

3. Project Narrative

I. Progress to Date on Performance Measures

A. Maintain and Strengthen a National Tobacco Control Network

Recruiting new participants and organizational involvement beyond tobacco control

Our campaign goal this year is to get traction in LGBT mainstream media. For several years now the Network has engaged in internal campaigns to build the impact of our work and increase engagement. Past campaigns included growing the social media presence and developing our blog presence. These campaigns have expanded both our base of listeners and the number of people who participate in Network activities. This has helped build new clusters of volunteer activities. For example: this is the first year out of the seven LGBT tobacco summits where the planning committee is overwhelmingly newly engaged people. In past years, the core of the planning committee was always the existing old guard tobacco organizers. In addition, the Steering Committee continues to be very active in building new products and infrastructure, both as a primary group and through very active subcommittees. Finally, a core of organizers in Puerto Rico continue to create new tobacco and health events locally in close conjunction with the Network. These are three different nodes of activity, all staff supported, but wholly volunteer driven. This represents a pronounced increase in volunteer engagement over previous years. It is a particular success considering the evaluation concerns of a few years ago: that too much of the network activities relied on staff efforts.

Our engagement increase is reflected in the metrics of our social media stakes as well. In the past year we have increased our Facebook fan pages by 40% (for the tobacco control page) and 53% (for the health equity page) respectively, for a combined base of 4,465 people. Likewise the Twitter friend base has grown similarly: by 20% (tobacco) and 92% (health equity) respectively, for a combined base of 2,389 people. Perhaps most telling of engagement are the metrics of our most active group, the Discussion listserv. This group is the core of Network participants; they are the people we ask for advice, the people who talk to each other about industry issues, and our expertise base. To characterize the vitality of the listserv consider this: since July 2011 there have been 275 posts, averaging more than one each business day, these were grouped in 152 conversations; with 39 of them becoming active dialogues between members, with a total of 123 posts in part of dialogues.

Thus, almost half of our 275 discussion posts so far this year are cross-member dialogues. The Discussion listserv has grown by 38% to 363 members in the past year, exceeding our goal of 10% annual growth. It remains the most praised of the network resources, federal officials to community activists consistently tell us how valuable they find this forum, in the words of one “It’s the most valuable listserv I’m on, it really feels like a community.”

We have also made major strides in engaging organizations not traditionally associated with tobacco control. Twelve months ago we pioneered running webinars with two new LGBT organizational partners, the Equality Federation and Centerlink. These national groups represent the two major foci of local activity across the country, LGBT civil rights groups and LGBT community centers respectively. The first volley in this collaboration was so successful we had additional groups asking to cosponsor the second webinar, on pushing LGBT inclusion in local Community Transformation Grant (CTG) work, and we engaged local reps from over half the states in the country. Moving into this grant year, we took this partnership further as we continued the CTG inclusion campaign. We repeatedly pushed information to the local groups via these national organizations, we ran an action alert aimed at their members, and we created a briefing sheet to help them advocate. Now we’ve added one more step, we’ve now developed a formal partnership with the two groups where we’ve committed to including local representatives from member agencies in all of our local trainings, not just as visitors (as before) but in advance work and for the full training. This helps expose the local groups to our activities and builds the critical local connections we need to expand LGBT tobacco work. To represent this expansion, consider this: in our two webinars prior to this effort the average attendance was 16, almost exclusively drawn from our Discussion listserv; in the most recent webinar, there were 91 registrants, almost exclusively new to us. We are very proud of this success.

Maintaining decisionmaking process with input from diverse participants

Our very active Steering Committee continues to guide our efforts and keep us grounded in community decisionmaking. We have 13 members who meet every other month by phone and once a year in person. Steering Committee members engaged in a full strategic planning process last year and are guiding the community input process to finalize the plan this year. This year they created a full media plan, our first ever. Most

recently they convened a subgroup to meet for several days and pioneer a new format for gathering and presenting a depth of information on best practices emerging from many levels of local work around the country. They are currently guiding this new document through the community input phase, and have already submitted a proposal to present the findings at NCTOH in August.

The Steering Committee reflects the great diversity among LGBT people. Members represent the span of LGBT identities, a spectrum of ages (two members under 24 and one over 60), a spectrum of racial/ethnic diversity (54% people of color), and geographic diversity from Puerto Rico and Boston to Alaska and Hawai'i. As can be seen from the examples above, the Steering Committee is not only a proxy for our full membership, but major new plans are also opened to wide community input. Through this combination, we've formalized the community-driven model that has always been our foundation.

