

EXHIBIT

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

OFFICE OF INSPECTOR GENERAL

WASHINGTON, DC 20201



JUN 29 2012

TO: Thomas R. Frieden, MD, MPH
Director
Centers for Disease Control and Prevention

FROM: Daniel R. Levinson *Daniel R. Levinson*
Inspector General

SUBJECT: Communities Putting Prevention to Work -- EARLY ALERT

The Office of Inspector General (OIG) received allegations from congressional staff concerning potentially inappropriate uses of funds by grantees under the Communities Putting Prevention to Work (CPPW) program. Specifically, those allegations indicated that grantees may have violated a series of anti-lobbying statutes. In response to this information, OIG reviewed quarterly reports submitted by CPPW grantees and posted to the Recovery.gov Web site, researched applicable law and met with officials of the Centers for Disease Control and Prevention (CDC), the CPPW program, and the Office of the General Counsel. We are concerned that some statements in those reports may reflect inappropriate lobbying activities using CPPW grant funds. Our review also indicated that this may have originated from a lack of clear guidance – or even conflicting information – from CDC to CPPW grantees concerning the anti-lobbying restrictions.

We propose that CDC:

- review its guidance and other materials posted on its Web site,
- clarify any misleading statements about lobbying activities by grantees under this program,
- train CDC employees, as necessary, and
- provide updated and more detailed guidance to grantees describing how to avoid violating these statutory provisions. Such guidance should also advise grantees concerning new restrictions on lobbying contained in the FY 2012 HHS appropriations.

Additionally, OIG plans to review CDC grants to reduce chronic disease and promote healthy lifestyles funded with money subject to the lobbying prohibitions contained in the FY 2012 HHS

appropriation. We also will evaluate HHS oversight of lobbying prohibitions in FY 2012. Additional details are provided in the attachment to this memorandum.

Attachment

cc: Nancy Gunderson, ASFR/OGAPA
Edward L. Hunter, CDC
Ellen Murray, ASFR
Deborah Tress, OGC/PH Div.
Joanna Stettner, OGC/PH Div.
Edgar Swindell, OGC/Ethics Div.

Communities Putting Prevention to Work Early Alert

Summary

The Office of Inspector General (OIG) received allegations from congressional staff concerning potentially inappropriate uses of funds by grantees under the Communities Putting Prevention to Work (CPPW) program. Specifically, those allegations indicated that grantees may have violated a series of anti-lobbying statutes. In response to this information, OIG has reviewed quarterly reports submitted by CPPW grantees that were posted to the Recovery.gov Web site, researched applicable law, and met with officials of the Centers for Disease Control and Prevention (CDC), the CPPW program, and the Office of the General Counsel. We are concerned that some statements in those reports may reflect inappropriate lobbying activities using CPPW grant funds. Our review also indicated that this may have originated from a lack of clear guidance – or even conflicting information – from CDC to CPPW grantees concerning the anti-lobbying restrictions.

Background and Analysis

CPPW is a CDC initiative authorized by §§ 311 and 317(k)(2) of the Public Health Service Act (42 U.S.C. §§ 243 and 247b(k)(2)) and funded through the American Recovery and Reinvestment Act of 2009 (ARRA) and most recently through the Affordable Care Act. CPPW grants focus on prevention of chronic diseases, and are intended to support community efforts to increase physical activity, improve nutrition, and decrease obesity and smoking. The CPPW grant announcement solicited applications in the last quarter of 2009; CDC awards were made in 2010 and support 50 communities throughout the U.S. The CDC Web site includes an Online Resource Center with tools describing how grant funds can be used to accomplish the objectives of the grant. ARRA grantees report quarterly to CDC on the use of CPPW grant funds, and these reports are posted on Recovery.gov.

Numerous anti-lobbying provisions have created a complicated web of restrictions with which CPPW grantees must comply. Very generally, those are:

- 18 U.S.C. § 1913 prohibits the use of Federal funds to lobby unless expressly authorized by law. It provides, in pertinent part, that no Federal funds may be used directly or indirectly “to influence in any manner a Member of Congress, a jurisdiction, or an official of any government, to favor, adopt, or oppose, by vote or otherwise, any legislation, law, ratification, policy or appropriation, whether before or after the introduction of any bill, measure, or resolution proposing such legislation, law, ratification, policy or appropriation. . . .” Significant amendments were made to this provision in 2002, most significantly substituting civil for criminal penalties. There has been no definitive ruling by the Office of Legal Counsel, Department of Justice, or by the

courts on whether the amended restriction applies to grantees or is limited to Federal employees and agencies.¹

- Recipients of Federal grants are specifically prohibited by 31 U.S.C. § 1352 from influencing Federal officials in connection with the award of a particular contract, grant, cooperative agreement, or loan.
- In addition, HHS fiscal year appropriations provisions for many years have stated that “[n]o part of any appropriation contained in this Act shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence legislation or appropriations pending before the Congress or any State legislature.” See, e.g., the Departments of Labor, HHS, and Education, and Related Agencies Appropriations Act, 2010, P.L. 111-117, § 503(b). The FY 2012 Labor, HHS, and Education Appropriation Act, P.L. 112-74, § 503(b), broadened the scope of these appropriation restrictions and bars the use of Federal funds to grantees, or their agents “related to any activity designed to influence the enactment of legislation, appropriations, regulation, administration action or Executive order proposed or pending before the Congress or any State” or local government “other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.” The FY 2012 appropriations rider also specifies, for the first time, that the restrictions apply to lobbying to tax or place restrictions on “any legal consumer product.”
- Finally, HHS grant rules (45 CFR §§ 92.22 and 74.27) incorporate by reference OMB circulars which restrict the use of Federal grant funds for costs incurred as a result of prohibited lobbying activities. See 2 CFR Part 225, App. B, § 24 and Part 230, App. B, par. 25.

The CPPW grant announcement provides that grantees “will implement population-based approaches such as policy, systems, and environmental changes” to decrease obesity and tobacco use. Specifically, grantees “will be required to implement specific high priority interventions, including implementing comprehensive smoke free air policies, using evidence-based pricing strategies that discourage tobacco use, and/or limiting availability of unhealthy food and beverages.” Although the CPPW grant announcement does not use these exact words, the CDC answer to a Frequently Asked Question states that CPPW “applicants are requested to provide a comprehensive plan to reduce tobacco use through legislative, regulatory, and educational arenas” (<http://www.cdc.gov/chronicdisease/recovery/faq.htm>). In conjunction with the grant

¹ We understand that while there are differing interpretations of the scope of the 2002 amendments to 18 U.S.C. § 1913, the Department is of the view that the provision continues to apply only to executive agencies, and was not affirmatively extended to grantees, contractors, or other recipients of funds from agencies. In support of this view, the President’s FY 2013 proposed budget would remove appropriations rider language that addresses lobbying by agencies, because such language is duplicative of section 1913, but would leave intact the language governing lobbying by grantees and contractors.

announcement, CDC provided evidence-based strategies, called MAPPS, which grantees were expected to use in designing their own strategies. Some of the strategies listed included zoning restrictions, banning displays and vending, eliminating trans fats and reducing sodium through purchasing actions, labeling initiatives, restaurant standards, banning free samples and price discounts, and changing relative prices of healthy and unhealthy items.

To assist CPPW grantees in designing strategies to address obesity and tobacco use, CDC created an Online Resource Center that includes links to webinars, model policies, toolkits, databases, fact sheets and other materials that are not created by CDC. For example, the Resource Center link for Tobacco contains a series of model smoke-free ordinances. (<http://www.cdc.gov/CommunitiesPuttingPreventiontoWork/resources/tobacco.htm>). CDC posted a disclaimer on the Online Resource Center that these links do not constitute an endorsement of these organizations or their programs.²

Although the official CDC materials, described above, make reference to activities that could include lobbying, the CPPW grant announcement, the grant award, and the CDC Web site reference a CDC document titled “AR-12 Lobbying Restrictions.” This one-page document cautions grantees against using Federal funds to lobby for more Federal funds, to induce members of the public to contact elected representatives (“grassroots lobbying”), or to pay for any activity designed to influence legislation pending before Congress or any State or local legislature. It mentions that not all interaction with the Legislative branch is prohibited, but provides no concrete examples of proper or improper activities. Though AR-12 describes permissible uses of CDC funds, those descriptions are so general – such as engaging “in activity to enhance prevention” or to “foster safe and healthful environments” – that they could potentially mislead grantees. There are many lobbying activities that could be reasonably viewed by a grantee as “activit[ies] to enhance prevention.” AR-12 also does not address efforts to influence the development and introduction of proposed legislation, and does not reference the OMB Circular limitations on claiming costs for certain lobbying activities. AR-12 does caution CDC grantees “to be careful not to give the appearance that CDC funds are being used to carry out activities in a manner that is prohibited under Federal law.”

CPPW grantees provide quarterly reports describing activities supported by the grant. These reports, posted at Recovery.gov, contain numerous examples of activities that, on their face, may violate anti-lobbying provisions. We note that the Congress has pointed out several dozen such statements in correspondence with CDC, and CDC is reviewing each of these. CDC is in the process of reporting back to the various congressional correspondents. As described above, some of the CDC information, as well as the non-CDC resource materials posted to the CDC Web site appear to authorize, or even encourage, grantees to use grant funds for impermissible lobbying. Furthermore, grantee activity reports posted online make troubling assertions that, on their face, raise the possibility that these anti-lobbying provisions were violated. We recognize that grantees may have described activities accomplished before the award of the grant or even accomplished by other entities or with non-Federal funds – all of which would not implicate the anti-lobbying restrictions. Nonetheless, the fact that grantees are reporting favorably about

² The Resource Center page was revised in April 2012 and now includes a reminder that CDC grantees are prohibited from using Federal funds for lobbying activities.

apparent lobbying is of concern, and may indicate faulty understanding of underlying funding prohibitions.

Proposed Interim Action

For these reasons, we propose that CDC reconsider some of the reference materials provided on the Web site. Given some of the potentially confusing (perhaps even contradictory) statements made in the CDC-issued documents, we also suggest training of CDC staff working on community-based initiatives about the legal limitations imposed by these anti-lobbying provisions. We also advise that detailed guidance be provided to grantees that give detailed examples of how grantees can avoid violating these provisions. Grantees should also be advised that non-Federal funds can be used for lobbying, but such activities should be separately accounted for and all reports on federally funded activities should make clear when efforts described were not federally funded. Finally, we understand from a March 2012 meeting with CDC, CPPW, and OGC officials that CDC guidance will be revised to reflect the new anti-lobbying provisions in the FY 2012 HHS appropriation.

Follow-Up

In follow-up to these suggestions, OIG intends:

- To review the fiscal controls that CDC has in place to prevent grantees from expending funds on prohibited lobbying activities. In addition, this audit will examine the allowability of costs (including costs for lobbying) claimed by CDC grantees for reducing chronic disease and promoting health lifestyles funded with money subject to the lobbying prohibitions contained in the FY 2012 HHS appropriation.
- Beginning in FY 2012, to evaluate more broadly the extent that HHS agencies notify grantees of lobbying prohibitions and have mechanisms in place to identify violations and the extent to which HHS grantees are aware of lobbying prohibitions.

EXHIBIT

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United States Senate

COMMITTEE ON
HOMELAND SECURITY AND GOVERNMENTAL AFFAIRS

WASHINGTON, DC 20510-8250

May 1, 2012

The Honorable Kathleen Sebelius
Secretary
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Secretary Sebelius:

The oversight jurisdiction of the Senate Homeland Security and Governmental Affairs Committee, of which I am the Ranking Member, includes “the duty of studying the efficiency, economy, and effectiveness of all agencies and departments ... [and] studying the intergovernmental relationships between the United States and the States and municipalities [federal, state, and local relations]”.¹

I am concerned about the appearance of impropriety in several instances where grantees of the Centers for Disease Control and Prevention (CDC) have, under the direction of official CDC guidance, appear to have used federal funds in attempts to change state and local policies and laws. Since 2002, federal law has prohibited the use of federal funds, “directly or indirectly....to influence in *any* manner....an official of *any* government,” whether it be federal, state, or local, “to favor, adopt or oppose, by vote or otherwise, *any* legislation, law, ratification, policy, or appropriation” (emphasis added).² The only legal exception is if Congress grants “express authorization” that specifically authorizes an otherwise prohibited activity. In order to deter the abuse of federal funds in this manner, Congress also imposed a significant punishment: a civil fine of not less than \$10,000 and not more than \$100,000 for *each* violation.

The grants with which I am concerned are part of the CDC’s wellness and prevention efforts, including those in the Communities Putting Prevention to Work (CPPW) initiative. Since I am a strong supporter of wellness and prevention efforts, including health education initiatives and voluntary worksite wellness programs, I am eager to ensure that these important programs are operating within the law and that any misuses of funds are quickly addressed. The actual or perceived misuse of wellness and prevention funding has the potential of eroding support for these programs.

Perhaps more troubling than the potential misuse of funds is the fact that CDC provides official guidance to grantees that appears to include an expectation that federal funds are to be used for wellness and prevention strategies that result in changes to state and local policies and

¹ <http://www.hsgac.senate.gov/download/full-jurisdiction-text>

² 18 U.S.C § 1913

laws. If true, without express authorization by Congress, CDC would be guiding its grantees to potentially violate federal law, exposing them to hefty civil penalties for each violation.

For example, the CDC guidance, "MAPPS Interventions for Communities Putting Prevention to Work," states that "awardees are *expected* to use this list of... strategies....to produce the desired outcomes for the initiative" (emphasis added). The list of CDC-encouraged strategies that CDC refers to as "expected" includes: advocating for the banning of products, banning certain displays and vending machines, creating zoning restrictions, restricting sales, limiting product availability, reducing the density of fast food establishments, changing restaurant standards, enacting food labeling requirements, and modifying city planning.³ Each of these CDC strategies appears to require state and local laws and policies to be changed in order for the "desired outcomes" to be produced by the grantees.

In other guidance, CDC instructs its awardees with more specific strategies for influencing state and local governments to change laws and policies. The CDC document "Nutrition and Physical Information for American Recovery and Reinvestment Act Communities Putting Prevention to Work" provides CDC awardees examples of state and local policy and legislative changes that CDC awardees appear to be expected to accomplish. These examples include: changing local zoning policies that restrict the density of fast food outlets in a region, freezing the outlets' development and proximity to each other, and setting a required minimum distance from schools. The CDC guidance also includes examples of state laws that awardees can then use federal funds to advocate for that restrict the recipes restaurants use and restrict certain foods from being served by state agencies.⁴

In response to CDC guidance, several grantees as recently as 2010 have engaged in strategies that, absent an expressed authorization by Congress, appear to violate federal law regarding influencing state and local governments to adopt laws and policies. For example, the California Department of Public Health (CDPH), after receiving a \$2.2 million grant from the CDC in 2010, announced in a project summary that federal funds would be used to "advance policy changes."⁵ CDPH then described in quarterly reports how federal funding was used to analyze "proposed state legislation...to levy a tax" and eliminate certain beverages from CA middle and high schools. CDPH also reported that federal funds were used for "State level joint use policy options" that were then "researched and presented to [the] Governor." In subsequent reports, CDPH indicated federal funds were involved in "CA's Governor sign[ing] two beverage

³ CDC guidance to awardees as found in the "MAPPS (Media, Access, Point of Decision Information, Price, and Social Support & Services) Interventions for Communities Putting Prevention to Work" chart - http://www.cdc.gov/chronicdisease/recovery/PDF/MAPPS_Intervention_Table.pdf (accessed March 27, 2012)

⁴ See pages 5-6 of Nutrition and Physical Information for American Recovery and Reinvestment Act Communities Putting Prevention to Work" - http://www.cdc.gov/chronicdisease/recovery/PDF/N_and_PA_MAPPS_strategies.pdf (accessed March 27, 2012)

⁵ <http://www.recovery.gov/Transparency/RecipientReportedData/pages/RecipientProjectSummary508.aspx?AwardID=93811&qtr=2010Q2> (accessed March 29, 2012)

bills” that directly correspond with the legislative “analysis” CDPH created earlier with federal funds.⁶

In another example, King County, WA received a \$10 million anti-smoking grant from the CDC in 2010. In the third quarter report, King County included among its description of project activities the fact that the County Board of Health “adopted changes to code on smoking in public places and places of employment that closed loopholes in the existing code, and passed a resolution encouraging no-smoking policies in multi-family housing...”⁷

The Pennsylvania Department of Health (PDH) received a \$1.5 million anti-tobacco grant from the CDC in 2010. In its quarterly reports, PDH informed CDC that, using tax dollars, “three ordinances were passed⁸...210 policy makers were contacted⁹...31 ordinances were passed...[and] there were 26 community presentations made to local governments, and 149 policy makers were contacted...and 16 additional ordinances were passed this quarter, for a cumulative total of 47.”¹⁰

While I strongly support the wellness and prevention mission of the CDC, I also support the safeguards Congress has put in place on the use of federal funds to protect against waste and abuse of tax dollars. In order to clarify CDC guidance, policies, and funding to determine whether there has been improper use of federal funds, please provide responses to the following questions and requests for information by May 18, 2012:

1. Do you agree with the attached CRS American Law Division legal opinion that, since 2002, 18 U.S.C § 1913 has prohibited all lobbying and public policy advocacy at all levels of government including federal, state, and local, without express Congressional authorization?
2. Please provide a copy of the CDC policy on lobbying and public policy advocacy that existed in 2010.
 - a. When was this policy first established?
 - b. How was CDC lobbying policy transmitted to recipients of CDC-awarded funds in FY 2010?

(b)(5)

⁶<http://www.recovery.gov/Transparency/RecipientReportedData/pages/RecipientProjectSummary508.aspx?AwardID=93811&qtr=2010Q3> (accessed March 29, 2012)

⁷<http://www.recovery.gov/Transparency/RecipientReportedData/pages/RecipientProjectSummary508.aspx?AwardID=90028&qtr=2010Q3> (accessed April 27, 2012)

⁸<http://www.recovery.gov/Transparency/RecipientReportedData/pages/RecipientProjectSummary508.aspx?AwardID=95612&qtr=2010Q3> (accessed April 16, 2012)

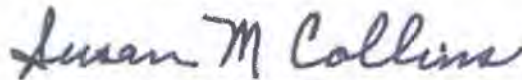
⁹<http://www.recovery.gov/Transparency/RecipientReportedData/pages/RecipientProjectSummary508.aspx?AwardID=95612&qtr=2010Q4> (accessed April 16, 2012)

¹⁰<http://www.recovery.gov/Transparency/RecipientReportedData/pages/RecipientProjectSummary508.aspx?AwardID=95612&qtr=2011Q1> (accessed April 16, 2012)

3. Please document each instance from fiscal year 2007 to fiscal year 2011 where CDC awardees used federal funds to pay for lobbying activities. The activities to be reported include those which are listed in 18 U.S.C § 1913 and include: any advertisement, telephone, letter, printed or written matter, or other device (such as emails, websites, videos, audio, or other electronic communications), intended or designed to influence in any manner a Member of Congress, a jurisdiction, or an official of any government (including local and state governments), to favor, adopt, or oppose, by vote or otherwise, any legislation, law, ratification, policy, or appropriation. The information should be documented and provided in a word-searchable format that includes the name of the awardee, total amount of the award, date the award was granted, the stated purpose of the award, a list of all activities in the aforementioned list that the awardee carried out with federal funds, and an indication of whether or not the desired outcomes in state or local policy or legislative changes took place.
4. Please provide legal justification that authorized CDC to provide grantee guidance as recently as 2010 establishing the expectation that grantees use federal funds to change state and local laws and policies. Please include an explanation of how this expectation may be met by grantees without violating 18 U.S.C § 1913.
5. What steps have you taken since 2010 to ensure CDC does not encourage or fund possible violations of 18 U.S.C § 1913?

Thank you for your assistance in this important oversight matter. Please have your staff contact Trey Hicks of my staff at 202.224.2523 or trey_hicks@hsgac.senate.gov in order to transmit your response.

Sincerely,



Susan M. Collins
U.S. Senator

EXHIBIT

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DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30341-3724

May 17, 2011

Michael Byrd, Ph.D.
Bureau Director/Principal Investigator
South Carolina Department of Health
And Environmental Control
2600 Bull Street
Columbia, South Carolina 29201

Dear Dr. Byrd:

The Centers for Disease Control and Prevention (CDC) was notified that Federal Financial Assistance dollars awarded to South Carolina (SC) for Communities Putting Prevention to Work (CPPW) activities under CDC cooperative agreement 1U58DP002600-01 were used for lobbying activities. In accordance with CDC additional requirement (AR)-12 incorporated in the funding opportunity announcement (FOA) and the terms and conditions of award, lobbying activities are prohibited. You are currently in non compliance with AR-12 and are directed to cease all current and future prohibited lobbying activities. An assessment of lobbying activities and related costs is required as well as repayment of funds to the cooperative agreement.

The aforementioned activities were documented in emails received at the CDC that related to a proposed smoke free ordinance. The e-mails demonstrate CPPW funded staff significantly contributed to planning and scheduling a press event designed to influence the decisions of city council members, with regard to a smoke free ordinance. Also, CPPW funded staff proposed sending an action alert with an "ask" to "explain the situation ... to the face book members and/or advocate list". This "ask" list appears designed to influence action in regard to the pending ordinance. An e-mail message further states "we must get as many people as possible to communicate the "protect all works in indoor work- places" message to council, especially Brand & Willis..." This communication shows additional actions of CPPW staff attempting to influence the public to contact city council members in support of the smoke-free ordinance.

It has been determined by CDC that these types of activities are strictly prohibited by award recipients and their sub tier contractors. In accordance with AR-12 "Lobbying Restrictions", awardees are prohibited from using appropriated federal funds for "any activity designed to influence action in regard to a particular piece of pending legislation" as well as using federal funds to engage in efforts that are directed at inducing members of the public to contact their elected representatives at the federal, state, or local level, to urge support of, or opposition to, pending legislative proposals.

The provisions outlined in AR-12 are not intended to prohibit all interaction with legislators and council members, or to prohibit educational efforts pertaining to public health. While it is permissible to use CDC funds to engage in activities to promote prevention and public health, awardees must be careful to prevent CDC funds from being used to influence or promote the passage or defeat of pending ordinances.

In order to remedy these acts of noncompliance, you must assess the time, effort, and costs associated with these actions to determine the amount of federal funds used for prohibited

lobbying activity. Provide to the CDC Procurement and Grants Office (PGO) the amount and supporting documentation relating to aforementioned events. In accordance with 45 U.S. Code of Federal Regulations, Part 92.43 Enforcement, CDC will disallow all or part of the costs of the activities or action not in compliance. You may repay the award using non-federal funds or offset the disallowance by using non-federal funds in the amount of the offset to maintain project activities at the previously approved level.

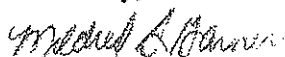
The foregoing constitutes a determination that expenditures not allowable under the grant has been charged to the grant. You may appeal this determination under the provisions of 42 CFR Part 50, subpart D and 45 CFR Part 16, Procedures of the Departmental Appeals Board.

Due to failure to comply with AR-12, all SC CPPW supported staff and contractors are required to attend AR-12 related training. The CDC will coordinate with you on providing technical assistance to and training for all CPPW staff and related contractors on the prohibition of using federal funds to support lobbying activities. It is strongly encouraged that you work with your legal department to help design or augment a training to address any state or local restrictions as well. You are required to provide to Ms. Veronica Davis, Grants Management Specialist, a copy of the training agenda and materials as well as a copy of the roster of all attendees at the conclusion of the training. The CDC will continue to closely monitor this situation.

Send all required documents to the Grants Management Specialist, Ms. Davis at the CDC/PGO, 2920 Brandywine Road, Atlanta Georgia 30341. Ms. Anna Berkowitz, CPPW Program Consultant, is available to assist with technical questions. Ms. Berkowitz can be reached by telephone at (770) 488-2499 and Ms. Davis can be reached at (770) 488-2743.

Hope your program is progressing as planned.

Sincerely,



Mildred S. Garner,
Lead Grants Management Officer
CDC Procurement and Grants Office

Copy to:

V. Davis, CDC, PGO
E. West, CDC, NCCDPHP
E. Reimels, CDC, NCCDPHP
R. Payne, CDC, NCCDPHP
R. Bunnell, CDC, NCCDHP
J. Stetner, CDC, OGC
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EXHIBIT

4

CPPW

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LAWRENCE J. BRADY
STAFF DIRECTOR

March 16, 2012

The Honorable Kathleen Sebelius
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20515

Dear Madam Secretary:

The Committee on Oversight and Government Reform is conducting oversight of federal grantmaking. As part of this oversight, I am writing to request documents and information relating to the U.S. Centers for Disease Control's (CDC) administration of the Patient Protection and Affordable Care Act's "Prevention and Public Health Fund."¹ I am also writing to request clarification on the U.S. Department of Health and Human Services' (HHS) position related to long-standing prohibitions on the use of taxpayer dollars to lobby government entities, which you have discussed several times in recent weeks during Congressional hearings.

Last year, President Obama signed into law the FY 2012 appropriations bill (omnibus). Section 503 of the omnibus states that "any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control," is not allowed by groups benefitting from grant monies awarded through the Affordable Care Act's Prevention and Public Health Fund.² While the President's most recent budget submission eliminates this anti-lobbying provision, the existing law is quite clear.

Furthermore, these provisions have long been in existence. As early as 1919, 18 U.S.C. Section 1913 was signed into law. Known as the "Anti-Lobbying Act," 18 U.S.C. 1913 states:

No part of the money appropriated by any enactment of Congress shall, in the absence of express authorization by Congress, be used directly or indirectly to pay for any personal service, advertisement, telegram,

¹ Patient Protection and Affordable Care Act, Public Law 111-148; amended by the Health Care Education and Reconciliation Act of 2010, Public Law 111-152.

² Text of H.R. 3671, Consolidated Appropriations Act, 2012. Available at <http://www.rules.house.gov/Legislation/legislationDetails.aspx?NewsID=661>.

The Honorable Kathleen Sebelius
March 16, 2012
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telephone, letter, printed or written matter, or other device, intended or designed to influence in any manner a Member of Congress, a jurisdiction, or an official or any government, to favor, adopt, or oppose, by vote or otherwise, any legislation, law, ratification, policy, or appropriation, whether before or after the introduction of any bill, measure, or resolution proposing such legislation, law, ratification, policy, or appropriation."³

This statutory language was incorporated as a certification through the passage of the Byrd Amendment in 1989.⁴ The Byrd Amendment requires organizations requesting or receiving Federally-appropriated funds to certify that they have not and will not use Federally-appropriated funds for purposes of influencing or attempting to influence agency or Congressional decision-making regarding a Federal contract, grant, loan or cooperative agreement.

An explicit acknowledgement of the Byrd Amendment is required by HHS. These requirements are particularly critical at HHS' two largest grant-making agencies: the National Institutes of Health (NIH)⁵ and the CDC. In particular, the CDC includes on its standard application for all grants a "Certification Regarding Lobbying" (anti-lobbying certification).⁶ The CDC anti-lobbying certification states:

Title 31, United States Code, Section 1352, ... prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal government in connection with a specific grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds.⁷

You reiterated CDC's compliance with these aforementioned laws in your June 17, 2011, letter to the Committee (letter). You stated "CDC followed standard grant procedures and requirements" when awarding the "Community Putting Prevention to Work" (CPPW) competitive grants,⁸ and further noted that all recipients were required to adhere to "Additional Requirement (AR)-12, 'Lobbying Restrictions.'"⁹ According to your letter, "CDC's AR-12 is broader in scope than the Anti-Lobbying Act," and prohibits "awardees from using any appropriated federal funds for 'any activity designed to influence action in regard to a particular piece of pending legislation.'"¹⁰ You further noted that CDC determined that an organization

³ 18 U.S.C. § 1913.

⁴ 31 U.S.C. § 1352.

⁵ National Institutes of Health Ethics Program, Lobbying Activities. Available at <http://ethics.od.nih.gov/topics/lobbying.htm>.

⁶ U.S. Department of Health and Human Services, Grant Application For use by State and Local Government Applicants. Available at <http://www.cdc.gov/od/pgo/forms/01246.pdf>.

⁷ *Id.*

⁸ Letter to Chairman Darrell Issa from Jim Esquea, HHS Assistant Secretary for Legislation, June 17, 2011.

⁹ *Id.*

¹⁰ *Id.*

The Honorable Kathleen Sebelius
March 16, 2012
Page 3 of 5

funded by a CDC grant had been reprimanded by CDC for violating AR-12 by "sending email messages and scheduling a press event for the purpose of gaining the support of city council members for a proposed smoke-free ordinance."¹¹

Despite these apparently clear prohibitions against using federal funds for lobbying at the federal, state, or local government levels, and despite HHS' assurances grants were awarded according to Anti-Lobbying prohibitions and the agency's own AR-12 guidelines, the CDC appears to have violated this long-standing provision in issuing Patient Protection and Affordable Act's "Prevention and Public Health Fund" grants. For instance:

- The County of St. Louis, Missouri sought, and received, a \$7.5 million dollar grant to in part identify "a County Council member willing to introduce amendments ...";¹²
- The Executive Office of the Governor of Delaware sought, and received, a \$1,022,792 dollar grant to in part "seek sponsorship of (a) bill ...";¹³
- The Iowa Department of Public Health sought, and received, a \$600,256 grant to in part "support passage" and lobby two legislative representatives "to sponsor (a) bill in upcoming session";¹⁴
- The Colorado Department of Public Health sought, and received, a \$793,946 grant to in part "secure bill sponsors for legislation";¹⁵

As Secretary of HHS, the CDC follows your guidance regarding anti-lobbying. As such, I am concerned with conflicting messages regarding HHS's position on lobbying with federal funds that you have conveyed in your most recent testimonies on Capitol Hill.

On February 28, 2012, in testimony before the House Committee on Ways and Means, you stated, "The language in that 2012 resolution [omnibus] that was reached actually reaches down to grantees and stakeholders and implies that their activities can no longer be engaged in any kind of activities to change public policy."¹⁶ You further reiterated your anti-lobbying resolve by stating, "The ban that we are now expected to implement reaches down into grantees

¹¹ *Id.*

¹² Recovery.gov, "Grants – Award Summary, St Louis, County of." Available at <http://www.recovery.gov/Transparency/RecipientReportedData/pages/RecipientProjectSummary508.aspx?AwardId=96544&qtr=201003>.

¹³ Recovery.gov, "Grants – Award Summary, Executive Office of The Governor of Delaware." Available at <http://www.recovery.gov/Transparency/RecipientReportedData/pages/RecipientProjectSummary508.aspx?AwardId=88262&AwardType=Grants>.

¹⁴ Recovery.gov, "Grants – Award Summary, Public Health, Iowa Department of." Available at <http://www.recovery.gov/Transparency/RecipientReportedData/pages/RecipientProjectSummary508.aspx?AwardId=90500&qtr=201003>.

¹⁵ Recovery.gov, "Grants – Award Summary, Public Health and Environment, Colorado Department of." Available at <http://www.recovery.gov/Transparency/RecipientReportedData/pages/RecipientProjectSummary508.aspx?AwardId=94954&qtr=201104>.

¹⁶ Committee on Ways and Means, "Chairman Camp Announces Hearing on the President's Fiscal Year 2012 Budget Proposal with U.S. Department of Health and Human Services Secretary Kathleen Sebelius," February 28, 2012. Available at <http://waysandmeans.house.gov/Calendar/EventSingle.aspx?EventID=281315>; Webcast Available at http://waysandmeans.granicus.com/MediaPlayer.php?view_id=2&clip_id=154.

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March 16, 2012
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and their activities at a State or local or municipal or school board level.”¹⁷ You included in your definition of lobbying “changing public policy.”¹⁸ But then, on March 6, 2012, in testimony before the House Committee on Appropriations, you appeared to contradict yourself by stating, “The lobbying prohibitions don’t apply to local lobbying.”¹⁹

Confusion should not exist regarding long-standing prohibitions against using taxpayer dollars for lobbying. To fully understand HHS adherence to federal law and its own policies and regulations, please provide the following:

1. A copy of the HHS grant making policy regarding using taxpayer dollars for lobbying;
2. A copy of any correspondence, including memos and e-mails, since January 2009, from HHS to CDC regarding the use of taxpayer dollars for lobbying related to the issuance of Prevention and Public Health Fund grants;
3. A list of all Prevention and Public Health Fund grant applicants and a copy of all Prevention and Public Health Fund grant applications;
4. A copy of all decision memos regarding the awarding of Prevention and Public Health Fund grants;
5. A copy of all correspondence, since January 2009 between HHS and CDC and The White House, regarding the awarding of Prevention and Public Health Fund grants.

The Committee on Oversight and Government Reform is the principal oversight committee of the House of Representatives and may at “any time” investigate “any matter” as set forth in House Rule X.

We request that you provide the requested documents and information as soon as possible but by no later than noon on March 30, 2012. When producing documents to the Committee, please deliver separate production sets to both the Majority Staff in Room 2157 of the Rayburn House Office Building and the Minority Staff in Room 2471 of the Rayburn House Office Building. The Committee prefers, if possible, to receive all documents in electronic format. An attachment to this letter provides additional information about responding to the Committee’s request.

¹⁷ *Id.*

¹⁸ *Id.*

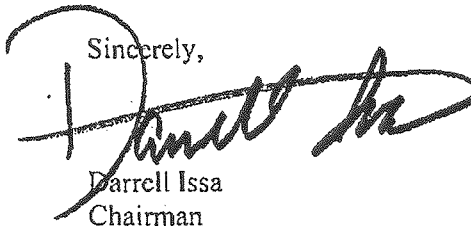
¹⁹ Committee on Appropriations, “Labor, Health and Human Services, Education, and Related Agencies, The President’s Fiscal Year 2013 Budget,” March 6, 2012. *See generally*, Statement of Kathleen Sebelius on The President’s Fiscal Year 2013 Budget. Available at <http://appropriations.house.gov/UploadedFiles/HHRG-112-AP07-WState-KSebelius-20120306.pdf>.

The Honorable Kathleen Sebelius
March 16, 2012
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If you have any questions regarding any aspect of this request, please contact Sery Kim of the Committee staff at (202) 225-5071. Thank you for your attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Darrell Issa", is written over the word "Sincerely,". The signature is stylized with a large initial "D" and a long horizontal stroke.

Darrell Issa
Chairman

Enclosure

cc: The Honorable Elijah E. Cummings, Ranking Minority Member

EXHIBIT

5

ONE HUNDRED TWELFTH CONGRESS
Congress of the United States
House of Representatives
COMMITTEE ON ENERGY AND COMMERCE
2125 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-6115

Majority (202) 225-2927
Minority (202) 225-3641

August 13, 2012

The Honorable Kathleen Sebelius
Secretary
U.S. Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Ave., S.W.
Washington, D.C. 20101

Dear Secretary Sebelius:

We write to express strong concerns regarding the Centers for Disease Control and Prevention (CDC) Communities Putting Prevention to Work Program (CPPW). CPPW grants, funded through both the American Recovery and Reinvestment Act (ARRA) and the Patient Protection and Affordable Care Act (PPACA), have been touted by the Obama Administration as initiatives designed to improve health outcomes through preventive measures.

However, the Department of Health and Human Services (HHS) Office of Inspector General (OIG) recently sent an "Early Alert" letter¹ to CDC Director Thomas Frieden regarding potential "inappropriate lobbying activities using CPPW funds." The OIG's notice stated that CDC-provided information "appear to authorize, or even encourage, grantees to use grant funds for impermissible lobbying. Furthermore, grantee activity reports posted online make troubling assertions that, on their face, raise the possibility that...anti-lobbying provisions were violated."

As the OIG noted, Federal law (18 U.S.C. § 1913) prohibits the use of Federal funds for lobbying.

"No part of the money appropriated by any enactment of Congress shall, in the absence of express authorization by Congress, be used directly or indirectly to pay for any personal service, advertisement, telegram, telephone, letter, printed or written matter, or other device, intended or designed to **influence in any manner a Member of Congress, a jurisdiction, or an official of any government**, to favor, adopt, or oppose, by vote or otherwise, any

¹ Letter to CDC Director Thomas Frieden from HHS Inspector General Daniel Levinson re CPPW (June 29, 2012).

legislation, law, ratification, policy, or appropriation, whether before or after the introduction of any bill, measure, or resolution proposing such legislation, law, ratification, policy, or appropriation”

The OIG review also indicated that such activities may have “originated from a lack of clear guidance – or even conflicting information – from the CDC to CPPW grantees concerning anti-lobbying restrictions.” In response, the OIG advised CDC to take immediate measures to address the issues outlined above, including increased training for CDC officials and issuance of detailed and non-conflicting guidance to grantees to avoid violation of anti-lobbying measures. Given the fact that Members of this Committee have repeatedly and directly raised these concerns to both you and CDC Director Thomas Frieden, the OIG findings raise further concerns and seem to indicate a lack of oversight or internal controls in your Department.

In questions for the record submitted in conjunction with an April 2010 Energy and Commerce Health Subcommittee hearing², Mr. Whitfield raised concerns regarding CPPW spending on lobbying activities that appeared to violate both Federal law and Office of Management and Budget (OMB) policy protocols. These questions were submitted in response to numerous examples of CPPW grantees reporting information to the CDC regarding lobbying activities for specific laws and policy goals, such as higher tobacco and sugar taxes, as well as zoning restrictions to halt restaurant construction.³

In response, CDC official Dr. Terry Pechacek responded that grantees were educated regarding Federal lobbying restrictions applying to CPPW awards. Yet Dr. Pechacek also categorically denied that “education campaigns” that support specific policy goals like soda taxes and zoning restrictions are prohibited under Federal anti-lobbying restrictions. This apparent contradiction is representative of the confusing and conflicting information provided by the CDC to grantees. Dr. Pechacek’s response is also indicative of an improper distinction made by the CDC between lobbying and “education campaigns.” This loose interpretation violates both the plain letter and spirit of the restrictions prohibiting taxpayer-funded grants being spent on lobbying activities.

Mr. Whitfield raised similar concerns directly to you two months later.⁴ In response, CDC Director Frieden ensured the Committee that CDC had a “robust plan” to “ensure CDC staff is positioned to identify early warning signs that a program is falling off track or using federal funds for unauthorized and inappropriate activities.”⁵ Similarly, in response to questions for the record related to a March 2011 hearing,⁶ you directly assured the Committee that “CDC takes seriously its role in ensuring that grantees comply with lobbying restrictions, and we will continue to closely monitor grantees.”

² Hearing re Smokeless Tobacco before the Energy and Commerce Health Subcommittee (April 12, 2010).

³ As noted in the OIG’s letter, CDC guidance recommended consideration of strategies such as zoning restrictions, banning displays and vending, eliminating trans fats and reducing sodium through purchasing actions, labeling initiatives, restaurant standards, banning free samples and price discounts, and changing relative prices of health and unhealthy items.

⁴ Letter to HHS Secretary Kathleen Sebelius from Congressman Ed Whitfield re CPPW (June 9, 2010).

⁵ Letter to Congressman Ed Whitfield from CDC Director Thomas Frieden re CPPW (Dec. 9, 2010).

⁶ Hearing re FY 2012 Budget and PPACA before the Energy and Commerce Health Subcommittee (March 9, 2011).

Nearly one year later, problems with the CPPW program were again brought to your attention at a March 2012 hearing.⁷ In response to questions from Mr. Guthrie regarding unlawful spending of CPPW funds, you declared that the aforementioned prohibition (18 U.S.C. § 1913) on Federal funds for lobbying “applied to the [HHS] but not our grantees.” Given that the language clearly prohibits any “part of the money appropriated by any enactment of Congress” from being “used directly or indirectly to pay...to influence in any manner a Member of Congress, a jurisdiction, or an official of any government,” we find this interpretation alarming. The prohibition found at 18 U.S.C. § 1913 applies to the dollars appropriated, regardless of where they are spent, and does not provide any exemption for grantees.

During the March 2012 hearing, Members on the Committee asked for a written response to confirm your interpretation that grantees could spend CPPW grants on lobbying activities. In a follow-up letter dated March 5, 2012,⁸ Mr. Whitfield and Mr. Guthrie again asked whether you interpreted the prohibition as applying to Federal grantees. In addition, copies of grant files were requested in response to further reports that CPPW grants were being used for lobbying purposes, in direct violation of Federal law.⁹ HHS Assistant Secretary Jim Esquea responded to that letter but did not acknowledge questions regarding this flawed HHS interpretation of the law or offer to produce documents as requested.¹⁰

In addition to the serious legal and compliance issues ultimately raised about the CPPW program, we have serious concerns about the integrity and effectiveness of spending in the program. The Committee supports the need for preventive initiatives designed to improve health outcomes and reduce chronic disease. However, the apparent lack of attention by HHS officials to grant management may have had the effect of diverting billions in Federal funds from initiatives that actually improve public health. As some of these programs have been in operation for two years, evaluations should be available to determine their effectiveness.

Pursuant to Rules X and XI of the U.S. House of Representatives, the Committee on Energy and Commerce is examining the OIG’s recent criticism of CDC, the seemingly illegal use and waste of taxpayer dollars through the CPPW program, and conflicting statements and answers provided to Congress by CDC officials, HHS officials and yourself during testimony before the Committee. To address these matters, we respectfully request the following by August 20, 2012:

1. **A clear answer regarding your interpretation of 18 U.S.C. § 1913:** Despite the plain language of 18 U.S.C. § 1913, do you believe, as indicated by your testimony before the Health Subcommittee on March 3, 2012, that Federal grant recipients are permitted to spend Federal grant dollars on lobbying activities under 18 U.S.C. § 1913?
2. **All CDC grantee files for the CPPW grants**, including but not limited to: grant applications, reviews of the applications; announcements; solicitations; award notices; financial and progress

⁷ Hearing re FY 2013 Budget and PPACA before the Energy and Commerce Health Subcommittee (March 1, 2012).

⁸ Letter to HHS Secretary Kathleen Sebelius from Congressmen Ed Whitfield and Brett Guthrie (March 5, 2012).

⁹ A detailed list of apparent violations of 18 U.S.C. § 1913 related to CPPW was made part of the record during the March 3, 2012 hearing. A copy of the list has been attached to this letter for your convenience.

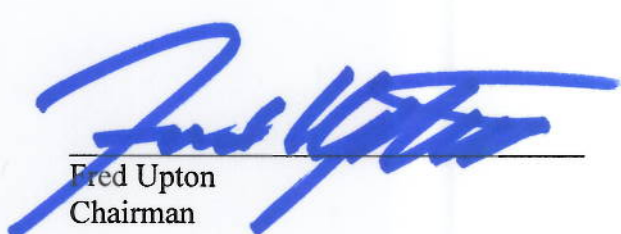
¹⁰ Letter to Congressmen Ed Whitfield and Brett Guthrie from HHS Assistant Secretary for Legislation Jim Esquea (March 23, 2012).

reports (annual and quarterly); staff reviews of financial and progress reports; records of communications with grant recipients, including correspondence and telephone calls related to amendments or administration of the grants; monitoring reports including site visit reports, technical progress and performance reports, formal actions, audit resolutions, and conflict resolutions; evaluation reports of review committee or peer review panels; lists of the special conditions placed on the requested grants; and the program/outcome evaluations.

3. **All CDC grantee files for the Community Transformation Grants (CTG)**, including but not limited to: grant applications; reviews of the applications; announcements; solicitations; award notices; financial and progress reports (annual and quarterly); staff reviews of financial and progress reports; records of communications with grant recipient, including correspondence and telephone calls related to amendments or administration of the grants; monitoring reports including site visit reports, technical progress and performance reports, formal actions, audit resolutions, and conflict resolutions; evaluation reports of review committee or peer review panels, and lists of the special conditions placed on the requested grants; and the program/outcome evaluations. We note that CTG grants appear to fund a similar scope of activities paid for by the CPPW program.
4. **All communications and/or guidance** given to HHS and CDC employees regarding the lobbying restrictions by either the Office of the Secretary, the Office of General Counsel, or the Office of the Director of the CDC. This includes but is not limited to guidance related to "MAPPS Interventions for Communities Putting Prevention to Work."
5. **All communications and/or guidance** given to CPPW and CTG grantees regarding the lobbying restrictions by either the Office of the Secretary, the Office of General Counsel, the Office of the Director of the CDC, and CDC grant managers. This includes but is not limited to guidance related to "MAPPS Interventions for Communities Putting Prevention to Work."
6. **A detailed plan of corrective measures that CDC will undertake in response to the OIG June 29, 2012, Early Alert Letter.**

An attachment to this letter provides additional information about how to respond to the Committee's request. Should you have any questions regarding this request, please contact Carl Anderson with the Committee staff at (202) 225-2927. Thank you for your attention to this matter.

Sincerely,



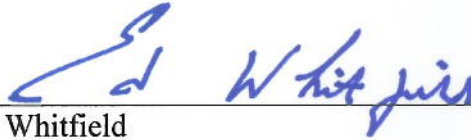
Fred Upton
Chairman



Cliff Stearns
Chairman
Subcommittee on Oversight and Investigations



Joseph R. Pitts
Chairman
Subcommittee on Health



Ed Whitfield
Chairman
Subcommittee on Energy and Power



Brett Guthrie
Member of Congress

Attachment

cc: The Honorable Henry A. Waxman, Ranking Member

The Honorable Diana DeGette, Ranking Member
Subcommittee on Oversight and Investigations

The Honorable Frank Pallone, Jr., Ranking Member
Subcommittee on Health

The Honorable Bobby L. Rush, Ranking Member
Subcommittee on Energy and Power

EXHIBIT

6

MEMORANDUM

TO: Daniel R. Levinson
Inspector General
U.S. Department of Health & Human Services

FROM: Trey Hicks
Oversight Investigator
Senate Homeland Security and Governmental Affairs Committee

RE: CDC grantees using federal funds to lobby

DATE: June 5, 2011

We have obtained evidence that suggests CDC funded multiple community projects through CDC's Communities Putting Prevention to Work (CPPW) initiative that supported state and local lobbying. It appears that recipients of this federal funding lobbied to enact state/local laws to tax and/or regulate the availability of certain less-healthy food and tobacco products.

If true, this would be in violation of federal law (18 U.S.C. § 1913) which prohibits the use of federal appropriations to pay for any "personal services, advertisement, telegram, telephone, letter, printed or written matter ... intended or designed to influence" federal/state/local officials on programs, legislation, or appropriations.

This would also violate OMB Circular A-122 which prohibits use of federal funds to attempt to influence legislation through "communication with any member or employee of the Congress or State legislature...preparing, distributing or using publicity or propaganda, or by urging members of the general public to participate in any lobbying campaign...analyzing the effect of legislation in support of preparation for an effort to engage in unallowable lobbying."

This would also violate the Appropriations anti-lobbying rider that was placed in the last several omnibus bills and prohibits the use of federal funds "in this or any other Act...for publicity or propaganda purposes within the United States."

The crime of using federal funds to lobby is serious enough for Congress to ban it multiple times and the President to sustain a policy against it. Furthermore, federal law enforcement pursues and prosecutes violators of these anti-lobbying laws and policies. For example, in June 2009, the Department of Justice announced a settlement in a federal lawsuit against the National Training and Information Center (NTIC).¹ NTIC agreed to pay \$550,000 to settle with U.S. for improperly using \$207,000 in Department of Justice grants to lobby.

In 2009, CDC launched CPPW with initial awards of \$650M in grants to local governments and non-profit organizations to do the following:

¹ [June 2009 DOJ press release about the NTIC settlement.](#)

- Increase levels of physical activity;
- Improve nutrition;
- Decrease obesity rates; and
- Decrease smoking prevalence, teen smoking initiation, and exposure to second-hand smoke.

NOTE: The 2009 legislation which created this program and describes the permitted use of this funding does not contain language that, if misread, directs grantees to lobby state/local government. The language creating this program states:

\$650M shall be provided to carry out evidence-based clinical and community-based prevention and wellness strategies authorized by the Public Health Service Act that deliver specific, measurable health outcomes that address chronic disease rates.

Case study: CPPW obesity grants in California

One example of this potential violation of the lobbying prohibition relates to CPPW funding for obesity grants issued in California. We document below the full grant process which suggests lobbying was encouraged by CDC, lobbying was planned/implemented by the grant recipients, and lobbying resulted in a change in law. **The sources for the information in this case study are in the attached Addendum #1.** Addendum #2 show examples from a few other states which suggests this problem is program wide.

CDC encourages lobbying activity

- CDC provides an “interventions chart” called MAPPS that outlines the appropriate use of CPPW funding. Some of the activities CDC appears to encourage would require the recipient of federal funds to lobby state/local governments to create new programs, pass new legislation, or enact new policies to carry out. These include:
 - Banning brand-name sponsorships;
 - Banning promotional items;
 - Banning usage (i.e. 100% smoke-free policies or 100% tobacco-free policies);
 - Zoning restrictions;
 - Reducing density of fast food establishments;
 - Changing relative prices of healthy vs. unhealthy items.
- CDC goes further in explaining how it expects its grantees to use their funding in its Nutrition and Physical Activity guideline document. In this document, CDC tells its grantees what state/local policies they should seek to change. For example, in a section labeled “Reduce Density of Fast Food Establishments,” CDC encourages grantees to advocate for zoning policies that:
 - Control a fast food outlet’s ability to occupy a retail space;
 - Limit how many are allowed in a given space and their density;
 - Put a freeze on their development and proximity to each other;

- Require a minimum distance from schools.

