

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

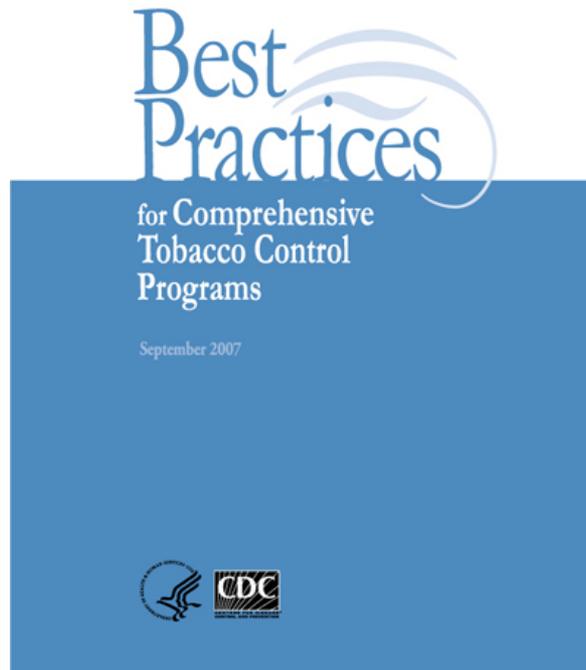
U.S. Department of Health and Human Services

