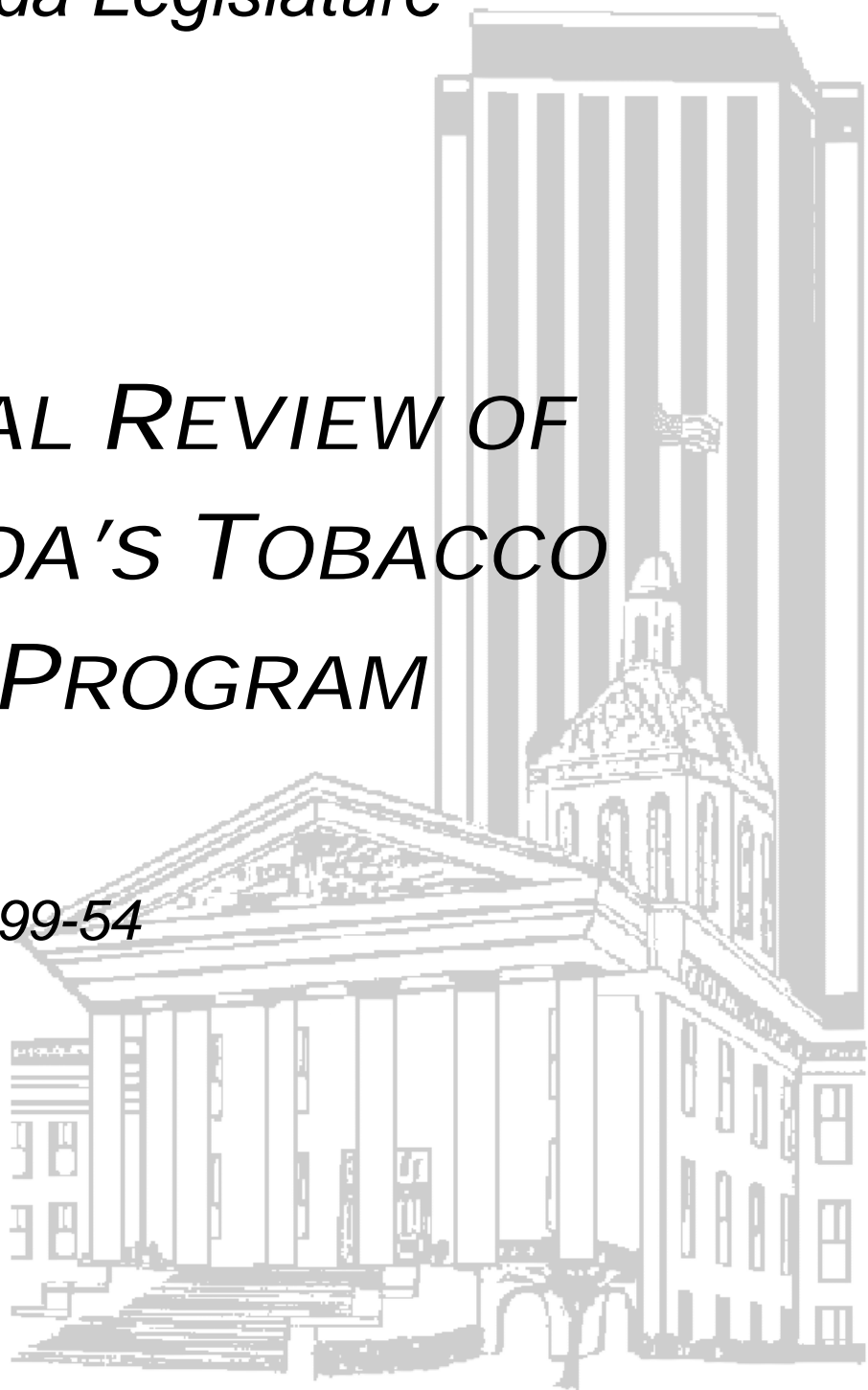


*The Florida Legislature*

*SPECIAL REVIEW OF  
FLORIDA'S TOBACCO  
PILOT PROGRAM*

*Report No. 99-54  
May 2000*

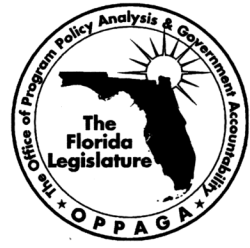


*Jointly conducted by the Auditor General  
and the Office of Program Policy Analysis  
and Government Accountability*





# The Florida Legislature



May 2000

The President of the Senate,  
the Speaker of the House of Representatives,  
and the Joint Legislative Auditing Committee

Both the Auditor General and the Director of OPPAGA directed that a review be made of Florida's Tobacco Pilot Program. The results of this joint review are presented to you in this report. This review was conducted by Lisa Norman, Marcia Maheu, Wade Melton, and Jennifer Johnson.

We wish to express our appreciation to the staff of the Department of Health for their assistance.

Sincerely,

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# *Special Review of Florida's Tobacco Pilot Program*

## *General Conclusions*

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Florida's Tobacco Pilot Program is new, and preliminary data about its impacts are encouraging. However, it is uncertain whether substantial declines in smoking among middle school youth will be sustained over time as they enter adulthood. To more fully assess the Program's impact on youth smoking, longitudinal data are needed.

To ensure that the Program is operating efficiently, future evaluations need to provide more information on each component. Furthermore, the Program needs to re-examine the evaluation methodologies currently being used to ensure that the evaluations produce useful information. Finally, the Department should use the evaluation results to create a prioritized listing of activities that could be supported at various funding levels.

