ANNUAL SYNAR REPORT

42 U.S.C. 300x-26 OMB Ng 0930-0222

> 2008 FFY 2007

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES Substance Abuse and Mental Health Services Administration



Center for Substance Abuse Prevention

www.samhsa.gov

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INTRODUCTION

The Annual Synar Report (ASR) format provides the means for States to comply with the reporting provisions of the Public Health Service Act (42 U.S.C. 300x-26) and the Tobacco Regulation for the SAPT Block Grant (45 C.F.R. 96.130 (e)).

Public reporting burden for the collection of information is estimated to average 15 hours for Section I and 3 hours for Section II, including the time for reviewing instructions, completing and reviewing the collection of information, searching existing data sources, and gathering and maintaining the data needed. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0222); 1 Choke Cherry Road, 7th Floor Rockville, Maryland 20857

An agency may not conduct or sponsor and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0222 with an expiration date of 08/31/2007.

How the Synar report helps the Center for Substance Abuse Prevention

In accordance with the tobacco regulations, States are required to provide detailed information on progress made in enforcing youth tobacco access laws (FFY xxxx Compliance Progress) and future plans to ensure compliance with the Synar requirements to reduce youth tobacco access rates (FFY xxxx Intended Use Plan). These data are required by 42 U.S.C. 300x-26 and will be used by the Secretary to evaluate State compliance with the statute. Part of the mission of the Center for Substance Abuse Prevention (CSAP) is to assist States¹ by supporting Synar activities and providing technical assistance helpful in determining the type of enforcement measures and control strategies that are most effective. This information is helpful to CSAP in improving technical assistance resources and expertise on enforcement efforts and tobacco control program support activities, including State Synar Program support services, through an enhanced technical assistance program involving conferences and workshops, development of training materials and guidance documents, and on-site technical assistance consultation.

How the Synar report can help States

The information gathered for the Synar report can help States describe and analyze sub-State needs for program enhancements. These data can also be used to report to the State legislature and other State and local organizations on progress made to date in enforcing youth tobacco access laws when aggregated statistical data from State Synar reports can demonstrate to the Secretary the national progress in reducing youth tobacco access problems. This information will also provide Congress with a better understanding of State progress in implementing Synar, including State difficulties and successes in enforcing retailer compliance with youth tobacco access laws.

[?]The term State is used to refer to all the States and territories required to comply with Synar as part of the Substance Abuse Prevention and Treatment Block Grant Program requirements (42 U.S.C. 300x-64 and 45 C.F.R. 96.121).

Getting assistance in completing the Synar report

If you have questions about programmatic issues, you may call CSAP's Division of State and Community Systems Development at (301) 443-0369 and ask for your respective State Project Officer, or contact your State Project Officer directly by telephone or e-mail using the directory provided. If you have questions about fiscal or grants management issues, you may call the Grants Management Officer, Office of Program Services, Division of Grants Management, at (301) 443-4456.

Where and when to submit the Synar report

The Annual Synar Report (ASR) must be received by SAMHSA no later than December 31, 2004 2007. The ASR must be submitted in the **approved OMB report format**. Use of the approved format will avoid delays in the review and approval process. The chief executive officer (or an authorized designee) of the applicant organization must sign page 1 of the ASR certifying that the State has complied with all reporting requirements.

Submit one signed original of the report, one additional copy, and an electronic version on either CD-ROM or 3.5" diskette to the Grants Management Officer at the address below:

Grants Management Officer
Office of Program Services, Division of Grants Management
Substance Abuse and Mental Health Services Administration

Regular Mail: Overnight Mail:

1 Choke Cherry Road, 7th Floor 1 Choke Cherry Road, 7th Floor

Rockville, Maryland 20857 Rockville, Maryland 20850

FFY 2005 2008: FUNDING AGREEMENTS/CERTIFICATIONS

The following form must be signed by the Chief Executive Officer or an authorized designee and submitted with this application. Documentation authorizing a designee must be attached to the application.

PUBLIC HEALTH SERVICES ACT AND SYNAR AMMENDMENT

42 U.S.C. 300x-26 requires each State to submit an annual report of its progress in meeting the requirements of the Synar Amendment and its implementing regulation (45 C.F.R. 96.130) to the Secretary of the Department of Health and Human Services. By signing below, the chief executive officer (or an authorized designee) of the applicant organization certifies that the State has complied with these reporting requirements and the certifications as set forth below.

SYNAR SURVEY SAMPLING METHODOLOGY

The State certifies that the Synar survey sampling methodology on file with the Center for Substance Abuse Prevention and submitted with the Annual Synar Report for FFY 2005 is up-to-date and approved by the Center for Substance Abuse Prevention.

