

Utilizing the NAATPN Network to Reduce Tobacco-Related and Cancer Health Disparities

Evaluation Report

October 2013 – September 2014

PREPARED FOR:

National African American Tobacco Prevention Network (NAATPN)



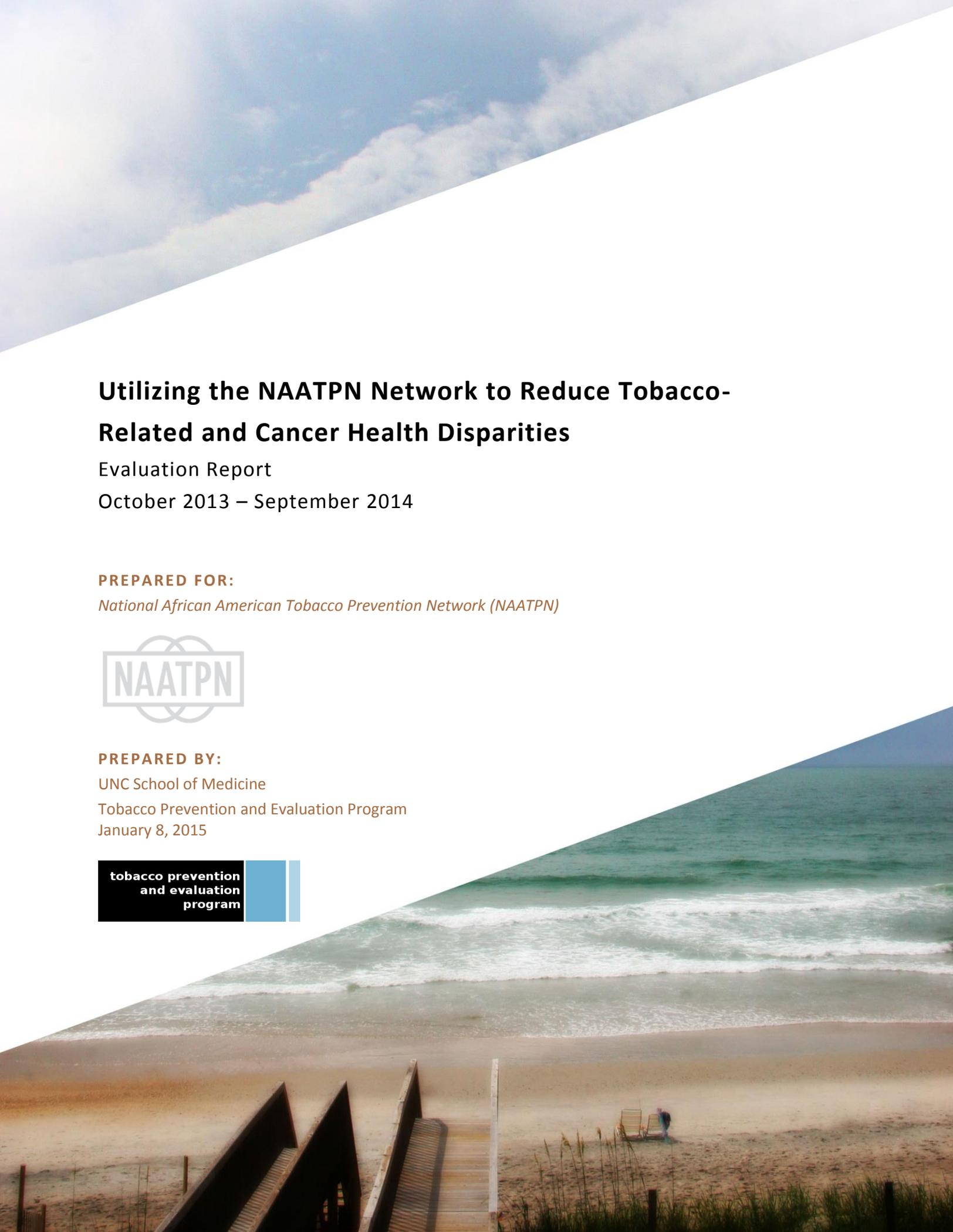
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1. Executive Summary

The National African American Tobacco Prevention Network (NAATPN) is a private non-profit, 501(c)(3) organization whose mission is to “*facilitate the development and implementation of comprehensive and community competent public health programs to benefit communities and people of African descent*”. NAATPN is engaging in a five-year, Centers for Disease Control and Prevention (CDC)-funded project entitled *Utilizing the NAATPN Network to Reduce Tobacco-related and Cancer Health Disparities*. This project aims to address existing gaps in tobacco control and cancer prevention and work towards reducing disparities among the African American community.

Using the principles of a utilization-focused evaluation, Tobacco Prevention and Evaluation Program (TPEP) is conducting a process and outcome evaluation to assess NAATPN’s impact on reducing tobacco-related and cancer health disparities among African American communities. The evaluation is guided by an annual work plan, which is separated into ten separate Program Strategies, each with a corresponding annual measurable objective as well as a 5-year measurable objective. TPEP used several different data collection tools for evaluation purposes, including surveys sent to NAATPN subcontractors as well as a Microsoft Excel spreadsheet tracking tool, which was filled out by NAATPN staff.

NAATPN partnered with seven subcontractors as well as a media consultant for Project Year 1. In partnership with these subcontractors, NAATPN exceeded or met its goals in most of its Program Strategy objectives for Project Year 1 and made progress on several objectives for the full 5-year project period. Importantly, during the first Project Year, NAATPN completed partnership activities with nine new partners during Project Year 1, three of which are youth advocacy networks or cancer prevention agencies. Additional accomplishments included: developing 71 separate pieces of content on tobacco use and cancer prevention best practices, each of which was designed to be engaging to NAATPN social media followers and website users; conducting a webinar to educate community leaders and public health practitioners on the disparate impact of tobacco use on African Americans and the role that menthol plays in those disparities; providing resources and education to over 92 churches about implementing tobacco-free and healthy food policies at churches; educating policy-makers on the importance of 500 foot barrier policies, which make it illegal to sell menthol and other flavored cigarettes near schools; hosting a faith-based summit attended by 51 individuals with the purpose of raising awareness among leaders in the faith community of the disparate ways African Americans are affected by tobacco use and specifically menthol products, and provide ways to address smoking and menthol in their own congregations; exceeding their goal of providing five network partners with TA by providing TA to 14 network partners and conducting 91 TA events overall; and providing consultation to CDC by presenting at national partner conference calls and other CDC sponsored meetings and trainings. NAATPN was also able to increase their media activity during Year 1: website visits increased by 94%, Facebook “likes” increased by 37%, and number of Twitter followers increased by over 1800%. Subcontractors experienced a few barriers in the first Project Year, related to strategies, objectives, resources and reporting needs.