In addition, the Pilot Program should use competitive and objective methodologies to select contractors to the greatest extent possible. In instances in which this is not practical, documentation should be maintained to evidence the rationale for non-competitive selection. Furthermore, the Department should continue its efforts to enhance its policies and procedures for contract development and ensure that contract deliverables and standards are appropriately linked to the performance evaluation process.

Based on the success of the Pilot Program as indicated by the preliminary data and the outcomes achieved by other states, the Legislature should consider extending the Pilot Program's tobacco prevention efforts for a period of time, such as two or three years, and provide a recurring budget during this period.

The Secretary of the Department of Health provided a written response to our preliminary report. In his response the secretary stated ". . . most of the issues identified in the report are in the process of being addressed or resolved." See Appendix B, page 16, for the response.





# *Special Review of Florida's Tobacco Pilot Program*

## *Purpose*

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This report provides information to the Legislature about the implementation and status of Florida's Tobacco Pilot Program from its inception through February 29, 2000. Staff from the Auditor General's Office and the Office of Program Policy Analysis and Government Accountability worked together to conduct the review and develop the report. We specifically reviewed the following:

- the Pilot Program's progress in helping prevent and reduce tobacco use by youth;
- the Program's evaluation and research component;
- the procedures and processes Program administrators used for contractor selection, contract specifications, and contract monitoring; and
- a sample of Program expenditures to determine whether they related to the Program's mission to reduce youth use of tobacco products.

In addition, to assess future directions for the Program, we reviewed literature and conducted interviews with Department staff and officials from other states and the federal Centers for Disease Control and Prevention (CDC) Office of Smoking and Health. In performing our review, we considered the experimental nature of the Pilot Program and nontraditional approaches needed to appeal to the youth target market. Our comments relating to program performance are based on interim data collected by the Program and its evaluators. Final evaluations for the Pilot Program will not be completed until the 2000-01 fiscal year.

## *Background*

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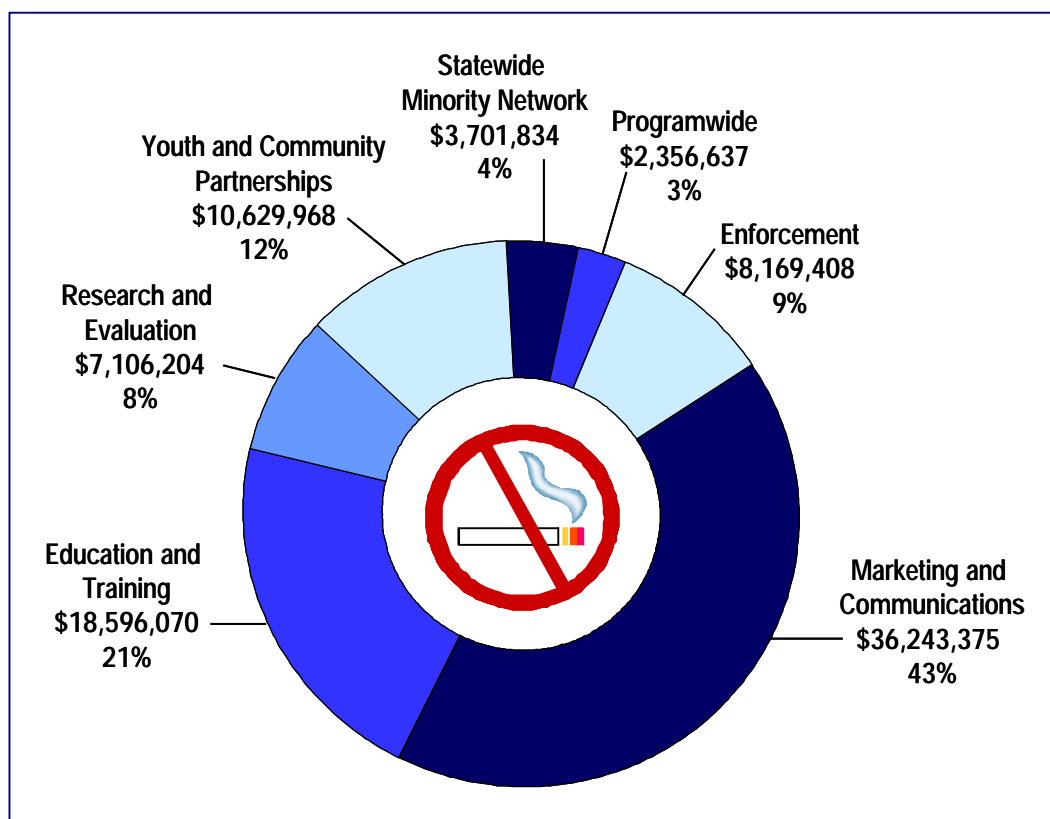
Florida's Tobacco Pilot Program was created in early 1998 using proceeds from the 1997 legal settlement between the State of Florida and tobacco manufacturers and other defendants. One of the provisions of the settlement agreement required an initial payment of \$200 million to fund

a pilot program aimed at specifically reducing the use of tobacco products by persons under the age of 18 years. Pursuant to the agreement, the pilot program was to last for a 24-month period and funds were to be used for general enforcement, media, educational, and other programs directed at underage users or potential underage users of tobacco products.

The Pilot Program initially operated under the auspices of the Executive Office of the Governor as a partnership among the Departments of Health, Education, and Business and Professional Regulation. From the Program's inception until July 1, 1999, much of the Program's direction came from the Governor's Office. On July 1, 1999, general responsibility for administering the Pilot Program was placed with the Florida Department of Health's Division of Health Awareness and Tobacco.

