

1. DATE ISSUED MM/DD/YYYY 05/12/2020		1a. SUPERSEDES AWARD NOTICE dated except that any additions or restrictions previously imposed remain in effect unless specifically rescinded	
2. CFDA No. 93.898 - Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations			
3. ASSISTANCE TYPE Cooperative Agreement			
4. GRANT NO. 5 NU58DP006299-04-00 Formerly		5. TYPE OF AWARD Other	
4a. FAIN NU58DP006299		5a. ACTION TYPE Non-Competing Continuation	
6. PROJECT PERIOD MM/DD/YYYY From 06/30/2017		Through 06/29/2022	
7. BUDGET PERIOD MM/DD/YYYY From 06/30/2020		Through 06/29/2021	

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.

8. TITLE OF PROJECT (OR PROGRAM) Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations	
9a. GRANTEE NAME AND ADDRESS HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF 920 Wildwood Dr Community and Public Health Jefferson City, MO 65109-5796	9b. GRANTEE PROJECT DIRECTOR Ms. Mindy Laughlin 920 Wildwood Dr Jefferson City, MO 65109-5796 Phone: 5737516435
10a. GRANTEE AUTHORIZING OFFICIAL Ms. Marcia A Mahaney 920 Wildwood Drive Jefferson City, MO 65109-5796 Phone: 573-751-6014	10b. FEDERAL PROJECT OFFICER Valerie Richmond-Reese 4770 Buford Highway Chamblee, GA 30341 Phone: 770-488-3694

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) 3,933,807.00	
II Total project costs including grant funds and all other financial participation		b. Less Unobligated Balance From Prior Budget Periods 21,846.00	
a. Salaries and Wages	621,687.00	c. Less Cumulative Prior Award(s) This Budget Period 0.00	
b. Fringe Benefits	366,178.00	d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION 3,911,961.00	
c. Total Personnel Costs	987,865.00	13. Total Federal Funds Awarded to Date for Project Period 16,387,980.00	
d. Equipment	0.00	14. RECOMMENDED FUTURE SUPPORT	
e. Supplies	2,424.00	(Subject to the availability of funds and satisfactory progress of the project):	
f. Travel	26,272.00	YEAR	TOTAL DIRECT COSTS
g. Construction	0.00	a. 5	d. 8
h. Other	120,659.00	b. 6	e. 9
i. Contractual	2,562,465.00	c. 7	f. 10
j. TOTAL DIRECT COSTS	3,699,685.00	15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:	
k. INDIRECT COSTS	234,122.00	a. DEDUCTION	
l. TOTAL APPROVED BUDGET	3,933,807.00	b. ADDITIONAL COSTS	
m. Federal Share	3,933,807.00	c. MATCHING	
n. Non-Federal Share	1,051,750.00	d. OTHER RESEARCH (Add / Deduct Option)	
		e. OTHER (See REMARKS)	
		16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARDING 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.	

REMARKS (Other Terms and Conditions Attached - Yes No)

GRANTS MANAGEMENT OFFICIAL:

Valencia Williams, Lead Grant Management Specialist
1600 Clifton Rd
Atlanta, GA 30333
Phone: 404.498.3260

17. OBJ CLASS 41.51	18a. VENDOR CODE	18b. EIN	19. DUNS 878092600	20. CONG. DIST. 03
FY-ACCOUNT NO.	DOCUMENT NO.	CFDA	ADMINISTRATIVE CODE	AMT ACTION FIN ASST
21. a. 0-921Z1RU	b. 17NU58DP006299	c. 93.898	d. DP	e. \$2,327,154.00
22. a. 0-9390540	b. 17NU58DP006299	c. 93.898	d. DP	e. \$116,950.00
23. a. 0-9390541	b. 17NU58DP006299	c. 93.898	d. DP	e. \$237,561.00
				f. APPROPRIATION
				f. 75-20-0948
				f. 75-20-0948
				f. 75-20-0948

NOTICE OF AWARD (Continuation Sheet)

PAGE 2 of 3	DATE ISSUED 05/12/2020
GRANT NO. 5 NU58DP006299-04-00	

FY-ACCOUNT NO.	DOCUMENT NO.	CFDA	ADMINISTRATIVE CODE	AMT ACTION FIN ASST	APPROPRIATION
24.a. 0-9390542	b. 17NU58DP006299	c. 93.898	d. DP	e. \$67,032.00	f. 75-20-0948
25.a. 0-9390543	b. 17NU58DP006299	c. 93.898	d. DP	e. \$88,264.00	f. 75-20-0948
26.a. 0-939ZRBC	b. 17NU58DP006299	c. 93.898	d. DP	e. \$109,906.00	f. 75-20-0948
27.a. 0-939ZRBL	b. 17NU58DP006299	c. 93.898	d. DP	e. \$965,094.00	f. 75-20-0948

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

NOTICE OF AWARD (Continuation Sheet)

PAGE 3 of 3	DATE ISSUED 05/12/2020
GRANT NO. 5 NU58DP006299-04-00	

Federal Financial Report Cycle			
Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date
06/30/2017	06/29/2018	Annual	09/27/2018
06/30/2018	06/29/2019	Annual	09/27/2019
06/30/2018	06/29/2019	Annual	09/27/2019
06/30/2019	06/29/2020	Annual	09/27/2020

AWARD ATTACHMENTS

Missouri Department of Health

5 NU58DP006299-04-00

1. Year 04 NCC Terms and Conditions
2. Funding Spreadsheet
3. NCCCP TR
4. NCCCP Supp TR
5. BC TR
6. NPCR

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 **DP17-1701**, entitled **Cancer Prevention and Control Programs for State, Territorial, and Tribal Organizations**, and application dated February 28, 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 **\$3,933,807** is approved for the Year 04 budget period, which is **June 30, 2020** through **June 29, 2021**. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

NBCCEDP:	\$2,327,154
NCCCP:	\$459,807
NCCP Supplement:	\$50,000
NPCR (Component 1):	\$1,075,000

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.

Financial Assistance Mechanism: Cooperative Agreement

Substantial Involvement by CDC: This is a cooperative agreement and CDC will have substantial programmatic involvement after the award is made. Substantial involvement is in addition to all post-award monitoring, technical assistance, and performance reviews undertaken in the normal course of stewardship of federal funds.

