St. Louis County CPPW EVALUATION

Communities Putting Prevention to Work

JULY
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Final Report
CPPW Initiative

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TABLE of CONTENTS

EXECUTIVE SUMMARY

Introduction

The U.S. Department of Health and Human Services provided funding to support the Communities Putting Prevention to Work (CPPW) Initiative as part of the American Recovery and Reinvestment Act of 2009. The Saint Louis Department of Health (DOH) was one of 50 communities awarded a CPPW grant. The DOH implemented policy and systems interventions to reduce tobacco use and secondhand smoke exposure, increase awareness of cessation services, and prevent youth initiation.

A team from the Center for Public Health Systems Science (formerly known as the Center for Tobacco Policy Research) at the George Warren Brown School of Social Work at Washington University in St. Louis and the Saint Louis University School of Public Health conducted the evaluation for the CPPW Initiative. The initiative was implemented from February 2010 through June 2012. This report uses qualitative and quantitative data to present the final results of the initiative.

Findings

CPPW partners implemented a number of activities to achieve the main objectives of the CPPW Initiative. In particular, advocacy and policy change, cessation, and media outreach were important areas of focus.

Advocacy and Policy Change

A smokefree ordinance for St. Louis County went into effect on January 2, 2011. However, this ordinance was not comprehensive as it included several exemptions. Many of the CPPW partners worked to amend the ordinance. Despite the extensive efforts of the CPPW Initiative to strengthen the St. Louis County ordinance, it remains unchanged and is not comprehensive.

Key policy-related successes include the passage of smokefree ordinances in three St. Louis County municipalities. Brentwood, Creve Coeur, and Clayton all passed smokefree ordinances that exceed the St. Louis County smokefree ordinance. Although smokefree ordinances that exceed the St. Louis County ordinance were not passed in Blackjack, Hazelwood, or Florissant, considerable preliminary work was conducted during the CPPW Initiative (e.g., policy makers contacted, local champions identified), making these municipalities ideal locations to continue smokefree policy efforts.

Successful policy work was also conducted within St. Louis County schools, particularly public K-12 school districts and institutions of higher education. Substantial improvements were made to policies within the St. Louis County public school districts. Three public school districts, Rockwood, Hazelwood, and Maplewood-Richmond Heights, were successful in implementing a comprehensive tobacco free policy. Overall, St. Louis County public school districts improved their policies by an average of 30.9% (61.1% baseline, 77.5% post assessment). Institutions of higher education also showed considerable improvements in their tobacco-related policies. On average, they improved their policies by 26.4% (32.4% baseline, 40.4% post assessment). The University of Missouri - St. Louis and St. Louis Community Colleges became tobacco free campuses, extending their smoking policies to include all tobacco products.

CPPW partners also worked with tobacco retailers to improve compliance with existing point of sale advertising regulations and to augment current required signage with graphic warnings. Over the course of the initiative, compliance with point of sale advertising regulations increased. At baseline 94% of sampled retailers were compliant with federal age of sale signage provisions, and at post-assessment 97% of retailers in St. Louis County were compliant. In addition, CPPW partners developed graphic warning posters and distributed them to 844 retailers to voluntarily display.

Marketing and Dissemination

The CPPW Initiative implemented the *Let's Face It* media campaign to increase support for smokefree policies, increase awareness of cessation services (e.g., Missouri Quitline), and educate high risk youth about the harms of tobacco use. Media efforts included paid and earned media in the form of newspaper articles, radio and TV interviews, print advertisements, billboards, coasters, promotion at sporting and other high profile events, and digital and social media. An estimated 457,000,000 possible exposures to the CPPW paid media messages occurred over the course of the campaign. In addition, there were 453 newspaper articles published regarding tobacco in the St. Louis area during the initiative. Of these articles, 26% referenced CPPW objectives or messages. Fifty-five percent of all of the articles published in the area were pro tobacco control.

AirO_2Dynamic was developed, specifically to target youth, as part of this initiative to advocate for a healthier St. Louis through peer education and community involvement. This youth advocacy group was actively involved in the community through a number of activities including: hosting a media contest to express youth views on tobacco through video, photography, poetry and lyrics; educating their peers during a national drug prevention observance week; and being present at community events where youth were present (e.g., concerts).

Media efforts also focused on increasing the number of calls to the Missouri Quitline. There was a general decreasing trend in use of the Quitline experienced in all Missouri counties during the media campaign. However, St. Louis County continued to have more Quitline calls per 100,000 residents than the rest of the state during this period.

Cessation Services

A main focus of the CPPW Initiative was to work with employers to provide cessation services to their employees. The standard F*reedom From Smoking* classes were offered to 1,019 participants. For the *Freedom From Smoking* classes, there was an observed quit rate between 30-39%. Community based services (e.g., one-on-one counseling, presentations) were also offered by CPPW partners.

Economic Evaluation

Economic benefits were calculated for two CPPW-funded interventions: municipality smokefree air policies and worksite cessation classes. Two broad classes of benefits that accrue to society were calculated: quality-adjusted life years (QALYs) gained and lifetime medical savings per smoker who quit. These benefits were also calculated for a scenario in which a comprehensive smokefree air policy would have been adopted for St. Louis County.

The CPPW municipality smokefree air policies resulted in a combined economic benefit of 615.25 QALY's gained and $4,095,659.87 in lifetime medical savings. CPPW worksite cessation classes resulted in a combined economic benefit of 94.64 QALY's gained and $633,829.19 in lifetime medical savings. If a comprehensive policy had been adopted for St. Louis County in 2011, the anticipated economic benefit would be 22,747.42 QALY's gained and $151,427,544.26 in lifetime medical savings. While the 2011 St. Louis County partial policy has likely achieved a large proportion of these benefits, the full extent will only be realized when the policy is made comprehensive.

Partner Communication & Collaboration

Over the course of the initiative the CPPW network experienced an increase in both size and diversity of partners. It is also evident that DOH was central to the network in terms of communication because they were connected with all partners. While DOH communicated with most organizations in the network, partners had limited contact with each other.

Community Partners were recognized as important by many other kinds of partners in the CPPW network. DOH, Leadership Team, Tobacco-Free St. Louis Coalition Board members, and County Council members were also named many times. County Council members were seen as important by a large number of participants even though they had very little contact with network partners.

According to the network analysis, partners were for the most part satisfied with their communication with each of the groups. However, when asked about challenges within the initiative, respondents in the qualitative interviews reported that the main challenge was the lack of communication across all partner groups.

Bureaucracy was reported as the most common barrier experienced within the CPPW network. Politics and lack of time were also commonly reported.

Conclusions

The following conclusions and recommendations are based on key findings from the qualitative and quantitative data. Areas of particular success include the municipality smokefree ordinances, school policies, and cessation. Areas that were challenging throughout the initiative include the smokefree County ordinance and communication and collaboration among CPPW partners.

CPPW partners implemented a variety of activities with much success in the areas of:

- Municipality smokefree ordinance adoption;
- School policy adoption; and
- Cessation provisions.

There is more tobacco-related policy work to be done in St. Louis County.

Recommendations:

- Focus future tobacco-related efforts on policy and environmental strategies.
- Continue work to amend and strengthen the current St. Louis County ordinance.
- Work with policy makers to enact point of sale policies, including graphic warning signage requirements.
- Continue work to strengthen policies in St. Louis County schools, especially private K-12 schools.

Consistent and strong communication is important in attaining community based initiative goals.

Recommendation:

- Public health initiatives that involve community-wide partnerships need to develop a communication plan to increase project awareness among partners and provide opportunities for dialogue.

Diverse partnership networks are important to achieve project objectives.

Recommendation:

- Community based public health initiatives should continue to diversify partnership networks to include policy makers and other non-traditional partners.

INTRODUCTION

As part of the American Recovery and Reinvestment Act of 2009, the U.S. Department of Health and Human Services provided funding to support the Communities Putting Prevention to Work (CPPW) Initiative. The initiative supports community public health efforts to improve nutrition, increase physical activity, reduce obesity, and decrease tobacco use – four critical actions to combat chronic disease and promote health.

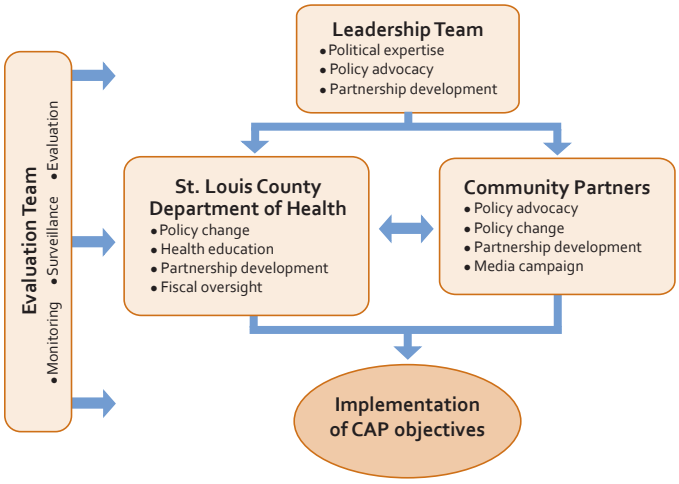
The Saint Louis County Department of Health (DOH) was one of 50 communities awarded a CPPW grant. The DOH implemented policy and systems interventions to reduce tobacco use and secondhand smoke exposure, increase awareness of cessation services, and prevent youth initiation. The Community Action Plan (CAP) in Table 1 lists the specific objectives of the initiative. Many objectives were focused in County Districts 1, 2, 3, and 4 where there are high smoking rates or populations with tobacco-related disparities.

The DOH was responsible for the overall management of the project. There were also three main types of partners involved in the design and implementation of the St. Louis CPPW Initiative (Figure 1). These partners included: Leadership Team, Community Partners, and the Evaluation Team.

Table 1. St. Louis County Community Action Plan (CAP) objectives

MEDIA	***Objective 1:*** By December 2011, develop hard-hitting counter marketing media campaign to target high risk youth.
ACCESS	***Objective 2:*** By June 2012, amend current ordinance to include all workplaces, restaurants and bars in St. Louis County. ***Objective 3:*** By March 2012, increase the number of County municipalities that enact smokefree policies that exceed the comprehensive County-wide policy from three to five, including at least one high-risk municipality with high smoking rates in Districts 1, 2, 3, or 4. ***Objective 4:*** By June 2012, increase the proportion of public school districts throughout St. Louis County that meet the goal for comprehensive tobacco free policies from <20% in 2007 to 100%. ***Objective 5:*** By June 2012, increase the proportion of private K-12 schools in high-risk Districts 1, 2, 3, and 4 that meet the goal for comprehensive tobacco free policies from 0% to 100%. ***Objective 6:*** By June 2012, increase the proportion of higher education institutions in all County Districts that meet the goal for comprehensive tobacco free policies from 21% in 2009 to 100%.
RETAILER GRAPHIC WARNING POLICIES	***Objective 7:*** By March 2012 augment the current required signage restricting sales to minors to include a graphic warning designed to discourage tobacco use particularly among youth.
ADVERTISING SALES AND COMPLIANCE	***Objective 8:*** By March 2012, conduct assessment of tobacco at retail stores in St. Louis County to improve compliance with existing FDA and County regulations concerning the advertising and sale of tobacco products.
SOCIAL SUPPORT SERVICES	***Objective 9:*** By March 2012, increase the number of calls by St. Louis County residents to the Missouri Quitline by 50%. ***Objective 10:*** By March 2012, ensure that 80% of County employers in high-risk Districts 1, 2, 3, and 4 with 50+ employees provide smoking cessation services to employees.

Figure 1. CPPW Organizational Chart



Leadership Team

The Leadership Team was comprised of nine members representing County leaders, policy makers, and tobacco control researchers. They were responsible for overseeing the strategic direction of the initiative, assisting in policy development, participating in the Community Coalition by assisting with organizational structure and governance, and participating in local and national meetings.

Community Partners

In July 2010, November 2010, and March 2011 the DOH released requests for proposals (RFP) from Community Partners to help achieve the CAP objectives. A total of 21 community organizations, including the Tobacco-Free St. Louis Coalition (Coalition), the media contractor (Fleishman-Hillard), and those awarded through the RFP process, were awarded grants totaling $4,304,082.97 (Table 2). Fleishman-Hillard's *Let's Face It* campaign was selected for the CPPW media campaign.

Evaluation Team

A team from the Center for Public Health Systems Science (formerly known as the Center for Tobacco Policy Research) at the George Warren Brown School of Social Work at Washington University in St. Louis and the Saint Louis University School of Public Health served as the external evaluator for the CPPW Initiative.

Table 2. Community Partners

Community Partners
100 Black Men
American Lung Association
Better Family Life
Business Health Coalition
Casa de Salud
Christian Chinese Community Center
DePaul Health Center
Fleishman - Hillard Inc.
Midwest Center for Media Literacy
National Council on Alcoholism and Drug Abuse
Rescue Social Change
Rockwood School District
SIDS Resources
St. John's Mercy
St. Louis University School of Public Health
Tobacco-Free St. Louis Coalition
University of Missouri - Thomas Atkins Wellness Center
University of Missouri - Curators
Visiting Nurse Association
Washington University in St. Louis School of Medicine
Young Choices

Throughout the initiative, the Evaluation Team worked closely with the DOH, the Leadership Team, and the Centers for Disease Control and Prevention (CDC) in the development and implementation of the evaluation.

Overview of the Evaluation

The CPPW evaluation plan was developed to examine both process and outcome measures for the CPPW Initiative through a participatory, logic model driven approach. Input was received from DOH, the Coalition, and tobacco policy experts. Figure 2 presents the evaluation logic model, which was developed following the CDC MAPPS (media, access, price, promotion, and social support) framework. A prioritized set of evaluation

questions (Table 3) was formed based on the logic model. A variety of data sources and methods were used to answer the evaluation questions, including qualitative interviews with partners, quantitative data monitoring, policy assessments, and surveillance data. An evaluation matrix is included in Appendix A that presents the evaluation questions and their respective data sources.

Figure 2. CPPW Logic Model

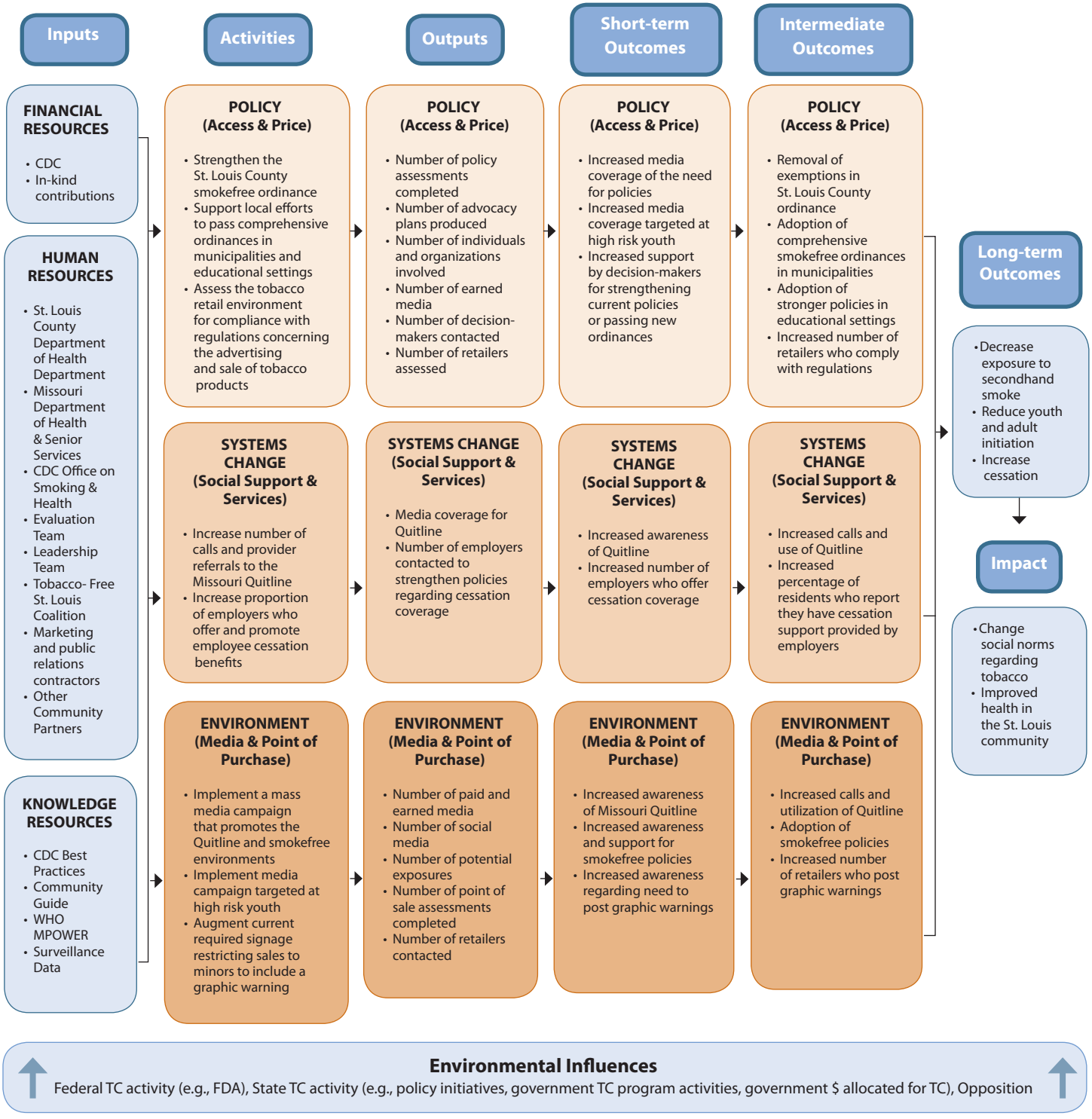


Table 3. Evaluation questions

Evaluation Questions
1. What role did partners play in reaching CAP objectives?
2. To what extent has the CPPW network expanded or strengthened to reach CAP objectives?
3. What was the reach of the social media and media campaign?
4. To what extent have tobacco-related policies in schools, worksites, and municipalities, changed to meet CAP objectives?
5. What were the air quality and economic changes as a result of the St. Louis County Ordinance?
6. What was the change over time in support for smokefree environments among County residents?
7. What was the change in awareness and utilization of cessation services among County residences over time?

Report Purpose

Using evaluation data, this report presents the final results of the CPPW Initiative in meeting the CAP objectives. The information presented in this report will be of particular interest to the DOH and other CPPW stakeholders, including the Leadership Team and Community Partners. It will help inform future project planning and intervention design in the area of tobacco prevention for St. Louis County.

Report Organization

The key findings from the evaluation data are presented in three main sections:

- Activities and Reach;
- Economic Evaluation; and
- Partner Communication and Collaboration

The final section of the report provides the DOH with a summary of the key themes and recommendations for strengthening future tobacco prevention efforts.

Evaluation Methods

The Evaluation Team utilized a mixed methods approach (incorporating quantitative and qualitative data) to evaluate the CPPW Initiative in four main ways:

- Partner activity and reach;
- Partner collaboration and CPPW network expansion;
- Policy change; and
- Behavior and social norm change.

A comprehensive list of evaluation tools is provided in Table 4.

Table 4. Evaluation tools

Evaluation Tool	Evaluation Metric
Qualitative interviews	Process evaluation and role of partners
Activity tracking	Partner activity
Social network analysis survey	Partner collaboration and network expansion
Paid and earned media tracking	Reach and awareness of initiative
Youth Risk Behavior Survey (YRBS)	High school tobacco-related behavior
School Policy Assessment Tool	Private and public school tobacco policy strength
Higher Education Tobacco Policy Rating Form	Higher education tobacco policy strength
Point of Sale Assessment Tool	Tobacco retail environment
Media awareness survey	Awareness of paid media campaign
Quitline utilization data	Awareness and utilization of Quitline
Air quality monitoring	Public venue air quality
Cessation follow-up survey	*Freedom From Smoking* quit rate

Partner Activity and Reach

Activity Tracking Tool

An online activity tracking tool was designed to monitor and track activities related to advocacy and policy change, media, education, and partnership formation. All CPPW partners who were working on CAP objectives documented their activities on a monthly basis using this online tool.

Earned Media Tracking

Earned media data published during the initiative (September 2010 – June 2012) were collected through an outside contractor, Metropolitan Newsclipping Service. Articles were coded to account for reference to CPPW activities, tobacco control position, use of data, CPPW affiliation, and media campaign name and messages.

Paid Media Tracking

The DOH's media contractor, Fleishman-Hillard, monitored and reported paid media activity (e.g., radio advertisements, website views, sporting event promotions, etc.) on a monthly basis. The following metrics were reported: date, frequency, method/placement of paid ads, and estimated audience per placement.

Media Awareness Survey

The purpose of the media awareness survey was to assess reach and changes in awareness of the *Let's Face It* media campaign, support for smokefree environments, and awareness of cessation services. The survey was administered through telephone random-digit dialing conducted by the Health and Behavioral Risk Research Center at the University of Missouri – Columbia. The survey was administered at three time points. The first administration was conducted during April – May 2011, the second administration was conducted during September – October 2011, and the third administration was conducted during February – March 2012. Tables 5 and 6 provide the media awareness survey sample demographics.

Table 5. Media awareness survey sample demographics: Race

Race	April - May 2011 N (%)	September - October 2011 N (%)	February - March 2012 N (%)
Caucasian	217 (84.4)	295 (71.4)	217 (65.8)
Black or African-American	31 (12.1)	97 (23.5)	97 (29.4)
Asian	2 (0.8)	4 (1.0)	1 (0.3)
Native Hawaiian or Other Pacific Islander	1 (0.4)	0 (0.0)	0 (0.0)
American Indian or Alaska Native	1 (0.4)	6 (1.5)	2 (0.6)
Other	2 (0.8)	3 (0.7)	5 (1.5)
Missing	3 (1.2)	8 (1.9)	8 (2.4)
Total	**257**	**413**	**330**

Table 6. Media awareness survey sample demographics: Smoking status

Smoking Status	April - May 2011 N (%)	September - October 2011 N (%)	February - March 2012 N (%)
Non smoker	143 (55.6)	228 (55.2)	177 (53.6)
Former smoker	77 (30.0)	123 (29.8)	92 (27.9)
Current smoker	37 (14.4)	61 (14.8)	60 (18.2)
Missing	0 (0.0)	1 (0.2)	1 (0.3)

Partner Collaboration & CPPW Networks

Qualitative Interviews

The purpose of qualitative interviews was to assess the progress of the initiative, roles of the various partners, and determine lessons learned. Two rounds of qualitative interviews were conducted. The first round (n=27) occurred in January and February 2011 and the second round (n=24) occurred in January 2012. An interview guide was developed to collect data regarding partners' involvement in the CPPW Initiative, as well as successes and challenges of the initiative. Interviewees included representatives from the Leadership Team, DOH staff, Community Partners, and other external stakeholders involved in the project (e.g., media, school partners). Interviews were conducted in person by evaluation staff and were audio recorded for transcription purposes. A thematic analysis was conducted by trained analysts. Themes were then examined across participants. Qualitative data and quotes were chosen to be representative of findings and provide the reader with additional detail.

Social Network Analysis

The purpose of the CPPW social network analysis (SNA) was to examine the partnerships that formed as part of the CPPW Initiative, identify communication and activity patterns among the partners, and assess levels of satisfaction with communication. Three administrations of data collection were completed. The first administration was completed between October 2010 and January 2011 (Fall 2010), the second between July and September 2011 (Summer 2011), and the third between January and February 2012 (Winter 2012). The data were collected via an online survey. Each administration had two groups of participants. The first group included those who were identified as being primarily responsible for CPPW activities (e.g., Coalition board members, DOH staff, Leadership Team, Community Partners). The second group included those who were identified by the first group of participants as part of the network (e.g., County Council members, non-board Coalition members, Evaluation Team, Resources). A third group of people based on responses from the second group of participants was not asked to participate, but was considered part of the network. Table 7 provides the participant rates for the three administrations of the SNA survey. A participation rate of at least 70% is desired for network analysis, which was not met for administrations 2 and 3 of the survey.

Table 7. SNA participant rates

Administration	Invited	Participated	Participation Rate (%)
April - May 2011	77	56	72.73
September - October 2011	145	74	51.03
February - March 2012	162	102	62.96

Policy Change

School Policy Assessment Tools

K-12 Public and Private Schools

Tobacco-related policies in St. Louis County public and private K-12 schools were assessed using the *School Tobacco Policy Manual & Index*.[1] This tool measures the strength of tobacco control policies across four domains: 1) Tobacco Free Environment; 2) Enforcement; 3) Prevention and Treatment Services; and 4) Policy Organization. Two trained analysts rated each school's documents independently, and then consulted on final rating decisions. In addition to the main tobacco policy, several additional supporting documents were also assessed. A list of the types of supporting documents is provided in Table 8. Baseline policy assessments were completed in all of the County public school districts (n=23) and 50 private schools (75% of the private schools in high-risk Districts 1, 2, 3, and 4). The baseline assessments were completed from July – August 2010 in public school districts, and August – December 2010 in

private schools. Follow-up assessments were completed at the end of the CPPW Initiative (May – June 2012). Follow-up assessments were completed in all of the County public school districts (n=23) and 50 private schools. Although an intervention was only conducted in 16 of the 50 (32%) private schools, the Evaluation Team re-assessed policies in each of the private schools identified in the baseline.

Institutions of Higher Education

Tobacco-related policies in ten institutions of higher education in the St. Louis County Metropolitan Area were assessed using the *Higher Education Tobacco Policy Manual & Rating Form*. This tool measures the strength of tobacco-related policies across five domains: 1) Environment: Tobacco Free or Smokefree; 2) Enforcement; 3) Prevention & Treatment Services; 4) Organization & Communication; and 5) Promotion of Tobacco Products. Two trained analysts rated each institution's documents independently, and then consulted on final rating decisions. Tobacco-related policies from several campus departments were collected and assessed. A list of the types of tobacco-related policies assessed is provided in Table 8. The baseline assessment was completed between December 2010 and February 2011. Follow-up assessments were completed at the end of the CPPW Initiative (May–June 2012) in all ten colleges/universities assessed at baseline.

Table 8. Types of documents referring to tobacco

Tobacco-Related Documents
Student, Employee, Faculty, Volunteer, Resident, Housing and Family Handbooks
Student and Staff Codes of Conduct
Student and Staff Dress Code Policies
Wellness Policy
Student Activities Policies/Athletic Code
Curriculum Handbook/Course Descriptions
Tobacco Free District Policy
Staff Welfare Policy
Student and Employee Benefits Plans
Board Policy
Constitution and Bylaws
Frequently Asked Questions Webpages
Press Releases
Community Use of Facilities Policy

Point of Sale Assessment Tool

From December 2009 – February 2010, the Evaluation Team conducted a baseline observational assessment of point of sale (POS) advertising among tobacco retailers located throughout St. Louis County. A follow-up observational assessment was conducted in May – June 2012. Trained staff members visited several retailers within 1000 feet of parks and/or schools and assessed prevalence and characteristics of POS advertising using a previously validated tool.[2] Specifically, the tool was used to assess store type, number of cigarette ads near candy, pricing of cigarettes, and presence of age of sale signage.

Behavioral and Social Norm Change

Youth Risk Behavior Survey (YRBS)

A special administration of the Youth Risk Behavior Survey (YRBS) was conducted in late fall of 2010 for the CPPW Initiative. The St. Louis County YRBS was administered to 23 randomly selected St. Louis County public high schools. The questionnaire was self-administered, anonymous, and consisted of 48 questions selected to measure behaviors pertaining to tobacco use, dietary behaviors, and physical activity. A total of 1,628 students participated. (Table 9 provides the YRBS sample demographics. The second administration of the YRBS was not completed during the grant period so a comparison could not be made.)

Table 9. YRBS sample demographics

Sex		Grade	
Female	48.7%	9th Grade	24.5%
Male	51.3%	10th Grade	24.5%
		11th Grade	25.2%
		12th Grade	25.7%
		Other	0.1%

Quitline

The number of calls to the Missouri Quitline were tracked and provided monthly to the Evaluation Team by Alere Wellbeing. Calls to the line serve as a proxy for behavior change. Calls were organized according to county of residence and how the caller heard about the Quitline. To help assess the impact of the CPPW Initiative, Quitline data from the entire state of Missouri from July 2005 through May 2012 were examined. To assess the reach of the activities for this CAP objective, callers were asked how they heard about the Quitline (e.g., Brochure/Newsletter/Flyer, Employer/Worksite, Health Department). Data were also collected on callers' county of residence, which was split into three residence categories: 1) St. Louis County; 2) St. Louis City, St. Charles County, Franklin County, and Jefferson County; and 3) other. The second category was included due to the high likelihood that residents in these counties would be exposed to the same media messages as St. Louis County residents.

Cessation

Freedom From Smoking cessation classes were offered to employees of several large companies as well as community members. The evaluation team conducted follow-ups with participants at three and six months after the conclusion of their classes. Follow-ups were conducted with an online survey for all participants who provided an e-mail address, and a telephone interview for those who only provided a telephone number. Follow-ups assessed abstinence from tobacco within the past 7 and 30 days, as well as motivation to quit.

Air Quality Monitoring

St. Louis County passed a smokefree ordinance with several exemptions in November 2009 that went into effect in January 2011. The Coalition conducted an air quality study of nine public venues before the ordinance was implemented (September 2010) and again after it had been in effect for several months (June-July 2011). A TSI Sidepak AM510 Personal Aerosol Monitor was used to measure particulate matter pollution. On average, air quality was sampled for just under an hour in each venue for both the pre- and post-ordinance measurements.

