

## 2019 Call for Proposals

Brief Proposal Deadline: August 29, 2019



Robert Wood Johnson Foundation

# Building Capacity to Reduce Tobacco Inequities in the South and Midwest

## BACKGROUND

For more than 25 years, the Robert Wood Johnson Foundation (RWJF) has supported and worked alongside local, state, and national partners to advance policies and practices to decrease the use of commercial tobacco<sup>1</sup> and exposure to secondhand smoke. Yet, while smoking rates have dropped by more than half over the past 50-plus years, tobacco use remains the leading cause of preventable death in the United States. And, reductions have been uneven by race and ethnicity, income, and geography, making tobacco use a substantial barrier to advancing health equity. We believe that strong commercial tobacco-control policies and equitable access to services that support cessation are important to ensuring that everyone has a fair and just opportunity to live the healthiest life possible.

Smoking rates also vary by geography. The Truth Initiative has dubbed 13 contiguous states in the South and Midwest [Tobacco Nation](#), noting that in these states, the smoking rates “exceed not only the [U.S.] national average but that of many countries with the highest smoking rates in the world.” Within states, rural residents have higher smoking rates than urban residents, and the rural-urban gap in smoking rates has increased in recent years.<sup>2</sup> The reasons these populations are disproportionately harmed by tobacco are complex and include:

- Differences in exposure to broader social determinants of health, such as access to health care, quality housing, and economic stability;
- The tobacco industry’s targeted marketing to these populations; and
- A failure in many states and communities to pass and implement comprehensive tobacco-control policies, such as increased tobacco taxes; smoke-free workplace laws that include restaurants, bars, and casinos; or adequately funded tobacco-control programs.<sup>3</sup>

The states in Tobacco Nation differ from the rest of the country both in terms of smoking rates and demographics. Compared to the rest of the country, Tobacco Nation states are less racially diverse (75% white vs. 58% for the rest of the country) but have a higher proportion of black residents (16% compared to 11%). Residents of Tobacco Nation are also less affluent, earning 25 percent less per year on average than residents in other states. Finally, rural residents make up

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<sup>1</sup> RWJF recognizes the important role that ceremonial and traditional tobacco play for many American Indians. Our focus is on eliminating the harms and inequities associated with *commercial* tobacco.

<sup>2</sup> Doogan, Nathan J., Meghan E. Roberts, Mary E. Wewers, et al. “A Growing Geographic Disparity: Rural and Urban Cigarette Smoking Trends in the United States,” *Preventive Medicine* 104 (2017): 79–85.

<sup>3</sup> Centers for Disease Control and Prevention. “Best Practices User Guide: Health Equity in Tobacco Prevention and Control,” US Department of Health and Human Services (2015) <https://www.cdc.gov/tobacco/stateandcommunity/best-practices-health-equity/pdfs/bp-health-equity.pdf> Accessed April 2019.

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over 30 percent of the population in eight of the Tobacco Nation states compared to about 20 percent of the population in the United States overall.<sup>4</sup>

Successfully addressing tobacco-related disparities will require leadership from the populations and communities that are most harmed by tobacco. Organizations working with and representing these populations have been instrumental in highlighting tobacco-related disparities and advocating for solutions. On the whole, however, many of the populations most harmed by tobacco have been underrepresented in the tobacco control and prevention movement.<sup>5</sup> We hope this call for proposals (CFP) will elicit ideas for supporting the communities most harmed by tobacco so that they lead future efforts to develop and implement the policies and practices necessary for ending tobacco-related inequities.

## THE PROGRAM

Through this funding opportunity, RWJF seeks to support and engage black community members, persons of lower socioeconomic status, and rural<sup>6</sup> residents in the South and Midwest in order to increase their ability to advocate for stronger, locally or regionally driven tobacco-control and prevention policies and practices. We recognize that these are not the only populations in the United States that experience tobacco-related inequities. We hope that planned additional programming will help us understand how we can support other marginalized populations that face tobacco-related inequities.

