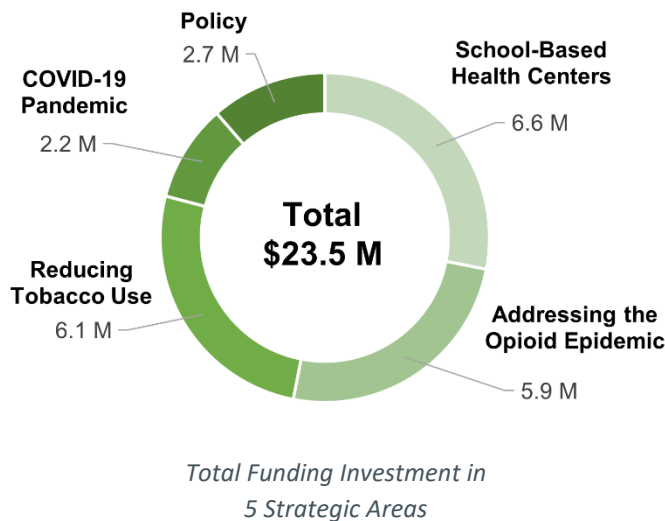


### Overall Investment

As Interact for Health celebrated 20 years of grantmaking in 2017, we looked at community needs and focused our resources on the levers we believed would be the most effective at improving the health of our region: addressing the opioid epidemic, school-based health centers and reducing tobacco use. The 2018-2022 strategic plan (Appendix A) was based on our experience, research in the field of health promotion, input from community leaders, and an in-depth analysis conducted by our staff and Board of Directors. Two years into the strategic plan, the COVID-19 pandemic hit, stalling momentum that had been cultivated.

This report highlights our investment—grants and operating programs—in five strategic areas: addressing the opioid epidemic, school-based health centers, reducing tobacco use, COVID-19 pandemic and health policy. While interim progress and results can signal long-term impact, it will take many years to see the effects of many of these efforts on community level outcomes. The results and impact described below are based on what we know and can measure as of December 2022. We will continue to monitor results as grants and initiatives end in 2023 and beyond. A list of grantee partners funded during this time period is in Appendix B.



Average Grant Length:	<b>12.8 months</b>
Average Grant Size:	<b>\$88,429</b>
General Operating Support Grants:	<b>48 grants</b>
Project-Based Grants:	<b>154 grants</b>
Grant Funding:	<b>\$17.9 M</b>
Operating Program Funding:	<b>\$5.6M</b>

*While this report is a review of Interact for Health's work and investment in key strategic areas, we acknowledge that our work only happens and is most impactful when done in partnership with many others in our region – grantees, contractors, health providers, funders, media, community members, policymakers, and others. The results highlighted here happened through collective efforts and are not ours alone. Thank you for all you do to ensure people in our region are healthy and thriving.*

# Focus Area Plans, Results and Learnings

## School-Based Health Centers

School-based health centers can be a powerful tool for closing the health equity gap. Children and youth from households with lower incomes often experience challenges accessing health care and other basic needs and services.<sup>1</sup> Providing health services in schools increases access for students and the school community while reducing barriers such as transportation.<sup>2</sup>

### PLANS: What we set out to do

For the past 25 years, Interact for Health has been dedicated to expanding access to health care for children and communities through SBHCs. In that time, we have helped to open and sustain 43 SBHCs throughout the region that have provided more than 350,000 primary care visits since 2015. These centers offer combinations of primary care, mental and behavioral health care, dental care and vision care in nine of our 20 counties: Adams, Brown, Butler, Campbell, Clermont, Hamilton, Kenton, Switzerland and Warren.

Aspirational Community Goal	Community Outcomes
Increase access to health care and health promotion activities for low-resourced children and their families	<ul style="list-style-type: none"> <li>• Increase the number of children in the region with access to an SBHC<sup>3</sup></li> <li>• Increase the number of SBHCs in the region<sup>4</sup></li> <li>• Increase SBHC access by expanding into underserved counties<sup>6</sup></li> </ul>

Strategies
<ol style="list-style-type: none"> <li>1. Increase the number of SBHCs</li> <li>2. Support existing SBHCs</li> <li>3. Support innovation within SBHCs</li> </ol>

### RESULTS: What happened and what progress was made

#### Community Outcomes

2017		2022
<b>23%</b> 126,000 children	the percent of children with access to an SBHC <sup>3</sup>	<b>33%</b> 186,000 children
<b>29 SBHCs</b>	the number of SBHCs in the region <sup>4</sup>	<b>43 SBHCs</b>
<b>4 counties<sup>5</sup></b>	the number of counties with SBHCs in underserved areas <sup>6</sup>	<b>7 counties<sup>7</sup></b>

<sup>1</sup> Kreider, A.R., French, B., Aysola, J., Saloner, B., Noonan, K.G., & Rubin, D.M. (2016). Quality of health insurance coverage and access to care for children in low-income families. *JAMA Pediatrics*, 170(1), 43-51.  
<sup>2</sup> Gibson, E. J., Santelli, J. S., Miguez, M., Lord, A., & Schuyler, A. C. (2013). Measuring school health center impact on access to and quality of primary care. *Journal of Adolescent Health*, 53(6), 699-705.  
<sup>3</sup> US Census, American Community Survey, 2017-2021. Children are considered to have access to an SBHC if they attend a school with an SBHC that serves only the school or live in a school district with an SBHC that serves the community.  
<sup>4</sup> Growing Well Utilization Reports, 2017-2021.  
<sup>5</sup> Butler and Hamilton counties in Ohio. Campbell and Kenton counties in Kentucky.  
<sup>6</sup> American Academy of Family Physicians. (2022). The UDS Mapper. <https://udsmapper.org/>  
<sup>7</sup> Adams, Brown, Butler and Hamilton counties in Ohio. Campbell and Kenton counties in Kentucky. Switzerland County in Indiana.

In addition to expanding access to primary care, as of October 2022, 28% of children in our region have access to a **school-based dental center** (up from 13% in 2015) and 24% have access to a **school-based vision center** (up from <1% in 2015).

*Progress and Results*

Interact for Health led and deployed our resources in the following ways:

31 grants awarded  
 \$6.6M total investment  
 13 new SBHCs opened  
 40 organizations in SBHC Learning Group

- Provided **grant funding** for planning and implementing—building and operating until financially sustainable—new or expanded SBHC services.
- Convened a **learning group** to bring new school, healthcare and community partners to the table to learn about the process of opening an SBHC.
- Provided **technical assistance** to support sustainability and share best practices and resources such as the SBHC Road Map.
- Supported the region’s SBHC **backbone organization**, Growing Well.
- Championed the use of **data** to improve care quality, performance and sustainability through a pay-for-performance initiative and a comprehensive evaluation of SBHCs.

