News Release

FOR IMMEDIATE RELEASE
Tuesday, September 29, 2009

Contact: CDC Division of Media Relations
(404) 639-3286

$120 Million for States Made Available as Part of Recovery Act Community Prevention and Wellness Initiative

The Department of Health and Human Services (HHS) today announced the release of $120 million in American Recovery and Reinvestment Act (ARRA) funds for prevention and wellness programs for U.S. states and territories, building on the recent announcement of the $373 million funding opportunity for communities and tribes around the country. In all, the comprehensive *Communities Putting Prevention to Work* initiative will make $650 million available for public health efforts to address obesity, increase physical activity, improve nutrition, and decrease smoking.

"Today's announcement is an important step toward a healthier America," said HHS Secretary Kathleen Sebelius. "We know that many chronic diseases are preventable, and the resources now available through the American Recovery and Reinvestment Act will assist states and territories in the implementation of proven prevention and wellness programs that will save lives and lower health care costs for all Americans."

The $120 million in cooperative agreements will be awarded to states and territories for three components: statewide policy and environmental change, tobacco cessation through quitlines and media campaigns, and special initiatives to create health-promoting policies and environments. For the first two components, dollar amounts awarded to each state and territory will be based on population size and number of smokers. For the third component, states will apply for special funds through a competitive process based on the potential health impact of the proposed activities. States and territories will have two years to complete their work. They will coordinate their efforts with other *Communities Putting Prevention to Work* initiatives in large cities, urban areas, small cities, rural areas, and tribal areas.

"State health departments are the backbone of the public health system and are uniquely positioned to support and leverage local efforts for chronic disease prevention and control," said Thomas Frieden, M.D., M.P.H., director of the Centers of Disease Control and Prevention (CDC). "We expect that as a result of this nationwide project, most Americans will live in states with improved obesity-related and tobacco policies, we will make a national shift toward healthy environments, and we will increase significantly the number of people who are able to stop smoking."

Funded projects will emphasize state-level policy and environmental changes that will help communities and schools support healthy choices. For example, states will make use of their collective purchasing power to improve the selection and availability of healthy foods in public venues.

"Chronic diseases are the leading cause of premature death in the country, account for spiraling health care costs, and cause disability and suffering for millions of Americans," said Janet Collins, Ph.D., director of CDC's National Center for Chronic Disease Prevention and Health Promotion. "The good news is that we can greatly reduce the toll of chronic disease by reducing just four risk factors -- tobacco use, physical inactivity, poor nutrition, and obesity. With these new funds, states and territories will work to improve the environments where their residents live, work, learn, and play so that healthy choices become the easy choice."

States and territories interested in applying for cooperative agreements can find more information at www.grants.gov. The application deadline is Nov. 24, 2009. Deadlines for additional projects that are part of the *Communities Putting Prevention to Work* initiative will be announced soon.

To learn more about *Communities Putting Prevention to Work*, visit www.cdc.gov/nccdphp/recovery.

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Note: All HHS press releases, fact sheets and other press materials are available at *http://www.hhs.gov/news*.

Last revised: September 29, 2009

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received: Completed by Grants.gov upon submission.

4. Applicant Identifier: CT DEPARTMENT OF PUBLIC HEALTH

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier: 93.165

State Use Only:

6. Date Received by State: 09/21/2009

7. State Application Identifier: CPPW-Supplemental

8. APPLICANT INFORMATION:

* a. Legal Name: CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

* b. Employer/Taxpayer Identification Number (EIN/TIN): 06-6000798

* c. Organizational DUNS: 807853791

d. Address:

* Street1: 410 Capitol Avenue
Street2:
* City: Hartford
County:
* State: CT: Connecticut
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 06134-0308

e. Organizational Unit:

Department Name: Public Health Initiatives

Division Name: HEMS

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:
* First Name: RENEE
Middle Name:
* Last Name: COLEMAN-MITCHELL
Suffix: MPH

Title: SECTION CHIEF

Organizational Affiliation:

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OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Centers for Disease Control and Prevention

11. Catalog of Federal Domestic Assistance Number:

93.723

CFDA Title:

ARRA Prevention and Wellness--State, Territories and Pacific Islands

*** 12. Funding Opportunity Number:**

CDC-RFA-DP09-90101ARRA09

* Title:

State Supplemental Funding for Healthy Communities, Tobacco Control. Diabetes Prevention and Control. and Behavioral Risk Factor Surveillance System

13. Competition Identification Number:

NCCDPHP-NR

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

statewide

*** 15. Descriptive Title of Applicant's Project:**

Component I: Statewide Policy and Environmental Change
Component III: Tobacco Cessation through Quitlines and Media

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: CT-all

* b. Program/Project: CT-all

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 01/01/2010

* b. End Date: 12/31/2011

18. Estimated Funding ($):

* a. Federal	1,286,024.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	1,286,024.00

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

☐ a. This application was made available to the State under the Executive Order 12372 Process for review on .

☒ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☐ c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

☐ Yes ☒ No Explanation

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: | * First Name: MARIO

Middle Name:

* Last Name: GARCIA

Suffix: MSc,MPH

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* Signature of Authorized Representative: Completed by Grants.gov upon submission. | * Date Signed: Completed by Grants.gov upon submission.

ABSTRACT

The Connecticut Department of Public Health (DPH) is seeking funds to implement Component I, Statewide Policy and Environmental Change, and Component III, Tobacco Cessation through Quitlines and Media, of the CDC announcement for the *State Supplemental Funding for Healthy Communities, Tobacco Control, Diabetes Prevention and Control, and Behavioral Risk Factor Surveillance System*. As part of Component I, Connecticut will implement three separate initiatives in the areas of nutrition, physical activity and tobacco. First, DPH will partner with the Connecticut Breastfeeding Coalition to implement the Baby-Friendly Hospital Initiative, a *social support and services* strategy, to step up the Baby-Friendly accreditation process of hospitals in Connecticut. Second, in collaboration with the Connecticut Alliance of YMCAs, DPH will promote policy changes to increase physical activity focusing on *access, price,* and *social support and services* strategies to increase and incentivize the use of community-based organizations by middle and high school students. Third, the DPH in partnership with "Mobilize Against Tobacco for Connecticut's Health" (MATCH) coalition will focus on *access* strategies for tobacco control by providing education on the benefits of smoke-free policies through usage bans on a statewide basis, as well as encouraging retailers to ban self-service displays and vending; and *point of purchase/promotion* strategies by working with retailers to restrict point of purchase advertising as allowable under federal law. For Component III, DPH will expand tobacco Quitline services and deliver a media campaign to increase public awareness on the health effects of secondhand smoke. DPH will also work with grassroots organizations to ensure promotion of the Quitline among high-risk populations. All of the proposed initiatives, under both Component I and Component III, will positively leverage obesity, nutrition, physical activity, and tobacco control strategies for systems change by developing and implement policies that impact the environment for the population groups identified throughout Connecticut.

COMPONENT I

1. STATEWIDE POLICY & ENVIRONMENTAL CHANGES

1.1. NUTRITION: *Baby-Friendly Hospital Initiative* (BFHI)

1.1.1. Approach & Rationale:

The benefits of breastfeeding to both a mother and her child are widely known and have been extensively studied and documented in the literature. In addition to the obvious nutritional benefits for infants, other benefits include a lower risk for ear and respiratory infections, atopic dermatitis, gastroenteritis, necrotizing enterocolitis, type-2 diabetes, and sudden infant death syndrome (SIDS). Benefits for mothers include decreased risk of breast and ovarian cancer, and type-2 diabetes. Breastfeeding also benefits mothers by speeding the return of uterine tone, stopping post-birth bleeding, and temporarily suppression of ovulation – which aids the spacing of children.

However, despite these well-known benefits, and improvements in breastfeeding initiation rates in recent years, both breastfeeding duration and exclusive breastfeeding rates in Connecticut continue to fall below the nation's *Healthy People 2010* targets and to reflect significant disparities in demographic and socioeconomic variables. The current 74.9% initiation rate is very close to the target 75% Healthy People 2010 goal, rates at six and twelve months (42% and 23%) fall short of the Healthy People 2010 targets. Further, Connecticut's six and twelve month duration rates of 42% and 23% as well as its exclusive breastfeeding rates of 35% and 14% at three and six months, respectively, fall below the Healthy People 2010 targets (50%, 25%, 40%, 17%, respectively). Breastfeeding rates among the low income families served by WIC also lag behind the general population.

The Connecticut Department of Public Health (DPH) is committed to increasing, promoting, and supporting breastfeeding throughout the state. To help accomplish this commitment, DPH will partner with the Connecticut Breastfeeding Coalition (CBC) to implement the *Baby-Friendly Hospital Initiative* (BFHI), a *social support and services* strategy. BFHI is a translational tool identified by the Centers for Disease Control & Prevention (CDC) as one of the key public health strategies that must be undertaken to address breastfeeding issues, in its ***Guide to Breastfeeding Interventions***, a comprehensive overview of evidence-based interventions. The CDC also monitors outcome and process indicators related to breastfeeding for each state in its ***Breastfeeding Report Card.***

Ten Steps to Successful Breastfeeding for Hospitals
1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within a half-hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation even if they are separated from their infants.
6. Give newborn infants no food or drink other than breast milk, unless medically indicated.
7. Practice rooming-in – allow mothers and infants to remain together – 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

A hospital's maternity care practices and policies have a direct impact on whether a woman chooses to breastfeed, and on how long she continues to do so. The BFHI – a worldwide program to promote breastfeeding in maternity wards sponsored by the World

Health Organization (WHO) and the United Nations International Children's Emergency Fund (UNICEF) – is designed to "encourage and recognize hospitals and birthing centers that offer an optimal level of care for lactation, based on the WHO/UNICEF *Ten Steps to Successful Breastfeeding for Hospitals"*. Officially launched in the 1980s, research has demonstrated that BFHI is not only good preventive practice, but is also cost-effective. To qualify for the *Baby-Friendly* designation, a facility must undergo an external evaluation and demonstrate that it meets all of the *Ten Steps to Successful Breastfeeding for Hospitals.*

There are only 84 BFHI-accredited facilities across the country. In Connecticut, only two of the state's 28 maternity hospitals – Hartford and Middlesex – are designated *Baby Friendly*; a third – Saint Vincent's in Bridgeport, Connecticut's second largest city – has submitted a letter of intent and is expected to be approved by the end of this calendar year. A fourth Connecticut hospital, Saint Raphael's in New Haven, has submitted a letter of intent to Baby-Friendly USA. Together these four facilities make up but 14% of the state's maternity hospitals. In 2007, there were 42,226 live births in the state; only 12% occurred in BFHI-accredited facilities.

Several studies have demonstrated the positive impact of BFHI on breastfeeding rates and health outcomes in the United States and other developed countries. During the implementation of BFHI in 1999, the Boston Medical Center reported that breastfeeding rates rose from 58% to 87%, including a significant increase among African American mothers from 34% to 74%. Other researchers surveyed the exposure of more than 1,000 women in U.S. hospitals to five of the *Ten Steps* and found that mothers not experiencing any of the *Steps* were eight times more likely to discontinue breastfeeding within six weeks of their infants' birth. Too, the greater the number of *Steps* mothers had experienced, the more

likely they were to continue breastfeeding at and beyond six months postpartum. An international assessment of infant health outcomes tracked for one year showed that infants born in hospitals implementing BFHI were more likely to be breastfed at 12 months, were more likely to be exclusively breastfed at 3 and 6 months, and had a significant reduction in the risk of one or more gastrointestinal tract infections and of atopic eczema.

Finally, the economic benefit of breastfeeding has been estimated at more than $14 billion per year in the United States alone, by virtue of the protective effect of breastfeeding against costly chronic diseases in both mothers and children, and acute illnesses in infants (United States Breastfeeding Coalition (USBC), *Health Care Reform: Improving Breastfeeding Support Will Save Billions,* USBC, June 2009).

CBC will be the key partner for the successful implementation of this initiative; a partnership with the Connecticut Hospital Association (CHA) will also be explored. Further, the initiative will be coordinated with the Recovery Act-funded efforts of the Special Supplemental Nutrition Program for Women, Infants, and Children program (WIC). The State WIC Director has stated that the evidence-based *Breastfeeding: Heritage and Pride* peer-counseling program will be introduced at two hospitals in Connecticut within the next two years. These hospitals will be strongly encouraged to apply to participate in the subject initiative.

The CBC works to ensure access to lactation care and to promote women's rights regarding breastfeeding by advocating that legislation regarding health care, employment and family law recognize the importance of breastfeeding to both the mother and her child. The Coalition has been active in Connecticut for over eight years with numerous institutional partners, including the American Academy of Pediatrics (AAP), the state's WIC program,

hospitals, local health departments (LHDs), community health centers (CHCs), and lactation consultants. Despite limited financial support, the coalition has made considerable progress across the state in promoting breastfeeding as the norm for infant and child feeding.

This proposal will target at least 10 facilities over the 2-year grant period, with the potential to positively impact over 15,000 families per year and train up to 2,000 health care professionals. Facility selection criteria will include the socioeconomic status of maternity patients to ensure that low-income women are well represented in the patient populations impacted by this initiative.

During the grant period, each of the ten selected Connecticut facilities will implement at least 5 of the 10 steps required for accreditation. With each *Step*, mothers and infants will gain an immediate benefit. It is anticipated that the successful partial implementation of this system will spur the adoption of the remaining steps and achievement of BFHI certification in the selected hospitals. A tool kit will be developed to assist hospitals with implementing the BFHI process, and to encourage non-participating facilities to embark on this process.

This scope of change has not been attempted in Connecticut to date. However, lessons learned from hospitals that have already achieved BFHI status have greatly encouraged other hospitals. St. Vincent's recently shared its progress at a well-received conference sponsored by the CHA. Further, the CDC's *Maternity Practices in Infant Nutrition & Care* (mPINC) survey has raised awareness of BFHI among the state's hospitals; the recent announcement that the Joint Commission on Accreditation of Healthcare Organizations will require hospitals to report exclusive breastfeeding rates starting in April 2010 has generated inquiries from CBC members on their listserv. The proposed initiative will provide the much-needed

start-up funds and technical assistance to leverage existing hospital-based activities that support BFHI implementation.

1.1.2. Implementation Plan: See Appendix 1

The Department of Public Health (DPH), in partnership with the Connecticut Breastfeeding Coalition (CBC), will implement an initiative to support early breastfeeding initiation through policy changes and maternity care practices in at least ten hospitals across the state. The BFHI team will engage hospital leadership in an awareness and education process, resulting in each hospital director filing a letter of intent that assigns staff liaisons for the initiative and pledges to advance the accreditation process.

The BFHI team will provide a small stipend to each participating hospital to support activities conducive to the accreditation process. Further, a two-day training program of health care staff, designed to meet BFHI educational requirements, will be conducted at each hospital and at a central location. An International Board Certified Lactation Consultant (IBCLC) will provide on-site consultation to each hospital. The consultant will assist in establishing an outpatient breastfeeding support group (BFHI, *Step 10*) and implementing at least three additional BFHI *Steps* by the end of the grant period. The goal is for the selected hospitals to implement and measure at least 5 of the 10 *Steps* required for BFHI accreditation.