Increasing the network's capacity to identify and/or provide expert consultation

We have 28 expert consultants on our public list. We have publicized this consultant list on our listserv and provide it for anyone who expresses and interest. We also engage in a supplemental technical assistance (TA) contract with Minnesota (ongoing for four years) and continue to provide supplemental TA to past subcontracts (for Missouri and Atlanta). We have provided direct TA for seven localities so far this project year, more than one per month. We usually advertise our TA offerings to the states directly with fliers at all CDC convening meetings as well as tabling and signage. In early 2011, we weren't allowed to distribute these fliers to participants, so we discontinued them in the fall 2011 Institute. Instead we directly snailmailed each participant a briefing sheet providing reasons to include LGBT people in CTGs and outlining our technical assistance offerings. Frankly, these efforts rarely draw direct response. While states do contact us regularly, as can be seen by the number we trained this year, there are still barriers to requesting technical assistance beyond the "LGBT 101" training. Years ago, when we initiated this network, 85% of the states indicated they would like technical assistance on expanding LGBT tobacco work, so the need exists. We will continue to explore strategies for facilitating consistent LGBT integration into the spectrum of tobacco control strategies. Until then, our challenge with technical assistance isn't lack of community capacity, it's lack of demand.

B. Facilitate Learning and Information Sharing

Developing a system of communication with participants and other consortium members

After years of significant investment in our information dissemination strategies, we really believe this is one of our greatest strengths. The core of our information dissemination has become our blog. While earlier email posts on listservs had been valuable, they were hard to access later and only reached the listserv members. The blog allows us to anchor information that we can keep as an ongoing record, promote it to our listservs and social media sites, and invite guest authors to present new information or opinions.

In the past year, we have seen the blog mature. In the first seven months of the prior fiscal year, we had 64 posts. So far this year we've had 110 in the same time period. Thirty five percent of those posts are by guest bloggers. Again, this point alone represents a great diversification of our voice beyond just the Network staff. It is also a notable jump from the less than 25% guest blogger authorship ratio from last year this time. These guest bloggers are often recruited through our blogging scholarship competitions, which pay for a tobacco advocate to go to community events that are of interest to our membership. We've run three so far this year, but we've also been able to recruit people already going to events to report on them as well, expanding our reach without additional resources.

We've also pushed a big uptick in our blog readership. There have been 20,356 views in this fiscal year, or an average of 2,908 per month. This almost doubles our average views for last year at this time. Again remember this is not just information sent out, blog views are only generated if someone decides to actively click the link to read the story.

A primary way we have pushed much of our expansion is to strategically move beyond a tobacco-only focus for initial engagement then circle back to tobacco. This was a deliberate decision after years of pronounced lack of community interest in our presentations, news, or engagement efforts. Put most bluntly, in our experience when we mentioned "tobacco" LGBT people would flee, so we've decided to net people with other health issues and then inject tobacco information. We feel this strategy has paid great dividends. Through it we have engaged a much larger populace than we would have been

able to reach with tobacco alone. Overall, we are very proud of this near doubling of our information sharing efforts in the past year.

While the blog is the backbone of our information sharing, it's important to know how we push those stories to people. We post them on our Discussion listserv, our Twitter accounts, our Facebook accounts, and on our 1,584 person News listserv. We also supplement this with non-electronic information sharing such as the direct snail mail to the states on TA resources, or the fliers to states while at the CDC convenings, or tables at community and tobacco events.

Participate in external communications with NTCP, OSH and national partners

We actively participate in all possible external conference calls including those for the OSH media network, the NTCP network, and the national partner calls. We routinely make announcements on those calls and whenever possible make larger presentations. Currently we are planning a larger presentation to the media network, a case study of our recent successes getting external media coverage. As mentioned previously, we also participate in all the CDC convenings. Dr. Scout is also one of the 15 or Steering Committee members who are guiding the development of the coming NCTOH.