NOTE: CDC also includes suggested reading materials as resources. The recommended books lay out specific plans for zoning, the legal basis for zoning, and other information useful to convince local/state lawmakers to enact zoning laws.

- CDC openly acknowledges in its documentation that it intends to fund activities that seek to change laws and regulations. In the Nutrition and Physical Activity document for grantees, CDC refers to an Implementation and Measurement Guide for “recommended strategies” 15 times. This guide tells grantees that they should “discourage consumption of sugar-sweetened beverages through “policies that restrict the availability of sugar-sweetened beverages and 100% fruit juice in schools and group day care centers.” The guide defines policy to mean “laws, regulations, rules, protocols, and procedures designed to guide or influence behavior. Policies can be either legislative or organizational in nature.”
- As you will see below, grantee reports outline activities that appear to include outright lobbying, but also include steps in what looks like a broader lobbying campaign that, in and of themselves, wouldn’t constitute lobbying, but when taken as part of the broader campaign, contribute to what appears to be the overall lobbying effort. An example of this would be analyzing legislation. Alone, this would not be prohibited activity, but with other activities reported, can be seen to be part of a larger lobbying effort and a violation of OMB Circular A-122.

Grantees openly admit their lobbying activity

- The State of California received nearly \$70 million in various grants from the CPPW program for obesity and tobacco prevention. Quarterly reports are submitted to HHS detailing each grantee’s CPPW activities.
- Reports for the \$2.2M grant to California Department of Public Health (CDPH) show the steps in what appears to be a successful lobbying campaign: pinpointing the target of the alleged lobbying, providing “analysis” to support change in legislation, and achieving desired change in law.
 - Proposed Project Summary – “...CDPH proposes to limit unhealthy drink availability (sugar-sweetened beverages (SSBs)) by working to advance policy changes that address the sale of sugar-sweetened electrolyte replacement beverages in California public schools... CDPH will work with key existing partners to lay the groundwork for policy change to reduce access to SSBs and to deliver the most effective media messages within underserved communities...” [while “lay the groundwork for policy change” here may not constitute lobbying – this particular sentence might refer to legal educational activity – it warrants clarification in light of the other language that is more questionable about advancing policy changes]
 - 2010 2nd Quarter Report - “...analyzed proposed state legislation to levy a tax on sugar sweetened beverage; analyzed proposed state legislation...that would eliminate

[electrolyte replacement beverages] from CA middle and high schools...”

- 2010 3rd Quarter Report - in the section labeled “Project Activities,” the grantee reports that “CA's Governor signed two beverage bills: (1) reduces access to sugar-sweetened beverages in child care facilities (2) requires school districts to offer free water in school eating areas...a legislative concept paper was written and sent forward to the Governor for consideration in July 2010.”
- Reports for \$16M grant to Los Angeles County show steps in what appears to be a successful lobbying campaign, and CDC takes credit for changes in local laws:
 - November 25, 2009 planning memo from L.A. Public Health to Board of Supervisors - “Countywide social marketing and advocacy campaign to promote healthy food and beverage policies in cities...to raise awareness and build support within communities for local policies that increase access to healthy foods and beverages, and reduce access to less healthy foods and beverages...The campaign will also include outreach to local policymakers in cities throughout the county and will highlight the need for healthy food and beverage policies.”
 - 2010 2nd Quarter Report - “...Enacted moratorium on new drive-throughs in City of Baldwin Park...”
 - In addition to their quarterly activity reports, California’s CPPW activities are also described in county memos, websites, and CDC presentations. For example, we have a copy of a presentation by Rebecca Payne at CDC entitled, “Communities Putting Prevention to Work” on September 14, 2010. She credits the moratorium on fast food in L.A. County to CPPW funding. The notes on one of the slides in the presentation say:

“...Communities across the nation are adopting policy, systems, and environmental change to support healthy behavior. Here are a couple of examples: You may have heard about the moratorium on fast food venues in South Central Los Angeles. The Los Angeles City Council unanimously approved a proposal that would prohibit new fast-food restaurants in Council Districts 8 and 9 in South L.A. for at least 1 year. This work complements the leadership team from Los Angeles...”
 - A December presentation by another CDC official, CPPW Director Rebecca Bunnell, credits CPPW funding for Baldwin Park, California’s fast food moratorium in July 2010. The month prior, Baldwin Park received a \$240k CPPW obesity sub-grant from L.A. County. The CDC presentation gives an overview of the CPPW program, and lists “early successes” of the program, including the following:

“...In July 2010, the City of Baldwin Park, CA passed a nine month moratorium of new fast food restaurants to allow the city time to develop standards for fast food availability...”

- California also used some of its CPPW funds to contract with the California Center for Public Health Advocacy (CCPHA) to allegedly lobby for specific legislation. According to an L.A. County memo, the Department of Public Health has “contracted with [CCPHA] to encourage the adoption of policies to increase access to healthy foods and beverages and decrease access to sugar sweetened beverages in cities with childhood obesity rates above the county average. CCPHA staff is currently identifying cities within Los Angeles County ...that have an interest in adopting nutrition policies for targeted outreach...”
 - CCPHA received a \$795 thousand sub-award from L.A. County’s \$16 million CPPW obesity grant.
 - According to the CA Secretary of State, CCPHA is a registered lobbyist employer in the state of California. The CCPHA website lists 19 pieces of legislation that it is lobbying the CA legislature to pass. CCPHA lobbying disclosure reports show its active lobbying activities on the California Secretary of State’s website as well.
 - CCPHA issued a press release on February 17, 2010, in support of California Assembly Bill 669, a statewide tax on soda that would raise \$1.7 billion. While entities are free to put out positions on legislation, using their own funds, without running afoul of the lobbying prohibition, given that this entity was specifically funded to advocate on legislation, it’s possible that the grant funds were used to develop and broadcast this legislative position.
 - CCPHA also lobbied in support of the two bills signed into law by Governor Schwarzenegger, which were cited in the previously mentioned 2nd Quarter report. In fact, a portion of CCPHA’s website is dedicated to encourage members of the public to write Governor Schwarzenegger in support of this legislation.

Addendum #1: Source documents for CA example

MAPPS Interventions Chart – Guidance from CDC to Grantees on use of federal funds

Access	<ul style="list-style-type: none"> • Usage bans (i.e., 100% smoke-free policies or 100% tobacco-free policies) (f, g, v) • Usage bans (tobacco-free school campuses) (e-g, h-j) • Zoning restrictions (e-g) • Restrict sales (e.g., internet; sales to minors; stores/events w/o tobacco) (e-g) • Ban self-service displays & vending (e-g) 	<ul style="list-style-type: none"> • Healthy food/drink availability (e.g., incentives to food retailers to locate/offer healthier choices in underserved areas, healthier choices in child care, schools, worksites) (7-9, 10-21, 63-68, 76-82) • Limit unhealthy food/drink availability (whole milk, sugar sweetened beverages, high-fat snacks) (17, 22-25, 69-73) • Reduce density of fast food establishments (15, 26) • Eliminate transfat through purchasing actions, labeling initiatives, restaurant standards (29-31) • Reduce sodium through purchasing actions, labeling initiatives, restaurant standards 	<ul style="list-style-type: none"> • Safe, attractive accessible places for activity (i.e., access to outdoor recreation facilities, enhance bicycling and walking infrastructure, place schools within residential areas, increase access to and coverage area of public transportation, mixed use development, reduce community design that lends to increased injuries) (xxxix – xli) • City planning, zoning and transportation (e.g., planning to include the provision of sidewalks, parks, mixed use, parks with adequate crime prevention measures, and Health Impact Assessments) (ii,iii,iv,v,viii,ix) • Require daily quality PE in schools
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Nutrition and Physical Activity Guide - Guidance from CDC to Grantees on use of federal funds

6. Reduce Density of Fast Food Establishments

Local governments can use zoning to address health and welfare of residents who do not have access to healthier food. Zoning policies that address fast food establishments can:

- Control a fast food outlet's ability to occupy a retail space.
- Limit how many are allowed in a given space and their density.
- Put a freeze on their development and proximity to each other.
- Require a minimum distance from schools.

5

Resources

- *The Use of Zoning to Restrict Fast Food Outlets: A Potential Strategy to Combat Obesity*, from The Center for Law and the Public's Health at Johns Hopkins and Georgetown Universities. This document describes why zoning fast food outlets can address obesity and the legal basis of zoning fast food outlets.
<http://www.publichealthlaw.net/Zoning%20Fast%20Food%20Outlets.pdf>
- The City of Detroit, MI, requires a minimum distance of 500 ft between specified standard, carry-out, fast-food and drive-in restaurants and elementary, junior high and high schools.
<http://www.preventioninstitute.org/sa/policies/pdf/Detroit-Zoning%20and%20Fast%20Food.pdf>

8

California Department of Public Health (CDPH) 2010 2nd Quarter Report – Grantee informing CDC how money is being used

Quarterly Activities/Project Description	One state and one-half contract employee were hired; wrote policy briefs on electrolyte replacement beverages (ERBs) for the California Department of Public Health's Administration; analyzed proposed state legislation (SB 1210 [Flores]) to levy a tax on sugar sweetened beverage (SSB); analyzed proposed state legislation (SB 1255 [Padilla]) that would eliminate ERBs from CA middle and high schools; developed 4 case studies on CA school districts that eliminated ERBs in middle and high schools; Developed project evaluation plan; Developed/disseminated request for proposals to
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California Department of Public Health (CDPH) 2010 2nd Quarter Report – Grantee informing CDC how money is being used

PROJECTS AND JOBS INFORMATION

Project Title	California - Statewide Policy and Environmental Change - Physical Activity, Nutrition, and Tobacco
Project Status	Less Than 50% Completed
Final Project Report Submitted	No
Project Activities Description	Public Health Nutrition: CA's Governor signed two beverage bills: (1)reduces access to sugar-sweetened beverages (SSBs) in child care facilities. (2)requires school districts to offer free water in school eating areas. Three \$25,000 grants were awarded to decrease access to SSBs. The first grantee meeting was held 9/29 with a panelist addressing local SSB policies A

L.A. County memo – Grantee proposing how it intends to spend federal funding

Category A: Obesity, Physical Activity, and Nutrition Proposal

This proposal includes an integrated community action plan to implement policy, systems, and environmental changes that will contribute to the long-range goals of improving nutrition, increasing physical activity, and decreasing obesity among children and adults across the entire jurisdiction of Los Angeles County. The proposal includes the following 10 complementary components:

1. Countywide social marketing and advocacy campaign to promote healthy food and beverage policies in cities

DPH will partner with the California Center for Public Health Advocacy (CCPHA) and a media firm (to be selected) to implement this campaign, which will include the use of social media (e.g., Twitter, Facebook, and MySpace.com) to raise awareness and build support within communities for local policies that increase access to healthy foods and beverages, and reduce access to less healthy foods and beverages. The campaign will also include outreach to local policymakers in cities throughout the county and will highlight the need for healthy food and beverage policies, such as vending machine policies, healthy food and beverage policies for programs serving youth, incentives for food retailers to offer healthy food items, and incentives for farmers markets and community gardens.

L.A. County 2010 2nd Quarter Report – Grantee informing CDC how money is being used

Quarterly Activities/Project Description

Completed. Conducted over 60 interviews, thirteen individuals accepted positions. Participated in San Diego Action Institute on May 26, 27, 28; convened first Leadership Team meeting (at Action Institute). Community Coalition Meeting held on May 18; over 150 people in attendance. Revising County of Los Angeles food policy. Enacted moratorium on new drive-throughs in City of Baldwin Park.

CDC Power Point presentation – CDC credits change in law to CDC funding

Changing the Places that Touch People's Lives



Los Angeles, CA
Moratorium on fast food



Pittsburgh, PA
Healthy foods in after school care



Pinellas County, FL
Daycare licensing PE requirement;
PE in schools 5x/week

- Communities across the nation are adopting policy, systems, and environmental change to support healthy behavior. Here are a couple of examples:
- You may have heard about the moratorium on fast food venues in South Central Los Angeles. The Los Angeles City Council unanimously approved a proposal that would prohibit new fast-food restaurants in Council Districts 8 and 9 in South L.A. for at least 1 year. This work complements the leadership team from Los Angeles.

CDC Power Point presentation – CDC credits change in law to CDC funding

Celebrating Early Successes



Baldwin Park



In July 2010, the City of Baldwin Park, CA passed a nine month moratorium of new fast food restaurants to allow the city time to develop standards for fast food availability.

L.A. County memo – Announcing a sub-award to a registered lobbyist

City and County Nutrition

Project RENEW has contracted with the California Center for Public Health Advocacy (CCPHA) to encourage the adoption of policies to increase access to healthy foods and beverages and decrease access to sugar sweetened beverages in cities with childhood obesity rates above the county average. CCPHA staff is currently identifying cities within Los Angeles County with high levels of need that also have an interest in adopting nutrition policies for targeted outreach. In addition, RENEW has executed contracts with the cities of Pasadena and Long Beach to pursue local nutrition policy change.

Addendum #2 – Other CDC grantees using federal funds to lobby

Massachusetts's CPPW Activities

Massachusetts received \$17 million in CPPW funding for obesity and tobacco prevention. In Massachusetts, two obesity grants went to the Boston Public Health Commission (\$6.4 million)² and (\$1 million)³. Quarterly reports are submitted to the U.S. Department of Health and Human Services (HHS) detailing each grant recipients' CPPW activities. These reports are then posted on Recovery.gov. Highlighted below are some of the activities that Massachusetts reported as part of its CPPW funding.

BPHC \$6.4 million obesity grant

Project Summary – "...The Commission's nutrition/physical initiative will support 1) decrease consumption of sugar-sweetened beverages; 2) increased active transit through a new bike share program and implementation of Complete Street policies; 3) improved neighborhood-based food production and distribution through environmental changes for additional community/backyard gardening and land use policies; and 4) enhanced integration of high-quality and frequent physical activity and education into the school day..."

BPHC \$1 million obesity grant

Project Summary - "...ARRA funding will be used to support the successful implementation of the state's calorie posting regulation, which was passed by the Massachusetts Public Health Council in April 2010 and which will go into effect November 2010... Funding will be used to implement and evaluate an education and awareness campaign for restaurant owners, local Boards of Health, health inspectors and consumers..."

BPHC Obesity Grant Quarterly Activities Reports

BPHC has submitted quarterly reports to the U.S Department of Health and Human Services (HHS) outlining their grant allocation activities. Below are examples of what appears to be lobbying and advocacy efforts:

2010 3rd Quarter Report⁴ – "...Leadership Team meeting held - obesity initiatives presented **with focus on sugar-sweetened beverage (SSB) policies** & media efforts; lots of **earned media on city property SSB ban**; YouTube Video Contest launched for youth to motivate peers to stop drinking SSBs; **policy team continued to meet to address policy implementation issues...**"

Notably, Mayor Thomas M. Menino is a member of Boston's CPPW Leadership Team.⁵

"...BPHC: An assistant was hired to provide administrative support to CPPW Obesity work including creating flyers, mail outs, organizing meetings, ordering supplies, handle

² [Project Summary - BPHC - \\$6.4 million CPPW grant](#)

³ [Project Summary - BPHC - \\$1 million CPPW grant](#)

⁴ [BPHC 2010 3rd Quarter Report](#)

⁵ [City of Boston press release](#)

mail & timesheets, etc.; **hired Media Manager to oversee all efforts of media campaign** and a Youth Media Coordinator to lead youth involvement in media campaign...”

2010 4th Quarter Report⁶ – “...Policies: **point of decision signage designed will be placed at all SSB access points in city buildings support healthier beverage choices**; hospital learning network formed of major hospitals to look at policies to decrease access to sugar-sweetened beverages; SSB toolkit developed to support policy change various sectors...”

On April 7, 2011 Mayor Menino announced he was issuing an executive order to the ban the sale of sugary drinks on Boston city property.⁷ The mayor’s program includes point of decision signage.

The Boston Public Health Commission awarded 7 sub-grants from July 1- December 31, 2010 to the Boston Natural Areas Network, the city of Boston, Tobacco Control and Research Center, WALKBOSTON INC, Food Project Inc, and Healthcare Without Harm.

BPHC RFP Summary Regarding CPPW Sugar- Sweetened Beverages Media and Policies⁸

BPHC will distribute 4-8 mini-grants in the amount of \$5,000-\$15,000 per grantee for the grant period of June 6, 2011-March 18, 2012. Proposals are due May 27, 2011. On April 25, 2011 BPHC released an outline of the criteria it will consider when reviewing the applications submitted by prospective sub-grantees in regards to sugar-sweetened beverage initiatives. Below are pertinent excerpts from regarding their criteria:

“...The Boston Public Health Commission (BPHC) is seeking to contract with faith-based organizations in Boston to support efforts to address the high consumption of sugar-sweetened beverages (SSBs)... **they will also work on organizational policies to reduce access to and promotion of SSBs within their organization to help create healthier environments for community residents...**”⁹

“...**Making organizational policy change:** Applicants must develop, adopt and implement organizational policies that will help to reduce the availability and promotion of SSBs on organization property/campuses in order to support healthier environments for members and community residents. Potential policies/strategies can include but is not limited to: eliminating sugar-loaded beverages from any vending machines on premises, prohibiting the availability of SSBs at meetings, activities or other larger events, not using SSBs as fundraisers, and not serving SSBs through their food programs or cafeterias....”¹⁰

⁶ [BPHC 4th Quarter Report](#)

⁷ [CBS Boston: Menino Bans Sugary Drink Sales on Boston City Property](#)

⁸ [Boston Public Health Commission RFP Summary](#)

⁹ [Boston Public Health Commission RFP Summary, p. 1](#)

¹⁰ [Boston Public Health Commission RFP Summary, p.2](#)

BPHC Bidder's Conference: SSB Media & Policies Mini-Grants¹¹

On April 28, 2011 the BPHC held a conference for prospective bidders of the SSB sub-grants. The conference outlined the goals and initiatives the CPPW and BPHC seek to address. Setting the tone for the presentation was a direct quote from Dr. Thomas R. Frieden, MPH Director of the CDC: "We (CPPW grantees) will be 'writing the book'."¹² BPHC outlined numerous policy objectives during the conference. Examples Include:

"Move the Needle On... 5% decrease in consumption of sugar-sweetened beverages."¹³

CPPW Interventions:

- Reduce consumption of sugar sweetened beverages:
 - **Hard hitting media campaign**
 - **Policy Change¹⁴**

Major Project Components:

- Form an SSB committee of "lead advocates"
- Proposed strategies in the following areas:
 - SSB message dissemination
 - Raising awareness of obesity and SSB
 - Making organizational policy change¹⁵

SSB Policy Change Strategies:

- Reduce access to SSB: vending machines, cafeterias, meetings, events, fundraisers, etc.
- Restrict promotions and sponsorships
- Measureable outcomes:
 - Activities/Deliverables¹⁶

¹¹ [Boston Public Health Commission: Bidder's Conference](#)

¹² [Boston Public Health Commission: Bidder's Conference, p. 20](#)

¹³ [Boston Public Health Commission: Bidder's Conference, p. 20](#)

¹⁴ [Boston Public Health Commission: Bidder's Conference, p. 25](#)

¹⁵ [Boston Public Health Commission: Bidder's Conference, p.33](#)

¹⁶ [Boston Public Health Commission: Bidder's Conference, p. 37](#)

Washington's CPPW Obesity Activities

Washington received \$28 million from the CPPW program for obesity and tobacco prevention. In Washington, obesity grants went to the Washington Department of Health (\$1 million¹⁷) and King County (\$15.5 million¹⁸). Quarterly reports are submitted to the U.S. Department of Health and Human Services (HHS) detailing each grant recipients' CPPW activities. These reports are then posted on Recovery.gov. Highlighted below are some of the activities that Washington reports as part of its CPPW funding.

\$15.5 million King County Grant Quarterly Reports

2010 3rd Quarter Report¹⁹ - "...The plan is a framework for communication research, campaign brand and message development, earned media, paid media and media partnerships, digital strategy, **grassroots and policymaker outreach**, and building grantee capacity and coordination...In September, the **King County Board of Health passed a resolution** in support of CPPW policy priorities to support healthy eating and active living. It adopts specific guidelines to inform land use and transportation planning decisions to promote public health throughout King County..."

2010 4th Quarter Report²⁰ - In October, **38 organizations participated in advocacy and communications training** hosted by CPPW at Renton City Hall. Many of these organizations used the training to complete their project communications plans, which were due this quarter. A Policy Collaboration Workshop in November brought together organizations pursuing and interested in chronic disease prevention policy goals to discuss sharing resources and combining efforts...Communications staff and media partners **launched the initial phase of a sugar loaded beverage education campaign...**

King County Public Letter on CPPW RFP's

A May 6, 2010 letter²¹ from the King County Director of Public Health to potential CPPW applicants describes Requests for Proposals for the county's CPPW obesity and tobacco grants. The letter explains that **"the policy, systems and environment change approach of CPPW is a new way of doing business**. Instead of helping people one-by-one to improve their health, CPPW is trying to change communities" and it describes "who can get funded, for what kinds of projects, for how much money and the timelines. It also covers expectations and requirements". The letter suggests several **"local government policy, system or environment changes"** that applicants can propose for CPPW funding, including:

¹⁷ [Project Summary - WDH - \\$1 million grant](#)

¹⁸ [Project Summary - King County - \\$15.5 million grant](#)

¹⁹ [2010 3rd Quarter Report - King County](#)

²⁰ [2010 4th Quarter Report - King County](#)

²¹ [King County Letter - May 2010](#)

“...**Promote nutrition standards and procurement policies** for food served to children in government-run or funded programs...Implement vending machine nutrition guidelines/requirements for machines at government sites...Explore the feasibility of **a city tax on sugar-sweetened beverages...**”

For applicants who cannot directly control policy changes and local legislation the letter encourages applicants to identify a **“policy-change authority”** that will partner with them:

“...Public Health recognizes that **an applicant organization may not have control over processes related to policy changes, such as local government legislation** or school district policy-making. **In such cases, the application should include a letter from a person with policy-change authority who is willing to collaborate with the Applicant...**”

King County Board of Health Meeting

A briefing²² on the CPPW program at a King County Board of Health meeting on April 15, 2010, explains how the County will use CPPW funds. The briefing explains:

“...CPPW HEAL funds will be used for the following strategies and activities...Changing relative prices of healthy vs. unhealthy items **by exploring the feasibility of enacting city privilege taxes or fees on sugar sweetened beverages**, working with interested partners to **lower the cost of healthy items relative to less healthy items** in cafeterias and vending machines at schools and worksites, and organizing purchase coops at schools, child care and public housing...For example, funding a variety of interventions focused on **reducing consumption of sugar-sweetened beverages** is likely to have a greater impact than funding a variety of interventions with dissimilar themes....Raising tobacco price: Raising tobacco excise taxes...”

“Complete Streets” Community Ordinances

The Cascade Bicycle Club received a \$63,265 sub-award from King County’s \$15.5 CPPW obesity grant. According to King County’s CPPW involvement webpage²³ for Cascade Bicycle Club:

“...Cascade Bicycle Club is **supporting local governments to develop “Complete Streets” ordinances** in CPPW partner communities: Burien, SeaTac, Des Moines, Kent, Federal Way and Snoqualmie. **These new ordinances** will emphasize that new and reconstructed roadways meet the safety and mobility needs of all travelers, especially pedestrians, bicyclists and those with visual or mobility impairments...”

²² [King County Board Meeting - April 2010](#)

²³ [Cascade Bicycle Club CPPW Involvement](#)

CPPW Schools Coordinator Presentation

A February 1, 2011 presentation²⁴ by Donna Oberg, CPPW Schools Coordinator Public Health-Seattle & King County, discusses several of the county's CPPW activities, including "...Nutrition standards in government activities and in govt. funded community settings (especially childcare)...**Economic policies to change price** of unhealthy food relative to healthy food (**especially soda tax**)..."

²⁴ [February 2011 CPPW Presentation](#)

Washington's CPPW Tobacco Activities

Washington received \$28 million from the CPPW program for obesity and tobacco prevention. In Washington, tobacco grants went to the Washington Department of Health (\$1 million²⁵ and \$800 thousand²⁶) and King County (\$10 million²⁷). Quarterly reports are submitted to the U.S. Department of Health and Human Services (HHS) detailing each grant recipients' CPPW activities. These reports are then posted on Recovery.gov. Highlighted below are some of the activities that Washington reports as part of its CPPW funding.

King County \$10 Million Tobacco Grant Quarterly Reports

2010 3rd Quarter Report - "...In September, the King County Board of Health **adopted changes to code** on smoking in public places and places of employment that **closed loopholes in the existing code**, and **passed a resolution** encouraging no-smoking policies in multi-family housing..."

2010 4th Quarter Report - "...In December, **The King County Board of Health adopted regulations** to restrict the sale of electronic smoking products to adults only, to **ban** free or heavily discounted samples of these products and to **restrict the public use of products** in alignment with the King County Code for Smoking in Public Places and Places of Employment..."

King County Board of Health Meeting

A briefing²⁸ on the CPPW program at a King County Board of Health meeting on April 15, 2010, explains how the County will use CPPW funds. The briefing explains:

"...CPPW HEAL funds will be used for the following strategies and activities...**Raising tobacco price: Raising tobacco excise taxes...**"

King County Newsletter

A King County Public Health newsletter²⁹ describes some of the activities of the county's CPPW tobacco program:

"...tobacco-free parks, smoke-free housing, and smoke-free college/university campuses...**restrict where tobacco is used and where and/or how it is sold, advertised and promoted...**Support **policy changes with technical legal and advocacy assistance...**

²⁵ [WA Dept of Health - Project Summary - \\$1 million](#)

²⁶ [WA Dept of Health - Project Summary - \\$800 thousand](#)

²⁷ [King County - Project Summary - \\$10 million](#)

²⁸ [King County Board Meeting - April 2010](#)

²⁹ [King County Newsletter - Summer 2010](#)

The newsletter explains the CPPW activities will result in:

“...**Fewer retail outlets** selling tobacco products...Less in-store tobacco advertising and promotions...Decreased visibility and/or attractiveness of tobacco advertisements...**More tobacco-free and smoke-free places**, including **parks and public places (e.g., beaches, hospitals, farmer markets)**, multi-unit housing buildings, college campuses, clinics and treatment centers, **private businesses and worksites**...”

CPPW Schools Coordinator Presentation

A February 1, 2011 presentation³⁰ by Donna Oberg, CPPW Schools Coordinator Public Health-Seattle & King County, discusses several of the county’s CPPW activities, including:

“...**Remove state preemption on local regulation** of tobacco sales within the retail environment...**Ban of flavored non-cigarette tobacco products**...Tobacco-free parks policies...Tobacco-free multi-unit housing...Smoke-free policy at one college/university...**Tobacco-free pharmacy chain**...”

King County’s CPPW Webpage - “Legislative Update”

King County’s CPPW website www.healthykingcounty.org includes a section entitled “**Legislative Update**” where visitors to the site can get information on “**talking to your legislators**”:

“...**Check out the Legislative Outreach materials** in the Resources tab! You'll find **tips on talking to your legislators**, explanations of the policy-making process, and **maps of local legislative districts**. The King County Board of Health **recently voted to restrict the use** of electronic cigarettes! Find out [more](#). [Click here to find your legislator](#)...”

WA CPPW Tobacco Presentation

Sarah Ross-Viles, Washington’s CPPW Project Manager, delivered a presentation³¹ entitled “Local Opportunities and Implications of Federal Tobacco Regulations” in which she discusses Washington’s CPPW tobacco program. Like the King County CPPW website, Ross-Viles discusses the Board of Health’s resolution on e-cigarettes, as well as other CPPW policies:

“**Resolution** recommending smoke-free policies for publicly and privately owned multifamily housing (model language for housing units to use for making

³⁰ [February 2011 CPPW Presentation](#)

³¹ [WA CPPW Tobacco Presentation](#)

policies)...**Revisions to the current code** regarding smoking in public and places of employment...Definitions for words like employer and employee...**Increased fines** for large venues effecting significantly more people than typical establishments...**Re-inspection fees** for establishments with multiple violations...**Restrict sales of e-cigarettes** and other unapproved nicotine delivery products to people 18 and older...Prohibit free or highly discounted electronic smoking devices or unapproved nicotine delivery products...**Prohibit use of e-cigarette** devices in no-smoking areas...”

King County’s “CPPW Partners in Action” Webpage

King County’s “CPPW Partners in Action” webpage³² includes another reference to the Board of Health’s passage of regulations:

“...Change takes time and it won't be easy, but CPPW partners have already taken steps to build a healthier King County...December 2010 The King County **Board of Health passes comprehensive [e-cigarette regulations](#)** to protect youth in King County...”

King County Press Release – July 2010

A King County press release lists the following as potential grant offerings:

“...For tobacco prevention, Public Health is offering grants to 15 grants. Examples of funded activities and policy priorities include: Tobacco-free and smoke-free environments: multi-unit housing, parks and public places, colleges and universities **Policies that prohibit sales, advertising, and promotions** of flavored alternative tobacco products and electronic cigarettes...”

King County Awards 11.5% of its CPPW Funds to Obama Campaign’s Media Firm

GMMB, Inc. received sub-awards of \$1.2 million and \$600 thousand from King County’s \$10 million tobacco grant and \$15.5 million obesity grant, **11.5% of King County’s total CPPW funds**. GMMB, Inc was a part of the Obama for America team³³ and ran the campaign’s media strategy³⁴ in the 2008 Presidential Election.

On October 4, 2010, “Wendy Sauer, GMMB” gave a presentation entitled “Creating an Effective Communications Plan” in King County. The stated goal of the presentation was to “...equip you with the knowledge and tools you need to create a communications plan tailored to your target audiences and organizational goals, **and CPPW’s vision and priorities**...” The presentation reminds the audience that “CPPW grants cannot be used for lobbying” after suggesting grantees can “...Send electronic newsletters or blog urging constituents to become informed /take action...Send letter to elected officials...Testify

³² [CPPW Partners in Action](#)

³³ [GMMB Elections Webpage](#)

³⁴ [Washington Post - April 2007](#)

before a council meeting...”. The presentation also suggests the audience “...Stay tuned: Learn more about tactics in the **Advocacy Training Session...**”

California's CPPW Activities

California received nearly \$70 million from the CPPW program for obesity and tobacco prevention. In California, obesity grants went to Los Angeles County (\$16 million)³⁵, San Diego County (\$16 million)³⁶, and the California Department of Public Health (CDPH) (\$2.5 million³⁷ and \$2.2 million).³⁸ Quarterly reports are submitted to the U.S. Department of Health and Human Services (HHS) detailing each grant recipients' CPPW activities. These reports are then posted on Recovery.gov. Highlighted below are some of the activities that California reports as part of its CPPW funding.

CDPH's \$2.2 million obesity grant

Project Summary – "...CDPH proposes to limit unhealthy drink availability (sugar-sweetened beverages (SSBs)) by working to advance policy changes that address the sale of sugar-sweetened electrolyte replacement beverages in California public schools... CDPH will work with key existing partners to lay the groundwork for policy change to reduce access to SSBs and to deliver the most effective media messages within underserved communities..."

2010 2nd Quarter Report³⁹ - "...analyzed proposed state legislation (SB 1210 [Florez]) to levy a tax on sugar sweetened beverage (SSB); analyzed proposed state legislation (SB 1255 [Padilla]) that would eliminate ERBs from CA middle and high schools..."

2010 3rd Quarter Report⁴⁰ - "... CA's Governor signed two beverage bills: (1) reduces access to sugar-sweetened beverages (SSBs) in child care facilities. (2) requires school districts to offer free water in school eating areas. ..."

Los Angeles' \$16 million obesity grant

November 25, 2009 Memo⁴¹ from L.A. Public Health to Board of Supervisors - "...to raise awareness and build support within communities for local policies that increase access to healthy foods and beverages, and reduce access to less healthy foods and beverages...The campaign will also include outreach to local policymakers in cities throughout the county and will highlight the need for healthy food and beverage policies... Countywide social marketing and advocacy campaign to promote healthy food and beverage policies in cities..."

³⁵ [Project Summary - L.A. \\$16 million CPPW grant](#)

³⁶ [Project Summary - S.D. \\$16 million CPPW grant](#)

³⁷ [Project Summary - CDPH \\$2.5 million CPPW grant](#)

³⁸ [Project Summary - CDPH \\$2.2 million CPPW grant](#)

³⁹ [2010 2nd Quarter Report - CDPH \\$2.2 million CPPW grant](#)

⁴⁰ [2010 3rd Quarter Report - CDPH \\$2.2 million CPPW grant](#)

⁴¹ [November 25, 2009 Memo](#)

2010 2nd Quarter Report⁴² - "...Enacted moratorium on new drive-throughs in City of Baldwin Park..."

2010 3rd Quarter Report⁴³ - "...a legislative concept paper was written and sent forward to the Governor for consideration in July 2010..."

In addition to their quarterly activity reports, California's CPPW activities are also described in county memos, websites, and presentations. For example, Rebecca Payne who is the ARRA Team Lead at CDC, gave a presentation⁴⁴ entitled "Communities Putting Prevention to Work" on September 14, 2010. She appears to credit the moratorium on fast food in L.A. to CPPW funding. The notes on slide 18 of the presentation say:

"...Communities across the nation are adopting policy, systems, and environmental change to support healthy behavior. Here are a couple of examples: You may have heard about the moratorium on fast food venues in South Central Los Angeles. The Los Angeles City Council unanimously approved a proposal that would prohibit new fast-food restaurants in Council Districts 8 and 9 in South L.A. for at least 1 year. This work complements the leadership team from Los Angeles..."

A December presentation⁴⁵ by another CDC official, CPPW Director Rebecca Bunnell, credits CPPW funding for Baldwin Park, California's fast food moratorium in July 2010. Her presentation gives an overview of the CPPW program, and lists "early successes" of the program, including the following:

"...In July 2010, the City of Baldwin Park, CA passed a nine month moratorium of new fast food restaurants to allow the city time to develop standards for fast food availability..."

Notably, the City of Baldwin Park received a sub-grant of \$240,000 from L.A.'s overall \$16 million obesity grant in August 2010 just before the moratorium was enacted. Baldwin Park was selected⁴⁶ on June 2, 2010 to receive the grant.

California also used some of its CPPW funds to contract with registered lobbyists on obesity efforts. A November 2010 L.A. County CPPW memo⁴⁷ describes how the county contracts with the California Center for Public Health Advocacy (CCPHA):

"...Project RENEW has contracted with the California Center for Public Health Advocacy (CCPHA) to encourage the adoption of policies to increase access to

⁴² [2010 2nd Quarter Report - L.A. \\$16 million CPPW grant](#)

⁴³ [2010 3rd Quarter Report - L.A. \\$16 million CPPW Grant](#)

⁴⁴ [CDC Presentation - September 2010](#)

⁴⁵ [CDC Presentation - December 2010](#)

⁴⁶ [L.A. Applicants Selected for Funding – June 2010](#)

⁴⁷ [L.A. County Memo - November 2010](#)

healthy foods and beverages and decrease access to sugar sweetened beverages in cities with childhood obesity rates above the county average. CCPHA staff is currently identifying cities within Los Angeles County with high levels of need that also have an interest in adopting nutrition policies for targeted outreach...”

CCPHA received a \$795 thousand sub-award from L.A.’s \$16 million CPPW obesity grant. Also note that CCPHA is a registered⁴⁸ lobbyist employer in the state of California. To see a list of legislation the CCPHA currently sponsors in the California legislature, visit their website⁴⁹ or view their lobbying disclosure reports on the California Secretary of State’s website⁵⁰. CCPHA issued a press release⁵¹ on February 17, 2010, in support of California Assembly Bill 669, a statewide tax on soda that would raise \$1.7 billion. CCPHA also lobbied in support of the two bills signed into law by Governor Schwarzenegger, which were cited in the previously mentioned 2nd Quarter report. In fact, a portion of CCPHA’s website⁵² is dedicated to encourage members of the public to write Governor Schwarzenegger in support of this legislation.

On March 15, 2011, San Diego State University (SDSU), which received \$1.2 million from San Diego’s \$16 million CPPW grant, announced a job opportunity⁵³ to “collect bicycle and pedestrian counts at 75 locations throughout San Diego County”. The San Diego Union Tribune explains⁵⁴ the temporary bike counting jobs are being offered by Dr. Sherry Ryan as part of SDSU’s CPPW grant.

⁴⁸ [CA Registered Lobbyist Employer - CCPHA](#)

⁴⁹ [CCPHA Sponsored Legislation - 2011](#)

⁵⁰ [CCPHA Lobbying Disclosure](#)

⁵¹ [CCPHA Soda Tax Press Release](#)

⁵² [CCPHA Legislative Action Alert](#)

⁵³ [Short-term Job Opportunity - Bike to Work Month](#)

⁵⁴ [Academic team seeks 50 people to help count bicyclers](#)

Hawaii's CPPW Obesity Activities

Hawaii received \$4.9 million from the CPPW program for obesity and tobacco prevention. In Hawaii, obesity grants went to the Hawaii Department of Health (\$400 thousand⁵⁵ and \$3.4 million⁵⁶). Highlighted below are some of the activities that Hawaii reports as part of its CPPW funding.

Hawaii Press Release – February 10, 2010

On February 10, 2010, the Hawaii Governor's office published a press release⁵⁷ that lists the projects the state will work on as part of its CPPW program, including:

“...to increase opportunities for physical activity in the workplace by providing liability immunity for state and county agencies that offer activities through worksite wellness programs, **through state legislation...**”

Hawaii State Procurement Office Document

A Hawaii State Procurement Office document⁵⁸ for a CPPW sub-grant states that part of the scope of services includes “**provide a strong base of support for legislation** that promotes physical activity and a healthier diet”.

⁵⁵ [HDOH - \\$400 Thousand Obesity Grant](#)

⁵⁶ [HDOH - \\$3.4 Million Obesity Grant](#)

⁵⁷ [Hawaii Press Release - February 2010](#)

⁵⁸ [State Procurement Document](#)

Hawaii's CPPW Tobacco Activities

Hawaii received \$4.9 million from the CPPW program for obesity and tobacco prevention. In Hawaii, tobacco grants went to the Hawaii Department of Health (\$400 thousand⁵⁹ and \$500 thousand⁶⁰). Highlighted below are some of the activities that Hawaii reports as part of its CPPW funding.

Hawaii \$400 Thousand Obesity and Tobacco Grant Quarterly Reports

2010 1st Quarter⁶¹ – "...The Tobacco Prevention and Education Program (TPEP) of the Hawaii State Department of Health will coordinate the Tobacco Advertising Project to **align or strengthen, through youth advocacy**, existing county and state tobacco advertising and promotions policies to recent changes in the federal Food and Drug Administration regulations. This quarter we have engaged a statewide youth leadership team to begin development of a project plan and worked with the vendor to create a scope of services..."

2010 2nd Quarter⁶² – "... The scope of services for the REAL Youth Empowerment Movement is being finalized and the activities **for a statewide youth summit** are currently being planned. The summit will focus on providing training to youth to support the ARRA/CPPW strategies..."

2010 3rd Quarter⁶³ – "...In July 2010, **a Statewide Youth Summit focusing on training youth to participate in community action** against tobacco advertising and promotions was held with participation from 100 youth from throughout Hawaii. **Youth advocates held meetings with key decisionmakers/elected officials** to discuss/educate them on the issue of tobacco advertising in Hawaii and **obtained support from three (3) lawmakers to introduce future legislation...**"

2010 4th Quarter⁶⁴ – "...The activities for Quarter 4 included **youth advocates** participating in the Hawaii State Keiki Caucus to begin **identifying legislative champions**, obtaining support for the ARRA initiative and the formation of a youth planning team for Kick Butts Day in February 2011. TPEP continues to research point of sales policies and has requested technical assistance from the New York Tobacco Prevention Education Program, Campaign for Tobacco Free Kids, Tobacco Legal Consortium, and the program's CDC project officer as we begin **drafting policy for comprehensive tobacco marketing restrictions** and **strategizing for the upcoming legislative session** in January 2011..."

⁵⁹ [Project Summary - HDOH](#)

⁶⁰ [Project Summary - HDOH - \\$500 Thousand](#)

⁶¹ [2010 1st Quarter - HDOH](#)

⁶² [2010 2nd Quarter - HDOH](#)

⁶³ [2010 3rd Quarter - HDOH](#)

⁶⁴ [2010 4th Quarter - HDOH](#)

2011 1st Quarter⁶⁵ – “...The major activities for Quarter 5 include: 1) The development of key educational materials to support the CPPW initiative to strengthen policies for advertisement restrictions in Hawaii storefronts; **legislative packets with comprehensive information about Storefront Tobacco Marketing for Hawaii legislators**, palm cards for street marketing at community activism events and an **on-line petition to gain support for strong policies** that limit the amount of tobacco marketing in Hawaii's stores. 2) Kick Butts Day 2011 was successfully held on February 14 with one hundred participants from throughout the State attending **a youth advocacy training** on reducing tobacco industry influence in Hawaii storefronts. Youth advocates visited Hawaii legislators' offices to **personally distribute educational packets and held a rally at the Hawaii State Capitol** to ask for support to reduce the amount of tobacco marketing in our communities. 3) **Youth advocates persuaded Representative Ryan Yamane, Health Committee Chair to introduce HCR 46 a resolution to urge the State of Hawaii to adopt policies that reduce the harm caused by the sale and display of tobacco in retail stores.** 4) Media support for the Kick Butts Day event was coordinated with public relations specialists and included letters to the editor, two morning show appearances and a photo in the Honolulu Star Advertiser...”

⁶⁵ [2011 1st Quarter - HDOH](#)

New York's CPPW Obesity Activities

New York received nearly \$44 million from the CPPW program for obesity and tobacco prevention. In New York, obesity grants went to Health Research, Inc. (\$2.2 million⁶⁶ and \$3 million⁶⁷) and to the Fund for Public Health in New York, Inc. (\$15.5 million⁶⁸, \$1.7 million⁶⁹, and \$1.8 million⁷⁰). Quarterly reports are submitted to the U.S. Department of Health and Human Services (HHS) detailing each grant recipients' CPPW activities. These reports are then posted on Recovery.gov. Highlighted below are some of the activities that New York reports as part of its CPPW funding.

\$3,000,000 CPPW grant – Health Research, Inc.

Project Summary – "...Under Component II, the DCDIP proposes to **educate leaders and decision-makers** about, and **promote the effective implementation of 1) a statewide calories posting** requirement for chain restaurants, **2) a ban on the sale of items containing trans fat**, and **3) a tax to substantially increase the price of beverages** containing caloric sweetener..."

2010 1st Quarter Report⁷¹ – "...During the first quarter: 1) **legislation for calories posting in chain restaurants and banning trans fat in all restaurants was introduced in both houses**, 2) **the soda tax was included in the governor's budget**, but has not yet been adopted by the legislature, 3) **a public opinion poll about the soda tax and menu labeling was developed** and bids were secured for the release, and 4) initial BRFSS data on soda consumption have been collected and a contract with RTI to analyze data on purchasing and pricing of sugar sweetened beverages for a sample of market areas in NYS is being negotiated..."

2010 2nd Quarter Report⁷² - "...**legislation banning trans fats in restaurants was passed by the Health Committees in both houses of the legislature** but passage by both the full Assembly and Senate has been postponed due to delays in passing the state budget; 2) due to passage of the federal menu labeling legislation, no action will be taken on passing state legislation; instead we will conduct and evaluate a calorie posting awareness campaign in counties that had previously passed local legislation; CDC has approved this change in workplan...a contract is in process to have the Research Triangle Institute acquire and analyze data on purchases and prices of sugar sweetened beverages in one upstate market... **a plan has been developed to evaluate the impact of local menu labeling legislation** and the public awareness campaign on fast food purchasing behaviors of the target population..."

⁶⁶ [Health Research, Inc. - \\$2.2 million grant](#)

⁶⁷ [Health Research, Inc. - \\$3 million grant](#)

⁶⁸ [Fund for Public Health in New York, Inc - \\$15.5 million grant](#)

⁶⁹ [Fund for Public Health in New York, Inc - \\$1.7 million grant](#)

⁷⁰ [Fund for Public Health in New York, Inc - \\$1.8 million grant](#)

⁷¹ [2010 1st Quarter Report](#)

⁷² [2010 2nd Quarter Report](#)

2010 3rd Quarter Report ⁷³ – “... Plan and conduct program evaluations related to the statewide menu labeling requirement and a **tax on caloric sweetened beverages**...”

⁷³ [2010 3rd Quarter Report](#)

New York's CPPW Tobacco Activities

New York received nearly \$44 million from the CPPW program for obesity and tobacco prevention. In New York, tobacco grants went to Health Research, Inc. (\$2.2 million⁷⁴ and \$3 million⁷⁵) and to the Fund for Public Health in New York, Inc. (\$15.5 million⁷⁶). Quarterly reports are submitted to the U.S. Department of Health and Human Services (HHS) detailing each grant recipients' CPPW activities. These reports are then posted on Recovery.gov. Highlighted below are some of the activities that New York reports as part of its CPPW funding.

\$2.2 million CPPW Grant – Health Research, Inc.

2010 Project Summary - “...**Strengthen state tobacco product placement law** to require tobacco products to be kept out of consumer view in the retail setting, and explore the feasibility of reducing tobacco retail density by limiting the number of tobacco licenses available in the state..”

2010 3rd Quarter Report⁷⁷ - “...TCP and the Center for Public Health & Tobacco Policy (CPHTP) provided TA for contractors to use in their education & mobilization activities **in support of statewide legislative objectives. The TCP & CPHTP drafted legislation** in support of the ARRA objectives. The Center for a Tobacco Free NY hired an organizer to educate and mobilize the community about the point of sale objectives...”

2011 1st Quarter Report⁷⁸ – “...The **statewide legislative proposal** to ban the display of tobacco products in stores open to youth **was prepared for the Governor’s Office**. CTFNY's grassroots organizer continues to educate the public health community about point of sale objectives...”

\$15.5 million CPPW Grant – Fund for Public Health in New York, Inc.

2010 2nd Quarter Report⁷⁹ - “...The Brooklyn Borough Organizer has primary responsibility for the implementation and delivery in Brooklyn of all **education and advocacy efforts related to the CPPW policy agenda**. As such, he serves as the key conduit to strategically engage local media, local organizations, and other potential stakeholders to **promote and support the adoption of policies and the passage of legislation**. The Bronx Borough Organizer has primary responsibility for the implementation and delivery in Bronx of all **education and advocacy efforts related to the CPPW policy agenda**. As such, she serves as the key conduit to strategically engage local media, local organizations, and other potential stakeholders to **promote and support the adoption of policies and the passage of legislation**. The Queens Borough Organizer has primary responsibility for the implementation and delivery in Queens of all **education and advocacy efforts related to the CPPW policy**

⁷⁴ [Health Research, Inc. - \\$2.2 million CPPW grant](#)

⁷⁵ [Health Research, Inc. - \\$3 million grant](#)

⁷⁶ [Fund for Public Health in New York, Inc. - \\$15.5 CPPW grant](#)

⁷⁷ [2010 3rd Quarter Report - \\$2.2 million grant](#)

⁷⁸ [2011 1st Quarter Report - \\$2.2 million grant](#)

⁷⁹ [2010 2nd Quarter Report - \\$15.5 million grant](#)

agenda. As such, she serves as the key conduit to strategically engage local media, local organizations, and other potential stakeholders to **promote and support the adoption of policies and the passage of legislation.** The Staten Island Borough Organizer has primary responsibility for the implementation and delivery in Staten Island of all **education and advocacy efforts related to the CPPW policy agenda.** As such, she serves as the key conduit to strategically engage local media, local organizations, and other potential stakeholders to **promote and support the adoption of policies and the passage of legislation.**

3rd Quarter 2010⁸⁰ - "...On September 16th, 2010, **Council Member Gail Brewer introduced legislation at the City Council's** stated meeting to expand the Smoke Free Air Act to include New York City parks and beaches. The expansion plan was announced the previous day by Mayor Bloomberg, Council Speaker Quinn and Council member Brewer at a City Hall press conference. Next steps include a public hearing and comment period, followed by a City Council vote. If the legislation passes, implementation would be expected 90 days thereafter.

4th Quarter 2010⁸¹ - "...On October 14th the **Health Commissioner, Dr. Farley, provided testimony at the City Council's Health Committee hearing in support of Council Member Gail Brewer's legislation** to expand the Smoke Free Air Act to include New York City parks and beaches..."