SYNAR SURVEY INSPECTION PROTOCOL

The State certifies that the Synar Survey Inspection Protocol on file with the Center for Substance Abuse Prevention and submitted with the Annual Synar Report for FFY2005 is up-to-date and approved by the Center for Substance Abuse Prevention.

| State: | |
|--|----------------------------|
| | |
| Name of Chief Executive Officer or Designee: | |
| | |
| Signature of CEO or Designee: | |
| | |
| Title: | Date Signed: |
| | |
| If signed by a designee, a copy of the des | signation must be attached |

SECTION I: FFY 2006 2007(Compliance Progress)

YOUTH ACCESS LAWS, ACTIVITIES, AND ENFORCEMENT

42 U.S.C. 300x-26 requires the States to report information regarding the sale/distribution of tobacco products to individuals under age 18.

| 1. | access s | ndicate any changes or additions to the State tobacco statute(s) relating to youth ince the last reporting year. Please attach a photocopy of the change(s) in the w(s) if any was made since the last reporting year. (See 42 U.S.C. 300x-26) |
|----|----------|--|
| | a. | Has there been a change in the minimum sale age for tobacco products? |
| | | Yes No |
| | | If Yes, current minimum age: \square 19 \square 20 \square 21 |
| | b. | Have there been any changes in State law that impact the State's protocol for conducting Synar inspections? Yes No |
| | | If Yes , indicate change (check all that apply): |
| | | ☐ Changed to require that law enforcement conduct inspections of tobacco outlets☐ Changed to make it illegal for youth to possess, purchase or receive tobacco☐ Changed to require ID to purchase tobacco |
| | | Other change(s) (please describe): |
| | c. | Have there been any changes in the law concerning <i>vending machines</i> ? Yes No |
| | | |
| | | If Yes , indicate change (check all that apply): |
| | | Total ban enacted Banned from location(s) accessible to youth |
| | | Locking device or supervision required |
| | | Other change(s) (please describe): |
| | d. | Have there been any changes in State law that impact the following? |
| | | Licensing of tobacco vendors Penalties for sales to minors Yes No Yes No |
| 2. | 42 U.S.C | e how the Annual Synar Report (see 45 C.F.R. 96.130(e)) and the State Plan (see C. 300x-51) were made public within the State prior to submission of the ASR. all that apply) |
| | | Placed on file for public review |
| | | Posted on a State agency Web site (please provide exact web address) |
| | | Notice published in a newspaper or newsletter |

| | | Public hearing Announced in a news release, a press conference, or discussed in a media interview Distributed for review as part of the SAPT Block Grant application process Distributed through the public library system Published in an annual register Other change(s) (please describe): |
|----|----------|---|
| | | |
| 3. | _ | the following agency or agencies. (See 42 U.S.C. 300x-26 and 45 C.F.R. 96.130) The State agency(s) designated by the Governor for oversight of the Synar requirements: |
| | | Has this changed since last year's Annual Synar Report? |
| | b. | The State agency(s) responsible for conducting random, unannounced Synar inspections: |
| | c. | Has this changed since last year's Annual Synar Report? Yes No The State agency(s) responsible for enforcing youth tobacco access law(s): |
| | | Has this changed since last year's Annual Synar Report? |
| 4. | Identify | the State agency(s) responsible for tobacco prevention control activities. |
| | — На | s the responsible agency changed since last year's Annual Synar Report? Yes No |
| | a. | Describe the coordination and collaboration that occur between the agency responsible for tobacco control prevention and the agency responsible for oversight of the Synar requirements. The two agencies (check all that apply): |
| | | ☐ Are the same☐ Have a formal written memorandum of agreement☐ Have an informal partnership |