At the conclusion of Project Year 1, NAATPN has the opportunity to review and revise their work plan and contracts with subcontractors. Based on this opportunity and results from this evaluation, TPEP recommends: (1) NAATPN continue close collaboration with current subcontractors to clarify Program Strategies and evaluation based on resources and capacity, and remove Strategies or objectives that are not consistent with resources; (2) Technical Assistance be provided to subcontractors to improve reporting processes (e.g. a webinar to provide examples of data that meet reporting requirements); (3) Monthly scheduled time to fill out evaluation tracking tools to better discern incremental progress throughout the year made by NAATPN Programs.

Introduction

The National African American Tobacco Prevention Network (NAATPN) is a private non-profit, 501(c)(3) organization whose mission is to “*facilitate the development and implementation of comprehensive and community competent public health programs to benefit communities and people of African descent*”. NAATPN is one of eight Centers for Disease Control and Prevention (CDC) funded networks that engage national and statewide partners by providing technical assistance in tobacco control and cancer prevention activities.

NAATPN was founded in June 2000 in Raleigh, NC to address tobacco-related health disparities and gaps in national tobacco control efforts for African Americans. Through collaboration and partnerships with diverse organizations, NAATPN has historically facilitated and implemented tobacco control activities that are based on the recommendations of CDC’s Best Practices for Tobacco Control Programs, and the Guide to Community Preventive Services.

In 2013, CDC’s Office on Smoking and Health and the Division of Cancer Prevention and Control worked in partnership to fund several national networks that target specific populations bearing the heaviest burden of tobacco-related and cancer disparities. NAATPN is one of eight national networks that received a five-year funding award to target African Americans with proven and promising strategies for addressing these disparities. *Utilizing the NAATPN Network to Reduce Tobacco-related and Cancer Health Disparities* funding is an opportunity to expand their multi-sector, national tobacco prevention network to include strategies and partnerships that focus on tobacco and cancer-related policy changes that affect African American communities nationally. NAATPN’s project is guided by an annual work plan (Appendix A) and logic model (Appendix B). The annual work plan is organized into ten separate Program Strategies, each with a corresponding annual and 5-year measurable objective. See Appendix A for Project Year 1 work plan, Program Strategies, and corresponding objectives.

Using the principles of a utilization-focused evaluation, Tobacco Prevention and Evaluation Program (TPEP) has contracted with NAATPN to conduct a process and outcome evaluation to assess NAATPN’s impact on reducing tobacco-related and cancer health disparities among African-American communities. The evaluation is guided by the annual work plan as well as the logic model, as referenced above. The following report comprises results from the Project Year 1 evaluation and describes progress made by NAATPN and its subcontractors towards goals and objectives outlined in the work plan. The report is organized according to this work plan.

Methods

Data Collection Tool: TPEP used several different data collection tools for evaluation purposes. Development of these tools was guided by the logic model (Appendix B), work plan (Appendix A), and contracts between NAATPN and its subcontractors. Following the first round of quarterly data collection in March, subcontractors provided feedback to NAATPN and TPEP that reporting all information on one quarterly survey was burdensome and redundant with monthly progress reports they filled out for NAATPN. In response to this feedback, TPEP divided survey questions between the monthly and quarterly surveys. The first survey, sent out monthly to subcontractors, gathered information about activities conducted more frequently that may have been difficult to track on a quarterly basis. A second survey was sent out quarterly to gather information about other activities that were not reported on monthly surveys. Both surveys were created and sent using Qualtrics, an online survey tool.

In addition to subcontractor surveys, TPEP gathered data from NAATPN program staff using a Microsoft Excel spreadsheet tracking tool. This tracking tool provided information on activities

conducted by NAATPN, such as provision of training and technical assistance, presentations to CDC, etc.

Lastly, TPEP used a paper-based survey for participants of NAATPN's faith-based summit. The survey assessed participant's satisfaction with the summit, as well as their intention to use information learned at the summit in their own work.

Data Collection: TPEP emailed a link to the monthly survey to NAATPN's Program Manager, who then forwarded it on to subcontractors each month. Subcontractors completed this survey by the 5th of each month. TPEP emailed the subcontractors a link to each quarterly survey on March 7, June 6, and September 2. Subcontractors had one week to complete each of the surveys. Data collected from subcontractors represent activities from November 2013 to August 2014, which is the time period for which subcontractors completed activities in support of NAATPN's project. Data collected from NAATPN program staff represent activities from October 2013 to September 2014, which is the time period of NAATPN's first Project Year with funding from CDC. The survey assessing the faith-based summit was passed out to participants following completion of the summit, and TPEP staff then transferred responses from the survey to an electronic Microsoft Excel spreadsheet for data analysis.

Results

The table in Appendix A illustrates progress towards NAATPN objectives during the first year of the grant, according to the work plan. Each of the 10 Program Strategies includes two objectives and corresponding goals, one for the first year of the grant, and another for the 5-year project period. NAATPN, in partnership with its subcontractors, made substantial progress on their Program Strategies during the first Project Year. NAATPN exceeded or met its goal in seven of ten Program Strategy objectives for Project Year 1. In addition, they were able to make progress on several objectives for the full 5-year project period.

1) Administer a national network to impact tobacco-related and cancer health disparities for a specific target population.

Objective 1a: Develop partnerships with cancer prevention agencies and youth advocacy networks that work with African American communities.

During the first Project Year, NAATPN was able to complete partnership activities with nine new partners during Project Year 1, three of which are youth advocacy networks or cancer prevention agencies. The three are: Campaign for Tobacco Free Kids, the American Legacy Foundation, and National Black Leadership Initiative for Cancer of Savannah. In addition to their own efforts, NAATPN worked with its subcontractors to ensure a shared understanding of what was meant for this particular Program Strategy, and what would represent a successful expansion of the NAATPN network. Throughout Project Year 1, subcontractors made connections with 51 organizations that could assist in addressing cancer disparities, 51 organizations or individuals that could assist in addressing tobacco use, 29 youth-serving agencies, and 3 agencies that could assist in addressing cancer survivorship. Many of these organizations overlap with the topics they can address. In future project years, NAATPN can use these new organizations as an extension of their network to address specific tobacco and cancer-related issues relevant to the African American community. NAATPN also intends to collaborate with subcontractors in building the capacity of new partners, and mobilize these organizations for addressing issues relevant to NAATPN’s Program Strategies and objectives.

Objective 1b: Provide funding for 6 network affiliates to build an infrastructure for NAATPN to conduct tobacco use prevention and cancer prevention activities in African American communities.

