

NATIONAL AND STATE TOBACCO CONTROL PROGRAM

CDC-RFA-DP20-2001

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INFORMATION CALL



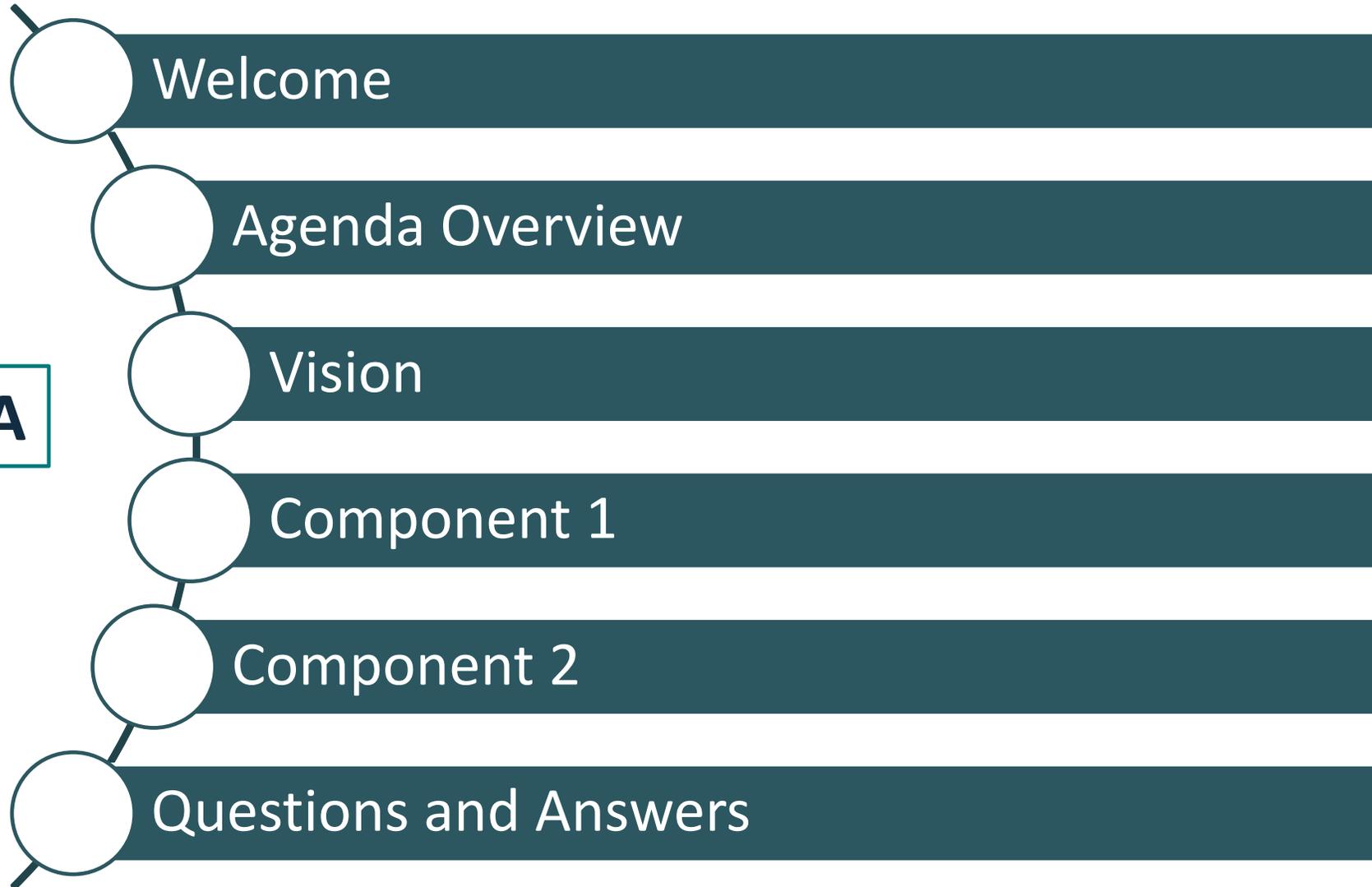
Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Office on Smoking and Health



AGENDA



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VISION

Goals

1. Prevent initiation of tobacco use and dependence among youth and young adults
2. Promote quitting among adults and youth
3. Eliminate exposure to secondhand smoke
4. Identify and eliminate tobacco-related disparities

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Select evidence-based strategies and activities that support a comprehensive statewide tobacco control program that coordinates community-level interventions.