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
- Raise Taxes on Tobacco

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

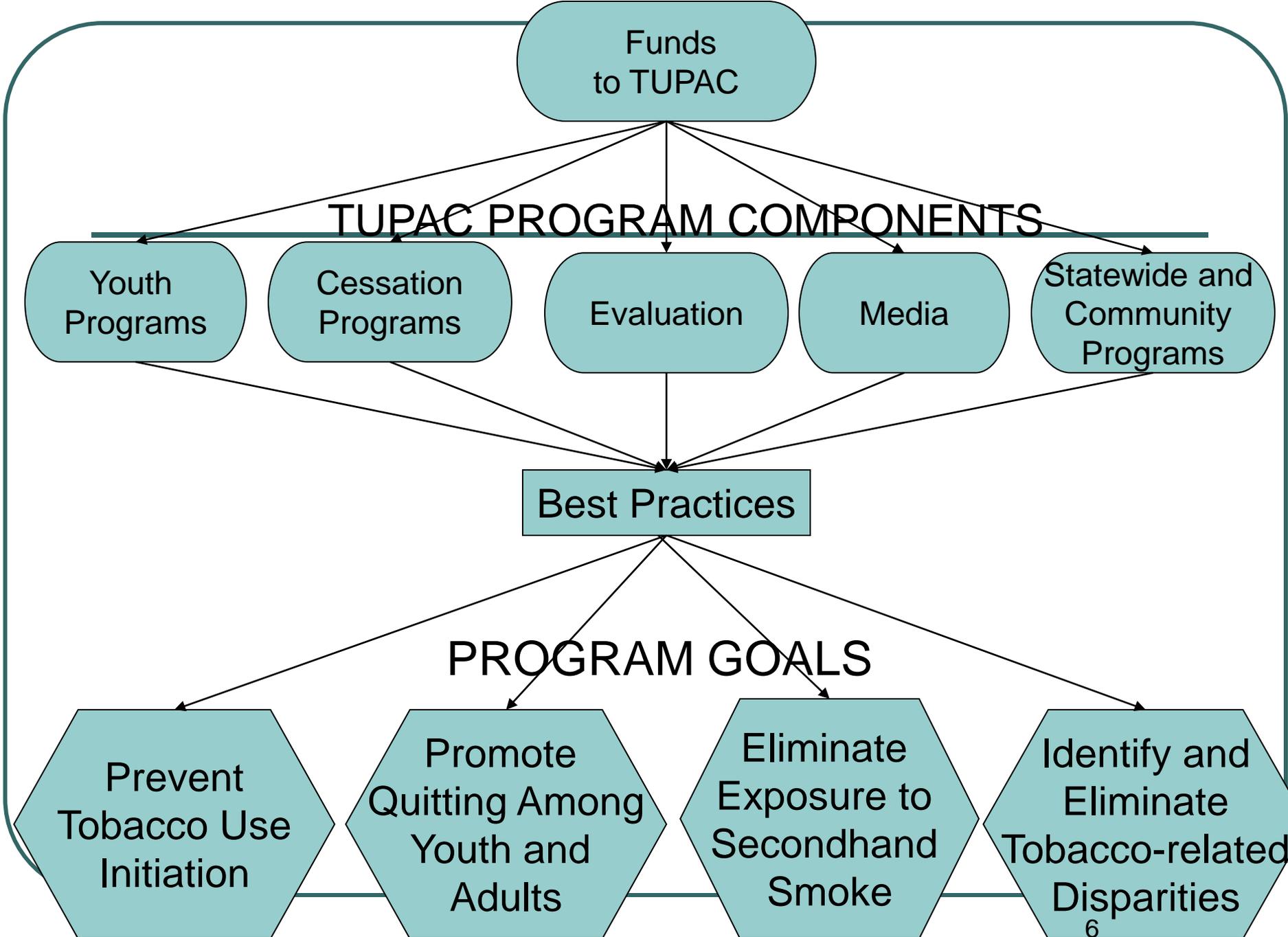
FY 2014 Strategic Plan

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

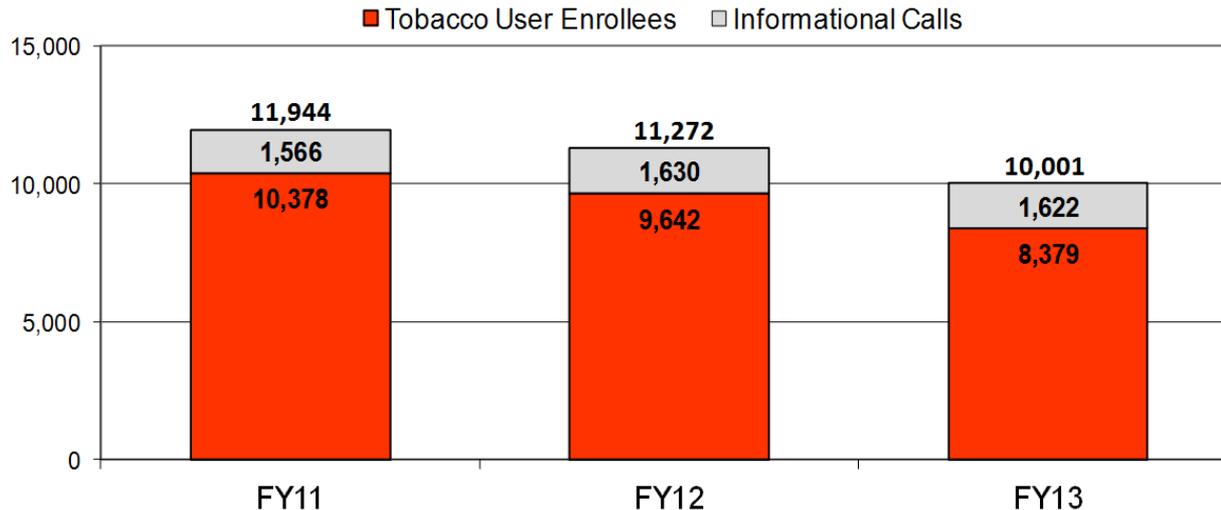
<u>FY13</u> <u>Adjusted</u> <u>TSF</u>	<u>FY13</u> <u>Adjusted</u> <u>CDC</u>	<u>FY14</u> <u>Adjusted</u> <u>TSF</u>	<u>FY14</u> <u>Adjusted</u> <u>CDC</u>
\$5,682,000	\$1,141,220	\$5,682,000	\$1,141,221

- ❖ 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)

