

# Nevada's Tobacco Prevention and Control Program Request for Applications Recommendations for Grants Management Advisory Committee



**Department of Health and Human Services  
Division of Public and Behavioral Health  
Bureau of Child, Family and Community Wellness  
Chronic Disease Prevention and Health Promotion**

Brian Sandoval, Governor  
State of Nevada

Richard Whitley, Interim Director  
Department of Health and Human Services

Apr 2015  
1.0

Marta Jensen, Acting Administrator  
Division of Public and Behavioral Health  
Tracey D Green, MD, Chief Medical Officer  
Division of Public and Behavioral Health

## **Background**

The Fund for Health Nevada (FHN) was created in accordance with Chapter 439, Sections 620-630, of the Nevada Revised Statutes to utilize 50% of tobacco settlement monies received or recovered by the State of Nevada. The Task Force for the FHN was created by the Nevada Legislature in NRS 439.625 as a decision-making body for these funds. The current FHN allocations are: 30% to Independent Living for Seniors, 20% to Tobacco Control/Treatment, 10% to Children's Health, 7.5% to Disability Services, 5% to Disability Rx, and 30% to Senior RX.

The 2007 Nevada Legislature enacted Assembly Bill 182. AB 182 dissolved the Task Force and transferred most of those duties to the Grants Management Advisory Committee (GMAC) effective July 1, 2007. AB 182 amended three of the FHN allocations. Effective SFY09, the percent of funding for Tobacco Control/Treatment will change from 20% to 15%. Disability Services will increase funding from 7.5% to 10%, and Disability Rx will increase from 2.5% to 5%.

The Tobacco Prevention and Control Program is requesting the Grants Management Advisory Committee's support of the funding recommendations as outlined in this document.

## **Nevada Revised Statutes**

Per NRS 396.630 (1) (f) "subject to legislative authorization, allocated to the Health Division (Division of Public and Behavioral Health) money for programs that are consistent with guidelines established by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services relating to evidence-based best practices to prevent, reduce or treat the use of tobacco and the consequences of the use of tobacco. In making allocations pursuant to this paragraph, the Health Division (Division of Public and Behavioral Health) shall allocate the money, by contract or grant:

- 1) To the district board of health in each county whose population is 100,000 or more for expenditure for such programs in the respective county;
- 2) For such programs in counties whose population is less than 100,000; and
- 3) For statewide programs for tobacco cessation and other statewide services for tobacco cessation and for statewide evaluations of programs which receive an allocation of money pursuant to this paragraph, as determined necessary by the Health Division (Division of Public and Behavioral Health) and the district boards of health."

Proposals which are funded in part or in whole under NRS 439.630 (1) (f) must: (l) "Develop policies and procedures for the administration and distribution of contracts, grants, and other expenditures to state agencies, political subdivisions of this State, nonprofit organizations, universities, state colleges and community colleges. A condition of any such contract or grant must be that not more than 8 percent of the contract or grant may be used for administration expenses or other indirect costs. The procedures must require at least one competitive round of requests for proposals per biennium."

### **Funding During FY 12-13**

No funding for tobacco prevention and treatment was allocated during FY12-13. During that time, the Tobacco Prevention and Control Program and stakeholders solely relied on federal funds to support prevention and control activities across the state.

### **Funding During FY 14-15**

Applicants requested a total of \$1,105,058 and total available funds are \$950,000. To align funding with ceiling limits, total requested funds (\$1,105,058) were multiplied by the scoring percentages each receipting received. Resulting in a variance of \$155,058 (\$1,105,058 - \$950,000), which was then equitably distributed to applicants (\$3,608/applicant). The scores were relatively close (ranging from 81.30% to 88.26%).

### **Recommended Funding During FY 16-17**

Applicants requested a total of \$ 1,040,102. Per NRS 439.620 (4), the annual allocation for administrative expenses from the Fund must: (b) not exceed 5 percent of the money in the fund. **\$950,000** will be awarded during this request for applications. See below for specific recommendations.

#### **Recommendations to the Grants Management Advisory Committee**

The Division of Public and Behavioral Health recommends that the following applicants be awarded funding.

