

**ORDINANCE #68897**  
**Board Bill No. 36**

An ordinance authorizing and directing the Mayor, on the behalf of the City of St. Louis, to submit all necessary applications and to enter into agreements with the Missouri Foundation for Health or any other agency (Grant # 10-0479-TC-11) for the "Smoke Free St. Louis Kids" Program and authorizing the Mayor, upon approval of the Board of Estimate and Apportionment, to expend any funds received by said grants to fulfill the obligations of the grants, and containing an emergency clause.

**BE IT ORDAINED BY THE CITY OF ST. LOUIS AS FOLLOWS:**

**SECTION ONE:** The Mayor, on the behalf of the City of St. Louis, is hereby authorized and directed to submit all necessary applications and to enter into any agreements with the Missouri Foundation for Health or any other agency (Grant # 10-0479-TC-11) for the "Smoke Free St. Louis Kids" Program and authorizing the Mayor, upon approval of the Board of Estimate and Apportionment, to expend any funds received by said grant to fulfill the obligations of the grant.

**SECTION TWO:** Emergency Clause. This being an ordinance for the preservation of public peace, health and safety, it is hereby declared to be an emergency measure within the meaning of Sections 19 and 20 of Article IV of the Charter of the City of St. Louis, and therefore, this ordinance shall become effective immediately upon its passage and approval by the Mayor.

**GRANT AWARD AGREEMENT 10-0479-TC-11**

THIS GRANT AWARD AGREEMENT ("Agreement") is made and entered into this 1st day of June, 2011, by and between The Missouri Foundation for Health ("Foundation") and City of St. Louis Department of Health ("Grantee").

WHEREAS, Grantee has submitted a proposal to Foundation received on December 15, 2010 (the "Proposal") to fund the project described therein (the "Project"); and

WHEREAS, Foundation agrees to make a grant to Grantee for \$149,910 to fund the Project, subject to the terms and conditions set forth herein (the "Grant").

NOW, THEREFORE, the parties agree as follows:

1. Scope of Project. Grantee shall perform the Project as set forth in the Proposal, a copy of which is provided as Attachment A and which is incorporated by this reference as if fully recited herein. Any variations in the Project or the use of Grant funds from that described in the Proposal requires the advance express written approval of Foundation.
2. Project Period. The Project has been approved for a period of 24 months beginning June, 2011 and ending May, 2013 (the "Project Period").
3. Extension of Project Period. Should the Grantee desire to extend the duration of the Project Period, Grantee shall submit a written request for extension to the Foundation Grants Manager no later than 60 days prior to the Project Period end date. If Foundation approves the extension, the parties shall execute a written acknowledgement acceptable to Foundation which shall provide for the new terms of the Project Period and any other terms and conditions acceptable to Foundation. Extension of the Project Period will not result in an increase in funding.
4. Disbursement Schedule. Foundation will disburse Grant funds pursuant to the following schedule, contingent on receipt and approval of Interim and Final Reports:

<u>Amount</u>	<u>On or About</u>
\$ 37,500	06/2011
37,500	12/2011
33,707	06/2012
33,707	12/2012
7,496	07/2013

This Disbursement Schedule provides for a disbursement of five percent (5%) of Grant funds upon receipt and acceptance by Foundation of the Final Expenditure and Final Project Status Report (see Item 6.).

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The Foundation, in its sole discretion, reserves the right to alter the above disbursement schedule at any time and to impose such conditions upon disbursements as it may, in its discretion, deem necessary.

5. Expenditures. All expenditures of Grant funds by Grantee must be consistent with the project budget as set forth in the Proposal (the "Project Budget") and as approved by Foundation, a copy of which is attached hereto as Attachment B.

Any deviation from the approved budget, such as under-spending or over-spending Grant funds according to the Project Budget requires prior written approval of Foundation and may require an amendment to this Agreement, at the discretion of Foundation. Deviations from the Project Budget are not authorized retroactively.

6. Interim and Final Reports. Grantee agrees to deliver to the Foundation Grants Manager both detailed Expenditure Reports and Project Status Reports in a format acceptable to Foundation on the dates specified in the following schedule:

<u>Due Date of Expenditure Reports And Project Status Reports</u>	<u>For Period</u>
11/15/11	05/11-10/11
05/15/12	11/11-04/12
11/15/12	05/12-10/12
05/31/13	11/12-04/13

Interim Expenditure Reports shall be detailed and shall compare actual expenses to the approved Project Budget on a line item basis. All line item expenditures must be supported by a narrative explaining the expenditures.

Interim Project Status Reports shall include a narrative account of accomplishments resulting from the expenditure of Grant funds, and a description of progress made toward achieving the Project's objectives as stated in Attachment C.

In addition to the foregoing, a Final Expenditure Report and Final Project Status Report is due after the conclusion of the Project Period. The Final Expenditure Report shall compare actual expenses to the approved Project Budget for the entire Project Period. Appropriate documentation to support expenses shall be provided with the Final Expenditure Report as illustrated below:

<u>Expense Category</u>	<u>Appropriate Documentation</u>
Salary	Payroll Register
Benefits & Payroll Taxes	None Required
Conferences	Paid Invoice
Equipment, Major or Minor	Paid Invoice
Printing	Paid Invoice

Supplies	None Required
Travel	Paid Invoice (airfare & hotel only)
Other Direct	Paid Invoice
Indirect	None Required

The Final Project Status Report will be a narrative account of accomplishments resulting from the expenditure of Grant funds, and a description of progress made toward achieving the Project's objectives as stated in Attachment C, including quantifiable measures of such progress.