Economic Evaluation

Economic benefits were calculated for two CPPW-funded interventions: (1) municipality smokefree air policies and (2) worksite cessation classes. There was not a sufficient evidence basis for developing methods to evaluate impact of the other CPPW interventions. Two broad classes of benefits that accrue to society were calculated: quality-adjusted life years (QALY's) gained and lifetime medical savings per smoker who quit.[3] For adults quitting smoking, a value of 1.58 QALY's gained per each sustained quitter was used,[4,5] assuming the average quitter is 45 years of age, the benefits of quitting cease after the age of 65, a discount rate of 3%, and a 35% probability of relapse. The medical care costs saved from quitting were based on the assumption that current smokers have a 50% chance of dying from smoking and former smokers have a 10-37% chance.[3,6] Lifetime medical expenditure savings from quitting[7] were updated for inflation between 1992 and 2011 using the Consumer Price Index (CPI) and were gender-adjusted. Since June 2012 CPI data will not be available until July 17, 2012, the 2011 CPI was used to adjust savings in 2012.

The benefits of CPPW-funded cessation classes were also calculated using a previously developed method.[3] The number of smokers who quit was calculated using data from the 3-month follow-ups. Those who reported not smoking or using other tobacco products in the last 30 days were considered to be abstinent. Based on previous research, a 35% relapse rate was assumed.[3,4,5]

A previously developed method for calculating the impact of a comprehensive community smokefree policy was used.[3] The method calculates the number of smokers who would quit due to the policy, accounting for smokers who would quit anyway (21% of quitters), as well as a 90% compliance rate, and a 35% relapse rate.[4] The population of adults, 18 and older, in Brentwood, Creve Coeur,[8] and St. Louis County was obtained from the U.S. Census Bureau.[9] Smoking prevalence for St. Louis County in 2010 was obtained from the Behavioral Risk Factor Surveillance System (BRFSS).[10]

EVALUATION RESULTS: Activities & Reach

CPPW partners conducted a variety of activities throughout the initiative. All activities focused on achieving the milestones listed under each of the ten CAP objectives. Appendix B lists the specific milestones for each of the CAP objectives.

Advocacy and Policy Change

County Ordinance

CAP Objective: By June 2012, amend current ordinance to include all workplaces, restaurants, and bars in St. Louis County.

A smokefree ordinance for St. Louis County was passed on November 3, 2009 by an overwhelming majority (65% yes, 35% no)[11] and went into effect January 2, 2011. However, this ordinance included several exemptions, such as casino gaming areas, private clubs, cigar bars established before the ordinance, designated hotel smoking rooms, and drinking establishments where food accounted for less than 25% of food and beverage sales.[12]

Individuals who participated in the qualitative interviews recognized this objective as one of the most important in the CPPW Initiative. They reported that many of the Community Partners were working on amending the County ordinance. Despite the extensive efforts of the CPPW partners to strengthen it, the St. Louis County ordinance remains unchanged with several exemptions.

Role of Community Partners in attempting to strengthen the St. Louis County ordinance

Community Partners conducted numerous advocacy activities in an attempt to strengthen the St. Louis County ordinance. These activities included implementing the *Let's Face It* media campaign, conducting air monitoring studies, and providing testimonies at County Council meetings. Table 10 shows the number of each type of advocacy activity conducted by Community Partners.

Table 10. County ordinance advocacy activities

Advocacy Activities	Number Completed
Venues where air monitoring studies were conducted	37
Policy endorsements collected	16
Testimonies at council hearings	19
In-person meetings held with policy makers	34
Policy makers contacted	56
Materials distributed to County policy makers	41
Educational presentations conducted about policy change *(Total attendees: 739)*	35
Advocacy trainings conducted with community members *(Total attendees: 239)*	11
Development of new partners (e.g., Pfizer, BJC, March of Dimes)	29

In order to effectively reach the public with CPPW campaign messages, Community Partners utilized several forms of media, including 74 interviews with TV, radio, and newspaper outlets, and 15 letters to editors/op-eds*. Community Partners also used social media to further communicate the importance of a stronger county-wide smokefree ordinance. As a result of this initiative, 628 new social media posts related to strengthening the St. Louis County ordinance appeared on sites such as Facebook, Twitter, and YouTube, amongst others. One of the main goals of the social media campaign was to direct people to the *Let's Face It* website, which included detailed information on the importance of adopting a comprehensive county-wide policy. Overall, the social media campaign resulted in a total of 29,901 exposures to St. Louis County ordinance related messages.

Participants in the qualitative interviews indicated that the Coalition's role in this objective was to use their existing network and advocacy expertise to convince County Council members of the importance of

*Note: These types of outreach did not include reruns and/or reprints.

strengthening the ordinance. It was reported at the end of the CPPW Initiative that advocacy work needs to expand beyond the County Council and associated partners in order to accomplish the ordinance change.

> *What we've decided most recently was that we need to go to non-traditional partners, such as the Urban League, the NAACP, other groups that we have never worked with, and get them to apply pressure, because they are the voters.*

Expansion of CPPW network to achieve policy goals related to the County ordinance

As part of the social network analysis conducted to examine partnerships formed during the CPPW Initiative, respondents were asked to identify partners they worked with on strengthening the County ordinance. Table 11 shows the number of each type of partner identified and the percentage of each partner type within the network. Over time the number of DOH, Resource (e.g., police department employees, St. Louis Municipal League employees), and County Council partners engaged increased.

Over time, the partner network involved in attempting to strengthen the County ordinance grew, with the greatest number of collaborations occurring among partners during Summer 2011 (Table 12). Figures 3, 4, and 5 show the graphs of the network over the course of the initiative. The shapes on the figures represent the administration groups, colors represent partner types, and lines represent collaboration between partners.

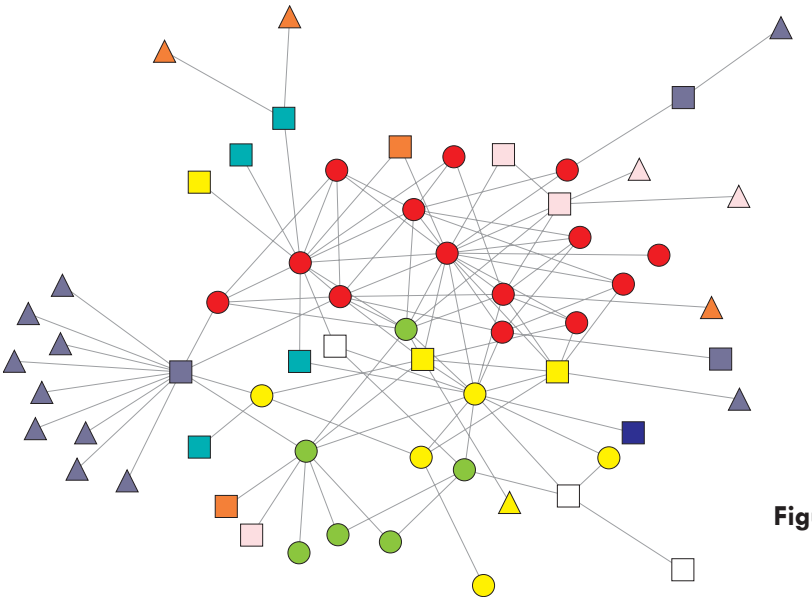
Table 11. Partners involved in County ordinance

Participant Type	Fall 2010 N (%)	Summer 2011 N (%)	Winter 2012 (N) %
DOH Staff	9 (14.8)	9 (15.3)	14 (20.3)
Leadership Team	6 (9.8)	6 (10.2)	7 (10.1)
Coalition (Board)	14 (23.0)	8 (13.6)	4 (5.8)
CDC	1 (1.6)	1 (1.7)	1 (1.4)
County Council	5 (8.2)	8 (13.6)	8 (11.6)
Evaluation Team	3 (4.9)	2 (3.4)	2 (2.9)
Resource	5 (8.2)	7 (11.9)	14 (20.3)
Community Partner	14 (23.0)	14 (23.7)	15 (21.7)
Coalition (Non-Board)	4 (6.6)	4 (6.8)	4 (5.8)

Table 12. Collaborations among partners

	Fall 2010	Summer 2011	Winter 2012
Partners collaborating on objective	61	59	69
Collaborations between partners	114	137	133
Average number of collaborations per partner	3.74	4.64	3.86

Figure 3. Fall 2010



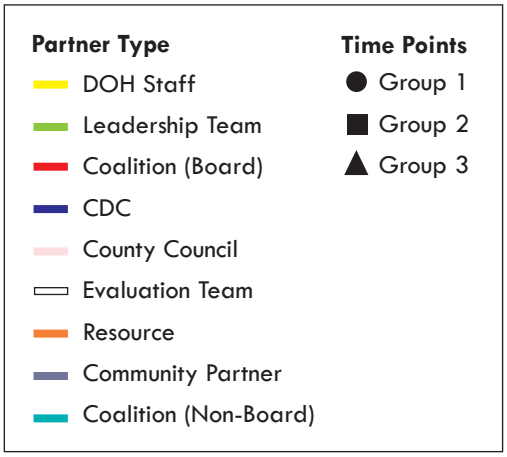


Figure 4. Summer 2011

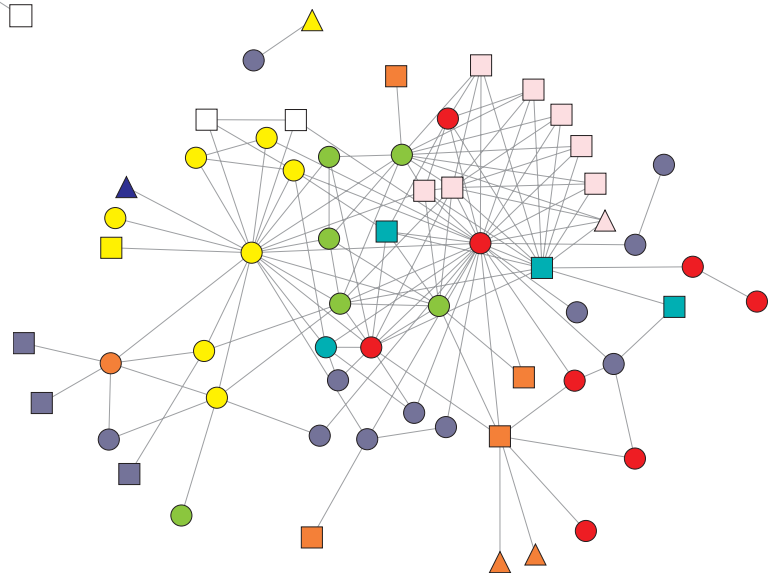
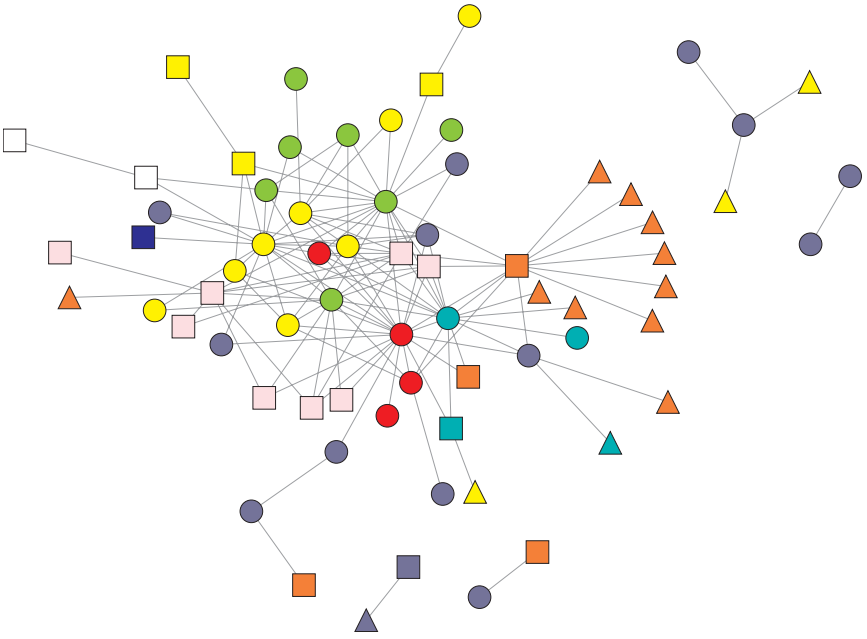


Figure 5. Winter 2012



Main Findings

- Partner networks increased over time.
- The greatest amount of collaboration among partners occurred during Summer 2011.

Change in support for smokefree environments among County residents

The DOH partnered with Fleishman-Hillard to implement a hard hitting media campaign to increase support for smokefree policies (see the Media section for specifics on the media efforts such as reach or venue). A media awareness survey was administered at three time points to assess the success of the media campaign over time.

Data from the media awareness survey show levels of support for smokefree environments and policies at the beginning, middle, and end of the media campaign (Figures 6 and 7). Data from this survey show a strong level of support for smokefree environments and policies. Over the course of the media campaign, support for smokefree environments and policies stayed relatively the same, with only a slight decrease at later time points.

Figure 6. Support for smokefree environments

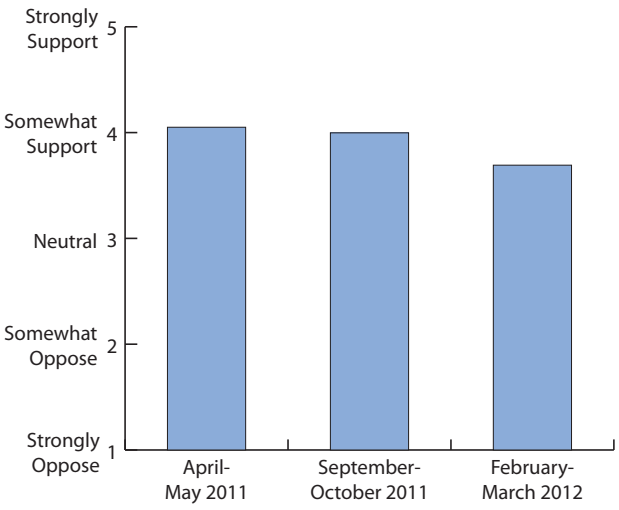
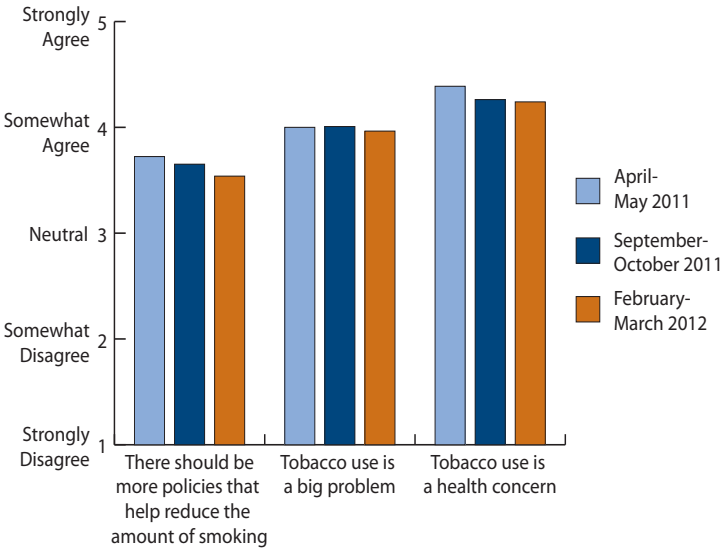


Figure 7: Agreement with smokefree polices and tobacco concerns



Taking smoking status into consideration, there were differences in support for smokefree policies among non-smokers, former smokers, and current smokers. Non-smokers were more supportive than former smokers of making all indoor workplaces in St. Louis County smokefree, and former smokers were more supportive than current smokers (Figure 8). Non-smokers were also more supportive of policies to reduce the amount of smoking in St. Louis than former and current smokers, and former smokers were more supportive than current smokers (Figure 9). In addition, non-smokers and former smokers showed more agreement than current smokers that tobacco use is a big problem in St. Louis (Figure 10).

Changes in air quality as a result of the St. Louis County ordinance

An air quality monitoring study was conducted by the Coalition prior to the beginning of CPPW activities. The study compared the air quality in nine public places before (November 2010) and after (June-July 2011) the St. Louis County ordinance went into effect in January 2011.[11] The Coalition sampled nine public places, seven of which allowed smoking indoors. Of those seven, five public places were covered by the St. Louis County ordinances; the other two were exempt. The five public places sampled that allowed smoking before the ordinance and were smokefree after the ordinance experienced more than a 90% reduction in particulate matter air pollution, each with a final "Good" EPA Air Quality Index.

Figure 8. Support for smokefree workplaces by smoking status

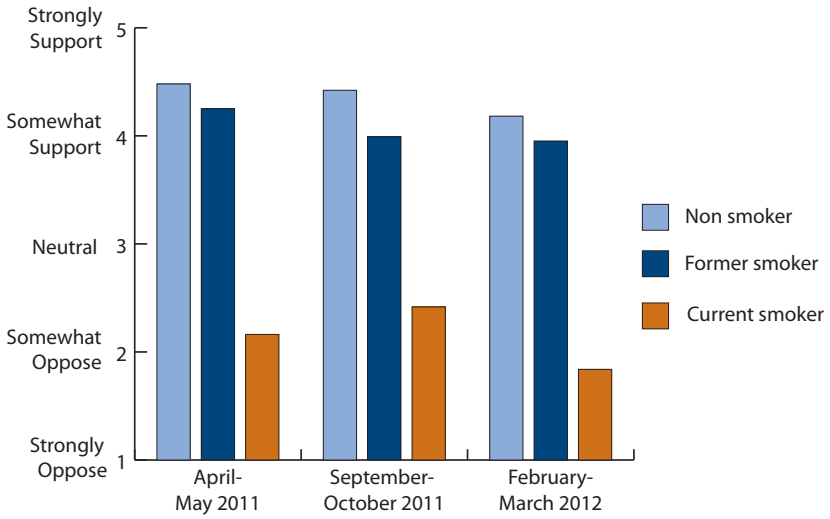


Figure 9. Support for more policies to reduce smoking by smoking status

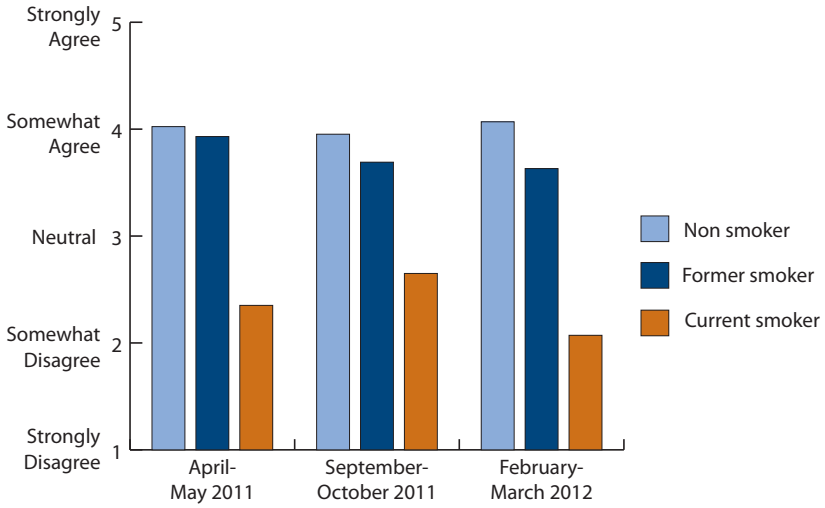
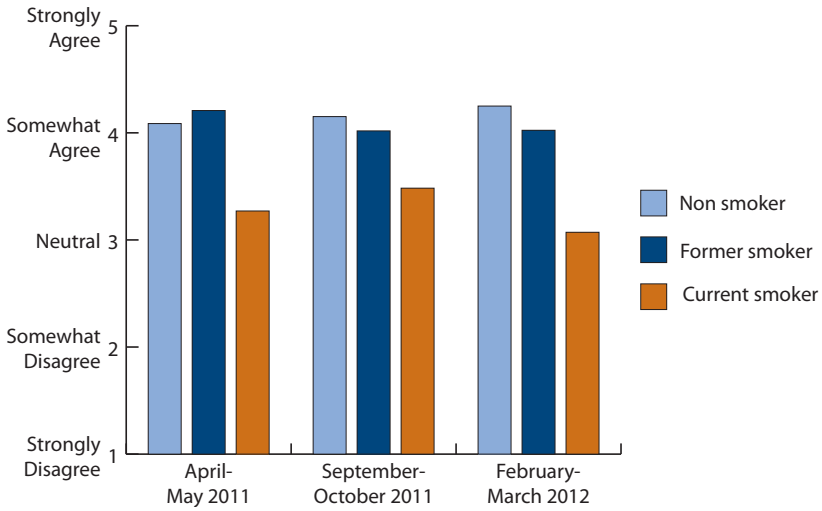


Figure 10. Tobacco use is a problem by smoking status



Municipality Smokefree Ordinances

CAP Objective: By March 2012, increase the number of County municipalities that enact smokefree ordinances that exceed the comprehensive County-wide policy from three to five, including at least one high-risk municipality with high smoking rates in Districts 1, 2, 3, or 4.

At the beginning of the initiative three municipalities within St. Louis County (Clayton, Ballwin, and Kirkwood) had smokefree ordinances. By the end of the CPPW Initiative two municipalities adopted (Brentwood and Creve Coeur) smokefree policies to exceed the county-wide ordinance, resulting in a 67% increase in number of strong municipality ordinances. During the initiative, Clayton also strengthened its smokefree policy. Figure 11 shows the smokefree ordinance status of municipalities across St. Louis County before the initiative. Figure 12 shows the smokefree ordinance status of municipalities across St. Louis County after the initiative.

Role of Community Partners in adoption of the municipality ordinances

Participants in the qualitative interviews identified increasing the number of municipalities with smokefree ordinances as being one of the most important objectives in the CPPW Initiative. Respondents reported toward the end of the initiative that they viewed this objective as a "Plan B" (alternative) approach to strengthening the County ordinance. If the majority of the municipalities had stricter laws (i.e., fewer exemptions) this would decrease the exemptions for the County ordinance.

The Coalition, DOH, and the Leadership Team were active in working on municipality adoption of smokefree ordinances. They focused their efforts in Brentwood, Creve Coeur, Clayton, Blackjack, Hazelwood, and Florissant. With support from local policy makers, Brentwood and Creve Coeur passed strong smokefree ordinances in August and November 2010 respectively. Clayton also strengthened its already comprehensive ordinance to include outdoor public places. Each of these policies went in to effect on January 2011. Recognition of these successes was confirmed in the qualitative interviews, but it was also acknowledged that a lot of the ground work (particularly the original Clayton ordinance) was not attributed to CPPW support.

Table 13 highlights the advocacy activities that took place in Blackjack, Hazelwood, and Florissant. Although smokefree ordinances that exceed the County ordinance were not passed in these municipalities, considerable preliminary work was conducted during the CPPW Initiative. In fact, although Black Jack's position on this issue has remained neutral, the mayor has expressed support of a stronger smokefree ordinance with City Council support. Hazelwood City Council support for smokefree policy adoption has also increased over the course of the initiative. Currently the Hazelwood City Council is considering a smokefree ordinance to include outdoor property owned by the city. Given the amount of ground work completed in Blackjack, Hazelwood, and Florissant, these would be ideal locations to continue efforts toward enacting strong smokefree ordinances that exceed the St. Louis County ordinance.

Table 13. Advocacy activities by municipality

Advocacy Activities	Number Completed
Blackjack	
Local champions identified	1
In-person meetings with policy makers	1
Hazelwood	
Local champions identified	5
In-person meetings with policy makers	3
Policy makers contacted	10
Policy endorsements collected	1
Educational materials distributed	7
Florissant	
Local champions identified	3
In-person meetings with policy makers	1
Policy makers contacted	4
Policy endorsements collected	1

Figure 11. Smokefree ordinance status of municipalities across St. Louis County before the initiative

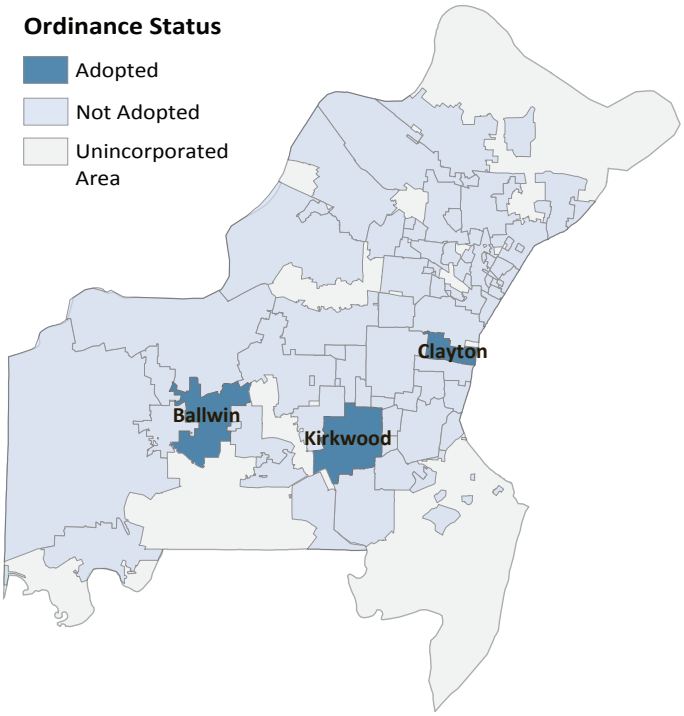
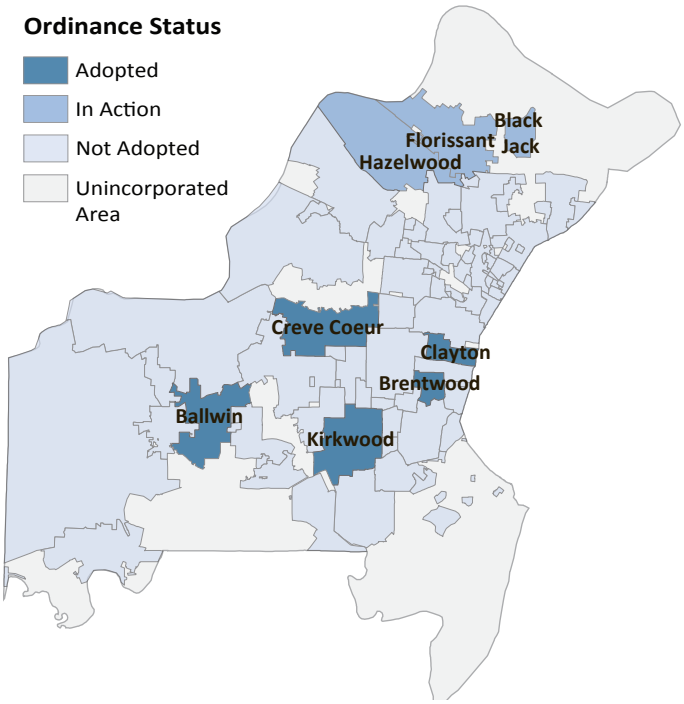


Figure 12. Smokefree ordinance status of municipalities across St. Louis County after the initiative



Respondents to the qualitative interviews considered this to be the second most successful CAP objective, given that this objective was completed early on in the initiative with the passage of the Brentwood and Creve Coeur ordinances. After the objective goals were met, grantees primarily focused their time and efforts in other areas.

> *We were able to get two more municipalities who did adopt a comprehensive smoke-free policy… Brentwood and Creve Coeur. We completed that goal and we completed that fairly early, which is why we haven't spent much time on it, because it just got done early.*

Respondents to the qualitative interviews identified the Coalition as one of the leading organizations working on this objective. They reported that they perceived the Coalition's role to be providing testimony, developing evidenced-based messages, lobbying political leaders, and rallying support.

> *The Coalition has always been there in a supportive role, as far as the municipalities are concerned, always trying to educate…You can't tell an elected official what to do but you can educate them…And that was the role of the Coalition.*

Expansion of CPPW network to achieve policy goals related to the municipality ordinances

As part of the social network analysis conducted to examine partnerships formed during the CPPW Initiative, respondents were asked to identify partners they worked with on increasing the number of municipalities that enact smokefree policies. Table 14 shows the number of each type of partner identified and the percentage of each partner type within the network.

The number of partners collaborating on this objective was highest at the beginning of the initiative and decreased over time (Table 15). This is most likely due to the fact that the targeted municipalities passed ordinances in the early stages of the initiative. Figures 13, 14 and 15 show the graphs of the network over the course of the initiative. The shapes on the figures represent the administration groups, colors represent partner types, and lines represent collaboration between partners.

