# Priority Area 2

# Tobacco Control and Alcohol Prevention

# A Smoke-free Paso del Norte

# Strategic Plan

# 2017-2019

This strategic plan update identifies the main activities for A Smoke-free Paso del Norte for 2017-2019. This update was developed through a review of the literature and through input from initiative grantees, community partners from El Paso, Southern New Mexico, and Cuidad Juárez, and Foundation staff.

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## Executive Summary

A Smoke-free Paso del Norte has experienced many successes since its inception in 1999. Despite these successes, smoking continues to be the leading cause of preventable death and disease in the U.S. The tobacco industry aggressively markets their products and outspends tobacco prevention and control efforts by a large margin. It is important to maintain tobacco control and prevention efforts to prevent backsliding in the progress made thus far.

**A Smoke-free Paso del Norte Goals:**
Goal 1: Decrease smoking rates among adults in the Paso del Norte region.
Goal 2: Prevent use of tobacco products among adolescents in the Paso del Norte region.
Goal 3: Reduce exposure to secondhand smoke among general population.
Goal 4: Identify and reduce tobacco-related disparities among population groups.
Specific measurable objectives for each goal can be found on page 8.

**Strategies:**

1. Policy and advocacy:
   - Research and promote new and defend current smoke- and tobacco-free policies within the region.
   - Advocate for new policies at organizational, local, and state levels that prevent initiation of all tobacco use, restrict minors' access to tobacco products, promote quitting, and protect non-smokers from secondhand smoke exposure.
   - Develop an advocacy agenda.
2. Cessation:
   - Expand use of screening and referral to treatment in healthcare and community settings, including those that serve populations disparately affected by tobacco use.
   - Train pharmacy students assessing tobacco use and referring to appropriate treatment.
3. Coalition/Network capacity building and technical assistance:
   - Maintain strong tobacco control networks and coalitions to monitor emerging products and policy trends and support local policy efforts.
   - Provide technical assistance for implementing evidence-based policy approaches to reduce tobacco use.
   - Establish workgroup/taskforce of relevant partners to advance smoke-free multi-unit housing policies.
4. Communication:
   - Introduce cost effective media strategies (i.e., social media and media advocacy rather than mass media) to promote tobacco prevention and cessation.
   - Develop a communication plan to advance the advocacy agenda.
5. Evaluation:
   - Collect data to measure initiative objectives.
   - Conduct surveillance, research, and evaluation of policy efforts.
   - Evaluate the effectiveness of social media messaging.
   - Evaluate the functions of the PdN Tobacco Control Network and El Paso Clean Air Coalition.
   - Evaluate the effectiveness of grantees in reaching proposed objectives. In general, grantees will propose their own evaluation plan.

## A Smoke-free Paso del Norte History

A Smoke-free Paso del Norte celebrated its 15th anniversary in 2015. The initiative is associated with a reduction in adult smoking from 21.5% in 1996 to 13.3% in 2010 (Taylor et al, 2010). Key successes include:

- comprehensive strong clean air ordinances in El Paso and Socorro;
- tobacco cessation through Quitline (534-QUIT) and online quit coach;
- research-based media campaigns;
- a strong tobacco control network,
- tobacco-free policy at The University of Texas at El Paso (UTEP); and
- smoke-free policy in all communities in the Housing Authority of the City of El Paso.

The initiative is nationally recognized. Conference presentations and webinars have been made with organizations such as the Centers for Disease Control and Prevention (CDC), Americans for Nonsmokers Rights, and Texas Department of State Health Services. Since 1999, PdNHF has funded 22 grantee partners to offer programming in youth prevention and education, adult and adolescent cessation, and policy promotion and compliance in their communities for a total of $17,926,194 (average of $1,120,387 annually).

## Health and Financial Costs

National smoking rates among youth and adults declined significantly over the past fifty years. However, smoking continues to be the leading cause of preventable death and disease in the United States. It is associated with a range of diseases that affect every organ of the body, including cancer, heart disease, stroke, lung diseases, and diabetes. Cigarette smoking causes approximately 480,000 deaths per year (CDC, 2014).

