

1. DATE ISSUED MM/DD/YYYY 06/21/2020

1a. SUPERSEDES AWARD NOTICE dated except that any additions or restrictions previously imposed remain in effect unless specifically rescinded

2. CFDA NO. 93.387 - National and State Tobacco Control Program

3. ASSISTANCE TYPE Cooperative Agreement

4. GRANT NO. 1 NU58DP006820-01-00 Formerly

5. TYPE OF AWARD Other

4a. FAIN NU58DP006820

5a. ACTION TYPE New

6. PROJECT PERIOD MM/DD/YYYY From 06/29/2020 Through 04/28/2025

7. BUDGET PERIOD MM/DD/YYYY From 06/29/2020 Through 04/28/2021

8. TITLE OF PROJECT (OR PROGRAM) National and State Tobacco Control Program

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention

2939 Brandywine Road
Atlanta, GA 30341

NOTICE OF AWARD

AUTHORIZATION (Legislation/Regulations)
301(a) and 317(k)(2) of the Public Health Service Act, [42 U.S.C. Section 241(a) and 247b(k)(2)], as amended.

9a. GRANTEE NAME AND ADDRESS
HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF
920 WILDWOOD DR
JEFFERSON CITY, MO 65109-5796

9b. GRANTEE PROJECT DIRECTOR
Mr. Steve Cramer
930 Wildwood Dr
Jefferson City, MO 65109-5796
Phone: 573-522-2806

10a. GRANTEE AUTHORIZING OFFICIAL
Ms. Marcia Mahaney
920 Wildwood Dr
Jefferson City, MO 65109-5796
Phone: 573-751-6014

10b. FEDERAL PROJECT OFFICER
Daphne Kennebrew
1600 Clifton Rd
Atlanta, GA 30333
Phone: 404-639-8015

ALL AMOUNTS ARE SHOWN IN USD

11. APPROVED BUDGET (Excludes Direct Assistance)		12. AWARD COMPUTATION	
I Financial Assistance from the Federal Awarding Agency Only		a. Amount of Federal Financial Assistance (from item 11m) 1,624,318.00	
II Total project costs including grant funds and all other financial participation <input type="checkbox"/>		b. Less Unobligated Balance From Prior Budget Periods 0.00	
a. Salaries and WageS 293,803.00		c. Less Cumulative Prior Award(s) This Budget Period 0.00	
b. Fringe Benefits 164,615.00		d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION 1,624,318.00	
c. Total Personnel Costs 458,418.00		13. Total Federal Funds Awarded to Date for Project Period 1,624,318.00	
d. Equipment 0.00		14. RECOMMENDED FUTURE SUPPORT (Subject to the availability of funds and satisfactory progress of the project):	
e. Supplies 1,500.00		YEAR	TOTAL DIRECT COSTS
f. Travel 24,296.00		a. 2	d. 5
g. Construction 0.00		b. 3	e. 6
h. Other 50,684.00		c. 4	f. 7
i. Contractual 991,319.00		15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:	
j. TOTAL DIRECT COSTS 1,526,217.00		a. DEDUCTION	
k. INDIRECT COSTS 98,101.00		b. ADDITIONAL COSTS	
l. TOTAL APPROVED BUDGET 1,624,318.00		c. MATCHING	
m. Federal Share 1,624,318.00		d. OTHER RESEARCH (Add / Deduct Option)	
n. Non-Federal Share 0.00		e. OTHER (See REMARKS)	
REMARKS (Other Terms and Conditions Attached - <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No)		16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARING AGENCY ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:	
		a. The grant program legislation	
		b. The grant program regulations.	
		c. This award notice including terms and conditions, if any, noted below under REMARKS.	
		d. Federal administrative requirements, cost principles and audit requirements applicable to this grant.	
		In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.	

GRANTS MANAGEMENT OFFICIAL:

Stephanie Latham, Team Lead, Grants Management Officer
2939 Flowers Rd. South
TV-2
Atlanta, GA 30333
Phone: 770.488.2917

17.OBJ CLASS 41.51	18a. VENDOR CODE	18b. EIN	19. DUNS 878092600	20. CONG. DIST. 03
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	AMT ACTION FIN ASST	APPROPRIATION
21. a. 0-9390E2X	b. 20NU58DP006820	c. DP	d. \$1,624,318.00	e. 75-X-0948
22. a.	b.	c.	d.	e.
23. a.	b.	c.	d.	e.