- 1) Carson City Health and Human Services
- 2) Nevada Statewide Coalition Partnership
- 3) Nevada Tobacco Quitline
- 4) Southern Nevada Health District
- 5) Washoe County Health District

#### **Evaluation Committee General Recommendations**

- Carson City Health and Human Services had the weakest application; they were unable to tie data to the proposed projects, didn't make a case for the proposed projects, their partnerships were not clear, their goals and objectives were not SMART, etc.
- Carson City Health and Human Services only serves 2.5% of the population and receives a fairly large amount of funding, comparatively
- The rural and frontier areas of the state should not have any funds taken from them as they need those funds to implement their programs in challenging and disparate populations.
- Southern Nevada Health District and Washoe County Health District should get the largest amount of money; the committee did not feel comfortable taking *any* funding from them as they serve a majority of the population; they also had strong applications
- Per guidance from the Deputy Attorney General, FOCUS is unable to be directly funded by the State of Nevada, but instead could be funded through Southern Nevada Health District.

- It is the committee’s recommendation that Southern Nevada Health District partner with FOCUS, but not provide funding at this point due to the lack of public health infrastructure at the organization.

### Fund for Healthy Nevada SFY16-17 Recommendations

Organization	Current Biennium Funding Amount – Per Year	Next Biennium Funding Amount, Per Year - Requested	Next Biennium Funding Amount, Per Year - Recommended	Application Qualitative Score	Application Quantitative Score
Carson City Health and Human Services	\$89,912	\$90,096	\$72,463	Fair	81
FOCUS	\$0	\$72,469	\$0	Poor-Fair	50.4
Nevada Statewide Coalition Partnership	\$125,891	\$144,278	\$144,278	Exceptional (2) Good (2) Fair (1)	100
Nevada Tobacco Quitline	\$70,000	\$73,649	\$91,282	N/A*	N/A*
Southern Nevada Health District	\$385,130	\$440,000	\$440,000, including competitive evaluation component	Exceptional	111
Washoe County Health District	\$186,950	\$201,977	\$201,977	Exceptional	108.4
	\$857,883	\$948,820	\$950,000	N/A	N/A

\* The Quitline contract was awarded through a competitive process in September of 2014.

## Request for Funding Announcements Competitive Process

The RFA was emailed through the CDPHP listserv and emailed to previous identified tobacco stakeholders. The timeline below was followed to administer the RFA and competitive process. The Nevada Tobacco Prevention and Control Program (NTPCP) Coordinator was available to answer questions. Each applicant received a follow-up meeting after scores and feedback was received from the Evaluation Committee to allow for program clarification based on feedback comments.

### Timetable

<i>RFA Milestone</i>	<i>Due</i>
NTPCP RFA available	April 6, 2015
Notice of Intent due to NTPCP (include evaluation component if applicable)	April 9, 2015
Applications due	April 17, 2015
Phase 1: Application Review by NTPCP staff	April 20-22, 2015
Phase 2: Application Review and Scored by Evaluation Committee	April 20-22, 2015
Phase 3: Applicant follow-up and clarification of scope of work and budget	April 24, 2015
Grants Management Review Recommendations	May 14, 2015
Final Negotiations of Subgrants/Subgrants written	June 1, 2015
Nevada Division of Public and Behavioral Health, Nevada Tobacco Prevention and Control Program disseminates funding	June 30, 2015

### Evaluation Committee

The evaluation committee was comprised of the following members:

1-Division of Public and Behavioral Health, Chronic Disease Prevention and Health Promotion Section, Tobacco Prevention and Control Program staff member

1-Division of Public and Behavioral Health, Chronic Disease Prevention and Health Promotion Section, staff member

3-Representatives outside of the Department of Health and Human Services (American Cancer Society, Campaign for Tobacco Free Kids Western Regional 2014-2015 Youth Advocate, Susan G. Komen Foundation)

## Services to be provided by Applicants

Applicants were required to identify and implement evidence-based strategies and interventions, that are endorsed by the Centers for Disease Control and Prevention's Office on Smoking and Health, included in Best Practices for Tobacco Prevention and Control 2014, and recommended by the Community Preventive Services Task Force. (See [www.thecommunityguide.org/tobacco](http://www.thecommunityguide.org/tobacco).) The Task Force has released the following findings on what works in public health to prevent tobacco use. These findings are compiled in The Guide to Community Preventive Services (The Community Guide) and summarized in the table available at <http://www.thecommunityguide.org/about/What-Works-Tobacco-insert.pdf>.