CDC program staff will assist, coordinate, or participate in carrying out effort under the award, and recipients agree to the responsibilities therein, as detailed in the NOFO.

CDC activities in this NOFO are as follows:

- Collaboration between program consultants across the division to provide coordination of program monitoring and technical assistance activities such as joint program calls, site visits, and regional consultations.
- Team Leads, Project Officers, and Subject Matter Experts from across the division jointly plan and participate in trainings and other capacity building activities that address crosscutting strategic areas.
- Resources and guides that address key programmatic needs across the FOA will be jointly developed and/or disseminated to ensure consistent messages with meeting grantee technical assistance needs.
- Technical assistance in the areas of program implementation, fiscal and grants management, surveillance and epidemiology, health education and promotion, evaluation, community-clinical linkages, and environmental approaches will be coordinated across programs to ensure consistency and build awardee capacity.
- CDC Chronic Project Officers will continue to identify collaboration and coordination opportunities through the NCCDPHP Regional Team meeting

- Coordinated Program Directors meetings and Cancer Conferences will be prioritized to reduce burden on grantees
- Establish program policies and guidelines collaboratively with grantees.
- Facilitate the exchange of information and coordination, collaboration, and service integration between grantees and chronic disease counterparts.
- Provide ongoing guidance, consultation and technical assistance to support the planning, implementation, monitoring, and evaluation of the activities listed within the components funded in this FOA.
- Monitor grantee progress in implementing the program and work with grantees through email, conference calls, and site visits, and review of progress reports and other data reports to support program progress and program improvement.
- Convene trainings, capacity building exercises, meetings, web forums, conference calls, and site visits with grantees.
- Provide relevant scientific research findings, peer-reviewed publications, success stories, public health recommendations, and up-to-date clinical guidelines related to the FOA.
- Provide eligible population estimates for available geographic units. Estimates are currently available at the national, state, and county level. Estimates can be found at: <http://www.census.gov/hhes/www/sahie/data/index.html>.
- Design, implement, and evaluate program implementation of screening and patient support services.
- Provide strategies to work effectively with health care systems and community-based organizations to use available data and target populations to decrease disparities.
- Provide guidance on practical application of appropriate Public Laws based on the program specific needs. These laws include; Public Law 101-354, including amendments to the law, Public Health Service Act, (42 USC 280e-280e-4; Public Law 102-515), as amended and Public Health Service Act, [42 U.S.C. section 247b (e) and (k)(2)], as amended.
- Provide tools and methodologies to conduct linkages between the screening program data and central cancer registries data, and reporting registry stage data in the MDE.
- Develop regular data monitoring feedback reports based on clinical data submissions to support data use for quality assurance, program improvement, and program monitoring and evaluation.
- Evaluate, monitor, and report on progress toward meeting performance standards using interim progress reports, end of year reports, MDE reports, annual surveys, and others described in FOA.
- Provide analytic datasets through CDC's Research Data Center, restricted data access files for NPCR-sponsored registries, and a public use dataset.
- Provide mechanisms to facilitate external data linkages through CDC's National Death Index and Social Security Administration's Administrative Databases.
- Provide assistance with dissemination of information, including evaluation results, about awardee's program efforts to the public and public health audiences. When appropriate, evaluation findings will be described for individual awardees by name.
- Provide technical assistance and support to central cancer registries for electronic pathology, biomarkers and physician reporting/Meaningful Use efforts.
- Develop and provide publicly available software programs for collecting, receiving, validating, processing, and analyzing cancer registry data.
- Provide NPCR Program Standards and Program Manual to ensure standardized operations and data collection.
- Collaborate with national partners and organizations to standardize the reporting of cancer, promote education for cancer registrars, and advocate for central cancer registries by actively participating as chairs/members of committees/workgroups.
- Assess the quality of central cancer registry data by conducting NPCR-sponsored Data Quality Evaluations of central cancer registries.
- Receive, evaluate, and disseminate cancer surveillance data received from central cancer

- registries through the NPCR Cancer Surveillance System.
- Maintain online dissemination tools <http://www.cdc.gov/cancer/npcr/tools.htm>

Use of Unobligated Funds: This NOA includes use of unobligated funds in the amount of **\$21,846**, which has been applied as an offset to the currently approved funding level for this budget period. The amount of this NOA will be subject to reduction if the final amount of unobligated funds is less than the amount of unobligated funds reported on the referenced FFR.

Technical 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 for each component must be submitted in writing, via email, to the assigned Program Consultant 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 31, 2020**, will cause delay in programmatic progress and will adversely affect the future funding of this project.

Budget Revision Requirement: By **July 31, 2020** the recipient must submit a revised budget with a narrative justification. 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.

Program Income: Any program income generated under this grant or cooperative agreement will be used in accordance with the Addition alternative.

Addition alternative: Under this alternative, program income is added to the funds committed to the project/program and is used to further eligible project/program objectives.

Note: The disposition of program income must have written prior approval from the GMO.

FUNDING RESTRICTIONS AND LIMITATIONS

Notice of Funding Opportunity (NOFO) Restrictions:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.

- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
 - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
 - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See [Additional Requirement \(AR\) 12](#) for detailed guidance on this prohibition and [additional guidance on lobbying for CDC recipients](#).
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.
- In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability (<https://www.cdc.gov/grants/additionalrequirements/ar-35.html>).

Program 1: NBCCEDP

- As specified in PL 101-354, use of federal funds for treatment is prohibited.
- As specified by PL 101-354, not more than 10 percent of cooperative funds awarded may be spent annually for administrative expenses. These administrative expenses are in lieu of and replace indirect costs [Section 1504(f) of the PHS Act, as amended].