The addiction costs the nation almost $170 billion a year in direct medical costs and an additional $156 billion per year in lost productivity. This includes $5.6 billion for illnesses related to secondhand smoke exposure (Xu et al., 2015). For every person who dies from tobacco use, another 20 suffer with at least one serious tobacco-related illness, including cancer, heart disease, and stroke (Surgeon General, 2014). Furthermore, exposure to secondhand smoke causes premature death and disease in nonsmokers. Children who are exposed to secondhand smoke are more likely to develop ear infections, have frequent and severe asthma attacks, and have a respiratory illness (USDHHS, 2006). Finally, smoking while pregnant has been linked to premature birth and low birth weight, birth defects such as cleft palette, and infant death (CDC, 2014).

Most smokers begin using tobacco in adolescence with initiation occurring before age 18. This trend is due in part of the tobacco industry's continued aggressive marketing and promotion of their products. Despite advertising regulations, young people in the U.S. continue to be exposed to smoking in the movies, television, and the internet. In 2008, 35% of youth reported seeing tobacco ads on the internet (CDC, 2014).

Tobacco marketing, advertising and promotions, particularly at the point of sale (in stores), by the tobacco industry present a major challenge to tobacco control efforts (Holford et al., 2014). The tobacco industry spent $8.3 billion, or about $23 million per day, in marketing and promotions in 2011, by far outspending amounts spent by the states and CDC on anti-tobacco media campaigns (about $175 million) and other tobacco control efforts. The CDC recommends specific amounts that each state should allocate from 1998 Tobacco Master Settlement Agreement to fund comprehensive state tobacco control programs. In 2016, Texas spent just 3.9% and New Mexico spent 26% of the CDC recommended funding on tobacco prevention programming. The few states that

continue to have well-funded tobacco control programs have seen more rapid decreases in adult and youth smoking rates (Campaign for Tobacco-Free Kids, 2016).

## Current Trends and New Threats

The tobacco industry is adept in adapting and continues to introduce new tobacco products. With so many kinds of tobacco products on the market today, use of all tobacco products needs to be monitored. In both adults and youth, cigarette smoking is on the decline. In adults, cigarettes continue to be the most used tobacco product with 17.0% reporting every day or some day use. Between 21.0% and 25.5% report using any tobacco product; young adults age 18-24 years old are more likely to use emerging products such as e-cigarettes or hookah (Hu, 2016).

Tobacco use among youth is a different story. E-cigarette use has surpassed cigarette smoking. Twenty-five percent of high school students reported use of any tobacco product (past thirty day use) in 2015 with 16.0% reporting using an e-cigarette, 9.3% smoking cigarettes, 8.6% smoking cigars, 7.2% using hookah, and 6.0% using smokeless tobacco. The proportion of high school students who reported using an e-cigarette in the past month increased from 1.5% in 2011 to 16.0% in 2015 (Singh, T., et al, 2016). E-cigarettes are marketing as safer alternatives to traditional cigarettes (Gray et al., 2005; Stepanov et al., 2008) and as cessation tools (Cobb & Abrams, 2011; Trtchouniona & Talbot, 2010). E-cigarettes also offer flavored products (Fairchild et al., 2014). This has led to increased perceived acceptability of electronic cigarettes (Fairchild et al., 2014), and reduced perceived harm (Johnston, O'Malley, & Miech, 2014).

A common concern of marketing electronic cigarettes is increasing the chances of initiating other tobacco products or other drugs. A National Youth Tobacco Survey (NYTS) administered to 11-18 year old youth suggests that individuals who ever used electronic cigarettes were twice as likely to initiate cigarette smoking the following year than non-users; 11-13 year old youth were four times more likely (Cardenals et al., 2016).

Hookah is also popular among adolescents and young adults. The use of hookah has been shown to create carbon monoxide, nicotine tar, and heavy metals that are similar to or even higher than cigarettes (Knishkowy & Amitai, 2005). Those who have smoked hookah have also added other liquids (e.g., juice, milk, and liquor) to the water and smoked other materials (e.g., marijuana, cigarettes) (Hammal, et al., 2015) potentially making them more harmful than cigarette use. Studies have shown that the toxic exposure from one session of hookah is equivalent to smoking from 1 to 100 cigarettes (Cobb et al., 2010; Montazeri et al., 2016).

