

**THE AMERICAN RECOVERY AND REINVESTMENT ACT OF 2009
COMMUNITIES PUTTING PREVENTION TO WORK
TOBACCO CONTROL AND PREVENTION PROGRAM**

FY2010

Contract Period: May 1, 2010 through February 28, 2012

REQUEST FOR PROPOSALS

APPLICATION MATERIALS

FOR

Evaluation Services for Tobacco Control and Prevention Programs

**RFP OPENING DATE: January 25, 2010
RFP CLOSING DATE: February 19, 2010**

**City of St. Louis Department of Health
Children's Environmental Health
1520 Market Street, Room 4038
St. Louis, MO 63103
(314) 657-1456**

Note: If this RFP was downloaded from the City of St. Louis RFP Website each applicant must provide contact information to the RFP contact person in order to be notified of any changes in this RFP document.

NOTICE

BIDDER'S PRE-APPLICATION CONFERENCE MEETING

**THE AMERICAN RECOVERY AND REINVESTMENT ACT OF 2009
COMMUNITIES PUTTING PREVENTION TO WORK
TOBACCO CONTROL AND PREVENTION PROGRAM**

**FY2010
APPLICATION**

Evaluation Services for Tobacco Control and Prevention Programs

ATTENDANCE RECOMMENDED
PLEASE RSVP TO RECEIVE CALL INFORMATION

DATE: February 9, 2010

TIME: 10:00 AM - 11:30AM CST

LOCATION: City of St. Louis, Department of Health
1520 Market Street, Room 4043
DIRECTOR'S OFFICE SMALL CONFERENCE ROOM
St. Louis, MO 63103

CONTACT: Ms. LaTisha Jefferson
City of St. Louis, Department of Health
Children's Environmental Health
1520 Market Street, Room 4038
St. Louis, MO 63103
(314) 657-1456
jeffersonl@stlouiscity.com

THE AMERICAN RECOVERY AND REINVESTMENT ACT OF 2009
APPLICATION FOR FUNDING
FOR
Evaluation Services for Tobacco Control and Prevention Programs

The City of St. Louis Department of Health Request for Proposal application reflects the components each Proposer must address to demonstrate their expertise and capacity to successfully evaluate community-based and school-based tobacco control and prevention programs. Proposals must be submitted following the format requirements, address each of the application components, and contain all required attachments to be considered for review.

I. APPLICATION FORMATTING REQUIREMENTS

Request for Proposals (RFP) may be obtained beginning January 25, 2010 from LaTisha Jefferson at the City of St. Louis Department of Health, Children's Environmental Health Program, 1520 Market Street, Suite 4038, St. Louis, MO 63103, or downloaded from the St. Louis City website at <http://stlouis.missouri.org>, or by contacting Ms. Jefferson at (314) 657-1456.

All questions must be submitted in writing no later than **February 5, 2010** to Maranda Witherspoon, Epidemiologist, City of St. Louis Department of Health, 1520 Market Street, Suite 4051, St. Louis, MO 63103. All questions will be addressed at the pre-application conference.

An original, five (5) paper copies bound, one (1) copy unbound and one (1) CD in Microsoft Word and/or Adobe Acrobat (.pdf) of the proposal must be submitted to the Children's Environmental Health office by 4:30 p.m. Friday, February 19, 2010. ***Late or incomplete proposals will not be accepted.*** Proposers must adhere to the following:

- Applications must be in English
- Five (5) copies of the application must be bound; one (1) copy must be unbound
- Use 12-point font
- Use 8.5 by 11 inch white paper that can be photocopied
- Top, bottom, left, and right margins may not be less than one inch each
- Text may be either 1.5 or double spaced
- Each copy must contain a Table of Contents
- CD must be properly formatted and be able to be read by Department of Health computers using Microsoft Word 95, 97, XP or Adobe Acrobat (.pdf). ***CD must contain the same information as original paper copy, i.e., (draft RFP's and resulting contracts, draft participation agreements and sole source contracts, organizational chart, resumes of key staff, most current financial statement, documentation of not for profit status, letters of support, current business license, etc.).***

II. DESCRIPTION AND QUALIFICATION REQUIREMENTS

The City of St. Louis Department of Health is the local public health agency serving the City through its vision, mission, and values:

Our Vision

The City of Saint Louis will be a healthy environment where citizens realize their desire for longer, healthier and happier lives at home, at work and in their neighborhoods.