| Conduct joint planning activities Combine resources Have other collaborative arrangement(s) (please describe): | | | | | | | | |
|---|------------------------------------|--------------------|--------------------|--------------------|----------------------|------------------|-------|--|
| | wer the follow ess to tobacco l | | | | | | | |
| | hich one of the | _ | | | | | | |
| Enforcement is conducted exclusively by local law enforcement agencies. Enforcement is conducted exclusively by State agency(s). Enforcement is conducted by both local and State agencies. b. The following items concern penalties imposed for violations of youth access to tobacco laws by LOCAL AND/OR STATE LAW ENFORCEMENT AGENCIES. Please fill in the number requested or indicate if these data are unavailable or the item is not applicable. If State law does not provide for tobacco retailer license/permit suspension or revocation, please mark "NA". | | | | | | | | |
| | | [DELETE COLUMN] | [DELETE COLUMN] | [DELETE COLUMN] | If Avai | lable | | |
| PENALTY | | NOT APPLICABLE | NOT AVAILABLE | TOTAL | OWNERS | CLERKS | TOTAL | |
| | | | | | | | | |
| Number of <u>citati</u> | ons issued | | | | | | | |
| Number of <u>citati</u> Number of <u>fines</u> | | | | | | | | |
| | assessed | | | | [Shading Deleted] | | | |
| Number of <u>fines</u> | assessed its/licenses | | | | _ | | | |
| Number of <u>fines</u> Number of <u>perm</u> <u>suspended</u> Number of <u>perm</u> | assessed its/licenses its/licenses | | | | Deleted] [Shading | | | |

| | | Other activities (<i>please list</i>): |
|-----|-----------|---|
| | | Briefly describe all checked activities: |
| | d. | Are citations or warnings issued to retailers or clerks who sell tobacco to minors for inspections that are part of the Synar survey? • Yes • No |
| | е. | If "Yes" to 5.d., please describe the State's procedure for minimizing risk of bias to the survey results: |
| | | SYNAR SURVEY METHODS AND RESULTS |
| use | ed by the | Ing questions pertain to the survey methodology and results of the Synar survey State to meet the requirements of the Synar Regulation in FFY 2006. (See 42 k-26 and 45 C.F.R. 96.130) |
| 6. | Has the | sampling methodology changed from the previous year? |
| | | Yes No |
| | me M | ne State is required to have an approved up-to-date description of the Synar sampling ethodology on file with CSAP. Please submit a copy of your Synar Survey Sampling ethodology (Appendix B). If the sampling methodology changed from the previous porting year, these changes must be reflected in the methodology submitted. |
| 7. | | enswer the following questions regarding the State's annual random, bunced inspections of tobacco outlets. (See 45 C.F.R. $96.130(d)(2)$) |
| | a. | Did the State use the optional Synar Survey Estimation System (SSES) to analyze the Synar survey data? |
| | | Yes No |
| | | If Yes , attach SSES summary tables 1, 2, 3 and 4 and go to Question 8. If No , continue to Question 7b. |
| | b. | Report the weighted and unweighted Retailer Violation Rate (RVR) estimates, and the standard error. |
| | | Unweighted RVR |
| | | Weighted RVR |
| | | Standard error (s.e.) of the (weighted) RVR |

| Fill in the blanks interval. | to cal | culate the | e <u>right l</u> | <u>imit</u> of the right | s-sided 95% | % confidence |
|---------------------------------------|----------|-------------|------------------|--|--------------|----------------|
| RVR Estimate | + | (1.645 | × | | | |
| RVR Estimate | Plus | (1.645 | times | Standard Err | or) equals | Right Limit |
| Fill out Form 1 in design) | 1 Арре | endix A (I | Forms). | (Required regar | dless of the | e sample |
| How were the (w (Check the one the | _ | • | stimate | and its standar | d error ob | tained? |
| Other (Please | specify | . Provide | e formul | ms) (Attach com ae and calculation cription of all val | ons or attac | ch and explain |
| If stratification w | | ed, did an | y strata | in the sample c | ontain on | y one outlet |
| Yes No | No | stratifica | tion | | | |
| If Yes , explain how | w this s | situation v | vas deal | t with in varianc | e estimatio | n. |
| Was a cluster sai | nple d | esign use | d? | | | |
| Yes No | | | | | | |
| If No , go to Quest | ion 7g. | | | | | |
| If Yes, fill out and question: | attach | ı Form 3 i | n Apper | ndix A (Forms), a | ınd answer | the following |
| Were any certain | ity pri | mary san | npling u | nits selected thi | s year? | |
| Yes No | | | | | | |
| If Yes , explain how | w the c | ertainty c | lusters v | were dealt with ir | ı variance | estimation. |

g. Report the following outlet sample sizes for the Synar survey.

| | Sample Size |
|---|-------------|
| Effective sample size (sample size needed to meet the SAMHSA precision requirement assuming simple random sampling) | |
| Target sample size (the product of the effective sample size and the design effect) | |
| Original sample size (inflated sample size of the target sample to counter the sample attrition due to ineligibility and non-completion) | |
| Eligible sample size (number of outlets found to be eligible in the sample) | |
| Final sample size (number of eligible outlets in the sample for which an inspection was completed) | |

h. Fill out Form 4 in Appendix A (Forms).

