

PRE-APPLICATION WEBINAR

Supporting Tribes to Increase Commercial Tobacco Cessation

August 5, 2020

National Indian
Health Board



Webinar Protocols



- ▶ Webinar is recorded
- ▶ Please keep your phones and mics on mute
- ▶ Use the chat box for questions
- ▶ Q & A at the end



National Indian Health Board



- ▶ Mission: Established by the Tribes to advocate as the united voice of federally recognized American Indian and Alaska Native Tribes, NIHB seeks to reinforce Tribal sovereignty, strengthen Tribal health systems, secure resources, and build capacity to achieve the highest level of health and well-being for our People.

Agenda

- ▶ Introductions
- ▶ Intent of Supporting Tribes to Increase Commercial Tobacco Cessation
- ▶ Funding & Eligibility
- ▶ Review the Request for Applications(RFA)
- ▶ Application Selection
- ▶ Timeline
- ▶ Q&A
- ▶ Resources



Introductions

▶ Courtney Wheeler, MPH

Public Health Program Manager, National Indian Health Board



Intent of Supporting Tribes to Increase Commercial Tobacco Cessation

- ▶ Increase quitting and quit smoking attempts for commercial tobacco and electronic nicotine delivery systems (ENDS)
- ▶ Improve communication capacity to inform communities effectively and efficiently about evidence-based cessation services
- ▶ Increase capability to implement evidence-based cessation services and policies to address commercial tobacco and electronic nicotine delivery systems (ENDS)
- ▶ use, and
- ▶ Increase capacity to identify, prioritize and customize cessation services to address community needs



Funding Availability

- ▶ Who currently have a smoking cessation services and want to increase its capacity and/or implement health system changes or
- ▶ Who plan to implement cessation services or health system changes,



Eligibility

- ▶ Federally recognized Tribe or Tribal organization
- ▶ A strong interest and/or demonstrated commitment to decreasing the commercial tobacco smoking prevalence among American Indians and Alaska Natives.



Review the Request for Applications (RFA)

- ▶ Funding Amount: up to \$10,000
- ▶ Funding Mechanism: Contracts with funds attached
- ▶ Numbers of MOAs issued: up to 8
- ▶ Funding Period: Approximately October 1, 2020 – July 30, 2021
 - ▶ Most activities completed by June 15, 2021



Review the Request for Applications (RFA)

Awardees will receive:

- ▶ A 2-day training
- ▶ Technical assistance
- ▶ Hosted webinars/conference calls to support peer learning among Tribal partners.
- ▶ Connection to learning communities, national networks, existing resources, and activities to support smoking cessation activities.



Supporting Tribes to Increase Commercial Tobacco Cessation 2020-2021

APPLICATION

Instructions: Fill out this application in its entirety by typing directly onto this document. Submit all sections of the application package (as a single Microsoft Word document), the letter of support, and additional materials, such as letter of support from a consultant or outside contractor to Courtney Wheeler, cwheeler@nihb.org, by 11:59 PM EST on Friday, August 28, 2020. The subject line of the e-mail should read: "Commercial Tobacco Cessation Application". No applications will be accepted by fax or postal mail.



SECTION A (required): CONTACT INFORMATION	
Name of Tribe:	Click here to enter text.
Point of Contact	Name: Click here to enter text.
Contact information for the individual to be contacted for notification of application status:	Title: Click here to enter text.
	E-mail Address: Click here to enter text.
	Phone Number: Click here to enter text.
	Mailing Street Address: Click here to enter text.
	City, State, Zip Code: Click here to enter text.
Contact information for the Tribal Health official/director:	Name: Click here to enter text.
	Title: Click here to enter text.
	E-mail Address: Click here to enter text.
	Phone Number: Click here to enter text.
Tribal health department/organization:	Name: Click here to enter text.
	Mailing Street Address: Click here to enter text.
	City, State, Zip Code: Click here to enter text.
Total Tribal enrollment: Click here to enter text.	Resident population Click here to enter text.
Size of reservation (sq. mi.): Click here to enter text.	Approximate population size served by health department or organization (number): Click here to enter text. Individuals
Name and Address where funding check should be sent should Tribe receive the funding	Pay to the order of: Click here to enter text.
	Mailing Street Address: Click here to enter text.
	City, State, Zip Code: Click here to enter text.
Electronic signature of health official (typed is permissible):	Click here to enter text.
PROJECT COORDINATOR CONTACT INFORMATION	