7. Records. Although the Grant funds need not be segregated, Grant funds and records of receipts and expenditures must be shown separately on Grantee's books for ease of reference and verification. Such records as well as copies of reports submitted to Foundation shall be retained by Grantee for at least four years following completion of the Project Period.
8. Foundation Right to Review and Evaluate. Foundation may review and conduct an evaluation of the Project funded by this Grant, which may include one or more visits from Foundation personnel to observe the Project, discuss the Project with Grantee's personnel and review financial and other non-patient records and materials connected with the activities financed by this Grant. All financial and other non-patient records relating to the Project shall be made available at Grantee's regular place of business for inspection by Foundation personnel, or its designated representative, at reasonable times. Grantee will receive notice of Foundation's review findings and shall, at the discretion of Foundation, be given an opportunity to correct any non-compliance issues. If Grantee fails to correct any non-compliance issues within the time period specified by Foundation, Foundation may exercise its rights as set forth in paragraph 11 of this Agreement.
9. Maintaining Tax Status. Grantee shall maintain the Internal Revenue Service tax code status it represented to Foundation that it had when submitting the Proposal throughout the duration of the Project Period unless otherwise approved by Foundation. Grantee shall remain in good standing with the State of Missouri.
10. Title to Property Acquired with Grant Funds. Title to all tangible personal property, fixtures or equipment purchased with Foundation funds ("Grant Funded Property"), shall be vested in Grantee. However, Foundation shall have a purchase money security interest in the Grant Funded Property until the Final Project Status Report has been accepted by Foundation. Grant Funded Property must be used for carrying out the Project as set forth in the Proposal.
11. Foundation's Right to Return of Funds or Property. Any Foundation funds not used by Grantee for the purposes of the Project as approved in the Project Budget remain the property of Foundation and shall be promptly returned to Foundation at the conclusion of the Project Period. If at any time during a Grant Funded Property's useful life, a Grantee fails to use the Grant Funded Property

for the purposes set forth in the Proposal, Grantee shall repay to Foundation an amount equal to the value for the entire useful life of the item minus that portion of the useful life of the Grant Funded Property during which it was used for the purposes of the Grant, utilizing the straight-line method of depreciation. If Grantee fails to make timely repayment of the appropriate portion of the Grant, Foundation may take possession of the Grant Funded Property. For this purpose, the useful life of the Grant Funded Property shall be determined by Foundation at the time of the execution of this Agreement, as set forth in Attachment D and attached hereto. Nothing contained in this paragraph shall limit or prevent Foundation from taking legal action to seek repayment of unexpended Grant funds or Grant funds which were not applied in accordance with the terms of this Agreement.

12. Publicity/Use of Project Results. All publicity associated with the Project must clearly identify The Missouri Foundation for Health as a funding source using the following statement:

"Funding for this project was provided ["in whole" or "in part"] by The Missouri Foundation for Health. The Missouri Foundation for Health is a philanthropic organization whose vision is to improve the health of the people in the communities it serves."

If Grantee desires to publish the results of this Project, Foundation shall have a minimum of 15 days to review and comment upon the document before submission for publication. Should Grantee desire to use or apply data or other information derived from the Project for purposes other than those set forth in the Proposal, including but not limited to academic research and/or publication in a journal or trade publication, and Grantee acknowledges or credits Foundation for its involvement in the Project, Foundation must be notified.

In recognition of this Grant, the signage listed on Attachment E will be provided to Grantee at Foundation expense and Grantee shall display such signage where indicated on Attachment E. Any vehicles, buildings, machinery or other items for which Foundation signage is provided must be kept clean and in good working condition.

13. Termination of Grant by Foundation. The Foundation, in its sole discretion, may terminate this Agreement and permanently withhold the payment of all or a portion of the Grant funds if: (a) Foundation is not satisfied with the quality of the Grantee's work or the progress toward achieving the objectives of the Project; (b) Foundation determines that the Grantee is incapable of satisfactorily completing the Project; (c) Grantee fails to meet the conditions set forth in this Agreement and the Proposal; (d) Grantee's federal income tax status changes; or (e) Grantee dissolves.

The Foundation may have based its decision to fund this Project on the qualifications of specific individuals named by Grantee as responsible for

carrying out Project work outlined herein. In the event these named individuals are no longer involved in completing the work for any reason, Foundation reserves the sole right to terminate the Project if it believes replacement staff proposed by Grantee cannot complete the Project in a timely fashion or in an acceptable manner.

If the Grant is terminated prior to the end of the Project Period, Grantee shall: (a) provide Foundation with a full accounting of the receipt and disbursement of Grant funds for the Project through the effective date of termination, (b) repay, within 30 days of the effective date of termination, all Grant funds which were not expended on or prior to the effective date of termination and all Grant funds which were expended prior to the date of termination of the Grant but which expenditures relate to a phase of the Project allocable to a time period after the effective date of termination, and (c) repay to Foundation an amount equal to the value of any Grant Funded Property less the value of that portion of the Grant Funded Property's useful life during which it was used for the purposes of the Grant.

Nothing contained in this paragraph shall limit or prevent Foundation from taking legal action to seek repayment of Grant funds already expended by Grantee which were not applied in accordance with the conditions in this Agreement.

14. Relationship of Parties. Foundation and Grantee agree that this Grant does not create a principal-agent relationship of any type between the parties and that Grantee will not, by act of omission or commission, foster any belief on the part of third parties that such relationship exists.
15. Indemnification. Foundation is a funding source only and does not participate in or direct any of the activities or services of Grantee. Accordingly, Grantee understands and agrees that Foundation, its directors, officers, employees and agents will not be liable for any of Grantee's contracts, torts, or other acts or omissions, or those by Grantee's directors, officers, members, employees or funded-activity participants. Grantee understands and agrees that Foundation's insurance policies or self-insurance plans do not extend to or protect Grantee nor Grantee's directors, officers, members, staff or funded-activity participants. Grantee understands and agrees that Foundation will not provide any legal defense for Grantee or any such person in the event of any claim against any or all of them. Unless prohibited by law, Grantee shall hold Foundation harmless from all liability, including but not limited to costs of defense, from the contracts, torts or other acts or omissions of the Grantee, its employees, directors, officers, employees or funded activity participants in any way connected with any activity of Grantee including but not limited to the funded activity.
16. Authority and Validity. Each individual executing this Agreement on behalf of Grantee warrants that he has full power and authority to execute this Agreement on behalf of such organization. Further, Grantee warrants that the board of directors of Grantee has taken all action required by law, Grantee's Articles of

Incorporation and Bylaws or otherwise to authorize the execution and delivery of this Agreement and the consummation of the transactions contemplated herein. Grantee further warrants that this Agreement constitutes the valid and binding obligation of Grantee, enforceable in accordance with its terms.

