

# **Presentation to the Tobacco Settlement Revenue Oversight Committee**

---

**FY 13 and FY14  
Progress Made  
and  
Future Opportunities**

**Tobacco Use Prevention and Control Program  
Diabetes Prevention and Control Program  
Healthy Kids New Mexico  
Harm Reduction and Hepatitis**

***July 29, 2013***

# **Presentation to the Tobacco Settlement Revenue Oversight Committee**

---

**Benjamin Jacquez, Program Manager  
Tobacco Use Prevention and Control Program  
(TUPAC)**

**July 29, 2013**

# **Tobacco Control Strategic Action Plan**

## **U.S. Department of Health and Human Services**

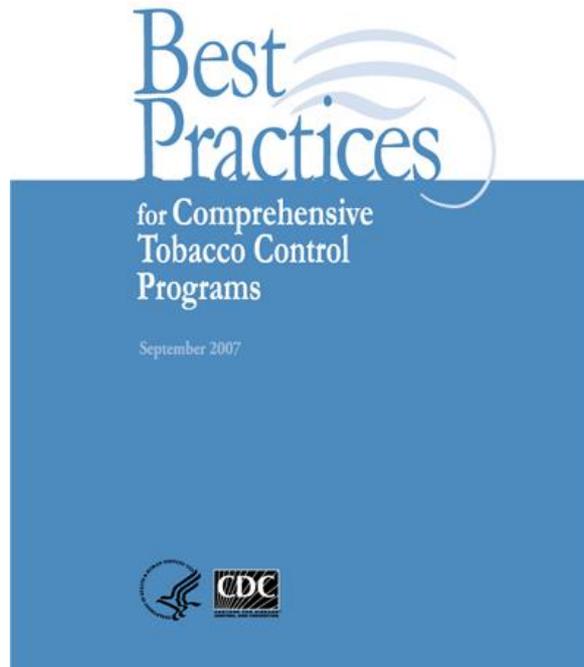
### **2010**

---

Effective Tobacco Programs Have the Following Components:

- Comprehensive
- Sustained
- Accountable
- Monitor Tobacco Use and Prevention Policies
- Protect People from Tobacco Use
- Offer Help to Quit Tobacco Use
- Warn About the Dangers of Tobacco
- Enforce Restrictions on Tobacco Advertising, Promotion, and Sponsorship

# Best Practices 2007



- State and Community Interventions

Statewide Programs

Community Programs

Tobacco-Related Disparities

Youth (Schools and Enforcement)

Chronic Disease Programs

- Health Communication Interventions
- Cessation Interventions
- Surveillance/Evaluation
- Administration/Management

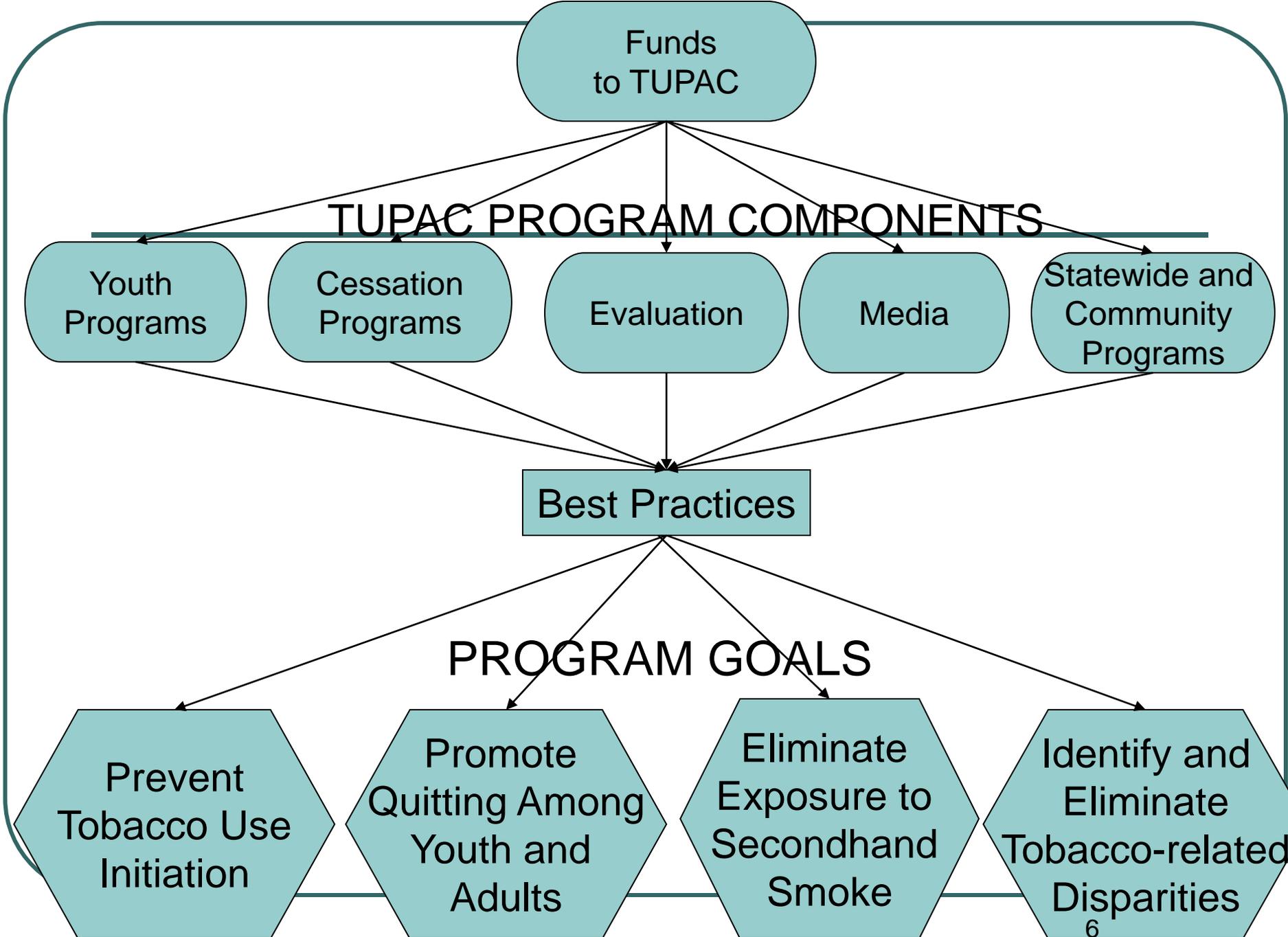
# State of New Mexico FY 2014 Strategic Plan Tobacco

