

Community Tobacco Control Pledge

Your organization is in a unique position to help save lives by implementing evidence-based interventions that reduce smoking and secondhand smoke. The activities below are great ways to engage young people in these efforts. Please consider implementing at least one activity on this checklist.

- ☐ Promote resources to help employees, clients and community members quit smoking (e.g., refer to cessation quit-lines, clinics and programs; post signage about cessation resources).
- ☐ Educate about local and national tobacco rates, tobacco-related illness and industry practices (e.g., celebrate tobacco-related awareness days or months; share information in your newsletter, during sermons, on social media and on your website).
- ☐ Help a residential building implement a smoke-free housing rule.
- ☐ Implement an outdoor smoke-free air rule around your building. Post “No Smoking” signage.
- ☐ Explore tobacco access and advertising in your community.

CONTACT INFORMATION

Organization	
Primary Contact Name	Primary Contact Title
Email	Phone Number
Secondary Contact Name	Secondary Contact Title
Email	Phone Number
Address	
Website	Number of Employees

PROGRAM WORK

Briefly describe your organization's current scope of work.
List the zip codes or neighborhoods where your organization does this work.

Thank you for taking the time to complete this form. We look forward to working together with you to make our communities healthier. For more information or to share your success, please email tobacco@health.nyc.gov.