| | Yes No | | | | | | | | |
|-----|--|-----------------------|-----------------|----------|--|--|--|--|--|
| | If Yes , answer the following questio | ns about its coverage | • | | | | | | |
| | a. The calendar year of the latest | t frame coverage stu | dy: | | | | | | |
| | b. Percent coverage from the late | est frame coverage s | tudy: | | | | | | |
| | c. Was a new study conducted in | this reporting perio | od? Yes | No | | | | | |
| | If Yes, please complete Appendix D (List Sampling Frame Coverage Study) and submit it with the Annual Synar Report. | | | | | | | | |
| | d. The calendar year of the next coverage study planned: | | | | | | | | |
| Has | Yes No The State is required to have an app | proved up-to-date des | cription of the | e Synar | | | | | |
| | inspection protocol on file with CSA | | ocol changed | from the | | | | | |
| | Inspection Protocol (Appendix C). previous year, these changes must b | | tocol submitte | ed. | | | | | |

NOTE: If the State uses SSES, please ensure that the number reported in 9.b. matches that reported in SSES Table 4, or explain any difference.

c. Fill out and attach Form 5 in Appendix A (Forms). (Not required if the State used the Synar Survey Estimation System (SSES) to analyze the Synar survey data)

SECTION II: FFY 2005 2008 (Intended Use):

Public law 42 U.S.C. 300x-26 of the Public Health Service Act and 45 C.F.R. 96.130 (e) (4, 5) require that the States provide information on future plans to ensure compliance with the Synar requirements to reduce youth tobacco access.

| 1. | In the upcoming year, does the State anticipate any changes in the: |
|----|---|
| | Synar sampling methodology Yes No Synar inspection protocol Yes No |
| | If changes are made in either the Synar sampling methodology or the Synar inspection protocol, the State is required to obtain approval from CSAP prior to implementation of the change and file an updated Synar Survey Sampling Methodology (Appendix B) or an updated Synar Survey Inspection Protocol (Appendix C), as appropriate. |
| 2. | Please describe the State's plans to maintain and/or reduce the target rate for Synar inspections to be completed in FFY 20072008. Include a brief description of plans for law enforcement efforts to enforce youth tobacco access laws, activities that support law enforcement efforts to enforce youth tobacco access laws, and any anticipated changes in youth tobacco access legislation or regulation in the State. |
| 3. | Describe any challenges the State faces in complying with the Synar regulation. (Check all that apply) |
| | Limited resources for law enforcement of youth access laws |
| | Limited resources for activities to support enforcement and compliance with youth tobacco access laws |
| | Limitations in the State youth tobacco access laws |
| | Limited public support for enforcement of youth tobacco access laws |
| | Limitations on completeness/accuracy of list of tobacco outlets |
| | Limited expertise in survey methodology |
| | Laws/regulations limiting the use of minors in tobacco inspections |
| | Difficulties recruiting youth inspectors |
| | Geographic, demographic, and logistical considerations in conducting inspections |
| | Cultural factors (e.g., language barriers, young people purchasing for their elders)Issues regarding sources of tobacco under tribal jurisdiction |
| | |
| | Other challenges (please list): |
| | Briefly describe all checked challenges and propose a plan for each, or indicate State's need for TA related to each relevant challenge: |

APPENDIX A: FORMS

FORM 1 (Required for all States not using the Synar Survey Estimation System (SSES) to analyze the Synar Survey data)

Complete Form 1 to report sampling frame and sample information and to calculate the unweighted retailer violation rate using results from the current year's Synar survey inspections.

Instructions for Completing Form 1: In the top right hand corner of the form, provide the State name and reporting Federal fiscal year (FFY 2007). Provide the remaining information by stratum if stratification was used. Make copies of the form if additional rows are needed to list all the strata.

- Column 1: If stratification was used:
 - 1(a) Sequentially number each row.
 - 1(b) Write in the name of each stratum. All strata in the State must be listed.
 - *If no stratification was used:*
 - 1(a) Leave blank.
 - 1(b) Write "*State*" in the first row (indicates that the whole state is a single stratum).

Note for unstratified samples: for columns 2-5, wherever the instruction refers to "each stratum," report the specified information for the State as a whole.

- Column 2: 2(a) Report the number of over-the-counter (OTC) outlets in the sampling frame in each stratum.
 - 2(b) Report the number of vending machine (VM) outlets in the sampling frame in each stratum.
 - 2(c) Report the combined total of OTC and VM outlets in the sampling frame in each stratum.
- Column 3: 3(a) Report the estimated number of eligible OTC outlets in the OTC outlet population in each stratum.
 - 3(b) Report the estimated number of eligible VM outlets in the VM outlet population in each stratum
 - 3(c) Report the combined total estimated number of eligible OTC and VM outlets in the total outlet population in each stratum.

