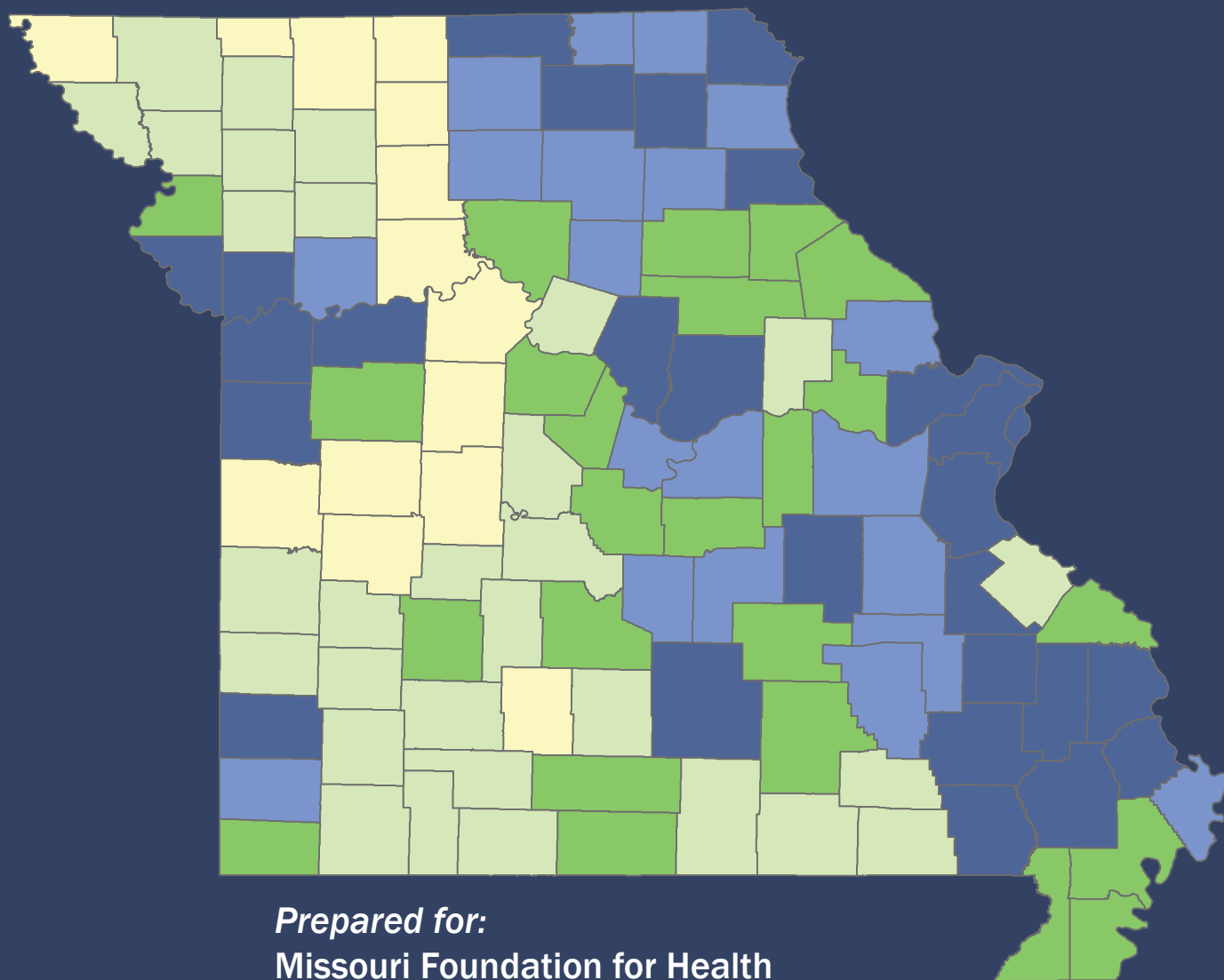


# The Lay of the Land: Mapping Missouri's Tobacco Control Funding 2006-2008



*September 2008*

# Acknowledgements

We would like to acknowledge the contributions of our project team:

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## Who received tobacco control funding?

Funding agencies provided money to 77 different groups for implementation of 117 tobacco control-related efforts. While the highest percentage of efforts were implemented by non-profit organizations (33%), universities/research institutes received two times as much funding for implementation of their tobacco control-related efforts (\$10,280,252 compared to \$4,626,151 for non-profit organizations).

## What activities were conducted?

The large majority of tobacco control-related efforts (64%) fell into the *Best Practices* category of State and Community Interventions, which is consistent with CDC recommendations. Almost half of all activities were education/prevention activities (48%) followed by advocacy activities (32%).

## What populations were targeted?

Activities targeting youth were prominent in Missouri. About 44% of efforts focused on youth, a large portion of which was funded by MFH (40%) and almost half (46%) were implemented by non-profit organizations.

## Highlights

Based on the findings of this analysis, several important points for future tobacco control strategic planning efforts in Missouri were identified:

- Overall, Missouri is not spending enough on tobacco prevention & cessation activities.
  - During the three year period of 2006-2008, Missouri only met 8.6% of CDC's minimum funding recommendations for comprehensive tobacco control programs.
- Most of the funding for tobacco control efforts in Missouri was provided by Missouri's foundations and private organizations. This left several areas of the state, outside of the foundations' service regions, with little funding and fewer efforts than other regions.
- MFH is the largest funder for tobacco control efforts. The Tobacco Prevention and Cessation Initiative is set to end in five years at which point the funding map for Missouri will dramatically change if additional resources are not secured.
- Funding from the state of Missouri is one

source that has been extremely limited for tobacco control programs.

- Only 6% of funding for tobacco control programs came from the state during 2006 through 2008.
- Another potential funding source for the future is national foundations, such as the Robert Wood Johnson Foundation and the American Legacy Foundation. In fiscal years 2006-2008 this source of funding was significantly underutilized.
  - Only 0.4% of funding for tobacco control programs came from national foundations during 2006-2008.

## Next Steps

To date, few states have conducted an extensive analysis of all tobacco control funding sources and activities such as this report presents. This analysis is the first step in increasing awareness of tobacco control funding and activities in Missouri and serves as a snapshot of Missouri's tobacco control efforts.

These findings can be used:

- As a baseline to track changes in Missouri's tobacco control funding and activities over time;
- To inform tobacco control stakeholders of underutilized funding sources and programmatic needs; and
- To increase awareness of disparities in funding coverage across the state.

With an increase in funding from the state in fiscal year 2009 (from \$200,000 to \$1,500,000) it looks as though the state environment is beginning to improve. Continuing to collect the type of information described in this report and ensuring wide dissemination will be important in future advocacy and strategic planning efforts.

# Introduction

## Project Rationale ● ● ● ● ● ●

In a state such as Missouri, where financial resources for tobacco control programs have been historically limited, it is important to know what funding is available and how it is being spent in order to strategically plan for individual efforts. Having a comprehensive picture of the landscape ensures limited resources are used effectively, giving stakeholders the most “bang for their buck.”

The most readily available information from national organizations such as the Campaign for Tobacco Free Kids, focuses on two revenue streams:

1. Master Settlement Agreement funds
2. Tobacco excise tax revenues

Table 1 compares Missouri’s fiscal year 2008 funding (from tobacco excise tax revenues and MSA funds) with the U.S. median. While the information depicts funding dedicated to tobacco control from the state of Missouri, it misses funding allocations from sources such as the Centers for Disease Control and Prevention or foundations (*e.g.*, Missouri Foundation for Health). This leads to stakeholders only seeing a small snapshot of Missouri that misses key resources for the state. While the total funding for Missouri is still a small percentage of CDC’s minimum recommendation, when you factor in other funding sources it becomes closer to 10% of the recommendation as opposed to less than 1% in Table 1.

In addition to limited information regarding funding, it is even more challenging to trace where allocations are being spent. Individual

**Table 1. State funding for tobacco control: US median vs. Missouri, FY2008**

	Funding amount for fiscal year '08 (millions)*	Minimum CDC recommended amount (millions)	Percent of CDC recommended amount met
U.S. median	\$8.5	\$37.7	28.4%
Missouri	\$0.2	\$50.5	0.4%

\*From Campaign for Tobacco Free Kids, *A Broken Promise to Our Children*, 2007; includes funding from tobacco excise tax revenues and MSA funds

funding agencies keep track of the programs they fund; however currently there is no resource available that reports *all* of the tobacco control efforts within a state.

## Project Purpose ● ● ● ● ● ● ● ● ● ●

To provide a comprehensive survey of Missouri's tobacco control landscape, the Center for Tobacco Policy Research (CTPR) conducted an analysis of funding dedicated to preventing and reducing tobacco use in the state for the past three fiscal years. The purpose of this analysis was to identify:

- Tobacco control-related funding agencies and recipients;
- Funded activities; and
- Regional and programmatic gaps in funding (*i.e.*, opportunities for development).

The goal of this project was to provide information to tobacco control stakeholders to strengthen their understanding of Missouri's funding and programmatic environment and aid in future strategic planning efforts.

