



INTERACT FOR HEALTH

A Catalyst for Health and Wellness

Innovation to Reduce Tobacco Disparities

Request for Proposals

2020

GENERAL INFORMATION

Background

While tobacco use across the United States has declined dramatically in the last two decades, our region lags behind. (The term tobacco includes, but is not limited to, cigarettes, cigars, vaping, hookah, e-cigarettes and chewing tobacco.) Tobacco use is still one of the leading preventable causes of illness, premature death, lost productivity and health care costs in our region, particularly for residents with lower incomes who have disproportionately higher rates of tobacco use. Similar to national progress, the percentage of Greater Cincinnati adults who smoke has declined from 35% in 1999 to 19% in 2018.^{1,2} Yet, that is greater than the 14% of adults nationwide who currently smoke.³

Despite these significant reductions, progress has not been made for all people. Tobacco use and secondhand smoke exposure is higher for certain groups of people, resulting in disparities. These disparities occur because these groups are more likely to use tobacco and less likely to try cessation, leading to poorer health outcomes. Disparities are also affected by social and economic factors that can influence health (i.e. income, housing and education), tobacco industry marketing and influence, and a lack comprehensive tobacco-control policies.⁴

One of the primary contributors to tobacco disparities is a higher prevalence of smoking among certain groups of people. Across the country, smoking is often more prevalent among people living in poverty, those with less education, people in the LGBTQ community, those with mental health and substance use disorders, and those living in the South and Midwest, particularly in rural communities.⁴ Although it is a significant contributor, smoking prevalence does not account for all tobacco disparities. Despite being just

as likely as white people to be smokers, African Americans experience tobacco-related disparities and are more likely to die from smoking-related diseases than people who are white.⁵ African Americans also tend to smoke fewer cigarettes per day, use menthol flavored products and begin smoking at a later age compared with whites.⁶

As part of its strategic plan, Interact for Health has prioritized reducing tobacco use and exposure to secondhand smoke among adults and youth with lower incomes in Greater Cincinnati. Between 2018 and 2022 our work will focus on tobacco policy change and innovation to reduce tobacco-related disparities. We will lead change in these areas through funding and convening; coalition and advocacy development; community engagement and education; and data, evaluation and learning.

RFP Goal

To pilot and spread promising programs and practices to reduce tobacco-related disparities.

RFP Overview

This strategy is intended to support the planning and implementation of community-led pilot projects focused on **reducing tobacco disparities for adults with lower incomes, rural communities and African American adults**. While initial funding will focus on planning efforts and smaller-scale pilot projects, Interact for Health intends to expand successful projects in the future. Applicants may select to apply for **planning** or **implementation** of a project.

¹ Centers for Disease Control and Prevention. (2015). Best Practices User Guide: Health Equity in Tobacco Prevention and Control. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.

² Centers for Disease Control and Prevention. (2018). African Americans and Tobacco Use. Retrieved from <https://bit.ly/2OixLvp>.

³ U.S. Department of Health and Human Services. (1998). Tobacco Use Among U.S. Racial/Ethnic Minority Groups—African Americans, American Indians and Alaska Natives, Asian Americans and Pacific Islanders, and Hispanics: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Office on Smoking and Health.

¹ The Health Foundation of Greater Cincinnati (1999). The Greater Cincinnati Community Health Status Survey.

² Interact for Health. (2018). Greater Cincinnati Adult Tobacco Survey.

³ Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey. (2019). Early Release of Selected Estimates Based on Data from the 2018 National Health Interview Survey – Current Smoking. Retrieved from <https://bit.ly/3h3UjgB>.

Historically, approaches that reduce tobacco use among adults have not used an equity lens, which has contributed to disparities. To reduce overall tobacco use and secondhand smoke exposure, intentional efforts must be developed to reduce tobacco use among groups who are most likely to use tobacco and be exposed to secondhand smoke. These efforts may include evidence-based strategies that have previously not been used with these populations or new, innovative approaches working to reduce tobacco disparities.

Projects must focus on reducing tobacco-related disparities for one of the following populations.

Adults with Lower Incomes

- Are more likely to report they are current smokers compared with those who earn more.²
- Are more likely to have more close friends who smoke, report that smoking is common in their community, allow smoking in their homes and be exposed to secondhand smoke.²

Adults in Rural Communities

- Are more likely to report tobacco use compared with other parts of the region.²
- Have a strong history and community culture surrounding tobacco use and tobacco farming.