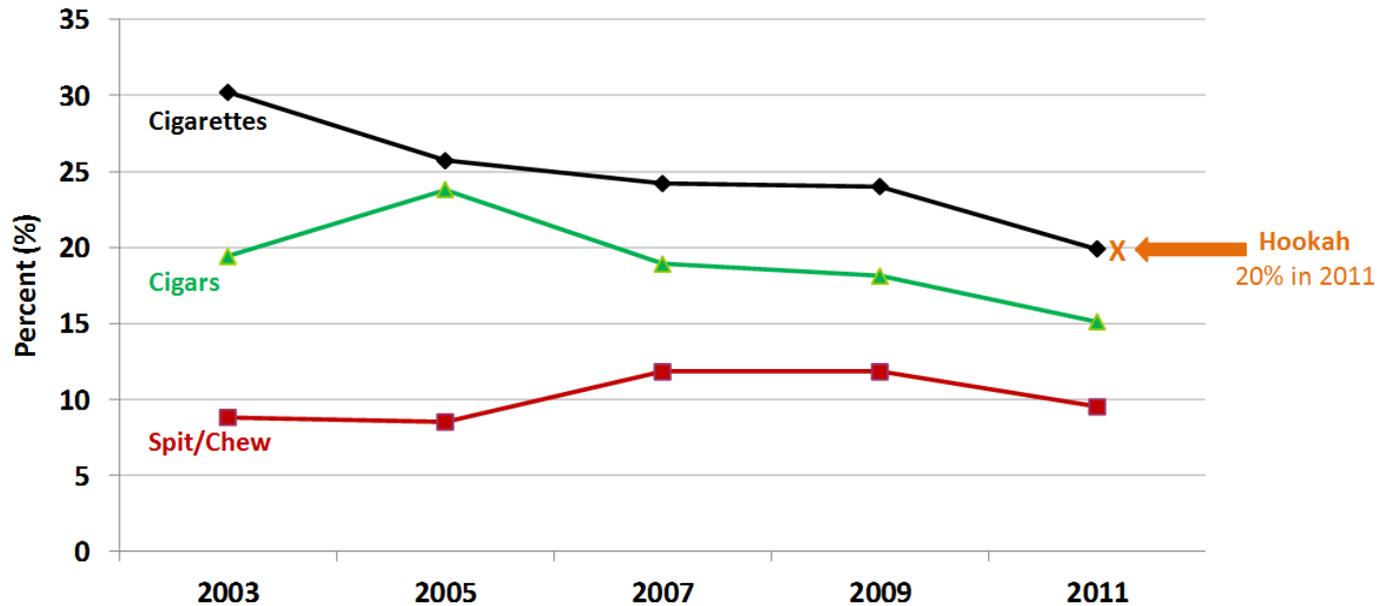
QUIT NOW Cessation Services



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

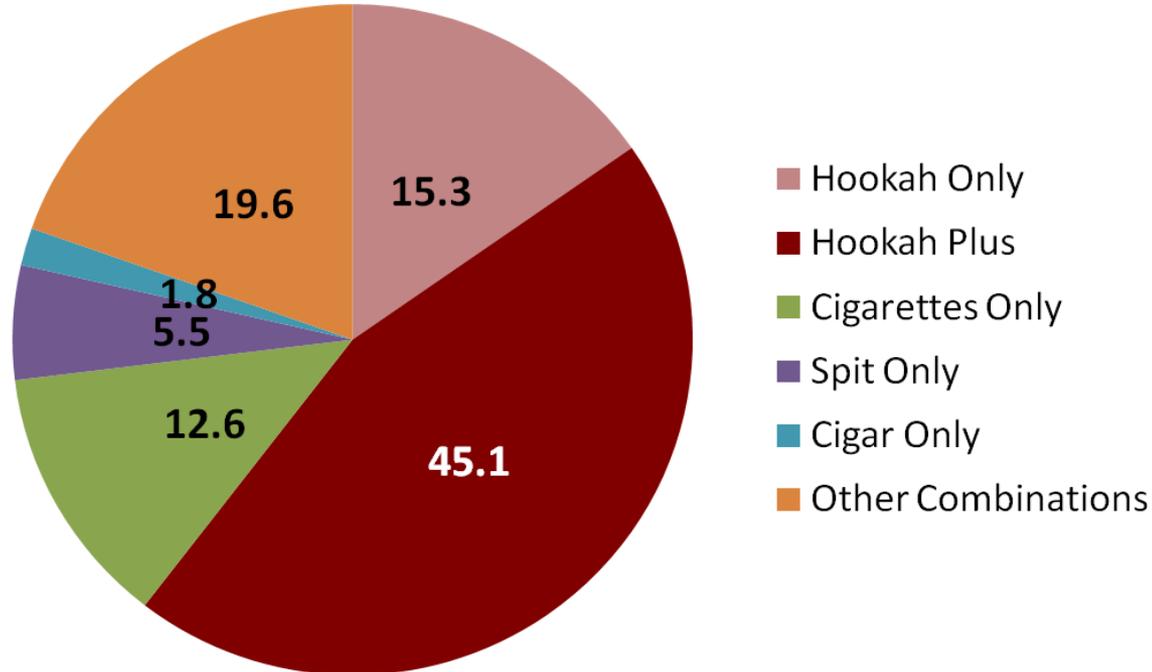


- Cigarette and cigar use are trending downward since 2003; spit/chew tobacco use has remained stable.
- In 2011, one in five youth reported using hookah to smoke tobacco or flavored tobacco in past month.
- Emerging tobacco products such as hookah, flavored tobacco products, and e-cigarettes pose a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

24/7
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

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AN ENGAGEMENT 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**