Our Mission

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.

Our Values

- **Professionalism** Assuring a qualified, accountable and skilled staff, grounded in the philosophy of customer service.
- **Quality** Providing our customers with excellence in care and services that is continuously improved.
- **Diversity**
Respecting and understanding differences, valuing the worth and dignity of each person and the importance of treating all people in a non-judgmental manner.
- **Collaboration**
Building and maintaining strategic alliances and working together with other organizations in order to assess and understand emerging public health needs within the community.
- **Confidentiality**
Providing services in a confidential manner.
- **Access**
Promoting access to health care services and reducing disparities in health outcomes for all citizens.
- **Advocacy**
Providing leadership that assures optimal health through education and the development of public health policies and programs, raising community awareness and promoting healthy lifestyles.
- **Teamwork**
Working together, everyone accomplishes more.

Intervention Area and Population of Need

The City DOH, established in 1867, has been delivering outreach and prevention services to the City for 142 years, serving a population of 354,361. The City of St. Louis is also a county subdivision known as St. Louis City located in a metropolitan region of 16 counties with a population of 2.7 million. **The City of St. Louis is a completely separate subdivision from St. Louis County.** The DOH is a fully-accredited health department at the comprehensive level, the highest granted by the state accrediting board, Missouri Institute of Community Health.

The Census Bureau reported that by 2000, 51.2% of the City population was African American, 43.9% was White (with large in-migration, particularly of Bosnian immigrants), 2% was Asian or Hawaiian/Pacific Islander, .8% were other races, and 1.9% identified themselves as more than one race.¹B.

Local data:

Table 1

Characteristics* of Smoking Status Percentage that are Current Smokers			
Region		Education	
St Louis MSA	23.40	< HS	44.76
St Louis County	20.30	HS	28.57
St Louis City	30.30	> HS	17.94
Gender		Household Income	
Male	25.87	< \$15,000	40.51
Female	23.23	\$15,000 - \$24,999	35.67
Race	White	\$25,000 - \$34,999	28.43
		\$35,000 - \$49,999	26.60
		\$50,000 - \$74,999	20.41
		\$75,000 +	13.96
	Black		
	All Other		

*NOTE: Region data is from 2008 CDC SMART (Selected Metro/Micropolitan Area Risk Trends) BRFSS City and County Data; All other characteristic data is from MO Behavioral Risk Factor Surveillance System, 2007

Region: Approximately 23% of individuals living in the St Louis MSA (Metropolitan Statistical Area: 8 Illinois counties; 9 Missouri) currently smoke – these individuals smoke everyday or some days. However, the proportion of smokers is not consistent between the central counties: about 50% more residents of the City currently smoke than residents of St. Louis County (30.30% vs. 20.30%). **Gender:** Slightly more men currently smoke than females (25.87% vs. 23.23%). **Race:** Non-white individuals have much higher smoking rates. **Education:** For every 2 people smoking with at least some college education, there are 5 people without a high school education that currently smoke. **Income:** Many more people who make less than \$25,000 are current smokers.

Taking into consideration all the characteristics listed in Table 1, conclusions can be drawn that more people in the City smoke than throughout the whole St Louis Region. Of the current City smokers, more tend to be non-white men, who do not have a high school education and reside in a household that has a yearly income below \$25,000.

These characteristics (highlighted fields within Table 1) are further explored and analyzed in relation to the City ZIP Code population data (see Tables 2 and 3 and Figures 1 and 2).

¹ According to the Washington University Medical Center's Human Studies Committee, St. Louis is third in the nation for degree of diversity of refugee, second in the nation for the density of new arrivals to native born, and experiences about 4,000 other new arrivals (secondary migrant refugees, immigrants, students, visitors, and non-documented transients and residents) each year.