As of December 31, 1999, the Pilot Program had expenditures totaling approximately \$86.8 million. The Pilot Program was primarily organized around five mutually supporting program components: marketing and communications, education and training, youth and community partnerships, enforcement, and research and evaluation. See Appendix A for more detail relating to activities performed under each component. Chart 1 provides a summary of Pilot Program expenditures through December 31, 1999.

Chart 1  
Tobacco Pilot Program Expenditures Through December 31, 1999



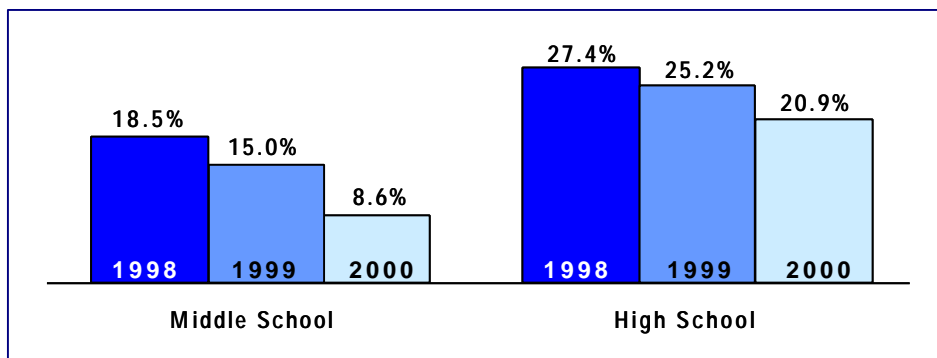
Source: Department of Health expenditure data.

## Program Results

Preliminary results from the Department's evaluations suggest that the Pilot Program is having a major impact on youth smoking. According to the Florida Youth Tobacco Survey, reported cigarette use for both middle and high school students declined significantly from 1998 to 1999 and again from 1999 to 2000 (see Chart 2). The most significant decline (a 54% reduction from 1998 to 2000) for reported cigarette use is occurring in the middle schools. This is particularly important because middle school youth are beginning to experiment with smoking, and this experimentation often leads to a lifetime of smoking. However, more longitudinal data is needed to determine what impact the Program will have on these youth as they enter adulthood.

Chart 2

Rates of Cigarette Smoking Have Declined  
for Both Middle and High School Students

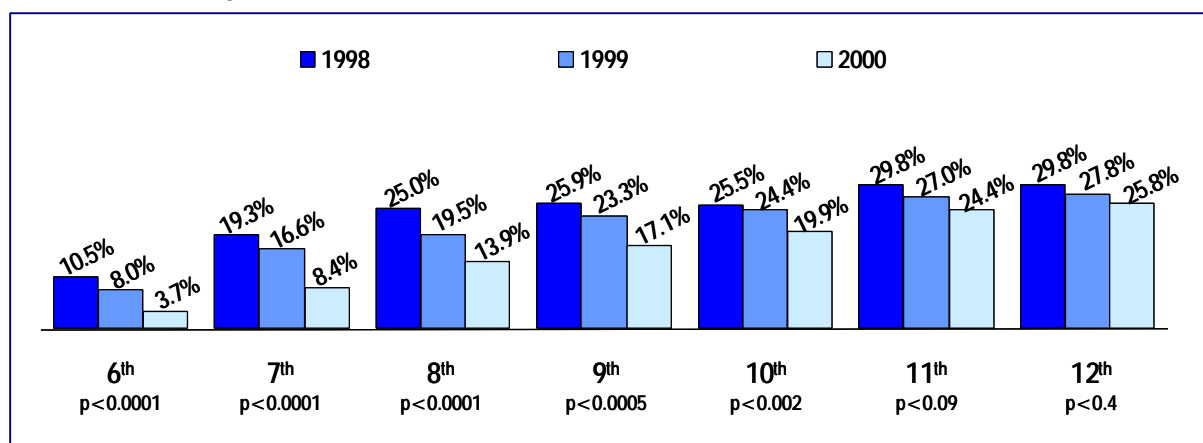


Source: Florida Youth Tobacco Survey of public school students during 1998, 1999, and 2000. Students were asked whether they had smoked a cigarette on one or more of the past 30 days.

Pilot Program data also show that declines in cigarette use are occurring at every grade level. As shown in Chart 3, the most significant declines occur in the earlier grades and the amount of decline gets smaller by the twelfth grade. Much of the Program's focus is directed at youth in grades 4 through 8. What is uncertain is how youths' attitudes will be affected in their high school years. One potential reason that the twelfth graders' smoking rates did not decline as much as the younger youth is that many of the older youth had already started smoking before the Program began. Since the Pilot Program's focus was more on prevention than cessation, these older youth were less affected.

Chart 3

The Rates of Decline for Students Who Reported Smoking Cigarettes  
in the Last 30 Days Were Greater for Students in the Earlier Grades



Note: "P" values shown are for 1999-2000 comparisons only. A p-value quantifies the likelihood that a difference observed in the sample does not represent a true population difference. A p-value  $\leq 0.05$  is considered statistically significant and indicates that there is less than a 5% probability that the difference observed in the sample data would not be found in the population the sample represents.

Source: Florida Youth Tobacco Survey of public school students during 1998, 1999, and 2000.