The toolkit provided to participating hospitals will assist them in implementing any remaining BFHI *Steps* after the grant ends; DPH will publicly recognize hospitals that achieve BFHI designation. By increasing the proportion of hospitals that are *Baby Friendly* or that are on track to achieve that designation, other hospitals will be encouraged to pursue BFHI status. Additional hospitals submitting letters of intent will be offered a toolkit

developed under this grant. Opportunities will be sought to share lessons learned, materials and expertise through a live presentation or other virtual methodology (e.g. webinar), so that, ultimately, all birthing facilities in the state of Connecticut achieve BFHI designation.

1.2. PHYSICAL ACTIVITY: *Policy through Community-Based Organizations*

1.2.1. Approach and Rationale:

For this proposal, the Connecticut Department of Public Health (DPH) plans to implement policy changes that will focus on *access* "safe attractive places for activity", *price* for "subsidized memberships to recreational facilities", and *social support and services* from school systems and the CT Alliance of YMCAs. In schools throughout Connecticut, opportunities for physical activity are decreasing despite the fact that physical activity is a recognized strategy to combat the childhood obesity epidemic. Two-thirds of Hispanic (68%) and black (66%), and half of white (50%) students do not participate in the recommended level of physical activity during an average week. Nearly nine out of every ten of the state's high school students do not meet the national recommendation of daily physical education classes. Without the option of physical activity as part of the middle and high school curricula, many students in Connecticut lack a safe location in close proximity to their home where they can engage in physical activity most days of the week.

DPH and the CT Alliance of YMCAs proposes to work with the State Department of Education (SDE) and local school districts to establish Local Policy Teams which will include but not be limited to YMCA staff, town officials, local school administrators, and parents who will develop a Connecticut Action Plan. The mission of the Local Policy Team will be to work with their school districts to *adopt* curriculum for "community-based

alternatives" in select "courses" where children and adolescents can attain structured, age-appropriate physical activity for at least 60 minutes most days of the week, as recommended by the CDC. The establishment of Local Policy Teams is in itself a policy, as it is meant to sustain and provide oversight through development, implementation, and ongoing evaluation (members may change, but the Team will remain).

There will be a strong Statewide Steering Committee, which will provide valuable training, technical assistance, outreach, and evaluation support. Some members that will play key roles include the American Heart Association and Collins & Associates who have the ability to reach key decision makers, legislators, and local municipality leaders; the Connecticut Association of Schools has statewide experience in curriculum development, training, and evaluation with both educators and students and have influence over superintendents and principals; and the Yale Rudd Center for Food Policy and Obesity and the Yale-Griffin Prevention Research Center are two nationally recognized organizations who will assist YMCAs efforts with training, technical assistance, and evaluation.

The CT Alliance of YMCAs and their partners are not suggesting that the community-based alternative education opportunities replace existing courses of study. Instead, it is suggested that local school districts use this opportunity to assist students to achieve the recommended goal of 60 minutes of physical activity a day through community-based experiences. *See Appendix 3.* For example, as part of Physical Education class, a student will have the opportunity to attend a local YMCA to increase their daily physical activity. Students would work with a designated district teacher to establish and track goals. At the end of the school year, there will be a ceremony to honor those students who achieved personal goals. It is expected for schools to gradually introduce the proposed policies,

further demonstrating their practicality and use through partnerships with community-based organizations.

This initiative will promote physical activity opportunities in safe and sound environments by subsidized memberships and discounts to reduce the price for low-income middle and high school students, with an emphasis on those not participating in organized sports. Participating schools will have an opportunity to generate the necessary support for this policy change. School administrators and parents will be engaged in discussions regarding costs and other issues related to transportation from the school grounds to the YMCA facilities.

In addition, the Local Policy Team will encourage local school districts to use the School Health Index Tool to assess current physical activity practices. The School Health Index for Physical Activity is a self-assessment tool and a planning guide, which schools can use to identify strengths and weaknesses of health and safety policies and programs. The SDE Coordinated School Health Program, Physical Activity, Nutrition, Tobacco coordinator and DPH staff will provide on-going program design, training, technical assistance, and curriculum development for the School Health Index.

Policy changes, driven by local communities, will be implemented by the school districts independently. This makes it even more important for the Local Policy Teams to work in conjunction with the school district superintendent, who will be able to guide the efforts through the process by which the different districts develop policy. This strategy will increase students' physical activity without an added financial burden to the schools.

Following the establishment of the Local Policy Team and the assessment efforts, the next step will be to prioritize needs and develop an action plan. The School Health Index

Tool will also help prioritize areas of improvement and in the development of an improvement plan. School and community forums can be used to inform the community of the findings and build consensus for recommendations. This will be critical for the success of this initiative. The proposed initiative will coordinate with another Recovery Act effort to leverage federal funds allocated through the United States Department of Education. Specifically, schools in Waterbury were awarded the Carol M. White PEP grant and the local YMCA will partner closely with these middle schools to increase student's physical activity.

Physical activity programs offered by the YMCA and other coalition partners will offer a written mission statement incorporating skill development, educational focus, fair play, and enjoyment. They will emphasize not only that performance and successes are based on developmentally appropriate standards, but also that fair play, teamwork, and good sportsmanship are important. Programs will ensure that published guidelines are available for child, adolescent, parent, coach, and spectator involvement. Coaches will be carefully selected, safety equipment will be made available and all aspects of children's growth and development will be considered when practice groups or teams are organized. Children and adolescents will be assessed for readiness to participate and their interest level, desire to have fun, skill level, and emotional development will be matched with the program. All children and adolescents will be treated with respect and given meaningful opportunities to participate fully.

The partnership with the YMCA, in particular, represents a strong opportunity to translate practice into policy. The YMCA collectively services over 143,000 youth, in more than 61 Connecticut communities; although, the potential reach is expected to be greater since the initiative will subsidize memberships and incorporate school policy change to foster

additional utilization of the YMCA physical activity programs. The YMCA has a strong tradition and credibility in Connecticut communities allowing them to directly influence leaders and decision makers at the local and regional level.

The YMCA public policy committee plays a central role in most of their community-based projects. This committee organizes public policy trainings at the neighborhood, local and state level, and encourages associations to collaborate with other community organizations. The committee also works with DPH, Department of Social Services, and Department of Environmental Protection, and Department of Mental Health and Addition Services to deliver services to constituents of these agencies. Central to the committee's functions is to integrate public policy into other program areas or statewide networks, and to connect state alliance activities with YMCA Youth and Government programs. Additional partners for the implementation of this policy change include the SDE, Connecticut Association of Schools, American Heart Association, Connecticut Parks and Recreation (CPRA), hospitals, and other community-based organizations. A potential restraining factor would be the challenge of engaging all influential local stakeholders necessary to ensure success. As such, priority consideration will be given to YMCAs with established community partners and a history of collaboration with local schools.

Several communities in the state have been working with the YMCA under the umbrella of the Pioneering Healthier Communities (PHC) project recently funded by the Robert Wood Johnson Foundation. Communities have made considerable progress in building coalitions across all local institutions, which in most cases includes the leadership of their school system. Communities participating in the PHC or **A**ction **C**ommunity for **H**ealth,

Innovation, and **E**n**V**ironmental Chang**E** (ACHIEVE) projects have gained the required momentum to bring about changes.

This two-year effort will have a positive influence by increasing access and incentive for physical activity among middle and high school students. In addition, at the end of phase two, all data will be collected and re-evaluated for further statewide change.

1.2.2. Implementation Plan: See Appendix 1

Initially, the key leaders of the coalition (DPH, SDE, YMCAs, CPRA) will meet to review the plan, establish a timetable, and organize a State Summit of all stakeholders (YMCA Directors, Parks & Recreation Directors, school administrators, teachers). Step one of the implementation plan will be to invite the Local Policy Teams from the ten communities to attend the State Summit. The event will be organized by the CT Alliance of YMCA's, which is comprised of 23 corporate YMCAs. This gathering will educate teams on the importance of increased physical activity for targeted children, mobilize teams to develop local action plans, following a state model described below, motivate teams to make serious efforts to address the policy changes required to encourage increased physical activity among school age children, and teach teams how to advocate for the changes. Step two will include training on how to implement and interpret the School Health Index Tool to help identify targeted areas of improvement.

Step three will be to develop a detailed action plan for the state and local level. This activity will start at the State Summit, but will be completed by each Local Policy Team. The CT Action Plan will include: **1. Write mission statement:** A statewide mission statement will be adopted to insure consistent policy approaches, while allowing for local implementation strategies. **2. Identify target populations:** Each community will identify

which students would be best served by the initiative; there will be a statewide focus on students with documented health risks and those eligible for federal free and reduced meals as well as special needs students. **3. Identify community-based activities:** Physical activity programs offered by the YMCA and other coalition partners will be identified that meet statewide standards. Each Local Policy Team will develop a list of approved activities based on these standards. **4. Select community-based activities:** Each child will have an opportunity to choose which activities are of interest to them from the approved list. YMCA staff will work with local school staff and hold meetings at the beginning of each school year to explain the project and assist students in identifying activities that fit both their interests and schedule. They will also help them make necessary arrangements with the local YMCA, Parks and Recreation, or other coalition partner. **5. Report the activities:** A local certified, school teacher will be recruited as an advisor, for an annual stipend, to this project and be responsible for recording physical activity hours. A uniform process accepted by most school districts to record community service hours will be utilized. **6. Promote incentive and recognition:** Each Local Policy Team will determine how the students will be given incentives for participation and recognized for their engagement.

Step four will be the design of an evaluation component. Key stakeholders will design an evaluation instrument to be used by the ten local school districts engaged in this effort. It will focus on changes in behavior and attitude among student participants, as well as evaluate the structure and project implementation. This evaluation will be used to make adjustments and thus guide statewide implementation of this initiative.

For phase one, the YMCA in conjunction with CPRA, will work in ten communities, including: Greater Hartford, Waterbury, New Haven, Bridgeport, Milford, Fairfield,

Southington, Wallingford, Wilton, and Darien. In phase two, the initiative will be expanded to an additional seven YMCA communities. A minimum of ten to twelve new high schools will implement the planned policy changes. In Connecticut, many YMCA Associations service more than one town or school district, and a community can encompass areas of two to four towns. Physical activity policy teams will meet on a quarterly basis to maintain momentum and create an environment of change.

1.3. TOBACCO: *Social, Environmental, Policy & System Approaches at the State Level*

1.3.1. Approach and Rationale:

The Connecticut Department of Public Health (DPH), Tobacco Use Prevention and Control Program, will target *access* through usage bans to provide education on the benefits of smoke-free policies on a statewide basis, and encourage retailers to ban self-service displays and vending; and *point of purchase/promotion* to work with retailers to restrict point of purchase advertising as allowable under federal law. Adopting these strategies will allow Connecticut to move towards becoming a 100% smoke-free state, will reduce exposure to second- and third-hand smoke for Connecticut residents, and will reduce tobacco-related disease and disability, providing future economic benefits. A significant amount of documented research identifies the hazards of smoking and exposure to secondhand smoke as well as the ineffectiveness of methods such as air filtration systems to remedy the damage caused by exposure. The only successful intervention is completely eliminating exposure to secondhand smoke.

Currently, an estimated 429,500 adults in Connecticut currently smoke cigarettes (16%), despite the passage of a Clean Indoor Air Act in 2003 with bars and restaurants being added

in 2004. Specific exemptions remain, although the smoking rate among adults has decreased since 2002 when the rate was 19%. Fifteen percent of high school students report smoking cigarettes, however 44% report that smoking is allowed either sometimes or in some places where they work, where 30% state they breathed the smoke from other people's cigarettes.

Point of sale promotions for tobacco products are especially troublesome due to the frequency with which youth shop at convenience stores. Fifty-two percent of teenagers aged 16-17 cited convenience stores as their primary shopping location, and a National Cancer Institute Study released in June 2008 noted that student cigarette purchases correlated heavily with advertisements at convenience stores within a one mile radius of their schools.

DPH proposes to continue work to expand and enhance efforts to provide public education that will assist with the adoption of voluntary smoke free policies, particularly in areas where exemptions are currently in place, such as workplaces with less than five employees, public housing, and correctional facilities. The statewide strategy will be to get closer to 100% smoke-free policies through statewide education and awareness efforts. In addition, we will build awareness of tobacco advertising activities and encourage local and convenience stores to limit the number and placement of advertising within their stores for tobacco products.

1.3.2. Implementation Plan: *See Appendix 1*

DPH and its partners will work on a statewide public education and outreach campaign that will include the benefits of smoke-free policies and the dangers of exposure to secondhand smoke as well as trends in tobacco advertising and alternatives for local and convenience stores. Dissemination of model policies such as expanding school policies to cover 100% smoke free campuses 24 hours a day, seven days a week will be accomplished, along with an

explanation of the benefits of these policies. Current language in the state statutes only ban smoking in school buildings while school is in session along with the benefits of the policy over language in the current state statutes, which only ban smoking in school buildings while school is in session. Special emphasis will target workplaces with less than five employees. DPH will develop a strategic plan for successful implementation of smoke-free and advertising policies, provide technical assistance and training to statewide, regional, and community organizations, and public education that will promote public discussion as well as build support for the adoption of more smoke-free policies. We will also provide technical assistance in the development of alternative promotional opportunities to offset the loss of revenue from tobacco industry incentives, including price discounting alternatives and enforcement mechanisms for those who request them.

In order to complete these activities, DPH will contract with the statewide anti-tobacco coalition, "Mobilize Against Tobacco for Connecticut's Health" (MATCH) to hire staff that will be able to provide technical assistance and training to store owners, local coalitions, public education to a wide variety of community groups, promotion and grassroots organization at the community level. MATCH and DPH will work together and with other partners to develop a strategic plan for this public education and awareness campaign. DPH will identify interested statewide, regional, and local community organizations and provide them with technical assistance and training regarding the benefits of adopting smoke-free and advertising policies. These same organizations and MATCH will continue to provide public education through face-to-face interventions and public forums to build grassroots support. This groundswell of support will lead to the voluntary adoption of smoke-free policies at both the community and state levels.

2. PROGRAM READINESS, OVERSIGHT, AND MANAGEMENT

The Connecticut Department of Public Health (DPH) has a Nutrition, Physical Activity, and Obesity (NPAO) Prevention Program and a Tobacco Use Prevention and Control (TUPC) Program. These two programs will be responsible for carrying out the implementation of the proposed activities in this grant. Both programs reside in the Health Education, Management, and Surveillance Section, one of four sections of the DPH Public Health Initiatives Branch. The Section Chief and a Public Health Services Manager provide overall leadership and management for as many as 50 staff on eight different programs, and they co-administer over 80 million in federal and state funding.

The NPAO program is staffed with two professional staff, a Health Program Associate and a Nutrition Consultant, and one paraprofessional staff, a Health Services Worker. In addition to overseeing several projects on obesity prevention funded by the state and the CDC Preventive Health Services Block Grant, NPAO also administers the state Supplemental Nutrition Assistance Program-Education program funded by the USDA. The staff offers experience in developing and monitoring contracts, providing technical assistance, and supporting overall program management. The implementation of the activities in the supplemental application will create an additional burden. That is why the application seeks to hire two new positions on a durational basis to implement the grant activities. A Health Program Associate is required to lead all aspects of the initiatives such as contract writing as well as negotiation with partners and oversight of contractors. DPH fiscal office will also require additional support to manage the fiscal aspects of the grant. An accountant will be needed to assist with tracking and reporting of all fiscal obligations under

this grant. In partnership with State Department of Education, DPH was awarded funding to hire a Coordinated School Health Program, Physical Activity, Nutrition, Tobacco Coordinator to provide on-going program design, training, technical assistance, and curriculum development for the School Health Index Tool.