Table 2

**Factors* that are Correlated with Current Smoking Status
St Louis City, MO; 2008**

ZIP	Quartile Summary^	Percent of Total Population Men	Percent of Total Population Non-White	Percent aged 25 + < HS Diploma	Percent Households < \$25,000 Income
63101	4	49.33	77.74	27.37	47.62
63102	1	69.77	39.60	14.63	24.76
63103	4	49.31	53.58	30.14	63.00
63104	2	49.15	58.43	21.54	34.98
63106	4	43.52	95.02	42.33	73.33
63107	4	46.36	91.21	41.11	54.51
63108	2	48.83	43.64	19.27	44.55
63109	1	46.96	7.21	14.77	20.98
63110	1	47.46	60.02	26.47	33.97
63111	3	48.60	37.23	38.60	47.21
63112	2	46.24	79.82	27.60	52.85
63113	4	46.18	98.65	38.76	51.92
63115	3	45.04	98.94	33.63	45.90
63116	2	48.49	31.93	27.66	34.88
63118	2	48.32	64.68	38.42	44.83
63120	4	46.19	93.51	40.22	53.98
63139	1	48.64	11.59	19.87	26.19
63147	3	49.24	90.73	26.08	41.35

*NOTE: Factors taken from MO Behavioral Risk Factor Surveillance System, 2007

^NOTE: A Quartile Summary of 4 indicates a ZIP with highest/greatest need and support

Knowing that gender, race, education and household income are all associated with current smokers, areas (ZIP Codes) with high percentage of these factors are considered to be at a greater risk for needed interventions and/or support.

Table 3

**Morbidity and Mortality* Associated with Tobacco Use
St Louis City, MO; Understanding Our Needs 2002 - 2005**

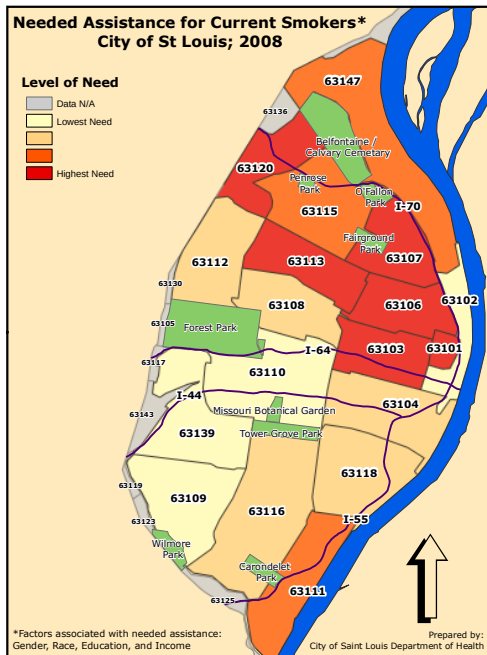
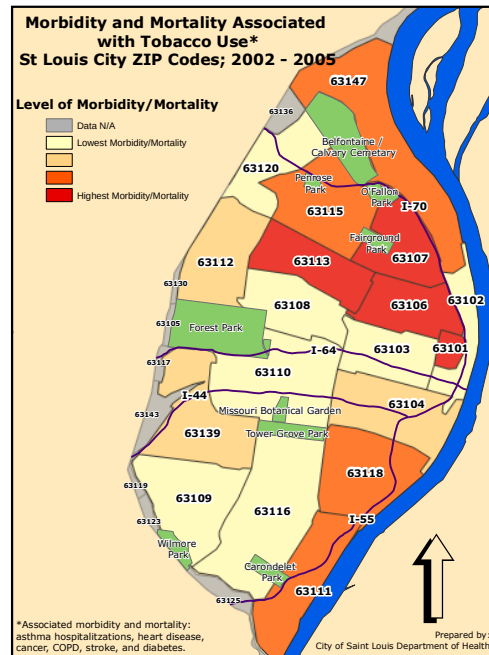
StL City ZIP Code	Quartile Summary^	Asthma Admissions	Heart Disease	Cancer	COPD	Stroke	Diabetes
63101	4	5.5	882.4	472.3	214.0	128.6	128.4
63102	1	1.5	275.7	153.7	26.6	26.6	15.8
63103	1	2.7	357.5	178.8	19.4	47.2	49.9
63104	2	3.3	307.7	256.8	54.9	50.6	28.0
63106	4	8.3	418.2	336.4	57.5	89.3	71.9
63107	4	6.3	369.2	268.2	41.8	71.9	55.6
63108	1	2.8	308.3	211.8	35.1	57.6	46.8
63109	1	1.3	256.3	204.5	34.0	54.3	14.2
63110	1	2.8	292.6	205.0	29.2	68.9	19.6
63111	3	2.1	379.0	242.6	68.3	73.1	34.1
63112	2	4.6	295.4	228.4	24.3	69.9	45.2
63113	4	4.6	457.6	349.9	41.2	80.4	61.8
63115	3	4.4	319.4	280.2	26.1	70.1	55.1
63116	1	2.1	327.9	208.4	36.2	57.6	24.5
63118	3	3.4	339.5	253.7	47.5	59.0	43.1
63120	1	4.2	285.6	255.7	29.8	64.1	30.0
63139	2	1.1	323.8	187.4	47.1	71.9	31.7
63147	3	3.7	318.8	265.2	51.4	67.8	53.5