A job opportunity⁸² was posted on the City University of New York's website for a position funded under New York's CPPW program. The responsibilities of the position include:

"...The Borough Organizer will work with local organizations, elected officials, community newspapers and others to **build support within his/her designated borough and facilitate passage of tobacco-related policy and legislation.** The Borough Organizer will collaborate with DOHMH staff, engage with existing local partners of the NYC Coalition and identify new organizations to recruit as partners in order to **build a robust local advocacy network** in his/her designated borough..."

The Fund for Public Health in New York, Inc. released a request for proposals (RFP)⁸³ for a Community-Based Organization Initiative in Staten Island funded through CPPW. The following are required "deliverables" of the grant:

"...**Meet with at least four (4) key stakeholders (elected officials, non-traditional partners)** in the organization's selected borough **to provide education and advocacy** on the defined tobacco control policy objectives. Also, **assist with public education/awareness of the new NYC Smoke-free Parks and Beaches legislation...** **Testify before appropriate legislative City Council hearings** (i.e. health, transportation, small business, parks, Consumer Affairs) regarding point of sale policy objectives and other tobacco policies as needed...**Disseminate**

⁸⁰ [2010 3rd Quarter Report - \\$15.5 million grant](#)

⁸¹ [2010 4th Quarter Report - \\$15.5. million grant](#)

⁸² [CUNY Job Opportunity](#)

⁸³ [RFP - Community-based Initiative](#)

policy materials related to point of sale and parks and beaches legislation (briefs, reports, etc) among networks and partners...

In responding to the RFP, applicants were asked to attach "...press coverage, **legislative testimony, or policy briefs, copies of legislation the organization influence, and recent policy papers...**"

The American Lung Association of New York received sub-awards of \$10,000 and \$11,667 from NYC's \$15.5 million CPPW tobacco grant. According to the Project Summary for the grant, ALA New York is "responsible for education and advocacy activities with community members and policy makers to expand smoke free outdoor areas; reducing the number of tobacco retailers; and increasing the price of tobacco products".

The Niagara Gazette⁸⁴ reported the following about the ALA New York:

"Last year the Lung Association in New York lobbied hard for the \$1.60 per pack cigarette tax increase. The organization says the tax increase is expected to save 31,000 lives and prevent 23,000 kids from starting to smoke. The Association also urged state officials to maintain funding for the state's tobacco control program."

⁸⁴ [Niagara Gazette - January 2011](#)

Pennsylvania's CPPW Obesity Activities

Pennsylvania received \$31 million from the CPPW program for prevention and wellness activities. In Pennsylvania, obesity grants went to the Pennsylvania Department of Public Health (\$1.5 million⁸⁵ and \$107 thousand⁸⁶) and to the Philadelphia Department of Public Health (\$15 million⁸⁷ and \$1.7 million⁸⁸). Highlighted below are some of the activities that Pennsylvania reports as part of its CPPW funding.

A 2010 Philadelphia health department memo⁸⁹ on the city's CPPW program states CPPW funds were used for the following activity:

"...Campaigned for a 2-cent per ounce tax on sugar-sweetened beverages (levied on retailers) and came up one vote short in City Council..."

Interestingly, the memo also includes the following statement:

"...We are now re-exploring whether a local excise tax on manufacturers and bottlers, which would directly raise the price of sugar-sweetened beverages, is legally possible..."

A job opportunity announcement⁹⁰ for the position of CPPW Food Policy Coordinator was posted on the Philadelphia health department's website. "Responsibilities include identifying priority policies, drafting policies, and developing and managing a strategic plan for passage and/or adoption of policies". One of the "specific activities" of the coordinator is:

"...Establish and build working relationships with members of City Council, the Pennsylvania Legislature, Congress, other officials, and advocacy agencies at the federal, state, regional, and local governmental levels..."

According to the announcement, the job requires "Minimum two years working on **policy, legislative**, or legal issues in a professional capacity".

A Philadelphia health department presentation⁹¹ entitled "Communities Putting Prevention to Work: City of Philadelphia Nutrition and Physical Activity Initiative" lists the following as CPPW policy/regulatory activities:

"...Implement, enforce, and educate the public about Philadelphia's menu labeling law, which went into effect January 2010. Seek to implement a two-cent per ounce excise tax on sugar-sweetened beverages in Philadelphia. Leverage zoning policies to allow for increased access to healthy foods..."

⁸⁵ [Penn DOH - \\$1.5 million grant](#)

⁸⁶ [Penn DOH - \\$707 thousand grant](#)

⁸⁷ [Phila DOH - \\$15 million grant](#)

⁸⁸ [Phila DOH - \\$1.7 million grant](#)

⁸⁹ [Phila DOH Memo - 2010](#)

⁹⁰ [Phila DOH - Job Announcement](#)

⁹¹ [Phila DOH - Presentation](#)

Pennsylvania's CPPW Tobacco Activities

In Pennsylvania, tobacco grants went to the Pennsylvania Department of Health (\$1.5 million⁹² and \$1.5 million⁹³) and to the Philadelphia Department of Health (\$10 million⁹⁴).

Quarterly reports for the Pennsylvania Department of Health's \$1.5 million CPPW grant state the following:

2010 3rd Quarter Report⁹⁵ - "...3 ordinances were passed..."

2010 4th Quarter Report⁹⁶ - "...210 policy makers were contacted...31 ordinances were passed..."

2011 1st Quarter Report⁹⁷ - "...There were 26 community **presentations made to local governments**, and 149 **policy makers were contacted**... and 16 additional **ordinances were passed** this quarter, for a cumulative total of 47..."

Quarterly reports for the Philadelphia Department of Health's \$10 million CPPW grant state the following:

"...**Through City Council, we have introduced an ordinance** to raise the fine for illegal tobacco sales to youth from \$100 to \$250 per offense..."

A 2010 Philadelphia health department memo⁹⁸ on the city's CPPW program states CPPW funds were used for the following activity:

"...**Drafted 2 pieces of legislation:** 1) to raise the fine for illegal tobacco sales to youth from \$100 to \$500 per offense, 2) to create a local tobacco retailer licensing system that restricts stores within 500 feet of schools...**To be introduced to City Council in Fall 2010**..."

A Philadelphia Department of Health presentation⁹⁹ entitled "Get Healthy Philly: Communities Putting Prevention to Work" describes the following CPPW goal and activities:

"...Overall goal: Discourage consumer use of tobacco through **pricing strategies** and promote quitting at point-of-purchase...Activities: **Pricing strategies (local excise tax on cigarettes)**..."

⁹² [Penn DOH - \\$1.5 million grant](#)

⁹³ [Penn DOH - \\$1.5 million grant](#)

⁹⁴ [Phila DOH - \\$10 million grant](#)

⁹⁵ [2010 3rd Quarter Report](#)

⁹⁶ [2010 4th Quarter Report](#)

⁹⁷ [2011 1st Quarter Report](#)

⁹⁸ [Phila DOH Memo - 2010](#)

⁹⁹ [Phila DOH - Presentation](#)

Develop local regulation to mandate point-of-purchase counter-advertising and cessation information at retailer location...”

Another Philadelphia Department of Health presentation¹⁰⁰ entitled “Communities Putting Prevention to Work: Tobacco Policy and Prevention Initiative” lists the following CPPW activities:

“...**Zoning restrictions** on new tobacco retailers...**Local excise tax** to decrease smoking and create revenue for future health promotion...”

¹⁰⁰ [Phila DOH - Presentation](#)

EXHIBIT

7



JUN 17 2011

The Honorable Darrell Issa
Chairman
Committee on Oversight and Government Reform
U.S. House of Representatives
Washington, DC 20515

Dear Chairman Issa:

Thank you for your letter on May 19, 2011, regarding Communities Putting Prevention to Work (CPPW) grants.

The American Recovery and Reinvestment Act of 2009 (Recovery Act) established the Prevention and Wellness Fund and provided \$650 million from that fund “to carry out evidence-based clinical and community-based prevention and wellness strategies authorized by the Public Health Service Act, as determined by the Secretary, that deliver specific, measurable health outcomes that address chronic disease rates.”

Chronic diseases are among the most common and costly of all health problems in the United States, accounting for 70 percent of all deaths in the U.S. each year and nearly three-quarters of the \$2.5 trillion the nation spends on health care services each year. Yet chronic diseases are among the most preventable of health problems. Lack of physical activity and poor nutrition – the two modifiable risk factors for obesity – and tobacco use are responsible for much of the illness, suffering, and death related to chronic diseases. Congress recognized in the Recovery Act the importance of evidence-based programs designed to reduce chronic diseases.

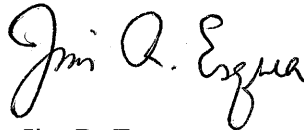
To implement the Recovery Act and to help address this critical health need, the U.S. Department of Health and Human Services (HHS) created Communities Putting Prevention to Work. This letter focuses on those CPPW components referenced in your May 19 letter, which are managed by the Centers for Disease Control and Prevention (CDC) and include grants to states and communities.¹ These CDC-funded components total approximately \$520 million of the Recovery Act’s Prevention and Wellness Fund. This letter also addresses approximately \$31 million in additional CPPW community awards funded as part of the Prevention and Public Health Fund (PPHF) authorized by the Affordable Care Act (ACA).

¹ Additional elements funded by the Recovery Act’s Prevention and Wellness Fund included a State Chronic Disease Self-Management Initiative led by the Administration on Aging (AoA), contracts for National Prevention Media initiatives led by CDC, and the National Organizations Initiative led by the HHS Office of Public Health and Science.

Through the CPPW program, CDC works with grant recipients in all fifty states, the District of Columbia, Puerto Rico, and six Pacific island territories. We are committed to fulfilling the mandate from the Congress in the Recovery Act by empowering communities to pursue high-quality, evidence-based programs that make a real difference in the health of Americans. The CPPW grantees are working hard to reduce the impact of chronic disease on our population and health system. We are committed to enabling their success, and to ensuring that federal funds are used efficiently and appropriately. With this and other work in prevention, we can save lives, better manage our health costs, and make Americans more productive.

Responses to the specific questions posed in your letter, along with responsive documents, are enclosed with this letter. We appreciate your interest in this important program, and we look forward to continuing to work with you to improve public health.

Sincerely,

A handwritten signature in dark ink, reading "Jim R. Esquea". The signature is fluid and cursive, with the first name "Jim" and last name "Esquea" clearly legible.

Jim R. Esquea
Assistant Secretary for Legislation
U.S. Department of Health and Human Services

Enclosures

cc: The Honorable Elijah E. Cummings
Ranking Member

Responses to Questions

1. A full and complete explanation of the criteria considered for awarding each grant and the basis for selecting the recipient.

The CPPW program had multiple components, and awards were made for different purposes and to different entities. CDC issued five distinct funding opportunity announcements (FOA) under the CPPW program, listed below. Copies of the FOAs are attached.

- (1) **CPPW Communities:** CDC-RFA-DP09-912ARRA09: American Recovery and Reinvestment Act of 2009 – Communities Putting Prevention to Work
- (2) **CPPW Mentoring:** CDC-RFA-DP09-91203ARRA09: Supplemental Funding to Support Community Mentoring, Technical Assistance and Training. (Eligibility for this competitive FOA was limited to communities funded by the CPPW Communities FOA.)
- (3) **CPPW Enhanced Evaluation:** CDC-RFA- DP09-912ARRA09: American Recovery and Reinvestment Act (Recovery Act) of 2009 – Supplemental Funding to Support Enhanced Evaluation within Recovery Act Funded Obesity Communities Among Cooperative Agreement Recipients of CDC-RFA-DP-09-912ARRA09. (Eligibility for this competitive FOA was limited to communities funded by the CPPW Communities FOA for work on obesity.)
- (4) **CPPW States:** CDC-RFA-DP09-90101ARRA09: State Supplemental Funding for Healthy Communities, Tobacco Control, Diabetes Prevention and Control, and Behavioral Risk Factor Surveillance System. (This FOA awarded CPPW funding to a cooperative agreement already in place with state, District of Columbia, and Puerto Rico health departments from a previous FOA.)
 - Component 1: Statewide Policy and Environmental Change (Supplemental)
 - Component 2: Competitive Special Policy and Environmental Change Initiative
 - Component 3: Tobacco Cessation Through Quitlines and Media (Supplemental)
- (5) **CPPW Territories:** CDC-RFA-DP09-90201ARRA09: Pacific Islands Supplemental Funding for Five-Year US Affiliated Pacific Island Collaborative Performance Agreement for Tobacco Control, Diabetes Prevention and Control, and the Behavioral Risk Factor Surveillance System. (This FOA awarded CPPW funding to a cooperative agreement already in place with the Pacific island territories from a previous FOA.)
 - Component 1: Territory-wide Policy and Environmental Change
 - Component 2: Tobacco Cessation through Quitlines and Media in Guam

Award Criteria

The award criteria for the above FOAs are described generally below, and the full criteria are available in the attached FOAs.

For CPPW grants to communities, applications were evaluated on the extent to which the proposed plan provided a robust combination of interventions with broad reach, and provided evidence that the applicant's plan was likely to do one or more of the following: reduce smoking prevalence and decrease teen smoking initiation, reduce exposure to second-hand smoke, increase levels of physical activity, improve nutrition and decrease overweight/obesity prevalence. Applicants were required to provide evidence that performance measures would be achieved during the project period. As stated in the FOA, funding decisions were made to achieve representation of tobacco and obesity/physical activity/nutrition across communities, including varied types of interventions and evidence-based strategies; geographic distribution of the CPPW initiative nationwide including rural, suburban, and urban communities; and inclusion of communities disproportionately affected by chronic disease and associated risk factors.

For CPPW grants to communities for enhanced evaluation, applicants were required to provide evidence of capacity, a work plan, and measures of effectiveness that would demonstrate the accomplishment of identified objectives in the FOA. Selection was also designed to achieve geographic balance, a varied type of interventions and evidence based strategies, inclusion of communities of varying sizes, and inclusion of communities disproportionately affected by chronic disease and associated risk factors.

For CPPW grants to communities for mentoring, technical assistance and training, applicants were required to provide a plan that proposed a robust combination of activities, and provide evidence that the plan was likely to achieve the long-term outcomes of the CPPW initiative. Applicants were required to provide evidence that performance measures would be achieved during the project period.

For grants to states, successful applicants needed to demonstrate readiness to implement large scale, statewide policy or environmental change initiatives that would have a substantial impact on the burden of obesity, physical inactivity, poor nutrition or tobacco use in the state, and other criteria.

Selection Process

Each set of recipients for the different FOAs was selected in accordance with the criteria posted in the FOAs. Grants for the CPPW Communities, CPPW Mentoring, CPPW Enhanced Evaluation, and CPPW States Component 2 programs were awarded competitively. The remaining grants supplemented funding from existing FOAs and were awarded noncompetitively.

For competitive grants, CDC followed standard grant procedures and requirements. CDC first determined whether the applications were complete and met the eligibility criteria set

forth in the FOA. Complete, eligible applications were then referred to an objective review panel. Each member of the objective review panel presented comments to the full panel, and the full panel voted to determine if the application was approved, disapproved, or deferred. The objective review panel scored the applications based solely on the criteria in the FOA. Applications were not scored against each other.

The objective review panel's scores were provided to CDC program officials who made the final funding decisions. Per standard HHS procedures, CDC applied the funding criteria in the FOA and awarded grants to the applicants receiving the highest scores from the review panel. CDC selected applicants out of rank order only when necessary to address posted FOA funding decision considerations. As stated in the FOA, these factors include geographic distribution, inclusion of populations disproportionately affected by chronic disease, and incorporation of varied types interventions and evidence-based strategies.

Under the CPPW State Awards components 1 and 3 and the CPPW Territories components 1 and 2, grantees could apply for a supplement to FOA DP09-901, which provided funds to states for tobacco control, diabetes prevention and control and Behavioral Risk Factor Surveillance System (BRFSS), or FOA DP09-902, which provided funds to the Pacific Islands for tobacco control, diabetes prevention and control and BRFSS. This supplemental CPPW funding mechanism allowed CDC to allocate funds to state and territorial health programs expeditiously. The funds were used to help state and territorial health departments carry out evidence-based clinical and community-based prevention and wellness strategies.

- 2. All score ratings for CPPW grant applicants as well as applicant scores and recommendations from any peer review or technical evaluations panel. If the recommendation of a peer review or technical evaluations panel was overruled, please disclose HHS policy concerning such over-rulings as well as an explanation as to why the recommendation was overruled.**

CDC followed standard HHS-mandated grant processes and adhered to the criteria outlined in the FOA for each CPPW grant award. CDC's funding decisions were consistent with the recommendations of the objective review panel. Please see the response to Question 1, above, for a description of the review process and the role of the objective review panel. Score ratings for all CPPW competitive grant applicants are attached.

- 3. A full and complete justification for any non-competitive award, if any of the CPPW grants were awarded non-competitively or if only one bid or offer was received.**

All awards to communities were competitive, and all other awards under the CPPW program were competitive with the exception noted below.

Funding for CPPW States components 1 and 3 and CPPW Territories Component 1 and 2 was limited to state and territorial health departments that had already been awarded funding under cooperative agreements that had been in place prior to the Recovery Act. The FOAs for supplemental funding provided under the CPPW program included justifications for non-competing awards.

Component 2 of the CPPW Territories FOA was a \$50,000 grant for the expansion and enhancement of tobacco cessation through quitlines and media. This component was limited to Guam because Guam was the only Pacific Island grantee that met the criteria for having a quitline (including jurisdiction-wide access, centralized operation, qualified staffing, referral system, quality assurance mechanism, and evaluation.)

4. a. Grant requests prior to the formal solicitation, including requests from Members of Congress, state or local governments, or any other governmental or non-governmental entity.

Prior to issuance of FOAs, the Department received correspondence recommending that funds should be awarded to specific grantees. This correspondence is attached. Such recommendations had no impact on actual grant awards. All community grantees were funded through a competitive process, and the attached letters were not shared with members of the objective review panels.

b. Identity of grant recipients including subgrantees

Under the Recovery Act, 87 organizations, including local, state, and territorial health departments, tribes, and bona fide agents have received funding for CPPW Community, State, and Territory awards. Grantees are required to report to federalreporting.gov on all subgrants and vendor awards of more than \$25,000, as outlined in the FOAs and Notice of Grant Awards. As of March 31, 2011, these 87 grantees had awarded 734 such subgrants and 52 such vendor awards. Lists of grantees, subgrantees, and vendors awarded using Recovery Act funds are attached and were compiled from information publicly available on federalreporting.gov.

Under the Affordable Care Act, two additional entities (Pinellas County Health Department, FL and Children's Memorial Hospital on behalf of City of Chicago, IL) received CPPW Community awards using PPHF funds. PPHF funds were also used to provide additional funds to seven of the 87 organizations previously funded under the Recovery Act at either the local or state level. Information on subgrantees and vendors awarded using PPHF funding is being compiled by CDC's Procurement and Grants Office and will be provided to the Committee as soon as it is available.

c. Deliberations regarding the time and place of the grant award and the public announcement of the award.

CPPW State Awards, February 5, 2010

The Department of Health and Human Services (HHS) issued a press release and fact sheet announcing the state and territory CPPW awards. These materials are attached. HHS Secretary Kathleen Sebelius and CDC Director Dr. Thomas Frieden also participated in a press telebriefing to highlight the awards.

CPPW Community Awards, March 19, 2010

A national launch event was held at HHS headquarters in Washington, DC. The event highlighted a local Washington, DC project, and three other funded communities—Hamilton County, Ohio; Orange County, Florida; and Bartholomew County, Indiana—were linked via satellite to the national event. In addition, other CPPW communities hosted their own local events and many communities issued local news releases. The launch highlighted the community emphasis and broad national reach of CPPW and illustrated the range of local partners from different sectors involved in CPPW projects and coalitions. HHS issued a press release and fact sheet and provided a template press release and other materials to CPPW recipients to help them plan their announcements. These materials are attached.

Supplemental ACA-Funded CPPW Awards, Sept. 14, 2010

HHS issued a press release announcing 10 additional CPPW community awards and one additional CPPW state award, funded by the Affordable Care Act's Prevention and Public Health Fund. These materials are attached. Secretary Sebelius, Surgeon General Dr. Regina Benjamin, and CDC's Dr. Ursula Bauer participated in a press telebriefing to highlight the awards.

Supplemental ACA-Funded Tobacco and ARRA-Funded CPPW Enhanced Evaluation Supplement September 24, 2010

As part of an HHS press release (attached) highlighting a number of ACA-funded activities, HHS announced \$3.8 million in support to states and territories for tobacco prevention and control. The press release also announced \$9.3 million to six CPPW communities for obesity monitoring funded through the Recovery Act.

d. Procedures to monitor the use of grant funds by grantees and sub grantees

CDC has several tools in place to monitor the use of grant funds by grantees and their sub-recipients. These include on-site reviews, monthly performance monitoring phone calls, and a risk mitigation plan coordinated with HHS.

A site visit questionnaire (attached) was developed for on-site review of programmatic and financial activities for grantees awarded federal financial assistance under the Recovery Act. Issues to be addressed are based on the Recovery Act, federal assistance regulations, Office of Management and Budget (OMB) circulars, and terms and conditions of award. In addition, CDC developed a standard template (attached) for monthly conference calls with grantees. The template includes questions related to budget and fiscal management.

Through the attached risk mitigation plan, CDC ensures the following by communicating with grantee recipients:

- Appropriate and careful management and oversight of the fiscal expenditures;
- Adherence to the implementation of the Performance Implementation Plan (PIP);

- Adequate technical support and expertise necessary to achieve the goals of the program;
- Adherence to Recovery Act reporting requirements;
- Continuous analyses of established performance milestones; and
- Provision of assistance in the identification of solutions to grant recipient performance issues.

Training on Section 1512 Reporting Requirements was provided to the CPPW Community and State recipients during an all-hands teleconference held February 17, 2010, as well as during the CPPW training in March 2010. The PowerPoint presentation used in the trainings is attached.

e. Standards of conduct maintained by grantees and subgrantees

As outlined in the FOA and the Notice of Grants Awards (NGA), grantees are required to adhere to multiple rules and regulations, including: the Recovery Act; 45 CFR Part 74 and Part 92, as applicable; and the HHS Grants Policy Statements. NGA templates for both the state and community awards and the HHS Grants Policy Statement are attached. As detailed in the FOA, grantees must also adhere to Additional Requirements (AR) as conditions to the award.

“In addition please explain whether any uses of CPPW awards violated 18 U.S.C. § 1913, and, if so, describe what steps the Department of Health and Human Services plans to take to remedy any such violations.”

HHS is committed to ensuring the proper use of appropriated funds, and to ensuring grantees' compliance with 18 U.S.C. § 1913 as well as the Department's policy regarding lobbying activity of grantees. The Department is committed to fully addressing any violations that occur.

Included within the respective FOAs for the CPPW Communities, States, and Territories is Additional Requirement (AR)-12, “Lobbying Restrictions.” AR-12 states CDC's policy prohibiting awardees from using any appropriated federal funds for “any activity designed to influence action in regard to a particular piece of pending legislation.” This lobbying prohibition was also included within the Terms and Conditions to which each grantee agreed prior to receiving federal funds. Prohibitions against lobbying have been repeatedly and consistently shared with all CPPW awardees throughout the grant period:

- The Notice of Grant Awards sent to all CPPW Community grantees included written notice of the prohibition on using federal funds for lobbying activity.
- Funded communities were explicitly reminded of the prohibition on using federal funds for lobbying activity during an all-hands teleconference prior to acceptance of their awards on Tuesday, February 17, 2010.
- CDC reiterated the prohibitions against lobbying and emphasized the restrictions imposed by AR-12 at the CPPW Communities kick-off meeting in April 2010.

- CPPW State and Territory grantees were reminded of the prohibition on using federal funds for lobbying activity at training sessions in March 2010 and June 2010 as well as at the grantees' Fall Institute 2010.
- All CPPW Community grantees were reminded of the prohibition during the CPPW Annual Training held in March 2011. A mandatory meeting for all program managers and principal investigators was held in which the prohibitions outlined in the AR-12 were discussed.

We have not identified any uses of CPPW funds that have violated the Anti-Lobbying Act. However, CDC's AR-12 is broader in scope than the Anti-Lobbying Act, and CDC has determined that one CPPW grantee's actions were not in full compliance with the restrictions in AR-12. Specifically, CDC determined that staff funded by a CPPW grant to the South Carolina Department of Health had taken actions including sending email messages and scheduling a press event for the purpose of gaining the support of city council members for a proposed smoke-free ordinance. CDC has taken the following steps to fully address this non-compliance:

- CDC has directed the grantee to cease all current and future prohibited lobbying activity.
- CDC has directed the grantee to assess the time, effort, and costs associated with these actions to determine the amount of federal funds used for such prohibited activity. The South Carolina Department of Health has calculated that the cost of this activity was \$248. CDC will review the grantee's assessment to confirm the amount and will disallow the costs the grantee incurred conducting such activities.
- CDC has required each of the grantee's employees and contractors to attend additional training on lobbying restrictions in AR-12, and has encouraged the grantee to work with its legal department to design or augment training on any state or local restrictions as well. To verify that this training takes place as directed, the grantee is required to provide CDC copies of all training materials and a roster of attendees.

CDC takes seriously its role in ensuring that grantees comply with lobbying restrictions, and we will continue to closely monitor the situation to ensure further noncompliance does not occur.

EXHIBIT

8

Parker, Wilda (CDC/ONDIEH/NCCDPHP)

From: Reimels, Elizabeth (CDC/ONDIEH/NCCDPHP)
Sent: Tuesday, November 29, 2011 11:40 AM
To: Parker, Wilda (CDC/ONDIEH/NCCDPHP)
Subject: FW: Response to PGO
Attachments: CDC Reply Letter.pdf

From: Berkowitz, Anna (CDC/ONDIEH/NCCDPHP)
Sent: Wednesday, June 15, 2011 11:55 AM
To: Biggers, Sharon R.
Cc: Reimels, Elizabeth (CDC/ONDIEH/NCCDPHP)
Subject: RE: Response to PGO

Thanks Sharon – we have a slow mail system so I didn't receive it yet.

My understanding is that we have been responding to requests from House Oversight Committee for several months, however, this is Beth's area so I won't presume to know the details. She can clarify, but I don't believe the SC information is being provided alone, but is related to ARRA funding in general. Please feel free to give Beth a call to discuss any concerns. I don't know that we would be alerted to additional requests that may go directly to SC folks.

From: Biggers, Sharon R. [<mailto:biggersr@dhec.sc.gov>]
Sent: Wednesday, June 15, 2011 11:40 AM
To: Berkowitz, Anna (CDC/ONDIEH/NCCDPHP)
Subject: Re: Response to PGO

Hi Anna-

We are going through an agency email system migration today, so I'm trying to get caught up in learning how to use the system to be able to email and receive. Sorry for the delay! You should have already received a copy of the response to CDC, which was sent last week, but I'm happy to attach a copy of the agency's reply letter for you here. The original was sent Fed Ex to Veronica Davis on 6/09, and your copy was mailed that afternoon in standard mail as well.

Anyway, I'm attaching a copy of our letter, and you will see that the amount determined in the letter is \$247.79. I guess I'm a little surprised that this has gone to the House Oversight Committee, and I'm wondering if you can fill me in on what possible ramifications there may be (or contact from others outside of CDC) related to the matter. If possible, I would like to alert my agency management prior to anything arriving unexpectedly.

Thanks for your help-
Sharon

On Wed, Jun 15, 2011 at 11:16 AM, Berkowitz, Anna (CDC/ONDIEH/NCCDPHP) <zho7@cdc.gov> wrote:
Hi Sharon,

I hope all is well. We need to provide some information to the House Oversight Committee related to the dollar amount expended for activities related to the lobbying violation you will be reporting in your response

to PGO. We would like to put the violation into the context of the overall program expenditures. Would you please provide this information today if possible.

Thank you,
Anna

Anna Berkowitz, MPH
Program Consultant
Communities Putting Prevention to Work
Division for Adult and Community Health
Centers for Disease Control and Prevention 4770 Buford Hwy., NE, MS K-45 (mailing)
3005 Chamblee-Tucker Rd., 4th floor (delivery) Atlanta, GA 30341
Ph: 770-488-2499
e-mail: zho7@cdc.gov

EXHIBIT

9

ONE HUNDRED TWELFTH CONGRESS
Congress of the United States
House of Representatives
COMMITTEE ON ENERGY AND COMMERCE
2125 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-6115

Majority (202) 225-2927
Minority (202) 225-3641

March 16, 2012

Thomas R. Frieden, M.D., M.P.H.
Director
Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, GA 30333

Dear Dr. Frieden:

As you may know, during the appearance of the Department of Health and Human Services Secretary, Kathleen Sebelius, before the Subcommittee on Health on March 1, 2012, questions were raised regarding grantee use of federal funds for lobbying activities.¹ Specific concerns were cited about federally-funded activities through the Centers for Disease Control and Prevention's (CDC) Communities Putting Prevention to Work (CPPW) program in 25 states.² I understand that the CPPW program supports 50 communities across the country in their efforts to address ongoing problems with obesity and tobacco use – two major contributors to preventive disability and death in this country.

In response to these matters, I would ask that you provide answers to each of the following questions:

1. Describe the authorities CDC relies upon to fund the CPPW program.
2. What federal lobbying restrictions, if any, apply to CPPW grantees?
3. What steps, if any, are taken by CDC to educate grantees on these lobbying restrictions and enforce compliance?
4. Attached is a list of CPPW grantees located in 25 different states. To what extent, if any, are the activities of these grantees permissible uses of grant funding?

¹ House Committee on Energy and Commerce, Testimony of HHS Secretary Kathleen Sebelius, *Hearing on the FY 2013 HHS Budget*, 112th Cong. (March 1, 2012).

² *Id.*

Dr. Thomas Frieden
March 16, 2012
Page 2

I look forward to your response no later than March 22, 2012. If you have any questions regarding this request, please contact Anne Morris Reid on my Committee staff at 202-255-3641.

Sincerely,

A handwritten signature in black ink that reads "Henry A. Waxman". The signature is written in a cursive, slightly slanted style.

Henry A. Waxman
Ranking Member

1 page

25 State Examples of CDC Grant Funds Being Used To Pursue Legislative Agendas

Example 1: Alabama

Grantee reports state that funds were used to “promote the passage of a tobacco excise tax by the Alabama state legislature.”

<http://www.jcdh.org/misc/ViewBLOB.aspx?BLOBId=290>

<http://www.recovery.gov/Transparency/RecipientReportedData/pages/RecipientProjectSummary508.aspx?AwardIDSUR=97634&qtr=2010Q4>

Example 2: California

Grantee reports state that funds were used to “advance policy changes that address the sale of sugar-sweetened electrolyte replacement beverages”

<http://www.recovery.gov/Transparency/RecipientReportedData/pages/RecipientProjectSummary508.aspx?AwardIdSur=93811&AwardType=Grants>

... “wrote a legislative concept paper...sent forward to the Governor for consideration...”

<http://www.recovery.gov/Transparency/RecipientReportedData/pages/RecipientProjectSummary508.aspx?AwardIDSUR=93811&qtr=2010Q3>

“Reduce density of fast food establishments and convenience stores without healthy food options” .. “enact a moratorium on new drive-throughs in City of Baldwin Park.”

<http://www.recovery.gov/Transparency/RecipientReportedData/pages/RecipientProjectSummary508.aspx?AwardIDSUR=97369&qtr=2010Q2>

Reports also state that “DPH will create three CMTs to work with community coalitions, CBOs, and local officials in a minimum of 10 cities to support the adoption of an ordinance adding a fee to the sale of each pack of cigarettes.”

http://file.lacounty.gov/bc/q4_2009/cms1_139950.pdf

Example 3: Colorado

Grantee reports state that funds helped achieve “... New Colorado laws passed creating Food Systems Advisory Council and Farm to School Task Force and these groups are being constituted....”

<http://www.recovery.gov/Transparency/RecipientReportedData/pages/RecipientProjectSummary508.aspx?AwardIDSUR=95076&qtr=2010Q2>

Example 4: Connecticut

Grantee reports state that funds were used to hire a “grassroots coordinator” who spent “163 hours” and is responsible for “establish[ing] community support by educating and advocating for the adoption of smoke-free policies.”

<http://www.recovery.gov/Transparency/RecipientReportedData/pages/RecipientProjectSummary508.aspx?AwardIdSur=99046&AwardType=Grants>

Example 5: Delaware

Grantee reports state that funds are to be used to “By January 1, 2012, increase the tax on other tobacco products from 15% of the wholesale price to 68% (or a number equal to the state’s cigarette tax based on a per price or per dose basis)” ... “seek sponsorship of bill that increases excise tax on other tobacco products...” and conduct “meetings with policy makers. “Stakeholders developed and introduced a bill for Tax equity on OTP products. This bill was tabled.”

<http://www.recovery.gov/Transparency/RecipientReportedData/pages/RecipientProjectSummary508.aspx?AwardIdSur=88262&AwardType=Grants>

Grantees state that the strategy they are using is a “similar strategy that was used in getting the Clean Indoor Act passed in the legislature in 2002.”

http://recovery.delaware.gov/documents/grant-applications/Funding_for_Healthy_Communities.pdf

Example 6: Hawaii

Grantee reports state that funds were used to “h[o]ld meetings with key decision makers / elected officials to discuss / educate them on the issue of tobacco advertising in Hawaii and obtained support from three (3) lawmakers to introduce future legislation”

<http://www.recovery.gov/Transparency/RecipientReportedData/pages/RecipientProjectSummary508.aspx?AwardIDSUR=92377&qtr=2010Q3>

“begin drafting policy for comprehensive tobacco marketing restrictions and strategizing for the upcoming legislative session...”

<http://www.recovery.gov/Transparency/RecipientReportedData/pages/RecipientProjectSummary508.aspx?AwardIDSUR=92377&qtr=2010Q4>

Example 7: Idaho

Grantee reports state that funds are to be used “To address obesity through nutrition, the IDHW will limit unhealthy food and drink availability, specifically by working to establish a statewide school vending machine policy for proposal to the 2012 Idaho State Legislature...”

<http://www.recovery.gov/Transparency/RecipientReportedData/pages/RecipientProjectSummary508.aspx?AwardIDSUR=88763&qtr=2010Q1>

Example 8: Iowa

Grantee reports state that funds are to be used “support passage of a statewide tobacco free school campus law.”

<http://www.recovery.gov/Transparency/RecipientReportedData/pages/RecipientProjectSummary508.aspx?AwardIdSur=90500&AwardType=Grants>

Example 9: Kentucky

Grantee reports state that funds were used to “...work to enact a comprehensive smoke-free law in Kentucky.”

<http://www.recovery.gov/Transparency/RecipientReportedData/pages/RecipientProjectSummary508.aspx?AwardIdSur=93861&AwardType=Grants>

“...reducing exposure to secondhand smoke through local and state laws...”

<http://www.recovery.gov/Transparency/RecipientReportedData/pages/RecipientProjectSummary508.aspx?AwardIDSUR=93861&qtr=2010Q3>

Example 10: Maine

Grantee reports state that funds were used to “conduct[] media work on menu labeling project with various partners to pave the way for federal legislation.”

<http://www.recovery.gov/Transparency/RecipientReportedData/pages/RecipientProjectSummary508.aspx?AwardIDSUR=91756&qtr=2010Q3>

“worked with the Licensing Sub-committee to formulate language changes in licensing legislative efforts...conducted research and coordinated with legislative staff concerning pending legislation”

<http://www.recovery.gov/Transparency/RecipientReportedData/pages/RecipientProjectSummary508.aspx?AwardIDSUR=91756&qtr=2011Q1>

Example 11: Maryland

Grantee reports state that funds were used to “focus on a price and access based policy initiative – banning the sale of single cigars with state-level regulations that require little cigars (or sometimes referred to as brown cigarettes) are reclassified as cigarettes and are taxed at the same rate, as well as packaged with at least 20 little cigars per pack, and packs of at least five for non-premium small cigars/ cigarillos.” ...

<http://www.recovery.gov/Transparency/RecipientReportedData/pages/RecipientProjectSummary508.aspx?AwardIdSur=98078&AwardType=Grants>

“Regulation, increased press coverage, introduction of and support for related legislation...Additional initiatives, such as increasing cigar taxes and banning flavored cigars may also be addressed during the contract term.”

<https://ebidmarketplace.com/downloads/M00SO282625/M00R1400945 - 120K ARRA Media RFP 12.1.10 dtm.pdf>

Example 12: Michigan

Grantee reports state that funds were used to “utilize state-wide legislative policy and environmental change to implement the Michigan Nutrition Standards to significantly improve the quality of food and beverages available on school campuses...”

<http://www.recovery.gov/Transparency/RecipientReportedData/pages/RecipientProjectSummary508.aspx?AwardIdSur=100902&AwardType=Grants>

Example 13: Mississippi

Grantee reports state that funds were used in the following way: “Overall Goal: By April 2012, the Mississippi Legislature will pass a comprehensive, statewide smoke-free air law. Utilizing MAPPS strategies, the objectives of the initiative will comprehensively address the development and implementation of the comprehensive, statewide smoke-free air law. The initiative will include strategies that will: 1) increase public support for smoke-free workplaces; 2) use a comprehensive media strategy that complements existing, state-funded health communication and counter-marketing activities...The

Mississippi State Department of Health (MSDH) Office of Tobacco Control (OTC) will utilize funding to engage in a two-year campaign that will result in the passage and implementation of a comprehensive, statewide smoke-free air law. The initiative will engage evidence-based strategies that educate the public about the dangers of exposure to secondhand smoke and motivate them to support a comprehensive, statewide smoke-free air law...”

<http://www.recovery.gov/Transparency/RecipientReportedData/pages/RecipientProjectSummary508.aspx?AwardIdSur=88831&AwardType=Grants>

Example 14: Missouri

Grantee reports state that funds were used to “identify a County Council member willing to introduce amendments to strengthen the County’s smokefree ordinance,” and to “develop[] a model smokefree ordinance for County municipalities.”

<http://www.recovery.gov/Transparency/RecipientReportedData/pages/RecipientProjectSummary508.aspx?AwardIDSUR=96544&qtr=2010Q3>

to “me[e]t with officials...about adopting a comprehensive smokefree ordinance,” to “advocate[] for the adoption of a smokefree ordinance in Creve Coeur,”

<http://www.recovery.gov/Transparency/RecipientReportedData/pages/RecipientProjectSummary508.aspx?AwardIDSUR=96544&qtr=2010Q4>

A MO request for proposals outlines the following CPPW goals: “Pass a measure that would require retailers to post graphic warning signs wherever tobacco products are displayed at point of purchase...The Leadership Team will meet with the Governor and state legislators to advocate for the repeal of preemption that prohibits municipalities from levying their own cigarette excise taxes...Advocate legislation regarding sampling, point of purchase policies, behind-the-counter display, and smoke free school campuses...Advocate for the adoptions of model comprehensive 100% smoke and tobacco-free campus policies indoors and outdoors... Work with the City of St. Louis Board of Alderman to help strengthen Board Bill #46... Work with the St. Louis Board of Alderman to prohibit the sale of loose (individual) cigarettes...Require all retailers who sell tobacco products in the City of St. Louis to be licensed...”

<http://www.docstoc.com/docs/25648429/APPLICATION-MATERIALS-School-Based-Tobacco-Control-and-Prevention>

Example 15: Nevada

Grantee reports state that funds were used in the following ways: “... Workgroups have been established, legislation is being introduced and youth programs are developing a research program on childhood obesity;” “Legislation is being proposed to codify the Wellness School Policy;” “Legislation is proposed to increase the tax on all tobacco products;” “[C]reation of a tobacco possession law;” “Future plans include ... working with the Nevada State Legislature on the proposed legislation...”

<http://www.recovery.gov/Transparency/RecipientReportedData/pages/RecipientProjectSummary508.aspx?AwardIDSUR=98208&qtr=2010Q4>

Example 16: New York

Grantee reports state that funds were used in the following ways: "The statewide legislative proposal to ban the display of tobacco products in stores open to youth was prepared for the Governor's Office;"

<http://www.recovery.gov/Transparency/RecipientReportedData/pages/RecipientProjectSummary508.aspx?AwardIDSUR=97557&qtr=2011Q1>

"working to finalize a policy proposal to amend the Tax Law to restrict the number, type and location of licensed tobacco retailers in NYS..."; "...TCP and the Center for Public Health & Tobacco Policy (CPHTP) provided TA for contractors to use in their education & mobilization activities in support of statewide legislative objectives.

<http://www.recovery.gov/Transparency/RecipientReportedData/pages/RecipientProjectSummary508.aspx?AwardIDSUR=97557&qtr=2011Q2>

The TCP & CPHTP drafted legislation in support of the ARRA objectives...;

<http://www.recovery.gov/Transparency/RecipientReportedData/pages/RecipientProjectSummary508.aspx?AwardIDSUR=97557&qtr=2010Q3>

"and to hire Borough Organizers whose job it is to "build support within his/her designated borough and facilitate passage of tobacco-related policy and legislation."

http://www.google.com/url?sa=t&rct=j&q=%22facilitate%20passage%20of%20tobacco-related%20policy%20and%20legislation%22&source=web&cd=1&ved=0CDIQFjAA&url=https%3A%2F%2Fhunter.listserv.cuny.edu%2Fscriptshc%2Fwahc.exe%3FA3%3Dind1001%26L%3DEPIBIOS-L%26E%3Dbase64%26P%3D304051%26B%3D-----%253D_NextPart_000_0186_01CA9F7D.699B6340%26T%3Dapplication%252Fmsword%3B%2520name%3D%2522CPPW%2520position%2520summary.doc%2522%26N%3DCPPW%2520position%2520summary.doc%26attachment%3Dq&ei=0FzWTs2oF4Kt_gwfAg5nBAQ&usg=AFOjCNGYx8Y6YNSyFvxH96XqLOWCjFhV2Q

Example 17: North Carolina

Grantee reports state that funds were used to "assist local governments that wish to use their expanded authority to create stronger smoke-free ordinances," "assist[] in the development of legal language for new laws to prohibit smoking in workplaces and public places," "develop[] a new web-based toolkit to assist with local government smoke-free ordinances," "initiate[] planning for developing tools and resources for model local government smoke-free ordinances" and for "grassroots advocacy efforts...and advocacy training."

<http://www.recovery.gov/Transparency/RecipientReportedData/pages/RecipientProjectSummary508.aspx?AwardIDSUR=98785&qtr=2010Q1>

Example 18: Oklahoma

Grantee reports state that funds were used to “implement a policy banning free samples and price discounts at CN [Cherokee Nation] businesses and events...”

<http://www.recovery.gov/Transparency/RecipientReportedData/pages/RecipientProjectSummary508.aspx?AwardIdSur=95951>

Example 19: Oregon

Grantee reports state that funds were used to “limit access to less healthful food and beverage such as at liquor and convenience stores.”

<http://www.google.com/url?sa=t&rct=j&q=%22liquor%20and%20convenience%20stores%22%20oregon%20cppw&source=web&cd=2&ved=0CCIQFjAB&url=http%3A%2F%2Fgreshamoregon.gov%2FWorkArea%2Flinkit.aspx%3FLinkIdIdentifier%3Did%26ItemId%3D23535&ei=UWHWTqjIK87oggfgqLjYBw&usq=AFQjCNGmt5P4LrHyxtPfHcD5xBAVcYap8Q>

Example 20: Pennsylvania

Grantee reports state that funds were used to “campaign for a 2 cent per ounce tax on sugar sweetened beverages (levied on retailers)” that “came up one vote short in the City Council” and to “enhance laws and regulations to restrict access to tobacco products;” and to “draft[] two pieces of legislation” related tobacco.

http://www.phila.gov/health/pdfs/91410_BOH_mtg_Attachment_A_Update_CommunitiesPuttingPreventionWork09.pdf

Example 21: Puerto Rico

Grantee reports state that funds were used to “lobby for implementation of systems and policies to promote the prevention of chronic diseases and obesity.” Reports also state that “as a consequence of the policy development technical assistance of the CPPW staff, the municipality of Guánica developed the municipal Ordinance Number 32 that prohibits smoking in municipal workplaces.”

<http://www.recovery.gov/Transparency/RecipientReportedData/pages/RecipientProjectSummary508.aspx?AwardIDSUR=91322&qtr=2011Q2>

Example 22: South Carolina

Grantee reports state that “one of our objectives [was] completed as a result of the state legislature increasing the state's cigarette tax. This was a result of completed advocacy work in the last month of the session by the firm responsible for overall campaign coordination.”

<http://www.recovery.gov/Transparency/RecipientReportedData/pages/RecipientProjectSummary508.aspx?AwardIDSUR=95389&qtr=2010Q3>

Example 23: Texas

Grantee reports state that with grant funds, “six communities will be selected for successful smoke-free ordinance initiatives”

<http://www.recovery.gov/Transparency/RecipientReportedData/pages/RecipientProjectSummary508.aspx?AwardIDSUR=93213&qtr=2010Q1>

and that grantees will work to “restrict point of purchase advertising.”

http://www.google.com/url?sa=t&rct=j&q=texas%20cppw%20%22restrict%20point%20of%20purchase%20advertising%22&source=web&cd=8&ved=0CGAQFjAH&url=http%3A%2F%2Fwww.wellness.state.tx.us%2FPDFs%2F2010Conference%2FHuang%2520State%2520Agency%2520Wellness%2520Conference%2520Tobacco%2520Presentation%2520Final%2520September%25202010.ppt&ei=umPWTPHBGMjEgQfssJWQAO&usg=AFQjCNHcauoihsH9wIfOuP_vOH0yqyWocA
<http://www.utexas.edu/ssw/cswr/projects/r0323/>

Example 24: Virginia

Grantee reports state that funds were used to “promote a comprehensive clean indoor air act within the state.”

<http://www.recovery.gov/Transparency/RecipientReportedData/Pages/RecipientProjectSummary508.aspx?AwardIDSUR=99662&AwardType=Grants>

Example 25: Wisconsin

Grantee reports state that funds were used to “advocate for local ordinances requiring the labeling of the nutrition content of menu items at the point of purchase,” to “educate local policymakers on the potential health benefits associated with menu labeling,” to “draft policy requiring the labeling of the nutrition content of menu items at the point of purchase in non-franchised restaurants,” and to “pass menu labeling policy.”

[http://www.dhs.wisconsin.gov/health/physicalactivity/pdf_files/Wood_CAP%20FINAL%207-30-10%20\(KR\).pdf](http://www.dhs.wisconsin.gov/health/physicalactivity/pdf_files/Wood_CAP%20FINAL%207-30-10%20(KR).pdf)

Grantee reports state that “although the NPAO Program has always had a focus on policy, environmental and systems change this has become more of an emphasis with the CPPW initiative especially formal and legislated policies...Examples of legislative policies include taxes on tobacco products.”

http://www.dhs.wisconsin.gov/health/physicalactivity/pdf_files/ARRA%20Coalition%20Funding%202010_Aug%20Update.pdf

EXHIBIT

10



March 16, 2012

VIA CERTIFIED MAIL

Attorney General Eric Holder
U.S. Department of Justice
950 Pennsylvania Avenue, NW
Washington, DC 20530

RE: Violations of 18 U.S.C. § 1913

Dear Attorney General Holder:

We write on behalf of Cause of Action, a nonprofit, nonpartisan public interest organization that uses public advocacy and legal reform strategies to ensure greater transparency in government and protect taxpayer interests and economic freedom.

It has come to our attention that numerous grantees that received taxpayer funds from the Centers for Disease Control (CDC) through the Communities Putting Prevention to Work (CPPW) grant program may have violated federal law by lobbying with taxpayer dollars. The CPPW grant program was created by the American Recovery and Reinvestment Act of 2009 to inform the public about the dangers of obesity and tobacco use.¹ Instead, it appears that many grantees used grant dollars to lobby state and local officials for the creation of new taxes and other legislation.

Grantees used CPPW funds to lobby.

In a letter to the House Committee on Oversight and Government Reform, the Department of Health and Human Services (HHS) noted that it was aware that at least one CPPW grant recipient, the South Carolina Department of Health, violated HHS's restrictions on using grant money for lobbying,² but there are other instances of grantees lobbying with federal dollars which have not received appropriate official oversight.

For example, in March of 2010, the Philadelphia Department of Public Health (PDPH) received a \$15 million CPPW grant for obesity prevention.³ A PDPH

¹ THE AMERICAN RECOVERY AND REINVESTMENT ACT OF 2009, 123 Stat. 115, 180 (2009).

² LETTER, Jim R. Esquea, Ass't Sec'y for Legislation, U.S. Dep't Health and Human Services, to Darrell Issa, Chrmn., Comm. Oversight & Gov't Ref., (Jun. 17, 2011) at 9.

