

The Strategic Direction for the New Mexico Tobacco Use Prevention and Control (TUPAC) Program



Addressing the persistent inequities in our health systems will take the concerted efforts of many individuals—public health professionals, nurses, clinicians, policy makers, community advocates, and families, among others. Because, **while health disparities are rooted in the structures of our systems, change begins with each one of us.**

National Institute for Children's Health Quality (NICHQ)

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1. Overview of Tobacco Control in New Mexico

In New Mexico, the Tobacco Use Prevention and Control (TUPAC) Program is responsible for providing leadership and guidance in comprehensive tobacco control efforts statewide. The Program utilizes the Centers for Disease Control and Prevention “Best Practices for Comprehensive Tobacco Control Programs” ([2014 CDC Best Practices for Comprehensive Tobacco Control Programs](#)) to guide its tobacco control work. Four goals direct 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.¹ The Program develops and implements a five-year action plan as part of the cooperative agreement with CDC to identify and work on strategies that address the four goals above.

The TUPAC Program acknowledges the traditional and beneficial use of tobacco within many Native American communities and recognizes its place of honor and respect within those communities. In all efforts that impact Native American communities in New Mexico, TUPAC strives to reduce and prevent the harmful and addictive use of tobacco outside of its sacred use. TUPAC will acknowledge these beliefs when working with new partners and at statewide events.

The TUPAC Program also acknowledges that the landscape of tobacco use is changing. People are using fewer conventional tobacco products (e.g., cigarettes, cigars, chew, snuff) and increasingly using new and emerging tobacco products. These include new products that burn tobacco when smoked (e.g., hookah) and electronic nicotine delivery systems (e.g., e-cigarettes, JUUL, etc.). Regardless, TUPAC’s prevention and control efforts apply to both conventional tobacco products and emerging nicotine delivery systems.

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 throughout the state are the foundation for sustained solutions to pervasive problems like tobacco use and can make tobacco less desirable, less acceptable, and less accessible. In New Mexico this work involves more than just the TUPAC Program in the New Mexico Department of Health (NMDoH). 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,

¹ Use includes all consumption of tobacco or nicotine whether first use, experimentation, or addiction.

resources, and expertise that reside in a variety of partners working in the state as well as their important role in addressing tobacco control in New Mexico.

National organizations such as the American Cancer Society, Cancer Action Network; American Lung Association; American Heart Association; Americans for Nonsmokers Rights; and Campaign for Tobacco-Free Kids help advocate for tobacco control policies that align with the above four goals. Other New Mexico partners such as the New Mexico Chronic Disease Prevention Council (CDPC), the New Mexico Allied Council on Tobacco (NMACT), and the New Mexico Attorney General's Office also further tobacco control and prevention efforts.

Community-based organizations, local businesses, and TUPAC contractors can work on local tobacco control initiatives. Their efforts have included education and awareness to prevent exposure to SHS (including involuntary exposure to aerosols that contain nicotine and other harmful chemicals), strategies to reduce initiation of tobacco use among youth and young adults, elimination of tobacco-related disparities in priority populations, and promotion of nicotine addiction treatment services. Another area of work includes combatting point-of-sale marketing of tobacco products in local communities. TUPAC partners can also contribute to policy development and advocacy efforts if these efforts are not restricted by their funding sources.

Government partners are also involved in enforcement and compliance with existing tobacco control laws and in education on the dangers of tobacco use and importance of tobacco control. These partners include the New Mexico Departments of Health, Human Services, Public Education, Indian Affairs, Taxation and Revenue; the New Mexico Attorney General's Office; and the Office of Substance Abuse Prevention Synar Program. 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. Once educated in comprehensive tobacco control and the evidence-based strategies it entails, they can develop and implement policies that address tobacco control in an effective manner. Their efforts to support funding for comprehensive tobacco control help ensure effective programs and strategies 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 reach and engage key stakeholders (e.g., NMACT) in comprehensive, evidence-based, and cost-effective tobacco control efforts. This approach will ensure long-term sustainability of these efforts.

2. Creating a Strategic Plan

2.1 Purpose of plan

TUPAC's single, long-term (macro-level) strategic plan for tobacco use prevention and control will help leaders, staff, and partners make connections and purposeful decisions about their short-term (micro-level; day-to-day, monthly, annual) programming and priorities and contribute

effectively to shared long-term goals. Application of this plan will improve the effectiveness and efficiency of tobacco prevention and control efforts – and therefore will better serve the people of New Mexico. Moving forward, the strategic plan will guide decisions about long-term programming, including the development of new and management of ongoing TUPAC contracts. All efforts in the plan are directed toward reducing tobacco use and exposure in New Mexico by achieving the four tobacco prevention and control goals.