---

Focus on a comprehensive approach that utilizes CDC Best Practices:

Use strategies that have been shown to be effective in a reducing tobacco prevalence and consumption :

- Provide QUIT NOW and DEJELOYA telephone- and web based cessation services
- Expand linkages between Tobacco Use Prevention and Control (TUPAC) Program and other NMDOH programs (e.g., WIC, Children's Medical Services, PRAMS, etc.) and community organizations (e.g., nonprofits, health councils, tribal groups, priority population networks, etc.).
- Support smoke-free multi-unit housing community secondhand smoke education and voluntary policy efforts.
- Educate on the dangers of second hand smoke and support the development of policies to protect all New Mexicans from second hand smoke exposure.
- Regulate the time, place, and manner in which tobacco can be advertised and sold in order to prevent youth from initiating tobacco use.



## Tobacco Use Prevention and Control Program (TUPAC) FY13 – FY 14 Budget Impacts New Mexico Tobacco Settlement Fund (TSF) and CDC Cooperative Agreement

---

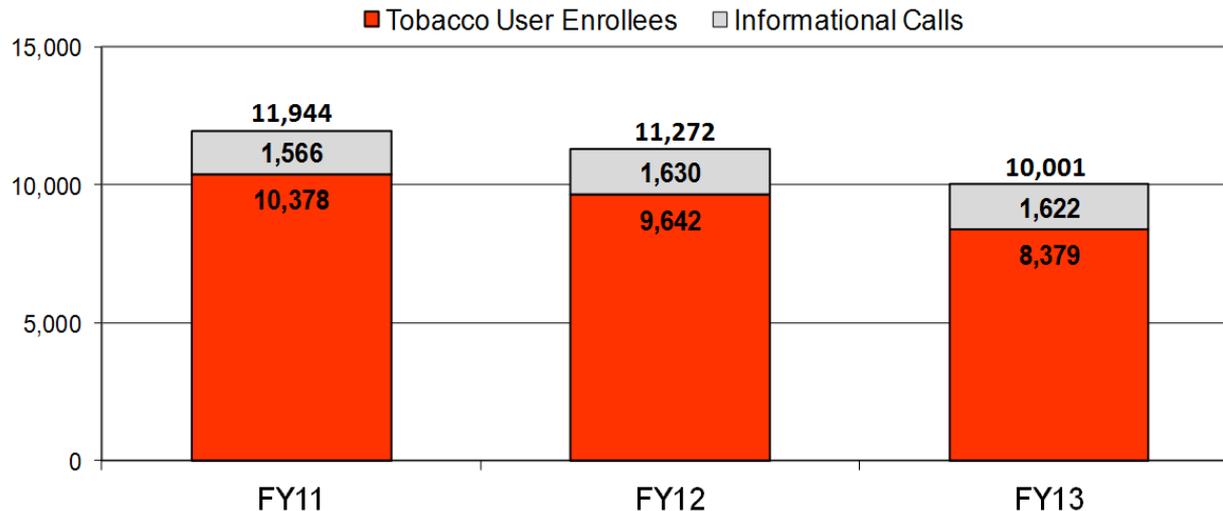
<u>FY13</u> <u>Adjusted</u> <u>TSF</u>	<u>FY13</u> <u>Adjusted</u> <u>CDC</u>	<u>FY14</u> <u>Adjusted</u> <u>TSF</u>	<u>FY14</u> <u>Adjusted</u> <u>CDC</u>
\$5,682,000	\$1,141,220	\$5,682,000	\$1,141,221