Raising awareness and importance of tobacco control

Our partnerships, our outreach, our engagement, our information all help raise awareness of the importance of tobacco control to a variety of audiences. Our campaign this past year to engage new local LGBT groups to advocate for inclusion on the tobacco/exercise/nutrition focused CTG awards brought new emphasis on tobacco control to the attention of many community leaders. Our active involvement in coalitions of LGBT leadership organizations also highlights the importance of tobacco control to new leaders. This year we presented at the National Coalition of LGBT Health meeting. We also participated in many facets of activities by the New Beginnings Initiative, the largest current convening of LGBT advocacy leaders. Each year we have a loudly visible booth at the largest leadership conference in our communities, Creating Change. We also run at least one blogging scholarship for the event, have people take action on a timely action alert, and participate in the LGBT researchers breakfast at that event. Dr. Scout is also a participant in the LGBT Population Research Center, he gave update presentations at their most recent

main meeting as well as the smaller intersectionality meeting (intersectionality of overlapping disparity populations). He continues to occasionally update the group on timely policy opportunities via email.

It has been well established that LGBT people have very low awareness of our tobacco disparities. So our current mini-campaign is to become successful at getting coverage in the LGBT media. Prior to this we have literally been unable to get LGBT media to cover our activities. Just at the tail end of the last grant year we started several steps to change this, urging Fenway to hire a public relations consultant for a few events and attending the LGBT blogger convening. This campaign started strong and continues to gain steam. As the last grant year ended we got our first success with media coverage, getting opeds by our staff and members placed in The Advocate Magazine, Metro Weekly, and Huffington Post. This was followed by radio interviews for an LGBT show in North Carolina and then another nationally syndicated one. Occasional interviews followed, but the momentum has built. As we write this proposal one major article just came out highlighting us and we are pursuing eight additional media opportunities, two opeds and stories with six different reporters. In keeping with our overall engagement strategy, the focus of these articles is not exclusively tobacco. We use the same tactic of building value in a wide range of health areas so we can then introduce tobacco to a bigger audience. The eight current stories range from one that may only mention our name, to a few that will mention local tobacco control work in context of another story, to one national magazine story that focuses solely on LGBT tobacco. Also, the blogging efforts have led to their own media opportunities. Dr. Scout has recently had two blog posts accepted for publication on the most popular blog in the U.S., Huffington Post. Again, both will only touch on tobacco as they focus on larger health issue but it represents a great potential to keep introducing tobacco information to a huge audience. Overall, the media campaign is our greatest single success in the past year.

Promoting collaboration among network participants

As mentioned, we actively participate in many collaborative efforts, among them: the National Coalition for LGBT Health, the New Beginnings Initiative, the LGBT Population Research Center, also the GENIUSS working group (GENDER Identity In US Surveillance). We have been leaders in creating new collaborations, such as the webinars with Centerlink and

the Equality Federation, the joint work with the Latino network and Latino AIDS Commission in Puerto Rico, cultural competency trainings and a joint wellness project with the National LGBT Cancer Network, and a joint proposal submission for LGBT consumer advocacy education with Centerlink, the Coalition, and the Cochrane Reviews LGBT liaison (submitted with our leadership, but not with CDC funded staff time). We also led the collaboration between the six disparity networks for creation and submission of several policy papers, the most recent one in support of more thorough data collection on the new FDA/NIH tobacco study. Building these collaborations takes a formidable amount of effort.

While we excel at staff-driven collaborations, it's been harder to facilitate them among network members. A few have emerged, such as series of co-authored articles by researchers in West Virginia and North Carolina, but these are the exception. One of the barriers is that we have not had a recent summit, so people do not get to know each other as well. We are exploring different options to help long distance relationship building, including a Facebook group or Linked In group. The 2012 Summit will likely spur new opportunities for member collaborations.

Promoting culturally competent policies

We have provided customized technical assistance on culturally competent practices and policies to six different states in the past six months, including four half day training sessions, shorter presentations to tobacco-related staff, and a few consulting sessions. We have had briefer contact with many more states, assisting them with smaller questions or pointing them towards resources. We have also conducted one large-scale provider cultural competency training, the first such training for the US Public Health Service Corps. This opportunity grew as a result of our similar training late last year, the first such for the American Hospital Association's Institute for Diversity.

We also promote these policies via our policy papers and public testimony. In a recent review, we documented 16 such policy statements, papers, or submitted testimony created in the past years. Each of these resources are available on our online clearinghouse.