2.2 Process of developing the plan

In November and December 2018, TUPAC staff reviewed TUPAC’s active strategic direction document, released in 2015, with TUPAC’s external evaluator, the Wyoming Survey & Analysis Center at the University of Wyoming. From January through March 2019, TUPAC and WYSAC updated the 2015 plan by revisiting TUPAC’s core values and appropriately aligning the strategic plan with them. In April and May 2019, WYSAC made adjustments and additional revisions as needed. TUPAC then shared the document with NMACT to ensure NMACT agreed the plan would reach and engage key stakeholders in comprehensive, evidence-based, and cost-effective tobacco control efforts.

3. Core Principles and Values Driving Decision-Making

The following underlying principles and values guide TUPAC’s selection of goals and strategies.

3.1 Address tobacco-related disparities throughout the Program

- TUPAC defines disparities as gaps in prevalence/occurrence between populations; a high smoking prevalence in a population does not make that population a disparity—rather, the disparity is the difference in smoking prevalence between that population and another population.
- Recognizing that many people in New Mexico experience poverty³² and that poverty is a common thread throughout other disparities, all TUPAC activities are evaluated to improve reach and effectiveness for people experiencing poverty.
- People experiencing poverty include those who are low-income, under- educated, unemployed, uninsured or under-insured, or homeless.

TUPAC used New Mexico data to identify priority populations that experience tobacco-related health disparities. Priority populations are groups of people with shared socio-demographic

² According to 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 (Behavioral Risk Factors Surveillance Survey [BRFSS] 2008-10 combined).

characteristics. Priority populations currently include nine groups: 1) Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, and Intersex (LGBTQI) individuals; 2) African-Americans; 3) Native Americans/American Indians; 4) Asian-Americans and Pacific Islanders; 5) Hispanics; 6) people living with chronic conditions, including disabilities; 7) people experiencing poverty, 8) people with behavioral health issues, including substance abuse, and 9) young adults (18-29 years old). The first five groups have priority population networks or autonomous coalitions that function similarly to the national model developed by the CDC. The networks provide TUPAC staff, TUPAC contractors, NMACT, and other partners with information on

- Reach within their communities (e.g., whether communities are receiving messages and resources or whether they are not accessible),
- Effectiveness among those in the population who are reached,
- Whether delivery is consistent with anti-oppression values, and
- Recommendations for doing better to reach and serve people experiencing disparities.

TUPAC acknowledges that populations experiencing disparities are not always reached in traditional data collection systems. Data gaps or a lack of quantitative data is not a barrier to identifying or addressing a disparity; alternative sources of information, including the networks and individuals with long-term knowledge of the community, are also valuable data sources.

- All TUPAC contractors are responsible for addressing disparities.
- TUPAC prioritizes the importance of identifying and filling data gaps related to tobacco-related disparities. Foremost among these gaps is learning more about the priority populations, particularly their tobacco-related needs and the resources and strategies for addressing them.
- TUPAC recognizes and works to counter the impact of the tobacco industry's tactics of marketing to target specific populations.
- Addressing disparities does not mean treating all populations or contractors equally; instead, it means striving for equity--that is, ensuring all populations are treated appropriately to their need.
- Recognizing that New Mexico's population is diverse, TUPAC will apply an equity-focused continuous quality improvement (CQI) process to assess the effectiveness of all strategies in different priority populations.

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

- 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 they 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, changes in systems or environments can catalyze, support, and improve the effect of individual-based approaches.

3.3 Allow for innovation and develop the evidence base

- When evidence-based approaches are not available or not effective in reaching a priority population, TUPAC will consider innovative approaches. Innovative approaches are approaches that are not evidence-based. Most of these approaches relate to addressing populations experiencing tobacco-related disparities.
- Because of the diversity of New Mexico's population and the lack of research on interventions within all populations, TUPAC will support funding innovative approaches.
 - When innovative approaches are used, the responsibility to evaluate those efforts increases so that an evidence base can be developed.

3.4 Build capacity at the local and state levels to act when opportunities for policy change arise

- TUPAC builds and sustains leadership and technical skills in staff and partners and develops resources to facilitate quick reaction when the opportunity for policy change arises.
- TUPAC promotes partnerships among communities, organizations, and individuals experienced in policy change.

