

St. John's Well Child and Family Center Proposal to the Everychild Foundation

Agency/Project Description

Section A. Executive Summary

1. Introductory Information: St. John's Well Child and Family Center (SJWCFC) is one of the largest 'safety-net' health care providers in Los Angeles. It is a network of four Federally Qualified Health Centers, a mental health clinic and five school-based clinics in Downtown, Northeast, and South Los Angeles, and in Compton. SJWCFC's mission is to address the unmet needs of low-income, uninsured and under-insured residents for regular access to culturally appropriate primary medical, dental and mental health services, regardless of ability to pay. Founded as a small voluntary clinic in 1965, over the past decade the organization has undergone significant expansion to become one of the largest health care safety-net providers in all of L.A. County. It provides an average of 75,000 clinic visits to 25,000 unduplicated children, adolescents and adults each year (over 12,500 are pediatric patients).

Healthy Homes, Healthy Kids is an environmental health project that uses a holistic medical care, education and home-based approach to help children who have literally been sickened by slum housing with conditions such as asthma and lead poisoning. The purpose of this project is to break the cycle of providing clinical treatment to children and then simply returning them to the home environment that will inevitably make them sick again. The proposed strategy will integrate comprehensive pediatric medical care with education, case management services and tenant assistance to reduce children's exposure to health hazards present in their own homes, including lead-based paint, mold, vermin, cockroaches and dust mites. The potential impact of environmental interventions with children is enormous, because their developing physiology is far more vulnerable to the dangerous consequences of slum housing hazards than that of adults.

SJWCFC seeks funds for the following: 1) Start-up costs for clinical, coordinating and case management staff; 2) Medical supplies, equipment and medications; 3) Remediation products for training and distribution to families to reduce home health hazards; 4) Two vans to transport patients and their families to its new chronic and environmental disease facility for appointments and classes.

2. Capital or Program: SJWCFC recently completed a successful \$3.42 million capital campaign for a new Chronic & Environmental Disease Center in South Los Angeles. The Everychild Foundation grant would fund the center's cornerstone environmental health program for children, *Healthy Homes, Healthy Kids*, covering 64% of total program costs during the first eighteen months.

3. Children Served: Approximately 54% of SJWCFC's patients aged 0-6 years have elevated blood-lead levels (the age group most vulnerable to lead's effects), and 28% of its general pediatric population are asthmatic. However, SJWCFC currently provides the combination of medical and home-based case management services to only 80 children per year. These services are currently limited (due to funding constraints) to asthmatic children residing in the Compton area. The *Healthy Homes, Healthy Kids* program would provide comprehensive health care and educational services to 4,000 children suffering from asthma, lead poisoning, or other serious environmental conditions; 300 of them would also receive intensive, home-based case management services. The vast majority of SJWCFC's families have multiple children and, for economic reasons, many share dwellings with other families. Therefore, the reduction of household health hazards for 300 case managed children will in reality improve the health of hundreds of additional children living with them. In turn, satisfied parents and children will eagerly share what they have learned with their neighbors and friends so that they, too, can benefit. At its most profound level, this project will eventually have a large-scale impact on the scourge of slum housing by channeling compelling health data into advocacy that helps children across the entire city.

Section B.

4. The Agency

“St. John’s and their staff have been like angels in my life.” – Teresa, patient

St. John’s Well Child & Family Center’s (SJWCFC) mission is to address the unmet needs of low-income, uninsured and under-insured residents for regular access to culturally appropriate primary medical, dental and mental health services, including preventive, acute and chronic care, regardless of ability to pay. SJWCFC was originally founded as a small, voluntary pediatric clinic over forty years ago in response to the Watts riots to help alleviate health problems resulting from poverty in downtown and south/central Los Angeles. In 1993, with an agency budget of a mere \$65,000, the Board hired CEO James Mangia to expand the clinic and forge links with the broader health care system. Under his visionary leadership, the agency attained Federally Qualified Health Center (FQHC) status, qualifying the agency to apply for significant funding streams and discounted pharmaceutical and laboratory programs. SJWCFC now serves over 25,000 patients through a network of four FQHCs, a mental-health clinic and five school-based clinics in Downtown, Northeast, and South Los Angeles, and in the city Compton. Over 12,500 patients are children and teenagers. Forty-seven percent of SJWCFC’s funding comes from public contracts and federal, state and local programs (including significant support from First 5 and L.A. Care); 51% from private foundations, and 2% from individuals. SJWCFC’s foundation supporters include: The California Endowment, Kaiser Permanente, California Wellness, California Community, Parsons, Crail-Johnson, Tides, Blue Shield, QueensCare and Doheny, all of which have provided funding over multiple years.

SJWCFC prides itself on addressing the most severe and persistent health issues and disparities facing underserved populations, including: vaccine-preventable diseases, asthma, lead poisoning, hypertension, diabetes, obesity, teen pregnancy and chronic depression. SJWCFC’s Programs Department provides support services to 22,000 families through outreach, health education, child development and literacy education, case management, insurance enrollment and mental health assessments.

The agency takes a holistic approach to health care in which agency collaboration and community outreach maximize the health education, prevention and treatment results. SJWCFC has a solid reputation for leading successful, innovative collaborations that convene diverse sectors and agencies. For example, SJWCFC was the lead agency in a 4-year, \$4.4 million First 5 L.A. school-readiness initiative (SRI) targeting children 0-5 years. Through the SRI, now funded for another 4-year cycle, SJWCFC houses a pre-school at its Hoover site and manages a collaborative of schools, early education programs, social service, mental health and parent training agencies. SJWCFC was later chosen to lead a second SRI in Compton, and sub-contracts on a third SRI in Hyde Park. These collaborations go well beyond traditional public health boundaries to effectively combat the profound physical, mental and socio-economic consequences of entrenched poverty.

SJWCFC has established itself as a leader among clinics in addressing environmental health issues produced by exposure to asthma triggers (such as mold, cockroaches and dust mites), lead-based paint and other household hazards in poor communities. Its most recent accomplishment: raising \$3.42 million in capital for a new environmental and chronic disease center located across the street from its Hoover clinic. This ground-breaking center (opening Fall 2008) will:

- Be the only facility of its kind in the county, providing comprehensive health care, educational, fitness, nutrition, and social services under one roof;
- Serve chronic and environmental disease patients referred from all other SJWCFC clinics as well as new patients. The new site will also provide much-needed relief to the other clinics, which are bursting at the seams due to the high demand from chronic and environmental disease patients
- Provide an unprecedented opportunity to take the agency’s environmental health work to the next level by merging health and housing activities across a centralized patient population brought together

from different low-income neighborhoods; incorporating advocacy efforts; and creating a central repository for medical evidence regarding the effects of slum housing on community health.