Promoting countermarketing efforts

Countermarketing efforts have always been a challenging area of activity, primarily because we have only a few reports of targeted marketing to act on. Last year this time we

facilitated letters to the editor to oppose the uptick in LGBT focused snus ads, but this year we have only had one such similar incident to act on. One of our advocates spotted American Apparel selling a Newport tobacco tshirt and shared it with us on the discussion listserv. The business is a long time supporter of LGBTs and is famous for their Legalize Gay tshirt campaign. Through the discussion listserv the Network shared ideas, and strategized about a response which initiated an email campaign to American Apparel asking them to stop selling the Newport shirt and to remove it from their site. The campaign was launched through facebook, twitter, our blog and discussion listerv asking our membership base to email American Apparel and ask them to stop the sale of the Newport shirt and remove it from there site. This action activated a huge about of discussion on our listserv, shedding light on the continued marketing efforts targeting the LGBT community, and united our membership to take action. Within a day of the campaign launch the shirt was taken off their website.

We do still maintain a repository of LGBT countermarketing ads in the online clearinghouse and to help push this work forward, we are planning to have a contest at our upcoming summit to gather and vote on the best ads to date.

C. Assess the Impact As Well as Gaps

Maintaining a repository of current literature, research, and proven or promising practices

We maintain an online clearinghouse and actively encourage submissions of any product emerging from local tobacco work: ads, reports, needs assessments, anything. In the last six months, we have added 41 new resources to this clearinghouse. One of the resources is an annually updated annotated bibliography of over 300 published LGBT tobacco related articles and an accompanying electronic reference library.

Convening Participants to identify promising practices

Our existing community-developed promising practices document has stood the test of time, needing only minor modifications in the last five years. But past efforts to expand it into a more detailed compilation have not been successful. There is little precedent for culling promising practices from a body of work that rarely includes evaluations. This year our former Steering Committee Chair, Dr. Francisco Buchting, has taken the lead in a new strategy to create a much more in-depth review and accumulation of promising practices.

In Fall of 2011 a subcommittee of five researchers and three advocates met to modify the MPOWER model for LGBT promising practices and populate each letter with the initial information from our combined experiences in the field. This large undertaking is about to launch into full public review and then circle back to the committee for further scientific review. We anticipate the final assemblage of practices to be unveiled at our Summit in August. More importantly, we are using a strong science base for the process. Through it we hope to pioneer strategies for moving an array of diverse community-based experiences into a tested scientific promising practices model that can be replicated. This will be one of our flagship accomplishments in the current fiscal year.

Convening participants to assess gaps and suggest solutions

This is likely one of the single largest areas of our activity. In truth, much of this work concentrates on suggesting solutions, not new gaps. The gaps identified on our current gaps analysis paper - such as lack of data, lack of inclusion, lack of cultural competency - are sufficient to keep us very active for many years to come.

We engage members whenever possible to speak up directly on these issues. In the past seven months we have run seven action alerts urging people to speak up on a variety of issues that affect tobacco control, among them: suggesting cultural competence strategies; urging local LGBT inclusion in CTG awards; attending local HHS listening sessions (complete with a briefing sheet for tobacco talking points); and urging HHS to not leave T data collection behind as they move forward with adding measures to the National Health Interview Survey. As just one example, that last action alert has gathered nearly 600 signatures to date, many of them from people not formerly engaged with the Network. So not only will we push for adequate data collection, but we will also add 600 more names to our outreach list. Each of the action alerts helps serve this dual purpose, educating policymakers directly on gaps, while building our impact and reach.

In many more instances, we carry the voice of our Network members directly to the policymakers. “Are LGBT people included?” and “Are disparities addressed?” have become our oft-repeated refrains. We sit near the front in listening sessions, we ask some of the first questions, we keep bringing it up. Dr. Scout, our primary policy advocate, is well known by many of the senior HHS officials simply because of our tenacity in pointing out

these gaps. Our persistence has become a friendly joke among them. Perhaps our highest impact this year was when Secretary Sebelius convened a handful of LGBT leaders to help her shape the HHS LGBT health agenda for the coming year. Through close work with the coalition of community advocates, Dr. Scout was elected to present the issue of exclusion from routine funding as the top priority request of the joint group. Our new policy paper on LGBT Cultural Competence in Funding was presented, using the examples of recent exclusion from the tobacco-heavy three quarters of a billion dollars in CPPW and CTG funding to illustrate the point.

