

## Funds for a Healthy Nevada: Tobacco Control Program

### *Abstract and Review Comments Summary*

#### *Score Summary*

Applicant Name	Scores by Reviewer			Average	Rank
	#1	#2	#3		
Carson City Health and Human Services	123	122	123	122.67	Last
Partnership Douglas County	120	131	138	129.67	Third
Southern Nevada Health District	134	141	146.5	140.50	Second
Washoe County Health District	137	149	145	143.67	First

#### *Total Budget Recommendations*

Applicant Name	Rank	Recommended
Carson City Health and Human Services	Last	\$68,000
Partnership Douglas County	Third	\$128,000
Southern Nevada Health District	Second	\$517,000
Washoe County Health District	First	\$132,000
<b>Total:</b>		\$845,000

The remaining \$105,000 is recommended to be added to the contract with National Jewish Health (Nevada Quitline Vendor) to support Nicotine Replacement Therapy which is not sufficiently available through CDC funds.

#### *Budget Recommendations: Component One*

<i>Applicant Name</i>	<i>Rank</i>	<i>Request</i>	<i>Recommended</i>
Carson City Health and Human Services	Last	\$142,524	\$68,000
Partnership Douglas County	Third	\$151,861	\$128,000
Southern Nevada Health District	Second	\$552,134	\$437,000
Washoe County Health District	First	\$154,815	\$132,000
<b>Total:</b>		\$1,001,334	\$765,000

#### *Budget Recommendation: Component Two*

Applicant Name	Rank	Request	Recommended
<i>Southern Nevada Health District</i>	Last	\$35,000	\$80,000

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## *Abstract and Review Comments Summary*

### *1: Carson City Health and Human Services*

#### **Abstract**

##### **Purpose:**

Carson City Health and Human Services will implement evidenced-based strategies based on the CDC's best practice to prevent the initiation of tobacco product use, reduce exposure to secondhand smoke, and exercise efforts to identify and reduce tobacco related health disparities. Using collaboration and education to create changes in policy, systems, and environment will serve to reduce the burden of tobacco use, in Carson City and other surrounding counties.

##### **Annual Funding Breakdown:**

Tobacco use burden (show formula):  $20.5\% \times 57,344 = 11,756$

Program infrastructure (and specify number of positions supported): Program infrastructure includes staff salaries from personnel and contractual cost; operating and other costs for program to complete SOW, and indirect that cover facility and administrative cost. Positions include: 1 Project Coordinator, 1 Community Health Worker, 1 Public Health Nurse, 1 Fiscal Staff, and 1 Program Director.

Infrastructure funding: \$109,200 for YR1 and \$102,400 for YR2

Total request: Yr1-\$142,524; Yr2-\$135,423

##### **Year 1 Strategies/Activities:**

- Coordinate with local coalition(s) to address policy solutions for e-cigarette use among youth and young adults.
  - Assess decision makers by provide educational materials and presentations to improve youth tobacco prevention policies.
- Assess and provide schools and youth organizations with educational presentations to discourage initiation of youth from tobacco products.
- Assessment of marketing tools promoting pro-health message related to tobacco.
- Assess flavoring restriction policies on flavored tobacco products through stakeholders, retailer, decision makers and youth/young adults to address health disparities.
- Support and provide education materials on awareness about flavored tobacco products among minority groups.
- Attend a local or national conference to improve knowledge and strategies.
- Assess the development of policy in low SES communities within Carson City.
- Increase MUH with smoke-free policies with an emphasis on low income and priority populations.
- Continue to support tobacco-free polices campus through participation in meetings and technical assistance.
- Assess and evaluate providers serving youth and young adults.
- Assist with the education and promotion of cessation resources for youth and young adults.

##### **Year 2 Strategies/Activities:**

- Coordinated with local coalition(s) to address policy solutions for e-cigarette use among youth and young adults.
  - Assess decision makers by providing educational materials and presentations to improve youth tobacco prevention policies.
- Assess and provide schools and youth organizations with educational presentations to discourage initiation of youth from tobacco products.