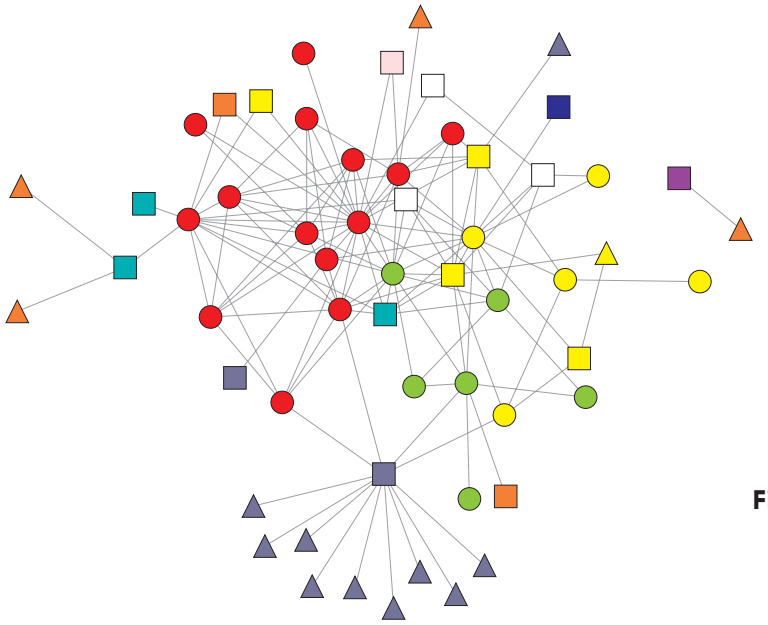
Table 14. Partners involved in municipality ordinances

Partner Type	Fall 2010 N (%)	Summer 2011 N (%)	Winter 2012 N (%)
DOH Staff	10 (17.5)	6 (12.5)	15 (32.6)
Leadership Team	6 (10.5)	5 (10.4)	6 (13.0)
Coalition (Board)	14 (24.6)	12 (25.0)	4 (8.7)
CDC	1 (1.8)	1 (2.1)	1 (2.2)
County Council	1 (1.8)	0 (0.0)	1 (2.2)
Evaluation Team	3 (5.3)	2 (4.2)	2 (4.3)
Resource	6 (10.5)	8 (16.7)	8 (17.4)
Non-Awarded Applicant	1 (1.8)	0 (0.0)	0 (0.0)
Community Partner	12 (21.1)	9 (18.8)	6 (13.0)
Coalition (Non-Board)	3 (5.3)	5 (10.4)	3 (6.5)

Table 15. Collaborations among partners

	Fall 2010	Summer 2011	Winter 2012
Partners collaborating on objective	57	48	46
Collaborations between partners	129	85	64
Average number of collaborations per partner	4.53	3.54	2.78

Figure 13. Fall 2010



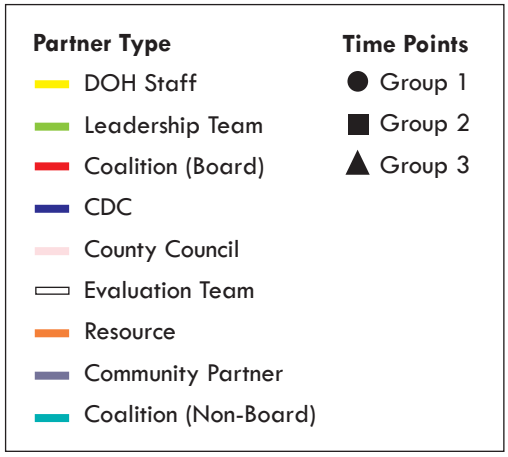


Figure 14. Summer 2011

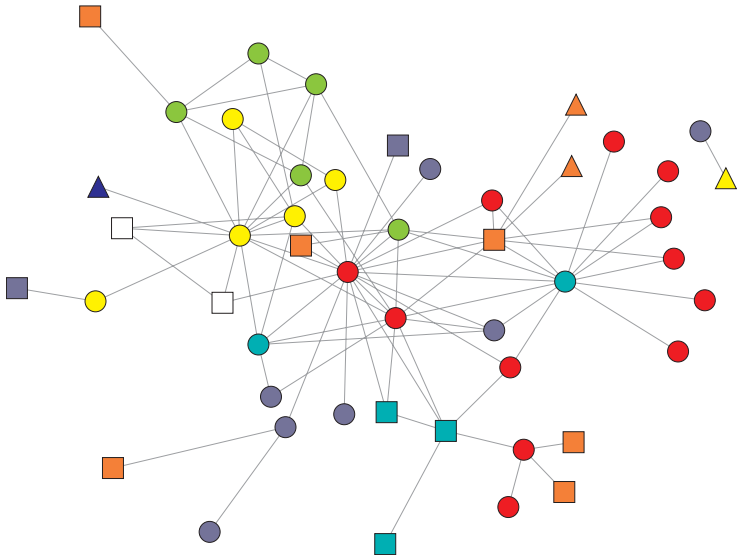
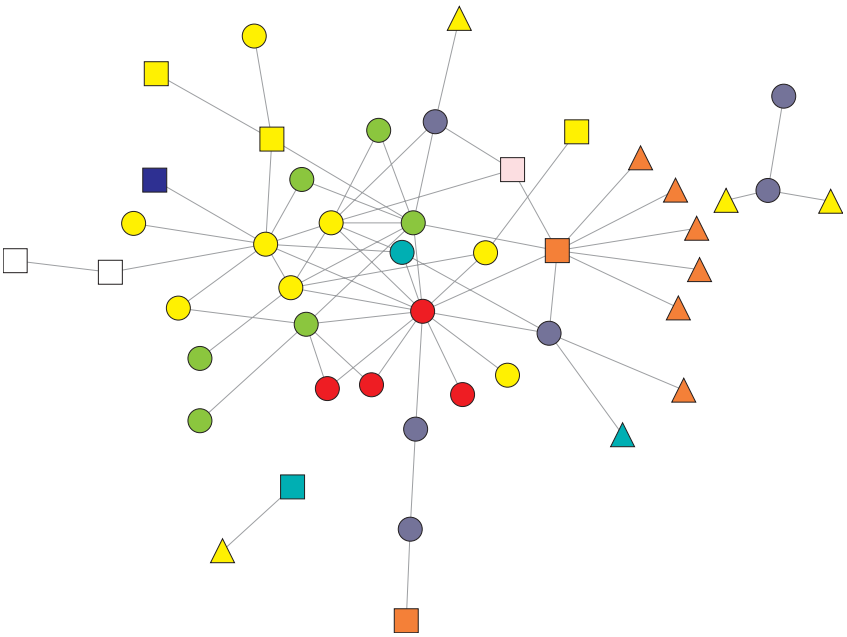


Figure 15. Winter 2012



Main Findings

- Partner collaborations were highest at the beginning of the initiative and decreased over time.

School Policies

The most common time for the initiation and establishment of smoking and tobacco use is during adolescence.[13] Middle school and high school students, particularly between the ages of 13 and 15, are at the highest risk for smoking initiation.[14] Tobacco use overall among youth is particularly alarming as the risk for addiction and illness increases with earlier use.[15,16] Data collected from the special administration of the YRBS in late 2010 indicated that among youth in St. Louis County public schools, 39.2% had ever tried a cigarette, compared to 44.7% nationally.[17] The St. Louis County YRBS also revealed that the tobacco use (cigarettes, cigars, or smokeless tobacco) prevalence in the last 30 days was 18.3% among youth, compared to 23.4% nationally. Consistent with national trends, the prevalence of current tobacco use among youth in St. Louis County public schools was higher among males (22.6%) than females (14.0%). Table 16 represents a brief overview of some of the survey results.

Table 16. Baseline YRBS results – student tobacco use by gender

Students Reported Having	All (%)	Male (%)	Female (%)
Ever tried a cigarette	39.2	40.8	37.4
Smoked a whole cigarette before age 13	6.8	8.9	4.5
Smoked cigarettes in the last 30 days	12.2	14.5	9.8
Smoked on 20 or more of the past 30 days	4.6	5.8	3.5
Smoking cigarettes or cigars or using chewing tobacco, snuff, or dip in the past 30 days	18.3	22.6	14.0

In order to address youth tobacco problems, schools can adopt and implement comprehensive tobacco policies to curb use and initiation. Given that youth spend a significant amount of time in school, school based policies are critical for tobacco use prevention and cessation.[18] These types of policies not only reach students, but have far reaching implications for school employees,[19] and visitors.

In Missouri, addressing tobacco use through the adoption of school policies may prove especially important due to weak state and local policies which are not comprehensive and include several exemptions.[20,21] The lack of strong policies at the state and local levels indicates the need for schools to adopt comprehensive tobacco related policies in order to protect and support their populations. Consequently, these policies are rarely referenced or enforced by schools. According to the YRBS, in St. Louis County public schools, 3% of students reported having smoked on school property in the past 30 days, compared to 4.9% nationally. In fact, in St. Louis County this percent increased by grade level from 1% prevalence for 9th graders to 5% prevalence for 12th graders. Additionally, 3% of students reported using chewing tobacco, snuff or dip on school property in the past 30 days, compared to 4.8% nationally. Tobacco use tended to vary by grade level and increased as students advanced to the next grade level (Table 17).

Table 17. Baseline YRBS results – student tobacco use by grade level

Students Reported Having	9th grade (%)	10th grade (%)	11th grade (%)	12th grade (%)
Ever tried a cigarette	27.8	31.6	43.1	52.5
Smoked a whole cigarette before age 13	7.3	7.9	5.8	6.3
Smoked cigarettes in the last 30 days	7.5	9.5	13.7	17.8
Smoked on 20 or more of the past 30 days	2.1	2.9	5.8	7.6
Smoking cigarettes or cigars or using chewing tobacco, snuff, or dip in the past 30 days	11.5	12.5	18.1	30.6

Given the current rates of tobacco use among youth in St. Louis County, it is crucial for schools to implement strong tobacco policies in order to help reduce these rates early on. Of the 18.1% of students that reported current cigarette use nationally, 49.9% reported trying to quit smoking during the past 12 months. In St. Louis County, the prevalence of youth attempting to quit smoking was slightly higher than the national rate. Of the 12.2% of St. Louis County students who reported current cigarette use, 52.1% reported trying to quit smoking during the past 12 months. Youth in St. Louis County are attempting to quit but may not have the resources to do so. Overall, strong tobacco policies in schools have the potential to prevent initiation and promote cessation.

Public School District Policies

CAP Objective: By June 2012, increase the proportion of public school districts throughout St. Louis County that adopt comprehensive tobacco free policies from <20% in 2007 to 100%.

A baseline assessment report of tobacco-related policies in St. Louis County public school was released by the Evaluation Team in October 2010. The Evaluation Team assessed policies from each of the public school districts (n=23) in St. Louis County. Findings from this baseline assessment showed that total tobacco policy scores averaged 61% of the total possible points. There were significant gaps identified across all domains particularly in the Enforcement domain. The assessment also indicated that the DOH should consider focusing efforts on Rockwood, Hazelwood, Ferguson-Florissant, and Mehlville school districts due to their lower scores compared to other districts in the county.

In November 2010, the DOH prepared policy tool kits for each of the schools to disseminate the results of the baseline policy assessment and outline steps for strengthening policies. In an effort to help public school districts adopt stronger policies, community grants were awarded to Rockwood School District, the Tobacco Free St. Louis Coalition, Better Family Life, Midwest Center for Media Literacy, Rescue Social Change, and the National Council on Alcoholism and Drug Abuse. These Community Partners were responsible for contacting public school districts directly and encouraging districts to update their tobacco policy.

At the end of the CPPW Initiative, the Evaluation Team re-assessed policies in each of the public school districts in St. Louis County. All 23 public school districts received an intervention from DOH, and 20 (87%) public school districts made changes to their policies during the initiative (Table 18). Substantial improvements were made to school policies in each domain (Figure 16). Three school districts, Rockwood, Hazelwood, and Maplewood-Richmond Heights, made considerable changes to their policies and were successful in creating a comprehensive tobacco free policy. Overall, with support from the CPPW Initiative, St. Louis County public school districts are closer to creating comprehensive tobacco free policies (Figures 17 and 18), improving their policies by an average of 30.9%.

Project Highlight

At baseline, Rockwood ranked last out of all the public school districts with a total overall score of 48%. On March 10, 2011, the Rockwood School District Board of Education approved a new comprehensive tobacco policy, becoming the first public school district in St. Louis County to reach the tobacco free schools goal. Several other school districts soon followed including Hazelwood (Passed: June 11, 2012) and Maplewood-Richmond Heights (Passed: June 18, 2012).

Table 18. Public school district tobacco policy index scores

School District	Passed New Policy	Baseline Assessment %	Post Assessment %	% Increase
Rockwood	Yes	42.5	100.0	135.3
Hazelwood	Yes	47.5	100.0	110.5
Maplewood-Richmond Heights	Yes	52.5	100.0	90.5
Valley Park	Yes	60.0	95.0	58.3
Jennings	Yes	50.0	77.5	55.0
Riverview Gardens	Yes	50.0	67.5	35.0
Ferguson-Florissant	Yes	57.5	75.0	30.4
Affton	Yes	62.5	80.0	28.0
Bayless	Yes	55.0	70.0	27.3
Webster Groves	Yes	70.0	87.5	25.0
Kirkwood	Yes	60.0	75.0	25.0
Ritenour	Yes	57.5	70.0	21.7
Normandy	Yes	75.0	85.0	13.3
Pattonville	Yes	57.5	65.0	13.0
Ladue	Yes	62.5	70.0	12.0
Lindbergh R-VIII	Yes	57.5	62.5	8.7
University City	Yes	65.0	70.0	7.7
Clayton	Yes	72.5	77.5	6.9
Hancock Place	Yes	65.0	67.5	3.9
Brentwood	Yes	75.0	77.5	3.3
Mehlville	No	55.0	55.0	0.0
Parkway	No	75.0	75.0	0.0
Special School District	No	80.0	80.0	0.0
Average	--	**61.1**	**77.5**	**30.9**

Figure 16. Average percent of tobacco policy index scores among all public school districts

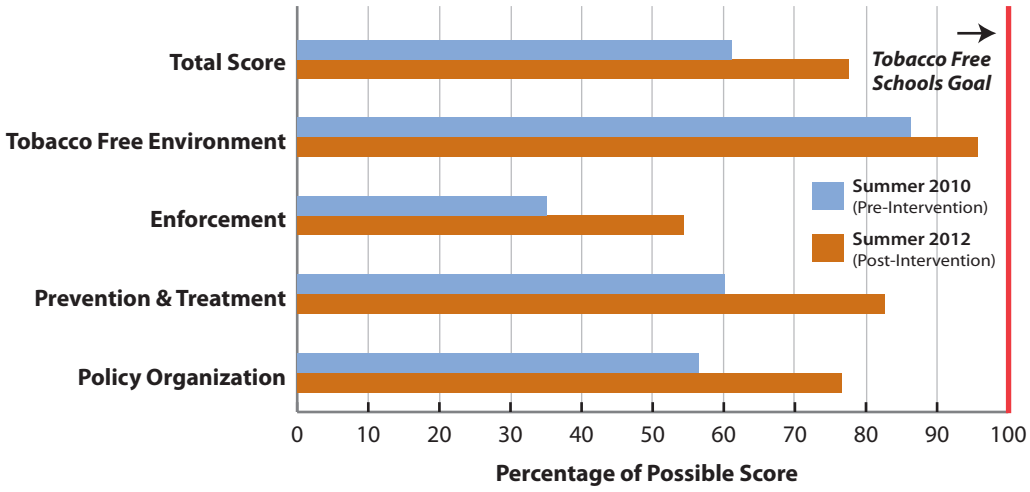
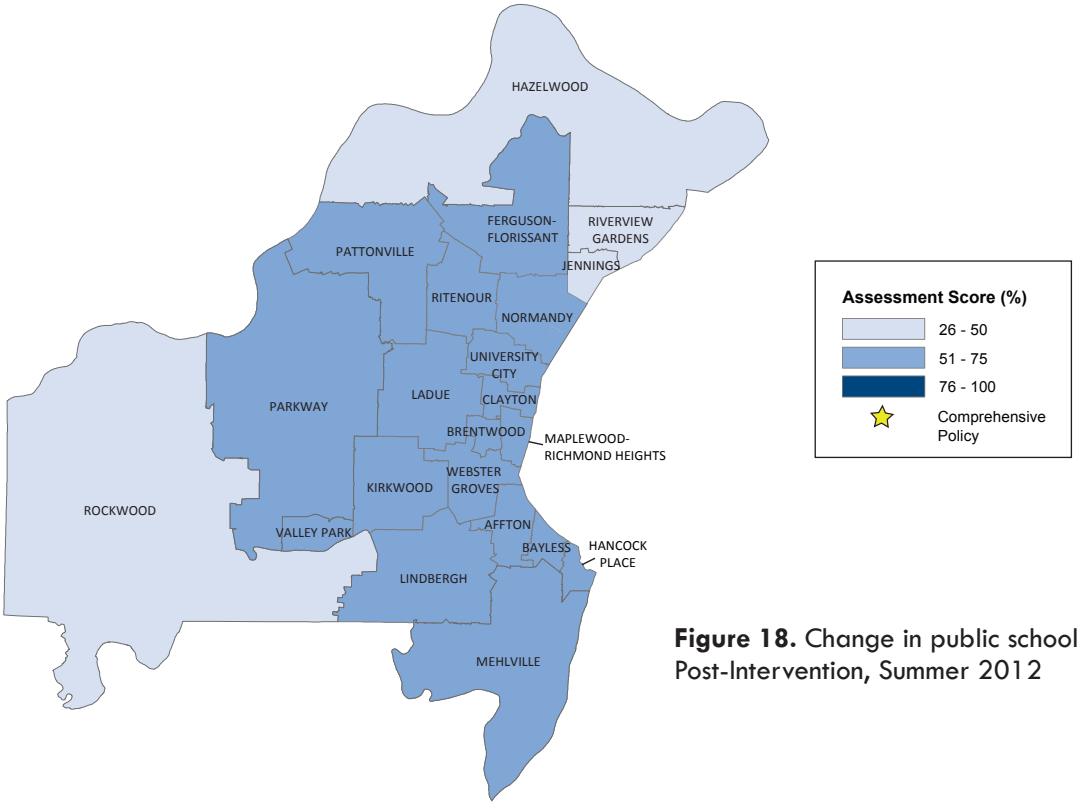


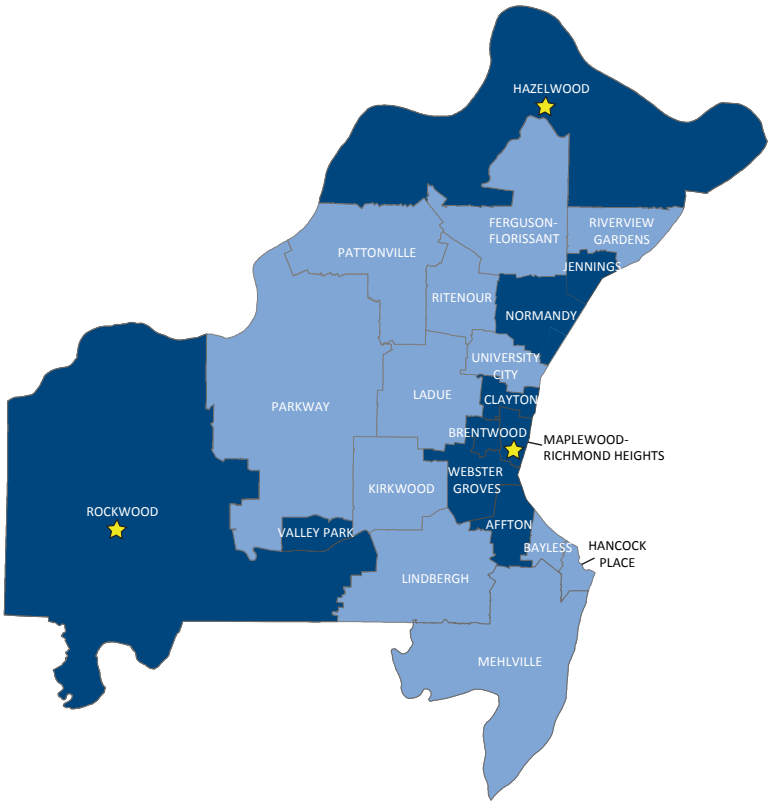
Figure 17. Change in public school district total scores over time – Pre-Intervention, Fall 2010



Project Highlight

Public school districts are closer to adopting comprehensive tobacco free policies. Overall, tobacco-related policies throughout the St. Louis County public school districts improved by 30.9%.

Figure 18. Change in public school district total scores over time – Post-Intervention, Summer 2012



Note: The Special School District does not have a specific geographical location and is therefore not include on the map. It received a score of 80% in both the baseline and post assessments. The Special School District did not pass a new policy during the CPPW Initiative.

Private School Policies

CAP Objective: By June 2012, increase the proportion of private K-12 schools in high-risk districts 1, 2, 3, and 4 that adopt comprehensive tobacco free policies from 0% to 100%.

A baseline assessment report of tobacco-related policies in St. Louis private schools was released by the Evaluation Team in December 2010. The Evaluation Team assessed policies from 50 of the 67 (75%) private schools in St. Louis County districts 1, 2, 3, and 4. Findings from this assessment showed that total tobacco policy scores averaged 18% of the total possible points. These scores were lower than the average St. Louis County public school score (61.1%). Scores were particularly low in the Prevention & Treatment, Enforcement, and Policy Organization domains. Furthermore, eight of the schools assessed did not have a written tobacco policy and therefore received zero points.

Community grants were awarded to Rescue Social Change, 100 Black Men of Metropolitan St. Louis, the Coalition and the National Council on Alcoholism and Drug Abuse in an effort to develop written policies and strengthen existing policies in private schools. Only 16 out of 50 (32%) private schools located in the high-risk areas received an intervention from DOH or Community Partners. Three additional private schools, previously not reviewed for the baseline assessment (because they did not have tobacco-related policies online and were not responsive to our policy requests) also received an intervention from Community Partners. These schools included Christian Academy of Greater St. Louis, St. Louis Priory, and Whitfield. Although these schools were not evaluated for the baseline assessment, they were reviewed during the post assessment but not included in the final average.

Of the schools that were included in the baseline, five private schools in St. Louis County experienced policy change. In addition, four private schools implemented new tobacco policies that were more comprehensive than their baseline policies: Chaminade College Preparatory School (100% improvement in score), Christ Community Lutheran School (80% improvement), DeSmet Jesuit High School (27.3% improvement), and Lutheran High North (25% improvement). Chaminade made the greatest changes to their tobacco policy, doubling their policy index score from baseline (22.5%) to post assessment (45%) (Table 19). Although there were minor improvements in the tobacco policies in some private schools, scores remained relatively the same across all domains from baseline to post assessment (Figure 19). This could be attributed to the lack of reception of CPPW efforts amongst private schools.

Project Highlight

Of all the private schools in districts 1, 2, 3 & 4, Chaminade College Preparatory School made the greatest changes to its tobacco policy, doubling its score from 22.5% to 45%.

Table 19. Private school tobacco policy index scores

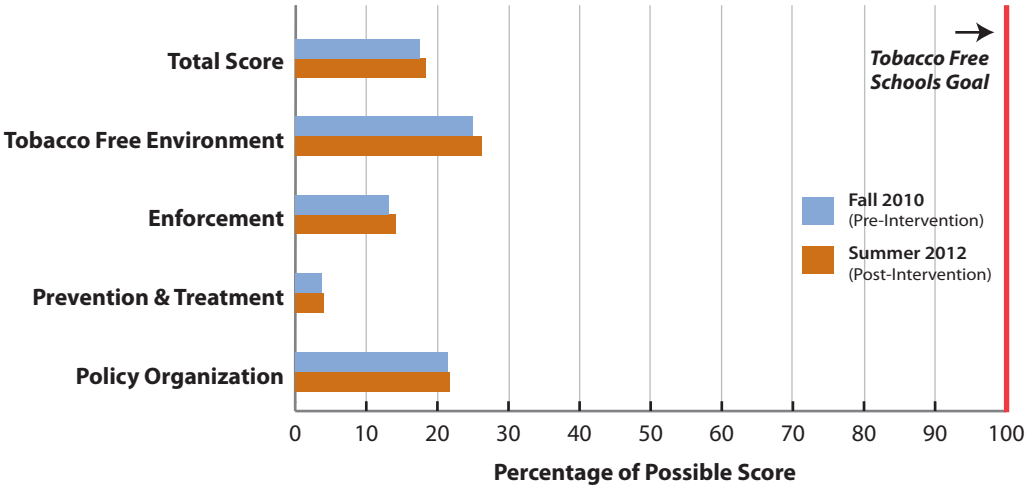
School District	Received Intervention	Passed New Policy	Baseline Assessment %	Post Assessment %	% Increase
Chaminade College Preparatory School	Yes	Yes	22.5	45.0	100.0
Christ Community Lutheran School	No	Yes	12.5	22.5	80.0
DeSmet Jesuit High School	Yes	Yes	27.5	35.0	27.3
Lutheran High North	Yes	Yes	20.0	25.0	25.0
Christian Brothers College High School	Yes	Yes	40.0	40.0	0.0
Incarnate Word Academy	Yes	Yes	37.5	37.5	0.0
Block Yeshiva High School	Yes	No	0.0	0.0	0.0
John F. Kennedy High School	Yes	No	15.0	15.0	0.0
Principia School	Yes	No	2.5	2.5	0.0
St. Joseph's Academy	Yes	No	20.0	20.0	0.0
Thomas Jefferson School	Yes	No	5.0	5.0	0.0
St. John Vianney High School	Yes	No	17.5	17.5	0.0
Villa Duchesne/Oak Hill School	Yes	No	32.5	32.5	0.0
Visitation Academy	Yes	No	47.5	47.5	0.0
Westminster Christian Academy	Yes	No	15.0	15.0	0.0
North County Christian School	Yes	No	27.5	27.5	0.0
Trinity Catholic High School	Yes	No	22.5	22.5	0.0
Our Lady Of The Pillar	No	Yes	22.5	22.5	0.0
Al Salam Day School	No	No	17.5	17.5	0.0
Blessed Theresa of Calcutta	No	No	5.0	5.0	0.0
Christ Prince of Peace	No	No	27.5	27.5	0.0
Christ the King School	No	No	20.0	20.0	0.0
Churchill Center and School for Learning Disabilities	No	No	0.0	0.0	0.0
Epstein Hebrew Academy	No	No	0.0	0.0	0.0
Freedom School	No	No	0.0	0.0	0.0
Grace Christian Academy	No	No	0.0	0.0	0.0
Hope Lutheran Church	No	No	10.0	10.0	0.0
Immanuel Lutheran Church	No	No	10.0	10.0	0.0
Incarnate Word School	No	No	25.0	25.0	0.0
Our Savior Lutheran	No	No	20.0	20.0	0.0
Rossman School	No	No	0.0	0.0	0.0
Sacred Heart School - Valley Park	No	No	7.5	7.5	0.0
Saint Ann School	No	No	22.5	22.5	0.0
Saint Catherine Laboure School	No	No	25.0	25.0	0.0
Saul Mirowitz Day School - Reform Jewish Academy	No	No	0.0	0.0	0.0
St. Clement Of Rome School	No	No	10.0	10.0	0.0

Table 19 (continued). Private school tobacco policy index scores

School District	Received Intervention?	Passed New Policy?	Baseline Assessment %	Post Assessment %	% Increase
St. Paul Catholic School	No	No	30.0	30.0	0.0
St. Pauls Lutheran School	No	No	15.0	15.0	0.0
St. Peters Grade School	No	No	25.0	25.0	0.0
St. Richards School	No	No	35.0	35.0	0.0
Ste Genevieve Du Bois School	No	No	25.0	25.0	0.0
The Kirk of the Hills Christian Day School	No	No	15.0	15.0	0.0
Twin Oaks Christian School	No	No	0.0	0.0	0.0
Dwight McDaniels Jr. School of Christian Education	No	No	0.0	0.0	0.0
Grace Lutheran Chapel & School	No	No	20.0	20.0	0.0
Sacred Heart School - Florissant	No	No	37.5	37.5	0.0
Salem Lutheran School	No	No	12.5	12.5	0.0
St. Norbert School	No	No	17.5	17.5	0.0
St. Rose Philippine Duchesne School	No	No	20.0	20.0	0.0
Every Child's Hope	No	Yes	37.5	35.0	-6.7
Christian Academy of Greater St. Louis	Yes	Yes		20.0	
St. Louis Priory High School	Yes	Yes		37.5	
Whitfield School	Yes	Yes		5.0	
Average*	---	---	**17.6**	**18.4**	**4.5**

**Note: Only includes the 50 private schools that were assessed at baseline*

Figure 19. Average percentage of tobacco policy index scores among all private schools



Higher Education Policies

CAP Objective: By June 2012, increase the proportion of higher education institutions in all County districts that adopt comprehensive tobacco free policies from 21% in 2009 to 100%.

A baseline assessment report of tobacco-related policies in ten institutions of higher education in the St. Louis Metropolitan area was released by the Evaluation Team in April 2011. At baseline, most institutions of higher education had adopted some type of smokefree policy. However the CAP objective called for more comprehensive tobacco free policies. Findings from this assessment showed that the total tobacco policy scores averaged 32% of the total possible points across all institutions. On average, institutions with a tobacco free policy had higher total tobacco policy scores (45% of total possible points) compared to institutions with smokefree policies (27% of total possible points). Overall, policy scores were highest in the Prevention & Treatment domain and lowest in the Promotion of Tobacco Products domain.

Project Highlight

The St. Louis Community College System became a tobacco free campus.

Policy passed: October 2010

Policy implemented: January 2011

The policy affects each of its four main campuses: Florissant Valley, Forest Park, Meramec, and Wildwood.

In an effort to strengthen policies in institutions of higher education, community grants were awarded to the Coalition, St. Louis University School of Public Health and the University of Missouri - Thomas Atkins Wellness Center. To effectively reach the milestones outlines in this objective, the DOH, Community Partners, and the Coalition worked together to develop and implement advocacy plans for comprehensive tobacco free policies in each of the ten institutions of higher education.

Project Highlight

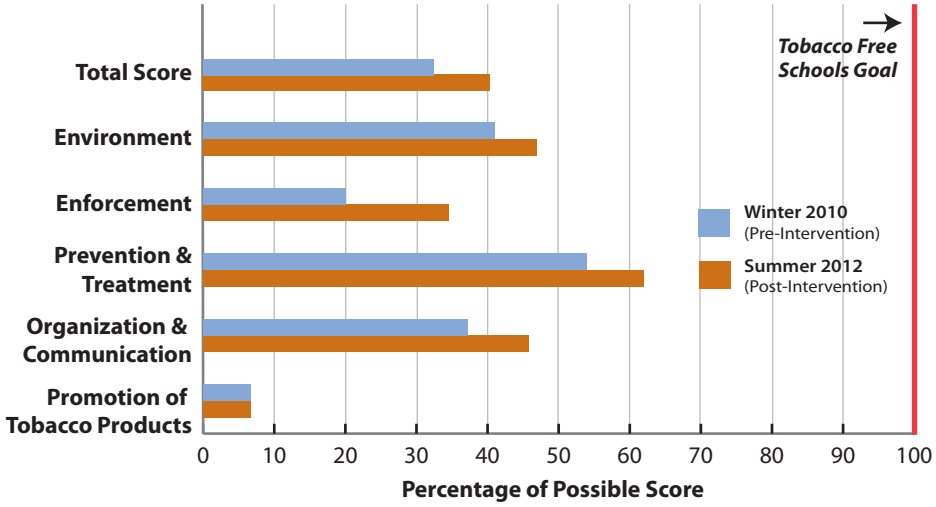
The University of Missouri – St. Louis adopted a tobacco free policy on January 2, 2012.