*NOTE: Morbidity -- Hospital Admissions due to Asthma; rate per 1,000 population

Mortality -- Deaths due to heart disease, cancer, COPD, stroke and diabetes; rate per 100,000

^NOTE: A Quartile Summary of 4 indicates a ZIP with highest/greatest need and support

There are many diseases associated with tobacco use and the effects of environmental tobacco smoke; asthma, heart disease, cancer, COPD, stroke and diabetes are all linked with tobacco use and its by-products. This table shows the difference and disparity of these diseases throughout the City.

Figure 1**Figure 2**

The level of need within the CitySTL is not evenly distributed, in fact need appears to be clustered to the northern area. Like the level of need, hospital admissions and deaths associated with tobacco use (smoke), are also clustered to the northern part of the City. These two figures below illustrate the areas within the City that are at the highest need for tobacco intervention programs.

Among City barriers to tobacco control: tobacco settlement funding for tobacco control and prevention has been available to 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 the City); State settlement legislation prohibits City 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; City new smoke-free workplace ordinance does not go into effect until January 2, 2011 and there are 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.

The health challenges associated with tobacco use place a tremendous burden on the lives of St. Louis citizens. Tobacco Control and Prevention Programs are intended to significantly reduce this burden on the community.

The City of St. Louis Department of Health is therefore requesting proposals to provide evaluation of those contractors programming tobacco prevention and control services for our most at-risk populations of school-aged children and adults to intervene with strategies that prevent smoking, promote smoking cessation, and eliminate exposure to secondhand smoke. These at-risk populations include African American, youth, LGBT, and immigrant/ refugee. Proposed programs will be in compliance with the City of St. Louis Tobacco Control and Prevention Community Action Plan found in Appendix A. Evaluation services will be provided to the Leadership Team in relationship to the Missouri Department of Health and Senior Services State Management Team, as well as to the City of St. Louis Department of Health and the Tobacco-Free Missouri Greater St. Louis Coalition through the Comprehensive Coordinating Work Group and the additional work groups identified in the Community Action Plan (i.e., Evaluation, School-Based, Community-Based, Work Site, Health Care, Sustainability, and

Media Campaign). Proposed programs must comply with all requirements of the American Recovery and Reinvestment Act of 2009 through the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention *Communities Putting Prevention to Work* Program described as Funding Opportunity Number: CDC-RFA-DP09-912ARRA09, Catalog of Federal Domestic Assistance Number: 93.724.

Qualifications:

Applicants must have experience evaluating community-based and public health organizations in delivery of programs, especially with regard to targeted populations. The qualifications must be substantiated with evidence of logistical and administrative support appropriate to implement the City of St. Louis Tobacco Control and Prevention Community Action Plan. Experience with evaluation and reporting of ARRA-funded programs is favorable.

Evaluation Criteria: Proposal submissions will be evaluated and selection based on the responses received to the project abstract and program narrative.

III. PROJECT ABSTRACT (Maximum of two (2) single-spaced pages)

The proposal must include a project abstract. The abstract can be a maximum of two single-spaced pages and should be an overview of the proposal. The abstract should include:

- A. Name and brief description of the applicant organization and the evaluation methods typically addressed by the organization.
- B. A brief description of the Proposer's experience providing evaluation services to public health programs.
- C. Budget request and an overview specific to the Proposer's core competencies and how the latter will be leveraged to serve the tobacco control and prevention programs. Stated core competencies should reflect added value in the proposed budget.