Strategies and Goals	Progress and Results (2018 – 2022)
1. <b>Increase the number of SBHCs:</b> ● Increase the number of comprehensive <sup>8</sup> SBHCs in our service area by 6; increase the number of primary care SBHCs that connect to a hub <sup>9</sup> by 5.	<ul style="list-style-type: none"> <li>• 13 new or expanded SBHCs opened, 8 of which are hubs.</li> <li>• 4 new SBHCs in development, 2 of which are hubs.</li> </ul>
2. <b>Support existing SBHCs:</b> All SBHCs that have been in operation for two or more years will achieve and maintain financial sustainability and deliver high-quality care. ●	<ul style="list-style-type: none"> <li>• 38 of 42 sites submitted utilization and quality data for the 2021-2022 school year.</li> <li>• More than \$200,000 in incentive payments were made to sites for reaching primary care targets during the 2021-2022 school year.</li> </ul>
3. <b>Support innovation within SBHCs:</b> Implement innovative strategies within SBHCs and disseminate best practices. ●	<ul style="list-style-type: none"> <li>• Opened 6 new SBHCs (+1 in planning) in rural areas. Opened 3 new SBHCs in suburban areas.</li> <li>• Launched a comprehensive evaluation of SBHC to be completed by early 2023.</li> <li>• Funded a telehealth pilot to provide telehealth services across four districts.</li> </ul>

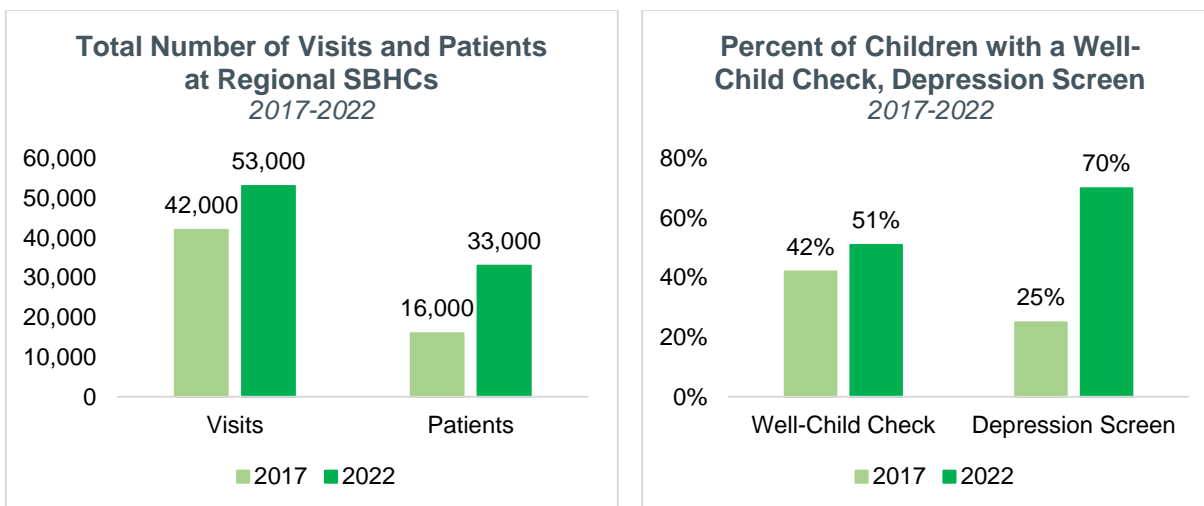
● Met Target ● Partially Met Target

In addition to opening 13 new SBHCs by October 2022, we expanded our footprint by opening centers in suburban and rural counties, including Brown, Clermont, Switzerland and Warren (see Appendix C for a map of SBHC locations). The planned SBHC in rural Bracken County will be the first and only SBHC that will have multiple health providers coordinating to implement services, including primary care, behavioral health, dental and vision, and open to the entire community.

<sup>8</sup> A comprehensive center is an SBHC with on-site primary care, mental health, vision, and dental services offered to both the school community (students, teachers, administrators, and staff) and the outside community (those who live in the area).

<sup>9</sup> A hub is an SBHC that receives referrals or serves multiple schools. Hubs will include at least primary care and mental health; they may also include vision or dental services.

During the 2021-2022 school year, SBHCs in the region provided more than 53,000 visits to 33,000 patients.<sup>10,11</sup> From 2017 to 2022, the percent of children with an up-to-date well-child check increased by 21% and the percent of children screened for depression increased by 175%.<sup>12</sup>



## LEARNINGS: What we learned

### *Lessons as a funder*

- **Build a pipeline to identify and cultivate new partners.** Releasing an open, competitive RFP for grants to plan for an SBHC as well as sharing about the process and best practices for launching an SBHC through the Learning Group allowed for the space to build new relationships and time to sufficiently plan for the complexity of building, opening and sustaining an SBHC.
- **Limiting funding to one solution led to a mismatch between strategy and intended impact.** The overarching goal focused primarily on the solution of building, expanding and sustaining SBHCs—not on the community outcome of improving children’s health through access to health care, which may be accomplished in many ways.
- **Investing for the long run and developing a funding model allowed for continuity despite a changing landscape and staff transitions.** Through staff expertise, the support of a backbone organization Growing Well and resources like the SBHC Road Map, we have developed a viable, replicable model with our partners for how to build and sustain SBHCs.

### *Lessons about SBHC efforts*

- **The medical partner landscape influences where and how SBHCs are opened.** In many rural areas, limited providers, how Federally Qualified Health Center territories are set up and limited funding leads to difficulty getting services to areas of need. Opening SBHCs in rural areas takes significantly more funds and time to get off the ground and is only likely to be sustainable if it serves the larger community and is open year-round.

<sup>10</sup> There were 29 operating SBHCs in our region in 2017 and 42 operating SBHCs in 2022.

<sup>11</sup> Growing Well Utilization Reports.

- **Come alongside SBHCs with funding and technical assistance to provide stability during major times of uncertainty.** COVID-19 school-closures, staffing capacity, supply chain and construction issues, and reduced patient volume caused delays and disruptions. Many urban and suburban medical providers were unable to take on new projects due to reduced capacity. Reduced patient volume during the pandemic strained centers that already operate on very tight margins. Rural centers open to the community increased volume as stay-in-place orders kept people closer to home. Increased use of and trust in telehealth options out of necessity provided new options for care.
- **Ongoing leadership buy-in and support—and the formal processes that solidify it—from the school and health care providers are essential for success.** In one instance, despite having a plan in place to open an SBHC and awarding an implementation grant, during the pandemic the school needed to reallocate the space that had been designed for the SBHC and internal champions left. The SBHC was not built. In another instance, a SBHC was not able to gain a stable patient volume after opening. It closed in 2021. Staff and parents were surveyed and agreed with closing. Parents of elementary-age children were not comfortable signing consents and having the children seen without being present.
- **Building a patient base is critical.** SBHC providers benefit from expert communications support. Crafting templates to aid in promotion were beneficial. Building in touchpoints with populations who have been marginalized accelerated the growth of patient volume for sustainability and increased services to those the SBHC aims to reach.

## Addressing the Opioid Epidemic

As the opioid epidemic has ravaged the nation, it has had disproportionate impact in our region. Greater Cincinnati consistently ranks among the highest overdose rates in the country.<sup>12</sup> In 2018, Ohio ranked 2<sup>nd</sup>, Kentucky 6<sup>th</sup> and Indiana 16<sup>th</sup> in the nation for overdose rates.<sup>13</sup>

### PLANS: What we set out to do

Interact for Health has addressed substance use disorder and related issues throughout our 25-year history.<sup>14</sup> Starting in 2008, just before the rapid increase in overdose deaths involving heroin, Interact for Health placed an intentional emphasis on addressing opioid use disorder. In 2018, we took a multi-pronged approach to the epidemic by focusing on harm reduction, treatment and recovery service strategies.

