate from 22% in 2000 to 19.4% in 2005. For youth the smoking rate reduction is more dramatic: from 31% in 1999 to 16% in 2005.

The Vermont Department of Health's, Tobacco Control Program is an eligible applicant under this proposal as the department represents a state organization. The relevant documents are included within the appendix. In addition to the organizational experience and accomplishments, the Vermont Department of Health has sound programmatic and annual fiscal oversight of approximately 3.7 million dollars through MSA funds since 2000. These funds are used to administer the community, cessation services, statewide training, and media and public education components of the program. In addition, we have received CDC funds since 1995 for

¹ Vermont Department of Health, Adult Tobacco Survey Final Report, May 2006, Research Triangle Institute.

² Vermont Department of Health, Behavioral Risk Factor Surveillance System.

youth prevention and smoking cessation programming. Last year, the Vermont Department of Health received 1.3 million dollars that covered personnel, fringe and staff development costs, and some program costs for recruiting smokers to the Vermont Quit Line and administering school grants.

The Vermont Departments of Health, Education, and Liquor Control in collaboration with the Tobacco Evaluation and Review Board and local partners develop and revise a work plan every two years. The goal is to reduce smoking rates by half and evaluation is completed to assess progress with short, intermediate, and long-term objectives. Based on the evaluation and partner input, the 2006 and 2007 work plan will be communicated to some 150 tobacco control organizations throughout the state at the annual meeting. In addition, we will convey to partners the outcome of a working group that developed the Vermont strategic plan to reduce tobacco disparities among low socio-economic and mentally ill populations.

The Vermont Department of Health and partners are confident in sustaining efforts of this project for two reasons. First the MSA allocation and budget approval have historically been positive. Even small increases are well received and the Tobacco Evaluation Review Board, who have the authority to submit a proposed budget annually, will justify a larger increase due to the availability of the Strategic Contribution Funds. Vermont is expected to receive 12 million each year for the next ten years above the current MSA allocation. These funds will enable Vermont to continue the work under this proposal and within the strategic plan to reduce tobacco disparities among low income 18 to 24 year olds. Our strong community and state partners that have effectively implemented the comprehensive components of the work plan are the second reason why we will succeed and continue with the project.

**III. Vermont Department of Health
Budget Request Form and Budget Narrative
Year One - October 1, 2006 to September 30 2007**

| | |
|---|-----------------|
| Evaluation- Salary and Fringe (other-consultant) | \$31,050 |
| Other than Personnel Support | \$64,700 |
| Travel | \$ 0 |
| Evaluation -- (see salary & fringe least 15% of direct costs) | |
| <u>Indirect Costs</u> | <u>\$ 4,250</u> |
| Total | \$100,000 |

Personnel- \$31,050

- **Personnel (evaluator) \$11,050**

Justification: The Vermont Department of Health, Division of Health Surveillance is responsible for the annual Behavioral Risk Factor Surveillance Survey (BRFSS) that measures Vermont smoking rates. Due to a reduction in CDC funding for the BRFSS, this proposal will cover 17% of Carolyn Dawson's (see CV) time to evaluate the project including quit rates for the pregnant women incentive program and smoking rates through the BRFSS. Additionally, Ms. Dawson's fringe will be included at 30% of personnel costs.

Detail Breakout

Personnel \$50,000 per year x 17% FTE for Carolyn Dawson = \$8,500

- **Fringe is 30 % of personnel = \$2,550**

The actual cost of fringe benefits (not a fringe benefit rate) will be reported as a direct cost of the program. The actual cost of fringe benefits varies from employee to employee based on salary, employee choice of health care plan, and employee election of certain other benefits. The usual, major components of this cost are FICA at 7.65% of salary, retirement at 8% of salary, and a portion – 80% for medical, 75% for life and 100% for dental - of the actual costs of the medical, dental and life insurance coverage selected by the employee. The cost of each employee's fringe benefits will be allocated to the program based on hours worked in the program relative to all hours worked by the employee. Based on the current cost of fringe benefits for employees working in this program, we are estimating the cost of these fringe benefits at 30% of salary.