## Report Purpose ● ● ● ● ● ● ● ● ● ●

This report presents descriptive information regarding tobacco control funding and activities in Missouri. In addition, maps depicting a number of variables are presented. This report will be of particular interest to Missouri stakeholders, including the Missouri Foundation for Health, Tobacco Free Missouri, and tobacco control advocates. The rest of this report is organized into the following sections:

- Methods
- Findings
  - Amount of Funding
  - Funding Sources
  - Funding Recipients
  - Activities
  - Targeted Populations
- Conclusions

# Methods

## Participant Identification ● ● ● ● ● ● ● ● ●

In late 2007, CTPR began a multiple phase process to identify participants. First, key organizations which fund tobacco control-related programs or research were contacted. Contacts at these *funding agencies* completed a survey (Appendix A) that collected information about organizations they had funded for tobacco control efforts any time during fiscal years 2006 through 2008.

Second, the identified *funding recipients* were contacted to obtain details about their tobacco control efforts. The funding recipients were also asked to identify up to three additional individuals or organizations they knew had received funding for tobacco prevention and cessation activities. These referred funding recipients were then contacted to obtain details about their efforts. This snowball sampling method ensured we identified the majority of tobacco control efforts in the state.

## Funding Recipient Survey Components ● ● ●

The funding recipient survey (Appendix B) consisted of four main sections: 1) project demographics (*e.g.*, funding source, amount, and dates); 2) target populations; 3) geographic coverage (*i.e.*, in which Missouri counties the program or research was implemented); and 4) specific activities funded by the project.

The choices for tobacco control activities (see Figure 1 on the adjacent page) were identified using the Centers for Disease Control and Prevention's (CDC's) *Best Practices for Comprehensive Tobacco Control Programs (Best Practices)* as a guide. Response options fell into seven general categories: the five *Best Practices* components, clinical research, and other tobacco control-related activities.

To ensure we captured all important categories for tobacco control-related efforts, we developed a data collection schematic (see Appendix C). This helped to make sure our survey collected data that covered the breadth of organizations involved, the depth of their activities, and the populations and regions in which they targeted their efforts (*e.g.*, cities, counties, statewide).



## Data Management & Analysis ● ● ●

An extensive Access database was developed to track and store survey information. Data were exported to SPSS and Excel for descriptive statistical analysis. In order to conduct geo-spatial analyses, the data were first manipulated in Access to change the unit of analysis from tobacco control effort to Missouri county. These data were then imported into ArcGIS (ESRI, 2006) for geo-spatial analysis.

Data collected included efforts that occurred anytime between fiscal years 2006 through 2008. Variances across efforts required several decisions to be made regarding how these efforts were analyzed. First, how individual efforts were counted needed to be determined. For our analyses an individual program was counted for as many as three efforts if it received a new contract each fiscal year during the study period. Second, when activities occurred across multiple years, the total funding amount was divided by the number of years to determine a per year estimate. Finally, for efforts that occurred in multiple counties, the per year funding estimate was divided by the number of Missouri counties in which it was implemented in order to display data geo-spatially.

## Data Coverage & Quality ● ● ● ● ●

In a study such as this, where it is challenging to gather information on all tobacco control funding, it is important to come to some sense as to whether we collected information on *all* tobacco control-related efforts in Missouri. To determine this we took two approaches. The first was a top-down approach that started with the major funding sources for tobacco control. This approach captured the bulk of tobacco control efforts in the state.

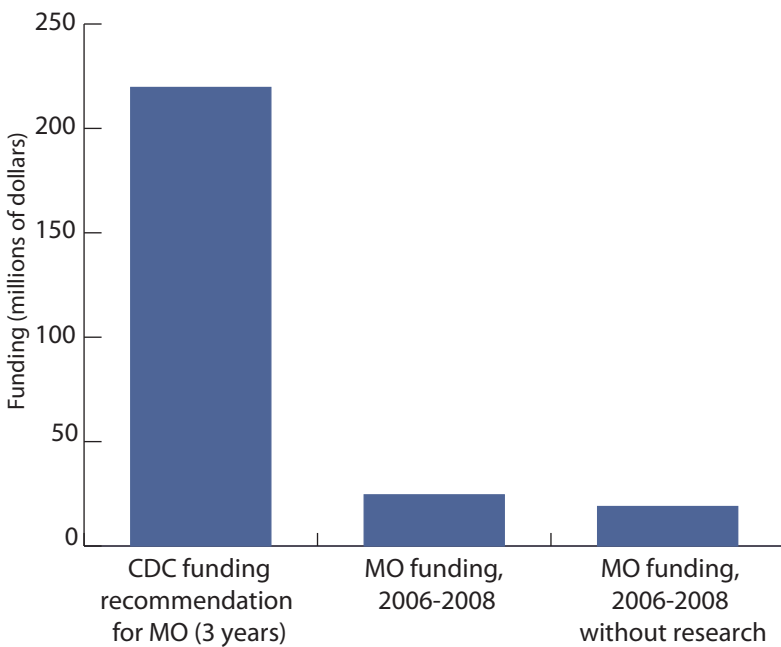
To complement the first approach, we then took a bottom-up approach. Using a snowball sampling method with funding recipients we were able to identify other recipients that were not captured with the first approach. We ended our data collection once we no longer received new referrals. Although it is possible we may have missed some efforts, the lack of new referrals indicated that we captured the vast majority of tobacco control efforts in Missouri for the three fiscal years.

**Figure 1. Tobacco control activity response options**

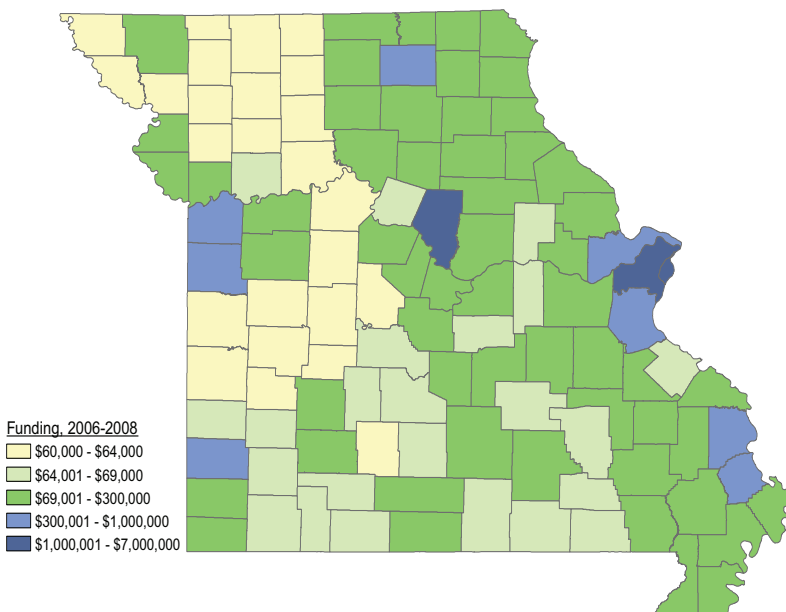
1. State and Community Interventions
  - Advocacy
  - Capacity building
  - Chronic disease programs
  - Coalitions
  - Disparities
  - Education/prevention
  - Tobacco access/enforcement
2. Cessation Interventions
  - Treatment
  - Treatment access
3. Surveillance and Evaluation
  - National surveillance systems
  - State surveillance systems
  - Program evaluation
  - Community assessment
4. Administration and Management
  - Internal communication
  - Grant management
  - Program sustainability
  - Staffing
  - Strategic planning
5. Health Communications Interventions
  - Audience & market research
  - Counter-marketing
  - Local media advocacy
  - Promotion of available services
6. Clinical Research
  - Addiction
  - Behavioral/cognitive
  - Treatment
7. Other

# Findings

**Figure 2. All Missouri tobacco control funding compared to CDC recommendation, 2006-2008**



**Figure 3. Funding for tobacco control, 2006-2008**



The rest of this report describes the findings of our analyses. Specifically it describes information regarding Missouri’s tobacco control landscape during fiscal years 2006-2008 in regard to:

- Total Amount of Funding
- Funding Sources
- Funding Recipients
- Specific Activities
- Targeted Populations

## How much funding did tobacco control efforts receive? ● ● ● ●

From 2006 through 2008, \$24,536,132 was dedicated to the implementation of 117 tobacco control efforts in Missouri. CDC’s *Best Practices* recommends that Missouri spend \$73.2 million per year on a comprehensive tobacco control program. When funding for activities not included in the CDC’s definition of a comprehensive tobacco control program is removed (*i.e.*, clinical research), the amount spent in Missouri over the three year period decreases to \$18,959,326 for 97 activities (see Figure 2). This is 8.6% of the minimum amount recommended by CDC for the same three year period.

Figures 3 and 4 display the geographic distribution of funding and tobacco control efforts across Missouri during 2006 through 2008. These maps show a concentration of tobacco control activity around St. Louis and Kansas City and throughout most of the Missouri Foundation for Health (MFH) coverage area. With a few exceptions

(i.e., Webster, Hickory, and Morgan Counties), there are clear gaps between areas funded by MFH and The Healthcare Foundation of Greater Kansas City and areas not funded by either foundation.