DPH is well positioned to work with partners in the community. The selected organizations have already been collaborating with the NPAO and TUPC program. CBC has operated under the leadership of the DPH Breastfeeding Coordinator for several years. The mission of this organization has always been closed linked with the objectives of WIC as well as those of the Mother and Child Health Block Grant projects. Similarly, the Department has been working closely with the YMCA, as this organization has a strong tradition of promoting physical activity in all their facilities, and in school, churches, and community settings. Most recently, staff from the NPAO program has been serving on the YMCA's steering committee of the PHC project. In this capacity, the Department has recognized the potential to reach a broad audience through the YMCA corporate network. Approximately 80% of the population in Connecticut lives within a 10-minute radius of a local YMCA. Finally, the TUPC has identified MATCH as the strongest partner to advance activities conducive to policy change. DPH has a long-standing tradition of cooperation with this group of community-based organizations. MATCH is a non-profit corporation established to protect Connecticut Kids from tobacco exposure. The coalition consists of over one hundred member organizations representing thousands of Connecticut residents.

3. STATEWIDE SUPPORT FOR COMMUNITY LEVEL CHANGE

The Connecticut Department of Public Health (DPH) selected the three proposed initiatives due to strong statewide support for community level change. All identified partners were selected due to their capacity, expertise, and ability to provide training, technical assistance, and consultation at the local level and statewide, with support from DPH staff. It is important to note that DPH will create and promote opportunities for politicians and other policy makers to attend coalition meetings and connect with recipients who benefit from the three initiatives to encourage long-term policy and environmental changes to guarantee sustainability. A letter from the Connecticut Governor, M. Jodi Rell, strongly supports the proposed initiatives. *See Appendix 2.*

The nutrition initiative will utilize an existing DPH partner, the Connecticut Breastfeeding Coalition, and the DPH Breastfeeding Coordinator, funded through the Maternal and Child Health Block Grant and WIC, is an instrumental leader within the coalition. Funds will expand the reach of the Baby-Friendly Hospital Initiative. DPH worked with the CT Alliance of YMCAs through the Pioneering Healthy Communities (PHC) and ACHIEVE project and funds will expand the reach and provide additional physical activity opportunities for middle and high school students. MATCH, the identified tobacco partner, is not a traditional DPH partner, but the funds provide a unique opportunity to strengthen the capacity of the coalition.

Lastly, the three proposed initiatives reinforce and enhance the community activities to be submitted in the state-coordinated small cities and rural areas application. For example, one of the proposed activities will focus on educating new mothers to increasing initiation and duration rates of breastfeeding and other proposed activities will strive to increase

physical activity during the school day and develop walking and biking trails. Small community grants, another example, will seek to increase residents' access to physical activity facilities and a safe routes campaign will promote the "walking school bus". Also, several activities planned by the tobacco communities will perfectly complement these activities and effect changes at both the local and state level.

4. SURVEILLANCE PROGRAM MONITORING AND REPORTING

The Connecticut Department of Public Health (DPH) participates in the annual Behavioral Risk Factor Surveillance System (BRFSS), and in the Youth Risk Behavior Surveillance System (YRBSS) and Youth Tobacco Survey (YTS) on a biannual basis. Data from these population-level surveys are used for analysis, monitoring, and reporting accurate health information, and as an input and guide for developing public health policies. To fulfill program monitoring and reporting requirements, DPH will continue to enhance the usefulness of current surveillance data by adding state-generated questions to the BRFSS, YRBSS, and YTS that would help measure and document the impact of policy and environmental change activities.

To conduct evaluation activities, a team of 2-4 epidemiologists will act cohesively as the core and lead the evaluation team. The team will also include several key stakeholders, who will vary depending on the evaluation topic. These stakeholders will be the same key partners identified in the implementation of the Nutrition, Physical Activity, and Tobacco initiatives.

Nutrition: *process evaluation* will focus on the number of hospitals participating in activities related to the *Baby-Friendly Hospital Initiative* (BFHI), and on the number of trainings conducted; *outcome evaluation* will focus on the number of hospitals achieving

BFHI designation, and the increase in the number of pregnant and postpartum women receiving breastfeeding counsel and support; *impact evaluation* will focus on an increase in breastfeeding duration rates at 6 and 12 months of age, and on improved exclusive breastfeeding rates at 3 and 6 months of age.

Physical Activity: *process evaluation* will focus on successfully holding a State Summit, and on the number of YMCAs and school systems trained in methods designed to increase community-based alternatives to traditional in-school physical education for middle and high school students; *outcome evaluation* will focus on the number of programs implemented which effectively increase physical activity through community-based alternatives and on an increase in the number of hours spent by students on physical activity; *impact evaluation* will focus on a decrease in school absenteeism and obesity rates.

Tobacco: *process evaluation* will focus on the development of strategies to successfully encourage the implementation of voluntary smoke-free policies, and on the technical assistance and number of trainings provided; short-term and intermediate *outcome evaluation* will focus on its adoption and increased compliance with the expanded policy's requirements; *impact evaluation* will focus on a decrease in smoking and exposure to second-hand smoke.

Data sources to be used for the impact evaluation phase will include BRFSS, YRBSS, YTS, National Immunization Survey (NIS), Pediatric Nutrition Surveillance System (PedNSS), and the Community Healthy Living Index. Results from all evaluation phases will be used to document the successes, challenges, what worked, and what did not. These findings will better inform DPH and its partners in making improved future decisions, and

help improve the Programs' ability to sustain and enhance Nutrition, Physical Activity, and Tobacco initiatives.

DPH staff assigned to the corresponding programs will work closely with the epidemiologist team leader, and with the accountant in DPH's Fiscal Office, to prepare reports to the CDC and to meet all reporting requirements detailed in Recovery Act legislation. This information will be sent to DPH's Planning Branch for review and approval prior to submission to the CDC. This Branch is responsible for the coordination and submission of data on Recovery Act output, and DPH program staff is responsible for monitoring the outcomes and performance of all DPH activities related to the American Recovery and Reinvestment Act.

All evaluation reports will be submitted via FederalReporting.gov as required by CDC. DPH staff are committed to participating in Recovery Act-related and other national evaluation activities, including participation in case study evaluation if selected, and to participate in CDC technical assistance webinars. At least one staff member will attend the CDC Surveillance and Evaluation Annual Meeting.

5. SUSTAINABILITY

While Connecticut still has a long way to go mitigating the State's deficit and recover from the economic recession, the proposals in this application have opportunities to endure economic foes and to preserve the impact of these interventions in the long term. The engagement of hospitals and health care systems in the Baby-Friendly Initiative, as well as the participation of the YMCA network, represent a significant leverage from the private and non-profit sectors. In addition, an important strategy to leverage funds will be appealing to

private foundations in the health care sector. This will be accomplished by demonstrating how each Foundation's mission statements can align with improvements in childhood survival, youth health and reduction of exposure to environmental pollutants resulting from these projects. This also includes the synergy created by the projects in this application with those funded under the Mother and Child Health and Coordinated School Health grants.

Gaining support of the general population will be critical to advance and sustain proposed policy changes. Therefore, the projects outlined in this application will be reaching out to community organizations and elected officials to ensure that changes are incorporated into other future initiatives. Fostering interest of the legislature by advertising the CPPW programs and using data to demonstrate how they save money, will secure additional commitments and resource appropriations. Although concerns may remain about how to accomplish sustainability, the Department anticipates that outcomes from these proposals will become solid stepping-stones to the long-lasting effect of the proposed interventions.

6. FISCAL MANAGEMENT

The Connecticut Department of Public Health (DPH) applies existing fiscal management to all American Recovery and Reinvestment Act (ARRA) funded activities. All ARRA applications, approvals, contracts, and financial activity are recorded with ARRA-specific codes into statewide fiscal management systems. The unique codes allow for tracking expenditures and other budget management specific to ARRA projects. In addition, DPH has established a reporting mechanism to ensure thoroughness and accuracy for all ARRA programming and fiscal management. One Chief Accountability Officer has been assigned

to report monthly and quarterly ARRA-related activities in compliance with Federal and State requirements.

As the federal administration announced the passage of ARRA, DPH established an internal coordination and communication process to inform the Commissioner of program funding opportunities and policy directives. Simultaneously, DPH started to attend meetings with the Governor's staff and other selected agencies to review Connecticut activities. In addition to participating in the Governor's ARRA Workgroup meetings, DPH holds a weekly internal coordination meeting to review current activities and develop strategies to comply with the Governor's directives. DPH Executive Leadership and all program staff working on ARRA-related activities are invited to attend the meeting. The ARRA DPH Protocols, formally established in April 2009, require all program staff to ensure transparency, thoroughness, accuracy, and timeliness for DPH activities that are funded and/or required through ARRA. The protocols are organized under five categories: Communications, Record Keeping, Reporting, Data Integrity, and Compliance.

DPH has assigned a Chief Accountability Officer (CAO) to ensure that all ARRA protocols are followed. This officer is a direct liaison with the Governor's office for all coordination and reporting aspects. The accountability officer receives all correspondence about funding applications and awards related to ARRA. Staff sends all formal plans, reports, and grant applications for Governor's office approval. The Governor's Office also reviews and approves all press releases, formal plans, reports, and grant applications before they are sent to federal agencies, partners, or posted to the DPH website. All programs report to the accountability officer in a format specified by Governor's office on the first business day of the month. The Department compiles and sends an agency reports to the Governor's

office during the first week of the month. The reports are subsequently sent to the Office of Budget and Management (OMB) on a quarterly basis.

DPH directly accounts for all federal funding through the Administration Branch. Both the Grants and Contracts Management Section and the Fiscal Office Section reside within this branch. While contract's development is initiated at the program level, the contracts unit provides essential support by ensuring legal sufficiency of the contracts language and tracking all standard requirements to formalize agreements with partners in this grant. The Fiscal office supports the grant implementation by providing accounting and financial status report services. All payments and programmatic credits and reimbursements are approved through the fiscal office.

COMPONENT III

1. TOBACCO CESSATION THROUGH QUITLINES AND MEDIA – Component III

1.1. Program Infrastructure

The Tobacco Program at the Connecticut Department of Public Health (DPH) currently has experienced staff in tobacco prevention and control activities, including a Program Manager who provides oversight, Program Associates who monitor contracts and provide technical assistance to partners, and Epidemiologists who conduct surveillance and evaluation activities. The current program staff will be retained; however, DPH will hire an additional accountant to manage the fiscal accounting and reporting of this new funding to assure all reporting requirements are met.

The program will retain the two current contractors who are in the process of conducting our media campaign and evaluation of program activities. In addition, the CT Quitline contractor (Free and Clear, Inc.) will hire and train new staff to handle the increase in call volume generated by the newly funded activities.

An experienced Grassroots Organizer will be contracted by the Program to conduct CT Quitline promotion and outreach to target disparate populations and health care systems such as hospitals, physician offices, and insurance companies.

Each new hire or retention within the Department and contractor agencies will be documented and reported in accordance with the reporting requirements set forth under ARRA.

1.2. Fiscal Management

The Connecticut Department of Public Health applies existing fiscal management to all ARRA funded activities. All ARRA applications, approvals, contracts, and financial activity

are recorded with ARRA-specific codes onto statewide fiscal management systems. The unique coding allows for tracking expenditures and other budget management for ARRA projects distinct from other Federal and/or State-funded activities. In addition, the Department has established a reporting mechanism to assure thoroughness and accuracy for all ARRA programming and fiscal management. The Department has assigned one Chief Accountability Officer to report monthly and quarterly ARRA-related activities in compliance with Federal and State requirements.

1.3. Media, Communication and Partnerships

The Tobacco Program currently has Cronin and Company (a Connecticut media firm) on contract to conduct a statewide media/counter-marketing campaign targeting youth, adults and young adults utilizing an alternative funding source. The focus of this campaign is to promote quitting and to prevent initiation of smoking. This will be done through a mixture of television, radio, out of home ads and social marketing. The focus-tested messages will be emotional and graphic in order to motivate Connecticut tobacco users to quit.

Connecticut is a partner in the National Alliance for Tobacco Cessation, a cessation initiative of the American Legacy Foundation, which gives us access to “Become an EX” campaign materials for an adult cessation initiative. The use of these materials and ads will be ongoing with a series of ads scheduled to run during the winter of 2009.

The youth and young adult portion of the current media campaign has been structured to utilize creative that will be developed and voted on by local youth who are members of the target age group. This creative will be available for placement during the spring of 2010. The additional funding that becomes available through this grant application will be used to expand the reach of these campaign components by allowing a longer flight period for

campaign ads to run and a greater number of ads to be placed - assuring greater reach and driving a larger number of calls to the Quitline.

The supplemental funding will also be used to incorporate messaging regarding the health effects of second- and third-hand smoke (SHS), especially on children, into the current media campaign. Messages selected will address the health effects of SHS in graphic detail as well as the emotional toll it takes on family and friends who take care of, or lose, someone with tobacco-related health effects. These ads will be obtained from the Centers for Disease Control and Prevention - Media Campaign Resource Center. Licenses will be secured to allow the use of television, radio and print/out-of-home advertisements. Ads that are being considered include the television ads "Baby Seat", "Snake in the Crib" (Spanish version), "Infant", and "Home Sick". Print ads being considered are "Kids Lungs", "High Chair" and "Sponge Lungs". For out-of-home ads "Smoking Hands" is being reviewed and for radio ads "Car Talk" is being considered and is available in both English and Spanish versions.

The program currently has a Tobacco Consortium whose members actively participate in the promotion, expansion and evaluation of tobacco program components. This diverse partnership consists of members from the general community, funding boards, local health departments or districts, communications agencies, education, local community agencies, Regional Action Councils, state library associations, health care providers, mental health and addiction services, state agencies and the statewide tobacco coalition MATCH (Mobilize Against Tobacco for Connecticut's Health), among others. Invitations to become part of the expanded Consortium will be sent to additional potential partners to expand its impact. This expansion will include members of the faith community, landlords, business owners, insurance providers, and other key partners that the membership may deem to be appropriate.

In the past, these partners have been instrumental in assisting with advocating and promoting the Clean Indoor Air laws that ban smoking in most public places; securing funding for cessation programs statewide, the Quitline, media campaigns, and grass roots advocacy for tobacco use prevention and control. The Consortium has provided assistance with the process of developing our Requests for Proposals and with reviewing proposals once they have been received. For example, the media subcommittee of the Consortium assisted with the review and selection of the contracted media vendor. The subcommittee will continue to participate in activities such as the development of themes and ads as well as the implementation plan for our media and counter-marketing campaign.

Another subgroup of the Consortium was instrumental in reviewing and choosing an independent evaluation contractor to evaluate all program components including the CT Quitline and the media campaign. This contractor, Professional Data Analysts, Inc., will also evaluate the expanded Quitline services associated with this supplemental funding.

Future goals for the Consortium are to continue to assist the Program in the planning and implementation of the media campaign, program evaluation, and advocating for more comprehensive smoke-free air laws, additional and ongoing funding for prevention services, and promotion and outreach for the CT Quitline.

1.4 Proactive Quitline Services

The CT Quitline is available to all Connecticut residents. The vendor contracted to operate our quitline is Free & Clear, Inc. of Seattle, Washington. Cessation counseling programs available include a one-call program and a multi-call program. Both types of counseling programs are proactive and the callers entering into the multi-call program will

receive five proactive counseling sessions. Each caller is assigned to his or her own counselor, called a Quit Coach, who assists the caller with quitting successfully. Callers are able to re-enroll into the counseling programs as often as they would like.

