

Strategic Direction
Summary for the New
Mexico Tobacco Use
Prevention and Control
Program

1 Overview of Tobacco Control in New Mexico

In New Mexico, the TUPAC Program is responsible for providing leadership and guidance in comprehensive tobacco control efforts statewide. The Program utilizes Centers for Disease Control and Prevention (CDC) evidence-based strategies, better known as "Best Practices," in its tobacco control work. Four goal areas guide the work of TUPAC:

1. Prevent tobacco use initiation among youth and young adults.
2. Promote quitting among adults and youth.
3. Eliminate exposure to secondhand smoke (SHS).
4. Identify and eliminate tobacco-related disparities among population groups.

The Program is funded through both a CDC Cooperative Agreement and through State Master Settlement Funds paid by the Tobacco Industry to New Mexico as part of the 1998 Master Settlement Agreement to cover State health care costs from tobacco use. The Program develops and implements a five-year action plan as part of the cooperative agreement with CDC in order to identify and work on strategies that address the four goal areas above.

The TUPAC Program acknowledges the traditional and beneficial use of tobacco within many of the Native American communities of New Mexico and recognizes its place of honor and respect within those communities. The TUPAC Program strives to reduce and prevent the harmful and addictive use of tobacco products outside of its sacred use.

CDC Best Practices define comprehensive tobacco control as a combination of educational, clinical, regulatory, economic and social strategies. Comprehensive tobacco control works because integrated programs influence social norms, systems, and networks. Community resources are identified as the foundation for sustained solutions to pervasive problems like tobacco use and are focused on making tobacco less desirable, less accepted, and less accessible. In New Mexico this strategy entails more than just the TUPAC Program in the Department of Health. In order for tobacco control to be truly effective, it requires the work of a variety of partners at the local, state, and national levels. TUPAC recognizes the talent, resources, and expertise that reside in a variety of partners working in the state as well as their important role in addressing the emerging challenges in tobacco control in New Mexico.

Organizations such as the American Cancer Society, Cancer Action Network (ACS-CAN), American Lung Association (ALA), American Heart Association (AHA), Americans for Nonsmokers Right (ANR), Campaign for Tobacco-Free Kids (CTFK), and the New Mexico

Chronic Disease Prevention Council (CDPC) help advocate for tobacco control policies that align with the above four goal areas.

Community-based organizations and local businesses can work on local tobacco control initiatives. These partners will include TUPAC contractors and non-TUPAC contractors. Their efforts could include education and awareness efforts to prevent exposure to SHS or initiation of tobacco use among youth, efforts to mitigate tobacco-related disparities in vulnerable populations, and efforts to promote cessation services for tobacco users. Another potential area of work would be in the point-of-sale marketing of tobacco products in local communities. Non-TUPAC contractors could also be involved in policy development and advocacy efforts if they are not limited by their funding sources.

Government partners are also involved in tobacco control in areas such as enforcement and compliance with existing laws and education on the dangers of tobacco use. These partners include the New Mexico Departments of Health, Human Services, Public Education, Indian Affairs, Taxation and Revenue, and New Mexico Attorney General's Office. Other entities include tribal governments, community health programs, health plans, health professionals, and public schools, colleges and universities.

Decision makers and policymakers at the local, state, and national levels are also key partners in comprehensive tobacco control efforts. By becoming educated in what comprehensive tobacco control and evidence-based strategies entail, they can develop and implement policies that address tobacco control in a comprehensive and effective manner. Their efforts to continue funding for comprehensive tobacco control helps ensure effective programs and strategies that address tobacco control will reach all New Mexicans.

The New Mexico TUPAC program recognizes that it cannot be the only answer to comprehensive tobacco control in the state. Efforts need to be made to reach out to and engage the above-mentioned partners in order to ensure all key partners will be involved in tobacco control efforts that are comprehensive, evidence-based, and cost-effective. This approach will ensure long-term sustainability of these efforts.