STATE AND
COMMUNITY
INTERVENTIONS

COMPONENT 1

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STATEWIDE DISPARITIES REQUIREMENT

Behavioral Health Systems

Recipients will develop strategies and activities to address work with behavioral health systems, providers, hospitals, outpatient facilities, residential facilities, and recovery residences to 1) create tobacco-free campuses, 2) increase tobacco use and dependence screening, and 3) provide cessation assistance to clients.

Low SES population and the state Medicaid program

- Improve understanding of comprehensive cessation coverage with Medicaid recipients and health care providers.
- Promote health systems changes in Federally Qualified Health Centers and other state-funded and non-profit health centers.
- Collaborate with low-income multi-unit housing to implement smokefree policies and promote quit support resources.
- Work with social service agencies to increase access to quit support services.

COMMUNITY-BASED DISPARITIES REQUIREMENT



For the application, the applicant is required to complete the following:



Identify the population that is disparately affected by tobacco use and dependence and SHS exposure and provide adult smoking prevalence for the selected population and justification for selecting the population group.



Include in the application a draft request for proposal (RFP) or cooperative agreement to fund at least one local lead agency to implement tobacco control strategies and activities.



Discuss how the recipient will recruit and select individuals that understand the unique cultural differences of the selected population for an advising group within the first three months to assist with selecting the community.



YEAR 1:

The recipient will collaborate with the local lead agency to develop and implement culturally appropriate policy, systems, and environmental (PSE) strategies and activities within the selected community.

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State and Community Interventions: State and community interventions that support PSE to prevent youth and young adult initiation to e-cigarettes.



Cessation Interventions: Identify and develop cessation strategies that are appropriate for youth and young adults.



Infrastructure, Administration, and Management: Required full-time staff to manage this requirement.



Mass-Reach Health Communication Interventions: Focus on earned media efforts to reach youth and young adult stakeholders, expand upon and/or complement existing paid media efforts at the national level focusing on emerging tobacco products, including e-cigarettes, and should consider existing creative materials to reduce paid media cost.



Surveillance and Evaluation: Conduct evaluation and surveillance activities that focus on emerging tobacco products among youth and young adults.

STATEWIDE PREVENTION OF INITIATION TO EMERGING TOBACCO PRODUCTS, INCLUDING E-CIGARETTES, FOR YOUTH AND YOUNG ADULTS REQUIREMENT

Select evidence-based strategies and activities that are strategic, culturally appropriate, and contain high-impact messages.

**MASS-REACH
HEALTH
COMMUNICATION
INTERVENTIONS**

COMPONENT 1

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Select evidence-based strategies and activities that a) support promoting health systems change, b) educate private and public insurers and employers on the benefits of barrier-free coverage and treatments, and c) support statewide evidence-based quit support services, including use of the quitline and digital-based technologies, such as texting, apps, web, and chat.

CESSATION INTERVENTIONS

COMPONENT 1

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Direct a minimum of 10% of total funding to implement evaluation activities.

***SURVEILLANCE
AND
EVALUATION***

COMPONENT 1

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Ensure that adequate number of diverse and qualified staff and partners are available to effectively implement the tobacco control program. To administer the tobacco control program, the applicant is required to have the following:

**One full-time
program manager**

**One full-time tobacco
use and dependence
treatment
coordinator**

**One full-time staff to
manage youth and
young adults
activities**



Include a program evaluator or have access to evaluation staff to conduct required evaluation activities. In addition to the required staff, ideal staffing levels include a policy coordinator, communication specialist, surveillance staff, fiscal management systems staff, grants manager, and administrative staff.

**INFRASTRUCTURE,
ADMINISTRATION
AND
MANAGEMENT
REQUIREMENT**

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Conduct strategic efforts to increase awareness of quit support services to a) providers, b) people who use tobacco products, and c) populations experiencing tobacco-related disparities (e.g., Medicaid) using culturally-appropriate protocols, channels, and messages to increase quitlines use and referrals.