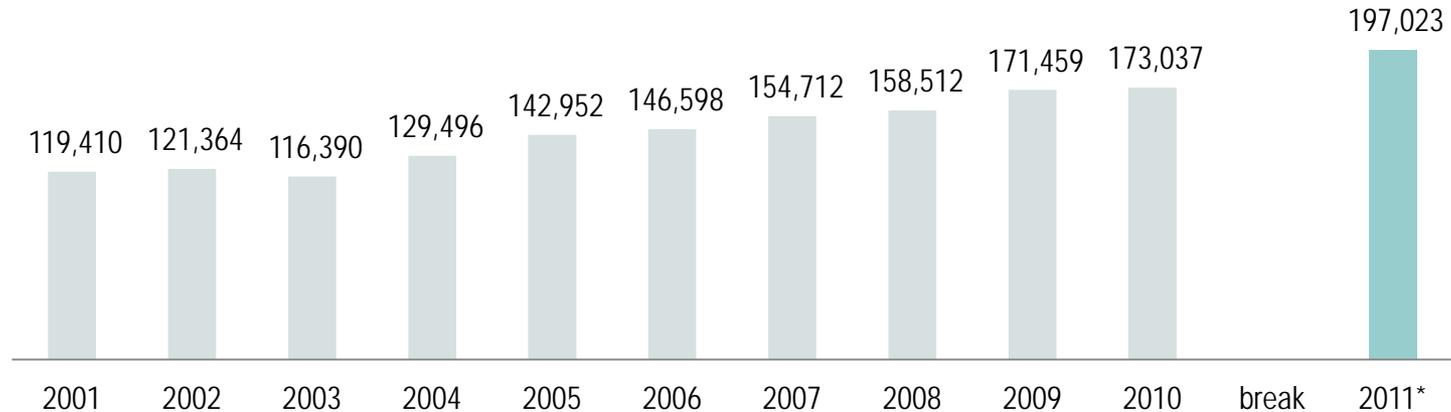


**168,580
with diabetes**

**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**

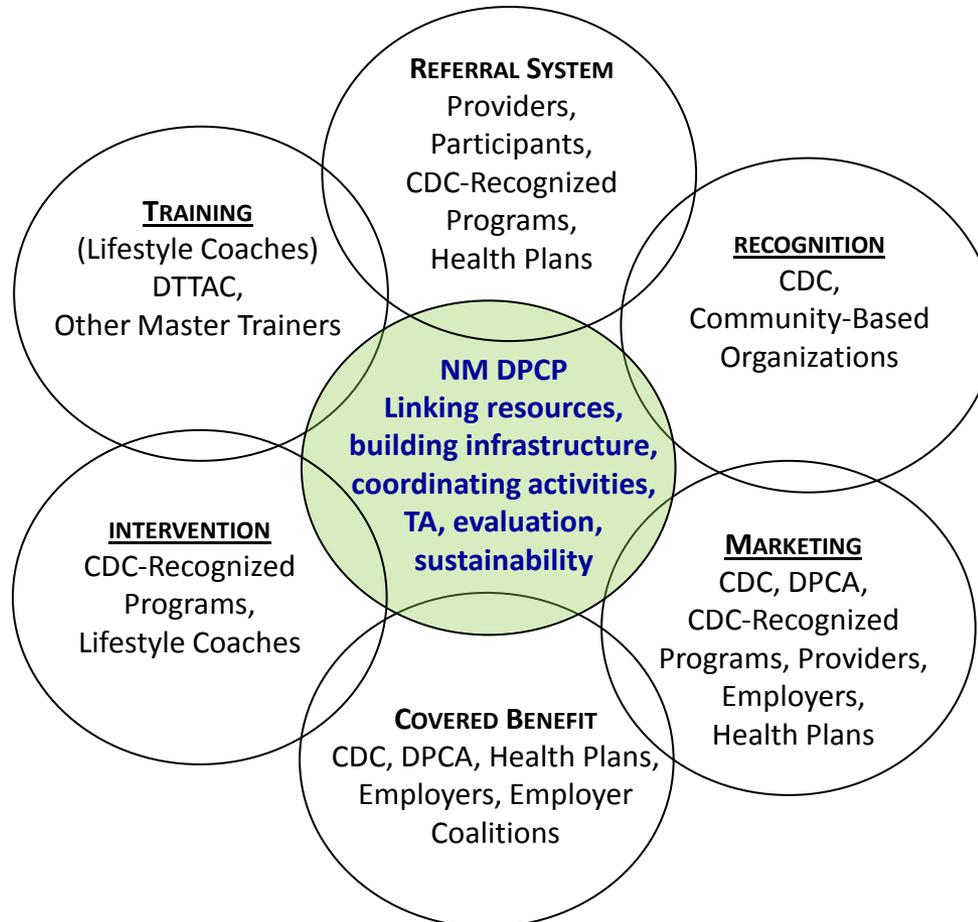