3.5 Promote sustainability

- Sustainability is achieved when changes last beyond the period of funding.
- People who sustain effective activities will reach more people in more places over time. Policy and systems change can often be sustained with little effort once the change is implemented (e.g., clean indoor air policies, nicotine addiction treatment referral systems, and health insurance coverage for nicotine addiction treatment 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.

3.6 Commit to equity-focused 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 benefit communities and the state.
- TUPAC believes that applying an equity-focused lens to the CQI process is essential if their efforts and the efforts of their partners are to achieve equity.

- For more information on continuous quality improvement, please see [2015 Continuous Quality Improvement](#) and [2015 Equity Focused Quality Improvement Tools Capacities](#).
- For more information on the equity lens review, please see [2015 Equity Lens Review](#).

4. Impact of Core Values on Strategic Plan

4.1 TUPAC operates under a single integrated strategic plan

- As feasible, TUPAC uses guidance from CDC and CDC Best Practices to direct their plan.
- The strategic plan is modified as the evidence base or environment changes (e.g., with revision of CDC Best Practices and continued FDA progress on the regulation of tobacco and other nicotine products).
- TUPAC uses evidence-based approaches in all populations, with adaptations made for cultural relevancy when implementing strategies in diverse communities.
- To be effective in addressing disproportionately affected populations, especially people experiencing poverty, TUPAC seeks to identify approaches that reach groups or populations of people, rather than individuals. These may include innovative approaches. The networks provide advisement in choosing appropriate strategies.
- This plan builds staff and partner capacity so TUPAC can respond easily and quickly to opportunities for creating policy change related to tobacco prevention and control.
- In terms of resource allocation, TUPAC acknowledges that there is no guidance that defines a set funding formula for reaching equity.
- The integrated strategic plan clarifies roles and responsibilities of different contractors, so that each can lead implementation of their portion of the plan.
- TUPAC will continue to identify and fill data gaps—especially gaps related to the priority populations, using traditional and non-traditional data as appropriate to the group.

4.2 TUPAC will continuously focus on achieving outcomes

- With increased commitment to environmental strategies, TUPAC will evaluate effectiveness based on the results achieved at the strategy level. This means that successful implementation of work plans by multiple individual contractors will not be sufficient to demonstrate success of the plan. Rather, TUPAC will be looking for success in measures related to the four goals (e.g., a reduction in smoking rate, an increase in the number of individuals protected from secondhand smoke in multi-unit housing).
- TUPAC will remove strategies that have not been effective or efficient for reaching identified goals or when more resources are needed for higher-priority efforts. Alternatively, if strategies have been found effective and efficacious, TUPAC will support contractors in sustaining these efforts.

5. Continuous Quality Improvement (CQI)

TUPAC is committed to using evaluation in support of continuous quality improvement in all its endeavors, but particularly in ensuring its efforts are implemented with fidelity and in a manner consistent with TUPAC’s values. As TUPAC engages different contractors to implement key strategies, it may be helpful to have a “quality checklist” to assure that high quality work plans are developed and that contractors are held accountable to their plans. Having a standard for quality also helps build consistency among TUPAC contract monitors.

While confirmation of implementation is necessary, the primary focus of all work will be the achievement of the intended outcomes; TUPAC recognizes that achievement of outcomes is the highest standard for accessing CQI. TUPAC will revisit the 5-year strategic plan as needed, but at least annually, to update the CDC annual work plan and to assess progress related to TUPAC’s annual and 5-year objectives and goals. This process will include identification of emerging topics in tobacco prevention and control (e.g., marijuana, flavored tobacco, e-cigarette aerosols) as well as adaptation of the work plan to include incorporation of these topics.

5.1 Question checklist for high quality plans

The following questions relate back to the core values of the program and TUPAC will use them in RFP development, proposal review, contract negotiation, work plans, program implementation, monitoring, and evaluation. Suggestions include:

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

5.2 Equity lens tool

For continuous quality improvement, TUPAC will systematically apply an “equity lens” review of its efforts to all strategies and interventions. An equity lens review is the process of evaluating plans and performance from the perspective of a specific population or community. The review can be from the perspective of individual groups (including people experiencing poverty) or across groups. It can include input from external stakeholders or 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 achieving the intended outcome?