³ AWARD SUMMARY, Philadelphia Department of Public Health, Award Overview, (Mar. 19, 2010), available at

presentation, bearing a CPPW grant logo, noted that the Department planned to use CPPW monies to “[i]nitiate, enforce, and evaluate **supportive policy and regulatory initiatives**” and to “implement a two-cent per ounce **excise tax on sugar-sweetened beverages** in Philadelphia.”⁴

Los Angeles County went a step further and hired outside lobbyists. The statement below is from a November 15, 2010 quarterly update prepared by the Los Angeles County Department of Public Health regarding their use of CPPW funds:

Project RENEW has **contracted** with the **California Center for Public Health Advocacy (CCPHA)** to **encourage the adoption of policies** to increase access to healthy foods and beverages and decrease access to sugar sweetened beverages in cities with childhood obesity rates above the county average. CCPHA staff is currently identifying cities within Los Angeles County with high levels of need that also have an **interest in adopting nutrition policies for targeted outreach**. In addition, RENEW has executed contracts with the cities of Pasadena and Long Beach to **pursue local nutrition policy change**. . . .⁵

The CCPHA subsequently received a \$795,000 sub-award from Los Angeles’s \$16 million CPPW grant.⁶ In 2010, CCPHA sponsored S.B. 1210, a bill to tax soda to fund childhood obesity prevention.⁷

Lobbying with CPPW funds was not limited to state and local governments. In May of 2010, the American Lung Association of Idaho/Nevada Inc. was awarded a \$1.4 million sub-award from a \$14.6 million grant that went to the Southern Nevada Health District.⁸ According to a 2010 American Lung Association report entitled “State of Tobacco Control”:

<http://www.recovery.gov/Transparency/RecipientReportedData/Pages/RecipientProjectSummary508.aspx?AwardIdSur=93904&AwardType=Grants> (Emphasis added).

⁴ POWERPOINT PRESENTATION, Philadelphia Department of Public Health, *available at* http://www.phila.gov/health/pdfs/NPA_CPPW_PPT.pdf. (Emphasis added).

⁵ QUARTERLY UPDATE: PROJECT RENEW & PROJECT TRUST at 1-2, Jonathan E. Fielding, (November 15, 2010), *available at* http://file.lacounty.gov/bc/q4_2010/cms1_154085.pdf (Emphasis added).

⁶ AWARD SUMMARY, Los Angeles County, CA, Award Overview, (Mar. 18, 2010), *available at* <http://www.recovery.gov/Transparency/RecipientReportedData/pages/RecipientProjectSummary508.aspx?AwardIdSur=97369&AwardType=Grants> (Emphasis added).

⁷ PRESS RELEASE, California Center for Public Health Advocacy, SB 1210 (Florez) – Taxing Soda to Fund Childhood Obesity Prevention, *available at* http://www.publichealthadvocacy.org/PDFs/CCPHA%20Fact%20Sheet_SB%201210.pdf (Emphasis added).

⁸ AWARD SUMMARY, Southern Nevada Health District, Sub-Award Transactions, (May 1, 2010), *available at* <http://www.recovery.gov/Transparency/RecipientReportedData/pages/RecipientProjectSummary508.aspx?AwardIdSur=94104&AwardType=Grants>.

The office received \$1.4 million over two years from a larger Communities Putting Prevention to Work federal stimulus grant. This exciting initiative allows the Las Vegas office to offer our traditional tobacco cessation programs as well as take on **advocacy and policy work**. In addition, the Las Vegas office became the fiscal agent for the Nevada Tobacco Prevention Coalition, a statewide coalition that works on **policy issues**; especially strengthening the **Nevada Clean Indoor Act** and a **tobacco tax increase**.⁹

While these are some of the starkest examples of the misuse of CPPW funds, Cause of Action has found evidence that a number of other grantees used federal funds to lobby. Enclosed in this letter is a catalogue of evidence suggesting widespread misapplication of CPPW funds by grantees.

Federal law prohibits using CPPW grant funds to lobby.

As you are aware, 18 U.S.C. § 1913 prohibits any:

money appropriated by any enactment of Congress . . . [to] be used **directly or indirectly** to pay for any personal service, advertisement, telegram, telephone, letter, printed or written matter, or other device, **intended or designed to influence in any manner**. . . [a] jurisdiction, or an official of any government, **to favor**, adopt, or oppose, by vote or otherwise, **any legislation, law, ratification, policy, or appropriation**[.]¹⁰

Violation of this statute exposes offenders to civil liability pursuant to 31 U.S.C § 1352, namely, “. . . a civil penalty of not less than \$ 10,000 and not more than \$ 100,000 for each such expenditure.”¹¹ In an October 6, 2011 letter to Health and Human Services Inspector General (IG) Daniel R. Levinson, we requested that the IG “launch an investigation into . . . violations of 18 U.S.C. §1913 that may have occurred with funds from the Communities Putting Prevention to Work grant.”¹² At present, it appears no investigation has taken place.

⁹ PRESS RELEASE, The American Lung Association, The State of Tobacco Control 2010 at 103, *available at* http://ftpcontent.worldnow.com/wkbt/PDF/Final_report.pdf (Emphasis added).

¹⁰ 18 U.S.C. § 1913 (Emphasis added).

¹¹ 31 U.S.C § 1352(c).

¹² Letter, William H. Hild III, Attorney, Cause of Action, to Daniel R. Levinson, Inspector General, Department of Health and Human Services, (Oct. 6, 2011), at 3.

Attorney General Eric Holder

March 16, 2012

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Given the widespread nature of the suspicious activities compiled herein, we request that the DOJ launch a comprehensive investigation into the use of CPPW grant monies to lobby and influence state and local officials in favor of anti-soda and anti-tobacco legislation. American citizens deserve to know whether their tax dollars are being funneled to lobbyists in violation of federal law.

Sincerely,



DANIEL Z. EPSTEIN
EXECUTIVE DIRECTOR

Encl. 20 Liability Alert Letters from Cause of Action to CPPW grant recipients

EXHIBIT

11



MEMORANDUM

April 5, 2012

To: Senate Homeland Security and Governmental Affairs Committee
Attention: Trey Hicks

From: Cynthia Brougher, Legislative Attorney, x7-9121

Subject: **Prohibitions on Lobbying Local Governments with Federal Funds**

This memorandum responds to your request for an analysis of the applicability of 18 U.S.C. § 1913 (section 1913) to lobbying local governments and of the Office of Management and Budget's Circular No. A-122 (Circular A-122) to lobbying local governments. You noted that Section 1913 prohibits the use of federally appropriated funds, with some exceptions, for the purpose of lobbying "any government," while Circular A-122 prohibits recipients of contract and grant funds from using such funds to lobby with respect to "Federal or State legislation." Specifically, you asked whether one or both of these provisions prohibit lobbying local governments and whether recipients of federal grant funds may avoid liability under section 1913 if they are in compliance with Circular A-122. You also inquired about the penalties that might be imposed for violations of section 1913.

This memorandum outlines the restrictions and associated penalties of section 1913 and the relevant restrictions imposed by Circular A-122. It analyzes the effect of the respective restrictions as they may be applied to local government. Because section 1913 prohibits the use of any appropriated funds for the purpose of lobbying at any level of government and Circular A-122 is an internal guidance document aimed only at a subset of appropriated funds (i.e., non-profit organizations receiving appropriated funds through grants and contracts), the broader prohibition in section 1913 would apply to such non-profit organizations, thus barring them from lobbying at the local level.

Lobbying with Appropriated Funds (18 U.S.C. § 1913)

Congress has generally prohibited lobbying with appropriated funds. With few exceptions, federal funds appropriated by Congress may not be used to influence government officials at any level:

No part of the money appropriated by any enactment of Congress shall, in the absence of express authorization by Congress, be used directly or indirectly to pay for any personal service, advertisement, telegram, telephone, letter, printed or written matter, or other device, intended or designed to influence in any manner *a Member of Congress, a jurisdiction, or an official of any government*, to favor, adopt, or oppose, by vote, or otherwise, any legislation, law, ratification, policy,

or appropriation, whether before or after the introduction of any bill, measure, or resolution proposing such legislation, law, ratification, policy, or appropriation....¹

The law includes two exceptions. First, officers and employees of the United States may communicate with “any such Member or official, at his request, or to Congress or such official, through the proper official channels” regarding requests for official actions deemed “necessary for the efficient conduct of the public business.”² This exception would allow government officials to seek input from other officials with information relevant to their consideration of a particular measure without violating section 1913. The second exception permits any communication that, if prohibited, would violate the Constitution or interfere with foreign policy, intelligence, or national security concerns.³

Section 1913 states that violations under its prohibition “shall constitute violations of section 1352(a) of title 31,” which restricts the use of congressionally appropriated funds to federal grant, contract, and loan recipients to pay for lobbying.⁴ Individuals who violate these prohibitions may be penalized “not less than \$10,000 and not more than \$100,000” per expenditure in violation of the law.⁵

OMB Circular A-122

The Office of Management and Budget (OMB) has adopted specific restrictions on the use of federal grant funds, which are outlined in Circular A-122.⁶ Under these provisions, non-profit grantees of the federal government may not be reimbursed out of a federal grant for their lobbying activities, or for political activities, unless authorized by Congress. These restrictions apply to attempts to influence any federal or state legislation through direct or “grassroots” lobbying campaigns, or political campaign contributions or expenditures, but exempt any activity authorized by Congress, or when providing technical and/or factual information related to the performance of a grant or contract when in response to a documented request.

Specifically, OMB Circular A-122 provides that federal grant monies may not be used for, and direct or indirect costs may not be charged to, a federal grant for the following:

- (1) Attempts to influence the outcomes of any Federal, State, or local election, referendum, initiative, or similar procedure, through in kind or cash contributions, endorsements, publicity, or similar activity;
- (2) Establishing, administering, contributing to, or paying the expenses of a political party, campaign, political action committee, or other organization established for the purpose of influencing the outcomes of elections;
- (3) Any attempt to influence: (i) The introduction of Federal or State legislation; or (ii) the enactment or modification of any pending Federal or State legislation through communication with any member or employee of the Congress or State legislature (including efforts to influence State or local officials

¹ 18 U.S.C. § 1913 (emphasis added).

² *Id.*

³ *Id.*

⁴ *Id.*

⁵ 31 U.S.C. § 1352(c)(1).

⁶ See “Cost Principles for Non-Profit Organizations,” Circular No. A-122 Revised (May 10, 2004), Attachment B, para. 25, available at <http://www.whitehouse.gov/omb/circulars/a122/a122.html>. (hereinafter OMB Circular A-122) See also CRS Report RL34725, “Political” Activities of Private Recipients of Federal Grants or Contracts, by Jack Maskell.

to engage in similar lobbying activity), or with any Government official or employee in connection with a decision to sign or veto enrolled legislation;

(4) Any attempt to influence: (i) The introduction of Federal or State legislation; or (ii) the enactment or modification of any pending Federal or State legislation by preparing, distributing or using publicity or propaganda, or by urging members of the general public or any segment thereof to contribute to or participate in any mass demonstration, march, rally, fundraising drive, lobbying campaign or letter writing or telephone campaign; or

(5) Legislative liaison activities, including attendance at legislative sessions or committee hearings, gathering information regarding legislation, and analyzing the effect of legislation, when such activities are carried on in support of or in knowing preparation for an effort to engage in unallowable lobbying.⁷

Thus, the provisions of Circular A-122 specifically prohibit grant recipients from lobbying with respect to federal or state legislative measures, but are silent with regard to their ability to lobby with regard to local legislative measures.

Effect of Section 1913 and Circular A-122 on Lobbying Local Governments

Section 1913 and Circular A-122 are independent prohibitions on the use of federally appropriated funds. Thus, compliance with one prohibition does not constitute compliance with the other. Section 1913 applies to all appropriated funds, while Circular A-122 applies only to a subset of appropriated funds – funds distributed through grants and contracts to non-profit organizations. Because section 1913 is broader and is generally applicable to all appropriated funds, any restrictions that it may impose would apply regardless of whether Circular A-122 does not explicitly provide the same breadth of restrictions.

Circular A-122 serves as an internal guidance document for executive agencies. Circulars are documents issued by OMB “to communicate various instructions and information to the executive departments and establishments.”⁸ OMB has indicated that Circular A-122 “establishes principles for determining costs of grants, contracts and other agreements with non-profit organizations.”⁹ It directs all federal agencies to use those principles when determining the costs of work performed by such organizations, including the permissibility of certain expenses, such as lobbying.¹⁰

As discussed above, Circular A-122 specifically prohibits lobbying with respect to federal, state, or local elections or ballot measures. However, it specifically prohibits lobbying with respect to legislative measures only at the federal and state level. This arguably may be interpreted to mean that funds subject to Circular A-122 may be used for lobbying activity related to local legislative measures.¹¹ However,

⁷ OMB Circular A-122, Attachment B, para. 25a.

⁸ See “Bureau of the Budget’s System of Circulars and Bulletins to Executive Departments and Establishments,” Circular No. A-1 Revised (Aug. 7, 1952), available at http://www.whitehouse.gov/omb/circulars_a001/.

⁹ OMB Circular A-122, para. 1.

¹⁰ OMB Circular A-122, para. 3a; OMB Circular A-122, Attachment B, para. 25.

¹¹ The inclusion of local government in the bar of funds being used influencing federal, state, or local elections may be contrasted with the exclusion of local government in the bar of funds being used for influencing federal or state legislation. The Supreme Court has explained that if particular language is included in one section but omitted in another, “it is generally presumed that Congress acts intentionally and purposely in the disparate inclusion or exclusion.” See *Keene Corp. v. United States*, 508 U.S. 200, 208 (1993) (quoting *Russello v. United States*, 464 U.S. 16, 23 (1983)); see also CRS Report 97-589, *Statutory* (continued...)

even if an entity receiving funds regulated by Circular A-122 may be permitted to lobby with respect to local legislative measures, it would not be exempt from the general statutory prohibition contained in section 1913. The broad ban on lobbying at all levels of government under section 1913 would include lobbying with respect to local legislation. Thus, regardless of the applicability of Circular A-122 to lobbying at the local level, entities receiving public funds – through direct funding programs or grant programs regulated by Circular A-122 – are barred from lobbying *any* government, including local government.

It is important to note that although it appears section 1913 would apply regardless of compliance with Circular A-122, the Department of Justice (DOJ) has never enforced the provision since its original enactment. In two agency memoranda, DOJ has indicated that the law has limited the breadth of its enforcement.¹² Additionally, the prohibitions imposed by section 1913 may not apply if Congress has authorized a particular program or activity.¹³ If Congress authorizes a program that provides grants to advocate or promote a certain cause, one may argue that it has removed the restrictions otherwise imposed by section 1913 and recipients may use such funds to lobby at the local level.

(...continued)

Interpretation: General Principles and Recent Trends.

¹² See *Constraints Imposed by 18 U.S.C. § 1913 on Lobbying Efforts*, 13 Op. O.L.C. 300 (Sept. 28, 1989) (narrowly interprets section 1913 to prohibit a limited class of lobbying activity); U.S. Dep't of Justice, Office of Legal Counsel, *Guidelines on 18 U.S.C. § 1913* (Apr. 14, 1995) (reiterating the agency's narrow interpretation of section 1913's broad terms).

¹³ See 18 U.S.C. § 1913.

EXHIBIT

12

Smoke Free Florence Timeline

The following timeline is based on events that are verified and validated by multiple Circle Park staff members, emails and documents. Understanding that this timeline has been developed by Circle Park staff, every effort has been made to ensure that it is an honest and factual accounting of the key events pertaining to the Florence County Coalition/Circle Park responsibilities during the CPPW grant initiative to date.

Agencies/Organizations

- ▶ SFF – Smoke Free Florence
- ▶ CPPW - Communities Putting Prevention to Work
- ▶ CDC - Center for Disease Control
- ▶ DHEC - Department of Health and Environmental Control
- ▶ CPBHS – Circle Park Behavioral Health Services
- ▶ FCC – Florence County Coalition for Alcohol and Other Drug Abuse Prevention
- ▶ AET – Alcohol Enforcement Team

Key Players

- ▶ Sharon Biggers, Director SC DHEC Tobacco Control
- ▶ Hellen Dekle, Public Policy, SC DHEC Tobacco Control
- ▶ Ian Hamilton, SC DHEC, CPPW Project Director
- ▶ Louis Eubank, Director, SC Tobacco Collaborative
- ▶ Lori Phillips, DHEC, Region IV Liaison
- ▶ Jennifer Leach, SFF Project Coordinator
- ▶ Leah Hickman, SFF Youth Coordinator
- ▶ Renee Wiley, SFF School Policy Coordinator
- ▶ Desiree Overby, SFF Media Coordinator
- ▶ Clyde Nance, Director of Prevention Services
- ▶ Russ Terrell, Deputy CEO Circle Park BHS
- ▶ Randy Cole, CEO Circle Park BHS
- ▶ Dawn Hancock, Regional Capacity Coach, Circle Park BHS

October 2009

- ▶ Ms. Hancock worked with Ms Lori Phillips, FCC member and DHEC Region IV staff member, on grant vision and data needed for grant application.
- ▶ Ms. Phillips and Ms. Hancock agreed to use the FCC and AET proven successful strategies and initiatives as basis for key objectives of the grant application.

March 2010

- ▶ Received notification that SC DHEC, Florence County Coalition and Horry County Breathe Coalition had collectively received approximately \$6 M in CPPW Grant Funding.

June 2010

- ▶ SC DHEC CPPW contract providing \$2.1M in funding received and signed by Circle Park.

July 2010

- ▶ Jennifer Leach and Renee Wiley hired as program coordinators
- ▶ Smoke Free Florence headquarters established at 619 Gregg Avenue.
- ▶ Press conference conducted announcing CPPW grant award and collaborative partners.

August 2010

- ▶ Weekly staff meetings with SFF staff and Ms. Phillips initiated.
- ▶ Community Action Plan (CAP) objectives initiated.
- ▶ Florence School District Five (Johnsonville) adopts smoke free model school policy.
- ▶ Ms. Lori Phillips requested a meeting with the SC Tobacco Collaborative director, Mr. Louis Eubanks. Ms. Sharon Biggers, Director of SC Tobacco Control at SC DHEC, Mr. Larry White, project coordinator of Smoke Free Horry and Mr. Clyde Nance of the SFF to discuss the concerns and issues involved in state level oversight and communication of project to date. These concerns focus on Mr. Ian Hamilton's, State CPPW Project Director, ignoring request to not contact local school and community members, inundating SFF program coordinators and Ms. Phillips with multiple, daily contacts and informational request and his perceived condescending and demeaning manner of communication with Ms. Phillips and the SFF staff. It was agreed that Mr. Hamilton would not be allowed to contact any members or residents of Florence County, that he would only communicate with Ms. Phillips of DHEC and she would in turn communicate his needs to the staff, and that he was not to have direct communication with the local CPPW funded Circle Park Staff. A 30 day period was agreed upon to see if these issues improved and the group agreed to touch base at the Tobacco Summit in Columbia, SC on October 1, 2010 if improvement had not been noted. Mr. Hamilton's duties were explained that he provides technical assistance as requested, ensures that all mandated reporting is completed and observes the process to make sure it is community driven.

September 2010

- ▶ SFF Coalition members recruited
- ▶ CDC site visit conducted.
 - ▶ CDC officer met with several key community members
 - ▶ CDC officer attended the monthly FCC meeting.
 - ▶ Interim project coordinator Clyde Nance and FCC coordinator Dawn Hancock presented to the CDC officer and DHEC staff an overview of the tobacco prevention and awareness activities that would be conducted by the SFF staff in Florence County to engage and garner the support of the community in supporting the smoke free municipal ordinances and smoke free school policies.

Mr. Nance and Ms. Hancock received strong support from the CDC officer in utilizing these proven effective and successful efforts in our community.

- ▶ CDC officer announced that securing the comprehensive smoke free municipal ordinances will be the number one priority with the SFF initiative and 100% adoption will be the determining factor to if the grant has been successful or not.
- ▶ CDC officer assures the FCC and staff members that this project will not negatively affect their relationships in the community in anyway and should be implemented so that the community does not even know that it is here.
- ▶ CDC sponsored Community Action Plan (CAP) development training in Atlanta, GA where staff with the assistance and facilitation of CDC developed an action plan that would "guide" them thru the community process. CDC facilitator strongly endorsed and encouraged SFF staff to use programs such as RIDDE to educate the community and garner support for CAP objectives.
- ▶ Hiring of Leah Hickman as youth coordinator and Desiree Overby as media coordinator.

October 2010

- ▶ School surveys conducted in all five school districts. School Districts 2-5 each conducted one survey, and FSD 1 was required to conduct three.
- ▶ Evaluation process initiated by FMU/USC.
- ▶ Transfer of project coordination to Jennifer Leach. Mr. Nance would now serve in an advisory and administrative role and provide assistance as requested by project coordinator.
- ▶ FCC requested budget amendments forwarded to SC DHEC for review and approval.
- ▶ Mr. Nance learns that Ms. Lori Phillips had communicated to Circle Park staff members and SFF coalition members that the staff had stated to her that they were unhappy with the supervision by Mr. Nance, that they were threatening to quit the SFF initiative and that Mr. Nance's micro management style was going to not allow the SFF initiative to succeed. In a phone call with Ms. Phillips to discuss her concerns, Mr. Nance firmly and directly addressed with Ms. Phillips' behavior particularly as a collaborative partner and stated that it was unprofessional and unethical for her to approach CP staff and SFF coalition members and express her personal critiques that would only serve as an attempt to undermine his role. Mr. Nance discussed with the staff individually and collectively. The staff categorically denied the statements that Ms. Phillips had "put in their mouths". Mr. Nance reported the issue to Mr. Randy Cole, CEO of CPBHS. He also interviewed staff individually and collectively and found no issues or concerns by the staff that related negatively to Mr. Nance's supervision of the project and were most concerned with what Ms. Phillips true purpose was. The CP staff repeatedly requested to meet with Ms. Phillips for the following two weeks to discuss her actions and she

refused to meet with them to explain why she would twist, create and make false statements in regards to their feelings about CP or their supervision. Subsequently, Ms. Phillips reported that Mr. Nance “screamed and shouted” at her on the phone when he expressed to her his dislike of her unethically and unprofessional behavior, though there were 3 other staff members present in the CP Prevention Services building during this phone conversation and no one heard Mr. Nance raise his voice during the conversation.

November

- ▶ Mr. Kerry Floyd and Media Source One are obtained as the media consultant for the project.
- ▶ Ms. Desiree Overby, media coordinator, develops and initiates a media campaign to support the SFF initiative.
- ▶ Ian Hamilton granted full and “unfettered” access to SFF staff and community by Ms. Biggers of SC DHEC to include general oversight of the project.
- ▶ Mr. Hamilton mandates that the Circle Park name and logo from ANY and EVERY thing related to SFF.
- ▶ Ms. Sharon Biggers met with Randy Cole, Circle Park BHS director and John Coffin, Shoreline BHS Director (Horry County). She reviewed CPPW initiative to date. Ms. Biggers stated during the meeting that :
 - ▶ She was aware that Mr. Hamilton was unhappy with the fact that Circle Park CPPW funded staff were participating in tobacco prevention education activities, not specifically detailed in the CAP objectives. Ms. Biggers stated that she had “no problem” with the CPPW funded staff participating in these type activities as long as their CAP objectives were being met in a timely manner.
 - ▶ At this time, she had no concerns with the SFF grant initiative or Circle Park’s role to date and looked forward to many successes in the future.

December

- ▶ Budget meeting held with Lori Phillips and Ian Hamilton to address, review and answer questions pertaining to the Florence County Coalition’s requested budget amendments forwarded to DHEC in October, 2010.
- ▶ Request received from Mr. Hamilton for budget amendments that were addressed at the December meeting to be provided to him, in writing, with supporting justification.
- ▶ A major point of contention with Mr. Hamilton was where SFF weekly staff meetings are to be held. Mr. Hamilton mandates that they are to be conducted in the SFF conference room that comfortably seats 8, but as many as 11 staff members are attending the meetings. Ms. Jennifer Leach, who is the project coordinator, and has direct oversight

and management of the SFF initiative, determines that it is more appropriate to meet in the Prevention Center conference room that comfortably seats 14. Mr. Hamilton, the previous month, had also mandated that a conference call phone and line to be put in the Circle Park conference room so that the evaluation team and other interested parties could attend the meeting via phone if they were not able to do so in person. Circle Park had taken the time and expense to install this land line and it was now available in the Prevention Center Conference Room. (Mr. Hamilton stated that he did not want to meet at the Circle Park Prevention Center conference room because Mr. Nance's office was in this same building and Mr. Nance could overhear the content of the meetings and that would be counterproductive.) On December 13th, Mr. Hamilton arrived for the weekly SFF meeting and Ms. Leach advised him that it would be held as usual in the Prevention Center conference room. In his frustration, Mr. Hamilton slammed his brief case into a chair in the SFF conference room and his actions were witnessed by SFF staff as well as a visitor to the building and he left the SFF building and went to Circle Park administration office. He requested to meet with Randy Cole, CEO, who was unavailable, and he was directed to meet with Mr. Russ Terrell, Deputy CEO. During Mr. Hamilton's meeting with Mr. Terrell, he stated:

- ▶ DHEC staff are frustrated with the SFF initiative
- ▶ Information is being withheld, CP staff is not open with the DHEC staff
- ▶ CP and its SFF efforts are receiving negative attention
- ▶ Ms. Leach is the project coordinator and should be making the day to day decisions, but Mr. Nance is making them

Mr. Terrell asked for specific examples of each of Mr. Hamilton's concerns, several times, and Mr. Hamilton could not provide any examples and simply continued to repeat his 4 complaints with no justification or explanation provided.

- ▶ CDC monthly conference call to review grant status initiated. Mr. Hamilton provided status of Circle Park responsibilities to CDC and Circle Park was rated low on performance to date with most of their CAP objective responsibilities. During the conference call meeting, SFF staff provided accurate information and CDC upgraded the scoring to reflect CP was meeting and on track with responsibilities.
- ▶ CDC determined that the only problem areas were the DHEC CAP responsibilities of Soulfully Fit and Health System Objectives, as well as providing additional information to allow the project store alert objectives to move forward.
- ▶ Florence School District Four (Timmonsville) begins to address adoption of model school policy.

January 2011

- ▶ The FCC's request for its budget amendments' questions were answered in full detail in writing and forwarded to Mr. Hamilton.
- ▶ Mr. Hamilton stated to Ms. Jennifer Leach that the Soulfully Fit Initiative is distinctly behind schedule and asked Ms. Leach for her assistance in determining why this is the case.
- ▶ Notification was received that one line item of the budget request had been approved by Mr. Hamilton, and that was the DHEC responsibility of the Soulfully Fit church initiative. (Increased from \$25,000 to \$50,000).
- ▶ 2nd CDC conference call review. Only 2 areas of concern are DHEC's responsibilities of the Soulfully Fit and Health Systems Initiative.
- ▶ Per the CDC: "Circle Park's responsibilities are deemed to be on track and moving forward and the CDC anticipates continued successes during the next quarter."
- ▶ Circle Park funded CPPW staff write and develop a community newsletter to share information about the SFF effort with their community. Mr. Hamilton reviews the community newsletter and virtually re-writes the entire newsletter. When Ms. Leach addresses this with Mr. Hamilton, he states to her that the Circle Park CPPW funded staff efforts can only be good, which he finds to be unacceptable, and only with his input and assistance can their efforts be great. Ms. Leach, as the project coordinator, determines that the newsletter written by the SFF staff for the Florence Community goes out as written.
- ▶ Jennifer Leach resigned as SFF project coordinator.
- ▶ January 31st – Ms. Biggers, DHEC staff and SFF staff met for Year One review of progress to date.
 - ▶ Circle Park was heavily reprimanded and chastised for its performance to date in carrying out SFF initiatives. (See Ms. Biggers' minutes of the meeting). Though CP staff felt that the information was not an accurate portrayal of year one, it was agreed by staff that it was in the best interest of the project to move forward and not question the report at that time.
- ▶ Ian Hamilton was named as the interim SFF Project Coordinator.
- ▶ Ms. Leah Hickman designated as second hand smoke coordinator to solely focus on pursuit of smoke free ordinances.

February

- ▶ SFF initiative focuses on the pursuit and passage of the upcoming Florence Smoke Free ordinance.
- ▶ Ms. Biggers and Ms. Dekle begin to regularly attend SFF weekly staff meetings providing direction on all activities in pursuit of the SFF ordinance's passage.

- ▶ Ms. Helen Dekle, second-hand smoke policy coordinator for SC DHEC, assigned to focus all of her efforts on this project and attend all staff, SFF coalition and other meetings. She is placed in charge of SFF community effort and to have direct oversight of the local project including all efforts to influence key community decision makers and council members to support and vote for the SFF ordinance.
- ▶ Ms. Helen Dekle mandated that any community contacts or presentations by Circle Park funded SFF staff must have a DHEC employee present.
- ▶ Ms. Helen Dekle advises CPPW funded CP staff not to identify themselves as Circle Park staff but as SFF staff.
- ▶ Mayor Gene Gainey of Pamplico resigns from the SFF Coalition and announces plans to introduce a comprehensive smoke free ordinance for the town of Pamplico.
 - ▶ Mayor Gainey requested that no outsiders attend his ordinance introduction and that only Ms. Wiley and Ms. Hickman attend to do a brief presentation on the dangers of second hand smoke and the importance of a smoke free ordinance.
 - ▶ Disregarding his request, Ms. Helen Dekle and Mr. Ian Hamilton both attended the council meeting and decided to address the council on the need and importance of passing a smoke free ordinance.
 - ▶ The council did not respond positively or favorably to their appearance and presentation. In fact, one council member expressed during the meeting, that he was offended by the condescending tone of their remarks.
 - ▶ SFF staff not invited to participate further in the pursuit of smoke free ordinance in Pamplico.
- ▶ Ms. Dekle visits privately with key decision makers in the Florence community to garner their support of the smoke free ordinance and assigns staff to contact a list of nearly 50 community members to request them to speak at SFF ordinance community hearing. Also, directs SFF staff to create and provide talking points for speakers at community hearing and letters to the editor of local newspapers.
- ▶ Kelly Davis of Columbia, and her public relations firm, hired to conduct a public opinion poll and provide media and public relations for Smoke Free Florence. Circle Park is requested to determine the best way to contract with Ms. Davis using SFF initiative grant dollars.

March 2011

- ▶ Ms. Kelly Davis' media firm secures public opinion poll in support for smoke free Florence ordinances and also conducts public opinion district specific poll on councilmen Buddy Brand and Glynn Willis' districts in an attempt to influence their support for DHEC desired comprehensive ordinances. Mr. Brand and Mr. Willis are targeted as a result of their compromise position on the ordinance.

- ▶ Ms. Helen Dekle contacted SFF staff on Friday night, March 18th, with an emergency phone call to say that the March 7th and March 14th staff's meeting minutes, which are the only ones that have not been officially approved and distributed, are not to be released to anyone. She also asked who they may have already been released to.
- ▶ DHEC staff notifies Circle Park staff that the CDC has reprimanded DHEC for their activities in pursuit of the SFF ordinance and threatens to terminate funding and shut down the SC Tobacco Collaborative.
- ▶ DHEC puts SFF efforts on hold while determination can be made as to what activities it has conducted that may or may not have involved illegal lobbying.
- ▶ Ms. Biggers and Ms. Dekle mandate that all staff meeting minutes are to be reviewed and approved by them before they are sent to staff for their review and approval.
- ▶ Circle Park CPPW funded staff receive information that staff can only attend future SFF Coalition meetings ONLY if they are DIRECTLY invited by the SFF Coalition. And that in regards to the pursuit of smoke free ordinances that they can only be lead by volunteer coalition members.
- ▶ Ms. Sharon Biggers, Hellen Dekle, and Ms. Kelly Davis completely pullout of the SFF initiative and cease to attend weekly staff meetings that they had been directing since February 1, 2011.
- ▶ Florence School District One (Florence) adopts smoke free model school policy.
- ▶ Ms. Deborah Dunbar is hired as the new SFF project coordinator, replacing the interim SFF coordinator Ian Hamilton.
- ▶ Initial months of Quit line are running higher than anticipated and additional funding may be needed to ensure its provision through the contract date.

April 2011

- ▶ SC DHEC provides training to Circle Park's CPPW funded staff on guidelines to appropriate advocacy vs. lobbying for municipal ordinances and polices.
- ▶ CP was notified that the CPPW funded Second-hand Smoke Coordinator position determined by DHEC to be the most important position in grant at Januarys 31st meeting and is completely dedicated to the pursuit of smoke free municipal ordinances in Florence County has been terminated.
- ▶ DHEC conducts school round table with the five Florence school districts to pursue model school policy adoption in all five school districts (School District One and Five have already adopted, School District Four has initiated discussions).
- ▶ FCC, in a special called meeting, discusses its issues and concerns with the activities that have been conducted by SC DHEC and SC Tobacco Collaborative in regards to the pursuit of smoke free municipal ordinances and the resulting damage in its relationships with the community and its collaborative partners; as well as the lack of any information

provided by SC DHEC to why such a drastic altering of the mission and objectives of the SFF initiatives has taken place. The FCC unanimously agrees and recommends that a request be sent to Ms. Sharon Biggers to meet with the coalition to address their concerns.

- ▶ Circle Park's CPPW funded staff receive the yet to be approved and embargoed minutes from the 3.7.11 meeting and they had been heavily altered with over 40 key alterations from its original version previously provided to the staff in early March. In summary, the names of Ms. Biggers, Ms. Dekle, Ms. Davis, Mr. Hamilton and Ms Phillips have been removed and often replaced with the term "coalition". Circle Park CPPW funded staff immediately rebuked the request to participate in the adoption of these heavily altered minutes for the following reasons:
 - ▶ They feel that the minutes are dishonest and do not portray what actually happened in the meeting
 - ▶ They feel intimidated by this request because they fear they may lose their jobs if they do not approve the minutes
 - ▶ They inquire in regards if contacting legal counsel would be needed to assist them in determining the most appropriate response.
 - ▶ A DHEC staff member informed them that the purpose of the heavily altered minutes and their adoption was to lessen the potential further implication of Ms. Sharon Biggers' involvement in possible lobbying activities that she had directed in the pursuit of SFF ordinances. The staff felt that agreeing to this adoption of the altered minutes could potentially make them complicit in illegal activities and possible cover up.
- ▶ When Mr. Hamilton learned that the Circle Park CPPW staff refused to participate in the adoption of these minutes, he requested their reasons. When advised of their reasons for not participating, he shortly thereafter provided another version of the minutes that had slight changes to some of the wording and he had returned all the names and an accurate and honest accounting of the meeting.

**Year One Review-Florence County
Meeting Minutes
January 31, 2011**

Present:

Randy Cole, Russ Terrell, Clyde Nance, Jennifer Leach, Leah Hickman, Renee' Wiley, Desiree Overby, Cheryl Black, Owens Goff, Derrick Mims, Suzette McClellan, Lori Phillips, Wanda Green, Ian Hamilton, Sharon Biggers.

Opening Remarks:

Owens Goff with the Bureau of Community Health and Chronic Disease Prevention at SC DHEC opened the meeting. Following a round of introductions, Owens

Review of Project Purpose:

Despite the suggestion by Lori Phillips, once staff was on board with the project, the group was not convened to meet and assure that everyone understood the project and what CDC's purpose of funding was. To recap, CDC's director, Dr. Thomas Frieden, former director of the NY State Health Department developed a strategy, MAPPS, based on the successful program "One Million New Quitters" implemented in the state. This strategy, MAPPS, stands for "Media, Access, Point of Purchase, Price and Support". Each of these areas were clearly defined and represent the methodology adopted by CDC *Best Practices* efforts, which, if encapsulated, stand for "Health Communications", "Access to Smoke-free Environments", "Point of Purchase Advertising restrictions", "Price/Taxation", and "Programs to encourage quitting/Quitlines". Given this framework, Sharon Biggers worked with Lori Phillips and the local coalition members to develop the Community Action Plan (CAP) for Florence. The corresponding budget was developed to support implementation of the CAP based on what has worked in other communities in South Carolina. In funding the project, CDC's intent was for the community to implement the approved plan with fidelity, so that it could be accomplished given an appropriate amount of guidance and resources. It needs to be emphasized that the intent was to implement the plan with fidelity, otherwise, time would be wasted and the two years would be complete before real change could be realized. This project would not offer the opportunity to revise activities unless the original activity failed and new strategies were learned from that failure. Unfortunately, a great deal of time and effort has gone into trying to revise or ignore the CAP in favor of trying to implement the strategies important to others. As stated before, this is not allowable under this particular project. Since the Year 1 mark is fast approaching, we must now turn back to the CAP for the remainder of the project. We will spend time with the CAP today with everyone present so that we can all be on the same page as we move forward so that we can assure CDC we're implementing the plan with fidelity and will be able to give them the information and outcomes they are looking for in the project.

Clarification of Staff Roles

Jennifer has resigned her position as Project Coordinator, thus Sharon has asked Ian to step in and serve in this capacity until a suitable replacement can be secured. Ian will take on the task of directing activities and assuring the CAP is implemented appropriately. A discussion followed regarding staff roles:

Renee Wiley: When asked, Renee' stated that she was 100% on the CPPW project. She should be serving as school coordinator, but stated that she has been working on Synar. Sharon followed up immediately to point out that Synar activities are NOT allowable under this project, and that this has been emphasized at least three times before. Sharon will be working to determine the exact number of hours Renee has actually been working on school policy adoption, so that it can be

Also, what is the purpose of the videos? If they do not target "smoke-free advocacy" specifically, then they are a waste of the project's resources and don't contribute to the overall effort. Sharon was assured that they pertain to smoke-free messages and advocacy. Sharon asked that Sam Brown be included in the upcoming scheduled training so that Rage can be included in the day's training.

This project will not be funded if Rage and the secondhand smoke focus are not included.

Also, there were questions about the TV spots that were planned. While they have been approved in concept, there has been concern about including valuable people in the process. One specific example is Rev. Mumford. Sharon expects that the Rev is included in this effort, and she will be following up to assure that this has occurred. Again, any youth involved should be those trained in Rage Against the Haze. ****Note:** a copy of the proposed protocol for media approval will be attached. From the DHEC standpoint, before any message or campaign can be run/conducted, they must receive written approval of the review committee, to include Ian and Mary-Kathryn.

Additionally, they must be provided a copy of the media that has been implemented (TV or radio spot, Print, etc.). It is DHEC's responsibility to assure that these media messages follow what is expected in the project. In our experience, it is best to run the media through for approval well before it is to be placed in order that it not miss its intended launch date.

Secondhand Smoke Coordinator: Jennifer had been splitting this role with the Project Coordination, as well as Leah serving some in this capacity. Given that this is the PRIMARY purpose of this grant, clarification must occur to assure that this position is continuing. Given its importance, I had tasked my secondhand smoke policy coordinator, Hellen Dekle to focus all of her efforts on this project. Those of you involved previously in this effort for Florence will remember Hellen as the one who facilitated the strategic planning meeting in November of 2009 following the first ordinance effort that lost by one vote. Many of the strategies identified at that time were included in the CAP and need to be implemented. Hellen also has a wealth of experience in communities across SC and will support the SHS coordinator throughout the remainder of the project, as well coalition members/advocates as they communicate the message of "WORKER HEALTH" non-stop throughout the campaign. Since Jennifer will be leaving shortly, Hellen will be contract the group within the next week to attend staff, coalition and Leadership Team meetings. As a reminder, this effort is of the HIGHEST PRIORITY FOR BOTH DHEC AND CDC. Our expectation is that there be open and effective communication throughout this effort. ****Note:** *Following the meeting, it was determined that Leah will serve as the SHS coordinator exclusively for the project. Hellen and Ian will be meeting with Leah, as well as the coalition chair to get a status update on the project and assure that the appropriate strategy is implemented.*

Health Systems Coordinator: This position was formerly held by Angela Hitch, but because of the delay in bringing aboard Dr. Dave Keely, it was vacated. Sharon stated that DHEC has been the cause of delay in this effort, as the hiring of Dr. Keely took way longer than it should have. Sharon will be directing this effort until it gets back on track. You will see substantial progress in this area in the near future. Lori has a prospective candidate and the position may be filled soon.

Faith Coordinator: Wanda Green, 100% effort through DHEC. Wanda stated that she is on target with the faith effort, and will have five new churches on board by March. A question was raised about how contractually she needed to proceed to help the churches receive their payment. It was determined that Wanda will submit paperwork to Ian, who will in turn submit it to Russ for processing.

Administrative Assistant: Cheryl Black, 50%

Discussion of Community Action Plan (CAP)

Sharon led a discussion of the Community Action Plan approved by CDC for the project. This CAP corresponds to the contract that was enacted between DHEC and the coalition, with Circle

Please note that under the contractual agreement, the state has the right to cancel, terminate, or suspend the contract if any contractor or subcontractor fails to comply with the reporting or operational requirements contained herein. Please know that if this is violated, it will bring your partner down with you. Sharon will be looking very closely and carefully to assure this does not occur. Also know that this is a major consideration as contractual language is reviewed with local partners. These partners are subject to audit just as the coalition and Circle Park are.

Reporting Requirements:

There is an enormous amount of accountability attached to this project. As with all other ARRA projects that have been received, these reporting requirements are well above and beyond what was initially established in the grant. Under accountability, CDC is measuring not just whether or not the project is on target for CAP implementation, but also the number of staff on board (i.e. number of new jobs created), the process by which we implement the project, and, as was just learned, we will be part of the CDC Case Study of the overall project. If there is a feeling that this is being watched over carefully, rest assured, it is. This is not typically the way the Division of Tobacco Prevention and Control operates, not DHEC for that matter, but it is what is expected of this grant. There is an expectation that clear, honest answers will be received in response to questions. Staff will most likely continue to hear from Ian or Sharon that an additional detail is needed, a report is required, a quick answer has been asked for, etc. Most likely this is because an "urgent request" has been received from CDC. Please bear with us and help as best you can to respond quickly and appropriately. Staff is also aware that monthly conference calls are now scheduled with the Project Officer, upon her request. Anna will be going through the CAP and asking for progress on each section. Please know that this is so she can accurately reflect what is going on and not a time to tell her what you think she wants to hear. Sharon will not tolerate any false information being provided to CDC, and will follow up with Anna if something is told that is known not to be true. This includes staff being told by supervisors to provide half-truths. With Sharon and Division staff's involvement, we intend to know every step.

Additionally, a quarterly report is required to CDC, the "1512 report", which is a federal guideline. In this report, Sharon must provide CDC with an estimate of how much of the funding has been expended, what percent of the project has been implemented, and if those two don't match, why. She must also provide them with an account of how many jobs have been created as a result. Another new report has been added to the mix, the Cost Study, which is being run by a federal contractor. We ask that all staff be as helpful as possible as we determine how to implement this study, what type of information is needed and how it will be obtained, and how we'll meet the established deadline.

Sharon stated that she has followed her notes completely and has used them to develop minutes from the meeting. These will be emailed to everyone present as a matter of record. She is hopeful that the next 12 months are full of accomplishment and excitement.

5.16.11

Dear Ms. Biggers:

On behalf of the Florence County Coalition, I would like to thank you for your willingness to meet with the Florence County Coalition to address its concerns with the state level driven activities in our community in the pursuit of smoke free ordinances in Florence County and the resulting issues we are now facing. In preparation for this meeting on May 24th and your desire to revisit the year one review meeting that you conducted on January 31, 2011 and your subsequent minutes, as a starting point, I would like to share some of my issues and concerns with the year one review meeting and your subsequent minutes.

I am disappointed that you determined that your minutes were deemed to be final and official without extending Circle Park an opportunity to provide their responses to ensure a fair, accurate and impartial portrayal of the activities conducted prior to January 31, 2011.

I would also be remiss at this time not to take this opportunity to address Circle Park's and the Florence County Coalition's key issues and concerns documented in your Year 1 review/report. I have summarized some of these concerns below and respectfully request that you provide responses to the questions that I have highlighted in order for the FCC to prepare for the upcoming meeting. They are as follows:

- To my knowledge every activity and program that has been conducted by the CPPW funded Circle Park Staff has directly supported the CAP objectives, and/or the mission and objectives of the Smoke Free Florence initiative. In fact, at the required CPPW training held in Atlanta in September of 2010, the CDC facilitator discussed that the CAP objectives served primarily as a guide thru the CPPW process, particularly in providing tangible activities to be evaluated but did not confine the community and staff's ability to provide other activities such as tobacco education and awareness programs and activities within their community. To my knowledge, the programs that you determined not to be appropriate, such as boys and girls clubs presentations and the RIDDE program (both of which focus on tobacco prevention, education and second hand smoke awareness activities and Florence City councilmen and Florence School District One board members actively participate in) were presented to the CDC facilitator at the Atlanta conference and the staff were applauded for such activities as these and were strongly encouraged to use these types of activities to educate and engage the community to support smoke free ordinances and tobacco free school policies. **Please provide to me the specific and factual examples of activities or strategies that were conducted by CPPW funded Circle Park Staff that ignored the community action plan and were not presented to and approved by the CDC facilitator at the CPPW Smoke Free Air Atlanta training conference and subsequently included in the action plan developed at this conference?**
- Obviously the issue of staff and funding being used on law enforcement activities is one that you were greatly concerned about. I understand that in the year one review meeting Ms. Renee Wiley stated that she does Synar and yes, she does do Synar, but she has in fact not participated

in it this year, or while being funded as a CPPW Circle Park staff member. I can find no factually based instances of any CPPW funded Circle Park staff participating in any type of law enforcement activities nor any funding used to conduct any law enforcement activities. **Since you spent a great deal of time and effort focusing on this issue in your year end report, please provide to me specific, factual law enforcement activities that have been conducted by Circle Park CPPW funded staff or any funding used to conduct law enforcement activities?**

- It is clearly stated in your Year 1 Review that budget amendments were to be considered only after it was determined that a CAP objective had failed, understanding that at this point, the only budget revision that had been approved is the DHEC responsibility of the Soulfully Fit CAP objectives. This budget was increased from \$25,000 to \$50,000. I am disappointed that this initiative had failed in our community since it is one that I am particularly interested in as a chaplain who has worked closely with the faith based community in Florence for 30 years. I am also very surprised to find that of the nine churches that have been contracted to date, all are African American based churches. I have received strong support for the Smoke Free Florence initiative from a wide range of churches in our community including Caucasian based ones. I would like to follow up with each of the Caucasian based churches that were contacted by Ms. Wanda Green to determine why they were not supportive of participating in an MOA/contractual agreement and encourage them to seriously consider supporting the SFF effort. **In an effort to determine why no MOA/contracts have been garnered from Caucasian based churches, could you please provide me a list of Caucasian based churches that were contacted and their point of contact?**
- I do strongly agree with your comments on how important it is that any agency participating with the SFF initiative provides clear and honest answers. In fact, I would consider providing any false, misleading or altered information, or attempting to do so, to be a most egregious act that I think you would agree should result in any individuals or supervisors directing or requesting or involving staff to participate in such activity being removed immediately from the project. I would assume that your comments in regards to staff providing half-truths or being directed to do so are only being made if you have specific, factual knowledge of this being done. **Are you aware of anyone involved in this project that has provided false, misleading or altered information, or attempted to do so, or been directed or requested to be involved in doing so? If so, please provide to me details of these activities and the names of those responsible and involved, so that we may address and determine the appropriate response immediately.**
- In regards to the confusion related to the SFF contract budget, it was my understanding that the original budget was at best an estimate and that the FCC would have the flexibility to move budget amounts to address unanticipated challenges as well as supporting the success of existing efforts. After the initial 3 months of the SFF initiative, the FCC had a better sense of the issues and challenges that it would be facing in our community and submitted several budget amendment requests to address anticipated increases in supply cost, more appropriate use of media funding, pursuit of school, municipal and law enforcement support, etc. in October of 2010. These requested amendments were a culmination of much discussion between Circle Park staff, FCC leadership and collaborative partners. On behalf of the FCC, the Circle Park staff

met with DHEC staff in December to review the requested amendments, as well as providing written justification for these requested amendments in January. To my knowledge, the only budget revision at this time that was approved was for the DHEC responsibilities involving the Soulfully Fit objective that was increased from \$25,000 to \$50,000. Numerous requests have been made for a response to the budget for the requested amendments and at this time have gone unanswered. As a result, we are only now beginning to provide contracts to community partners to secure their participation and support of the SFF initiatives nearly fifteen months into the project. In fact, there are over twenty community partners that have yet to receive a contract nor their contractual amounts determined. This has required a great deal of patience from our community and collaborative partners and in fact, we have seen it deter their initial passion and commitment that they felt for the SFF initiative as they have moved on to other community issues. **Please provide to me why the FCC's fiscal agent, Circle Park BHS, that had been advised of the availability and flexibility for the FCC to determine appropriate budget amendments to ensure the success of this effort, have yet to receive any approval or feedback on its request for nearly eight months?**

I am very disappointed that such a negative portrayal of the SFF initiative was documented and deemed official without an opportunity to respond and get clarification on a number of concerns and issues that were used as its foundation. During the initiatives first seven months, I personally had received a tremendous response from the community in regards to the SFF initiative, had observed tremendous progress being made in our community to increase the perception of risk of use of tobacco products and the risk of second hand smoke, had been made aware of the positive monthly reports from the CDC in regards to the FCC responsibilities and witnessed a great wave of momentum towards securing smoke free municipal ordinances and school policies. I am sure that your responses to my questions can assist me with a better understanding as to why such a negative portrayal was determined and used as a foundation for such a drastic change in the direction, guidance and ownership of this community process moving forward. Please provide your responses to me by Monday morning, May 23, 2011 so that I and the FCC will be adequately prepared to address these concerns in our meeting.