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- Assessment of marketing tools promoting pro-health message related to tobacco.
- Assess flavoring restriction policies on flavored tobacco products through stakeholders, retailer, decision makers and youth/young adults to address health disparities.
  - Support and provide education materials on awareness about flavored tobacco products among minority groups.
- Attend a local or national conference to improve knowledge and strategies.
- Assess the development of a smoke-free policy in low SES communities within Carson City.
- Increase MUH with smoke-free policies with an emphasis on low income and priority populations.
- Continue to support tobacco-free polices campus through participation in meetings and technical assistance.
- Assess and evaluate providers serving youth and young adults.
- Assist with the education and promotion of cessation resources for youth and young adults.

#### Review Comments:

<b>Proposal 1:</b>	<b>Carson City Health and Human Services</b>
Positive Components	- Specifies goals.
Negative Components	- Outcomes are not identified. - Missing data points for purpose and non-comparable date used. - No mention of Best-practice strategies.
Reasonableness/Applicability of Budget	- No specifications on how the numbers were attained for funding request.
Scope of Work	- Some activities are not measurable. - How would CCHHS provide referral information? - How would CCHHS promote Quitline? - What type of providers they would reach? - Residence survey or resident's survey?
OFS/GMU Questions to clarify	Not applicable!

#### *2: Partnership Douglas County*

##### **Abstract:**

##### **Purpose:**

This proposal is designed to improve the health of individuals residing in Nevada's fourteen rural counties. Nevada's rural prevention coalitions will implement best practices designed to meet the unique needs of each of the communities herein. CDC reports people living in rural areas have 18–20% higher rates of lung cancer than people living in urban areas. In 2019, the average adult smoking prevalence rate was 20.6% in rural Nevada compared to 15.7% across the state.

##### **Funding Breakdown:**

Tobacco use burden: 300,296 people (Nevada Demographer) x 20.6% (2019 BRFSS) = \$61,860.98

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Program infrastructure: \$90,000 (divided by 6 coalitions is an average of \$15,000 each). These infrastructure costs will allow the rural coalitions to sustain current positions designated to tobacco control programs. Each coalition requires a percentage of direct prevention program and administrative staff.

Total request: \$151,861

### **Year 1 Strategies/Activities**

- Advocate for policies to address e-cigarette use among youth and young adults.
  - Collaborate with statewide entities to organize best practice policy solutions and strategies for implementation.
  - Train youth advocates on policies to address e-cigarette use.
  - Develop educational materials to increase community awareness of e-cigarette policies.
- Advocate for policies to address flavored tobacco products and disparate populations.
  - Collaborate with statewide entities to organize best practice policy solutions and strategies for implementation.
  - Train youth advocates on policies to address flavored tobacco use and health equity.
  - Present to key decision makers on policies to restrict the sale of flavored tobacco products.
  - Increase awareness about flavoring products and the associated health disparities.
- Participate in NTPC meetings and Strategic Planning.
- Increase policies to create community spaces that are free of tobacco smoke and emissions from electronic smoking devices.
  - Educate and inform decision-makers on the health benefits of promoting clean air policies at businesses, parks, and other outdoor spaces.
  - Engage and support community organizations that serve priority populations to create and implement their own policies, events, and spaces that are free of tobacco smoke and emissions from electronic smoking devices.
- Increase annual referrals to the My Life, My Quit youth cessation program.
  - Identify school-based mental health professionals to refer students to My Life, My Quit.
  - Educate residential/outpatient youth behavioral health providers on referring to My Life, My Quit, including addressing how behavioral health providers have historically used tobacco as a harm reduction strategy for substance use disorders.

### **Year 2 Strategies/Activities**

- Advocate for policies to address e-cigarette use among youth and young adults.
  - Collaborate with statewide entities to organize best practice policy solutions and strategies for implementation
  - Train youth advocates on policies to address e-cigarette use
  - Develop educational materials to increase community awareness of e-cigarette policies.
- Advocate for policies to address flavored tobacco products and disparate populations.
  - Collaborate with statewide entities to organize best practice policy solutions and strategies for implementation
  - Train youth advocates on policies to address flavored tobacco use and health equity
  - Present to key decision makers on policies to restrict the sale of flavored tobacco products
  - Increase awareness about flavoring products and the associated health disparities
- Participate in NTPC meetings and Strategic Planning
- Increase policies to create community spaces that are free of tobacco smoke and emissions from electronic smoking devices.