- **Other-consultant \$20,000**

Justification: The Vermont Department of Health will issue a request for proposals from the current list of consultants with tobacco control program experience. These potential organizations will provide the project management, process evaluation, and report outcomes of efforts of the two community grantees described below. In addition the consultant will monitor progress in two women healthcare offices that agree to participate in the smoking cessation during pregnancy program. We anticipate that the per diem cost for personnel, fringe,

and staff development for the contractor will run approximately \$20 per hour. The expectation is that approximately 20 hours per week over the one year project period will be dedicated by the consultant's staff to administer and provide technical assistance to the community grantees.

Detail Breakout

\$20.00 per Diem X 1000 hours (.5 FTE/year) = \$20,000

Other than Personnel Support (totaling \$64,700)

- Grants – \$27,000

Justification: Two grants will be administered by the selected consultant to two of the current twenty Tobacco Community Coalitions (see list of coalitions in appendix). The Vermont Department of Health will work with the consultant to identify the two coalitions with the greatest capacity to pilot this strategy and succeed with the objectives. These two coalitions will mobilize and establish new partnerships with employers that hire the low income 18-24 year old population in that community. In addition, the two Tobacco Community Coalitions will collaborate with organizations that serve low income young adults and healthcare provider offices that serve low income pregnant women to raise awareness, prevent young adults from smoking, and to link smokers to cessation services that include the Vermont Quit Line, local hospital counseling, and the internet.

Detail Breakout

\$13,500 X two Tobacco Community Coalitions = \$27,000

- Incentives for Smoking Cessation During Pregnancy – \$20,000

Justification: The Vermont Department of Health has piloted an incentive program in the past year with an obstetrician and gynecological office to support and encourage smoking cessation during pregnancy. To date there is a 31% quit rate among low income pregnant women that enrolled in the program. This proposal seeks to implement this incentive program to aid low income 18-24 pregnant smokers to quit smoking during their pregnancy. Additionally women seeking health services that are not pregnant yet but are smokers will be advised and referred to cessation services. Under this project we seek to recruit two more healthcare provider practices with the prospect of reaching 25 pregnant smokers and their partners who smoke in each office. The incentives for pregnant women that quit smoking will include gift certificates to local grocery stores, and baby supplies. It is estimated that the participants in the project will be able to receive up to \$400.00 if they make an early quit, and remain quit throughout their pregnancy.

Detail Breakout:

\$400 of incentives x 50 low income pregnant women that quit smoking= \$20,000

- Media/Promotional – \$17,700 marketing contractor

Justification: The Vermont Department of Health has an established relationship with a media agency Kelleher Samets and Volk, who will develop materials and promotional items specifically targeting the 18-24 year olds not enrolled in higher education. There is a media campaign under development with the master settlement agreement funds to target woman of childbearing years to quit smoking. Promotional materials that are developed in conjunction with the campaign will be used by the Tobacco Community Coalitions in their efforts to promote smoking cessation at job sites, vocational services, mental health agencies, fuel assistance programs, and other programs where we can reach low income 18-24 year old smokers.

Detail Breakout:

KSV production of materials \$95 per hour X 80 hours = \$7,600

Printing and shipping charges = \$10,100

- Evaluation – (see personnel above)

Justification: The Vermont Department of Health seeks to fund a part time, 17% of a full time equivalent (see personnel justification) to staff person to evaluate the outcomes of this proposal. In addition, the consultant who is hired to manage the project will also be responsible for completing process evaluation and reporting outcomes to the Vermont Department of Health. We have allocated \$15,000 towards the health department staff and consultant staff that are assigned evaluation duties under this proposal.

Indirect Costs- \$4,250

Justification: The Vermont Department of Health uses a Cost Allocation Plan, not an indirect rate. The Vermont Department of Health is a department of the Vermont Agency of Human Services, a public assistance agency, which uses a Cost Allocation Plan in lieu of an indirect rate agreement as authorized by OMB Circular A-87, Attachment D. This Cost Allocation Plan was approved by the US Department of Health and Human Services effective October 1, 1987. A copy of the original approval and a copy of the most recent approval letter of February 28, 2006 are located in the following pages. The Cost Allocation Plan summarizes actual, allowable costs incurred in the operation of the program. These costs include items which are often shown as direct costs, such as telephone and general office supply expenses, as well as items which are often included in an indirect rate, such as the cost of office space and administrative salaries. These costs are allocated to the program based on the salaries and wages paid in the department (or division) bearing an original expense. Because these are actual costs, unlike an Indirect Cost Rate, these costs will vary from quarter to quarter and cannot be fixed as a result of program costs. Based on costs to similar programs during recent quarter, we would currently estimate these allocated costs at 50% of the direct salary line item.