Aspirational Community Goal	Community Outcomes
Reverse the trend of overdoses and deaths from opioids	<ul style="list-style-type: none"> <li>Decrease the overdose death rate in the region by 15%</li> <li>Decrease the number of overdose related emergency department visits by 10%</li> <li>Decrease the number of 9-1-1 dispatches related to overdose by 10%</li> </ul>

Strategies
<ol style="list-style-type: none"> <li>Reduce overdose deaths (harm reduction strategies)</li> <li>Connect people in crisis to care (Quick Response Teams, Safe Places)</li> <li>Reduce overdoses and relapse (access to treatment, recovery support)</li> <li>Support communities through data, technology and stigma reduction</li> </ol>

### RESULTS: What happened and what progress was made

#### Community Outcomes

2017		2021
48.9 per 100,000 adults	Overdose death rate <sup>15</sup>	42.2 per 100,000 adults
4,191 ED visits	# of overdose-related ED visits <sup>16</sup>	2,691 ED visits
3,660 9-1-1 dispatches	# of overdose related 9-1-1 dispatches <sup>17</sup>	2,461 9-1-1 dispatches

<sup>12</sup> CDC Wonder, 2017-2020. 2021 data to be released.

<sup>13</sup> Seth P, Scholl L, Rudd RA, Bacon S. (2018) Overdose deaths involving opioids, cocaine, and psychostimulants—United States, 2015–2016. *MMWR Morb Mortal Wkly Rep.* 67(12):349–58.

<sup>14</sup> Chubinski, J., Lydenberg, M. (2020). Philanthropic strategy in the face of an opioid epidemic. *Health Affairs.* 39(1). Access: <https://www.healthaffairs.org/doi/10.1377/hlthaff.2019.00705>

<sup>15</sup> Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2020 on CDC WONDER Online Database, released in 2021. Data are from the Multiple Cause of Death Files, 1999-2020, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/ucd-icd10.html> on October 31, 2022.

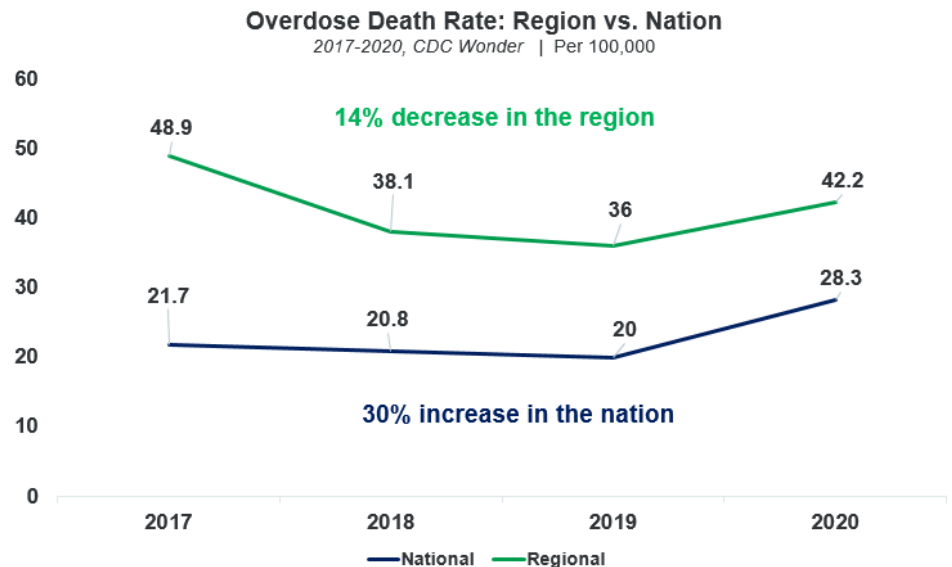
<sup>16</sup> Hamilton County Public Health. Monthly Overdose Report. Accessed on October 31 2022 [here](#).

<sup>17</sup> Hamilton County Public Health. Monthly Overdose Report. Accessed on October 31 2022 [here](#).

Due to the shutdowns associated with the COVID-19 pandemic, many harm reduction and treatment partners that serve as frontline workers temporarily closed. This, along with reported fear of going to the emergency department from first responders and other factors, contributed to an increase in overdose deaths in 2020.

Given that partners and systems of care across Greater Cincinnati have collaborated for many years, the region adapted quickly—more so than other areas of the country—by offering drive-thru, mail-order and

telehealth services to ensure clients received appropriate care. As the data reflects in the chart at right, while the region still lags behind the nation in rate of overdose deaths, **the region has seen a 14% decrease in overdose deaths since 2017 while the nation has seen a 30% increase.** In 2020, Kentucky ranked second, Ohio ranked fourth and Indiana ranked 13<sup>th</sup> in the nation for overdose deaths.<sup>18</sup>



### Progress and Results





Interact for Health led and deployed our resources in the following ways:

- Provided **grant funding** for planning and implementing projects across the continuum of substance use disorder.
- Convened a monthly **webinar series** to bring local and national experts to the region.
- Provided **technical assistance** to support sustainability (e.g., grant writing support) and share best practices.
- Supported **field building evaluations** including the Quick Response Teams multi-site evaluation and the Recovery Housing Gap Analysis.
- Created a **funding collaborative**, Funders Response to the Heroin Epidemic, to build collective knowledge and will to address the opioid epidemic in philanthropy.

73 grants awarded  
 \$5.9M total investment  
 \$1.5M leveraged funds  
 from 12 funders  
 through the Funders  
 Response to the  
 Heroin Epidemic

<sup>18</sup> CDC. Drug Overdose by State. Accessed 11/1/22 at: [https://www.cdc.gov/nchs/pressroom/sosmap/drug\\_poisoning\\_mortality/drug\\_poisoning.htm](https://www.cdc.gov/nchs/pressroom/sosmap/drug_poisoning_mortality/drug_poisoning.htm)



Strategies and Goals	Progress and Results (2018 – 2022)
<p>1. <b>Reduce overdose deaths:</b>  Increase access to comprehensive harm reduction programs in the region.</p>	<ul style="list-style-type: none"> <li>• 13 new or expanded harm reduction grants funded, including harm reduction supply dispensing machines<sup>19</sup>.</li> <li>• 6 COVID-19 naloxone grants funded.</li> <li>• 120 community overdose first aid boxes funded.</li> <li>• Narcan Distribution Collaborative distributed 60,000 doses of naloxone from 2018 to 2019.</li> </ul>
<p>2. <b>Connect people in crisis to care:</b>  Improve connection to treatment and social services by supporting programs that connect clients to treatment.</p>	<ul style="list-style-type: none"> <li>• All 20 counties have programs to connect people to care that are operational.</li> <li>• 14% of clients are connected to treatment among 4 programs in evaluation.<sup>20</sup></li> </ul>
<p>3. <b>Reduce overdose and relapse:</b>  Reduce reported overdoses by increasing access to evidence-based treatment and recovery services.</p>	<ul style="list-style-type: none"> <li>• 2 planning grants and 4 implementation grants funded under the Access to Treatment RFP.</li> <li>• 4 telehealth expansion grants awarded in response to the COVID-19 pandemic with the Funders Response to the Heroin Epidemic.</li> <li>• Recovery housing gap analysis released November 2020.<sup>21</sup></li> <li>• 10 new recovery housing programs funded.</li> </ul>
<p>4. <b>Cross-cutting Efforts: Data, Stigma, Technology:</b>  Pilot and spread promising practices focused around data, technology and stigma of the opioid epidemic.</p>	<ul style="list-style-type: none"> <li>• 2 pilot stigma-reduction campaigns completed; toolkit launched with 8 grantees.<sup>22</sup></li> <li>• Toolkit requested by 69 community partners from 16 states and 4 countries.</li> <li>• Multiple pilots launched with RealWorks, including a transportation pilot adopted by 2 grantee partners.</li> <li>• Data infrastructure created; leveraged \$2 million federal investment.</li> </ul>

 Met Target  Partially Met Target

Additionally, Ohio, Kentucky and Indiana have all formed structures to disperse opioid settlement funds totaling over \$150 million across the three states. As the funds become available, continued dissemination of results and lessons learned may inform the use of those funds.