2 Purpose of Creating a Strategic Plan

In the past, TUPAC has used multiple tobacco-related strategic plans, and these plans may have caused some confusion. To avoid this confusion, TUPAC has created a single, long-term (macro-level) strategic plan for tobacco use prevention and control so that leadership, staff, and partners can see connections and make purposeful decisions about their short-term (micro-level; day-to-day, monthly, annual) programming and priorities and effectively contribute to the shared long-term goals.

3 Core Values Driving Decision-Making

These are the underlying principles and values that will guide TUPAC's selection of goals and strategies.

3.1 Address tobacco-related disparities throughout the Program

Address serving people experiencing poverty¹

- People experiencing poverty may include those who are low-income, under-educated, unemployed, uninsured or under-insured, and homeless. Pregnant women in poverty are a high priority.
- Recognizing that a large portion of the people in New Mexico experience poverty and that poverty is a common thread throughout other disparities, all TUPAC activities should be specifically examined to determine how to improve reach and effectiveness for people experiencing poverty.
- TUPAC defines disparities as gaps in prevalence/occurrence between populations; a high smoking prevalence in a population is not a disparity—rather, the disparity is the difference in smoking prevalence between that population and another population.
- TUPAC has identified priority populations largely based on the network model used by the CDC. Identified priority populations include LGBTQI, African-American, American Indian, Asian-American/Pacific Islanders, Spanish-speaking immigrants, and People living with disabilities. Nationally, these groups experience tobacco-related health and other disparities. TUPAC will seek guidance from these priority populations in New Mexico via Priority Population Networks, established for each priority population, to advise TUPAC and other partners in how best to serve people experiencing disparities.
- Additional populations that may be suffering from tobacco-related disparities include 18-29 year olds, particularly those who are in the straight-to-work category; people with chronic disease; people with mental illness and/or with substance abuse problems; and students with poor academic performance.
- TUPAC acknowledges that populations experiencing disparities are not always reached in data collection systems. Lack of quantitative data is not a barrier to identifying or addressing a disparity; alternative sources of information, including the Networks and knowledge of the community, are also valuable data sources.

¹ According to combined American Community Survey (2007-2011) data for New Mexico, 19% of all residents live below the federal poverty level, which is an extremely conservative measure of poverty. Further, 27% of New Mexico children live below the federal poverty level. Using a higher threshold of 150% federal poverty level, nearly half of adult smokers in New Mexico are experiencing poverty (BRFSS 2008-10 combined).

Reach *most* of the people experiencing the identified disparity.

- Recognizing that New Mexico’s population is diverse, all strategies will be assessed on their potential effectiveness/ineffectiveness in different population groups.
- All TUPAC contractors are responsible for addressing disparities – not only the priority population Networks.
- TUPAC recognizes the tobacco industry’s marketing to priority populations.

Close the gap with justice-based approaches.

- Addressing disparities does not mean treating all populations or contractors equally; instead, it means using an equity lens to ensure all populations are treated appropriately to their need.

3.2 Prioritize environmental, policy, and systems change approaches that are population-based

- TUPAC's long-term objective is to have a population-level impact on tobacco use.
- Tobacco control policies are among the most cost-effective and far-reaching ways to reduce tobacco use at the population level. They make it easy for people to make healthy choices in places where people live, work, learn, and socialize.
- In the absence of changes in their environments, programs or services focused on the individual are less effective because people remain surrounded by cues and norms that do not support healthier choices; thus, these system changes may catalyze, support, and improve the effect of individual-based approaches.

3.3 Build capacity at the local and state level to *act* when opportunities for policy change arise

- TUPAC wants to prioritize environmental, policy, and systems change outcomes whenever possible.
- TUPAC wants to build leadership and technical skills within staff and partners and develop resources to facilitate quick reaction when the opportunity for policy change arises. This intention may mean developing skills and resources for actions that are still one to three years away.
- TUPAC will promote partnerships among communities, organizations, and individuals experienced in policy change.