While the Pilot Program appears to have contributed to most of the decline in youth tobacco use, other factors have also affected these results. The Program's service activities are organized into four components: marketing and communications, education and training, youth and community partnerships, and enforcement. Although these factors worked together to produce a decline in youth tobacco use, other factors also have contributed to this decline. These other factors included price increases for tobacco products and other media campaigns. National data indicate that the prices for smoking and tobacco products increased over 50% from March 1998 to March 2000. Younger youth who are just beginning to experiment with tobacco use would be less affected by price because they are not routinely purchasing tobacco products. Literature suggests that price increases would likely have more impact on regular users of tobacco and, consequently, price increases would likely have a greater impact on older youth. However, the declines in smoking for high school students were not as large as those observed for middle school students. Thus, price alone probably did not have a great impact on middle school student smoking rates, where tobacco use declines have been the largest. With regard to other media campaigns, these efforts were underway in other states, as well as in Florida. The effects of various campaigns and other factors cannot be readily separated. However, independent evaluations clearly show that the Pilot Program's "truth" campaign achieved higher levels of awareness and response among the target group.

## *Research and Evaluation*—————

At the inception, Pilot Program staff acknowledged the importance of program evaluation by establishing a research and evaluation component. The Bureau of Epidemiology in the Department of Health worked with the Governor's Office in the spring of 1998 to help with the initial evaluation contracts. On July 1, 1999, the Bureau of Epidemiology assumed sole responsibility for the research and evaluation component.

The Program established the following four goals to support the overall mission of preventing and reducing youth tobacco use: changing attitudes, empowering youth, reducing accessibility, and reducing exposure to secondhand smoke. Pilot Program staff worked closely with the Centers for Disease Control and Prevention staff to identify a number of evaluation activities that needed to be conducted in order to establish baseline data for measuring Program impact. The Pilot Program awarded

individual contracts for these evaluation activities to six state universities. They also contracted with the University of Miami Department of Epidemiology and Public Health to serve as an evaluation coordinator for providing leadership, advice, and technical assistance to the six universities conducting evaluation projects.

In addition, two surveillance instruments, the Florida Youth Tobacco Survey (FYTS) and the Florida Anti-Tobacco Media Evaluation (FAME), have provided important information to help assess youth behavior. The Bureau of Epidemiology within the Department of Health designs and conducts the FYTS, which is designed more to measure youth behavior toward tobacco rather than the impact of any individual program component. The Pilot Program contracted with researchers at Florida State University to develop FAME, which was designed primarily to evaluate the "truth" advertising campaign. FAME results clearly demonstrate that the media campaign was effective in exposing youth to anti-tobacco messages. Evaluators reported 96% "combined confirmed awareness," which is defined as the ability to describe details of messages and comprehension of themes of at least one component of the campaign, by May 1999 survey respondents. This level of exposure could be an important means by which to increase knowledge and ultimately change attitudes and behavior.

During the early stages of the Pilot Program, the Bureau of Epidemiology realized that it did not have the staff resources to properly manage six separate university contracts for evaluation services. As evaluation projects progressed, the Department amended the University of Miami contract several times to expand the scope of the University's work to a contract-monitoring role in addition to that as evaluation coordinator. The University of Miami Research and Evaluation Coordination Center now supervises all evaluation projects, except for the two surveillance efforts, through subcontracts with the state universities. (See additional comments on contract sufficiency relating to the University of Miami contract on page 10.)

The time constraints under which staff implemented the Pilot Program inevitably resulted in planning and coordination problems. The evaluation contracts with the state universities were loosely written and often did not specify important project details, such as evaluation methodologies and budgets. This affected the quality of the baseline data obtained and subsequently its usefulness in program decision-making. For example, one study conducted to determine community leader

opinions was of limited usefulness because the sample was neither large enough nor was it a representative sample. Although these evaluations provided much information on the different program components, they did not objectively or quantifiably measure whether the Program was actually achieving program goals.

However, as the Pilot Program has matured, the Bureau of Epidemiology and the University of Miami have either made changes to improve the quality of evaluations or raised questions about how to better measure Program activities. This should help to strengthen the credibility and objectivity of evaluations. University of Miami coordinating center staff have identified weaknesses in earlier evaluations and taken steps to improve evaluations. For example, inconsistencies in survey questions have prevented comparisons of results between surveys. Other evaluations have lacked strength because sample sizes were too small. Current contracts contain more specific information regarding evaluation designs and budgets. University of Miami coordinating center staff are also trying to develop better measures of the Program goals, especially youth empowerment. Evaluations to date cite difficulty in measuring youth empowerment and its relevance in reducing or preventing tobacco use among youth.

## *Contracting for Program Services*—————

### *Background*

During the initial phases of the Pilot Program, the Office of Tobacco Control within the Executive Office of the Governor had responsibility for developing and implementing program concepts. One concept was to operate the Pilot Program primarily through Florida Department of Health contracts with other governmental and private sector entities. As of February 29, 2000, the Department had entered into 158 Pilot Program contracts totaling \$100,931,358. In this review, we examined the documentation related to the nine contracts shown below, which represented 76% of the total funds contracted.

Crispin & Porter Advertising, Inc.	Advertising, Marketing and Public Relations	\$60,000,000
Florida State University	Community Partnership Training	6,951,697
University of Miami	Program Evaluations	4,235,960
Scholastic, Inc.	Educational Materials	2,602,127
Florida International University	Wolfsonian Arts Program	1,424,004
American Lung Association	Not on Tobacco Teen Cessation Program	1,000,000
Drug-Free Youth in Town	Prevention Program	425,000
Macro International, Inc.	Florida Youth Tobacco Survey	208,000
Jones-Lundin Associates, Inc.	Advertising Contract Consulting Services	25,000

Source: Department of Health contract files.