- ❖ TUPAC used CDC guidance documents to select priorities that were most efficient in reaching targeted populations ***at this funding level.***
- ❖ Four priority areas identified in order to maximize reach at a lower funding level:
  - Prevent Tobacco Use Initiation Among Youth and Young Adults
  - Promote Quitting Among Adults and Youth Who Use Tobacco
  - Eliminate Exposure to Secondhand Smoke
  - Identify and Eliminate Tobacco-Related Disparities Among Population Groups

# NM Adult Tobacco Use

- One in five NM adults smokes cigarettes; 19.3% in 2012
- 4.3% use spit, chew or snuff tobacco
- 11% use another form of tobacco (snus, pipe, cigars, or hookah)

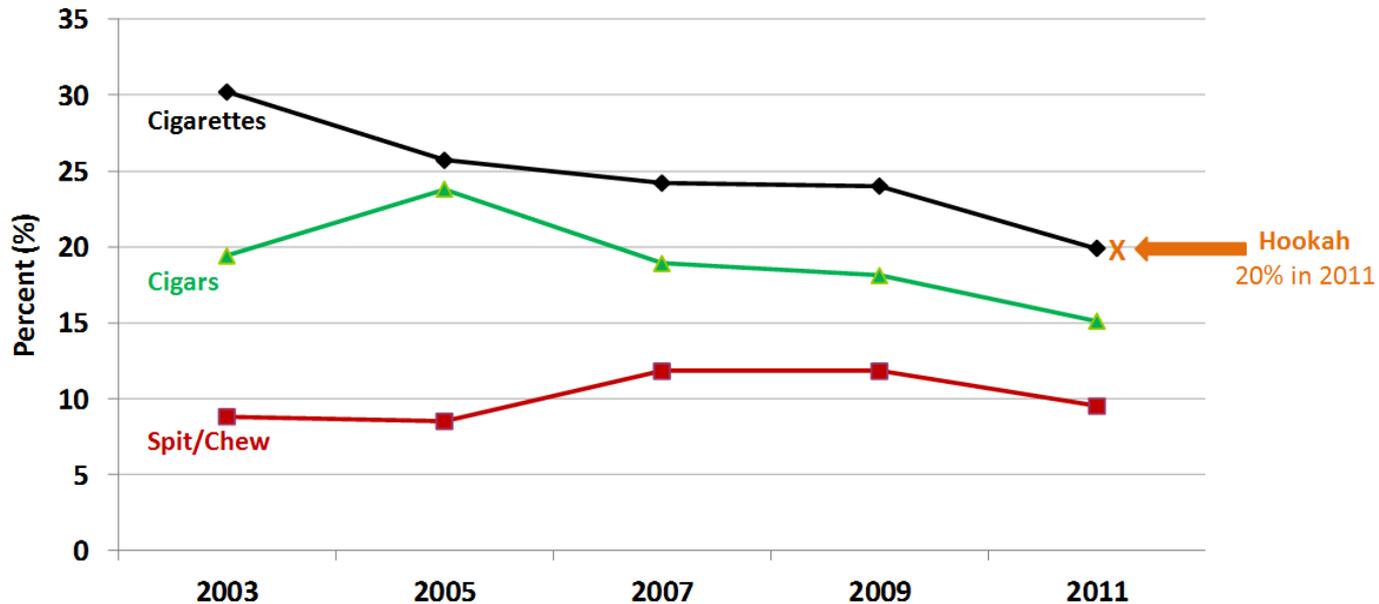
## QUIT NOW Cessation Services



### FY13 Highlights:

- *1-855 DEJELO YA* and *DejeloYaNM.com* Spanish-language services launched
- 2,568 registrations for text messaging quit support service
- 10,433 shipments of nicotine patches, gum, or lozenges sent to enrollees

