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AUDITOR GENERAL

**STATE OF ARIZONA
OFFICE OF THE
AUDITOR GENERAL**

WILLIAM THOMSON
DEPUTY AUDITOR GENERAL

April 4, 2001

The Honorable Ken Bennett, Chairman
Joint Legislative Audit Committee

The Honorable Roberta L. Voss, Vice-Chairman
Joint Legislative Audit Committee

Dear Senator Bennett and Representative Voss:

Our Office has recently completed a 18-month follow-up with the Department of Health Services—Tobacco Education and Prevention Program regarding the implementation status of the 24 audit recommendations (including sub-parts to the recommendations) presented in the performance audit report released in April 1999 (Auditor General Report No. 99-17). As the attached grid indicates:

- 21 of the 24 recommendations have been implemented;
- 2 of the 24 recommendations are in the process of being implemented; and
- 1 recommendation, establishing a youth smoking prevalence baseline, has not been implemented.

Our Office will continue to follow-up at 6-month intervals with the Department of Health Services—Tobacco Education and Prevention Program on the implementation status of those recommendations that have not yet been fully implemented.

Sincerely,

Debbie Davenport
Auditor General

Attachment

cc: Ms. Catherine R. Eden, Director
Department of Health Services

Senate Health Committee

House Health Committee

Ms. Tami Stowe
House Research Analyst

Ms. Rebecka L. Derr
Department of Health Services

JLAC Committee Members

Mr. Jason Bezozo
Senate Research Analyst

Ms. Liana Martin
House Research Analyst

Mr. James Keane
Senate Research Analyst

**ARIZONA DEPARTMENT OF HEALTH SERVICES'
Tobacco Education and Prevention Program (TEPP)
18-month Follow-up Report to
Auditor General Report No. 99-17**

FINDING I: Improved Evaluations Are Needed To Measure Program Effectiveness

Recommendation	Status of Implementing Recommendation	Explanation for Recommendations That Have Not Been Implemented
<p>1. The Program should develop an evaluation strategy, which includes a comprehensive evaluation plan that corresponds to Program goals. As part of its evaluation strategy, the Program should:</p> <p>a. Improve planning by seeking the input of national experts and other state officials regarding ways to establish linkages between statewide and local efforts.</p> <p>b. Review and implement recommendations from the University of Arizona Cancer Center's Needs Assessment Study to help refine Program activities.</p> <p>c. Establish a youth smoking prevalence baseline; and</p> <p>d. Continue efforts to work with the CDC on implementing the new Youth Tobacco Survey.</p>	<p>Implemented at 6 months</p> <p>Implemented at 6 months</p> <p>Not Implemented</p> <p>Implemented at 6 months</p>	<p>c. The Program has not established a youth smoking prevalence baseline. The Program worked with the Centers for Disease Control to implement a Youth Tobacco Survey (YTS), but did not anticipate scheduling conflicts with the AIMS test at the high school level. Although the Program received an acceptable survey response rate at the middle school level, the overall YTS results do not have statewide applicability as a youth smoking prevalence baseline.</p>

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FINDING I: Improved Evaluations Are Needed To Measure Program Effectiveness (Cont'd)

Recommendation	Status of Implementing Recommendation	Explanation for Recommendations That Have Not Been Implemented
<p>2. The Program should improve its communication with local projects by:</p> <p>a. Seeking recommendations for improvement from local project coordinators and evaluation staff.</p> <p>b. Providing feedback to local project personnel regarding evaluation reports and requirements; and</p> <p>c. Sharing evaluation information gathered by local projects to help improve local-level evaluations.</p>	<p>Implemented at 18 months</p> <p>Implemented at 6 months</p> <p>Implemented at 6 months</p>	

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FINDING I: Improved Evaluations Are Needed To Measure Program Effectiveness (Concl'd)

Recommendation	Status of Implementing Recommendation	Explanation for Recommendations That Have Not Been Implemented
<p>3. The Program should attempt to obtain tobacco-related information from other entities, such as:</p> <ul style="list-style-type: none"> a. Tobacco consumption data from the Department of Revenue; b. Birth and death statistics from the Office of Vital Records Statistics; and c. Tobacco-related studies from the Disease Control Research Commission to help the Program meet its goals. 	<p style="text-align: center;">Implemented at 12 months</p> <p style="text-align: center;">Implemented at 12 months</p> <p style="text-align: center;">Implemented at 12 months</p>	
<p>4. The Program should continue to coordinate surveys with other entities, particularly existing school-based surveys.</p>	<p style="text-align: center;">Implemented at 12 months</p>	

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FINDING II: Program Needs To Improve Its Guidance Of Tobacco Control Efforts

Recommendation	Status of Implementing Recommendation	Explanation for Recommendations That Have Not Been Implemented
<p>1. The Program should conduct strategic planning with its advisory committee, statewide entities, and local projects, to include:</p> <p>a. Program goals and objectives;</p> <p>b. Allocation of resources; and</p> <p>c. Coordination of Program entities.</p>	<p>Implementation in Process</p> <p>Implementation In Process</p> <p>Implemented at 18 months</p>	
<p>2. The Program should establish clear policies and procedures for statewide and local projects to define responsibilities, roles, and restrictions.</p>	<p>Implemented at 12 months</p>	

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FINDING II: Program Needs To Improve Its Guidance Of Tobacco Control Efforts (Concl'd)

Recommendation	Status of Implementing Recommendation	Explanation for Recommendations That Have Not Been Implemented
3. The Program should aggressively facilitate communication among statewide entities, local projects, and schools in order to share information and coordinate resources.	Implemented at 6 months	
4. The Program should fully use the talents and experiences of its advisory committee and local projects staff to refine its activities.	Implemented at 12 months	
5. The Legislature should consider whether to continue the Tobacco Use Prevention Advisory Committee (TUPAC).	Implemented at 6 months¹	

¹ TUPAC was sunset on December 31, 1999. Governor Hull subsequently replaced TUPAC with the Advisory Council on Tobacco Prevention and Cessation.

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FINDING III: Program Does Not Monitor Administrative Costs

Recommendation	Status of Implementing Recommendation	Explanation for Recommendations That Have Not Been Implemented
<p>1. The Department of Health Services and the Program should clarify the restriction on administrative costs by:</p> <ul style="list-style-type: none"> a. Defining administrative costs; b. Differentiating between administrative costs and indirect costs; and c. Preparing guidelines for determining which specific costs should be included in the administrative cost category. 	<p style="text-align: center;">Implemented at 12 months</p> <p style="text-align: center;">Implemented at 12 months</p> <p style="text-align: center;">Implemented at 12 months</p>	
<p>2. The Program should improve its monitoring of administrative costs by establishing reporting requirements for administrative costs in its intergovernmental agreements.</p>	<p style="text-align: center;">Implemented at 12 months</p>	

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FINDING III: Program Does Not Monitor Administrative Costs (Concl'd)

Recommendation	Status of Implementing Recommendation	Explanation for Recommendations That Have Not Been Implemented
3. The Department of Health Services should update its <i>Accounting and Auditing Procedures Manual for ADHS Funding Programs</i> , including adding the administrative cost definition and guidelines.	Implemented at 12 months	
4. Once administrative costs are clearly defined and administrative cost reporting requirements are in place, the Program should improve its accountability for its use of tobacco tax revenues by developing a plan for measuring the amount of local project funding used for providing program services.	Implemented at 12 months	