5. The Neighborhood

(SJWCFC) serves a geographic region designated by the Los Angeles County Department of Health Services as Service Planning Area 6 (SPA 6). This area includes over one million residents in communities at the epicenter of poverty in the United States — including South Los Angeles and Compton. This area has some of the highest rates of poverty in Los Angeles County, with 28% of local families falling below the federal poverty level. It also has the highest rate of uninsured children and adults in the county (United Way, 2005). According to 2005 population estimates, approximately 64% of the population is Latino, 30% African American, and 6% other (*United Way’s Los Angeles County and Its Service Planning Areas, 2005*). Twenty-eight percent of residents are 14 years of age or younger. Community focus groups convened by SJWCFC report that many families are living in survival mode, struggling from month to month to pay the rent and put food on the table.

Health insurance coverage is considered a key component to accessing health care. In the service area, 17.3% of children are uninsured. The majority, 51.3%, are covered by Medi-Cal. The rate of private insurance is considerably less at 19.6% than the County rate of 48.5%.

Insurance Coverage, Children

Type of Insurance	SJWCFC Clinic Service Area	Los Angeles County
Healthy Families	10.1%	9.6%
Medi-Cal	51.3%	32.3%
Private	19.6%	48.5%
Healthy Kids	1.7%	1.3%
No Insurance	17.3%	8.3%

Source: Los Angeles County Health Survey, 2005

The severity of health problems faced by this population is exacerbated by substandard living conditions. Access to medical care is impeded by many factors, including cost, scarcity of facilities and providers, a general lack of education regarding preventive medicine, language barriers, transportation difficulties and lack of medical insurance. This area has the highest percentages in the county of obese (30%) and sedentary (47.4%) adults. Twenty-five percent of adults in the SPA 6 area have been diagnosed with hypertension and 9.2 percent with diabetes. They also have the highest rates in the county per 100,000 population of coronary heart disease mortality (268.3) and diabetes mortality (38.3). Unfortunately, these adults represent their children’s future. SPA 6 already has the highest proportion of overweight children (25.5%) in the county.

SJWCFC’s programs are influenced by the tremendous level of local need, and by patterns of illness - especially in children - that have changed dramatically over the years. While classic infectious diseases are much reduced nationwide, the number of overweight children and adolescents has reached epidemic proportions, placing them at risk for all the health issues their parents face. A 2003 study of SJWCFC patients indicated that nearly 30% of the clinic’s four and five year old patients weighed an average of 70 pounds or more (40-50 lbs is the norm). This is especially significant in the context of asthma. Asthma can be exacerbated by overweight status, and at the same time, if not under control, it decreases children’s physical activity levels and furthers their risk for weight gain.

SJWCFC’s service area consists largely of landlord-absent housing in which lead-based paint and asthma triggers abound, where grocery stores with adequate supplies of nutritional food are scarce, and where

safety and environmental health hazards preclude outdoor play - all further negatively impacting the health of local children as they spend more time indoors exposed to home hazards.

6. Program Description

Purpose and Goals: The ultimate goal of all SJWCFC programs is that children are healthy and able to thrive by maximizing by their physical, psychological and cognitive potential. *Healthy Homes, Healthy Kids* supports that vision by breaking the cycle of providing clinical treatment to children suffering from environmentally-linked conditions and then simply returning them to the home that will inevitably make them sick again. Since the two most common health issues linked to housing are asthma and lead poisoning (elevated levels of the heavy metal lead toxin in the blood), the project's focus will be to:

- Improve the health of 4,000 children suffering from environmental illness - primarily asthma or elevated blood-lead levels by:
- Enabling asthmatic children to achieve long-term control of their asthma and lead normal, healthy lives through consistent medical management and improvement of their home environments, and
- Long-term reduction of lead in children's blood through clinical testing and monitoring, and identifying and eliminating the source of their lead exposure.
- Long-term improvement or resolution of other debilitating conditions such as severe skin rashes or other allergic reactions

Program Expansion of Proven Models: *Healthy Homes, Healthy Kids* dramatically expands upon SJWCFC's powerful history of environmental health work. The goal of this expansion is to provide a comprehensive range of services to BOTH asthmatic and lead-poisoned children, of any age, residing anywhere in SJWCFC's service area. To ensure maximum success, it incorporates components of strategies proven successful in smaller projects:

- The Childhood Asthma Initiative (2001-2004): SJWCFC participated in this First 5 LA-funded project by providing asthma treatment and management services to children ages 0-5 years; a partner community agency provided case management services that included home-based education about asthma, environmental triggers, and proper medication use. The SJWCFC pediatrician created Asthma Management Plans for patients to guide their medical management of the disease. The Case Managers created home environment plans with the family to tackle issues identified during the assessments. Families received dust-mite proof bedding, assistance with pest infestions, and in some cases vacuum cleaners.
 - Case managed children showed an 89% reduction in asthma-related emergency room visits after six months of program enrollment.
- Healthy Homes Collaborative (2001-2004): Funded by the federal Housing & Urban Development agency (HUD), this collaborative project provided comprehensive health and housing services to residents in one census tract. SJWCFC provided medical services for asthma, elevated blood-lead levels, and other conditions. Esperanza Community Housing Corporation (EHC, the lead agency on that project) conducted extensive surveys to document the extent of housing and health problems in the area and educated families. Strategic Actions for a Just Economy (SAJE) provided tenant rights workshops, assisted tenants with filing code complaints and fighting eviction attempts, and worked with the city housing department to improve conditions in targeted buildings. The collaborative exceeded all project goals, and was featured by HUD at national conferences as a model Healthy Homes program.
 - One compelling case from this project demonstrates the housing-health connection, the need for community awareness and the potential for large-scale change. Healthy Homes staff met Norberta, mother of two-year-old Aaron, whose blood had just been tested at SJWCFC and was at a level 3 (which is negligible according to public health agency standards, and considered

relatively low by SJWCFC). The Healthy Homes team provided her with comprehensive information about lead and the types of exposure that can occur in the household, including dry-scraping in old buildings such as hers. Two weeks later Norberta called: the worst-case scenario had occurred – painters hired by the landlord had dry-scraped the entire exterior of the building, paint flakes and dust blanketed the windows and sidewalks. Aaron was rushed to SJWCFC for a blood-lead test, which showed a level of 13. His physical growth stalled, and his behavior changed from playful and social to listless and withdrawn. SJWCFC began close medical monitoring with a rigorous testing schedule; Esperanza case managers worked with Norberta to eradicate the lead dust from inside her unit, and to change her son's diet; SAJE organizers documented the case and began communications with the landlord. Her son's blood-lead level was first reduced to 5, and eventually down to 2 after a few years. Thanks to the fact that his poisoning was diagnosed and addressed immediately, Aaron was able to resume a normal rate of growth and development, becoming once again a "happy and healthy child" who is now performing well in school. Healthy Homes agencies shared this compelling case study with state legislators who were in the midst of trying to pass Senate Bill 460, which would, among other things, authorize government agencies to ensure that landlords repair lead-based paint hazards before children are poisoned, and authorize them to issue stop-work orders when unsafe work practices are being performed. The bill was passed in 2002. According to legislators, Healthy Homes evidence played a strong role in its passage. Issuing stop-work orders has become a major, front-line defense employed by health and housing advocates across Los Angeles.