During Year 1, NAATPN exceeded this objective by providing funding to seven subcontractors, each of which had established relationships with African American communities prior to becoming a NAATPN subcontractor. Subcontractors and their commonly used acronym are listed in Table 1. NAATPN was efficient in its completion and execution of subcontractor contracts, having all contracts in place by January 2014. Throughout the first Project Year, these subcontractors were responsible for a variety of deliverables in support of NAATPN’s project. To facilitate a shared understanding of goals and objectives throughout the first Project Year, NAATPN held six monthly steering committee conference calls with all subcontractors together, and then met with each subcontractor individually to discuss progress and barriers on a monthly basis. They also hosted an in-person two-day conference in April for all subcontractors to provide them with a chance to meet, identify their own roles in the project, and discuss the scope of the five-year project.

Table 1. NAATPN subcontractors, Project Year 1

Subcontractor Name	Commonly Used Acronym
African American Tobacco Control Leadership Council	AATCLC
Deep South Network for Cancer Control	DSN
Intercultural Cancer Council	ICC
Making a Difference in Disparities	MAD
National Organization for Black County Officials	NOBCO
National Reach Coalition	NRC
Youth Empowered Solutions	YES!

2) Educate and communicate support for evidence-based commercial tobacco use prevention and cancer prevention environmental approaches which support healthful behaviors among the target population.

Objective 2a: NAATPN will generate interest from African American individuals and organizations for involvement in active planning to reduce tobacco use and cancer related health disparities among African Americans.

According to NAATPN's Work plan, the indicator for measuring this objective is "content written and disseminated by NAATPN network on tobacco use and cancer prevention best practices." As the lead communication consultant for NAATPN, Promotus Advertising developed 71 separate pieces of content over the course of the first year, each of which was designed to be engaging to NAATPN social media followers and website users. NAATPN shared each piece of content on Twitter and Facebook and disseminated the content to organizations working within the African American community as a way to address tobacco use and cancer-related health disparities.

In addition to the content developed by Promotus, NAATPN engaged in a variety of other activities in support of Program Strategy 2. During the first Project Year, NAATPN and its subcontractors worked with leaders from a variety of churches to help their congregations implement tobacco-free policies, which is a standard evidence-based environmental approach to decreasing tobacco use. In accordance with these efforts, NAATPN hosted a faith-based summit on Friday, August 15, 2014 in Atlanta, Georgia. The purpose of the summit was to raise awareness among leaders in the faith community of the disparate ways African Americans are affected by tobacco use and specifically menthol products, and provide ways that these leaders could address smoking and menthol in their own congregations. Guest speakers included former U.S. Surgeon General Regina Benjamin as well as Roosevelt Smith, an African American man featured in the CDC's Tips from Former Smokers Campaign.

Attendees of the summit were asked to complete a short evaluation survey following the conclusion of the one-day summit. Out of 51 total attendees, 45% of respondents completed the survey (n=23). The summit attracted faith leaders from ten different states: Alabama, Arizona, California, Georgia, Indiana, Maryland, Mississippi, North Carolina, Virginia, and West Virginia. The survey showed that content of the summit was received positively by respondents, with all respondents indicating that they intend to implement the tobacco prevention strategies they learned within their own congregations. The following quotes illustrate feedback regarding the summit:

"Well-organized and informative. The balance of research and personal experiences/knowledge was great. Dr. Benjamin was a bonus! Hearing first-hand from Roosevelt was great." (Respondent A, Sept 2014)

"Please have another summit. Dr. Gardiner's presentation was both informative and shared information on menthol I was not aware of." (Respondent B, Sept 2014)

Objective 2b: Host at least 4 webinars on promising practices and innovative strategies to reduce risk factors for cancer in African American communities by September 29, 2014.

NAATPN hosted a webinar on September 16, 2014. The webinar was entitled "50 Years of Addressing Tobacco Use and Cancer Disparities in the African American Community" and gave an overview of tobacco control activities in the past 50 years that have addressed tobacco use in the African American community. The webinar also placed an emphasis on health disparities associated with

tobacco use and cancer. It specifically highlighted several successful campaigns that blocked tobacco industry targeting of African Americans over the past 50 years. One hundred and fifty individuals from several states participated in the webinar, including participants from North Carolina, California, Mississippi, and Georgia. TPEP recommends that NAATPN modify their work plan to include a realistic and attainable number of webinars in upcoming years of the project, based on resources and capacity.

3) Convene partners and promote implementation of health system interventions that benefit the target population

Objective 3a: NAATPN will recruit stakeholders to our network in position to make decisions or greatly influence health systems interventions that will reduce tobacco use and cancer related health disparities among African Americans.

During the first Project Year, NAATPN subcontractors NOBCO, AATCLC, and DSN conducted outreach to seven stakeholders that have the ability to influence health systems interventions. Recruited stakeholders represent the following states, with some states having multiple stakeholders: Georgia, Alabama, Louisiana, Illinois, as well as the National Medical Association, which is located in the Washington, DC area and has a national reach. In addition to the seven stakeholders, NRC has over 23 organizations with whom they partner that participate in outreach efforts to influence health system interventions in regards to obesity, tobacco cessation, and cancer-related health disparities. These were not counted as recruited partners because they were not recruited specifically for the purposes of this project, though they are a resource available to NAATPN. TPEP provided NAATPN with the list of these stakeholders so that NAATPN may reach out to the individuals for collaboration and capacity building in future project years.

Objective 3b: Develop a training module that promotes systematic approaches to reduce risk factors for cancer in African American communities by September 29, 2014.

Throughout this report, “training module”, “training manual”, and “training guide” are used interchangeably and these terms refer to one single resource listed in objectives 3b, 5b, 6a, and 7a. The training manual will be a supplement to the existing *Cultural Competence in Cancer Care: A Health Care Professional’s Passport*. This resource, developed in part by NAATPN’s subcontractor ICC, provides information to health care professionals for working with various racial and ethnic minorities to address cancer prevention and treatment in a culturally competent manner. NAATPN intends to develop a supplementary tool that focuses on African Americans and has contracted with the original author of the manual to assist in creating the supplementary material. During a two-day conference held in April 2014, NAATPN convened all subcontractors to discuss, among other things, development of the training manual. Subcontractors provided content recommendations during this meeting, and NAATPN also recruited members to a training manual development team. NAATPN also worked with subcontractors throughout Project Year 1 to recruit individuals with expertise in tobacco cessation, cancer treatment, and/or patient/navigator systems that can help develop the training manual. Throughout the first Project Year, subcontractors collectively recruited eight members with expertise in tobacco cessation, four with expertise in cancer treatment, four with expertise in patient/navigator systems, and three with a combination of both cancer treatment and patient/navigator system expertise. A list of these members has been provided separately to NAATPN for their reference in reaching out to these individuals.

4) Build support for strategies to improve community-clinical linkages that benefit the target population

Objective 4a: Utilize the Network website as a system for establishing and maintaining linkages between Network participants, chronic disease self-management education programs, health care providers, cessation treatment resources and other partner organizations.