### Who funded tobacco control efforts? ● ● ● ● ● ● ● ● ● ●

Nineteen different organizations provided funding for the 117 tobacco control-related efforts in Missouri (see Table 2 below). Of these organizations, MFH and The Healthcare Foundation of Greater Kansas City funded the majority of tobacco control-related efforts (54%) and provided more money for efforts than any other type of funding agency (\$13,714,084, or 56%). Specifically, MFH provided \$12,592,153 for 42% of the tobacco control-related efforts in Missouri during 2006-2008.

Figure 4. Number of tobacco control programs, 2006-2008

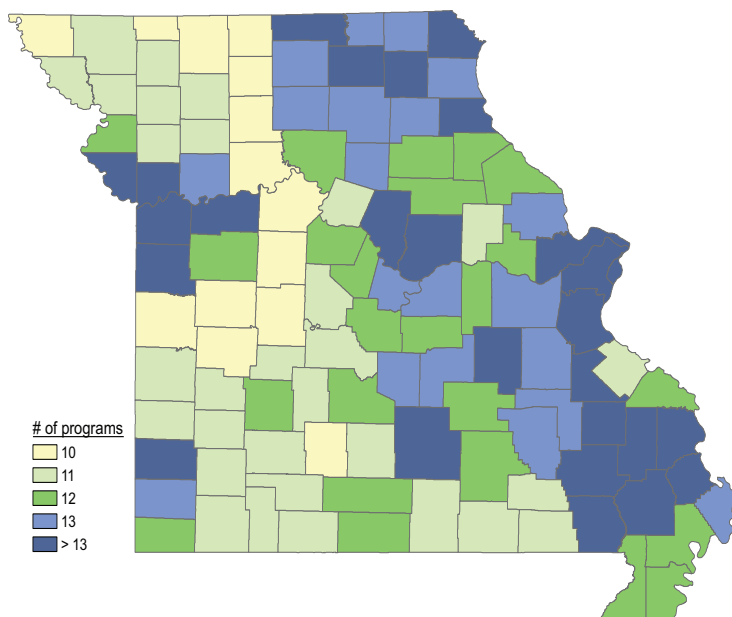


Table 2. Tobacco control funding agencies: Amount and number of efforts funded, 2006-2008

Organization	Number of efforts	% of total efforts	Funding amount	% of total amount
Missouri Foundation for Health	49	42	\$ 12,592,153	51
The Healthcare Foundation of Greater Kansas City	14	12	\$ 1,121,931	5
Missouri Department of Mental Health	12	10	\$ 721,417	3
National Institute on Drug Abuse	8	7	\$ 1,533,972	6
National Institute on Alcohol Abuse and Alcoholism	7	6	\$ 420,290	2
Centers for Disease Control and Prevention	4	3	\$ 3,126,811	13
National Cancer Institute	3	3	\$ 2,666,553	11
Missouri Department of Public Safety	3	3	\$ 447,000	2
BJC Healthcare School Outreach and Youth Development	3	3	\$ 216,000	1
St. Charles Cancer Coalition	3	3	\$ 9,375	< 1
National Center for Chronic Disease Prevention & Health Promotion	2	2	\$ 955,991	4
United Way Youth	2	2	\$ 4,000	< 1
St. Louis Mental Health Board	1	1	\$ 250,000	1
Missouri Department of Health and Senior Services	1	1	\$ 200,000	1
Association of State and Territorial Chronic Disease Program Directors	1	1	\$ 170,000	1
Robert Wood Johnson Foundation	1	1	\$ 50,000	< 1
American Legacy Foundation	1	1	\$ 49,988	< 1
Hallmark Distribution	1	1	\$ 500	< 1
Liberty Hospital	1	1	\$ 150	< 1
<b>TOTAL</b>	<b>117</b>		<b>\$ 24,536,132</b>	

## Findings

Figure 5. Funding amount by type of funding agency

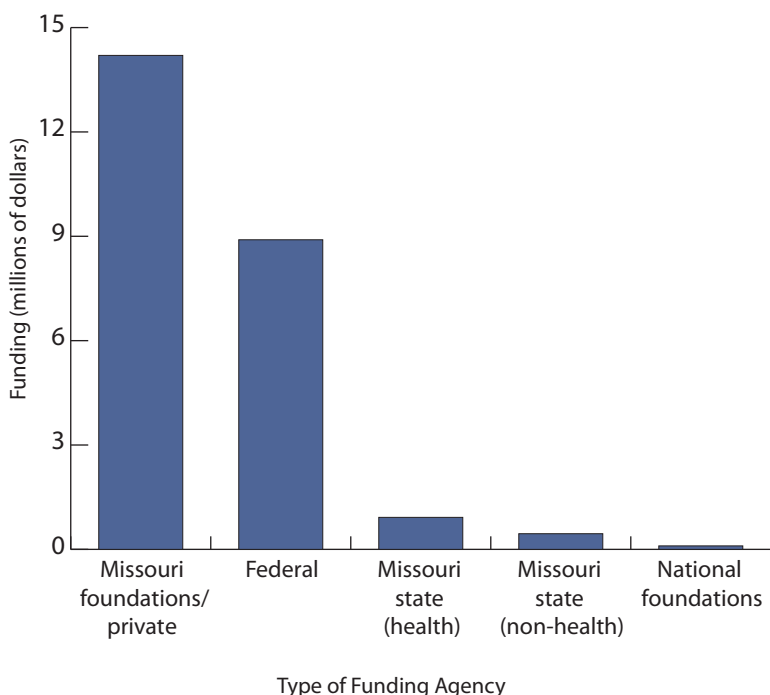


Figure 5 shows the amount of funding provided by five types of funding agencies. Missouri foundations and private organizations (e.g., BJC Healthcare) provided 15 times more money for tobacco control activities than health-related Missouri state departments and 30 times more money than non health-related Missouri state departments.

The maps on the adjacent page display the the number of efforts funded by four of the agency types: Missouri foundations and private organizations, federal health agencies (e.g., CDC, National Cancer Institute), health-related Missouri state departments, and national foundations (e.g., Robert Wood Johnson Foundation, American Legacy Foundation).

Tobacco control efforts funded by Missouri foundations or private organizations were implemented in a majority of Missouri counties. Similar to the overall pattern of funded efforts, a gap exists in areas not covered by MFH or The Healthcare Foundation of Greater Kansas City.

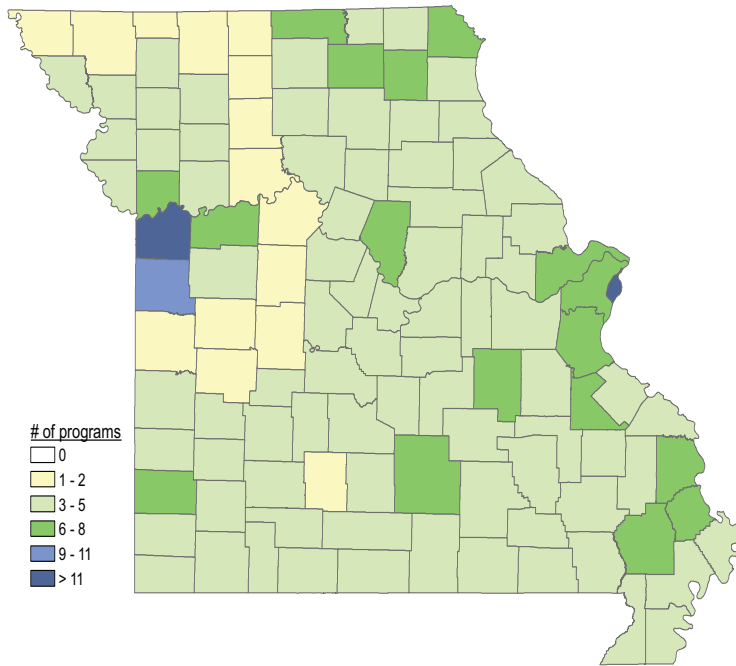
At least three tobacco control efforts were funded statewide by a federal health agency during 2006 through 2008. Specifically, these efforts were annual funding from the CDC provided to the Missouri Department of Health and Senior Services (MDHSS). The larger concentration of tobacco control efforts funded by federal health agencies in St. Louis City were for clinical research activities.

The Missouri Department of Mental Health (MDMH) funded two statewide efforts during 2006 through 2008 to educate tobacco merchants about youth access laws. MDHSS only funded one effort during the data collection period. This was a youth-focused program in the Missouri Bootheel region.

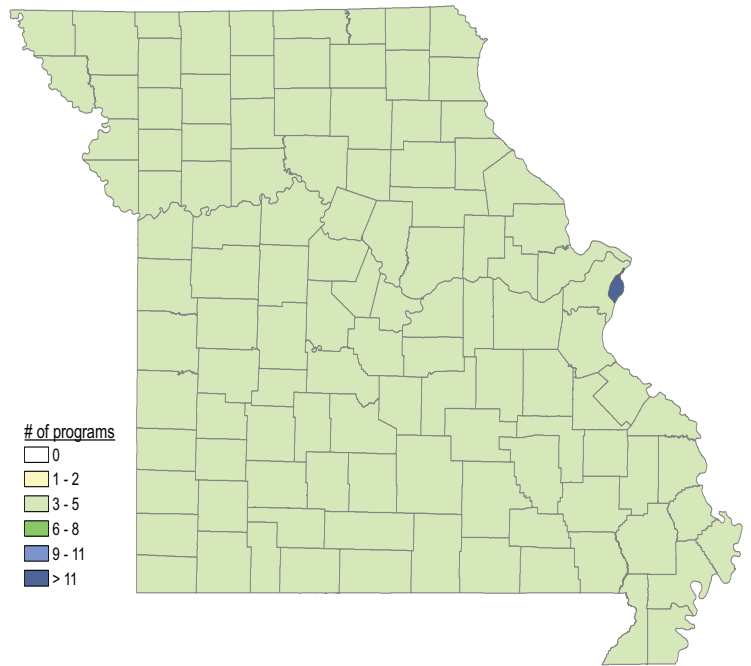
One national foundation, the Robert Wood Johnson Foundation, funded one tobacco control effort in Missouri. Compared to the other funding agencies, national foundations were highly underutilized as funding resources during 2006 through 2008.