## Trends in Current Tobacco Use by NM High School Youth

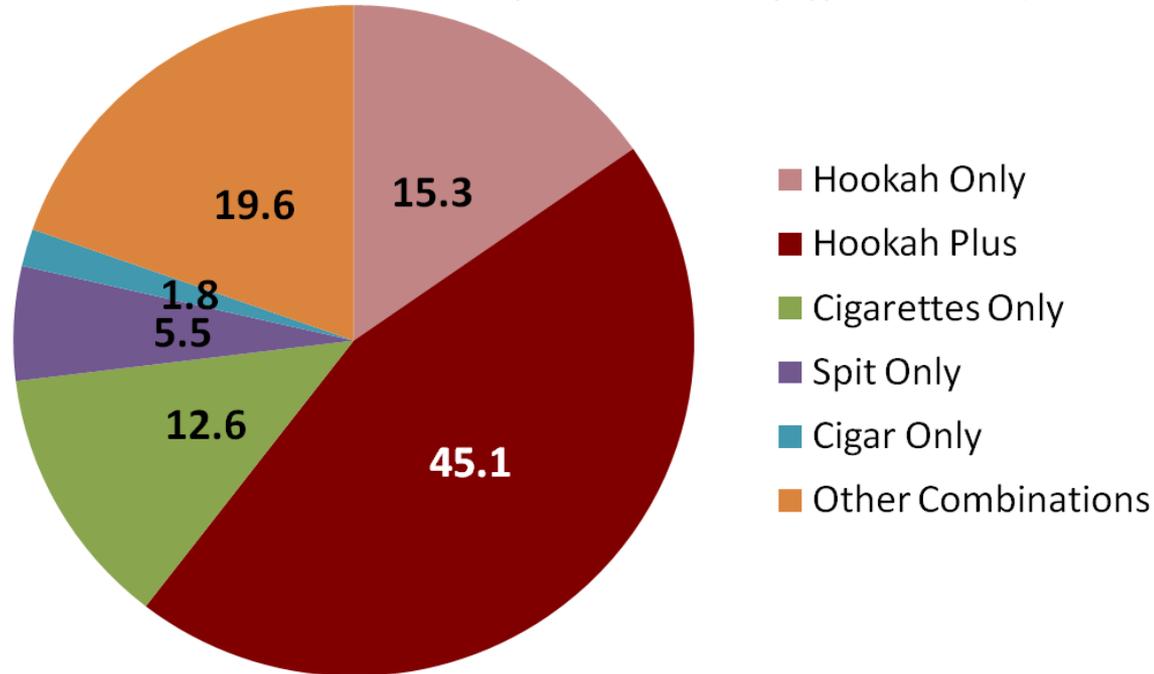


- Cigarette and cigar use are trending downward since 2003; spit/chew tobacco use has remained stable.
- In 2011, one in five youth reported using hookah to smoke tobacco or flavored tobacco in past month.
- Emerging tobacco products such as hookah, flavored tobacco products, and e-cigarettes pose a challenge.

# Changing Landscape of Youth Tobacco Use

## NM High School Tobacco Users by Type of Tobacco

(Of the 33% of NM youth who use any type of tobacco)



### Among youth tobacco users in New Mexico:

- Six in ten are using hookah, either alone (15.3%) or in combination with another tobacco product (45.1%).
- 65% use multiple tobacco products
- 12.6% use cigarettes only

# TUPAC Media Campaigns



New Mexico has the **THIRD** highest rate of high school students who smoke on school property.

**It's time for 100% tobacco-free schools.**

**247**  
TWENTY-FOUR-SEVEN

**SHARE** this image to spread the word!



## Good News

Flavored cigarettes have been ~~banned~~.

## Bad News

Candy flavors are still used in cigars and other tobacco products.



Tobacco in any flavor is addictive and toxic.

**(dis)tasteful**

[f /distastefulNM](#) [e distastefulNM](#) [distastefulNM.com](#) AN ENVOLVEMENT CAMPAIGN

# **Presentation to the Tobacco Settlement Revenue Oversight Committee**

---

**Judith Gabriele, Program Manager  
Diabetes Prevention and Control Program**

**July 29, 2013**

# Prediabetes and Diabetes: The Picture in New Mexico

**NM Adults with Diabetes  
and Prediabetes, Diagnosed  
and Undiagnosed, 2008-2010**

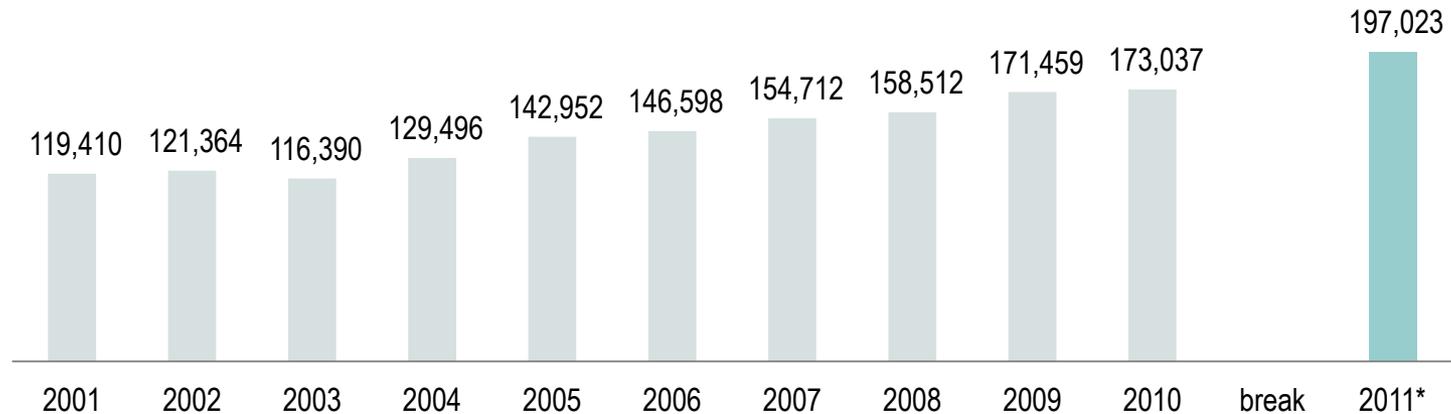


**168,580  
with diabetes**

**531,550  
with prediabetes**

# Diabetes Prevalence

**New Mexico Estimated Number of Adults 8 Years & Older  
With Diagnosed and Undiagnosed Diabetes**



\*The 2011 counts are based on different methods and are not directly comparable to the counts of previous years.

## Data Sources

Population estimates - UNM Geospatial & Population Studies

Diabetes prevalence estimates - NM DOH Behavioral Risk Factor Surveillance System.