- Norberta has since completed ECHC's Community Health Promoter Training Program, and a leadership course with SAJE. She warns other families living with young children in old housing about the hazards they must safeguard themselves against. When reflecting upon this experience and how it changed her family's life, she said: *"Sometimes we come from our home villages ignorant about these things, we don't know about these technical things, there's a need for so much work with these families to explain to them and train them on how to improve their lives."*
- Lead Poisoning Prevention Pilot Project (2006): SJWCFC screened 2,866 children and found that 54% had elevated blood-lead levels (defined by SJWCFC and its partners as 3 micrograms or above per deciliter of blood). 95% of these children participated in a program of intense medical and case management, communication with landlords, in-home environmental assessments and improvements, and tenants' rights education over six months. As a result:
 - 86 children who had lead levels above 10 dropped to below 5 mcgs per deciliter
 - All 414 children who had lead levels between 5 and 10 dropped below 3 mcgs
 - 92% of the 917 children with lead levels between 3 and 5 dropped below 3 mcgs.
- British Petroleum Settlement/Air Quality Management District Funds (In Progress): SJWCFC, in collaboration with the Long Beach Alliance for Children with Asthma and The Children's Clinic, is working with communities in/near Compton that are negatively impacted by British Petroleum refineries. Community Health Promoters provide outreach activities, individual education/health counseling, home visits and home environmental assessment and remediation to families with asthmatic children. The project is being evaluated by Dr. Michael Lyde & Associates, whose study of 107 program participants to date revealed:
 - 54.9% reduction in missed school days by children with asthma
 - 100% reduction in missed work days by parents
 - 100% reduction in asthma hospitalizations
 - 34.2% reduction in the number of emergency room visits
 - 51% reduction in clinic/doctor visits due to an asthma attacks
 - Program participant Maria is the mother of three young asthmatic children. Before enrollment in the project, her children suffered from asthma symptoms every day, and had to be taken to the doctor nearly every week. Just two months into the program, she reported to her case managers

that her children had required only one clinic visit during that time. She wrote them a letter: *“I am very grateful for the information I received from you. And I give you my thanks because you have helped me so much to improve my children’s symptoms from asthma. As I told you, the doctor had told me to buy the [dust-mite proof] sheets for the children’s beds, and thanks to the program you provided me with those. Also you helped me in that I was always taking them [my children] to the doctor and the doctor visits have now decreased a lot. Thank you.”*

- Another program participant called and told us *“I’m so happy with the results from your program, I have recommended four other families to you.”*

Healthy Homes, Healthy Kids: Program Components

Comprehensive Pediatric Medical Services

Every asthmatic child will receive medical services in compliance with the latest guidelines issued by the National Asthma Education & Prevention Program Expert Panel:

- Assigning a diagnosis category: Mild Intermittent, Mild Persistent, Moderate Persistent, or Severe Persistent, and developing a treatment plan
- Prescribing and dispensing controller and reliever medications
- Developing the child’s “Asthma Action Plan” to guide the family on medication use, and instructing them on how to use it
- Completing a Medical Evidence Form with patient/family to document home conditions
- Prescribing home-based case management services for children based on severity of diagnosis, and information collected from the Medical Evidence Form
- Referring all other asthmatic patients and their families to a Healthy Homes class (See more education details below); prescribing distribution of dust-mite proof mattress and pillow covers to family upon attendance of one class, or an individual informational session on-site with a case manager if class attendance is not possible
- Referring overweight children for on-site nutrition and fitness services (overweight status can worsen asthma symptoms, which in turn lead to decreased physical activity)

Every child diagnosed with a lead-blood level of 3 mcgs per deciliter or higher, will receive the following medical services in compliance with SJWCFC’s rigorous standards of lead testing at low levels of poisoning, and in compliance with the L.A. County Department of Public Health’s guidelines for higher levels of poisoning:

- Follow-up blood-testing (the frequency to be determined by the severity of the problem)
- Completing a Medical Evidence Form with patient/family to document home conditions
- Counseling on the health effects of lead and on common sources of exposure
- Nutrition counseling on dietary strategies (high calcium, iron and vitamin C content, lower fat content) that will reduce children’s lead levels
- Prescribing home-based case management services for children with levels of 5mcgs or above, prioritizing households with other young children or a pregnant woman present
- Referring all other children and families to a Healthy Homes class
- Reporting all cases of 10mcgs or higher to the L.A. County Department of Public Health within one week, as mandated

Healthy Homes & Tenants Rights Education

Families are usually shocked when they learn their children’s illness is linked to their housing conditions. Raising people’s understanding of these issues is literally as important as providing first-rate medical care. Families must be armed with information in order to make changes at home that will ensure their children’s health over the long-term. All children and their families who are not referred for case management will be referred to a *Healthy Homes, Healthy Kids* class. Child care will be provided for class participants’ younger children by SJWCFC’s School Readiness Initiative staff; older children will

participate in the classes. Classes will be offered three times a week (including Saturdays) and will review:

- Common allergens: dust mites, mold, cockroaches, rodents, fumes from common cleaning products (many mothers think they're doing an extra-thorough job by mixing potent cleaners together, but this creates horrible fumes that exacerbate children's asthma)
- Common sources of lead exposure, including chipping and peeling paint, possible exposure from parental workplaces brought home on work clothes/shoes (for example, auto mechanics), glazed cookware, and imported candy
- Tips and handouts on how to significantly reduce allergenic and lead-dust particles with simple, low-tech cleaning practices and products; advice for dealing with rodents and roaches; and health-enhancing nutrition practices

SAJE organizers will conduct two Tenants Information classes per week, which will review:

- Tenants rights, the Housing Code, and Housing Department's inspection process, and advice on how to interact with landlords, inspectors and the housing department
- In addition, SAJE organizers will serve as the 'hotline' for all program staff and patients requiring information and assistance with unresponsive or problem landlords
- SAJE will monitor patient clusters occurring in the same buildings or under the same landlords and create building-wide strategies as appropriate

Home Environment Assessment & Remediation With Families

The pediatrician will prescribe case management for 300 children to receive intensive follow-up. These referrals will be based on several factors: 1) the severity of the diagnosis (prioritization given to higher blood-lead levels, and to moderate/severe asthmatics; 2) frequency of symptoms/complications – if a child is returning frequently to the clinic for the same condition, they will be prioritized for case management; 3) Strong evidence from the Medical Evidence Form and discussions with the family of significant housing problems, such as mold or roach infestations; 4) in cases of elevated blood-lead levels, the presence of other children or a pregnant woman in the same home (fetuses are vulnerable to lead poisoning as well).