Figures 6a-d. Number of programs by type of funding agency, 2006-2008

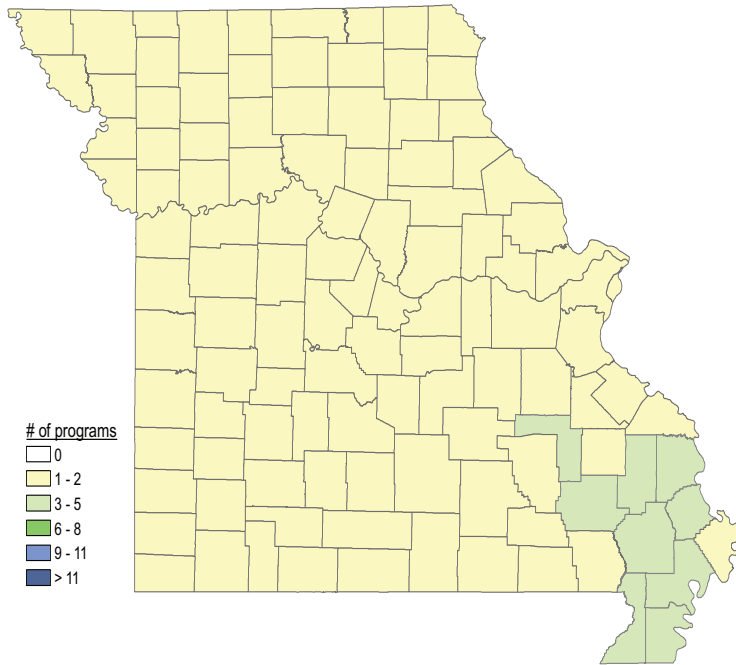
6a. Missouri Foundations/Private Organizations



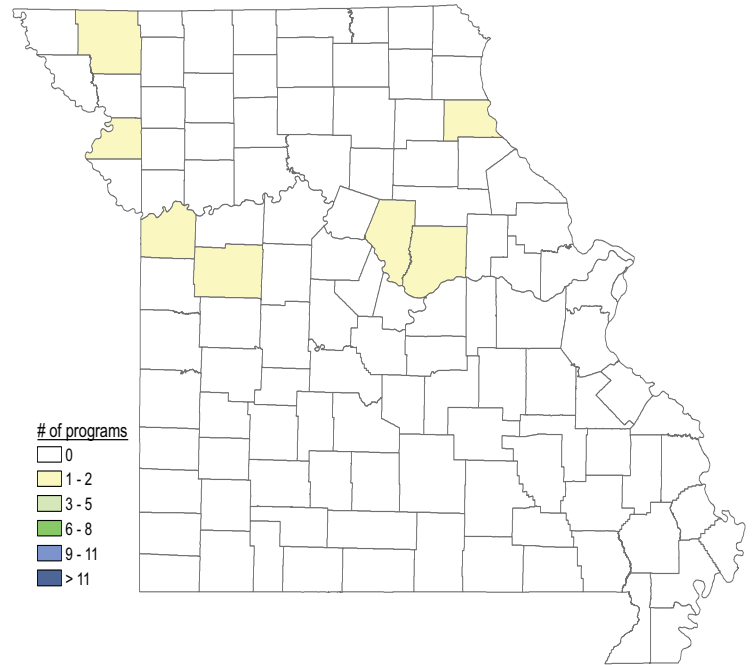
6b. Federal Health Agencies



6c. Health-related Missouri State Departments



6d. National Foundations



**Table 3. Funding recipients: Amount and number of efforts, 2006-2008**

Category	Number of efforts	% of total efforts	Funding amount	% of total amount
Non-profit organizations	38	33	\$ 4,592,153	19
Universities/research institutes	33	29	\$10,280,252	42
Health departments/centers	21	18	\$ 7,421,820	30
Hospitals/healthcare	17	15	\$ 1,532,881	6
Government (non-health)	4	3	\$ 507,148	2
Secondary schools	4	3	\$ 167,880	1
<b>TOTAL</b>	<b>117</b>		<b>\$ 24,536,132</b>	

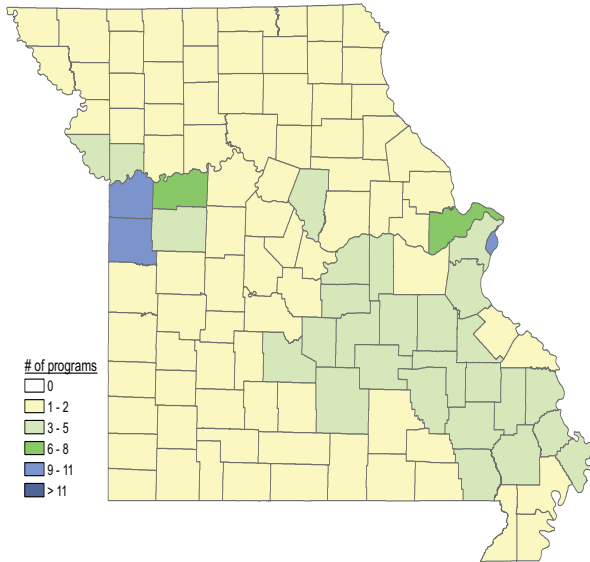
## Who received tobacco control funding? ● ● ● ● ● ● ● ●

The aforementioned funding agencies provided money to 77 different groups for implementation of 117 tobacco control-related efforts (see Table 3). While the highest percentage of efforts were implemented by non-profit organizations (33%), universities/research institutes received two times as much funding for implementation of their tobacco control-related efforts (\$10,280,252 compared to \$4,626,151 for non-profit organizations). This is most likely due to the expensive nature of clinical research projects. Additionally, health departments received more money than non-profit organizations (\$7,421,820 versus \$4,592,153 for non-profit organizations) for the implementation of 17 fewer tobacco control-related efforts.

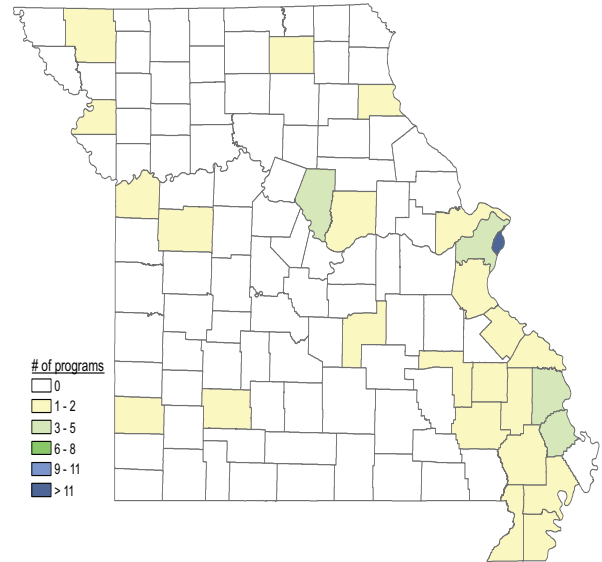
Figures 7a-f display the geographic distribution of tobacco control efforts for each type of funding recipient listed in Table 3. At least three tobacco control efforts were implemented by a health department or health center in every county across Missouri during 2006 through 2008. These were activities were funded by the annual allocation from CDC to MDHSS. Similarly, at least one tobacco control effort was implemented by a non-profit organization in every county across Missouri, with a higher concentration near Kansas City and St. Louis and in the south central and southeast region of the state. Only four Missouri counties had tobacco control efforts implemented by secondary schools.