CAROLINE W. DAWSON
Vermont Department of Health
802-865-7783 (O)
e-mail cdawson@vdh.state.vt.us

Education

| | | |
|-----------------------------|--------------|---|
| PhD Student-Social Welfare | 1995-present | School of Social Welfare/State University of New York at Albany |
| MPA Public Finance | 1994 | Rockefeller College of Public Affairs and Policy/State University of New York at Albany |
| MS Community Health Nursing | 1975 | Boston University |
| BS in Nursing | 1963 | University of Wisconsin |

Experience

Jan. 2001-present Public Health Analyst II, VT Department of Health, Center for Health Statistics, Health Surveillance

1994-1999 PhD student in the School of Social Welfare/State University of New York at Albany.

Research Assistant Fall, 1995-1996. 1995-1999 involved in Alzheimer's Caregiver study at the Ringel Institute of Gerontology. Study included comprehensive telephone interviews and data analysis. Study was funded by the National Alzheimer's Association.

1978-1992 Clinton County Department of Public Health
Director of Patient Services

*Directed overall operation of home health agency programs:

- Developed programs to insure quality service
- Monitored overall financial operations including: productivity, expenditures, and revenues
- Provided adequate staffing
- Identified and resolved problem areas

Vermont Department of Health

- Maintained compliance with Federal and State regulations
- Fostered constructive and effective communications within an increasingly complex organization.

- *Expanded and improved the home health agency programs: Certified Home Health Agency and Long Term Home Health Care Program

- Established the Long Term Home Health Care Program
- Expanded the staff from 13 to 50 personnel; this included the addition of six therapeutic services
- Increased the annual volume of visits from 12,558 to 32,174
- Expanded the availability of services from 5 to 7 days; 24 hours per day.
- Created specialized teams for more efficient and effective service: financial, quality assurance, home health aide program
- Participated with other providers to expand referral and services: discharge planning at area hospital; and the first area non-profit home health aide agency.
- Formalized and coordinated the required committees: professional advisory, utilization review, quality assurance, and annual agency evaluation.

- *Awarded Several Grants

- 1982-85 Chapter 440 Home Health Expansion Grant: \$57,250
- 1987-88 Medically Indigent Grant: \$24,080
- 1989-90 Medically Indigent Grant: \$16,196
- 1991 Accepted as participating agency in HIV Home Care Uninsured Fund

- *Interacted with the NYS Department of Health on several levels: Certification and licensure; regulatory compliance; communicable disease surveillance; and general guidance

- *Distinguished Service Award, Clinton County Board of Health, 1991; Certificate of Appreciation, Clinton County Legislature, 1992.

1971-1978

Clinton County Department of Public Health
Supervising Public Health Nurse

- *Provided direct supervision of public health nursing staff through: field observation, clinical record review, individual conferences, and evaluations

- *Coordinated the extensive clinical program: well-child, immunization, tuberculosis, and orthopedic clinic

- *Acted as liaison with baccalaureate nursing program: this included providing direct guidance to community health nursing students.

Vermont Department of Health

- *Collaborated with SUNY nursing faculty to develop curriculum for physical assessment program for agency nursing staff
- * Primary author of the initial WIC Grant in the County.

1965-71

Madison City Health Department-Public Health Nurse

- *Public Health Nurse in Schools
 - Conducted vision, hearing, dental, and TB clinics and follow-up
 - Provided episodic care for illness and injuries
 - Liaison between school and home which included health guidance for short and long term problems
- *Public Health Nurse in the Field
 - Epidemiologic follow through of communicable diseases
 - Health guidance and counseling for wide range of health problems

1963-65

Pediatric Staff Nurse-University of Wisconsin Hospitals

- *Provided nursing care to children aged 1-5 years in a wide range of clinical areas: oncology, neurology, nephrology, mental retardation, and plastic and orthopedic surgery.