**MASS-REACH
HEALTH
COMMUNICATION
INTERVENTIONS**

COMPONENT 2

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Expand Implementation and Reach of Evidence-Based Cessation Services, Including Quitline.

**CESSATION
INTERVENTIONS**

COMPONENT 2

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**SURVEILLANCE
AND
EVALUATION**

COMPONENT 2

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SURVEILLANCE AND EVALUATION REQUIREMENT

Conduct Assessments of Tobacco Use and Dependence Disparities and Develop an Action Plan to Address Identified Disparities; Transfer Calls to Culturally Appropriate Quitlines (Asian Smokers' Quitline, 1-855-DEJELO-YA, 1-855-QUIT-VET)

Evaluate Quit Support Services and Monitor Each of the Services Delivered, Including Digital-based Technologies, and Submit Data to the National Quitline Data Warehouse

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**INFRASTRUCTURE,
ADMINISTRATION
AND
MANAGEMENT**

COMPONENT 2

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**INFRASTRUCTURE,
ADMINISTRATION
AND
MANAGEMENT
REQUIREMENT**

Improve Quitline Infrastructure to Streamline Intake, Enhance Services, Absorb Increases in Demand, and Accept E-referrals

Enhance Quitline Sustainability by Increasing Partnerships to Diversify Funding and Working with Private/Public Insurers and Employers to Provide or Reimburse the Cost of Barrier-Free Quit Support Services

Application Due Date

**April 3, 2020 at 11:59 pm
U.S. Eastern Standard Time**

**START DATE
JUNE 29, 2020**

**YEAR 1
JUNE 29, 2020 –
APRIL 28, 2021**

**YEARS 2 – 5
APRIL 29 – APRIL
28**

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QUESTIONS AND ANSWERS

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Question #1: Please confirm page limit for each of the following requirements.

Table of Contents · Abstract · Project Narrative · Budget · Work Plans

Answer: The following are the page limits for each section.

- Table of Contents: **No page limit**
- Abstract: **Maximum 1 page that includes Component 1 and Component 2**
- Project Narrative: **20 pages for Component 1 and 20 pages for Component 2**
- Budgets: **No page limit**
- Work Plans: **Included in the Project Narrative's page limits**

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Question #2: Will CDC provide a state-by-state recommended funding amount?

Answer: No, CDC will not provide a state-by-state recommended funding amount. Applicants should consider reviewing the funding strategies when preparing the budgets, and keep in mind the following ceilings:

- Component 1: \$2,300,000
- Component 2: \$1,300,000

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Question #3: Are applicants required to submit two budgets?

Answer: Yes, applicants are required to submit two budgets – Component 1 and Component 2.

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Question #4: Are applicants required to submit two evaluation plans?

Answer: No, applicants are only required to submit one evaluation plan.

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Question #5: Will CDC provide more information about the annual impact statement?

Answer: The recipient will be required to submit an impact statement which is a brief summary of the result of a policy, systems, or environmental change that contributed to a measurable difference in health, behavioral, or environmental outcome in a defined population. More guidance will be provided prior to the annual submission.

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Question 6: Are applicants required to submit a Data Management Plan (DMP) with the application?:

Answer: (Page 40) **Applicants will need to supply a preliminary draft or outline of a Data Management Plan (DMP).** The DMP should provide a description of the data that will be produced using these NOFO funds; access to data; data standards ensuring released data have documentation describing methods of collection, what the data represent, and data limitations; and archival and long-term data preservation plans. For more information about CDC's policy on the DMP, see <https://www.cdc.gov/grants/additionalrequirements/ar-25.html>.

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FREQUENTLY ASKED QUESTIONS

[HTTPS://WWW.CDC.GOV/TOBACCO/ABOUT/FOA/NATIONAL-STATE-TOBACCO-CONTROL-PROGRAM/INDEX.HTML](https://www.cdc.gov/tobacco/about/foa/national-state-tobacco-control-program/index.html)

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THANK YOU

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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