Promotus Advertising, NAATPN’s website developer, focused on creating a new website for NAATPN and built a separate page to maintain a list of resources specifically for this Program Strategy. Table 1 illustrates the 10 resources that NAATPN has listed on their website under “Tobacco and Cancer Resources” that provide users of their website with information regarding education programs, health care providers, and cessation treatment resources. In future project years, NAATPN hopes to add an interactive map to their website where users can click on the state in which they live and receive state-specific resources for tobacco cessation, cancer treatment, and chronic-disease self-management.

Table 2. Resources for NAATPN website users to access cessation and cancer-related clinical services

Tobacco Resource Links	Cancer Resource Links
1-800-QUIT NOW	American Cancer Society - 2013 Cancer Facts and Figures for African Americans
BecomeAnEX.org	CancerCare
Pathways to Freedom	Comprehensive Cancer Control National Partners
Smokefree.gov	Cancer Survivors Network
Smokefree Women	
SmokefreeTXT	

Objective 4b: Increase the number of hits by 50% to NAATPN’s website, Twitter account and Facebook pages by September 29, 2014.

The use of traditional media and social media is an important component of Program Strategy 4. Table 3 illustrates NAATPN media activity as reported by Promotus Advertising for each reporting period of Project Year 1. Since Promotus Advertising is primarily responsible for NAATPN social media efforts, the calculations found in Table 3 begin November 2013, coinciding with NAATPN’s contract date with Promotus. The first reporting period is from November 2013-January 2014, the second reporting period is from February-May 2014, and the final reporting period is from June-September 2014. Also of note is the percentage of unique visitors throughout the first Project Year.

Table 3. NAATPN media activity per reporting period November 2013 through September 2014

Media platform (metric)	1st Period (Nov. 2013- Jan. 2014)	2nd Period (Feb. 2014- May 2014)	Final Period (Jun. 2014- Sept. 2014)	Total Year 1
Website (visits)	1,271	1,658	1,588	4,517
Website (unique visitors)	888	1,152	1,230	3,270
Facebook (likes)	111	124	137	137
Twitter (followers)	266	326	363	363
Facebook (posts)	38	24	19	81
Twitter (tweets)	104	60	36	200
Email (eblasts)	7	2	2	11

TPEP collected baseline media activity during the quarter prior to the beginning of Promotus’ contract with NAATPN. Table 4 illustrates the percentage increase in media activity from baseline to end of Project Year 1. NAATPN exceeded their goal for increasing website visits and Twitter followers.

Table 4. Percent increase of NAATPN media activity from baseline to final, Project Year 1

Media platform (metric)	Baseline	Final Project Year 1	% increase
Website (visits)	2,324*	4,517	94.4
Facebook (likes)	100	137	37
Twitter (followers)	19	363	1,810.5

*Baseline value has been extrapolated from a three-month (Aug-Oct 2013) value (581) to a one-year total in order to accurately represent % increase for Project Year 1

5) Translate and disseminate data for action from current and new surveillance and epidemiology to benefit the target population

Objective 5a: NAATPN will disseminate best and promising practices for data collection, analyses and use to assist the tobacco and cancer communities in identifying tobacco-related and cancer health disparities among African Americans.

NAATPN used this objective as an opportunity to educate its subcontractors on the complications associated with gaining African American participation in national surveys, which makes it challenging to properly assess health disparities. In coming Project Years, NAATPN and the evaluation team will review opportunities to collect data to meet and satisfy this objective that is within the constraints of the evaluation contract budget.

Objective 5b: Develop a training module for NAATPN’s training guide that provides recommendations for reaching African American communities to ensure completion of surveys by September 29, 2014.

As stated previously, the training manual will be a supplement to the existing *Cultural Competence in Cancer Care: A Health Care Professional’s Passport* and will provide information to health care professionals for working with various racial and ethnic minorities to address cancer prevention and treatment with cultural sensitivity. Progress towards this objective is described on page 9 under objective 3b.

6) Provide training and technical assistance to network participants

Objective 6a: A training resource will be developed to assist Network participants in implementing best practices to reduce tobacco-related and cancer health disparities in African American communities.

As stated in objectives 3b and 5b, NAATPN is in the process of developing a training manual for this particular objective. This resource may be used by NAATPN network participants in support of their efforts for implementing best practices to reduce tobacco-related and cancer health disparities in the African American community. NAATPN subcontractors have assisted in recruiting individuals with expertise in tobacco cessation, cancer treatment, and patient/navigator systems for their assistance in developing content for the training manual. TPEP provided a list of these individuals to NAATPN separately so they may collaborate with them on this objective.

Objective 6b: By September 29, 2014 NAATPN will provide technical assistance to at least 5 network partners.

In the first Project Year, NAATPN exceeded their goal of providing five network partners with technical assistance (TA) by providing TA to 14 network partners. In addition to working with and providing TA to each of their subcontractors throughout the entirety of the first Project Year, NAATPN provided TA to: the National Black Leadership Initiative for Cancer of Savannah, American Legacy Foundation, Campaign for Tobacco Free Kids, North American Quitline Consortium, Diaspora Alliance, Health Charities, and Coalition for a Tobacco Free Arkansas. Some examples of TA provided to network partners include working with the Diaspora Alliance to address tobacco use specifically among African immigrants, and NAATPN provided assistance to Health Charities for addressing tobacco use among African Americans in the state of New Mexico.

Including partners and non-partners, NAATPN conducted a total of 91 TA events in the first Project Year. Many of these TA sessions were for ongoing projects, for example working with the “Save Lives, Ban Menthol” campaign to educate stakeholders on the importance of banning menthol, as well as working on a Community Action Kit for addressing the issue of menthol among African American communities. NAATPN also provided TA to the seven other networks funded by CDC about building infrastructure for administering a national network. They additionally provided TA to a variety of different clergy and faith leaders on how to implement health-related policies among their congregations, including smoke-free church campus policies and incorporating healthier foods into church events.

7) Provide training and technical assistance to CDC programs

Objective 7a: A training resource will be developed to assist state and national programs in forging partnerships with African American organizations.

As stated in 3b, 5b, and 6a, NAATPN is in the process of developing the training manual and has worked with subcontractors to recruit individuals with expertise in tobacco cessation, cancer treatment, and/or patient/navigator systems that will agree to help develop the training manual. According to their Work Plan, upon completion of the training manual NAATPN will work collaboratively with a select number of states with large populations of African Americans that experience the most disparate health outcomes, for example many of the southern states, to implement and use the training manual to address these disparities. NAATPN intends to closely monitor the number of states to which they provide the training manual. Given the five-year time period allotted for this project, TPEP recommends NAATPN consider re-evaluating the number of states (30) currently in the work plan, and amending the work plan to reflect a lesser number, so that NAATPN may maximize their success in monitoring the use of the training manual among states.