NOTICE OF AWARD (Continuation Sheet)

PAGE 2 of 2	DATE ISSUED 06/21/2020
GRANT NO. 1 NU58DP006820-01-00	

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

AWARD ATTACHMENTS

Missouri Department of Health

1 NU58DP006820-01-00

1. Terms and Conditions
2. Summary Statement Component 1
3. Summary Statement Component 2

AWARD INFORMATION

Incorporation: In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federalregulationspolicies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number DP20-2001, entitled National and State Tobacco Control Program, and application dated April 13, 2020, as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

Approved Funding: Funding in the amount of \$1,624,318 is approved for the Year 01 budget period, which is June 29, 2020 through April 28, 2021. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

The federal award amount is subject to adjustment based on total allowable costs incurred and/or the value of any third-party in-kind contribution when applicable.

Note: Refer to the Payment Information section for Payment Management System (PMS) subaccount information.

The NOFO provides for the funding of multiple components under this award. The approved component funding levels for this notice of award are:

NOFO Component	Amount
Component I	\$ 1,300,000
Component II	\$ 324,318

Financial Assistance Mechanism: Cooperative Agreement

CDC Program Support to Recipients:

CDC will provide substantial involvement beyond regular performance and financial monitoring during the period of performance. Substantial involvement means that recipients can expect federal programmatic partnership in carrying out the effort under the award. CDC will work in partnership with recipients to ensure the success of the cooperative agreement by:

- Providing technical assistance to revise annual work plans.
- Assisting in advancing program activities to achieve project outcomes.
- Providing scientific subject matter expertise and resources.
- Collaborating with recipients to develop evaluation plans that align with CDC evaluation activities.
- Providing technical assistance on recipient's evaluation and performance measurement plan.

- Providing ongoing training, technical assistance, and consultation on policy, systems, and environmental strategies and activities for tobacco control, including tobacco use and dependence treatment strategies and activities.
- Providing up-to-date information that includes dissemination of best practices for tobacco prevention and control.
- Informing and educating recipients and other partners about evidence-based policy, systems, and environmental strategies and activities for tobacco control through workshops, conferences, training, electronic and verbal communication, including the National Conference on Tobacco or Health.
- Identifying, developing, and disseminating education media campaign materials for use by programs; facilitating coordination of education media ads between programs; providing technical assistance on design, implementation, and evaluation of media.
- Providing monthly National Tobacco Control Program, Media Network, and periodic Evaluation Technical Assistance webinars to provide updates from subject matter experts about relevant tobacco-related topics and issues.
- Maintaining electronic mechanisms for information sharing, program planning, and progress reporting.
- Developing and maintaining partnerships with federal and non-federal organizations to assist in tobacco control and maintain a national infrastructure that complements the state infrastructure.
- Serving as a resource to recipients in identifying and eliminating tobacco-related disparities among population groups.
- Maintaining a website with access to a data warehouse containing comparable measures of tobacco use and dependence prevention and control from different data sources.
- Helping identify gaps in the evidence-base of tobacco control and prioritizing efforts to fill those gaps; providing training and technical assistance on publications and opportunities for dissemination of program evaluation findings.
- Serving as a convener and resource for the continued expansion of the evidence-base of tobacco control.
- Providing technical assistance, as requested, for developing impact statements and publishing selected statements on the CDC/OSH website as appropriate.
- Providing technical assistance, as requested, on the submission of data to the National Quitline Data Warehouse (NQDW).
- Facilitating development of the evidence base especially in areas of innovative strategies in reaching populations disproportionately impacted by tobacco use and dependence and associated disease, disability, and death through tobacco use and dependence treatment initiatives.
- Collecting and analyzing data that can be used to monitor and evaluate tobacco use and dependence treatment initiatives.
- Disseminating the Weekly Dose newsletter containing pertinent information regarding tobacco-related topics and NOFO-related information.
- Providing access to CDC's Office on Smoking and Health Media Campaign Resource Center.
- Collaborating with the Food and Drug Administration to provide information related to regulatory action.
- Providing data visualization training and technical assistance.

- Providing a Tobacco Control Network, Communities of Practice, and tailored webinars that include lessons learned from peers, and opportunities for tailored technical assistance and sustainability planning.
- Providing 12-month on-boarding support for new tobacco control program managers.
- Providing leadership development through the OSH Leadership and Sustainability School for program managers.