I look forward to your responses to the above referenced questions and seeing you on May 24th. We appreciate your efforts in assisting to ensure that the Florence community moves forward in its Smoke Free initiative.

EXHIBIT

13

Parker, Wilda (CDC/ONDIEH/NCCDPHP)

From: Reimels, Elizabeth (CDC/ONDIEH/NCCDPHP)
Sent: Tuesday, November 29, 2011 11:06 AM
To: Parker, Wilda (CDC/ONDIEH/NCCDPHP)
Subject: FW: CONFIDENTIAL - SC
Attachments: News Conference Talking Points Florence 3-9-11 Ian edits.doc; CPPW Florence County.docx

(b)(5)



From: Berkowitz, Anna (CDC/ONDIEH/NCCDPHP)
Sent: Tuesday, March 22, 2011 3:45 PM
To: Reimels, Elizabeth (CDC/ONDIEH/NCCDPHP)
Subject: FW: Friday Council meeting

From: Ian Hamilton [<mailto:IanHamilton@smokefreesc.org>]
Sent: Wednesday, March 09, 2011 8:46 PM
To: Berkowitz, Anna (CDC/ONDIEH/NCCDPHP)
Subject: FW: Friday Council meeting

Looks like the dark side has been busy. We are going to rally tomorrow with a press conference releasing survey #s and pushing advocate calls. Let you know what happens. Doesn't look good for the good guys.

lan

From: Victor N. Webster [mailto:victorw@cabems.com]
Sent: Wednesday, March 09, 2011 7:26 PM
To: 'Kelly Davis'; 'Lori Phillips'; 'octavia williams'; (b)(6)
Cc: 'Overby, Desiree'; 'Biggers, Sharon R.'; 'Dekle, Hellen'; 'Hickman, Leah'; IanHamilton@smokefreesc.org;
tsmallis@mcleodhealth.org
Subject: RE: Friday Council meeting

I just spoke with Glynn Willis (city-councilman) again. The ordinance (as it stands now) will not be supported. He and Buddy have decided to look at another amendment that states a business will have the right to choose to opt out of being smoke-free but they will have to put a sign at the entrances that tell people they are not a smoke-free facility. I do not know what to say other than I am embarrassed for our city right now.

What is the best option at this point? Do we continue to fight for the current ordinance although we know it is not going to pass or do we stand down and promote deferring the smoking issue to a public referendum in November? If either of these amendments are approved and applied to this ordinance, it will achieve absolutely nothing in terms of employee or patron health and make a mockery out of this entire effort.

Victor N. Webster
VP-Sales/Marketing
Carolina Ambulance Billing, LLC. (CAB)
A Nationwide Provider of EMS Billing Services Since 1992
217 Dozier Blvd, Suite 100
Florence, SC 29501
1-800-741-6920
victorw@cabems.com

(President-RiverSweepers.org)
(Executive Director- Keep Florence Beautiful)
(Co-Chairman-Smoke-Free Florence Coalition) www.saveourlungs.com
(Habitat For Humanity-Florence)
(Historic Florence Foundation)

From: Kelly Davis [mailto:kelly@davispublicrelations.com]
Sent: Wednesday, March 09, 2011 5:02 PM
To: Lori Phillips
Cc: Overby, Desiree; Biggers, Sharon R.; Dekle, Hellen; Hickman, Leah; IanHamilton@smokefreesc.org;
tsmallis@mcleodhealth.org; victorw@cabems.com
Subject: Re: Friday Council meeting

Have we reached a consensus about tomorrow? Please weigh in if you haven't already so I'll know when/what to tell the media. Must have speakers if we're going to have a news conference.

On Wed, Mar 9, 2011 at 4:59 PM, Lori Phillips <phillile@dhec.sc.gov> wrote:

I am heading home in just a bit - please feel free to call me on my cell phone (b)(6) if you need me before tomorrow.

Lori

>>> Kelly Davis <kelly@davispublicrelations.com> 3/9/2011 4:44 PM >>>

The most important audience for the release of the data is the city council. While we certainly want to generate some media coverage for the data, I think that option 1 or 2 will help us reach our target audience most effectively, and will still give us some press over the weekend in advance of the regularly scheduled council meeting on Monday.

If we go with option 1 (in person news conference tomorrow), I need to know ASAP who will be speaking so I can do talking points. At this point, it can be a scaled down event with one person releasing the data and maybe one other person reinforcing the health messages. We need to be sure that the supportive council members are invited, too. Our thinking (mine and Sharon's) was that we do the press conference at the complete conclusion of the meeting so that there isn't a possibility that media will be present while you are discussing coalition business. That's why we're thinking it would be at 1:00 or 1:30.

I do need to hear back from you by 5:00 p.m. today so we'll know how to proceed. Thanks!

On Wed, Mar 9, 2011 at 4:39 PM, Desiree Overby <desiree.overby@circlepark.com> wrote:

Usually, everyone eats first and then we meet (coalition meetings). Instead we meet (& briefly update them on what has been going on), have a press conference and then the coalition members can sit down and eat before they leave. We send out an alert tonight and stress to them that is very important that they attend tomorrow.

Desiree Overby

Media Coordinator

Smoke Free Florence

619 Gregg Ave.

Florence SC 29501

(843) 664-3980 Office

(843) 678.9721 Fax

(b)(6) Cell

desiree.overby@circlepark.com

www.smokefreeflorence.org

EVERYONE deserves to breathe smoke free air.





Become a Smoke Free Florence Fan!

From: Sharon R. Biggers [mailto:Biggersr@dhec.sc.gov]

Sent: Wednesday, March 09, 2011 4:27 PM

To: Desiree Overby; kelly@davispublicrelations.com; Lori Phillips

Cc: victorw@cabems.com; Leah Hickman; Hellen Dekle; tsmall@mcleodhealth.org; IanHamilton@smokefreesc.org

Subject: Re: Friday Council meeting

All-

I just spoke with Ian, and then saw the agenda for the "special" council meeting that was scheduled for 8:30 am on Friday. As you know, the press conference was going to be held to announce the polling numbers, which show substantial support for smoke-free workplaces, and Desiree and others were working on securing a location. Given that they have thrown in this meeting prior to the time we wanted to give them the polling information (and that after the meeting, decisions will already be made), Three options of how we can proceed are below:

- (1) Hold the press conference at the conclusion of the coalition meeting tomorrow at the SFF office. This will allow us to provide information to the media, use the smartboard for visuals (not enough time to do poster charts as planned), but have the chance to get the information out ahead of the meeting;
- (2) Don't hold a press conference, rather do a paper media release with an electronic press kit and assure that all council members receive the information prior to the meeting. In this scenario, we can make the press aware that we could answer questions, again, after the coalition meeting tomorrow;
- (3) Provide the council members with the polling information tomorrow, and keep the press conference as scheduled on Monday-- however, this would most likely result in the information really getting out after the vote when decisions are already made.

Kelly, if I didn't get these exactly right, please help correct me....We need to decide as a group how we plan to move forward. There are a lot of moving parts to this, so please make sure you provide your input as soon as possible. Please "reply to all" with your thoughts and suggestions....

Thanks-

Sharon

Sharon R. Biggers, MPH, CHES
 Director, Division of Tobacco Prevention and Control
 Bureau of Community Health and Chronic Disease Prevention
 SC DHEC
 1800 St. Julian's Place
 Suite 406
 Columbia, SC 29204
 (803) 545-4461
 Fax (803) 545-4503
Biggersr@dhec.sc.gov

>>> Kelly Davis 03/09/11 4:08 PM >>>

Sharon and I were just talking about that and will email some options in just a minute! Short answer is yes. :)

On Wed, Mar 9, 2011 at 4:05 PM, Lori Phillips <phillilc@dhec.sc.gov> wrote:

Here is the agenda for the Friday Council meeting at 8:30 am. Does the press conference not need to be held prior to this meeting?

Lori

>>> "Ian Hamilton" <IanHamilton@smokefreesc.org> 3/9/2011 12:42 PM >>>

Agreed.

Ian

From: Sharon R. Biggers [<mailto:Biggersr@dhec.sc.gov>]
Sent: Wednesday, March 09, 2011 12:40 PM
To: kelly@davispublicrelations.com
Cc: leah.hickman@circlepark.com; Hellen Dekle; Lori Phillips; IanHamilton@smokefreesc.org
Subject: Re: News from Octavia hit the news last night!!!

That would make the best sense to me so that we could get it on the noon news and try to keep it there over the weekend-

Sharon

Sharon R. Biggers, MPH, CHES
Director, Division of Tobacco Prevention and Control
Bureau of Community Health and Chronic Disease Prevention
SC DHEC
1800 St. Julian's Place
Suite 406
Columbia, SC 29204
(803) 545-4461
Fax (803) 545-4503
Biggersr@dhec.sc.gov

>>> Kelly Davis 03/09/11 12:20 PM >>>
Could we do it at 10:30 or 11:00?

On Wed, Mar 9, 2011 at 12:17 PM, Sharon R. Biggers <Biggersr@dhec.sc.gov> wrote:

We meet with Dr. Hester at 11:30 and the residents/attendings at noon.

Sharon

Sharon R. Biggers, MPH, CHES
Director, Division of Tobacco Prevention and Control
Bureau of Community Health and Chronic Disease Prevention
SC DHEC
1800 St. Julian's Place
Suite 406
Columbia, SC 29204
(803) 545-4461
Fax (803) 545-4503
Biggersr@dhec.sc.gov

>>> "Kelly Davis" 03/09/11 11:18 AM >>>
What time will that be?

Kelly J. Davis, APR
Davis Public Relations and Marketing

From: "Sharon R. Biggers" <Biggersr@dhec.sc.gov>

Date: Wed, 09 Mar 2011 11:15:04 -0500

To: <kelly@davispublicrelations.com>; Lori Phillips<PHILLILC@dhec.sc.gov>; <IanHamilton@smokefreesc.org>

Cc: <leah.hickman@circlepark.com>; Hellen Dekle<DEKLEHE@dhec.sc.gov>

Subject: Re: News from Octavia hit the news last night!!!

We have the training at McLeod on Friday, perhaps we could set it up with a number of white coats in the background?

Sharon

Sharon R. Biggers, MPH, CHES
Director, Division of Tobacco Prevention and Control
Bureau of Community Health and Chronic Disease Prevention
SC DHEC
1800 St. Julian's Place
Suite 406
Columbia, SC 29204
(803) 545-4461
Fax (803) 545-4503
Biggersr@dhec.sc.gov

>>> "Kelly Davis" 03/09/11 11:05 AM >>>

I was thinking the same thing. I'll get in touch with Carey and see if we can have all the materials by tomorrow and if he's available Friday.

Kelly J. Davis, APR
Davis Public Relations and Marketing

From: "Ian Hamilton" <IanHamilton@smokefreesc.org>

Date: Wed, 9 Mar 2011 10:35:23 -0500

To: 'Lori Phillips'<phillilc@dhec.sc.gov>; 'Sharon R. Biggers'<BIGGERSR@dhec.sc.gov>

Cc: <leah.hickman@circlepark.com>; <kelly@davispublicrelations.com>; 'Hellen Dekle'<DEKLEHE@dhec.sc.gov>

Subject: RE: News from Octavia hit the news last night!!!

Having read the article, it is worse than I originally thought. Should we move the survey press conference to Friday?

Then we'd be able to convey that:
> the majority wants it
> the majority of Rs want it
> it is a political win

We must get as many people as possible to communicate the "protect all workers in all indoor workplaces" message to council, especially Brand & Willis. Tomorrow's coalition meeting will be important.

Ian

From: Lori Phillips [mailto:phillilc@dhec.sc.gov]

Sent: Wednesday, March 09, 2011 9:24 AM

To: Sharon R. Biggers; ianhamilton@smokefreesc.org

Cc: leah.hickman@circlepark.com; kelly@davispublicrelations.com; Hellen Dekle

Subject: News from Octavia hit the news last night!!!

Importance: High

We may need to come up with an additional strategy!!! See attached article about the amendments being filed and a tentative meeting for Friday!

Lori

>>> Sharon R. Biggers 3/9/2011 8:19 AM >>>

Do we need an action alert to explain the situation/concern to the facebook members and/or advocate list developed from the survey? Hopefully an "ask" with talking points given the new unwanted developments will generate calls...

Sharon

Sharon R. Biggers, MPH, CHES
Director, Division of Tobacco Prevention and Control
Bureau of Community Health and Chronic Disease Prevention
SC DHEC
1800 St. Julian's Place
Suite 406
Columbia, SC 29204
(803) 545-4461
Fax (803) 545-4503
Biggersr@dhec.sc.gov

>>> 03/08/11 9:41 PM >>>

I have talked to Victor. He will call council members tomorrow. He suggested we try to flood council with contacts by Friday

I will send him Kelly's notes/script in the am. I am on the road to Florence about 9 for the School district roundtable which starts at 11:30

-----Original Message-----

From: "Sharon R. Biggers" <BIGGERSR@dhec.sc.gov>

Sent: Tuesday, March 8, 2011 5:21pm

To: "Leah Hickman" <leah.hickman@circlepark.com>, "Lori Phillips" <PHILLILC@dhec.sc.gov>

Cc: "Kelly Davis" <kelly@davispublicrelations.com>, "Hellen Dekle" <DEKLEHE@dhec.sc.gov>, "Ian Hamilton(W)"

<ianhamilton@smokefreesc.org>

Subject: Re: News Conference planning

Leah and Ian-

Lori, Kelly and I have just spoken in regard to the latest developments. We have determined the best course of action is to have Victor call the council members and mayor on behalf of the coalition to let them know that we will be releasing polling data that shows support for smoke-free in Florence as well as the council members who support it. Also, to let them know that a press conference will be held on Monday to do a full release. Kelly will draft the talking points for Victor to use so that the message is consistent. Thank you Ian for agreeing to call Victor for us to see if he'd be willing to make these calls. Lori will update us as Octavia receives more information.

I will be out of the office tomorrow but available by cell phone after 11am. You can reach me at (b)(6) if anyone needs anything-

Thanks!

Sharon

Sharon R. Biggers, MPH, CHES
Director, Division of Tobacco Prevention and Control
Bureau of Community Health and Chronic Disease Prevention
SC DHEC
1800 St. Julian Place
Room 6
Columbia, SC 29204
(803) 545-4461
Fax (803) 545-4503
Biggersr@dhec.sc.gov

>>> Leah Hickman <leah.hickman@circlepark.com> 3/8/2011 4:38 PM >>>

Desiree and I are currently at the business expo so I can't at the moment. Sorry!

Leah

On Mar 8, 2011, at 4:33 PM, "Lori Phillips" <phillilc@dhec.sc.gov> wrote:

I am available - will be on the road...

>>> Sharon R. Biggers 3/8/2011 4:31 PM >>>

Can anyone do a conference call real quick so that we can sort through it?
Sharon

Sharon R. Biggers, MPH, CHES
Director, Division of Tobacco Prevention and Control
Bureau of Community Health and Chronic Disease Prevention
SC DHEC
1800 St. Julian Place
Room 6
Columbia, SC 29204
(803) 545-4461
Fax (803) 545-4503
Biggersr@dhec.sc.gov

>>> Lori Phillips 3/8/2011 4:27 PM >>>

There will still be a City Council meeting on Monday, but Ed Robinson will not be there. Originally that was the date for the 1st reading. However, Octavia said that Buddy and Glynn want their amendments approved and can't do that without Ed's vote. Therefore, they are trying to get a meeting called with all members of council on Friday to adopt the amendments that they are proposing. I do not have a copy of those amendments, but they

were not good regardless. I suppose that means that if the amendments are approved, that they will be included in the 1st reading on Monday? I don't really know, but it is fishy.

Lori

>>> Kelly Davis <kelly@davispublicrelations.com> 3/8/2011 4:23 PM >>>

To clarify -- are you saying that they want to get the council meeting moved to Friday so that Ed will be there?

Either way -- do you think it's necessary to move the news conference up to Friday so that we can go ahead and provide full poll results to council members and generate some press in advance of Monday's meeting?

Generally, I'd shy away from a Friday event since the coverage would get buried over the weekend but want to be sensitive to the politics of this. The poll does provide cover to council members for supporting the ordinance, if that's their concern. But if the larger issue is putting exemptions into the ordinance, I'm not certain that releasing the results earlier would make much difference.

On Tue, Mar 8, 2011 at 4:08 PM, Lori Phillips <phillilc@dhec.sc.gov> wrote:

Hi all. I spoke with Hellen last Friday and she wanted to make sure that we have done all we can to address the 3 key things we feel are missing from the proposed ordinance (definitions of retail tobacco shops & private clubs and "each occurrence" under the fine). I emailed Octavia Friday to get her opinion on how to move forward without halting the passage of the ordinance. She called me back today and this was her response. I am putting it in a email so that everyone has the same information.

Octavia sent an email to the City attorney, Jim Peterson, with our concerns listed. Jim is expecting a follow up call from me to go over the three points. Hellen - I need your assistance with this.

In the meantime, Octavia has received an email from Glynn Willis on his and Buddy Brand's behalf wanting to amend the proposed ordinance to allow business owners the option to create an employee smoking section and to allow those in warehouse type businesses to allow smoking (or something to this effect). While typing this, Octavia called back and said that she has heard that Glynn and Buddy are trying to get a meeting on the books for this Friday to defer Monday's first reading because Ed Robinson will not be at the meeting on Monday and they need Ed's vote for their amendments to go through. Octavia says that the public should be given more notice than this and that we should "raise a stink" about it if it happens. She will call back once she has more details. It seems as if Buddy and Glynn are playing games to back out of their support to appease the opposition.

I asked Octavia what we could do to help make up Glynn and Buddy's minds. She said that the arguments about this being non-Republican hit home with them and they are about getting re-elected. She said they need to know that a large section of the residents in the City of Florence want this. I shared that we will have poll results to back this up.

We need to discuss this new development and decide how to proceed.

Lori

>>> Kelly Davis <kelly@davispublicrelations.com> 3/8/2011 3:29 PM >>>

Hi everyone,

Had a great call this afternoon with our pollster, and look forward to sharing the details of the survey at the coalition meeting on Thursday.

He said he would be happy to participate in the news conference as well as speak at the council meeting to explain the data to council members. He's preparing some charts and graphs and putting the data in an easy-to-read format for us. (Leah -- let me know how he needs to sign up to speak.) Because the results speak directly to (and strongly reinforce) the health message, I think we'll want to be sure to include a medical professional.

So, I'm going to suggest that our agenda look like this:

- 1) Welcome and Introductions -- Ian and/or Ms. Williams-Blake
- 2) Poll Results -- Carey Crantford
- 3) Health Perspective -- Dr. Hester
- 4) Community Perspective and Closing Comments -- Ian or Victor

I'll prepare talking points for each speaker, the press kit with poll data and posters with charts/graphs.

We need to determine the location -- Sharon and I discussed either City Hall (so media will already be there for the council meeting) or somewhere relatively close to it. Is there a smoke-free restaurant or another business that has been particularly supportive of the ordinance?

With the council meeting at 1:00, I'd like to do the news conference at 10:30. Definitely no later than 11:00. It would be great if we can pin down the details before the coalition meeting on Thursday so that we can ask everyone to come and stand with us. Once we have the location and speakers confirmed, I'll send out a media advisory.

Let me know if you have any questions!

Thanks,

Kelly

--
Kelly J. Davis, APR

Davis Public Relations and Marketing

(803) 479-0411

kelly@davispublicrelations.com

www.davispublicrelations.com

www.facebook.com/davispublicrelations

Twitter: @davispr

Member, PRConsultants Group, Inc.

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--
Kelly J. Davis, APR

Davis Public Relations and Marketing

(803) 479-0411

kelly@davispublicrelations.com

www.davispublicrelations.com

www.facebook.com/davispublicrelations

Twitter: @davispr

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--
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Kelly J. Davis, APR

Davis Public Relations and Marketing

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kelly@davispublicrelations.com

www.davispublicrelations.com

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Twitter: @davispr

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EXHIBIT

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BOARD:
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Vice Chairman
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Secretary



C. Earl Hunter, Commissioner

Promoting and protecting the health of the public and the environment

*CDC Reply Letter
6/15/11 email*

BOARD:
R. Kenyon Wells

L. Clarence Batts, Jr.

Ann B. Kirol, DDS

John O. Hurro, Sr., MD

June 7, 2011

Ms. Veronica Davis
Grants Management Specialist
CDC Procurement and Grants Office
2920 Brandywine Road
Atlanta, Georgia 30341

Dear Ms. Davis:

This letter serves to confirm receipt of the correspondence dated May 17, 2011 regarding issues related to AR-12 compliance. The agency understands the information enclosed, and wants to assure CDC that issues of compliance are not taken lightly. While we do not agree with the determination, we do intend to follow the recommended remedies outlined in the letter.

In subsequent conversations with Project Officer Anna Berkowitz, staff has discussed activities around the cited events, and worked with Ms. Berkowitz to gain a clear understanding of how they were perceived to be out of compliance. During this time, a number of questions arose, including:

- (1) an understanding of the definition of the term "pending legislation" and at what time in the process legislation is considered "pending";
- (2) an understanding that press events to release polling data in and of themselves are not a violation, rather, the timing of the discussion around scheduling of the event was a concern;
- (3) an understanding that the proposal of an "action alert" to community members is in the purview of both coalition membership and partner organizations, however, should not be discussed with them by CPPW staff;
- (4) an understanding that even though staff did not recommend promoting a specific piece of legislation or ordinance, they should also not have promoted the concept of 'protection of all workers and indoor workplaces' to community members; and
- (5) an understanding that one of the roles of a community coalition can be to provide e-mail alerts to citizens who request updated information related to proceedings, council meeting dates, and status or situational changes, however, CPPW staff cannot discuss with the coalition doing so, even

when the system is in place. This must be the action determined by the coalition members.

While the above issues have been clarified to an extent, there still remains a concern about "perception" in AR-12 language. Thus, in an abundance of caution, in the future, this project will only provide community presentations about the health hazards of secondhand smoke exposure, and will refer all questions and requests regarding smoke-free air ordinances to community partners not associated with CPPW funding.

In response to recommended **remedy one**, the following has been determined to be the amount of federal funds involved in the stated activity:

(a) Time, effort and cost have been calculated by taking the personnel costs associated with the number of staff in the e-mail chain in question (5), (b) calculating a per hour salary for said staff member and (c) determining a cost for the amount of time of the effort described in the activity. Calculations determined that a total of \$247.79 in federal funds was used for the planning and scheduling activity and discussion of an action alert.

It is SC DHEC's intention to offset the amount listed above in non-federal funds to maintain the project at the previously approved level. The full amount determined to be offset, \$247.79 will then be redirected to the Quitline service contract for the citizens of Florence County upon CDC approval.

Secondly, in regards to **remedy two**, AR-12 related training required, SC has been proactive in working with Ms. Berkowitz to schedule and complete this training prior to the receipt of this letter. On April 15, 2011, staff and contractors participated in a training entitled "Advancing Public Health Policies", presented by Pascale Leone of the American Lung Association and Abby Levine of the Alliance for Justice. The objectives of this event were: *to provide training and information on the legal restrictions on advocating for the passage of public health policies as well as an overview of the funding restrictions and provide practical suggestions for how grantees can accomplish their goals.* Stated outcomes of this meeting were for *CPPW staff in South Carolina to have a better understanding of legal parameters around advocacy and their specific roles, and will put this acquired knowledge into practice when implementing CPPW-related strategies.* As a result, both Ms. Berkowitz and Rebecca Payne, Community Interventions Team Lead for the Communities Putting Prevention to Work Program has confirmed that this is sufficient to meet the requirement outlined in the letter. A copy of the training agenda is included in the folder of materials provided to participants, along with a list of attendees.

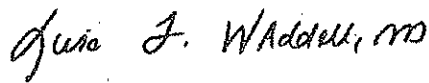
We hope that these actions will remedy the issues set forth by CDC to return the project to a designation of AR-12 compliance and look forward to demonstrating continued project

Ms. Veronica Davis
Grants Procurement and Grants Office
June 7, 2011
Page 3 of 3

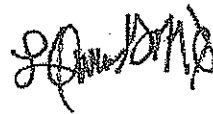
success and satisfactory completion of CPPW objectives. We would request that CDC follow up in writing to verify that compliance is reinstated.

Additionally, you will be receiving correspondence regarding the official replacement of Dr. Michael Byrd as Principal Investigator by Owens Goff, Interim Director of the Bureau of Community Health and Chronic Disease Prevention at SC DHEC.

Sincerely,



Lisa F. Waddell, M.D., M.P.H.
Deputy Commissioner
Health Services



L. Owens Goff, Interim Director
Bureau of Community Health and
Chronic Disease Prevention

Enclosures

CC:
Anna Berkowitz, CDC
Mildred Garner, CDC
Michael Chappell, SC DHEC
Sharon Biggers, SC DHEC

EXHIBIT

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Name	Email	Organization	Telephone
1 Larry A. White	larry@smokefreehorry.com	Smoke Free Horry	(b)(6)
2 Sarah Flynn	(b)(6)@gmail.com	Smoke Free Horry	(b)(6)
3 Amy Pope	apope@coastal.edu	Coastal Carolina Univ.	(b)(6)
4 Jessica Piezzo	piezzojl@dhec.sc.gov	SC DHEC	(b)(6)
5 Jennifer Maddox	maddoxjka@dhec.sc.gov	SC DHEC	(b)(6)
6 Kymburle Gripper Sims	gripperkd@dhec.sc.gov	SC DHEC	(b)(6)
7 Hellen Dekle	deklehe@dhec.sc.gov	SC DHEC	(b)(6)
8 Sharon Biggers	Biggerssr@dhec.sc.gov	SC DHEC	(b)(6)
9 Louis Eubank	louisubank@smokefreesc.org	SC DHEC	(b)(6)
10 Erin Barrett	ebarrett@thebrandagency.com	SCTC	(b)(6)
11 Mary Henry	(b)(6)@gmail.com	The Brandon Agency	(b)(6)
12 M. Latelle Fowler	fwlrmf@dhec.sc.gov	Smoke Free Horry	(b)(6)
13 Cassandra Shuler	shulercr@dhec.sc.gov	DHEC	(b)(6)
14 Pauline heresque	pauline@smokefreehorry.com	DHEC	(b)(6)
15 Ty Grissett	ty@smokefreehorry.com	SFFH	(b)(6)
Pascale Leone	pleone@lungusa.org	SFH	(b)(6)
Desiree Overby	Desiree.Overby@circlepark.com	ACT	(b)(6)
Deborah Dunbar	Deborah.Dunbar@circlepark.com	SFF	(b)(6)
Kenee B. Wiley	rwiley@circlepark.com	SFF	(b)(6)
xi Phillips	phillix@dhec.sc.gov	SFF	(b)(6)
Anda Green	greenwn@dhec.sc.gov	DHEC Region 4	(b)(6)
		SFF	(b)(6)

AGENDA

Friday, April 15th, 2011

9:00 a.m. – 9:15 a.m.	Welcome & Opening – Larry White
9:15 a.m. – 10:00 a.m.	Training Overview - Abby Levine This first session addresses important questions such as: why is advocacy important? What is advocacy? What are the different sets of laws that govern advocacy? Does our tax exempt status matter?
10:00 a.m. – 10:30 a.m.	CPPW: Advancing Public Health Policies While the CPPW initiative has a strong emphasis on policy and environmental change at the state and local levels, CPPW grant funds cannot be used for lobbying. This session will provide an overview of the funding restrictions and provide practical suggestions for how grantees can accomplish their goals.
10:30 a.m. – 10:45 a.m.	BREAK
10:45 a.m. – 11:15 a.m.	CPPW: Advancing Public Health Policies <i>Continued</i>
11:15 a.m. – 12:15 p.m.	The Game Plan This session helps organizations strategize how best to employ the advocacy tools at their disposal. The session begins with a discussion of advocacy fundamentals helping participants define their goals and objectives, appropriate targets, and effective advocacy tools. Through an interactive session, participants discuss how to create their own advocacy plans which requires them to consider strategies to build coalitions, influence public perception, and persuade policymakers. The session includes a discussion of assessing advocacy capacity and ends with a note on evaluating advocacy activities and planning for future campaigns.
12:15 p.m. – 1:15 p.m.	NETWORKING LUNCH
1:15 p.m. – 3:15 p.m.	Lobbying Rules for 501(c)(3) Organizations This session explains the law governing 501(c)(3) lobbying. It includes discussions of the lobbying limits under IRS section 501(h) and the Insubstantial Part test, the definitions of direct and grassroots lobbying, and the application of these rules to ballot measure activity. This session also includes an examination of the special rules for membership communications and the exceptions to the definition of lobbying, and concludes with a discussion of record keeping techniques.
3:15 p.m. – 3:45 p.m.	Q&A
3:45 p.m. – 4:00 p.m.	Closing & Evaluation

**Communities Putting Prevention to Work
Advancing Public Health Policies
Friday, April 15th, 2011
Horry County, South Carolina**

Meeting Objectives and Logistics

Meeting Objectives	To provide training and information on the legal restrictions on advocating for the passage of public health policies as well as an overview of the funding restrictions and provide practical suggestions for how grantees can accomplish their goals	Room: Carolina Ballroom
---------------------------	--	-------------------------

Meeting Outcomes	As a result of this training, CPPW staff in South Carolina will have a better understanding of legal parameters around advocacy and their specific roles, and will put this acquired knowledge into practice when implementing CPPW-related strategies
-------------------------	--

Meeting Location	Springmaid Beach Resort 3200 South Ocean Blvd Myrtle Beach, SC 29577 Phone: 866-764-8501
-------------------------	---

Horry County Department of Health Contact	Larry White larry@smokefreehorry.com
--	--

American Lung Association Contact	Pascale Leone pleone@lungusa.org
--	--

Alliance For Justice Contact	Abby Levine abby@afj.org
---	--

EXHIBIT

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Appendix III:
South Carolina State Supplemental - Component I – Non-Competitive Policy and Environmental Change

**Tobacco
Implementation Plan**

Goal: By January 31, 2012, decrease exposure to secondhand smoke by nonsmokers in South Carolina.			
Evaluation Measures: BRFSS, Youth Tobacco Survey, Youth Risk Behavior Survey			
SMART Objectives: By January 31, 2012, implement a media campaign designed to educate constituents about the dangers of secondhand smoke and importance of local smoke-free laws.			
MAPPS Strategy: Media			
Action Steps	Milestones and Timeline	Key Partners	Evaluation Strategies
Contract with Brains on Fire to develop and implement a media campaign for local communities advocating for smoke-free ordinances.	Within three months of grant award, complete paperwork to add funding and deliverables to current contract.	Division Director; Media/Communications coordinator; Brains on Fire	Contract completed and executed; Work on deliverables begins.
Earn supportive media coverage for smoke-free workplace laws and policies through press releases, media interviews and appearances.	Model press releases developed and distributed. At least one release will be completed for each policy reading.	Local coalition members and advocates; SC Tobacco Collaborative (SCTC); Smoke-Free Partners group	Media monitoring and tracking via clipping service, online monitoring tools. Content analysis of articles.
Work with partners, local coalitions to submit letters to editor and op eds supportive of smoke-free workplace laws.	At least one letter to the editor and op-ed will be developed and submitted for each municipality considering an ordinance to help build momentum.	Local coalition members and advocates; SCTC	Media monitoring and tracking via clipping service, online monitoring tools. Content analysis of articles.
Promote scientific and/or economic studies that document positive health outcomes related to smoke-free ordinance adoption.	Surgeon General's report 2006 and IOM September 2009 release on SHS and MI will be publicized to raise awareness.	Local coalition members and advocates; SCTC; Media/Communications and Secondhand Smoke Policy Coordinator	Media monitoring and tracking via clipping service, online monitoring tools, and SCORES. Content analysis of articles.

Appendix III:

South Carolina State Supplemental - Component I – Non-Competitive Policy and Environmental Change

Tobacco Implementation Plan

Run television Public Service Announcements to educate about the dangers of SHS.	Ads finalized with local partners within six months of grant award. Ads will be run according to local needs.	Media/Communications and Secondhand Smoke Policy Coordinator; Brains on Fire; Local Coalition members	Assess gross rating points (GRPs) for paid media campaigns. Conduct phone survey to measure message awareness, recall.
Assist partners with paid media campaign around ordinance implementation.	Media committee developed within six months of grant award, media plan developed and implemented.	Media/Communications and Secondhand Smoke Policy Coordinator; Brains on Fire; Local Coalition members	Assess gross rating points (GRPs) for paid media campaigns.
Goal: By January 31, 2012, decrease exposure to secondhand smoke by nonsmokers in South Carolina.			
Evaluation Measures: BRESS, Youth Tobacco Survey, Youth Risk Behavior Survey			
SMART Objectives: By January 31, 2012, increase the support for and adoption of comprehensive smoke-free laws.			
MAPPS Strategy: Media			
Action Steps	Milestones and Timeline	Key Partners	Evaluation Strategies
Mobilize adult supporters to advocate for smoke-free ordinances	Local coalition membership increases, develop lines of regular communication within first six months of grant.	Local coalitions; SCTC; Smoke-Free Partners group	Measure numbers of active and new coalition members.
Work with partners to compile, promote toolkit for promoting and implementing smoke-free ordinances.	Toolkit with specifics for the county will be finalized within two months of grant award.	Media/Communications and Secondhand Smoke Policy Coordinator; SCTC; Smoke-Free Partners group	Toolkit completed and in use.
Conduct municipal smoke-free summits to support education about and adoption of comprehensive ordinances	Smoke-free summits planned and hosted in targeted communities to build support for local ordinances based on level of readiness.	Local coalition, SCTC, Smoke-free Partners group and Secondhand Smoke Policy Coordinator.	Conduct evaluation of participants to determine increases in knowledge and awareness of SHS issues. Number of municipalities

Appendix III:
South Carolina State Supplemental - Component I – Non-Competitive Policy and Environmental Change

**Tobacco
Implementation Plan**

			represented/participating at summits; number of summits conducted in state; number of municipalities placing ordinance consideration on council agendas within six months of summit attendance.
Work with partners, local coalitions to submit letters to editor and op eds supportive of smoke-free workplace laws	Use talking points from toolkit to develop strategic letters to the editor and editorial board visits; Develop schedule for LTE submission and visits.	Local coalitions; SCTC; Smoke-Free Partners group	Number of letters to the editor and favorable op-eds published.
Work with partners to promote elements of the toolkit for promoting and implementing smoke-free ordinances.	Assign tasks to coalition members based on elements of the toolkit based on schedule of readiness.	Local coalitions; SCTC; Smoke-Free Partners group and Secondhand Smoke Policy Coordinator	Measure of elements of toolkit implemented (i.e. model ordinance, reference to SG Report 2006, heart studies referenced, SHS exposure, morbidity and mortality rates for disparate populations, etc..
Provide spokesperson training for local coalitions/partners.	Training will occur within six months of grant award.	Media/Communications Coordinator; SCTC	Pre and post test for trainees; monitoring coalition work through SCORES.

Goals:

By January 31, 2012, decrease exposure to secondhand smoke by nonsmokers in South Carolina.

Evaluation Measures:

BRESS, Youth Tobacco Survey, Youth Risk Behavior Survey

Appendix III:
South Carolina State Supplemental - Component I – Non-Competitive Policy and Environmental Change

**Tobacco
Implementation Plan**

SMART Objectives: By January 31, 2012, increase the number of South Carolina School Districts who adopt model Tobacco-Free policies.

MAPPS Strategy: Access

Action Steps	Milestones and Timeline	Key Partners	Evaluation Strategies
Utilize Rage Against the Haze (Rage) youth advocates to educate decision makers about model school district policies using materials from "Blazin' the Way" (BTW) toolkit	Train Rage advocates on BTW toolkit within first eight months of grant award. Assist youth in appropriately contacting decision makers.	Brains on Fire, Rage Regional Advocacy Leaders, local coalition members	Trainings held and evaluated; Increased awareness of BTW materials by youth.
Raise awareness about mini-grant opportunities through the SC School Boards Association to aid implementation and enforcement of the model policy	Educate advocates about mini-grant opportunities; Educate decision makers about the availability of funding.	Media/Communications and Prevention Policy Coordinator; Brains on Fire	Number of grants applied for and awarded
Assist school board personnel in drafting policy utilizing model policy language	Provide model policies to decision makers within one month of training.	Media/Communications and Prevention Policy Coordinator; Rage advocates	Number of policies proposed which contain all elements of the model.
Mobilize Rage Against the Haze youth to advocate internally for policy adoption	Advocacy efforts implemented following development of draft ordinance.	Media/Communications and Prevention Policy Coordinator; Brains on Fire; Rage advocates	Number of advocacy opportunities occurring; Number of school board supporters developed.
Attend policy readings by the School Board	Advocates attending ordinance readings; Advocates testify in favor of the model policy.	Local coalition and Rage advocates; community members	Number of advocates who attend and testify at meetings.
Publicize Districts who adopt policy via newspaper and BTW	Add school district to the policy tracking map within one	Media/Communications and Prevention Policy Coordinator	Map updated and number of newspapers that publish

Appendix III:

South Carolina State Supplemental - Component I – Non-Competitive Policy and Environmental Change

**Tobacco
Implementation Plan**

maps	week of adoption, provide map to newspapers within two weeks of policy adoption.		information about policy adoption.
Utilize supporters developed during School District policy efforts to advocate for community-wide ordinances	Inform advocates of school district policy efforts about meeting for smoke-free ordinances. Increase number of coalition members.	Local coalition and Rage advocates; community members	Number of school policy advocates who participate in local smoke-free ordinance efforts.

measurable strategies such as community mobilization and policy advocacy, the emphasis of the tobacco portion of this application will focus on media.

Implementation Plan: In order to utilize strategic media to execute this statewide policy strategy, a detailed plan will be implemented, a copy of which may be found in Appendix III. The overall Goal of the project is to decrease exposure to secondhand smoke by nonsmokers in South Carolina. Objectives to meet this goal include a) Increasing awareness of the dangers of secondhand smoke by youth and adults; b) Increasing the proportion of SC citizens who support comprehensive smoke-free laws. Implementation of this campaign is designed to lead to objectives that a) Increase the number of local municipalities who adopt comprehensive smoke-free ordinances and b) Increase the number of school districts who adopt model tobacco-free policies. Action Steps which will be undertaken to accomplish these goals and objectives include a) Utilize media to raise awareness about the dangers of tobacco use; b) Utilize media as a non-lobbying call to action to advocate with local decision makers to enact policies to eliminate secondhand smoke exposure in public places; c) Mobilize youth advocates in the state's youth movement against tobacco use, Rage Against the Haze (Rage) members on the local level to support policies for model Tobacco-Free School Districts in targeted areas; d) Engage Rage youth advocates to educate decision makers about the importance of community-wide comprehensive smoke-free ordinances for all workplaces; f) Mobilize adult advocates to advocate for smoke-free ordinances. Milestones for implementation and progress of the project will include implementation of media campaigns in local targeted communities, coalescing of community advocates united through these media campaigns for training, development of youth Rage Against the Haze groups in the targeted areas, training the Rage groups with tools to advocate for model school district policies and community-level ordinances,

and introduction of model policies and local ordinances by decision makers. Key Partners for this project include partners from the national, state and local level. The media component of this project will be led by Brains on Fire, an organization with a long track record of success in implementing marketing and advertising strategies. Since 2002, Brains on Fire has been the SC DHEC strategic partner in its youth movement against tobacco use, Rage Against the Haze. Through their guidance traditional and non-traditional media outlets have been employed to educate about tobacco use. The previously mentioned statewide Smoke-Free Partners group, facilitated by the SC Tobacco Collaborative, will bring expertise and resources from groups such as the American Cancer Society, American Heart Association, American Lung Association, SC African American Tobacco Control Network and Smoke-Free Action Network. These partners will participate in the implementation and direction of the media campaign, as well as provide support to the local coalitions for ordinance adoption in the targeted areas, such as the Upstate's Greenville Family Partnership, Midlands' Smoke-Free Columbia group, the Pee Dee's Healthy People Coalition, and the Coastal group BREATHE (Breathing Real Earth Air Throughout Horry Everyday) Coalition. All of these efforts will continue to be supported through guidance and resources from Americans for Nonsmoker's Rights, Campaign for Tobacco Free Kids and the Tobacco Control Legal Consortium (TCLC). Evaluation strategies will include process, output and outcome measures. These will be measured through monitoring of the implementation and reach of both the paid and earned media campaign, increasing the number and strength of local advocate participation, and reporting through the SC Online Reporting and Evaluation System (SCORES) and policy tracking in local communities. Overall outcome measures will be assessed through Youth Risk Behavior Survey, Youth Tobacco Survey, Behavioral Risk Factor Surveillance Survey data on knowledge, attitudes, beliefs, and reported

levels of exposure to secondhand smoke. While a single media component cannot in itself accomplish changes in prevalence of tobacco use, when combined with advocacy and policy change strategies, the overall effect should positively impact tobacco use over time.

2. Program readiness, oversight and management

Nutrition and Physical Activity:

The success of several of the objectives in this project will depend on the establishment of strong partnerships between DHEC and SCDSS. It is fortunate that these agencies have a history of successful collaboration on numerous projects and will build on these prior achievements. DHEC and SCDSS have engaged in dialog about NPA Bonus Program and are ready to move forward with project execution upon receipt of funding.

DHEC is structured with a central state office for administration and guidance on programs, finance, human resources, and procurement activities while implementation of local programs and services occur in its eight Public Health Regions. Given this organizational structure, a strong network exists to support and implement this project at the state and local levels. DHEC organizational leadership supports travel to required trainings and has been in compliance with previous federal grants to fulfill travel requirements.

Furthermore, the DHEC Division of Nutrition, Physical Activity, and Obesity (DNPAO) is the lead program in the state for coordination of obesity prevention efforts. This project complements and enhances the work previously included in the DP805 cooperative agreement that currently supports the DNPAO. DNPAO is committed to attending the CDC surveillance and evaluation annual meeting and participating in CDC technical assistance trainings.

EXHIBIT

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**Appendix Four: Communities Putting Prevention to Work
Community Action Plan (CAP)
Florence County**

Goal:

By February 26, 2012, decrease prevalence of adult smoking in Florence County, SC.
By February 26, 2012, decrease prevalence of youth smoking in Florence County, SC.
By February 26, 2012, decrease the proportion of adults and youth who are regularly exposed to secondhand smoke.
By February 26, 2012, reduce the proportion of young people who are susceptible to start smoking.

Evaluation Measures:

Adult Tobacco Survey, BRFSS, Youth Tobacco Survey, Youth Risk Behavior Survey

SMART Objectives: By February 26, 2012, implement a media campaign utilizing TV, Radio, Billboard, hometown newspaper, busses, social networking, and text messaging to reduce smoking prevalence, youth initiation and non-smokers exposure to secondhand smoke.

MAPPS Strategy: Media

Action Steps	Milestones and Timeline	Key Partners	Evaluation Strategies
Hire a marketing consultant through a bid process	Request for applications established by April 1, 2010 Marketing consultant hired by May 1, 2010	Circle Park	Documentation of bid process and contract with marketing consultant in place
Develop comprehensive media campaign to reach all areas of the county	By August 1, 2010	Circle Park, SC DHEC, and marketing consultant	Completed marketing campaign plan
Implement comprehensive media campaign to spread the message of tobacco prevention and control (including S.C. Quitline promotion, youth access issues, cigarette tax promotion, and secondhand smoke issues) throughout Florence County	August 1, 2010 – February 1, 2012	Florence County Coalition partner agencies, SCNow.com (which includes The Morning News, The Lake City News and Post, and WBTW), local radio, Adams Outdoor Advertising, Pee Dee Regional Transportation Authority, SC DHEC	Media campaign implemented, new advocates join coalition, increased number of Quitline callers

**Appendix Four: Communities Putting Prevention to Work
Community Action Plan (CAP)
Florence County**

Goals: By February 26, 2012, decrease prevalence of youth smoking in Florence County, SC. By February 26, 2012, decrease the proportion of adults and youth who are regularly exposed to secondhand smoke. By February 26, 2012, reduce the proportion of young people who are susceptible to start smoking.			
Evaluation Measures: Youth Tobacco Survey, Youth Risk Behavior Survey, South Carolina Online Reporting & Evaluation System (SCORES)			
SMART Objectives: By February 26, 2012, increase to three of five Florence County School Districts who have adopted Model Tobacco-Free School District policies.			
MAPPS Strategy: Access			
Action Steps	Milestones and Timeline	Key Partners	Evaluation Strategies
Hire coordinator to work directly with the five school district decision makers	Coordinator hired by April 1, 2010	Circle Park	Coordinator hired
Work with key decision-makers in each of the five school districts to analyze current policies, determine policy adoption process, and uncover barriers to policy adoption	April 1, 2010 – July 1, 2010	Circle Park, Florence School Districts 1-5, local school boards, coalition SHS coordinator	Documentation of current policies, policy adoption process and barriers
Host a Prevention Roundtable(s) to bring together decision makers, provide them materials from “Blazin’ the Way” (BTW) toolkit and advocate for policy adoption	July 1, 2010 – November 1, 2010 (taking into account summer vacation and beginning of school year)	Circle Park, SC DHEC, Florence School Districts 1-5, local school boards, coalition SHS coordinator	Documentation of Roundtable(s), registration of participants representing school districts
Connect decision-makers to mini-grants offered through the SC School Boards Association to support implementation and	2010-2011 school year and again in 2011-2012 school year if necessary	Circle Park, Florence School Districts 1-5, local school boards	Documentation of mini-grants received; mini-grants awarded

**Appendix Four: Communities Putting Prevention to Work
Community Action Plan (CAP)
Florence County**

enforcement of the model policy			
Provide assistance to school board and school district personnel in drafting policy and attend policy readings by school boards	2010-2011 school year and again in 2011-2012 school year if necessary	Circle Park, SC DHEC, Florence School Districts 1-5, local school boards, local coordinator????	Documentation of draft policy and policy readings
Utilize youth to advocate internally for policy adoption	2010-2011 school year and again in 2011-2012 school year if necessary	Circle Park and youth advocated	Youth presentations and marketing campaigns at school; additional youth advocates recruited; student government letter to school district
Publicize school districts that adopt policies via newspaper and BTW maps; update internal and external district documents	As adopted	Circle Park, Florence School Districts 1-5, local school boards, and local media	Printed media; policy updates in writing

Goals:

By February 26, 2012, decrease prevalence of adult smoking in Florence County, SC.

By February 26, 2012, decrease prevalence of youth smoking in Florence County.

By February 26, 2012, decrease the proportion of adults and youth who are regularly exposed to secondhand smoke.

Evaluation Measures:

Adult Tobacco Survey, BRFSS, Youth Tobacco Survey, Youth Risk Behavior Survey

SMART Objectives: By February 26, 2012, partner with law enforcement to incorporate tobacco compliance checks into current enforcement activities.

MAPPS Strategy: Access

Action Steps	Milestones and Timeline	Key Partners	Evaluation Strategies
Circle Park will establish	By April 1, 2010	Circle Park and law	Contract in place and funding

**Appendix Four: Communities Putting Prevention to Work
Community Action Plan (CAP)
Florence County**

contract(s) with law enforcement agencies to provide funding for staff support and supplies needed to address tobacco compliance among area businesses.		enforcement agencies	transferred to law enforcement agencies.
Perform tobacco compliance checks to ensure businesses are not selling tobacco products to those under the age of 18	April 1, 2010 – January 1, 2012	Law enforcement agencies	Documentation of compliance checks
Incorporate tobacco compliance checks into other enforcement activities	By February 1, 2012	Law enforcement agencies	Documentation of compliance checks

Goals:

By February 26, 2012, decrease prevalence of adult smoking in Florence County, SC.

By February 26, 2012, decrease prevalence of youth smoking in Florence County.

By February 26, 2012, decrease the proportion of adults and youth who are regularly exposed to secondhand smoke.

Evaluation Measures:

Adult Tobacco Survey, BRFSS, Youth Tobacco Survey, Youth Risk Behavior Survey, South Carolina Online Reporting & Evaluation System (SCORES)

SMART Objectives: By February 26, 2012, partner with Florence-Darlington Technical College for the adoption of model campus smoke-free policy.