Recommended interventions that correspond to the goals included in this funding opportunity are listed below. In completing their proposed work plans, applicants were instructed to select at least two interventions from the following list of recommended evidence-based interventions to include in their work plans:

- Increasing the unit price of tobacco products
- Mass media campaigns when combined with other interventions
- Smoke-free policies
- Community mobilization with additional interventions

## Applicants Proposed Work Plans

### Carson City Health and Human Services

#### Goal 1: Eliminate exposure to secondhand smoke

- 1.1 Conduct an assessment and establish smoke free policy resources for multi-unit housing in Carson City to decrease the exposure to second hand smoke to Carson City residents
- 1.2 By June 30, 2016, plan, implement and evaluate one tobacco mass media campaign that promotes smoke free policies and decreases exposure to second hand smoke
- 1.3 Provide technical assistance to Western Nevada College to promote smoke free policy development to decrease second hand smoke exposure to campus students, staff, and visitors by June 30, 2016

#### Goal 2: Prevent initiation of tobacco use among youth and young adults

- 2.1 By June 30, 2016, Develop and implement a Youth Advocacy Plan which will guide youth advocates in smoke free policy and media efforts to decrease initiation of tobacco use in Carson City youth.

### **Goal 3: Identify and eliminate tobacco-related disparities**

- 3.1 Assess tobacco use in disparate populations in Carson City to increase outreach efforts
- 3.2 Support statewide tobacco prevention and control efforts to increase outreach efforts to the Nevada population and support efforts to decrease second hand smoke exposure through communication plans and smoke free policies.

## Nevada Statewide Coalition Partnership

### **Goal 1: Eliminate exposure to secondhand smoke**

- 1.1 Increase the number of smoke-free policies in the workplace by 3 by June 30, 2016
- 1.2 Increase the number of smoke-free policies in multi- unit housing developments by 3 by June 30, 2016
- 1.3 Increase and strengthen state and local capacity to sustain tobacco control efforts

### **Goal 2: Prevent initiation of tobacco use among youth and young adults**

- 2.1 Increase the number of smoke-free policies in youth sports venues and youth focused community events by 4 by June 30, 2016
- 2.2 Conduct 1 counter marketing campaign with the Nevada High School Rodeo Association

### **Goal 3: Identify and eliminate tobacco-related disparities**

- 3.1 Increase the systems to monitor smoke-free policies by 1 by June 30, 2016

## Southern Nevada Health District

### **Goal 1: Eliminate exposure to secondhand smoke**

- 1.1 Increase the number of comprehensive smoke-free cities by 1 by June 30, 2016.
- 1.2 Increase the number of Clark County public and low-income multi-housing (MH) units that have a smoke-free policy by 500 by June 30, 2016.

- 1.3 Increase smoke-free and tobacco-free policy expansion at worksites in Clark County by 10 locations by June 30, 2016.

**Goal 2: Prevent initiation of tobacco use among youth and young adults**

- 2.1 Mobilize youth to prevent access to tobacco products through implementation of 20 activities in communities, schools and other youth environments by June 30, 2016.
- 3.1 Increase outreach to priority populations (including African American, Hispanic, and LGBT) through 15 instances of community engagement, counter marketing, and participation in high-profile community events by June 30, 2016.

**Goal 3: Identify and eliminate tobacco-related disparities**

- 4.1 Implement activities outlined in the Optional Evaluation Plan related to Adult Tobacco Survey by June 30, 2016.
- 4.2 Implement activities outlined in the Optional Evaluation Plan related to youth objectives by June 30, 2016.