# **Diabetes Prevention & Control Program FY13: How the Money was Spent**

---

## **❖ Staff**

Nurse, Health Educator, Clerk, 1/4 Financial Specialist

## **❖ Major Initiatives**

### **■ Health Systems Improvement**

To improve care of patients with diabetes by monitoring blood glucose, blood pressure and cholesterol

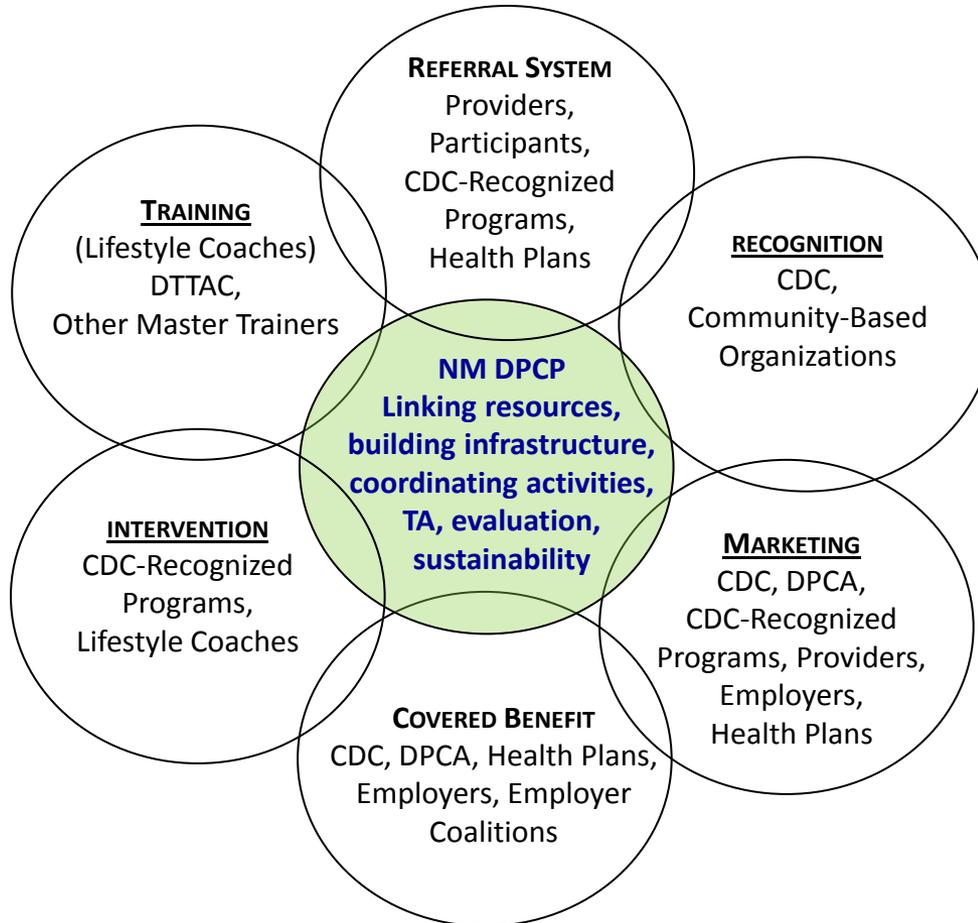
### **■ National Diabetes Prevention Program**

To prevent or delay the development of type 2 diabetes.