17. Nondiscrimination. Grantee agrees that in providing services under the Project, Grantee will not discriminate on the basis of race, color, sex, national origin, religion, age, disability, sexual orientation, or veteran status either in its employment practices or in its policies and procedures concerning access to services, except in instances when the criteria is a stated condition of admission to the Project and is so disclosed in the Proposal.
18. No Guarantee of Future Funding. Provision of this Grant does not imply any future funding commitment by Foundation.
19. Lobbying. By accepting this grant, Grantee agrees that these funds will be used exclusively for exempt purposes described in Section 501(c)(3) and will not be used to carry on propaganda, or otherwise attempting to influence legislation (except as permitted under Section 501), or to participate in any political campaign on behalf of any candidate for office.
20. Entire Agreement. This Grant Award Agreement and all Attachments constitute the entire Agreement between the parties regarding the Project and supercede all previous related understandings or written or oral agreements between the parties.
21. Amendment. Unless otherwise permitted herein, any alteration in the terms of this Agreement must be in written form and must be signed by both Foundation and Grantee.
22. Applicable Laws. The provisions of this Agreement shall be construed and enforced according to the laws of the State of Missouri. Any lawsuit, action or proceeding resulting from, or related to this Agreement, shall be commenced in a court of competent jurisdiction located in St. Louis, Missouri.
23. Gender and Number. Masculine pronouns include the feminine as well as the neuter genders, and the singular shall include the plural, unless indicated otherwise by the context.
24. Headings. The paragraph headings contained herein are for convenience of reference only, and shall not be construed as defining or limiting the matter contained thereunder.

IN WITNESS WHEREOF, we have executed this Agreement as of the date first above written.

City of St. Louis Department of Health

By:   
Pamela Rice Walker  
Acting Director of Health

The Missouri Foundation for Health

By: \_\_\_\_\_  
James R. Kimmey, M.D.  
President and Chief Executive Officer

Attachments to Agreement:

- A. Project Proposal
- B. Project Budget
- C. Project Plan
- D. Grant Funded Property
- E. Required Signage

Attachment A.

Project Proposal

Project Proposal follows this page.

<b>Tobacco Prevention &amp; Cessation Initiative (TPCI) Community Grants – Cycle 1 2011 Application Cover Sheet</b> (To be attached to online application)				<b>For Internal Use Only:</b> Date Received: _____ Reference Number: _____		
Name of Applicant Organization: Department of Health – Children’s Environmental Health			Legal Name (if different from Applicant): City of St. Louis			
Address: 1520 Market Street Suite 4038			County: St. Louis City	City: City of St. Louis	State: MO	ZIP: 63103
Primary Contact and Title: Jeanine S. Arrighi, MS Health Services Manager II	Telephone (area code): 314-657-1403	Fax (area code): 314-612-5354	E-mail Address: arrighij@stlouiscity.com			
Secondary Contact and Title: Maranda Witherspoon, MPPA Epidemiologist	Telephone (area code): 314-657-1546	Fax (area code): 314-612-5105	E-mail Address: witherspoonm@stlouiscity.com			
Federal Tax ID (EIN) Number: 4360032310	Organization Website: <a href="http://www.stlouiscity.com">www.stlouiscity.com</a>	Project Title: Smoke Free St. Louis Kids				
Printed name and title of person authorized by organization’s governing board to sign grant award agreement if application is approved by MFH Board of Directors: Pamela Rice Walker, MPA, CPHA                      Title: Acting Director of Health						
Printed name and title of organization’s Chief Executive Officer (CEO): Melba R. Moore, MS CPHA                      Title: Commissioner of Health						
Signature of CEO: 			Date: 12/14/10			

<b>Missouri Foundation for Health TPCI Community Grants - Cycle 1 2011 Application</b>		 MISSOURI FOUNDATION FOR HEALTH		For Internal Use Only: Date Received: 12/15/2010  Reference No: 10-0479-TC	
<b>Name of Applicant Organization:</b>		<b>Legal Name (if different from Applicant):</b>			
City of St. Louis Department of Health		City of St. Louis			
<b>Address:</b>		<b>County:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
1520 Market St, Suite 4051			St. Louis	MO	63103
<b>Primary Contact Name/Title:</b>	<b>Primary Contact Phone:</b>	<b>Primary Contact Fax:</b>		<b>E-mail Address:</b>	
Ms. Maranda Witherspoon, Epidemiologist	(314) 657-1446	(314) 657-1519		witherspoonm@stlouiscity.com	
<b>Organization Website:</b>		<b>Project Title:</b>			
<a href="http://stlouis.missouri.org/citygov/health">http://stlouis.missouri.org/citygov/health</a>		Smoke Free St. Louis Kids			
<b>Advocacy Experience</b>					
Average number of staff hours spent on tobacco advocacy activities per month: <u>    0    </u>					
Has someone working on this project attended the ANR Advocacy Training? Yes					
Has someone working on this project attended the Alliance for Justice Training? Yes					
<b>Organizational Profile</b>			<b>Financial Profile of Organization</b>		
Year of incorporation: 1867 Number of FTE staff: 150 Number of volunteers: 3			Annual Operating Expense Budget: \$29,479,478 Total amount of project: \$168,342 Total amount requested from MFH: \$149,910 Duration of project : 0 months		

**PROGRAM OVERVIEW**

*Provide a one-paragraph synopsis of the proposed program that describes the need, the demand, and the proposed activities planned to deliver the program.*

The rate of smoking in the county of St. Louis City is one of the highest in the State of Missouri and the nation. According to CDC data (see Appendix A) more than 30 percent of the population has been identified as current smokers. Far too many pregnant women smoke in the City of St. Louis, contributing to infant mortality and babies with low birth weight. According to the City of St. Louis Vital Records office, 13.8% of pregnant women were smokers in 2008.