Contact information for the individual to serve as Project Coordinator (if the same as above, then leave all fields blank). This person will be the main point of contact and be responsible for submitting all deliverables, participating in conference calls, and completing evaluation activities.	Name: Click here to enter text.
	Title: Click here to enter text.
	E-mail Address: Click here to enter text.
	Phone Number: Click here to enter text.
	Mailing Street Address: Click here to enter text.
	City, State, Zip Code: Click here to enter text.

SECTION B (required): APPLICATION NARRATIVE & SCOPE OF WORK
PROJECT SUMMARY (250 words maximum)
The project will consist of attending the in-person training provided by the National Indian Health Board, developing an action plan and evaluation plan, completing a pre- and post-assessment, identifying priorities and implementing a media campaign and/or health system changes outlined in the action plan.
Please add a brief description of your project and how it will lead to increased quit smoking attempts and quitting and/or health systems changes (i.e. increased screenings, meaningful referrals, pharmacy cessation programs, medication management). Click here to enter text.
SUPPORTING DOCUMENTATION
Please select the corresponding box for all supporting materials being submitted with the application package (they can be added as additional pages to this document or as a separate PDF).
<input checked="" type="checkbox"/> Letter of Support from Tribal Health Official/Leader (mandatory). The signed letter of support must be from the Tribal health department's director or CEO, the chair of the Tribal Health committee, Tribal chairperson, or other Tribal official that oversees all or a portion of the public health activities. The letter should include the governing body's awareness of and/or commitment to the project activities and support for completion of all deliverables.
<input type="checkbox"/> Letter(s) of Support from Other Entities (optional) if the Tribal government, Tribal health department, or Tribal health care facilities/health system plans to use consultants or outside contractors for the completion of the work plan, a letter of support from that entity is <u>highly encouraged</u> .
<input type="checkbox"/> Other (please identify: Click here to enter text.)
The applicant may submit additional material to demonstrate their commitment and experience with evidenced based smoking cessation services or existence of external collaborators, etc. However, these are not required for a complete application package.



PROPOSED SCOPE OF WORK

All subawardees will have some aspects of their workplan and timeline the same and have been pre-filled in the workplan (in beige) below. There are blank fields available for the addition of activities specific to individual project needs. Please add additional rows, if needed.

Please note that selected subawardees will have the following activities added to their MGA as requirements for this project:

- Provide information and feedback on project activities as requested via questionnaires and/or conversations with NIHB and CDC staff.
- Participate in the NIHB in-person 2-day training
- Complete a pre and post-assessment
- Create an evaluation plan

SECTION C (required): AWARD BUDGET

The requested award amount should be appropriate to the level of effort required to engage in the proposed scope of work and produce the deliverables outlined in the next table.

These funds will be provided as agreements for goods and services, and will be paid as follows:

50% of the award will be paid at the beginning of the award cycle to complete the cessation action plan, evaluation plan, and attend the in-person meeting/training. The balance of the award will be paid upon successful completion of all milestones and NIHB's receipt of the project deliverables and final report.

Awards may not be used to: provide direct support to external individuals (e.g., delivery of patient care); construction projects; purchase large equipment; pay for food or beverages; support ongoing general operating expenses or existing deficits; endowment or capital costs; or support lobbying of any kind. Due to the size of the award, funds are not eligible to support indirect costs.

Awards can be used to: disseminate cessation media materials; implement health system changes; complete the pre & post assessment; travel to the in-person training; or complete other activities in the workplan.

The award is up to \$10,000 to complete the deliverables outlined in the work plan. Applicants should plan to budget for travel/training funds for at least one but no more than two staff to attend the 2-day NIHB training (estimate airfare, 2-3 nights lodging, per diem, taxi, mileage to airport).

Actual travel estimates will vary based on meeting location, however use the table below as a guide.