Objective 7b: Work with the Tobacco Control Network to recruit at least 3 state program managers to the training resource content development team.

NAATPN recruited four state program managers to assist in development of the training manual. The program managers represent the following states: two from Georgia, one from North Carolina, and one from Florida. NAATPN can include these individuals in upcoming conversations and meetings regarding development of the training manual.

8) Provide consultation to CDC

Objective 8a: The Network will develop and disseminate best practices and promising strategies to reduce tobacco-related and cancer health disparities in African American communities at CDC sponsored meetings and trainings.

NAATPN disseminated two separate best practices and promising strategies at CDC sponsored meetings and trainings in the first Project Year, in an effort to assist CDC in better addressing health disparities among African Americans. First, NAATPN presented their work with AATCLC on the 500 foot buffer campaign, which was successfully implemented in Chicago, IL. This ban makes it illegal to sell menthol and flavored tobacco products within 500 feet of schools, and is meant to curb adolescent smoking. An additional strategy that NAATPN presented at CDC national partner call was involving faith-based leaders in tobacco and cancer prevention efforts; specifically NAATPN discussed their faith-based summit occurring in August 2014. These efforts will allow CDC and other public health advocates to more effectively reach African Americans with messages regarding tobacco and cancer prevention.

Objective 8b: Conduct at least 2 presentations on community competent strategies for working with African American communities during CDC national partner monthly conference calls or media network calls.

During Project Year 1, NAATPN conducted five presentations during CDC national partner monthly conference calls. Content of these presentations included: recommendations for activities in support of the release of the 50th Anniversary of the Surgeon General's Report on Smoking and Health; the NAATPN network and how it can be utilized as a resource for CDC State Programs; and NAATPN's faith-based summit, which provided TA to faith leaders for implementing smoke-free policies at their churches.

9) Identify and disseminate proven and promising public health practices in the target population

Objective 9a: Local community partners and health coalitions (including faith-based institutions and HBCU's) will increase support for tobacco use prevention and primary cancer prevention activities.

During this grant period, subcontractors participated in several activities with faith-based institutions and historically black colleges and universities (HBCUs) that are in accordance with this Program Strategy. For example, MAD provided resources and education to over 92 churches in southern states to assist them in transitioning to a smoke-free church campus. MAD simultaneously provides these same churches with education and support for implementing policies that assist in cancer prevention, for example encouraging churches to prepare nutritional foods during church events. They also work with a variety of universities in Mississippi in efforts to become smoke-free campuses. Similarly, NOBCO worked with local officials in southern and northern Louisiana to assist local universities in implementing tobacco-free policies on their campuses. NOBCO worked with church representatives from Fort Worth, Texas, on introducing tobacco and smoke-free policies to their church campuses. AATCLC and NAATPN both partner with the Legacy Foundation on their HBCU initiative, providing technical assistance to HBCUs in implementing smoke- and tobacco-free campus policies. Similarly, NRC works closely with Access to Wholistic and Productive Living Institute, which is an organization that has established student networks on HBCU campuses in and around Maryland to work towards smoke-free policies. ICC worked with churches in Houston, Texas to implement policies that will assist in cancer prevention as well. All of these activities are in addition to the faith-based summit held by

NAATPN, which was an activity in support of objective 9a. During Project Year 2, TPEP will add a question to the quarterly survey that will more closely measure this outcome in accordance with NAATPN's work plan.

Objective 9b: NAATPN will disseminate monthly email blast, Facebook posts and Twitter feeds to all network partner organizations on tobacco use and cancer prevention best practices for African Americans that tie into national awareness month/week campaigns.

Promotus Advertising reported substantial activity in support of Program Strategy 9 throughout the first Project Year. Those efforts are reported above in Table 3. In addition to those efforts, subcontractors reported their own activities in terms of dissemination of best and promising practices to the target population. Details regarding other subcontractor efforts for dissemination can be found in Appendix C.

10) Evaluate national network performance

Objective 10a: Local community partners and health coalitions (including faith-based institutions and HBCU's) will increase involvement in tobacco use prevention and primary cancer prevention activities.

This year, NAATPN and its subcontractors worked to engage faith-based institutions and HBCUs in activities described for objective 9a above. During Project Year 2, TPEP will add a question to the quarterly survey that will more closely measure this outcome in accordance with NAATPN's work plan. *Objective 10b: NAATPN will consult with an Evaluator to create baseline data and to determine methodology for evaluating the Network's impact in involving African American organizations in tobacco use and cancer prevention activities.*

NAATPN partnered with TPEP to evaluate this five-year funded project in accordance with objective 10b. NAATPN began working with TPEP before initiating the project, therefore maximizing the potential for a successful utilization-focused evaluation. NAATPN and TPEP collaborated throughout the first Project Year to ensure a shared understanding of data collection and reporting expectations.

Other Activities in Support of NAATPN Objectives

In addition to all of the above efforts, subcontractors conducted other activities in support of NAATPN's project. An example is efforts towards capitalizing on opportunities for earned media; NAATPN subcontractors reported 24 pieces of earned media for the first Project Year, with topics ranging from Chicago's successful 500 foot barrier campaign, to news articles and radio interviews about the 12th Annual Disparities in Health Workshop hosted by ICC in June.

Subcontractors also reported on policy-related activities in which they engaged throughout the first year, as reported under objective 9a. These include work by several subcontractors in engaging faith-based institutions and HBCUs in implementing policies to support smoke-free environments. These policy-related activities also included engaging faith leaders in encouraging policies that support healthy living, for example providing healthy foods at church functions. In addition to these activities, DSN reported that the cancer center with whom they are affiliated is working with local city officials to gain enforcement of their no-smoking policies near hospital and cancer center entrances. NOBCO worked during the first year to gain signatures from elected and appointed officials on a resolution supported by NAATPN to promote the banning of menthol in all tobacco products. NOBCO also worked with Governor Jindal of Louisiana to pass a 200-foot smoking barrier surrounding secondary

and elementary schools. YES! released the Smart Snack Concessions Toolkit, a guide to advocating for policies that would create healthier snacks and beverages at schools and community-based events. In addition, YES! is a leader on the Food Desert Policy Council and presented to several policymakers and North Carolina advocacy organizations to increase access to healthy foods across the state.

Subcontractors were also responsible for providing training and TA to individuals and organizations on topics supportive of NAATPN’s objectives and Program Strategies. Table 5 illustrates the number of subcontractors that reported providing training and TA on a certain topic, separated by the target audience. Some of the most popular topics were obesity, physical activity, and nutrition, as well as expanding policies to increase healthy food choices in African American communities. Each of these topics is in support of reducing cancer disparities experienced by the African American population. “Other groups” that subcontractors provided training and TA to include the National Minority Research Symposium on Tobacco and Addictions, Campaign for Tobacco Free Kids, clergy, and elected and appointed officials.