## Washoe County Health District

**Evidence-based interventions that goals are guided by:**

- **Smoke free policies**
- **Mass media campaigns when combined with other interventions**

**Goal 1: Eliminate exposure to secondhand smoke**

- 1.1 Increase the number of businesses with voluntary smoke free (SF) meeting policies by five by June 30, 2016.
- 1.2 By June 30, 2016 increase the number of smoke free outdoor community events by one.
- 1.3 By June 30, 2016 increase the number of smoke free outdoor community events by one.
- 1.4 By June 30, 2016, increase the number of voluntary SF policies among multi-unit housing (MUH) properties by five



## **Goal 2: Prevent initiation of tobacco use among youth and young adults**

- 2.1 By June 30, 2016, plan, implement and evaluate one tobacco mass media campaign that promotes smoke free policies.
- 2.2 By June 30, 2016, develop and implement one Youth Advocacy Plan which would guide youth advocates in smoke free policy and media efforts.
- 2.3 By June 30, 2016, efforts to prevent initiation of tobacco use among youth and young adults will be evaluated and reported.

## **Goal 3: Identify and eliminate tobacco-related disparities**

- 3.1 By June 30, 2016 plan, implement and evaluate one intervention with the, Lesbian, Gay, Bisexual, Transgender, Questioning, Intersexed (LGBTQI) population related to tobacco use and exposure.
- 3.2 Promote cessation information within the low SES community through June 30, 2016.
- 3.3 By June 30, 2016 support statewide tobacco prevention and control efforts by sponsoring Nevada Tobacco Prevention Coalition (NTPC) trainings and meetings for professionals and volunteers across Nevada.
- 3.4 By June 30, 2016, efforts to identify and eliminate tobacco-related disparities will be evaluated and reported

## **Evaluation Committee Members Feedback**

### **Carson City Health and Human Services**

#### **Strengths**

- [Adequate program management] Definitely!
- [Effective fiscal controls established] Yes!
- CDPHP Template is complete and accurate

#### **Weaknesses**

- Outcomes do not specify how the goal will be completed. For instance, “Decrease exposure to secondhand smoke to Carson City residents in multi-unit housing by implementing a smoke-free ground policy at 2 apartment complexes in Carson City”.
- Media campaign component is unclear.
- Just data in this section, no narrative. Need narrative to link data to a decision.
- Work plan is not SMART. Objectives must be SMART.
- Not clear what partnership is in place because of what objective. Difficult to cross-walk activities and partnerships. Who will help you accomplish what?

- [Target populations] Just data in this section, no narrative. Need narrative to link data to a decision.
- No ties between how decisions were made and how the data was used to make the decisions.
- Projects were identified, but the data was never tied to why the project was chosen. For example, since 34.2% of Carson City residents under 200% FPL are exposed to second hand smoke or smoke directly, what strategies will be put into place to combat this challenge? Data and decisions made must tie together.
- This was not clearly developed. [For each population identified, applicant provides background on the disparity and the approach for working with this population over the next two years]
- Applicant never made the connection between the data and the project decision
- Evaluation questions that were identified are not pertinent evaluation questions. Willing to work with CDPHP staff to improve evaluation, great
- Applicant only speaks of collaboration to implement evidence-based strategies, but not capacity to do so.
- Applicant stated lots of coalition engagement which is great and a very helpful partnership. However, the applicant has not identified other key partners to help move key strategies forward.
- Only Core Tobacco dollars leveraged, also awarded from State of Nevada.
- [Evaluation and Performance Measurement Plan] Mix of qualitative and anecdotal
- Decision maker capacity?
- I would like to know what the applicant has accomplished over the past 5 years of tobacco program
- Does not mention effective fiscal controls
- Did not answer extent to which significant resources are secured by the applicant and/or significant leveraging indicated.
- Sounds like a lot of meetings.no necessarily a lot of action
- Applicant pasted in a lot of demographics tables, but does not discuss analyze, identify which segments of the population they are targeting and why
- Vague [strategies and activities]
- Collaborations mentioned but not detailed
- [Target populations] – In chart, insufficient, Not provided other than reference

## Focus

- A faith-based organization working with churches could be a good way to reach Black and Hispanic populations. Wanted to know more about the size of the congregations reached, smoking rates of the congregation, and impact on surrounding communities.
- Could benefit from technical assistance on data and evaluation if selected
- Need more details on the capacity and technical capabilities of the organization to successfully implement grant. Organization states it has worked with SNHD in past and has an established relationship. SNHD may be in good position to evaluate capacity of organization (sub-grantee potential)