Figures 7a-f. Number of programs by type of funding recipient, 2006-2008

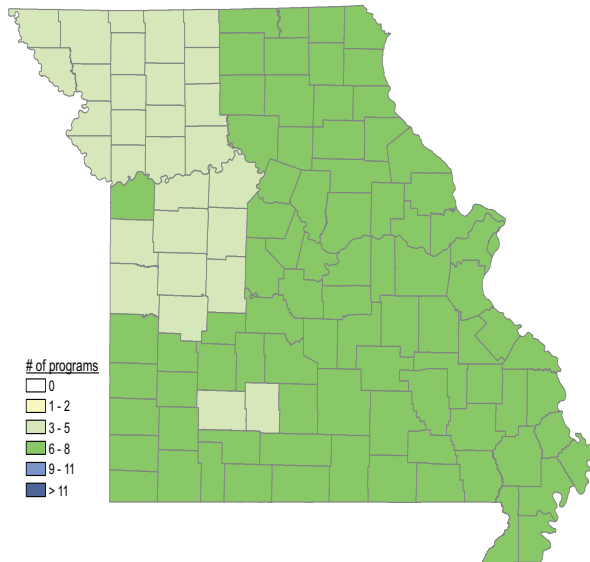
7a. Nonprofit Organizations



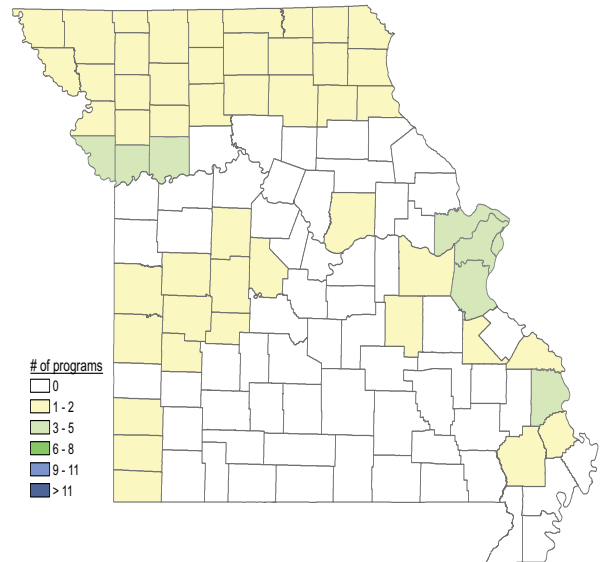
7b. Universities/Research Institutes



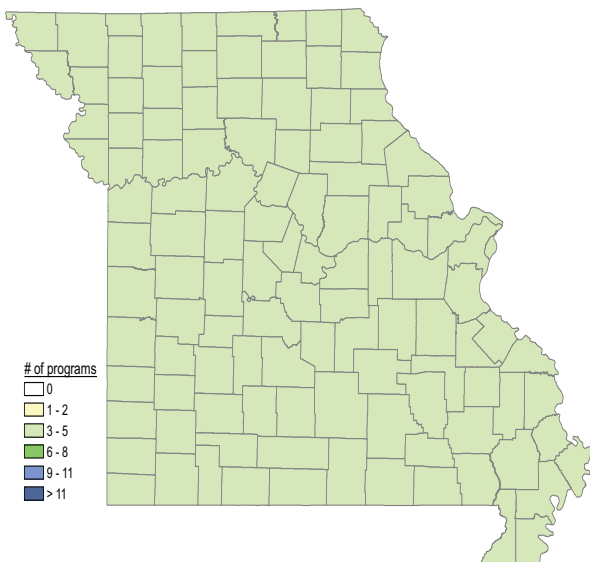
7c. Health Departments/Centers



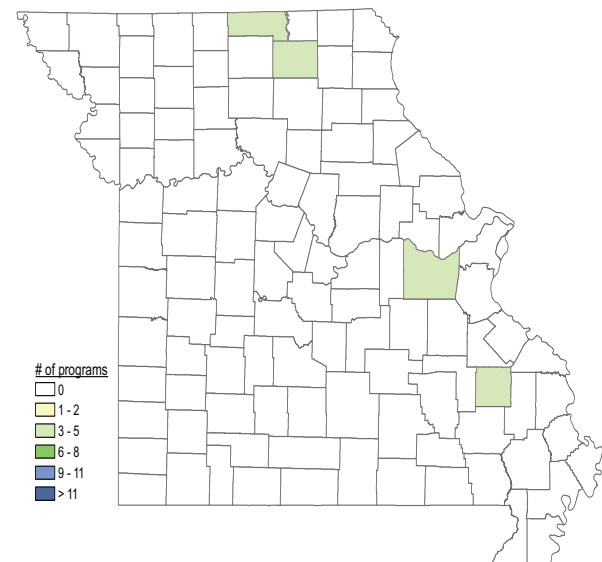
7d. Hospitals/Healthcare Orgs



7e. Government (non-health)

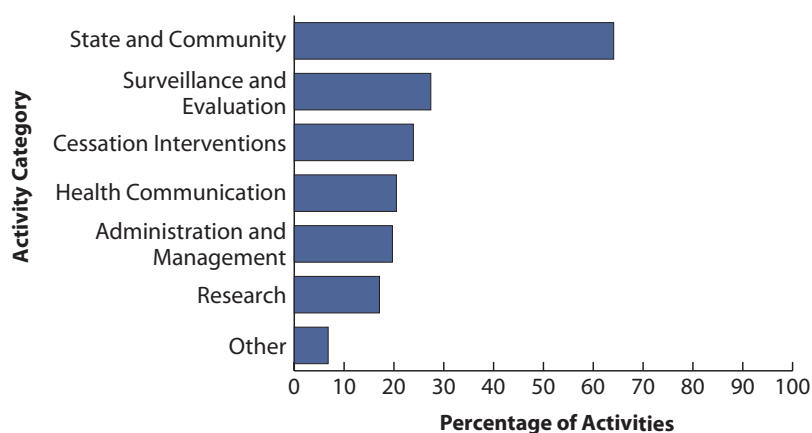


7f. Secondary Schools



# Findings

**Figure 8. Percentage of all funded activities by category**



## What activities were conducted?

The large majority of tobacco control-related efforts (64%) fell into the *Best Practices* category of State and Community Interventions (see Figure 8), which is consistent with CDC recommendations. Table 4 shows the number of each type of activity implemented in Missouri during 2006 through 2008. Almost half of all activities were education/prevention activities (48%) followed by advocacy activities (32%). Unlike the other previous sections of our findings, we cannot draw conclusions about the amount of money spent on each type of activity. In order to reduce respondent burden, funding recipients were not asked to specify how much of their funding was spent on each activity.

The maps on the adjacent page display the geographic distribution of the tobacco control efforts for each broad activity category. The distribution of the category with the most efforts, State and Community Interventions, follows the same pattern as the overall effort and funding maps on pages 5 and 6. A gap exists in Missouri areas not covered by MFH or The Healthcare Foundation of Greater Kansas City. State and Community Interventions were most concentrated in Kansas City and St. Louis areas and in the Missouri Bootheel region. Surveillance and Evaluation activities were also concentrated in these areas. Cessation interventions beyond the state Quitline were conducted in only one county outside of the MFH coverage region.

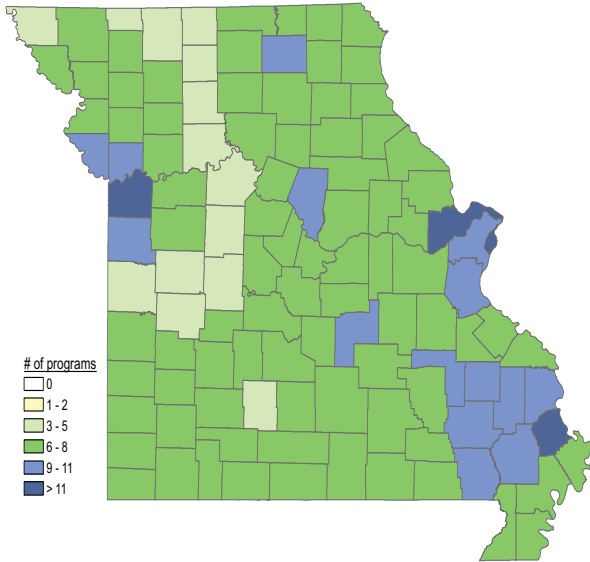
**Table 4. Tobacco control activities: Number of efforts by type of activity, 2006-2008**

Activity	Number of efforts	% of total efforts
Education/prevention	56	48
Advocacy	37	32
Tobacco treatment	27	23
Program evaluation	26	22
Addiction research	16	14
Staffing	16	14
Behavioral/cognitive research	14	12
Tobacco access/enforcement	14	12
Promotion of available services	13	11
Community assessments	12	10
Local media advocacy	10	8
Grant management	9	8
Program sustainability	9	8
Strategic planning	9	8
Other	8	7
Capacity building	7	6
Chronic disease programs	6	5
Disparities	6	5
Policy research	6	5
Coalitions	5	4
Tobacco treatment access	5	4
Treatment research	4	3
Second-hand smoke research	4	3
State surveillance systems	4	3
Audience and market research	2	2
Counter-marketing	1	1