Between 2000 and 2006 there were 10 asthma-related deaths of African American children less than age 15 in the City of St. Louis. In 2009, the City was named the "Asthma Capital" in the United States according to the Asthma and Allergy Foundation of America's "100 most challenging places to live with asthma" list. The AAFA's claim is evident in the City's 2006 rate of emergency room visits for asthma (12.5 per 1,000 people) which is nearly three times the State of Missouri's rate (4.8) and twice the national rate (6.4). For children less than 15 years of age in 2005 there were 2,017 emergency department (ED) visits for asthma. ZIP Code maps of these rates are shown in Appendix A. Families of children in the ZIP Codes with highest rates of ED visits and hospitalizations who are participating in Asthma Friendly St. Louis will be targeted. Poor asthma outcomes have been associated with exposure to environmental tobacco smoke (ETS) or second-hand smoke (DiFranza, Aligne & Weitzman 2004, Thomson 2007, Weaver, et al. 1995). Reports from the Institute of Medicine (National Academies Press, 2000) have concluded there is a sufficient level of evidence to determine an association between Environmental Tobacco Smoke and the development of asthma in pre-school aged children, a population currently served by Lead Safe St. Louis.

Exposure to ETS has been linked to an increase in blood lead levels (Weaver, et al. 1995, Mannino, et al. 2003). According to Mannino, et al.: "Lead is a component of tobacco and tobacco smoke, and smokers have higher blood lead levels than do nonsmokers" (719). St. Louis City has had one of the highest rates of lead poisoning in the country for many years. In 2008, 3.7 percent of the 13,634 St. Louis children less than six years old who were tested had blood lead levels at or above the CDC's criterion of 10 micrograms per deciliter ( $\mu\text{g}/\text{dL}$ ). This rate is more than three times higher than the State of Missouri rate, which in 2008 first matched the U.S. Estimated Prevalence Rate of 1.2 percent. ZIP Code maps of the lead poisoning rates are shown in Appendix A. Another 14.6 percent of St. Louis City children had blood lead levels between 5 and 9  $\mu\text{g}/\text{dL}$  showing signs of environmental exposure to lead (City of St. Louis Department of Health 2008). Families of these children with lead poisoning or high rates of lead exposure will be targeted for Smoke Free St. Louis Kids.

A number of barriers to tobacco control exist in St. Louis City: tobacco settlement funding for tobacco control and prevention has been available to the City only in very small amounts (The settlement reached in 1998 has provided revenue to the state exceeding \$250 Million per year; in 2008 a portion of \$200,000 was the first funding from this source to be used in City); funding for tobacco program interventions in Missouri falls far short of the 30% of the state tobacco revenue recommended by CDC (CDC 2007); State settlement legislation prohibits municipalities from establishing local tobacco sales tax; Nicotine replacement therapy funding has not been available; QuitLine, funded by MFH and CDC is only available to citizens 18 years of age or older; the City's new smoke-free workplace ordinance, which goes in to effect January 2, 2011, has a number of exemptions; the tobacco industry has targeted African Americans with advertising and funding; schools are often reluctant to adopt prevention programs because of the real or perceived academic opportunity cost; and tobacco advertising and loose sale laws are not enforced.

#### **BACKGROUND INFORMATION**

*Identify the needs or problems of the target population addressed by the project. Explain the major assumptions about the target population and how the proposed intervention addresses those assumptions.*

The rate of smoking in the county of St. Louis City is one of the highest in the State of Missouri and the nation. According to CDC data (see Appendix A) more than 30 percent of the population has been identified as current smokers. Far too many pregnant women smoke in the City of St. Louis, contributing to infant mortality and babies with low birth weight. According to the City of St. Louis Vital Records office, 13.8% of pregnant women were smokers in 2008.

Between 2000 and 2006 there were 10 asthma-related deaths of African American children less than age 15 in the City of St. Louis. In 2009, the City was named the "Asthma Capital" in the United States according to the Asthma and Allergy Foundation of America's "100 most challenging places to live with asthma" list. The AAFA's claim is evident in the City's 2006 rate of emergency room visits for asthma (12.5 per 1,000 people) which is nearly three times the State of Missouri's rate (4.8) and twice the national rate (6.4). For children less than 15 years of age in 2005 there were 2,017 emergency department (ED) visits for asthma. ZIP Code maps of these rates are shown in Appendix A. Families of children in the ZIP Codes with highest rates of ED visits and hospitalizations who are participating in Asthma Friendly St. Louis will be targeted. Poor asthma outcomes have been associated with exposure to environmental tobacco smoke (ETS) or second-hand smoke (DiFranza, Aligne & Weitzman 2004, Thomson 2007, Weaver, et al. 1995). Reports from the Institute of Medicine (National Academies Press, 2000) have concluded there is a sufficient level of evidence to determine

an association between Environmental Tobacco Smoke and the development of asthma in pre-school aged children, a population currently served by Lead Safe St. Louis.

