

TOBACCO SETTLEMENT REVENUE OVERSIGHT COMMITTEE

TOBACCO SETTLEMENT REVENUE (TSR) FUNDING REQUEST

Name of entity requesting TSR funds: NMSU

Name(s) of each program for which TSR funds will be used: NM HEART (New Mexico Health Extension Ambassadors in Rural Towns)

Description of each program, including its purpose: Please see attached document.

Have you requested TSR funds prior to this request? No

Have you received TSR funds prior to this request? No

If yes, in what fiscal years? _____

What will you use the requested funds for? Please include goals and objectives.

Please refer to the "Approach" section, page 3, of the attached document.

Is this a change from previous years' use? Yes No

If yes, please describe the change and reason(s): N/A

Amount requested (Total amount, and amount for each program):

\$153,061

What other sources of funding are applied to this purpose?

Current in-kind funding estimated at \$44,042 (project PIs, percentage of time). Once county agents and volunteers are identified, the in-kind contribution can be increased.

Name, title, telephone, email and mailing address of contact person:

Vincente Vargas, Director for State Government Relations

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Date: November 15, 2016

COVER PAGE FOR NM TOBACCO SETTLEMENT GRANT APPLICATION

Project Title: **New Mexico Health Extension Ambassadors in Rural Towns (NM HEART) Program**

Project Track: **#2 - Public Health Programs and Needs**

Names	Affiliations
Principal Investigator: Dr. Sonja Koukel	CES Community & Environmental Health Specialist
Co-Principal Investigator: Karim Martinez, MS	CES FCS Agent/Dona Ana County Director
Evaluation Specialist: Dr. Bryce Jorgenson	CES Family Resources Management Specialist

Total Budget Requested: \$153,061

Period of Performance Requested: Start July 1, 2017 End June 30, 2018

PROJECT SUMMARY:

In the United States, the burden of illness, premature death and disability disproportionately affects racial and ethnic minority population groups and other underserved populations. These “health disparities” or “health inequities” persist and pose a significant economic burden to both affected individuals and all Americans. In New Mexico, a largely rural state with an aging demographic, data shows that 21.3% of the population lives in poverty and 16.8% under age 65 are without health insurance (US Census, 2014). Further, healthcare facilities are often located well outside the rural areas creating challenges for access.

The goal of the New Mexico Health Extension Ambassadors in Rural Towns (NM HEART) Program is to increase the quality of life for all New Mexicans through a volunteer program that enhances Cooperative Extension’s capacity to deliver health-related educational programming in rural areas. The Cooperative Extension National Framework for Health and Wellness (ECOP, 2014) provides the social-ecological model for this project. Participating Extension Family & Consumer Sciences (FCS) county agents will be trained by the project leaders in the national Master FCS Volunteer Program (USDA NIFA, 2014) and use this information to select/train county volunteers. The program provides core training that increases the capacity of Extension volunteers to help people make informed decisions, enhance their quality of living, and meet unique challenges affecting their families, farms, communities, and the economy.

Existing evidence-based health programs, such as Stanford’s My Chronic Disease Self-Management program, the Smoking Cessation program (smokefree.gov), and Mental Health First Aid will be utilized in the program delivery. However, through County Health Rankings (www.countyhealthrankings.org), county needs assessments, and NM Department of Health reports, Extension agents will determine the appropriate types of programs for their county members. Once evaluation data demonstrates program value, multi-year funding will be sought to provide growth and expanded community outreach. Results will be shared with funders, stakeholders, legislators, and community leaders through traditional methods and presentations. Curriculum will be available statewide.

