

# TOBACCO SETTLEMENT REVENUE OVERSIGHT COMMITTEE

## TOBACCO SETTLEMENT REVENUE (TSR) FUNDING REQUEST

Name of entity requesting TSR funds: \_\_\_\_\_New Mexico State University\_\_\_\_\_

Name(s) of each program for which TSR funds will be used: Wellness, Alcohol, Education Prg (WAVE)

Description of each program, including its purpose: \_\_\_Please see attached\_\_\_\_\_

\_\_\_Please see attached\_\_\_\_\_

Have you requested TSR funds prior to this request? Yes (No)

Have you received TSR funds prior to this request? Ye (No)

If yes, in what fiscal years? \_\_\_\_\_

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

\_\_\_\_\_Please See Attached\_\_\_\_\_

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

If yes, please describe the change and reason(s): \_\_\_\_\_

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

\_\_\_\_\_ \$46,451 \_\_\_\_\_

What other sources of funding are applied to this purpose?

\_\_\_\_\_None\_\_\_\_\_

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

\_\_\_Vicente Vargas, Director, State Goverment, 505-710-8560, v\_vargas@nmsu.edu\_\_\_\_\_

Date: \_\_\_\_\_11.15.16\_\_\_\_\_

Project Title: ACT (Aggies Cutting Tobacco)

Names  
Principal Investigator: Meg Long, MPH

Affiliations  
Program Specialist, WAVE (Wellness, Alcohol, Violence  
Education) Program

Co-Principal Investigator: Deb Darmata, MS

Operations Manager, WAVE Program

Total Budget Requested: \$46,451

Period of Performance Requested: Start \_\_\_\_\_ August 2016 \_\_\_\_\_ End \_\_\_\_\_ August 2017 \_\_\_\_\_

**PROJECT SUMMARY:**

The ACT program goals are to 1. Reduce initiation of tobacco use 2. Promote tobacco use cessation and 3. Identify and eliminate tobacco related disparities among population groups. These goals will be achieved using CDC recommendations for Best Practice in Comprehensive Tobacco Control programs. The ACT program will include CDC recommendations for effective population based approaches to tobacco control programs by including the following components and interventions: I. Community Interventions through social norms campaign including utilize culturally appropriate materials from the National Latino Tobacco Control Network (NLTCN). II. Mass Reach Health Communication Interventions through educational tabling activities, social media, the university feeds, a ACT Action Event, and PSA spots on KRUX radio. III. Cessation Interventions by training two WAVE staff on cessation support group facilitation through the American Lung Association (or equivalent organization), raising awareness on cessation websites and apps, and developing smoking cessation groups. IV. Surveillance and Evaluation through distribution of the CORE and Student Lifestyle surveys. Both of which collect information on student tobacco use. (Both surveys are annually distributed by the WAVE program and have IRB approval). V. Infrastructure, Administration, and Management by training current WAVE Peer Educators on tobacco prevention and marketing, expanding Peer Education efforts to the Dona Ana branch of NMSU, ensuring WAVE staff attends CADCA mid-year conference for newest best practices in the field, identifying new research on the affects of e-cigarettes, and identifying needs for the sustainability of the program. The interventions within these components will create a shift to increase knowledge of the negative effects of smoking, reduced risk of tobacco related diseases, the resources available to assist with smoking cessation, and a shift in the current misperception of peer tobacco use. Along with these outcomes there will also be a reinforced connectedness conducive to continued smoking cessation and enhanced social support for those maintaining and developing a tobacco free life. The interventions will be implemented by current WAVE staff and Peer Educators.

**PROJECT TRACK:**

Public Health Programs and Needs

## 2. Specific Aims

As per the CDC's recommendation for comprehensive tobacco control programs (1), ACT will reach the following goals. Goal 1.Reduce initiation of tobacco use. Goal 2. Promote tobacco use cessation. Goal 3. Identify and eliminate tobacco related disparities among population groups.

Goal	Intervention	Impact/Outcome
1. Reduce initiation of tobacco use	1. Social Norms Campaign 2. Awareness/Education campaign	1. Reinforce social norms conducive to tobacco free life 2. Improve knowledge of tobacco use on health 3. Reduce risk of tobacco related diseases.
2. Promote tobacco use cessation	1. Social Norms Campaign 2. Awareness/Education campaign 3. Cessation support groups	1. Reinforce social norms conducive to tobacco free life 2. Reinforce connectedness conducive to continued smoking cessation. 3. Enhanced social support
3. Identify and eliminate tobacco related disparities among population groups.	1. Core survey 2. Student Lifestyle Survey	Improved continuity of prevention efforts.