**LEARNINGS: What we learned**

- **Empowering communities to build relationships** across sectors and to set the agenda for their community allowed for long-term success, even in the face of an unexpected global pandemic.
- **Stigma** remains a significant barrier to all of our strategies and impacts the progress of specific projects.
- It is vital to **meet communities where they are** and identify programs that fit individual community needs and resources. Many programs were adapted to meet the differing needs of our communities (i.e., rural versus urban).
- An unintended benefit of COVID-19 was a **rapid adoption of technology** and telehealth services in the region.
- **Data consistency** across the three states remains a challenge that our partners are working to address through new funding partners.

<sup>19</sup> Harm reduction supply dispensing machines dispense materials including safe smoking kits, safe sex kits, naloxone and more.  
<sup>20</sup> Including teams representing Adams County, Clermont County, Colerain Township and Middletown.  
<sup>21</sup> Recovery Housing in Greater Cincinnati. <https://www.interactforhealth.org/recovery-housing/>  
<sup>22</sup> Campaign to Reduce Stigma of Addiction: <https://www.interactforhealth.org/campaign-to-reduce-stigma-of-addiction/>



## Reducing Tobacco Use

Tobacco use is one of the leading preventable causes of disease, disability and death in the United States—and Greater Cincinnati.<sup>23</sup> Although cigarette smoking has steadily declined across the nation and in Greater Cincinnati over the past few decades, we continue to lag behind the nation.<sup>24</sup> Furthermore, the benefits of progress have not been experienced by all people, and tobacco-related disparities are a major barrier to advancing health equity.

### PLANS: What we set out to do

Interact for Health has invested in tobacco efforts since 2014, focusing first on tobacco-free policies at behavioral health organizations in the region as well community-based tobacco-free policies in places like parks, schools and public housing. From 2018-2022, we significantly expanded the depth and breadth of this work, tackling tobacco use from multiple angles.

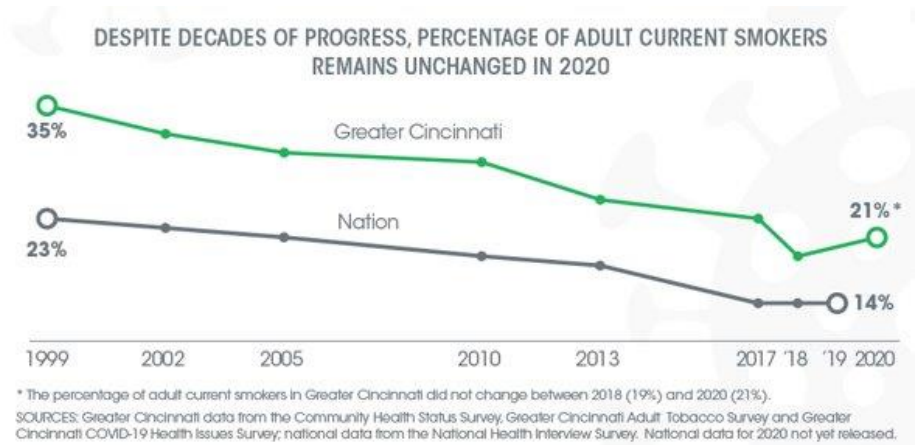
Aspirational Community Goal	Community Outcomes
Reduce tobacco use and exposure to secondhand smoke among adults and youth with lower incomes in Greater Cincinnati.	Reduce the percentage of current smokers in Greater Cincinnati by 15% with the majority of the reduction coming from people with lower incomes. <sup>25</sup>

Strategies
<ol style="list-style-type: none"> <li>1. Tobacco policy change</li> <li>2. Innovation to reduce tobacco-related disparities</li> <li>3. Marketing and community relations</li> <li>4. Impact of COVID-19 pandemic on tobacco use (added in 2021)</li> </ol>

### RESULTS: What happened and what progress was made

#### Community Outcomes

The steady decline in tobacco use among Greater Cincinnati adults for the past 20 years—from 35% in 1999 to 19% in 2018—stalled at 21% in 2020 during the COVID-19 pandemic. When asked how smoking habits changed during the pandemic, 23% of adult smokers in the region said they smoked more frequently, while 9%



<sup>23</sup> U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General. (2014). The health consequences of smoking—50 years of progress: A report of the surgeon general, 2014. Retrieved from [https://www.ncbi.nlm.nih.gov/books/NBK179276/pdf/Bookshelf\\_NBK179276.pdf](https://www.ncbi.nlm.nih.gov/books/NBK179276/pdf/Bookshelf_NBK179276.pdf).

<sup>24</sup> Interact for Health. (2019). Tobacco Use in Greater Cincinnati. Cincinnati, OH. Retrieved from [https://www.interactforhealth.org/upl/media/gcats\\_2019\\_final\\_for\\_web\\_083019.pdf](https://www.interactforhealth.org/upl/media/gcats_2019_final_for_web_083019.pdf)

<sup>25</sup> Interact for Health. (2018, 2022). Greater Cincinnati Adult Tobacco Survey. (2020). Greater Cincinnati COVID-19 Issues Survey.

of adult smokers who had quit started smoking again.<sup>26</sup> National tobacco sales increased and call volumes to state quit lines decreased in 2020.<sup>27,28</sup>

2018		2020*
19%	the percent of current adult smokers <sup>29</sup>	21%
22%	the percent current adult smokers living just above the poverty line <sup>25</sup>	23%
54%	the percent current adult smokers living in poverty <sup>25</sup>	53%

\*Note that data showing progress on reducing tobacco use from the 2022 Greater Cincinnati Adult Tobacco Survey is expected in early 2023.

### Progress and Results

Interact for Health led and deployed our resources in the following ways:

- Provided **grant funding** for tobacco policy efforts, innovative projects to address tobacco-related disparities, and to address increased tobacco use resulting from the COVID-19 pandemic.
- **Convened** community partners at the 2019 Greater Cincinnati Tobacco Summit to examine the state of tobacco in our region and highlight community efforts amid shifts in policy, industry tactics and public opinion.
- Supported **coalition and advocacy development** through an Advocacy Bootcamp to build grantee skills and an advocacy capacity assessment tool.
- Provided **capacity building and technical assistance** to grantees through staff and contractor support of coalition activities, policy development, and evaluation efforts.
- Invested in **community engagement, marketing and education** through the Quit Culture and e-cigarette efforts.
- Led regional efforts around **data and evaluation** through the Greater Cincinnati Adult Tobacco Survey and a regional evaluation of Tobacco 21 policy.