Nicotine replacement therapy (NRT) is currently available to all callers, free of charge, who enter into the multi-call program as medically appropriate. The amount of NRT a caller is eligible for depends on their insurance status. Those callers who are uninsured or Medicaid participants are eligible for eight weeks of NRT. Those callers who are insured are eligible for a two-week supply of NRT.

All callers receive a Quit Guide along with educational materials regarding tobacco use cessation and the health effects of tobacco use. Should the caller report having a chronic disease such as heart disease, chronic obstructive pulmonary disease, asthma, diabetes, or cancer, they will receive additional information regarding tobacco use effects associated with their health condition. If the caller is interested, the CT Quitline can also refer callers reporting a chronic disease to local programs that are available who will assist the caller with managing their disease.

DPH will leverage the additional funding from this cooperative agreement to expand Quitline services in the following areas:

a.) Hours of Operation

b.) Ease of Registration

c.) Specialized Counseling Programs

d.) Outreach and Promotion of the CT Quitline to High Risk Populations

Hours of Operation

The Quitline hours of operation will be expanded from the current hours of 8 A.M. to 3 A.M., seven days per week to 24 hours a day, 7 days a week.

Ease of Registration

Online registration for the Quitline will improve access to services. The CT Quitline will expand registration for clients to include an online component through the CT Quitline "Web Coach" application. Tobacco users wanting to quit will be able to register for services and fill out intake information online through the website. Once their information is submitted, a Quitline tobacco specialist/Quit Coach will contact the user for their counseling session(s).

Specialized Counseling Programs

The Connecticut high school student tobacco use prevalence rate is currently 25.6%. The Healthy People 2010 objective for tobacco is to reduce tobacco use among high school students to no more than 21%. Currently, to be eligible for the CT Quitline multi-call counseling program, the caller must be at least 18 years of age. With this funding, the CT Quitline will expand counseling services to youth under the age of 18 to help meet the needs of these tobacco users. The "Youth Support Program" will allow an adolescent to choose the level of treatment intensity depending on their individual needs. Youth would be eligible for not only the one-call program that is currently offered, but will also be offered the opportunity to enter into a multi-call program that has been designed to meet the needs of adolescents.

In the "Youth Support Program", Quit Coaches will use a non-judgmental approach for coaching adolescent callers and will send youth-specific materials, such as '*ButtsOut'* (a magazine for youth and teen callers developed by the University of California, San Diego,

Cancer Center) to help them stay on track between calls. Quit Coaches complete a three-hour course that focuses on earning trust and developing rapport with youth early in a coaching call. NRT will not be made available to youth under the age of 18.

Smoking is the most modifiable risk factor for poor birth outcomes, and successful treatment of tobacco dependence can achieve a 20% reduction in low birth weight babies, a 17% decrease in pre-term births, and an average increase in birth weight of 28 grams. In Connecticut, approximately 6.0% of mothers reported smoking during their pregnancy. Eighty infant deaths a year can be attributed to maternal smoking, which amounts to $940,000 in neonatal expenditures each year attributable to smoking.

Connecticut Quitline services will be expanded to include a specialized counseling program for pregnant women. The "Pregnancy Program" provides pregnant women with ten proactive counseling calls during their pregnancy and postpartum period. This enhanced program will include several intervention calls in the two-week period following a quit attempt, one call just before the baby's due date, and two calls within two months after delivery. These calls are designed to help the participant to develop skills to remain quit and to reduce any health risks to the baby from exposure to secondhand smoke. Quit Coaches will help to make the participants aware of the risks of tobacco use during pregnancy and will work to resolve any ambivalence about quitting.

Pregnant participants will receive the Quit Guide, '*Need Help Putting Out That Cigarette?*' developed by the American College of Obstetricians and Gynecologists and Smoke-Free Families. Quit Coaches are trained to respond to an expectant mother's feelings about her pregnancy. They underscore that the health of the woman and her baby will improve if she can quit tobacco use, which becomes a focus of the intervention. Quit

Coaches also look for opportunities to educate women about the benefits of quitting and risks of continued tobacco use during the pregnancy and after delivery. Quit Coaches assess unique challenges that the pregnancy may present and consider this information in tailoring a quit plan to her needs. Further, the Tobacco Program will collaborate with the DPH Family Health Section to expand the reach of the CT Quitline to additional programs serving pregnant women that they administer, including website linkages.

Outreach and Promotion of the CT Quitline to High Risk Populations

The Tobacco Program proposes the following activities to promote the Quitline to disparate populations and ultimately increase the number of callers to the Quitline as well as increase the number of successful quit attempts in Connecticut.

DPH has identified youth and young adults, pregnant women, people with low SES, and those of Hispanic descent as high risk populations in Connecticut who are experiencing health disparities related to tobacco use. Information in previous sections has explained our rationale for identifying youth and pregnant women as high risk. In addition, data show that Connecticut smoking rates among adults who report an income of less than $50,000 is 22.7% compared to 12.7% in those reporting higher incomes. Smoking rates among Hispanic adults in CT is 23.2%, which is higher than both white (15.3%) and black adults (14.3%).

The Tobacco Program will hire a Grassroots Outreach Advocate (GROA). This contractor will promote the CT Quitline and its services to populations identified as high risk as well as their health care service providers. The contractor will contact social service agencies and networks such as the Hispanic Health Council, health care provider networks, faith based networks and DPH contractors serving pregnant woman and other high risk populations to discuss the opportunities the Quitline offers and promote the use of the

Quitline by providing clients with their telephone number or online address as well as referring clients through the fax referral system that has already been established.

The GROA will also promote the use of the Quitline and the fax referral system to health care agencies and large health care systems, especially those systems and agencies serving the Medicaid population. The Program has a previous partnership with the Department of Social Services, the agency charged with managing the Medicaid program in CT, working to meet the needs of participants of the Medicaid Program. The Program and the GROA will continue to work with DSS to conduct outreach to Medicaid providers to promote the benefits of the Quitline and the fax referral system.

Cessation services and NRT are not currently covered as part of the Medicaid benefits in CT. The GROA will promote the use of the Quitline to meet the needs of Medicaid patients using tobacco so that these patients are encouraged to be more successful in quitting. Promotional materials will be developed as needed to enhance this activity. Members of the population to be served by the materials will be employed in their design and development.

1.5. Monitoring and Evaluation

The CT Quitline currently collects Minimum Data Set (MDS) compliant data for each caller. In addition, data to help the Tobacco Program target services such as chronic health conditions, mental health and substance use addiction history, and sexual orientation is collected. We receive aggregate and individual level data from our Quitline operator, Free & Clear, Inc. each month. These data reports include the number of callers, demographics of callers, type of tobacco used, insurance status, referral source, what type of Quitline services caller receives, and type of NRT dispensed. These data reports give the program access to

individual level user information that can track the callers' progress and services throughout the program and provides information regarding reach of Quitline services.

Free & Clear currently conducts a caller satisfaction and quit rate follow-up survey at 7 and 13 months post entry into the CT Quitline program for a select number of callers. These surveys are conducted by telephone, and will be continued during the period of this funding. The total number of callers attempted to be surveyed at follow up is 1,350, resulting in approximately 588 completed surveys. This sample size is used to obtain results with 95% confidence. The survey is administered to a random sample of Quitline callers who have called and received services through the CT Quitline.

The supplemental funding will be used to increase the sample size for the 7-month follow up surveys to yield at least 800 completed surveys each year of the funding period. All data will be linked to individual level data to track progress from beginning to end of the program. Should the intake and follow-up survey questions from CDC differ from the current Quitline questions, any necessary changes will be made and incorporated.

The Program currently is contracting with Professional Data Analysts, Inc. (PDA), to conduct a comprehensive evaluation of the Quitline including outreach and media. The supplemental funds will be used to have PDA expand their evaluation to the new activities initiated by this funding, such as the reach of services and outreach to the identified disparate populations and the SHS creative added to the media campaign.

The comprehensive evaluation of Quitline activities and associated media and promotion activities will include the analysis of call back and response rates, follow-up attempts, NRT use, web coach use, including online registration, use of the fax referral system, outcomes, satisfaction, caller characteristics, the extent to which the Quitline is reaching all groups of

CT smokers, and the extent to which the Quitline is serving targeted populations including those identified within this proposal. PDA's assessment will be based on an independent analysis of the raw data provided by Free & Clear. PDA will produce reports that answer key evaluation questions as well as to confirm the reports provided by Free & Clear, Inc., to ensure that data are reported in the most useful ways, and to ensure that all standards of data reporting are met (i.e., excluding duplicates from reach, calculating quit rates based on recommendations of the North American Quitline Consortium). PDA will also report on the NRT program of the Quitline and review program protocols, quality assurance protocols and measurements, and staffing levels.

PDA will conduct interviews with the Quitline staff and review documents, and will indicate strengths, weaknesses and areas of improvement for the Quitline on a quarterly basis as well as in a final report. The Program will address any issues that arise and make appropriate changes. PDA will also conduct a formative and outcome evaluation for the marketing strategies and media supporting the Quitline.

All of the Recovery Act performance and evaluation measures will be collected and reported in the required format and in accordance with the time schedule set forth by CDC.

1.6. Participate in CDC Training Activities

Program staff will attend the CDC surveillance and evaluation annual meeting in Atlanta, and Program and contractor staff for Component III will participate in CDC technical assistance webinars and other related trainings.

COMPONENT I
Statewide Policy and Environmental Change

BUDGET JUSTIFICATION

A. PERSONNEL:

Position	Name	Annual Salary/ Rate	FTE	Year 1 Cost	Year 2 Cost
Health Program Associate	TBD	$64,184	50%	$32,092	$32,092
Accountant	TBD	$66,170	25%	$16,543	$16,543

Federal Request: $97,269

The Health Program Associate will provide oversight of the grant at the state and local level, including personnel management, project implementation, governance and evaluation. The Health Program Associate will ensure the coordination, integration and alignment of efforts among federal and state agencies and stakeholders in the public and private sector, and will serve as liaison to Epidemiologist and Accountant. The Health Program Associate will oversee all activities funded under the Communities Putting Prevention to Work funding. The position will be split funded between the State Supplemental and the State-coordinated Community awards. This position will manage the implementation efforts needed to ensure progress across all components sufficient to enable the MAPPS initiatives to have the expected impact.

The accountant is responsible for stimulus funding financial reporting including reviewing preliminary budget, assisting program staff and providing technical assistance to compile and plan annual stimulus funding budget and financial reporting of the stimulus funds. In addition, the Accountant will monitor the financial progress of the funding through periodic reporting and ensure program compliance with budgetary limitations and funding restrictions. The Accountant efforts will be split between both Communities Putting Prevention to Work – half of the time will be on the state supplemental while the other half will be for the community pieces.

B. FRINGE BENEFITS:

Position	Name	Annual Salary/ Rate	%	Year 1 Cost	Year 2 Cost
Health Program Associate	TBD	$32,092	63.49	$20,375	$20,375
Accountant	TBD	$16,543	63.49	$10,503	$10,503

Federal Request: $61,756

Components that comprise the fringe benefit rate include medical insurance, FIC, Worker's Compensation, disability, and retirement/pension. The State of Connecticut established rate for this fiscal year is 63.49%, equaling $30,878 for salaries per year.

C. INDIRECT COST RATE:

Position	Name	Annual Salary/ Rate	%	Year 1 Cost	Year 2 Cost
Health Program Associate	TBD	$32,092	36.2	$11,617	$11,617
Accountant	TBD	$16,543	36.2	$5,988	$5,988

Federal Request: $35,211

The negotiated indirect cost rate is 36.2%, equaling $17,606 for salaries per year.

D. TRAVEL:

Purpose of Travel	Location	Item	Rate	Year 1 Cost	Year 2 Cost
Program Staff will attend one 2-day CDC meeting	Atlanta, GA	Airfare	$500/flight x 2 persons	$500	$500
		Ground Transportation	$50/person	$50	$50
		Hotel	$250/night x 2 nights	$500	$500
		Per Diem	$50/day x 2 days	$100	$100
Local Travel		Mileage	$0.56/mile x 1160miles/year	$650	$650

Federal Request: $3,600

Travel includes the cost of a staff member to attend an annual 2 two-day mandatory grantee meetings in Atlanta, Georgia relating to both programmatic as well as evaluation & surveillance based conference. Local travel is needed to attend onsite visits to contractors to ensure compliance with program implementation and provide technical assistance. DPH will offer to host meetings to keep the cost of mileage to a minimum and state vehicles will be used when available. The total annual cost for in-state and out-of-state travel equals $1,800.

E. SUPPLIES

General office supplies will not be requested under this supplemental funding. Office support will be obtained through the community portion of the CPPW award.

F. CONTRACTS

Initiative	Contractor	Service	Year 1 Cost	Year 2 Cost
Nutrition	Connecticut Breastfeeding Coalition	Hospital Consultation and Training for the Breastfeeding Initiative	$70,900	$70,900
Physical Activity	YMCA	Project Coordination with school districts and recruitment of PE teachers. Design a subsidized after-school program for middle and high school age youth.	$65,000	$55,000
Tobacco	Mobilize Against Tobacco for Connecticut's Health (MATCH Coalition)	Provide technical assistance and training, public education, promotion and grassroots organization to the Tobacco Initiative	$60,600	$60,600
	Cronin and Company, Inc.	Public education and media campaign	$20,000	$20,000
	Professional Data Analysis, Inc.	Process and outcome evaluation	$14,710	$14,710
Annual Total			**$231,210**	**$221,210**

Federal Request: $452,420

Nutrition:

The Connecticut Breastfeeding Coalition (CBC) will be selected through a sole source request with a period of performance of January 1, 2010 through December 31, 2011. Accountability will be through monthly reports, ongoing communications, site visits, and the process evaluation. The CBC will provide administrative support for this initiative and will carry out the following activities: **a)** assist in the selection and notification of 10 hospitals to participate in this initiative; **b)** provide a stipend of $2,500 to each hospital upon receipt of a copy of their Letter of Intent ($25,000); **c)** coordinate with the consultation and training consultant to schedule the 2-day training sessions at each hospital and three 2-day sessions at a central-state location for a total of thirteen 2-day trainings. The three central-state trainings will include AM and PM refreshments and a bagged lunch for approximately 150 attendees. (Estimated cost: $10,000); **d)** establish and maintain a training database to document completion of training by healthcare staff; **e)** purchase supplies including a laptop; Microsoft Office Suite software; an LCD projector for us by the Hospital Consultation and Training Consultant during the grant period, training supplies including 100 3-ring binders, 1,000 double pocket folders for trainees, ten 1GB USB flash drives, 10-trifold foam core poster boards, and other supplies. **f)** Arrange for printing, photocopying of materials needed for on-site hospital consultations (reimbursing the Consultant, as necessary, for off-site copying).