The effective and efficient administration of contracts requires managerial controls that provide for

- the selection of contractors through a process that ensures that services are procured from qualified providers at the most economical prices,
- the development and execution of contract documents containing adequate provisions to ensure that contractors provide desired goods and services and that their performance toward achieving program goals and objectives can be measured, and
- the monitoring of contractors on an ongoing basis to ensure contractor performance and to determine whether goods and services received under the contract contributed to the accomplishment of program goals and objectives.

During the early phases of the Pilot Program, program administrators focused on getting the Pilot Program underway as quickly as possible. In such an environment, important controls are often overlooked or sacrificed and, as a result, controls related to the administration of the Pilot Program's contracts were not always sufficient. However, the Department has subsequently developed a Contract Management Workplan and began implementing changes to its contract management policies in March 2000. These new policies, if fully implemented, should improve the management of the Pilot Program and contractual management of the Department.



## Contractor Selection

The statutory guidelines for the Pilot Program provide that the Program's grant and contract process should be competitive and objective.<sup>1</sup> However, program administrators did not always use competitive processes for selecting contractors or document their rationale for using non-competitive processes. The selection of contractors through competitive processes provides assurance that potential providers are thoroughly and impartially evaluated and that contracts are awarded to qualified providers at the most economical prices. Although the use of non-competitive contractor selection processes is sometimes appropriate, the reasons for their use should be documented to ensure that the selection process is objective.

A competitive selection process was used to select the contractor for the largest contract executed under the Pilot Project. This \$60 million contract was for a professional advertising, marketing, and public relations firm to design and implement a comprehensive marketing and communications campaign aimed at reducing underage tobacco use (*The Campaign*). The contract was for the period from March 1, 1998, through February 29, 2000. The contract was extended through June 2000, while the Department prepares to issue a Request for Proposal for a new marketing, advertising, and public relations contract.

While the contractor for *The Campaign* was selected through a competitive process, the contractors for four of the eight other contracts we reviewed were not. These four contractors were Macro International, Inc., the American Lung Association, Florida International University, and Florida State University. Their contracts were for a variety of purposes such as community partnership training, program evaluation, and smoking cessation programs. The contract amounts ranged from \$208,000 to \$6,951,697.

When program administrators used non-competitive selection processes, they did not always document their rationale for doing so. In the contract documentation with the two non-university entities, program administrators maintained documentation describing their rationale for not using competitive selection processes. However, they did not document their rationale for using non-competitive selection processes in the contracts with Florida International University and Florida State

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<sup>1</sup> Section 569.21(9), *Florida Statutes*.

University. Although contracts with state universities are exempt from the competitive procurement requirements of Chapter 287, *Florida Statutes*, they are not exempt from the statutory guidelines for the Pilot Program. Therefore, we believe that the rationale for selecting these contractors should have been documented to provide support for using a non-competitive selection process.

## *Contract Sufficiency*

While the Pilot Program contracts generally contained statements describing their broad goals, they did not always clearly define the goods and services to be provided, the specific objectives desired, or the quantifiable standards the Department would use to evaluate the success of the contract. To ensure that contractors provide effective and efficient goods and services that meet program goals, contracts should sufficiently define the deliverables to be received and include measures of expected outputs and outcomes. The statutory guidelines for the Pilot Program provide that potential contractors be informed that performance measures will be required in all Pilot Program contracts and grants.<sup>2</sup>

Six of the nine contracts we reviewed did not contain provisions that clearly defined the specific objectives of the contract, the goods and services to be provided, or the criteria that would be used to measure contract performance. The two contracts with the least specific objectives, deliverables, and standards were the contracts with Florida State University for Community Partnership Training and the University of Miami for Program Evaluations. The Florida State University contract was amended three times, adding services to be provided and increasing the contract amount from \$5,350,000, to \$6,951,697. The University of Miami contract was amended four times, increasing the number of deliverables from 8 to 50 and the contract amount from \$118,318 to \$4,235,960. Even after the amendments, these contracts, as well as the contracts with Florida International University; Scholastic, Inc.; the American Lung Association; and Drug-Free Youth in Town, did not define standards against which performance could be measured.

The absence of clearly defined contract objectives and deliverables lessens a contract manager's ability to effectively monitor the contract. The absence of quantifiable performance standards limits the Department's

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<sup>2</sup> Section 569.21(10), *Florida Statutes*.

ability to evaluate contractor performance and determine the extent to which program goals and objectives are met.

## *Contract Monitoring*

For all nine contracts we reviewed, the Department had assigned contract managers to monitor the contractors through ongoing negotiations and discussions, reviews of deliverables, and pre-audits of invoices and related documents. Effective contract administration includes monitoring and evaluation to ensure that required goods and services are provided efficiently and effectively and meet project objectives. However, the Department did not always make effective use of available monitoring information.

For example, as part of the services provided for *The Campaign*, the contractor scheduled commercials to be aired by television and radio networks. From the inception of the Pilot Program through December 31, 1999, the Department paid approximately \$15.6 million for television and radio airtime. By the end of April 1999, the Department had received two independent media audit reports covering four major media markets (Miami, Orlando, Tampa, and Jacksonville) for April, May, and June 1998. These audits questioned \$595,405 of the costs that the contractor billed for airtime. These costs represented 36% of the \$1.6 million budgeted for airtime in the four media markets during that quarter. The questioned costs were disputed by the contractor and Department management indicated in April 2000 that the findings can be reasonably explained to their satisfaction. However, given the materiality and nature of the questioned costs, obtaining additional audits covering additional markets and periods would have been an effective means for ensuring that purchased airtime was received. The Department did not obtain additional audits of network invoices.