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*Describe the current availability of services or programming similar to those proposed.*

The Children's Environmental Health (CEH) program was created in the City DOH in 2009 to expand the scope of the successes achieved through the Lead Safe St. Louis program into other healthy housing issues. This approach coincides with national trends to leverage opportunities to address multiply household health hazards during a lead poisoning prevention strategy (Jacobs et al. 2007). CEH encompasses Lead Safe St. Louis and the housing assessment assistance aspects of the Asthma Friendly St. Louis program. Both of these programs have used professionally developed graphics in brochures and websites to reinforce messages. We propose to use this approach with Smoke Free St. Louis Kids as well.

Lead Safe St. Louis (LSSL) was established by Mayor Francis Slay in 2003 to focus resources on the eradication of childhood lead poisoning in the City of St. Louis. Since then the rate of lead poisoning has dropped from 13.6 to 3.3 percent (2009) of tested children. Thousands of homes throughout the City, but particularly in at-risk neighborhoods have been made lead safe. LSSL performs its vast array of services through a number of collaborations, including inter-agency work with the City's Building Division, Community Development Administration, Problem Properties Court, and Communications Division, as well as through the Mayor's LSSL Task Force and committees, through which numerous community-based, faith-based and health service organizations participate. Children with lead poisoning are case managed by a LSSL nurse or by the nurse case manager from their managed care plan (MO HealthNet). This close contact with family members allows an opportunity to reach out with smoking cessation services. In addition to providing blood-lead testing and case management for families of lead-poisoned children, LSSL has a "Heavy Metal Project," (HMP) which recruits pregnant women to have lead hazards in their homes identified and controlled before their babies are born. We will collaborate with the March of Dimes, currently funded by MFH to increase smoking cessation in pregnant women in the City of St. Louis, by including their brochures in mailings that are sent to HMP mothers who have signed up for lead inspections. Unfortunately, in the last 1-1/2 years the funding for LSSL has been reduced and there have been staff reductions from 17 to 6, so an added staff person for Smoke Free St. Louis Kids is much needed.

Asthma Friendly St. Louis (AFSL) is funded through a Missouri Foundation for Health Children's Asthma Linkages in Missouri grant. It is a program to provide asthma management through the DOH school health services provided to private and parochial schools in St. Louis, which have not been served by the Asthma 411 program that assists St. Louis Public Schools with asthma health. The program seeks to improve linkages between families of asthmatic children, their schools, and their asthma medical providers, along with assistance to identify and mitigate asthma triggers in their homes. Public Health Nurses trained and certified as Healthy Homes Specialists help participant families with these home assessments and identify or provide resources for the families to control or eliminate the asthma triggers in the home. Smoking tobacco in these homes contributes to second and third hand smoke that exacerbates poor asthma health in these populations. Healthy Homes Specialists are perfectly positioned to identify and recruit families to participate in smoking cessation programs.

#### **EVALUATION**

*Specify key staff (either within the organization or consultant) responsible for data collection and analysis.*

DOH's Center for Health Information Planning and Research (CHIPR) will be responsible for data collection and analysis. CHIPR currently employs five masters' degree epidemiologists who provide ongoing assessment, surveillance, analysis and reporting of health and DOH program factors for the community, such as Understanding Our Needs (2007) and regular reporting for the DOH board and CityView, the program management evaluation tool of the Mayor's Office. CHIPR is a support division within the DOH that offers technical, planning, and epidemiological support to other divisions within DOH. CHIPR has been involved with the planning and evaluation of numerous DOH initiatives in the community, including Lead Safe St. Louis and Asthma Friendly St. Louis. As a clearinghouse for health data in the City of St. Louis, CHIPR maintains ongoing relationships with many organizations throughout the community. Partnerships with other health departments, other City departments, hospitals, and several community organizations serve to link CHIPR to primary data sources in the community, such as daily hospital asthma intake information. CHIPR has worked with other DOH divisions and community organizations to evaluate and monitor community initiatives such as the Healthy Youth Partnership, the Ward 27 Project to address infant mortality, and Lead Safe St. Louis. Maranda Witherspoon, MPPA, is a member of the epidemiology staff of CHIPR and serves on the board of Tobacco Free St. Louis Coalition. She will be the key CHIPR staff person to provide interface between the SFSLK Client Service Coordinator and the data reporting to the Center for Tobacco Policy Research through the Tobacco Initiative Evaluation System (TIES) under the Quit Rate Protocol. Maranda will work closely with the epidemiologist who manages lead and asthma data for the department, Matt Steiner, MSW/MPH, to develop a database that will be used to capture data by the day-to-day project staff. The public health nurse, Angela Buchanan is competent in database maintenance and management, and that will be one of the essential functions identified for the client service coordinator to be hired. Currently a MSW candidate from the George Warren Brown School of Social Work at Washington University in St. Louis, Erin Eckstein, is interning under Matt Steiner. She and future School of Public Health or Social Work interns will recruit pregnant women from the Heavy Metal Project to participate in SFSLK, and assist with the development of health and ETS assessment survey tools to be used in the project.

*Percentage of total budget allocated towards evaluation expenses.*

0.00

*Describe how the organization will collect data and implement the evaluation protocols established for TPCI and how they will interact with CTPR as part of their internal evaluation activities.*

DESCRIBE HOW THE SPECIFIC TOOLS OR SURVEYS WILL BE USED. INCLUDE SAMPLES OF QUESTIONS, PLANS FOR OBTAINING BASELINE OR PRE-ASSESSMENT DATA, AND EXISTING

DATABASES THE ORGANIZATION WILL USE.

The database listed in Appendix B will be used to capture the identification and recruitment data. A baseline health survey will be used to identify aspects of both the children's health (Asthma Control Test scores, blood lead levels, information on other respiratory and /or ear infections).

After recruitment and participation in cessation training and counseling, the CSC and PHN will follow up with participants on a quarterly basis to capture quit rate protocol information for the TIES reporting. Every six months in the follow up they will request information on Asthma Control Test scores and blood lead level data, as well as the other health information captured at baseline.