The Hospital Consultation and Training Consultant will provide oversight of the Baby Friendly Connecticut Project to 10 hospitals, including project implementation, development of selection criteria, application and correspondence to all Connecticut Hospitals, on-site consultation and evaluation. The consultant will provide to educational offerings needed for Hospitals to complete Step 2 of the Baby Friendly Hospital Initiative (BFHI), train all healthcare staff in the 18 hour- 2-day training. The curriculum to support the Ten Steps to Successful Breastfeeding will be offered at each hospital and three offerings at a central-state location. This will involve 260 consultant hours to prepare and teach two 8-hour days offered 13 times in total. In addition, the consultant will offer at least 40 consultation hours to each of the ten hospitals, totaling 660 hours at $100 per hour. The 40 hours each hospital receives from the consultant will include but not limited to, as determined by the initial needs assessment, presentations to administration and other hospital personnel, attendance at BFHI committee meetings, mock surveys, administration to assess readiness, creation of action plans, and assistance with implementation, as assessed from mock survey results, development of took kit which will include but not be limited to, Baby Friendly handbook, resource guide, mock survey, questionnaires, newsletters and binders to support the Ten Step evidence. The consultant will organize the educational offerings with assistance of the BFHI Committee Chair at each hospital. Site visits will be clustered to minimize the consultant's travel time. This will necessitate 2 overnights at a hotel at $250 per night for a total of $500. In-state travel is estimated at $0.56 per mile times 500 miles for a total of $280.

Physical Activity:

The YMCA will be selected through a sole source request with a period of performance of January 1, 2010 through December 31, 2011. Accountability will be through monthly reports, ongoing communications, site visits, and the process evaluation. The YMCA will be a leading organization in the implementation of this initiative. The YMCA has a history of work on healthy living policy and environmental change with leaders in the communities across the state. The YMCA's capacity building infrastructure under Activate America provides a strong opportunity to influence policy change throughout the region. Since its inception, the YMCA has always addressed physical activity as one of its core responsibilities and mission. The Connecticut YMCAs address physical activity in all their facility locations, as well as in schools, churches and other community settings.

The YMCA alliance will work to recruit school coordinators from within local school district Physical Education staff and will be responsible for managing the record keeping, site evaluation and project implementation at local school districts related to the goal of increasing physical education graduation requirements that are to be achieved in community based settings. Budget assumes three districts in year one and seven districts in year two.

Throughout the ten local school districts, approximately 33% of the students are eligible for federal free lunch programs. The grant assumes a similar percentage of high school students will require subsidization to participate in local YMCAs and Departments of Parks and Recreation after school physical activities required to achieve additional physical education requirements for graduation from high school. Budget allows for some additional participation in year two.

YMCAs will work with ten local town governments and school districts to implement the School Health Index, which will serve as a guidepost for local policies that require change to encourage additional physical activity among the youth target population. Stipends will be allocated to local town and school staff administrating School Health Index. These are budgeted to all be completed in year one.

Tobacco:

The MATCH Coalition is the only statewide tobacco use prevention coalition and is poised to expand work on the statewide policy and environmental changes that we are looking for. They will be selected through a sole-source agreement with a period of performance of January 1, 2010 through December 31, 2011. Accountability will be through monthly reports, ongoing communications, site visits, and the process evaluation.

Cronin and Company is a state-contracted media vendor and is already working on a media and counter marketing campaign for the DPH Tobacco Use Prevention and Control Program that was awarded through a competitive process. Their period of performance will be January 1, 2010 through December 31, 2011. Accountability will be through monthly reports, ongoing communications, media affidavits, and the media evaluation.

Professional Data Analysts, Inc. (PDA) is a state contracted program evaluator that was selected through a competitive process. Their contract will be expanded to provide additional process and outcome evaluation for the tobacco components funded through ARRA, including policy implementation and media effectiveness. Their period of performance will be January 1, 2010 through December 31, 2011. Accountability will be through monthly reports, ongoing communications, and final reports.

TWO YEAR BUDGET SUMMARY COMPONENT I:
Statewide Policy and Environmental Change

Category	Federal Request YEAR 1	Federal Request YEAR 2	TOTAL
Personnel (HPA .5 FTE /Account .25 FTE)	$48,635	$48,635	$97,269
Fringe Benefits	$30,878	$30,878	$61,756
Indirect Cost Rate	$17,606	$17,606	$35,211
Travel	$1,800	$1,800	$3.600
Supplies	$0	$0	$0
Contractual	$231,210	$221,210	$452,420
TOTAL	**$330,128**	**$320,128**	**$650,256**

COMPONENT III

Tobacco Cessation through Quit lines and Media

BUDGET JUSTIFICATION

A. PERSONNEL:

Position	Name	Annual Salary/ Rate	FTE	Year 1 Cost	Year 2 Cost
Accountant	TBD	$66,170	25%	$16,543	$16,543

Federal Request: $33,085

The accountant is responsible for stimulus funding financial reporting including reviewing preliminary budget, assisting program staff and providing technical assistance to compile and plan annual stimulus funding budget and financial reporting of the stimulus funds. In addition, the Accountant will monitor the financial progress of the funding through periodic reporting and ensure program compliance with budgetary limitations and funding restrictions. The Accountant efforts will be split between both Communities Putting Prevention to Work – half of the time will be on the state supplemental while the other half will be for the community pieces.

B. FRINGE BENEFITS:

Position	Name	Annual Salary/ Rate	%	Year 1 Cost	Year 2 Cost
Accountant	TBD	$16,543	63.49	$10,503	$10,503

Federal Request: $21.006

Components that comprise the fringe benefit rate include medical insurance, FIC, Worker's Compensation, disability, and retirement/pension. The State of Connecticut established rate for this fiscal year is 63.49%, equaling $10,503 for salaries per year.

C. INDIRECT COST RATE:

Position	Name	Annual Salary/ Rate	%	Year 1 Cost	Year 2 Cost
Accountant	TBD	$16,543	36.2	$5,988	$5,988

Federal Request: $11,977

The negotiated indirect cost rate is 36.2%, equaling $5,988 for salaries per year.

D. TRAVEL:

Purpose of Travel	Location	Item	Rate	Year 1 Cost	Year 2 Cost
Program Staff will attend one 2-day CDC meeting	Atlanta, GA	Airfare	$500/flight x 2 persons	$500	$500
		Ground Transportation	$50/person	$50	$50
		Hotel	$250/night x 2 nights	$500	$500
		Per Diem	$50/day x 2 days	$100	$100
Local Travel		Mileage	$0.56/mile x 1160miles/year	$650	$650

Federal Request: $3,600

Travel includes the cost of a staff member to attend an annual 2 two-day mandatory grantee meetings in Atlanta, Georgia relating to both programmatic as well as evaluation & surveillance based conference. Local travel is needed to attend onsite visits to contractors to ensure compliance with program implementation and provide technical assistance. DPH will offer to host meetings to keep the cost of mileage to a minimum and state vehicles will be used when available. The total annual cost for in-state and out-of-state travel equals $1,800.

E. SUPPLIES

General office supplies will not be requested under this supplemental funding. Office support will be obtained through the community portion of the CPPW award.

F. CONTRACTS

Initiative	Contractor	Service	Year 1 Cost	Year 2 Cost
Quitline	Free and Clear, Inc. Seattle, Washington	Expansion of Proactive Quitline Services to include 24-hour phone registration including collection of range of income, web enrollment, youth support program, pregnancy program, monthly data reports and custom race and ethnicity reports	$168,750	$168,750

Initiative	Contractor	Service	Year 1 Cost	Year 2 Cost
Media	Cronin and Company; Glastonbury, Connecticut	Public Education and Media Campaign	$87,500	$87,500
Evaluation	Professional Data Analysts, Inc. Minneapolis, Minnesota (PDA)	Quit Rate and Caller Satisfaction Evaluation; Evaluation of secondhand smoke media campaign	$26,800	$26,800
Annual Total			**$283,050**	**$283,050**

Federal Request: $566,100

Quitiline:

Name of Contractor: Free and Clear, Inc. Seattle, Washington

Method of Selection: Competitive, currently on contract with CT Department of Public Health to provide Quitline Services.
Period of Performance: January 1, 2010 – December 31, 2011

Scope of Work: Expansion of Proactive Quitline Services to include 24-hour phone registration including collection of range of income, web enrollment, youth support program, pregnancy program, monthly data reports and custom race and ethnicity reports.

Method of Accountability: Free and Clear, Inc. provides weekly and monthly reports, weekly conference calls, ongoing communications, and independent evaluation is being performed.

Itemized Budget and Justification:

Type of Service	Service Provided	Cost
Web Enrollment	Additional enrollment method for CT residents, to allow online registration rather than via phone for interested residents. Includes separate reporting	$1,500
Youth Support Program	Trained quit coaches will provide non-judgmental support to youth in either the single or multiple call programs. Includes separate reporting.	$1,500 (setup fee), $56,250 ongoing based on anticipated usage.

Pregnancy 10-Call Program	Specialized pregnancy program provides ongoing calls to pregnant women before and after delivery with successful quit tips. Includes separate reporting.	$1,500 (setup fee), $108,000 based on anticipated usage
Income Registration	CT has not previously asked registrants for their approximately income category, but will expand registration to include this to ensure the targeted outreach is reaching the low SES population.	$1,500 (setup fee), incorporated into ongoing reporting.
Custom Race and Ethnicity Report	Custom report to properly report race and ethnicity categories to ensure disparate groups that are targeted are being reached.	$1,500 (setup fee), incorporated into ongoing reporting
Mental Health Status and Other Reporting	CT has not previously asked registrants any questions regarding their mental health, but will be incorporating a question to determine if our newly funded cessation programs and outreach efforts to this population is working.	$7,500 (setup fee), $10,000 additional cost over the two-year period.
Additional Evaluation, Data Analysis and Reporting	CT will expand on the number of completed surveys required for Year One, additional reporting requirements, and data analysis will be needed in order to meet the reporting requirements of ARRA. Additional coordination with PDA, Inc. will be provided.	$20,250
Additional Quitline Volume	Based upon the additional outreach and media coverage for Quitline services, Quitline calls for basic services will increase along with the number of callers $25 per registration, $45 per follow-up call x average of 3 calls per participant. Estimated increase of an additional 800 quitline callers. [$25/participant x 800 new participants= $20,000] [$45/follow-up call x 3 calls x 800 new participants =$108,000]	$128,000

Media:

Name of Contract: Cronin and Company; Glastonbury, Connecticut
Method of Selection: Competitive process through State-contracted media vendor list
Period of Performance: January 1, 2010 through December 31, 2011
Scope of Work: Public Education and Media Campaign
Method of Accountability: Monthly reports, ongoing communications, media affidavits and evaluation

Itemized Budget and Justification:

Type of Service	Service Provided	Cost
Media Campaign	Television, Radio, Out-of-Home Ads Media Campaign: "Eliminate Exposure to Secondhand Smoke…"	$175,000

Evaluation:

Name of Contractor: Professional Data Analysts, Inc. Minneapolis, Minnesota (PDA)
Method of Selection: State contracted program evaluator.
Period of Performance: January 1, 2010 through December 31, 2011

Scope of Work: Quit Rate and Caller Satisfaction Evaluation; Evaluation of secondhand smoke media campaign.
Method of Accountability: Monthly reports, ongoing communications, and final report.

Itemized Budget and Justification:

Personnel:	Service Provided	Cost
Senior Evaluator	$110 per hour x 120 hours	$13,200
Associate Evaluator	$55 per hour x 300 hours	$16,500
Statistician	$110 per hour x 24 hours	$2,640
Surveyors	YEAR 2: (amount of additional surveys needed over those already being performed by Free and Clear, Inc. 388 surveys x $50/survey = $19,400	$19,400
Travel	One on-site visit to Connecticut: Airfare: 1 staff x $ 500 roundtrip airfare = $500 Per Diem: $35 per diem x 3 days = $105 Hotel: $125/ night x 2 nights = $250 Car Rental: $35/day for 3 days = $105	$960

TWO YEAR BUDGET SUMMARY COMPONENT III:
Tobacco Cessation through Quit lines and Media

Category	Federal Request YEAR 1	Federal Request YEAR 2	TOTAL
Personnel (Acc.25 FTE)	$16,543	$16,543	$33,085
Fringe Benefits	$10,503	$10,503	$21,006
Indirect Cost Rate	$5,988	$5,988	$11,977
Travel	$1,800	$1,800	$3,600
Supplies	$0	$0	$0
Contractual	$283,050	$283,050	$566,100
TOTAL	**$317,884**	**$317,884**	**$635,767**

CPPW STATE SUPPLEMENTAL BUDGET FOR COMPONENT 1 and COMPONENT 3

Category	**Component 1**	**Component 3**	**TOTAL**
Personnel	$97,269	$33,085	$130,354
Fringe Benefits	$61,756	$21,006	$82,762
Indirect Cost Rate	$35,211	$11,977	$47,188
Travel	$3,600	$3,600	$7,200
Supplies	$0	$0	$0
Contractual	$452,420	$566,100	$1,018,520
TOTAL	**$650,256**	**$635,767**	**$1,286,024**

OMB Approval No. 4040-0006
Expiration Date 07/30/2010

BUDGET INFORMATION - Non-Construction Programs

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. COMPONENT I: STATEWIDE POLICY AND ENVIRONMENTAL CHANGE	93.723	$	$	$ 650,256.00	$ 0.00	$ 650,256.00
2. COMPONENT III: TOBACCO CESSATION THROUGH QUITLINES AND MEDIA	93.723			635,768.00	0.00	635,768.00
3.						
4.						
5. Totals		$	$	$ 1,286,024.00	$	$ 1,286,024.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY (1) COMPONENT I: STATEWIDE POLICY AND ENVIRONMENTAL CHANGE	(2) COMPONENT III: TOBACCO CESSATION THROUGH QUITLINES AND MEDIA	(3)	(4)	Total (5)
a. Personnel	$ 97,269.00	$ 33,085.00	$	$	$ 130,354.00
b. Fringe Benefits	61,756.00	21,006.00			82,762.00
c. Travel	3,600.00	3,600.00			7,200.00
d. Equipment	0.00	0.00			
e. Supplies	0.00	0.00			
f. Contractual	452,420.00	566,100.00			1,018,520.00
g. Construction	0.00	0.00			
h. Other	0.00	0.00			
i. Total Direct Charges (sum of 6a-6h)	615,045.00	623,791.00			$ 1,238,836.00
j. Indirect Charges	35,211.00	11,977.00			$ 47,188.00
k. TOTALS (sum of 6i and 6j)	$ 650,256.00	$ 635,768.00	$	$	$ 1,286,024.00
7. Program Income	$ 0.00	$ 0.00	$	$	$

Appendix 1
Implementation Work Plan: Component I

Breastfeeding Initiative

Goal 1: All Connecticut hospitals will achieve Baby-Friendly Hospital Initiative (BFHI) designation.		
Objectives	**Action Steps**	**Evaluation Strategies, Key Output and Outcome Measures**
By the end of the project period: 1. 10 CT hospitals will implement at least 5 of the *Ten Steps to Successful Breastfeeding for Hospitals*, including training of health care staff and the establishment of an outpatient breastfeeding support group. 2. All birthing facilities in CT will be offered resources to assist them in achieving BFHI designation.	1. Establish criteria for hospital selection. 2. Invite non-BFHI facilities to apply to participate in *Baby Friendly CT*. 3. Select 10 hospitals and conduct on-site 18-hr training at each. 4. Conduct three additional 18-hr trainings. 5. Provide 40 hours of consultation to each participating hospital. 6. Share lessons learned, materials, and expertise with remaining hospitals.	1. Selection criteria. 2. DPH letter and application. 3. Training schedule, attendance & evaluation. 4. Training schedule, attendance & evaluation. 5. Consultation log, tool kits and documentation verifying *Steps* achieved. 6. Documentation of meeting(s), webinar(s), and/or teleconference(s).
Milestones for Implementation	**Key Partners**	**Data Source for Collection of Measures**
1. Selection criteria will be established within 3 months of notice of award. 1. Applications will be sent within 4 months. 2. 6 trainings will be held in Year 1. 3. 7 trainings will be held in Year 2. 4. Half of consultations will occur in Year 1 with the second half in Year 2. 5. Present at meetings, teleconferences, and/or webinars in Year 2.	1. Connecticut Breastfeeding Coalition	1. A database will be established and maintained by the partnering organization to document training, consultation, and achievement of BFHI *Steps* by the 10 hospitals.