The case managers will:

- Make an introductory home visit to establish a rapport with the family, explain services, review the details of their child's condition, and assess the housing conditions using the Community Environmental Health Resource Center's "Visual Assessment Report" checklist and create a Home Action Plan. Case managers will take care to present information in a non-judgemental manner to put parents at ease.
- At the homes of lead-poisoned children, lead dust samples will be taken with Lead Dust Wipes that will be sent for laboratory analysis to identify the lead 'hot spots'
- A follow-up visit to deliver all the appropriate home hazard remediation products and train the family on their use.
 - Dust-mite proof bedding will be provided to all asthmatic children
 - Children with severe asthma living near freeways will receive HEPA air filters and replacement filters
 - Families with carpeting that cannot be removed will receive HEPA-filter bagged vacuums with replacement filters (the vast majority of families do not own vacuums).
 - All families will receive a Non-Toxic Cleaning Kit containing a heavy bucket, wet mop, gloves, baking soda, scrub brush, cleaning rags, spray bottle, vinegar, boric acid, and borax and will be taught how to use these products to reduce lead dust particles and allergens without toxic fumes
 - All families experiencing roach and/or vermin problems (anticipated to be 100% of families) will receive Integrated Pest Management products, which focus on assessing infestations, blocking

pest access to living quarters, food and water: 1) case managers will set roach traps to identify the type, quantity and location of roaches, and later to measure reduction of infestation; 2) boric acid powder with pump dispenser, which is deadly to roaches, to leave a light covering of dust where roaches are concentrated; 3) caulking gun kit to fill cracks and holes in walls, Stuff-It copper wool for larger spaces to repel rodents; 4) Freshvac Food Storage Sets for families to prevent pest access to food.

Obtaining Repairs from Landlords

- Identify any repairs the landlord needs to make, such as fixing leaks or replacing filthy carpeting
- With family’s consent, Case Manager will request letter from pediatrician to be sent to the landlord requesting repairs, explaining why these repairs are important for the child’s health
- If landlord unresponsive to requests from family or pediatrician, SAJE will work with the family to request and organize an inspection from the City Housing Department
- SAJE will advise family on their rights as tenants, assist them with navigating the inspection process, and work with them to protect themselves from any retaliatory actions taken by the landlord. If necessary, tenants will be connected with Legal Aid, Inner City Law Center and/or the Eviction Defense Network for assistance.

Follow-Up

- Case managers will have at least four contacts with families: the initial home visit, the follow-up visit to deliver and train families on the remediation products, checking in by phone after three months, and a final visit at six months. Families will also be encouraged to call at any time if they have questions or require further assistance. If a family still requires assistance after 6 months, they will be kept in the program.

Please see the attached Flow Chart for a schematic of the project.

7. Selected Questions Raised During Our Review and Summary Answers

7a. Specific, detailed description of project and all program partners’ responsibilities

SJWCFC, as lead agency, will implement this project with two partners, Esperanza Community Housing Corporation and Strategic Actions for a Just Economy. Together, these three agencies have pooled their health and housing expertise to wage an uphill battle against the health impacts of slum housing for the past nine years. These collaborations have refined the strategies that reduce household hazards while minimizing the risk of landlord retaliations and laying the groundwork for policy change.

<p>St. John’s Well Child & Family Center (SJWCFC) – Lead Agency</p>	<ul style="list-style-type: none"> • Community Outreach to promote <i>Healthy Homes, Healthy Kids</i> • Medical screening, diagnosis, treatment and follow-up • Additional medical referrals as necessary • Project coordination, including processing of referrals of patients to classes and/or case management • Distribution of home hazard reduction products • <i>Healthy Homes, Healthy Kids</i> classes • Case Management
<p>Esperanza Community Housing Corp. (EHC)</p>	<ul style="list-style-type: none"> • Referral of potentially asthmatic or lead-poisoned children to SJWCFC • Training all case managers on Integrated Pest Management • Lead-dust wipes and laboratory follow-up (requires certification) • Distribution of home hazard reduction products • <i>Healthy Homes, Healthy Kids</i> classes

Strategic Actions for a Just Economy (SAJE)	<ul style="list-style-type: none"> • Case Management • Referral of potentially asthmatic or lead-poisoned children to SJWCFC • Tenants’ rights classes • Individual assistance to program participants with: repair requests to landlords; requests for inspection by the L.A. Housing Department; assistance with responding to any retaliatory actions by landlords, including connecting with non-profit legal resources
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Please refer to Section #6 – “Program Description” – for the overview of all the program components and the responsibilities of each agency, and details regarding medical care.

Children will be identified by: 1) all SJWCFC clinics, who will refer children diagnosed with environmental health issues to the new center; 2) ECHC staff, who will conduct street and agency outreach (presentations, flyers, individual communications), and who will refer any children they encounter during the course of implementing their other programs; 3) SAJE will refer the children of tenants with whom they are working on their Slumlord Criminalization Campaign and sick children they encounter through their other activities. The Program Coordinator will develop a protocol and use that to guide the creation, tracking and coordination of the following elements:

- Referral sheets for all referring clinics/agencies
- Intake sheets for physicians to use at the first clinical visit to enroll the patient by verifying the basic criteria (under 18 years of age, presence of environmental illness), diagnosis details, and prompts for whether they are being referred for home-based case management or on-site educational services. The physician will also complete the Medical Evidence Form to document the basics of the child’s environment.
- Based on the Intake and Medical Evidence Form, the Coordinator 1) starts a case management file and assigns it to either a SJWCFC or ECHC case manager or 2) makes a log of those patients being referred to the Healthy Homes class and contacts the family to schedule them
- Creation by the case managers of detailed files for each case managed family
- Submission of short summary reports regarding each case management contact to the physicians for their review and inclusion in patients’ medical records
- The Coordinator and Chief Medical Officer will convene monthly case conferencing meetings for clinical staff and case managers to review patients’ progress
- The Coordinator will be responsible for monitoring all home product allocations based on project protocol
- The Coordinator will monitor and follow up on any missed medical appointments

The practical details of the case managers’ activities are in Section #6 above. Their success, as noted by ECF, depends upon building trust with the family, because entering the home is an intimate interaction. The ability to build such trust is a point of pride for SJWCFC and its partners. Case management staff are recruited from people who live in the very communities being served; they come from the same economic and cultural backgrounds as their clients. ECHC’s Community Health Promoter Training Program, a model of community health and economic development, comprehensively trains low-income community members to work effectively with their peers. The case managers, therefore, enter the home with certain advantages that other professionals from different backgrounds lack. In addition, they are trained on how to engage a family through friendly conversation, sharing a bit of themselves and their own experiences, before asking a family to share their own. Parents and their children usually become engrossed in the visuals and educational information that case managers have to share. The case managers present themselves as parents’ allies in making their children healthier, a stance that parents usually respond to well. They enter into an interaction with the family with the assumption that the parents are doing their

very best to provide well for their children, cognizant of the possibility that they might feel shame when discussing their housing conditions. This is a respect that these hard-working families deserve and is key to a productive relationship.