In addition, the Department has not developed a system for inventorying property that contractors purchase or develop with state funds. For example, *the Campaign* contract specified that the Department would own all property acquired with contract funds, including audiotapes, videotapes, slogans, trademarks, and logos. However, the Department does not have an inventory listing all of this property. A subcontractor for *The Campaign* maintains a warehouse containing promotional items the Department acquired as a result of the contract. The subcontractor noted an inventory shortage in February 2000 and, according to Department

staff, they are attempting to determine whether this shortage is due to bookkeeping errors or to missing property.

## *Pilot Program Expenditures* —————

Expenditures of the Pilot Program should support the Program's mission to reduce youth use of tobacco products. We reviewed 536 expenditure vouchers totaling \$38,746,559. The expenditures reviewed are composed of the items noted below.

- All payments to *The Campaign* (totaling \$36,807,411)
- Promotional items such as hats, T-shirts, backpacks, sweat suits, water bottles and anti-tobacco messages and events such as puppet shows, Students Working Against Tobacco (SWAT) summer bowling leagues, and a mock funeral for Joe Camel (totaling \$476,561)
- Travel expenses for non-state employees (totaling \$85,411)
- Computers for Pilot Program staff located at County Health Departments (totaling \$1,053,869)
- Printing expenses (totaling \$89,495)
- Educational materials (totaling \$233,812)

We also reviewed salaries and benefits and travel expenditures totaling \$1,079,820 for a sample of 10 state employees who worked on the Pilot Program through December 31, 1999. The vouchers for all of these expenditures contained documentation supporting their use for the Pilot Program in achieving its mission to reduce use of tobacco products by persons aged 18 or younger.

## *Future Directions* —————

Data collected by other states implementing programs to reduce tobacco use show that such programs can be effective. These states can demonstrate that their increased funding and more aggressive anti-tobacco programs do contribute to reducing tobacco use. For example, from 1989 through 1993 California had the largest and most aggressive tobacco control program in the nation, and it showed a singular decline in cigarette consumption that was 50% greater than the national average. A recent evaluation of the Massachusetts tobacco control program showed a 15% decline in adult smoking, compared to very little change nationally. States that were part of the American Stop Smoking Intervention Study

(ASSIST) showed a 7% aggregate reduction in smoking compared to non-ASSIST states, excluding California and Massachusetts. This is strong evidence that state programs can affect tobacco use.

Florida's Tobacco Pilot Program is new and preliminary data about its impacts are encouraging. However, it is uncertain whether substantial declines in smoking among middle school youth will be sustained over time as the youth enter adulthood. To more fully assess the Program's impact on youth smoking, more longitudinal data are needed.

Florida's Pilot Program has many components. Studies have shown all the components, if implemented in an effective manner, can reduce tobacco consumption. Further, literature suggests that a comprehensive approach provides a greater impact than the sum of the individual components. However, to ensure that the Program is operating efficiently, program evaluations need to provide more information on each component.

To improve the Pilot Program's evaluation system, Department administrators and University of Miami coordinating center staff should re-examine the evaluation methodologies currently being used to ensure that the evaluations produce useful information. The Department and the University should decide whether better continuity across evaluations is needed or whether to continue evaluations with existing inconsistencies to keep compatibility with original baseline information. Issues of sampling methodologies need to be resolved, particularly as to sample frequency and size. Conducting some evaluations less frequently, such as every other year, may provide adequate information for decision-makers, while some studies may need to be conducted on a more frequent basis. In addition, the evaluations addressing overall impacts should also take into consideration the effects that prices have on tobacco product consumption. Finally, the Department should use the evaluation results to create a prioritized listing of activities that should be supported at various funding levels.

Based on the success of the Pilot Program as indicated by the preliminary data and the outcomes achieved by other states, the Legislature should consider extending the Pilot Program's tobacco prevention efforts for a period of time, such as two or three years, and provide a recurring budget during this period. This should allow sufficient time to provide data to determine the success of the Pilot Program. The initial \$200 million originally set aside for the Pilot Program will likely be exhausted during the next two fiscal years.

The Legislature should also consider whether the mission of the Program should be broadened to include adults. The current Program appears to be effective in helping reduce tobacco use among middle school youth, but is not targeted at adults who compose the majority of persons who smoke and who would likely incur the highest tobacco-related health care costs. If the Legislature decides to expand the Program's mission, the Program's goals would need to be revised, and effective ways of evaluating the attainment of this broader mission would need to be developed. Expanded Program goals could include providing more emphasis on changing adult attitudes about tobacco use, promoting cessation, and reducing exposure to secondhand smoke. In addition, the Department should consider dropping the current goal of youth empowerment for two reasons. First, not all individuals agree on what youth empowerment means. Second, it is difficult to measure youth empowerment or how it relates to tobacco use.

As previously noted, the Department has developed a Contract Management Workplan that included additional training of contract managers and implementation of additional controls related to ensuring that contracts include quantifiable deliverables and performance measures. For future contracts, the Department should use competitive and objective methodologies to select Pilot Program contractors. In instances in which such methodologies are not practical, documentation should be maintained to evidence the rationale for non-competitive selection. Furthermore, the Department should continue its efforts to enhance its policies and procedures for contract development and ensure that contract deliverables and standards are appropriately linked to the performance evaluation process. Finally, Department staff should assess whether additional media audits are needed.