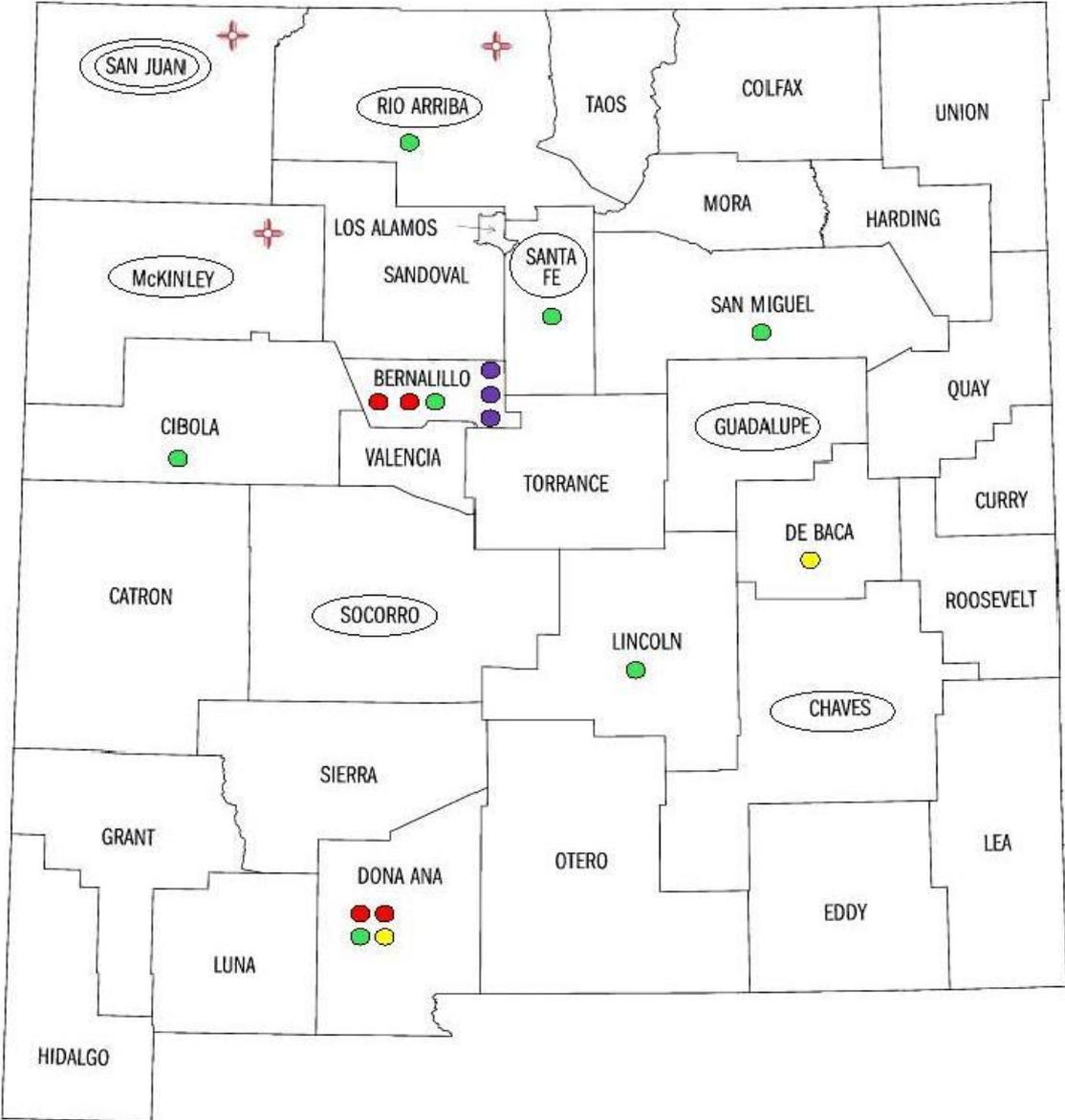
# National Diabetes Prevention Program

## Diabetes Prevention & Control Program's Role

---



# National DPP Sites in New Mexico



DPCP ○ UHC ● Molina ● Project Hope ● Other ● Tribes ✦

# **Diabetes Prevention & Control Program FY13: How the Money was Spent**

---

## **❖ Kitchen Creations**

31 cooking schools & 511 participants

## **❖ Professional Development/Training**

496 professionals trained on a variety of diabetes prevention and control topics.

## **❖ Collaboration with Other Chronic Disease Programs**

# **Presentation to the Tobacco Settlement Revenue Oversight Committee**

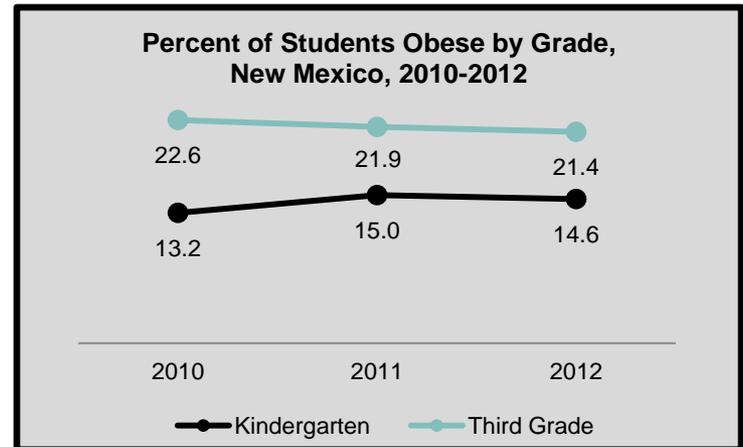
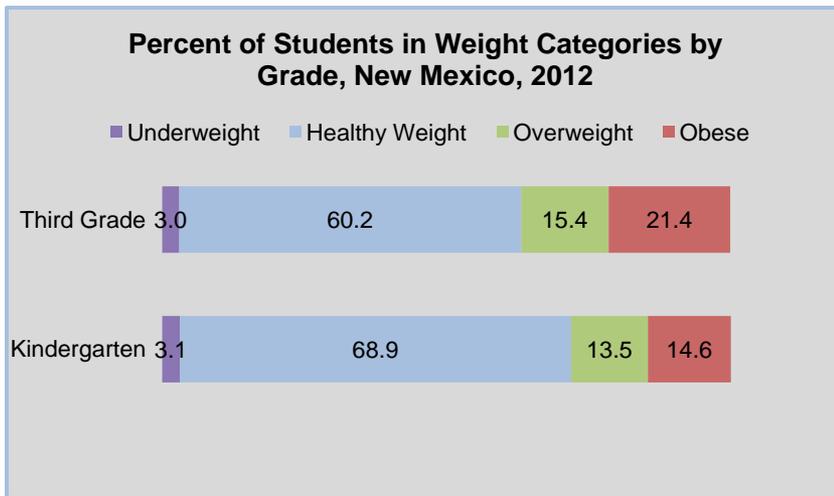
---