Program 3: NPCR

- As specified in the Public Health Service Act, (42 USC 280e-280e-4), as amended, cooperative agreement funds must not be used for purposes other than those outlined in this announcement.
- Purchase, licensing, or development of central cancer registry applications or database systems that perform the same functions as tools provided by CDC/NPCR (see CDC/NPCR Registry Plus module description).
- Design and development of new software and/or enhancement of an existing central cancer registry database management system where publicly available products exist.
- Funding for activities associated with the maintenance and support of a central registry database system that exceeds 20 percent of the total direct budget request per year. For additional information see <http://www.cdc.gov/cancer/dcpc/about/foa-dp17-1701/>
- Direct data collection in reporting facilities unless justified. For additional information see <http://www.cdc.gov/cancer/dcpc/about/foa-dp17-1701/>
- Abstracting from hard-copy medical records at the central cancer registry unless justified. For additional information see <http://www.cdc.gov/cancer/dcpc/about/foa-dp17-1701/>
- Promotional items.
- International travel (exception Canada for NAACCR conference).
- Travel to meetings not directly related to cancer registries.
- Travel for non-registry staff NOTE: In accordance with Health and Human Services (HHS) Grants Policy Statement, travel is only allowable for personnel directly charged and approved on the grant/cooperative agreement.
- Cell phones, blackberries, palm pilots, or any other personal electronic device.

- Automobiles.
- Construction.
- Funds must be used to supplement not to supplant existing State and/or other Federal resources.

Indirect Costs: Indirect costs are approved based on the negotiated indirect cost rate agreement dated January 01, 2019 which calculates indirect costs as follows, a PROV is approved at a rate of 21.40% of the base, which includes, Total Direct salaries and wages including all fringe benefits. The effective dates of this indirect cost rate are from 07/01/2020 to 06/30/2022.

Matching Funds Requirement: Matching is generally calculated on the basis of the federal award amount and is comprised of recipient contributions proposed to support anticipated costs of the project during a specific budget period (confirmation of the existence of funding is supplied by the recipient via their Federal Financial Report). The recipient must be able to account separately for stewardship of the federal funding and for any required matching; it is subject to monitoring, oversight, and audit. The recipient may not use matching expenditures to count toward any Maintaining State Funding requirement.

When a recipient requests a carryover of unobligated funds from prior year(s), matching funds equal to the new requirement must be on record in the CDC grant file, or the recipient must provide evidence with the carryover request.

****Note: The required and/or encouraged match dollar amounts are identified on the “Component Funding Spreadsheet” attached and associated with this Notice of Award.***

NBCCEDP: Recipient financial participation is required for this program in accordance with the authorizing legislation. Section 1502(a) and (b)(1), (2), and (3) of the Public Health Services (PHS) Act, as amended, requires matching funds from non-Federal sources in an amount not less than one dollar for every three dollars of Federal funds awarded under this program. However, Title 48 of the U.S. Code 1469a (d) requires DHHS to waive matching fund requirements up to \$200,000 for Guam, U.S. Virgin Islands, American Samoa and the Commonwealth of the Northern Mariana Islands.

Matching funds may be cash, in-kind or donated services or equipment. Contributions may be made directly or through donations from public or private entities. Public Law 93-638 authorizes tribal organizations contracting under the authority of Title I to use funds received under the Indian Self-Determination Act as matching funds.

Applicants may also designate as State/Tribal/Territorial/Pacific Island Jurisdiction matching funds any non-Federal amounts spent pursuant to Title XIX of the Social Security Act for the screening and case management of women for breast and cervical cancers.

Matching funds may not include: (1) payment for treatment services or the donation of treatment services; (2) services assisted or subsidized by the Federal government; or (3) the indirect or overhead costs of an organization. All costs used to satisfy the matching requirements must be documented by the applicant and will be subject to audit.

NCCCP: Cost sharing funds are encouraged in an amount not less than ten percent of Federal funds awarded under this program. Cost sharing is encouraged if it helps to leverage federal and state resources, is responsive to stated CDC recipient activities, supports the National Comprehensive Cancer Control Program priorities, and does not compromise the integrity or the ability of the comprehensive cancer control program to accomplish proposed activities. Matching funds are not required under this cooperative agreement, but are encouraged.

NPCR: Per PHS Act (42 USC 280e-280e-4), matching funds are required for Program 3, NPCR applicants in an amount not less than 25 percent of such costs or one dollar for every three dollars of

Federal funds awarded under this program; [Title 42, Chapter 6A, Subchapter II, Part M, § 280e(b)(1)]. Matching funds may be cash, in-kind, or donated services or equipment. Contributions may be made directly or through donations from public or private entities. However, Title 48 of the U.S. Code 1469a (d) requires DHHS to waive matching fund requirements for Guam, U.S. Virgin Islands, American Samoa and the Commonwealth of the Northern Mariana Islands up to \$200,000. Public Law 93-638 authorizes tribal organizations contracting under the authority of Title 1 to use funds received under the Indian Self-Determination Act as matching funds. Non-federal financial contributions in excess of the Maintenance of Effort may be used for matching.

Matching funds may not include: (1) payment for treatment services or the donations of treatment services (2) services assisted or subsidized by the Federal government; or (3) the indirect or overhead costs of an organization. All costs used to satisfy the matching requirement must be documented by the applicant and will be subject to audit. Documentation of appropriate matching is to be provided in the detailed budget and narrative justification.

Maintenance of Effort (MOE) Requirement: MOE represents an applicant/recipient historical level of contributions related to federal programmatic activities which have been made prior to the receipt of federal funds “expenditures (money spent).” MOE is used as an indicator of non-federal support for public health before the infusion of federal funds. These expenditures are calculated by the recipient without reference to any federal funding that also may have contributed to such programmatic activities in the past. Recipients must stipulate the total dollar amount in their grant applications. Recipients must be able to account for MOE separately from accounting for federal funds and separately from accounting for any matching funds requirement; this accounting is subject to ongoing monitoring, oversight, and audit. MOE may not include any matching funds requirement.

NBCCEDP: Maintenance of Effort is required for this program in accordance with the authorizing legislation PL 101-354. The average amount of non-Federal contributions toward breast and cervical cancer programs and activities for the two-year period preceding the first Federal fiscal year of funding for NBCCEDP is referred to as Maintenance of Effort (MOE). Only those non-Federal contributions in excess of the MOE amount may be considered matching funds. Supplanting, or replacing, existing program efforts currently paid with Federal or non-Federal sources is not allowable.

NCCCP: Maintenance of effort is not required for this program.

NPCR: Maintenance of Effort is required for this program. Recipients must agree to make available (directly or through donations from public or private entities) non-Federal contributions equal to the amount expended during the fiscal year preceding the first year of the original NPCR cooperative agreement award for the collection of data on cancer, as noted in Public Health Service Act (42 USC 280e-280e-4).

