



## **REQUEST FOR PROPOSAL**

# **SOCIAL MARKETING CONSULTANT**

**March 24, 2015**

## RFP Social Marketing Consultant – KFL&A Public Health

### *I. BACKGROUND:*

The Tobacco Control Area Network located in the Eastern most part of Southern Ontario (TCAN-East) is comprised of six Public Health Units (PHUs). TCAN-East is staffed by a Coordinator and Youth Development Specialist. A Steering Committee comprise of the TCAN staff and representatives from local PHUs provides direction to working groups which fulfill requirements for regional program planning, communication, and resource sharing.

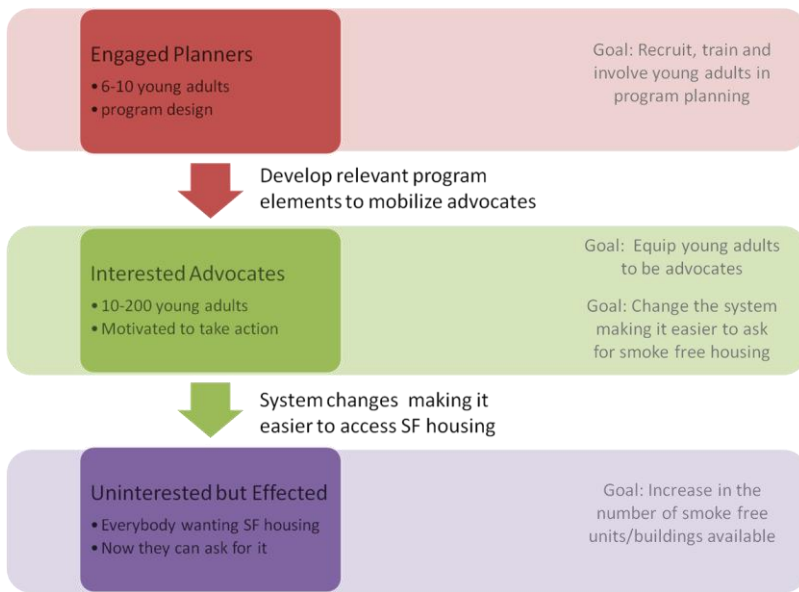
Since 2007, TCAN-East has organized tobacco control projects that are regional in scope. These have included mass media campaigns, resource development, program evaluations, etc. One of the areas TCAN-East has been working in since 2010 is Smoke-free Multi-Unit Dwellings (MUDs). Previous TCAN-East MUDs projects have included outreach, education resources, and workshops for landlords, advertisements in housing trade publications, earned media, and surveys of the public to gauge support for and their attitudes towards Smoke-free MUDs.

Recent surveys of Ontarians indicate that 1 in 4 people live in a multi-unit dwelling (apartment, condo, duplex), and of these 38% reported being exposed to tobacco second hand smoke (SHS) coming from a neighbouring unit in the last 6 months. That 38% represents **1 million Ontarians who are involuntarily exposed to SHS** of which it has been proven there is no safe level of exposure. SHS is an environmental carcinogen that can lead to many chronic diseases, such as lung cancer and heart disease.

Despite a 2010 survey indicating that nearly 80% of residents in MUDs would prefer to live in smoke-free housing, there is still a critical shortage of smoke-free housing options. Many Landlords and Property Managers are under the false perception that smoke-free policies are illegal. Landlords are also concerned about vacancies and turn-over rates; believing that smoke-free policies will make it more difficult to find and keep tenants. Conversely, tenants do not always make their preference for smoke-free housing well known. Many tenants have limited options for housing so do not wait for, or move to, a smoke-free alternative. All of these factors lead to a low supply of smoke-free MUDs, while more and more people would prefer a smoke-free option. The solution to this supply and demand problem is to make the demand for smoke-free MUDs clearer to landlords, who in turn, can increase the supply of smoke-free units. This concept follows the economical principle that **increasing demand will cause the market to respond with an increase in supply**.

Young adults, who for purposes of this project will include those 18 to 29 years of age, are more likely than other age groups to live in apartments, shared houses, duplexes, etc. They also move around often they so have many opportunities to interact with housing providers and the housing market. Young Adults in post-secondary settings are generally keen to get involved and concerned about social issues. They are looking to put their 'stamp' on the world and have the passion and energy to do so. Working specifically with young adults in the post-secondary setting clearly defines the audience for this project and provides a somewhat homogeneous group to consider.

For this project, a cascading model of influence is being proposed. Most of the project will be focused on young adults either involved in planning the project, *Engaged Planners*, or those who are keen to be advocates, *Interested Advocates* (see figure 1). Activating young adults to create change in the system and increase the demand for smoke-free housing should, in turn, provide more options to those who are affected by drifting smoke but, for a number of reasons, unable to move or be an advocate themselves.