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- Educate and inform decision-makers on the health benefits of promoting clean air policies at businesses, parks, and other outdoor spaces.
- Engage and support community organizations that serve priority populations to create and implement their own policies, events, and spaces that are free of tobacco smoke and emissions from electronic smoking devices
- Increase annual referrals to the My Life, My Quit youth cessation program.
  - Identify school-based mental health professionals to refer students to My Life, My Quit.
  - Educate residential/outpatient youth behavioral health providers on referring to My Life, My Quit, including addressing how behavioral health providers have historically used tobacco as a harm reduction strategy for substance use disorders.

Support BH systems dissemination of tobacco cessation materials.

#### **Review Comments:**

<b>Proposal 2:</b>	<b>Partnership Douglas County</b>
Positive Components	- More specificity for each county
Negative Components	- Outcomes are not mentioned. - Some activities are not measurable. - Extent activities do not use evidence-based interventions.
Reasonableness/Applicability of Budget	- Good use of population burden and smoking prevalence data to determine budget request
Scope of Work	- What does district mean? (i.e., 3 per district)
OFS/GMU Questions to clarify	Not applicable!

### **3: Southern Nevada Health District**

#### **Abstract:**

#### **Purpose:**

The Southern Nevada Health District’s (SNHD) Tobacco Control Program (TCP) will implement evidenced-based strategies based on CDC’s Best Practices that will aim to: Prevent initiation of tobacco use among youth and young adults; Eliminate exposure to secondhand smoke; Promote quitting among youth and adults; and surveillance activities in coordination with statewide partners. Activities designed to achieve health equity and collaboration will be interwoven throughout all project strategies.

#### **Funding Breakdown:**

Tobacco use burden (show formula):

Clark County Population - 2,266,715 (US Census) X Clark County Smoking Prevalence - 14.9% (2019 BRFSS) = 337,740 x \$1.00 = \$337,740

+ Component 2 Statewide Collaboration Initiative (NTPC) - \$35,000

Program infrastructure (and specify number of positions supported):

Year 1 – \$134,624 = 4 positions totaling 1.25 FTE

Year 2 – \$141,728 = 4 positions totaling 1.25 FTE

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Total request:

Year 1 - \$587,134 (FY 22)

Year 2 - \$594,806 (FY 23)

Total for both fiscal years \$1,181,940

Year 1 strategies include activities in both component areas addressing all CDC's Best Practices. Goal 1 of Component 1 includes preventing initiation among youth and young adults. As recommended, our existing youth groups will propel youth prevention strategies to increase awareness about policy solutions that address e-cigarette use and to promote counter marketing campaigns through a combination of in-person, social media, and web-based interventions. In addition, a key objective will be to educate stakeholders and public on the benefits of flavor restrictions. To ensure consistent flavoring prevention and policy messaging, we will coordinate with Statewide partners and other community organizations to develop media and outreach materials. With the assistance from the Health Equity Intern, objectives will include educational opportunities and activities for populations who are disproportionately affected by tobacco use, such as, the Hispanic/Latino, African American, Asian/Pacific Islander, LGBTQ, and low-income communities. Goal 2 of Component 1 will increase jurisdiction-wide smoke-free policies in public (housing authority) and private multi-unit housing complexes, parks and recreation, higher education campuses and businesses. In Year 1, we will work to assess the readiness of decision makers and increase community support for tobacco-free policy. Goal 3 of Component 1 will focus on promoting the *My Life, My Quit* youth cessation program. We will promote and facilitate referrals by working with providers who serve youth in social service or clinical settings. In addition, brief tobacco use intervention training will also be made available for health care providers. Increasing strategic partnerships to address the Nevada Statewide Sustainability Plan will be an ongoing priority in Year 1. Paid, and in-kind communication strategies will be used to drive environmental approaches that reinforce healthy behaviors and promote policy solutions.