Publication

Toseland, R., McCallion, P., Gerber, T., Dawson, C., Gieryic, S. & Guilamo-Ramos, V. (1999). Use of health and human services by community-residing people with dementia. *Social Work: Journal of the National Association of Social Workers*. 44:(6):535-548. November, 1999.

Conference Presentations

Dawson, C., Toseland, R., & McCallion, P. The use of health and social service resources by persons with dementia. Presented at the State Society on Aging of New York's 27th Annual Conference, Albany, New York. 1999.

Dawson, C.W., Toseland, R.W., and McCallion, P. The use of health and social resources by persons with dementia. Presented at the 127th Annual Meeting of the American Public Health Association. 1999.

Institution
Project Name

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Project Coordinator
 Evaluator
 Other Staff
 Staff Fringe Benefits
 Staff Training
 Other (Consultant to manage project)
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Amount Requested

Match Provided
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20,000

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| Consultant Costs | | |
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| Educational Materials | | |
| Media | 17,700 | |
| Photocopies & Duplication | | |
| Postage | | |
| Supplies | | |
| Other (Please clarify) See Narrative | 47,000 | |
| Subtotal | 64,700 | 0 |

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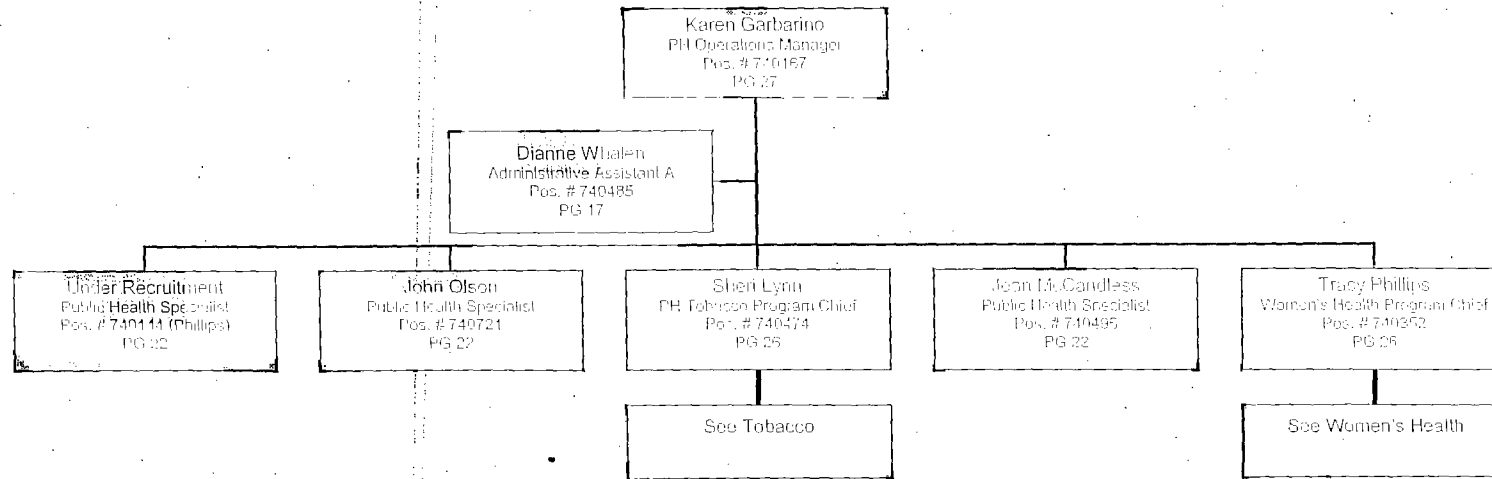
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IV. Other Appendix Items