This funding stream will support up to six, two-year projects with the possibility of a second round of funding. The total available funding for this round is \$4 million, and individual project budgets should not exceed \$1.5 million. As part of the review and selection process, we may ask applicants to alter the scope of their proposed work and/or reduce their budgets to ensure we maximize the reach and impact of the selected grantees. **We are interested in and encourage applications that include regranting to support community-based organizations or efforts. We anticipate that applications that do not include regrant to support community-based organizations would have lower budgets.**

**We are also interested in organizations partnering together to oversee projects, but we ask that one of the joint applicants be named as the project lead** (i.e., the organization responsible for administering the grant and reporting to RWJF).

We are seeking new and innovative approaches to addressing tobacco-related inequities. **A history of working on commercial tobacco control and prevention is not required.** We do, however, expect that funded organizations will work closely with organizations that focus on commercial tobacco control and prevention, including organizations that

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<sup>4</sup> National Network of Public Health Institutes. "Advancing Tobacco Prevention and Control in Rural America." <https://nnphi.org/wp-content/uploads/2019/02/AdvancingTobaccoPreventionControlRuralAmerica.pdf>

<sup>5</sup> Robinson, Robert G. and Rhonda Conerly Holliday. "Tobacco Use and the Black Community in the United States: A Community-Focused Public Health Model for Eliminating Population Disparities." In *Health Issues in the Black Community*, edited by Ronald L. Braithwaite, Sandra E. Taylor and Henrie M. Treadwell, 379–416. San Francisco: APHA Press, Jossey-Bass.

<sup>6</sup> We recognize that there are many federal, state and other definitions of "rural" that use different methods of classifying a rural area, usually framed around geography or population density. These methods often don't capture important cultural or other characteristics of a place in defining whether or not it is "rural." For the purposes of this CFP, we are taking a broad view of rural, inclusive of any place that defines itself as rural and/or meets any of the federal definitions of rural.

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are currently funded by RWJF, such as the American Nonsmokers Rights Foundation and the Campaign for Tobacco- Free Kids.

Proposals should describe how a project will build capacity to advocate for stronger commercial tobacco-control prevention policies and practices within the geographic region and among the focus populations described below. Examples of advocacy activities that could be supported through this project include: policy analysis, strategic communications, coalition building, policymaker education, and informing regulatory implementation. Proposals do not have to describe the specific policies and practices the project will focus on, but should articulate the process applicants will use to identify specific policies and practices.

Below are some examples of policies and practices that we believe are likely to advance health equity among this CFP's focus populations. These examples are not in any way intended to be exhaustive; they are, instead, intended to help applicants understand how we are currently thinking about the scope of activities:

- Restricting the sale of flavored tobacco products, including menthol cigarettes, flavored cigarillos, and smokeless tobacco, at the local or state level;
- Structuring tobacco pricing policy (e.g., taxes, fees, licensing) so that the tax revenues are not a source of revenue for general government services but must be used to support equity-promoting programs for these populations;
- Restricting flavored tobacco product marketing, point-of-sale advertising, and promotional/discount pricing at the local or state level;
- Improving implementation of smoke-free policies among populations that are disproportionately exposed to secondhand smoke; and
- Developing and/or implementing cessation support services that are tailored to support, and promoted to reach these populations.

We also recognize that the populations that this CFP is focused on face a broad range of health and social challenges and that the tobacco control and prevention work supported by this CFP should not divert energy and resources from other priority health equity concerns. Proposals should, therefore, describe how projects will ensure that the proposed tobacco work will connect to broader efforts to advance health equity.

## *Geographic Focus*

This funding stream will support organizations working with and representing black residents, lower-income residents, and rural residents in the following 13 states: Alabama, Arkansas, Indiana, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Ohio, Oklahoma, South Carolina, Tennessee, and West Virginia. Proposals can focus on a single state, on multiple states, or the entire region. **Although projects do not have to focus on rural areas, we do anticipate that we will fund at least one project with a significant rural component.**

Proposals that do not focus on all 13 states should make clear why they are choosing to focus on a particular state or states and how they expect their work will spread to other states over the next five years. Although we are particularly interested in spreading the impact of the funded work to other states within Tobacco Nation, we recognize that these states

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vary in important ways and that it may not always make sense to focus resources on just these 13 states. For example, strategies that are successful in Michigan, Ohio, and West Virginia may be more applicable to Pennsylvania and Wisconsin than to Alabama and Mississippi. We will, therefore, consider proposals that plan to focus on states within and adjacent to Tobacco Nation as long as the application provides a compelling justification for working outside of Tobacco Nation.