**Patty Morris, Program Manager**

**Health Kids NM**

**July 29, 2013**

# Childhood Obesity

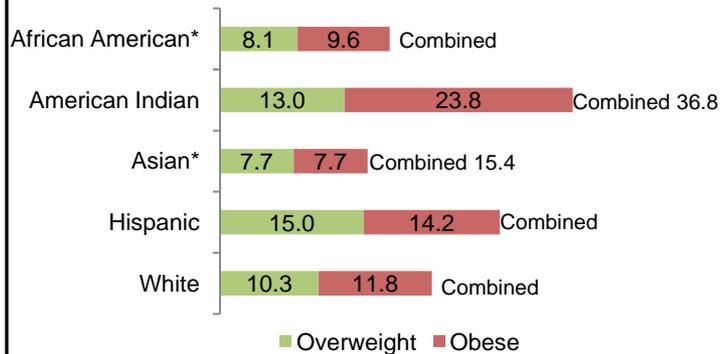


## ***In 2012:***

- 14.6 % of kindergarten students were obese
- 21.4 % of third grade students were obese
- In collecting three years of BMI data, obesity prevalence appears stable across grades and years, but there is still much to be done to reverse the trends

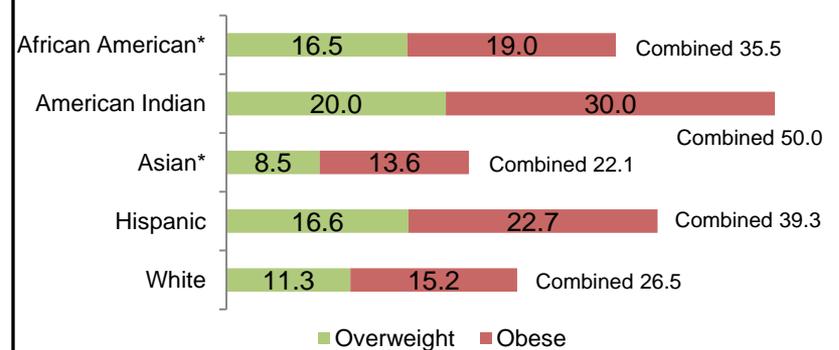
# Childhood Obesity

**Percent of Kindergarten Students Overweight and Obese by Race/Ethnicity, New Mexico, 2012\***



\*Due to small sample sizes, African American and Asian data has been aggregated to include 2010, 2011, and 2012 BMI results. Some estimates may fluctuate widely across time.

**Percent of Third Grade Students Overweight and Obese by Race/Ethnicity, New Mexico, 2012\***



\*Due to small sample sizes, African American and Asian data has been aggregated to include 2010, 2011, and 2012 BMI results. Some estimates may fluctuate widely across time.

## In 2012:

- American Indian kindergarten and third grade students were significantly more likely to be obese than their Hispanic and White counterparts
- By third grade, 30% of American Indian children were obese and 50% were overweight or obese

# Healthy Kids New Mexico

- Builds state and local partnerships to expand children's opportunities for healthy eating and active living where they live, learn, and play
  - Healthy Kids Healthy Communities
  - Healthy Kids Healthy Childcare
  - Healthy Kids 5.2.1.O Challenge
  - Healthy Kids Surveillance System
  - New Mexico Interagency Council for the Prevention of Obesity



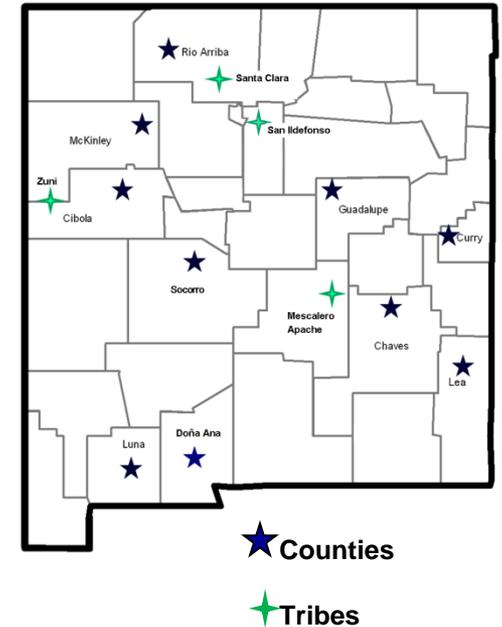
# Healthy Kids Healthy Communities

## Key Strategies

- Open outdoor school space for community use during non-school hours
- Increase the number of safe walking and biking routes that connect neighborhoods to schools and increase usage of routes
- Increase healthy eating and physical activity opportunities in school such as fruit & vegetable tastings, pre-made salads, and classroom fit breaks
- Increase access to and availability of affordable, healthy, and locally grown foods in schools and rural/frontier communities such as Farm to Table, food buying clubs, healthy small retail, and farmers' markets
- Support childcare providers in making healthy eating and physical activity a part of their daily routines

## Healthy Kids Healthy Communities

In 2011, the New Mexico Department of Health was awarded a five year \$7.5 million Community Transformation Grant from the Centers for Disease Control and Prevention to address childhood obesity. This funding has expanded the Healthy Kids Las Cruces community model to 10 counties, 4 tribal communities, and 25 school districts throughout New Mexico. We have the potential to reach approximately 50,250 elementary school age children.