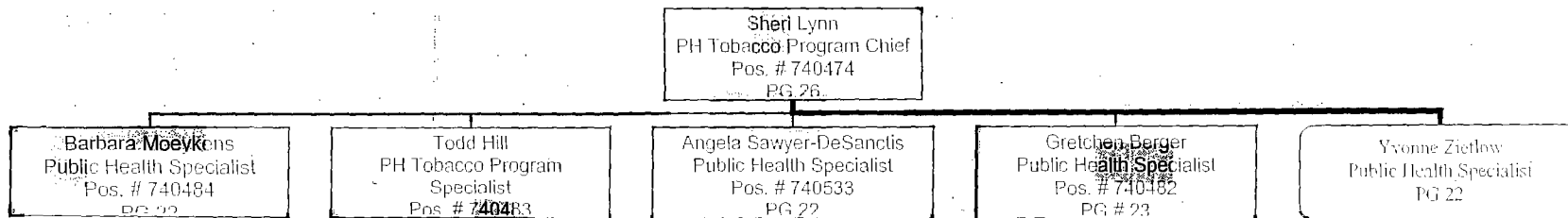
1. Letters of Support
2. 990 tax form-Not applicable
3. 501 c3 determination letter- Not applicable
4. Recent audited financial statements (OMB A133) go to www.state.vt.us/sao and click audits link in left and highlight state auditor report FY04
5. Board of Directors- Not applicable
6. Vermont Department of Health, Tobacco Control Program Organization Chart
7. Itemize Vermont Department of Health, Tobacco Control Program budget
8. List of Tobacco Community Coalitions
9. Timeline Chart of Activities

6. Vermont Department of Health-Division of Health Improvement Organizational Chart

Chronic Disease Programs



Tobacco Control Program



7. Budget Information

CDC Funds FY 06- award for FY07 expected by June 30, 2006

| | |
|--------------|-------------|
| Personnel | \$422,715 |
| Fringe | \$126,815 |
| Supplies | \$ 38,777 |
| Travel | \$ 34,274 |
| Consultants | \$312,245 |
| Grants | \$175,000 |
| Total Direct | \$1,109,826 |
| Indirect | \$ 232,493 |
| Total | \$1,342,319 |

Master Settlement Agreement allocation FY 07

| | |
|------------------------------|-------------|
| Community | \$1,023,624 |
| Media | \$1,007,799 |
| Cessation Services | |
| | \$1,290,255 |
| Statewide Provider Education | |
| | \$ 75,000 |
| Evaluation | \$ 333,000 |
| TOTAL | \$3,729,678 |

TOBACCO USE PREVENTION & CONTROL COMMUNITY GRANT APPLICANTS

8.

Anne-Ellen Ackerman

Springfield Tobacco Options & Prevention
365 Summer St., Suite 222
Springfield, VT 05156
Telephone (802)885-6626
Facsimile (802)885-7245
Email aack@vermontel.net

Melanie Clark

Addison County Tobacco Roundtable
PO Box 181
Vergennes, VT 05491
Telephone (802)475-3083
Facsimile (802)475-3083
Email melanieclark@gmavt.net

Pam Corbett

Communities Against Tobacco
VDH, 232 Main St., Suite 3
Brattleboro, VT 05301
Telephone (802)251-2127
Facsimile (802)254-6360
Email pcorbet@vdh.state.vt.us

Susan Taggart

Rutland Area Prevention Coalition
PO Box 222
Rutland, VT 05702
Telephone (802)775-4199
Facsimile (802)775-4020
Email ngordon@rmhscen.org

Tracy Hayes

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Joanne Fedele

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Shauna Brittell

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Vicky Sayrath

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Brad Luck

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2 Lincoln St.
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Telephone (802)878-6982
Facsimile (802)878-6946
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Susan Delattre

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Facsimile (802)728-2335
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Jessica Hoyt

Bennington Area Stamp Out Coalition
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Facsimile (802)442-1277
Email jlhoyt@svsu.org

Kim Martin

Central Vermont New Directions
18 Langdon St., Suite 1
Montpelier, VT 05602
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Facsimile (802)223-1957
Email kimm@starband.net

Joelen Mulvany

New Directions for Barre
260 N. Main St.
Barre, VT 05641
Telephone (802)479-7378
Facsimile (802)479-7378
Email teenleadcoor@verizon.net

Cathy Printon

Milton Community & Youth Coalition
PO Box 619, 23 Villemaire Lane
Milton, VT 05468-0619
Telephone (802)893-1457
Facsimile (802)893-1776
Email mfcc_cathy@yahoo.com

Dayna Scott
CY – Connecting Youth
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Facsimile (802)383-1242
Email dayna@cssu.org