In determining the amount of non-Federal contributions for cost-sharing or matching, the recipient may include only those contributions that are in excess of the amount of contributions made by the State for collection of data on cancer for the fiscal year preceding the first year of the original NPCR cooperative agreement award. CDC may decrease the amount of non-Federal contributions required if the State can show that the amount will cause them financial hardship [Title 42, Chapter 6A, Subchapter II, Part M, § 280e(b)(2)(B)].

REPORTING REQUIREMENTS

Annual Federal Financial Report (FFR, SF-425): The Annual Federal Financial Report (FFR) SF-425 is required and must be submitted to your GMS/GMO no later than 90 days after the end of the budget

period. To submit the FFR, login to www.grantsolutions.gov, select "Reports" from the menu bar and then click on Federal Financial Reports.

The FFR for this budget period is due by **September 30, 2021**. Reporting timeframe is **June 30, 2020 through June 29, 2021**. The FFR is cumulative and should only include those funds authorized and disbursed during the timeframe covered by the report.

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, the recipient is required to contact the Grants Officer listed in the contacts section of this notice before the due date.

Required Disclosures for Federal Awardee Performance and Integrity Information System

(FAPIIS): 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

[Pamela Render](#), Grants Management Officer/Specialist

Centers for Disease Control and Prevention

Branch 5 Supporting Chronic Diseases and Injury Prevention

Fax: (Include "Mandatory Grant Disclosures" in subject line)

Email: (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 hstips@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:

[Pamela Render](#), Grants Management Specialist
Centers for Disease Control and Prevention
Branch 5 Supporting Chronic Diseases and Injury Prevention
Telephone: 770-488-2712
Email: plr3@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(s):

Valerie Richmond-Reese, Project Officer, NBCCEDP
Centers for Disease Control and Prevention
Telephone: 770-488-3694
Email: var1@cdc.gov

Anne Major, Project Officer, NCCCP
Centers for Disease Control and Prevention
Telephone: 770-488-4328
Email: acs0@cdc.gov

Olivia Marr, Project Officer, NPCR
Centers for Disease Control and Prevention
Telephone: 770-488-3137
Email: oag0@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:

Valenica Williams, Grants Management Officer
Centers for Disease Control and Prevention
Branch 5 Supporting Chronic Diseases and Injury Prevention
Telephone: 404-498-3260
Email: yyr1@cdc.gov

Grantee:
Award Number:

Missouri
DP006299-04

Attachment 1

Federal Cost Categories	NCCCP	NCCCP	NCCCP	NBCCEDP	NBCCEDP	NPCR	NPCR	NPCR	Year 04 Budget
		Supplement	Programmatic Encouraged Cost Share: 10%	<i>*Unobligated funds in the amount of \$21,846 used as offset.</i>	Match 3:1	Component #1	Component #2	Match 3:1	
Salaries & Wages	\$111,705	\$11,469	\$0	\$463,192	-	\$35,321	\$0	-	\$621,687
Fringe Benefits	\$67,023	\$6,881	\$0	\$271,152	-	\$21,122	\$0	-	\$366,178
Consultant Costs	\$0	\$0	\$0	\$2,422	-	\$0	\$0	-	\$2,422
Equipment	\$0	\$0	-	\$0	-	\$0	\$0	-	\$0
Supplies	\$463	\$24	\$0	\$1,137	-	\$800	\$0	-	\$2,424
Travel	\$2,625	\$401	\$0	\$17,538	-	\$5,708	\$0	-	\$26,272
Other	\$49,743	\$27,298	-	\$39,755	-	\$1,441	-	-	\$118,237
Contractual costs	\$190,000	\$0	-	\$1,373,936	-	\$998,529	\$0	-	\$2,562,465
Total Direct Costs	\$421,559	\$46,073	\$0	\$2,169,132	-	\$1,062,921	\$0	-	\$3,699,685
<i>Indirect Costs</i>	\$38,248	\$3,927	\$0	\$179,868	-	\$12,079	-	-	\$234,122
Non-Federal Share Requirement	-		-	-	\$783,000	-	-	\$358,333	\$1,141,333
Programmatic Encouraged Cost Share	-		\$50,981	-	-	-	-		\$50,981
Total Approved Budget	\$459,807	\$50,000	\$0	\$2,349,000	\$0	\$1,075,000	\$0		\$3,933,807

FY 2020 – Funding Opportunity Announcement DP17-1701/YR04
Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations
Annual Performance Report

Technical Review Form

Recipient's Name and Grant #: Missouri NU58DP006299

Funded Program/Component: NCCCP

Technical Reviewer's Name: Anne Major

Electronic Signature: *Anne Major*

Date: 3/24/2020

After a complete review of the DP17-1701 Year 04 APR and discussion with the Recipient regarding the Year 04 APR/Technical Review, the Recipient is to submit the following (check all that apply):

- **Response to Technical Review**

- The Recipient must respond to the major weaknesses cited within 30 days. Responses should be submitted to the assigned CDC Project Officer and should be reflective only of the weaknesses identified, not a resubmission of the entire application.
- NO** response to Technical Review is needed.

- **Revised Workplan**

- Revised Workplan is needed due to -- provide reason(s): Due to proposed action plan revisions requested to ensure policy, system, and environmental approaches.
- Revised Workplan is **NOT** needed.

Research Determination – DP17-1701 is only for non-research activities supported by CDC. For the definition of research, please see the CDC Web site at the following Internet address: <http://www.cdc.gov/od/ads/opspoll1.htm>

- No research activities have been proposed
- Research activities have been proposed, but were disapproved/disallowed

Summary of Major Strengths (Please use bullets):

- The Missouri NCCCP program described meeting or exceeding several 6/16 objectives accomplished in this review period. Those listed as not met included a description of the barriers and challenges such as the lag in awarding the subcontracts for some of the proposed primary prevention and screening activities as to why they were just short of targets for some of the key performance measures. Several times the program was very close to target .02% (such as for tobacco and CRC).
- The program excels in collaboration with the appropriate sectors and partners described implementation of primary prevention efforts, screening and early detection, and survivorship. The program listed key partners such as Washington University, the American Cancer Society, Show Me Healthy Women, the Methodist Church, FQHCs, local health departments and others in implementation of the current and proposed work plans.
- The program included successful efforts in survivorship with the e-learning series for providers and working with Anthem BC/BS, and others.
- Health equity efforts with FQHCs in disparate areas of Missouri are based on a description of high morbidity and mortality areas, informed activities based on provider assessments and feedback, and included multi-pronged efforts in community-clinical linkages with small media, CHWs and PSE approaches to increased awareness for screening and services available for cancer survivor health.
- The program has a tobacco prevention effort for pregnant women and mothers of newborns that includes appropriate partners and addresses a unique burden in the population with 50% of FQHC expectant mothers who smoke in Missouri based on data, very good project outlined in the proposed action plan based on BRFSS.