Objective Review Statement Response Requirement: The review comments on the strengths and weaknesses of the proposal are provided as part of this award. A response to the weaknesses in these statements must be submitted to and approved, in writing, by the Grants Management Specialist/Grants Management Officer (GMS/GMO) noted in the CDC Staff Contacts section of this NoA, no later than 30 days from the budget period start date. Failure to submit the required information by the due date, July 29, 2020, will cause delay in programmatic progress and will adversely affect the future funding of this project.

Budget Revision Requirement: By July 29, 2020 the recipient must submit a revised budget with a narrative justification based on approved funding. Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the CDC Staff Contacts section of this notice before the due date.

Expanded Authority: The recipient is permitted the following expanded authority in the administration of the award.

- Carryover of unobligated balances from one budget period to a subsequent budget period. Unobligated funds may be used for purposes within the scope of the project as originally approved. Recipients will report use, or intended use, of unobligated funds in Section 12 “Remarks” of the annual Federal Financial Report. If the GMO determines that some or all of the unobligated funds are not necessary to complete the project, the GMO may restrict the recipient’s authority to automatically carry over unobligated balances in the future, use the balance to reduce or offset CDC funding for a subsequent budget period, or use a combination of these actions.

FUNDING RESTRICTIONS AND LIMITATIONS

Indirect Costs:

Indirect costs are approved based on the negotiated indirect cost rate agreement dated January 24, 2019, which calculates indirect costs as follows, a Provisional is approved at a rate of 21.40% of the base, which includes, direct salaries and wages including all fringe benefits. The effective dates of this indirect cost rate are from July 1, 2019 to June 30, 2022.

REPORTING REQUIREMENTS

Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIS): Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information

related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

CDC, Office of Grants Services
Monique Tatum, Grants Management Specialist
Centers for Disease Control and Prevention
Chronic Disease and Birth Defect Services Branch
2939 Flowers Road South MS-TV-2
Atlanta, Georgia 30341
Email: mtatum@cdc.gov (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services
Office of the Inspector General
ATTN: Mandatory Grant Disclosures, Intake Coordinator
330 Independence Avenue, SW
Cohen Building, Room 5527
Washington, DC 20201

Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or
Email: MandatoryGranteeDisclosures@oig.hhs.gov

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS). (45 CFR 75.372(b) CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award. (45 CFR 75.373(b))

PAYMENT INFORMATION

The HHS Office of the Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to hhstips@oig.hhs.gov or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous.

Payment Management System Subaccount: Funds awarded in support of approved activities have been obligated in a newly established subaccount in the PMS, herein identified as the "P Account". Funds must be used in support of approved activities in the NOFO and the approved

application. All award funds must be tracked and reported separately.

The grant document number identified on the bottom of Page 1 of the Notice of Award must be known in order to draw down funds.

CDC STAFF CONTACTS

Grants Management Specialist: The GMS is the federal staff member responsible for the day-to-day management of grants and cooperative agreements. The GMS is the primary contact of recipients for business and administrative matters pertinent to grant awards.

GMS Contact:

Monique Tatum, Grants Management Specialist
Centers for Disease Control and Prevention
Chronic Disease and Birth Defect Services Branch
Telephone: 770-488-2617
Email: mtatum@cdc.gov

Program/Project Officer: The PO is the federal official responsible for monitoring the programmatic, scientific, and/or technical aspects of grants and cooperative agreements, as well as contributing to the effort of the award under cooperative agreements.

Programmatic Contact:

Daphne Kennebrew, Project Officer
Centers for Disease Control and Prevention
Telephone: 770-639-8015
Email: DKennebrew@cdc.gov

Grants Management Officer: The GMO is the federal official responsible for the business and other non-programmatic aspects of grant awards. The GMO is the only official authorized to obligate federal funds and is responsible for signing the NoA, including revisions to the NoA that change the terms and conditions. The GMO serves as the counterpart to the business officer of the recipient organization.

GMO Contact:

Rhonda Latimer
Grants Management Officer (GMO)
Office of Grants Services (OGS)
Office of Financial Resources (OFR)
Office of the Chief Operating Officer (OCOO)
Centers for Disease Control and Prevention (CDC)
Email: ITO1@cdc.gov | Phone: 770-488-1647

National Center for Chronic Disease and Health Promotion (NCCDPHP)
Notice of Funding Opportunity - DP20-2001
National and State Tobacco Control Program
Component 1

SUMMARY STATEMENT

Date Reviewed: April 28, 2020
Applicant Name: Missouri Department of Health and Senior Services
Application #: NU58DP202012955
Score: 95.33 of 100

Brief Summary of Application:

Summary of Project:

The MTPCP will implement strategies to prevent tobacco use and dependence, limit secondhand smoke exposure, increase place-based and community smoke/tobacco-free policies, and utilize mass-reach communications to expand reach and effectiveness of media campaigns and other forms of communication. Evaluation of communication activities will include the effectiveness and scale of the reach of these efforts. Additional strategies will target the use of emerging tobacco products among youth/young adults in efforts to reduce use of all tobacco products, including e-cigarettes. On a community level, target populations with high levels of disparities will be carefully selected by an advisory committee which will include community members with lived experience. A qualified local lead agency will be selected to implement selected activities. Communications efforts will utilize targeted, evidence-based, existing media campaigns that increase awareness and increase referrals and volume to the MTQ in order to decrease tobacco use and dependence. Key evaluation efforts include monitoring and evaluating the implementation, quality improvement process, and impact of program strategies and activities.

Other Relevant Comments

- None noted at this time.

Reviewers' Comments on Approach

Strengths of Section:

- The applicant plans to implement tobacco-free campus policies, to enhance the existing Missouri Tobacco Quitline, and to partner with the Missouri Pharmacy Association to increase the number of pharmacists prescribing nicotine replacement therapies.
- The applicant provides previous successes to include implementing tobacco policies, executing a mass communications campaign, and creating health system changes.
- The applicant plans to build on existing networks and provides clear indication that applicant has strong infrastructure in place.
- The applicant will continue to actively engage youth directly in education and advocacy efforts around TU/D and SHS. The MTPCP has provided contracts with local education agencies to support adult coordinators in schools to deliver more targeted content to students and assist with youth advocacy efforts.
- The applicant will develop and engage Action teams, comprised of statewide and community partners, to help achieve the goals of the new Comprehensive State Tobacco Control and Sustainability Plan.
- The applicant will form an Action team with Missouri health care professionals to identify ways to integrate child and family centered tobacco control initiatives into their systems in order to address the initiation of emerging tobacco products, including e-cigarettes, and provide training, technical assistance, and resources to assist them in their efforts. The applicant will also provide youth with Missouri Tobacco Quitline (MTQ) tailored tobacco

cessation services and provide referral information and resources to healthcare professionals for use with patients (both parents and youth).

- The MTPCP will recruit individuals and organizations who understand the unique cultural differences and challenges in Missouri to assist with selecting the target community, and will form an advisory committee (AC) to review available tobacco indicator data (prevalence, SHS exposure, quit attempts, smoke-free ordinances, social determinants of health, etc.) for both the geographic area as well as individuals with low socioeconomic status (SES) to help determine which Missouri communities to invite to apply for the community-based disparities program funding.
- The organization of this application made it a pleasure to review. It was easy to locate requested content and ensured coverage of NOFO requirements. Applicant closely adhered to NOFO details and seemed to embrace the NOFO's intent. Overall, the application is cohesive in its described approach.
- The applicant will conduct readiness assessment for LLA to ensure expertise and capacity to fulfill disparities program contract.
- The application appropriately covered "tobacco use and dependence treatment support system" material in Component 1, referencing more full coverage in Component 2 of their application.
- The applicant provides minimum quit line service levels maintained during national media campaigns.
- Specific plans for health system change and provider engagement were provided: to include dentists, pharmacists & incorporating e-referral and SF campus policy change.

Weaknesses of Section:

- The applicant plans to implement tobacco-free campus policies, to enhance the existing Missouri Tobacco Quitline, and to partner with the Missouri Pharmacy Association to increase the number of pharmacists prescribing nicotine replacement therapies.
- The applicant provides previous successes to include implementing tobacco policies, executing a mass communications campaign, and creating health system changes.
- The applicant plans to build on existing networks and provides clear indication that applicant has strong infrastructure in place.
- The applicant didn't clarify selection process for selecting target population would occur within 3 months of award.

Recommendations for Section:

- None noted at this time.

Reviewers' Comments on Evaluation and Performance Measurement

Strengths of Section:

- The applicant clearly outlines evaluation plans and includes the use of BRFSS and the Youth Risk Behavior Survey as well as county level data, to show geographic program successes and disparities.
- The applicant provided evidence that there is adequate and qualified leadership and staffing to complete proposed work.
- A training and TA process will be in place for all partners involved with the evaluation and performance plan. The overall program evaluation includes formative, process, and outcome evaluations to determine progress towards goals and objectives.
- The applicant will use a process evaluation to determine reach, intensity, and fidelity of the programs, answering questions such as how many people have been reached and if the interventions have been implemented as planned. The information from process evaluations will be used to make timely adjustments to interventions and operations. Through impact and outcome evaluation, it will be determined if short-, intermediate- and long-term outcomes were achieved by comparing data at baseline and at follow-up.
- The surveillance system that will be used by the applicant includes BRFSS, YRBS, YTS, hospitalization and emergency room visit data, EHRs, health plan performance (Medicaid, Medicare and managed care), cancer incidence, and birth and death data.