## 3. Project Strategy

Tobacco use is the leading cause of preventable illness and death in the United States. Although the adult smoking rate has declined to about 17%, currently more than 40 million Americans smoke. (4) Cigarette smoking and exposure to tobacco smoke account for more than 480,000 deaths annually in the United States, with more than 41,000 of these deaths from exposure to secondhand smoke (8, 9) In addition to the immediate dangers to the body, smoking can cause long term illness such as cancer, Heart disease, Stroke, asthma, chronic obstructive pulmonary disease (COPD), diabetes, vision loss, Buerger's Disease, and gum disease. (9)

According to the NMSU 2015 CORE survey, 36% of students reported using tobacco in the past year and 22% report using tobacco in the 30 days prior to taking the survey; however students **think** that 95% of students have used tobacco in the past year. Of the students who use tobacco, 10% report use where they live and at private parties, 15% in their car, 7% on campus, 6.9% in a bar or restaurant, 6.8% in a resident hall, and 2.3 % in a fraternity or sorority house. Through the NMSU 2016 Student Lifestyle Survey, 25% of students reported using tobacco in the past 30 days. Of the students who reported using tobacco in the past 12 months, 17.5% reported using cigarettes, 14.6% reported using e-cigarettes, 12.2% reported using hookahs, 8.5% reported using cigars, and 5.2% reported using chew. When asked of the extend use had changed in the past 12 months, 11.6% had decreased usage, 15% usage had stayed the same, 1.7% had increased use, and 5.8% had quit tobacco use.

According to NMSU Quick Facts thorough the Office of Institutional Analysis, 49.7% of students on the Las Cruces campus identified as Hispanic and 72.1% of students on the Dona Ana community college campus identified as Hispanic. Currently, the leading causes of death for Hispanics/Latinos in the United States is heart disease and Cancer, the risk of both these diseases is increased by cigarette smoking. 11.2% or about 1 in 10 adults with Hispanic or Latino heritage smoke cigarettes. (7)

Overall, the smoking rates in the United States have decreased, the exception to that is smoking among people with mental health and/ or substance use disorders i.e. behavioral health conditions. Those with behavioral health conditions account for almost 40% of all cigarettes smoked, despite this population only representing about 25% of US adults. (5) In addition to the physical health benefits of quitting smoking, studies show quitting smoking can decrease depression, anxiety, and stress, while increasing positive mood and quality of life (5).

The behavioral health of NMSU students was most recently assessed through the Healthy Minds Study using an anxiety and depression assessment tool, with the score identifying the individual's level per diagnostic criteria. The 2013-2014 Healthy Minds Study identified 22% of students reported depression overall (both major and moderate), 14% of students reported major depression, 24% of students reported anxiety disorder. On the Flourishing Scale, 63% scored in the threshold for positive mental health.

The proposed multifaceted program reflects CDC recommendations for Best Practice in Comprehensive Tobacco Control programs. The ACT program will include CDC recommendations for effective population based approaches to tobacco control programs by including the following components: I. Community Interventions II. Mass Reach Health Communication Interventions III. Cessation Interventions IV. Surveillance and Evaluation V. Infrastructure, Administration, and Management (1). Though these components, a shift to increase knowledge of the negative effects of smoking, the resources available to assist with smoking cessation, and a shift in the current misperception of peer tobacco use. Specific evidence based interventions and projected timeline are illustrated in the chart below.

<b>Component</b>	<b>Interventions</b>		
<i>Timeline</i>	<i>Fall semester</i>	<i>Spring Semester</i>	<i>Summer Semester</i>
Community Interventions	1. Social Norms campaign. 2. Utilize culturally appropriate materials from the National Latino Tobacco Control Network (NLTCN)	1. Social Norms Campaign 2. Utilize culturally appropriate materials from the National Latino Tobacco Control Network (NLTCN)	1. Social Norms campaign 2. Utilize culturally appropriate materials from the National Latino Tobacco Control Network (NLTCN)
Mass Reach Health Communication Interventions	Initiate Education/Awareness campaign through 1. Tabling activities 2. university feeds	1. ACT Action Event 2. PSA spots on KRUX (NMSU student radio) 3. Tabling 4. university feed	1. Continue to use social media for awareness campaign
Cessation Interventions	1. Train two WAVE staff on cessation support group facilitation through the American Lung Association (or equivalent organization) 2. Raise awareness on cessation websites and apps	Initiate smoking cessation groups	Continue smoking cessations groups
Surveillance and Evaluation	Continue CORE survey identifying student tobacco use	Continue Student Lifestyle Survey identifying student tobacco use	Analyze and assess data for improving intervention efforts
Infrastructure, Administration, and Management	1. Train current WAVE Peer Educators on Tobacco prevention and marketing. 2. Expand Peer Education efforts to the Dona Ana branch of NMSU.	1. WAVE staff attends CADCA mid-year conference for the most recent best practices in the field. 2. Identify new research on the effects of e-cigarettes. 3. Identify needs for sustainability of program	Identify needs for sustainability of program

# NM TOBACCO SETTLEMENT APPLICATION BUDGET TEMPLATE

## Principal Investigator Meg Long

PERSONNEL		Months Devoted to Project			DOLLAR AMOUNT REQUESTED (INCLUDING F&A)		
NAME	ROLE ON PROJECT	Cal. Mnths	Acad. Mnths	Summer Mnths			
Debra Darmata	Co- PI	12					\$7093
Meg Long		12					\$5658
Piper Coalson	Health Educator	12					\$5520
Tiffany Tyson (29 hrs per week)	Research Assistant	12					\$2018
Peer Educator 1 TBA			9				\$655
Peer Educator 2 TBA			9				\$655
F&A		12					\$10,292
<b>SUBTOTALS</b>							<b>\$31,891</b>
EQUIPMENT							0
SUPPLIES							4,650
TRAVEL							4,410
OTHER EXPENSES : CADCA Training, Freedom from Smoking train the trainer							\$5,500
<b>TOTAL BUDGET</b>							<b>\$ \$46,451</b>

### Personnel:

Full time exempt - Based on 10% of salary and 10% of a 38% fringe rate.