Many of our families rely on the unpredictable and expensive L.A. public transit system. Everychild vans would run on a pre-set schedule to transport children with their parents for their appointments and for Healthy Homes and Tenant Information classes. They would be picked up and returned to the SJWCFC clinic site nearest their home.

- The parent will be asked if transportation is required
- The patient will be ‘red’ flagged as requiring transportation
- Appointment windows (requiring transportation) will be created for each clinic in the Mysis computerized appointment system.
- One van will transport from the south, the second north
- Clinic manager will download weekly appointment schedule
- Clinic Manager will coordinate and provide log of appointments to van driver

Sample schedule (subject to modification as needed by each clinic)

SJWCFC Site	Clinic Schedule	Van Schedule
Lincoln High School	M W Th: 8:30 am – 5:00 pm T: 10:00-7:00 Sat: 7:30am – 3:30pm	Weekday pick-ups: 9:00, 11:00, 2:00 (shifts later on Tuesdays for evening) Saturday pick-ups: 8:30, 11:00 Maximum # of children & parents that can be transported per week: 210
Magnolia Place	M W F: 9:00am – 5:00 pm T Th: 11:00 am – 7:00 pm Sat: 7:30am – 3:30pm	Weekday Pick-ups: 9:00, 11:00, 2:00 (shifts later on T, Th for evening) Saturday pick-ups: 8:30, 11:00 Maximum # of children & parents that can be transported per week: 255
Louis C. Frayser – Hoover	M - F 8:30 am – 5:00 pm Sat: 7:30am – 3:30pm	No Pick-up Required (across the street)
W.M. Keck Clinic At Compton	M-F: 8:30 am – 5:00pm Sat: 7:30am – 3:30pm	Weekday Pick-ups: 9:00, 11:00, 2:00 Saturday pick-ups: 8:30, 11:00 Maximum # of children & parents that can be transported per week: 255
Bunche Middle School	Wed 9:00 am – 12:00 pm	Wed Pick-up: 9:00 Maximum # of children & parents that can be transported per week: 15
Dominguez High School	Thurs 9:00 am – 12:00 pm	Thur Pick-up: 9:00 Maximum # of children & parents that can be transported per week: 15
Cesar Chavez/ Harriet Tubman Alternative	Tue 9:00 – 12 pm	Tue Pick-up: 9:00 Maximum # of children & parents that can be transported per week: 15

7b. Critical Need

Documented Community Need for This Service: Environmental health is a major children’s issue here in Los Angeles. Children in this city are besieged by dangerous pollutants and other environmental triggers at home, in school and outdoors. Since many of these children live in areas where it is not safe to play outside, they spend a high proportion of their time in their homes. Having served tens of thousands of low-income children over the past four decades, SJWCFC has come to question the long-term value of:

- Removing a cockroach from a child’s infected ear and returning the child home to their cockroach-infested home;
- Pediatricians writing up an asthma treatment plan that is hopelessly thwarted by the overwhelming presence of dust mites, cockroaches, and mold in the home;
- Addressing the psychological consequences of children who will not eat for the well-founded fear of finding cockroaches in their food;
- Addressing the needs of children who refuse to use the bathroom at home, for fear of another rat bite;
- Providing school readiness services to young children to improve their chances for academic success, only to discover in 2006 that **54% of our patients under age six** at our downtown clinic had elevated blood-lead levels, and that **28% of our patients had asthma (the County average is only 8.8%)**, one of the leading causes of missed school days

The following chart provides a snapshot of slum housing’s disturbing implications:

Health Issue	Slum Housing Condition	Long-Term Impact
Lead poisoning	Peeling and chipping paint; paint dust from opening windows and doors	Brain damage; kidney disease; nerve damage
Asthma and other respiratory problems	Mold and mildew caused by leaking pipes, inadequate drainage, inadequate ventilation, holes in walls or roof, inadequate weather-proofing; cockroach droppings; dust mites; allergens in old carpeting	Asthma attacks; chronic bronchitis; chronic pneumonia; eye problems, conjunctivitis; allergic rhinitis; chronic sinusitis
Dead cockroach parts in ears	Cockroach infestation	Ear infection; tinnitus; staph infections; yeast infections
Infections, viruses	Rat bites; lice and bedbugs; flea bites	Anaerobic infections can lead to loss of fingers, toes or limbs; Hantavirus causes pneumonia strain that can lead to respiratory failure; viremia, impetigo, abscess
Skin rashes and fungal infections	Fleas from rats and birds; infested and dirty old carpets; leaking water and humidity; leaking sewage	Chronic dermatitis; acute fungal infections and rashes
Chronic colds	Mold and mildew caused by leaking pipes, inadequate drainage, inadequate ventilation, holes in walls or roof, inadequate weather-proofing;	Weakened immune system; colds; ear infections; pneumonia
Staph infections	Shared bathrooms that are not maintained; lack of heat and hot water	Extremely contagious

Eighty percent of lead exposure comes from lead-based paint, which is in all housing built before 1978. If the housing is in good condition and the paint intact, there is no danger. However, the majority of the housing stock in SJWCFC’s service area is old and in poor condition. Lead poisoning literally robs children of their potential as human beings. It can irreversibly damage the central nervous system,

kidneys, and reproductive system. The effects of lead poisoning can lead to decreased intelligence, impaired neurobehavioral development, decreased stature and growth, and impaired hearing. In worst case conditions, lead poisoning can cause severe brain damage, coma, convulsions, and death. Lead can also cross the placenta to damage the developing fetus and can cause miscarriage, premature birth and low-birth weight. Recently, the first study to follow lead-exposed children from pre-birth through adulthood indicates that there is a link between lead exposure and crime. Researchers from the University of Cincinnati College of Medicine have demonstrated a correlation between lead exposure and higher numbers of arrests, especially for violent crime (*L.A. Times*, May 28, 2008).

