

# INTERACT FOR HEALTH

A Catalyst for Health and Wellness



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PRODUCTS  
ALLOWED**

## **Evidence-Based Tobacco Policy Change**

Request for Proposals

**2019**

# GENERAL INFORMATION

## Background

While tobacco use across the United States has declined dramatically in the last two decades, our region lags behind. 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 low-income residents who have disproportionately higher rates of tobacco use. According to the 2017 [Community Health Status Survey](#) (CHSS), 23% of adults in our region are current smokers, compared with 18% nationally. While smoking rates overall have decreased in recent years, there has been little change among adults with low income. [According to CHSS](#), 46% of people earning less than 100% of the Federal Poverty Guidelines (FPG) report that they are current smokers. That compares with 15% of people earning more than 200% FPG.

Research shows that evidence-based policy changes have the biggest impact on decreasing tobacco use rates and changing social norms and community culture about tobacco use. Because tobacco policy efforts take a long-term view and a population-based approach, they can reach a large number of people and have a big impact on tobacco use, initiation and secondhand smoke exposure. Additionally, when policies are enacted and effectively enforced across all communities, they can also help to reduce the significant burden of tobacco-related disparities among certain populations such as low-income residents.

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

## RFP Goal

To increase the number of people in the region covered by evidence-based tobacco policies.

## RFP Overview

This funding is intended to support evidence-based tobacco policy change efforts at the community level through developing tobacco control coalitions, strengthening existing tobacco control coalitions, community education, building advocacy capacity, and best-practice policy implementation and enforcement strategies. Applicants may select one of three areas for their request based on the level of community readiness for tobacco policy work. Details about each appear in the proposal requirements below.

- 1. Coalition Development (Planning)**
- 2. Policy Development**
- 3. Policy Implementation and Enforcement**

While the policy landscape is different in the three states in which Interact works, there is ample opportunity across the region to increase the number of local evidence-based tobacco policies. Several policy-change interventions have proven successful in reducing exposure to secondhand smoke, reducing tobacco use and increasing tobacco cessation. Interact's intent is to support best-practice models for tobacco policy work. Based on research and policy opportunities in our region, Interact prioritized the following evidence-based tobacco policies for this RFP:

- **Increase the minimum legal age of sale for tobacco products (Tobacco 21):** Nearly 9 in 10 cigarette smokers first tried smoking by age 18 and many transition from occasional use to regular, everyday use between the ages of 18 and 21 (U.S. Department of Health and Human Services, 2014). Tobacco companies directly target youth and young adults, especially in low-income and predominantly African American communities. By increasing the

minimum age of sale for all tobacco products, including e-cigarettes and vaping devices, research shows that we can delay the age of first use and reduce the number of youth and young adults who start smoking (Institute of Medicine [IOM], 2015; Schneider, Buka, Dash, Winickoff, & O'Donnell, 2016). In Ohio, policies to increase the minimum legal age of sale can be done at the city, village or state level. However, in Kentucky and Indiana policies must be passed at the state level because of preemption laws.

- **Create smoke-free workplaces:** There is no safe level of exposure to secondhand smoke (U.S. Department of Health and Human Services, 2006). Eliminating indoor smoking is the only way to fully protect nonsmokers from exposure to secondhand smoke and its harmful effects. Often workplaces that are not covered by smoke-free policies (i.e. restaurants, bars, places of entertainment and factories) employ a higher percentage of low-income people and youth (Ham et al., 2011; Arheart et al., 2008). Comprehensive smoke-free air policies, which include e-cigarettes and vaping devices, have made significant progress in protecting people from exposure to secondhand smoke. However, geographic disparities in the enactment of these best-practice policies mean that large segments of the population remain unprotected, including people living in Kentucky and Indiana.