Estimated Travel Costs: Restrictions per Length of Trip per person

Category	Estimated Cost
airfare	\$ 200.00
per diem	\$ 150.00
lodging	\$ 100.00
taxi	\$ 50.00
mileage	\$ 100.00
total travel costs	\$ 600.00
meals	\$ 100.00
miscellaneous	\$ 100.00
total	\$ 1,300.00

Work plan: (RFA pgs. 8-10)

TABLE 1. PROPOSED SCOPE OF WORK for Smoking Cessation Award (some portions of the workplan are pre-filled, there are blank rows for additional activities to be added)



Objective 1: By October 31, 2020, one cessation action plan detailing promotion and dissemination of cessation services and/or implementation of health system changes to increase quit smoking attempts for commercial tobacco or electronic nicotine delivery systems (ENDS) (i.e. e-cigarettes, vapes, etc.) and quitting and one evaluation plan

Expected Outcome 1: Creation of an cessation action plan detailing promotion and dissemination of cessation services and/or implementation of health system changes to increase quit smoking attempts for commercial tobacco or electronic nicotine delivery systems (ENDS) (i.e. e-cigarettes, vapes, etc.) and quitting and an evaluation plan

Activities	Deadlines	Deliverables	Person(s) Responsible
Activity 1.1: Create an contract with NIHB	09/30/2020	1 contract	Click here to enter text.
Activity 1.2: Attend mandatory virtual kick-off meeting	10/15/2020	1 virtual meeting	Click here to enter text.
Activity 1.3: Attend in-person awardee meeting/training	11/30/2020	1 in-person meeting	Click here to enter text.
Activity 1.4: Develop a cessation action plan.	12/1/2020	1 cessation action plan	Click here to enter text.
Activity 1.4a: Adopt one or more of the following: Clearway Minnesota's traditional tobacco media materials, TIPS® ads, Keep it Sacred American Indian Commercial Tobacco Program (AICTP), and/or 1-800-QUIT-NOW to promote available cessation resources	12/1/2020	At least 1 cessation resource chosen	Click here to enter text.
Activity 1.5: Will work with NIHB to develop an evaluation plan for the cessation action plan	12/1/2020	1 evaluation plan	Click here to enter text.



Work plan: (RFA pgs. 8-10)

Activity 1.6: Begin implementation of the cessation action plan	12/15/2020	Activities reported on in the final report to NIHB	Click here to enter text.
Activity 1.7: Begin evaluation activities associated with the cessation action plan, as appropriate.	12/15/2020	Activities reported on in the final report to NIHB	Click here to enter text.
<p><i>(Please add additional activities specific to the creation of your cessation action plan in the empty boxes. See examples below. Feel free to add additional rows if necessary)</i></p> <p>Example additional activities:</p> <ul style="list-style-type: none"> • Complete internal approvals • Create an advisory committee of 3-5 representatives to consult on the project • Hire a consultant to assist with creation of an evaluation plan • Conduct virtual counseling session • Host radio spots on commercial tobacco cessation • Implement an e-referral system 			
Activity 1.8: Click here to enter text.	Click here to enter a date.	Click here to enter text.	Click here to enter text.
Activity 1.9: Click here to enter text.	Click here to enter a date.	Click here to enter text.	Click here to enter text.
Activity 1.10: Click here to enter text.	Click here to enter a date.	Click here to enter text.	Click here to enter text.
Activity 1.11: Click here to enter text.	Click here to enter a date.	Click here to enter text.	Click here to enter text.
Activity 1.12: Click here to enter text.	Click here to enter a date.	Click here to enter text.	Click here to enter text.
Activity 1.13: Click here to enter text.	Click here to enter a date.	Click here to enter text.	Click here to enter text.



Work plan: (RFA pgs. 8-10)

Activity 1.14: Click here to enter text.	Click here to enter a date.	Click here to enter text.	Click here to enter text.
Activity 1.15: Click here to enter text.	Click here to enter a date.	Click here to enter text.	Click here to enter text.