The estimates for Column 3 can be obtained from the Synar survey sample as the weighted sum of eligible outlets by outlet type.

- Column 4: 4(a) Report the number of eligible OTC outlets for which an inspection was completed, for each stratum.
 - 4(b) Report the numbers of eligible VM outlets for which an inspection was completed, for each stratum.
 - 4(c) Report the combined total of eligible OTC and VM outlets for which an inspection was completed, for each stratum.
- Column 5: 5(a) Report the number of OTC outlets found in violation of the law as a result of completed inspections, for each stratum.
 - 5(b) Report the number of VM outlets found in violation of the law as a result of completed inspections, for each stratum.
 - 5(c) Report the combined total of OTC and VM outlets found in violation of the law as a result of completed inspections, for each stratum.
- Totals: For each sub-column (a-c) in Columns 2-5, provide totals for the State as a whole in the last row of the table. These numbers will be the sum of the numbers in each row for the respective column.

FORM 1 (Required for all States not using the Synar Survey Estimation System (SSES) to analyze the Synar Survey data)

| FURIV | FORM 1 (Required for all States not using the Synar Survey Estimation System (SSES) to analyze the Synar Survey data) | | | | | | | | | | | | |
|-----------------|---|--|------------------------------------|------------------------------------|--|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--|------------------------------------|------------------------------------|
| | Summary of Synar Inspection Results by Stratum State FFY | | | | | | | | | | | | |
| (1) (2) (3) (4) | | | | | | | | (4) | | | (5) | | |
| STRATUM | | NUMBER OF OUTLETS IN SAMPLING FRAME | | | ESTIMATED NUMBER OF ELIGIBLE OUTLETS IN POPULATION | | | NUMBER OF OUTLETS INSPECTED | | | NO. OF OUTLETS FOUND IN VIOLATION DURING INSPECTIONS | | |
| (a) Row# | (b) Stratum Name | (a) Over-the- Counter (OTC) | (b) Vending Machines (VM) | (c) Total Outlets (2a+2b) | (a) Over-the- Counter (OTC) | (b) Vending Machines (VM) | (c) Total Outlets (3a+3b) | (a) Over-the- Counter (OTC) | (b) Vending Machines (VM) | (c) Total Outlets (4a+4b) | (a) Over-the- Counter (OTC) | (b) Vending Machines (VM) | (c) Total Outlets (5a+5b) |
| | | | | | | | | | | | | | |
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RECORD COLUMN TOTALS ON LAST LINE (LAST PAGE ONLY IF MULTIPLE PAGES ARE NEEDED)

FORM 2 (Optional)

Appropriate for stratified simple or systematic random sampling designs.

Complete Form 2 to calculate the weighted RVR. This table (in Excel form) is designed to calculate the weighted RVR for stratified simple or systematic random sampling designs, accounting for ineligible outlets and non-complete inspections encountered during the annual Synar survey.

Instructions for Completing Form 2:

In the top right hand corner of the form, provide the State name and reporting Federal fiscal year (FFY2005).

- Column 1: Write in the name of each stratum into which the sample was divided. These should match the strata reported in Column 1(b) of Form 1.
- Column 2: Report the number of outlets in the sampling frame in each stratum. These numbers should match the numbers reported for the respective strata in Column 2(c) of Form 1.
- Column 3: Report the original sample size (the number of outlets originally selected, <u>including</u> substitutes or replacements) for each stratum.
- Column 4: Report the number of sample outlets in each stratum that were found to be eligible during the inspections. Note that this number must be less than or equal to the number reported in Column 3 for the respective strata.
- Column 5: Report the number of eligible outlets in each stratum for which an inspection was completed. Note that this number must be less than or equal to the number reported in Column 4. These numbers should match the numbers reported in Column 4(c) of Form 1 for the respective strata.
- Column 6: Report the number of eligible outlets inspected in each stratum that were found in violation. These numbers should match the numbers reported in Column 5(c) of Form 1 for the stratum.
- Column 7: Form 2 (in Excel form) will automatically calculate the stratum RVR for each stratum in this column. This is calculated by dividing the number of inspected eligible outlets found in violation (Column 6) by the number of inspected eligible outlets (Column 5). The State unweighted RVR will be shown in the Total row of Column 7.
- Column 8: Form 2 (in Excel form) will automatically calculate the estimated number of eligible outlets in the population for each stratum. This calculation is made by multiplying the number of outlets in the sampling frame (Column 2) times the number of eligible outlets (Column 4) divided by the original sample size (Column 3). Note that these numbers will be less than or equal to the numbers in Column 2.
- Column 9: Form 2 (in Excel form) will automatically calculate the relative stratum weight by dividing the estimated number of eligible outlets in the population for each stratum in Column 8 by the Total of the values in Column 8.
- Column 10: Form 2 (in Excel form) will automatically calculate each stratum's contribution to the State weighted RVR by multiplying the stratum RVR (Column 7) by the relative stratum weight (Column 9). The weighted RVR for the State will be shown in the Total row of Column 10.
- Column 11: Form 2 (in Excel form) automatically calculates the standard error of each stratum's RVR (Column 7). The standard error for the State weighted RVR will be shown in the Total row of Column 11.
- TOTAL: For Columns 2-6, Form 2 (in Excel form) provides totals for the State as a whole in the last row of the table. For Columns 7-11, it calculates the respective statistic for the State as a