3.4 Promote sustainability

- Sustainability is achieved when changes last beyond the period of funding.
- Partners who implement sustainable activities reach more people in different places. Policy and systems changes can often be sustained with little effort once the change is implemented (for example, clean indoor air policies, cessation referral systems, and health insurance coverage for cessation services).
- TUPAC also wants to ensure that organizations focus on their own sustainability. Having diverse support – other than TUPAC funds – provides freedom for organizations to set their own priorities, and to continue their work beyond the availability of TUPAC funding.

3.5 Commit to continuous quality improvement

- TUPAC is committed to evaluation and continuous quality improvement and to improving sustainability by assuring that programs are highly efficient and effective and can demonstrate how they benefit communities and the state.

3.6 Build on the evidence base and allow for innovation

- When there is justification that evidence-based approaches are not available or may not be effective in reaching a priority population, TUPAC will consider innovative approaches.
- Because of the diversity of New Mexico's population and the lack of research on interventions within all populations, TUPAC will support up to 25% of funding for innovative approaches.
- When innovative approaches are used, the responsibility to evaluate those efforts increases so that an evidence base can be developed.
- The plan will be modified as the evidence base or environment changes (for example, with revision of CDC Best Practices, continued progress of the FDA to regulate tobacco, or implementation of the Affordable Care Act).

4 Impact of Core Values on Strategic Plan

4.1 TUPAC will develop a single integrated strategic plan

- As feasible, TUPAC will use guidance from CDC and CDC Best Practices to guide their plan.
- To be effective in addressing disparately affected populations, TUPAC will seek to identify approaches that reach groups or populations of people, rather than individuals.

- In terms of resource allocation, TUPAC acknowledges that there is no guidance that defines a set funding formula for reaching equity.
- A variety of evidence-based approaches exist. These will be used in all populations, with adaptations made for cultural relevancy when implementing them in diverse communities.
- The single integrated strategic plan will clarify roles and responsibilities of different contractors and partners, so that each can take leadership in implementing their portion of the plan.

4.2 All strategies must include initiatives that address people experiencing poverty

- TUPAC may build additional tools for quality assurance in planning and implementation to assess *all* contractors for effective reach and service to people experiencing poverty (see Section 5 – Quality Assurance).

4.3 TUPAC will continuously focus on achieving outcomes

- With increased commitment to high-level, integrated key strategies, TUPAC will also increase the focus of evaluating effectiveness based on the results achieved at the strategy level. This means that successful implementation of workplans by multiple individual contractors will not be sufficient to demonstrate success of the plan.
- Recognizing that a smaller set of focused efforts will likely be more effective than a “scattershot” approach, some approaches that have been used successfully in the past may no longer be supported or may need to be supported outside of TUPAC.
- TUPAC is willing to remove strategies that have not been effective or efficient for reaching identified goals, or when more resources are needed for relatively higher-priority efforts.

5 Quality Assurance (QA) Tools

As TUPAC engages different partners to conduct work for key strategies, it may be helpful to have a “quality checklist” to assure that high quality workplans are developed, and that contractors are held accountable to the plans. Having a standard for quality also helps to build consistency among TUPAC contract monitors.

5.1 Checklist for high quality plans

A simple series of questions that relate back to the core values of the program could be used with RFP development, proposal review, contract negotiation, and work plan monitoring. Suggestions include:

- Do plans link clearly to program goals using a logic model?
- Is there a policy or systems change outcome?
- Is a clear target audience identified?
- Will most of the target audience be reached? Are there disparities in reach?
- How are people experiencing poverty specifically addressed?
- Does the work affect populations differently?
- Is there an evidence base for the efforts proposed?
- Will efforts make changes that are sustainable?
- What resources, such as training and technical assistance, are needed to implement workplans effectively?
- How long will it take to see change?
- Can we do better?