43 grants awarded  
 \$6.1M total investment  
 6 tobacco policy changes that directly impact over 126,000 people

<sup>26</sup> Interact for Health (2020). *Smoking During the COVID-19 Pandemic*. Greater Cincinnati COVID-19 Issues Survey.  
<sup>27</sup> Lee, B. P., Dodge, J.L., Leventhal, A., & Terrault, N.A. (2021) Retail alcohol and tobacco sales during COVID-19. *Annals of internal medicine*, M20-7271. Retrieved from: <https://bit.ly/35IH8DC/>  
<sup>28</sup> North American Quitline Consortium. (2021). Report on the impact of the COVID-19 pandemic on smoking cessation. Retrieved from: <https://bit.ly/3xnnhAe>  
<sup>29</sup> Interact for Health. (2018, 2022). Greater Cincinnati Adult Tobacco Survey. (2020). Greater Cincinnati COVID-19 Issues Survey.

Strategies and Goals	Progress and Results (2018 – 2022)
<p><b>1. Tobacco Policy Change:</b> Increase the number of people in our region covered by model tobacco policies.</p> <p><i>Policies include Tobacco 21, tobacco retail licensing (TRL), smoke-free and menthol and flavors</i></p>	<ul style="list-style-type: none"> <li>• 10 policy development grants funded</li> <li>• 6 policy development grants aided in policy changes; 126,152 people directly impacted <ul style="list-style-type: none"> <li>○ Cincinnati: Tobacco 21</li> <li>○ Williamstown: Smoke-free</li> <li>○ Norwood: Tobacco Retail Licensing</li> <li>○ Hamilton: Tobacco Retail Licensing</li> <li>○ Dayton, Kentucky: Smoke-free</li> <li>○ Middletown: Tobacco Retail Licensing</li> </ul> </li> </ul> <p><i>See Appendix D for full list of tobacco policy efforts.</i></p>
<p><b>2. Innovation to Reduce Tobacco Disparities:</b> Pilot and spread promising programs and practices to reduce tobacco-related disparities.</p>	<ul style="list-style-type: none"> <li>• 15 pilot projects funded, including 6 successful planning grants that were awarded implementation grants</li> <li>• 0 pilot projects spread or scaled</li> </ul>
<p><b>3. Marketing &amp; Community Relations:</b> Implement marketing strategies to promote cessation and change social norms among populations with high rates of tobacco use.</p>	<p>2 marketing initiatives launched</p> <ul style="list-style-type: none"> <li>• Quit Culture campaign <ul style="list-style-type: none"> <li>○ 12.5 million impressions</li> <li>○ 300 people participated in Smoke Break Challenge</li> <li>○ Over 360 participants using cessation app</li> <li>○ Increased minority spend from 33% in 2020 to 58% in 2021.</li> </ul> </li> <li>• E-cigarette digital marketing campaign to reach parents and youth: 1.2 million impressions</li> </ul>
<p><b>4. Impact of COVID-19 Pandemic on Tobacco Use:</b> Implement programs to promote cessation in response to increased tobacco use and relapse due to the COVID-19 pandemic.</p>	<ul style="list-style-type: none"> <li>• 6 COVID-19 tobacco projects funded including 5 projects focused on youth e-cigarette use</li> </ul>

● Met Target ● Partially Met Target

While working with partners on regional efforts, significant tobacco progress also occurred at the state and federal levels:

- Ohio Tobacco 21 (October 2019) and Federal Tobacco 21 (December 2019) laws passed.
- Continued updates to FDA regulation of the manufacturing, marketing, and distribution of all tobacco products including, a ban on unauthorized flavored cartridge-based e-cigarettes, regulation and enforcement of non-tobacco nicotine products, and proposed rules around menthol flavoring.

**LEARNINGS: What we learned**

*Lessons as a funder*

- **We have a responsibility to speak up, shift power dynamics and ensure equitable use of our operating funds.** From having difficult conversations and advocating for minority contractors to be elevated into formal leadership roles on projects to setting targets on minority spend, equitable use of our operating funds requires intentional discussions and processes.

- **Long term commitment is key.** Policy and systems work has the biggest opportunity for change; however, it can be significantly impacted by the external environment. To do this work well we need to ensure a long-term commitment to issues and partners.
- **Supporting partners with resources that go beyond funding helps with sustainability.** Providing both staff and external contractor support to grantees allows for additional learning and consistency during coalition instability and staff turnover.

*Lessons about tobacco efforts*

- **Continual awareness raising is necessary to confront the assumption that smoking is an issue “that’s been solved.”** Data from the Greater Cincinnati Adult Tobacco Survey gave us a comprehensive picture of the scope and scale of the problem. We used the data to make the case, shape the narrative and bring people together to address tobacco use in the region.
- **Tackling tobacco use will not succeed if done in isolation; it’s critical to address the upstream drivers behind tobacco use.** To ensure long-term sustainability of efforts, we must tackle the root causes and societal influences behind why people start and continue to smoke—stress relief, exposure to trauma, culture, social pressure, industry marketing and so on.
- **Set realistic expectations for the time and effort it may take to scale and spread innovative projects.** Through the tobacco innovation strategy, our intent was to support pilot projects that were informed by best practices in the field yet tailored for a specific, and often hard-to-reach population. We had unrealistic expectations for the time and effort it would take organizations, many of which had never focused on tobacco explicitly before, to pilot a project that could be quickly scaled and spread.

## COVID-19 Pandemic

The early months of the COVID-19 pandemic were difficult for many partners offering health and social services. Measures to reduce exposure to the virus led to a need to provide services in alternate ways. At the same time, the economic downturn in the early pandemic resulted in a need to fund services to avoid lapses. Responsive funding was provided to help meet these needs, and communications tactics were employed to assist in public health education efforts.

In the spring of 2021, the Greater Cincinnati region faced a critical moment in fight against COVID-19. Demand for the vaccine was tapering off, but the need for vaccination was still great. Interact for Health had the opportunity to help partners with rapid and flexible funding to test new strategies and get more shots in arms, especially in communities of color and rural communities. Digital media campaigns were also funded to assist partners in reaching audiences who had yet to be vaccinated.

### PLANS: What we set out to do

An emergent area of focus for Interact for Health, our COVID-19 efforts evolved based on community need and opportunity.