## Strengths

- 2 general strategies for addressing tobacco given. The strategies are described.
- Outcomes are identified and quantified.
- The strategies are described.
- Clearly identifies collaborators
- Organization works directly with black and Hispanic populations.
- populations are identified
- Population is members of churches, predominantly black and Hispanic.
- Applicant shows understanding of evaluation and different methods for evaluating program
- financial system in place
- implementing some program on health eating and million hearts
- Rising Sun can likely engage the congregations. Can they engage the surrounding community? unknown (no information provided).
- experience working with SNHD (but specific examples not provided)
- The applicant has an existing health education program in place, Body&Soul, with which the FOCUS program could dovetail. Rising Sun Programs could simply add tobacco education onto the current curriculum. Body&Soul is a program that teaches congregants how to cook healthfully and the benefits of a healthy diet.
- The applicant intends to deliver the proposed program to African American and Hispanic groups to reduce health disparities.

## Weaknesses

- [Purpose] Vague
- [Outcomes] Please be more specific
- Evaluation does not include simple metrics that determine if use of tobacco has decreased.
- This proposal does not meet the essential purpose, guidelines for this RFA
- The outcomes focus on individuals and faith –based organizations, which may limit the reach of intervention.
- Has this group received past funding/technical assistance from CDC and National Cancer Institute. Difficult to tell how closely these groups helped with development of strategies and activities.

- A lot of discussion in grant on Body and Soul (B&S) program that churches are implementing. Unsure exactly what this program is and what all of the “pillars” are and how effective it is.
- The work plan is very simple and does not describe in any detail how strategies will be reached.
- What programs are currently being worked on by the church network described.
- Does not fully describe church populations. How many people attend the churches? What % are Hispanic approximately?
- Data is not used effectively in application. Applicant does not have a good understanding on different data sources available.
- Unclear what the tobacco use rates are in the church population.
- Applicant discusses general Black and Hispanic in NV as a whole but not the specific population in church.
- past experience with evaluation not described,
- The leader of the program appears qualified but qualifications are numbers are not supplied for other staff members.
- not enough information /past history provided to understand if organization can manage all the financial reporting requirements
- limited experience with implementing evidence based-strategies
- Does not appear they can engage policy makers
- no experience with state
- Limited leverage, limited current funding
- The relationship between Rising Sun Programs and Education for Quality Living (EQL) is unclear, as is the value added to the proposal by Rising Sun. Rising Sun is the primary applicant (p.1). However, it is unclear what Rising Sun, based in Bethesda, MD, contributes to the application. Rising Sun promotes *The Wealth Club*, a financial literacy program offered in the Washington DC area. The FOCUS program content is more closely aligned with the EQL’s Body&Soul content, and it currently collaborates with proposed participants. The application would be strengthened if it were coming directly from EQL.
- No information about the target populations is provided. Applicant lists 7 churches but provides no information about the congregations’ demographic makeup. Presumably they are predominantly African American, but no data is present. RFA requests that target populations be low income; the application does not include income data for proposed participants. The application would be strengthened by demographic data about the participating congregations and target church communities for year 2 expansion.
- The application’s description of the pillars format is incomplete and unclear. The difference between pillars 2 and 3 are not described, and pillar 4 is not included. (p. 2)
- The applicant notes (p. 2) that “current cigarette smoking usage among African Americans in Nevada at 30% and Hispanics at 15.5%,” (compared to a cited 20.5% statewide rate) and goes on to state “Combined, these data sources suggest that of the 20.5% of the adults in Nevada who were current smokers in 2011-201, a combined 45% (almost half) were of African American and Hispanic descent.” The application would be strengthened by more careful use of statistics, especially since the budget includes a request for statistical analysis software. The misuse of statistics calls into question the applicant’s ability to collect and analyze evaluation data.

- The evaluation description does not explicitly include before and after measures of tobacco use.
- The application contains many typographical errors. The proposal would be strengthened by practicing a higher degree of professionalism.