MAPPS Strategy: Access

Action Steps	Milestones and Timeline	Key Partners	Evaluation Strategies
Hire a smoke free policy coordinator to promote	By April 1, 2010	SC DHEC Region 4	Coordinator hired

**Appendix Four: Communities Putting Prevention to Work
Community Action Plan (CAP)
Florence County**

comprehensive tobacco policies / ordinances throughout the county.			
Identify and contact Florence-Darlington Technical College decision-makers to discuss current tobacco policy and potential model policy.	By June 1, 2010	SC DHEC Region 4 and Florence-Darlington Technical College, coalition SHS coordinator	Documentation of contacts; meetings held; model policy provided
Provide assistance to FDTC personnel in drafting policy	By January 1, 2011	SC DHEC Region 4 and Florence-Darlington Technical College coalition SHS coordinator, state SHS coordinator	Documentation of draft policy
Publicize adopted policy via newspaper; update internal and external district documents	Upon adoption	SC DHEC Region 4, Florence-Darlington Technical College, and The Morning News	Media coverage; policy updates in writing

Goals:

By February 26, 2012, decrease prevalence of adult smoking in Florence County, SC.

By February 26, 2012, decrease prevalence of youth smoking in Florence County.

By February 26, 2012, decrease the proportion of adults and youth who are regularly exposed to secondhand smoke.

Evaluation Measures:

Adult Tobacco Survey, BRFSS, Youth Tobacco Survey, Youth Risk Behavior Survey, South Carolina Online Reporting & Evaluation System (SCORES)

SMART Objectives: By February 26, 2012, Soulfully Fit Network will be developed and improvements in faith-based organizations' tobacco policies and environments will be adopted.

MAPPS Strategy: Access

Action Steps	Milestones and Timeline	Key Partners	Evaluation Strategies
Hire Soulfully Fit coordinator.	By April 1, 2010	SC DHEC Region 4	Coordinator hired
Recruit faith-based	Initial churches by October 1,	SC DHEC Region 4 and area	Soulfully Fit commitment

**Appendix Four: Communities Putting Prevention to Work
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Florence County**

organizations in Florence County to participate in the Soulfully Fit network.	<p>2010</p> <p>3 more churches by January 1, 2011</p> <p>3 more churches by April 1, 2011</p> <p>3 more churches by July 1, 2011</p> <p>3 more churches by October 1, 2011</p>	churches	forms submitted
Soulfully Fit partners will develop and implement health ministries to include M.E.S.S. campaign and/or a model policy for faith-based organizations.	By January 1, 2012	SC DHEC Region 4 and Soulfully Fit churches	Documentation of action plan and policy and environmental changes
Establish seed grant program for faith-based organizations to establish health ministry projects addressing tobacco use.	Seed grant program established by October 1, 2010	SC DHEC Region 4, Soulfully Fit churches, and FC Community Coalition for ATOD Prevention	Documentation of seed grant activities

**Appendix Four: Communities Putting Prevention to Work
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Florence County**

Goals: By February 26, 2012, decrease the proportion of adults and youth who are regularly exposed to secondhand smoke in Florence County, SC.			
Evaluation Measures: Adult Tobacco Survey, BRFSS, Youth Tobacco Survey, Youth Risk Behavior Survey, South Carolina Online Reporting & Evaluation System (SCORES)			
SMART Objectives: By February 26, 2012, increase by three the number of municipalities who adopt and enforce comprehensive Smoke-free ordinances in Florence County.			
MAPPS Strategy: Access			
Action Steps	Milestones and Timeline	Key Partners	Evaluation Strategies
Hire a smoke free policy coordinator to promote comprehensive smoke free policies / ordinances throughout the county.	By April 1, 2010	SC DHEC Region 4	Coordinator hired
Circle Park will establish contracts with youth organization to provide staff support and supplies needed to establish youth advocate group(s) to promote smoke free policies	Within six months of grant award	Circle Park	Contract(s) in place
Community advocates will be trained and organized to establish an action plan for adoption of smoke free ordinances	To meet on at least a quarterly basis with advocate recruitment on an ongoing basis	SC DHEC Region 4, Pee Dee Healthy People, FC Community Coalition for ATOD Prevention, Soulfully Fit churches, community members/organizations, , coalition SHS coordinator, state SHS coordinator	Documentation of membership and action plan

**Appendix Four: Communities Putting Prevention to Work
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Florence County**

Develop and conduct public opinion surveys to assess community readiness for smoke free ordinances.	Within 9 months of grant award	Pee Dee Healthy People, SCNow.com, FC Community Coalition for ATOD Prevention, Soulfully Fit churches, smoke-free policy coordinator, state SHS coordinator	Survey conducted and results publicized
Conduct Air Quality Analysis on targeted communities to use for smoke free advocacy	Within 9 months of grant award	Pee Dee Healthy People, SCNow.com, FC Community Coalition for ATOD Prevention, , coalition SHS coordinator, state SHS coordinator	Analysis conducted and results publicized
Provide education to decision-makers on the benefits of a smoke-free ordinance	Within 10 months of grant award	SC DHEC Region 4, Pee Dee Healthy People, FC Community Coalition for ATOD Prevention, Florence City Council, Florence County Council, Pamplico City Council, Johnsonville City Council, , coalition SHS coordinator	Documentation of contact with decision-makers, meetings with key decision-makers
Provide assistance to council members and municipal attorneys in drafting policy	Within 10 months of grant award	SC DHEC Region 4, Pee Dee Healthy People, FC Community Coalition for ATOD Prevention, Florence City Council, Florence County Council, Pamplico City Council, Johnsonville City Council, coalition SHS coordinator, state SHS	Documentation of draft policy; presentation to council or during public hearings; communication to municipal staff

**Appendix Four: Communities Putting Prevention to Work
Community Action Plan (CAP)
Florence County**

		coordinator	
Attend council meetings to support smoke-free ordinance	Within one year of grant award	SC DHEC Region 4, Pee Dee Healthy People, FC Community Coalition for ATOD Prevention, youth advocates, Soulfully Fit churches, coalition SHS coordinator	Summary reports from council meetings; next steps/time frame for progress with council
Provide assistance to councils on implementation and enforcement efforts once ordinances have been adopted	Within one month following effective date of policy	SC DHEC Region 4, Pee Dee Healthy People, FC Community Coalition for ATOD Prevention, , coalition SHS coordinator, state SHS coordinator	Initial contact made with councils regarding implementation; technical assistance provided when requested
Circle Park will establish contract(s) with municipalities after the adoption of comprehensive smoke free ordinance(s) to provide staff support and supplies to promote a 3 phase approach to implementation (education, warning, and ticketing)	Within one month following effective date of policy	Circle Park, municipalities, SC DHEC Region 4, state SHS coordinator	Contract(s) in place and documentation of ordinance implementation

**Appendix Four: Communities Putting Prevention to Work
Community Action Plan (CAP)
Florence County**

Goals: By February 26, 2012, decrease prevalence of youth smoking in Florence County. By February 26, 2012, reduce the proportion of young people who are susceptible to start smoking. Evaluation Measures: Youth Tobacco Survey, Youth Risk Behavior Survey			
SMART Objectives: By February 26, 2012, decrease the level of tobacco advertising in and around retail stores. MAPPS Strategy: Point of Purchase/Promotion			
Action Steps	Milestones and Timeline	Key Partners	Evaluation Strategies
Circle Park will establish contracts with youth organization to provide staff support and supplies needed to establish youth advocate group(s) to decrease tobacco advertising.	By April 1, 2010	Circle Park	Contract(s) in place
Provide training for youth advocates on Operation Storefront, dangers of tobacco and tobacco advertising	By June 1, 2010	Circle Park	Training documentation
Conduct initial Operation Storefront activities	April 1, 2010 – August 1, 2010	Youth advocates, business community	Documentation of Operation Storefront results
Advocate for retailers to reduce tobacco advertising	August 1, 2010 – January 1, 2011	Youth advocates, Circle Park (through PREP program)	Documentation of contact
Conduct Operation Storefront post test	January 1, 2011 – June 1, 2011	Youth advocates	Documentation of Operation Storefront results
Publicize Operation Storefront efforts through local media	As results are documented	Circle Park	Documentation of media

**Appendix Four: Communities Putting Prevention to Work
Community Action Plan (CAP)
Florence County**

Goals: By February 26, 2012, decrease prevalence of adult smoking in Florence County, SC. By February 26, 2012, decrease prevalence of youth smoking in Florence County, SC. By February 26, 2012, reduce the proportion of young people who are susceptible to start smoking.			
Evaluation Measures: Adult Tobacco Survey, BRFSS, Youth Tobacco Survey, Youth Risk Behavior Survey.			
SMART Objectives: By February 26, 2012, provide advocacy and support for the statewide campaign for cigarette tax increase.			
MAPPS Strategy: Price			
Action Steps	Milestones and Timeline	Key Partners	Evaluation Strategies
Hire/Continue Price Increase coordinator	Within one week of grant award	Coalition coordinator	Coordinator hired, yes/no
Implement Local Media Campaign utilizing hometown newspapers	Within one month of grant award	Price Increase coordinator; marketing coordinator	Ads printed in local newspapers
Conduct Editorial Board visits to local papers	Within one month of grant award to four months post award	Price Increase coordinator; marketing coordinator, coalition members	Positive editorials printed in newspaper
Educate elected officials about the utilization of cessation resources in the community	Within one month of award throughout grant cycle	Price Increase coordinator; marketing coordinator, coalition members	Informational newsletter developed and distributed to local officials
Educate elected officials about the community youth advocacy activities	Within one month of award throughout grant cycle	Price Increase coordinator; marketing coordinator, coalition members	Informational newsletter developed and distributed to local officials
Mobilize the Soulfully Fit churches to implement the "Faith United Against Tobacco" campaign	Within two months of grant award	Price Increase coordinator; marketing coordinator, coalition members	Church advocates participate in campaigns
Conduct Public Opinion surveys to gauge support for the tax increase	Within one month of award to four months post award	Coalition coordinator	Public opinion poll conducted and results published

**Appendix Four: Communities Putting Prevention to Work
Community Action Plan (CAP)
Florence County**

Goals: By February 26, 2012, decrease prevalence of adult smoking in Florence County, SC. By February 26, 2012, decrease prevalence of youth smoking in Florence County, SC. Evaluation Measures: Adult Tobacco Survey, BRFSS, Youth Tobacco Survey, Youth Risk Behavior Survey			
SMART Objectives: By February 26, 2012, increase utilization of the S.C. Tobacco Quitline. MAPPS Strategy: Social Support & Services			
Action Steps	Milestones and Timeline	Key Partners	Evaluation Strategies
Partner with Free and Clear to set up multi-call intervention and NRT as appropriate for callers who register from Florence County	Within first three months of grant award	State Quitline coordinator, State and Community Leadership team members	Agreement in place for Florence county callers
Promote Quitline referral to local medical providers in their practices	Within six months of grant award	Cessation coordinator	Medical practices register for fax referral program, refer patients, Quitline monthly reports
Promote Quitline to local providers utilizing Medical Association partnership	Within six months of grant award	Cessation coordinator	Medical practices register for fax referral program, refer patients, Quitline monthly reports
Arrange with Free and Clear to ask “Happy Callers” to participate in local ad campaigns	Within first three months of award	State Quitline coordinator, State and Community Leadership team members	Happy callers referred to cessation coordinator for participation in media campaign

**Appendix Four: Communities Putting Prevention to Work
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Florence County**

Goal: By February 26, 2012, decrease prevalence of adult smoking in Florence County, SC. By February 26, 2012, decrease prevalence of youth smoking in Florence County, SC. By February 26, 2012, reduce the proportion of young people who are susceptible to start smoking.			
Evaluation Measures: Adult Tobacco Survey, BRFSS, Youth Tobacco Survey, Youth Risk Behavior Survey			
SMART Objectives: By February 26, 2012, provide NRT for all Florence County residents who are not contraindicated.			
MAPPS Strategy: Social Support & Services			
Action Steps	Milestones and Timeline	Key Partners	Evaluation Strategies
Work with Free and Clear to set up NRT benefit for callers who register from Florence County	Within first three months of grant award	State Quitline coordinator, State and Community Leadership team members, CPG Coordinator	Agreement in place for Florence county callers
Monitor monthly callers from Florence County who have received NRT	Within first three months of grant award	CPG Coordinator	Quitline monthly reports
Partner with Student/Health Services at Francis Marion to develop a cessation program including counseling, referral to Quitline and distribution, where appropriate of NRT	Within six months of grant award	CPG Coordinator, coalition members and students	Program developed and implemented

**Appendix Four: Communities Putting Prevention to Work
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Florence County**

Goal: By February 26, 2012, decrease prevalence of adult smoking in Florence County, SC. By February 26, 2012, decrease prevalence of youth smoking in Florence County, SC. By February 26, 2012, reduce the proportion of young people who are susceptible to start smoking.			
Evaluation Measures: Adult Tobacco Survey, BRFSS, Youth Tobacco Survey, Youth Risk Behavior Survey			
SMART Objectives: By February 26, 2012, increase number of Florence County Healthcare Providers who ask, advise and refer their patients who smoke to effective cessation resources.			
MAPPS Strategy: Social Support & Services:			
Action Steps	Milestones and Timeline	Key Partners	Evaluation Strategies
Partner with consultant Dr. Dave Keely to identify via geocoded live birth records the maternal residence areas where prevalence of pregnant women smoking during pregnancy is high	Within five months of grant award	CPG coordinator, Dr. Dave Keely	Areas identified and baseline time-trend trajectories for maternal smoking prevalence established for each area
Promote Clinical Practice Guideline (CPG) training (2As + R) utilizing Medical Association and Medical Auxiliary partnerships	Within six months of grant award to grant end	Dr. Dave Keely, Coalition CPG Coordinator, Medical Auxiliary, Medical Association	Partners and Providers identified and trained
Promote Clinical Practice Guideline (2As + R) utilizing online training/Continuing Medical Education developed by the state program	Within six months of grant award to grant end	Family Medicine Practitioners, General Internists, Cardiologists, Cardiac Rehabilitation, Pulmonologists, Endocrinologists, Physical Therapists	Trainings occur

**Appendix Four: Communities Putting Prevention to Work
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Florence County**

Goals: By February 26, 2012, decrease prevalence of adult smoking in Florence County, SC. By February 26, 2012, decrease prevalence of youth smoking in Florence County, SC.			
Evaluation Measures: Adult Tobacco Survey, BRFSS, Youth Tobacco Survey, Youth Risk Behavior Survey			
SMART Objectives: By February 26, 2012, partner with area health professional schools to promote adoption of Clinical Practice Guidelines for Treating Tobacco Use and Dependence and the S.C. Quitline as curricula standards.			
MAPPS Strategy: Social Support & Services			
Action Steps	Milestones and Timeline	Key Partners	Evaluation Strategies
Hire cessation coordinator to promote CPG and S.C. Quitline throughout Florence County.	By April 1, 2010	SC DHEC Region 4	Coordinator hired.
Identify and contact curriculum developers at Francis Marion University School of Nursing, FD Tech College School of Nursing and School of Dental Hygiene	By May 1, 2010	SC DHEC Region 4, Francis Marion University School of Nursing, Florence-Darlington Technical College Schools of Nursing and Dental Hygiene	Documentation of contacts
Work through the curriculum development processes at Francis Marion University and Florence-Darlington Technical College to advocate for CPG and S.C. Quitline to be included in nursing and dental hygiene curricula	By June 1, 2011	SC DHEC Region 4, Francis Marion University School of Nursing, Florence-Darlington Technical College Schools of Nursing and Dental Hygiene	Curricula standards

**Appendix Four: Communities Putting Prevention to Work
Community Action Plan (CAP)
Florence County**

Goals: By February 26, 2012, decrease prevalence of adult smoking in Florence County, SC. By February 26, 2012, decrease prevalence of youth smoking in Florence County, SC. Evaluation Measures: Adult Tobacco Survey, BRFSS, Youth Tobacco Survey, Youth Risk Behavior Survey			
SMART Objectives: By February 26, 2012, partner with McLeod Family Medicine to promote adoption of Clinical Practice Guidelines for Treating Tobacco Use and Dependence and the S.C. Quitline as standards of care for residency program. MAPPS Strategy: Social Support & Services			
Action Steps	Milestones and Timeline	Key Partners	Evaluation Strategies
Hire cessation coordinator to promote CPG and S.C. Quitline throughout Florence County.	By April 1, 2010	SC DHEC Region 4	Coordinator hired.
Coordinate CPG/S.C. Quitline training for McLeod Family Medicine Residency Program	By August 1, 2010	SC DHEC Region 4 and McLeod Family Medicine	Training roster
Work with Residency Coordinator to establish CPG/S.C. Quitline as standards of care to be used by Residents	By August 1, 2011	SC DHEC Region 4 and McLeod Family Medicine	Adoption of CPG/S.C. Quitline as standard of care

EXHIBIT

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American Recovery and Reinvestment Act Prevention and Wellness Initiative: COMMUNITIES PUTTING PREVENTION TO WORK

Award Recipients:

- CDC received 263 eligible applications from communities in all 50 states, Washington, D.C., Puerto Rico, and five Pacific Territories (American Samoa, Federated States of Micronesia, Guam, Marshall Islands, and the Republic of Palau).
- After a thorough review process, awards were made to 44 communities, listed below. The communities receiving awards are diverse: 14 are large cities, 11 are urban areas, 16 are small city/rural areas funded through nine state departments of health, and three are tribes. The communities will be addressing obesity and tobacco prevention: 23 communities are receiving funding for obesity prevention alone, 14 communities are receiving funding for tobacco prevention alone, and an additional seven communities are receiving funding for both obesity and tobacco prevention efforts.

TOTAL AWARD AMOUNT	\$372.8 million
1. Obesity Awards	\$230 million
2. Tobacco Awards	\$142.8 million

Strategies to Impact Health:

- Communities are required to implement practice- and evidence-based strategies.
- These practice and evidence-based strategies can have a profound influence on improving health behaviors by changing community environments. Awarded communities will be using multiple strategies to improve nutrition, increase physical activity, and reduce tobacco use rates, initiation, and secondhand smoke exposure.

Awards:

COMMUNITY	TOTAL	OBESITY	TOBACCO
Austin/Travis County Health and Human Services Department, Texas	\$7.5 Million		\$7.5 Million
Boston Public Health Commission, Massachusetts	\$12.5 Million	\$6.4 Million	\$6.1 Million
Cherokee Nation Health Service Group, Oklahoma	\$2.1 Million	\$1 Million	\$1.1 Million
City of Chicago (Respiratory Health Association of Metropolitan Chicago), Illinois	\$11.6 Million		\$11.6 Million
Cook County (Cook County Department of Public Health/Public Health Institute of Metropolitan Chicago), Illinois	\$15.9 Million	\$15.9 Million	
County of Los Angeles Department of Public Health, California	\$32.1 Million	\$15.9 Million	\$16.2 Million
County of San Diego Health & Human Services Agency, California	\$16.1 Million	\$16.1 Million	
County of Santa Clara Public Health Department, California	\$6.9 Million		\$6.9 Million
DeKalb County Board of Health, Georgia	\$3.2 Million		\$3.2 Million
District of Columbia Department of Health, Washington, D.C.	\$4.9 Million		\$4.9 Million
Douglas County Health Department, Nebraska	\$5.7 Million	\$5.7 Million	
Great Lakes Inter-Tribal Council, Wisconsin	\$1 Million		\$1 Million
Hamilton County General Health District, Ohio	\$6.7 Million	\$6.7 Million	
Hawaii – State of Hawaii Department of Health for the following communities: <ul style="list-style-type: none"> • Kauai, Hawaii • Maui, Hawaii 	\$3.4 Million	\$3.4 Million	



COMMUNITY	TOTAL	OBESITY	TOBACCO
Indiana – Indiana State Department of Health for the following communities: <ul style="list-style-type: none"> Bartholomew County, Indiana Vanderburgh County, Indiana 	\$5.4 Million	\$5.4 Million	
Iowa – Iowa Department of Public Health for the following communities: <ul style="list-style-type: none"> Linn County, Iowa Ringgold County, Iowa 	\$3.3 Million		\$3.3 Million
Jefferson County Department of Health, Alabama	\$13.3 Million	\$6.3 Million	\$7 Million
Louisville/Jefferson County Metro Government, Kentucky	\$7.9 Million	\$7.9 Million	
Maine – Maine Department of Health and Human Services for the following communities: <ul style="list-style-type: none"> Healthy Lakes, Communities Promoting Health Coalition, People's Regional Opportunity Program Healthy Portland, City of Portland Health and Human Services Department, Public Health Division 	\$4.3 Million	\$4.3 Million	
Miami-Dade County Health Department, Florida	\$14.7 Million	\$14.7 Million	
Minnesota – Minnesota Department of Health for the following communities: <ul style="list-style-type: none"> Olmsted County, Minnesota Minneapolis, Minnesota 	\$5.9 Million	\$5.9 Million	
Multnomah County Health Department, Oregon	\$7.5 Million	\$7.5 Million	
Nashville/Davidson County Metro Public Health Department, Tennessee	\$7.5 Million	\$7.5 Million	
New York City (Fund for Public Health in New York, Inc.), New York	\$31.1 Million	\$15.5 Million	\$15.6 Million
Orange County Health Department, Florida	\$6.6 Million		\$6.6 Million
Philadelphia Department of Public Health, Pennsylvania	\$25.4 Million	\$15 Million	\$10.4 Million
Pima County, Arizona	\$15.8 Million	\$15.8 Million	
Pueblo of Jemez, New Mexico	\$0.9 Million	\$0.9 Million	
Rhode Island – Rhode Island Department of Health for the following community: <ul style="list-style-type: none"> Providence, Rhode Island 	\$3.3 Million		\$3.3 Million
San Antonio Metropolitan Health District, Texas	\$15.6 Million	\$15.6 Million	
South Carolina – South Carolina Department of Health and Environmental Control for the following communities: <ul style="list-style-type: none"> Horry County, South Carolina Florence County, South Carolina 	\$6 Million		\$6 Million
St. Louis County, Missouri	\$7.6 Million		\$7.6 Million
Seattle – King County Department of Public Health, Washington	\$25.5 Million	\$15.5 Million	\$10 Million
Southern Nevada Health District, Nevada	\$14.6 Million		\$14.6 Million
Tri-County Health Department, Colorado	\$10.5 Million	\$10.5 Million	
West Virginia – West Virginia Department of Health and Human Resources for the following community: <ul style="list-style-type: none"> Mid-Ohio Valley 	\$4.5 Million	\$4.5 Million	
Wisconsin – Wisconsin Department of Health Services for the following communities: <ul style="list-style-type: none"> LaCrosse County, Wisconsin Wood County, Wisconsin 	\$6 Million	\$6 Million	

EXHIBIT

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**Pima County CPPW
Built Environment Team
Contract Narrative**

1. Name of Contractor

The University of Arizona
College of Architecture and Landscape Architecture
Drachman Institute
819 E. First St.
Tucson, AZ 85721

2. Method of Selection

This contractor was selected based on their contribution to the grant application process. This contractor was specifically named in the response to the FOA as a partner and collaborator in the Pima County Communities Putting Prevention to Work application as has been integral to the planning process to this point. The Drachman Institute (DI) is the outreach arm of the College of Architecture and Landscape Architecture/Planning (CALA), at the University of Arizona, dedicated to environmentally-sensitive and resource-conscious planning and design of healthy communities. With a focus on the underserved and vulnerable, DI engages students, staff, faculty, and citizens in an interdisciplinary collaboration to make communities healthier, safer, more equitable, and more beautiful places to live. DI serves the needs of communities while providing an outreach and service-learning experience for students. DI provides Community & Neighborhood Planning focusing on low-income neighborhoods in Tucson and in communities throughout Arizona through planning and design assistance grants funded by the Drachman Institute endowment and through a variety of contracts. With this experience and body of work, the Institute will be an important and appropriate contractor.

3. Period of Performance

This contract is expected to be executed in June, 2010 and will continue through the funding period, ending in March of 2012, barring any no-cost extensions approved or allowed by HHS/CDC in the execution of CPPW program activities.

4. Scope of Work

The Built Environment Team will be responsible for engaging public officials, county, city, and town staff, and community leaders around urban planning and community design practices that support human health and physical activity. A multidisciplinary team will:

- 1) Collaboratively review and assess all Pima County and county city/town jurisdictional plans, including general plans, consolidated plans, area and neighborhood plans, and department plans, as well as zoning and other codes, regulations, and ordinances;
- 2) Research best practices and case studies of existing model health-supporting plans and codes;
- 3) Identify potential targets for change and the addition of health-enhancing plan and design strategies, codes, regulations, ordinances, and policies;

**Pima County CPPW
Built Environment Team
Contract Narrative**

- 4) Prepare a detailed Action Plan identifying built environment issues and opportunities, and plan and provide advocacy activities;
- 5) Work with Leadership and Policy Teams to identify organizations to leverage resources and build consensus; and
- 6) Provide a series of 25 design charrettes and policy workshops around the creation of health-enhancing built environments, including transit-oriented development, mixed use zoning, and concepts of livable neighborhoods, complete streets, walkable neighborhoods, green-space development, bike boulevards, and other built environment strategies, policies, and related design standards. These charrettes will result in a minimum of 14 neighborhood plans for physical improvements in neighborhood public spaces to support healthy lifestyles.

Outcome Obj!

5. Method of Accountability

All Pima County contractors are subject to monthly contract compliance assessment prior to receiving reimbursement for services rendered or items delivered. The regular compliance assessment will be supplemented by monthly reports on grant related activities specific to the scope of work as well as regular meetings among all grant teams to assess progress.

All contracts are reimbursement based, and Pima County Finance as well as the Pima County Health Department CPPW management team will audit all requests for reimbursement and insure that they are appropriate and allowable under Pima County policy, ARRA requirements and HHS/CDC directives.

Regular financial audits will be performed by Pima County Finance to provide further assurance of proper financial management of the contract by the contractor as well as the County.

6. Itemized Budget and Budget Justification

Budget Category	Amount
a. Personnel	\$299,956
b. Fringe Benefits	\$77,021
c. Travel	\$13,800
d. Equipment	\$0
e. Supplies	\$36,530
f. Contractual	\$0
g. Construction	\$0
h. Other	\$37,500
i. Indirect Charges	\$58,089
Total	\$522,896

a. Personnel

**Pima County CPPW
Built Environment Team
Contract Narrative**

This contract will create 6.75 FTEs throughout the duration of the contract, with an average yearly salary of approximately \$22,000. This figure is artificially lowered by the employment of several part-time student positions in the summer months. With those individuals removed from the calculation, the average yearly salary is approximately \$27,000.

b. Fringe Benefits

The fringe benefit rate used by the Drachman Institute at the University of Arizona is approximately 26% of annual salary. This is again skewed by the part-time student positions. The fringe benefit rate for positions other than those is approximately 36%.

c. Travel

Approximately \$14,000 has been allocated for travel. This includes local mileage at a rate of \$0.49 per mile, in line with Pima County policy, as well as \$1,800 for rental and mileage for neighborhood built environment assessment "tours" to highlight and educate policy makers on the need for environmental changes.

d. Equipment

No items meeting the definition of Equipment under the HHS/CDC FOA will be purchased.

e. Supplies

This line item includes standard office supplies, IT supplies, instructional materials and photocopy expense.

f. Contractual

No further subcontracts will be executed by this contractor.

g. Construction

No construction funds have been budgeted in this contract.

h. Other

The \$37,500 in this line item has been budgeted for design charettes and training workshops to provide materials for policy makers and environmental change efforts.

i. Indirect Charges

Indirect charges were set at a maximum of 10.72% per Pima County Health Department policy and Pima County Board of Supervisors Resolution 2010-70.

Pima County CPPW
Policy Team
Contract Narrative

1. Name of Contractor

The University of Arizona
Mel and Enid Zuckerman College of Public Health
1295 Martin Avenue
PO Box 245210
Tucson, Arizona 85724

Policy

2. Method of Selection

This contractor was selected based on their contribution to the grant application process. This contractor was specifically named in the response to the FOA as a partner and collaborator in the Pima County Communities Putting Prevention to Work application as has been integral to the planning process to this point. The Policy Team housed at the University of Arizona, Mel and Enid Zuckerman College of Public Health, Policy and Management Section has experience placing clean indoor air on the local level policy agenda in Pima County and creating related policy-relevant information for policy makers. The team will have access to graduate students at the Master's and Doctoral levels who can be hired relatively inexpensively as graduate assistants to assist with the preparation of policy documents such as policy statements, issue briefs, and health impact analyses that are specific to the jurisdictions. Other students can be recruited to assist in this effort for credit or as an internship project. This contractor is an appropriate community collaborator, well-positioned to assess policy and recommend new policy or changes for implementation.

3. Period of Performance

This contract is expected to be executed in June, 2010 and will continue through the funding period, ending in March of 2012, barring any no-cost extensions approved or allowed by HHS/CDC in the execution of CPPW program activities.

4. Scope of Work

The goal of this contract is to stimulate and inform the policy debate about issues related to MAPPS strategies, such as planning and zoning issues, systems change to support local agriculture, menu labeling, pricing strategies that incentivize choosing healthy foods

The Policy Team will be responsible coordinating the effort to raise the salience of healthy eating and active living concepts among policy makers and planners. Policy documents will be developed, including policy statements and health impact analyses. The Policy Team will link community experts with policy makers to provide education and technical assistance to increase their capacity to consider and implement policy and community design concepts in their respective communities. A Speakers Bureau will be organized and will include community experts in 1) the burden of obesity and how it impacts local communities and government services, 2) community design that supports health, and 3) food system issues.

What policies?

**Pima County CPPW
Policy Team
Contract Narrative**

The Policy Team will work very closely with the Built Environment Team and the Food Systems Team in this regard. Since policy makers have a high degree of trust in local health care providers when considering local health-related issues, we will also work closely with the Leadership Team and its Advisory Committee to ensure that the health perspective is communicated effectively.

In coordination with the Schools, Neighborhoods, Worksites, and Health/Human Services and Faith Based Teams, the Policy Team will develop educational materials and provide workshops and presentations about the virtues of making informed dietary choices. No!

Identifying and collaborating with like-minded organizations to leverage resources and build consensus will be an important function of the Policy Team. Organizations and coalitions that focus on environmental issues, recreation issues, and economic development will be crucial partners in efforts to create policy and environmental change to address obesity.

5. Method of Accountability

All Pima County contractors are subject to monthly contract compliance assessment prior to receiving reimbursement for services rendered or items delivered. The regular compliance assessment will be supplemented by monthly reports on grant related activities specific to the scope of work as well as regular meetings among all grant teams to assess progress.

All contracts are reimbursement based, and Pima County Finance as well as the Pima County Health Department CPPW management team will audit all requests for reimbursement and insure that they are appropriate and allowable under Pima County policy, ARRA requirements and HHS/CDC directives.

Regular financial audits will be performed by Pima County Finance to provide further assurance of proper financial management of the contract by the contractor as well as the County.

6. Itemized Budget and Budget Justification

Budget Category	Amount
a. Personnel	\$313,111
b. Fringe Benefits	\$114,835
c. Travel	\$24,030
d. Equipment	\$0
e. Supplies	\$20,400
f. Contractual	\$0
g. Construction	\$0
h. Other	\$15,770
i. Indirect Charges	\$51,767
Total	\$539,913

Pima County CPPW
Policy Team
Contract Narrative

a. Personnel

This contract will create 4.9 FTEs throughout the duration of the contract, with an average yearly salary of approximately \$32,000.

b. Fringe Benefits

The fringe benefit rate used by the Canyon Ranch Center for Prevention and Health Promotion at the University of Arizona is approximately 36.5% of annual salary.

c. Travel

Approximately \$24,000 has been included in this contract budget for local mileage for the Policy Team, based at a reimbursement rate of \$0.49 per mile, in line with Pima County policy.

d. Equipment

No items meeting the definition of Equipment under the HHS/CDC FOA will be purchased.

e. Supplies

This line item includes standard office supplies, some IT supplies, and photocopy expense.

f. Contractual

No further subcontracts will be executed by this contractor.

g. Construction

No construction funds have been budgeted in this contract.

h. Other

This line item includes cellular phone service and network support for the contracted employees working at remote locations.

i. Indirect Charges

Indirect charges were set at a maximum of 10.72% per Pima County Health Department policy and Pima County Board of Supervisors Resolution 2010-70.

EXHIBIT

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vendors to provide utilization and outcome reports for each worksite adopting a policy to treat tobacco users.

FTE: .20

Year 1 Salary: \$ 7,155.20

Year 2 Salary: \$ 7,517.12

Outreach Coordinator – Elizabeth St. Clair, B.A.

An Outreach Coordinator has the following responsibilities:

The Outreach Coordinator, along with the Project Manager, and the Tobacco Free Mobile Subcommittee will take an inventory of the coalition, the current tobacco policies, key informant opinions and conduct the CHANGE tool to prepare a report for the Children's Policy Council.

Identify resources and develop a plan to educate decision makers about the benefits of 100% smoke free policy, increasing the unit price of tobacco products, and reducing tobacco advertising. The Outreach Coordinator, with the assistance of Tobacco Free Mobile, will identify community allies to assist with dissemination of the materials. Take inventory of TFM coalition, current state of law, and key informant opinion.

Educates businesses and the public through educational materials produced and disseminated

FTE: 1.0

Year 1 Salary: \$ 34,049.60

Year 2 Salary: \$ 35,776.00

Administrative Assistant I – Stephen Shepherd, B.S.

This position assists the Retail Service Coordinator and performs the following:

Schedules meetings and appointments for staff; prepares requisitions; assist staff with other clerical duties. Types correspondence, financial and budget reports, medical forms, memoranda, requisitions, and other documents; files invoices, vouchers, patient records, correspondence, and other materials; maintains a variety of bookkeeping, and clerical records and files; compiles statistical data for reports; posts to ledgers or journals, manually or by computer; enters and verifies information in the computer; assists the general public, patients, clients, or other employees by telephone or in person by furnishing requested information or service; performs related work as required.

Good knowledge of business English, spelling and arithmetic; some knowledge of office procedures and equipment; some knowledge of clerical bookkeeping practices; ability to accurately type at a rate of 35 WPM; ability to maintain financial records and prepare routine reports; ability to maintain specialized files and records; ability to acquire skill in the operation of computers with Microsoft applications; ability to establish and maintain effective working relationships with other employees and the general public.

Alabama Department of Public Health	Dr. Jim McVay	Director, Bureau of Health Promotion and Project Director
	Jennifer Sumner	Program Manager
Mobile County Commission	Mike Dean	President

iii. Leadership Team members demonstrate a high level of commitment to the CPPW initiative by providing access to their organizations' staff and resources. Please refer to Attachment C for Leadership Team members' letters of support detailing their commitment to advancing the broad-based policy changes proposed in the Community Action Plan in Attachment D.

B. Description of Existing Community Coalition(s)

iv. ADPH has an established community coalition committed to working on this proposed effort: The Children's Policy Council of Mobile County (CPC). A subcommittee of the CPC that evolved from a community group working on the *Smoke Free Class of 2000* initiative, the Coalition for a Tobacco Free Mobile County, is also specifically committed to oversight and implementation of this effort. (Please refer to Attachment E. for a list of CPC and Coalition for a Tobacco Free Mobile members.) Established under the Alabama Department of Children's Affairs, the Children's Policy Council of Mobile County is comprised of broad based leadership of representatives from virtually all public and private entities committed to children's health and welfare, including: members of business and industry, elected decision makers in state and local government, leaders of the legal community, management of the Departments of Education and Mental Health, leaders of community based organizations, and community members. In its 2008 Needs Assessment Report, the CPC stated its top priority would be to reduce alcohol, tobacco and drug use by Mobile-area youth. This grant will serve as a vehicle to accomplish that priority.

v. The CPC is led by Circuit Judge Edmond G. Naman. As is described in section iv, the coalition represents a broad range of expertise and abilities, drawn from the leadership of public and private agencies that are committed to public health and well-being. These agencies bring expertise in individual and public health, state law, the workings of local government, opinions/attitudes of local businesses and the community, and knowledge of local resources and needs. The coalition includes community members, chosen to represent the demographics of Mobile County. The coalition makeup enables collaboration with key opinion leaders and decision makers. Examples of past successful collaborations are listed in the section below.

vi. Members of the CPC have demonstrated their ability to work successfully together and in collaboration with community leaders to implement broad-based policy, systems, and environmental change initiatives. Examples of successful projects include: developing and disseminating a smoke-free dining guide, coordinating a tobacco free parks initiative that resulted in a city ordinance requiring tobacco free parks, educating decision makers about the benefits of increasing the unit price of tobacco products that resulted in a tobacco excise tax increase in Mobile, and educating decision makers about the benefits of 100% smoke free policies, resulting in the passage and implementation of strong smoke-free ordinances in the Mobile County municipalities of Bayou La Batre, Citronelle, Prichard and Saraland.

C. Please refer to Attachment C for letter of support from the mayor demonstrating his commitment to supporting the CPPW initiatives and reporting requirements.

D. Other Federal ARRA collaborations

vii. The Mobile County Health Department is a recipient of two primary care grants supported by ARRA funds. The Department will continue to work with health partners which have received

dissemination of campaigns and greatly reduce the production costs of advertising. This activity will establish community support for the 100% smoke-free ban (Access strategy) which will be promoted to the Mobile City Council.

The 100% smoke free intervention was selected because smoke-free policies protect non-smokers from the health effects of exposure to secondhand smoke, encourage smokers to quit, and reinforce a nonsmoking social norm (*Ending the Tobacco Problem: a Blueprint for the Nation*, Institute of Medicine of the National Academies). Mobile is the largest city in Alabama with no significant protection of its citizens from secondhand smoke exposure. For several years, the Coalition for a Tobacco-Free Mobile has provided education to decision makers and the public on the impact of secondhand smoke exposure, which led to several surrounding cities such as Bayou La Batre, Citronelle, Prichard and Saraland adopting ordinances to protect citizens from secondhand smoke. The City of Mobile also strengthened an ordinance to make all city parks tobacco free. These ordinances demonstrate the capability of the coalition to support policy change. The coalition is committed to working on this proposed effort, to promote the creation of a new 100% smoke-free ordinance for Mobile.

Efforts to restrict point of purchase advertising (Point of Purchase strategy) are included as part of this proposal because (1) recently collected data demonstrate that a majority of Mobile County businesses practice predatory tobacco marketing practices and (2) because of research findings that show retail cigarette advertising increased the likelihood that youth would initiate smoking (Campaign for Tobacco-Free Kids, 2007). This intervention activity will be implemented through an expansion of Operation Storefront. The 2008 Mobile County Operation Storefront survey found that 73% of tobacco retailers (convenience stores) surveyed had a failing score on the amount and placement of tobacco advertising. If this proposal is funded, Operation Storefront

tools will be used to gather data on advertising at over 600 additional stores. The data gathered would then be used to develop and implement an education campaign for the surveyed store owners, retail associations, and the public on the benefits of restricting tobacco advertising. This project has a short-term goal of reducing tobacco advertising in surveyed stores by 25%.

The promotion of state tobacco excise tax modification to remove preemption language (Price strategy) was included in this proposal because although Alabama is currently ranked 46th in United States cigarette excise tax, collecting only .425 cents on each pack of cigarettes as compared to a national average of \$1.34 per pack, a 2004 state law preempted local governments from any further tax increase on tobacco. The *"Best Practices for Comprehensive Tobacco Control Programs"* sites the stall in continuous decline in youth smoking rates as partially attributed to smaller annual increases in the retail price of cigarettes. Alabama's nearly stagnant smoking rates are reflective of this after five years of flat state and local taxes. In order for local governments in Alabama to comprehensively address this increase in tobacco use, preemptive language in the state law must be removed. The Tobacco Free Mobile Coalition was instrumental in the 2004 Mobile city tax increase. Coalition partners, still actively involved, are well versed in tobacco excise tax issues and in working on policy change at both state and local level. This coalition has committed to working on this proposal. The Alabama legislative session schedule which begins in January will allow them quick access to legislators from around the state.

The final intervention component of this proposal is the provision of support, two weeks of nicotine replacement therapy and referral to the Quitline and other cessation services in schools and at worksites (Social Support and Services strategy). Other than the Alabama Tobacco Quitline, there are no free cessation programs available to Mobile County residents, and without sufficient funds to promote the Quitline, many Mobile County residents are unaware of this

EXHIBIT

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Project Abstract Summary

Program Announcement (CFDA)

93.724

*** Program Announcement (Funding Opportunity Number)**

CDC-RFA-DP09-912ARRA09

*** Closing Date**

12/01/2009

*** Applicant Name**

Jefferson County Board of Health

*** Length of Proposed Project**

24

Application Control No.**Federal Share Requested (for each year)***** Federal Share 1st Year**

\$ 4,995,544

*** Federal Share 2nd Year**

\$ 4,995,545

*** Federal Share 3rd Year**

\$ 0

*** Federal Share 4th Year**

\$ 0

*** Federal Share 5th Year**

\$ 0

Non-Federal Share Requested (for each year)*** Non-Federal Share 1st Year**

\$ 0

*** Non-Federal Share 2nd Year**

\$ 0

*** Non-Federal Share 3rd Year**

\$ 0

*** Non-Federal Share 4th Year**

\$ 0

*** Non-Federal Share 5th Year**

\$ 0

*** Project Title**

Jefferson County Health Action Partnership Putting Prevention to Work Against Obesity

Project Abstract Summary

* Project Summary

Jefferson County Health Action Partnership
Putting Prevention to Work Against Obesity
Funding Opportunity: CDC-RFA-DP09-912ARRA09

The Jefferson County Department of Health will implement ???Communities Putting Prevention to Work??? to address obesity levels that are over 30% in the most densely populated city and county in Alabama, the 49th most obese and 48th unhealthiest state in the nation. A 2005 community assessment process, Mobilizing for Action through Planning and Partnerships (MAPP), led to the formation of the Jefferson County Health Action Partnership in 2007, a coalition of over 100 stakeholders. Using a strategic logic model, this proposal integrates fourteen of those partners in seven Access, two Media and one Price, Point of Service and Social Support evidence-based interventions under the guidance and leadership of the Health Department, UAB School of Public Health, United Way of Central Alabama and the Community Foundation of Greater Birmingham to create systemic change that reduces obesity.

Interventions are categorized into five impact areas: (1) Built Environment establishes intergovernmental relationships among Jefferson County and its 39 municipalities to apply smart growth principles that result in mixed use land development; expands smart growth to include a greenway connector master plan that improves personal mobility and physical activity; and brings fresh produce to ???food deserts??? through public markets, mobile markets, farmer???'s markets and/or traditional grocery stores. (2) Access to Healthy Choices includes menu labeling to give the public point of service nutritional choices regarding the calories and trans-fat content when they ???eat out???; increased fruit and vegetables in school lunches, afterschool program snacks, childcare center snacks and meals, ???food pantries??? and organizations served by the Food Bank. Standards for nutrition and physical activity in afterschool programs and childcare centers create environments where good nutrition and activity patterns are practiced. (3) Social Supports establish neighborhood walking groups where ???walking trails??? can evolve from citizen use and become part of the neighborhood infrastructure. (4) Subsidized exercise programs as a medical treatment for obesity use Flexible Spending Accounts as an untapped financial resource to increase weight loss options. (5) Media and social marketing strategies through traditional outlets will be augmented by radio ???soap operas??? targeted for Latino and African-American communities to make public health messages entertaining as well as educational. These five impact areas ??? taken collectively ??? create an environment where residents of Jefferson County have the access, information, and opportunity to lead healthier, more active lifestyles, thereby reducing obesity and chronic disease throughout the jurisdiction.

* Estimated number of people to be served as a result of the award of this grant.

659000

Populations		procurement policies and practices (N)
3. Increase Social Supports for Healthy Choices		
Walking Groups	YMCA	<u>Social</u> : Neighborhood activity (PA)
4. Provide Incentives for Healthy Choices		
Workplace Wellness	YMCA	<u>Price</u> : Subsidized memberships (PA)
5. Promote Healthy Nutrition & Fitness Choices		
Media	The Modern Brand	<u>Media</u> : Promote healthy food and drink choices (N) and increased activity (PA)

Improve the Environment for Nutrition and Fitness (Strategy Map I-1)

Environmental interventions have the broadest systemic and long-term impact and are the most complex due to multiple governmental jurisdictions and the high level of public engagement needed to effect change. The CPPW Community Action Plan intertwines three environmental interventions: 1) SmartCode Planning and Zoning; 2) Greenway Connector Master Planning, and 3) Public Markets. CPPW will empower Jefferson County to do something that has never been done before—concurrently advance building codes, greenway connectivity and access to healthy food through coordinated, synergistic strategies.

SmartCode Planning and Zoning: The Jefferson County Planning and Land Development Office is lead for SmartCode planning and zoning in both unincorporated and incorporated Jefferson County. This CPPW intervention leverages the Jefferson County Comprehensive Plan, adopted by the Jefferson County Commission in August 2008, which is a unique and innovative application of smart growth practices to a county that has both extensive urban development and vast rural areas. The Jefferson County Plan is posted on the SmartCode Central website as a project in process as well as the NACCHO website as part of the “Healthy

Appendix B-2 Gateway

- F. 1. Name of Contractor: Gateway
 2. Method of Selection:
 3. Period of Performance: March 2010 - February 2012
 4. Scope of Work: Tobacco Prevention and Cessation
 5. Method of Accountability:
 6. Itemized Budget and Justification

Personnel

Position Title	Name
Advocacy Trainers	To Be Hired
Advocacy Trainers	To Be Hired
Advocacy Trainers	To Be Hired
Director, Community Connection:	Vanessa Huggins

Annual	Time	Months	Amt Requested
(b)(4)			

(b)(4) Job Description: Advocacy Trainers (3) - To Be Hired
 Train and monitor youth advocates in Youth Empowerment Program (YEP) to promote adoption of 100% Smoke Free Air policies throughout Jefferson County

Job Description: Program Coordinator - Vanessa Huggins
 Supervise Advocacy Trainers and YEP progress

Fringe Benefits:

Travel

In-state mileage
 73818 miles x (b) mile for 2 years

Equipment

Supplies

General Office Supplies estimate for 2 yrs
 Educational supplies (curriculum, student incentives, promotional items, etc.) estimate

Travel

Other

Staff Development for (b)(4)
 Food Estimate for 2 years
 Postage estimate for 2 years
 Professional fees (Social work re-licensure dues for four staff)
 Printing estimate
 Occupancy (all that entails)
 Telephone (local and long distance, contracts, etc)
 Cell Phone for three people
 Depreciation sections (office equipment, computer)
 Management & General

Total Other

Contractual

Total Gateway

EXHIBIT

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Director of Advocacy – Birmingham, AL
American Lung Association of the Plains-Gulf Region

Job Snap Shot

Location: Birmingham, AL
Employee Type: Full-time -- Exempt
Education: Bachelor's degree required in public policy, political science, social studies, public health or related field. Master's degree preferred.
Experience: Five+ years of experience in government relations, policy, communications or advocacy, with increasing responsibilities for non-profit/grant administration.

Contact Information: careers@breathehealthy.org

Summary:

- The Director of Advocacy is a full-time position responsible for advocating for tobacco-free policies in communities and worksites as it relates to the current grant funding 80% of the time until February 2012. Responsible for managing the following aspects of the grant including, but not limited to: budget, developing and implementing tobacco-free worksite policies, city council presentations, volunteer development for testimonials, working with smokefree policy consultant, monitoring budget with fellow CPPW Program Director, directing/networking ALA (CPPW funded) staff to specific worksites for adopting potential tobacco-free policies. He or she will assist designated Jefferson County Department of Health (JCDH) and United Way of Central Alabama (UWCA) staff with grant goals and deliverables. The director will prepare reports, evaluations, presentations, outcome documents, and abstracts as necessary for the American Lung Association (ALAPGR) in collaboration with JCDH, UWCA and the Communities Putting Prevention to Work (CPPW) initiative.
- The other 20% of the full-time position will consist of statewide advocacy/policy/government relations responsibilities within the state of Alabama; specifically act as a registered lobbyist representing ALA during legislative session held in Montgomery, AL. Responsible for maintaining and growing relationships with health partner groups, local and state coalitions, national office and national partners. **When submitting your resume, please provide your salary requirements.**

B. REPORTS TO:

- Vice President, Public Policy (Advocacy activities)
- CPPW Grant Director (CPPW activities)

C. *SUPERVISES:*

- Policy Manager

Duties and Responsibilities:

- **Government Relations:**
 - Develop State legislative agenda and priorities in conjunction with health partners and VP, Public Policy.
 - Establish relationships with state officials, legislators, and other persons influential in state policy, legislation, and regulation. Based on those contacts, take action to influence state government and/or healthcare initiatives to prevent lung disease and promote lung health.
 - Follow up on national requests for calls to action.
 - Participate in coalitions with a common interest to impact strong public health policy at both the state and local levels of government.
 - Coordinate with regional field staff and Vice President of Public Policy in targeting key policy and political decision-makers in advancing the overall awareness of lung disease and lung health.
 - Provides and/or participates in advocacy training for volunteers and staff
 - Plans, implements, and evaluates year-round advocacy activities
 - Provide timely and comprehensive feedback on key related issues that create threats and/or opportunities for ALAPGR
 - Networks both inside and outside the American Lung Association to build strategic alliances and long-term relationships with key constituents
 - Serves as principal liaison to ALA National regarding advocacy in Oklahoma and is responsible for maintaining awareness of current national policy positions and evaluating similar ALAPGR policy positions
 - A leadership position responsible for planning, implementing, and evaluating the programs approved annually by the ALAP-GR Strategic Plan in collaboration with the Alabama Leadership Council, specifically Lung Health Committee.
 - Liaison between ALAPGR and volunteers in Alabama.
 - Responsible for relaying ALAPGR information from our communications department to appropriate venues.
 - Develops and implements comprehensive management tools including ALA's Performance Based Management System (PBMS) that provide the feedback and data necessary for advocacy decisions to be made. Defines metrics and outcome measurements that will quantify performance against goals and institutionalizes a system for obtaining and reporting those metrics and measurements
 - Attends relevant meetings to promote legislation/policy and foster relationships with funders and partners.
 - Occasional weekend or evening projects may be required.
 - Other duties as assigned.