Appendix 1
Implementation Work Plan: Component I

Physical Activity Initiative

Goal 2: Adopt policies to increase physical activity among middle and high school students through community-based organizations.		
Objectives	**Action Steps**	**Evaluation Strategies, Key Output and Outcome Measures**
1. By the end of the project period: 2. Identify key leaders to organize a summit and create both state and local policy teams. 3. A working mission statement is in place. 4. In the first two years a minimum of 29 communities in CT will implement their physical activity action plan to offering structured physical activity for at least 60 minutes most days of the week. 5. Our plan for the future is that all YMCA communities will adapt this plan. 6. Low-income students – identified by the free and reduced school lunch program,– will receive subsidized YMCA memberships and/or discounts to Parks & Recreation facilities. 7. Identify the targeted children that can and will benefit from the activities in each community.	1. Conduct a statewide summit to introduce the award with all key partners in attendance. 2. Select ten communities and identify local stakeholders for the physical activity policy team. 3. Educate and mobilize the community teams. 4. Establish criteria for community selection (includes stage of readiness and strong partnerships). 5. A mission statement is developed and followed. 6. Implement approved, structured physical activity offered in CT YMCAs and Parks and Recreation sites. 7. Identify local school teacher to be the advisor and track participation at the local school. 8. Eugene Nichols and Barbara Moore will attend the School Healthy Index training in December 2009. 9. With the schools, conduct the School Health Index and develop a physical activity improvement plan. 10. Partner with schools – to identify low-income students –YMCA, and Parks & Recreation to promote physical activity in safe and sound environments by subsidized memberships and discounts to facilities. 11. Create incentives and recognitions for the children participating. 12. Promote program with PSAs and public interest	1. Statewide summit agenda and list of attendees. 2. Selection criteria. 3. Teams formed and active 4. DPH selection letter. 5. Mission statement distributed 6. Criteria established and activities selected and approved 7. Teachers recruited 8. Training on SHI conducted and tool is implemented – Eugene Nichols and Barbara Moore attend the SHI training in December 2009. 9. Same as above. 10. Identify target student population and recruit participants. 11. Local teams choose incentives and recognition criteria

8. Identify and address barriers that occurred. 9. Ensure an evaluation process is in place and utilized. 10. Clear communication and open dialogue is Key, schedule quarterly meetings	stories surrounding student's involvement. 13. Select an additional 19 communities and identify local stakeholders for the physical activity policy team. 14. Repeat #4 - #9. 15. Evaluate Phase 1 and Phase 2 data for statewide policy change. (With the schools, reassess through the School Based Health Tool and evaluate physical activity improvement plan.) 16. Schedule quarterly meetings with the 10 communities and their policy teams. The policy teams will be quarterly with experts in the field such as Roberta Friedman, Rudd Center and Mario Garcia DPH, Phil Dwyer, Public Policy and other professionals in the field.	12. PSAs and news articles 13. See above # 2 & 4. 14. Same measures as 4 - 9 15. Evaluation is conducted. 16. Allow for clear and open communication and expertise.

Next Page:

Goal 2: Adopt policies to increase physical activity among middle and high school students through community-based organizations.		
Milestones for Implementation	**Key Partners**	**Data Source for Collection of Measures**

Goal 2: Adopt policies to increase physical activity among middle and high school students through community-based organizations.		
Milestones for Implementation	**Key Partners**	**Data Source for Collection of Measures**
1. School Healthy Index training Dec 2009, additional training ongoing as needed. 2. Convene Key Partners and community Policy teams by February 2010 3. Development of a mission statement by March 2010 4. Quarterly meetings established starting in February 2010 5. Identify the target market of students with emphasis to those that are more at risk and reduced lunches February 2010 6. Creation of the physical activity and recognition action plan within first three months. 7. Development of marketing material and brochures to staff, parents, schools and children 8. Effective training and implementation in all 10-12 community locations in year one. 9. Implement in 19 additional schools in year two.	1. State Department of Education 2. Department of Public Health 3. Connecticut Association of Schools 4. American Heart Association 5. CT Parks and Recreation 6. CT Alliance of YMCAs 7. YMCA of the USA 8. Rudd Center, Yale University 9. Yale-Griffin Prevention Research Center 10. Collins and Associates 11. Mid State Medical Center 12. CT YMCA Public Policy Committee 13. CT Afterschool Network	1. School Healthy Index Training 2. Utilization and implementation of the School Healthy Index 3. Additional surveys as recommended through partnership

Appendix 1
Implementation Work Plan: Component I

Tobacco Initiative

Goal 3: To be 100% Smoke-Free Connecticut		
Objectives	**Action Steps**	**Evaluation Strategies, Key Output and Outcome Measures**
1. To increase the number of exempted entities who adopt smoke free policies	1. Contact partners to develop strategies for successful implementation 2. Provide technical assistance and training to statewide and local community agency organizations regarding the benefits of strengthening smoke free policies within communities 3. Provide public education to build grass roots support for promoting key changes at both community and state levels 4. Promote public discussion 5. Encourage policy change to promote public health agenda. 6. Assist entities in development of enforcement protocol 7. Provide education to enforcement entities	1. Policy Adoption 2. Increased compliance 3. Survey results from training attendees
Milestones for Implementation	**Key Partners**	**Data Source for Collection of Measures**
1. Convene Key partners 2. Develop plan of action 3. Develop training and educational materials 4. Provide Training for partners 5. Provide public education 6. Policies implemented	1. MATCH Coalition 2. American Cancer Society 3. American Heart Association 4. American Lung Association of New England 5. CT Dept of Mental Health and Addiction Services 6. CT Department of Education 7. CT Department of Social Services 8. CT Business & Industry Association 9. CT Restaurant Association 10. CT Hotel and Motel owners Association	1. Department survey

Appendix 1
Implementation Work Plan: Component III

Quitlines and Media

Goal 4: Expand proactive Quitline Services to increase the number of successful tobacco quitters in Connecticut		
Objectives	**Action Steps**	**Evaluation Strategies, Key Output and Outcome Measures**
1. To increase the number of hours that Quitline services are available 2. To increase the number of options available for residents to access Quitline services. 3. To increase the number of pregnant smokers who call the Quitline and successfully quit. 4. To increase the number of teenaged smokers who call the Quitline and successfully quit. 5. To increase the number of callers with mental illness or co-occurring mental illness and substance use disorders. 6. To provide materials for grassroots outreach by community and social service agencies.	1. Amend contract with Free and Clear, Inc. to increase the minimum hours of service provided. 2. Amend contract with Free and Clear, Inc. to add online registration option. 3. Amend contract with Free and Clear, Inc. to add the additional services for specialty services to pregnant women 4. Amend contract with Free and Clear, Inc. to add the additional services for specialty services for teenaged callers. 5. Ensure contracted cessation providers targeting the mentally ill population discuss the availability of quitline services with their clients. 6. Amend contract with Free and Clear, Inc. to add additional data collection items of mental illness or addiction status. 7. Promote the additional Quitline services to raise awareness of their availability. 8. Distribute materials to community and social service organizations to reach additional residents with information regarding expanded Quitline services.	1. Monthly reports of program activity 2. Survey Results 3. Increased number of callers to the Quitline

Goal 4: Expand proactive Quitline Services to increase the number of successful tobacco quitters in Connecticut		
Milestones for Implementation	**Key Partners**	**Data Source for Collection of Measures**
1. Amend Free and Clear Contract to include additional services. 2. Develop specialized materials for additional groups. 3. Implement expanded services. 4. Notify health care providers and community health centers regarding expanded services 5. Record and report on caller data.	1. Free and Clear, Inc. 2. Community Health Centers 3. Health Care Providers 4. Community Tobacco Consortium members 5. Community, Health and Social Service agencies including local health departments, Regional Action Councils, MATCH coalition members and tobacco listserv.	1. Weekly and Monthly reports 2. Behavioral Risk Factor Surveillance System 3. Youth Tobacco Survey

Goal 5: To expand the Connecticut media campaign to drive additional callers to the Quitline.		
Objectives	**Action Steps**	**Evaluation Strategies, Key Output and Outcome Measures**
1. Air ads that focus on exposure to secondhand smoke to motivate additional smokers to quit.	1. Review current ads available for use through the CDC Media Campaign Resource Center 2. Select appropriate and available ads for use in Connecticut 3. Secure use of ads. 4. Develop media placement plan 5. Purchase appropriate air time to reach targeted groups 6. Run ads 7. Verify affidavits	1. Increased number of callers to the Quitline 2. Caller surveys (how did you hear about the Quitline?)
Milestones for Implementation	**Key Partners**	**Data Source for Collection of Measures**
1. Selection of appropriate ads 2. Affidavits received to document airtime.	1. Cronin and Company (Media Contractor) 2. Free and Clear, Inc.	1. Weekly and Monthly reporting 2. Surveys

Goal 6: To evaluate the expanded components to verify an expansion in the number of callers to the Quitline.		
Objectives	**Action Steps**	**Evaluation Strategies, Key Output and Outcome Measures**
1. Collect appropriate caller data to determine source of increased calls. 2. Increase number of completed satisfaction and quit rate surveys of quitline callers at 7 months. 3. Evaluate media expansion component to document effectiveness of the intervention.	1. Review data fields to assure adequate data collection is in process. 2. Amend contract with Professional Data Analysts, Inc. to increase number of surveys collected from Connecticut Quitline callers. 3. Amend contract with Professional Data Analysts, Inc. for additional evaluation component of the secondhand smoke campaign.	1. Monthly reports 2. Survey Results 3. Increased number of callers to the Quitline
Milestones for Implementation	**Key Partners**	**Data Source for Collection of Measures**
1. Program evaluation contract expanded to include new items.	1. Cronin and Company (Media Contractor) 2. Free and Clear, Inc. 3. Professional Data Analysts, Inc.	1. Media Affidavits 2. Caller Surveys

Appendix 2

Letters of Support

M. Jodi Rell
GOVERNOR
STATE OF CONNECTICUT

November 19, 2009

Janet Collins, Ph.D
Director, National Center for Chronic Disease Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Hwy, NE, MS K-40
Atlanta, GA 30341-3717

Dr. Collins:

I write today in support of the Connecticut Department of Public Health's application to the Centers for Disease Control and Prevention for the ARRA funding opportunity entitled, *Communities Putting Prevention to Work: State Supplemental Funding for Healthy Communities, Tobacco Diabetes Prevention and Control, and Behavioral Risk Factor Surveillance System.*

The Connecticut Department of Public Health (DPH) is the lead agency to request funds promoting sustainable chronic disease interventions that will optimize the health and well being of our residents. Connecticut has a long-standing history in supporting chronic disease prevention efforts. The most effective community health promotion programs are comprehensive and based on multiple intervention strategies that include environment and policy change. The State of Connecticut is committed to effective policy and environmental changes that have a positive impact for our residents.

The DPH proposes the following activities:

- Nutrition: To increase the number of Connecticut hospitals with Baby-Friendly Hospital Initiative designation. Ten Connecticut hospitals will implement, at a minimum, five of the Ten Steps to Successful Breastfeeding promoted by Baby-Friendly USA. This includes the training of healthcare staff and the establishment of an outpatient breastfeeding support group. In addition, all birthing facilities in Connecticut will be offered resources to assist them in achieving Baby-Friendly Hospital Initiative designation.
- Tobacco Use Prevention and Control: To partner with community stakeholders statewide to promote the benefits of tobacco free communities and limit youth exposure to tobacco advertising. This includes the training of staff and contractors to support the initiative.

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- Tobacco Use Prevention and Control: To expand Quitline services to include special interventions for pregnant women, youth, and those with additional underlying chronic conditions. The DPH will expand the Quitline evaluation, as well as conduct a second- and third-hand smoke media campaign.
- Physical Activity and Obesity: To increase physical activity before, during, and after school through a partnership with the Connecticut Alliance of YMCAs. Connecticut's YMCAs serve all 169 towns throughout the state with 61 accessible locations. Through this partnership, the DPH will work on a collaborative engagement with state and local leaders to empower communities with proven physical activity and obesity reduction strategies.

I support the Connecticut Department of Public Health's commitment to working to improve the health and well being of Connecticut's residents. I look forward to using this opportunity to promote and sustain healthy lifestyles for our Connecticut residents.

Sincerely,

M. Jodi Rell

M. Jodi Rell
Governor

STATE OF CONNECTICUT

DEPARTMENT OF EDUCATION

November 20, 2009

Janet Collins, Ph.D., Director
National Center for Chronic Disease Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Hwy, NE, MS K-40
Atlanta, GA 30341-3717

Dear Dr. Collins:

The Connecticut State Department of Education (CSDE) is pleased to support the Connecticut Department of Public Health's (DPH) application to the Centers for Disease Control and Prevention's (CDC) American Recovery and Reinvestment Act (ARRA) supplemental funding for *Healthy Communities, Tobacco Control, Diabetes Prevention and Control and Behavioral Risk Factor Surveillance System*. This application will continue to reduce chronic disease morbidity and its related risk factors, as well as reduce premature death associated with chronic disease.

The CSDE has a long and successful history of collaborating with DPH on initiatives to improve the health and education of children and adolescents. For the past several years, the CSDE has had a Memorandum of Interagency Agreement (MOA) with the DPH to administer the Connecticut School Health Survey (CSHS) to Connecticut middle and high school students. The CSHS is comprised of the Youth Tobacco component and the Youth Risk Behavioral component. This survey enables the gathering of representative data on health risk behaviors that contribute to the leading causes of death, disability and social problems among youth. Last year, the CSDE partnered with DPH to provide technical assistance and professional development to school communities supporting the use of data driven and research-based policies and programs to promote the delivery of comprehensive sexuality education. This interagency collaboration has recently been strengthened through the successful award of the CDC Cooperative Agreement 801: *Improving Health and Education Outcomes for Young People* to promote coordinated school health. These collaborations greatly enhance our efforts to reduce health and educational disparities in our State.

The CSDE is committed to continuing this very productive working relationship with DPH to promote lifelong healthy behaviors and academic achievement in children and adolescents. Therefore, the Department strongly supports the *Healthy Communities, Tobacco Control, Diabetes Prevention and Control, and Behavioral Risk Factor Surveillance System* grant application.

Sincerely,

George A. Coleman
Deputy Commissioner of Education

GAC:kbs

CONNECTICUT
Breastfeeding Coalition

November 12, 2009

J. Robert Galvin, MD, MPH, MBA
Commissioner
Connecticut Department of Public Health
410 Capitol Avenue, MS #13 COM
Hartford, CT 06134

Dear Dr. Galvin,

As the Chair-Elect of the Connecticut Breastfeeding Coalition (CBC), I am writing in support of the Connecticut Department of Public Health's (DPH) proposal for the CDC's funding opportunity entitled, "Communities Putting Prevention to Work."