## *Population Focus*

This funding stream is focused on building capacity to reduce tobacco-related inequities among three populations that are disproportionately harmed by tobacco in the South and Midwest: black residents, lower-income residents, and rural residents. We recognize that these populations overlap. Proposals can, but do not have to focus on all three populations. Proposals should state clearly which populations the applicants will focus on and why.

## **TOTAL AWARDS**

- Total funding through this solicitation will be up to \$4 million;
- Budgets for each proposal can be up to \$1.5 million, but we may require budgets to be reduced if we fund more than two projects;
- We will fund up to six projects;
- Projects should run 24 months and may be renewed.

## **ELIGIBILITY CRITERIA**

The successful applicant organization should have:

- A demonstrated history of managing funds (e.g., foundation or government) to support nonlobbying advocacy efforts;
- Strong previous or current relationships with legal counsel with expertise in the lobbying and political activity restrictions that apply to public charities and private foundations;
- Applicant organizations must be either public entities or nonprofit organizations that are tax-exempt under Section 501(c)(3) of the Internal Revenue Code and are not private foundations or nonfunctionally integrated Type III supporting organizations. The Foundation may require additional documentation;
- Applicant organizations must be based in the United States or its territories.

## **OUR EQUITY, DIVERSITY, AND INCLUSION COMMITMENT**

The Robert Wood Johnson Foundation is committed to building a Culture of Health that provides everyone in America a fair and just opportunity for health and well-being. Achieving this goal requires focus on equity, diversity, and inclusion. To that end, we are committed to fostering diverse perspectives. We recognize that individuals' perspectives are shaped by a host

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of factors, such as their race, ethnicity, gender, physical and mental ability, age, socioeconomic status, gender identity and expression, sexual orientation, familial status, education, religion, legal status, military service, political affiliation, geography, and other personal and professional experiences.

We know that the presence of diverse perspectives alone is not sufficient. Therefore, we also are committed to creating inclusive environments where all individuals are encouraged to share their perspectives and experiences. We believe that only through valuing our differences and similarities, and remaining vigilant in advancing equity, will we be able to maintain an equitable workplace and actively pursue equity in all aspects of our work. We commit to being continuous learners and working alongside others to cultivate equity, diversity, and inclusion.

## SELECTION CRITERIA

Proposals will be reviewed by RWJF staff and advisory committee members. Reviewers will consider the following criteria:

- Commitment to and successful history of building capacity among lower-income people, black residents, and/or rural populations to address inequities;
- Commitment to and successful history of working in the state or states that the applicant is proposing to focus on;
- A clear plan for spreading lessons and building momentum over the next five years across all states in Tobacco Nation;
- Ability to link proposed tobacco work to broader efforts to advance health equity, including but not limited to efforts to reduce opioid use and overdose in the target region;
- Commitment to and successful history of building capacity to organize and advocate for systems and policy change (even if previous work has not focused on tobacco);
- A nuanced understanding of both the assets and challenges of the populations of focus;
- Ability to leverage existing assets and infrastructure within the region, including but not limited to:
  - The [consortium of national organizations](#) to advance the prevention of commercial tobacco use and cancer in populations experiencing tobacco- and cancer-related health disparities; and, if appropriate;
  - Organizations and networks working to reduce opioid use and overdose in the target region.
- Ability to partner with other organizations at the local, state, and national levels, and across sectors (RWJF plans to support a consultant who will provide some technical assistance to CFP recipients and will help coordinate work among CFP awardees and between CFP awardees and other tobacco-control organizations.);
- The extent to which the project will support innovative partnerships that have the potential to bring new approaches and new people to tobacco control and other efforts to advance health equity;
- If applicable, ability to equitably administer awards to community-based organizations in the state or states where the applicant will be focused.

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## EVALUATION

The purpose of evaluation at RWJF is learning rather than accountability. An independent research group selected and funded by RWJF will conduct an evaluation of the program. RWJF intends for this project to contribute to national efforts to reduce tobacco-related inequities. Therefore, the program may publicly release results from this evaluation. The evaluation team will study the successes and challenges experienced by the programs and communities they work with to build capacity to reduce tobacco-related inequities. As a condition of accepting RWJF funds, grantees must participate in the evaluation. Grantee participation includes assisting with necessary data collection to accomplish the evaluation objectives. These data collection efforts may include interviews with program staff and community leaders with whom they work.