Use of all tobacco products and "polytobacco" use (use of more than one tobacco product) and trends should be monitored. Youth polytobacco users are more likely to have higher nicotine dependence when compared to single product use youth (Dutra & Glantz, 2014; Mermelstein, 2014). Polytobacco users are at higher risk for alcohol use, drug use, and mental health problems than non-users and single product users (New Mexico Youth Risk and Resiliency Survey, 2016; Creamer, et al., 2016).

## New Federal Regulations

On May 5, 2016, the FDA announced that it will extend its restrictions from cigarettes, roll-your-own tobacco, and smokeless tobacco to regulate electronic cigarettes, dissolvables, pipe tobacco, hookah tobacco, cigars, and novel and future tobacco products. They will regulate these products' manufacturing, import, packaging, labeling, advertising, promotion, sale, distribution, and all of their components and parts (e.g., cartridges, batteries, etc.). Under the new regulations, manufacturers are required to include the following warning statement on "newly deemed covered tobacco products and for cigarette tobacco and roll-your-own tobacco" that contain nicotine: "WARNING: This product contains nicotine. Nicotine is an addictive chemical." The warning statement required for regulated products and advertisements of regulated products that do not

contain nicotine will include, "This product is made from tobacco." All electronic cigarette shops that mix their own e-liquids or modify products will be considered manufacturers and will have to follow the same rigorous process. The sale of these tobacco products will also be limited to those that are 18 years or older. Shops will no longer be able to give free sample of their e-juice, components, or parts. With these regulations the FDA hopes this will help them review future tobacco products, help prevent misleading claims by tobacco product manufacturers, and communicate the potential risks of these products (FDA, 2016). Despite this progress, gaps exist in what is regulated by the FDA. However, state and local governments can and do enact stronger policies that are not preempted by the Tobacco Control Act to reduce youth access to tobacco products (Tobacco Control Network, 2016).

## Hardened Targets and Priority Populations

As smoking rates decrease, surveillance is necessary to determine who is still smoking so that interventions can become more targeted. Nationally, the prevalence of tobacco use differs across population groups. For example, tobacco use is higher among males than females, and American Indians/Alaska Natives/Native Hawaiians have a higher prevalence of smoking than other races. Risk factors for smoking include low income levels and low educational attainment.

Other population groups are disparately affected by tobacco use are listed below:

- Lesbian, Gay, Bisexual, and Transgender (LGBT) populations. The prevalence of smoking among adult lesbian, gay, and bisexual individuals was 23.9% compared to 16.6% of heterosexual individuals in 2014. Aggressive marketing tactics to this population along with increased risk factors for smoking have been cited for this disparity (CDC, 2016). Data on LBGT adults in the region is not available. However, 8% of 9$^{th}$ graders reported being gay, lesbian, or bisexual on the 2015 El Paso Youth Health Behavior Survey.
- People living with HIV. IN 2009, 42.4% of adults living with HIV were current cigarette smokers. Individuals living with HIV also have increased risk factors for smoking (CDC, 2016). In 2014, there were 2,030 persons living with HIV in El Paso County (Texas Department of State Health Services, 2014).
- People with mental illness. In 2014, 36% of adults with some form of mental illness smoked compared to 21% without a mental illness (CDC, 2016) and account for 44.3% of the tobacco market (Lasser et al, 2000).
- Military: In 2011, 24.0% of all active duty personnel were current smokers compared to 19.0% of civilians (CDC, 2016). Until this year, tobacco products were sold for a reduced cost on military installations because they were exempt from taxes. However, the Department of Defense recently issued new rules for the sale of tobacco products that include price matching local and state taxes. Also, military personnel, especially those in combat roles, are subjected to stressors (e.g., life threatening situations) which may prompt the use of tobacco to cope (Nelson and Pederson, 2008).
- Pregnant women. As mentioned above, pregnant women are of a particular concern due to the health risk posed to the developing fetus and newborn baby. In 2010 among women with recent live births, approximately 23% reported smoking during their first trimester; more than half reported quitting in the last trimester. However, many women started smoking again after delivery; 16% reported smoking after delivery (CDC, 2016).
- Multi-unit housing residents. Individuals living in multi-unit housing are more likely to smoke (24.7% vs. 18.9% in single family housing). Non-smoking multi-unit housing residents are less likely to have smoke-free home rules and more likely to be exposed to secondhand smoke exposure (Nguyen et al, 2016). The U.S. Department of Housing and Urban Development has recently issued a ruling requiring all public housing authorities to implement smoke-free policies.