As you may know, the CBC was convened by DPH in 2001 and continues to further our mission "to improve Connecticut's health by working collaboratively to protect, promote, and support breastfeeding." The CBC's priorities include professional education, social marketing and outreach to CT employers to create breastfeeding friendly worksites. Since its inception, the CBC has sponsored five conferences for health care providers, participated in the 2006 and 2008 National Conference of State Breastfeeding Coalitions sponsored by the US Breastfeeding Committee, developed and distributed educational materials, and was one of the first 10 states in the US to receive a federal HRSA grant to pilot "The Business Case for Breastfeeding" worksite initiative.

The importance of the proposed grant toward improving the health of the citizens of Connecticut cannot be overstated. Increasing breastfeeding rates has significant potential to improve the health of infants and mothers across the lifespan by promoting optimal health and decreasing risks of both infectious and chronic disease. Research abroad as well as in the US has shown that breastfeeding rates improve significantly with the implementation of the Baby Friendly Hospital Initiative. This important policy change has also demonstrated marked improvement in breastfeeding rates among women and infants at greatest risk for early breastfeeding cessation.

The CBC has a history of working collaboratively with DPH, most recently with the marketing campaign and in the past through the co-sponsorship of conferences to educate health care professionals. On behalf of the CBC Board of Directors, I offer our

full support of this grant and look forward to the opportunity to assist with the implementation of the Baby Friendly Connecticut breastfeeding initiative. I am confident that the DPH approach to promoting policy change and improvements in maternity care practices will have a positive impact statewide toward advancing public health across the lifespan and eliminating health disparities. Please feel free to contact me with any questions.

Sincerely,

Michele K. Griswold BS, RN, IBCLC
Chair-Elect
Connecticut Breastfeeding Coalition
860-510-2599
griswoldm1@southernct.edu

CHA CONNECTICUT HOSPITAL ASSOCIATION

November 17, 2009

J. Robert Galvin, M.D.
Commissioner
Connecticut Department of Public Health
410 Capitol Avenue, MS #13 COM
Hartford, CT 06134

Dear Commissioner Galvin:

The Connecticut Hospital Association (CHA) is pleased to support the Connecticut Department of Public Health's (DPH) proposal for the CDC's funding opportunity entitled, "Communities Putting Prevention to Work."

CHA's mission is to advance the health of individuals and communities by leading, representing, and serving hospitals and their related healthcare organizations that are accountable to the community and committed to health improvement. CHA achieves its mission via a variety of avenues including supporting policies and initiatives that assist hospitals to improve health within their communities. It is in this regard that the Association expresses its support for the Baby Friendly Hospital Initiative component of the above mentioned proposal for the CDC's funding opportunity.

The plan to provide funding, training, and consultation to hospitals in their pursuit of Baby Friendly designation is a good approach toward advancing a key health improvement initiative in Connecticut's communities that can effect long lasting positive outcomes within the state.

Sincerely,

Elizabeth Beaudin

Elizabeth Beaudin, Ph.D.
Director, Nursing and Workforce Initiatives

ETB:mb
By e-mail

S T A T E O F C O N N E C T I C U T

DEPARTMENT OF EDUCATION

Bureau of Health / Nutrition, Family Services
and Adult Education

November 16, 2009

J. Robert Galvin, MD, MPH, MBA
Commissioner
Connecticut Department of Public Health
410 Capitol Avenue, MS #13 COM
Hartford, CT 06134

Dear Dr. Galvin,

I am writing in support of the Connecticut Department of Public Health's (DPH) proposal for the CDC's funding opportunity entitled, "Communities Putting Prevention to Work." The State Department of Education (SDE), for which I am the Comprehensive School Health & Physical Education Consultant, has a major interest in programs that improve the health and welfare of Connecticut's young people.

I am pleased to represent the SDE on the CT Statewide Pioneering Healthier Communities (Statewide PHC) which engages multiple community sectors in an effort to prevent and address the nation's leading causes of death. Unhealthy eating and physical inactivity are associated with an increased risk of a number of chronic health conditions including heart disease, stroke, diabetes, some cancers as well as being overweight and obese. More than one-third of U.S. adults are obese. In addition the percentage of young people who are overweight has tripled over the last 25 years. The challenge clearly reaches far beyond public health and thus requires all stakeholders to engage in a national effort to build healthy communities.

Connecticut's youth obesity data are alarming, and it is imperative that key organizations come together to address solutions. This is a serious and worthwhile issue for the schools and youth service organizations, the Department of Public Health, and many other partners to address in the most comprehensive manner possible. We agree that the population-based approach is necessary to achieve behavior change in youth and sustain healthy behavior into adulthood throughout our state. Please feel free to contact me with any questions.

Sincerely,

Jean Mee

Jean Mee, Ed.D.
Comprehensive School Health & Physical Education Consultant
860-807-2016
jean.mee@ct.gov

Connecticut
After School
Network

November 9, 2009

J. Robert Galvin, MD, MPH, MBA
Commissioner
Connecticut Department of Public Health
410 Capitol Avenue, MS #13 COM
Hartford, CT 06134

Dear Dr. Galvin,

As the Executive Director of the Connecticut Afterschool Network, I am writing in support of the Connecticut Department of Public Health's (DPH) proposal for the CDC's funding opportunity entitled, "Communities Putting Prevention to Work."

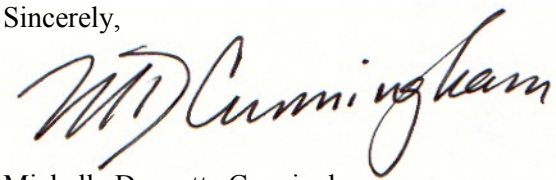
The vision of the Connecticut After School Network is that every Connecticut child and youth will have the opportunity to participate in high quality, affordable after school programs. We believe the work described in this proposal is essential to help improve the well-being of the young people in our state, making use of after school hours to help improve health outcomes.

The Connecticut After School Network is a partnership of individuals and organizations working to make this vision a reality. Network partners recognize that quality after school programs provide positive child and youth development while meeting their community's needs for keeping kids safe and families productively employed. We understand that families need a wide range of interesting and age-appropriate choices for when their children are not in school.

Since Connecticut has been identified and has the sad distinction of being one of the states with the worst statistics on youth obesity, it is imperative that key organizations come together to address solutions. Clearly, this is a serious and worthwhile issue for the schools and youth service organizations such as the YMCA and Department of Public Health to address in the most comprehensive manner. Together, with the YMCA and Parks and Recreation we can make a difference.

I am confident that the DPH approach to advancing appropriate population-based approach is necessary to achieve behavior change in youth and sustain healthy behavior into adulthood throughout our community and throughout the entire state. Please feel free to contact me with any questions.

Sincerely,



Michelle Doucette Cunningham
Executive Director

Making the Connections for After School in Connecticut

12 Melrose Avenue • Branford, Connecticut 06405
860-730-2942 • fax 860-783-5800
www.ctafterschoolnetwork.org • email mdc@ctafterschoolnetwork.org

We build strong kids, strong families, strong communities

Greater Waterbury YMCA
136 West Main Street
Waterbury, CT 06702
203-754-2181 Fax: 203-754-9095
www.waterburyymca.org

November 9, 2009

J. Robert Galvin, MD, MPH, MBA
Commissioner
Connecticut Department of Public Health
410 Capitol Avenue, MS #13 COM
Hartford, CT 06134

Dear Dr. Galvin,

As the *title* of *name of organization*, I am writing in support of the Connecticut Department of Public Health's (DPH) proposal for the CDC's funding opportunity entitled, "Communities Putting Prevention to Work."

YMCAs respond to critical social needs by drawing on their collective strength as one of America's largest not-for-profit community service organizations. Through a variety of programs and services focused on the holistic development of children and youth, family strengthening, and health and well-being for all, YMCAs unite men, women and children of all ages, faiths, backgrounds, abilities and income levels. From urban areas to small towns, YMCAs have proudly served America's communities for nearly 160 years by building healthy spirit, mind and body for all.

The CT State YMCA Alliance is comprised of 23 corporate YMCAs at 61 locations across the state serving 80% of the population in CT that live within a 10 minute radius of their respective local YMCAs. Six YMCAs in Connecticut are among the 16 YMCAs nationwide to participate in the Statewide PHC initiative funded by the Robert Wood Johnson Foundation. This grant allows the YMCA and the community which they serve a tremendous chance to influence policy, environmental and systems change within our state and increase opportunities for healthier lifestyles which includes childhood obesity.

Statewide Pioneering Healthier Communities (Statewide PHC) engages multiple community sectors in an effort to prevent and address the nation's leading causes of death. Unhealthy eating and physical inactivity are associated with an increased risk of a number of chronic health conditions including heart disease, stroke, diabetes, some cancers as well as being overweight and obese. More than one-third of U.S. adults are obese. In addition the percentage of young people who are overweight has tripled over the last 25 years. The challenge clearly reaches far beyond public health and thus requires all stakeholders to engage in this national effort to build healthy communities.

The movement's initiatives are comprised of leaders from all sectors, focused on evaluating and leveraging their resources and putting together community action plans to promote healthy lifestyles for their residents.

I am confident that the DPH approach to advancing appropriate population-based approach is necessary to achieve behavior change in youth and sustain healthy behavior into adulthood throughout our community and throughout the entire state. Please feel free to contact me with any questions. jorourke@waterburyymca.org

Sincerely,

James M. O'Rourke
Executive Director

Central Connecticut
Coast YMCA®

Corporate Offices
1240 Chapel Street
New Haven, CT 06511
Phone: 203 777-YMCA
Fax: 203 773-8950

Branches
Bridgeport YMCA
850 Park Avenue
Bridgeport, CT 06604

Fairfield YMCA
841 Old Post Road
Fairfield, CT 06824

Hamden/
North Haven YMCA
1605 Sherman Avenue
Hamden, CT 06514

Lakewood-
Trumbull YMCA
20 Trefoil Drive
Trumbull, CT 06611

Woodruff Family YMCA
631 Orange Avenue
Milford, CT 06460

New Haven
Youth Center YMCA
50 Howe Street
New Haven, CT 06511

Ralphola Taylor
Community Center YMCA
790 Central Avenue
Bridgeport, CT 06607

Alpha Community Services
387 Clinton Avenue
Bridgeport, CT 06605

Soundview Family YMCA
622 East Main Street
Branford, CT 06405

Stratford YMCA
3045 Main Street
Stratford, CT 06615

YMCA Camp Hi Rock
162 East Street
Mt. Washington, MA 01258

Branch Extension Sites
Camp Mt. Laurel
Crescent Apartments
Fairfield Apartments
Families-In-Transition
Hamden Program Center
Harrison Apartments
Jessica Tandy Homes
PALS Child Care Centers
Trumbull Program Center

November 12, 2009

J. Robert Galvin, MD, MPH, MBA
Commissioner
Connecticut Department of Public Health
410 Capitol Avenue, MS #13 COM
Hartford, CT 06134

Dear Dr. Galvin,

As the President and CEO of the Central Connecticut Coast YMCA, I am writing in support of the Connecticut Department of Public Health's (DPH) proposal for the CDC's funding opportunity entitled, "Communities Putting Prevention to Work."

YMCAs respond to critical social needs by drawing on their collective strength as one of America's largest not-for-profit community service organizations. Through a variety of programs and services focused on the holistic development of children and youth, family strengthening, and health and well-being for all, YMCAs unite men, women and children of all ages, faiths, backgrounds, abilities and income levels. From urban areas to small towns, YMCAs have proudly served America's communities for nearly 160 years by building healthy spirit, mind and body for all.

The CT State YMCA Alliance is comprised of 23 corporate YMCAs at 61 locations across the state serving 80% of the population in CT that live within a 10 minute radius of their respective local YMCAs. Our YMCA has been a Pioneering Healthier Communities YMCA since 2005. This year, six additional YMCAs in Connecticut are among the 16 YMCAs nationwide to participate in the expanded Statewide PHC initiative funded by the Robert Wood Johnson Foundation. This grant allows the YMCA and the community which they serve a tremendous chance to influence policy, environmental and systems change within our state and increase opportunities for healthier lifestyles which includes childhood obesity.

Statewide Pioneering Healthier Communities (Statewide PHC) engages multiple community sectors in an effort to prevent and address the nation's leading causes of death. Unhealthy eating and physical inactivity are associated with an increased risk of a number of chronic health conditions including heart disease, stroke, diabetes, some cancers as well as being overweight and obese. More than one-third of U.S. adults are obese. In addition the percentage of young people who are overweight has tripled over the last 25 years. The challenge clearly reaches far beyond public health and thus requires all stakeholders to engage in this national effort to build healthy communities.

The movement's initiatives are comprised of leaders from all sectors, focused on evaluating and leveraging their resources and putting together community action plans to promote healthy lifestyles for their residents.

I am confident that the DPH approach to advancing appropriate population-based approach is necessary to achieve behavior change in youth and sustain healthy behavior into adulthood throughout our community and throughout the entire state. Please feel free to contact me with any questions.

Sincerely,

Philip J. Dwyer
President/CEO

We build strong kids,
strong families,
strong communities.

November 9, 2009

J. Robert Galvin, MD, MPH, MBA
Commissioner
Connecticut Department of Public Health
410 Capitol Avenue, MS #13 COM
Hartford, CT 06134

Debra M. Goll
Board President

Pat Morrissey
Executive Director

Dear Dr. Galvin,

As the executive director of the Darien Community YMCA, I am writing in support of the Connecticut Department of Public Health's (DPH) proposal for the CDC's funding opportunity entitled, "Communities Putting Prevention to Work."

YMCAs respond to critical social needs by drawing on their collective strength as one of America's largest not-for-profit community service organizations. Through a variety of programs and services focused on the holistic development of children and youth, family strengthening, and health and well-being for all, YMCAs unite men, women and children of all ages, faiths, backgrounds, abilities and income levels. From urban areas to small towns, YMCAs have proudly served America's communities for nearly 160 years by building healthy spirit, mind and body for all.

The CT State Alliance is comprised of 61 YMCAs that service 80% of the population in CT that live within a 10 minute radius of their respective local YMCAs. We were of the one of 16 YMCAs to participate in the Statewide PHC initiative funded by the Robert Wood Johnson Foundation. This grant allows the YMCA and the community of which they serve a tremendous chance to influence policy, environmental and systems change within our state and increase opportunities for healthier lifestyles which includes childhood obesity.

Statewide Pioneering Healthier Communities (Statewide PHC) engages multiple community sectors in an effort to prevent and address the nation's leading causes of death. Unhealthy eating and physical inactivity are associated with an increased risk of a number of chronic health conditions including heart disease, stroke, diabetes, some cancers as well as being overweight and obese. More than one-third of U.S. adults are obese. In addition the percentage of young people who are overweight has tripled over the last 25 years. The challenge clearly reaches far beyond public health and thus requires all stakeholders to engage in this national effort to build healthy communities.

The movement's initiatives are comprised of leaders from all sectors, focused on evaluating and leveraging their resources and putting together community action plans to promote healthy lifestyles for their residents.

Darien YMCA
2420 Post Road
Darien, CT 06820-5669

Tel. (203) 655-8228
Fax (203) 656-2267
www.darien-ymca.org

I am confident that the DPH approach to advancing appropriate population-based approach is necessary to achieve behavior change in youth and sustain healthy behavior into adulthood throughout our community and throughout the entire state. Please feel free to contact me with any questions.