■ **Health Systems Improvement**

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

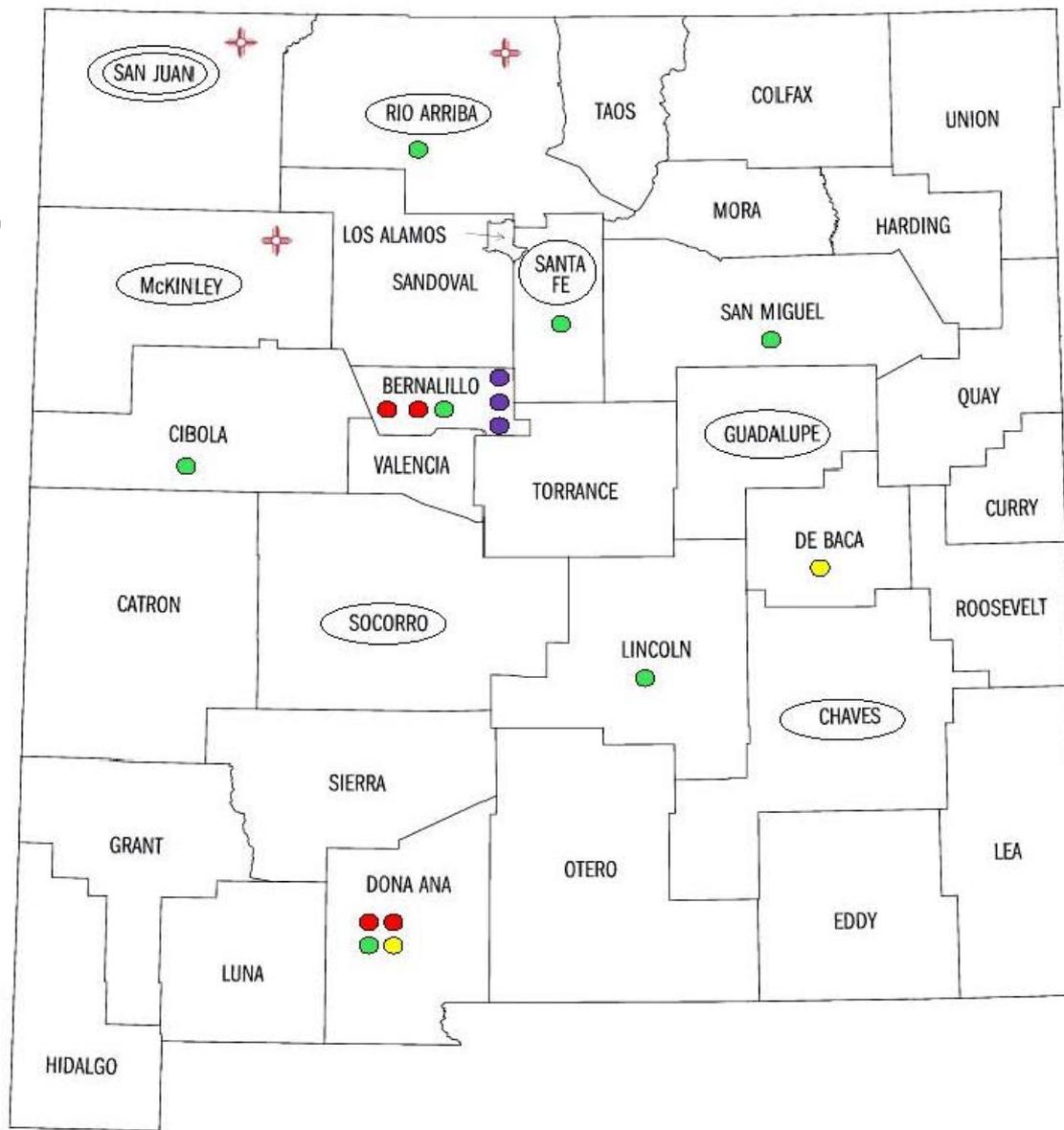
■ **National Diabetes Prevention Program**