Tobacco industry influence and a lack of comprehensive tobacco control policies in some areas contribute

to tobacco related disparities. For example, the tobacco industry aggressively markets to LGBT communities through advertising and sponsorships and has make large donations to organizations that assist the homeless and the mentally ill.

## Prevailing Theory of Change

The Ecological Model of Change incorporates both the individual and the environmental factors that influence a particular behavior. This framework takes into account the multiple levels of influence that affects, and is affected by, the behavior. These multiple levels of influence include: 1) Individual factors; 2) Interpersonal factors; 3) Organizational factors; 4) Community factors; and 5) Policy factors. These levels of influence help to ascertain the multiple levels of interventions needed to address public health problems (U.S. Department of Health and Human Services, 2005; McLeroy et al, 1988). Successful tobacco control efforts address the various factors that influence smoking behaviors, from an individual's genetic predisposition to smoke to the influence of tobacco industry in the media. The figure below provides examples of multi-level inventions to address smoking and tobacco use. Inventions in the region span these levels. However, it is important to note that funded work within the initiative will not include all five levels.


| Tobacco Control Intervention Examples | |
|---|---|
| **Individual** | Youth prevention programs that build resistance and self-efficacy skills<br>Individual decisions to have smoke-free homes and cars<br>Tobacco use screening, interventions, and referrals |
| **Interpersonal** | Support from family and friends to quit smoking |
| **Organizational** | Smoke/tobacco-free campuses<br>Multi-unit housing policies<br>Incentives offered through employer provided insurance |
| **Community** | Media that promotes Quitline<br>Education to promote awareness of clean air ordinances |
| **Policy Action** | Clean Air Ordinances<br>Unit price increases<br>Regulations on tobacco advertising and promotions<br>Regulations on purchase age, tobacco flavorings, and licensing |

Successful efforts in tobacco control are comprehensive in nature and utilize evidence- and population-based strategies that affect changes in both individual behavior and the environment in which these behaviors occur. The Centers for Disease Control and Prevention (CDC) recommend comprehensive and coordinated approaches that

- prevent the initiation of smoking among youth,
- promote quitting among youth and adults,
- eliminate exposure of secondhand smoke among non-smokers, and
- identify and eliminate tobacco-related disparities among population groups.

The CDC recommends a number of evidence-based strategies for community and state comprehensive tobacco control programs. Changes in policy (i.e., clean air policies and increases in tobacco taxes) are deemed the most effective in creating population-level change. Other recommended strategies include mass media campaigns and population-wide cessation interventions (i.e. Quitline interventions, healthcare systems change to support behavior change). Increasing the minimum purchase age to 21 is a new policy movement that has received attention recently and is considered a promising practice. Two states (California and Hawaii) and some local municipalities have adopted laws raising the minimum purchase age to 21.

## Collective Impact

Collective Impact is an approach that involves multiple partners working collaboratively to solve complex social problems. Emerging literature suggests that Collective Impact approaches increase likelihood of social change (Kania & Kramer, 2011; Hanleybrown, et al., 2012). Learning, evaluation, and continuous improvement are essential components of the model (Parkhurst & Preskill, 2014). Below is a description of the five Collective Impact concepts:

1) **Common Agenda:** *All initiative partners, funded and non-funded, have a shared vision for change including a common understanding of the problem and a joint approach to solving it though agreed upon actions.*
2) **Shared Measurement:** *Shared measures help ensure efforts remain aligned and participants hold each other accountable. Other evaluation data, both quantitative and qualitative, are specific to individual organizations/programs and used to document progress and improve programs.*
3) **Mutually Reinforcing Activities**: *Partner activities must be differentiated while still being coordinated through a mutually reinforcing plan of action. Some partners typically work toward individual or family level change while others work on larger scale organizational and public policy change. It is the synergy of these multiple mutually reinforcing activates by multiple partners that creates change.*
4) **Continuous Communication:** *Consistent and open communication is needed across the many partners to build trust, assure mutual objectives, and create common motivation. A coalition is frequently a central mechanism for communication.*
5) **Backbone Organization (BBO):** *Creating and managing collective impact requires a separate organization with staff and a specific set of skills to serve as a backbone for the entire initiative, to coordinate partner organizations, and to manage the first four elements of Collective Impact*. The initiative's BBO is the School of Pharmacy at The University of Texas at El Paso.

## Summary of Planning Meetings

Focus group meetings were held with partners from Las Cruces, El Paso, and Cd. Juárez. Participants were asked about barriers that remain in their communities in tobacco control and what priorities the initiative should

focus on in next three to five years. Common themes that emerged are below. More detailed summaries can be found in Appendix A.

- Other tobacco products: More youth are using other tobacco products (i.e., e-cigarettes, chew, and hookah) than combustible cigarettes. Policy and prevention efforts should be expanded to include these products.
- Marijuana and synthetic marijuana: Perceptions from local coalitions and some local data suggest that marijuana is perceived as less harmful than tobacco and alcohol by adolescents. Both substances are also perceived as easier to get than alcohol and tobacco. Monitoring prevalence and marijuana policies and related consequences in other states was recommended.
- Multi-unit housing: Protecting non-smokers from secondhand smoke exposure was recommended in the El Paso focus group.
- Hardened targets/priority populations: As adult and youth smoking rates decline, it is necessary to identify and implement strategies that address hardened targets and the priority populations that are still smoking.

In Juárez:

- Data: A state health department employee will share more recent data. Currently, there are do data available on addictions, but the state does have access to epidemiological information regarding cardiovascular and respiratory illnesses.
- Hookah: This product is not regulated in Mexico.
- Enforcement: Mexico has implemented a number of best practices in tobacco control. There is a national clean air law and any tobacco import product must be labeled, contain pictographs, and information on quitting. However, enforcement of tobacco licensing is a main concern in Juárez. Loose cigarettes and other tobacco products are sold by street vendors without licenses.
- Clean Air Certifications: In order to continue shifting social norms, getting the health sector, hospitals and clinics, tobacco free certified is important.

## Goals

The long-term vision of the initiative is to improve health in the Paso del Norte region by reducing tobacco use and secondhand exposure to tobacco smoke. The following goals are aligned with the CDC's best practice model of promoting quitting among adults and youth, preventing the use of tobacco products by youth, eliminating secondhand smoke exposure among non-smokers, and eliminating tobacco-related disparities among population groups.

**Goal 1: Decrease smoking rates among adults in the Paso del Norte region.**

**Goal 2: Prevent use of tobacco products among adolescents in the Paso del Norte region.**

**Goal 3: Reduce exposure to secondhand smoke among the general population.**

**Goal 4: Identify and reduce tobacco-related disparities among population groups.**

## Objectives

**Goal 1: Decrease smoking rates among adults in the Paso del Norte region.**

**Objective 1.1a:** By 2020, decrease the proportion of current adult smokers in El Paso from 14.0% to no more than 12.0%.

**Objective 1.1b:** By 2020, decrease the proportion of current adult smokers in Doña Ana, Luna, and Otero Counties to below 15% (Doña Ana=18.4%; Luna=14.3%; Otero=26.5%)

Current data: Adults (18-65) who have smoked in the past 30 days

| Geography | 2011 | 2012 | 2013 | 2014 |
|---|---|---|---|---|
| Texas | 19.2% | 18.2% | 15.9% | 14.5% |
| El Paso County | 16.6% | 14.7% | 11.6% | 14.0% |
| New Mexico | 21.5% | 19.3% | 19.1% | 19.2% |
| Doña Ana County | 16.3% | 18.8% | 16.7% | 18.4% |
| Luna County | 13.8% | 23.7% | 19.0% | 14.3% |
| Otero County | 26.8% | 24.7% | 19.9% | 26.5% |

Measurement: Texas Behavioral Risk Factor Surveillance System; New Mexico Behavioral Risk Factor Surveillance System. Current data for Juárez is not available.