# *Appendix A*

## *Components of the Florida Tobacco Pilot Program*

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- **Enforcement's** mission is to reduce the availability and accessibility of tobacco products to youth by providing education about Florida's tobacco laws to a broad audience—including youth, retailers, educators, and law enforcement—and by supporting tobacco enforcement effort throughout the state. The Enforcement section consists of employees and agents of the Division of Alcoholic Beverages and Tobacco within the Department of Business and Professional Regulation.
- The **Education and Training** component promotes local collaboration among community partnerships, voluntary agencies, schools, professional organizations, and colleges and universities to focus on tobacco prevention education for kindergarten through twelfth grade. The goal is to make a variety of tobacco prevention strategies available to educators and students.
- The **Marketing and Communications** component implemented advertisements for billboards, radio, and television about the tobacco industry, the dangers of tobacco use, and the dangers of secondhand smoke through the "truth" advertising campaign during the first year of the pilot program. Additionally, many events were staged locally and statewide to encourage youth participation and convey the "truth" message.
- **Youth and Community Partnerships** initiate programs and activities in each of Florida's 67 counties to prevent and control tobacco use by youth. Community partnerships included county youth leaders, minority representatives, school professionals, health care providers, businesses, civic groups, and voluntary health organizations such as the American Lung Association and the American Heart Association.
- The **Research and Evaluation** component contracted for evaluations to assess progress toward accomplishing the four Program goals over time and across geographic regions and to determine whether various activities are achieving these goals.

## *Appendix B*

### *Agency Response* ---

In accordance with the provisions of s. 11.45(7)(d), F.S., a draft of our report was submitted to the Secretary of the Department of Health for his review and response.

The Secretary's written response is reprinted herein beginning on page 17.





**Jeb Bush**  
**Governor**

**Robert G. Brooks, M.D.**  
**Secretary**

May 25, 2000

Mr. John W. Turcotte  
Director  
Office of Program Policy Analysis and  
Government Accountability  
Room 312, Claude Pepper Building  
111 West Madison Street  
Tallahassee, FL 32399-1475

Dear Mr. Turcotte:

This letter is in response to your correspondence dated April 25 regarding the preliminary findings and recommendations of your joint review with the staff of the Auditor General's Office entitled *Special Review of Florida's Tobacco Pilot Program* for the period February 1, 1998 through February 29, 2000.

Most of the issues identified in the report are in the process of being addressed or resolved. We appreciate the work of your staff and will diligently pursue appropriate resolution of the findings.

If I may be of further assistance, please let me know.

Sincerely,

/s/  
Robert G. Brooks, M.D.  
Secretary, Department of Health

RGB/tt  
Enclosure

**DEPARTMENT OF HEALTH  
Responses to Auditor General / OPPAGA Preliminary Findings &  
Recommendations  
Special Review of Florida's Tobacco Pilot Program**

Page/ Paragraph #

**Research and Evaluation**

10/4 **Recommendations:**

To improve the Pilot Program's evaluation system, **Department administrators and University of Miami coordinating center staff should re-examine the evaluation methodologies currently being used to ensure that the evaluations produce useful information (1).** The Department and the University **should decide whether better continuity across evaluations is needed or whether to continue evaluations with existing inconsistencies to keep compatibility with original baseline information (2).** Issues of sampling methodologies need to be resolved, particularly as to sample frequency and size. Conducting some evaluations less frequently, such as every other year, may provide adequate information for decision-makers, while some studies may need to be conducted on a more frequent basis (2a). In addition, the evaluations addressing overall impacts should also take into consideration the effects that prices have on tobacco product consumption. Finally, **the Department should use the evaluation results to create a prioritized listing of activities that should be supported at various funding levels (3).**

Response (1):

A panel of research and evaluation experts (External Evaluation Advisory Group) is convened at least twice annually. The panel reviews all methods and results and makes specific recommendations to the University of Miami Research and Evaluating Training Center (UM TRECC) and to the department for improving or revising various components of the evaluation. It was this process that, in part, resulted in a revision of the first Community Opinion Leaders Survey to increase the sample size and improve the usefulness of the data.

Additional Comment:

Paragraph 2 on page 5 of the Special Review asserts that "evaluation contracts with the state universities were loosely written and often did not specify important project details, such as evaluation methodologies and budgets." Evaluation projects must be linked integrally to the objectives of the program. Early evaluation contracts were being developed concurrently with the development of the program, and thus were limited somewhat by the lack of specificity in the program design early in the pilot phase. Subsequent projects included in the University of Miami Tobacco Research and Evaluation Coordinating Center contract contained greater specificity in the evaluation design, sampling sizes, and budgets. All evaluation contracts were responsive

**DEPARTMENT OF HEALTH  
Responses to Auditor General / OPPAGA Preliminary Findings &  
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Special Review of Florida's Tobacco Pilot Program**

to the emerging program design, and methodologies and budgets were developed accordingly.

Response (2):

The department and its external evaluators will strive to both improve continuity of information across evaluation projects and to maintain consistency with baseline data in order to continue assessing change. Several modifications to the evaluation process are being implemented currently to ensure better consistency of information across projects and comparability of results between projects. These modifications include the use of some standardized questions in knowledge, attitude, and behavioral pre- and post-test (or intervention) assessments, geographic and temporal coordination of projects, and the use of multi-method evaluation designs wherever appropriate. Additionally, we are planning on conducting some future surveillance activities on a biannual basis, which will result in a conservation of funds and increase in the diversity of surveillance projects and data.