Jennifer Flannery
Flood Brook Community Collaborative
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South Londonderry, VT 05155
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Telephone (802)656-0236
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Barb Pawluk
Chittenden East Community Partnership
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Rose Sheehan
NVRH Community Coordinating Council
1315 Hospital Dr.
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Danielle Thompson
Lamoille Valley Tobacco Task Force
63 Professional Dr., Suite 1
Morrisville, VT 056661
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Facsimile (802)888-2526
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Peggy Miller
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Facsimile (802)563-2202
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Amy Brewer
Franklin Grand Isle Tobacco Prevention
Northwestern Medical Center
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St. Albans, VT 05478
Telephone (802)524-1296
Facsimile (802)
Email Abrewer@nmcinc.org

Roger Riccio
Northeast Windham Against Tobacco
17 Depot St. PO BOX 554
Bellows falls, VT 05101



Template Timeline Objective Chart

2030 M Street NW
Suite 600
Washington, DC 20036

Goal: To decrease smoking rates for Vermont young adults (18-24 years old) not enrolled in higher education to 11% by 2010.

Objective 1: By October 2007, 10 worksites (that primarily employ 18 to 24 year olds) will implement on site smoking prevention education and cessation workshops to employees,

| Activities to Accomplish Objective (bulleted steps) | Lead Role | Time Line (in months) | | | | | | | | | | | | Measures of Success (indicators) |
|--|-------------------|-----------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|-------------------------------------|
| | | 1 Sept | 2 Oct | 3 Nov | 4 Dec | 5 Jan | 6 Feb | 7 Mar | 8 Apr | 9 May | 10 Jn | 11 Jl | 12 Aug | |
| <ul style="list-style-type: none"> Select 2 community coalition coordinators and 2 hospital cessation counselors to work on project | Grant facilitator | X | | | | | | | | | | | | |

| | | | | | | | | | | | | | | |
|---|----------------------------------|--|---|--|---|---|---|---|---|---|---|---|---|---|
| <ul style="list-style-type: none"> Recruit 10 businesses (5 sites in the 2 communities) interested in providing on site cessation services | Community Coalition Coordinators | | X | | | | | | | | | | | <ul style="list-style-type: none"> -The number of worksites agreeing to participate in the program -The number of worksites that agree to offer incentives to their employees |
| <ul style="list-style-type: none"> Work with employers to offer on site cessation services to employees (before, after, during work hours) | Hospital Cessation Counselors | | | | X | X | X | X | X | X | X | X | X | <ul style="list-style-type: none"> -The number of employees that enroll in cessation/education classes -The number of employees that complete the program -The number of employees enrolled that make a quit attempt lasting at least 24 hours . |

| | | | | | | | | | | | | | | |
|--|------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <ul style="list-style-type: none"> Monitor cessation class participants' quit attempts at 3, 6, and 12 months | Hospital Cessation Counselor | X | X | X | X | X | X | X | X | X | X | X | X | <p>The number of participants that are quit at 3, 6, and 12 months.</p> <p>Compare the smoking rate at the facility before the intervention and after the intervention.</p> |
|--|------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|

Goal: To decrease smoking rates for Vermont young adults (18-24 years old) not enrolled in higher education to 11% by 2010.

Objective 2: By October 2007, two Obstetrician/Gynecology offices serving young adult women will implement an ask, advise, refer system for all women of child bearing age and offer pregnant women and their partners (18-24) the opportunity to participate in an incentive based program to help them quit during their pregnancy.

| Activities to Accomplish Objective (bulleted steps) | Lead Role | Time Line (in months) | | | | | | | | | | | | Measures of Success (indicators) |
|--|-----------|-----------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|----------------------------------|
| | | 1 Sept | 2 Oct | 3 Nov | 4 Dec | 5 Jan | 6 Feb | 7 Mar | 8 Apr | 9 May | 10 Jn | 11 Jl | 12 Aug | |