D. Evaluation Strategies

Our work is first and foremost driven by our action plan. Staff use an active process evaluation to monitor adherence to the action plan, record barriers, and adjust the goals as is deemed necessary. Monthly goals are set, and the Project Manager and Director review progress towards these goals at month end. Monthly written progress reports are submitted to the Fenway Board, the Network Steering Committee, and our CDC project officer. Each quarter the full action plan is reviewed and progress assessed towards the annual goals. As you can see from the report above, our progress is in all possible cases monitored by numbers. We find analytics to measure our website hits, our blog reads, our retweets on Twitter. We try to find metrics to measure our action plan impacts. All individual events, webinars, trainings, have their own event evaluations. Each is on file to review. Each year we conduct an annual satisfaction survey, findings from it are reviewed by the Steering Committee and integrated into our plan for the coming year.

E. Support of Central Website

Our staff actively worked with APPEAL to provide updated content for the central website and have links to the website from our homepage. So far this year we've updated content and information on our new activities, provided links to new Network resources, and participated in joint discussions about website improvements.

II. Annual Action Plan

F. Summary

The coming year is the final in our current cooperative agreement. Mindful of this, we will slightly narrow our existing scope to allow time for two major efforts: 1. building sustainability and 2. documenting our knowledge in a durable forum. Our core activities will continue; we will just streamline some of our efforts in each area to allow the extra time this will require. We will pursue sustainability through a variety of avenues, including advocacy for continued funding. The knowledge documenting will take advantage of the core of scientists who are active in the Network and the fact that our Director is also a scientist. With these resources we propose to create and submit four articles to the peer review literature around issues core to LGBT tobacco control. The lack of information on data collection, cessation, needs assessments, or policy change in the peer reviewed literature has hampered our progress for years. We will make it a major focus of our last year on this agreement to address this gap.

G. Action Plan

The plan starts on the next page.

ANNUAL ACTION PLAN – FY 2012-13

Program Goal: To reduce tobacco-related disparities in the diverse LGBT communities by expanding a national network that successfully coordinates and advances effective, replicable and community competent tobacco control measures.

Annual SMART Objectives (Specific, Measurable, Achievable, Relevant, Time-Framed) – See Key strategies sections for exact measurable items.

1. **Maintain and strengthen The Network** through a series of strategies including: maintaining guiding groups as outlined in governance; continued expansion of social marketing activities; maintaining website; expanding consultant base; updating directory; and creating Network presence at LGBT community events to engage new people.
2. **Facilitate learning and info sharing** through a series of strategies including: Maintain/expand news and discussion listserv; maintaining master database; providing custom TA to expand LGBT TC work; getting media coverage; and convening Summit.
3. **Assess impact of tobacco on the population** through a series of strategies including: maintaining a resource library; maintaining annual update of position papers on gaps & needs; maintaining public annotate bibliography; running action alerts; advocating with policymakers to fill gaps; finalizing new best practices model; and publishing papers on gaps/best practices.

Activity A: MAINTAIN AND STRENGTHEN A NATIONAL TOBACCO CONTROL NETWORK

Key Strategies & Activities	Target Group(s)*	Lead Role**	Q1	Q2	Q3	Q4	Evaluation Indicators
* TCN = State Tobacco Control Network, LGBT non TC = LGBT leaders not in tobacco control, LGBT/TC = LGBT tobacco control/health leaders TC=Tobacco control pros, SC = Steering Committee,							
** PD = Project Director, PM = Project Manager, PS = Project Specialist, PC = Project Consultant							
1.1 Recruit new participants by 10% annually in a variety of audiences; through use of social media such as Twitter, Facebook or equivalent venues, presentations, list accrual, individual signups etc.	All	PM, PS	X	X	X	X	Increase LGBT and ally communities involvement by 10% and engage in both network and overall TC/Health activities and opportunities:
1.2 Maintain and seek strategies to sustain website as key anchor of information sharing	All	PM, PS	X	X	X	X	website
1.3 Maintain interactive Network Membership Directory, discussion and News Listservs and expand each by 10% and seek strategies to sustain listerves	All	PS	X	X	X	X	Up-to-date Directory
2.1 Maintain 13 member National Steering Committee with calls every other month or as needed, and 1 in person convening to take place at the Network Summit/NCTOH	SC	PM	X	X	X	X	Committee Roster and Meeting Schedules
2.2 Create open feedback forum for decisions/direction 2x to discuss and frame Network activities	Network base	PD, PM	X	X	X	X	Results/Discussion Topics
3.1 Maintain, expand by 10% and update annually the Networks Expert Consultant Directory, promote twice annually	TCN, consultants	PM, PS	X		X		Consultant Directory

