

**Independent Grants for Learning & Change (IGLC)**  
**Addressing Smoking Cessation Education in a Changing Environment**

**IMPORTANT: Kindly note, all requests must be submitted in English.**

### **I. Background**

The mission of Pfizer Independent Grants for Learning & Change (IGLC) is to partner with the global healthcare community to improve patient outcomes in areas of mutual interest through support of measurable learning and change strategies. “Independent” means that the projects funded by Pfizer are the full responsibility of the recipient organization. Pfizer has no influence over any aspect of the projects and only asks for reports about the results and the impact of the projects in order to share them publicly.

Through this CGA we encourage organizations to submit grant requests that, if funded, will support education in a specific disease state, therapeutic area, or broader area of educational need. The content or format of educational activities or related materials must promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest.

When a CGA is issued, it is posted on the IGLC website in the [Grants Process section](#) and is sent via e-mail to all registered users in our grants system. Some CGAs may also be posted on the websites of other relevant organizations.

### **II. Eligibility**

<b>Geographic Scope:</b>	<input checked="" type="checkbox"/> United States <input checked="" type="checkbox"/> International (Spain, Italy, UK, Japan)
<b>Applicant Eligibility Criteria:</b>	<p>The following may apply: medical, nursing, allied health, and/or pharmacy professional and public health schools; healthcare institutions (both large and small); professional associations and medical societies; medical education companies; and other entities with a mission related to healthcare professional education and/or healthcare improvement.</p> <p>More information on organizations eligible to apply directly for a grant can be found at <a href="http://www.pfizer.com/files/IGLC_OrganizationEligibility_effJuly2015.pdf">http://www.pfizer.com/files/IGLC_OrganizationEligibility_effJuly2015.pdf</a>.</p> <p>Collaborations within institutions (e.g., between departments and/or inter-professional), as well as between different institutions/organizations/associations, are encouraged. All partners must have a relevant role, and the requesting organization must have a leadership role.</p>

### **III. Requirements**

<b>Date CGA Issued:</b>	June 4, 2018; revised August 1, 2018
<b>Clinical Area:</b>	Smoking Cessation

**Specific Area of Interest for this CGA:**

Tobacco use is the leading cause of preventable death worldwide.<sup>1</sup> With more than 1 billion smokers in the world, the World Health Organization (WHO) estimates that tobacco kills up to 6 million people every year; more than 5 million of these deaths are the result of direct tobacco use, and more than 600,000 are non-smokers exposed to secondhand smoke.<sup>2</sup>

The concept of harm-reduction has emerged as a strategy to reduce or eliminate the consumption of tobacco cigarettes. This strategy is intended to lower the health risks associated with using combustible tobacco by substituting with less harmful nicotine containing products. The use of these products have been focused on offering smokers, who are unwilling or unable to stop smoking without giving up nicotine, the opportunity to cut down before stopping, reduce their smoking or abstain.<sup>3</sup> Recently, harm-reduction strategies have focused on the use of electronic nicotine delivery systems (ENDS) which include electronic cigarettes (also known as e-cigarettes), and the newer heated tobacco products (also known as Heat-Not-Burn).

Smokers, physicians and policymakers should consider promoting and supporting complete cessation and abstinence of tobacco cigarettes and nicotine containing products as a primary end goal. Even exposure to a single cigarette/day or second-hand smoke has been shown to increase CV risk. Smoking cessation remains the only way to achieve full health and mortality benefits.<sup>4</sup> The extent of health benefits of harm-reduction alone have not been clearly determined.<sup>5-9</sup>

It is our intent to support programs that focus on increasing professionals' knowledge regarding the scientifically proven benefits of complete abstinence from smoking tobacco cigarettes.

This CGA is to encourage organizations to submit applications for independent educational grants to provide programing targeted to healthcare providers (e.g., General Practitioners, Primary Care Providers, Psychiatrists, Pharmacists, Cardiologists, Pulmonologists, and Researchers) caring for smokers.