IV. PROGRAM NARRATIVE (Maximum of 20 1.5-line or double-spaced pages)

The program narrative should be a minimum of ten pages and a maximum of 20 1.5-line or double-spaced typewritten pages numbered consecutively. Proposers must respond to each of the required narrative proposal components (IV A-G). The order of the responses must follow exactly the order provided below. The Proposer's primary response should be included in the body or text of the submitted proposal. The response to proposal components may not consist solely of references to attached materials. This is not to say that Proposers may not attach documentation or material to demonstrate capacity or prior projects, but the response must not consist exclusively of attached material.

Logistical Support Criteria

Proposers should indicate how they would work through the community coalition, Tobacco-Free Missouri Greater St. Louis Coalition, as well as with the identified Leadership Team and the Comprehensive Coordinating Work Group to develop an

evaluation plan (See Appendix A). Describe activities proposed to evaluate the following program functions:

A. Reduce tobacco use initiation (10 points)

Organization(s) must be able to show successfully implemented programs designed to reduce tobacco use initiation.

B. Increase tobacco cessation (10 points)

Organization(s) must be able to show successfully implemented programs designed to increase tobacco cessation.

C. Reduce exposure to second hand smoke (10 points)

Organization(s) must be able to show successfully implemented programs designed to reduce exposure to second hand smoke.

D. Promote tobacco-free norms and political support for tobacco control policies (10 points)

Organization(s) must be able to show successfully implemented strategies designed to promote tobacco-free policies and political support.

E. Create healthy tobacco-free communities and environments (10 points)

Organization(s) must be able to show successfully implemented programs designed to create tobacco-free communities and environments.

Administrative Support Criteria:

F. Capability of the Applicant (20 points)

1. Describe the agency's overall mission and scope of services.
Program descriptions may be appended.
2. Describe the management and staffing plan of your organization.
Provide a description of staff skills and experience in providing evaluation services. Include an organizational chart and resumes of key staff.
3. Describe the organization's process to train/orient staff and strategies to prevent staff attrition.

G. Purchasing (15 points)

Describe your organization's experience forecasting and managing an evaluation budget.

V. BUDGET AND FINANCIAL DATA

Budget Narrative and Budget (15 points)

1. Develop and submit the program budget with narrative. In developing your budget, keep in mind that administrative charges may not exceed 8% of the total direct service charges to the contract.
2. Financial Information to include:
 - a. A copy of your program/organization budget for the most recent fiscal year.
 - b. A summary of your current 2009/2010 contracts, including the funding sources.
 - c. A list of outside funds applied to provide partial support for the proposed project and the status of those applications.
3. Supporting Documentation:
Please attach the following documentation:
 - a. Listing of governing body members and officers, as applicable.
 - b. Most recent audited financial report. Report must be from within the previous three years.
 - c. Not for Profit organizations should attach evidence of 501 (c) 3 status which includes all of the following documents:

- IRS Tax Determination Letter
 - Articles of Incorporation
 - Organizations Bylaws
- d. The successful bidders must obtain and maintain a current business license and pay all applicable taxes to the City of St. Louis.
- e. M/W/DBE Participation: It is the policy of the City of St. Louis to address the effects of identified discrimination against minority business enterprises and women's business enterprises within its jurisdiction. Contractual services shall be allocated according to the policy. The method that the city shall employ to implement that policy is the establishment of a goal of at least 25% minority business enterprise participation and at least 5% women's business enterprises participation in contracts and purchases wherein City funds are collected or expended. Please provide information on minority and women enterprise participation in your company.

VI. EVALUATION CRITERIA

The RFP will undergo the following evaluation process. The Children's Environmental Health, in association with an independent review panel, will evaluate the proposal using the above criteria and provide recommendations to the DOH Professional Service Agreement Committee (PSA), established under City of St. Louis Ordinance 64102. The PSA Committee will evaluate and make selection based on the responses received to the project abstract and program narrative. . The total points possible is 100, awarded as follows:

Evaluation plan to:	
Reduce tobacco use initiation	10 Points
Increase tobacco cessation	10 Points
Reduce exposure to secondhand smoke	10 Points
Promote tobacco-free norms and political support for tobacco control	10 Points
Create healthy tobacco-free communities and environments	10 Points
Capability of the applicant	20 Points
Purchasing	15 Points
Budget narrative and budget	15 Points
Total	100 Points

VII. RFP TERMS

- A.** The City reserves and may exercise one or more of the following rights and options regarding this RFP:
- To reject any and all bids, to seek additional bids, to enter into negotiations and subsequently contract with more than one Bidder at any time during the process.
 - To evaluate separately the individual components of each bid such as any proposed subsystem, product or service, and to contract with such Bidder for any individual component.
 - To cancel or withdraw this RFP without the substitution of another RFP or alter the terms and conditions of this RFP.