# Early Success in New Mexico

[About RWJF](#) / [Our Work](#) / [Research & Publications](#)

view all: [Grants](#) [Topics](#) [Blogs](#)



Robert Wood Johnson Foundation

## New Mexico: Signs of Progress Toward Reversing the Childhood Obesity Epidemic

*State reports 5.3 percent decline in obesity among third-graders*

Published: 7/8/2013

Tweet +1 0

New Mexico created its statewide obesity-prevention efforts from the ground up, starting with one pilot site in Las Cruces. What leaders learned there informed the development of a comprehensive agenda that would be carried out across 40 programs based in eight state agencies. With new funding, the state is rolling the Las Cruces model out into other communities. It's focused on:

- serving healthier meals, snacks and drinks in schools;
- creating joint-use agreements so community members can use school facilities for physical activities;
- making it easier for people to walk and bike to schools, work, shops, and other destinations; and
- getting affordable healthy foods into every neighborhood.



## ***Tobacco Settlement Funding for Healthy Kids New Mexico***

<b>Healthy Kids Healthy Communities</b>	<b>2012</b>	<b>2013</b>
HK Las Cruces	\$25,000	\$35,000
HK Chaves County	\$25,000	\$26,000
HK McKinley County	\$25,000	\$0
HK San Ildefonso	\$25,000	\$0
HK Santa Clara	\$25,000	\$0
 Development of Classroom Materials	 \$1,900	 \$0
 Conduct Nutrition and Physical Activity Survey of Elementary Children	 \$0	 \$38,700
 Support Community Efforts reducing exposure to second hand smoke in multi- unit housing	 \$0	 \$26,900
 <b>TOTAL</b>	 <b>\$126,900</b>	 <b>\$126,600</b>

# **Presentation to the Tobacco Settlement Revenue Oversight Committee**

---

**Andrew Gans, Program Manager  
HIV Prevention Program**

**July 29, 2013**

# ***Harm Reduction and Hepatitis Program Support from Tobacco Settlement***

---

	<b>State fiscal year 2013</b>	<b>State fiscal year 2014</b>
<b>Hepatitis Program</b>	<b>\$43,400</b>	<b>\$43,400</b>
<b>Harm Reduction Program</b>	<b>\$249,600</b>	<b>\$249,600</b>
<b>Total</b>	<b>\$293,000</b>	<b>\$293,000</b>

# ***Harm Reduction and Hepatitis Program Support from Tobacco Settlement***

---

**State fiscal years 2013 and 2014**

**Hepatitis  
Program**

**Tobacco settlement funds reflect  
11% of total contractual dollars.**

**Harm  
Reduction  
Program**

**Tobacco settlement funds reflect  
34% of total contractual dollars.**

**Overall**

**This support is essential.  
Neither program has any Federal  
dollars for contractual services.**

## ***Select Achievements for the Hepatitis Program (SFY 2013)***

---

- ❖ Program partners and contractual providers delivered the following services.
  - 2,644 hepatitis vaccinations given to high-risk clients in county jails and at harm reduction sites.
  - 2,274 participants in hepatitis prevention classes including the iHEAL curriculum developed by the Southwest Regional Disease Prevention Team.
  - 1,738 referrals to infectious disease and other services including harm reduction, substance abuse treatment, hepatitis C treatment and HIV/STD testing.
- ❖ HIV counseling, testing and referral services (CTRS) are fully integrated with all hepatitis outreach activities in correctional and community settings.

## ***Select Achievements for the Harm Reduction Program - Overview***

---

- ❖ Statewide Syringe Services Program (SSP) activities are a fundamental and effective means of preventing the spread of HIV and hepatitis C.
- ❖ HIV counseling, testing and referral services (CTRS) are fully integrated with all Harm Reduction Program outreach activities in community settings.
- ❖ The SSP provides access to at-risk clients for delivery of overdose prevention education and distribution of Narcan (Naloxone) for opiate overdoses.

## ***Select Achievements for the Harm Reduction Program - Statistics***

---

- ❖ The program distributes between 2.7 and 3.2 million clean syringes per year.
- ❖ The collection rate varies from 95% to 97% annually. This removes these dirty syringes from community sites where they can pose a risk to the public.
- ❖ There is an average of 3,000 unduplicated program participants each year.
- ❖ On the annual re-enrollment interview, between 84% and 87% of program participants report not sharing syringes.

## ***Select Achievements for the Harm Reduction Program – Treatment and Overdose Prevention***

---

- ❖ Each year, more than 2/3 of SSP participants (68 – 71%) make one or more attempts to get into alcohol or other drug treatment programs.
- ❖ Of these attempts, roughly 1/3 experience barriers or challenges in receiving treatment.
- ❖ The overdose prevention program is growing rapidly. More than 1,000 persons were trained to administer Narcan during 2011 and over 1,200 persons were trained in 2012.
- ❖ While there were 175 overdose reversals during 2011, this figure more than doubled to 510 during 2012.