*Describe how the data collected will be analyzed. Include the statistical analyses and/or qualitative techniques to be used, if appropriate.*

Data Analysis Methods: In addition to providing data to TIES, the CHIPR epidemiologists will use ESRI ArcGIS, and Microsoft Access and Excel to analyze all data. ArcGIS is geocoding and mapping software that will enable process and outcome evaluation to be useful from a granular geographic perspective. Data will be housed and cleaned in Access and Excel. See proposed list of SFSLK database items in Appendix B.

ORGANIZATIONAL PROFILE

*Briefly state the mission of the organization.*

To assure a healthy community through continuous protection, prevention and promotion of the public's health. This is achieved by caring, qualified, culturally competent employees who are responsive and proactive to community needs.

*Describe the applicant's experience and qualifications for conducting the proposed approach.*

As described in "Existing Services" above, the DOH has expanded the Children's Environmental Health program to address a host of household factors that impact children's health. The DOH has participated with Tobacco Free St. Louis Coalition for several years to improve tobacco policy in the City and to expand smoking cessation programming.

*Describe the people within the organization responsible for the project. Explain why they are the most qualified.*

The CEH program is under the supervision of Jeanine S. Arrighi, MS, Health Services Manager II, who has successfully managed a number of grant programs associated with lead poisoning prevention, including the MFH-funded Lead Safe St. Louis (LSSL) grant from 2005-2008. Ms. Arrighi is currently a fellow in the CDC's Environmental Public Health Leadership Institute. The CEH team partners with Brandii Mayes, MPH, Health Program Manager for Health Equities and her staff for the MFH-funded Asthma Friendly St. Louis (AFSL) program. Ms. Mayes came to the DOH through the CDC's Public Health Prevention Specialist Fellowship, and has been instrumental in developing asthma programming. This project would also use the skills of Angela Buchanan, RN, (Public Health Nurse II) who is the nurse case manager for LSSL as well as one of the staff pursuing Healthy Housing Specialist credentials for AFSL. Ms. Buchanan will be instrumental in identifying families to refer for participation in this project. CEH will hire a Client Service Coordinator with minimum credentials of a master's degree in public health, social work, or a related field to provide day to day program outreach, education, counseling, data collection, and survey execution. The project will also utilize public health and social work interns to contact and counsel families.

*Describe the outside partners necessary for the project's success, including their specific roles and responsibilities.*

- 1) The outside partners for this project include the American Lung Association, which offers The Freedom From Smoking group clinic consisting of eight sessions designed to offer individuals a step-by-step plan for quitting smoking. A total of 12 cessation clinics will be held over the 24 month grant period. Upon completion, participants will be encouraged to get involved in implementing policy change regarding tobacco control and cessation. This can be done through writing and/or calling local and state officials, providing education on the dangers of second-hand smoke, etc.
- 1) Case management staff from the MO HealthNet plans will be important partners to assist with identifying families where smoking in the household may contribute to the health outcomes of lead-poisoned children. CEH will also rely on partnerships with the DOH School Health Nurses and the staff at participating Asthma Friendly St. Louis private and parochial schools for referrals from families of children with asthma. The City DOH recognizes that leveraging media made available to St. Louis County through stimulus funding will provide important smoke free information through television, radio and other media that will reach populations in the City of St. Louis. The SFSLK webpage and brochures will be produced in collaboration with the City's Communication Division, which has provided similar services for the LSSL and AFSL programs in the DOH. The SFSLK

project will also rely on the Missouri Quitline and BecomeAnEx.org for additional support.

**FINANCIAL PROFILE**

*Describe the other funding sources and strategies used to maintain or increase organizational revenue.*

Funding is pursued through federal, state, and foundation grant programs. DOH is interested in pursuing policy changes that would allow local taxation of tobacco products to raise smoking prevention and cessation funding.

*List any in-kind services for the proposed program.*

Facilities, equipment, and sme material, and staff time will be provided by the City DOH to support this project.

*Describe funding strategies that will sustain the proposed program after MFH support ends.*

The SFSLK project outlined herein is purposefully focused on hiring a minimum of new staff, and it seeks to capitalize on the vast array of exisiting personnel resources throughout the DOH to provide services. In this manner the training and resource development will be distributed throughout various health outreach programs. The program leverages the investments that City Department of Health has made in health professionals. Becuase health equity in the City is challenged, the DOH performs its pubic health functions to describe this problem and help City leaders to find ways to address it. It's the intent of the CEH program to pursue additional funding sources, such as policy change to allow for City taxation of tobacco products to fund tobacco to fund tobacco outreach, prevention and cessation programs.

Attachment B.

Project Budget

Project Budget follows this page.

PROJECT TITLE: Smoke Free St. Louis Kids

	TOTAL PROJECT BUDGET			FUNDING REQUESTED FROM FOUNDATION		
	Year 1	Year 2	Total	Year 1	Year 2	Total
<u>Net Revenue</u>						
In-Kind	0	0	0	0	0	0
Total Net Revenue	0	0	0	0	0	0
<u>Expense</u>						
Salary	48,875	48,875	97,750	44,094	44,094	88,188
Benefits & Payroll Taxes	12,219	12,219	24,438	11,024	11,024	22,048
Total Compensation	61,094	61,094	122,188	55,118	55,118	110,236
Conferences	0	0	0	0	0	0
Equipment, Major	2,000	2,000	4,000	0	0	0
Equipment, Minor	1,000	1,000	2,000	0	0	0
Printing	2,000	2,000	4,000	2,000	2,000	4,000
Supplies	2,730	2,730	5,460	2,490	2,490	4,980
Travel	935	935	1,870	935	935	1,870
Other Direct Expense	11,384	10,384	21,768	11,384	10,384	21,768
Sub-total	81,143	80,143	161,286	71,927	70,927	142,854
Indirect Expense	3,073	3,983	7,056	3,073	3,983	7,056
Total Expense	84,216	84,126	168,342	75,000	74,910	149,910
Net Project Cost	-84,216	-84,126	-168,342	-75,000	-74,910	-149,910

**City of St. Louis Department of Health  
Budget Assumptions**

**Net Revenue:**

The City of St. Louis Department of Health has stated that no new revenue will be generated as a result of MFH funding.