Table 5. Number of subcontractors providing training and TA by topic and audience

Topic of Training or TA provided	NAATPN network partners	Sub contractor members	Other groups	Total
Predatory marketing practices towards youth and young adults (e.g. when the tobacco industry markets cigarettes in such a way to make them “look cool”)	2	6	6	14
Expanding policies to increase healthy food choices in African American communities	2	9	4	15
Educating elected and appointed officials on clean indoor air legislation	4	3	6	13
Regulation of menthol products	2	3	5	10
Data collection and analysis to assist in reducing tobacco and cancer health disparities	0	4	1	5
Culturally competent media messages when working with AA communities	1	5	3	9
Obesity, physical activity, and nutrition	2	12	3	17
Health systems interventions that will reduce tobacco use and cancer health disparities	0	2	0	2
Strategies to increase awareness among AA communities about the benefits of medical care, chronic disease self-management and healthy lifestyle behaviors	0	6	2	8
Youth empowerment	4	5	4	13
Working with Deep South regions	0	1	1	2
Other	0	5	4	9

Other topics include: educating elected officials about efficacy of youth tobacco prevention programs, equity and tobacco prevention, HIV and cancer health disparities, smoke-free multi-unit housing, working with faith-based organizations to conduct cancer disparity/screening programs, innovative smoking interventions for African Americans and e-cigarettes, social justice and tobacco

Barriers

Subcontractors experienced barriers related to their contracts and project deliverables in the first Project Year, as may be expected with any project of this scope. Regarding recruitment and network

expansion efforts, one subcontractor mentioned distance as a barrier to outreach and recruitment, as they would like to partner with organizations in more distant states but travel makes it difficult to solidify relationships and move forward with partnerships. Some subcontractors working through universities experienced university delays in setting up their contract with NAATPN, and the indirect costs taken by the university proved a barrier to success. Additional barriers included a lack of shared understanding between subcontractors and NAATPN about the scope of partnership; subcontractors accomplish a vast amount of work across all staff and initiatives, and it may be difficult for subcontractors to discern the exact way in which those efforts intersect with NAATPN's Program Strategies and objectives. Some subcontractors also mentioned that more funding would be helpful in accomplishing objectives and project deliverables. One last barrier was a miscommunication regarding what strategies and best practices will best serve NAATPN, and how that information should be disseminated. Subcontractors documented these barriers throughout the Project Year on monthly and quarterly reports. NAATPN addressed many of the barriers where possible, and intends to continue monitoring and addressing barriers in upcoming Project Years.

Discussion

NAATPN was successful in expanding their network during Project Year 1. Through recruitment efforts, social media, and faith-based outreach NAATPN and their subcontractors were able to complete many objectives for each Program Strategy. Of primary importance was the success NAATPN and its subcontractors had in establishing definitions for network expansion and partner recruitment, so that NAATPN can mobilize and leverage this network in support of their project. NAATPN already used this network in the first Project Year to complete work at the policy level, by providing training and TA to churches and universities for becoming smoke-free, as well as for church leaders to implement policies which support cancer prevention among their congregations. NAATPN built, in collaboration with a media consultant, a website that supports education and information dissemination activities on a national scale which is an integral component to the success of this project. Their website now has the capacity to act as a cornerstone for connecting organizations and individual African Americans with the tools and resources necessary to address tobacco use and cancer disparities.

Moving forward, NAATPN can continue to work with its subcontractors in developing and administering their national network. With this network in place, they can turn their focus to developing a training resource that will enhance the capacity of CDC and other programs for providing culturally competent information to African Americans about tobacco use and cancer prevention. With the support of their subcontractors, NAATPN has the capacity to work at the national level to implement programs and policies affecting tobacco use and cancer-related health disparities among African Americans.

Limitations

One limitation to the data described in this evaluation report is that the reporting mechanism changed after the first round of data collection due to feedback from subcontractors. As a result, Round 1 of quarterly data collection and March's monthly report overlap in timeframe and therefore may have resulted in slight redundancy in the reporting of numbers or perhaps an under-reporting of some efforts. TPEP staff carefully examined these data to minimize duplication of numbers. An additional limitation is that all subcontractors do not have a shared understanding of NAATPN objectives and indicators, and therefore may report their efforts differently. Much was done to minimize this limitation through phone conversations and follow-up with subcontractors on their reporting. TPEP will continue to work with NAATPN and subcontractors to improve reporting by providing guidance on terms and definition in the reporting process. Although TPEP collected data on all Program Strategies,

it is possible that the above report may not fully capture all of the work subcontractors conducted in support of NAATPN's project.

Recommendations

NAATPN made progress towards expanding their network and including cancer prevention activities along with their well-established tobacco control and prevention efforts for African American communities. This evaluation reports that NAATPN met or exceeded most objectives for their first year of funding. At the conclusion of Project Year 1, NAATPN has the opportunity to review and revise their work plan and contracts with subcontractors. Based on this opportunity as well as results from this evaluation, TPEP has several recommendations to ensure continued progress in coming Project Years:

- 1) NAATPN continue close collaboration with current subcontractors to clarify Program Strategies and evaluation based on resources and capacity, and remove Strategies or objectives that are not consistent with resources
- 2) Technical Assistance be provided to subcontractors to improve reporting processes (e.g. a webinar to provide examples of data that meet reporting requirements)
- 3) Monthly scheduled time to fill out evaluation tracking tools to better discern incremental progress throughout the year made by NAATPN Programs