African American Adults

- Have been targeted by the tobacco industry, particularly with menthol advertisements, and are more likely to smoke menthol cigarettes compared with people who are white. Menthol cigarettes are easier to start, harder to quit and often perceived as safer than traditional cigarettes.⁷
- Are more likely to have more close friends who smoke, report that smoking is common in their community, allow smoking in their homes and be exposed to secondhand smoke.²

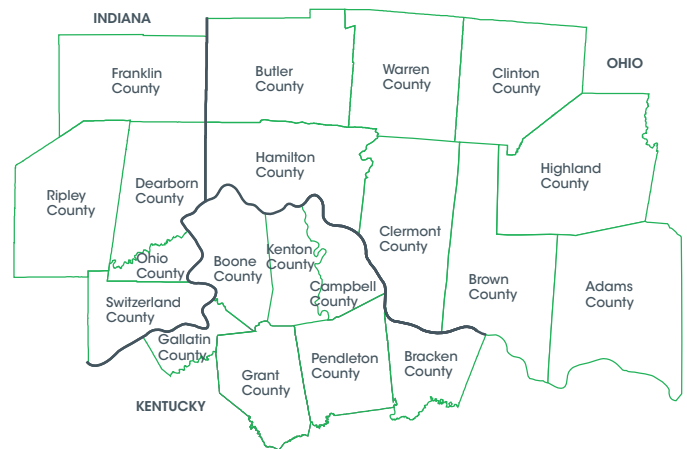
To address these disparities, Interact for Health will award up to \$200,000 for these efforts in

2020. These funds will support planning and implementation of efforts focused on reducing tobacco disparities among adults in our region. These funds are not intended for youth prevention or policy efforts. To learn more about Interact for Health’s policy efforts and related funding visit <https://www.interactforhealth.org/reducing-tobacco-use/>.

Eligibility Criteria

Applicants must:

- Be a public or private nonprofit or governmental organization.
- Provide services in at least one county of Interact for Health’s 20-county service area (see map below).



If two or more organizations will be collaborating on the project, either organization may take the lead and serve as the fiscal sponsor, but representatives from each organization must participate in the application process.

Interact for Health’s commitment to equity, diversity and inclusion

Interact for Health has a large service area with diverse communities, and is committed to expanding equity, diversity and inclusion among the grantees it funds. Interact for Health values organizations that have experience working in communities of color and low-income communities, and whose potential staffing of the project is representative of the community they are serving.

⁷ Truth Initiative Menthol Fact Sheet. Truth Initiative, 31 Aug, 2018, <https://bit.ly/2OJQ59f>. 20 Jul, 2020.

Grantee Requirements

Awarded grantees will be expected to do the following throughout the duration of funding:

- Attend grantee meetings and technical assistance sessions periodically.
- Work with Interact for Health to develop a community plan (planning grantees only).
- Work with Interact for Health to develop an evaluation plan (implementation grantees only).
- Participate in activities as part of the overall evaluation of the initiative.

PROPOSAL SELECTION CRITERIA

Interact for Health will use the following criteria to choose proposals to fund. Selected projects will:

- Address reducing tobacco disparities among one of the priority populations identified in the RFP: adults with lower incomes, people living in rural communities and African American adults.
- Detail a realistic timeline.
- Have a clearly delineated budget with justification for each line item.
- Have the staffing and capacity to lead the proposed project.
- Include matching or in-kind contributions from the lead organization and collaborating organizations.
- Demonstrate flexibility with proposed delivery methods because of the current coronavirus pandemic.

Timeline

Webinar (includes introduction to new online application process)	Recording available July 21, 2020
Proposal deadline	5 p.m., Aug. 18, 2020
Site visits	Aug. 31- Sept. 4, 2020
Notification of grant award	Sept. 25, 2020
Online grantee meeting/ workshop	1-2 p.m. Oct. 9, 2020

Proposal Webinar

Interested applicants who have questions are invited to view the recorded Innovation to Reduce Tobacco Disparities webinar available on our website and at <https://youtu.be/GGyKqjfCV8k>. Viewing the presentation is optional and is not required in order to submit an application

Proposal Submissions

Completed applications must be submitted no later than **5 p.m., Aug. 18, 2020**, via Interact for Health's online grants management system. To begin the application process or to access a PDF of the required application questions, please visit <https://www.interactforhealth.org/funding-opportunities>. If you have an open grant or have received a grant from Interact for Health in the past two years, your email address may already be registered in the system. For assistance with the application process, please contact Senior Grants Manager Kristine Schultz at kschultz@interactforhealth.org.

Site Visits

Before selecting projects for funding, Interact for Health staff will conduct a virtual site visit with the potential grantee. Representatives from collaborating organizations are required to attend the site visit. This meeting allows Interact for Health staff to hear more about the proposed project and ask any clarifying questions. Site visits will be conducted **Aug. 31-Sept. 4, 2020**. Applicants will indicate their preferred timeslot during the application process.

Questions

Interested applicants with additional questions should contact Community Outreach Officer Julian Collins at jcollins@interactforhealth.org or 513-458-6613.