**Expenses:**

**Salary:**

	Annual			
<u>Position</u>	<u>Salary</u>	<u>FTE</u>	<u>Year 1</u>	<u>Year 2</u>
Client Service Coordinator	\$39,312	1.00	\$39,312	\$39,312
Public Health Nurse II	\$47,814	0.10	\$ 4,782	\$ 4,782
<b>Total Salary:</b>			<b>\$44,094</b>	<b>\$44,094</b>

**Benefits & Payroll Taxes:**

Fringe benefits are calculated as a percentage of the budgeted salary expense.

	Annual					
<u>Position</u>	<u>Salary</u>	<u>Rate</u>	<u>Subtotal</u>	<u>FTE</u>	<u>Year 1</u>	<u>Year 2</u>
Client Service Coord	\$39,312	0.25	\$ 9,828	1.00	\$ 9,828	\$ 9,828
Public Health Nurse II	\$47,814	0.25	\$11,954	0.10	\$ 1,196	\$ 1,196
<b>Total Benefits &amp; Payroll Taxes:</b>					<b>\$11,024</b>	<b>\$11,024</b>

**Printing:**

This request includes the cost of printing brochures for Smoke Free St. Louis cessation resources and tobacco ordinances.

- 4,000 brochures @ \$0.50 each = \$2,000.

**Total Printing:**

**Year 1: \$2,000**

**Year 2: \$2,000**

**Supplies:**

This request includes the cost of computer, office, and smoking cessation class supplies.

- \$20.00 per month for computer and office supplies x 12 months = \$240.
- 75 participants @ \$30.00 per person for six smoking cessation class sessions = \$2,250.

**Total Supplies:**

**Year 1: \$2,490**

**Year 2: \$2,490**

**Travel:**

This request includes the cost of traveling for MFH meetings and field work.

- MFH Meeting Travel: 280 miles @ \$0.525 per mile = \$147
- Client Service Coordinator Travel for Field Work: 10 miles per trip x 3 trips per week x 50 weeks @ \$0.525 per mile = \$788.

**Total Travel:**

**Year 1: \$935**

**Year 2: \$935**

**City of St. Louis Department of Health  
Budget Assumptions**

**Net Revenue:**

The City of St. Louis Department of Health has stated that no new revenue will be generated as a result of MFH funding.

**Expenses:**

**Salary:**

	Annual			
<u>Position</u>	<u>Salary</u>	<u>FTE</u>	<u>Year 1</u>	<u>Year 2</u>
Client Service Coordinator	\$39,312	1.00	\$39,312	\$39,312
Public Health Nurse II	\$47,814	0.10	\$ 4,782	\$ 4,782
<b>Total Salary:</b>			<b>\$44,094</b>	<b>\$44,094</b>

**Benefits & Payroll Taxes:**

Fringe benefits are calculated as a percentage of the budgeted salary expense.

	Annual					
<u>Position</u>	<u>Salary</u>	<u>Rate</u>	<u>Subtotal</u>	<u>FTE</u>	<u>Year 1</u>	<u>Year 2</u>
Client Service Coord	\$39,312	0.25	\$ 9,828	1.00	\$ 9,828	\$ 9,828
Public Health Nurse II	\$47,814	0.25	\$11,954	0.10	\$ 1,196	\$ 1,196
<b>Total Benefits &amp; Payroll Taxes:</b>					<b>\$11,024</b>	<b>\$11,024</b>

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**Total Printing:**

**Year 1: \$2,000**

**Year 2: \$2,000**

**Supplies:**

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- 75 participants @ \$30.00 per person for six smoking cessation class sessions = \$2,250.

**Total Supplies:**

**Year 1: \$2,490**

**Year 2: \$2,490**

**Travel:**

This request includes the cost of traveling for MFH meetings and field work.

- MFH Meeting Travel: 280 miles @ \$0.525 per mile = \$147
- Client Service Coordinator Travel for Field Work: 10 miles per trip x 3 trips per week x 50 weeks @ \$0.525 per mile = \$788.

**Total Travel:**

**Year 1: \$935**

**Year 2: \$935**

**Other Direct Expenses:**

**Other – Participant Travel Expense:**

This request includes the cost of the participants roundtrip travel fare to one cessation clinic.

- 75 participants x 1 trip per week x 8 weeks @ \$4.50 per person = \$2,700.

Year 1: \$2,700

Year 2: \$2,700

**Other – Webpage Design Expense:**

This request includes the cost of webpage design and management fees.

Year 1: 10 hours @ \$100.00 per hour = \$1,000

Year 2: 5 hours @ \$100.00 per hour = \$500

**Other – Graphic Design Expense:**

This request includes the cost of graphic design expense and management fees.

Year 1: 10 hours @ \$100.00 per hour = \$1,000

Year 2: 5 hours @ \$100.00 per hour = \$500

**Other – Childcare Expense:**

This request includes the cost of providing childcare for the sessions.

6 sessions @ \$35.00 per session x 8 weeks = \$1,680.

Year 1: \$1,680

Year 2: \$1,680

**Other – Cessation Facilitator Expense:**

This request includes the cost of contracting with a cessation facilitator. The request is based on:

- Fees: 6 sessions @ \$750.00 per session = \$4,500.
- Travel: 20 miles per trip x 1 trip per week x 48 weeks @ \$0.525 per mile = \$504.

Year 1: \$5,004

Year 2: \$5,004

**Total Other Direct Expense:**

Year 1: \$11,384

Year 2: \$10,384

**Indirect Expense:**

Indirect expense is calculated as a percentage of the budgeted salary expense.