New Mexico Health Extension Ambassadors in Rural Towns (NM HEART) Program

Specific Aims: Nationally, Cooperative Extension is taking leadership in providing programs that are responsive to the emerging health needs of individuals and families. A Cooperative Extension Framework for Health & Wellness was adopted to direct Extension programming and delivery (ECOP, 2014). The measureable goal is to "Increase the number of Americans who are healthy at every stage of life." This is a shift of focus from "sick-care" to one of "well-care" and prevention. Health education and intervention has been shown to greatly reduce chronic health issues facing New Mexicans (University of NM Hospitals, 2016). However, individuals and families living in rural NM - 26 of 33 counties (U.S. Census Bureau, 2013) - have fewer opportunities to engage in health-promoting programs due to limited community resources. The NM HEART Program will work to fill this gap through the Master Family & Consumer Sciences Volunteers/Ambassadors Program. Interested community members will go through a selection process designed to carry forward Extension's educational mission. Following training, the certified Ambassadors will provide 40 hours of service to offer trainings and workshops in topic areas such as, but not limited to, nutrition and weight management; strength training to build core muscles and prevent falls; exercise to improve balance and flexibility; chronic disease prevention and management; health literacy; health insurance literacy; mental health; healthy homes including indoor air quality and childhood asthma; and other special topics. The first of its kind offered in the state, NM HEART will extend the capacity of Family & Consumer Sciences (FCS) county agents to provide strategies and evidence-based programs designed to improve the quality of life for individuals, families and community members. Impacts will be determined through program/workshop pre-post-post tests. NM ranks as the 13th most-unhealthy state (America's Health Rankings, 2014). The Tobacco Settlement funding will permit NM Cooperative Extension Service to address this dilemma head on – a goal long in the making but short on state and community funding. It should be noted that project success will be determined over several years as the NM HEART Program evolves in a community "fixture." Results from the first year of programming will reveal individual impacts but not of a magnitude that can be felt statewide until program sustainability can be fully funded. Sustainability will include building upon and expanding this Master Volunteer/Ambassador Program.

Project Strategy:

Significance. Rural NM communities are most at-risk for low health literacy (NM Health Assessment, 2013). Health literacy is defined as the degree to which an individual has the capacity to obtain, communicate, process and understand basic health information and services to make appropriate health decisions (ACA, 2010). Populations most likely to experience low health literacy are older adults; racial and ethnic minorities; those with less than a high school degree; low income levels; and, English as a second language speakers (NM Public Health Association, 2014). Some, if not all, of these factors are evidenced in rural NM. Despite the efforts of numerous concerned and impactful groups, the health issues of New Mexicans continue to grow. NM reports an alarmingly high death rate from chronic disease caused by cigarette smoking, diabetes, obesity, mental illness, and drug poisoning (Center for Disease Control, 2014). For instance, cigarette smoking is the leading preventable cause of death in the United States (CDC, 2016). Health reports indicate that 19% of NM adults smoke – greater than the national average of 18%. Further, 21.6% of those aged 18-64 smoke with more occurrence in rural than urban areas (23.7% and 18%, respectfully). Nearly one in five deaths are related to smoking. Credible information and educational programs aimed at smoking cessation that are available at the literacy level of community members can help improve the quality of life for New Mexicans and reduce the death rates.

Innovation. Improving the rural health landscape requires a combination of grassroots actions, information collection, and healthcare partnerships to design interventions that can be tailored to address local needs and realities. Extension's approach to changing the landscape of healthcare information dissemination is to provide in-depth training with special emphasis on easy-to-adapt behavior changes, creating structured opportunities for volunteers to develop leadership skills and help educate community members in the process. NM Cooperative Extension, with trained community Health Ambassadors in every county, can slow and, over time, help to reverse health-related crises. Training and engaging Health Ambassadors will strengthen local community partnerships, thereby creating the foundation for the NM HEART program. With the guidance and leadership from Extension FCS agents, Health Ambassadors will increase the availability of health education, plan projects and programs to address local health needs, and build communities that seek wellness solutions.

Approach. Through the Master FCS Volunteer Program, Extension will build capacity in offering health-related programs and information in their counties. Further, the Health Ambassadors will experience professional development in subject matter, community leadership, and teaching in informal settings. The trained volunteers (Extension Ambassadors) will receive approximately 40 hours of training specific to the health needs/issues within their communities. In return for training, the Ambassadors will give back 40 hours of volunteer time in the form of public workshops and educational events. These certified Health Ambassadors will be pivotal in increasing the availability of health-related programs and information in rural areas. Additionally, the health programs identified and delivered in this project will become part of a larger curriculum developed for dissemination across the state.

Dr. Koukel, PI for the project, currently serves as Chair of the National Health Literacy Action Team. She will employ the Framework for Health and Wellness to guide the NM HEART Program in strategic areas: health literacy, health insurance literacy, and chronic disease prevention and management. Martinez, Co-PI, is a certified Master Trainer for the Stanford My Chronic Disease Self-Management Program, which is determined to be delivered through this project. Additionally, Martinez is bi-lingual having the ability to provide instruction and guidance to ESL participants with a cultural sensitivity to their needs. Dr. Jorgensen will serve as the evaluation specialist: training the Extension FCS agents in evaluation and program fidelity, creating needed measurement tools, and overseeing the data collection and analysis.