Activity B: FACILITATE LEARNING AND INFORMATION SHARING BETWEEN NETWORK PARTICIPANTS, CDC OSH, STATES, AND OTHER NATIONAL TOBACCO PARTNERS

Key Strategies & Activities	Target Group(s)*	Lead Role**	Q1	Q2	Q3	Q4	Evaluation Indicators
* TCN = State Tobacco Control Network, LGBT non TC = LGBT leaders not in tobacco control, LGBT/TC = LGBT tobacco control/health leaders TC=Tobacco control pros, SC = Steering Committee							
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1.1 Maintain website to act as anchor for key resources including consultant directory, trainers directory and information library and position for sustainability through user generated content on a wiki section of the site	Network Base	PM, PS	X	X	X	X	Existence of website
1.2 Maintain discussion forums including: DISCUSSION listserv, expansion of Facebook group by 10%, and conference calls/webinars as requested by Network Members	Network Base	PM, PS	X	X	X	X	Membership on listservs, posts/month, # of brown bags, facebook group membership, # of network conf calls
1.3 Maintain information sharing forums with sustainability efforts including: blog (with guest authors), twitter, Facebook, presentations on joint calls, etc.	Network Base	PM, PS	X	X	X	X	Existence of blog, Twitter, & Facebook pages. Dates and titles of newsletters, presentation, and calls.
2.1 Participate in 90% of calls/webinars that communicate to other NTCP members, including: NAQC calls, OSH Media Network calls, OSH National Partners calls, OSH NTCP calls, and TTAC Disparity calls.	External partners	PS	X	X	X	X	participation rosters inclusion on >= 90% of all calls on file
2.2 Participate or present at 1 national conference	External partners	PD	X	X	X	X	List of presentations and Conferences
2.3 Support FDA Center for Tobacco Products dissemination efforts	Network Base	PM	X	X	X	X	Dissemination of activities via listserv + blog
3.1 Create one awareness event through the National Gay and Lesbian Task Forces, Creating Change Conference	LGBT leaders	PM			X		Documentation on blog of NGLTF activities
3.2 Provide 4 blogging scholarships to key LGBT and/or tobacco events	All audiences	PM	X	X	X	X	Scholarship Recipient's Blog
3.3 Maintain and Promote blog with 100 posts/annum	Network Base	PM, PS	X	X	X	X	Blog dashboard numbers (posts, hits, comments)
3.4 Cultivate 4 media opportunities to promote tobacco control	LGBT	PD, PM, SC	X	X	X	X	Media clippings
4.1 Provide custom TA to state and local programs to sustain LGBT tobacco control efforts to requested states, in addition visit three states to assist in LGBT TC, TA efforts	TCN, Network Base	PD, PM	X	X	X	X	State TA Log
4.2 Re-develop and create a sustainability plan of the interactive project profile directory for Network base	Network Base/External Partners	PM		X			Profile directory housed on website
4.3 Engage in Collaborations 3x annually to sustain Network efforts	Network Base	PD		X	X	X	Report of collaborations
5.1 Convene National LGBT Tobacco Control Summit to share information on culturally competent tobacco control strategies and vision for Network	Network Base	PD, PM, PS			X	X	Summit Roster

Activity B: FACILITATE LEARNING AND INFORMATION SHARING BETWEEN NETWORK PARTICIPANTS, CDC OSH, STATES, AND OTHER NATIONAL TOBACCO PARTNERS

Key Strategies & Activities	Target Group(s)*	Lead Role**	Q1	Q2	Q3	Q4	Evaluation Indicators
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sustainability							
6.1 Maintain counter marketing section of Website	Network Base	PS	X	X	X	X	Documented updating of website
6.2 Monitor and facilitate counter marketing actions as the opportunity arises	Network Base	PM	X	X	X	X	Report of actions via listserv + blog