5.2 Checklist for evaluation and accountability

TUPAC has already developed standard “accountability questions” for year-end reporting by contractors. A slightly expanded list can be used both during and after workplan implementation:

- How much did we do? (numbers of events, target audiences reached – which could be systems, providers, or individuals)
- How well did we do it? (quality of implementation)
- Is anyone better off? (individual, policy, or system changes; creation of products that are necessary for ongoing effort)
- What do we recommend for next time? (This is not one of the three accountability questions, but it is important for evaluation and continuous quality improvement).
- Can we do better? (As above, this is not one of the three accountability questions, but it is important for evaluation and continuous quality improvement).

5.3 Equity lens tool

TUPAC will systematically apply an “equity lens” review of its efforts at all levels. A simple equity lens review can take place from the perspective of individual groups (including people in poverty), or across groups. An equity lens review can include input from external stakeholders and can be conducted among staff. Questions for discussion in an equity lens review process could include:

- Is the population of interest being reached?
- Among those reached, is the intervention effective?
- Is the intervention delivered in a respectful, culturally-appropriate, anti-oppressive way?

- Can we do better?

6 Identification of Strategies Included in the Plan

Based on a review of the evidence base, experience with implementation, and the aforementioned core values, TUPAC identified and prioritized potential strategies. When an evidence base was available, TUPAC prioritized the most effective interventions for New Mexico. When an evidence base was not available – particularly in cases addressing disparities – TUPAC relied on its experience, with the assumption that any strategies included that were *not* currently evidence-based would require additional evaluation to validate their effectiveness.

TUPAC identified evidence-based strategies for tobacco control from many sources:

- **The Centers for Disease Control and Prevention “Best Practices for Tobacco Control” (revised 2007)**

Describes activities recommended for states’ comprehensive tobacco control programs. These include state and community interventions, health communications, cessation interventions, surveillance and evaluation. These “best practices” are based on observations of successful tobacco control outcomes achieved by states, as well as programmatic recommendations from the states that implemented them.

- **The Community Guide to Preventive Services**

Recommends tobacco control interventions for prevention, cessation, and secondhand smoke elimination, when multiple well-controlled studies are published in research journals that describe positive results. These strict criteria for “proof of effectiveness” means that some innovative or new interventions are not recommended. In other words, “insufficient evidence of effectiveness” can mean either that interventions were not observed to work or that there were not enough high-quality studies published in research journals to make a recommendation. “Insufficient evidence of effectiveness” does not necessarily mean that interventions are not effective.

- **The Centers for Disease Control new “domains” for public health practice (2012)**

Recommends to be comprehensive, programs should address four public health domains: 1) epidemiology and surveillance; 2) environmental approaches that promote health; 3) health systems interventions; and 4) strategies that improve community-clinical linkages.

TUPAC experience and the priorities of the New Mexico Department of Health were reflected by reviewing:

- **TUPAC’s current CDC action plan (2010-2014)**

Categorizes current activities in New Mexico into sets of strategies, where they are being implemented, and how many organizations or partners are working on them. In evaluating the action plan, TUPAC considered whether there was a “critical mass” of effort to achieve specific outcomes or to reach populations experiencing disparities.

- **New Mexico’s Tobacco-Related Disparities Strategic Plan (2011-2015)**

Recommendations from New Mexico stakeholders about specific actions that may reduce or eliminate tobacco disparities. To date, these have been mainly reviewed as suggestions for community- or state-based action plans, rather than offered as statewide priorities.

- **New Mexico DOH Shared Strategic Plan for Chronic Disease Prevention (2012-2016).**

Identifies priorities from statewide public health partners for tobacco control actions, including mobilizing a statewide coalition to address tobacco control policies; enacting a statewide law requiring licensing of tobacco outlets; implementing education campaigns on community-based policies that are made possible by the federal Family Smoking Prevention & Tobacco Control Act; identifies stable funding for the TUPAC Networks; continued use of data and media to support policy advocacy; and integration of web-based tobacco cessation interventions with social networking capacity.