



Request for Applications

Mini-Grant: State Tobacco Programs Supporting Smoke-Free and Tobacco-Free Multi-Unit Housing

Total number of State Tobacco Prevention and Control Programs to be funded: A total of Two (2) State Tobacco Prevention and Control Programs. Please refer to *Appendix C*. to obtain a complete list of eligible state Tobacco Prevention and Control Programs.

Release Date: April 11, 2018 (Wednesday)

Submission Deadline: April 27, 2018 at 5pm (Friday) (Extended to May 18, 2018, 5:00 p.m.)

Notice of award letters to selected sites: May 29, 2018 (Tuesday)

First call with awardees: Specific date is to be determined (within 2 weeks from award notification)

Award Amount: \$19,500 per Tobacco Prevention and Control Program

Scope of work: The scope of work for this application is outlined beginning on page 3.

Period of Performance: The performance period for this award is June 1, 2018- September 29, 2018.

Background

Although secondhand smoke (SHS) exposure among non-smokers has declined overall, certain populations (including vulnerable populations) continue to experience significantly higher rates of SHS exposure. SHS exposure is more common among vulnerable populations including: children and low-income populations (including residents living below the poverty level) and racial/ethnic minority groups. Secondhand smoke (SHS) exposure is associated with numerous serious and costly illnesses affecting the lives of infants, children, elderly, disabled and adult nonsmokers as well as pregnant and postpartum women.

Educating, Empowering, and Mobilizing low socioeconomic communities to reduce cancer and tobacco-related disparities.

Purpose

According to Centers for Disease Control and Prevention (CDC) reports, approximately 80 million (1 in 4) Americans reside in multi-unit housing and can be exposed to unsolicited SHS in their homes.

In an effort to reduce tobacco and cancer-related disparities among vulnerable and low-income populations, this mini-grant funding announcement is designed to support state Tobacco Prevention and Control Programs with providing assistance to affordable or low-income housing communities [administered by the U.S. Department of Housing and Urban Development (HUD)] leading to the adoption of smoke-free or tobacco-free policies and environments. It is intended to address national objectives (featured in *Appendix B.*). SMHN is releasing this request for applications to align with the CDC's National Tobacco Control Program (NTCP) goals that address disparities by eliminating exposure to secondhand smoke.

The primary objectives of this funding opportunity include:

- 1.) Increase adoption, compliance and enforcement of smoke-free policies that comply with HUD's current regulation for public housing developments;
- 2.) Expand the number and types of partnerships (e.g. community, multi-level) established that support smoke-free policies to reduce tobacco and cancer-related health disparities among residents within multi-unit housing communities;
- 3.) Expand and sustain healthier public housing communities related to cancer and tobacco-related disparities and,
- 4.) Provide information about available evidence-based services for housing residents and strengthen public housing community capacity through training of management and ancillary staff, as well as communications, partnerships and community-clinical linkages to support tobacco cessation.

SelfMade Health Network (SMHN)

SelfMade Health Network (SMHN) is a member of the CDC's Consortium of National Networks to Impact Tobacco-Related and Cancer Health Disparities, jointly funded by the Office on Smoking and Health (OSH) and Division of Cancer Prevention and Control (DCPC), established to advance prevention efforts related to tobacco-related and cancer health disparities among vulnerable populations. SMHN specifically focuses on reducing and eliminating tobacco-related and cancer health disparities among populations with low socioeconomic status (SES) characteristics residing in rural, urban and frontier regions..

General Overview

Scope of Work:

- Conduct planning sessions with PHAs to comply with HUD's Smoke-Free Housing Rule (current) using HUD Guidance, including, but not limited to *Change Is In The Air: An*

Action Guide for Establishing Smoke-Free Public Housing and Multifamily Properties in conjunction with any other guidance from HUD, publications from smoke-free advocacy organizations such as American Lung Association, American Cancer Society, Public Law Health Center, or others.