- Through a contract with MPCA, DHSS will be able to request and obtain EHR data from all Missouri's Federally Qualified Health Centers (FQHCs). These standard data sources will be used for performance monitoring and program evaluation.
- The applicant provided specific plans to utilize varied data sources; in addition to standard surveillance tools, applicant described plans for Medicaid administrative claims data for cessation, revenue data to assess per capita consumption.
- The applicant provided specific plans for reporting, dissemination, and translation.
- Strong evaluation use details specified.
- Strong alignment of evaluation activity based on implementation stage/logic model.
- Strong details on deliverables of evaluation planning process.
- The applicant described contract with MPCA to obtain EHR data from FQHCs, demonstrating feasibility.
- The applicant provided specific plans for examining tobacco-related disparities as part of evaluation approach

Weaknesses of Section:

- None noted at this time.

Recommendations for Section:

- None noted at this time.

Reviewers' Comments on Organizational Capacity to Implement the Approach

Strengths of Section:

- The applicant clearly has strong partnerships in place, both internally and externally, with organizations and sections such as ACS, ALA, AHA, Community Health & Wellness, Chronic Diseases, MO Million Hearts, Coordinated School Health Coalitions, etc.
- Staff and leadership are clearly identified, and evidence is provided to reflect that staff are more than capable to complete and carryout project.
- The applicant will continue to collaborate with DHSS programs where tobacco use and exposure intersects with their work such as, the CDC-funded Bureaus of Cancer and Chronic Disease Control (heart disease and stroke, diabetes, asthma, arthritis, and cancer control) and Community Health and Wellness (disability and health program, school and adolescent health, physical activity and nutrition, and injury prevention).
- The applicant's field staff will provide training and TA to local coalitions, assisting with planning, community education, events, etc. regarding evidence-based (EB) TC-related PSEs. Staff will work with coalitions to involve key stakeholders, individuals from the diverse populations in their area, and members of the organizations mentioned above. These partnerships will be sought through education and requests for membership, support, and ultimately, resources and participation.
- Well organized, comprehensive infrastructure and implementation readiness sections with explicit attention to NOFO.

Weaknesses of Section:

- None noted at this time.

Recommendations for Section:

- None noted at this time.

**National Center for Chronic Disease and Health Promotion (NCCDPHP)
Notice of Funding Opportunity - DP20-2001
National and State Tobacco Control Program
Component 2**

SUMMARY STATEMENT

Date Reviewed: 05/05/2020

Applicant Name: Missouri Department of Health and Senior Services

Application #: NU58DP2020012955

Score: 99 of 100

Brief Summary of Application:

Summary of Project:

The MTPCP will implement strategies to prevent tobacco use and dependence, limit secondhand smoke exposure, increase place-based and community smoke/tobacco-free policies, and utilize mass-reach communications to expand reach and effectiveness of media campaigns and other forms of communication. Evaluation of communication activities will include the effectiveness and scale of the reach of these efforts. Additional strategies will target the use of emerging tobacco products among youth/young adults in efforts to reduce use of all tobacco products, including e-cigarettes.

On a community level, target populations with high levels of disparities will be carefully selected by an advisory committee which will include community members with lived experience. A qualified local lead agency will be selected to implement selected activities. Communication efforts will utilize targeted, evidence-based, existing media campaigns that increase awareness and increase referrals and volume to the MTQ in order to decrease tobacco use and dependence. Key evaluation efforts include monitoring and evaluating the implementation, quality improvement process, and impact of program strategies and activities.

Other Relevant Comments

- None noted at this time.