**Figure 1: Cascading Model of Influence**

The short term goals of this project are to recruit Engaged Planners and develop a social marketing strategy. These goals will be accomplished in 2015. For 2016 the start of the TCAN 3 year planning cycle, we will implement the strategy, aiming to equip young adult advocates with tools to create changes in the system and hopefully see those changes made. Some examples of system change could include:

- ❖ Popular online housing search platforms (ie Kijiji, Places4Students, Craigslist) includes smoke-free as a filter that users can select when looking for new housing options.
- ❖ Large housing provider (ie Minto or Homestead) develops and implements a smoke-free housing policy for any or all of their buildings.
- ❖ Changes to the Residential Tenancies Act 2006 making it easier for tenants to handle breaches of no-smoking clauses in leases.

The long term goal of this project is an increase in the availability of smoke-free housing through the increase in the demand. Using the model above, an increase in available smoke-free units or buildings and changes in the housing system will protect young adults at post secondary institutions, and **any** tenant.

## II. SERVICE REQUIREMENT:

The focus of this RFP is on the development of a social marketing strategy. The working group is looking for a social marketing consultant (individual or organization), to lead the working group, comprised of PHU staff and *Engaged Planner* young adults, through a planning process that will result in a social marketing plan aimed at *Interested Advocate* young adults who live in Multi-Unit Dwellings. The successful applicant will facilitate the planning process, utilizing the ideas and expertise of the working group with social marketing principles and leading practices to develop a comprehensive locally informed social marketing plan. Due to the vast geography covered by the working group, 75% of working groups' planning time may be done via teleconference, online shared spaces, and emails (teleconference line costs will be covered by KFL&A Public Health).

*III. DELIVERABLES FOR THIS RFP:*

- 1) Social marketing planning framework that will lead the working group through the project.
- 2) Facilitation of the project through all stages of the planning framework, through a combination of in-person, teleconference, online shared spaces, and email.
- 3) Social marketing plan that includes potential messaging, channels of communication, suggested partnerships, and ideas for creative.
- 4) Written report documenting the process, synthesizes findings and provides recommendations for next steps

*IV. THE SUCCESSFUL CONTRACTOR MUST HAVE:*

- Proven knowledge of Social Marketing principles and practise, ideally in the public health field.
- Extensive experience in group facilitation, program planning, and collaborating with multiple stakeholders to achieve a common objective.
- Demonstrated knowledge of the young adult target audience.
- Ability to complete the planning process on time, on budget, and in accordance with specified quality standards.
- Availability to begin work based on project schedule and ability to accommodate the schedules of multiple stakeholders

*V. SUBMISSION REQUIREMENTS:*

- Resume(s) of all consultants that would be working on the project that clearly demonstrate the above noted requirements.
- A detailed plan and description of how the requested deliverables will be executed.
- A breakdown of all costs including total cost for contract
- The names and contact information of 2 references, preferably Public Health related clients.
- Confirmation that the individual consultant(s) or organization does not have any tobacco industry clients (including tobacco company subsidiaries).

*VI. PRIOR TO THE COMMENCEMENT OF ANY WORK, THE FOLLOWING SHALL BE PROVIDED TO KFL&A Public Health:*

**1. Workplace Safety & Insurance Board**

Proof of registration as an employer with the Workplace Safety and Insurance Board (WSIB) and a valid clearance certificate from the WSIB confirming same OR proof of Independent Contractor status with WSIB, certifying that the contractor is an independent operator running its own business and is not required to be registered for or to contribute to an account with WSIB for its business.

**2. Insurance**

Certificate(s) of general liability and professional liability (errors and omissions), including liability insurance for any accidents that may happen, in the amount of \$2 million dollars, showing KFL&A Public Health as an Additional Insured.

**3. Accessibility for Ontarians with Disabilities Act (AODA)**

Provide evidence of compliance with the requirements of Section 6 of Ontario Regulation 429/07, Accessibility Standards for Customer Service, under the *Accessibility for Ontarians with Disabilities Act, 2005*. Further details regarding the legislation can be found on the Ministry of Community and Social Services website at [www.accessON.ca](http://www.accessON.ca) or by contacting KFL&A Public Health's AODA Compliance Supervisor at (613) 549-1232 x1262.

VII. *DEADLINE FOR SUBMISSION OF PROPOSALS IS: April 13<sup>th</sup>, 2015 at 4:30 pm.*

**Please submit proposals via email or regular mail to:**

Karen Mountain  
KFL&A Public Health  
221 Portsmouth Avenue  
Kingston, ON K7M 1V5  
Email: [Karen.mountain@@kflapublichealth.ca](mailto:Karen.mountain@@kflapublichealth.ca)

VIII. *PROPOSED TIMELINES:*

Release of RFP .....	March 24 <sup>th</sup> , 2015
Deadline for submission of proposals .....	April 13 <sup>th</sup> , 2015
Proposal review completed by .....	April 17 <sup>th</sup> , 2015
Successful candidate notified by.....	April 22 <sup>nd</sup> , 2015
Project start date .....	May 4 <sup>th</sup> , 2015
Final project completion date .....	September 18 <sup>th</sup> , 2015

IX. *CONTACT:*

Questions regarding the project may be directed to:

Andrea Kruz, Manager, Tobacco Control Area Network  
KFL&A Public Health  
221 Portsmouth Ave  
Kingston ON  
K7M 1V5  
613-549-1232 ext 1575  
[Andrea.kruz@kflapublichealth.ca](mailto:Andrea.kruz@kflapublichealth.ca)