- To modify specific terms and conditions in this document prior to execution.
- The City reserves the right to renew the contract for an additional one year term for up to two consecutive years.

B. Contents of Proposals: All materials submitted in accordance with this RFP will become and remain the property of the City and will not be returned. All Proposals shall be considered public records, but may be deemed and treated as closed or exempt by the City Counselor's Office, at the sole discretion of the City Counselor's Office, pursuant to the City's understanding and interpretation of the laws of the State of Missouri. All Proposal material may be treated as open records. The City cannot guarantee confidentiality of any materials during the evaluation process or at any other time. Thus, Proposals and communications exchanged in response to this RFP should be assumed to be subject to public disclosure.

APPLICATION COVER SHEET

**THE AMERICAN RECOVERY AND REINVESTMENT ACT OF 2009
COMMUNITIES PUTTING PREVENTION TO WORK
TOBACCO CONTROL AND PREVENTION PROGRAM**

Evaluation Services for Tobacco Control and Prevention Programs

Program/Organization Name: _____

Contact and Address: _____

Telephone #: _____ **Fax:** _____

Email Address: _____

Appendix A

City of St. Louis Tobacco Control and Prevention Community Action Plan

City of St. Louis Tobacco Control and Prevention Community Action Plan

Vision-Increase public support for tobacco control policy through collaborative efforts between concerned organizations and individuals to prevent tobacco use, to promote tobacco cessation, and to provide resources, through information and education regarding the risks associated with the use of tobacco, the risks of exposure to secondhand smoke, and the benefits resulting from tobacco cessation.

Guiding principles for the City of St. Louis Community Action Plan are as follows:

1. Inclusion (Participatory and culturally competent): Support a population-based approach that is inclusive of and sensitive to diverse populations and cultures.
2. Evaluation and accountability (Transparent): Emphasize evaluation of approaches in order to assess impact and ensure accountability of the program.
3. Comprehensive and sustainable program (Leverage): Promote a long-term, sustainable, comprehensive program consistent with that of the Centers for Disease Control and Prevention (CDC) Best Practices for Comprehensive Tobacco Control Programs.
4. Collaboration and coordination (Capacity building): Promote a systems-based approach that supports the coordination and collaboration between the state and local organizations and contractors.
5. Communication (Media through multiple channels): Ensure information and materials are presented in a manner that is clearly understood and is effective in reaching the targeted population.

Short term outcome: Community-based programs

- 10% decrease in adult smoking prevalence, preventing tobacco-related death in 1/3 of these adults.
- 40% decrease in the percentage of non-smokers exposed regularly to secondhand smoke.

Short term outcome: School-based programs

- 25% decrease in youth smoking prevalence (up to age 18), preventing tobacco-related death in 1/3 of these youth.
- 30% decrease in the percentage of youth (ages 2-18) exposed regularly to secondhand smoke.

Long term outcome: Community and school-based programs

- Decrease tobacco related morbidity
- Decrease tobacco related disparities
- Decrease health care costs

City of St. Louis Tobacco Control and Prevention Community Action Plan

GOAL 1: Prevent tobacco use initiation among youth

INTERVENTION	OBJECTIVES	ACTIVITIES	TIMELINE	OUTCOMES
- Community partners will offer comprehensive tobacco use prevention curricula to youth in grades K-12 and promote cessation programs. - Identify effective messages for countering influences on youth to use tobacco and deliver messages through sustained earned and paid media campaigns.	Eliminate the number of youth engaging in tobacco initiation through peer to peer program implementation by year end 2012.	- Implement STOP cessation program in 10 high schools within the City of St. Louis. - Implement STOP cessation program in 20 high schools within the City of St. Louis. - Train 10 school personnel and or interested community based members to deliver STOP within their community to build capacity and leverage dollars. - Train 20 school personnel and or interested community based members to deliver STOP within their community to build capacity and leverage dollars by June 2011.	- By June 2010 - By June 2011 - By June 2010 - By June 2011	Increase tobacco cessation among youth.