## Nevada Statewide Coalition Partnership

### Strengths

- [Purpose] Well stated and outlined
- [Strategies and Activities] Rodeo, veterans, toolkit
- [Target populations ] Excellent
- Bi-lingual resources
- [Collaborations ] Six coalitions, state stakeholders
- [Collaborations ] Excellent
- Social and community capital leveraged, but no hard \$
- Applicant described 2 methods to address burden.
  - tobacco/smoke free policies;
  - eliminating disparities among veterans and the elderly
- [CDPHP Work Plan is Complete and accurate] Yes
- [CDPHP Work plan] Detailed
- Research, policy review, toolkit, training, communication
- The Coalition manages a number of public health programs (other tobacco grant, family planning, community health worker, mental health, substance abuse). It makes perfect sense to strengthen and expand anti-tobacco strategies to the existing rural and frontier community health structure.
- Applicant is building on an existing program.
- Applicant has clear and measurable objectives.
- Program includes strong collaborations with many stakeholders. Collaboration has strong history.
- Program includes a broad range of activities focused on a variety of target audiences.
- Program specifies strategies and activities. I particularly like the youth rodeo program including a rodeo celebrity.
- [Outcomes] Very clear and specific
- Outcomes were measurable and clear.
- Outcomes included direction of change.
- Strategies and activities are specific noting recommended EBIs of developing and implementing smoke free policies to address housing and businesses;
- Community mobilization focusing on youth 2 of the 4 RFA recommended interventions were noted in narrative and work plan
- Applicant notes history of working with 6 community coalitions and various stakeholder from all levels

- Applicant clearly described the target populations to be reached
- YBRS, Nevada Rural and Frontier Health Data Book and state demographic data were used to identify target populations and areas of need

### **Weaknesses**

- My only concern about this program is that the coalition is perhaps *too* diffuse.
- Application would be strengthened by reporting metrics of existing program successes.
- Program description mentions existing “successful” program. How is it successful?
- [Outcomes] Where?? Identify
- [Applicant Evaluation and Performance Measurement Plan]Vague other than state evaluation
- How are fiscal controls coordinated?
- Evidence base unclear [for capacity to implement e-b strategies ...]
- [Capacity to engage] Decision makers?

### **Recommendations**

Work plan activities should be more measurable to include number of deliverables

## Southern Nevada Health District

- Very strong application overall
- Capacity and partnerships well-developed to accomplish grant objectives
- Interested to know more about the objective of a smoke-free city. Likely will need more policy oriented activities in work plan to accomplish this.
- Interventions are mentioned. Interventions are evidence-based

### **Strengths**

- Evidence-based strategies, multi-faceted approach, health disparities
- Outcomes are marked by directional change and are quantitative with sufficient details in demographics
- Activities are quantitative and task focused
- All strategies presented as best practice as required
- Nicely detailed plan aligning with priorities
- Detailed community specific data given
- LGBT and Spanish Language
- Knows appropriate strategies for different populations
- Process and outcome monitoring procedure spelled –out well
- 50 years of combined experience
- Large org, 50 years xp
- Stellar audits – check/balance
- All work product in the TPC is evidence-based and history including prior funding demonstrates this

- Community relationships and synergistic approach maximizes capacity
- Leveraging of in-kind support and other funding demonstrated
- Partners, 500 trained youth leaders \$40k, virtual strategies
- Interventions are mentioned. Interventions are evidence-based
- Outcomes have intended direction of change.
- Evidence-based strategies are proposed
- Evidence-based strategies are referenced
- Strong work plan.
- Good description of target populations
- How? Uses data to show why chosen, Hispanic AA LGBT low SES
- 2013 Census, Hispanic AA LGBT low SES
- Yes-Hispanic AA LGBT smoking rates, low SES increasing rates esp children lightly connects with general stmt that confirmed higher rates
- SNHD appear to have good understanding of data
- 2 interventions (Spanish language youth and GLBT) have received national recognition
- Provide good data
- Describes specific populations (LGBT, Hispanic)
- Different measures are described (process, outcome). Lists specific activities
- Long history of tobacco work in community. Staff with technical expertise (data analysis).
- Fiscal process is described. Receives annual audits
- Mgmt: accountability, performance, and fiscal controls
- Evidence of capacity
- Lists 2 goals that come from EBS
- Coalition building, grassroots, mass comm, and eval efforts
- Provides past examples of coordination and collaboration
- Resources and leveraging present