whole.

FORM 2 (Optional) Appropriate for stratified simple or systematic random sampling designs.

| | Calculation of Weighted Retailer Violation Rate | | | | | | | | | | |
|------------------------|--|--|---|---|---|---|---|--|---|--|--|
| | Stat | | | | | | | | | | |
| FI | | | | | | | | | | | |
| (1) Stratum Name | (2) N Number of Outlets in Sampling Frame | (3) n Original Sample Size | (4) n1 Number of Sample Outlets Found Eligible | (5) n2 Number of Outlets Inspected | (6) x Number of Outlets Found in Violation | (7) p=x/n2 Stratum Retailer Violation Rate | (8) N'=N(n1/n) Estimated Number of Eligible Outlets in Population | (9) w=N'/Total Column 8 Relative Stratum Weight | (10) pw Stratum Contribution to State Weighted RVR | (11) s.e. Standard Error of Stratum RVR | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | |

- N number of outlets in sampling frame
- $n \quad \text{- original sample size (number of outlets in the original sample)} \\$
- $n1\,$ number of sample outlets that were found to be eligible
- n2 number of eligible outlets that were inspected
- $\boldsymbol{x}\quad$ number of inspected outlets that were found in violation
- p stratum retailer violation rate (p=x/n2)
- N' estimated number of eligible outlets in population (N'=N*n1/n)
- w relative stratum weight (w=N'/Total Column 8)
- pw stratum contribution to the weighted retailer violation rate
- s.e. standard error of the stratum RVR

FORM 3 (Required when a cluster design is used for all States not using the Synar Survey Estimation System (SSES) to analyze the Synar survey data)

Complete Form 3 to report information about primary sampling units when a cluster design was used for the Synar survey.

Instructions for Completing Form 3:

In the top right hand corner of the form, provide the State name and reporting Federal fiscal year (FF2007).

Provide information by stratum if stratification was used. Make copies of the form if additional rows are needed to list all the strata.

Column 1: Sequentially number each row.

Column 2: *If stratification was used*: Write in the name of stratum. All strata in the State must be listed.

If no stratification was used: write "State" in the first row to indicate that the whole state

constitutes a single stratum.

Column 3: Report the number of primary sampling units (PSUs) (i.e., first-stage clusters) created for each stratum.

Column 4: Report the number of PSUs selected in the original sample for each stratum.

Column 5: Report the number of PSUs in the final sample for each stratum.

TOTALS: For Columns 3-5, provide totals for the State as a whole in the last row of the table.

| | Summary of Clusters Created and Sampled | | | | |
|--------------|---|----------------------------------|-----------------------------------|--|--|
| | State: FFY: | | | | |
| | | | | | |
| (1) Row # | (2) Stratum Name | (3) Number of PSUs Created | (4) Number of PSUs Selected | (5) Number of PSUs in the Final Sample | |
| | | 5.53.152 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | TOTAL | | | | |

FORM 4 (Required for all States not using the Synar Survey Estimation System (SSES) to analyze the Synar Survey data)

Complete Form 4 to provide detailed tallies of ineligible sample outlets by reasons for ineligibility and detailed tallies of eligible sample outlets with noncomplete inspections by reasons for noncompletion.

Instructions for Completing Form 4:

In the top right hand corner of the form, provide the State name and reporting Federal fiscal year (FF2005).