Summary of Major Weaknesses (Please use bullets):

The proposed action plan included external partnership activities that are numerous and hard to co-implement see the screening EBI for increasing demand for services. “The contributing partners will work together to improve colon cancer screening rates by participating in monthly webinars to discuss opportunities for overcoming structural barriers to screening; addressing strategies to assist consumers and medical providers to overcome these barriers; offering assessment and feedback to health care professionals; and distributing messaging to educate consumers on the need for screenings.”

Recommendations:

- Work with your program consultant to revise some of the wording used in the implementation activities to be realistic and using the PSE approach.

Reviewer Comments

Progress towards Objectives:

General Performance:

- The Missouri DOH maintained adequate management and staffing for the entire year (2019) including evaluation support.
- The program documented that the EBIs being implemented supported the current cancer plan, had at least one health equity intervention for each priority area; described barriers and challenges, and documented several success story worthy highlights in their report, specifically around CRC and health equity efforts with FQHCs.

Primary Prevention

- The report demonstrates progression of primary prevention AOs as evidenced by moving from baseline measure toward the target, the program did not exceed the primary targets for tobacco but moved closer (.02% short of target) in this reporting year.

Screening

- The report demonstrates progress of screening AO as evidenced by a change in unit of measurement that reflects achievement of progress toward AO target.
- The report demonstrates progression of screening intervention for CRC, Breast, and Cervical cancer targets as proposed.

Survivorship

- The report demonstrates progression of survivorship AO as evidenced by change in unit of measurement (baseline measure to target 4/6 were met).

Health Equity

- The report demonstrates progression of health equity for primary prevention, screening and survivorship AOs as required. The program met objectives for the Show Me Healthy Women initiatives, the cancer e-learning series for survivorship, increased screening in disparate FQHS in the south and western portions of the state, and collaboration with Washington University and Anthem BC/BS to increase community-clinical linkages to increase screening rates. Good collaboration was described in the success toward these critical objectives,

Leadership Plan

Strengths:

- The Missouri leadership plan includes the appropriate membership from the Missouri Comprehensive Cancer Control Program (CCCP), the Show Me Healthy Women (SMHW) Program, and the Missouri Cancer Registry (MCR). The team also includes the Public Health Epidemiologist managing the evaluation element.
- The CCCP Manager is responsible for facilitating Leadership Team activities to coordinate cancer prevention and control activities across the three program components.

Program managers from all three programs have equal partnership and work collaboratively to ensure that program efforts are informed by cancer surveillance data. In addition, the Public Health Epidemiologist that supports both SMHW and CCCP and works directly with the MCR (housed at the University of Missouri) to facilitate data requests, is also part of the this team.

- The program includes an adequate summary of coordination and communication activities.
- The report indicates strong partnerships around data and surveillance but noted barriers to progress. The requested data is available; lead time for analyzing data sufficient; and strong partnerships between DHSS, UMC, MCC; however in YR 2, MCR Director informed other LT members that delays be standard setters in finalizing 2018 data elements and subsequent delays in Registry Plus software suite availability will impact Nov. 2019 through Nov. 2020 (YR 4 submission) data submissions.
- Majority of objectives were not met but described as ongoing as the 4th quarter progress was not available.

Weakness:

- No major weaknesses noted on leadership plan.

Other relevant comments:

- Ensure the progress report contains complete language and that the progress is described without jargon.

Proposed Objectives:

Program Collaboration

- There is evidence that the program is collaborating with NPCR and NBCCEDP and other chronic disease programs (e.g. Tobacco and Immunization) described in the proposed work plan to identify and/or implement strategies in the cancer plan.
- Missouri has evidence that the program routinely recruits and maintain representatives from NPCR, BRFSS, and other state-based surveillance systems to actively participate on the cancer control coalition and inform cancer surveillance data.
- The program has evidence of collaboration with other chronic disease programs and/or other public health programs to implement interventions that facilitate improvements in clinical care bringing about health systems change. The proposed objectives implement interventions to promote screening, support cancer survivors, and promote health behaviors and lifestyle changes that can reduce cancer risk.

External Partnerships

- Missouri's proposed action plan includes plans to engage appropriate sectors in every proposed EBI (e.g., schools for immunization, businesses for workplace EBIs) and describes coalition involvement in Year 4 primary prevention, screening and survivorship, and health equity activities.

- There is strong evidence that all community-clinical linkage interventions include collaborations with (1) local entities (e.g. faith-based organizations, local health departments), (2) trusted community members (e.g. community health workers, etc.), and (3) health care providers.

Data and Surveillance

- Proposed cancer priority area(s), and populations are consistent with self-reported surveillance data, including the state cancer plan and other data sources.
- Missouri includes the appropriate evidence of using cancer surveillance data and information to develop, implement, and evaluate the action plan, as specified by AOs, and description of surveillance activities for each EBI.
- There is sufficient evidence, in the proposed work plan, that data was used to inform decision making by developing surveillance activities for each evidenced based intervention. The baselines and targets of new work plan activities, update/adjust baselines and targets of continued work plan activities from all Year 4 AOs.

Implementation of EBI strategies

- The program year 4 work plan include 3 proposed population wide objectives with baselines measures and set targets. Health equity populations are clearly defined and the associated interventions includes a dual approach designed to target the sub-population in need. Missouri plans to conduct at least the minimum number of EBIs (i.e., one primary prevention, one screening, one survivorship EBI, and three complementary health equity EBIs).
- No plans to implement a "direct service" EBI (e.g., one-on-one or group trainings, one-time conferences, one-time awareness events, health fairs) that is not contributing to a PSE change.
- As evidenced by proposed EBIs, staff, and partners, all proposed Year 4 AOs can be completed by June 2021.