Slum housing conditions, such as mold and cockroach droppings, are associated with asthma in young children, exacerbate symptoms and increase the frequencies of attacks. Asthma, an inflammatory lung disease, is one of the most common chronic diseases of children. Symptoms include recurrent wheezing and coughing, difficulty breathing, and tightness of the chest. Attacks can range in severity from inconvenient to life-threatening. There is no known cure for asthma, but it can be controlled by following a medical management plan and reducing exposure to environmental triggers. According to the L.A. County Department of Public Health, of children living with asthma in poverty, 58% have to limit physical activity because of their asthma, and 35% visit an urgent care facility at least once a year. Asthma is a leading cause of school absenteeism. According to the UCLA Center for Health Policy Research, one out of three California school-age children with daily or weekly asthma symptoms missed at least one week of school due to asthma.

While slum housing poses immense health challenges, regular medical care coupled with home environmental changes and tenant advocacy, as evidenced in Section #6's discussion of proven models, can and do make children better. All of this, however, depends on an enormous commitment on the part of parents. Fortunately, there are few factors more motivating to a parent than their children's health. The mother Norberta, whose son Aaron was so acutely lead-poisoned in 2001 but quickly treated by the Healthy Homes pilot project, was working multiple jobs at the time and averaging three hours of sleep per night. When asked how she managed to do everything it took to bring Aaron out of the danger zone, she replied: *"Of course I was willing to do all that work for my son's health. I was willing to make changes in my home and to fight the landlord about all the bad conditions. For the health of our children, we must always be on guard."*

7c. Funding of Expenses:

SJWCFC and its partners have reached a critical juncture in their environmental health work: 1) pilot-testing clinic- and home-based program strategies; 2) conducting extensive research of the slum housing and health connection at the individual and collective level; 3) framing slum housing as a public health issue that hits children the hardest; and 5) developing credibility among funders and public officials that slum housing can and should be pursued at a political and criminal justice level as a public health threat.

And now SJWCFC has constructed the chronic and environmental disease center, the perfect place to establish a bold program that is not limited to just one neighborhood, or just one disease. Funds from Everychild will be the "glue" that enables SJWCFC to bring all the crucial program elements together in this basket of services by:

- Helping cover essential clinical costs during the new chronic disease and environmental center's crucial start-up period, establishing the cornerstone pediatric program that will leverage significant funding from other sources (public and private)
- Enabling SJWCFC to hire the necessary case managers and tenant organizers to launch a major program expansion, complementing traditional primary care with comprehensive assistance to families to reduce home health hazards, and the flexibility to provide families with the housing improvement products they need to make their homes healthier for children

- Enabling SJWCFC to develop valuable vendor relationships with corporations that might provide discounts or donations in the future (two have already provided discounted quotes)
- Eliminating transportation barriers by providing two vans to transport children and their parents to the new facility
- ECF funds will glue together all environmental health elements that SJWCFC and its partners have painstakingly developed piece by piece over the past decade. The program will provide desperately-needed services while building health and housing evidence on an unprecedented scale to fuel the policy and advocacy work conducted parallel to this project. In this way, ECF will help wage the war on children's behalf against slum housing.

Utility of vacuum cleaners: HEPA filter bagged vacuum cleaners are an effective tool for reducing allergenic particles that provoke and exacerbate asthma, as well as removing lead dust particles. Bagless vacuum cleaners are not adequate for this purpose because they do not successfully capture and trap the smallest particles. Vacuum cleaners' efficacy also depends on families using them appropriately: changing the bags on a regular basis, and periodically taking apart and sterilizing the apparatus. Many of the families served by this program cannot afford a good quality vacuum (and probably do not own one at all). Families who receive vacuums will be trained on how to use them appropriately to maximize their effectiveness and longevity. These appliances will represent a long-term benefit to the family. The Asthma and Allergy Foundation of America states that vacuuming once or twice weekly with a HEPA filter vacuum is an important component to reducing dust mites and other allergens. In previous programs, the Hoover brand has proven effective and durable, and easily lends itself to being taken apart, sterilized, and put back together (a practice that families are trained on). *Healthy Homes, Healthy Kids* will use the Hoover Wind Tunnel Self-Propelled Bagged Upright model, with a HEPA Media bag that traps 99.97% of dust and pollens.

7d. Evaluation & Replication

The measurable outcome objectives for this project, to be achieved within eighteen months, are:

- 4,000 children suffering from asthma, lead poisoning and/or another significant environmental illness will receive comprehensive care
- 80% of children and their families will demonstrate increased understanding of lead poisoning and lead-safe home practices, or of how to control their asthma and allergy triggers
- 80% of asthmatic children will experience a reduction in asthma attacks and symptoms
- 80% of asthmatic children's asthma will be diagnosed as "controlled" by their physician
- 80% of children with elevated-blood lead levels will have those levels reduced

The Program Coordinator, under the supervision of the Chief Operations Officer and working in conjunction with the clinic manager, will be responsible for evaluation activities. The number of children served will be documented by the clinic's computerized Practice Management System and medical charts. Increased family understanding of their health issues will be measured by short pre- and post-tests administered verbally by case managers to their clients and documented on a written checklist. The asthma pre- and post-test has already been developed by a partner project in Long Beach and is currently in use with the asthma case management project in Compton. The lead pre-/post- test will be created by the Program Coordinator and the case managers, based on key lead education points. The reduction in asthma attacks and symptoms will be quantified as decreases in:

- Hospitalizations
- Emergency room visits
- Clinic visits for asthma attacks
- Frequency of daytime and nighttime symptoms
- Missed days of school, preschool or daycare

These items will be documented by the Core Caregiver Survey, a validated instrument adapted from the Best Practices in Childhood Asthma project out of the Department of Public Health's California Public Health Initiative. Case Managers will administer the survey to clients at the initial home visit to quantify how often each of the above occurred for a specific time period before program enrollment, and how often they occurred after six months' program participation. This information will be logged into a database. Clinical outcomes of having controlled asthma status and reduced blood-lead levels will be determined by studying a randomized sample of patient charts. Process monitoring practices will include: referral sheets and intake forms for each patient; sign-in sheets for all Healthy Homes and Tenant Information classes; Asthma Action Plans filed for every asthmatic patient; Home Action Plans filed for every case managed patient.

SJWCFC recently received a grant from the Tides Foundation to hire a computer programming consultant who will help environmental health staff compile and coordinate data across our partner agencies to show key links such as whether lead-poisoned and asthmatic patients are concentrated in buildings owned by slumlords being targeted by SAJE. The Tides grant will support a strategic planning process regarding environmental health data to determine what kinds of data SJWCFC and its partners need for its community organizing work. The project will entail a thorough assessment of the systems and data currently used by each partner agency; development of a centralized, on-line system into which each agency can upload key data and query for reports; pilot-testing the new system; and using the system for the purposes of the Slumlord Criminalization campaign (led by SAJE, funded by TCE) to:

- track health and housing services and outcomes for targeted patients/tenants living in buildings owned by key slumlords
- track trends in patient health and tenant complaints to identify slumlord 'hot spots'
- generate reports for use with the media, public hearings and meetings with activists, tenants and health and housing officials
- evaluate the efficacy of the collaborative's efforts.