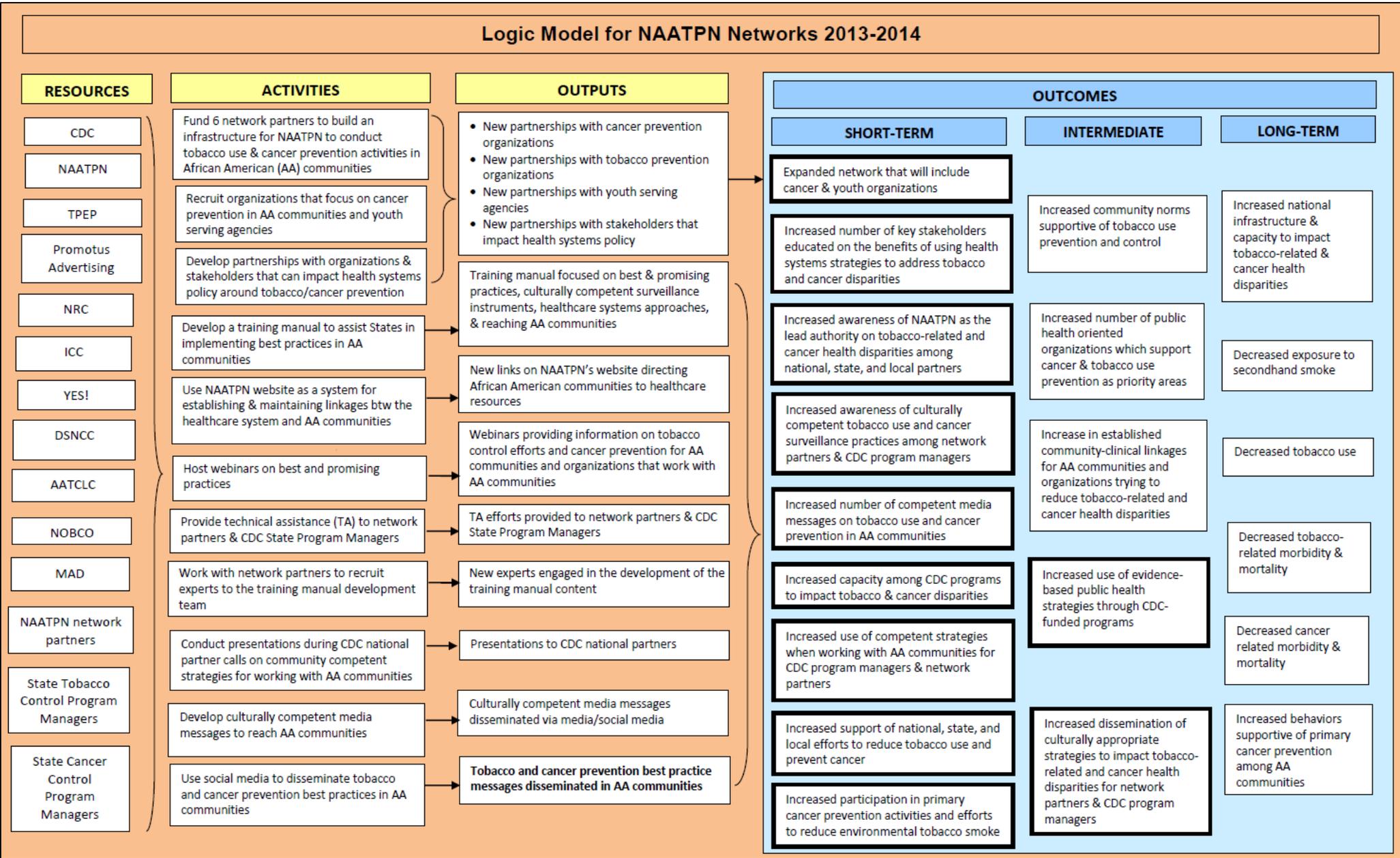
Appendix A: Progress towards NAATPN Objectives

Objective	Measurement	Current Status	Goal	Timeframe
Program Strategy 1: Administer a national network to impact tobacco-related and cancer health disparities for a specific target population.				
1a. Develop partnerships with cancer prevention agencies and youth advocacy networks that work with African American communities.	Network partnerships	3	10	5 year
1b. Provide funding for 6 network affiliates to build an infrastructure for NAATPN to conduct tobacco use prevention and cancer prevention activities in African American communities.	NAATPN Network Affiliates	7	6	1 year
Program Strategy 2: Educate and communicate support for evidence-based commercial tobacco use prevention and cancer prevention environmental approaches which support healthful behaviors among the target population.				
2a. NAATPN will generate interest from African American individuals and organizations for involvement in active planning to reduce tobacco use and cancer related health disparities among African Americans.	Content written and disseminated by NAATPN network on tobacco use and cancer prevention best practices.	71	25	5 year
2b. Host at least 4 webinars on promising practices and innovative strategies to reduce risk factors for cancer in African American communities by September 29, 2014.	Webinars conducted on promising practices	1	4	1 year
Program Strategy 3: Convene partners and promote implementation of health system interventions that benefit the target population				
3a. NAATPN will recruit stakeholders to our network in position to make decisions or greatly influence health systems interventions that will reduce tobacco use and cancer related health disparities among African Americans.	Recruitment of key stakeholders	7	5	5 year
3b. Develop a training module that promotes systematic approaches to reduce risk factors for cancer in African American communities by September 29, 2014.	Training module content developed	In Progress	1	1 year

Objective	Measurement	Current Status	Goal	Timeframe
Program Strategy 4: Build support for strategies to improve community-clinical linkages that benefit the target population				
4a. Utilize the Network website as a system for establishing and maintaining linkages between Network participants, chronic disease self-management education programs, health care providers, cessation treatment resources and other partner organizations.	Website linkages	10	25	5 year
4b. Increase the number of hits by 50% to NAATPN's website, Twitter account and Facebook pages by September 29, 2014.	Website, Facebook, and Twitter hits	Website: 4,517 FB: 137 Twitter: 363	Website: 3,486 FB: 150 Twitter: 29	1 year
Program Strategy 5: Translate and disseminate data for action from current and new surveillance and epidemiology to benefit the target population				
5a. NAATPN will disseminate best and promising practices for data collection, analyses and use to assist the tobacco and cancer communities in identifying tobacco-related and cancer health disparities among African Americans.	Dissemination of best and promising practices for data collection	n/a	10	5 year
5b. Develop a training module for NAATPN's training guide that provides recommendations for reaching African American communities to ensure completion of surveys by September 29, 2014.	Content for training module developed	In progress	1	1 year
Program Strategy 6: Provide training and technical assistance to network participants				
6a. A training resource will be developed to assist Network participants in implementing best practices to reduce tobacco-related and cancer health disparities in African American communities.	Training resource developed and disseminated	In progress	1	5 year
6b. By September 29, 2014 NAATPN will provide technical assistance to at least 5 network partners.	Technical assistance provided to network partners	14	5	1 year
Program Strategy 7: Provide training and technical assistance to CDC programs				
7a. A training resource will be developed to assist state and national programs in forging partnerships with African American organizations.	Training resource provided to at least 30 states	In progress	30	5 year

Objective	Measurement	Current Status	Goal	Timeframe
7b. Work with the Tobacco Control Network to recruit at least 3 state program managers to the training resource content development team.	Program Managers recruited	4	3	1 year
Program Strategy 8: Provide consultation to CDC				
8a. The Network will develop and disseminate best practices and promising strategies to reduce tobacco-related and cancer health disparities in African American communities at CDC sponsored meetings and trainings.	Best and promising practices disseminated at CDC-sponsored trainings	2	10	5 year
8b. Conduct at least 2 presentations on community competent strategies for working with African American communities during CDC national partner monthly conference calls or media network calls.	Presentations conducted	5	2	1 year
Program Strategy 9: Identify and disseminate proven and promising public health practices in the target population				
9a. Local community partners and health coalitions (including faith-based institutions and HBCU's) will increase support for tobacco use prevention and primary cancer prevention activities.	Community norms supportive of tobacco and primary cancer prevention efforts	n/a	n/a	5 year
9b. NAATPN will disseminate monthly e-blasts, Facebook posts and Twitter feeds to all network partner organizations on tobacco use and cancer prevention best practices for African Americans that tie into national awareness month/week campaigns.	Email blast, Facebook post and Twitter feeds	E-blasts: 11 FB posts: 81 Tweets: 200	E-blasts: 10 FB posts: 10 Tweets: 10	1 year
Program Strategy 10: Evaluate national network performance				
10a. Local community partners and health coalitions (including faith-based institutions and HBCU's) will increase involvement in tobacco use prevention and primary cancer prevention activities.	Community partner involvement	n/a	n/a	5 year
10b. NAATPN will consult with an Evaluator to create baseline data and to determine methodology for evaluating the Network's impact in involving African American organizations in tobacco use and cancer prevention activities.	Baseline data generated	Completed	Completed	1 year