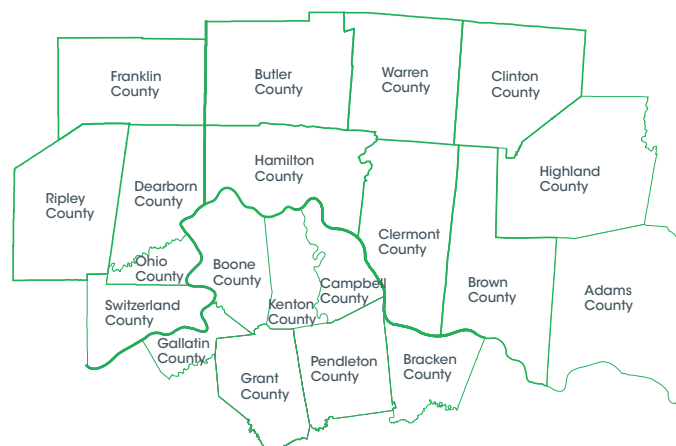
To address these issues, Interact for Health will award up to \$800,000 for these efforts in 2019 with similar rounds of grants planned in future years. These funds will support activities that advance policy change and educate the community. These funds **cannot** be used for lobbying activities. Rules governing lobbying and advocacy are complex and subject to interpretation. For more information on nonprofit advocacy and lobbying, refer to the Alliance for Justice ([www.afj.org](http://www.afj.org)).

## 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.

## 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 being served.

## Grantee Requirements

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

- Attend an Advocacy Boot Camp in the fall of 2019 to strengthen knowledge and capacity for doing advocacy work.
- Complete an annual advocacy and organization capacity assessment.
- Work with Interact for Health to develop an evaluation plan and participate in activities as part of the overall evaluation of the initiative.
- Attend grantee meetings and technical assistance sessions periodically.

# PROPOSAL REQUIREMENTS AND FORMAT

## Cover Sheet

Please complete Interact for Health's [Tobacco Policy Proposal Cover Sheet](#) to serve as the cover page for your grant application.

## Proposal Narrative

The proposal narrative can:

- be up to 10 pages long, single-spaced;
- use a type font not smaller than 12 points; and
- have margins of not less than 1 inch.

Please follow the directions in the section below that fits your request. **Select only one area.**

### 1. Coalition Development (Planning)

Before working on evidence-based tobacco policy change, significant planning needs to be completed to bring all partners to the table. If a coalition is not currently formed to address tobacco-policy efforts, this funding can support establishing a coalition, bringing partners together, coalition-advocacy capacity development and planning for future tobacco-policy work. Interact for Health anticipates these will be **smaller (\$25,000), short-term (one-year) grants**. At the end of the grant period, the coalition will produce a community plan for launching tobacco-policy change efforts. When awarding future implementation grants, Interact for Health will give preference to former planning grantees.

In the narrative please include:

- The problem, opportunity or need for tobacco policy work. This should be the local need for your population, not the national problem or opportunity.
  - Give an overview of the community engaging in this work, including community-level demographics.

- Provide any specific data that describe your population.
- What are the inequities this population faces?
- Describe how this work will focus on populations with higher rates of tobacco use and work to reduce health disparities.
- Describe how you plan to include in the planning process the people who will be affected.

- An overview of the coalition-development and planning process, including:
  - Length of time and funding required.
  - Organizations and individuals to be involved.
  - Any existing resources or other funding to be leveraged to support the work of the coalition.
- A description of your organization's:
  - Staffing and capacity to lead the coalition-development and planning process.
  - Ability to involve the community as part of the coalition-development and planning process.
- An overview of anticipated planning activities that could include:
  - Establishing collaborative relationships.
  - Community engagement efforts.
  - Determining community tobacco priorities.
  - Data collection.
  - Consulting with others on tobacco policy change efforts.
  - Development of a community plan.
  - Development of a budget for future work.
- Plans for sustainability of efforts after funding ends.

The most competitive planning applications will:

- Include a planning team that is reflective of the community and made up of diverse stakeholders from various sectors in the

community, such as community members, business owners, tobacco retailers, smokers, former smokers and youth.

- Have a clear plan, goals, timeline, budget and sustainability plan for the efforts.

### **Expected work products of the planning phase:**

Upon completing the planning process grantees will be required to submit an overview of the planning process, including the coalition formed and a community plan for working on evidence-based tobacco policy change efforts. Interact for Health will work with selected grantees to develop a community plan template.

## **2. Policy Development**

Existing coalitions that have prior experience working on policy advocacy, tobacco efforts or health promotion activities in general are eligible to apply for funding to advance evidence-based tobacco policy change in their community. This funding can be used for community education and advocacy activities. However, grassroots lobbying and direct lobbying must be funded separately from other sources. Interact for Health anticipates these will be **larger (up to \$150,000), multiyear (two- to three-year) grants**. Funding length and amount will depend on the proposed activities and plans. Requests must be right-sized for the community and work proposed.