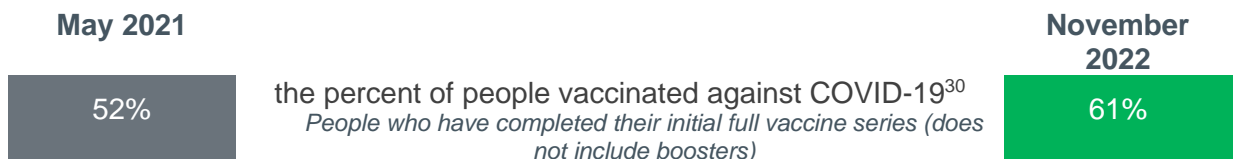
Aspirational Community Goal	Community Outcomes
Utilize available funding and flexibility to support health and social services impacted by the pandemic and to promote and administer COVID-19 vaccinations, with a focus on communities of color and rural communities.	<ul style="list-style-type: none"> <li>Fill critical gaps based on community need (i.e., reduce risk of exposure to COVID-19 among high-risk groups, access to technology for students)</li> <li>Increase the % of population vaccinated for COVID-19</li> <li>Reduce disparities in COVID-19 vaccinations in communities of color and rural communities</li> <li>Increase understanding of the public's behaviors, attitudes, and opinions on the pandemic and vaccination</li> </ul>

### Strategies

1. Support partners' emerging needs to maintain staffing and programs.
2. Address why people are not able to get the vaccine. (Access)
3. Address groups of people who are hesitant to get vaccinated or don't feel a sense of urgency. (Acceptance)
4. Address actual vaccine administration. (Administration)
5. Rapidly collect and disseminate data around COVID-19 at the regional level.

### RESULTS: What happened and what progress was made

#### Community Outcomes



<sup>30</sup> The Health Collaborative Situational Awareness Dashboard. COVID-19 Regional Data. CCTST. Accessed on Nov. 28, 2022 at <https://www.cctst.org/covid19>.

While the vaccination rate is still lower than the initial target of 80%, it represents progress toward protecting public health.

### *Progress and Results*

Interact for Health led and deployed our resources in the following ways:

- Provided **grant funding** for COVID-19 and vaccine-related projects.
- Provided **operating program support for incentives and media campaigns** to support the public health response and vaccination efforts.
- Participated in **regional COVID-19 work groups** organized by the Health Collaborative and Urban League.
- Conducted **research** to better understand the public's behaviors, attitudes and opinions related to the pandemic and vaccination, including **telephone and online surveys** as well as **focus groups** on vaccine hesitancy with the African American and Hispanic communities.

31 grants awarded  
\$2.2 M total investment  
~8,000 vaccines administered that are associated with this work  
218.4 million media impressions generated

### **LEARNINGS: What we learned**

Efforts from our work and that of our partners contributed to progress, yet hesitancy about the vaccine remained persistent.

#### *Lessons as a funder*

- **We can deploy funding rapidly and with a streamlined process.** A streamlined grant-making process and application allowed us to rapidly deploy funds in the spring of 2021.
- **Our funding can be used to fill gaps that others cannot fill.** Many partners struggled to provide incentives and equipment (i.e., vehicles for offsite events) as other funding did not cover these. When possible, we also made a point of spending our funds with local businesses (i.e. restaurants) likely financially affected by the pandemic.

#### *Lessons for community outreach*

- **Well-rounded events** (i.e., numerous activities rather than just vaccinations) **were better attended**, and also provided people in many communities with a way to reunite after being apart during the pandemic.
- When possible, **utilize trusted relationships.** Clergy members, neighborhood leaders and business leaders who had built effective relationships with communities were better equipped to provide education.
- **People value convenience.** When staffing and funding became more limited in 2022, patients were less likely to travel to another location to get vaccinated—even when transportation was readily provided.

#### *Lessons for equity and health justice*

- **Because of racism and discrimination, distrust of medicine and vaccine persists in African American communities.** Many people have lived experience of racism when receiving health care and that influences their attitudes and beliefs. However, working with trusted messengers can begin to counteract this.



## Cross-Cutting Areas

Several cross-cutting functions at Interact for Health helped to advance work in our focus areas from 2018-2022, including:

**Communications:** A strategic function designed to engage and inform key audiences, build important relationships, bring vital information back for analysis and action and to have real, measurable impact on the achievement of strategic organizational goals. Highlights:

- Shifted our strategies to **digital media**, both for messaging about our organization and our strategic priorities.
- Continued to use **graphics to present data**. Our skill in this area was helpful during the COVID-19 pandemic as we reflected changing public health guidance.
- Provided **technical assistance and support** to grants and operating programs, including work with Quit Culture and SBHCs (especially at launch stages).
- Worked to make **materials accessible** to a variety of audiences through translation, use of alt-text and web-based tools.

**Equity:** Interact for Health strives to promote health equity in all that we do. For us, health equity means that everyone throughout our diverse region has a fair and just opportunity to live the healthiest life possible. This requires that we intentionally work to reduce health disparities, as well as tackle the underlying root causes, such as inequality, poverty and discrimination based on race/ethnicity, gender, ability, socioeconomic status and sexual orientation. We are on a journey to learn and work toward equity within our own operations and practices. Highlights:

- Developed **Vendor Diversity Guidelines** to help increase our spending on underrepresented firms that provide goods or services to the organization.
- Conducted an **internal Equity Assessment** with an external consultant to assess the current state and identify strengths and weaknesses.
- **Staff-led Equity Work Group** formed to assess, plan, facilitate action and track progress towards advancing equity across all operations of the organization.

**Grantmaking:** Through the grantmaking process, including Requests for Proposals and Requests for Applications, Interact for Health awards funding to support organizations advancing work in our strategic priority areas. Highlights:

- Transitioned to an **online grants portal** (Foundant) in 2020.
- Conducted a **Grantee Perception Survey** in 2021 with the Center for Effective Philanthropy to gather feedback from grantees, establish a new benchmark for future improvement, and compare ourselves to others in the field.
- Engaged staff in a **continuous quality improvement** process to annually review and update our grantmaking processes.

**Learning Center and Conference Center:** The Learning Center offers capacity building workshops, sustainability consultations, and trainings for grantees, regional nonprofit staff, and community members. The Conference Center was developed to offer easily accessible, professional, and well-equipped meeting space at no charge for nonprofits for 20 years at the Rookwood office location. Highlights:

- Offered **in-person workshops outside of Hamilton County** and **virtual workshops** for those who could not easily access our Rookwood location.



- Prior to the 2020 COVID-19 shutdown, an average of **900 attendees** participated in Learning Center workshops.
- Partnered with bi3 and HealthPath to conduct a **survey assessing capacity building needs in our region** to inform our future capacity building strategy.
- Over the life of the conference center, almost **700 organizations** used the space. Prior to the 2020 COVID-19 shutdown, the Conference Center held 1,300-1,500 meetings, with approximately 23,000 people attending, annually. We **closed the Conference Center** in March of 2020 due to the COVID-19 pandemic and announced that it would not reopen with the move to the Kenwood location in 2021.

**Policy:** Interact for Health creates sustainable systems-level change by supporting public policy efforts that improve health and promote health equity in Greater Cincinnati. We do this by intentionally supporting policy efforts within our three focus areas. We also more broadly support health-related policies to improve community health and health care infrastructure in the region. Interact for Health does not engage in lobbying activities. Highlights:

- Awarded **24 grants, totaling \$2.7M**, to local and state advocacy organizations to advance health policy issues.
- Conducted the **Ohio Health Issues Poll (OHIP)** and **Kentucky Health Issues Poll (KHIP)** to measure Ohio and Kentucky adults' opinions on a variety of health-related policies in 2018 and 2019.
- Approved three Board **policy position statements:** Minimum Legal Age of Sale for Tobacco Products, Tobacco Taxing, Menthol and Flavored Tobacco Products.