- Among those reached, is the intervention achieving any unintended outcome? If yes, are any of them having a detrimental impact on the participants, the intended outcomes, or program implementation?
- Is the intervention delivered in a respectful, culturally-appropriate, anti-oppressive way? For more information on anti-oppression, please see [2015 Anti Oppression Framework](#).
- Can we do better?

6. Identification of Strategies Included in the Plan

Based on a review of the evidence base, prior strategy 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, required 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 Comprehensive Tobacco Control Programs” (2014)
http://www.cdc.gov/tobacco/stateandcommunity/best_practices/

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

- E-cigarette Use among Youth and Young Adults: A Report of the Surgeon General (2016) https://e-cigarettes.surgeongeneral.gov/documents/2016_SGR_Full_Report_non-508.pdf

Highlights what we know and do not know about e-cigarettes. The report discusses the implications for policy and practice at the national, state, and local levels. The report ends with a Call to Action to stakeholders—including policymakers, public health practitioners and clinicians, researchers, and the public—to work to prevent harm from e-cigarette use and secondhand aerosol exposure among youth and young adults.

- The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General (2014) <https://www.surgeongeneral.gov/library/reports/50-years-of-progress/full-report.pdf>

Examines strategies with the potential to eradicate the tobacco epidemic and identifies specific measures that can significantly address the most preventable causes of death and disease in the United States. The report documents the effectiveness of comprehensive tobacco control

programs and policies for controlling tobacco use. Further gains can be made with the full, forceful, and sustained use of these measures.

- The Guide to Community Preventive Services (2008)
<http://www.thecommunityguide.org/tobacco/index.html>

Recommends tobacco control interventions for prevention, nicotine addiction treatment, and secondhand smoke elimination. Positive results from multiple well-controlled studies are published in research journals. 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.

- TUPAC’s current CDC action plan (2015-2020)

Categorizes current activities in New Mexico into sets of strategies. 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.

- 2017-2021 CDPC NM Shared Strategic Plan http://chronicdiseasenm.org/wp-content/uploads/2018/06/NMSSP-FINAL-WEB-PUB_06042018.pdf

Addresses shared risk factors and the determinants of health across chronic disease rather than addressing specific diseases on their own. The Strategic Plan can help focus practices, programming, policies, and advocacy connected to chronic disease in New Mexico.

7. Resources for Implementation

- [2014 CDC Best Practices for Comprehensive Tobacco Control Programs](#)
- [2015 Anti Oppression Framework](#)
- [2015 Continuous Quality Improvement](#)
- [2015 Equity Focused Quality Improvement Tools Capacities](#)
- [2015 Equity Lens Review](#)

Appendix 1: Hierarchical Structure of the TUPAC Strategic Plan

In an effort to align language in plans, logic models, contracts, and reporting, the definitions below will be a reference for TUPAC in all these processes.

The hierarchical structure of the TUPAC strategic plan is as follows:

- **Goals:** high-level results that will reduce the harm of tobacco. These are often referred to as the four CDC Goals.
- **Strategies:** Strategies will be the approaches that guide the initiatives that TUPAC supports in its efforts to achieve its goals. Whenever possible, the strategies will be chosen from “best practices” in tobacco prevention and control. When “best practices” are not available or do not show success with priority populations, TUPAC will support innovative strategies. Strategies will drive contract development and be chosen because of their ability to help reach goals. Performance measures for the program and reporting requirements to CDC will align with them. In contracts, strategies will appear as the bold-faced headings in Scope of Work.
- **Initiatives:** Initiatives will be strategic projects or endeavors that are achieved by implementing a delineated set of activities. In contracts, initiatives will appear as the numbered entries under Scope of Work and Implementation Plans.
- **Activities:** Activities will reflect the action steps taken to implement initiatives. Activities will produce contract deliverables. In contracts, activities will appear as the lettered entries under Scope of Work and Implementation Plans.
- **Objectives** can be set at the goal, strategy, or initiative level. These will be the specific, measurable, achievable, relevant, time-bound (SMART) statements about what will be accomplished by implementing strategies. CDC calls these “project period objectives” and “annual objectives.”
- **Outcomes** will measure “Is anyone better off,” at the goal, strategy, or initiative level.
- **Outputs or Process Outcomes** are quantitative measurements that provide evidence that a program’s activities were performed as planned. For instance, if the strategy is to educate people about secondhand smoke, then a process outcome might be something like 100 New Mexican adults educated on the availability and ease of access to Quit Now cessation services.