Part-time temp – Based on 10% a 29 hour work week at \$12 per hour and a 16% fringe rate.

Peer Educator – Based on 10% of a 20 hour work week at \$9.00 per hour and a 1% fringe rate.

### Travel:

- 1) Albuquerque for Freedom from Smoking Training x 2 staff: 2 nights hotel \$200 x2 staff = \$400; gas = \$150; Per diem \$120 x 2 = \$240. **Total \$790**
- 2) CADCA Conference X 2 staff = Airline \$650 x 2 = \$1,300; Hotel 4 nights @ \$230 per night X 2 = \$1,840; Per diem \$60 per 4 days X 2 = \$480. **TOTAL =3,620**

### Other:

- 1) CADCA Mid- Year Institute: 2 staff X 650 = **\$1,300**
- 2) Freedom from Smoking train the trainer: 2 staff x\$1,500 = **\$3,000**
- 3) KRUX Radio Spots **\$1,200.**

### Supplies:

- 1) Promotional t-shirts, promotional / marketing 'give aways' to brand campaigns = **\$3,000**
- 2) Freedom from Smoking materials: Thinking About Quitting \$8 x 50 = \$400; Freedom from Smoking Participant booklet \$25 x 50 =\$1,250. **TOTAL \$1,650.**

## REFERENCES-

- 1: King, B., PhD, MPH, Pechacek, T., PhD, & Mariolis, P., PhD. (2014). Centers for Disease Control and Prevention. Best Practices for Comprehensive Tobacco Control Programs. Retrieved July 12, 2016, from [http://www.cdc.gov/tobacco/stateandcommunity/best\\_practices/pdfs/2014/comprehensive.pdf](http://www.cdc.gov/tobacco/stateandcommunity/best_practices/pdfs/2014/comprehensive.pdf)
- 2: Tobacco and Behavioral Health: The Issue and Resources. (n.d.). Retrieved July 12, 2016, from [http://www.samhsa.gov/sites/default/files/topics/alcohol\\_tobacco\\_drugs/tobacco-behavioral-health-issue-resources.pdf](http://www.samhsa.gov/sites/default/files/topics/alcohol_tobacco_drugs/tobacco-behavioral-health-issue-resources.pdf)
- 3: NEW MEXICO TOBACCO SETTLEMENT FUND OPPORTUNITY. (n.d.). Retrieved July 12, 2016, from [http://www.research.nmsu.edu/sites/newresearch/files/images/Tobacco Settlement - Health - Instructions\\_4.pdf](http://www.research.nmsu.edu/sites/newresearch/files/images/Tobacco%20Settlement%20Health%20Instructions_4.pdf)
- 4: Tobacco. (2016, April 18). Retrieved July 13, 2016, from <http://www.samhsa.gov/atod/tobacco>
- 5: Tobacco and Behavioral Health: The Issue and Resources. (n.d.). Retrieved July 12, 2016, from [http://www.samhsa.gov/sites/default/files/topics/alcohol\\_tobacco\\_drugs/tobacco-behavioral-health-issue-resources.pdf](http://www.samhsa.gov/sites/default/files/topics/alcohol_tobacco_drugs/tobacco-behavioral-health-issue-resources.pdf)
- 6: DrugFacts: Electronic Cigarettes (e-Cigarettes). (2016, May). Retrieved July 13, 2016, from <https://www.drugabuse.gov/publications/drugfacts/electronic-cigarettes-e-cigarettes>
- 7: Jamal, A., MBBS, Homa, D. M., PhD, O'Connor, E., MS, Babb, S. D., MPH, Caraballo, R. S., PhD, Singh, T., PhD, . . . King, B. A., PhD. (2015, November 13). Morbidity and Mortality Weekly Report (MMWR). Retrieved July 13, 2016, from [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6444a2.htm?s\\_cid=mm6444a2\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6444a2.htm?s_cid=mm6444a2_w)
- 8: 2014 Surgeon General's Report: The Health Consequences of Smoking—50 Years of Progress. (2016, March 9). Retrieved July 13, 2016, from [http://www.cdc.gov/tobacco/data\\_statistics/sgr/50th-anniversary/index.htm](http://www.cdc.gov/tobacco/data_statistics/sgr/50th-anniversary/index.htm)
- 9: All Groups (General Public). (2015, October 29). Retrieved July 13, 2016, from <http://www.cdc.gov/tobacco/campaign/tips/groups/general-public.html>