SJWCFC and its partners have already laid the groundwork for dissemination of program accomplishments with the 2007 *Shame of the City* report. This report was well-received by foundations, government officials, and activists, and has already begun influencing public interest. SJWCFC will channel data generated by *Healthy Homes*, *Healthy Kids* through follow-up reporting, testimonies, and media activities with the audience it has already cultivated through *Shame of the City*. In addition, for the purposes of encouraging replication, SJWCFC will share the *Healthy Homes*, *Healthy Kids* project design, results and lessons learned with other Los Angeles non-profits through key coalitions, including: the Southside Coalition of Community Health Centers (a membership of seven clinics in South Los Angeles, including SJWCFC); the Community Clinic Association of L.A. County (which includes all non-profit community clinics, and where CEO Jim Mangia sits on the Board); the Asthma Coalition of Los Angeles County (co-founded by SJWCFC, with a membership of public health, health care, social service and education providers); and the Los Angeles Healthy Homes Collaborative. By participating in regional, state and national conferences, SJWCFC and its partners plan to share strategies and tools with public health professionals and children's rights activists to encourage the replication of this model in other cities.

7e. Policy Ramifications

SJWCFC and its "Better Neighborhoods, Same Neighbors" housing policy collaborative, which includes partners ECHC and SAJE, are committed to advocacy on this issue. In April 2007, they held a policy briefing hosted by The California Endowment and attended by over 300 activists and government officials. The collaborative presented "Shame of the City," a report that linked data on low-income residents in the Figueroa Corridor section of Los Angeles to create a framework for examining the connection between chronic health conditions and slum housing.

The time has come to scale up and put this groundbreaking framework into action. SJWCFC's new center will have the capacity to consolidate under one roof a comprehensive system of care: medical, nutrition, fitness and home-intervention. For the first time ever, thousands of children coming from a wide range of poor neighborhoods will receive a centralized model of clinic- and home-based services. This project will yield powerful data that SJWCFC and its allies will disseminate to health and housing officials through publicly-released reports, policy briefings, and testimonies to local and state government bodies. SJWCFC is one of the largest safety-net providers in Los Angeles. As a founding member of the Southside Coalition of Community Clinics, the L.A. Asthma Coalition, the Better Neighborhoods, Same Neighbors coalition, and as lead agency on multiple high-profile collaborations, SJWCFC has 44 years of community credibility and the financial and political stature to push these issues to a higher level. SJWCFC and its partners will advocate for increased private and public support of environmental health programs, and for improving housing code enforcement, which is key to tackling slum housing at the city level. SJWCFC and its partners have the savvy necessary to strategically leverage project data for long-term policy change to reduce slum housing threats, and have the state and national-level connections to broadcast lessons learned and successes to other cities struggling with these issues, at venues such as Healthy Homes and pediatric health conferences.

Michael Duran, Esq., a prosecutor with the City Attorney's Housing Department, is a key player in the fight to bring slumlords to account for their criminal practices. He has a long history of working closely with our partnership, particularly with SAJE. In 2006, he obtained the convictions of the landlords of the residential Morrison Hotel for willful violation of fire, housing and health codes. Mr. Duran has stated that the presence of community health promoters and tenant organizers was essential to winning those convictions:

- *“Normally, I can rely only on the housing inspectors for evidence and testimony.... But because the Morrison tenants had already been organized, I had direct access to the tenants. This enabled me to obtain detailed information and testimony to directly refute the evidence presented by the building management. The next strategy I would like to pursue in terms of lead exposure is to bring a charge of Child Endangerment, a violation of Penal Code Section 273a(b), against the worst landlord offenders. In order to build such a case, I need access to tenants and reliable medical data. This way, I can charge landlords not only with owning a ‘bad building’ but also for actually endangering a child.”*

In addition, City Councilmember Wendy Greuel has expressed interest in introducing legislation to instruct the City Building And Safety Department to better enforce lead-safe work practices.

7f. Sustainability

Funding the In-Kind Portion of the Budget (\$561,019)

SJWCFC has proven itself capable of obtaining resources necessary to implement programs, secure its operations, and support its growth. In recent years, SJWCFC has been the recipient of grants from more than 50 private foundations as well as grants and contracts from the city of Los Angeles; the county of Los Angeles through its Childhood Lead Poisoning Prevention Program; and the state of California through its Department of Health Services, the California Cedillo/Alarcon Community Clinic Investment Act. Two of the Case Manager positions will be funded through grants already obtained by SJWCFC and ECHC.

All eligible patients will be tied to the revenue stream for which they are eligible through enrollment in existing third party payor programs including Medi-Cal; Healthy Families insurance for children; California State Health Services Department's Expanded Access to Primary Care (EAPC) and Child Health & Disability Program (CHDP); and Los Angeles County Department of Health Services' Family Planning, Access, Care and Treatment (Family PACT), Healthy Kids, and the LA County Public/Private

Partnership (PPP) programs (which partially cover costs for uninsured patients). SJWCFC is a member of Health Care L.A. Independent Physician's Association (IPA), a non-profit managed care network. Through this IPA we contract with numerous health plans.

In 2009, SJWCFC will submit an Expanded Medical Capacity application to the Federal Bureau of Primary Health Care to obtain Federally-Qualified Health Center status for the new center. The *Healthy Homes, Healthy Kids* project will strengthen our application. FQHC designation will secure an annual federal funding stream of \$650,000 for the new center. As a Federally Qualified Health Center selected by the federal government for annual funding to provide care to indigent underserved populations, (SJWCFC) will also have priority access to available dollars for chronic-disease-management services to support operations.

Funding for the Program post Everychild Grant

The "shortfall" for this project upon depletion of ECF funds would be salaries for the van drivers, program coordinator, case managers, tenant organizers and the home hazards remediation products. SJWCFC's Development Department is already identifying sources of income to fund operations and key programs for the new center. This center will further establish SJWCFC as a leader in addressing health disparities and chronic disease, and will thus position the agency to expand its funding outreach with regard to safety-net and chronic disease management services. SJWCFC intends to leverage the combination of the new facility with compelling *Healthy Homes, Healthy Kids* success stories to market the project to corporate and individual donors. With regard to the hazard remediation products, SJWCFC anticipates that the vendor relationships that it builds thanks to ECF funds will open the door to future donations and steep discounts. For example, in conferring with TTI Flooring (owner of Hoover) for the development of this budget, SJWCFC was quoted a wholesale price for the purchase of the 100 vacuums. National Allergy Corp. stated that as an established customer, SJWCFC would become eligible for their Indigent Patient Program, in which bedding products are distributed for free to health care providers (National Allergy also provided a discounted quote for this budget).