Other Relevant Comments:

- Good job adapting to new format.

FY 2020 – Funding Opportunity Announcement DP17-1701/YR04
Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations
Annual Performance Report

Technical Review Form

Recipient's Name and Grant #: Missouri NU58DP006299

Need to Correct Spelling of Missouri

Funded Program/Component: NCCCP Supplement

Technical Reviewer's Name: Anne Major

Electronic Signature: *Anne Major*

Date: 3/24/2020

After a complete review of the DP17-1701 Year 04 APR and discussion with the Recipient regarding the Year 04 APR/Technical Review, the Recipient is to submit the following (check all that apply):

• **Response to Technical Review**

- The Recipient must respond to the major weaknesses cited within 30 days. Responses should be submitted to the assigned CDC Project Officer and should be reflective only of the weaknesses identified, not a resubmission of the entire application.
- NO** response to Technical Review is needed.

• **Revised Workplan**

- Revised Workplan is needed due to -- provide reason(s):
- Revised Workplan is **NOT** needed.

Research Determination – DP17-1701 is only for non-research activities supported by CDC. For the definition of research, please see the CDC Web site at the following Internet address:
<http://www.cdc.gov/od/ads/opspoll1.htm>

- No research activities have been proposed
- Research activities have been proposed, but were disapproved/disallowed

Summary of Major Strengths (Please use bullets):

- The Missouri NCCCP program described meeting or exceeding 4 out of six survivorship supplement initiatives in the report on progress. The program had good collaborations and delivered an e-learning series on cancer survivorship to Missouri providers.
- The program includes appropriate strategies for the proposed workplan that include a multi-pronged approach to address survivorship needs. The program will address survivors with multiple chronic diseases and use BRFSS to monitor the number of physically unhealthy days as a data source.

Summary of Major Weaknesses (Please use bullets):

- No major weaknesses noted.

Recommendations:

Reviewer Comments

Progress towards Objectives:

Survivorship Supplement (S)

- The report demonstrates progression of survivorship AO as evidenced by change in unit of measurement (baseline measure to target 4/6 were met).
- The report demonstrates progression of survivorship interventions related to monitoring cancer survivor needs through the Behavioral Risk Factor Surveillance System (BRFSS).
- The report demonstrates progression of survivorship interventions related to partnering with health systems to use EHR data for survivorship care planning., disseminating resources to increase cancer survivor and physician knowledge of guidelines for follow-up care.

Proposed Objectives:

- Missouri includes the appropriate plans that address using electronic health records to generate survivorship care plans, providing cancer treatment plans for primary care, and described training for providers on the needs of survivors.
- The program documented the estimated number of survivors in Missouri and included the appropriate baselines and targets as well as evaluation and monitoring for the survivorship supplement application.

Other Relevant Comments:

- **None**

**FY 2020 – Funding Opportunity Announcement DP17-1701/YR04
Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations
Annual Performance Report**

Technical Review Form

Recipient's Name and Grant #: Missouri NU58DP006299

Funded Program/Component: NBCCEDP

Technical Reviewer's Name: Natalie Gilbert

Electronic Signature: *Natalie Gilbert* Date: 3/23/2020

After a complete review of the DP17-1701 Year 04 APR and discussion with the Recipient regarding the Year 04 APR/Technical Review, the Recipient is to submit the following (check all that apply):

- **Response to Technical Review**

- The Recipient must respond to the major weaknesses cited within 30 days. Responses should be submitted to the assigned CDC Project Officer and should be reflective only of the weaknesses identified, not a resubmission of the entire application.
- NO** response to Technical Review is needed.

- **Revised Workplan**

- Revised Workplan is needed due to -- provide reason(s): The grantee should resubmit their YR 4 workplan with SMART objectives that more closely align with measurable outcomes.
- Revised Workplan is **NOT** needed.

Research Determination – DP17-1701 is only for non-research activities supported by CDC. For the definition of research, please see the CDC Web site at the following Internet address:

<http://www.cdc.gov/od/ads/opspoll1.htm>

- No research activities have been proposed
- Research activities have been proposed, but were disapproved/disallowed

Summary of Major Strengths

Program Management:

- Program is likely to spend >95% of their overall budget.
- At least one staff member is cross trained on a critical project function. (Progress Report pg. 6)
- All CDC-required documents and reports are submitted on or before the due date.
- Program does collaborate across 1701 and chronic disease, as indicated in Leadership Plan. (Progress Report pgs. 4-5)

Leadership Plan Strengths:

- *The Missouri leadership plan includes the appropriate membership from the Missouri Comprehensive Cancer Control Program (CCCCP), the Show Me Healthy Women (SMHW) Program, and the Missouri Cancer Registry (MCR). The team also includes the Public Health Epidemiologist managing the evaluation element.*
- *The CCCP Manager is responsible for facilitating Leadership Team activities to coordinate cancer prevention and control activities across the three program components. Program managers from all three programs have equal partnership and work collaboratively to ensure that program efforts are informed by cancer surveillance data. In addition, the Public Health Epidemiologist that supports both SMHW and CCCP and works directly with the MCR (housed at the University of Missouri) to facilitate data requests, is also part of the this team.*
- *The program includes an adequate summary of coordination and communication activities.*
- *The report indicates strong partnerships around data and surveillance but noted barriers to progress. The requested data is available; lead time for analyzing data sufficient; and strong partnerships between DHSS, UMC, MCC; however in YR 2, MCR Director informed other LT members that delays be standard setters in finalizing 2018 data elements and subsequent delays in Registry Plus software suite availability will impact Nov. 2019 through Nov. 2020 (YR 4 submission) data submissions.*
- *Majority of objectives were not met but described as ongoing as the 4th quarter progress was not available.*

Leadership Plan Weakness:

- *No major weaknesses noted on leadership plan.*

Other relevant comments:

- *Ensure the progress report contains complete language and that the progress is described without jargon.*
- Program does use a data driven approach to identify priority populations to improve health equity. (Progress Report pg. 4)
- Evaluation findings are applied to program improvement. (Progress Report pg. 19)

Environmental Approaches:

- Program shows progress implementing environmental approaches during current year. Program posted breast cancer awareness information on the state employee intranet website and held two Mammography Van events in 2019. Program also improved and implemented an employee survey with three employers to assess workplace need for cancer screening policies. (Progress Report pg. 9)

Community-Clinical Linkages to Aid Patient Support:

- Program shows progress implementing community clinical linkages during current year. Program completed Patient Navigation forms for SMHW providers to use for CCL activities. Randolph County Caring Community Partnership has employed a CHW to work on PN services, and referrals increased from zero to five. Program is training all SMHW providers on documentation of PN services. (Progress Report pg. 12)

Health System Change (Direct Screening and Patient Navigation):

- Progress indicates that program will likely meet their patient navigation goals by the deadlines and they had reached 39% of their PN goal by January 2019. (Progress Report pg. 20)
- Program did ensure provider sites meet or exceed all core MDE performance indicators. (Progress Report pg. 23)
- Program did submit MDE file using version 7.0. (Progress Report pg. 23)
- Program provided patient navigation only services for breast and cervical cancer screening to 39 of the 100 women projected. Screening challenges are documented. *Document progress compared to projections here.*

Health System Change w/EBIs:

- Program submitted two Implementation Plans to CDC to implement evidence-based interventions to increase breast and cervical cancer screening rates in two partnering health systems and 13 clinics.
- Program did submit accurate data into B&C Bars (Progress Report pg. 20).
- Program implements two evidence-based interventions to increase breast and cervical cancer screening rates in existing clinics. (Progress Report pg. 18)
- Program implements evidence-based interventions to increase breast and cervical cancer screening rates through partner health systems at nine clinics, and has plans to implement at four additional clinics. (Progress Report pg. 18)
- Program is actively recruiting additional health system partners in current year, as appropriate. Program submitted an Implementation Plan in December 2019 for an additional health system, Cohort #2, consisting of four participating clinics. (Progress Report pg. 18)
- Program is providing regular EBI implementation technical assistance, including sustainability planning, to partner clinics. Program manager and RPC's provide trainings, program updates, resolve issues, and answer questions for all SMHW providers throughout the year. (Progress Report pg. 6)
- Program is conducting needs assessments with each health system partner to *inform* EBI selection and quality improvement efforts. (Progress Report pg. 21)

- Program submits implementation plans for CDC approval; the two plans do meet CDC requirements.

Summary of Major Weaknesses

Program Management:

- Staffing is not adequate to successfully implement NOFO (*0.4 FTE Program Evaluator, Budget pg. 2*)

Environmental Approaches:

- Program does not partner with employers to implement worksite wellness policies aimed at increasing breast and cervical cancer screening.
- Program does not have employer policies established.

Community-Clinical Linkages to Aid Patient Support:

- Program does not explicitly describe if they refer and track women to screening and medical homes.
- Program does not routinely collect evaluation data linking community-clinical linkage activities to completed screenings but has proposed to focus on it in the next Program Year. (Progress Report pg. 12)

Health System Change (Direct Screening and Patient Navigation):

- None noted.

Health System Change w/EBIs:

- None noted.

Other Comments:

- Workplan does not include sustainability activities.
- Screening goals are not on track for completion because program had reached 20% of breast cancer screening goal and 3% of cervical cancer screening goals as of January 2019. However, program has recently started working with a second healthcare system and has plans to add 12 providers using outreach and navigation as EBIs in PY4. (Progress Report pg. 19)

Recommendations: The grantee should resubmit their YR 4 workplan to include these, or similar outcome objectives.

Program Management

1. By December 31, 2020 (or earlier date), ensure staffing is adequate to successfully implement NOFO (0.5 FTE Program Evaluator).
2. By August 31, 2020, have documented process in place to provide routine technical assistance for implementing partners to ensure sustainability.

Environmental Approaches

1. By December 31, 2020, partner with two employers to implement worksite wellness policies aimed at increasing breast and cervical cancer screening.
2. By June 29, 2021, have at least two employer policies established.

Community-Clinical Linkages to Aid Patient Support

1. By August 31, 2020, have a documented process in place and track all women from intervention through screening completion.
2. By June 29, 2021, implement community health worker outreach to refer and track 100 women a year to screening and medical homes.

Health System Change (Direct Screening and Patient Navigation)

1. By June 29, 2021, provide breast and/or cervical cancer screening and follow-up to 7,355 women.

Reviewer Comments

Progress towards Objectives:

- The program did include screening/patient navigation numbers of actual services provided through June 30, 2019.
- Program does submit implementation plans for every health system for approval by CDC.
- Program does describe challenges and actions/plans to overcome them.
- Awardee is working effectively with health care systems and community-based organizations to use available data and target populations to decrease disparities. (Progress Report pg. 3)

Proposed Objectives:

- Proposed workplan does address program requirements, including primary and cross-cutting strategies.
- Activities are linked to screening targets; Breast: 4,084, Cervical: 4,298, Navigation Only: 100, Total Served: 7,455.
- Screening and patient navigation projections are included in the application; Service Delivery Projections worksheet is completed accurately; Projections are appropriately ambitious.
- Workplan activities do demonstrate a comprehensive approach to addressing health disparities through interventions that address, not only access to screening, but also social conditions that place these individuals at greatest risk of poor health outcomes. Including, but not limited to the following:
 - Prioritizing medically underserved individuals in service delivery projections
 - Evaluating to demonstrates reach among these populations.
 - Collaborating with community partners to link people to needed personal health services and ensure the provision of health care when otherwise unavailable.

Other Relevant Comments:

- Program does not describe much progress towards increasing screenings nor do they explicitly state screening goals or progress towards them in the Progress Report. Please include this information within the next application.
- Objectives are written in a SMART format. Objectives and activities can be easily measured; objectives are not listed with all completion dates falling at the end of the year; are not exact repetitions of last year's; and clearly build on last year's with appropriate baselines provided.
- Objectives do address deliverables and requirements of FOA.
- Awardee is successfully reaching disparate populations, including; uninsured or underinsured persons; culturally isolated persons; medically underserved persons; and persons from minorities defined by race, religion, ethnicity, or culture.