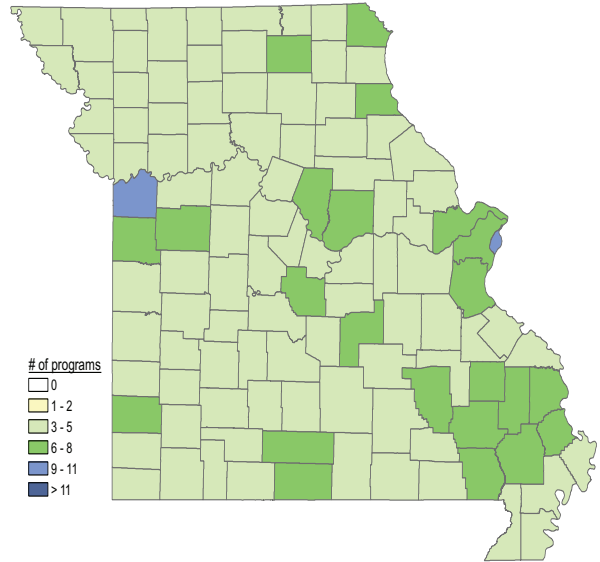


Figures 9a-f. Number of programs by activity category, 2006-2008

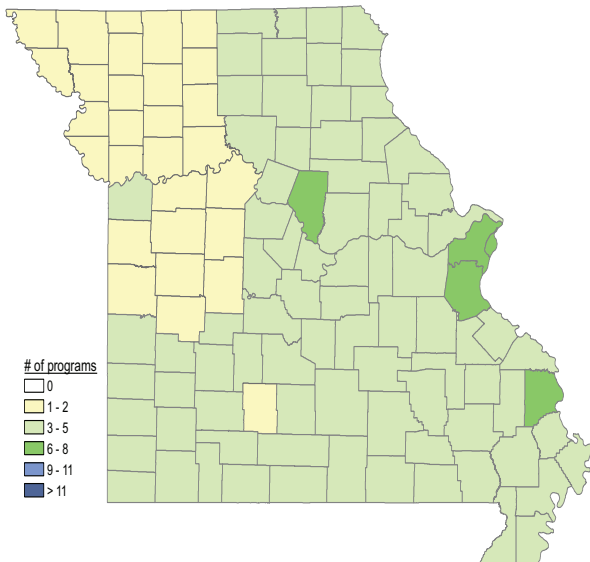
9a. State and Community



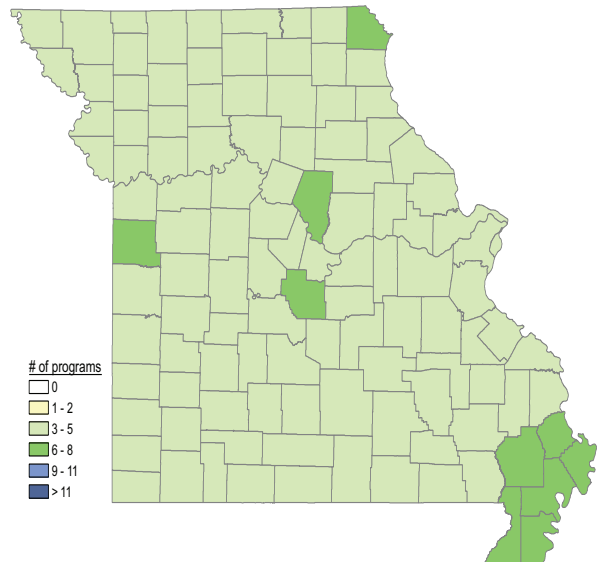
9b. Surveillance and Evaluation



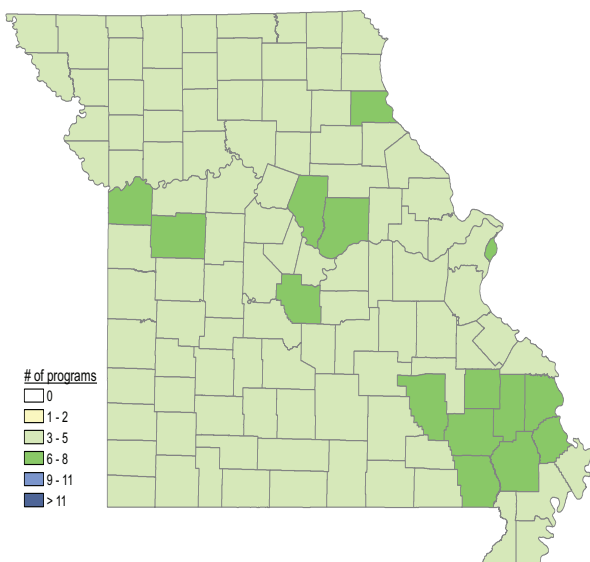
9c. Cessation



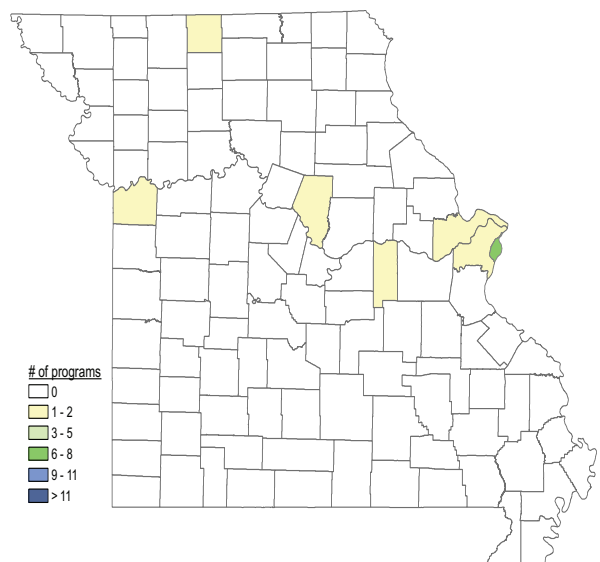
9d. Health Communication



9e. Administration and Management



9f. Research



# Findings

**Table 5. Targeted populations: Number of efforts, 2006-2008**

Population	Number of efforts	% of total efforts
Youth (<18 years of age)	52	44
General population	27	23
Other	25	21
Low socio-economic status	23	20
Employees	21	18
Tobacco merchants	14	12
African American	13	11
Young adults (18-24 years of age)	12	10
Hispanic/Latino	11	9
Rural residents	11	9
American Indian/Alaska Native	4	3
Asian American/Pacific Islander	4	3
Individuals with a mental illness	4	3
LGBT	2	2

Note: The “Other” category includes populations such as twins, pregnant women, families, and individuals living in specific neighborhoods

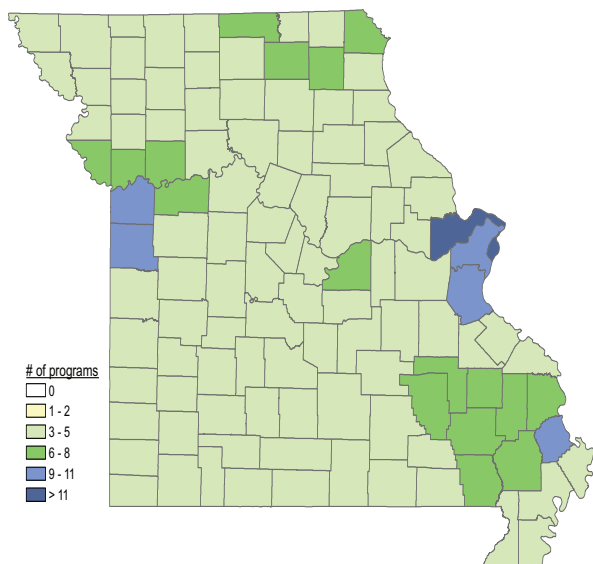
## What populations were targeted? ● ● ● ● ● ● ● ●

Activities targeting youth are prominent in Missouri. About 44% of efforts targeted youth, a large portion of which was funded by MFH (40%) and almost half (46%) were implemented by non-profit organizations. Table 5 shows the number of efforts targeting each population included on our survey.

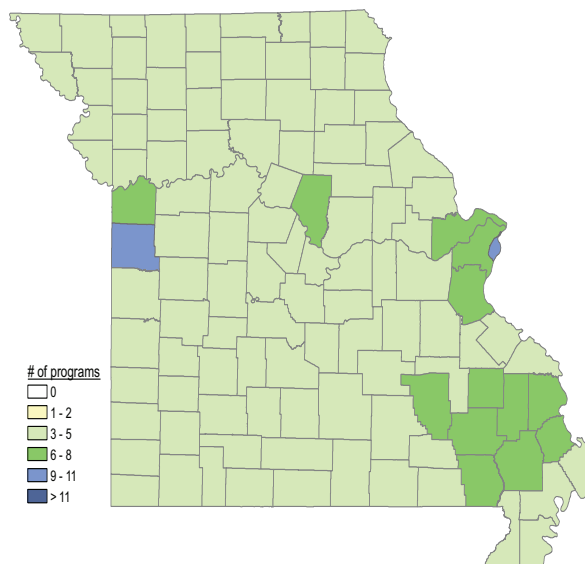
Figures 10a-h show the geographic distribution of the number of efforts targeting a sample of the populations. Efforts targeting individuals 18 years of age and younger were most concentrated in the Kansas City and St. Louis area, in the Missouri Bootheel region, and in northeast Missouri. Most of the tobacco control efforts targeting individuals of low socioeconomic status were in central Missouri, Kansas City and St. Louis areas, and in the Missouri Bootheel region. No activities targeting American Indians or Asian American/Pacific Islanders were conducted outside of the St. Louis or Kansas City area.