Since the inception of the CPPW Initiative, considerable policy changes were implemented at Maryville University (97.6% improvement in score), University of Missouri – St. Louis (84% improvement), and St. Louis Community Colleges (55.6% improvement). Both University of Missouri – St. Louis and St. Louis Community Colleges became tobacco free campuses, extending their smoking policies to include all tobacco products. On average, institutions of higher education improved their policies by 26.4% from the baseline assessment to the post assessment, however this average was influenced heavily by a small number of high-scoring schools; five of the ten schools assessed reported no policy change at all (Table 20). Overall, scores improved across all domains except for the Promotion of Tobacco Products domain where scores remained the same. The largest improvement in scores was seen in the Enforcement domain (Figure 20).

Table 20. Institutions of higher education tobacco policy index scores

School District	Passed New Policy	Baseline Assessment %	Post Assessment %	% Increase
Maryville University	Yes	22.8	45.1	97.6
University of Missouri - St. Louis	Yes	27.2	50.0	84.0
St. Louis Community Colleges - All campuses	Yes	41.9	65.1	55.6
Harris - Stowe State University	Yes	40.8	47.8	17.3
Fontbonne University	Yes	44.9	49.0	9.1
Concordia Seminary	No	7.1	7.1	0.0
Missouri Baptist University	No	24.5	24.5	0.0
Washington University	No	67.4	67.4	0.0
Webster University	No	18.5	18.5	0.0
Saint Louis University	No	29.4	29.4	0.0
Average	--	**32.4**	**40.4**	**26.4**

Figure 20. Average percentage of tobacco policy index scores among all institutions of higher education



Role of Community Partners in strengthening policies in schools and colleges/universities

K-12 Public and Private Schools

DOH and the Leadership team led this initiative early on by creating a model policy (Appendix C) for K-12 schools and contacting several of the schools to discuss their current policies using the information provided from the baseline assessments. Participants in the qualitative interviews suggested that external partners would play a significant role in strengthening K-12 school policies. Several Community Partners were funded to assist DOH in strengthening these policies in St. Louis County. At the end of the CPPW Initiative, many partners indicated that this objective was moderately successful and cited the willingness of the public school districts to update their policies as the main reason for its success. However, other partners identified the need for work to continue in school districts in order to get policies enacted.

[I]t's been interesting to me that most of the school district policies were behind the times. That for instance, while they may have strengthened their alcohol and drug policies over the years, the tobacco policy kind of lagged behind for most school districts. It told me that this was a worthwhile effort to try and work with these schools and school districts to improve their policies.

Policy review cycles and other priorities often conflicted with the development and implementation of stronger tobacco-related policies in schools. According to the CPPW, February 2012, newsletter, timing was identified as a challenge in this effort as policies must go through several waves of review by several entities including staff and teacher unions to receive approval.[22] Overall, public school districts were identified as being more receptive than private schools to the CPPW intervention efforts. There has been some progress made in several private schools, however it takes much more time to make changes in private schools compared to public schools. Community Partners and the DOH developed several partnerships with organizations such as the Missouri School Boards Association, Missouri Department of Elementary and Secondary Education, and the Catholic Archdiocese amongst others, in hopes of receiving an endorsement of a comprehensive tobacco free policy.

Table 21 shows the number of each type of advocacy activity that was conducted by Community Partners for the CAP objectives related to K-12 schools.

Institutions of Higher Education

The Coalition was mainly responsible for the execution of this CAP objective. The Evaluation Team developed a comprehensive tobacco free model policy for colleges and universities and distributed this to the DOH (Appendix D) and used this to complete the assessments. Participants in the qualitative interviews noted that the success of this objective was because "*[colleges/universities] all adopted policies*." Furthermore, participants in the qualitative interview suggested that when the work on this objective began, many colleges and universities were already in the process of strengthening their tobacco policies. Participants also revealed that technical assistance was extremely helpful when working with colleges and universities that were adopting policies.

[Personalized binders provided by DOH] that are geared specifically to the population of that university, and providing citations and research relating to why it's important, and a sample policy that they could enact [were really helpful]…

Table 21. K-12 school policy advocacy activities

Activities	Number of Public School Activities	Number of Private School Activities	Total
Policy endorsements collected	164	414	578
In-person meetings held	130	27	157
Decision-makers contacted	1,463	427	1,890
Materials distributed	9,749	4,260	14,009
Educational presentations	120 *(Attendees: 10,932)*	11 *(Attendees: 621)*	131 *(Attendees: 11,553)*
Advocacy trainings conducted	57 *(Attendees: 858)*	2 *(Attendees: 40)*	59 *(Attendees: 898)*

Table 22 shows the number of each type of advocacy activity that was conducted by Community Partners for the CAP objective related to institutions of higher education.

Table 22. College/University policy advocacy activities

Activities	Number of Activities
Policy endorsements collected	29
In-person meetings held	64
Decision-makers contacted	144
Materials distributed	3,074
Partners	98
Educational presentations	25 *(Attendees: 528)*

Expansion of CPPW network to achieve policy goals in schools

As part of the social network analysis conducted to examine partnerships formed during the CPPW Initiative, respondents were asked to identify partners they worked with on strengthening tobacco-related policies in K-12 public and private schools, and institutions of higher education. Table 23 shows the number of each type of partner identified and the percentage of each partner type within the network. Over time, the number of Community Partners, DOH and Resource individuals increased.

Overall, the number of collaborations and collaborators increased for this objective. Additionally, the size of the network increased as these activities progressed (Table 24). Figures 21, 22, and 23 show the graphs of the network over the course of the initiative. The shapes on the figures represent the administration groups, colors represent partner types, and lines represent collaboration between partners.

Table 23. Partners involved in K-12 Public & private schools and institutions of higher education policy

Partner Type	Fall 2010 N (%)	Summer 2011 N (%)	Winter 2012 N (%)
DOH Staff	9 (19.6)	8 (14.8)	13 (14.8)
Leadership Team	6 (13.0)	5 (9.3)	6 (6.8)
Coalition (Board)	4 (8.7)	4 (7.4)	2 (2.3)
CDC	1 (2.2)	1 (1.9)	1 (1.1)
Evaluation Team	8 (17.4)	4 (7.4)	3 (3.4)
Resource	3 (6.5)	7 (13.0)	28 (31.8)
Non-Awarded Applicant	2 (4.3)	0 (0.0)	0 (0.0)
Community Partner	11 (23.9)	21 (38.9)	29 (33.0)
Coalition (Non-Board)	2 (4.3)	4 (7.4)	6 (6.8)

Table 24. Collaborations among partners

	Fall 2010	Summer 2011	Winter 2012
Partners collaborating on objective	46	54	88
Collaborations between partners	60	90	148
Average number of collaborations per partner	2.61	3.33	3.36

Figure 21. Fall 2010

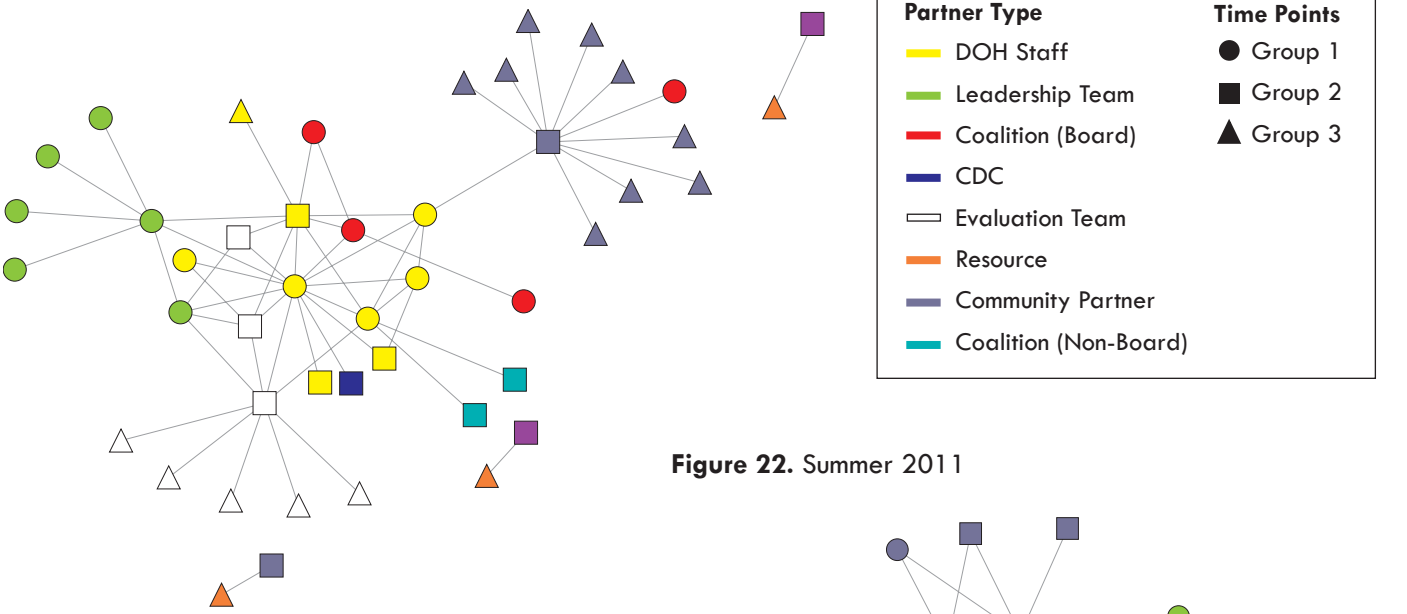


Figure 22. Summer 2011

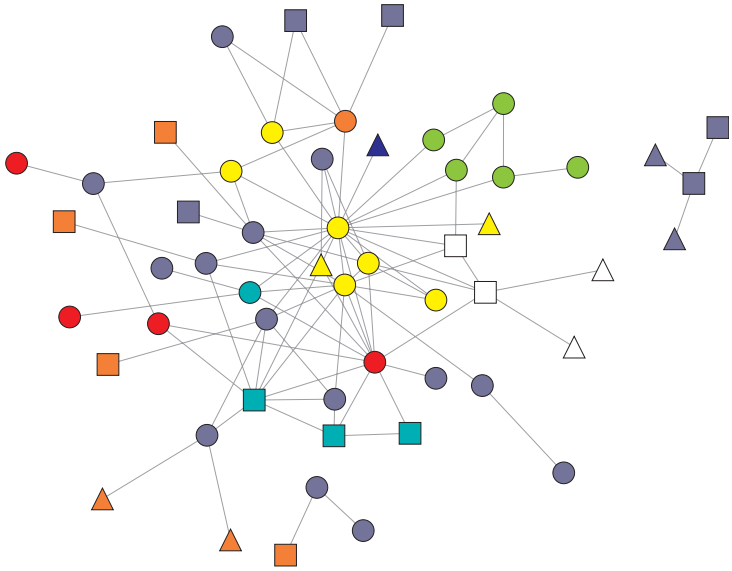
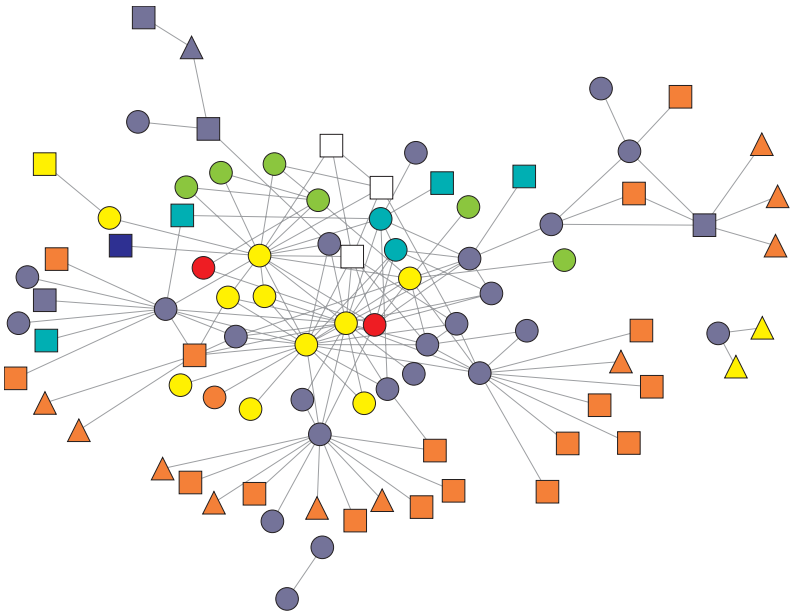


Figure 23. Winter 2012



Main Findings

- The number of collaborations increased over time.
- The size of the network working on this objective expanded.

Point of Sale Advertising, Sales, and Compliance

CAP Objective: By March 2012, conduct assessment of tobacco at retail stores in St. Louis County to improve compliance with existing FDA and County regulations concerning the advertising and sale of tobacco products.

The original goal related to this objective was to enact an ordinance that would ban all promotions that lower the price of tobacco products. It was revised in April 2012 to assess compliance with existing FDA and County regulations.

To evaluate the success of this objective, the Evaluation Team visited retailers across St. Louis County at two time points: 1) Pre-intervention (December 2009 - January 2010) and 2) Post-intervention (May - June 2012). Using an adapted version of a validated checklist, several items were assessed within the point of sale environment including:

- Store type and location
- Distance of retailer from school and parks
- Number of tobacco ads in store interiors and on exteriors
- Number of tobacco ads and products within six inches of candy
- Variation in types of tobacco products being advertised
- Pricing and discounting (special pricing, multipack discounts, and gifts with purchase)
- Presence and type of age of sale signage
- Compliance with FDA and County regulations

Many stores included in the baseline assessment were not included in the post assessment because they were closed, refused to participate, or because they did not receive an intervention. Results in this report reflect the 68 retailers in which pre- and post-assessment data are available.

Retail location and store type

St. Louis County has a total of 780 tobacco retailers. Of these, approximately 33% (n=258) are located within 1,000 feet of parks and/or schools (Figure 24). St. Louis County Districts 1 and 5 have the highest percentage of tobacco retailers located within 1,000 feet of parks and/or schools (Table 25).

Figure 24. Retailers within 1,000 feet of a school or park by council district in St. Louis County, Missouri

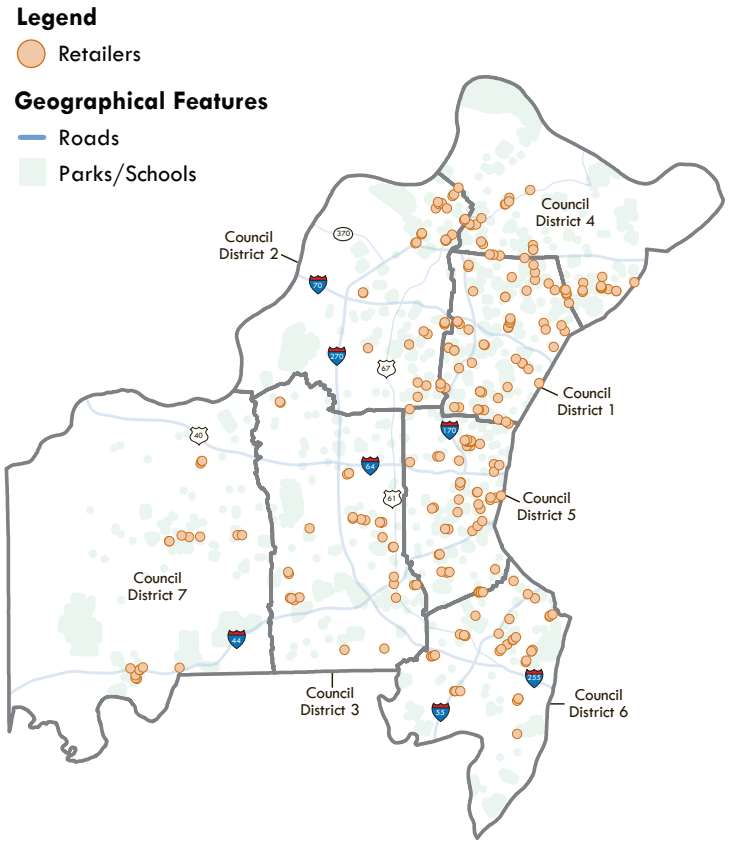


Table 25. Retailer environment by county district in St. Louis County

County District	Total Retailers	Number of retailers within 1,000 ft. of parks/schools	Percent of retailers within 1,000 ft. of parks/schools
District 1	114	56	49%
District 2	152	35	23%
District 3	113	30	27%
District 4	105	34	32%
District 5	109	49	45%
District 6	106	36	34%
District 7	81	18	22%
County total	780	258	33%

To assess advertising across various store types, the retailers were categorized into the following seven store types:

- Supermarket (*e.g., Schnucks, Shop n' Save*)
- Small market (*e.g., Paul's market, Love's Discount*)
- Convenience with gas (*e.g., Mobil, Quiktrip*)
- Convenience without gas (*e.g., 7-Eleven*)
- Drug store (*e.g., Walgreens, CVS*)
- Liquor store *(e.g., Dirt Cheap)*
- Other *(e.g., tobacco specialty shops, bars)*

Convenience with gas, small markets, drug stores and supermarkets had the highest number of stores sampled within 1,000 feet of schools and parks (Table 26). District 1 had the highest number of stores sampled within 1,000 feet of schools and parks (Table 27).

Table 26. Number of retailers sampled by store type

Store Type	Number of Stores
Supermarket	15
Small Market	9
Convenience (no gas)	2
Convenience with gas	31
Gas Only	0
Drug Store/Pharmacy	6
Liquor Store	3
Other (Specify):	2
Total	68

Table 27. Number of retailers sampled by County District

County District	Number of Stores
District 1	19
District 2	2
District 3	10
District 4	4
District 5	12
District 6	13
District 7	8
Total	68

Change in POS advertising over time

Total cigarette advertising increased from baseline to post assessment (11.4 advertisements at baseline to 12.6 at post assessment) (Table 28). This increase is mostly attributed to a 16% increase in interior advertising. In addition to observing the number of cigarette ads present, the Evaluation Team also collected information on advertising of other tobacco products in the post assessment. Retailers displayed an average of 17.8 (13.8 interior and 4.0 exterior) tobacco related advertisements per store.

Table 28. Tobacco advertising in retail stores

Average Number of Advertisements	Baseline	Post
Overall cigarette ads	11.4	12.6
Interior cigarette ads	8.1	9.4
Exterior cigarette ads	3.3	**3.2**
Overall tobacco ads	--	17.8
Interior tobacco ads	--	13.8
Exterior tobacco ads	--	4.0

It is also important to note that cigarette advertising declined in high risk districts 1, 2, and 3, where intervention efforts were focused, but increased in all other districts (Table 29). Some store managers cited increased pressure and competition between vendors and distributors of tobacco products as reason for increase.

When assessed by store type, the amount of cigarette advertising increased in convenience stores with gas stations and drug stores from the pre- to post assessment (Table 30). Although convenience stores without gas displayed the second highest amount of advertisements, these retailers experienced a remarkable decline in both exterior and interior advertisements over the course of the initiative. Additionally, small markets and liquor stores saw a decline in overall cigarette advertisements. These types of stores were the focus of DOH's intervention efforts.

Table 31 demonstrates that the proximity of cigarette advertising to candy products declined in several districts as cigarette ads were not found to be commonly displayed within six inches of candy at post assessment.

The proximity of cigarette advertising to candy products also declined in convenience stores with gas (Table 32). Although cigarette advertising near candy increased in supermarkets, many of the supermarkets that have advertising in close proximity to candy attempted to isolate tobacco products to one aisle or section of the store.

Table 29. Cigarette advertising in retailers within 1,000 ft. of parks and/or schools by county district

County District	Overall Cigarette Ads		Interior Cigarette Ads		Exterior Cigarette Ads	
	Baseline	Post	Baseline	Post	Baseline	Post
District 1	15.4	13.6	10.6	10.5	4.8	3.1
District 2	22.0	19.0	15.0	11.5	7.0	7.5
District 3	9.5	8.1	7.4	6.3	2.1	1.8
District 4	10.8	13.5	6.0	9.0	4.8	4.5
District 5	5.0	7.5	3.6	5.9	1.4	1.6
District 6	15.8	17.2	11.6	12.9	4.2	4.2
District 7	4.8	13.6	3.6	9.6	1.1	4.0
County Average	*11.4*	*12.6*	*8.1*	*9.4*	*3.3*	*3.2*

Table 30. Cigarette advertising in retailers within 1,000 ft. of parks and/or schools by store type

Store type	Overall Cigarette Ads		Interior Cigarette Ads		Exterior Cigarette Ads	
	Baseline	Post	Baseline	Post	Baseline	Post
Supermarket	5.4	5.7	5.3	5.4	0.1	0.3
Small market	13.6	9.8	8.0	7.1	5.6	2.7
Chain convenience without gas	24.0	13.0	19.5	13.0	4.5	0
Chain convenience with gas	14.3	18.0	9.4	12.1	4.9	5.8
Drug store	6.0	9.8	6.0	9.8	0	0
Liquor store	15.7	12.3	11.7	10.0	4.0	2.3
Other	0	0.5	0	0.5	0	0
County Average	*11.4*	*12.6*	*8.1*	*9.4*	*3.3*	*3.2*

Table 31. Proximity to candy by county district

County District	Percent of Stores With Cigarette Ads Near Candy	
	Baseline	Post
District 1	12%	5%
District 2	11%	0%
District 3	15%	0%
District 4	11%	0%
District 5	6%	17%
District 6	0%	0%
District 7	0%	0%

Table 32. Proximity to candy by store type

Store Type	Percent of Stores With Cigarette Ads Near Candy	
	Baseline	Post
Supermarket	7%	13%
Small market	0%	0%
Convenience with gas	14%	3%
Convenience without gas	0%	0%
Drug	0%	0%
Liquor	0%	0%
Other	0%	0%

Compliance with regulations

Over the course of the initiative, compliance with many regulations increased. In the baseline assessment, the Evaluation Team found that 94% of retailers were compliant with federal age of sale signage regulations. In the post assessment, 97% of retailers displayed some form of age of sale sign, suggesting that compliance increased over time. Compliance increased in Districts 1 and 5, which have the greatest percent of retailers located near parks and/or schools (Table 33). Small markets (DOH's target) and supermarkets also experienced an increased in compliance (Table 34). Table 35 demonstrates the change from baseline to post assessment in compliance with FDA regulations.

Table 33. Age of sale signage compliance in retailers within 1,000 ft. of schools and/or parks by county district

County District	Percent of Stores Displaying Any Age of Sale Sign	
	Baseline	Post
District 1	89%	100 %
District 2	100%	100%
District 3	90%	90%
District 4	100%	100%
District 5	92%	100%
District 6	100%	92%
District 7	100%	100%
County Average	*94%*	*97%*

Table 34. Age of sale signage compliance in retailers within 1,000 ft. of schools and/or parks by store type

Store Type	Percent of Stores Displaying Any Age of Sale Sign	
	Baseline	Post
Supermarket	93%	100%
Small market	89%	100%
Convenience with gas	100%	100%
Convenience without gas	100%	94%
Drug	100%	100%
Liquor	100%	100%
Other	0%	100%

Table 35. Retailer compliance with FDA regulations

FDA Regulations:	Results: Changes That Have Occurred and the Need for Further Action
Require proof of age to purchase tobacco products (federal minimum age is 18).	The percentage of retailers displaying an age of sale sign increased from 94% to 97%.
Ban sale through vending machines	All vending machines were placed in bars with an age minimum of 21; there were no other machines found among other retailers.
Requires cigarettes be sold in packs of 20	4.4% of stores sell loose cigarettes.
Ban tobacco product sponsorship of sporting and entertainment events: no materials provided by tobacco companies that advertise/promote events.	No store displayed the sponsorship of a sporting or entertainment event by tobacco products.
Bans special offers involving gifts	14.7% of retailers display advertisements offering free gifts with purchase or rewards-based membership programs.
Requires larger warning label on smokeless tobacco packaging and advertising	100% of the retailers that sell smoke tobacco products displayed product warnings that covered at least 30% of principal display panels.
Bans flavored tobacco	The percentage of retailers displaying advertisements for flavored cigarettes decreases from 98.5% to 88.2%.
Prohibit sale of flavored cigars	51.5% of retailers display advertising for flavored cigars.
Ban outdoor advertising within 1000 feet of school and playgrounds	The number of retailers within 1000 feet of school and playgrounds that display outdoor cigarette advertising decreased from 56.7% to 47.8%.
Limit any outdoor and all point-of-sale tobacco advertising to black text on white background, except in adult-only facilities.	All advertising for tobacco products were in color and did not meet these criteria.

Role of Community Partners in measuring compliance with FDA and County regulations

For this objective, DOH focused on providing small "mom & pop" shops with information about FDA regulations. Table 36 details several of the advocacy activities that were conducted for this objective. Many retailers suggested that they knew about the regulations but did not know the specific details of the regulations. Managers at several of these retail establishments also indicated an interest in training for their employees to help them improve their understanding of FDA regulations. Educational information related to this objective was disseminated to communities, municipalities, retailers, and political figures.

Table 36. Advertising sales and compliance advocacy activities

Advocacy Activities	Number Completed
Support/education provided to improve compliance with existing tobacco advertising and sales regulations	92
Support/education provided to exceed existing regulations to further reduce tobacco advertising	62
Educational materials distributed to retailers and surrounding community members	555
Educational presentations conducted about retailer advertising and sales compliance *(Total attendees: 48)*	22

Community Partners utilized social media extensively to educate the public on the federal and county regulations concerning the advertising and sale of tobacco products. As a result of this initiative, 154 new social media posts related to this objective appeared on sites such as Facebook, Twitter, and YouTube amongst others. The social media campaign resulted in a total of 2,193 exposures to messages related to this objective (Table 37).

Table 37. Overall reach of social media campaign for advertising sales and compliance

Media	New Social Media Posts (#)	Social Media Contacts (#)
Facebook	42	741
Twitter	51	189
YouTube	2	154
Website	12	1019
Other *(e.g., Flickr, Vimeo)*	47	90
Total Exposure	154	2193

Expansion of CPPW network to achieve policy goals related to advertising sales and compliance

As part of the social network analysis conducted to examine partnerships formed during the CPPW Initiative, respondents were asked to identify partners they worked with on this objective. Table 38 shows the number of each type of partner identified and the percentage of each partner type within the network. Table 39 shows that the largest number of collaborations on this objective was during the Fall 2010 followed by Winter 2012. Figures 25, 26 and 27 show the graphs of the network over the course of the initiative. The shapes on the figures represent the administration groups, colors represent partner types, and lines represent collaboration between partners.