Sincerely,

Pat Morrissey
Executive Director
Darien Community YMCA
(203) 655-8228, ext 302
pm@darien-ymca.org

YMCA of Greater Hartford

November 9, 2009

J. Robert Galvin, MD, MPH, MBA
Commissioner
Connecticut Department of Public Health
410 Capitol Avenue, MS #13 COM
Hartford, CT 06134

Dear Dr. Galvin,

As the President and CEO of the YMCA of Greater Hartford, I am writing in support of the Connecticut Department of Public Health's (DPH) proposal for the CDC's funding opportunity entitled, "Communities Putting Prevention to Work."

YMCAs respond to critical social needs by drawing on their collective strength as one of America's largest not-for-profit community service organizations. Through a variety of programs and services focused on the holistic development of children and youth, family strengthening, and health and well-being for all, YMCAs unite men, women and children of all ages, faiths, backgrounds, abilities and income levels. From urban areas to small towns, YMCAs have proudly served America's communities for nearly 160 years by building healthy spirit, mind and body for all.

The CT State YMCA Alliance is comprised of 23 corporate YMCAs at 61 locations across the state serving 80% of the population in CT that live within a 10 minute radius of their respective local YMCAs. Six YMCAs in Connecticut are among the 16 YMCAs nationwide to participate in the Statewide PHC initiative funded by the Robert Wood Johnson Foundation. This grant allows the YMCA and the community which they serve a tremendous chance to influence policy, environmental and systems change within our state and increase opportunities for healthier lifestyles which includes childhood obesity.

Statewide Pioneering Healthier Communities (Statewide PHC) engages multiple community sectors in an effort to prevent and address the nation's leading causes of death. Unhealthy eating and physical inactivity are associated with an increased risk of a number of chronic health conditions including heart disease, stroke, diabetes, some cancers as well as being overweight and obese. More than one-third of U.S. adults are obese. In addition the percentage of young people who are overweight has tripled over the last 25 years. The challenge clearly reaches far beyond public health and thus requires all stakeholders to engage in this national effort to build healthy communities.

Metropolitan Offices
241 Trumbull Street
Hartford, CT 06103
860 522-9622
fax 860 522-1314
www.ghymca.org

YMCA of Greater Hartford

The movement's initiatives are comprised of leaders from all sectors, focused on evaluating and leveraging their resources and putting together community action plans to promote healthy lifestyles for their residents.

I am confident that the DPH approach to advancing appropriate population-based approach is necessary to achieve behavior change in youth and sustain healthy behavior into adulthood throughout our community and throughout the entire state. Please feel free to contact me with any questions.

Sincerely,

Kevin Washington
President and CEO
YMCA of Greater Hartford
860-522-9622 (p) 860-522-1314 (f)
Kevin.washington@ghymca.org

We build strong kids, strong families, strong communities.

Southington-Cheshire Community YMCAs

November 9, 2009

J. Robert Galvin, MD, MPH, MBA
Commissioner
Connecticut Department of Public Health
410 Capitol Avenue, MS #13 COM
Hartford, CT 06134

Dear Dr. Galvin,

As the Executive Director of the Southington-Cheshire Community YMCAs, I am writing in support of the Connecticut Department of Public Health's (DPH) proposal for the CDC's funding opportunity entitled, "Communities Putting Prevention to Work."

YMCAs respond to critical social needs by drawing on their collective strength as one of America's largest not-for-profit community service organizations. Through a variety of programs and services focused on the holistic development of children and youth, family strengthening, and health and well-being for all, YMCAs unite men, women and children of all ages, faiths, backgrounds, abilities and income levels. From urban areas to small towns, YMCAs have proudly served America's communities for nearly 160 years by building healthy spirit, mind and body for all.

The CT State YMCA Alliance is comprised of 23 corporate YMCAs at 61 locations across the state serving 80% of the population in CT that live within a 10 minute radius of their respective local YMCAs. Six YMCAs in Connecticut are among the 16 YMCAs nationwide to participate in the Statewide PHC initiative funded by the Robert Wood Johnson Foundation. This grant allows the YMCA and the community which they serve a tremendous chance to influence policy, environmental and systems change within our state and increase opportunities for healthier lifestyles which includes childhood obesity.

Statewide Pioneering Healthier Communities (Statewide PHC) engages multiple community sectors in an effort to prevent and address the nation's leading causes of death. Unhealthy eating and physical inactivity are associated with an increased risk of a number of chronic health conditions including heart disease, stroke, diabetes, some cancers as well as being overweight and obese. More than one-third of U.S. adults are

obese. In addition the percentage of young people who are overweight has tripled over the last 25 years. The challenge clearly reaches far beyond public health and thus requires all stakeholders to engage in this national effort to build healthy communities.

The movement's initiatives are comprised of leaders from all sectors, focused on evaluating and leveraging their resources and putting together community action plans to promote healthy lifestyles for their residents.

I am confident that the DPH approach to advancing appropriate population-based approach is necessary to achieve behavior change in youth and sustain healthy behavior into adulthood throughout our community and throughout the entire state. Please feel free to contact me with any questions.

Sincerely,

John

John Myers
Executive Director
Southington-Cheshire Community YMCAs
Work phone: 860.621.8737
Fax Number: 860.628.6499
Email address: jmyers@southington-cheshireymca.org

WALLINGFORD PUBLIC SCHOOLS

142 HOPE HILL ROAD
WALLINGFORD, CONNECTICUT 06492
TELEPHONE (203) 949-6500
FAX # (203) 949-6550

SUPERINTENDENT
Salvatore F. Menzo, Ed.D
Ext. 6509

ASSISTANT SUPERINTENDENT
Martin J. Taylor – Instruction
Ext. 6506

HUMAN RESOURCE DIRECTOR
Jan Guarino-Rhone
Ext. 6508

November 11, 2009

J. Robert Galvin, MD, MPH, MBA
Commissioner
Connecticut Department of Public Health
410 Capitol Avenue, MS #13 COM
Hartford, CT 06134

Dear Dr. Galvin,

As the Superintendent of the Wallingford Public School District, I am writing in support of the Connecticut Department of Public Health's (DPH) proposal for the CDC's funding opportunity entitled, "Communities Putting Prevention to Work."

The YMCA in Wallingford is critical in addressing the health and well-being of children and families. Recently, six YMCAs in Connecticut were among the 16 YMCAs nationwide to be selected to participate in the Statewide PHC initiative funded by the Robert Wood Johnson Foundation. This grant allows the YMCA and the community which they serve a tremendous chance to influence policy, environmental and systems change within our state and increase opportunities for healthier lifestyles which includes childhood obesity. I am pleased to be one of the committee members focused on evaluating and leveraging their resources and putting together community action plans to promote healthy lifestyles for their residents.

As the Superintendent of a diverse school district, I see the value of the YMCA programming and look forward to the outcomes of the Statewide PHC initiative funded by the Robert Wood Johnson Foundation. In turn, I am confident that the DPH's efforts in advancing a population-based approach are necessary to achieve behavior change in youth and sustain healthy behavior into adulthood throughout our community and throughout the entire state. Please feel free to contact me with any questions.

Sincerely,

Salvatore F. Menzo, Ed.D.
Superintendent

SFM/ean

The Wallingford Family YMCA.
We build strong kids,
strong families, strong communities.
81 South Elm Street, Wallingford, Connecticut 06492 • 203 / 269-4497 • 203 / 284-0572 (Fax)

November 9, 2009

J. Robert Galvin, MD, MPH, MBA
Commissioner
Connecticut Department of Public Health
410 Capitol Avenue, MS #13 COM
Hartford, CT 06134

Dear Dr. Galvin,

As the Executive Director of Wallingford Family YMCA, I am writing in support of the Connecticut Department of Public Health's (DPH) proposal for the CDC's funding opportunity entitled, "Communities Putting Prevention to Work."

YMCAs respond to critical social needs by drawing on their collective strength as one of America's largest not-for-profit community service organizations. Through a variety of programs and services focused on the holistic development of children and youth, family strengthening, and health and well-being for all, YMCAs unite men, women and children of all ages, faiths, backgrounds, abilities and income levels. From urban areas to small towns, YMCAs have proudly served America's communities for nearly 160 years by building healthy spirit, mind and body for all.

The CT State YMCA Alliance is comprised of 23 corporate YMCAs at 61 locations across the state serving 80% of the population in CT that live within a 10 minute radius of their respective local YMCAs. Six YMCAs in Connecticut are among the 16 YMCAs nationwide to participate in the Statewide PHC initiative funded by the Robert Wood Johnson Foundation. This grant allows the YMCA and the community which they serve a tremendous chance to influence policy, environmental and systems change within our state and increase opportunities for healthier lifestyles which includes childhood obesity.

Statewide Pioneering Healthier Communities (Statewide PHC) engages multiple community sectors in an effort to prevent and address the nation's leading causes of death. Unhealthy eating and physical inactivity are associated with an increased risk of a number of chronic health conditions including heart disease, stroke, diabetes, some cancers as well as being overweight and obese. More than one-third of U.S. adults are obese. In addition the percentage of young people who are overweight has tripled over the last 25 years. The challenge clearly reaches far beyond public health and thus requires all stakeholders to engage in this national effort to build healthy communities.

The movement's initiatives are comprised of leaders from all sectors, focused on evaluating and leveraging their resources and putting together community action plans to promote healthy lifestyles for their residents.

I am confident that the DPH approach to advancing appropriate population-based approach is necessary to achieve behavior change in youth and sustain healthy behavior into adulthood throughout our community and throughout the entire state. Please feel free to contact me with any questions.

Sincerely,

Sean Doherty
Executive Director
Wallingford Family YMCA
(203) 269-4497 ext. 29
www.wallingfordymca.org

Wilton Family

November 9, 2009

J. Robert Galvin, MD, MPH, MBA
Commissioner
Connecticut Department of Public Health
410 Capitol Avenue, MS #13 COM
Hartford, CT 06134

Dear Dr. Galvin,

As the Executive Director of The Wilton Family YMCA, I am writing in support of the Connecticut Department of Public Health's (DPH) proposal for the CDC's funding opportunity entitled, "Communities Putting Prevention to Work."

YMCAs respond to critical social needs by drawing on their collective strength as one of America's largest not-for-profit community service organizations. Through a variety of programs and services focused on the holistic development of children and youth, family strengthening, and health and well-being for all, YMCAs unite men, women and children of all ages, faiths, backgrounds, abilities and income levels. From urban areas to small towns, YMCAs have proudly served America's communities for nearly 160 years by building healthy spirit, mind and body for all.

The CT State YMCA Alliance is comprised of 23 corporate YMCAs at 61 locations across the state serving 80% of the population in CT that live within a 10 minute radius of their respective local YMCAs. Six YMCAs in Connecticut are among the 16 YMCAs nationwide to participate in the Statewide PHC initiative funded by the Robert Wood Johnson Foundation. This grant allows the YMCA and the community which they serve a tremendous chance to influence policy, environmental and systems change within our state and increase opportunities for healthier lifestyles which includes childhood obesity.

Statewide Pioneering Healthier Communities (Statewide PHC) engages multiple community sectors in an effort to prevent and address the nation's leading causes of death. Unhealthy eating and physical inactivity are associated with an increased risk of a number of chronic health conditions including heart disease, stroke, diabetes, some cancers as well as being overweight and obese. More than one-third of U.S. adults are obese. In addition the percentage of young people who are overweight has tripled over the last 25 years. The challenge clearly reaches far beyond public health and thus requires all stakeholders to engage in this national effort to build healthy communities.

The movement's initiatives are comprised of leaders from all sectors, focused on evaluating and leveraging their resources and putting together community action plans to promote healthy lifestyles for their residents.

I am confident that the DPH approach to advancing appropriate population-based approach is necessary to achieve behavior change in youth and sustain healthy behavior into adulthood throughout our community and throughout the entire state. Please feel free to contact me with any questions.

Sincerely,

Robert C. McDowell

Robert C. McDowell
Executive Director
Wilton Family YMCA
203-762-8384 EXT 280
203-762-9819 fax
bmcdowell@wiltonymca.org

The Wilton Family Y is a charitable organization dedicated to promoting healthy lifestyles and positive values by offering a broad range of health enhancing, recreational and social programs affordable and accessible to all people in our community

MATCH
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Protecting Connecticut's Health

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November 19, 2009

J. Robert Galvin, MD, MPH, MBA
Commissioner
Connecticut Department of Public Health
410 Capitol Avenue, MS #13 COM
Hartford, CT 06134-0308

Dear Dr. Galvin:

As Chairman of the MATCH Coalition (Mobilize Against Tobacco for Connecticut's Health), I am writing in support of the Connecticut Department of Public Health's (DPH) proposal for the CDC's funding opportunity entitled, "Communities Putting Prevention to Work".

The MATCH Coalition, formed in 1995, is the recognized, statewide coalition for anti-tobacco collaboration and policy change. Between 2002 and 2009, MATCH received a variety of state and private sector grants for policy change, tobacco cessation and other tobacco activities totaling over $1.1 million. MATCH and the State of Connecticut have worked together to achieve many goals including:

- Passage of a comprehensive Clean Indoor Air law in 2003 (the 4th state to go smoke free)
- Increases in tobacco excise taxes with the most recent increase to $3.00 a pack in 2009
- Restrictions in tobacco product placement and licensing
- Sponsorship and coordination of Annual Youth Rally Against Tobacco at State Capitol
- Outreach to Connecticut's faith-based community, creating the Connecticut Faith Leaders Initiative Against Tobacco, as well as ethnic minorities and Connecticut's LGBTQI community working with True Colors
- Advocacy to protect the Tobacco and Health Trust Fund and utilize it as intended. In 2008 the legislature amended the authority of the THTF Board to spend up to half ($6 million) the funds transferred to the principal in the previous year. MATCH also has a seat on the Trust Fund Board.
- Advocacy for a total smoking ban in Connecticut casinos working closely with the UAW

Connecticut has been a leader in enacting and enforcing smoke-free policies and Connecticut citizens have enjoyed and benefited from smoke-free restaurants, workplaces and even bowling alleys. However, there remain some important exemptions within the law that need to be addressed. In a recent MMWR report on secondhand smoke exposure (SSE) and current cigarette smoking, CDC reported that 6.4% of Connecticut respondents reported indoor SSE at the workplace and 5.0% exposure at home. We look forward to working with DPH to promote the benefits of smoke-free communities by providing education and training through constituent members, staff and community partners to create a grassroots demand for policy change to provide 100% smoke-free environments.

Sincerely,

Patricia J. Checko, DrPH, MPH, Chairman

Appendix 3

Recommended Courses	Community Based Alternatives
Comprehensive Health Education	It is assumed this course requirement will be achieved by taking courses offered during the normal school hours. However, selected students, who struggle to meet the recommended 60 minutes per day within the regular school day could be offered community based coursework.
Physical Education	The YMCA would provide opportunities for students to increase their daily physical activity and report those activities to a designated district teacher to achieve the increased graduation requirements.
Capstone Experience	Work with student advisors to design a special project that reflects a students personal interest in the lifestyle choices needed to live a healthy and balanced life. The project would demonstrate research skills and the ability to communicate (written & oral) their learning's to the public.
Career & Life Skills electives	High school students who struggle to meet recommended 60 minutes. within the regular high school time frame could be given opportunities to complete the requirements through participating in approved tutorial/credit recovery options in community based settings offered through one, or several, partners.
Open Electives	