**Figures 10a-h. Number of programs by population targeted, 2006-2008**

**10a. Youth (<18 years old)**

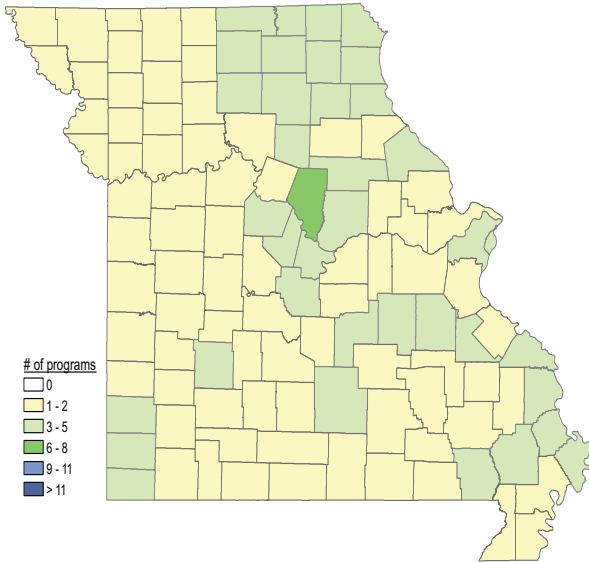


**10b. Low Socio-Economic Status**

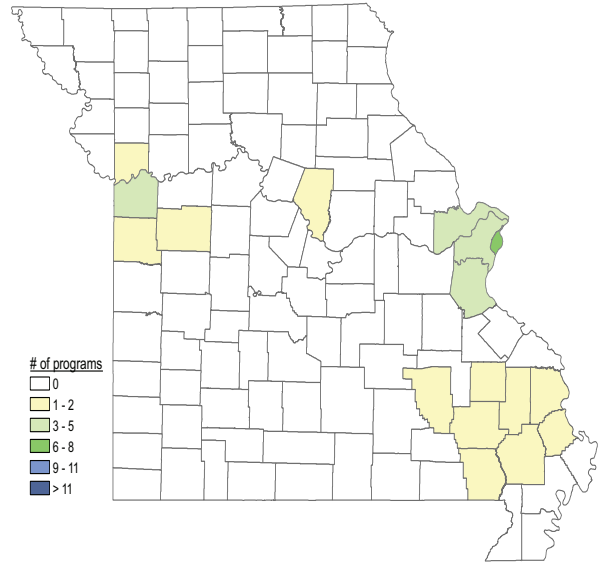


Figures 10a-h. Number of programs by population targeted, 2006-2008 (cont.)

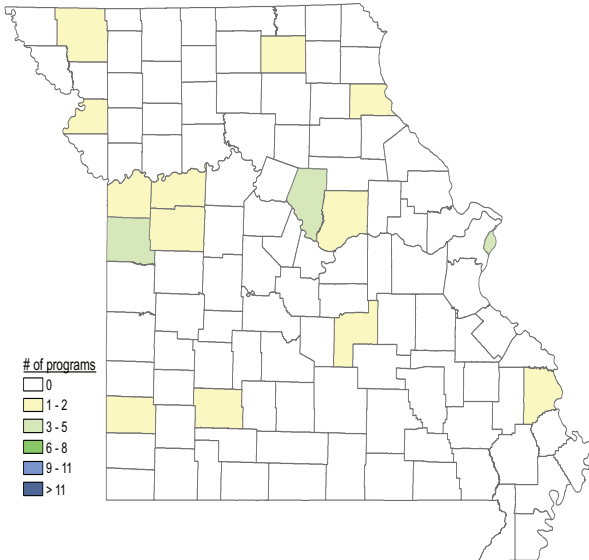
10c. Employees



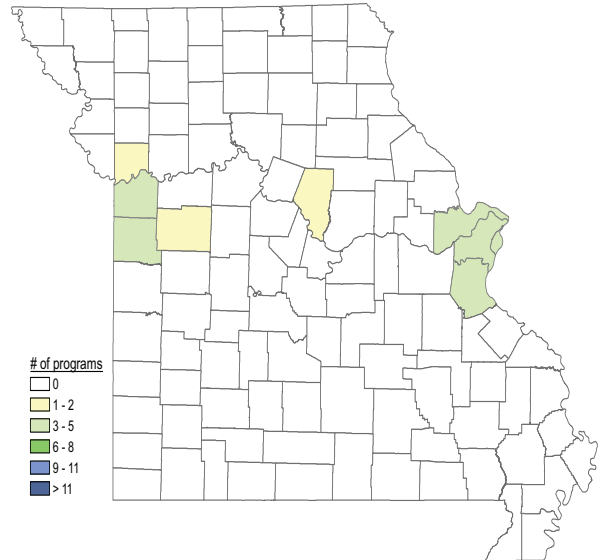
10d. African Americans



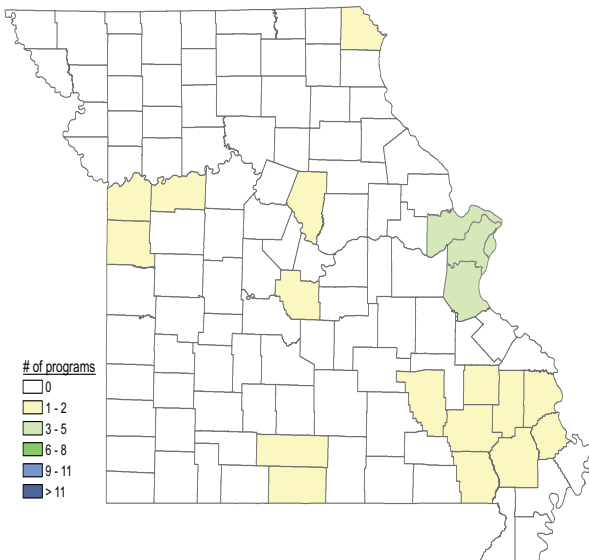
10e. Young Adults (18-24 years old)



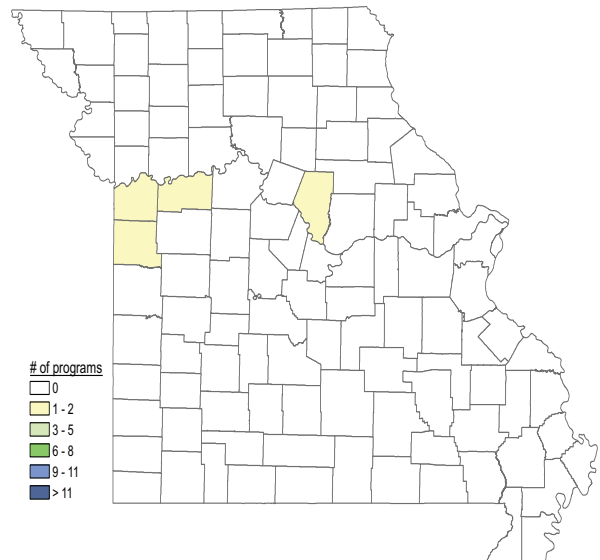
10f. Hispanics/Latinos



10g. Rural Residents



10h. LGBT





control funding and activities in Missouri and serves as a snapshot of Missouri's tobacco control efforts.

These findings can be used:

- As a baseline to track changes in Missouri's tobacco control funding and activities over time;
- To inform tobacco control stakeholders of underutilized funding sources and programmatic needs; and
- To increase awareness of disparities in funding coverage across the state.

With an increase in funding from the state in fiscal year 2009 (from \$200,000 to \$1,500,000) it looks as though the state environment is beginning to improve. Continuing to collect the type of information described in this report and ensuring wide dissemination will be important in future advocacy and strategic planning efforts.



# Appendix A

## Tobacco Control Funding in Missouri Funding Agency Survey

[Funding Agency Name]

Thank you for taking the time to provide information for our project. The information you offer here will help tobacco control stakeholders develop a *clearer understanding* of Missouri's funding and programming environment and *aid in strategic planning* for the future.

### Survey Instructions

In the following boxes please identify tobacco control-related funding (e.g. grants, allocations, contracts) your organization provided to an individual or group **in Missouri** for fiscal year 2006 or later. Tobacco can be one of several topics addressed by the funded program or research.

Send your completed worksheet(s) and contacts page to  
Sarah Shelton at (314)977-3234 by **[DEADLINE]**

If you have any questions, please contact Sarah Shelton at (314) 977-4043 or [sshelto4@slu.edu](mailto:sshelto4@slu.edu).

Funding Recipient:

Amount: \$                      Dates of funding cycle (mm/yy-mm/yy):

Project Name:

Primary Contact Name:                      E-mail:

Funding Recipient:

Amount: \$                      Dates of funding cycle (mm/yy-mm/yy):

Project Name:

Primary Contact Name:                      E-mail:

Funding Recipient:

Amount: \$                      Dates of funding cycle (mm/yy-mm/yy):

Project Name:

Primary Contact Name:                      E-mail:





# Appendix B

## Tobacco Control Funding in Missouri Funding Recipient Survey

[Recipient Organization Name]

Please complete this survey if you or your organization have received funding for programs or research that address tobacco. To help you identify the appropriate programs/research here are some criteria to consider:

- Include only programs/research funded for fiscal year 2006 or later.
- Funding can be from either public or private sources.
- Some portion of the program/research must have been conducted in Missouri.
- Tobacco can be one of several topics addressed by the program/research.