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|---|-------------------------------|--|---|--|--|---|---|---|---|---|---|---|---|--|--|--|--|---|
| <ul style="list-style-type: none"> Recruit 2 Ob/Gyn offices to utilize the 5 A's system for all patients, and to offer incentives to pregnant women and their partners (18-24) interested in quitting during pregnancy | Angela Sawyer DeSanctis (VDH) | | X | | | | | | | | | | | | | | | -The number of practices that agree to implement the 5A's and the incentive program to pregnant women and their partners. |
| <ul style="list-style-type: none"> Train office staff from the 2 Ob/Gyn offices how to utilize the 5 A's, the administering of a pre/post test, the proper use of the CO monitor, and the use of fax referral forms | Hospital Cessation Counselors | | | | | X | | | | | | | | | | | | -Training occurs |
| <ul style="list-style-type: none"> Implementation of the 5A's to all smoking women that receive services | Ob/Gyn staff | | | | | X | X | X | X | X | X | X | X | | | | | -the number of women that are referred to cessation services |

| | | | | | | | | | | | | | | |
|--|-------------------|--|--|--|--|---|---|---|---|---|---|---|---|--|
| <ul style="list-style-type: none"> Begin implementing incentives to pregnant women (and their partners) that are interested in quitting during pregnancy. Incentives will only be given to women and their partners that are 18-24 years old. | Ob/Gyn staff | | | | | X | X | X | X | X | X | X | X | <ul style="list-style-type: none"> -The number of women (and their partners) that receive incentives. -The number of incentives that are given out -The number of women and their partners that make quit attempts lasting at least 24 hours. |
| <ul style="list-style-type: none"> Meet with Ob/Gyn staff to monitor the project, determine how the staff is doing | Grant Facilitator | | | | | | | X | | | | | | <ul style="list-style-type: none"> --Determine is the 5A's are being used and if the incentives are being dispersed appropriately |
| <ul style="list-style-type: none"> Follow up with individuals that made quit attempts at 3, 6, and 12 months | Grant Facilitator | | | | | | | | | | | | | <ul style="list-style-type: none"> The number of people that have quit smoking, or have reduced the number of cigarettes smoked per day. |

Goal: To decrease smoking rates for Vermont young adults (18-24 years old) not enrolled in higher education to 11% by 2010.

Objective 3: By October 2007, referral services for people that smoke will be established between three organizations that work with young adults of low socio economic status and Vermont's hospital cessation services.

| Activities to Accomplish Objective (bulleted steps) | Lead Role | 1 Sept | 2 Oct | 3 Nov | 4 Dec | 5 Jan | 6 Feb | 7 Mar | 8 Apr | 9 May | 10 Jun | 11 Jul | 12 Aug | Measures of Success |
|--|----------------------------------|-----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|-----------|-----------|---|
| <ul style="list-style-type: none"> Identify and recruit 3 organizations that work with young adults of lower SES | Community Coalition Coordinators | | X | | | | | | | | | | | -The number of organizations that agree to participate. |
| <ul style="list-style-type: none"> Train staff at the organizations to implement an ask, advise, refer system within the organization. Implement referral system for clients (from the 3 low SES organizations) that agree to services | Hospital Cessation Counselors | | | | X | | | | | | | | | -Training occurs -The number of people that are referred to cessation services at the hospital |

| | | | | | | | | | | | | | | |
|--|---------------------------------|--|--|--|--|--|---|--|---|--|---|---|--|--|
| <ul style="list-style-type: none"> Follow up with staff at the 3 organizations to determine the progress of the program and to assist if needed | Hospital Cessation Counselors | | | | | | X | | X | | X | | X | <ul style="list-style-type: none"> -Is the ask, advise, system being utilized. - Are the selected organizations supportive of the program. -The number of referred people that engage in cessation services. -The number of people that make a quit attempt lasting at least 24 hours. |
| <ul style="list-style-type: none"> Follow up with individuals that have enrolled in the cessation services at 3, 6, and 12 months | Hospital Cessation Coordinators | | | | | | | | X | | | X | <ul style="list-style-type: none"> -The number of people that have quit smoking, or have reduced the number of cigarettes smoked per day. | |



VERMONT ASSOCIATION OF
HOSPITALS AND HEALTH SYSTEMS

Adin Miller
Legacy Foundation
Small Innovative Grant Program

June 7, 2006

Dear Adin Miller:

I want to offer my enthusiastic support for the Small Innovative Grant proposal of the Vermont Department of Health (VDH). As the Coordinator of the statewide hospital based cessation program, I have worked closely with VDH over the last five years in the comprehensive tobacco program.