More information on principles of learning and behavior change for health professionals can be found at [www.pfizer.com/files/HealthProfessionalsLearningandBehaviorChange\\_AFewPrinciples.pdf](http://www.pfizer.com/files/HealthProfessionalsLearningandBehaviorChange_AFewPrinciples.pdf).

**References**

1. WHO. WHO Media Center; Tobacco <http://www.who.int/mediacentre/factsheets/fs339/en/index.html>.
2. Godtfredsen et al, Smoking Reduction, Smoking Cessation, and Mortality: A 16-year Follow-up of 19,732 Men and Women from the Copenhagen Centre for Prospective Population Studies. *Am. J. Epidemiol* 2002;156: 994-1001)
3. National Institute for Health and Care Excellence (2013) Smoking: harm reduction (NICE Public health guideline [PH45]). Available at: <https://www.nice.org.uk/guidance/ph45/chapter/1-Recommendations#definitions>
4. World Bank. Curbing the Epidemic Governments and the Economics of Tobacco Control. 1999. Figure 7.1. <http://documents.worldbank.org/curated/en/914041468176678949/pdf/multi-page.pdf>.
5. Godtfredsen et al, Smoking Reduction, Smoking Cessation, and Mortality: A 16-year Follow-up of 19,732 Men and Women from the Copenhagen Centre for Prospective Population Studies. *Am. J. Epidemiol* 2002;156: 994-1001)
6. Hart, C. et al., (2013) Does Smoking Reduction in Midlife Reduce Mortality Risk? Results of 2 Long-Term Prospective Cohort Studies of Men and Women in Scotland. *Am. J. Epidemiol.* (2013) doi: 10.1093/aje/kwt038.
7. Liu X, Lugo A, Spizzichino L, et al Heat-not-burn tobacco products: concerns from the Italian experience *Tobacco Control*. Published Online First: 26 January 2018.
8. Aveyard Paul, Arnott Deborah, Johnson Kenneth C. Should we recommend e-cigarettes to help smokers quit? *BMJ* 2018; 361 :k1759
9. WHO. 2016. Electronic Nicotine Delivery Systems and Electronic Non-Nicotine Delivery Systems (ENDS/ENNDs). Conference of the Parties to the WHO Framework Convention on Tobacco Control. Seventh Session. Delhi, India [FTC/COP/7/11](http://www.who.int/tobacco/framework/convention/7/11)

<p><b>Expected Approximate Monetary Range of Grant Applications:</b></p>	<p>The total available budget related to this CGA is \$300,000 USD to support up to four proposals.</p> <p>The grant amount Pfizer will be prepared to fund will depend upon the evaluation of the proposal and costs involved and will be stated clearly in the approval notification.</p>
<p><b>Key Dates:</b></p>	<p>CGA release date: June 4, 2018</p> <p><b>Grant application due date: September 18, 2018</b></p> <p>Please note the deadline is midnight Eastern Time (New York, GMT -5).</p> <p>Anticipated Grant Award Notification Date: End of October 2018</p> <p>Grants distributed following execution of fully signed Letter of Agreement</p> <p>Period of Performance: 18 months maximum</p> <p>Projects to commence after December 1, 2018</p>
<p><b>How to Submit:</b></p>	<p>Please go to the specific <a href="#">application log-in page</a> and sign in. First-time users should click “REGISTER NOW”.</p> <p>Select the following Educational Area:  <b>CGA- Smoking Cessation Education in a Changing Environment</b></p> <p>Requirements for submission:  Complete all required sections of the online application and upload the completed CGA template (see Appendix). If you encounter any technical difficulties with the grant management system, please click the “Need Support?” link at the bottom of the page.</p> <p><b>IMPORTANT:</b> Be advised applications submitted through the wrong application type and/or submitted after the due date will not be reviewed by the committee.</p>
<p><b>Questions:</b></p>	<p>If you have questions regarding this CGA, please direct them in writing to Jessica Romano at <a href="mailto:Jessica.Romano@pfizer.com">Jessica.Romano@pfizer.com</a> with the subject line “CGA- Smoking Cessation and Tobacco Harm Reduction.”</p>
<p><b>Mechanism by which Applicants will be Notified:</b></p>	<p>All applicants will be notified via email by the dates noted above.</p> <p>Applicants may be asked for additional clarification or to make a summary presentation during the review period.</p>