### Survey Instructions

#### Step 1: Complete the Funding Worksheets

Attached is a blank funding worksheet. Please print and complete a worksheet for each funding source. *Complete one worksheet for each individual grant, contract, or allocation you have received, regardless if it is from the same funding source.*

#### Step 2: Identify Other Organizations

On the last page of the survey, please provide the names of up to 3 other organizations you know are involved in tobacco-related activities in Missouri.

Once again, thank you for your participation in this survey. The information you provide here will provide stakeholders with a *clearer understanding* of Missouri's funding and programming environment and *aid in future strategic planning*.

Send your completed worksheet(s) and contacts page to  
Sarah Shelton at [sshelto4@slu.edu](mailto:sshelto4@slu.edu) or (314)977-3234 (fax) by **[Deadline]**.

If you have any questions, please contact Sarah Shelton at (314) 977-4043 or [sshelto4@slu.edu](mailto:sshelto4@slu.edu).

Funding Source Name: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Dates of funding cycle (mm/yy-mm/yy): \_\_\_\_\_

**A. Which population(s) do the funded activities focus on? Check all that apply.**

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> African American                 | <input type="checkbox"/> Lesbian, Gay, Bisexual, Transgender | <input type="checkbox"/> Employees                 | <input type="checkbox"/> General population     |
| <input type="checkbox"/> American Indian/ Alaska Native   | <input type="checkbox"/> Indiv. w/ a mental illness          | <input type="checkbox"/> Youth (<18 yrs.)          | <input type="checkbox"/> Other, please specify: |
| <input type="checkbox"/> Asian American/ Pacific Islander | <input type="checkbox"/> Low Socio-Economic Status           | <input type="checkbox"/> Young adults (18-24 yrs.) |   |
| <input type="checkbox"/> Hispanic/Latino                  | <input type="checkbox"/> Rural Residents                     |  |   |

**B. In what geographic area(s) are the funded activities implemented? Check all that apply.**

- State-wide       Out of state

Individual Counties by Region

- | Central                                 | Eastern con't                           | Northwest                           | South-central con't                     | Southeast con't                    | Western                            |
|---|---|-------------------------------------|---|------------------------------------|------------------------------------|
| <input type="checkbox"/> Audrain        | <input type="checkbox"/> St. Louis      | <input type="checkbox"/> Andrew     | <input type="checkbox"/> Oregon         | <input type="checkbox"/> Stoddard  | <input type="checkbox"/> Bates     |
| <input type="checkbox"/> Boone          | <input type="checkbox"/> St. Louis City | <input type="checkbox"/> Atchison   | <input type="checkbox"/> Ozark          | <input type="checkbox"/> Wayne     | <input type="checkbox"/> Benton    |
| <input type="checkbox"/> Callaway       | <input type="checkbox"/> Warren         | <input type="checkbox"/> Buchanan   | <input type="checkbox"/> Phelps         |                                    | <input type="checkbox"/> Carroll   |
| <input type="checkbox"/> Camden         | <input type="checkbox"/> Washington     | <input type="checkbox"/> Caldwell   | <input type="checkbox"/> Pulaski        | <b>Southwest</b>                   | <input type="checkbox"/> Cass      |
| <input type="checkbox"/> Cole           |   | <input type="checkbox"/> Clinton    | <input type="checkbox"/> Shannon        | <input type="checkbox"/> Barry     | <input type="checkbox"/> Clay      |
| <input type="checkbox"/> Cooper         | <b>Northeast</b>                        | <input type="checkbox"/> Daviess    | <input type="checkbox"/> Texas          | <input type="checkbox"/> Barton    | <input type="checkbox"/> Henry     |
| <input type="checkbox"/> Gasconade      | <input type="checkbox"/> Adair          | <input type="checkbox"/> DeKalb     | <input type="checkbox"/> Wright         | <input type="checkbox"/> Cedar     | <input type="checkbox"/> Jackson   |
| <input type="checkbox"/> Howard         | <input type="checkbox"/> Chariton       | <input type="checkbox"/> Gentry     | <b>Southeast</b>                        | <input type="checkbox"/> Christian | <input type="checkbox"/> Johnson   |
| <input type="checkbox"/> Miller         | <input type="checkbox"/> Clark          | <input type="checkbox"/> Grundy     | <input type="checkbox"/> Bollinger      | <input type="checkbox"/> Dade      | <input type="checkbox"/> Lafayette |
| <input type="checkbox"/> Moniteau       | <input type="checkbox"/> Knox           | <input type="checkbox"/> Harrison   | <input type="checkbox"/> Butler         | <input type="checkbox"/> Dallas    | <input type="checkbox"/> Pettis    |
| <input type="checkbox"/> Montgomery     | <input type="checkbox"/> Lewis          | <input type="checkbox"/> Holt       | <input type="checkbox"/> Cape Girardeau | <input type="checkbox"/> Greene    | <input type="checkbox"/> Platte    |
| <input type="checkbox"/> Morgan         | <input type="checkbox"/> Linn           | <input type="checkbox"/> Livingston | <input type="checkbox"/> Carter         | <input type="checkbox"/> Hickory   | <input type="checkbox"/> Ray       |
| <input type="checkbox"/> Osage          | <input type="checkbox"/> Macon          | <input type="checkbox"/> Mercer     | <input type="checkbox"/> Dunklin        | <input type="checkbox"/> Jasper    | <input type="checkbox"/> Saline    |
|   | <input type="checkbox"/> Marion         | <input type="checkbox"/> Nodaway    | <input type="checkbox"/> Iron           | <input type="checkbox"/> Lawrence  |                                    |
| <b>Eastern</b>                          | <input type="checkbox"/> Monroe         | <input type="checkbox"/> Worth      | <input type="checkbox"/> Madison        | <input type="checkbox"/> McDonald  |                                    |
| <input type="checkbox"/> Franklin       | <input type="checkbox"/> Putnam         | <b>South-central</b>                | <input type="checkbox"/> Mississippi    | <input type="checkbox"/> Newton    |                                    |
| <input type="checkbox"/> Jefferson      | <input type="checkbox"/> Ralls          | <input type="checkbox"/> Crawford   | <input type="checkbox"/> New Madrid     | <input type="checkbox"/> Polk      |                                    |
| <input type="checkbox"/> Lincoln        | <input type="checkbox"/> Randolph       | <input type="checkbox"/> Dent       | <input type="checkbox"/> Pemiscot       | <input type="checkbox"/> St. Clair |                                    |
| <input type="checkbox"/> Perry          | <input type="checkbox"/> Schuyler       | <input type="checkbox"/> Douglas    | <input type="checkbox"/> Reynolds       | <input type="checkbox"/> Stone     |                                    |
| <input type="checkbox"/> Pike           | <input type="checkbox"/> Scotland       | <input type="checkbox"/> Howell     | <input type="checkbox"/> Ripley         | <input type="checkbox"/> Taney     |                                    |
| <input type="checkbox"/> St. Charles    | <input type="checkbox"/> Shelby         | <input type="checkbox"/> Laclede    | <input type="checkbox"/> Scott          | <input type="checkbox"/> Vernon    |                                    |
| <input type="checkbox"/> St. Francois   | <input type="checkbox"/> Sullivan       | <input type="checkbox"/> Maries     |   | <input type="checkbox"/> Webster   |                                    |
| <input type="checkbox"/> Ste. Genevieve |   |                                     |   |                                    |                                    |

**C. Please check the categories that best describe the funded activities. Check all that apply.**

**1) State and Community Interventions**

- |   |   |
|---|---|
| <input type="checkbox"/> Advocacy                 | <input type="checkbox"/> Disparities                |
| <input type="checkbox"/> Capacity building        | <input type="checkbox"/> Education/prevention       |
| <input type="checkbox"/> Chronic disease programs | <input type="checkbox"/> Tobacco access/enforcement |
| <input type="checkbox"/> Coalitions               |   |

**2) Cessation interventions**

- Treatment       Treatment access

**3) Surveillance and Evaluation**

- |  |  |
|--|--|
| <input type="checkbox"/> National surveillance systems | <input type="checkbox"/> Program evaluation    |
| <input type="checkbox"/> State surveillance systems    | <input type="checkbox"/> Community assessments |

**4) Research**

- |   |  |
|---|--|
| <input type="checkbox"/> Addiction            | <input type="checkbox"/> Second-hand smoke |
| <input type="checkbox"/> Behavioral/cognitive | <input type="checkbox"/> Treatment         |
| <input type="checkbox"/> Policy               |  |

**5) Health Communication Interventions**

- |   |  |
|---|--|
| <input type="checkbox"/> Audience & market research | <input type="checkbox"/> Local media advocacy            |
| <input type="checkbox"/> Counter-marketing          | <input type="checkbox"/> Promotion of available services |

**6) Administration and Management**

- |   |   |
|---|---|
| <input type="checkbox"/> Internal communication | <input type="checkbox"/> Staffing           |
| <input type="checkbox"/> Grant management       | <input type="checkbox"/> Strategic planning |
| <input type="checkbox"/> Program sustainability |   |

**7) Other, please specify:**

## *Other Organizations*

Please provide the names of up to 3 individuals or organizations that have conducted tobacco-related activities in Missouri.

Name:

Title:

Organization:

Name:

Title:

Organization:

Name:

Title:

Organization:



# Appendix C

## MFH GAP Project: Component 1 Parameter Hierarchy