Activity C: ASSESS THE IMPACT OF TOBACCO ON THE POPULATION AS WELL AS GAPS IN DATA, INTERVENTIONS, AND/OR EVALUATION

Key Strategies & Activities	Target Group(s)*	Lead Role**	Q1	Q2	Q3	Q4	Evaluation Indicators
* TCN = State Tobacco Control Network, LGBT non TC = LGBT leaders not in tobacco control, LGBT/TC = LGBT tobacco control/health leaders TC=Tobacco control pros, SC = Steering Committee							
** PD = Project Director, PM = Project Manager, PS = Project Specialist, PC = Project Consultant							
1.1 Maintain and expand website clearinghouse/library by 5%	Network Base	PM, PS	X	X	X	X	Library of Resources
1.2 Maintain online annotated LGBT Tobacco Bibliography and citation database, updated with newly published articles 1x/annum.	Network Base	PS				X	Provide Network Base with up-to-date resources for grant writing, program development etc.
2.1 Finalize and promote new MPOWERED best/promising practices document. A set best/promising practices standard recognized by CDC using MPOWER Model from World Health Organization	Network Base	PD, PM		X			Final Document
2.2 Prepare and submit 4 peer reviewed manuscripts for publication on best practices	TCN, LGBT TC, TC	PD, SC	X	X	X	X	Existence of submitted manuscripts
3.1 Update policy sheet on gaps in methodologies and needed resources, thru National Summit, utilizing steering committee guidance, with a call following to review and provide feedback through DISCUSSION list.	SC, Network Base	PD, PM	X	X			Updated Policy Sheet
3.2 Create/disseminate 4 action alerts/yr	External Policy Makers	PD	X	X	X	X	List of action alerts
3.3 Conduct 4 meetings with policymakers to encourage policy advancements related to LGBT tobacco/health at national/local level	External Policy Makers	PD	X	X	X	X	Meeting reports
3.4 Maintain and expand database for federal advocacy activities by 10%	External Policy Makers	PD, PM	X	X	X	X	Report of database size

Activity D: EVALUATE THE PROGRESS ON THE RECIPIENT'S ANNUAL OBJECTIVES

Key Strategies & Activities	Target Group(s)*	Lead Role**	Q1	Q2	Q3	Q4	Evaluation Indicators
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** PD = Project Director, PM = Project Manager, PS = Project Specialist, PC = Project Consultant							
1.1 Maintain process evaluation measures, such as: written monthly performance reports of action plan deliverable to be discussed with the CDC project officer monthly along with quarterly barriers and resolutions documents shared quarterly during that months call.	Network Trainees	PD, PM	X	X	X	X	Timely monitoring of actual performance versus pre-planned deliverables.
1.2 Conduct evaluation of all public activities such as presentation, events etc.	Network Base	PM, PS	X	X	X	X	Measure effectiveness of activities and possible improvements needed
1.3 Conduct annual membership satisfactions/improvement survey with a focus on sustainability efforts		PM , PS			X		Utilize results to improve and grow network for upcoming year
1.4 Participate with CDC OSH in a five-year evaluation of the National Network consortium, as in the past, conduct all activities, report all information, and participate in all conference calls needed for the OSH network evaluation. -OR- If no evaluation, repeat state census from year one.	OSH, outside evaluators	PD	X	X	X	X	Participation in evaluation components – or-creation of new state census report

Activity E: PARTICIPATE IN CENTRAL WEBSITE DEVELOPMENT AND MAINTENANCE

Key Strategies & Activities	Target Group(s)*	Lead Role**	Q1	Q2	Q3	Q4	Evaluation Indicators
* TCN = State Tobacco Control Network, LGBT non TC = LGBT leaders not in tobacco control, LGBT/TC = LGBT tobacco control/health leaders TC=Tobacco control pros, SC = Steering Committee							
** PD = Project Director, PM = Project Manager, PS = Project Specialist, PC = Project Consultant							
1.1 Participate in all joint central website activities, such as conference calls.	Appeal Staff, Network Administrator, & Other Networks	PM, PS	X	X	X	X	Existence of National Networks Site
1.2 Assign point person to manage coordination with central website, including: - Monthly review for accuracy, comprehensiveness, and variation in information provided. - Timely response to information request - Annual review of NatNet website to assess how well it integrates with the central website.	Network Base	PS	X	X	X	X	Updated Networks section on site
1.3 Promote National Website 2x annually thru various mediums and during presentation and other relevant avenues to jointly promote National Networks Initiative.	Network Base	PS	X		X		