	<u>Year 1</u>	<u>Year 2</u>
Salary:	\$44,094	\$44,094
Indirect Rate:	<u>6.96%</u>	<u>9.03%</u>
<b>Total Indirect:</b>	<b>\$ 3,073</b>	<b>\$ 3,983</b>

ATTACHMENT C

Project Objectives, Activities, and Measures

Please refer to the project plan attached.

City of St. Louis Department of Health – Children’s Environmental Health  
Missouri Foundation for Health – Tobacco Prevention and Cessation Initiative

**Smoke Free St. Louis Kids**  
**Objective 1: Provide education on secondhand smoke and its effects on asthma to 1,000 family members by July 31, 2013.**

Activity/Tactics	Product (Output)	Measurement(s)	Method(s)	Responsibility	Timeline
Identify families that are currently involved in asthma or lead program, including the Heavy Metal Program for pregnant women who smoke, that have second-hand smoke in the home	Identified 1000 family members with smoking in the home	# of family members identified for SFSLK cessation program	Telephonically contacting family members through LSSL and AFSL databases	Public Health Nurse II's Client Service Coordinator	ongoing
Demonstrate link between ETS and CEH issues of lead poisoning and asthma through telephonic counseling or home visit	Family members understand link between ETS and lead poisoning, ETS and asthma	Results of telephonic assessment	Receiving referrals from outside sources (physicians, lead and asthma risk assessors) Telephonic assessment of client's understanding noted in database	MSW or MPH Interns Client Service Coordinator	ongoing
Enroll interested family members in American Lung Association Freedom from Smoking* cessation programming	Family members will be enrolled for cessation trainings	# of family members enrolled in smoking cessation programming	SFSLK database TIES Reporting	Client Service Coordinator	ongoing quarterly enrollment
Provide 6 smoking cessation programs per year for family members. Provide childcare and transportation to improve participants ability to attend.	Family members will attend cessation group clinics.	# of trainings conducted Training attendance	Training schedule and contents Attendance logs	Client Service Coordinator	ongoing; quarterly reporting
Family members will receive ongoing telephonic counseling and progress assessments Family members will be informed about the Missouri Tobacco Quitline for additional support	Family members will receive telephonic cessation counseling at least once every 3 months.	Participant satisfaction with trainings # of counseling sessions	Participant evaluations SFSLK database TIES Reporting	Client Service Coordinator	ongoing; quarterly reporting

City of St. Louis Department of Health – Children’s Environmental Health  
Missouri Foundation for Health – Tobacco Prevention and Cessation Initiative

**Smoke Free St. Louis Kids**

Provide information to pregnant women who smoke about the impact on their unborn child. Ensure that pregnant women who qualify are on Medicaid and have access to nicotine replacement therapies as covered.	Pregnant women will receive medical assistance to quit smoking.	# of pregnant women who quit smoking	SFSLK database	Client Service Coordinator Medical Provider	ongoing; quarterly reporting
Collect baseline data on smoking in the home, asthma in the family, and lead levels in the family	Database of health information for participating family members	Volume of data collected	SFSLK database TIES Reporting Health Assessment and ETS assessment	Client Service Coordinator	Within first 30 days of identification

\* In previous applications Tobacco Free St. Louis was the cessation provider, but they are unable to provide this service due to their current exclusive contract with St. Louis County.

**Objective 2: Provide smoking cessation information including classes and referrals to the Missouri Tobacco Quitline to 150 parents by July 31, 2013.**

Activity/Tactics	Product (Output)	Measurement(s)	Method(s)	Responsibility	Timeline
Develop and distribute a comprehensive ETS Resource Guide to link parents with appropriate community resources Develop and distribute a City Ordinance Resource Guide that identifies current tobacco restrictions on smoking, tobacco sales and advertising of tobacco products.	Resource guides will be developed and distributed	# of resource guides developed and distributed	SFSLK database	Client Service Coordinator Epidemiologist	Within first 60 days
Implement ETS webpage as part of CEH website to provide education on ETS and Promote existing MFH resources including MO Tobacco Quitline and becomeanex.org, as well as information on City tobacco ordinances.	Website will be developed to connect family members to ETS programming Promote existing resources	Volume of website hits	SFSLK database	Client Service Coordinator, IT	Within first 60 days

City of St. Louis Department of Health – Children’s Environmental Health  
Missouri Foundation for Health – Tobacco Prevention and Cessation Initiative

**Smoke Free St. Louis Kids**

Develop partnerships with physician offices and community organizations that maintain same mission	Partnerships with community organizations sharing program mission will be established	SFSLK database	Client Service Coordinator	ongoing
Develop coaching and training materials for quarterly cessation trainings (brochures, powerpoints)	Training materials will be produced	SFSLK database	Client Service Coordinator	Within first 60 days
Establish a database to store, analyze, and distribute the data collected	Database will be created	User feedback	Client Service Coordinator, IT, CHIPR	Within first 30 days
Assess smoking cessation in the home on a quarterly basis following initial training.	Program will track participant progress in smoking cessation	SFSLK database TIES Reporting ETS assessment	Client Service Coordinator	quarterly
Assess family health in terms of asthma and lead levels at the end of 6 months	Program will track changes in health outcomes for participating family members	SFSLK database Health Assessment (including blood lead levels and Asthma Control Test results)	Client Service Coordinator	Semi-annually

**Applicant Name and Project Name:** City of St. Louis Department of Health Children’s Environmental Health Program – Smoke Free St. Louis Kids

**Goal:** Partner with families already served by Children’s Environmental Health in the elimination of second and third hand smoke in their homes

Attachment D.

Grant Funded Property

<u>Description of Grant Funded Property</u>	<u>Useful Life in Years</u>
None	

Attachment E.

Required Signage

Description of Signage

Placement

None

Approved: June 8, 2011