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**

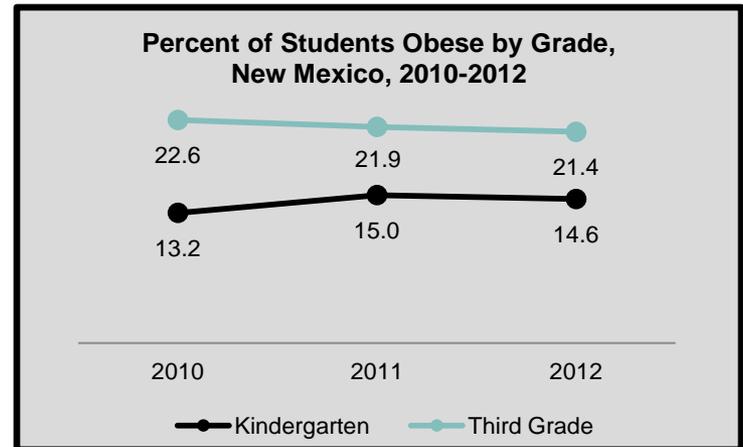
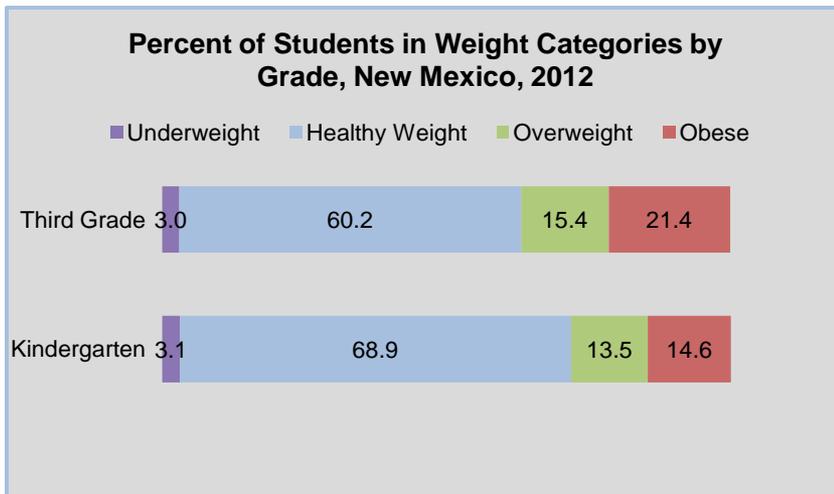
Presentation to the Tobacco Settlement Revenue Oversight Committee