- Employee must be a tobacco-free employee or at least 24 months quit.
- **Communities Putting Prevention to Work Initiatives:**
 - Responsible for accomplishing the CPPW grant objectives in conjunction with the partners and the personnel within the timeframe given by the JCDH.
 - Comply with rules, regulations and reporting set by ALAPGR grant administrator. Direct staff to comply as well.
 - Monitors the goals, objectives, and deliverables of the CPPW grant within the dedicated budget.
 - Collaborates with partners in the target areas of tobacco prevention and control.
 - Supervise and manage the Policy Manager who manages Policy coordinators who work on policy initiatives through the CPPW Jefferson County grant.
 - Responsible for managing the following aspects of the grant including, but not limited to: budget, developing and implementing tobacco-free worksite policies, city council presentations, volunteer development for testimonials, working with smoke-free policy consultant – CB Pearson, monitoring budget with fellow CPPW Program Director, directing/networking ALA (CPPW funded) staff to specific worksites for adopting potential tobacco-free policies.
 - He or she will assist designated Jefferson County Department of Health (JCDH) and United Way of Central Alabama (UWCA) staff with grant goals and deliverables.
 - Assist CPPW Grant director in preparing reports, presentations, outcome documents, and abstracts as necessary for the American Lung Association (ALAPGR) in collaboration with JCDH, UWCA and the Communities Putting Prevention to Work (CPPW) initiative.

Requirements:

- Baccalaureate degree required in public policy, political science, social studies, public health or related field. Master's degree preferred.
- Five+ years of experience in government relations, policy, communications or advocacy, with increasing responsibilities for non-profit/grant administration.
- Strong management and supervisory skills required. Work history of fiscal and operational duties required.
- Possess ability to manage multiple priorities within tight timeframes.
- Excellent verbal and written communication skills required, with an ability to develop positive relationships with volunteers, elected officials, funders and key stakeholders. Excellent analytical and organizational skills.
- Excellent people and leadership skills, with an ability to coach, motivate and develop staff. A positive force in encouraging pro-active thinking and creating dynamic work environments.
- Have a knowledge base of tobacco control program strategies.
- **When submitting your resume, please provide your salary requirements.**

EXHIBIT

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Miami-Dade County Health Department

BUDGET NARRATIVE

RESPONSIBLE ORGANIZATION	RESPONSIBILITIES FOR POLICY CHANGE
Miami-Dade County Public Schools (M-DCPS)	<ul style="list-style-type: none"> Coordinate and conduct YRBSS in M-DCPS High School Physical Education Expansion Elementary SPARK program implementation Works with legislators and community groups to impact policy change for nutrition and physical activity. 1,764,266 year one 1,019,099 year two total 2,783,365
The Health Council	<ul style="list-style-type: none"> Evaluate all policies Monitor outcome measures Monitor output measures Monitor CDC CHANGE Tool reporting Provide legislative advocacy and a legislative agenda \$257,919.20 year one, 199,619 year two \$457,538.40 total.
University of Miami, Miller School of Medicine	<ul style="list-style-type: none"> Safe Routes to School – WalkSafe in Schools BikeSafe In Schools Walkability – environmental policy and system change 213,202.34 year one 215,370.22 year two \$428,572.56 total
Miami- Dade County Public Works Department	<ul style="list-style-type: none"> Updating Miami Dade Urban Design Manual to include “Complete Streets” Planning Zoning and Transportation Regulations with Great Streets Principles \$25,408 year one \$25,408 year two \$50,816 Total
Miami-Dade County Parks and Recreation Department	<ul style="list-style-type: none"> Updating Miami Dade County Parks and Open Space System Master Plan with additions that consider nutrition and include a health Environment component. \$522,810 year one \$535,300 year two total \$1,021,200.
University of Miami, Mailman Center for Child Development	<ul style="list-style-type: none"> HIHO - Healthy Inside Healthy Outside Provide technical assistance and training to childcare centers in adoption of policies to increase healthy foods and physical activity and decrease screen time. \$712,418.64 year one 653,181.36 year two \$1,365,600 total
Department of Children and Families (DCF), Child Care Licensing Division	<ul style="list-style-type: none"> Adopting and changing policies related to child care nutrition Reducing Screen time Increasing physical activity policy 1,444 Licensed Child Care Centers, impacting 96,000 children. \$1,160,932.08 year one \$1,127,926.60 year two Total \$2,288,858.68.
Market Company	<ul style="list-style-type: none"> Set-up Market Places at worksites in underserved

City of Miami	<ul style="list-style-type: none"> ▪ Wayfinding signage ▪ Enhancing bicycle facilities by placing bicycle racks ▪ \$300,000 total
City of Miami Police	<ul style="list-style-type: none"> ▪ Placement of school crossing guards at dangerous intersections in inner cities to encourage walking to school. ▪ \$666,238 year one \$657,238 year two
Miami-Dade Planning & Zoning	<ul style="list-style-type: none"> ▪ Update Miami-Dade Urban Design Manual ▪ Incorporate the Great Streets Planning Principles
Miami-Dade County Health Department WIC	<ul style="list-style-type: none"> ▪ Breastfeeding promotion ▪ Increase Birthing facilities to become baby friendly as defined by the UNICEF/WHO ▪ Development, adoption and adherence to breastfeeding within birthing facilities and physicians offices ▪ \$154,039 year one \$141,004 year two \$295,043 total.
Alliance for a Healthier Generation	<ul style="list-style-type: none"> ▪ Sustainability for wellness policies within MDCPS. ▪ Worksite Wellness sustainability within MDCPS ▪ \$477,594.30 year one \$592,257.53 year two ▪ \$1,069,851.83 total
Health Foundation of South Florida	<ul style="list-style-type: none"> ▪ Leveraging partnerships to sustain CPPW initiative.

Total contractual cost will be \$6,457,471.80 for year one, \$5,397,821.91 for year two; yielding a total of \$11,855,293.71. Total Direct Cost is \$8,344,705.84 for year one, \$7,216,255.91 for year two; yielding a total of \$15,560,961.75. Indirect cost is at 16%; yielding a total of \$3,200,000.00. Please see Attachment 10 for Indirect Cost Agreement. Total amount requested \$18,760,961.75.

EXHIBIT

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- systematic community-level and state-level planning for health improvement in all jurisdictions, and
- alignment of local public health system resources and strategies with the community health improvement plan.

INTERVENTION

The DeKalb County Board of Health (DCBOH) Community Putting Prevention to Work (CPPW) initiative aims to create a healthier, tobacco-free community by implementing evidence-based intervention strategies. The strategies to be used borrow from the MAPPS approach that include the media and media products to increase awareness of the health consequences of tobacco use, efforts to restrict youth access to tobacco products, support for pricing strategies to decrease tobacco use, increase access to cessation resources, and increase social support for residents ready to quit using tobacco.

More specifically, CPPW programmatic goals are to:

- 1) prevent youth from initiating tobacco-use;
- 2) reduce exposure to secondhand smoke and
- 3) lower smoking rates especially in high-risk populations.

Action Plan objectives that detail the intended interventions are captured below.

Community Action Plan Objectives

- From July 2010 through March 2012, conduct a county-wide hard-hitting counter advertising mass media campaign reaching youth, LSES Hispanics, African Americans and other sub-populations, using earned/paid television, radio, print, special events and social media
- By February 2012, the DeKalb County School Board will: 1) adopt a district-wide comprehensive tobacco plan to support implementation of the existing 100% tobacco-free school policy and 2) develop a smoke-free campaign that advocates for a tobacco-free environment in schools.
- By February 2012, the policy-making bodies of at least three of the nine college/universities in DeKalb County will adopt a tobacco-free campus policy. Selection criteria will be established for campus selection based on greatest impact/reach and greatest health burden/service to high-risk populations and in accordance with DeKalb County Board of Health's Office of Internal Services regulations.
- By February 2012, DeKalb County Board of Commissioners will adopt a countywide policy that will require all DeKalb Parks and Recreation properties to be tobacco-free.
- By February 2012, DeKalb County Board of Commissioners will expand a countywide comprehensive smoke-free law to include restaurants, freestanding bars, adult entertainment establishments, and county government property in unincorporated DeKalb County.
- By February 2012, at least three of the eight incorporated city councils within DeKalb County will adopt municipality-wide comprehensive smoke-free laws that include restaurants, free-standing bars, adult entertainment establishments, and county government property.
- By March 2012, DCBOH will incorporate system-wide protocol that supports health care

provider compliance with the protocol for the 2 A's and an R-the Ask, Advise, Refer model for cessation counseling and refers clients receiving DCBOH services including WIC, STD and immunization to the GA QuitLine through which NRT is available.

- By March 2012, Georgia General Assembly will increase the state cigarette sales tax from \$0.37 to \$1.37.
- By March 2012, DeKalb County Board of Commissioners will adopt a countywide policy restricting tobacco signage at external picture windows and internal advertising locations at tobacco retail establishments.

GEORGIA HEALTH POLICY CENTER APPROACH TO EVALUATION

The DCBOH engaged the Georgia Health Policy Center (GHPC) to serve as the external evaluators of this plan. The Georgia Health Policy Center uses an evaluation framework that is similar to that of the CDC. This framework ensures an evaluation process that is crafted and executed through relationships with those who will ultimately apply the findings. The findings create powerful learning opportunities that refine and sustain the ability of community-based projects to improve the well-being of residents.

Using the Center's CDC-inspired evaluation framework as a guide, GHPC utilized a process evaluation approach to document and analyze DCBOH's process of developing and implementing their intervention strategies. This approach does not simply capture whether or not the intervention was successful, but also captures what is happening along the way. Process evaluation is helpful in understanding contextual factors that may serve as facilitators of or barriers to the intended intervention activities and outcomes. A process evaluation approach is useful in explaining positive, modest, and insignificant results, and in providing a link between theoretical constructs and the final outcomes (Steckler & Linnan, 2002).

The Center's evaluation approach was further informed by a developmental evaluation perspective (Patton, 2010). The primary purpose of developmental evaluation is to capture the dynamics of complex systems challenges. It is useful in accounting for changing social, political, economic, environmental, technological, and demographic patterns. It is helpful in identifying key forks in the road and establishing a basis for decisions about which direction should next be taken. Developmental evaluation also allows for a documentary record of changes made, generation of feedback, learning opportunities for ongoing development, and contingency planning for the future.

The overall goal of this evaluation was to provide the DeKalb County Board of Health with information that could inform any future policy, systems, or environmental change initiatives they might wish to undertake, with a secondary goal to inform DCBOH's funder of any lessons learned that could be relevant to future grantees engaging in similar activities.

DEKALB COUNTY BOARD OF HEALTH (DCBOH) CPPW INTERVENTION ACTIVITIES

Smoke Free Air Ordinances

The adoption and expansion of tobacco smoke-free laws to impact the county, its municipalities and public recreational spaces was an integral component of DeKalb's CPPW Community Action Plan (CAP). The three major and originally anticipated outcomes indicated in the CAP were:

- By February 2012, DeKalb County Board of Commissioners will expand a county-wide comprehensive smoke-free law to include restaurants, free-standing bars, adult entertainment establishments, and county government property in unincorporated DeKalb County.
- By February 2012, at least three of the eight incorporated city councils within DeKalb County will adopt municipality-wide comprehensive smoke-free laws that include restaurants, free-standing bars, adult entertainment establishments, and county government property.
- By February 2012, DeKalb County Board of Commissioners will adopt a county-wide policy requiring all DeKalb Parks and Recreation properties to be tobacco-free.

To that end, a series of strategic activities were undertaken by the DCBOH in an effort to meet these objectives.

A Leadership Team (LT) was established to provide counsel, oversight and direction to the process. LT members were expected to play a significant role in crafting model policy language, engaging grassroots support, and providing the county's political leadership with evidence-based information upon which to act in the best interest of their constituents. A policy subcommittee was created to specifically focus on ordinance review and revision.

A community poll was conducted initially to gauge public support for the passage and adoption of comprehensive tobacco smoke-free ordinances. Additionally, one focus group and two key informant interviews were conducted with workers exposed to environmental tobacco smoke to understand the likely impact of the ordinance revision. An Air Quality Assessment of some restaurant establishments in the county was conducted in an effort to record baseline values for particulate matter related to cigarette smoke, however, due to contractual challenges, this data was not able to be verified and therefore is not considered in the final evaluation.

COMMUNITY POLL DATA

In early 2011, the project commissioned a community poll in order to understand the level of public support for the effort. In general there was moderate community support for comprehensive ordinances. Key findings are included below:

- Just under half of the population would be more likely to vote for a candidate who supported smoking bans
 - Greatest support for the following policies in order of strength
 - Advertisements of tobacco products should not be allowed near places frequented by children.
 - Smoking should not be allowed at outdoor public events.
 - Current Clean Air Ordinance
 - Though smoking rates continue to fall, one in four smokers are aged 18-34 (up from 1 in 10); residents aged 35-54 years have tried to stop smoking more so than any other age group.
 - In DeKalb county 3 in every 4 smokers are generally unfamiliar with the Tobacco Quitline.
- There is moderate support for increasing the tobacco tax by \$1.00.
- Support for amendments to elements of the ordinance are shown below:

	Smoking should not be allowed in.....	Level of support to amend ordinance	Strongest supporters of restrictions	Likely opponents of restrictions
Bars	61%	56%		Hispanic or Latino residents and young adults
Adult entertainment establishments	56%	50%	elderly and more educated residents	young adults
Outdoor Restaurant Patios	52%	63%	well educated residents	young adults and less educated residents
Outdoor Office spaces		56%		
Open public areas		58%		
<i>Events such as sports and fairs</i>	71%*		Hispanic or Latino residents	less educated residents
<i>Recreational Facilities</i>	60%		women	men, middle aged and less educated residents
College Campuses	55%		women and residents aged 30 to 44	men, young and middle-aged adults

*Majority of smokers agreed

See Appendix A for full report.

FOCUS GROUP AND KEY INFORMANT DATA

Two key informant interviews and one focus group were conducted with employees of local establishments to gain a deeper insight into the possible health effects experienced amongst workers in the hospitality industry. These included one interview with a server, one interview with an event promoter, and one focus group with nine dancers.

Participants noted frequent and direct contact with secondhand smoke exposure, with key informants estimating exposure an average of five days a week over a minimum of four to five hours and focus group participants estimating exposure an average of five to seven days a week, six to eight hours per day. Problems included the smell of smoke on clothing and hair, throat and eye irritation, shortness of breath, and asthma. Several also noted complaints from close family members and had concerns about exposing their young children. While key informants voiced their support of a policy that would protect workers in this industry and one reported that she had been to other establishments that were smoke free and noticed no other differences, only two focus group participants agreed, with most of the other focus group participants voicing concerns that it was not realistic to expect a smoke-free environment for their type of establishment, where patrons expect leisure and relaxation, thus such a restriction could impact them financially.

See full report in Appendix B.

As the DCBOH and LT gathered information and began the process of crafting model policy language, it became clear that some municipalities were not prepared to consider changes to their local ordinances until the county considered and voted on the issue. Other priorities (e.g. millage rates, zoning, etc.) were also expected to become the focus of attention for the Commission in the second half of the year. Given the compressed timeline for CPPW, the group focused their efforts on speedily moving the recommended ordinance to the Board of Commissioners for a vote nearly six months ahead of schedule. Leadership Team partners/members assisted staff from the DeKalb County Board of Health (DCBOH) in the development of model language for the revision of the county's current non comprehensive ordinance. The majority of the language for the revised ordinance was adopted from model policy recommendations, set out by Americans for Nonsmokers Rights (ANR). Language addressing parks and recreational outdoor areas and facilities was also included so as to ensure that only one comprehensive ordinance would need to be voted on by the Board of Commissioners. The ordinance was accepted by the DCBOH with a recommendation that submission be made to the DeKalb Board of Commissioners.

During this time, efforts were made to understand the commission's review process as well as the nature and strength of opposition to the recommended ordinance. The group collected and presented data/information to support the view that there has been little economic impact or fallout from such ordinances on restaurants and other places of entertainment in other parts of the country.

Notwithstanding sponsorship by a commissioner who was a member of the LT and the collective testimonies of DeKalb residents, advocates and scientists, the revised ordinance as recommended by the DCBOH was defeated by a 4-2 vote of the Board of Commissioners in September 2011.

Following this unexpected outcome, the LT and policy subcommittee developed a modified three pronged approach to support DCBOH project staff in the policymaking process for the remainder of the project period. The approach sought to disentangle the outdoor and indoor smoking policies and revisit the potential of building traction and support for the countywide ordinance by the collective impact of comprehensive municipal ordinances. In the final six months of the extended grant period:

- Partners continued to support the adoption of the comprehensive clean air ordinance as recommended by the DeKalb County Board of Health by - continuing ongoing discussions with Commissioners, building a coalition of influencers, identifying cause champions, and assisting DCBOH staff in launching and maintaining an education and outreach campaign to engage individuals most adversely impacted by environmental tobacco smoke and the interest groups that support them.
- DCBOH staff engaged Parks and Recreation leadership as well as local park associations to promote smoke free recreational spaces (outdoor air). The DCBOH also focused on youth engagement to detail the level of the issue and to act as advocates for smoke free parks. The DCBOH has also been having ongoing discussions with Commissioners interested in addressing this particular element
- DCBOH reengaged city managers and councilmen to continue to broadly educate about the dangers of secondhand smoke. Staff have been in contact with Pine Lake, Clarkston and Stone Mountain to provide information where necessary and follow progress

Tobacco Tax

The excise tax on cigarettes in the state of Georgia is relatively low compared to other states across the country. One objective of the state's comprehensive cancer control plan is to promote a recommended \$1 increase in accordance with evidence-based tobacco control strategies. Over the grant period, DeKalb CPPW project staff participated as members of the Tobacco Control subcommittee of the Prevention Work Group. In so doing, they have been engaged in the process aimed at developing recommendations for policy action over the five years.

STRATEGIES AND MATERIALS TO INCREASE AWARENESS AND SUPPORT

How did DCBOH's provision and use of strategies and materials to increase awareness and support for adoption of policies influence the policy change process?

Policies that were successfully implemented in other parts of the country and policies that sufficiently captured the goals of partner organizations and the evidence-based approaches advocated by the funder were offered as examples of ordinance language to consider. When working on the municipal ordinances, the DCBOH CPPW team sought out champions/opinion leaders in each municipality.

DCBOH made use of communications materials available through CDC that could be applicable to the project, including print materials available through the campaign resource center. The team successfully engaged in public education and outreach and securing earned media, and partners commented on DCBOH's success in facilitating a county-wide education campaign. CPPW team leadership utilized the opportunity provided by the media after the vote to encourage the public and workers to get involved, stating "We were there to protect them."

The Smoke-Free DeKalb petition utilized by DCBOH partners and distributed by the DCBOH CPPW team included language of a strongly persuasive nature that emphasized the importance of not compromising, including, "We want a smoke-free Atlanta with no compromises" and "Let the DeKalb Board of Commissioners know that workers' health should not be compromised!"

Sometimes the process of developing policies meant exploring and clarifying who the policy was meant to impact, and under what circumstances. For example, in the case of the county-wide indoor air ordinance, clarification was needed to determine if restaurants with outside dining places were considered public places that would be impacted by the indoor air ordinance. Team members also wondered under what circumstances an individual who ran a business in their own home would be considered. Clarification was also needed for policies on college campuses to determine how the policy should/should not affect high profile visiting performing artists, patients and families of the university healthcare system, and how to define the boundaries of the campus and/or college properties.

Policy development also involved clarifying what the policy was intended to effect. Discussions included the reasons for focusing policy on "smoke-free" versus "tobacco-free", and what products would specifically be targeted by the policy – e-cigarettes, hookahs, etc. , and any specific considerations needed for establishments such as hookah bars and cigar stores.

When discussing strategies to change a parks policy, the DCBOH CPPW team began by clarifying who would implement the policy and found that although the parks are owned by the county, sports associations have a significant influence over what happens in the parks during certain parts of the year for certain sports.

The team also engaged in continuous learning with their CDC counterparts, partners, and legal counsel to help clarify their activities in regards to informing rather than advocating or lobbying for policy

Key Comments & Feedback

“Yes, umm, “mommy your hair smell like smoke,” “you smell like smoke,”
You know?

6. Opinions about Smoke-Free Policies that would protect workers in bars, nightclubs, and adult entertainment establishment.

Participants voiced their support of a policy that would protect workers in this industry, particularly in the environments where workers, such as themselves, were not protected. One of the participants noted the fact that she has been to establishments that do not permit smoking and there is no difference in the overall environment, except that fact that smoking is not permitted. It was

Key Comments & Feedback

“And they wouldn’t have to feel like they had to... if this is the job that they need, but lets say their allergic to smoke. They gonna have to make a decision whether or not I want to accept this job just because you know people smoke in here.”

“I go to establishments that serve and- that are smoke free, and I don’t think it’s any

also noted that in many cases workers in these establishments are left with hard decisions, as to whether or not they should accept employment in these establishments even if they are faced with possible adverse or detrimental health outcomes.

Focus Group

A focus group was conducted amongst nine African-American females who worked as exotic dancers at a local adult entertainment establishment ion DeKalb County, GA.

Findings

1. Exposure to secondhand smoke

Common Methods of Exposure, Frequency and Duration

In conversations with these participants it was learned that exposure to secondhand smoke was widespread throughout the establishment. Most

common methods of exposure are from patrons that frequent the establishment as well as co-workers within the establishment.

In terms of length of exposure most reported being exposed nearly every day, with three days per week being the minimum and five to seven days being the average for most workers in this environment. Participants noted the average length of time worked was six to eight hours per day.

2. Problems resulting from secondhand smoke exposure

Noted concerns included, the smell of smoke left on the body, including both clothing and hair, difficulties with breathing, and throat and eye irritation. In terms of coping with the health problems they experienced due to secondhand smoke exposure several noted they had not seen a health care professional due to the fact that they did not have any benefits associated with their job; this includes health insurance. When participants were asked if they had suffered any financial hardships, majority of participants stated that was their primary reason for working in their chosen profession. Among coping behaviors listed while at work, many reported trying to drink something to relieve any throat irritation that may persists or taking a break in the dressing room to get away from the mainstream smoke. In terms of opportunities to take breaks throughout the work shift, many only noted approximately two-three breaks lasting from anywhere between five and 15 minutes. One participant noted that while smoking was not permitted in the dressing room area where these workers often dress, take breaks, and eat their meals; there was still secondhand smoke exposure due to the poor ventilation that existed within the building. Several of the respondents also reported having allergies.

Key Comments & Feedback

“But it’s really no ventilation down here either. So y’all really can’t even say that. It has been a time when y’all have just been spraying spray and I have choked,

3. Secondhand smoke exposure in other environments

Two respondents within the focus group indicated they had a family history of cancer.

4. Family history of cancer

Both participants noted the presence of cancer within their family history

5. Third-hand Smoke

Along the same lines as those that participated in the key informant interviews, several focus group participants also noted complaints from close family members. Many of these participants had young children in their home that voiced complaints due to the presence of lingering cigarette smoke. One of the participants stated that she fully bathes to avoid exposing her newborn to the smoke residue that may be left on her clothes and body.

Key Comments and Feedback

“Before I touch her or what ever I try to at least get in the shower and

6. Opinions about Smoke-Free Policies that would protect workers in bars, nightclubs, and adult entertainment establishment.

When focus group participants were asked whether or not they felt workers in these types of venues would benefit from implementation of a smoke-free policy there were conflicting viewpoints. Two stated they felt the policies would be beneficial to workers while several others stated the opposite. One participant noted there were probably benefits for workers if they worked somewhere else, but not in that environment. In the case of those that did not see the benefits they justified their opinions based on the fact that these venues exist to cater to desires and wishes of the customers that patronize these establishments. One participant stated that these establishments were geared toward relaxation and having the leisure to smoke falls in line with that concept.

When participants were asked if they had the opportunity to work in an establishment where smoking was restricted, would they do so, only two stated they would. One of these two stated she would even if meant a decrease in her current income. The others stated they would not. When asked for justification, one participant stated that working in a smoke-free adult entertainment establishment was not a reality. Another participant noted that restricting the ability to smoke in these environments would ultimately impact income.

EXHIBIT

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vendor/contractor can be announced until the process has been completed.

Contractor/ interventions	Amount Requested \$1,498,187.43
<u>Youth based campaign for tobacco-free DeKalb:</u> 1. Name of Contractor: DeKalb County School System 2. Method of Selection: Sole source 3. Period of Performance: March 2010- March 2012 4. Scope of work: The contractor will be responsible for: (1) leading school-based social media campaign for the Clean Indoor Air ordinance, including recruiting students to be trained as advocates; (2) conducting Operation Storefront activities to collect baseline data to support policy to reduce tobacco signage; (3) utilizing Students Against Destructive Decisions (SADD) groups a means to educate the community on the need for tobacco-free policies; (4) creating school-based tobacco webpages, including developing webpages, maintaining webpages, and linking to DCSS TV24; and (5) creating a system-wide tobacco plan, including hiring a tobacco prevention specialist, creation of the plan, and implementation of the plan 5. Method of Accountability: Contractor will be responsible for submitting regular reports to the CPPW staff, including at a minimum: copies of content on tobacco webpages, copy of system-wide plan, identified successes and barriers, etc. 6. Itemize Budget and Justification: Tobacco Prevention Specialist \$55,000 (salary and fringe for two years), \$30,000 for SADD oversight of Operation Storefront, \$5,000 for school-based media, \$10,000 supplies and materials.	\$100,000.00
<u>Tobacco-free college campuses:</u> 1. Name of Contractor: TBD (3 DeKalb colleges) 2. Method of Selection: The colleges will be awarded per competitive bid. 3. Period of Performance: March 2010- March 2012 4. Scope of Work: Each college will be expected to form a campus-wide Tobacco Task Force, create a comprehensive tobacco plan, and advocate for a tobacco-free campus policy. 5. Method of Accountability: Will submit quarterly reports to CPPW staff including at a minimum: who is represented on the Task Force, Task Force meeting minutes, plan progress, policy progress, identified successes and barriers, etc. 6. Itemize Budget and Justification: 3 colleges @ \$15,000 each (to cover staff lead, meeting expenses, policy advocacy efforts and campus signage).	\$45,000.00
<u>Georgia Cigarette Tax Campaign:</u> 1. Name of Contractor: TBD (3 National Education/Advocacy Organizations) 2. Method of Selection: The contract will be awarded per competitive bid.	\$45,000.00

<ol style="list-style-type: none"> 3. Period of Performance: March 2010- March 2012 4. Scope of Work: Will lead the campaign for DeKalb County. Responsibilities will include (1) publicizing campaign in DeKalb, (2) mobilizing grassroots advocates in DeKalb and (3) co-branding literature and materials. 5. Method of Accountability: Will submit monthly reports to CPPW staff including at a minimum: # of advocates trained, success stories and barriers, etc. 6. Itemize Budget and Justification: 3 Education/Advocacy Organizations @ \$15,000 each 	
<p><u>GA QuitLine Support</u></p> <ol style="list-style-type: none"> 1. Name of Contractor: Free and Clear 2. Method of Selection: Sole Source 3. Period of Performance: March 2010- March 2012 4. Scope of Work: Contractor will be responsible for providing assessment, cessation and referral services to all DeKalb callers to the quit line. The services will mirror the current GA State contract. Cessation services may include the provision of NRT (if funding permits). The contractor will provide a comprehensive monthly report, which includes the number of callers, demographics, and referral source. 5. Method of Accountability: Will submit monthly reports to CPPW staff. 6. Itemize Budget and Justification: \$225,000 to Free and Clear for cessation services and reporting. Approximately \$80 per call with an estimated 114 calls per month. Approximately \$24,360 for NRT. 	<p>\$225,000.00</p>
<p><u>Coalition Trainings: CPPW Consortium</u></p> <ol style="list-style-type: none"> 1. Name of Contractor: TBD 2. Method of Selection: The contract will be awarded per competitive bid. 3. Period of Performance: March 2010- March 2012 4. Scope of Work: The contractor will be responsible for (1) development and delivery of capacity-building trainings for the coalition including topics such as best practices in tobacco control and prevention, engaging communities in tobacco control and prevention, working with diverse populations, and sustainability (monthly meetings). (2) working with coalition to garner grass-roots support of CPPW initiatives such as amending the clean indoor air ordinance, tobacco-free parks, etc. (3) providing technical assistance as needed to coalition via phone, email and site visits. 5. Method of Accountability: Will submit quarterly reports to CPPW staff including at a minimum: outline of trainings, # of people attending trainings, meeting minutes from trainings, successes and barriers, etc. 6. Itemize Budget and Justification: \$53,028 for staff support for developing coalition trainings, delivery and facilitation of coalition trainings (up to 20 meetings), follow-up with CPPW staff and coalition members, drafting summary report, and costs associated with community meetings (printing, location, supplies, education materials, advertising) 	<p>\$53,028.00</p>

eliminating exposure to secondhand smoke, and (4) identifying and eliminating disparities of those disproportionately affected by tobacco use.

In 2002, PATCH members took the lead in successful efforts to strengthen the DeKalb County clean indoor air ordinance (CIAO), which governs unincorporated DeKalb. As a result of this effort, nearly 80 percent of the public places and restaurants in DeKalb are 100 percent smoke-free. Building on the success of the 2002 ordinance, PATCH members took the lead in advocating for a CIAO in the City of Decatur, which passed in 2004.

Live Healthy DeKalb (LHD) Coalition. LHD began in the spring of 2006 when the Healthy DeKalb coalition (formerly Status of Health committee) joined with PATCH to build a community network that improves the health and quality of life of those who live, work, and play in DeKalb County. LHD is facilitated by the OCDP and the coalition's distinctive programs and activities bring health issues to the top of the DeKalb County's agenda.

LHD includes a network of 400 partners, coalitions, and residents and engages 50 active members in identifying and addressing priority health issues. These members represent the residential, faith-based, business, and other sectors. In 2007/2008, LHD created business and sustainability plans. Both plans, as well as meeting minutes and a membership roster can be found in Appendix V.

In 2008, LHD advocated for the adoption of the CDC's 100% tobacco-free schools policy which prohibits tobacco use at all times by any person on school grounds and at school-sponsored events. The model policy was adopted by both the DeKalb County School System and City Schools of Decatur. Also, in 2008, LHD assisted with a multiethnic social marketing campaign targeting the local Asian community. The campaign featured culturally appropriate health awareness messages that were disseminated in Korean, Chinese, and Vietnamese. LHD is

Uniform signage will be placed on all properties advertising the ordinance. This ordinance will impact approximately 143,000 participants of after-school, summer camp, summer meal, and educational programs. In addition, it will impact the countless individuals who use the properties for unstructured activities such as running and walking.

Sustainability: This ordinance will be voted on by the county commissioners and, if passed, will be enforced at all Parks and Recreation facilities and properties. An implementation guide will be created using suggested ordinance verbiage, press release samples, signage samples, etc. The guide will be made available on the DCBOH website and offered to other health districts across the state through the Tobacco Use Prevention Program at the Georgia Department of Community Health.

Intervention 2.4: Amending DeKalb's clean indoor air ordinance (usage ban)

Justification of need: DeKalb County adopted a clean indoor air ordinance (CIAO) for unincorporated DeKalb (86.5% of the county) in 2002 (Appendix VII). The CIAO made exemptions for (1) free-standing bars, (2) adult entertainment establishments, and (3) any property owned or leased by the State of Georgia or the federal government. In 2006, a strengthened CIAO was approved by the county commissioners, but ultimately vetoed by the then county CEO. As the CIAO is currently worded, the DeKalb ordinance is stronger than the Georgia Smoke-Free Air Act, yet is still one of the weakest local ordinances in the state.

Description: Work in partnership with the American Lung Association (ALA) and American Cancer Society (ACS) to propose a strengthened CIAO to the DeKalb County Commission. The strengthened ordinance will be based on the Americans for Non-Smokers Rights model policy and include no exemptions. The Tobacco Technical Assistance Consortium will train LHD coalition and community consortium members on leading a grassroots advocacy campaign to

accompany the efforts of DCBOH, ALA, and ACS. This amended policy has the potential to not only impact the 739,956 residents of DeKalb, but also additional people who work, dine, travel, and participate in leisure activities in the county.

Sustainability: The ordinance will be amended and enforced by the County Commissioners. The DCBOH will leverage this amended ordinance and encourage the nine DeKalb municipalities (13.5% of the county) to adopt the same ordinance as part of the OCDP's Strategic Alliance for Health grant.

Intervention 2.5: Tobacco-free DCBOH campus policy (usage ban)

Justification of need: A tobacco-free campus policy is the most comprehensive and effective smoking restriction. The primary need for adopting a tobacco-free policy is to provide a safe and healthful environment for employees and clients.

Description: Draft and advocate for a tobacco-free campus policy to be adopted on all DCBOH properties. This policy will address goals for education, enforcement, and cessation programs. Uniform signage will be placed on all properties advertising the new policy. The potential impact includes 400 full-time and 125 part-time employees at seven locations and approximately 195,000 clients annually. In addition, DCBOH leases space to the DeKalb Community Service Board and the Grady Health System, which means the policy would protect the staff and clients of these agencies as well.

Sustainability: This policy will be adopted and enforced as a standard DCBOH policy.

Intervention 2.6: Restrict youth access (restrict sales)

Justification of need: The enforcement of public policies that restrict access to tobacco products discourages youth from initiating tobacco use. Merchant education is important because retailers

tobacco advertising displayed at local retailers to be able to justify the need for more stringent restrictions.

Description: Hire youth between the ages of 16 and 18 to conduct Operation Storefront, a community-wide assessment. Operation Storefront encourages young people to take a close look at tobacco advertising and promotions at stores. Youth will document the number of tobacco advertisements and promotional items on the exterior of convenience stores (e.g., at gas pumps and on windows) and inside the stores (e.g., at the cash register). The results of this project will provide a baseline of the amount of tobacco advertising in DeKalb County.

Sustainability: The baseline will be used to build a case for more stringent advertising restrictions in the county. The advocacy for such restrictions will be incorporated into the OCDP's Strategic Alliance for Health grant's youth advocacy initiative.

Price Intervention (4.0)

Intervention 4.1: Georgia cigarette tax campaign (evidence-based pricing strategies)

Justification of need: Only three states have cigarette taxes lower than Georgia's tax of 37 cents.¹¹ A substantial increase in the total price of cigarettes has been shown in other states to reduce smoking by adults and to discourage youth from starting to smoke.¹²

Description: Assist the Georgia Alliance for Tobacco Prevention with the Georgia Cigarette Tax Campaign. The Alliance includes the American Cancer Society and its Action Network, American Heart Association, American Lung Association, Campaign for Tobacco Free Kids, State Representative Ron Stephens, and hundreds of other organizations and individuals. Assistance will be in the form of recruiting support from DeKalb County coalitions, worksites, faith organizations, and residents. This effort will include grassroots coalition training and a media campaign featuring the benefits of a cigarette tax increase.

Sustainability: The tax increase will be debated and voted on by the Georgia General Assembly.

Social support and services interventions (5.0)

Intervention 5.1: Promotion of Georgia Tobacco Quit Line

Justification of need: The Georgia Tobacco Quit Line is a statewide, toll-free service that provides telephone-based counseling and follow-up by a certified tobacco cessation specialist. The Quit Line is available to Georgia residents ages 13 and older and is available in English and Spanish, with potential of translation to over 140 languages through the AT&T Language Line. With little money available to advertise the Quit Line to DeKalb residents, there is an annual average of only 179 calls from DeKalb residents to this valuable resource.

Description: Increase the amount of Quit Line advertising to two specific populations in DeKalb: (a) smokers who are ready to quit, and (b) health care providers. Quit Line advertisements will appear in countywide venues, including print media, billboards, radio, bus tail lights, and bus shelters (these venues will extend the reach from solely DeKalb to all of metro Atlanta). Quit Line brochures will be distributed throughout the county, including to schools, parent resource centers, public libraries, recreation facilities, houses of worship, and worksites. Education will be provided to health care providers on: (1) what the Quit Line is, (2) how to refer clients, and (3) cessation counseling. To reach health care professionals, partnerships will be formed with organizations such as our Area Health Education Center, the Georgia Dental Association, DCBOH clinical and dental services, local hospitals, and local nursing and medical schools. Monthly Quit Line reports will document the most successful referral methods and these will be enhanced.

Sustainability: We will leverage partnerships to move from paid to negotiated earned media messages. We will also work with health care providers to make it a standard of practice to refer

EXHIBIT

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Pass the Buck



The Georgia Alliance for Tobacco Prevention (GATP) is a coalition led by The American Cancer Society, American Cancer Society Cancer Action Network, American Heart Association, American Lung Association, and the Campaign for Tobacco Free Kids. GATP is working closely with public health advocates, organizations & corporations to urge lawmakers to *Pass the Buck* and support a \$1 tax increase on cigarettes.

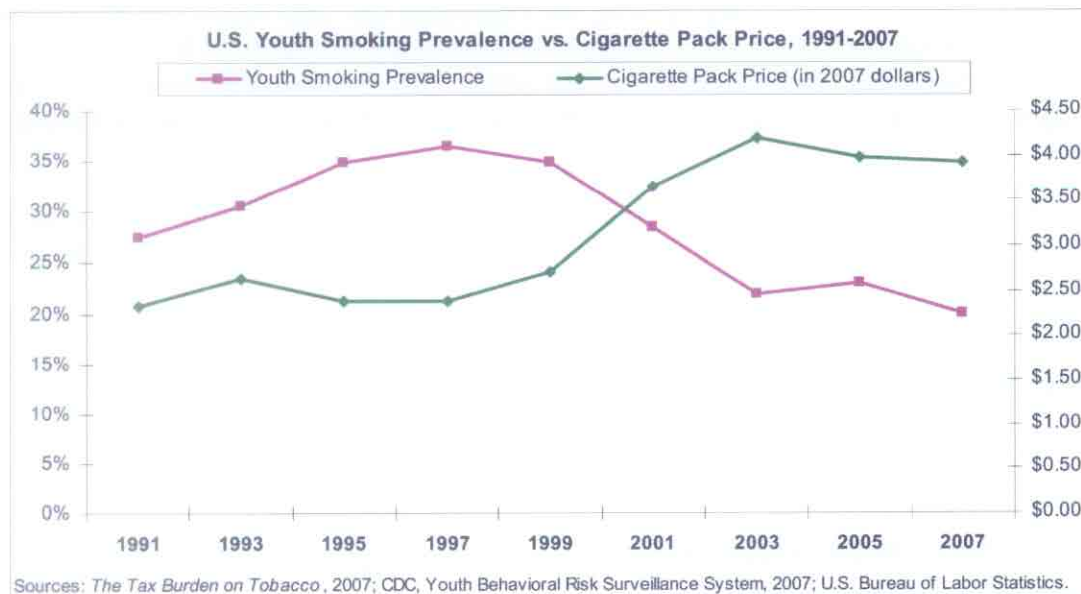
Increasing Georgia's Tax on Cigarettes by \$1.00 is a:

WIN for public health because it will reduce the prevalence of smoking, particularly among adolescents;

WIN for the State of Georgia's finances because it would generate a consistent and significant stream of new revenue, and reduce the \$537 million in annual Medicaid expenditures attributable to tobacco related illness;

WIN for lawmakers to support a measure that is favored by more than 73% of Georgia voters.

Public Health:



Correlation between retail prices and youth smoking prevalence: As this graph shows, there is a very strong relationship between the retail prices of cigarettes and youth smoking. As cigarette prices increase, youth smoking prevalence decreases.

Public Health (cont'd):

Various studies have determined that:

- For every 10% increase in the retail price of a pack of cigarettes, there is a corresponding 3-5% decrease in cigarette consumption.
- Cigarette price and tax increases work even more effectively to reduce smoking among males, Blacks, Hispanics and lower income smokers.¹
- A cigarette tax increase that raises prices by 10% will reduce smoking among pregnant women by 7%, preventing thousands of spontaneous abortions and still-born births, and saving tens of thousands of newborns from suffering from smoking-affected births and related health consequences.²
- Raising tobacco-product prices decreases the prevalence of tobacco use, particularly among kids and young adults, and tobacco tax increases produce "substantial long-term improvements in health."³

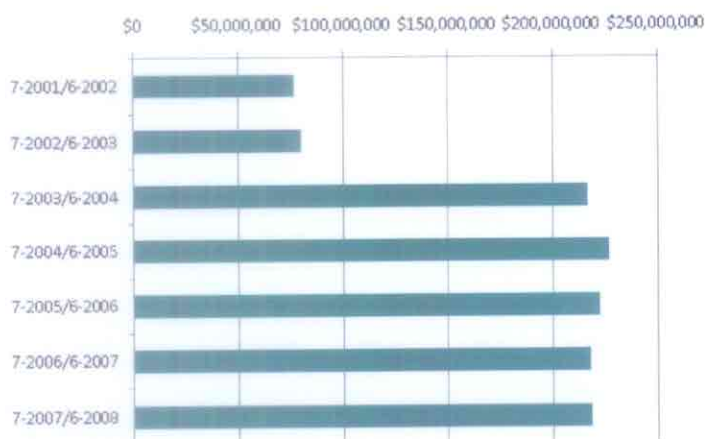
What do tobacco companies say about tax increases on their product?

Phillip Morris: *"Of all the concerns, there is one – taxation – that alarms us the most. While marketing restrictions and public and passive smoking [restrictions] do depress volume, in our experience taxation depresses it much more severely."*⁴

R.J. Reynolds: *"If prices were 10% higher, 12-17 incidence [youth smoking] would be 11.9% lower."*⁵

Revenues:

Consistent, Reliable Increase - By raising its cigarette tax rate from 12¢ to 37¢ per pack on July 1, 2003, Georgia increased its state revenues by more than \$136 million per year while reducing cigarette consumption in the state. The increased state revenue per pack brought in much more new revenue than was lost from fewer packs being bought and smoked.



Fiscal Year	Net State Cigarette Tax Collections
7-2001/6-2002	\$76,454,000
7-2002/6-2003	\$79,997,000
7-2003/6-2004	\$216,188,000
7-2004/6-2005	\$226,430,000
7-2005/6-2006	\$222,315,000
7-2006/6-2007	\$217,800,000
7-2007/6-2008	\$218,300,000

Source: Orzechowski & Walker, *Tax Burden on Tobacco*, compiled by the Campaign For Tobacco Free Kids/Eric Lindblom

Big Tobacco's Revenue Red Herring Alert: "Increasing the tax will only encourage cross border and black market sales."FALSE!

Fact: A national 2003 report reported that state smuggling and tax evasion revenue losses accounted for only a fraction of total state cigarette tax revenues (with those losses concentrated primarily in the highest-ranking tax states – GA ranks 43rd).⁶

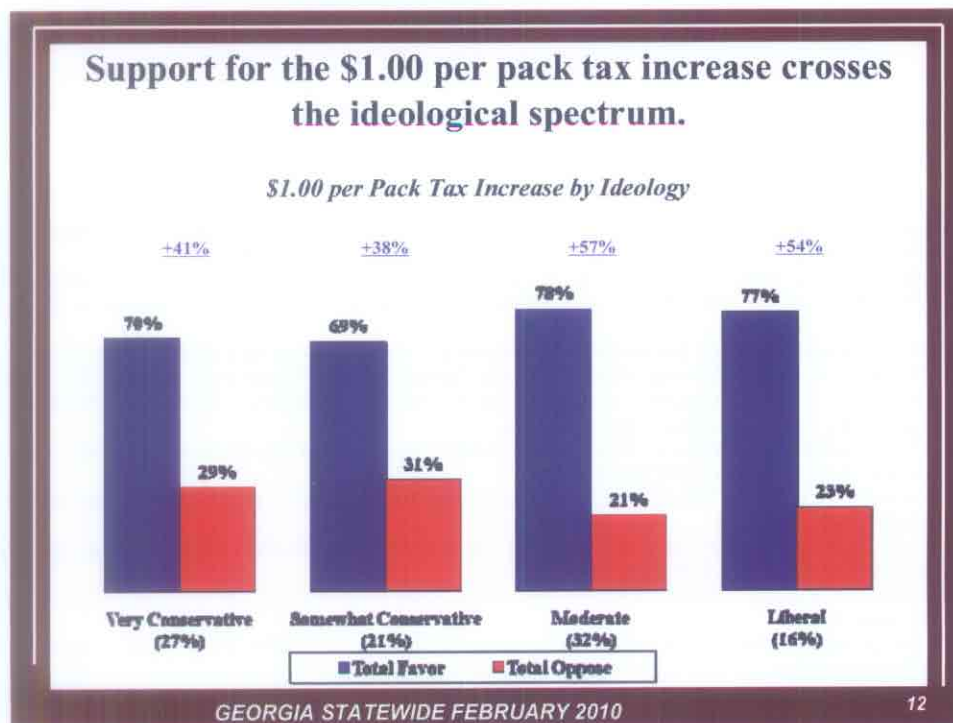
Fact: Due to a behavior pattern known as migration fatigue, almost all smokers that initially buy cigarettes in adjacent states to avoid higher taxes will quickly tire of driving across the border, and return to the convenience of normal full-tax purchases in their own state.⁷ Elevated gasoline prices should only serve to exacerbate this effect.

Fact: Every time a state has significantly increased their tax rate (by 8% or more), revenues go up and smoking prevalence goes down.

Public Opinion: Likely Georgia Voters

Polling: A February 2010 poll of likely Georgia voters⁸ indicated the following:

- **Strong Public Support:** 73% of all respondents would support a measure to increase the tax on cigarettes by \$1 per pack.
- **Bipartisanship:** 70% of Republicans and 77% of Democrats support a \$1 per pack increase to the cigarette tax.
- **Amount Doesn't Matter:** Public support is just as strong for a \$1 per pack increase as it is for a 50¢ per pack increase in the tax.
- **To Balance Budget:** Voters strongly prefer raising cigarette taxes over other tax increases or cuts to vital state programs.⁹



It's Time to Pass the Buck in Georgia!

A True Win-Win-Win:

WIN For Kids

110,500 fewer youth smokers

60,200 fewer adult smokers

More than 51,300 lives saved from premature smoking-caused death

WIN For State Revenues

An estimated \$400 Million in new cigarette tax revenue

More than \$2.5 Billion in long term health care savings

WIN For Lawmakers

A \$1 per pack increase is supported by 73% of likely Georgia voters

Contacts

June Deen, American Lung Association
Advocacy Director
Email: jdeen@alase.org
Mobile: 404-550-4956

John Daniel, American Cancer Society
VP, Federal, Georgia & Emerging Issues
Email: John.Daniel@cancer.org
Office: 404-949-6460

Eric Bailey, American Cancer Society
Georgia Grassroots Advocacy Manager
Email: Eric.Bailey@cancer.org
Office: 404-949-6437



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6. Fareilly, M, et al., *State Cigarette Excise Taxes: Implications for Revenue and Tax Evasion*, RTI International, May 2003, http://www.rti.org/pubs/8742_Excise_Taxes_FR_5-03.pdf.
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9. Campaign for Tobacco Free Kids, *Voters in All States Support Significant Increases in Cigarette Taxes*, Page 1, July 2008, <http://www.tobaccofreekids.org/research/factsheets/pdf/0309.pdf>

EXHIBIT

27

Project Abstract Summary

Program Announcement (CFDA)

93.724

*** Program Announcement (Funding Opportunity Number)**

CDC-RFA-DP09-912ARRA09

*** Closing Date**

12/01/2009

*** Applicant Name**

County of Los Angeles, Department of Public Health

*** Length of Proposed Project**

24

Application Control No.**Federal Share Requested (for each year)***** Federal Share 1st Year**

\$ 9,889,746

*** Federal Share 2nd Year**

\$ 10,110,253

*** Federal Share 3rd Year**

\$ 0

*** Federal Share 4th Year**

\$ 0

*** Federal Share 5th Year**

\$ 0

Non-Federal Share Requested (for each year)*** Non-Federal Share 1st Year**

\$ 0

*** Non-Federal Share 2nd Year**

\$ 0

*** Non-Federal Share 3rd Year**

\$ 0

*** Non-Federal Share 4th Year**

\$ 0

*** Non-Federal Share 5th Year**

\$ 0

*** Project Title**

Project TRUST (Tobacco Reduction Using effective Strategies and Teamwork)

Project Abstract Summary

* Project Summary

The Tobacco Control & Prevention Program (TCPP) in the Los Angeles County Department of Public Health (DPH) is a nationally-recognized leader in successful and innovative tobacco control and prevention efforts. However, steadily declining state funding from Proposition 99, a 1988 California law that increased and reinvested revenues from tobacco taxes into tobacco prevention and control efforts, is threatening past achievements and future progress. Troubling tobacco-related disparities still exist in Los Angeles County (LAC). For example, smoking prevalence among African Americans living in low-income communities is 32.5% for females and 54.3% for males (compared to a countywide prevalence of 10.1% and 18.7%). Yet, in spite of declining funding, TCPP efforts in the past 5 years have contributed to the adoption of 65 tobacco control policies among cities and unincorporated areas in the county. These policy successes have led to changes in social norms, including support for vigorous tobacco control efforts. The Communities Putting Prevention to Work (CPPW) initiative will not only allow LAC to greatly expand tobacco control and prevention efforts locally, but will push the boundaries of current practice and provide a roadmap for best practices for tobacco control at the local, state, and national levels.