A huge advantage to working with ECHC and SAJE is that each brings significant resources to the table. ECHC will provide some in-kind case management staffing, and SAJE will provide in-kind support in linking the work to larger policy and advocacy activities. Each agency has a successful track record of obtaining private and public funding for environmental health issues. Because they officially operate in different professional sectors from SJWCFC (social and economic justice, housing), they bring not only added expertise, but they can also leverage more funds by working different 'angles' with funders.

The new center will also benefit from the fact that obesity, environmental diseases and chronic diseases have become major health care priorities for federal, state and county government agencies, as well as for numerous foundations that are seeking and testing new models of care. Plans to sustain the proposed programs are in part based on early indications that many funding agencies are amenable to, or are already, redeploying dollars to prioritize these issues. For example, through the office of Congressman Xavier Becerra, SJWCFC just received a federal earmark to support its chronic disease management and health education programs in 2009.

Opportunities for Donor Recognition: SJWCFC will name the new center's pediatric department after the foundation and will display the project and foundation name on the two project vans.

Agency/Project Update: SJWCFC has no material changes to report.

Project Budget & Timeline: (Budget spreadsheet attached)

Timeline

Major objective	Task	Person Responsible	Time Frame
Identify and recruit Pediatrician and Pediatric Reg. Nurse	Recruitment Interviews Background Checks	Human Resource Medical Director	Within 60 days of funding
Identify and recruit Nutritionist	Recruitment Interviews Background Checks	Human Resource Medical Director	Within 60 days of funding
Identify and recruit Project Coordinator, Case Managers and Van Drivers	Recruitment Interviews Background Checks	Human Resource Medical Director Chief Operations Officer	Within 30 days of funding
Home Hazards Supplies	Prepare and Submit Purchase orders	COO Clinic Manager Project Coordinator	Within 60 days of funding
Medical Supplies	Prepare and Submit Purchase orders	CMO COO Clinic Manager	Within 60 days of funding
Vans	Purchase	COO	Within 60 days of funding
Training	provide leadership, training & coordination to new staff	CMO COO HR	Within 60 days of funding
Identify and recruit Case Managers ECHC	Recruitment Interviews Background Checks	ECHC ED ECHC HR	Within 30 days of funding
Identify and recruit Case Tenants Case Managers	Recruitment Interviews Background Checks	SAJE ED SAJE HR	Within 30 days of funding
Project Launched	Patient scheduling Outreach and education	SJWCFC SAJE ECHC	Within 90 days of funding

Budget Narrative:

The total project budget of *Healthy Homes, Healthy Kids* for years 1 and 2 is \$1,561,019. Funding support from the EveryChild Foundation represents 64.06% of the total budget. In-kind support is 35.94% at \$561,019.

Personnel: Years 1 & 2

- Van Drivers, 2 FTEs: \$46,000 year 1 and \$23,000 year 2
- Pediatrician, 1 FTE: 50% requested for Year 1 at \$62,500, remainder in-kind
- Pediatric Nurse Practitioner, 1 FTE: 50% requested for Year 1 at \$33,500, remainder in-kind
- Nutritionist, 75% FTE: 75% requested for Year 1 at \$39,000
- Project Coordinator 1 FTE: 100% requestsd for Year 1 at \$42,000 and Year 2 at \$21,000
- SJWCFC Case Managers, 3 FTE’s: 2FTEs requested for Year 1 at \$66,000 and Year 2 at \$33,000, remainder in-kind

- ECHC Case Managers, 3 FTE's: 2 FTEs requested for Year 1 at \$66,414 and Year 2 at \$33,207, remainder in-kind
- SAJE Tenants Rights Organizers, 2 FTE's: 2 FTEs requested at \$84,000 Year 1 and \$42,000 Year 2
- 25% Fringe Benefits: \$109,854 for Year 1, \$38,052 Year 2

Medical Supplies (All Items Allocated Proportionally Over Years 1 & 2)

- General medical supplies (charts, disposable items such as gauze, other sanitary paper products): 4,000 patients x average of 4 visits per patient, \$3.50/visit. Requested \$25,284 for Year 1, remainder in-kind.
- Spirometers (used in assessing lung volume and capacity for asthmatic patients): 2 NDD Easy One Diagnostic Spirometer Systems at \$1,800, total of \$3,600.

Pharmacy (All Items Allocated Proportionally Over Years 1 & 2)

- Inhalers: 300 at \$35, total of \$10,500
- Nebulizers: 15 at \$160, total of \$2,400
- Spacers (for babies): 75 at \$50, total of \$3,750
- Medications (for urgent dispensing to uninsured patients): 30 patients at \$68, total of \$2,040. (Other uninsured patients in non-urgent situations can be referred to special low-cost or free medication programs)

Home Hazards Reduction (All Items Allocated Proportionally Over Years 1 & 2)

- Dust mite-proof bedding: 750 twin mattress covers (26.39/each), 750 full mattress covers (\$32.37/each), 500 queen mattress covers (\$38.99/each), 2000 standard pillow covers (\$4.02/each), total of \$71,605 (Discounted quotes from National Allergy).
- Hoover Wind Tunnel HEPA Filter vacuum cleaners: 100 at \$182 each, total of \$18,200 (Wholesale quote from TTI Flooring)
- HEPA-filter replacement bags: 300 sets (3 per vacuum), \$3.65/each, total of \$1,095
- HEPA air filters: 20 units, Honeywell Enviracaire 50250, 20 units \$170/each, total \$3,400
- HEPA replacement air filters: 60 sets (3 per filter), \$15/each, total of \$900
- Cockroach traps: 3,600 traps (12 per unit for 300 units), \$0.10/each, total of \$360
- Boric Acid Powder & Pump Dispenser: 300 at \$1.50/each, total of \$450
- Caulk-It Spankling Compound Kits: 300 at \$4.55/each, total of \$1,365
- Freshvac Food Storage Sets: 300 at \$15/each, total of \$4,500
- Stuff-It Copper Wool rodent deterrent: 10 rolls at \$45/each, total of \$450
- Lead Dust Wipes & Lab Analysis Fees: BTS Labs wipes, 12 per 100 units (6 used pre-, 6 used post), total of 1,200 wipes. \$775/set of 100 wipes plus analysis, 12 sets for a total of \$9,300
- Non-Toxic Bucket Cleaning Kits: 300 kits for families, 18 kits for monthly raffles at classes. Each contains 1 heavy bucket, wet mop, gloves, baking soda, scrub brush, cleaning rags, spray bottle, vinegar, borax. \$45/each, total of \$14,310