**Research and Evaluation:** Research and evaluation aids Interact for Health in designing data-driven strategies, understanding progress toward goals and measuring impact. During this era, the team was highly embedded on each of the three main focus areas with the purpose of bringing accountability, evaluation and data support, and partnership in strategy execution to our focus area and grantees' efforts. Highlights:

- Led five **field-building evaluations** and applied research projects (Tobacco 21, Quit Culture, Quick Response Teams, Recovery Housing, School-Based Health Centers).
- Provided **technical assistance and supported grantees** on developing evaluation strategies.
- Conducted and disseminated several **regional health status surveys** (Greater Cincinnati Adult Tobacco Survey: 2018, 2022; Greater Cincinnati COVID-19 Health Issues Survey) and **state-wide public opinion polls**.

## Taking Forward Overarching Lessons Learned

As we reflect on where we have been during this era, several overarching lessons emerged that we will take forward into future efforts.

**Keep a line of sight on our big goals yet adapt our strategies.** To achieve long-term impact, we need to keep focused on major community goals while adapting our strategies and tactics in partnership with others as we learn and as uncertain and unpredictable external events unfold.

**Advancing equity is as much a process as it is an outcome.** While achieving health equity—eliminating health disparities and their underlying inequities—is our ultimate outcome, an intentional process to embed equity in how we operate also helps us achieve this outcome.

**Policy and systems change efforts have a sustainable, lasting impact on improving health and reducing health disparities, if we play the long game.** Very few policy and systems change wins happen quickly. Weathering the ebbs and flows inherent in this work, continuously adapting to the changing landscape, and supporting efforts as they move through policy and systems change stages (i.e., advocacy, policy passage, implementation, enforcement, evaluation) are essential. Passing a policy is an important but narrow step; significant support and infrastructure building are often necessary before and after.

**Make population-level data as local, relevant, accessible and actionable as possible.** Local population-level data that dives deep into specific topics deepens our understanding of complex issues. Data that tells a story allow us to shape the narrative and equips grantees, partners, policymakers, media and community to raise awareness, take action and measure progress.

**We can't do this work alone – internally or externally.** From professionals to those with lived experience, we need people with various backgrounds and expertise to shape and carry out the work. We must continuously listen, elevate voices, check our assumptions and adapt our actions accordingly.

**Community engagement and strong partner relationships make our strategy more relevant over time, despite changes in the external environment.** Having deep connections with our partners that allow for frequent communication improves the relevance of our RFP's, in particular.

**Flexible low barrier funding creates opportunities for engaging new, grassroots partners in the community.** Having a more concise, easier to complete application process creates a much more accessible opportunity for grassroots organizations without capacity for grant writing.

Entering its 21st year, Interact for Health’s staff and Board of Directors are focusing our limited resources on the levers we believe will be the most effective at improving the health of our region. This strategic plan is based on our decades of experience, research in the field of health promotion, input from community leaders in health and related sectors, and an in-depth analysis conducted by our staff and Board of Directors. Interact remains committed to our mission to improve the health of all people of our region.

## Vision

**Our community will be the healthiest region in the country**

Interact for Health’s Vision is focused on the desired future state of the people in Interact’s 20-county service area. The Vision was inspired by a 2006 study that ranked our region as one of the least healthy in the country; more than a decade later, our region’s health is consistently rated poorly. The Vision remains broad enough to allow flexibility while still focusing on the areas that Interact can best affect.

## Mission

**To improve health by promoting health equity in our region through community engagement, grants, research, education and policy.**

The Mission, adopted in 2017, is bold, clear and reflects our commitment to addressing health equity. The Mission provides direction for Interact’s programming and operational decision-making. A wide variety of factors and entities influence (for better or worse) the health of people in our region. Interact can significantly contribute to the region’s health by continuing to invest in projects that create the greatest potential results.

## Values

**Innovation:** We are a catalyst in creating innovative solutions to promote enduring change.

**Learning:** We study, evaluate and share results about what works.

**Equity:** We advocate for just and fair inclusion into a society in which all people can participate, prosper and reach full potential.

**Respect:** We believe all people deserve to be treated with respect and dignity.

**Stewardship:** We operate in an accountable, ethical and transparent manner.

## Goals

To meet our Mission and Vision, Interact for Health will focus on three strategic Focus Areas:

**Tobacco<sup>1</sup>:** Reducing tobacco use in low-income communities

**Opioids:** Reversing the trend of overdoses and deaths from opioids

**School-based Health Centers (SBHCs):** Increasing access to health care and health promotion activities for low-resourced children and their families

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In support of our mission, Interact for Health invests in:

- *Investments:* Maintaining a strong and sustainable investment portfolio to support our work.
- *Policy:* Addressing health policy issues that affect our three strategic Focus Areas.
- *Convening:* Connecting people around the social determinants of health, which affect our three focus areas, to lead regional change.
- *Communications:* Using communication strategies to promote a culture of health and build brand value for Interact.
- *Research:* Monitoring and evaluating our region's health status and public opinion on health policy.
- *Learning Center:* Using Learning Center programming to enhance the ability of our grantees, community partners and other regional nonprofits to achieve their missions and sustain themselves over time.
- *Conference Center:* Providing our grantees and community partners with a professional meeting space equipped with technology, giving them an appropriate space to build effective boards and achieve their missions.

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<sup>1</sup>The term tobacco includes, but is not limited to, cigarettes, cigars, vaping, hookah, e-cigarettes and chewing tobacco.

## Appendix B

### SBHC Grantee Partners

- Bracken County Health Department
- Centerpoint Health
- Cincinnati Dental Society's Oral Health Foundation
- Cincinnati Health Department
- Community Learning Center Institute
- Community Mental Health Center, Inc.
- Health Impact Ohio
- HealthSource of Ohio
- Mercy Health Foundation
- Primary Health Solutions
- Primary Plus
- St. Elizabeth Healthcare
- The HealthCare Connection

### Opioid Grantee Partners

- Adams County Board of Health
- Adams County Medical Foundation
- Addiction Services Council
- Atrium Medical Center Foundation
- BLOC Ministries, Inc.
- Bracken County Health Department
- Brown County Board of Mental Health and Addiction Services
- Brown County Educational Service Center
- Brown County Health Department
- Butler County General Health District
- Butler County Mental Health and Addiction Recovery Board
- Caracole
- Choices Coordinated Care Solutions
- Cincinnati Union Bethel
- Cincinnati Union Bethel (dba HER Cincinnati)
- City of Batesville
- Clermont County Mental Health & Recovery Board
- First Step Home
- First Step Home

- GLAD House
- Greater Cincinnati Behavioral Health Services
- Hacking Heroin Collaborative (dba Realworks)
- Hamilton County Public Health
- Harm Reduction Ohio
- Health Policy Institute of Ohio
- HOPE Community Center
- Joseph House Inc.
- Mental Health America NKYSWO
- New Foundations
- Northern Kentucky Health Department
- On Our Way Home, Inc.
- One Community One Family Inc.
- OneCity for Recovery
- Paint Valley ADAMH Board
- Reach for Tomorrow
- ShipHappens
- St. Elizabeth Healthcare
- Talbert House
- The LIT Movement
- Transitions, Inc.
- University of Cincinnati Foundation