#### **SNHD Evaluation Proposal????**

- Dual focused approach – results will help design and update programs to best use \$
- Resources including SNHD epidemiology
- Network of support outlined
- [Significant staff resources and trained data collectors secured ] In place at SNHD
- Worked on several projects
- Adult tobacco survey worked with Battelle
- State eval team collaborative process
- Evaluation plan included
- Fully integrated with other objective
- Good and clear plan with history of collaborative work
- Over 14 years' experience

## Weaknesses

- Broad range of partners noted though, it appears, partners in the profit centers not identified
- Outcomes may be overly ambitious (smoke-free city). Perhaps intermediary outcome better. The work plan could benefit from more 'policy' items if goal is to make a smoke-free city?
- Could benefit from more policy activities for the 'smoke free city'
- No mention of specific capabilities working with populations disproportionately affected (for example, Spanish speaking staff or ties with local GLBT organization)
- Population-based approach p. 2 could be better details
- [For each population identified, applicant provides background on the disparity and the approach for working with this population over the next two years] Integrated within "target" but not clearly identified

## SNHD Evaluation Proposal

- Worked with contractors, internal details not included
- Dissemination plan could be stronger
- Dissemination plan not clear; no indications of publishing

## Washoe County Health District

### Strengths

- Outcomes excellent and includes current status w/ goal
- Source cited – aligning descriptions to capitalize on strengths
- Community Guide cited
- CDPHP Work Plan Template is complete and accurate
- Campus sites noted, ALA youth
- Low income, LGBT
- Housing projects, college campus
- [Evaluation] 5% of staff time
- Program 17 years, leadership 8 years
- Washoe County [Fiscal] Controls
- History of collaboration and coordination noted
- Applicant described 2 methods to address burden.
  - Tobacco/smoke free policies
  - Mass media campaigns
- Outcomes were measurable and clear. All outcomes included direction of change.
- Strategies and activities are specific noting recommended EBIs of
- Developing and implementing smoke free policies to businesses, housing and systems of higher education;
- Conducting mass media campaigns;
- Community mobilization focusing on youth.



- 3 of the 4 RFA recommended interventions were noted in narrative and work plan
- Work plan is complete and measurable
- Partner and funding information was provided. WCHD will facilitate communication/meetings through the project period to prevent duplication and increase collaboration.
- Applicant clearly described the target populations to be reached.
- Population and income data was used to address certain populations
- The populations to be targeted are youth, young adults, low income and LGBTQI. Strength: The populations to be targeted are youth, young adults, low income and LGBTQI.
- The approaches for each population group were clearly written. Background was provided for low income and LGBTQI
- Evaluation plan is present. Outcomes appear to be appropriate and achievable.
- Applicant staff capacity is sufficient with 2 health educators, 1 public service intern and the collaboration with UNR to provide student interns, as needed. WCHD's Tobacco Program has been in existence for 17 years and has experienced managers and supervisors
- The applicant has a standard accounting systems, internal controls and demonstrated compliance with laws and regulations
- Health Educator staff have a minimum of 8 years' experience working in policy, outreach and communication
- Applicant has reached public and decision makers through reports, large and small media, interviews and data reports
- Applicant collaborates with government, civic, advocacy and education partners. Applicant seeks opportunities for coordinated media efforts and leveraging of resources across regions.
- Applicant notes federal funding, as well as, WCHD funding which supports management. Applicant works with UNR to offer intern projects and receives in-kind support from the members of Northern Nevada Action Committee
- \$110,000 from Fed UNR in-kind

### **Weaknesses**

- Most partners noted except "various media outlets" Where??
- [Target Populations] "Who" identified, but data plan for identification unclear
- Inclusion plan unclear – "who" is clear
- Capacity noted, but evidence based not noted
- Engagement of outcomes for tobacco control noted, but not including disparities
- Except for NNAC, it is unknown whether partners are new or existing
- Data use was explained in more detail in the Evaluation and Performance section
- Very little background was provided for youth and young adults