**IV. Terms and Conditions**

Please take note every Call for Grant Applications (CGA) released by Pfizer Independent Grants for Learning & Change (IGLC) is governed by specific terms and conditions. These terms and conditions can be reviewed here: [http://www.pfizer.com/files/PfizerIGLC\\_CGA\\_TermsandConditions\\_2017Nov.pdf](http://www.pfizer.com/files/PfizerIGLC_CGA_TermsandConditions_2017Nov.pdf)

## **Appendix: CGA Grant Submission Template**

Grant Applications should be single-spaced using Calibri 12-point font and 1-inch margins. Note there is a **15-page limit** exclusive of references. Please include the following:

- A. Title
- B. Organizational Detail: Describe the attributes of the institutions/organizations that will support and facilitate the execution of the project, the leadership of the proposed project, and the specific role of each partner in the proposed project.
- C. Goal: Briefly state the overall goal of the project.
- D. Objectives: List the objectives you plan to meet with your project, in terms of learning and expected outcomes.
- E. Assessment of Need: Include a quantitative baseline data summary, initial metrics, or a project starting point (please cite data on gap analyses or relevant patient-level data that informs the stated objectives) in your target area.
- F. Target Learner Audience: Describe the primary audience(s) targeted for this project. Indicate whom you believe will directly benefit from the project outcomes. Describe the overall population size as well as the size of your sample population.
- G. Project Design and Methods: Describe the planned project, the educational approach, and the way the planned methods address the established need.
- H. Innovation: Explain what measures you have taken to assure that this project idea is original and does not duplicate other projects or materials already developed. Describe how this project builds upon existing work, pilot projects, or ongoing projects developed either by your institution or other institutions related to this project.
- I. Outcomes Evaluation: In terms of the metrics used for the needs assessment, describe how you will determine if the gap was addressed for the target group. Identify the sources of data you anticipate using to make the determination. Describe how you expect to collect and analyze the data. Explain the method used to control for other factors outside this project (e.g., use of a control group or comparison with baseline data). Quantify the amount of change expected from this project in terms of your target audience. Describe how you will determine if the target audience was fully engaged in the project.
- J. Dissemination Plan: Describe how the project may have extended benefit beyond the grant. Will the teaching materials be made available to others to use? Will there be tools or resources that are made publicly available beyond the initial project. Describe how the project outcomes might be broadly disseminated.
- K. Timeline
- L. Additional Information: If there is any additional information you feel Pfizer should be aware of concerning the importance of this project, please summarize it in within the page limitations.
- M. References (outside the 15-page limit)
  - There is no designated format for references
- N. Budget (See template available in application)
  - While estimating your budget please keep the following items in mind:
    - Grants awarded by IGLC cannot be used to purchase therapeutic agents (prescription or non-prescription).
    - Pfizer maintains a company-wide, maximum allowed overhead rate of 28% for projects.
    - A separate Excel file should be uploaded. This does not count toward the page limit.
      - An example of the budget template can be found here:  
<http://cybergrants.com/pfizer/docs/KnowledgeGapBudgetTemplate2015.xls>
      - At the conclusion of your program, a reconciliation of expenses is required using the original budget file submitted.

Grant Applications should be single-spaced using Calibri 12-point font and 1-inch margins. There is a **15-page limit** exclusive of references. If extensive, references may be included on 1-2 additional pages.