**FY 2020 – Funding Opportunity Announcement DP17-1701
Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations
Annual Performance Report**

Technical Review Form

Recipient's Name and Grant #: Choose an item. Missouri NU58DP006299

Funded Program/Component: NPCR

Technical Reviewer's Name: Olivia Marr

Electronic Signature: *Olivia Marr* Date: 3/20/2020

After a complete review of the DP17-1701 Year 04 APR and discussion with the Recipient regarding the Year 04 APR/Technical Review, the Recipient is to submit the following (check all that apply):

• **Response to Technical Review**

- The Recipient must respond to the major weaknesses cited within 30 days. Responses should be submitted to the assigned CDC Project Officer and should be reflective only of the weaknesses identified, not a resubmission of the entire application.
- NO** response to Technical Review is needed.

• **Revised Workplan**

- Revised Workplan is needed due to -- provide reason(s):
- Revised Workplan is **NOT** needed.

Research Determination – DP17-1701 is only for non-research activities supported by CDC. For the definition of research, please see the CDC Web site at the following Internet address: <http://www.cdc.gov/od/ads/opspoll1.htm>

- No research activities have been proposed
- Research activities have been proposed, but were disapproved/disallowed

Summary of Major Strengths:

- MCR has hired a new fulltime Program Director (Ph.D., CTR) who is extremely well-qualified to continue leadership of the registry. In addition, the former Program Director remains on board in Emeritus status, providing continuity and guidance over the next year or more, as the new PD takes over.
- MCR actively promotes the use of central cancer registry (CCR) data for planning & evaluation of cancer control objectives & public health practice by: A) Collaborating with CCCP & SMHW across CDC's four domains (epidemiology & surveillance; environmental approaches; health care system interventions; & community programs linked to clinical services) with defined & measurable cancer prevention or control outcomes; and B) Coordinating & collaborating with other chronic disease programs and key external organizations and programs.

Summary of Major Weaknesses:

- Loss of key positions has negatively impacted MCR's ability to expand electronic reporting, capture unreported non-hospital cases and revise Missouri cancer reporting Regulations (19 CSR [70-21.010](#)) for more complete and timely compliance by mandated reporters. This is the one ongoing activity labeled as unmet. Current regulations need to be updated to reflect technological changes & to increase MCR's ability to obtain data from mandated reporters not in compliance with cancer reporting Statutes (192.650-192.657 RSMo).

Recommendations:

- Continue working with MO's Leadership Team to move forward with drafting much-needed revised cancer reporting regulations.

Reviewer Comments

Progress towards Objectives:

- In collaboration with Missouri's (MO's) Comprehensive Cancer Control Program (CCCP) and Show Me Healthy Women (SMHW; MO's Breast & Cervical Cancer Early Detection Program), MCR's 5-year overarching goal is to decrease cancer incidence, morbidity and mortality by focusing on underserved populations with increased cancer risk due to health disparities. Specifically, its objectives are to: 1) Collect & disseminate high-quality data on all reportable incident cancer cases in a timely manner for public health cancer prevention & control purposes; 2) Improve & enhance electronic reporting; 3) Meet or exceed all NPCR standards & requirements; and 4) Identify additional funding sources & obtain funding needed to stay current with rapidly-evolving technologies and carry out 21st century goals and objectives.

- MCR’s WP has six Strategies. 1: Program Collaboration; 2: External Partnerships (Domain 2); 3: Cancer Data & Surveillance (Domain 1); 4: Community-level Interventions & Patient Support (Domain 4); 5: Health Systems Change (Domain 3); & 6: Program Monitoring & Evaluation). These six Strategies incorporate the four Domains of Chronic Disease Prevention. 1: Epidemiology & Surveillance; 2: Environmental Approaches; 3: Health Care System Interventions; and 4: Community Programs Linked to Clinical Services).
- MCR is making satisfactory progress on its YR 03 goals and objectives. Where objectives are yet unmet, clear plans are documented to address the deficits, mainly due to budget shortages.

Proposed Objectives:

- MCR’s proposed objectives for YR 04 remain the same as those for YR 03, with the addition of one new activity: finalizing its data management plan.

Other Relevant Comments:

- Please ensure that all YR 04 cooperative agreement activities and products (e.g., publication of standards volumes, procedures guidelines, and consensus workshop summaries) must comply with funding attribution verbiage as listed within the notice of grant award (e.g., “We acknowledge the Centers for Disease Control and Prevention, for its support of the (state) staff, and the printing and distribution of the monograph under cooperative agreement xxx/xxxxxx-xx awarded to (state). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC.)”
- Whenever possible, utilize the U. S. Cancer Statistics Data Visualizations Tool and USCS Official Federal Cancer Statistics to illustrate and/or describe cancer data to programs, partners and the public.

Leadership Team Plan Feedback

- The LT is composed of the managers of Show Me Healthy Women (SMHW; Missouri’s Breast & Cervical Cancer Early Detection Program) & the Comprehensive Cancer Control Program (CCCCP), who serves as the team lead, and the D of the Missouri Cancer Registry (MCR; now the Missouri Cancer Registry & Research Center (MCR-ARC)). In YR 2, a fourth member, DHSS’ Office of Epidemiology (OOE) Epidemiology Consultant, was added; she supported SMHW & CCCC & worked directly w/ MCR. Upon her retirement in the CY ’19 Q3, OOE’s Lead Chronic Disease Epidemiologist joined the team. The three programs have always cooperated & collaborated but having a LT provides structure and continuity.

- The LT refined its Leadership Plan early in YR 2. MCR priorities, including revising reporting regulations (19 CSR 70-21.010), were included in the Plan. Planning began in the 1st half of CY '19; revisions were scheduled to be drafted in CY '19 or the 1st half of 2020. The importance of revising regulations is that this offers an opportunity to increase penalties for non-reporting & enhance MCR's ability to bring reporting facilities into compliance.
- MCR, together with the state's Leadership Team will: A) Develop a coordination plan to propose innovative ways cancer surveillance data will be used to improve public health in Missouri; B) Produce annual on-line reports and, in collaboration with CCCP and SMHW, participate in the production of biennial reports that include screening-amenable cancers (e.g., breast, cervix, colorectal, lung) and cancers associated with obesity, tobacco & HPV; and C) Submit final biennial report to CDC and, in collaboration with CCCP, the MCC & SMHW, disseminate to partners as appropriate.