- Column 1(a): Enter the number of sample outlets found ineligible for inspection by reason for ineligibility. Provide the total number of ineligible outlets in the row marked "**Total**".
- Column 2(a): Enter the number of eligible sample outlets with noncomplete inspections by reason for noncompletion. Provide the total number of eligible outlets with noncomplete inspections in the row marked "**Total**".

| Inspection tallies by reason of ineligibility or noncompletion State FFY | | | |
|--|---------------|---|---------------|
| (1) INELIGIBLE | | (2) ELIGIBLE | |
| Reason for ineligibility | (a) Counts | Reason for noncompletion | (a) Counts |
| Out of business | | In operation but closed at time of visit | |
| Does not sell tobacco products | | Unsafe to access | |
| Inaccessible by youth | | Presence of police | |
| Private club or private residence | | Youth inspector knows salesperson | |
| Temporary closure | | Moved to new location | |
| Unlocatable | | Drive thru only/youth inspector has no driver's license | |
| Wholesale only/Carton sale only | | Tobacco out of stock | |
| Vending machine broken | | Run out of time | |
| Duplicate | | Other noncompletion reason(s) (describe) | |
| Other ineligibility reason(s) (describe) | | | |
| Total | | Total | |

FORM 5 (Required for all States not using the Synar Survey Estimation System (SSES) to analyze the Synar survey data)

Complete Form 5 to show the distribution of outlet inspection results by age and gender of the youth inspectors.

Instructions for Completing Form 5:

In the top right hand corner of the form, provide the State name and reporting Federal fiscal year (FFY2007).

- Column 1: Enter the number of attempted buys by youth inspector age and gender.
- Column 2: Enter the number of successful buys by youth inspector age and gender.

If the inspectors are age eligible but the gender of the inspector is unknown, include those inspections in the "OTHER" row. Calculate subtotals for males and females in rows marked SUBTOTALS. Sum SUBTOTALS for male, female, and OTHER and record in the bottom row marked TOTAL. Verify that that the TOTAL of attempted buys and successful buys equal the total for Column 4(c) and Column 5(c), respectively, on Form 1. If the totals do not match, please explain any discrepancies.

| Synar Survey In | State FFY | | |
|---------------------|----------------|-----------------|--|
| | | | |
| | (1) | (2) | |
| | Attempted Buys | Successful Buys | |
| <u>Male</u> | | | |
| 14 yrs [Delete Row] | | | |
| 15 yrs | | | |
| 16 yrs | | | |
| 17 yrs | | | |
| 18 yrs | | | |
| MALE SUBTOTAL | | | |
| <u>Female</u> | | | |
| 14 yrs [Delete Row] | | | |
| 15 yrs | | | |
| 16 yrs | | | |
| 17 yrs | | | |
| 18 yrs | | | |
| FEMALE SUBTOTAL | | | |
| OTHER | | | |
| TOTAL | | | |

Appendices B & C: Forms

Instructions

Appendix B (Sampling Design) and Appendix C (Inspection Protocol) are to reflect the State's CSAP-approved sampling design and inspection protocol. These appendices, therefore, should generally describe the design and protocol and are not to be modified with year-specific information. Please note that any changes to either appendix must receive CSAP's advance written approval. To facilitate the State's completion of this section, simply "cut and paste" the previously approved sampling design (Appendix B) and inspection protocol (Appendix C).

APPENDIX B

STATE:

| | | | FFY: | |
|---|--|---|--------------------------------|--|
| | SYNAR SU | RVEY SAMPLING MET | HODOLOGY | |
| What type of s | sampling fram | e is used? | | |
| List fr | ame | ((| Go to Question 2) | |
| Area | frame | · | Go to Question 3) | |
| List-a | ssisted area frai | me (Go to Question | 2) | |
| List all sources of the list frame. Indicate the type of source from the list below. Provide a brief description of the frame source. Explain how the lists are update (method), including how new outlets are identified and added to the frame. In a explain how often the lists are updated (cycle). (After completing this question, go Question 4) | | | | |
| 1 – Statewid 2 – Local co | rresponding nu le commercial busi ommercial business le tobacco license/j | ness list 5 – Statewide liquor license/permit list | | |
| Name of | Type of Source | Description | Updating Method and Cycle | |
| Frame Source | | | | |
| | frame is used | dogoviho hovy avoa sampli | ag units are defined and forme | |
| | frame is used, | describe how area samplin | ng units are defined and forme | |
| | frame is used, | describe how area samplii | ng units are defined and forme | |
| | frame is used, | describe how area samplii | ng units are defined and forme | |
| If an area | | describe how area sampling the formation of the are | | |