Timeline July 2017 – June 2018

Calendar	Activities			Responsible Individuals
July – August 2017	Recruit six Extension FCS county agents from 4 NM regions representing Native American and rural geography	Complete IRB application; Order curricula; prepare agent trainings	Recruit & Train six FCS agents in curricula	Drs. Koukel and Jorgensen, Martinez
Sept-October 2017	Trained Extension agents recruit volunteers in counties	Network with community agencies to recruit volunteers	Distribute, collect and screen master volunteer applicants	Six CES FCS county agents
Nov 2017-Feb 2018	FCS Agents organize and lead 5-7 Master Volunteer curricula trainings	FCS Agents take leadership to ensure certification modules are completed by volunteers	FCS Agents & volunteers assess community needs/resources	FCS Agents and Master Volunteers
Mar-June 2018	Ambassadors 'give-back' 40 hrs vol time	Community education; participants complete evaluations	Participants increase health knowledge/ indicate behavior change	Master Volunteers and Dr. Jorgensen
June 2018	Ambassadors are recognized w/ certificates for Master Volunteer prog completion	Ambassadors recognized with certificates communities with 40 hrs of health issues trainings	Ambassadors complete program evaluations	Data analysis and reporting. FCS Agents, Drs. Jorgensen and Koukel, grad. student

NM TOBACCO SETTLEMENT APPLICATION BUDGET TEMPLATE

Principal Investigator (Last, First): Dr. Koukel, Sonja

PERSONNEL		Months Devoted to Project			DOLLAR AMOUNT REQUESTED (INCLUDING Fringe)		
NAME	ROLE ON PROJECT	Cal. Mnths	Acad. Mnths	Summer Mnths			
Dr. Koukel, Sonja	PI	.25 FTE/ 12 mos	X	X	19,748	7,208	26,956
Dr. Jorgensen, Bryce	Eval Spec	.15 FTE/ 12 mos	X	X	11,700	4,271	15,971
Martinez, Karim	Curr Trainer/Lead Co Proj agt	.25 FTE/ 12 mos	X	X	14,528	5,303	19,830
Graduate Assistant	Backgrd organization	20hrs/ wk	X	X	22,619	294	22,913
SUBTOTALS							85,670

EQUIPMENT
None

SUPPLIES

Purchase of five different health related curricula for trainers (2) & trainees 6

(agents) = \$100/ea x 5 curr x 8 people = **\$4,000.00**

Purchase of Virginia CES evaluation modules = **\$100**

Volunteer t-shirts = \$25/t-shirt x 40 volunteers = **\$1000**

Volunteer nametags = \$10/nametag x 40 volunteers = **\$400**

Duplication of curricula materials and evaluation tools (paper, pens, copy machine costs)= **\$550**

Dedicated laptops (8) for training/program delivery/reports = \$1000/each x 8 = **\$8000**

Jump drives (8) = \$20 x 8 = **\$160**

Projectors (8) for training/program delivery = \$600 x 8 = **\$4800**

Projector Screens (8) for training/program delivery = \$200 x 8 = **\$1600**

\$20,610

TRAVEL -

Travel/per diem to LC for UNM trainer for 5 days - (556mi RT x \$.54/mi)=\$300.24+(\$94+\$59) x 5days = **\$1,065**

Travel/per diem for six CES Home Economists' traveling to LC for 5 days of training -

4 Corners Agent - (884mi RT x \$.54/mi) = \$477.36 + (\$94 + \$59) x 5days = **\$1,242**

SW Agent - (430mi RT x \$.54/mi) = \$232.20 + (\$94+\$59) x 5days = **\$997**

SE Agent - (134mi RT x \$.54/mi) = \$72.36 + (\$94+\$59) x 5days = **\$837**

Central Agents -2 (624mi RT x \$.54/mi) = \$673.92 + (\$94+\$59) x 5days = **\$1,438**

NE Agent - (720mi RT x \$.54/mi) = \$388.80 + (\$94+\$59) x 5days = **\$1,154**

Plus Extension agent regional travel to conduct volunteer trainings x 6 agents x 2 trainings =

100mi RT(.54/mi) x 12 trainings = **\$648**

\$7,381

OTHER EXPENSES

Publicity announcing volunteer application process= 6 counties x \$75/newspaper ad =\$450

Workshop facilities rental 16 workshops x \$50/rental = \$800

\$1,250

F & A = 33.2%

\$38,150

TOTAL BUDGET

\$153,061