Reviewers' Comments on Approach

Strengths of Section:

- All information is clearly outlined and easily accessible.
- The quitline has been central to the work that the applicant has done in the past. (pg. 38)
- The applicant plans to incorporate web-based coaching services with the state quitline. Additionally, the applicant plans to create a smartphone/tablet app, web-based self-help tool, text messaging registration capabilities, access to cessation support counseling services and expanded convenient access to nicotine replacement therapies. (pg. 39)
- The applicant plans to increase partnerships with health systems to implement automatic EHR e-referrals directly to the Missouri quitline. (pg. 42)
- The applicant collaborates and partners with multiple organizations and community groups, including private/public insurers and employers, Medicaid, Missouri Youth Electronic Cigarette Use Task Force, and multiple national networks. (pg. 43-44)
- The applicant plans to create and connect callers to culturally appropriate national quitlines when available, to provide language services and culturally tailored messages. (pg. 45)
- Multiple target populations are identified in Component 2, and data for each is provided to show disparities. (pg. 48-49)

- The MTQ is guided by an inclusive, culturally appropriate approach to support all Missourians who seek cessation support. To reach its full potential in reducing tobacco use, a quitline will be widely promoted and the promotion message will spur confidence and action, targeting population groups that require tailored messages and strategies to be most effective in driving up cessation service utilization.
- The applicant will ensure callers are referred to culturally appropriate national quitlines. The MTQ registration agents assist callers based on need and readiness for cessation assistance, including triage to specialty quitlines, such as 1-855-QUIT-VET and the National Asian Language Quitline.
- Education and cessation support services will include the use of interactive digital technologies for youth and young adult e-cigarette users, targeting e-cigarette use, including parents.
- Smartphone/tablet apps will be integrated with MTQ systems and permit two-way communication with MTQ coaches.
- Working in collaboration with partners, the applicant plans to implement tailored promotional strategies for select population groups to increase utilization of the MTQ and other quit support services.
- Strong, specific details on handling call surges during national campaign (e.g., geographic and time zone spread).
- Discussion of gaps clearly emphasizes opportunity for quitline services expansion.
- Comprehensive details provided in Tables 2-4 on services and eligibility.
- Comprehensive discussion provided for e-referral capacity and triage with other QLs.

Weaknesses of Section:

- None noted at this time.

Recommendations for Section:

- Outstanding organization of requested content from the NOFO. A pleasure to review.

Reviewers' Comments on Evaluation and Performance Measurement

Strengths of Section:

- The applicant addresses and includes required information regarding the evaluation and performance plan. (pg. 49-52)
- An internal evaluation workgroup and an evaluation advisory committee (EAC) will be organized.
- The applicant will develop a plan for evaluating the impact of new and expanding evidence-based services will center on reliable population-based surveillance and data systems (e.g., BRFSS, YRBS, County Level Survey) with supplementation from MTQ data warehouse and follow-up services evaluation (e.g., follow-up records, participant surveys).
- The applicant's staff will support coalitions, agencies, and health systems including sharing lessons learned and providing education to local decision-makers, stakeholders, and the public.
- The applicant will partner with healthcare systems to integrate MTQ referrals into EHRs and support their achievement of quality performance measures. Intake data, including demographics, are collected and included in the quitline routine reports (weekly, monthly, and quarterly). The evaluation report also includes total call volume.
- Excellent coverage of developing appropriate strategies based on impact of federal and state strategies.
- The applicant included detailed plan for evaluating impact of evidence-based services, including digital technologies.
- The applicant included plans to evaluate independent and combined effect of state and national media campaigns.
- The applicant included specific plans for stakeholder engagement in evaluation activity.
- The applicant provided clear description of intake tracking and reporting.

Weaknesses of Section:

- None noted at this time.

Recommendations for Section:

- None noted at this time.

Reviewers' Comments on Organizational Capacity to Implement the Approach

Strengths of Section:

- The applicant provided all required information listed. All information provided is evidence to suggest that applicant has adequate staffing to support quitline capacity.
- The applicant provided an adequate account of their organizational capacity to accomplish the work described in the NOFO.
- The applicant will contract with a talented and experienced staff (Optum) who will work with MDPHP staff to ensure all aspects of the cooperative agreement workplan are implemented to fidelity.
- The applicant will work in collaboration with key partners and will expand its range and reach of tobacco use dependence and treatment services beyond the quitline and offer new or enhanced services specifically targeting populations experiencing tobacco-related disparities.
- Section D2 is especially well-done. Nice inclusion of NAQC and relationship to other staff.
- Excellent description of Optum's call management to ensure quick and effective access to quit support.
- Excellent description of Optum's ability to handle surges in call volume.
- Staff capacity---excellent details provided on staff training (e.g., motivational interviewing), cultural competence, and ability to serve diverse populations, including those who are hearing impaired.
- Nice inclusion of system to monitor client satisfaction.
- Explicit detail on fiscal management provided.

Weaknesses of Section:

- None noted at this time.

Recommendations for Section:

- None noted at this time.