Potential strategies:

- Provide training to health care providers, including pharmacists, pharmacy students, and mental health providers, to make tobacco screening and referral to treatment a standard practice in medical care.
- Provide individual and group cessation services to support smoke/tobacco free policy efforts.
- Support media strategies that promote the Quitline; leverage resources with Texas and New Mexico health departments when available.

**Goal 2: Prevent use of tobacco products among adolescents in the Paso del Norte region.**

**Objective 2.1a:** By 2020, maintain the proportion of El Paso high school students that have smoked cigarettes in the past 30 days at the current rate of 10.0% or below.

**Objective 2.1b:** By 2020, decrease the proportion of high school students from Doña Ana, Luna, and Otero Counties that have smoked cigarettes in the past 30 days to no more than 10.0%.

Current data: High school students who have smoked in the past 30 days

| Geography | 2005 | 2009 | 2013 | 2015 |
|---|---|---|---|---|
| El Paso (9th graders) | N/A | N/A | N/A | 10.0% |
| Doña Ana County | 24.2% | 18.8% | 15.9% | N/A |
| Luna County | 23.8% | 22.6% | 13.3% | N/A |
| Otero County | 21.6% | 22.7% | 10.4% | N/A |

Measurement: New Mexico Youth Risk and Resiliency Survey (YRRS), El Paso Youth Health Behavior Survey. Current data for Juárez is not available.

**Objective 2.2**: By 2020, decrease the proportion of PdN high school students that have used an e-cigarette in the past 30 days.

Current data: Current e-cigarette use was asked for the first time on New Mexico YRRS in 2015. The question was also asked on the El Paso Youth Health Behavior Survey. County level data from the 2015 NM YRRS are not

yet available. In New Mexico, 24.0% high school students reported using an e-cigarette in the past month. In El Paso, 22.0% of 9th graders reported using an e-cigarette in the past month.

Measurement: New Mexico Youth Risk and Resiliency Survey (YRRS), El Paso Youth Health Behavior Survey.

**Objective 2.3:** By 2020, decrease the proportion of PdN high school students that have used hookah in the past 30 days.

Current data: County level data from the 2015 NM YRRS are not yet available. In New Mexico, 11.9% high school students reported using hookah in the past month. In El Paso, 12.0% of 9th graders reported using hookah in the past month.

Measurement: New Mexico Youth Risk and Resiliency Survey (YRRS), El Paso Youth Health Behavior Survey.

**Potential strategies:**

- Include information about emerging tobacco products in policy and program efforts.
- Monitor tobacco products, including e-cigarette and hookah, retail establishment locations (i.e., near schools, day care centers, etc.) to inform advocacy efforts and compliance with current policies.
- Advocate for policies that restrict minors' access to all tobacco products, restrict point-of-sale marketing, and promote retail compliance with tobacco control policies.

**Goal 3: Reduce exposure of non-smokers to secondhand smoke.**

**Objective 3.1**: By 2020, increase the number of multi-unit housing properties that have smoke-free policies.

**Objective 3.2:** In 2017, 2018, 2019, at least one capacity building training will be held to support community policy and advocacy efforts.

**Goal 4: Identify and reduce tobacco-related disparities among population groups.**

**Objective 4.1:** In 2017, 2018, 2019, at least one training will be held with a focus on addressing tobacco use among a priority population.

### Initiative Strategies:

Efficiencies will be introduced into the initiative by focusing more heavily on policy, advocacy, coalition work, and capacity building and less on mass media. Backbone organization, coalitions/networks, and grantee activities will be focused on the following strategies:

1. Policy and advocacy:
   - Research and promote new and defend current smoke/tobacco-free policies within the region.
   - Advocate for new policies at organizational, local, and state levels that prevent initiation of all tobacco use, restrict minors' access to tobacco products, promote quitting, and protect non-smokers from secondhand smoke exposure.
   - Develop an advocacy agenda.
2. Cessation:
   - Expand screening and referral to treatment in healthcare and community settings, including those that serve populations disparately affected by tobacco use.
   - Train pharmacy students assessing tobacco use and referring to appropriate treatment.