In the narrative please include:

- The problem, opportunity or need for tobacco policy work. This should be the local need for your population, not the national problem or opportunity.
  - Give an overview of the community engaging in this work, including community-level demographics.
  - Provide any specific data that describe your population.
  - Describe the inequities this population faces.
  - Describe how this work will focus on populations with higher rates of tobacco use and work to reduce health disparities.
- An overview of the coalition members and partner organizations involved, including how the partners are reflective of the community and the population most impacted, and their role in the proposed effort.
  - Include any involvement from stakeholders representing various sectors in the community, such as community members, business owners, tobacco retailers, smokers, former smokers and youth.
  - If the coalition is not representative of the community or if any key sectors or members are missing, please explain how you will involve and recruit additional members.
  - Provide any relevant assets or specific skills from partner organizations including any previous history with advocacy or tobacco policy and connections to influential decision-makers in the community.
- Provide an overview of the project including:
  - Project goals and objectives.
  - Anticipated activities and why you expect them to help you reach your goals and objectives.
  - Proposed timeline and funding required.
  - Anticipated policy change and level of readiness in the community to work on the policy. If community level of readiness is not where it needs to be, explain your plans and timeline for building readiness.
  - Describe the models and best practices to be used in advocating for community tobacco-policy change.
  - How you will monitor progress and measure success, including expected outputs and outcomes.
  - Any existing resources or other funding to be leveraged.
- Describe your organization's:
  - Staffing and capacity to lead the policy-advocacy efforts

- Ability to involve the community as part of the process
- Interact for Health funds **cannot** be used for lobbying activities. Please include details on separate funding for grassroots lobbying and direct lobbying activities that will occur as part of the policy-change process.
- Plans for sustainability of efforts after funding ends.

The most competitive policy development applications will:

- Include a strong collaboration reflective of the community and made up of diverse stakeholders from various sectors in the community, such as community members, business owners, tobacco retailers, smokers, former smokers and youth.
- Have experience with tobacco policy or advocacy efforts.
- Have a clear plan, goals, timeline, budget and sustainability plan for the efforts.

### 3. Policy Implementation and Enforcement

Once a policy is passed, efforts shift to implementation and enforcement to ensure policy outcomes are met and efforts are sustained. Organizations that will be responsible for implementation and enforcement of tobacco policies are eligible to apply. This funding can be used for community education, to develop any needed protocols and procedures, and any enforcement activities (including staffing). Interact for Health anticipates these will be **larger (up to \$100,000), multiyear (18-month to two-year) grants**. Funding length and amount will depend on the proposed activities and plans. Requests must be right-sized for the community and work proposed.

In the narrative please include:

- The problem, opportunity, or need for tobacco policy work. This should be the local need for your population, not the national problem or opportunity.

- Give an overview of the community engaging in this work, including community level demographics.
- Provide any specific data that describe your population.
- Describe the inequities this population faces.
- Describe how this work will focus on populations with higher rates of tobacco use and work to reduce health disparities.
- An overview of partner organizations or coalition members involved and their role in the proposed effort. Partners that will be implementing and enforcing the policy along with those affected by policy implementation should be part of this process and should reflect the community.
  - Please include any involvement from stakeholders representing various sectors in the community, such as community members, business owners, tobacco retailers, smokers, former smokers and youth.
  - If the partners are not representative of the community or if any key sectors or members are missing, please explain how you will involve and recruit additional partners.
  - Provide any relevant assets or specific skills from partner organizations.
- Provide an overview of the tobacco policy to be implemented and enforced including:
  - Key details and partners involved in policy development and passage.
  - Key dates (i.e. policy passage and policy implementation).
  - A copy of the passed policy as an attachment.
- An overview of implementation and enforcement activities:
  - Project goals and objectives.
  - Key activities needed to effectively implement and enforce the policy.
  - Timeline and funding required.

- Describe the models and best practices to be used for implementation and enforcement and how these will be incorporated.
- Any existing resources or other funding to be leveraged.
- How you will monitor progress and measure success, including expected outputs and outcomes.
- Describe your organization's:
  - Staffing and capacity to lead the policy implementation and enforcement.
  - History of prior policy implementation and enforcement leadership.
  - Ability to involve the community as part of the process.
  - Plans for sustainability of efforts after funding ends.