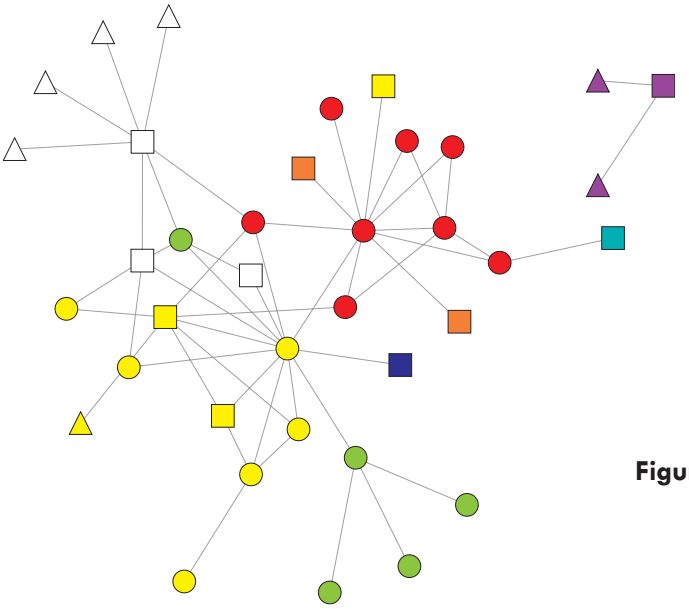
Table 38. Partners involved in advertising sales and compliance

Partner Type	Fall 2010 N (%)	Summer 2011 N (%)	Winter 2012 N (%)
DOH Staff	10 (27.0)	8 (36.4)	9 (30.0)
Leadership Team	5 (13.5)	4 (18.2)	2 (6.7)
Coalition (Board)	8 (21.6)	2 (9.1)	2 (6.7)
CDC	1 (2.7)	1 (4.5)	1 (3.3)
County Council	0 (0.0)	0 (0.0)	1 (3.3)
Evaluation Team	7 (18.9)	2 (9.1)	4 (13.3)
Resource	2 (5.4)	0 (0.0)	6 (20.0)
Non-Awarded Applicant	0 (0.0)	1 (4.5)	4 (13.3)
Community Partner	3 (8.1)	0 (0.0)	0 (0.0)
Coalition (Non-Board)	1 (2.7)	4 (18.2)	1 (3.3)

Table 39. Collaboration among partners

	Fall 2010	Summer 2011	Winter 2012
Partners collaborating on objective	37	22	30
Collaborations between partners	52	34	37
Average number of collaborations per partner	2.81	3.09	2.47

Figure 25. Fall 2010



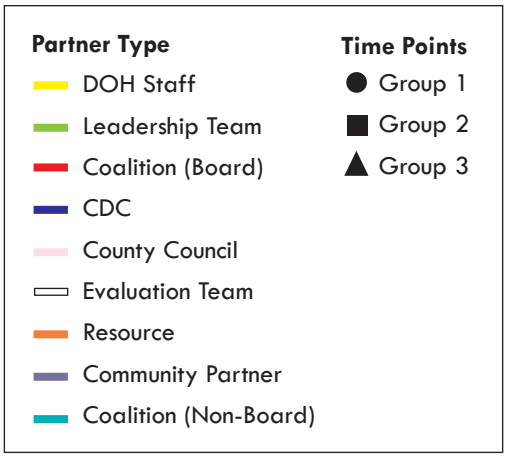


Figure 26. Summer 2011

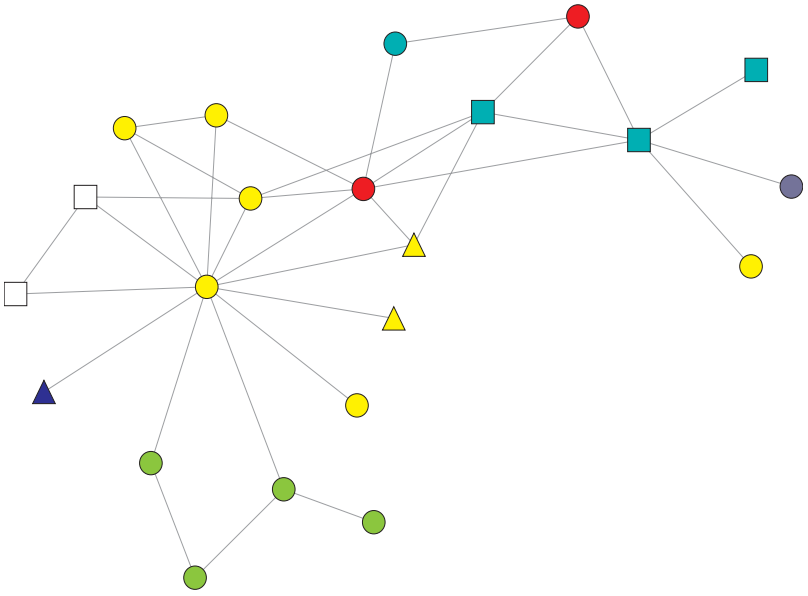
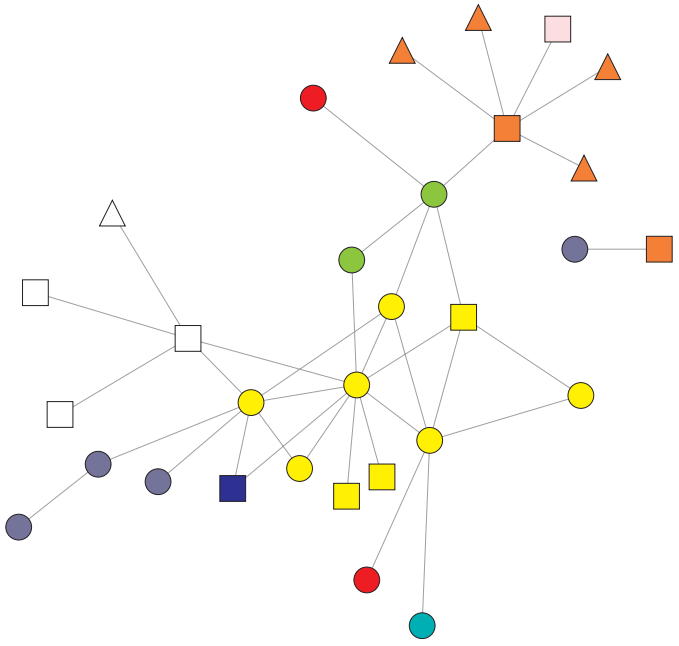


Figure 27. Winter 2012



Main Findings

- Due to the change in the objective, the network got smaller during Summer 2011.
- Collaboration between partners was re-established after the objective change and grew between Summer 2011 and Winter 2012.

Retailer Graphic Warning Policies

CAP Objective: By March 2012 augment the current required signage restricting sales to minors to include a graphic warning designed to discourage tobacco use particularly among youth

Given the legal battle in New York that resulted in a ruling that disallowed the implementation of graphic warnings at the point of sale, the DOH decided to reevaluate its approach. DOH modified this objective on August 26, 2011 to augment current required signage restricting sales to minors instead of enacting an ordinance requiring all tobacco retailers to display a graphic warning sign.

Role of Community Partners in retailer graphic warning policies

In order to meet this objective, DOH developed a poster that detailed the punitive consequences associated with buying or giving tobacco to minors (Figure 28). DOH conducted focus groups with youth in order to choose the most effective image. DOH and the Coalition visited several retailers and distributed the sign to 53 retailers who were asked to voluntarily display this poster. Signs were also handed out to municipal leaders and community members who were encouraged to speak to retailers to discuss the importance of hanging these signs. The National Council on Alcoholism and Drug Abuse (NCADA) also created their own graphic warning sign specifically aimed at youth (Figure 29), and distributed this sign to tobacco retailers. Table 40 shows all the advocacy activities conducted by Community Partners for this objective.

Figure 28. Image developed and distributed to retailers by DOH

Figure 29. Image developed and distributed to retailers by NCADA

Table 40. Retailer graphic warning advocacy activities

Advocacy Activities	Number Completed
Retailers who graphic warning signs were distributed to	844
In-person meetings with retailers	97
Educational materials distributed to retailers and surrounding community members	917
Educational presentations about graphic warnings (Attendees: 85)	71

Community Partners also communicated messages related to this objective through 122 new social media posts resulting in 8,374 potential exposures (Table 41). Additionally, partner websites experienced a total of 6,804 website hits.

Table 41. Overall reach of social media campaign for retailer graphic warning policies

Media	New Social Media Posts (#)	Social Media Contacts (#)
Facebook	44	1,206
Twitter	48	138
YouTube	1	154
Other	29	72
Total Exposure	122	8,374

Change in retailer graphic warning presence over time

At baseline, the graphic warning signs had yet to be developed. Thus, no retailers displayed these signs as they did not exist at the time. In the post assessment, the Evaluation Team measured the presence of all age of sale signage in St. Louis county tobacco retail stores. Among the 21 retailers visited by both the DOH team and the Evaluation team, 19 (90.4%) were in compliance with federal age of sale signage regulations, however only two of these retailers displayed the graphic warning sign provided to them by DOH. This suggests that more advocacy and promotion of graphic warning signage is needed.

Expansion of CPPW network to achieve policy goals related to retailer graphic warning signage

As part of the social network analysis conducted to examine partnerships formed during the CPPW Initiative, respondents were asked to identify partners they worked with on retailer graphic warning signage. Table 42 shows the number of each type of partner identified and the percentage of each partner type within the network. The number of partners collaborating on this objective was largest in Winter 2012. Over time, the average number of collaborations per partner increased (Table 43). Figures 30, 31, and 32 show the graphs of the network over the course of the initiative. The shapes on the figures represent the administration groups, colors represent partner types, and lines represent collaboration between partners.

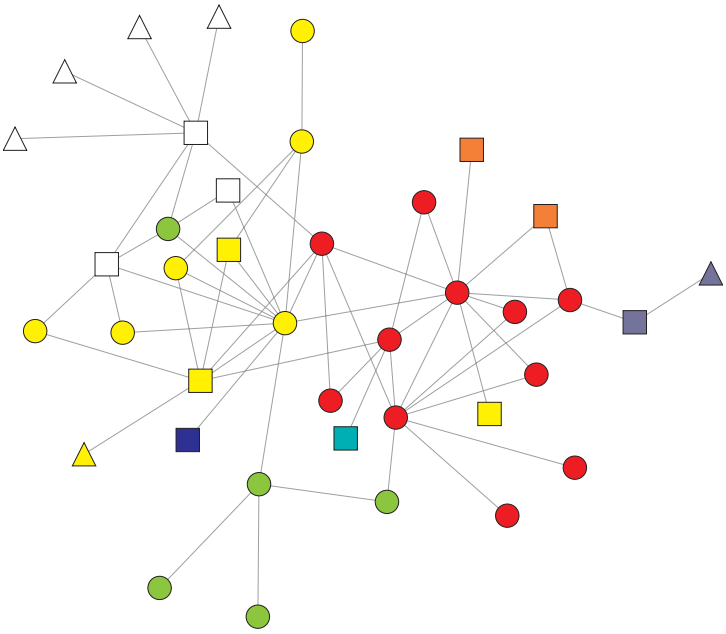
Table 42. Partners involved in retailer graphic warning policy

Participant Type	Fall 2010 N (%)	Summer 2011 N (%)	Winter 2012 N (%)
DOH Staff	10 (25.6)	8 (32.0)	12 (25.0)
Leadership Team	5 (12.8)	4 (16.0)	4 (8.3)
Coalition (Board)	11 (28.2)	3 (12.0)	2 (4.2)
CDC	1 (0.0)	1 (4.0)	2 (4.2)
County Council	0 (2.6)	0 (0.0)	1 (2.1)
Evaluation Team	7 (17.9)	2 (8.0)	3 (6.3)
Resource	2 (5.1)	0 (0.0)	7 (14.6)
Community Partner	2 (5.1)	3 (12.0)	16 (33.3)
Coalition (Non-Board)	1 (2.6)	4 (16.0)	1 (2.1)

Table 43. Collaborations among partners

	Fall 2010	Summer 2011	Winter 2012
Partners collaborating on objective	39	25	48
Collaborations between partners	60	39	86
Average number of collaborations per partner	3.08	3.12	3.58

Figure 30. Fall 2010



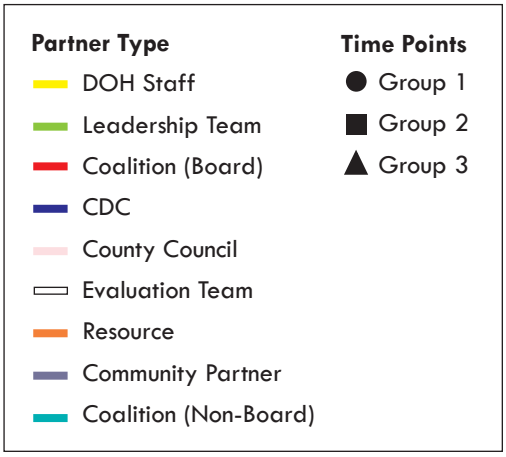


Figure 31. Summer 2011

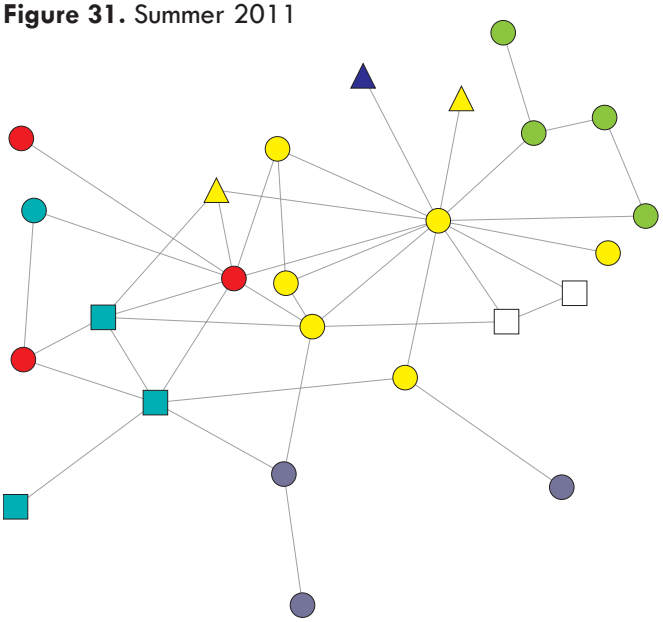
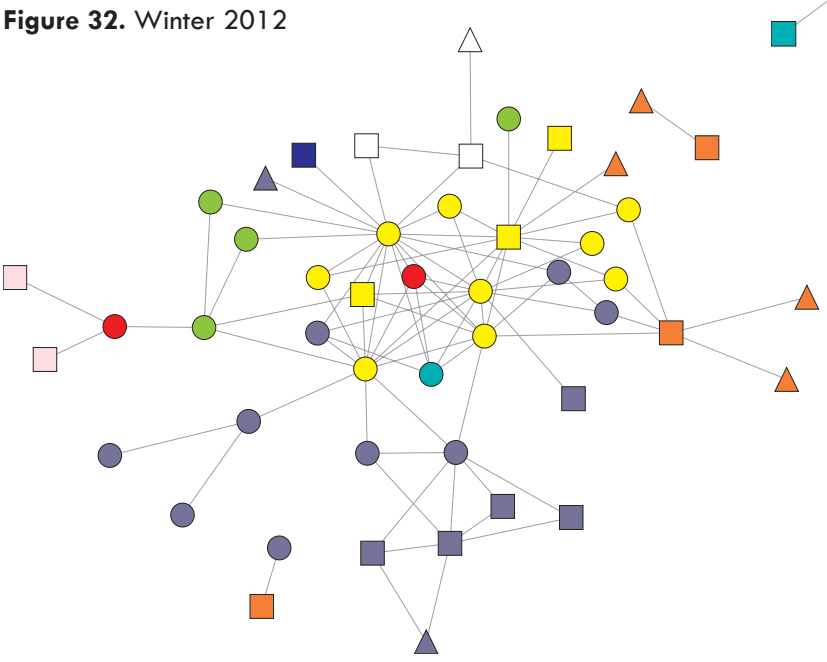


Figure 32. Winter 2012



Main Findings

- The number of partners working on this objective was largest in Winter 2012.
- Collaborations per partner increased over time.

Marketing and Dissemination

Media

CAP Objective: By December 2011, develop hard-hitting counter marketing media campaign to target high risk youth and increase awareness of Missouri Quitline.

In partnership with Fleishman Hillard the DOH implemented the *Let's Face It* media campaign to increase support for smokefree policies, increase awareness of cessation services, and educate high risk youth about the harms of tobacco use (Figure 33).

Figure 33. Media Messages

Reach of the Let's Face It media campaign

Media efforts included earned and paid media in the form of newspaper articles, radio and TV interviews, print advertisements, billboards, coaster distribution, promotion through the St. Louis Blues and St. Louis Cardinals' sports venues, and digital and social media. Table 44 outlines the estimated reach of the media campaign. An estimated 457,000,000 possible exposures to the CPPW media messages occurred over the course of the initiative.

Table 44. Reach of media campaign

	Reach	Time frame
Earned Media *TV & radio interviews*	19,800,00	December 2010 - February 2012
Paid Media *Print ads, Billboards, TV spots, Facebook paid ads*	318,500,000	December 2010 - June 2012
Sporting Events *St. Louis Blues, St. Louis Cardinals, St. Louis Rams*	118,500,000	February 2011 - February 2012
Digital and Social Media *www.letsfaceitstl.com, Facebook page*	258,000	December 2010 - February 2012
Coasters	200,000	December 2010 - January 2011

Note: Numbers reflect an estimate of the maximum number of possible exposures a message may have had (i.e., an individual may have heard the message more than once)

Earned Media

According to earned media tracking data, there were 453 newspaper (print and online) articles published regarding tobacco in the St. Louis Metropolitan area. Of the 453 articles, 117 (26%) specifically referenced CPPW objectives or campaign messages. Table 45 shows the number of articles mentioning each CPPW CAP objective. The County Ordinance and the municipality ordinance objectives were addressed most often, getting mentioned in 67 and 32 articles respectively. No earned media was published about graphic warnings or advertising and sales compliance.

Table 45. Number of earned media articles mentioning CAP objectives

CAP Objective	Number of Articles
1: Youth Media	9
2: County Ordinance	67
3: Municipality Ordinances	32
4 & 5: Public & Private K-12 School Policies	6
6: College/University Policies	6
7: Graphic Warnings	0
8: Advertising & Sales Compliance	0
9: Quitline Promotion	2
10: Cessation	20

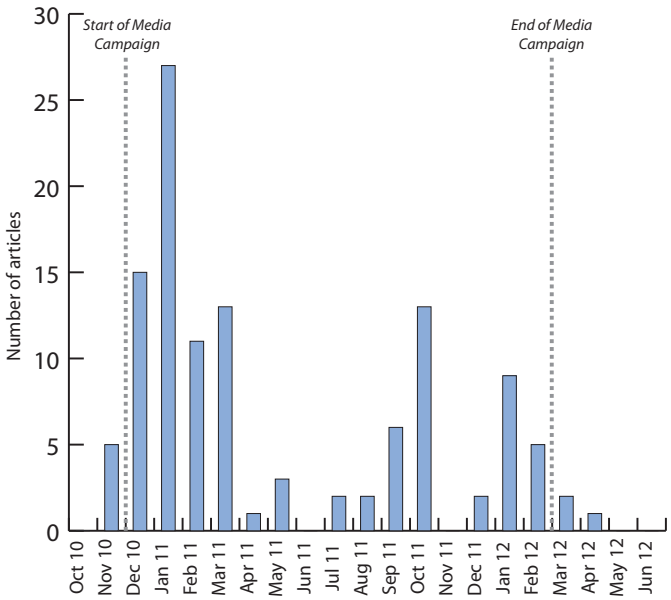
Table 46 shows the number of articles mentioning the CPPW campaign and specific messages, either in a paraphrased form or word-for-word. The CPPW Initiative itself or its tag line (Changing Tobacco Norms in St. Louis County) was mentioned in 15 articles. The general *Let's Face It* message was mentioned in 12 articles. No articles mentioned the County Ordinance message ("for a Healthier St. Louis"), youth message ("You've Got the Power") or Quitline message ("Quitting is Hard") by their branded tag lines.

Table 46. Articles mentioning CPPW and campaign messages

Message	Paraphrased	Word-for-Word	Total
CPPW/Changing Tobacco Norms	10	5	15
Let's Face It	0	12	12
Let's Face It for a Healthier St. Louis	0	0	0
Let's Face It You've Got the Power	0	0	0
Let's Face It Quitting is Hard	0	0	0

Figure 34 shows the number of articles mentioning CPPW objectives or messages each month, beginning in November of 2010 and ending in April of 2012. Start and end dates for the earned media campaign are marked with dashed lines. The number of articles mentioning CPPW objectives or messages peaked at 27 in January 2011.

Figure 34. Number of articles mentioning CPPW objectives or messages by month



For all of the earned media articles published in the St. Louis Metropolitan area, the attitudes expressed towards tobacco control was positive, with 55% of the articles in favor of tobacco control and only 9% against it (Table 47).

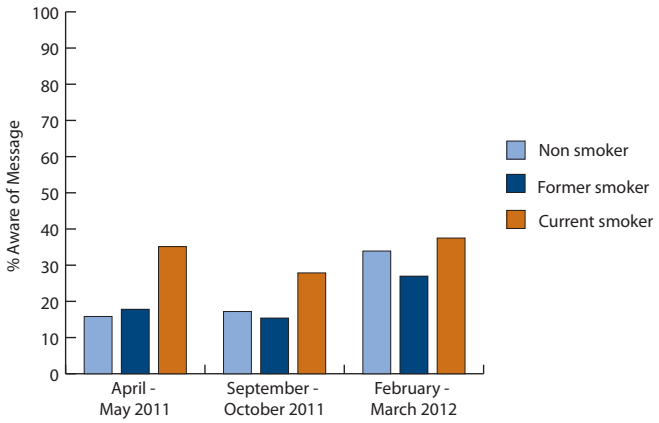
Table 47. Number of earned media articles expressing tobacco control positions

Position	Number of Articles N (%)
Pro-tobacco control	248 (55)
Mixed	115 (25)
Neutral	48 (11)
Anti-tobacco control	42 (9)
Total	**453 (100)**

Media Awareness Survey

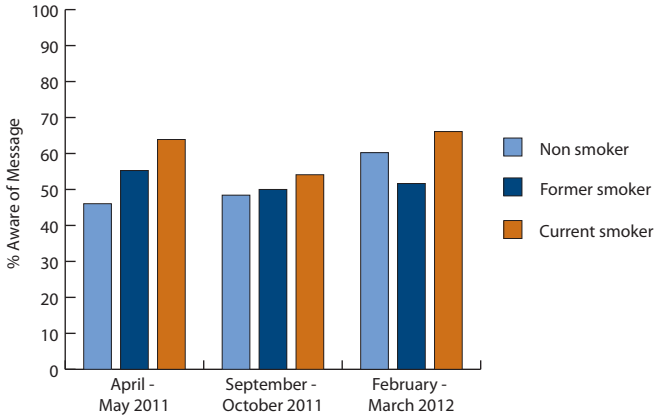
The media awareness survey asked a number of questions that assessed the awareness of the *Let's Face It* campaign and its messages. Participants were asked if they remember seeing or hearing the statement *Let's Face It for a Healthier St. Louis* in the past 30 days. This message targeted all St. Louis residents regardless of smoking status. A significant increase in awareness was only demonstrated among non-smokers (Figure 35).

Figure 35. Let's Face It for a Healthier St. Louis by smoking status



Participants were also asked if they remember hearing, seeing, or reading the statement *Let's Face It Quitting is Hard*. Even though the message specifically targeted smokers, a significant increase in awareness was only demonstrated in non-smokers (Figure 36).

Figure 36. Let's Face It Quitting is Hard by smoking status



Reach of the media campaign among youth

AirO$_2$Dynamic was a youth group, developed as part of this initiative, tasked with advocating for a healthier St. Louis County through peer education and community involvement. AirO$_2$Dynamic members were specifically responsible for educating their peers about the dangers of tobacco use and getting involved in the community to raise awareness about this issue. The group's goal was to advocate to become the first tobacco free generation.[23]

In pursuit of this goal, AirO$_2$Dynamic members were actively involved in the community, continually raising awareness about the dangers and health implications associated with tobacco use. Members were present at events such as the Chris Brown concert, the second annual Sista Strut Cancer walk, and other events in order to raise awareness about tobacco and provide information about the *Let's Face It* campaign.

In Fall 2011, the CPPW AirO$_2$Dynamic team hosted a multimedia contest for youth called "Share the Truth about Tobacco." This contest created a platform for youth to express their views about the impact of tobacco through video, photography, digital art, poetry and lyrics. The team also hosted an awards show at the University of Missouri – St. Louis to showcase the work of the youth that entered the contest.

AirO$_2$Dynamic members also educated their peers during Red Ribbon Week, a national drug prevention observance week, with the "Grim Reaper" campaign. Each day, the team placed 26 Grim Reaper posters in several St. Louis County schools to highlight the number of people that die each day from tobacco use in Missouri.

In order to further reach youth with *Let's Face It* messages, partnerships were launched with organizations such as Young Choices, and several sports teams such as the St. Louis Rams (football), St. Louis Blues (hockey), and St. Louis Cardinals (baseball). Advocates from these organizations went into designated St. Louis County schools and used their personal stories to highlight the dangers associated with tobacco use (Figure 37). Sports teams also hosted *Let's Face It* game nights to further highlight the campaign and its messages.

Role of Community Partners in reaching youth through social media

Community Partners reached youth with CPPW-related messages through several forms of media including 62 interviews with TV, radio, and newspaper outlets, and 42 letters to editors/op-eds.* Furthermore, Community Partners used social media quite extensively to communicate messages specifically to reach youth. Through posts on Facebook, Twitter, YouTube, and other

**Note: These types of outreach did not include reruns and/or reprints.*

Figure 37. Former St. Louis Blues NHL player Cam Jansen (left) reviewing *Let's Face It* materials with Lafayette High School students

Lafayette High School is part of the Rockwood School District - The first public school district to enact a comprehensive tobacco free gold standard policy in St. Louis County, Missouri - Photo provided courtesy of the St. Louis County Department of Health

social media outlets, the youth focused social media campaign resulted in a total of 485,813 exposures to anti-tobacco messages and/or messages advocating for stronger tobacco policies in schools. Although Facebook and partner websites (*e.g. www.rockwood.k12.mo.us*) were used to distribute campaign-related content, messages posted on partner websites and YouTube resulted in the most number of exposures to media messaging, followed by Facebook (Table 48).

During the first round of qualitative interviews, participants reported that the Coalition played multiple roles in reaching youth through the social media campaign including providing education through youth targeted activities and assisting Community Partners in developing and implementing youth programs.

Table 48. Overall reach of youth social media campaign

Media Type	New Social Media Posts (#)	Social Media Contacts (#)
Facebook	953	35,613
Twitter	127	2,224
YouTube	45	94,846
Website	3,113	350,116
Other *(e.g., Flickr, Vimeo)*	45	3,014
Total Exposure	4,287	485,813

Expansion of the CPPW network to achieve goals related to targeting high risk youth

As part of the social network analysis conducted to examine partnerships formed during the CPPW Initiative, respondents were asked to identify partners they worked with on targeting high risk youth through the social media campaign. Table 49 shows the number of each type of partner identified and the percentage of each type within the network. Over time there was an increase in collaboration among DOH staff, resources, and Community Partners.

From Fall 2010 to Summer 2011 the number of partners collaborating decreased some, but then doubled in Winter 2012 (Table 50). Figures 38, 39 and 40 show the graphs of the network over the course of the initiative. The shapes on the figures represent the administration groups, colors represent partner types, and lines represent collaboration between partners.

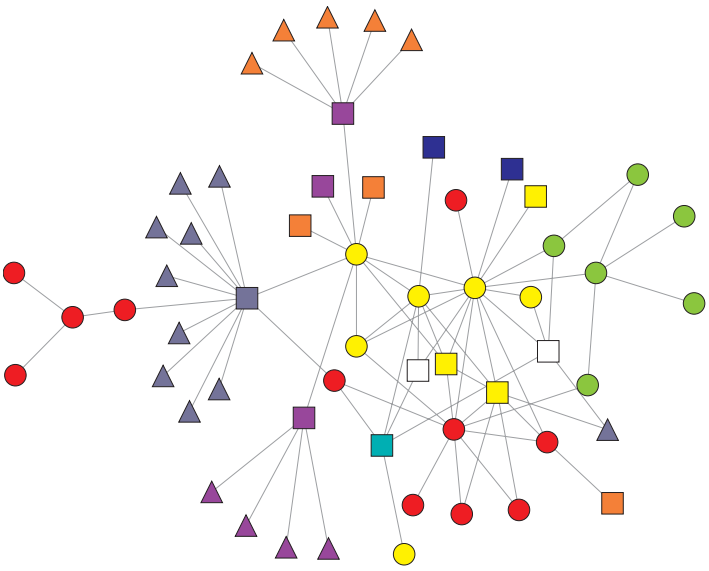
Table 49. Partners involved in media

Partner Type	Fall 2010 N (%)	Summer 2011 N (%)	Winter 2012 N (%)
DOH Staff	9 (15.8)	7 (14.9)	15 (16.0)
Leadership Team	6 (10.5)	6 (12.8)	5 (5.3)
Coalition (Board)	11 (19.3)	4 (8.5)	3 (3.2)
CDC	2 (3.5)	1 (2.1)	1 (1.1)
County Council	0 (0.0)	0 (0.0)	2 (2.1)
Evaluation Team	2 (3.5)	2 (4.3)	2 (2.1)
Resource	8 (14.0)	8 (17.0)	26 (27.7)
Non-Awarded Applicant	7 (12.3)	0 (0.0)	0 (0.0)
Community Partner	11 (19.3)	16 (34.0)	35 (37.2)
Coalition (Non-Board)	1 (1.8)	3 (6.4)	5 (5.3)

Table 50. Collaborations among partners

	Fall 2010	Summer 2011	Winter 2012
Partners collaborating on objective	57	47	94
Collaborations between partners	80	104	145
Average number of collaborations per partner	2.81	4.43	3.09

Figure 38. Fall 2010



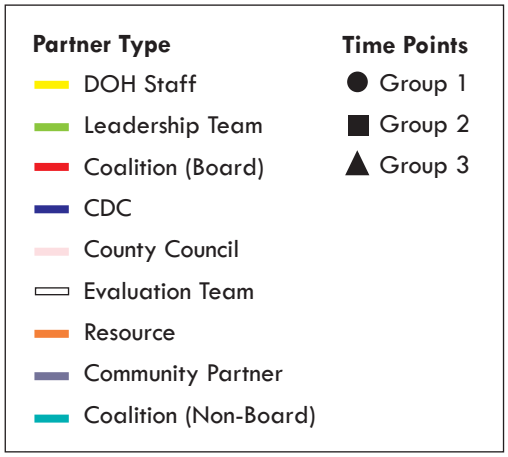


Figure 39. Summer 2011

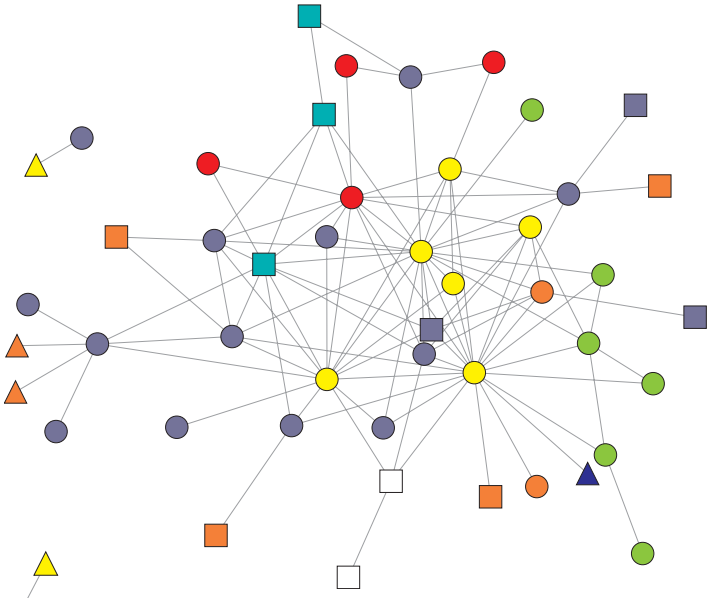
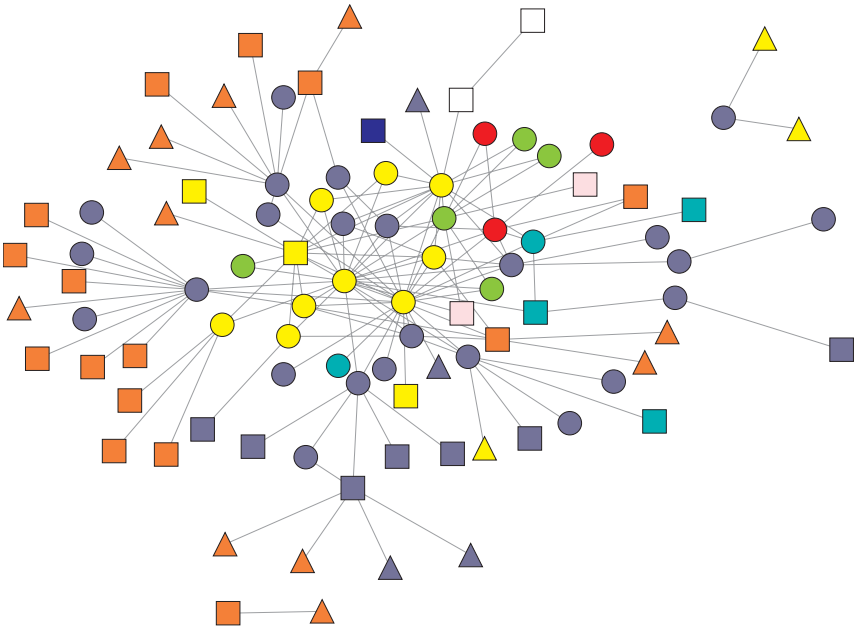


Figure 40. Winter 2012



Main Findings

- Collaboration amongst several partners increased over time.
- The number of partners collaborating, initially declined, but then doubled in Winter 2012.