3. Coalition/Network capacity building and technical assistance:
    - Maintain strong tobacco control network and coalition to monitor emerging products and policy trends as well as support local policy efforts.
    - Provide technical assistance for implementing evidence-based policy approaches to reduce tobacco use.
    - Establish workgroup/taskforce of relevant partners to advance smoke/tobacco free multi-unit housing policies.
4. Communication:
    - Introduce efficient media strategies (i.e., social media and media advocacy rather than mass media) to promote tobacco prevention and cessation.
    - Develop a communication plan to advance an advocacy agenda.
5. Evaluation:
    - Collect data to measure initiative objectives.
    - Conduct surveillance, research, and evaluation of policy efforts.
    - Evaluate the effectiveness of social media messaging.
    - Evaluate the functions of the PdN Tobacco Control Network and El Paso Clean Air Coalition.
    - Evaluate the effectiveness of grantees in reaching proposed objectives. In general, grantees will propose their own evaluation plan.

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***Appendix A: Summaries from Smoke-free Planning Meetings***

**El Paso Smoke-free Planning Meeting**

**July 20, 2016**

**Attendees:** Susie Villalobos (Aliviane), Art Camacho (VA), Jackie Navarrette (UTEP), Jose Rivera, Nora Hernandez, Annette Torres (UTEP), Jana Renner (PdNHF)

Jana Renner shared information about the initiative and presented current data on adult and youth cigarette smoking rates for the region. A summary of the discussion is below.

- When asked about setting targets for adult smoking rates, it was suggested that we have staggered goals (i.e., decrease the smoking rate to 10% in 5 years, and then lower in subsequent years).
- Smoking is not as visible anymore, but we need to monitor perceptions about other tobacco products (i.e., hookah and e-cigarettes).
- Discussion of being more inclusive of children for cessation, as they are a motivating force for parents to quit. Start prevention efforts at a younger age, (i.e., pre-K, Kinder).
- Marijuana and Spice were also mentioned as challenges. Susie is working on the PRC Needs Assessment and has some data that shows that more young people are using more marijuana than alcohol. She will send the data for confirmation. There is not much data on Spice use. Emergency room visits for marijuana and synthetic marijuana use are all coded as marijuana. The concern about Spice is that it is easier to access and it is legal. We also need to monitor what happens with marijuana legislation in Mexico next year.
- Smoke-free multi-unit housing policies were discussed. Dr. Navarrette recently moved into an apartment. She and her family can smell smoke from neighboring units. She did not think about looking for a smoke-free property. Dr. Navarrette offered to help in this effort.
- Vulnerable populations, such as the homeless, were discussed. The Opportunity Center may be a place where more outreach could be done in the areas of cessation referrals and assistance and "enforcing" indoor smoking policy.
- Outreaching to the "hardened" targets or priority populations were discussed as well.
    - LGBT- there may be opportunities to work with groups on the UTEP campus.
    - Military- smoking rates of women, active duty, in the military is 23%.
    - Women- women have a tendency to not report smoking to their physicians. There may be messaging that can be used specifically to women. Or, this may be opportunity for Pharmacists to intervene and refer NRT.
    - When asked about potential partners to implement a curriculum for providers, the UTEP Counseling Center Collegiate Peer Recovery Center and Texas Tech Residency Program (possibly through the School of Public Health) were mentioned.
- Outreach to Aliviane for the mental health cessation training in November.

**Southern New Mexico Smoke-free Planning Meeting**

**July 15, 2016**

**Attendees:** Joe Tomaka (NMSU), Marisol Diaz (Doña Ana Unified Coalition), Jewelie Smith (FYI)
Jose Rivera, Nora Hernandez, Annette Torres (UTEP), Jana Renner (PdNHF)

Jana Renner shared information about the initiative and presented current data on adult and youth cigarette smoking rates for the region. A summary of the discussion is below.