### Tobacco Grantee Partners

- Adams County Medical Foundation
- American Heart Association
- Bracken County Health Department
- Brighton Center, Inc.
- Butler Behavioral Health Services
- Christ Hospital
- Cincinnati Children's Hospital Medical Center - Cradle Cincinnati
- Cincinnati Health Department
- City of Hamilton
- Dearborn County Health Department
- Envision Partnerships
- Foundation of Recovery
- IKRON Corporation
- Jurisdiction-wide Resident Advisory Board
- Northern Kentucky Health Department

- Norwood Schools (Fiscal Sponsor for ASAP Norwood)
- OneNKY Alliance
- Pendleton County Schools (Fiscal Sponsor for Champions for a Drug Free Pendleton County)
- PreventionFirst!
- St. Elizabeth Healthcare
- St. Vincent de Paul Charitable Pharmacy
- Talawanda School District
- The Community Builders
- The Crossroads Center
- The HealthCare Connection
- The Ohio State University
- University of Kentucky Research Foundation
- UMADAOP of Cincinnati
- Warren County Health District

### **COVID-19 Grantee Partners**

- Addiction Services Council
- Bethany House Services
- Black Achievers
- Bracken County Health Department
- Center for Closing the Health Gap
- Cincinnati Blue Line Foundation
- Cincinnati Health Department
- Community Matters Cincinnati
- First Step Home
- Freestore Foodbank
- Greater Cincinnati Foundation
- Health Care Access Now

- HealthSource of Ohio
- Highland County Health Department
- Islamic Association of Cincinnati
- Peace Village Posters 4 Peace (dba Cancer Justice Network)
- Primary Health Solutions
- Serving Older Adults Through Changing Times
- The Health Collaborative
- The Healthcare Connection
- The Partnership for Mental Health Inc. (dba Tristate Trauma Network)
- Three Rivers District Health Department
- YMCA of Greater Cincinnati
- YWCA of Greater Cincinnati

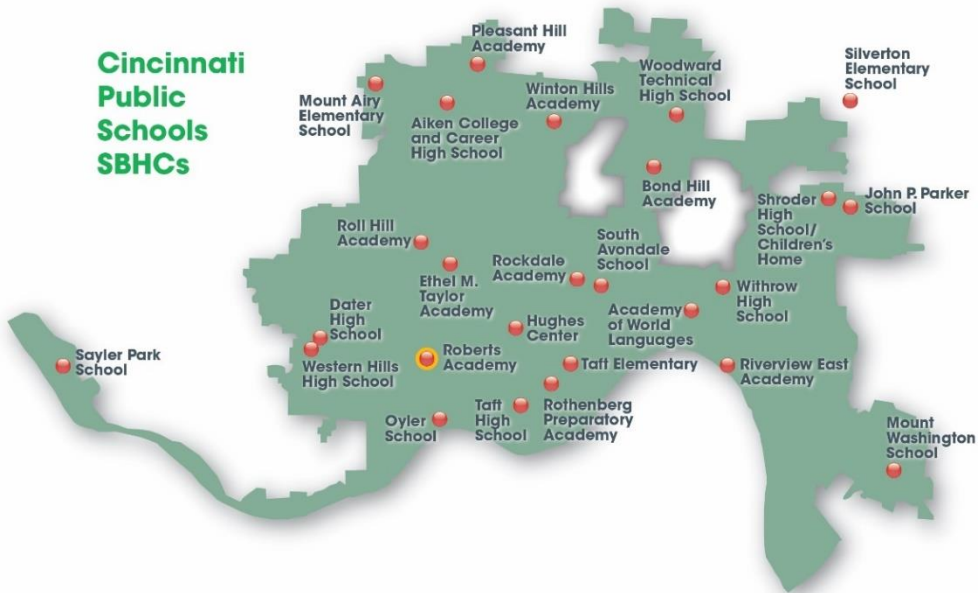
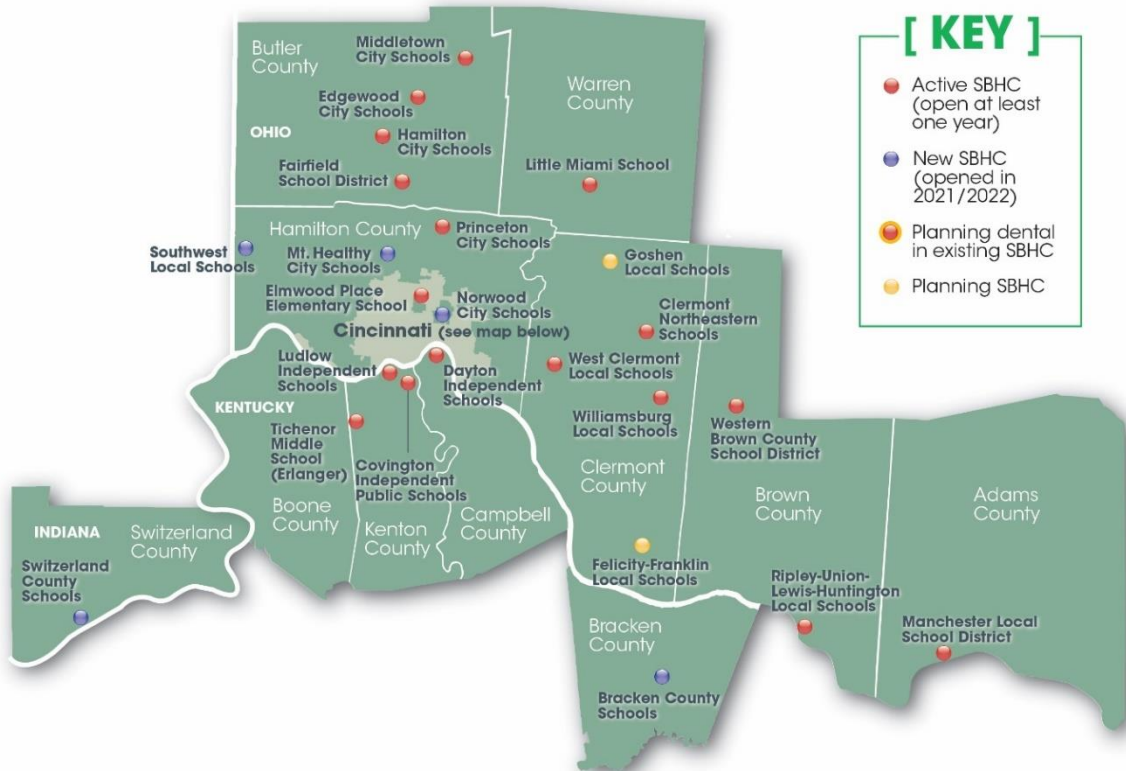
### **Health Policy Grantee Partners**

- Health Policy Institute of Ohio
- Kentucky Equal Justice Center
- Kentucky Voices for Health
- Mental Health & Addiction Advocacy Coalition
- Philanthropy Ohio
- Policy Matters Ohio
- UHCAN
- Urban League of Greater Southwestern Ohio



# Appendix C

## Interact for Health-funded School-Based Health Centers





# Appendix D

## Evidence-Based Tobacco Policy Change Grants

An overview of tobacco policy change efforts as of November 2022. Note: Ohio grantees shifted to tobacco retailer licensing after Tobacco 21 was passed in Cincinnati in December 2018, in Ohio in October 2019 and nationwide in December 2019.