Quitline

CAP Objective: By June 2012, increase the number of calls to by St. Louis County residents to the Missouri Quitline by 50%.

Several partners were involved in this CAP objective. Three main activities were conducted to market and increase awareness and use of the Quitline:

- Mass media campaign with *Let's Face It Quitting is Hard* message;
- DOH social network sites; and
- Dissemination of Quitline materials by Community Partners.

Change in awareness of cessation services

The media awareness survey assessed awareness of the Missouri Quitline among St. Louis residents at the beginning, middle, and end of the media campaign. The results are shown in Figures 41-42. St. Louis residents were largely unaware of the existence of Quitline telephone services (Figure 41). However, when asked specifically about the 1-800-QUIT-NOW line, awareness of the Quitline increased across smokers and non-smokers* with a small decrease across former smokers at the end of the campaign (Figure 42). Usage of the Quitline slightly increased throughout the initiative (Figure 43).

**Note: Significant Result*

Figure 41. Awareness of Quitline telephone services in St. Louis

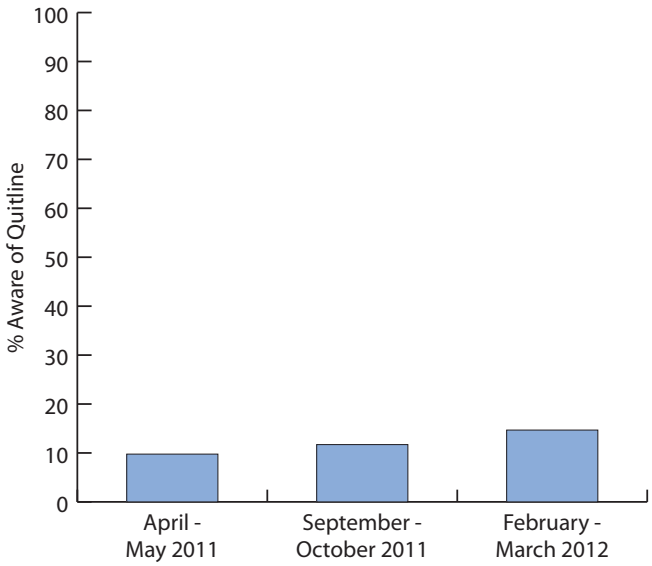


Figure 42. Awareness of 1-800-QUIT-NOW by smoking status in St. Louis

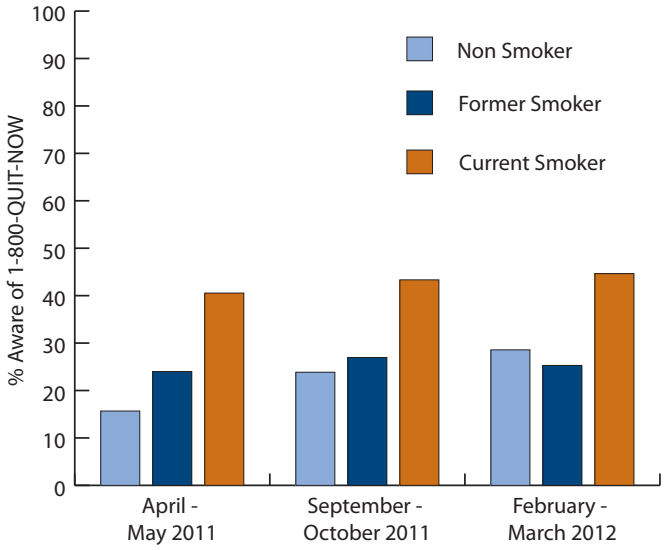
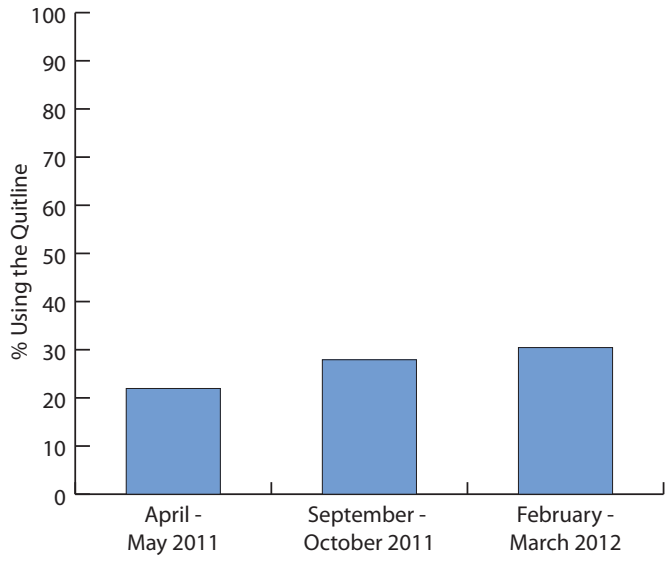


Figure 43. Usage of "1-800-Quit-Now" for either yourself or someone else



Change in utilization of the Missouri Quitline

Figure 44 compares trends in the number of calls to the Quitline per 100,000 people[8,9] by St. Louis County residents; St. Louis City, St. Charles, Franklin, and Jefferson County residents; and all other Missouri residents, over the entire time period of available Quitline data (2005-2012). A red line marks the start of the CPPW Initiative. Dashed lines mark the beginning of the CPPW media campaign in December of 2010 and the end of all media activities in May 2012.

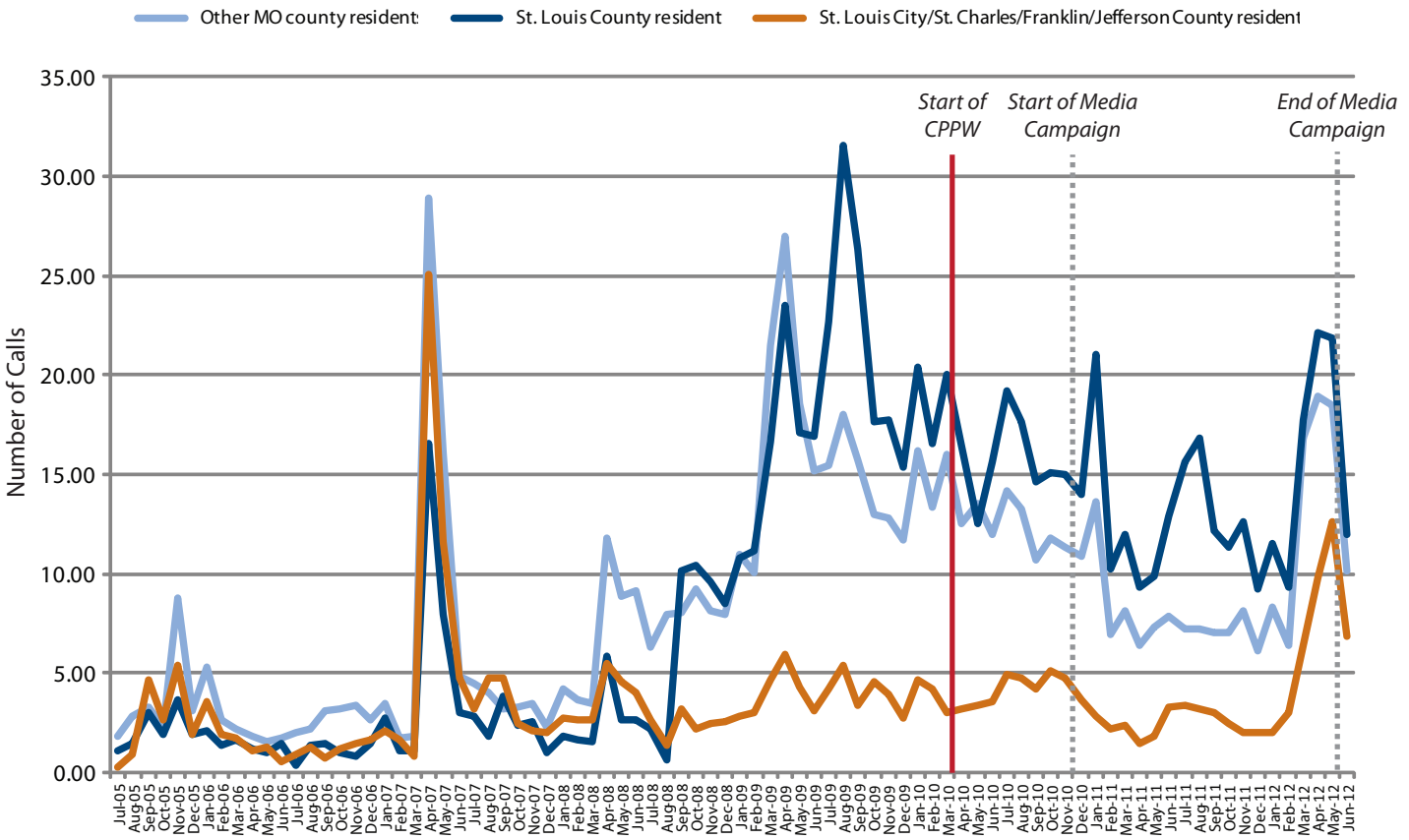
Table 51 displays the average number of calls per month to the Quitline per 100,000 residents for St. Louis County and the rest of the state of Missouri before and during the campaign. The increase in Qutiline calls for St. Louis County (124%) was substantially larger than that for the rest of the state (42%), and surpassed the CAP objective of a 50% increase.

Table 51. Average number of Quitline calls per month per 100,000 residents

Location	Pre-Campaign	During Campaign	Percent Increase
St. Louis County	6.7	14.9	124%
Rest of Missouri	6.7	9.5	42%

While all residence categories experienced an overall decreasing trend during the time period of the media campaign (December 2010- May 2012), St. Louis County continued to have more Quitline calls (per 100,000) than the other residence categories during this time period, peaking in April of 2012. Compared to the average number of calls per month for all previous years of available data, St. Louis County demonstrated a greater increase in calls than the rest of the state during the grant period.

Figure 44. Total calls to the Quitline per 100,000 people 2005-2012



Expansion of CPPW network to achieve goals related to the Quitline

As part of the social network analysis conducted to examine partnerships formed during the CPPW Initiative, respondents were asked to identify partners they worked with on the Quitline. Table 52 shows the number of each type of partner identified and the percentage of each partner within the network. The size of the network increased dramatically between the Summer 2011 and Winter 2012 administrations (Table 53), primarily as a result of an increase in Community Partners working on this objective. Figures 45, 46, and 47 show the graphs of the network over the course of the initiative. The shapes on the figures represent the administration groups, colors represent partner types, and lines represent collaboration between partners.

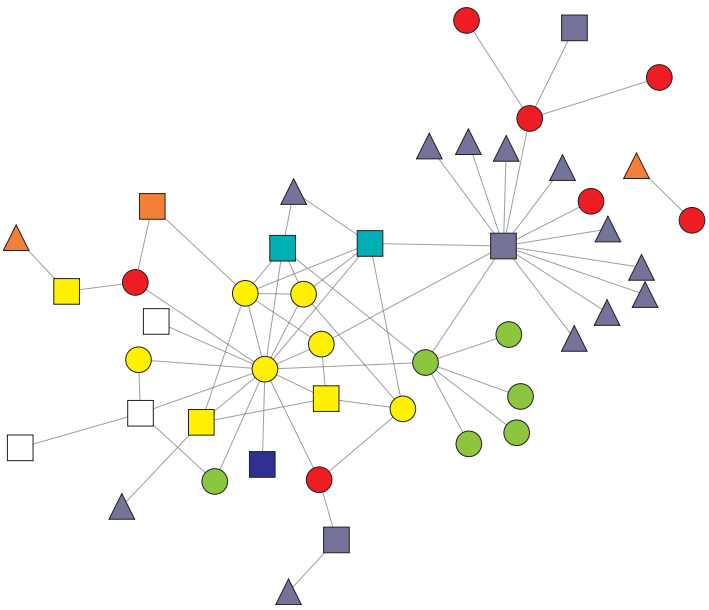
Table 52. Partners involved in Quitline

Partner Type	Fall 2010 N (%)	Summer 2011 N (%)	Winter 2012 N (%)
DOH Staff	9 (19.6)	9 (23.1)	13 (20.3)
Leadership Team	6 (13.0)	4 (10.3)	4 (6.3)
Coalition (Board)	7 (15.2)	2 (5.1)	2 (3.1)
CDC	1 (2.2)	1 (2.6)	1 (1.6)
Evaluation Team	3 (6.5)	3 (7.7)	4 (6.3)
Resource	3 (6.5)	3 (7.7)	4 (6.3)
Community Partner	15 (32.6)	15 (38.5)	36 (56.3)
Coalition (Non-Board)	2 (4.3)	2 (5.1)	0 (0.0)

Table 53. Collaboration among partners

	Fall 2010	Summer 2011	Winter 2012
Partners collaborating on objective	46	39	64
Collaborations between partners	63	62	78
Average number of collaborations per partner	2.74	3.18	2.44

Figure 45. Fall 2010



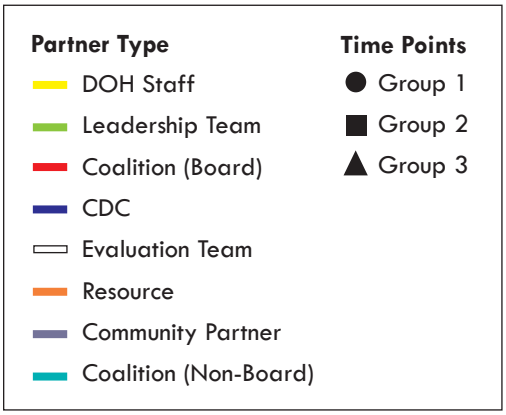


Figure 46. Summer 2011

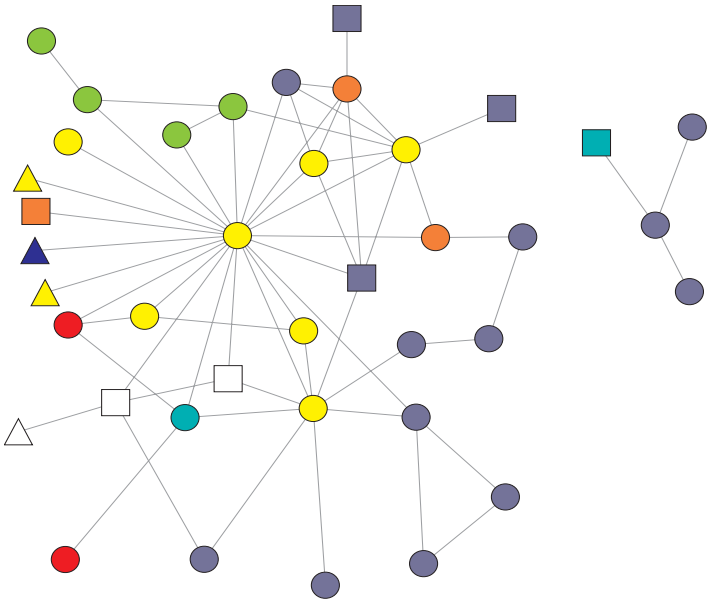
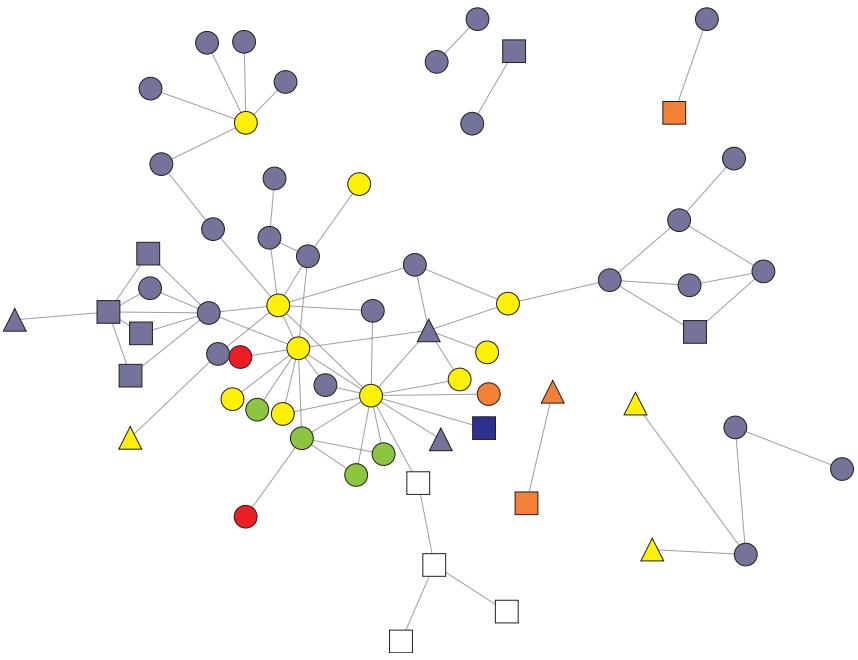


Figure 47. Winter 2012



Main Findings

- The size of the network increased between Summer 2011 and Winter 2012.
- The number of collaborations between partners increased.

Cessation Services

Worksite

CAP Objective: By March 2012, ensure that 80% of County employers in high-risk Districts 1, 2, 3, and 4 with 50+ employees provide smoking cessation services to employees.

Although this CAP objective was based on employer provision of cessation services to employees, community-based services were also provided due to the high impact of tobacco use on low socioeconomic status individuals who may be unlikely to work for a large employer, as well as the need for service among Hispanic/Latino, LGBT, and recent Chinese immigrant populations.

Role of partners in providing access to worksite cessation services

Participants in the qualitative interviews reported that a high amount of energy was put into this objective by Community Partners, especially by organizations focused on disease prevention.

Given the inclusion of community-based work, a wide range of cessation services was provided in addition to the standard *Freedom From Smoking* classes and nicotine replacement therapies (NRT) that were provided to employees. Table 54 shows which partners provided *Freedom From Smoking* and NRT, and how many participants were served by each. In addition, Table 55 outlines the other cessation services provided by partners and the number of people reached by those services.

Freedom From Smoking classes were provided to 1,019 participants in 132 classes representing 67 employers. There were 1,226 employers in Districts 1, 2, and 3 with at least 50 employees. Five percent of these employers provided cessation services to their employees. (Information on the number of employers in District 4 was unavailable.)

Classes typically lasted for eight sessions, and participants attended an average of 5.5 sessions (69%). Twenty-nine participants took the class twice. Results presented will

Table 54. Freedom From Smoking and NRT providers and number serviced

Provider Name	Freedom From Smoking (# Served)	NRT (# Served)
American Lung Association	116	111
Business Health Coalition	186	160
Casa de Salud	--	65
SSM Healthcare	64	22
St. John's Mercy	108	--
St. Louis County Department of Health	270	239
University of Missouri - Columbia	--	33
University of Missouri - St. Louis	--	95
Visiting Nurse Association	193	--
Washington University in St. Louis (Pulmonary)	61	44
Total	998	769

Table 55. Other cessation services provided and number of people reached

Provider Name	Service Type *(Number of people reached)*
Casa de Salud	• Hispanic/Latino Focused Cessation Counseling *(65)*
SIDS Resources	• Smoking, Baby and You Presentations *(114)*
St. Louis Christian Chinese Community Service Center	• Health Screenings *(105)* • Puppet Shows *(503)* • Smoking Cessation Workshops *(61)*
University of Missouri - Columbia	• LGBT Focused Cessation Counseling *(33)*
University of Missouri - St. Louis	• One-on-one Counseling *(103)* • Promotional Events *(1036)*
Washington University in St. Louis (Pulmonary)	• One-on-one Counseling *(27)*
Young Choices	• Anti-tobacco and Cessation Presentations *(7342)*

only include those where information from the second participation was available. Directly before the start and the end of the *Freedom From Smoking* course series, participants completed surveys assessing smoking behaviors, and motivation to quit. During the smoking cessation classes, participants were educated about tobacco use and the importance of quitting, and were provided with NRT products. Three and six months after the end date of each course, the Evaluation Team contacted each participant to follow-up regarding their quit status. The follow-up also measured overall satisfaction with the cessation course, motivation to stay or quit smoking, use of NRT, and use of other cessation methods since the end of the course.

Freedom From Smoking Results

Quit rates are reported in two ways: 1) a conservative rate that divides abstinence by the number of attempted follow-ups and assumes those who cannot be reached are still smoking, and 2) an observed rate that divides abstinence by the number of completed follow-ups. The observed quit rate is an optimistic estimation given the possible bias that people may be more likely to participate in the follow-up if they have remained abstinent, and the conservative rate avoids this overestimation. The "real" rate is somewhere between the two. Follow-up information was collected for 298 out of 1,019 participants contacted at 3 months, and for 164 out of 661 participants contacted at 6 months. Not all participants could be contacted for the 6-month follow-up due to the timing of the end of the grant.

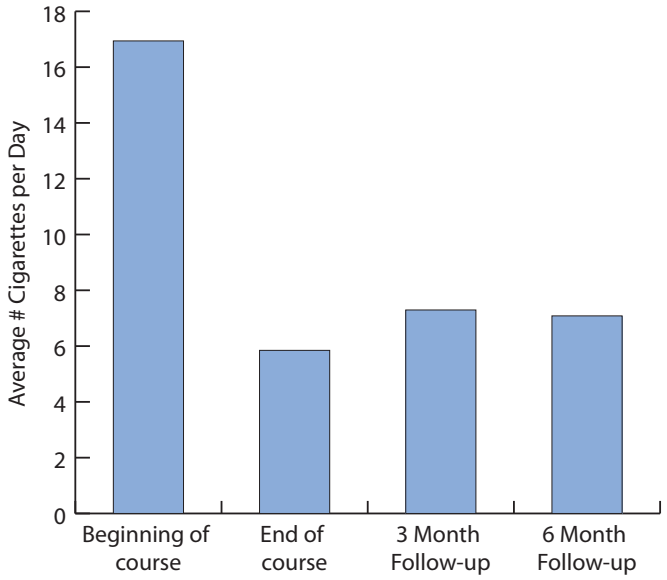
As demonstrated in Table 56, the observed quit rate was between 30-39%, and the conservative quit rate was between 7-11%. Rates decreased by a few percentage points between the 3- and 6-month follow-ups, but this decrease was not large. For purposes of comparison, the literature notes that quit rates for those not receiving behavioral therapies are around 11%[24]. Use of cessation medication (NRT, Chantix, or Zyban) did not appear to influence quit rate.

Table 56. Percentage of participants reporting abstinence from cigarettes and other tobacco for the previous 7 and 30 days.

	3 Month Follow-Up		6 Month Follow-Up	
Days remained quit	7 Days	30 Days	7 Days	30 Days
Observed Rate	38.9	32.1	35.2	30.9
Conservative Rate	11.3	9.3	8.6	7.6

As demonstrated in Figure 48, cigarette use decreased more than 50% from the beginning to the end of the course (from about 17 to 6 cigarettes per day), and remained around 7 cigarettes through the 6-month follow-up.

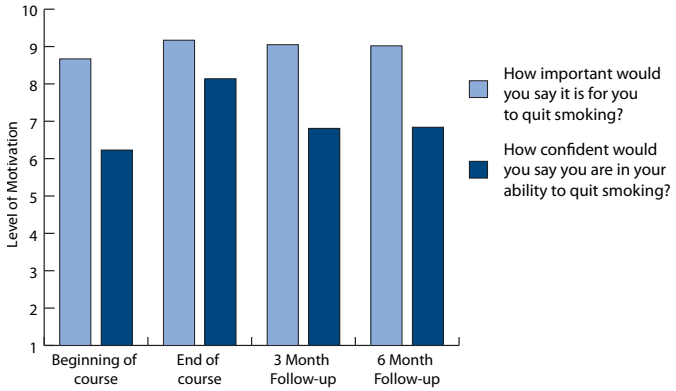
Figure 48. Average number of cigarettes per day from the beginning of the course through the 6-month follow-up



Participants were asked to rate how important it was for them to quit smoking and how confident they were in their ability to quit smoking on a 1 (not at all) to 10 (extremely) scale. As demonstrated in Figure 49, importance of quitting was consistently high (around 9 out of 10) throughout the process. Confidence in ability to quit peaked at the end of the course, but was otherwise rated a 6 or 7 out of 10.

When compared to the usual quit rates for this program, the CPPW cessation service was generally successful for those who participated in the Freedom From Smoking courses. Participants also reported being generally satisfied with the cessation courses.

Figure 49. Motivation to quit smoking from the beginning of the course through the 6-month follow-up



Nicotine replacement therapy (NRT) was distributed to 861 people during the class. (Individuals who participated in the class twice were counted twice if they received NRT both times in order to account for all NRT distributed.) Table 57 demonstrates the kinds and combinations of NRT distributed.

Expansion of CPPW network to achieve goals related to cessation

As part of the social network analysis conducted to examine partnerships formed during the CPPW Initiative, respondents were asked to identify partners they worked with on providing cessation services. Table 58 shows the number of each type of partner identified and the percentage of each partner type within the network. The size of the network grew steadily over time, due mostly to an increase in the number of Community Partners collaborating on the objective. Average number of collaborations per partner remained high throughout the initiative (Table 59). Figures 50, 51, and 52 show the graphs of the network over the course of the initiative. The shapes on the figures represent the administration groups, colors represent partner types, and lines represent collaboration between partners.