| 4. | Federal regulation requires that vending machines be inspected as part of the Synar survey. Are vending machines included in the Synar survey? |
|----|---|
| | Yes No |
| | If No, please indicate the reason they are not included in the Synar survey. |
| | State law bans vending machines |
| | State law bans vending machines from locations accessible to youth |
| | State has SAMHSA approval to exempt vending machines from the surveyOther (please describe): |
| 5. | Which category below best describes the sample design? (Check only one) |
| | Census (STOP HERE: Appendix B is complete) |
| | Unstratified State-wide sample: |
| | Simple random sample (go to Question 9) |
| | Systematic random sample (go to Question 6) |
| | Single-stage cluster sample (go to Question 8) |
| | Multi-stage cluster sample (go to Question 8) |
| | Stratified sample: |
| | Simple random sample (go to Question 7) |
| | Systematic random sample (go to Question 6) |
| | Single-stage cluster sample (go to Question 7) |
| | Multi-stage cluster sample (go to Question 7) |
| | Other (please describe and go to Question 9): |
| | |
| 6. | Describe the systematic sampling methods. (After completing Question 6, go to Question if stratification is used. Otherwise go to Question 9.) |
| | |
| | |
| 7. | Provide the following information about stratification |
| | a. Provide a full description of the strata that are created. |

| | b. | Is clustering used within the stratified sample? |
|----|----------------|---|
| | | Yes (go to Question 8) |
| | | No (go to Question 9) |
| 8. | Provide | the following information about clustering |
| | a. | Provide a full description of how clusters are formed. (If multi-stage clusters are used, give definitions of clusters at each stage.) |
| | b. | Specify the sampling method (simple random, systematic, or probability proportional to size sampling) for each stage of sampling and describe how the method(s) is (are) implemented. |
| 9. | Provide sizes. | the formulae for determining the effective, target, and original outlet sample |

APPENDIX C

| STATE: | |
|--------|--|
| FFY: | |

SYNAR SURVEY INSPECTION PROTOCOL

Note: Attach a copy of the inspection form and protocol used to record the inspection result.

| Consummated buy attempts? | |
|--|---|
| Required | No |
| | |
| | |
| Required | No |
| Permitted under specified circumstances Not specified in protocol | |
| Adult inspectors to enter the outlet? | |
| Required | No. |
| Permitted under specified circumstances Not specified in protocol | |
| Youth inspectors to be compensated? | |
| Required | ☐ No |
| ermitted | |
| Permitted under specified circumstances Not specified in protocol | |
| y the agency(s) or entity(s) that actually conduct the random, unannounce inspections of tobacco outlets. (Check all that apply) | ed |
| Law enforcement agency(s) | |
| | |
| ` ' | |
| st the agency name(s): | |
| | Permitted Permitted under specified circumstances Not specified in protocol Youth inspectors to carry ID? Required Permitted Permitted under specified circumstances Not specified in protocol Adult inspectors to enter the outlet? Required Permitted Permitted under specified circumstances Not specified in protocol Youth inspectors to be compensated? Required Permitted Permitted under specified circumstances Not specified in protocol Youth inspectors to be compensated? Required Permitted Permitted under specified circumstances Not specified in protocol Youth agency(s) or entity(s) that actually conduct the random, unannounce inspections of tobacco outlets. (Check all that apply) Law enforcement agency(s) State or local government agency(s) other than law enforcement Private contractor(s) Other |

| 4. | Describe the methods used to recruit, select, and train youth inspectors and adult supervisors. |
|----|---|
| 5. | Are there specific legal or procedural requirements instituted by the State to address the issue of youth inspectors' immunity when conducting inspections? |
| | a. Legal Yes No (If Yes, please describe): |
| | b. Procedural Yes No (If Yes, please describe): |
| 6. | Are there specific legal or procedural requirements instituted by the State to address the issue of the safety of youth inspectors during all aspects of the Synar inspection process? |
| | a. Legal Yes No (If Yes, please describe): |
| | b. Procedural Yes No (If Yes, please describe): |
| 7. | Are there any other legal or procedural requirements the State has regarding how inspections are to be conducted (e.g., age of youth inspector, time of inspections, training that must occur)? a. Legal Yes No (If Yes, please describe): |
| | b. Procedural Yes No (If Yes, please describe): |

APPENDIX D

| | | STATE: FFY: | |
|----|---|----------------|--|
| | List Sampling Frame Coverage Study (LIST FRAME ONLY) | | |
| 1. | Calendar year of the coverage study: | | |
| 2. | Percent coverage found: | | |
| 3. | Provide a description of the coverage study methods and results | S. | |