The most competitive policy implementation and enforcement applications will:

- Focus on implementation and enforcement of an evidence-based tobacco policy.
- Include a strong collaboration reflective of the community and made up of diverse stakeholders from various sectors in the community, such as community members, business owners, tobacco retailers, smokers, former smokers and youth.
- Have experience with tobacco policy or other policy implementation and enforcement efforts.
- Have a clear plan, goals, timeline, budget and sustainability plan for the efforts.

## Collaboration and Endorsements

For projects involving collaboration by two or more organizations, please attach appropriate endorsements, such as letters of support, from collaborating organizations that detail what each organization will contribute to the project.

## Budget

**Complete Interact for Health's Budget Request Form for the grant period (one form per year of funding requested) and include a line-item narrative justification for each year (not part of narrative page limit).**

Grant funds may be used for all activities related to the proposed project. This includes personnel (salaries and benefits), consultants, professional fees, local travel, conferences (travel and fees, not meals), office equipment, supplies (including printing and copying), and meeting facilitation costs. If you have special budgetary issues or questions, consult the program officer.

Please identify and include any matching or in-kind contributions from the lead organization or other organizations. Volunteer time and indirect costs such as overhead (facility and administrative costs) can be counted as in-kind contributions of the organization to the project and documented in the overall project budget.

Interact for Health funds **cannot** be used for lobbying activities. For those applying for the Policy Development phase, please include costs and details about separate funding for grassroots and direct lobbying activities that will occur as part of the policy-change process.

## Required Materials

You must submit the following with your proposal:

- [Tobacco Policy Proposal Cover Sheet](#)
- Proposal Narrative
- [Budget Request Form](#)
- Budget Narrative
- Most recent audited financial statement
- Copy of current operating budget
- Most recent annual report (if available)
- Résumé of the project director
- List of the organization's board of trustees, including names, employers and position titles
- Interact for Health's [Disclosures Form](#) and any explanations
- A concluding statement signed and dated by the organization's CEO, attesting that the application is complete and true

## Proposal Selection Criteria

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

- Fall within the Evidence-Based Tobacco Policy Change RFP guidelines including alignment with the policy priorities outlined.
- Engage the community in the tobacco policy efforts and have a collaboration reflective of the community in which the proposal is focused.
- Address populations and geographic areas with higher rates of tobacco use or tobacco-related disparities, such as people with low income, African Americans and rural communities.
- Demonstrate the ability to work on local-level tobacco policy change efforts
- Detail a realistic timeline.
- Have a clearly delineated budget with justification for each line item.
- Include matching or in-kind contributions from the lead organization and collaborating organizations.
- Leverage other funding and/or existing resources.

## Timeline

### For summer funding:

Proposal deadline	<b>Noon, May 21, 2019</b>
Site visits	<b>June 10-21, 2019</b>
Notification of grant award	<b>July 1, 2019</b>
Grantee meeting/workshop	<b>1-2:30 p.m. July 31, 2019</b>

### For fall funding:

Proposal deadline	<b>Noon, Oct. 8, 2019</b>
Site visits	<b>Oct. 21-Nov. 1, 2019</b>
Notification of grant award	<b>Nov. 18, 2019</b>
Grantee meeting/workshop	<b>1-2:30 p.m. Dec. 10, 2019</b>

## Proposal Submissions

Completed proposals must be submitted no later than **noon May 21, 2019**, for summer funding **or noon Oct. 8, 2019**, for fall funding. Please submit your proposal via email to [proposals@interactforhealth.org](mailto:proposals@interactforhealth.org). Please put "Evidence-Based Tobacco Policy Change RFP- (your organization's name)" in the subject line to ensure delivery. For assistance, please contact Grants Manager Kristine Schultz at [kschultz@interactforhealth.org](mailto:kschultz@interactforhealth.org).

## Site Visits

Before selecting projects for funding, the program officer will conduct a site visit with the lead organization. Representatives from collaborating organizations are required to attend the site visit, which will be conducted **June 10-21, 2019**, for summer funding or **Oct. 21-Nov. 1, 2019**, for fall funding. If applying for summer funding, please complete this survey at the time of your application for possible site-visit dates: <https://doodle.com/poll/vzru7xcy2tzesdby>.

## Questions

For any questions regarding the proposal please see the slides and proposal workshop recording on the [Requests for Proposals page](#) of Interact for Health's website, or for individual assistance contact Senior Program Officer Megan Folkerth at [mfolkerth@interactforhealth.org](mailto:mfolkerth@interactforhealth.org) or 513-458-6631.



## References

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