Table 57. Nicotine replacement therapy distributed at Freedom From Smoking classes

NRT	Number Distributed
Patch only	347
Gum only	164
Both gum and patch	32
Lozenge only	29
Both lozenge and patch	4
Total	**861**

Table 58. Partners involved in cessation

Participant Type	Fall 2010 N (%)	Summer 2011 N (%)	Winter 2012 N (%)
DOH Staff	9 (19.1)	10 (15.6)	13 (13.7)
Leadership Team	6 (12.8)	4 (6.3)	5 (5.3)
Coalition (Board)	11 (23.4)	6 (9.4)	3 (3.2)
CDC	1 (2.1)	1 (1.6)	1 (1.1)
County Council	1 (2.1)	0 (0.0)	1 (1.1)
Evaluation Team	4 (8.5)	5 (7.8)	7 (7.4)
Resource	1 (2.1)	4 (6.3)	18 (18.9)
Community Partner	12 (25.5)	29 (45.3)	46 (48.4)
Coalition (Non-Board)	2 (4.3)	5 (7.8)	1 (1.1)

Table 59. Collaboration among partners

	Fall 2010	Summer 2011	Winter 2012
Partners collaborating on objective	47	64	95
Collaborations between partners	71	101	157
Average number of collaborations per partner	3.02	3.16	3.31

Figure 50. Fall 2010

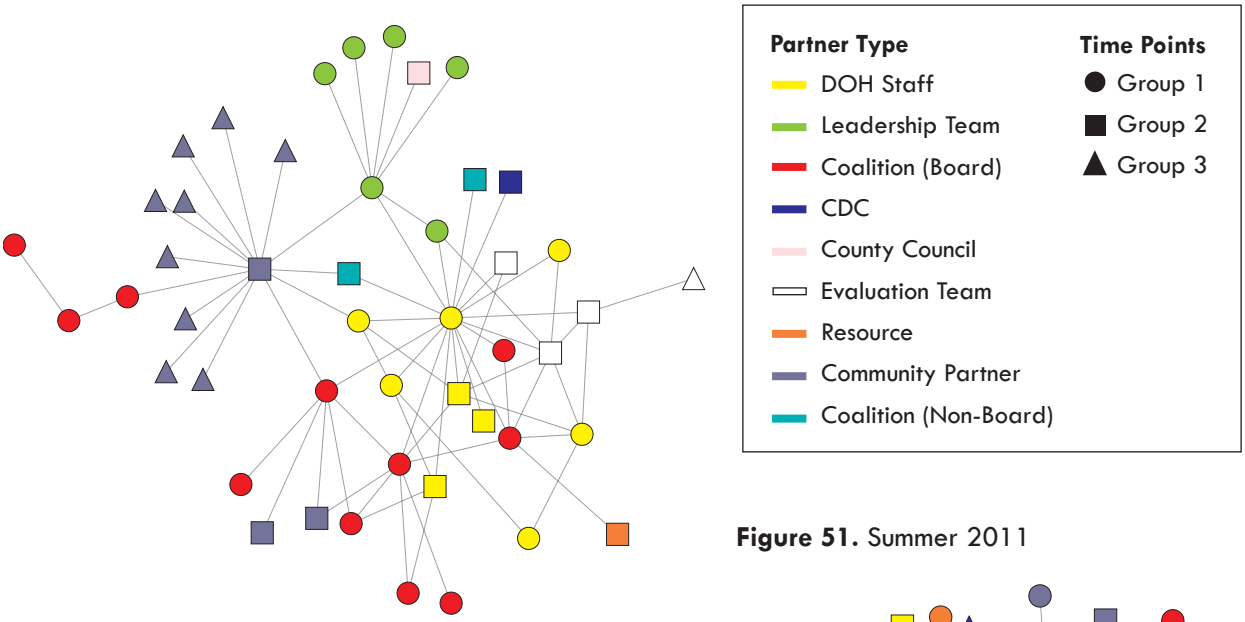


Figure 51. Summer 2011

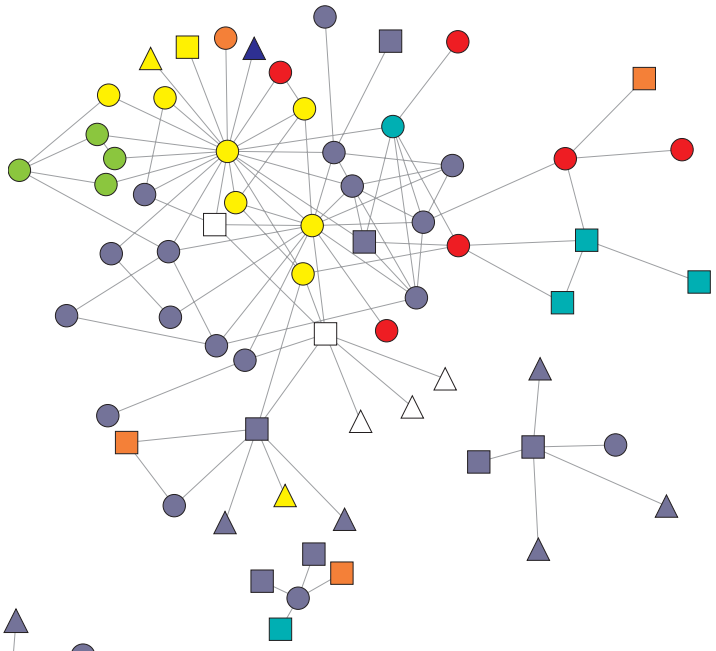
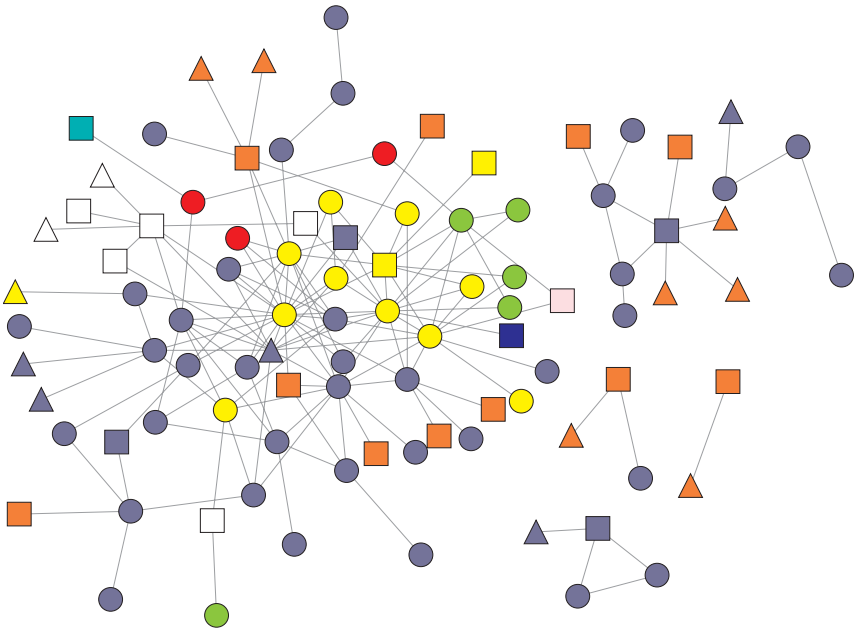


Figure 52. Winter 2012



Main Findings

- The size of the network grew steadily over time.
- Collaborations between partners increased over time.

EVALUATION RESULTS: Economic Evaluation

The total amount of funding for CPPW interventions (excluding evaluation funding) was $6,448,685. Economic benefits were calculated for two CPPW-funded interventions: (1) municipality smokefree air policies and (2) worksite cessation classes. It was determined that there was not a sufficient evidence base for developing methodologies to evaluate the benefits of other CPPW interventions. Two broad classes of benefits that accrue to society were calculated: quality-adjusted life years (QALYs) gained and lifetime medical savings per smoker who quit. These benefits were also calculated for a scenario in which a comprehensive smokefree air policy is adopted for St. Louis County.

These two interventions only account for a small proportion of CPPW activities and there are likely many more economic benefits of CPPW not reported here. Additionally, analyses of hospital admissions for Secondhand smoke (SHS) related illnesses and of changes in bar and restaurant revenue could also help to estimate the overall economic impact of CPPW. Data were not available to assess these indicators at the time of the final report but future analyses are planned for late 2012.

CPPW municipality smokefree air policies

A previously developed method for calculating the impact of a comprehensive community smokefree air policy[3] was used to calculate the impact of the Brentwood and Creve Coeur policies. The two CPPW municipality smokefree air policies resulted in a combined economic benefit of 615.25 QALY's gained and $4,095,659.87 in lifetime medical savings (Table 60). Benefits from decreasing exposure to secondhand smoke were not included in the calculations and would provide additional benefits.

CPPW worksite cessation classes

The benefits of CPPW-funded worksite cessation classes were also calculated using a previously developed method.[3] Based on the analysis, CPPW worksite cessation classes resulted in a combined economic benefit of 94.64 QALY's gained and $633,829.19 in lifetime medical savings (Table 61).

Table 60. Economic benefits of CPPW municipality smokefree air policies

	Population 18 and older in 2010	St. Louis County Smoking Prevalence in 2010	Smokers Who Quit	QALY's Gained	Lifetime Medical Savings (in 2011 Dollars)
Brentwood	6,573	15.3%	124	195.51	$1,301,463.49
Creve Coeur	14,112	15.3%	266	419.74	$2,794,196.38

Table 61. Economic benefits of CPPW worksite cessation classes

Year	Number of People Who Attended a CPPW Cessation Class	Quit Rate at 3-month Follow-Up	Smokers Who Quit	QALY's Gained	Lifetime Medical Savings (in Each Year's Dollars)
2010	69	13.0%	6	8.97	$57,945.56
2011	661	8.8%	37	57.78	$384,629.78
2012	289	9.7%	18	27.89	$191,253.84

A comprehensive St. Louis County smokefree air policy

St. Louis County adopted a partial policy prior to CPPW interventions that was implemented in January of 2011. No methods exist for calculating the benefits of a partial policy. However, based on the methods of Gentry et al.,[3] if a comprehensive policy had been adopted for St. Louis County in 2011, the anticipated economic benefit would be 22,747.42 QALY's gained and $151,427,544.26 in lifetime medical savings (Table 62). Again, decreasing exposure to secondhand smoke would provide additional benefits. While the 2011 St. Louis County partial policy has likely achieved a large proportion of these benefits, the full extent will only be realized when the policy is made comprehensive. Therefore, it is strongly recommended that the CPPW partners continue their efforts to remove exemptions from the current policy.

Table 62. Economic benefits if a comprehensive smokefree air policy had been adopted by St. Louis County in January 2011

Community	Population 18 and older in 2010	St. Louis County smoking prevalence in 2010	Smokers who quit	QALY's gained	Lifetime medical savings(in 2011 dollars)
St. Louis County	764,780	15.3%	14,397	22,747.42	$151,427,544.26

EVALUATION RESULTS: Partner Communication & Collaboration

Collaboration among partners is key to the success of public health initiatives as it allows for resource sharing and reduces duplication of effort. More importantly, establishment of strong partnerships helps sustain the efforts of an initiative past the implementation period. For the CPPW Initiative, collaboration among partners was examined using both qualitative interviews with key partners and social network analysis.

For the social network analysis, partners in the CPPW network fell into nine general categories (Figure 53). Partners were asked about who they perceived as important, with whom they had the most contact, how satisfied they were with the quality of communication with other partners, and what barriers they experienced working with other partners. During the qualitative interviews, participants were asked a number of questions related to communication within the initiative, as well as what challenges they encountered and lessons learned.

Figure 53. Partner Types

- Centers for Disease Control & Prevention (CDC)
- Coalition (Board)
- Coalition (Non-Board)
- Community Partners
- St. Louis County Department of Health (DOH)
- Evaluation Team
- Leadership Team
- Non-awarded RFP applicants
- Resources (e.g., March of Dimes, Beyond Housing)

Participants in the qualitative interviews recognized the importance of good communication and collaboration in conducting activities and achieving outcomes.

> *We're striving to build a community of support around the whole issue of tobacco prevention and cessation that each of us has responsibility to help each other, to support each other, to work together.*

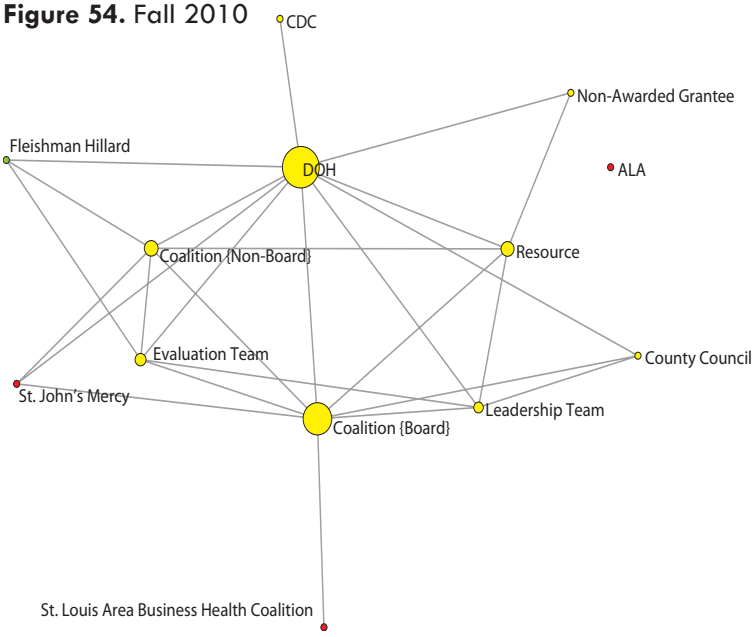
Contact

Participants were asked to name partners with whom they had the most contact in order to complete CPPW tasks. Figures 54, 55, and 56 show which partners had a relatively high level of contact with other partners over the course of the initiative. Community Partners are grouped by organization and color-coded by whether they worked primarily on cessation (red) or schools/youth/media (green). Nodes (circles in the diagrams) represent each partner. These partner nodes are sized by the extent to which they are a "go between" for partners that are not otherwise connected to each other (e.g., DOH connects CDC to the rest of the network because that is the only node that CDC is connected to.)

Over the course of the initiative, the network demonstrated an increase in size and in the diversity of partners, especially between Fall 2010 and Summer 2011. This is consistent with the times in which community grants were awarded. It is also evident that DOH was central to the network in terms of communication because they were connected with all partners. While DOH communicated with most organizations in the network, partners had limited contact with each other.

Table 63 shows the average number of contacts for each partner type. DOH staff had the greatest number of contacts over the course of the grant, with Coalition board members having the second greatest. Contacts for DOH steadily increased over the course of the grant, but remained stable for other groups.

Figure 54. Fall 2010



Main Findings

- Size and diversity of the network increased over time.
- DOH was central in the network.
- Contact between partners, aside from DOH, was limited.

Figure 55. Winter 2011

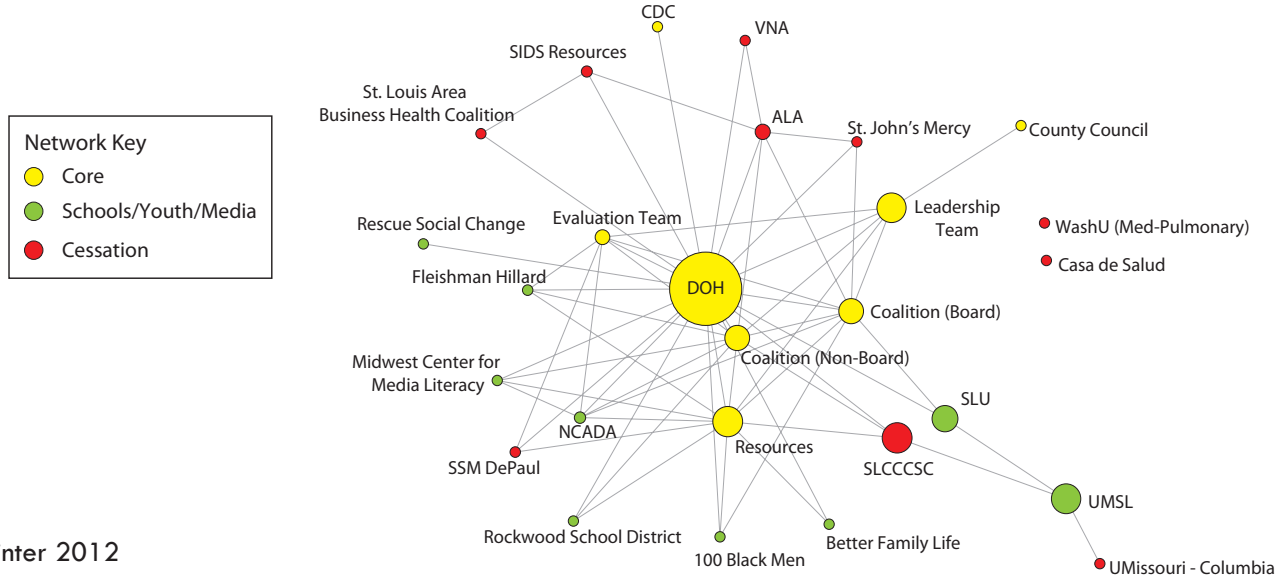
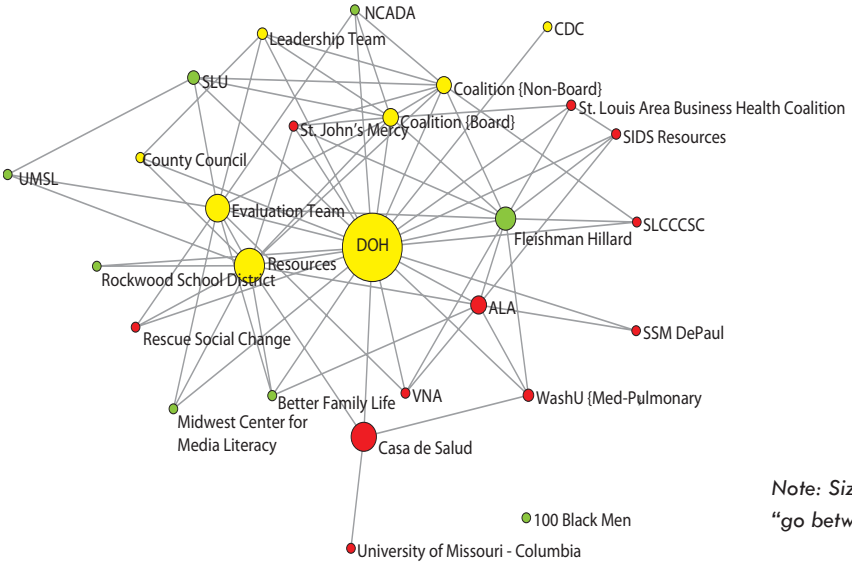


Figure 56. Winter 2012



Note: Size of nodes (circles) represent the extent to which partners are a "go between" for partners that are not otherwise connected to each other.

Table 63. Average number of contacts for individuals within each partner type

Partner Type	Fall 2010	Summer 2011	Winter 2012
DOH	8.0	7.9	11.0
Leadership Team	3.6	4.3	4.3
Coalition (Board)	7.3	4.3	6.2
CDC	1.0	1.0	2.0
County Council	0.5	0.1	1.1
Evaluation Team	4.4	3.8	5.8
Resources	0.5	1.1	1.2
Non-Awarded Grantees	2.3	--	--
Community Partners	1.7	2.7	2.8
Coalition (Non-Board)	4.5	5.0	4.6

Participants in the qualitative interviews reported there were limited opportunities for communication and collaboration among the CPPW partners. Respondents were also relatively unaware of the work of the other CPPW partners. Attempts were made by DOH over the course of the initiative to improve communication by increasing the number of meetings and producing a newsletter. However, it was reported that the quarterly meetings did not always occur and the newsletter distribution was irregular.

> *I think one of the problems is that we don't always know what the other hand is doing.*

Importance

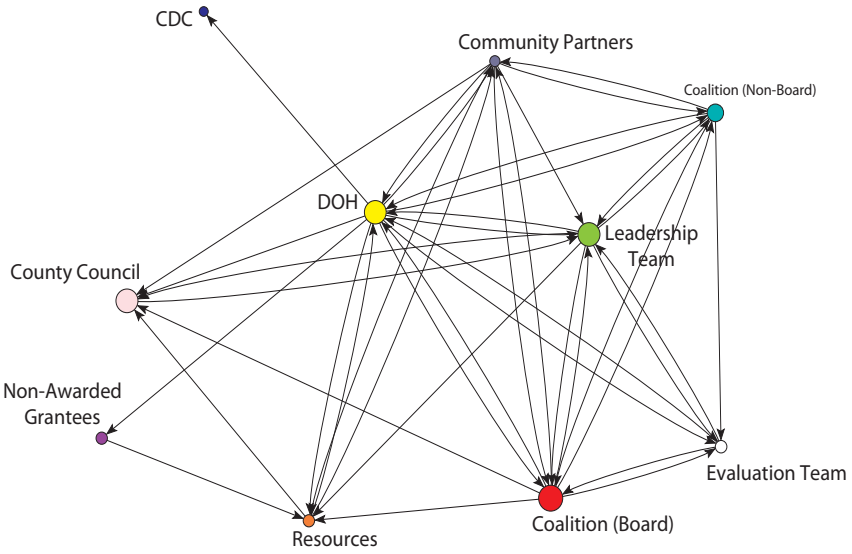
Participants were asked to name partners who they thought were the most important to the success of CPPW activities. Figures 57, 58, and 59 show what partners were seen as relatively important by other partners over the course of the initiative. The figures collapse organizations by partner type. Arrows demonstrate the direction of who named who as important. Nodes (circles in the diagrams) represent each partner type. Partner nodes are sized by the average number of times individuals representing each partner type were named as important.

Over the course of the initiative, Community Partners were recognized as important by many other kinds of partners. DOH, Leadership Team, Coalition Board members, and County Council members were also named many times. Note that County Council members were seen as important by a large number of participants even though they had very little contact with network partners.

Participants in the qualitative interviews also identified Community Partners as important to the CPPW Initiative. They were reported as being heavily involved in work related to many of the CPPW objectives (e.g., County ordinance, school and higher education policies, youth media). Respondents recognized the important contributions of the Community Partners to carry out tobacco prevention activities. It was suggested that they were the "*heart of CPPW and their work defines our success or failure.*"

> *I think all of the groups are extremely important to the outcome. If we don't have good solid partners, it's not going to happen. It's so vital.*

Figure 57. Fall 2010



Main Findings

- Community Partners were recognized as important by many other kinds of partners.
- County Council was viewed as important but had limited contact with the rest of the network.

Figure 58. Winter 2011

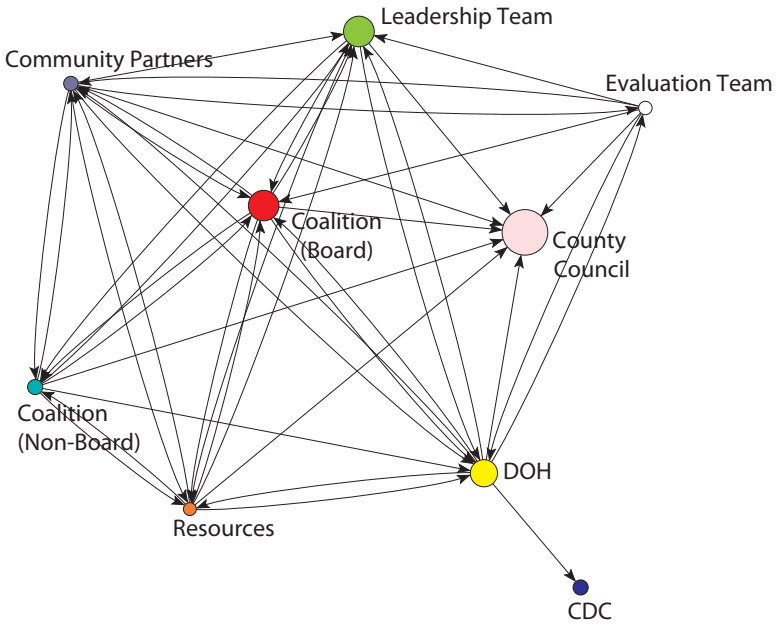
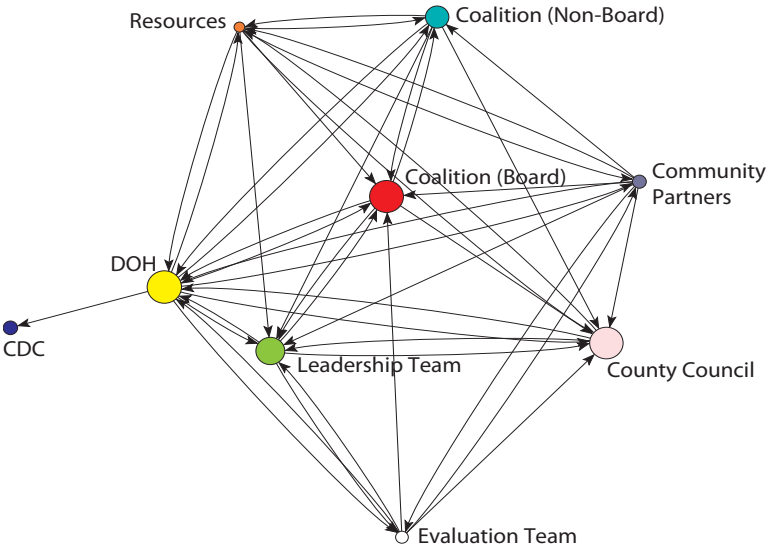


Figure 59. Winter 2012



Note: Size of nodes (circles) depict the average number of times individuals representing each partner type were names as important.

Satisfaction with Communication

During Summer 2011 and Winter 2012, satisfaction with the quality of communication within the CPPW network was assessed using a four point scale (1=very dissatisfied, 2=dissatisfied, 3=satisfied, 4=very satisfied). Table 64 shows the average level of satisfaction received by individuals of each partner type. According to the network analysis, partners were for the most part satisfied with their communication with each of the groups (average score of 3 or higher) for both time periods.

Table 64. Average satisfaction with quality of community with each partner type

Participant Type	Summer 2011	Winter 2012
CDC	4.00	4.00
Coalition (Non-Board)	3.83	3.67
Coalition (Board)	3.76	3.33
Community Partners	3.67	3.55
Evaluation Team	3.64	3.69
Resources	3.59	3.50
DOH Staff	3.21	3.26
Leadership Team	3.04	3.20
County Council	2.16	1.95

Barriers

During Summer 2011 and Winter 2012, participants were asked to indicate whether they experienced any of the following barriers with each of their partners: lack of time, lack of capacity, bureaucracy, incompatible goals/strategies, politics, or other. Table 65 shows the percent of time a partner reported experiencing a barrier with another partner. Bureaucracy was the most common barrier experienced. Politics was the second most commonly reported barrier during Summer 2011, but lack of time was the second most commonly reported barrier during Winter 2012. Qualitative data echoed the presence of these barriers. Bureaucracy and communication were reported most frequently by participants during interviews as challenges within the initiative.

When asked about challenges within the initiative, respondents in the qualitative interviews reported that the main challenge was the lack of communication across all partner groups. They reported there was more of a one-way, directional mode of communication instead of a dialogue between and among all the partners. Respondents recognized both the importance and complexity of effectively communicating in an initiative like CPPW.

> *…communication, communication, communication, that is my lesson I've learned. Even if you think you are communicating, do it again and again and again…*

Table 65. Barriers reported by partners

Barrier	Summer 2011	Winter 2012
Bureaucracy	11%	13%
Politics	10%	8%
Incompatible Goals/ Strategy	6%	7%
Lack of Time	6%	12%
Lack of Capacity	4%	3%
Other	3%	7%

CONCLUSION

This report describes the findings from quantitative and qualitative data collected throughout the CPPW Initiative. Areas of particular success include the adoption of municipality smokefree ordinances and school policies, and cessation services. Areas that were challenging throughout the initiative include strengthening the smokefree County ordinance and communication and collaboration among CPPW partners.

CPPW partners implemented a variety of activities with much success in the areas of:

- Municipality smokefree ordinance adoption;
- School policy adoption; and
- Cessation provisions.

Municipality Smokefree Ordinances

Success in policy change was seen in the work done within St. Louis County municipalities. The CPPW Initiative focused on Brentwood, Creve Coeur, Clayton, Blackjack, Hazelwood, and Florissant. Brentwood and Creve Coeur passed strong smokefree ordinances in August and November 2010 respectively. Clayton strengthened its already comprehensive ordinance to include outdoor public places. Although some of the ground work for these ordinances was done prior to the start of the CPPW Initiative, many of the CPPW partners contributed to this work during the initiative. Smokefree ordinances that exceed the County ordinance were not passed in Blackjack, Hazelwood, and Florissant. However, considerable preliminary work was conducted during the CPPW Initiative, and these would be ideal locations to continue efforts toward enacting strong smokefree ordinances that exceed the County ordinance.

School Policies

Policy change success was also evident in St. Louis County public schools districts. With support from the CPPW Initiative, 87% of public school districts in St. Louis County made changes to their tobacco-related policies. These school districts had an average baseline assessment score of 61.1%, but improved their policies to receive an average post assessment score of 77.5% (an improvement of 30.9%). Considerable improvements were seen across all five domain assessed, especially in the Prevention and Treatment and the Policy Organization domains. Three school districts, Rockwood, Hazelwood, and Maplewood-Richmond Heights, made extensive changes to their policies and were successful in developing comprehensive tobacco free policies.

Institutes of higher education also showed considerable improvements in their tobacco-related policies due to the efforts of the CPPW Initiative. Average baseline assessment scores were 32.4% and improved to 40.4% at the post assessment. On average, they improved their policies by 26.4%, with the largest improvement being in the Enforcement domain. Both the University of Missouri - St. Louis and St. Louis Community Colleges became tobacco free campuses, extending their smoking policies to include all tobacco products.

Cessation

Freedom From Smoking classes were provided to 1019 participants in 132 classes representing 67 employers. In addition to *Freedom From Smoking* classes, community-based services (e.g., one-on-one counseling, presentations) were provided to community members. For the Freedom From Smoking classes offered as part of the CPPW Initiative, there was an observed quit rate between 30-39%.

There is more tobacco-related policy work to be done in St. Louis County.

Even with the success of the municipality smokefree ordinances and school tobacco policies, it is evident that there is still more work to be done in St. Louis County related to tobacco policy. A smokefree ordinance for St. Louis County was passed on November 3, 2009, but this ordinance is not comprehensive. Given the large economic benefits that municipality policies generated

and those that could have been generated from a comprehensive county-wide policy relative to cessation classes, prioritizing a comprehensive County ordinance would likely be the most cost-effective method of increasing lifetime medical savings for members of the entire community. Further work needs to be done in St. Louis County to amend the current ordinance to become a strong and comprehensive tobacco ordinance.

More tobacco policy work should be done around the point of sale (POS). With the recent adoption of the 2009 Family Smoking Prevention and Tobacco Control Act (FSPTCA), communities now have greater opportunities to adopt policies that can improve the POS environment. In addition, the voluntary approach to combating the tobacco industry's influence at the point of sale has not shown to be effective. For instance, most tobacco retailers that were provided graphic warning signage developed by the DOH, did not have the sign hanging in their stores by the end of the initiative. Additionally, cigarette advertising in stores increased during the initiative (mainly in the store interior). Future work in this area should revolve around working with policy makers in order to enact strong county-wide point of sale policies.

Tobacco policy work should also be continued within St. Louis County schools, especially private K-12 schools. Attention should be paid to the lack of written tobacco policies in these schools and education needs to be provided regarding the importance of implementing strong tobacco policies. Although there were some minor changes in tobacco policies present at some private schools, in general, their policies remained unchanged throughout the CPPW Initiative.

Recommendations:

- Focus future tobacco-related efforts on policy and environmental strategies.
- Continue work to amend and strengthen the current St. Louis County ordinance.
- Work with policy makers to enact point of sale policies, including graphic warning signage requirements.
- Continue work to strengthen policies in St. Louis County schools, especially private K-12 schools.

Consistent and strong communication is important in attaining community based initiative goals.

Good communication was recognized as important in conducting activities and achieving the objectives of the CPPW Initiative. However, when asked about challenges within the initiative, respondents in the qualitative interviews reported that the main challenge was the lack of communication across all partner groups. They reported there was more of a one-way, directional mode of communication instead of a dialogue between and among all the partners.

Recommendation:

- Public health initiatives that involve community-wide partnerships need to develop a communication plan to increase project awareness among partners and provide opportunities for dialogue.

Diverse partnership networks are important to achieve project objectives.

The advocacy network in St. Louis County was active in response to the CPPW Initiative. However, several non-traditional partners, such as policy makers, were not readily involved. For instance, the County Council was seen as an important partner group by a relatively large number of people in the CPPW network, but they had limited contact with other partners in the network. Analysis of the CPPW network showed some growth in the diversity of the network over the course of the CPPW Initiative, but a greater focus on the diversification of partners could aid future tobacco-related efforts. This kind of growth and expansion of the advocacy network within St. Louis County will be essential in successfully achieving policy and environmental change.