Objective 2: Will participate in processes and evaluation to ensure effective and successful project implementation.			
Expected Outcome 2: Receive necessary support to ensure successful project implementation			
Activities	Deadlines	Deliverables	Person(s) Responsible
Activity 2.1: Complete a pre-assessment with NIHB to assess tobacco use and burden and readiness to implement media strategies or health system changes to promote cessation	10/15/20	1 pre-assessment	Click here to enter text.
Activity 2.2: Complete a post-assessment with NIHB to assess tobacco use and burden and readiness to implement media strategies or health systems changes to promote cessation	7/01/21	1 post-assessment	Click here to enter text.
Activity 2.3: Attend monthly check-in calls with NIHB	7/15/21	At least 4 monthly calls	Click here to enter text.
Activity 2.4: Attend monthly Cessation Learning Community (CLC) webinars	7/31/21	5 CLC webinars	Click here to enter text.
Activity 2.5: Submit a mid-year progress report to NIHB	02/28/21	1 mid-year report	Click here to enter text.
Activity 2.6: Submit a year-end report to NIHB that will include evaluation data	7/15/21	1 year-end report	Click here to enter text.



Work plan: Guidance

- ▶ Use one table per objective, and number each objective accordingly. Each outcome and all activities for that objective will be listed within that same table. Add additional tables for additional objectives.
- ▶ Add additional rows to the tables as needed to list out more activities. Be sure to represent the full scope of your proposed work.
- ▶ Please note that selected Tribal partners will have the following activities pre-listed in the RFA workplan added to their Contract as requirements for this project.



Work plan: Guidance

- ▶ **Objectives:** Objectives are the specific aims for your work and should be written so that they are “**SMART**” (specific, measurable, achievable, relevant, and time-based).
 - ▶ **Specific:** Objectives should provide the “who” and “what” of program activities. ...
 - ▶ **Measurable:** The focus is on “how much” change is expected. ...
 - ▶ **Achievable:** Objectives should be attainable within a given time frame and with available program resources.
 - ▶ **Realistic:** Objectives should relate to the overall goal of the program or project
 - ▶ **Time-phased:** What is the time frame for accomplishing the objective?
- ▶ A **SMART** objective should answer: WHO will do WHAT resulting in MEASURE by WHEN.



Work plan: Guidance

- ▶ **Expected Outcomes:** Please develop an expected outcome(s) for each objective written in the work plan. Consider what you anticipate to change as a result of achieving your objective(s) (such as increase in efficiency, increase of leadership buy-in, what additional benefits were gained). Each objective should have at least one expected outcome.
- ▶ **Activities & Deadline:** Activities are the specific tasks and work that you will engage in to accomplish your objectives. You will have more than one activity per objective. Each activity should include an expected deadline for completion.



Work plan: Guidance

- ▶ **Deliverables:** Deliverables are what you will submit to NIHB to demonstrate achievement of your objectives
 - ▶ Example:
 - ▶ Evidence of processes put in place (implemented e-referrals)
 - ▶ Flyers, brochures and other materials created
 - ▶ Social media posts
- ▶ You should have at least one deliverable per objective, and may have smaller deliverables for some activities (not all activities will have a deliverable though).
- ▶ **Budget:** Amount of funding estimated to complete a specific activity/deliverable.



Completed Applications Include:

- ▶ Section A: Tribe and Contact Information
- ▶ Section B: Application Narrative and Scope of Work
- ▶ Signed letter of support from Tribal official
- ▶ Completed Workplan
- ▶ Budget



Additional Activities

- ▶ Participate in an in-person meeting (most likely virtual)
- ▶ Participate in monthly learning communities, cohort conference calls, and/or individual conference calls with NIHB
- ▶ Participate in project evaluation and TA activities
- ▶ Pre & post-assessment



Application Selection

- ▶ Submit all sections by **11:59 PM EST on Friday, August 28, 2020**
- ▶ Submit application by email with “**Commercial Tobacco Cessation Application**” in subject line to cwheeler@nihb.org
- ▶ Responses to application questions
- ▶ Overall application quality



Timeline:

July 2020

RFA released

August 28, 2020

Applications due

September 18, 2020

Award notifications (sent by email)

October 1, 2020

Beginning of grant period

November 2020

Attend in-person meeting

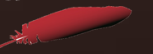
July 30, 2021

End of grant period



Q&A

➤ Use the chat box for questions



Resources

- ▶ Supporting Tribes to Increase Commercial Tobacco Cessation
 - ▶ https://www.nihb.org/public_health/tobacco_cessation.php
 - ▶ View cessation information, resources, and links



Thank You!

Any additional questions can be directed to

Courtney Wheeler, cwheeler@nihb.org, 202-507-4081