Response (2 a):

Sample sizes are to some extent dependent upon the response rate, which we are constantly striving to improve in, all of the projects. In the example provided in the Special Review, the original sample was designed to provide information for community leaders on local areas; it was not designed as a statewide sample. The first year of this project revealed that the sample size needed to be improved in subsequent surveys, and this was done in the 1999 version of the Community Opinion Leaders Survey conducted by Florida Research Institute, with much improvement. With regard to this recommendation and to paragraph 4 on page 10, it should be noted that a panel of research and evaluation experts (External Evaluation Advisory Group) is convened at least twice annually. The panel reviews all methods and results and makes specific recommendations to the University of Miami Research and Evaluating Training Center (UM TRECC) and to the department for improving or revising various components of the evaluation. Several modifications to the evaluation process are being implemented currently to ensure better consistency of information across projects and comparability of results between projects. These modifications include the use of some standardized questions in knowledge, attitude, and behavioral pre- and post-test (or intervention) assessments, geographic and temporal coordination of projects, and the use of multi-method evaluation designs wherever appropriate. Additionally, we are planning on conducting future surveillance activities on a biannual basis, which will result in a conservation of funds and increase in the diversity of surveillance projects.

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Response (3):

Evaluation results are used to expand and implement activities for all contracts and program initiatives. All components use evaluation data in planning for all future statewide and local activities.

**Research and Evaluation**

**Recommendations:**

- 10/5 Based on the success of the Pilot Program as indicated by the preliminary data and the outcomes achieved by other states, **the Legislature should consider extending the Pilot Program's tobacco prevention efforts for a period of time, such as two or three years, and data to determine the success of the Pilot Program (4).** The initial \$200 million originally set aside for the Pilot Program will likely be exhausted during the next two fiscal years.

Response (4):

The department concurs with this suggestion. During the past twelve months, numerous programs (examples below) with a far-reaching benefit to youth have been implemented. These programs could be enhanced if continued funding and additional time were provided:

- Turning instructional strategies into curriculum that is correlated with the Florida State Sunshine Standards which are measured through the Florida Curriculum Assessment Test
- Creation of marketing's cutting edge presentations geared toward youth
- Involvement of youth in community partnership is a unique way to implement and ensure youth prevention projects and successes

- 11/1 **The Legislature should also consider whether the mission of the Program should be broadened to include adults (5).** The current Program appears to be effective in helping reduce tobacco use among middle school youth, but is not targeted at adults who compose the majority of persons who smoke and who would likely incur the highest tobacco-related health care costs. If the Legislature decides to expand the Program's mission, the Program's goals would need to be revised, and effective ways of evaluating the attainment of the broader mission would need to be developed. Expanded Program goals could include providing more emphasis on changing adult attitudes about tobacco use, promoting cessation, and reducing exposure to secondhand smoke. In addition, **the Department should consider dropping the current goal of youth empowerment for two reasons. First, not all individuals agree on what youth empowerment means. Second, it is**

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**difficult to measure youth empowerment or how it relates to tobacco use (6).**

Response (5):

The original mission of the program was developed for the kindergarten through twelfth grade student. The mission was later enhanced to include Goal 5 for the high-risk student thereby increasing the age level beyond high school. This past year, the college initiative has been implemented for young adults through the age of 24.

Additional funding would be required for further expansion of the program beyond the college initiative.

Response (6):

The original program required youth involvement and youth empowerment which is defined by the department as helping youth to develop skills to strengthen their ability to communicate ideas, expertise, and experience to their peers in relationship to tobacco prevention. All program components have addressed youth empowerment but most especially in community partnership and marketing. All activities within Students Working Against Tobacco (SWAT) are related to youth empowerment. These activities are evaluated based on their relationship to tobacco prevention. Although youth empowerment is difficult to measure, it can be measured via qualitative elements such as focus groups and small discussion groups both chaired by a SWAT member. Youth empowerment is the backbone of the program and it is essential the concept continue due to its success in sharing the anti-tobacco message and education with youth throughout the state.

**Contractor Selection, Contract Sufficiency, Contract Monitoring**

- 11/2 As previously noted, the Department has developed a Contract Management Workplan that included additional training of contract managers and implementation of additional controls related to ensuring that contracts include quantifiable deliverables and performance measures. For future contracts, **the Department should use competitive and objective methodologies to select Pilot Program contractors. In instances in which such methodologies are not practical, documentation should be maintained to evidence the rationale for non-competitive selection (7). Furthermore, the Department should consider its efforts to enhance policies and procedures for contract development and ensure that contract deliverables and standards are appropriately linked to the performance**

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**evaluation process (8). Finally, Department staff should assess whether additional media audits are needed (9).**

Response (7): The department recognizes that fair and open competition is a basic tenet of public procurement and will continue its efforts associated with ensuring that contractual services providers are objectively and competitively selected as mandated by Section 569.21, F.S. Since the fall of 1998, the Office of Tobacco Control has documented the selection process and when appropriate, provided justification for non-competitive contract procurements. Additionally, the department is in the process of implementing a comprehensive contract management accountability work plan, which will help ensure that tobacco contract providers are competitively procured. The department will continue to reassert through training and contract managers' file reviews the need to maintain adequate selection documentation.

Response (8): As part of the department's implementation of the contract management accountability work plan, training will be enhanced to re-emphasize the importance of including quantifiable and measurable performance standards in each contract. The department has established review criteria for use during the development and routing of contracts that will evaluate and emphasize the requirement for outcome/output objectives that are measurable, realistic, quantifiable, and clearly defined. A departmental policy directive has been issued to all contract managers re-emphasizing the importance of quantifiable performance standards in contracts. The department will continue its efforts to strengthen contracting practices, including the development and inclusion of quantifiable performance standards and outcomes in all contracts.

Response (9):

It is the department's belief that no additional media audits are necessary prior to the end of the current contract that expires June 30, 2000. It is however, our intention to require at least two audits be performed under the new media/advertising contract. These independent audits would be paid for by the Office of Communications and Program Marketing. Execution of these audits will be required prior to the mid-term and end of the media/advertising.