The proposed project, Project TRUST, will implement policy, systems, and environmental changes to create a social milieu and legal climate where tobacco is less acceptable. The Project aims to further reduce smoking prevalence and decrease exposure to secondhand smoke (SHS), especially in disadvantaged communities. Project TRUST will work with a broad and diverse network of community coalitions; cities (e.g., City of Los Angeles with 4.1 million residents); school districts, including the Los Angeles Unified School District (700,000 students); two city health departments (Long Beach and Pasadena); a strong team of community leaders and technical consultants; and existing DPH infrastructure and resources. The CPPW initiative will enable Project TRUST to implement a coordinated community action plan in the five designated strategy areas (Media, Access, Point of Purchase/Promotion, Price, and Social Support & Services). Specifically, the Project will implement: 1) a multi-faceted media campaign; 2) comprehensive smoke-free outdoor air policies; 3) smoke-free multi-unit housing policies; 4) point-of-purchase marketing policies; 5) cigarette butt litter fee policies; 6) anti-tobacco use policies, and smoking prevention and cessation programs in high schools; and 7) smoke-free policies and the integration of smoking cessation into existing programs at social services agencies. Project TRUST will leverage forthcoming Proposition 99 funding (\$10.6 million over 3 years, beginning in 2010) and Master Settlement Agreement funds (\$1.2 million in 2010) to extend the reach, impact, and sustainability of these MAPPS interventions.

Project TRUST proposes to facilitate the adoption and implementation of 38 legislative policies in 36 cities and in LAC's unincorporated areas. MAPPS interventions are also designed to strengthen existing policies and/or capacity for policy adoption in 100 schools and 200 social services agencies. Expected changes from these efforts will benefit large segments of the county population; in particular, communities severely impacted by tobacco use and unwanted exposure to SHS. These changes will be sustainable through continual support from TCPP activities, and from the strengthening of local capacity for policymaking as a result of this initiative. At the end of the 2-year funding period, much of this capacity will have been built through broadening of community coalitions, hiring of 24 community liaisons and organizers to increase community competence, providing trainings on policy and systems change at social service agencies and high schools, and pursuing additional funding opportunities.

* Estimated number of people to be served as a result of the award of this grant.

10400000

- Period of Performance: 2/26/2010 to 2/25/2011 (Year One) and 2/26/2011 to 2/25/2012 (Year Two)
- Scope of Work: PHFE is responsible for staffing programmatic, administrative, and evaluation positions essential to carry out Project TRUST. These staff will be responsible for the implementation of several of Project TRUST's policy interventions as well as coordinating contractor budget activities. PHFE will monitor and implement these contracts based on the criteria set by the Los Angeles County Department of Public Health. All technical, administrative, and directive action of this project will be overseen by the PI and Dr. Paul Simon. PHFE and the other contracting partners named in this section are essential to the successful and timely implementation of this project.
- Method of Accountability: PHFE will provide a monthly activity report to the PI. PHFE will be paid based on the delivery of activities completed.
- See Itemized Budget (See Table 1 below.):

**TABLE 1: PUBLIC HEALTH FOUNDATION ENTERPRISE (PHFE)
ITEMIZED BUDGET***

<i>Position Title</i>	<i>Number of Position(s)</i>	<i>Annual Salary</i>	<i>Time</i>	<i>Months</i>	<i>Amount Requested Year One</i>	<i>Amount Requested Year Two</i>
Project Director (Senior Staff Analyst level) TBD	1	\$108,730	100%	12	\$108,730	\$111,992
Legislated Policy Project Coordinator (Staff Analyst level) TBD	1	\$89,708	100%	12	\$89,708	\$92,399
Policy Liaison (Assistant Staff Analyst level) TBD	12	\$80,483	100%	12	\$965,796	\$994,770
Community Organizer (Health Educator level) TBD	12	\$62,287	100%	12	\$747,444	\$769,867
Evaluation Coordinator Research Analyst III level TBD	1	\$76,616	100%	12	\$76,616	\$78,914
Research Analyst II level TBD	1	\$63,216	100%	12	\$63,216	\$65,112
Chief Epidemiologist level TBD	1	\$96,828	25%	12	\$24,207	\$24,933

Administrative Assistant II level TBD	2	\$60,615	100%	12	\$121,230	\$124,867
Fringe Benefits 25%					\$549,237	\$565,714
Indirect Cost 8%					\$219,695	\$226,286
TOTAL					\$2,965,878	\$3,054,855

**We anticipate providing revisions to the budget for the Contractor if funded.*

▪ PHFE, Key Personnel Job Descriptions:

Project Director (Senior Staff Analyst level) - TBD (100% FTE)

The Project Director will direct and manage the daily operation of Project TRUST. This position relates to all program objectives and reports directly to the PI and Dr. Paul Simon. He/She will oversee all aspects and components of the project including the management and monitoring of contracts, systems level policy components, city- and county-level initiatives, community mobilization efforts, media and outreach campaigns, and evaluation. The Project Director will oversee all communications with the media and the Board of Supervisors in consultation with the PI. Qualified candidates for the Project Director position will have significant experience (over 10 years) in a senior management/leader position in public health or a related field, and have a minimum of a master's degree. The Project Director is also responsible for ensuring the integration and coordination of services across contracted agencies, development of materials, provisions for mandatory trainings, material development, and overall monitoring and evaluation of the activities. He/She will be responsible for writing progress and final reports as needed to meet CDC guidelines.

Legislated Policy Project Coordinator (Staff Analyst level) – TBD (100% FTE)

The Legislated Policy Project Coordinator will manage and supervise the Community Mobilization Teams and Evaluation Coordinator. The Community Mobilization Teams are comprised of 12 Policy Liaisons, 12 Community Organizers, and Community Representatives. The Project Coordinator will oversee the implementation of project activities, development of materials, evaluation instruments and methodology, and coordination with departmental and external agencies. He/She will assist local cities to do legislated policy as specified in the Community Action Plan (CAP). He/She will coordinate trainings for community partners and local cities with contractors such as the Technical Assistance Legal Center (TALC) that will be responsible for drafting tailored model policy plans. The Project Coordinator will also ensure that the Evaluation Coordinator adheres and complies with CDC's evaluation guidelines and recommendations.

Policy Liaisons (Assistant Staff Analyst level) – TBD (12, 100% FTE each)

Twelve Policy Liaisons will report directly to the Legislated Policy Project Coordinator and assist in leading the legislated efforts in targeted cities. Each Policy

Liaison will work directly with targeted cities in drafting model policy language as specified in the Community Action Plan (CAP). He/She will assess local cities' need for legislated policy technical assistance and will coordinate trainings with internal and contracted experts in the area as needed. He/She will assist local cities in conducting legislated studies and drafting appropriate legislated policy for their cities. He/She will coordinate activities with the Community Organizers to ensure adoption of local policies by cities. Policy Liaisons will also write reports for inclusion in CDC progress and final reports.

Community Organizers (Health Educators level) – TBD (12, 100% FTE each)

Twelve Community Organizers will assist in the community outreach efforts and planning needed to disseminate the policy intervention strategies to the targeted communities. The Community Organizers will be Health Educators specially trained in community outreach, policy development, and policy or systems change implementation. Qualified candidates for the Community Organizer position will hold a minimum of a master's degree in public health. They will be instrumental in the outreach and community mobilization of community-based organizations using a Policy Adoption Model (PAM). He/She will inform and educate targeted community and elected officials through community coalitions and testimony at respective city hall meetings. The Community Organizers will work closely with Policy Liaisons and report directly to the Legislated Policy Project Coordinator.

Evaluation Coordinator (Research Analyst III level) – TBD (100% FTE)

The Evaluation Coordinator will function at the level of a Los Angeles County's Research Analyst III conducting independent research and evaluation. Qualified candidates for this position will hold a doctoral degree in behavioral or social sciences with at least one year's post doctoral research experience, including responsibility for the design, evaluation and implementation of research projects, or a master's degree with at least three-year post-master's experience. He/She will supervise one Research Analyst II and one Administrative Assistant II. He/She will coordinate the efforts of the Chief Epidemiology Analyst who will function at 25% FTE. He/She will coordinate the direction of the evaluation component of this cooperative agreement under direct consultation from the Evaluation Team which includes the PI, Drs. Simon, Kuo, and Teutsch, the Legislated Policy Project Coordinator, and the Chief Epidemiology Analyst (TBD). He/She will plan, organize, and implement the evaluation activities related to Project TRUST, including working with the school districts on YRBSS data collection and analysis. Working closely with Dr. Tuetsch, he/she will write evaluation findings for reports and project-related publications or deliverables. He/She will attend all functions and required meetings related to evaluation.

Research Analyst II – TBD (100% FTE)

Research Analyst II will report and assist the Evaluation Coordinator with the planning and implementation of related activities for Project TRUST. Qualified candidates for this position will hold a minimum of master's degree with at least one year post-master's experience in research methods and evaluation. Under the

10. **Technical Assistance Legal Center (TALC)**

- Method of Selection: Los Angeles County Sole Source Agreement
- Period of Performance: 2/26/2010 to 2/25/2011 (Year One) and 2/26/2011 to 2/25/2012 (Year Two)
- Scope of Work: TALC will provide legal and policy technical assistance to Los Angeles County and the other contract agencies around issues related to tobacco control, prevention, and cessation. Moreover, TALC lawyers will provide legal advice in their respective areas of expertise such as, schools or local city initiatives, to guide and draft policies proposed by TCPP, Project TRUST, and the collaborating agencies/contractors. TALC will draft and review legislation, policies, and any legal agreements as necessary. TALC will work closely with the Project Director and his/her staff to coordinate services and trainings for local cities and community partners.
- Method of Accountability: TALC will provide a monthly activity report to the PI. TALC will be paid based on the delivery of activities completed and fee for services.
- See Itemized Budget (See Table 10 below.):

TABLE 10: TECHNICAL ASSISTANCE LEGAL CENTER
(PUBLIC HEALTH LAW & POLICY, PARENT ORGANIZATION)
ITEMIZED BUDGET*

<i>Category</i>	<i>Amount Requested Year One</i>	<i>Amount Requested Year Two</i>
Convene Interdisciplinary and Community Experts	\$12,500	\$12,500
Develop Effective Strategies	\$0	\$0
Identify and Analyze Legal Questions	\$12,500	\$12,500
Assess the Legal/Policy Landscape	\$10,000	\$10,000
Craft Model Legislation, Policies, and Agreements	\$160,000	\$160,000
Demystify the Law with User-Friendly Materials	\$10,000	\$10,000
Provide Trainings and Technical Assistance	\$70,000	\$70,000
TOTAL	\$275,000	\$275,000

**We anticipate providing revisions to the budget for the Contractor if funded.*

▪ **TALC, Key Personnel Job Description:**

TALC Service Coordinator- TBD

The TALC Service Coordinator will serve to identify, develop, and oversee all legal and policy-related services tailored for Project TRUST. He/She will create training modules available through TALC for local city leaders and community partners to learn how to initiate, craft, and mobilize a community to pass tobacco-related policies. He/She will oversee policy and legal staff who are available to answer technical questions, and advise Policy Liaisons in all aspects of adopting tobacco-related policies in local jurisdictions. He/She will serve report to the PI or her designee.

11. **The Center/American Lung Association in California (ALAC)**

- Method of Selection: Los Angeles County Sole Source Agreement
- Period of Performance: 2/26/2010 to 2/25/2011 (Year One) and 2/26/2011 to 2/25/2012 (Year Two)
- Scope of Work: The Center/ALAC will provide capacity-building, tobacco policy and advocacy technical assistance to the Project TRUST staff and partnering organizations. The Center/ALAC will assist local communities by providing community organizing strategies to help community coalitions secure support and adopt local city policies. The Center/ALAC will also track tobacco industry campaign contributions and will provide policy information and analysis for significant tobacco control bills such as comprehensive outdoor air and smoke-free multi-unit housing.
- Method of Accountability: The Center/ALAC will provide a monthly activity report to the PI. The Center/ALAC will be paid based on the delivery of activities completed and fee for service as appropriate.
- See Itemized Budget (See Table 11 below.):

**TABLE 11: THE CENTER/AMERICAN LUNG ASSOCIATION in CALIFORNIA
ITEMIZED BUDGET***

<i>Category</i>	<i>Amount Requested Year One</i>	<i>Amount Requested Year Two</i>
Salaries	\$113,434	\$117,900
Fringe Benefits 30%	\$34,030	\$35,370
Program Cost	\$77,348	\$71,918
TOTAL	\$224,812	\$225,188

**We anticipate providing revisions to the budget for the Contractor if funded.*

- **Project Lead:** Joy Guihama, MPA, Division Manager, Health Promotion and Policy Development Division, Pasadena Health Department. The Lead Project Manager for this Community Action Plan component will direct and oversee all aspects of this MAPPS Strategy, including the management of staff and consultants. The position will work closely to coordinate project activities with the Project Director of RENEW LAC.
- **Method of Accountability:** The City of Pasadena will provide a monthly activity report to Dr. Paul Simon, Principal Investigator. They will be paid based on the delivery of activities completed.

PROJECT BUDGET		
	Year One	Year Two
Total Personnel	\$76,588	\$76,588
Total Other Expenses	\$23,412	\$23,412
TOTAL BUDGET	\$100,000	\$100,000

11. California Center for Public Health Advocacy (CCPHA)

- **Method of Selection:** Los Angeles County Sole Source Agreement
- **Period of Performance:** 2/26/2010 to 2/25/2011 (Year One) and 2/26/2011 to 2/25/2012 (Year Two)
- **Scope of Work:** The California Center for Public Health Advocacy (CCPHA) will partner with the Los Angeles County Department of Public Health and a media firm to implement a social media campaign (e.g., Twitter, Facebook, and MySpace.com) to raise awareness and build support within communities for local policies that increase access to healthy foods and beverages, and reduce access to less healthy foods and beverages. The campaign will also include outreach to local policymakers in cities throughout the county and will highlight the need for healthy food and beverage policies. CCPHA will provide technical assistance to help local advocates, policy makers, and other local leaders establish policies to improve the food and physical activity environment.

Project Lead: Rosa Soto, Regional Director, CCPHA. The Lead Project Manager for this Community Action Plan component will direct and oversee all aspects of this MAPPS Strategy, including the management of staff and consultants. The position will work closely to coordinate project activities with the Project Director of RENEW LAC.

- **Method of Accountability:** CCPHA will provide a monthly activity report to Dr. Paul Simon, Principal Investigator. CCPHA will be paid based on the delivery of activities completed.

PROJECT BUDGET		
	Year One	Year Two
Total Personnel	\$232,750	\$379,050
Total Other Expenses	\$172,913	\$160,358
TOTAL BUDGET	\$405,663	\$539,408

Objective 1. Implement a countywide social marketing and advocacy campaign to reduce sugar sweetened beverage consumption and to promote healthy eating. (Media and Access)

Strategy 1: DPH will partner with the California Center for Public Health Advocacy (CCPHA) and a media firm to implement this countywide social marketing and advocacy campaign, which will include the use of social media (e.g., Twitter, Facebook, and MySpace.com) to raise awareness and build community support among both youth and adults for local policies that increase access to healthy foods and beverages, and to reduce access to less healthy foods and beverages, particularly sugar sweetened beverages. Sweetened beverage consumption has been well documented as an independent risk factor for obesity.¹² Results of the 2007 LA County Health Survey indicate that 43% of children (less than 18 years old) and 39% of adults in the county consume at least one soda or other sweetened beverage on a daily basis.¹

The campaign will also include outreach to local policymakers in cities throughout the county and will highlight the need for healthy food and beverage policies, and for measures to reduce access to less healthy food and beverages, including sweetened beverages. This latter focus will build on the growing national public health movement to address the problem of sweetened beverage over-consumption with policy interventions, including taxation or fee assessment¹³ and will generate momentum for state-level policy action. The experience gained in the battle over menu labeling in California has better prepared us for combating what will surely be a major offensive by the beverage industry to defeat proposed policies that seek to reduce access to sweetened beverages.

Strategy 2: DPH will also partner with Youth Activism Against Obesity (YAAO), an initiative in two local communities, to implement a social marketing campaign on healthy eating designed and executed through youth leadership. YAAO will implement a social media platform utilizing online viral marketing techniques that expand youth's knowledge, behaviors and beliefs to become ambassadors among their peers (and their families, schools and/or communities)

include implementation plans for infrastructure improvements in 7 TODs to better encourage walking, bicycling, and increased transit use. Implementation plans for these transit stations will lay the groundwork for a continuous corridor of TODs extending through a high-need (reflected by elevated rates of obesity) region of the county with over 750,000 residents and will help spawn development around the TODs (e.g., wide sidewalks, proper lighting, landscaping, street furniture, etc.). The County will incorporate the TOD implementation plans into the County's General Plan Update, which will be approved in the spring of 2012.

Strategy 2: The County's Regional Planning Department will develop and pass a new ordinance for the unincorporated areas of Los Angeles County (home to more than 1 million residents) that will incorporate healthy design elements into the County's land use and development policies, requiring developers to comply with the new design standards for new developments. County staff will work with a consultant to identify best practices in other jurisdictions; conduct a comprehensive outreach effort to developers and community members; analyze costs of implementing the new design standards; and conduct a public hearing. The ordinance will go before the Board of Supervisors and Regional Planning Commission by the end of the grant term.

Strategy 3: Los Angeles County's current Plan of Bikeways, a sub-element of the County's General Plan, focuses on off-roadway bicycle paths and is severely outdated, having been established in 1975. The County's Department of Public Works, in partnership with community stakeholders, would like to create a bold new Bikeway Master Plan that will include a countywide network of both off- and on-road bikeways. However, to extend the network on-road and into communities, an environmental assessment is required to minimize potential adverse impacts (e.g., impacts on traffic, safety, and neighborhood aesthetics), and address related community concerns. RENEW LAC will support this assessment and community

EXHIBIT

28

Project Abstract Summary

Program Announcement (CFDA)

93.724

*** Program Announcement (Funding Opportunity Number)**

CDC-RFA-DP09-912ARRA09

*** Closing Date**

12/01/2009

*** Applicant Name**

County of Santa Clara

*** Length of Proposed Project**

24

Application Control No.**Federal Share Requested (for each year)***** Federal Share 1st Year**

\$ 4,643,172

*** Federal Share 2nd Year**

\$ 3,606,886

*** Federal Share 3rd Year**

\$ 0

*** Federal Share 4th Year**

\$ 0

*** Federal Share 5th Year**

\$ 0

Non-Federal Share Requested (for each year)*** Non-Federal Share 1st Year**

\$ 0

*** Non-Federal Share 2nd Year**

\$ 0

*** Non-Federal Share 3rd Year**

\$ 0

*** Non-Federal Share 4th Year**

\$ 0

*** Non-Federal Share 5th Year**

\$ 0

*** Project Title**

Santa Clara County Communities Putting Prevention to Work - Tobacco Prevention and Control Program

Project Abstract Summary

* Project Summary

The Santa Clara County Public Health Department will be the lead agency for the Communities Putting Prevention to Work (CPPW) Tobacco Prevention and Control Program. It will build on the successful efforts of the Tobacco Free Coalition that has been in force in Santa Clara County since 1990. It also will use the cadre of youth health advocates who are active in the Community Advocate Teams of Today and the Digital Club House Network. Commitments to participate on the Leadership Team have been received from ten top leaders in the county, and pledges of support and participation have been received from all 32 public school districts in Santa Clara County as well as a very broad group of office holders and community leaders.

The CPPW Tobacco Prevention and Control Program will utilize media and marketing to counter pro-tobacco influences, establish local tobacco retail licensing requirements, limit tobacco advertising near schools, advocate effectively for increasing the price of tobacco through an additional tax, and build significantly greater capacity for smoking cessation services. The program will operate county-wide, positively affecting all 1.8 million residents. In addition, it will include focused efforts on populations that smoke in disproportionately high numbers and suffer disproportionately from the burdens of chronic disease.

The program has been designed to achieve the goals for Santa Clara County, California of a 10% decrease in adult smoking prevalence, preventing tobacco-related death in 1/3 of these adults, and a 40% decrease in the percentage of non-smoking adults who are regularly exposed to secondhand smoke. It will achieve a 25% decrease in youth smoking prevalence, preventing tobacco-related death in 1/3 of these youth, and a 30% decrease in the percentage of youth who are regularly exposed to secondhand smoke. The CPPW Program also will help promote economic recovery in a county that has been hard hit by the recession, with more than 100,000 workers unemployed.

* Estimated number of people to be served as a result of the award of this grant.

1800000

G. OTHER

Other costs include communications, postage, printing, and well as resources for training materials and supplies. Additional details below.

Total:	\$ 61,000
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Meeting/Training Costs

Rental of space, services and supplies for leadership training, built environment and Tobacco Prevention trainings and others. Leadership and staff to have peer to peer learning opportunities and gain programmatic support from national experts and health related foundations. Partner with other funded communities across the State and country.

\$ 25,000

Space and Space Rental Costs

Rent and other space related costs to provide office space for ARRA staff. \$3,000/month x 12 months

\$ 36,000

Total:	\$ 2,845,000
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H. CONTRACTS

Media Contract (Objective 1)

Method of Selection: Limited competitive bid process.

Statement of Work: Develop and implement multi-lingual, social marketing and media campaigns to address smoking prevalence, smoking initiation, and exposure to secondhand smoke in Santa Clara County.

Method of Accountability: Program Manager will supervise contract and OMC will track and monitor the contract deliverables and payments. Payments will not be made until satisfactory work has been completed and in a timely manner.

\$ 200,000

Evaluation

Method of Selection: Limited competitive bid process

Statement of Work: The contractor will be responsible for developing and producing the evaluation plan tied to the CAP and work with the Epidemiologist on the evaluation monitoring plan and program reports.

Method of Accountability: Sr. Epidemiologist will supervise contract created by the HCPA. HCPA will track and monitor the contract deliverables and invoices. Payments will not be made until satisfactory work has been completed in a timely manner.

\$ 225,000

Smoke Free Facilities Sub-contract

Method of Selection: Limited competitive bid process

Statement of Work: Educate and advocate with local legislators on the need for workplace smoking ordinance to close loopholes in CA labor code 6404. Provide intense TA to targeted facilities for implementation of smoke free policy and cessation services. Organize broad based support in geographic and culturally diverse communities. Work with Silicon Valley High Tech sector to increase workplace smoke free policies at large organizational level.

Method of Accountability: Program Manager will supervise contract. OMC will support tracking and monitoring of the contract deliverables and invoices. Payments will not be made until satisfactory work has been completed and in a timely manner.

\$ 150,000

Outdoor Advertising/Youth Health Advocate

Method of Selection: Limited competitive bid process

Statement of Work: Work at a systems level with Youth Health Advocates to garner support for ordinance to limit tobacco advertising in proximity of schools. Utilize Digital Club House and other models to work with Youth Advocates.

Method of Accountability: Program Manager will supervise contract. OMC will support tracking and monitoring of the contract deliverables and invoices. Payments will not be made until satisfactory work has been completed and in a timely manner.

\$ 120,000

Tobacco Tax Increase Ordinances

Method of Selection: Limited competitive bid process

Statement of Work: Educate and local and state legislators on the importance of a need of a tobacco tax increase. Provide technical assistance. Advocate with local legislators for local ordinance in support of a state wide tobacco tax increase. Organize broad based support in geographic and culturally diverse communities.

Method of Accountability: Program Manager will supervise contract. OMC will support tracking and monitoring of the contract deliverables and invoices. Payments will not be made until satisfactory work has been completed and in a timely manner.

\$ 150,000

Tobacco Cessation Resource Network Development

Method of Selection: Limited competitive bid process

Statement of Work: Provide comprehensive technical assistance and capacity building support to Santa Clara County community organizations provide cessation services including counseling, nicotine replacement therapy and resource referrals.

Method of Accountability: Program Manager will supervise contract. OMC will support tracking and monitoring of the contract deliverables and invoices. Payments will not be made until satisfactory work has been completed and in a timely manner.

Total: \$ 4,411,013

Total: \$ 232,159

TOTAL: \$ 4,643,172

DIRECT COSTS

Nicotine Replacement Therapy Supplies

TOTAL BUDGET

hired through an expedited process and will be in place before the end of 90 days.

Table 1. Program Staff

Name	Current PHD Position	Experience Overview	CPPW Position & % of FTE	CPPW Position Role/Responsibilities
Bonnie Broderick, MPH, RD	Director of Chronic Disease and Injury Prevention	More than 25 years public health experience with a track record in attaining and leveraging grants from diverse funders. Strong leadership skills and partnerships in community and State. Visionary, strategic planner. Skills in community prevention, program planning, implementation, and evaluation.	Leadership Team Director 100%	Responsible for program budgets, plans, implementation, and evaluation. Responsible for promoting organizational, systems, and policy change through support of the Leadership Team and staff/contractors.
Janie Burkhardt, MPH	Tobacco Prevention and Control Manager	Current Tobacco Prevention Manager will be the Program Director for this grant. She has 16 years experience in public health and well developed skills in leadership, community prevention, program planning, implementation and evaluation. Her talents include coalition's development, policy development and grant management.	Program Director/ Principal Investigator 100 %	Direct the overall operation of the program and the PHD team. She will be part of the ARRA reporting and compliance team and take responsibility for completing CDC reports, have oversight of the Community Action Plan (CAP), provide oversight of contracts for leveraging opportunities in regard to the implementation of CAP activities, particularly in targeted, place-based geographic areas and for the media components.
Nicole Cox, Nicole Cox, MPH	Tobacco Health Education Associate	Ten years experience in Tobacco Prevention efforts in Santa Clara County in increasingly responsible positions. Significant topic expertise and is extremely capable in community mobilization, working with city and state elected officials, and facilitating ordinance and policy development.	Tobacco Retail License Coordinator 100 %	Take the lead on the tobacco retail licensing ordinance strategy, provide technical assistance to legislators and law enforcement on policy development, and will serve as liaison to state and federal partners.
Janelle Abriani	Health Education Associate	Strong skills in health promotion, health care systems, school health, and resource development and dissemination.	Smoking Cessation Project Coordinator 100%	Provide oversight and contract management for the Tobacco Cessation Resource Network Project.
David Hill, PhD	Senior Epidemiologist	Knowledge and skills in data management and epidemiology. Convener of community stakeholders in assessing need and	Epidemiologist Project Coordinator 50%	Lead on evaluation plan and activities including communication and oversight of the evaluation contractors, BRFS, and YRBS. Lead on

- | | |
|--|--|
| <p>Agency</p> <ul style="list-style-type: none"> ▪ Sunnyvale Department of Public Safety ▪ Santa Clara Police Department ▪ Santa Clara County Sheriff Department ▪ The RIDE Project ▪ Department of Alcohol and Drug Services ▪ Unity Care Group ▪ San Jose State University ▪ Mission College ▪ Foothill College ▪ San Jose Unified School District ▪ East Side Union High School District ▪ Fremont Union High School District | <ul style="list-style-type: none"> ▪ Mountain View-Los Altos Union High School District ▪ Fremont Union High School District ▪ Santa Clara Valley Medical Center ▪ Valley Medical Center Stop Smoking Project ▪ Steps Program ▪ Community Advocate Teens of Today ▪ Nicotine Anonymous ▪ Friday Night Live ▪ Center for Policy Organizing ▪ Bay All Stars ▪ Pathway Residential ▪ Unaffiliated community members |
|--|--|

A sample of TFC minutes in Attachment F of the Appendix. Also, please see Attachment E, a list of Santa Clara County Tobacco Free Coalition activities in the Appendix.

Table 3. Santa Clara County Tobacco Free Coalition Key Accomplishments (partial list)

- Introduced a Secondhand Smoke Helpline
- Formed Community Advocate Teens of Today (CATT)
- Secured a smoke-free fairgrounds policy
- Secured passage of an ordinance to ban tobacco self-service displays in the Cities of San Jose, Santa Clara and Mountain View
- Free Zyban and nicotine patches are made available through the PHD Pharmacy
- Secured passage of a conditional use permit requirement for tobacco retailers in the Cities of Mountain View and Saratoga
- Secured passage of a smoke-free policy for all parks in the City of San Jose
- Increased enforcement of tobacco laws by 46%
- Secured passage of a smoke-free campus at the County hospital and all of its clinics
- Secured passage of a policy requiring a 30-foot smoke-free zone surrounding the outside perimeter of all County-owned and leased facilities where the County is the sole occupant
- Secured prohibition of smoking in all County vehicles
- Increased smoking cessation resources and signs to ensure that people who would like to quit smoking will receive support
- Secured restrictive tobacco advertising ordinances in the City of Los Altos
- Cities of San Jose, Santa Clara, Sunnyvale and Los Altos are drafting tobacco license policies

Table 4. Community Advocate Teens of Today Key Accomplishments (partial list)

- Worked with the adult coalition in advocating for policy change
- Planned and participated in anti-smoking events for Red Ribbon Week, Halloween, Great American Smokeout, Winter Holiday, Vietnamese TET Festival, Valentine's Day, Kick Butts Day, Earth Day, Cinco de Mayo, Juneteenth, LGBT Pride Day, and World Tobacco Free Day
- Created and produce a youth-focused mini-magazine, "The Beat," at least four times a year
- Created "The Game," a life-sized board game to teach kids in grades 3 through 5 about tobacco
- Planned and implemented numerous youth summits, trainings and conferences

health and/or substance abuse disorders, studies have shown high proportions of mental health and addiction clients report they want to quit for health reasons,³⁹ and that quit rates of individuals with psychiatric and substance abuse disorders were similar to those of the general population.⁴⁰ A literature review identified 24 empirical studies of outcomes of smoking cessation approaches used with persons with mental illness and addiction disorders.⁴¹ The CPPW Program will address smoking among disabled persons by promoting extended legal restrictions on smoking in residential facilities, changes in mores and the "culture" that has tacitly endorsed smoking through the leadership of peer counselors and peer programs, and a significant expansion of cessation services.

Promoting Local Tobacco Licensing Laws. Currently in the absence of local ordinances, tobacco retailers in California need only buy one \$100 license from the Board of Equalization. It does not require renewal; it is not revocable based on non-compliance with tobacco sales and advertising laws; and it does not contribute to funding tobacco sales enforcement. The CPPW Program will expand current efforts to persuade the County and its 13 cities that have retail sales outlets to adopt annual tobacco sales licensure requirements in their jurisdictions. The local ordinances will include provisions for revocation and contribute funding for law enforcement.

Advocating for Increased Tobacco Taxes. California has the 32nd lowest tobacco tax in the nation, lower even than some tobacco-growing states like Kentucky. CPPW leadership will work with the county's California legislative delegation (see their letters in the Appendix) to advocate for an increase in the tobacco tax. There is strong correlation between the price of tobacco and its use, and Attachment J in the Appendix shows the lost opportunity because California did not follow the national trend of increasing tobacco taxes.

Coordination with Community and State Programs. The CPPW Community Action Coalition will serve as the body that coalesces and coordinates existing programs and providers and will

EXHIBIT

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From: [Hicks, Trey \(HSGAC\)](#)
To: [Hinkle, Christina M \(OIG/IO\)](#)
Cc: [Bliss, Erin C \(OIG/IO\)](#); [French, Katy \(HSGAC\)](#)
Subject: RE: CPPW status update
Date: Monday, March 12, 2012 12:03:01 PM

Awesome-I will call you then. ☺

From: Hinkle, Christina M (OIG/IO) [mailto:Christina.Hinkle@oig.hhs.gov]
Sent: Monday, March 12, 2012 12:01 PM
To: Hicks, Trey (HSGAC)
Cc: Bliss, Erin C (OIG/IO); French, Katy (HSGAC)
Subject: RE: CPPW status update

Sure thing, let's plan on 4:30

From: Hicks, Trey (HSGAC) [mailto:Trey_Hicks@hsgac.senate.gov]
Sent: Monday, March 12, 2012 12:00 PM
To: Hinkle, Christina M (OIG/IO)
Cc: Bliss, Erin C (OIG/IO); French, Katy (HSGAC)
Subject: RE: CPPW status update

Are you free at 445 or 430? Our staff meeting starts at 5pm.

From: Hinkle, Christina M (OIG/IO) [mailto:Christina.Hinkle@oig.hhs.gov]
Sent: Monday, March 12, 2012 11:59 AM
To: Hicks, Trey (HSGAC)
Cc: Bliss, Erin C (OIG/IO); French, Katy (HSGAC)
Subject: RE: CPPW status update

Hi there,

I'm free at 5 pm today, can be reached at 202-401-2206.

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From: Hicks, Trey (HSGAC) [mailto:Trey_Hicks@hsgac.senate.gov]
Sent: Monday, March 12, 2012 10:42 AM
To: Hinkle, Christina M (OIG/IO)
Cc: Bliss, Erin C (OIG/IO); French, Katy (HSGAC)
Subject: RE: CPPW status update

Hi Chris—Sometime today, can we chat about HHS OIG auditing the grants and past program performance that Senator Collins referred to the IG? (b)(5)

(b)(5)

(b)(5)

(b)(5)

When is a good time to call? I

am free now and most of the afternoon (2pm-5pm).

Thanks for all your help on this!

FYI---I have attached oversight letters from Representative Whitfield and Guthrie to the Secretary that points out that, besides the two laws and OMB circular that were in place, there is an additional HHS regulation that bans local/state/federal lobbying.

As a reminder, there's no wiggle room to justify lobbying according to the *four* bans cited below:

HHS Regulation AR-12

Any activity designed to influence action in regard to a particular piece of pending legislation would be considered "lobbying." That is lobbying for or against pending legislation, as well as **indirect or "grass roots" lobbying efforts** by award recipients that are directed at inducing members of the public to contact their elected representatives at the **Federal or State levels** to urge support of, or opposition to, pending legislative proposals is prohibited.

18 USC § 1913 - LOBBYING WITH APPROPRIATED MONEYS

No part of the money appropriated by any enactment of Congress shall, in the absence of express authorization by Congress, be used directly or indirectly to pay for any personal service, advertisement, telegram, telephone, letter, printed or written matter, or other device, **intended or designed to influence in any manner a Member of Congress, a jurisdiction, or an official of any government**, to favor, adopt, or oppose, by vote or otherwise, any legislation, law, ratification, policy, or appropriation, whether before or after the introduction of any bill, measure, or resolution proposing such legislation, law, ratification, policy, or appropriation

OMB Circular A-122

25. Lobbying.

- a. Notwithstanding other provisions of this Circular, costs associated with the following activities are unallowable:

- (1) **Attempts to influence the outcomes of any Federal, State, or local election, referendum, initiative, or similar procedure**, through in kind or cash contributions, endorsements, publicity, or similar activity;

- (2) Establishing, administering, contributing to, or paying the expenses of a political party, campaign, political action committee, or other organization established for

the purpose of influencing the outcomes of elections;

(3) Any attempt to influence: (i) The introduction of Federal or State legislation; or (ii) the enactment or modification of any pending Federal or State legislation through communication with any member or employee of the Congress or State legislature (including efforts to influence State or local officials to engage in similar lobbying activity), or with any Government official or employee in connection with a decision to sign or veto enrolled legislation;

(4) Any attempt to influence: (i) The introduction of Federal or State legislation; or (ii) the enactment or modification of any pending Federal or State legislation by preparing, distributing or using publicity or propaganda, or by urging members of the general public or any segment thereof to contribute to or participate in any mass demonstration, march, rally, fundraising drive, lobbying campaign or letter writing or telephone campaign; or

(5) Legislative liaison activities, including attendance at legislative sessions or committee hearings, gathering information regarding legislation, and analyzing the effect of legislation, when such activities are carried on in support of or in knowing preparation for an effort to engage in unallowable lobbying.

Appropriations anti-lobbying rider

Prohibits the use of federal funds “in this or any other Act...for publicity or propaganda purposes within the United States.”

From: Hicks, Trey (HSGAC)
Sent: Friday, March 09, 2012 10:46 AM
To: 'Hinkle, Christina M (OIG/IO)'; French, Katy (HSGAC)
Cc: Bliss, Erin C (OIG/IO)
Subject: RE: CPPW status update

(b)(5)

EXHIBIT

30

Garner, Mildred (CDC/OCOO/PGO)

From: Payne, Rebecca L. (CDC/ONDIEH/NCCDPHP)
Sent: Wednesday, June 22, 2011 9:35 PM
To: Garner, Mildred (CDC/OCOO/PGO); West, Elijah (CDC/ONDIEH/NCCDPHP); Burton, Nicholas S. (CDC/ONDIEH/NCCDPHP); Lehnherr, John R. (CDC/ONDIEH/NCCDPHP); Bunnell, Rebecca (CDC/ONDIEH/NCCDPHP); Stettner, Joanna L. (CDC/OCOO/OGC); Berkowitz, Anna (CDC/ONDIEH/NCCDPHP); Bauer, Ursula (CDC/ONDIEH/NCCDPHP); Reimels, Elizabeth (CDC/ONDIEH/NCCDPHP)
Cc: Dawson, Sylvia (CDC/OCOO/PGO); Benson, Elmira C. (CDC/OCOO/PGO); Kotch, Alan (CDC/OCOO/PGO); Davis, Veronica (CDC/OCOO/PGO); Sims, Tracey (CDC/OCOO/PGO)
Subject: Re: SC's Response to GMO's Determination of Lobbying Activities under CPPW Award

Hello All,

I'd like to suggest that we find time for a conversation to discuss this rather than e-mail. There have been months of coordination between program, PGO and OGC to bring us all to one agency position which was outlined in the letter to the grantee. I fear the current tone risks undermining the team approach that has gotten us to this point.

If this needs to be resolved immediately I can clear my calendar until noon tomorrow if others are also available.

Mildred please let us know if a call tomorrow is helpful or if you would like to try for next week.

Thank you,
Becky

----- Original Message -----

From: Garner, Mildred (CDC/OCOO/PGO)
Sent: Wednesday, June 22, 2011 06:59 PM
To: West, Elijah (CDC/ONDIEH/NCCDPHP); Payne, Rebecca L. (CDC/ONDIEH/NCCDPHP); McCall, Deborah H. (CDC/ONDIEH/NCCDPHP); Burton, Nicholas S. (CDC/ONDIEH/NCCDPHP); Lehnherr, John R. (CDC/ONDIEH/NCCDPHP); Bunnell, Rebecca (CDC/ONDIEH/NCCDPHP); Stettner, Joanna L. (CDC/OCOO/OGC); Berkowitz, Anna (CDC/ONDIEH/NCCDPHP); Bauer, Ursula (CDC/ONDIEH/NCCDPHP)
Cc: Dawson, Sylvia (CDC/OCOO/PGO); Benson, Elmira C. (CDC/OCOO/PGO); Kotch, Alan (CDC/OCOO/PGO); Davis, Veronica (CDC/OCOO/PGO); Sims, Tracey (CDC/OCOO/PGO); Kotch, Alan (CDC/OCOO/PGO)
Subject: RE: SC's Response to GMO's Determination of Lobbying Activities under CPPW Award

Hi Elijah,

Please review SC's response and provide program's position regarding lobbying activities.

Thank you.

Mildred

-----Original Message-----

From: West, Elijah (CDC/ONDIEH/NCCDPHP)
Sent: Tuesday, June 21, 2011 6:21 PM
To: Garner, Mildred (CDC/OCOO/PGO); Payne, Rebecca L. (CDC/ONDIEH/NCCDPHP); McCall, Deborah H. (CDC/ONDIEH/NCCDPHP); Burton, Nicholas S. (CDC/ONDIEH/NCCDPHP); Lehnherr, John R. (CDC/ONDIEH/NCCDPHP); Bunnell, Rebecca (CDC/ONDIEH/NCCDPHP); Stettner, Joanna L. (CDC/OCOO/OGC); Berkowitz, Anna (CDC/ONDIEH/NCCDPHP); Bauer, Ursula (CDC/ONDIEH/NCCDPHP)
Cc: Dawson, Sylvia (CDC/OCOO/PGO); Benson, Elmira C. (CDC/OCOO/PGO); Kotch, Alan (CDC/OCOO/PGO); Davis, Veronica (CDC/OCOO/PGO); Sims, Tracey (CDC/OCOO/PGO); Kotch, Alan (CDC/OCOO/PGO)
Subject: Re: SC's Response to GMO's Determination of Lobbying Activities under CPPW Award

I don't understand your e-mail Mildred. There has been various methods of communication but I don't believe program committed the Agency to any commitment but I would be willing to discuss so that we continue to communicate a consistent position.

----- Original Message -----

From: Garner, Mildred (CDC/OCOO/PGO)

Sent: Tuesday, June 21, 2011 02:48 PM

To: Payne, Rebecca L. (CDC/ONDIEH/NCCDPHP); West, Elijah (CDC/ONDIEH/NCCDPHP); McCall, Deborah H. (CDC/ONDIEH/NCCDPHP); Burton, Nicholas S. (CDC/ONDIEH/NCCDPHP); Lehnherr, John R. (CDC/ONDIEH/NCCDPHP); Bunnell, Rebecca (CDC/ONDIEH/NCCDPHP); Stettner, Joanna L.

(CDC/OCOO/OGC); Berkowitz, Anna (CDC/ONDIEH/NCCDPHP); Bauer, Ursula (CDC/ONDIEH/NCCDPHP)

Cc: Dawson, Sylvia (CDC/OCOO/PGO); Benson, Elmira C. (CDC/OCOO/PGO); Kotch, Alan

(CDC/OCOO/PGO); Davis, Veronica (CDC/OCOO/PGO); Sims, Tracey (CDC/OCOO/PGO)

Subject: SC's Response to GMO's Determination of Lobbying Activities under CPPW Award

Elijah,

Provided in the attached file is SC's response to GMO's determination of lobbying activities occurred under the CPPW award. SC indicated they have had subsequent conversations with the CDC project officer and is requesting confirmation that they be reinstated.

Since the GMO is the only official that can do this, we need to discuss exactly the interactions and/or any documentation received by the program staff mentioned in the letter before we can proceed.

Thank you.

Mildred

EXHIBIT

31

Parker, Wilda (CDC/ONDIEH/NCCDPHP)

From: Patterson, Beth (CDC/ONDIEH/NCCDPHP)
Sent: Friday, March 25, 2011 10:50 AM
To: Reimels, Elizabeth (CDC/ONDIEH/NCCDPHP); Bunnell, Rebecca (CDC/ONDIEH/NCCDPHP); Payne, Rebecca L. (CDC/ONDIEH/NCCDPHP)
Subject: RE: letter for South Carolina

I just spoke with Sherri - I profusely apologized - I'm going to send an email to her as well. After I left yesterday's meeting I literally walked from one thing to another and it's started out that way today.

From: Reimels, Elizabeth (CDC/ONDIEH/NCCDPHP)
Sent: Friday, March 25, 2011 10:01 AM
To: Bunnell, Rebecca (CDC/ONDIEH/NCCDPHP); Payne, Rebecca L. (CDC/ONDIEH/NCCDPHP)
Cc: Patterson, Beth (CDC/ONDIEH/NCCDPHP)
Subject: RE: letter for South Carolina

Beth Patterson agreed to notify CDC/RAC. Looks like the policy chain got slightly ahead of the RAC unit. Recommend apologizing profusely and assuring that it won't happen again. I'll also be happy to talk to Nick & Sean. -B.

From: Bunnell, Rebecca (CDC/ONDIEH/NCCDPHP)
Sent: Friday, March 25, 2011 9:57 AM
To: Reimels, Elizabeth (CDC/ONDIEH/NCCDPHP); Payne, Rebecca L. (CDC/ONDIEH/NCCDPHP)
Subject: FW: letter for South Carolina

Beth—

Suggested response to this?

B

Rebecca Bunnell, ScD, MEd
Program Director
Communities Putting Prevention to Work
NCCDPHP
CDC
phone: 770-488-5269
email: rrb7@cdc.gov

From: Berger, Sherri (CDC/OCOO/FMO)
Sent: Friday, March 25, 2011 8:16 AM
To: West, Elijah (CDC/ONDIEH/NCCDPHP); Bunnell, Rebecca (CDC/ONDIEH/NCCDPHP)
Cc: Cucchi, Sean (CDC/ONDIEH/NCCDPHP)
Subject: Fw: letter for South Carolina

Unfortunately, I wasn't aware of this... Can you please let me know about these types of situations as early as possible? I need to notify HHS and our leadership when these are first identified. I'd like to see the letter before it goes out. Thank you

From: Hunter, Edward L. (CDC/OD/OADP)
To: Berger, Sherri (CDC/OCOO/FMO)
Sent: Thu Mar 24 17:28:15 2011
Subject: FW: letter for South Carolina

Not sure if you are aware of this -- SC grantee violated anti-lobbying restrictions, letter being sent tomorrow to address.

From: Veto, Liza L. (CDC/OD/OADP)
Sent: Thursday, March 24, 2011 5:09 PM
To: Hunter, Edward L. (CDC/OD/OADP)
Cc: Burns, Annina (CDC/OD/OADP)
Subject: Fw: letter for South Carolina

Liza Veto
CDC/Washington

From: Burton, Nicholas S. (CDC/ONDIEH/NCCDPHP)
To: Veto, Liza L. (CDC/OD/OADP)
Sent: Thu Mar 24 15:19:01 2011
Subject: FW: letter for South Carolina

PGO contact is Mildred Garner if there are changes that need to be made

From: Cucchi, Sean (CDC/ONDIEH/NCCDPHP)
Sent: Wednesday, March 23, 2011 1:25 PM
To: Bunnell, Rebecca (CDC/ONDIEH/NCCDPHP); West, Elijah (CDC/ONDIEH/NCCDPHP); Burton, Nicholas S. (CDC/ONDIEH/NCCDPHP)
Cc: Reimels, Elizabeth (CDC/ONDIEH/NCCDPHP); Payne, Rebecca L. (CDC/ONDIEH/NCCDPHP); Berkowitz, Anna (CDC/ONDIEH/NCCDPHP); Elmore, Lori (CDC/ONDIEH/NCCDPHP); Walsh, Michele S. (CDC/ONDIEH/NCCDPHP); Giles, H. Wayne (CDC/ONDIEH/NCCDPHP)
Subject: RE: letter for South Carolina

Attached please find my comments. PGO and OGC should provide input and guidance on the CDC actions that will drive the framing of that section.

From: Bunnell, Rebecca (CDC/ONDIEH/NCCDPHP)
Sent: Wednesday, March 23, 2011 12:51 PM
To: Cucchi, Sean (CDC/ONDIEH/NCCDPHP); West, Elijah (CDC/ONDIEH/NCCDPHP); Burton, Nicholas S. (CDC/ONDIEH/NCCDPHP)
Cc: Reimels, Elizabeth (CDC/ONDIEH/NCCDPHP); Payne, Rebecca L. (CDC/ONDIEH/NCCDPHP); Berkowitz, Anna (CDC/ONDIEH/NCCDPHP); Elmore, Lori (CDC/ONDIEH/NCCDPHP); Walsh, Michele S. (CDC/ONDIEH/NCCDPHP); Giles, H. Wayne (CDC/ONDIEH/NCCDPHP)
Subject: letter for South Carolina

Sean and Elijah—

As discussed this morning << File: REVISED Dear Ms Biggers 3-23-2011 clean.docx >> ; as Beth is (b)(6) today, I'm sharing our draft letter for South Carolina. Becky Payne and Anna will be working with PGO on this, but please let us know if you have any comments or suggestions from the Center.

Many thanks,

Becky