Patty Morris, Program Manager

Health Kids NM

July 29, 2013

Childhood Obesity

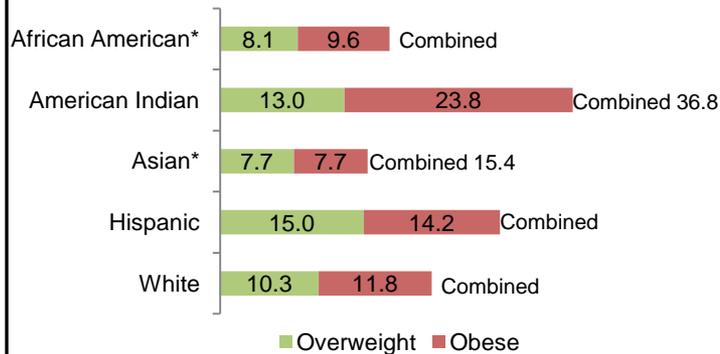


In 2012:

- 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

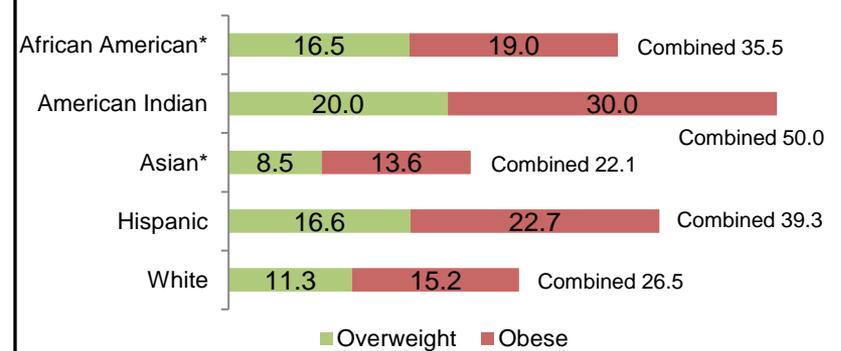
Childhood Obesity

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



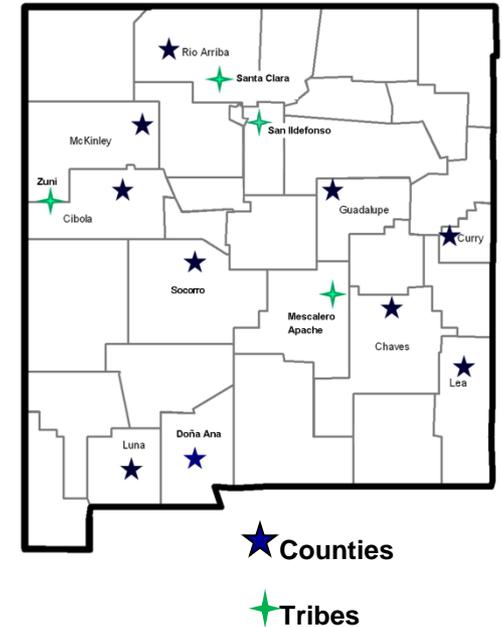
Healthy Kids Healthy Communities

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

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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

Healthy Kids Healthy Communities	2012	2013
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
 TOTAL	 \$126,900	 \$126,600

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

July 29, 2013

Harm Reduction and Hepatitis Programs Support from Tobacco Settlement

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

Harm Reduction and Hepatitis Programs Support from Tobacco Settlement

State fiscal year 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

**These dollars are essential.
Neither program has any Federal
dollars for contractual services.**

Select Achievements for the Hepatitis Program

- ❖ Contractual providers delivered the following services.
 - 1,100 hepatitis C cases investigated
 - 3,850 adult blood specimens obtained for hepatitis B and C tests
 - 2,599 hepatitis vaccinations given to high risk clients in county jails and at harm reduction sites
- ❖ 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.