## MONITORING

RWJF monitors the grantees' efforts and careful stewardship of grant funds to assure accountability. Grantees will be required to submit periodic narrative and financial reports.

## APPLICANT SURVEY PROCESS

For selected programs, the project director of the proposal will be contacted after the deadline by SSRS, an independent research firm. The project director will be asked to complete a brief, online survey about the proposal process and applicant characteristics. This voluntary questionnaire will take no more than 15 minutes to complete. Responses provided to SSRS will not impact the funding decision for your proposal in any way.

SSRS will protect the confidentiality of your responses. RWJF will not receive any data that links your name with your survey responses.

## USE OF GRANT FUNDS

Grant funds may be used for project staff salaries, consultant fees, data collection and analysis, meetings, supplies, project-related travel, and other direct project expenses, including a limited amount of equipment essential to the project. In keeping with RWJF policy, grant funds may *not* be used to subsidize individuals for the costs of their health care, to support clinical trials of unapproved drugs or devices, to construct or renovate facilities, for lobbying, for political activities, or as a substitute for funds currently being used to support similar activities.

## HOW TO APPLY

Proposals for this solicitation must be submitted via the RWJF online system. Visit [www.rwjf.org/cfp/tcoh](http://www.rwjf.org/cfp/tcoh) and use the "Apply Online" link. If you have not already done so, you will be required to register at <http://my.rwjf.org> before you begin the proposal process.

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There are two phases in the competitive proposal process:

## *Phase 1: Brief Proposals*

Applicants must submit:

- A brief proposal narrative of no more than six pages that describes the project and address the selection criteria;
- A high-level budget that estimates:
  - Overall project costs
  - Personnel costs
  - Direct costs
  - Other Consultant/Contractor costs<sup>7</sup>
  - Indirect costs
  - A two-year time line of no more than one page describing major activities and goals

Note: The budget and time line do not count in the six-page limit for the proposal narrative.

## *Phase 2: Full Proposals*

Selected Phase 1 applicants will be invited to submit a full proposal narrative of no more than 10 pages accompanied by a detailed budget, budget narrative, and additional information.

Please direct inquiries to:

Matthew Pierce, *program officer*

Email: [mpierce@rwjf.org](mailto:mpierce@rwjf.org)

All applicants should log in to the system and familiarize themselves with online submission requirements well before the final submission deadline. Staff may not be able to assist all applicants in the final 24 hours before the submission deadline.

RWJF does not provide individual critiques of proposals submitted.

## **KEY DATES AND DEADLINES**

- **July 17, 2019 (2 p.m. ET)**  
Applicant webinar.

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<sup>7</sup> RWJF will be supporting a consultant who will provide some technical assistance to CFP recipients and will help coordinate work among CFP awardees and between CFP awardees and other tobacco-control organizations.

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- **August 29, 2019 (3 p.m. ET)**  
Deadline for receipt of brief proposals.
- **September 3–September 27**  
Follow-up interviews with select applicants.
- **November 11, 2019 (3 p.m. ET)**  
Deadline for receipt of full proposals.
- **January 15, 2020**  
Anticipated grant start date.

## *Late Submissions*

RWJF will accept only those proposals that are completed/submitted at the time of the deadline. Because one of our Guiding Principles is to treat everyone with fairness and respect, RWJF's deadline policy applies to all applicants. Applicants are expected to notify the program administrator immediately after experiencing difficulty with the online proposal system that may interfere with a timely submission. To do so, click on the "Contact Us" link found in the "Resources" area on the left side of most screens within the online proposal site. We encourage you to submit your proposal in advance of the deadline so that any unforeseen difficulties, e.g., technical problems, may be addressed well before the deadline.

## **ABOUT THE ROBERT WOOD JOHNSON FOUNDATION**

For more than 45 years, the Robert Wood Johnson Foundation has worked to improve health and health care. We are working alongside others to build a national Culture of Health that provides everyone in America a fair and just opportunity for health and well-being. For more information, visit [rwjf.org](http://rwjf.org). Follow the Foundation on Twitter at [www.rwjf.org/twitter](https://twitter.com/rwjf) or on Facebook at [www.rwjf.org/facebook](https://www.rwjf.org/facebook).

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