The role of the hospital based programs is to offer local cessation services - classes, one to one counseling, and low or no cost nicotine replacement - to Vermont residents throughout the state. Although on many counts, e.g. clients served and quit rates, the program has been remarkably successful, we have constantly been challenged to attract the young adults, 18-24 years, old to cessation services. This proposal to enlist the local tobacco coalitions to approach businesses with information about the tobacco programs will enhance our ongoing efforts at worksites and will provide a new avenue to encourage cessation. There already exists a model that successfully intertwines cessation programming with a broader health risk appraisal at participating businesses. The cessation coordinators at the local hospitals are well equipped and well practiced in providing desired services.

In addition, we have developed relationships with health insurers in the state to encourage them to pay for nicotine replacement for their members. This link may prove an added benefit in program implementation at worksites.

It is only through broad based community collaboration and cooperation that we will be able to attract the more recalcitrant smokers to the services available. We welcome the prospect of enhancing the adult cessation program through the proposed program.

Please contact me if you have any questions (802-847-6574)

Sincerely,

Catherine K. Suiter
Statewide Coordinator
Ready, Set...STOP Programs

June 2, 2006

Angela Sawyer-DeSanctis
Tobacco Control Specialist
Tobacco Control Program
Vermont Department of Health
108 Cherry Street
Burlington, VT 05402

Dear Angela:

I am pleased to submit this letter of support for the Vermont Department of Health Tobacco Control Program's American Legacy Foundation grant application.

With Master Settlement Agreement, Center for Disease Control and Prevention and American Legacy Foundation grants, the Vermont Department of Health launched a comprehensive program in 1999 to cut smoking rates in half by 2010. The program and its partners have garnered great success in reducing smoking rates among Vermont's youth and young adults. However, we still have much work to do to meet our 2010 goals.

The Middlebury District Office of the Vermont Department of Health, whose jurisdiction is Addison County, works closely with our local tobacco control partners. Jeff Heath, RN, Public Health Nurse, is a Co-Chair for the Addison County Tobacco Control Roundtable, our local tobacco control community coalition. We partner with our hospital cessation coordinators to promote cessation classes in the community and the Vermont QuitLine. We also support Vermont Kids Against Tobacco (VKAT) and Our Voices Xposed (OVX) activities.

If funded, the Middlebury District Office will work with our local partners and the Tobacco Control Program to identify agencies in Addison County to implement an ask, advise and refer system targeting 18-24 year olds. We currently work very closely with our local Parent Child Center, which provides job training, housing, and day care services for pregnant teens and young families. Other potential Addison County agencies for this project include Vermont Adult Learning, Counseling Service of Addison County's Transition Aged-Youth Project, Addison County Community Action Group, Champlain Valley Office of Economic Opportunities and Community College of Vermont.

Given the previous successes of Vermont's Tobacco Control Program, I am confident that we will be able to fully implement an ask, advise and refer system that targets young adults. I strongly encourage you to fund this application.

Sincerely,

Moira L. Cook
District Director



Vermont Tobacco Evaluation and Review Board

Vermont Agency of Human Services • 103 South Main Street • Waterbury, VT 05671-0203
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Sheri Lynn, Chief
Tobacco Control Program
Department of Health
108 Cherry Street
Burlington, VT 05401
June 7, 2006

Dear Sheri:

The Vermont Tobacco Evaluation & Review Board fully supports the application to the American Legacy Foundation for a Small Innovative Grant to address smoking cessation interventions with young adults and pregnant women who smoke.

Vermont has made significant progress in reducing smoking prevalence among young adults ages 18 to 24 from a rate of 37% in 2000, when the comprehensive Tobacco Control Program began, to 24% in 2005. Nonetheless, this age group has a smoking rate far in excess of the statewide rate of 19.3%. This group is not easily reached through the usual program services. The worksite intervention proposed in this application should provide a good opportunity to reach them.

The preliminary results from the incentive-based intervention for pregnant women who smoke in Middlebury are most encouraging. It is important to extend this pilot intervention to additional prenatal care practices to assess its applicability to other practitioners in other areas of the state.

This grant would both extend the work of the Tobacco Control Program and benefit from the structure and services it has established. The Board and its standing committees will assist the Tobacco Control Program in reviewing implementation protocols and evaluating the activities proposed.

Sincerely,

Darrilyn Peters, MPH
Administrator

Ted Marcy, MD, MPH
Chair