Appendix B: NAATPN Logic Model, Project Year 1



Utilizing the NAATPN Network to Reduce Tobacco-Related and Cancer Health Disparities

Appendix C: NAATPN subcontractor dissemination efforts, Project Year 1

Table C(1). Overall reach of subcontractors YES! and MAD dissemination efforts

Type of Media	Reach (# of people)
Facebook (like)	1,270
Twitter (followers)	855
Instagram (followers)	235
Total Reach *	2,360

*Note: The same individuals may follow multiple social media accounts of each subcontractor resulting in the same individuals receiving multiple messages

Table C(2). NAATPN Program Strategy messages disseminated by eblast using subcontractor listserv

Content according to NAATPN Program Strategies	*Reach (# of people)
March 2014	
Raised awareness of prevention outreach efforts with Affordable Health Care Activities	900
Disseminated information on healthy eating	195
April 2014	
World No Tobacco Day information and linking tobacco/cancer prevention and disparities	25
Information on ways to engage diverse youth, scholarship recognizing AA youth in tobacco prevention, tools for obesity and physical activity, tools for youth empowerment	33
Sharing links to youth empowerment	86
Advertising a webinar for reducing tobacco use among racial and ethnic minorities	239
Advertising a CDC webinar about the 500ft buffer legislation passed in Chicago	600
May 2014	
Article about a study exposing the risks of e-cigarettes	900
Curriculum for Community Health Advisors on empowering community members	10
Highlighting the work of a youth advocate organization that works to fight against tobacco, particularly in the AA community	261
Announcement of partner presentation at the National Symposium on Tobacco and Addictions in Little Rock, Arkansas	3,000
June 2014	
Link to an article about how adolescents that smoke menthol cigarettes smoke twice as much as adolescents that smoke non-menthol cigarettes	261
Train-the-trainer skill-building curriculum for use among approximately 275 African American Community Health Advisors	10
July 2014	
Sent an email on how the Youth Smoking in Chicago has hit a record low	261
Radio program with interview from AATCLC representative about menthol & African Americans	1,000
August 2014	
Information about NAATPN Webinar	261
Story on e-cigarette manufacturer's reaction to CVS tobacco ban	261

*Identical email addresses may be contained in the listserv used to disseminate messages resulting in the same individuals receiving multiple messages

Table C(3). NAATPN Program Strategy messages disseminated through subcontractor newsletters

Content according to NAATPN Program Strategies	*Reach (# of people)
March 2014	
Alcohol prevention, access to healthy foods, Minority Health Conference presenting about engaging African Americans in community change process, video tutorial for doctors to better relate to youth, youth empowerment, tools for community change around food access, alcohol, access to health care, and tobacco prevention.	1,358
April 2014	
Youth empowerment, alcohol prevention, access to healthy foods, tools for community change around food access, alcohol, access to health care, and tobacco prevention	1,395
May 2014	
Community led interventions and success stories, new initiative and partnerships, update on any event/meeting attended by NRC staff, awareness of a health cause during the specific month, important articles in regards to health equity, healthy tips	300
Youth creating change around access to transportation to increase access to healthy food, partnering with the NC Alliance of YMCAs to provide training and TA to help groups enact change in their communities to secure access to healthy food and physical activity; scholarships, contents, and various resources for youth	1,350
June 2014	
Addressing issues regarding health equity and provides strategies and tips to reduce chronic disease including cancer and tobacco related health issues	300
Food deserts, Child and Family Advocacy Day, Appalachian Foodshed Project	1,350
Information about local farmer’s markets accepting SNAP, ideas for healthy summer snacks, information about the harms of smoking	350
July 2014	
Strategies for healthy lifestyle behaviors, information or events hosted by NAATPN, trainings, funding opportunities, health and health equity related news	300
Highlight of "Paving the Way to Access" Toolkit, which provides youth and adults with a better understanding of the gaps and strengths within their community as they relate to accessing health care	1,390
August 2014	
Information about work completed in southern states to reduce tobacco use, obesity and increase physical activity and healthy eating	300
Resources including a toolkit that serves as a guide for advocating for healthier snack and beverage alternatives at school and community-based events; sharing of real-world examples of how youth leaders worked to remove Big Tobacco sponsorship from a music and arts festival	1,470

*Subcontractors may have identical lists of individuals to whom their newsletters are sent, resulting in the same individuals receiving multiple newsletters

Table C(4). Number of subcontractors disseminating information on NAATPN Program Strategy topics by round of quarterly data collection

Topic	Round 1	Round 2	Round 3	Total
Predatory marketing practices towards youth and young adults (e.g. when the tobacco industry markets cigarettes in such a way to make them “look cool”)	4	7	7	18
Expanding policies to increase healthy food choices in African American communities	5	4	5	14
Educating elected and appointed officials on clean indoor air legislation	2	5	3	10
Regulation of menthol products	3	3	4	10
Data collection and analysis to assist in reducing tobacco and cancer health disparities	0	0	2	2
Culturally competent media messages when working with African American communities	4	4	7	15
Obesity, physical activity, and nutrition	4	7	9	20
Health systems interventions that will reduce tobacco use and cancer health disparities	2	4	3	9
Strategies to increase awareness among African American communities about the benefits of medical care, chronic disease self-management and healthy lifestyle behaviors	4	4	7	15
Youth empowerment	4	4	5	13
Working with Deep South regions	1	2	2	5
Other	2	1	4	7

*Other includes: Evidence based strategies and promising practices for health equity; Educating elected officials about the efficacy of youth tobacco prevention programs; Summer Sun Safety, Skin Cancer Risk for African Americans; Educating on secondhand smoke; Statistical information on the harm of tobacco use and the benefits of smoke-free multi-unit housing

Note: Table C(1) illustrates reach for YES! and MAD social media sites, as they are the only two subcontractors that reported using social media to disseminate best and promising practices. Also, due to a change in reporting mechanism, specific content for eblasts and newsletters during the first round of data collection cannot be reported, and therefore is not included in Appendix C tables.