- The use of other tobacco products, particularly e-cigarettes and chew, should be tracked in addition to cigarette smoking. Different communities have different preferences. The Unified Coalition conducted focus groups of youth in Hatch, rural community, and found that youth prefer chew to smoking. Along those lines, prevention strategies should align with the behaviors in communities, therefore being more inclusive of chew, dip, e-cigs, etc.
- The unintended consequences of other tobacco use and policies should be monitored. E-cigarette use can be a gateway to smoking cigarettes and also marijuana use.
- Unintended consequences of marijuana policies should be monitored as well. The region should be proactive about marijuana policy, prevention, and referral systems for cessation.
- In Southern New Mexico, there are many organizations going after limited funding, and there is little collaboration among organizations. There is also duplication of efforts. For example, there are three organizations conducting compliance checks in Doña Ana County. When the Tobacco-Free Coalition was active (2000-2008), organizations collaborated more. There is also a need for NMSU to partner with the community.
- Going out and personally outreaching to priority populations (i.e., pregnant women and LGBT community), is the communication method that is most effective, particularly in the rural communities. FYI has connections in LGBT communities and could help organize focus groups, if needed. It was suggested that rural populations be considered a priority population. There are a few school based health centers in Las Cruces that could help with outreach. These centers might be a good place to implement SBIRT as well. The intervention used to take place in the centers, but they are no longer funded to do this work.
- When asked about potential partners to implement a curriculum for providers, the group suggested dental hygienists, promotoras (there is a committee in Las Cruces), Memorial Medical Center residency program (Joe Tomaka has contacts), Burrell Medical School, County Health Alliance.

**Cd. Juárez Smoke Free Planning Meeting**

**Thursday, August 9, 2016**

**Attendees:** Luis Carlos Contreras (COESPRIS), Olivia Caraveo (CIJ), Teresa Nuñez (CEAADCC), Hortencia Ibarra (Comisión de Salud Fronteriza), Nora Hernandez (UTEP), Jana Renner (PdNHF)

Nora Hernandez shared past and present information about the initiative and asked for current data on adult and youth cigarette smoking rates for Cd. Juárez, Chihuahua, Mexico. A summary of the discussion is below.

- Luis Carlos Contreras will request epidemiological information regarding cardiovascular and respiratory illnesses. That is the data COESPRIS utilizes for evaluation because there are currently no assessments of addictions.
- COESPRIS is responsible for the regulation, marketing, and sales of tobacco in the State of Chihuahua.
- CEAADCC is responsible for conducting presentations to the community and multiple sectors regarding the clean air ordinance and for the referral to centers for treatment.
- CIJ has a tobacco clinic equipped with medical and psychological professionals that specialize in the treatment of tobacco.
- There are currently a couple of large employers in Cd. Juárez that conduct tobacco free hiring which includes the electric company and PEMEX.
- There was a discussion about hookah because a couple of the attendees mentioned they had seen some sold at a mall kiosk. Because hookahs do not look like cigarettes, they are no regulated. If tobacco is being sold in combination with the hookahs, then they would be regulated. Any tobacco import product needs to have a labeled, contain pictographs, and information on quitting.
- The main concerns that COESPRIS has are the street and illegal sales, but that requires municipal support. In order to continue shifting social norms, getting the health sector, hospitals and clinics, tobacco free certified is important.
- For possible messaging, there should be more of a focus on the adverse effects associated with exposure to secondhand smoke, its effects on pets, and ecological effects.
- Currently there is no health classes offered in the schools. It was recommended to initiate discussions with the Secretaría de Educación del Estado (the equivalent of the Education Agency in the U.S.) about including a tobacco prevention / cessation curriculum. Possibly engaging youth to become spokespeople on the issues of prevention and cessation.
- Take home comments: grassroots / community engagement efforts are important to Cd. Juárez residents. There are multiple cessation resources which are being used for referrals.

Notes: The national clean air ordinance took effect in 2008. There was a stronger law established in the State of Chihuahua in 2012.