Recommendation:

- Community based public health initiatives should continue to diversify partnership networks to include policy makers and other non-traditional partners.

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APPENDICES

A. Evaluation Matrix

B. CAP Objectives & Milestones

C. K-12 Model Tobacco Policy

D. College/University Model Tobacco Policy

Evaluation of CPPW Project- Evaluation Matrix

CAP Activity	Evaluation Questions	Data Sources	Timeline (Months)
MEDIA			
Objective 1. By December 2011, develop hard-hitting counter marketing media campaign to target high risk youth			
1. Evaluate role of the coalition and CPPW network	• What role did the coalition play in reaching youth through social media? • To what extent has the CPPW network expanded or strengthened to achieve policy goals	• Coalition activity tracking • Qualitative interviews • Network mapping	4-24 4-9,16-18 4-6,13-15,19-21
2. Evaluate reach of social media campaign	• What was the reach of the social media campaign among youth?	• Coalition activity tracking	4-24
3. Monitor and evaluate media campaign	• What was the reach of the media campaign?	• Earned & paid media monitoring • YRBS	7-24 7-9, 19-21
ACCESS			
Objective 2. By June 2012, amend current ordinance to include all workplaces, restaurants and bars in St. Louis County			
1. Evaluate reach and impact of media campaign	• What was the reach of the media campaign? • What was the change over time in support for smokefree environments among County residents?	• Media awareness survey; 2 administrations; • Earned & paid media monitoring	4-9, 13-15 7-24 2-3 & 7-8
2. Evaluate role of coalition and CPPW network	• What role did the coalition play in strengthening the County ordinance? • To what extent has the CPPW network expanded or strengthened to achieve policy goals	• Coalition activity tracking • Qualitative interviews • Network mapping	4-24 4-9,16-18 4-6,13-15,19-21
3. Evaluate changes in CIA indicators	• What were the changes in the following indicators as a result of the St. Louis County ordinance? (Air quality & economic)	• Side pack monitoring • Economic analysis	7-24 7-24
Objective 3: By June 2012, increase the number of County municipalities that enact smokefree policies that exceed the comprehensive County-wide policy from three to five, including at least one high-risk municipality with high smoking rates in Districts 1, 2, 3, or 4			
1. Assess CIA policies in Districts 1, 2, 3	• To what extent were the municipalities able to adopt smokefree ordinances?	• Policy assessment (post)	21-23
2. Evaluate role of coalition and CPPW network	• What role did the coalition play in strengthening the ordinances in the municipalities targeted? • To what extent has the CPPW network expanded or strengthened to achieve policy goals	• Coalition activity tracking • Qualitative interviews • Network mapping	4-24 4-9,16-18 4-6,13-15,19-21

Objective 4: By June 2012, increase the proportion of public school districts throughout St. Louis County that meet the Gold Standard for comprehensive tobacco-free policies from <20% in 2007 to 100%.			
1. Conduct policy assessments	• How has school district policies changed over time?	• Policy assessment - baseline and post (SPI)	4-9 and 10-24
2. Monitor and evaluate community partner activities	• To what extent were the partners able to strengthen the school policies? • What was the role of partners?	• Partner activity tracking • Qualitative interviews • YRBS	4-24 4-9, 16-18 7-9, 19-21
3. Evaluate CPPW network	• To what extent has the CPPW network expanded or strengthened to achieve policy goals	• Network mapping	4-6,13-15,19-21
Objective 5: By June 2012, increase the proportion of private K-12 schools in high-risk Districts 1, 2 and 3 that meet the Gold Standard for comprehensive tobacco-free policies from 0% to 100%			
1. Conduct policy assessments	• How have private school district policies in Districts 1,2,3 changed over time?	• Policy assessment - baseline and post (SPI)	4-9 and 10-24
2. Monitor and evaluate community partner activities	• To what extent were the partners able to strengthen the school policies? • What was the role of partners?	• Partner activity tracking • Qualitative interviews • YRBS	4-24 4-9, 16-18 7-9, 19-21
3. Evaluate CPPW network	• To what extent has the CPPW network expanded or strengthened to achieve policy goals	• Network mapping	4-6,13-15,19-21
Objective 6: By June 2012, increase the proportion of higher education institutions in all County Districts that meet the Gold Standard for comprehensive tobacco-free policies from 21% in 2009 to 100%.			
1. Conduct policy assessments	• How have higher education policies in changed over time?	• Policy assessment - baseline and post	4-9 and 10-24
2. Monitor and evaluate community partner activities	• What was the role of partners in strengthening the higher education policies??	• Partner activity tracking • Qualitative interviews	4-24 4-9, 16-18
3. Evaluate CPPW network	• To what extent has the CPPW network expanded or strengthened to achieve policy goals	• Network mapping	4-6,13-15,19-21

RETAILER GRAPHIC WARNING POLICIES			
Objective 7: By March 2012 augment the current required signage restricting sales to minors to include a graphic warning designed to discourage tobacco use particularly among youth			
1. Conduct policy assessments 2. Monitor and evaluate coalition and partners activities 3. Evaluate CPPW network	• What was the change in retailer graphic warning presence over time? • To what extent has the CPPW network expanded or strengthened to achieve policy goals?	• CTPR POS assessment-baseline and post • Community support survey • YRBS • Coalition and partner activity tracking • Qualitative interviews • Network mapping	4-6, 16-21 4-6 7-9, 19-21 4-24 4-9,16-18 4-6,13-15,19-21
ADVERTISING SALES AND COMPLIANCE			
Objective 8: By March 2012, conduct assessment of tobacco at retail stores in St. Louis County to improve compliance with existing FDA and County regulations concerning the advertising and sale of tobacco products.			
1. Conduct policy assessments 2. Monitor and evaluate coalition and partners activities 3. Evaluate CPPW network	• To what extent were the coalition and partners able to decrease tobacco advertising within 1,000 feet of schools and parks? • To what extent were the coalition and partners able to increase the number of retailers compliant with FDA and county regulations? • To what extent were the coalition and partners able to increase the number of retailers exceeding FDA and county regulations? • To what extent has the CPPW network expanded or strengthened to achieve policy goals?	• CTPR POS assessment-baseline and post • YRBS • Coalition and partner activity tracking • Qualitative interviews • Network mapping	4-6, 16-21 7-9, 19-21 4-24 4-9,16-18 4-6,13-15,19-21
SOCIAL SUPPORT & SERVICES			
Objective 9:By March 2012, increase the number of calls by St. Louis County residents to the Missouri Quitline by 50%			
1. Monitor and evaluate promotion of Quitline	• What was the change in awareness of cessation services among County residents over time? • What was the change in utilization of the Missouri Quitline over time?	• Media awareness survey; 2 administrations; • Earned & paid media monitoring • Utilization data	4-9, 13-15 7-24 2-3 & 7-8 Throughout

Objective 10: By March 2012, ensure that 80% of County employers in high-risk Districts 1, 2, 3, and 4 with 50+ employees provide smoking cessation services to employees.			
1. Worksite policy assessment	• What was the change in the number of employers in Districts 1,2,&3 that have policies regarding cessation? • What was the 3- and 6 –mo quit rate for employees completing the worksite cessation services?	• Worksite policy assessment • Quit rate follow-up survey—3 and 6 month follow-up	8-12, 19-21 10-24
2. Monitor and evaluate community partner activities	• What was the role of partners?	• Partner activity tracking	10-24
3. Evaluate CPPW network	• To what extent has the CPPW network expanded or strengthened to achieve policy goals	• Network mapping	2-3 & 7-8 4-6,13-15,19-21

APPENDIX B: CAP Objectives & Milestones

Status of Progress Toward CAP Objective Milestones

Objective 1: By December 2011, develop hard-hitting counter marketing campaign to target high risk youth.

	Activity	Organization	Progress to Date
1	Develop RFP for media campaign	DOH	Completed
2	Select media contractor	DOH	Completed
3	Execute contracts with selected media contractor	DOH	Completed
4	Convene workgroup	DOH	Completed
5	Review previously produced messages and materials	DOH, Eval Team	Completed
6	Develop plan for youth campaign	DOH	In progress
7	Select youth input and youth-driven products	DOH & Med Cont	In progress
8	Implement plan	DOH & Med Cont	Not started
9	Identify model RFP for funding media activities	DOH	Completed
10	Identify high-risk districts	DOH	Completed
11	Develop RFP for Community Partners	DOH	Completed
12	Release RFP and make funding decisions	DOH	Completed
13	Execute contracts with selected Community Partners	DOH	Completed
14	Provide technical assistance to Community Partners as needed	DOH	Completed
15	Research and coordinate social media avenues	Coalition	In progress
16	Develop social media messages as part of outreach	Coalition	In progress
17	Implement all social media messages and activities	Coalition	Completed
18	Measure response to social media messages	Eval Team	Completed

Objective 2: By June 2012, amend current ordinance to include all workplaces, restaurants and bars in St. Louis County.

Activity		Organization	Progress to Date
1	Review current ordinance for exemptions	DOH	Completed
2	Review comprehensive ordinances and laws that have been enacted in other jurisdictions	DOH	Completed
3	Develop RFP for media campaign	DOH	Completed
4	Develop educational materials on comprehensive smokefree policies	DOH, Med Cont, Coalition	Completed
5	Work with media contractor to develop and implement media campaign to support smokefree workplaces, restaurants and bars	DOH, Med Cont	Completed
6	Conduct air monitoring studies of local venues and publicize results	Coalition	Completed
7	Identify specific sections of current ordinance that need to be amended to include all bars and workplaces	DOH, Lead Team	Completed
8	Convene network of smokefree advocates and other supportive parties (including ACS, AHA, ALA, NCADA, legislators and hospitals)	Coalition	Completed
9	Develop consistent talking points which support changes in ordinance	Coalition, Med Cont	Completed
10	Identify and recruit employees from bars, casinos, and other workplaces where employees are exposed to secondhand smoke	Coalition	Completed
11	Identify employees willing to document their experiences and serve as public spokespersons	DOH, Coalition	Completed
12	Arrange series of meetings with County Council members to discuss need to amend the county smokefree ordinance	Coalition	Completed
13	Emphasize 65% voter approval in November, 2009, for a strong smokefree ordinance	Coalition, Lead Team	Completed
14	Identify one or more County Council champions willing to introduce amendments to fill in the gaps of the new County smokefree law	Coalition, Lead Team	Completed
15	Develop strategic timetable for placing amendments on Council agenda	Coalition, Lead Team	Completed
16	Generate public support for amendments through media campaign, utilizing influential spokespersons	Coalition	Completed
17	Advocate for adoption of amendments	Coalition	Completed
18	Collect monthly status reports from Coalition	Eval Team	Completed
19	Evaluate Coalition activities	Eval Team	Completed
20	Monitor compliance with existing smokefree ordinance	DOH, Coalition	Completed

Objective 3: By March 2012, increase the number of County municipalities that enact smokefree ordinances that exceed the comprehensive County-wide policy from three to five, including at least one high-risk municipality with high smoking rates in Districts 1, 2, 3, or 4.

Activity		Organization	Progress to Date
1	Assess municipalities	DOH, Lead Team, Coalition	Completed
2	Identify high-risk communities	DOH, Eval Team	Completed
3	Draft model policies	DOH	Completed
4	Develop local advocacy plans	Coalition, Lead Team	Completed
5	Identify and recruit local champions	Coalition, Lead Team	Completed
6	Collect monthly status reports from Coalition	Eval Team	Completed
7	Evaluate policy changes as they occur	Eval Team	Completed
8	Educate policy makers	Coalition, Lead Team	Completed
9	Monitor coalition activities	Eval Team	Completed

Objective 4: By June 2012, increase the proportion of public school districts throughout St. Louis County that meet the goal for comprehensive tobacco free policies from <20% in 2007 to 100%.

Activity		Organization	Progress to Date
1	Identify model RFP's for funding advocacy activities.	DOH	Completed
2	Identify high-risk school districts lacking Gold Standard tobacco free policy.	Eval Team	Completed
3	Establish baseline for current school policies.	Eval Team	Completed
4	Issue RFP's to potential Community Partners and make funding decisions.	DOH	Completed
5	Provide technical assistance to funded partners as needed.	DOH	Completed
6	Develop individualized tobacco free policy plans for Phase 1 school districts.	DOH, Comm Part	Completed
7	Include in policy plans advocacy training for students.	DOH, Comm Part, Coalition	Completed
8	Implement Phase 1 policy plans.	DOH, Comm Part, Coalition	Completed
9	Develop individualized tobacco free policy plans for Phase 2 school districts.	DOH	Completed
10	Advocate for revised policies.	DOH, Comm Part, Coalition	Completed
11	Collect monthly status reports, including specific policies, from Community Partners.	Eval Team	Completed
12	Assess policy changes as they occur.	Eval Team	Completed
13	Assess degree to which revised school policies are consistent with NASBE Gold Standard.	Eval Team	Completed
14	Administer YRBS in selected schools.	Eval Team	Completed

Objective 5: By June 2012, increase the proportion of private K-12 schools in high-risk Districts 1, 2, 3, and 4 that meet the goal for comprehensive tobacco free policies from 0% to 100%.

	Activity	Organization	Progress to Date
1	Identify model RFPs for funding advocacy activities.	DOH	Completed
2	Identify high-risk schools lacking Gold Standard tobacco free policy.	Eval Team	Completed
3	Establish baseline for current school policies.	Eval Team	Completed
4	Issue RFP's to potential Community Partners and make funding decisions.	DOH	Completed
5	Provide technical assistance to funded partners as needed.	DOH	Completed
6	Develop individualized tobacco free policy plans for Phase I schools.	DOH, Comm Part	Completed
7	Include in policy plans advocacy training for students.	Coalition, Comm Part	Completed
8	Implement Phase I policy plans.	DOH, Comm Part	Completed
9	Develop individualized tobacco free policy plans for Phase 2 schools.	DOH	Completed
10	Advocate for revised policies.	DOH, Comm Part, Coalition	Completed
11	Collect monthly status reports, including specific policies, from Community Partners.	Eval Team	Completed
12	Assess policy changes as they occur.	Eval Team	Completed
13	Assess degree to which revised school policies are consistent with NASBE Gold Standard.	Eval Team	Completed

Objective 6: By June 2012, increase the proportion of higher education institutions in all County Districts that meet the goal for comprehensive tobacco free policies from 21% in 2009 to 100%.

	Activity	Organization	Progress to Date
1	Identify model RFP's for funding advocacy activities.	DOH	Completed
2	Identify colleges and universities without comprehensive tobacco free policies.	DOH, Eval Team, Lead Team	Completed
3	Issue RFP to potential Community Partners and make funding decisions.	DOH	Completed
4	Execute contracts with Community Partners	DOH	Completed
5	Provide technical assistance to funded partners as needed, including model campus policies.	DOH, Coalition	Completed
6	Develop advocacy plans.	DOH, Comm Part, Coalition	Completed
7	Meet with institution champions (students, faculty, staff, others).	DOH, Comm Part, Coalition	Completed
8	Implement advocacy plans for comprehensive policies.	DOH, Comm Part, Coalition	Completed
9	Collect monthly status reports from Community Partners and Coalition.	Eval Team	Completed
10	Assess policy changes as they occur.	Eval Team	Completed

Objective 7: By March 2012, augment the current required signage restricting sales to minors to include a graphic warning designed to discourage tobacco, particularly among youth.

Activity		Organization	Progress to Date
1	Review ordinances from other jurisdictions and legal issues.	DOH	In progress
2	Conduct survey of tobacco retailers located within 2,000 feet of schools, parks, and other youth-focused facilities.	Eval Team	Completed
3	Create GIS mapping of tobacco retailers and locations of schools, parks, and other youth-focused facilities.	DOH, Eval Team	Completed
4	Develop tool for collecting data on number, size, and placement of in-store tobacco product advertising and product displays.	Eval Team	Completed
5	Select representative sample of tobacco retailers for observation.	DOH, Eval Team	Completed
6	Conduct observational survey of selected tobacco retailers.	DOH, Coalition	Completed
7	Determine current exposure of store patrons to in-store tobacco advertising and tobacco product displays.	DOH, Eval Team, Coalition	Completed
8	Determine size, placement, graphic design, and specific language of the warning sign consistent with FDA regulations.	DOH	Completed
9	Develop advocacy plan.	Coalition, Med Cont	Completed
10	Collect monthly status reports from Coalition and Community Partners	Eval Team	Completed
11	Monitor and assess tobacco retailer compliance with requirement to post graphic warning sign.	DOH, Eval Team	Completed

Objective 8: By March 2012, conduct assessment of tobacco at retail stores in St. Louis County to improve compliance with existing FDA and County regulations concerning the advertising and sale of tobacco products.

Activity		Organization	Progress to Date
1	Review FDA regulations.	DOH	Completed
2	Assess compliance with FDA and county regulations	DOH, Eval Team, Coalition	Completed
3	Collect monthly status reports from Coalition.	Eval Team	Completed

Objective 9: By March 2012, increase the number of calls by St. Louis County residents to the Missouri Quitline by 50%.

Activity		Organization	Progress to Date
1	Develop RFP to implement a County mass media education campaign	DOH	Completed
2	Secure media contractor	DOH, Lead Team	Completed
3	Execute contracts with media contractor	DOH	Completed
4	Determine demographic information that can be provided by Quitline administrators	DOH	Completed
5	Develop RFP for Community Partners	DOH	Completed
6	Release RFP and make funding decisions	DOH	Completed
7	Execute contracts with Community Partners	DOH	Completed
8	Convene work group	DOH, Lead Team	Completed
9	Develop initial Quitline awareness plan	DOH, Med Cont, Comm Part	Completed
10	Develop Quitline awareness survey	Eval Team	Completed
11	Administer Quitline awareness survey to sample of County residents	Eval Team	Completed
12	Analyze results of Quitline awareness survey	Eval Team	Completed
13	Review and update Quitline promotion plan utilizing survey results	DOH, Eval Team, Med Cont	Not started
14	Coordinate promotional activities and media campaign with state efforts	DOH, Med Cont	Completed
15	Advise Quitline staff of timetable for implementing Quitline awareness plan so they may prepare for increased daily calls	DOH, Med Cont	In progress
16	Monitor paid and earned media placement and coverage	Eval Team, Med Cont	Completed
17	Monitor use of Quitline by County residents	Eval Team	Completed
18	Administer final Quitline awareness survey, analyze data, and report results	Eval Team	Completed

Objective 10: By March 2012, ensure that 80% of County employers in high-risk Districts 1, 2, 3, and 4 with 50+ employees provide smoking cessation services to employees.

	Activity	Organization	Progress to Date
1	Identify employers with 50+ employees in high-risk County districts 1, 2, 3, and 4.	DOH, Eval Team	Completed
2	Conduct assessment of current worksite policies among target employers.	DOH, Eval Team, Comm Part	Completed
3	Issue RFP for Community Partners and make funding decisions.	DOH	Completed
4	Execute contracts with Community Partners.	DOH	Completed
5	Train smoking cessation facilitators.	DOH, Comm Part	Completed
6	Develop and implement plan for working with employers.	DOH	Completed
7	Include in implementation plan marketing materials targeted to employers.	DOH	Completed
8	Provide technical assistance to Community Partners as needed.	DOH	Completed
9	Conduct education campaign targeted to employers and employer groups focused on strengthening workplace cessation policies.	DOH, Comm Part, Med Cont	Completed
10	Offer and provide cessation services to worksites, including free NRT.	DOH, Comm Part	Completed
11	Develop tool to assess employer policies.	DOH, Eval Team	Completed
12	Collect monthly status reports from Community Partners.	Eval Team	Completed
13	Conduct follow-up with cessation participants to determine quit status.	Eval Team	Completed

APPENDIX C: K-12 Model Policy

K-12 Comprehensive Tobacco-Free School District Policy

CPPW Comprehensive Tobacco Free School District Policy Initiative

The purpose of the model policy is to depict a concrete example of a policy that would meet the standards of a comprehensive school district tobacco policy, as defined by the School Tobacco Policy Index. Currently no school district in St. Louis Co. meets the criteria for being a comprehensive tobacco-free educational institution. Therefore, it was imperative that a model policy be developed to illustrate to district policy makers what such a policy might look like. School districts are not expected to adopt this policy language verbatim.

School Tobacco Policy Index

Each of the St. Louis County school district's current tobacco policies were evaluated according to the School Tobacco Policy Index. This Index is a standardized tool developed by the Center for Tobacco Policy Research (CTPR) in collaboration with the Centers for Disease Control and Prevention. The tool measures the comprehensiveness of school tobacco policies in four domains:

1) Tobacco free environment;
2) Enforcement;
3) Prevention and treatment services; and
4) Policy organization.

Model Policy Development

The following model policy was developed using both local and national guidelines for school tobacco policy. This policy is most effective because it takes a comprehensive approach to ensure that students receive consistent anti-tobacco-use messages by sufficiently addressing each of the domains measured by the School Tobacco Policy Index. The following organizations were instrumental in the development of the Communities Putting Prevention to Work (CPPW) model tobacco policy:

1) The Missouri School Boards Association
2) The Center for Tobacco Policy Research (CTPR)
3) The National Association of State Boards of Education (NASBE)
4) The Missouri Department of Health and Senior Services
5) The St. Louis County Department of Health

Comprehensive Tobacco-Free School District Policy

Rationale:

To promote the health and safety of all students and staff and to promote the cleanliness of district property, the district prohibits all employees, students and patrons from smoking or using tobacco products in all district facilities, on district transportation and on all district grounds at all times (24 hours a day, 365 days a year).

Policy Requirements:

For the purpose of this policy, smoking will mean all uses of tobacco products including but not limited to: cigars, cigarettes, pipes, and smokeless tobacco items.

This policy applies to days when school is not in session, after school day hours and all functions both on and off campus, such as athletic events and other activities. This prohibition extends to all facilities the district owns, contracts for or leases to provide educational services, routine health care and daycare or early childhood development services to children. This prohibition does not apply to any private residence or any portion of a facility that is used for inpatient hospital treatment of individuals dependent on, or addicted to, drugs or alcohol in which the district provides services.

No student is permitted to possess a tobacco product on district grounds. School authorities shall consult with local law enforcement agencies to enforce laws that prohibit the possession of tobacco by minors within the immediate proximity of school grounds.

Tobacco promotional items, such as bags, lighters, and other personal articles, are not permitted on district grounds, in school vehicles, or at school-sponsored events. This includes clothing worn by students, staff, and visitors that advertises tobacco products. Tobacco industry advertising, including advertising of commercial films in which tobacco smoking is featured, is prohibited in schools, school sponsored publications, and school- sponsored events. Sponsorship from any tobacco industry affiliate will not be accepted.

Enforcement:

The superintendent or designee is authorized to make necessary rules and procedures to clarify, enact and enforce this policy. Persons found in violation of this policy will be referred to the building principal and/ or appropriate staff supervisor.

Employees violating the tobacco-free policy will be subject to the following procedures:

- First offense: A written warning by the appropriate administrator. Referral to cessation program.
- Second offense: A formal reprimand by the appropriate administrator and a letter of such to be placed in personnel file. Referral to cessation program.
- Third offense: Meeting with school board and possible leave without pay or dismissal. Referral to cessation program.

Students violating the tobacco-free policy will be subject to the following procedures:

- First offense: Will result in any or all of the following: confiscation of tobacco products, notification of parents/ guardians, notification of police, meeting and assessment with substance abuse educator or designated staff, participation in tobacco education program and/or Saturday detention. Students will be offered resources for available cessation programs.
- Second offense: Will result in any or all of the following: confiscation of tobacco products, notification of parents/ guardians, notification of police, meeting and assessment with substance abuse educator or designated staff, mandatory Tobacco Education Program and/or Saturday detention(s). Students will be offered resources for available cessation programs.
- Third offense: Will result in any or all of the following: confiscation of tobacco products, notification of parents/ guardians, parental conference, notification of police, meeting and assessment with substance abuse educator or designated staff, mandatory Tobacco Education Program and/or Saturday detention(s), possible suspension and/or community service. Students will be offered resources for available cessation programs

Visitors found smoking or using tobacco products will be informed of the school district policy and asked by the appropriate school official to refrain from smoking or tobacco use while on district property. If the visitor(s) does not comply, they will be asked to leave. If they refuse this request, the police may be called.

Prevention and Education:

A comprehensive tobacco-use prevention program includes educational programs based on theories and methods that have been proven effective by published research, consistent with the state's health education standards. The district requires schools to educate students on the danger of tobacco as a means of preventing such use. Educational programs in conjunction with the health education curriculum shall; (a) inform students that tobacco products are harmful and dangerous; (b) address the legal, social, and health consequences of tobacco use; and (c) provide information about effective techniques for resisting peer pressure to use tobacco.

As part of a comprehensive tobacco-use prevention program, the district will encourage employee and student efforts in smoking cessation and will make available to interested employees and students information about smoking cessation programs in the immediate area. Students who would like to receive assistance are also invited to see their counselor, school nurse or principal.

Communication and Management:

This policy will be printed in both the employee and student handbooks and signage prohibiting use of all tobacco products shall be posted in highly visible places both inside and outside all schools within the district, including all entrances of school property, driveways, school buildings, school playgrounds and athletic fields, and announcements will be made at all events. Parents and guardians shall be notified in writing, and the local media will be asked to communicate this tobacco-free policy community-wide.

Please refer to the following policies for additional information:

- POLICY A
- POLICY B

Effective Date: _____

APPENDIX D: College/University Model Policy

Components of a Comprehensive Tobacco Free College/University Policy

It is important for all institutions to adopt a comprehensive tobacco free policy in order to better protect students, employees, and visitors from the adverse health and environmental effects of all tobacco use. A comprehensive policy should: 1) focus on the hazards of all tobacco use; 2) prohibit the use of all tobacco products, not just cigarettes; 3) apply at all locations, at all times, to all patrons; 4) be strongly enforced; 5) focus on initiatives and services to promote non-use and support those who want to quit; 6) prohibit the sale and distribution of tobacco; 7) prohibit advertising, marketing, and the promotion of tobacco products; 8) refuse research support and sponsorship from the tobacco industry; and 9) be organized and communicated effectively.

To be comprehensive, the following components should be included in the tobacco free policy:

1. **The purpose of the policy**.
   Example language: *The purpose of this policy is to provide a 100% tobacco free environment to safeguard the health of students, employees and visitors.*

2. **A definition of tobacco products.**
   Example language: *Tobacco products are smoke and smokeless tobacco products including but not limited to cigars, cigarettes, cigarillos, oral tobacco, e-cigarettes, and hookah/pipe smoked products, but excludes nicotine products that are intended for cessation purposes.*

3. **The prohibition of the use of tobacco by all patrons, at all times, and in all locations.**
   Example language: *Tobacco use is prohibited for all students, faculty, staff, and visitors, 24 hours a day, 365 days a year on all college/university grounds, resident buildings including all on-and off-campus residences (e.g., dorms, married student housing), non-resident campus buildings, all vehicles on campus property, and any vehicle owned, leased, or rented by the institution. On- and off-campus events sponsored by the institution will not permit the use of tobacco. Possession of tobacco products is prohibited for anyone under the age of 18.*

4. **The mechanisms for enforcing the policy, outlining specific consequences.**
   Example language: *In order to effectively enforce the tobacco free policy, the institution will offer cessation and/or tobacco use education classes to policy violators. The institution will also administer specific consequences to students, employees, and visitors for violations, such as fair and uniform fines or citations. To create a fair, consistent policy, the institution will identify a specific individual or office to act as the enforcer (e.g., Human Resources, the Vice-President, Office of Student Affairs).*

5. **The prevention and cessation services that will be offered.**
   Example language: *The institution will offer and promote prevention/education services or initiatives for tobacco non-use, such as courses and events, to all members of the campus community. Recognizing the personal challenges to quit using tobacco products, the institution will also provide cessation services for tobacco-use dependence such as services, programs, or referrals to assist users with quitting (e.g., Freedom from Smoking) and/or includes cessation services in the health insurance plans.*

6. **The prohibition of the sale and distribution of tobacco.**
   Example language: *The sale and distribution of tobacco-related products and merchandise on campus grounds and at college/university sponsored events is prohibited, regardless of the operating vendor or venue.*

7. **The prohibition of promotion, advertising and marketing of tobacco on campus property and at any institution-sponsored events.**
   Example language: *Tobacco related advertising and sponsorship at college/university sponsored events, both on- and off-campus, on institution property, and in publications produced by the institution is not permitted.*

8. **The prohibition of direct or indirect support from the tobacco industry.**
   Example language: *Any direct or indirect support from the tobacco industry, such as funding, awards, or financial support including donations, equipment supplies and material support, for the following, including but not limited to research, evaluation, teaching, and development is prohibited.*

9. **Mechanisms for communicating the policy to students/employees/ visitors.**
   Example language: *The institution will clearly cite an applicable enforcement or adoption date on the policy so that students, employees, and visitors will be aware of the policy's initiation date. The institution will also identify a specific individual or office to review and/or update the policy.*

   Students, employees, and visitors will be informed of the tobacco policy by clear visibly marked signs and printed/online materials. Every year, printed/online materials will be distributed directly to students, employees, and visitors through the institution's website and handbooks. Clearly marked signs will be posted prohibiting all tobacco products and identifying the campus as "tobacco free" throughout the campus, at building entrances, and throughout institution owned/leased/rented buildings.

For more information on drafting a comprehensive tobacco free policy, please refer to:

American Lung Association of Oregon. (2007). Tobacco free environment: model policy for Oregon community colleges.
http://www.tobaccofreeu.org/your_state/documents/TF_Policy_Model_Community_Colleges.pdf

American Cancer Society's Smoke-Free New England Initiative. Standards for creating a tobacco-free campus.
http://our.cancer.org/downloads/COM/Sampl_%20Policy_For_a_Tobacco-Free_Campus.pdf

Colleges For Change- Tobacco Free. (2009). Model Comprehensive Tobacco Policy.
https://www.c4ctobaccofree.com/Model_College_Policy.php