City of St. Louis Tobacco Control and Prevention Community Action Plan

GOAL 2: Promote quitting among adults and youth

INTERVENTION	OBJECTIVES	ACTIVITIES	TIMELINE	OUTCOMES
YOUTH • Using community partners' websites and social networking capabilities, information regarding tobacco prevention, advocacy, and cessation will be disseminated by youth advocates • Coordinated public information media • Educate youth about the dangers of smoking, secondhand and third-hand smoke.	• Create and implement media campaigns targeting adult and youth smokers. • Expand peer to peer advocacy.	• Create and implement a youth produced media campaign • Create and implement a youth produced advocacy and policy campaign • Increase the youth's public awareness through a young advocate's peer leader training.	• By November 2010 • By November 2010 • By September 2010	• Increase the proportion of youth former smokers who have abstained from tobacco use by 10%.
ADULTS • Ensure comprehensive smoking cessation services are available for all City employees. • Work through TFMO's membership, such as the St. Louis Area Business Health Coalition , to identify other businesses in the City for smoke-free facilities and smoking cessation support • Establish an ongoing smoking cessation	• Expand the number of cessation workshops offered for City residents. • Work with organizations to educate on the importance of smoke-free campuses • Implement nicotine replacement therapy at the FQHC's.	• Implement four cessation facilitator workshops throughout the City of St. Louis • Implement eight cessation programs at the FQHC's. • Implement nicotine replacement therapy treatments at community health centers and FQHC's. • Private and voluntary organizations will	• By December 2010 • By February 2011 • By October 2010	• Increase the proportion of adult former smokers who have abstained from tobacco use by 10%.

City of St. Louis Tobacco Control and Prevention Community Action Plan

program among neighborhood organizations and clinics which include City Recreation Centers, Community Education, Full Services Schools, and Community Health Centers (FQHCs) and churches to with health outreach programs. • Provide nicotine replacement therapy to City residents who do not have cessation coverage.		explore options for increasing the price of tobacco products • Create a media campaign with key messages regarding the importance of quitting, and assistance available for those wanting to quit and off access to quit line counseling.		
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City of St. Louis Tobacco Control and Prevention Community Action Plan

GOAL 3: Decrease exposure to secondhand smoke (environmental tobacco smoke)

INTERVENTION	OBJECTIVES	ACTIVITIES	TIMELINE	OUTCOMES
• Develop a media campaign on smoking and secondhand smoke • Advocate for the adoption of model comprehensive 100% smoke and tobacco-free campus policies indoors and outdoors at Schools, Universities, and workplaces within the City of St. Louis • Work with the City of St. Louis Board of Aldermen to help strengthen Board Bill #46. • Educate adults about smoking, secondhand the dangers of smoke, and third-hand smoke in beauty and barbershops in North St. Louis	• Educate the community as a whole to include the Board of Aldermen on the health risk of smoking and exposure to second hand smoke. • Increase the percentage of adults who think breathing smoke from other peoples cigarettes is very harmful by 8%.	• Work with local media outlets to develop messages regarding exposure to second hand smoke • Implement campus advocacy groups to work towards a tobacco-free campuses at the Schools and Universities throughout the City of St. Louis • Youth advocates along with TFMO will continue to attend Board of Aldermen hearings to support tobacco-free related meetings and activities. • Implement an education model to teach African American men and women the health risk of smoking and secondhand smoke. • Increase awareness among employers about the need for stronger enforceable tobacco-free workplace polices.	• By August 2010. • By October 2010. • Ongoing • By January 2011	• Decrease the number of people exposed to indoor and outdoor smoke by 15%.