- Additional examples of specific resources that may be utilized include: HUD Guidebook: Implementing HUD's Smoke-Free Policy in Public Housing, HUD Smoke-Free Multifamily Housing Resource Bank, American Lung Association (e.g., Smoke-Free Policies in Multi-Unit Housing – Steps for Success, Expanding Smoke-free Communities sites), Tobacco Control Legal Consortium resources on Public and Subsidized Housing, Association of State and Territorial Health Officials (ASTHO) Multi-level Case Study on State, Local, and Community Partnerships to Support Smoke-free Housing as well as ASTHO Key Recommendations for State Health Departments and Smoke-Free Housing, National Association of County and City Health Officials (NACCHO) resources such as: Smoke-Free Multi-Unit Housing: The Role of Local Health Departments, etc.
- Sponsor trainings or educational sessions for multi-unit housing management, staff, and residents. Topics may include: benefits associated with smoke-free policy, policy adoption, accessing community resources- lung cancer, colorectal cancer screening, cancer prevention, , tobacco cessation resources, reducing secondhand smoke exposure, tobacco-free/smoke-free policy compliance tips, tips for addressing resident concerns, etc.
- Purchase and display signage (Smoke-Free or Tobacco-Free) for housing developments per Public Housing Authority (PHA) geographic scope.
- Conduct or partner with a consultant to assist PHAs with convening routine Housing Resident and Staff Feedback Meetings and address needs, concerns and suggestions for successful policy adoption, compliance and identify other forms of support on tobacco cessation and cancer prevention.
- Develop and/or disseminate communication and marketing materials (e.g. announcements, letters, flyers, etc.) for use when educating residents, visitors and local community organizations about new and ongoing “Smoke-Free” or “Tobacco-Free” policy. Please note that HUD has released five 2017 fact sheets which may be useful.
- Print and disseminate CDC resources (e.g. Tips From Former Smokers, Cancer Prevention, Cancer Survivorship, National Cancer Institute), HUD resources, SMHN resources and other resources recommended by SMHN to assist with tobacco prevention and cessation efforts.
- Collaborate with PHA(s) to sponsor at least one PHA peer-to-peer in-service training, train-the-trainer session, or presentations on their smoke-free implementation experience to other PHAs to develop “peer champions” and address “lessons learned” and potential challenges associated with planning, implementation and compliance related to the adoption of smoke-free and tobacco-free low-income housing communities.
- Partner with state, or local organizations to sponsor educational sessions or outreach activities about access to routine tobacco cessation counseling services (on-site) and

promote the availability of state tobacco quitline services and FDA approved Nicotine Replacement Therapy (medication support) to multi-unit housing residents who use tobacco (e.g. disabled, elderly, etc.).

Proposed Budget: \$19,500 per state Tobacco Prevention and Control Program

Funding can be utilized to support (but not limited to) strategies and activities listed below:

- Purchase of signage (Smoke-Free or Tobacco-Free) for participating affordable or low-income housing properties or communities.
- Provide educational sessions to PHAs and other staff about cessation support, policy adoption, compliance, enforcement as well as resident outreach.
- Sponsor Public Housing Authority (PHA) peer to peer trainings, train-the-trainer sessions, or educational workshops with other PHAs to facilitate learning.
- Convene or assist PHAs with conducting routine Housing Resident listening sessions, outreach educational events and feedback meetings for housing staff.
- Develop feedback resources or tools based on listening sessions, educational events or meetings.
- Assist PHAs with convening or securing a facilitator to conduct housing community support roundtables or meetings to identify current community resources to sustain tobacco cessation, link residents to cancer risk reduction and cancer survivorship resources. Examples of attendees may include: American Cancer Society, local health systems, community health workers (CHWs), etc.
- Develop (if applicable) and disseminate new communication and marketing materials (e.g. announcements, letters, flyers, press releases, etc.) for use when educating affordable housing staff, residents, visitors and local community organizations about new and ongoing “Smoke-Free” or “Tobacco-Free” policy.

Core Responsibilities

1. Submit at least one (1) “Success Stories” and/or “Lessons Learned” summary at least once per year. Note: Summary template and other resources to be provided by SelfMade Health Network (SMHN).
2. Complete and submit monthly progress reporting checklist (includes tracking of amended leases to align with smoke-free or tobacco-free policy adoption) throughout the year. Please Note: Progress reporting template to be provided by SelfMade Health Network (SMHN).
3. Participate in two routine technical assistance (TA)/ Feedback conference calls

Please Note: Purchase of equipment such as nicotine detectors, smoke detectors or other instruments is not allowed or prohibited with this funding. Maintenance and construction and related activities of properties and units are not allowable under this funding announcement.

Review and Selection Process

Mini-grant applications shall be reviewed and selected by a team of reviewers. State Tobacco Prevention and Control Program applicants will be evaluated based on the responses to the Eligibility Application (*please refer to Appendix A*).

How to Apply

Interested applicants should submit a completed Eligibility Checklist (*Appendix A*) and narrative responses not to exceed 5 pages. Prospective applicants are asked to submit required documents in PDF format by 5pm (EST) on April 27, 2018 (Friday) Anita Torrealba via email Anita.Torrealba@patientadvocate.org. Please reflect: **Mini-Grant-Tobacco Prevention and Control Program** in the **subject line**. In the body of the email, please include the name and contact information for the primary State Tobacco Prevention and Control Program representative to include telephone, e-mail and mailing address.

We welcome the opportunity to answer questions from potential applicants prior to the application deadline. All questions should be submitted via email to info@selfmadehealth.org, please reflect **Mini-Grant Question** in the subject line.