City of St. Louis Tobacco Control and Prevention Community Action Plan

GOAL 4: Identify and eliminate tobacco-related disparities

INTERVENTION	OBJECTIVES	ACTIVITIES	TIMELINE	OUTCOMES
Advocate to eliminate tobacco ads in all local publications	Work with media outlets to target African Americans to educate on tobacco-related health risk.	- Create a public media policy campaign for reducing tobacco-use prevalence targeted towards African Americans. - Identify and implement appropriate cessation strategies for disparate groups.	By March 2011	Increase Prevention

City of St. Louis Tobacco Control and Prevention Community Action Plan

GOAL 5: Build and sustain effective tobacco control

INTERVENTION	OBJECTIVES	ACTIVITIES	TIMELINE	OUTCOMES
• Require all retailers who sell tobacco products in the City of St. Louis to be licensed. • Work with the St. Louis Board of Aldermen to prohibit the sale of loose (individual) cigarettes • Conduct a community assessment of point of purchase advertising and disseminate findings through media • Work with retailers to voluntarily reduce and/or eliminate tobacco advertising in and around their stores. • Pass a measure that would require retailers to post graphic warning signs wherever tobacco products are displayed at point of purchase. • The Leadership Team will meet with the Governor and state legislators to advocate for the repeal of pre-emption that prohibits municipalities from levying their own cigarette excise taxes.	• Educate tobacco retailers and the Board of Aldermen on the importance of tobacco control.	• Advocate legislation regarding sampling, point of purchase policies, behind-the counter display, and smoke free school campuses. • Provide tobacco merchant retail education and point of sale and advertisement enforcement. • Implement school-based programs to address policy development including the pursuit of increased excise taxes.	• Ongoing • Ongoing • Ongoing	• Increase in resources to enforce tobacco control.

City of St. Louis Tobacco Control and Prevention Community Action Plan

Missouri Department of Health and Senior Services
State Management Team

City of St. Louis Leadership Team

Francis G. Slay, Mayor City of St. Louis
Homer Schmitz, PhD, Dean, St. Louis University School of Public Health
Thomas F. George, Chancellor, University of Missouri St. Louis
Darlene Green, Comptroller, City of St. Louis
Billy Rucker, Project Support Specialist, Center for Character & Citizenship, UMSL, Student-Missouri Baptist College
Kelvin Adams, PhD, Superintendent, Saint Louis Public Schools
Lyda Krewson, Alderwoman Ward 28
Gregory Carter, Chair, Health and Human Services Committee, City of St. Louis Board of Aldermen
Robert Fruend, Jr., Chief Executive Officer, Saint Louis Regional Health Commission (SLRHC)
Jeanine S. Arrighi, Program Director, City of St. Louis Department of Health

St. Joseph Leadership Team

St. Joseph Department of Health

CDC Services

City of St. Louis Department of Health

Pamela Rice Walker, MPA, CPHA, Interim Director
Maranda Witherspoon, MPPA

Tobacco-Free Missouri Greater St. Louis Coalition

Pat Lindsey, Executive Director
Board of Directors

Comprehensive Coordinating Work Group for the City of St. Louis

Maranda Witherspoon, Chair

Evaluation Work Group

Department of Health Contract with University-Based Evaluation Program

School-Based Workgroup

UMSL YEA! TEAM Program
A Better World
BJC HealthCare – School Outreach and Youth Development
National Council on Alcoholism and Drug Abuse
Saint Louis Public Schools
Archdiocese of St. Louis
Missouri Charter Public School Association
Vision for Children at Risk

Community-Based Workgroup

A Better World
OASIS
Interfaith Partnership
National Council on Alcoholism and Drug Abuse
St. Louis City Parks & Recreation
International Institute
Missouri Charter Public School Association
LGBT Community Center
Maternal Family and Child Health Coalition

Work Site Workgroup

Center for the Acceleration of African-American Business
St. Louis Community Colleges
St. Louis Automakers
AmerenUE
Harris Stowe State University
Regional Commerce and Growth Association
St. Louis Area Business Health Coalition

Health Care Workgroup

Grace Hill Neighborhood Health Centers
BJC HealthCare
Betty Jean Kerr Peoples' Health Clinic
Mound City Medical Forum
ConnectCare
Myrtle Hilliard Davis Comprehensive Health Centers
FamilyCare Health Centers

Sustainability Work Group

City of St. Louis Department of Health

Media Campaign Work Group

City of St. Louis Communications Division

National Consultants

National African American Tobacco Prevention Network + Alliance for Justice + LGBT Network + Center for Tobacco Policy Research
Campaign for Tobacco Free Kids + Americans for Nonsmokers' Rights + The Praxis Project