Appendix A. Application (Submission of this form is required)

Name of Tobacco Prevention and Control Program: _____

Name of the Primary Contact: _____

E-mail address of Primary Contact: _____

Instructions: Please place an (X) next to each criterion applicable to your State Tobacco Prevention and Control Program

Section A.	
Total points: 25 points	
	Tobacco Prevention and Control Program currently has at least one (1) partnership or collaboration focused on tobacco use prevention, cessation, smoke-free/tobacco-free environments, or cancer/tobacco-related disparities with any of the following entities. Place an "X" next to the partner. <i>(Total points: 5)</i>
	<ul style="list-style-type: none"> ▪ Breast and Cervical Cancer Early Detection Program ▪ At least one (1) Local Federally Qualified Health Center (FQHC) ▪ At least (1) Rural Health Clinic ▪ Comprehensive Cancer Control Program ▪ Maternal and Child Health (MCH) Division, Section or Program
	Current partnership or collaboration with at least one (1) Public Housing Authority (PHA). <i>(Total points:5)</i>
	Current partnership or collaboration with at least one (1) Public Housing Authority (PHA) that also includes additional tobacco cessation services (e.g. on-site cessation counseling) provided by at least (1) Local Health Department (LHD) along with referrals to the state tobacco quitline services. <i>(Total points: 5)</i>
	Current or previous partnership with at least one (1) Public Housing Authority (PHA) that includes additional support received from a coalition such as: tobacco prevention/control coalition, cancer coalition, or other health-oriented coalition. <i>(Total points: 2)</i>
	No current partnership or collaboration, but previous experience or history of a partnership or collaboration with at least one (1) Public Housing Authority (PHA) within the past 3 years. <i>(Total points: 3)</i>
	Previous experience or history of a partnership or collaboration with at least one (1) Public Housing Authority (PHA) which included additional support received from any of the following entities. <i>(Total points: 5)</i>
	<ul style="list-style-type: none"> ▪ American Cancer Society (ACS) ▪ American Lung Association (ALA) ▪ Campaign for Tobacco-Free Kids ▪ Truth Initiative

Section B: Narrative Responses Applicant can use separate sheet to respond to the section below.

Total points: 35 points

	Within the past 3 years, describe previous experience with successfully adopting a comprehensive smoke-free or tobacco-free policy involving at least one multi-unit housing community or campus. <i>(Total Points: 15)</i>
--	---

	Within the past 3 years, describe previous partnership or collaboration with at least one (1) Public Housing Authority (PHA) which also includes additional tobacco cessation services (e.g. on-site cessation counseling) provided by a Local Health Department (LHD), Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) along with referrals to the state tobacco quitline services. Please reference any Memorandum Of Understanding (MOU), Memorandum of Agreement (MOA), or other types of formal partnership agreement in your response. <i>(Total Points: 10)</i>
--	--

	Describe how this work links to the state’s Chronic Disease or Tobacco Use Prevention and Control State Plan <i>(Total Points: 10)</i>
--	--

Section C.

Required Section. Applicants should incorporate a brief response to address aspects noted below. **Total points: 25 points**

--	--

	Estimated number of counties that the Tobacco Prevention and Control Program plan to reach to support this mini-grant. <i>(Total points: 5)</i>
--	---

--	--

	Estimated number of Public Housing Authorities (PHAs) that the Tobacco Prevention and Control Program plan to collaborate with to implement this project. <i>(Total points: 5)</i>
--	--

--	--

	How many of the residents (estimate) does your proposed application intend to reach as a part of this mini-grant? <i>(Total points: 5)</i>
--	--

--	--

	How many housing apartment buildings and other buildings (estimate) will be affected by your proposed application? <i>(Total points: 5)</i>
--	---

--	--

	Number and types of committed partners (e.g. community, health system, health department,
--	---

faith-based, small businesses, employers, non-profit, coalitions, etc.) that the Tobacco Prevention and Control Program applicant plans to and/or organizations of interest to strengthen and/or sustain efforts long-term.

(1-2 paragraphs) (*Total points: 5*)

Appendix B. Relevant National Objectives (For Informational Purposes Only)

National Tobacco Use (TU) Objectives

TU-4: Increase smoking cessation attempts by adult smokers

TU-5: Increase recent smoking cessation success by adult smokers

TU-6: Increase smoking cessation during pregnancy.

Social and Environmental Changes

Tobacco Use (TU-11) - Reduce the proportion of nonsmokers exposed to secondhand smoke.

National Environmental Health (EH) Objective

Healthy Homes and Healthy Communities

Environmental Health (EH-19) - Reduce the proportion of occupied housing units that have moderate or severe physical problems.

National Cancer (C) Objective

C-1: Reduce the overall cancer death rate (including tobacco-related cancers: lung, colorectal and cervical)

Appendix C. Eligible State Tobacco Prevention and Control Programs

Eligible State Tobacco Prevention and Control Programs		
Alabama	Maryland	Pennsylvania
Arkansas	Michigan	South Carolina
Florida	Mississippi	South Dakota
Georgia	Missouri	Tennessee
Illinois	Nebraska	Texas
Indiana	Nevada	Virginia
Iowa	North Carolina	Washington D.C.
Kentucky	Ohio	Washington
Louisiana	Oklahoma	West Virginia
Maine	Oregon	Wisconsin
		Vermont