Year 2 strategies will be modified based on Year 1 outcomes and will continue to advance objectives included in all three priority goal areas. Component 1 includes activities to prevent initiation of tobacco use among youth and young adults. The continuation of counter marketing campaigns through a combination of in-person, social media and web-based interventions will occur. In addition, our existing youth prevention groups will continue to educate both stakeholders and the public about the benefits of tobacco flavoring restrictions. Goal 2 of Component 1 will continue to promote jurisdiction-wide smoke-free policies in public (housing authority) and private multi-unit housing complexes, parks and recreation, higher education campuses and businesses. There will be a continued effort to increase public support for tobacco-free policies at parks and recreation centers and higher education campus. This includes targeted communications strategies such as public awareness events and media campaigns. Other activities include, building new partnerships, meeting with stakeholders, drafting policy language and developing implementation plans. Goal 3 will continue to focus on promoting the *My Life, My Quit* youth cessation program to providers in a social service or clinical setting. Brief tobacco use intervention training will continue to be made available. All activities outlined in the workplan will aim to reach populations who are disproportionately affected by

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tobacco use with assistance from the Health Equity Intern. As in Year 1, increasing strategic partnerships to address the Nevada Statewide Sustainability Plan will be an ongoing priority in Year 2. Paid and in-kind communication strategies will be used to drive environmental approaches that reinforce healthy behaviors and promote policy solutions. Policy and systems efforts including changing social norms is a long-term process that requires consistent interventions.

#### Review Comments:

<b>Proposal 3:</b>	<b>Southern Nevada Health District</b>
Positive Components	<ul style="list-style-type: none"> <li>- Specifies all goals and surveillance and evaluation.</li> <li>- Good detail with activities.</li> </ul>
Negative Components	<ul style="list-style-type: none"> <li>- No data on LGBTQ, Hispanic/Latinos and Pacific Islander, which are identified as priority populations.</li> <li>- Specific data are not included.</li> </ul>
Reasonableness/Applicability of Budget	<ul style="list-style-type: none"> <li>- Good use of population burden and smoking prevalence data to determine budget request</li> </ul>
Scope of Work	<ul style="list-style-type: none"> <li>- Some activities are not measurable.</li> <li>- Goal 3 is mostly focused on My life, My Quit.</li> <li>- Could use more specificity.</li> </ul>
OFS/GMU Questions to clarify	Not applicable!

#### **4: Washoe County Health District**

##### **Abstract:**

##### **Purpose:**

Tobacco use is the largest preventable cause of death and disease in the US and Washoe County (WC). There is a higher tobacco burden on WC residents that are low income, minorities and have less access to resources. The Washoe County Health District (WCHD) Chronic Disease Prevention Program (CDPP) focuses on reducing the tobacco burden through policy, systems and environmental interventions that impact underserved populations as well as the general population.

##### **Funding Breakdown**

Tobacco use burden:

Pop projections (NV demographer): Youth 15-19 = 35,122; Adults 19 and Over = 377,884

Adult smoking rate (2019 BRFSS; Washoe): 15.7%

Youth E-cig rate (2019 YRBS; Washoe): 28.3%

(Adult pop x adult smoking rate)+(Youth pop x youth e-cig rate) = 69,267.31

Program infrastructure (staff & number of positions): \$75,543 (6 positions: HE coordinator 4.5%; HE 12%, HE 12.5%, IH HE 10 hrs/wk, IHHE 18 hrs/wk, PSI 16 hrs/wk)

Indirect @8%: \$11,530.50 (average of two years)

Total request: \$311,315

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### **Year 1 Strategies/Activities**

Goals of the proposed activities are to prevent tobacco initiation among youth and young adults, eliminate exposure to SHS, and promote cessation among WC's youth populations. The program is proposing best practice approaches, which are primarily policy, systems, and environmental approaches:

1. Educate about approaches that can reduce youth/young adult (Y/YA), initiation and use of e-cigarettes
  - a. Target populations (TP): Y/YA, the public, decisions makers, tobacco retailers
  - b. Activities: Educate Y/YA, engage community partners, educate decision makers, the public and tobacco retailers on approaches to reduce Y/YA use, educate about TF TMCC campus, educate stakeholders about tobacco retailer locations
  - c. Outcome: Access to tobacco products are restricted for Y/YA
  - d. Best practice guidebook (BPG): Component I, Domain 2; recommendations p. 19 = restrict access
2. Counter marketing
  - a. TP: Y/YA and adults working with Y/YA
  - b. Activities: Social media, Y/YA influencers
  - c. Outcome: Youth and adults understand risk of Y/YA tobacco use
  - d. BPG: Component II Domain 2; p. 30
3. Smoke free (SF) jurisdictions
  - a. TP: Decision makers and populations with SHS exposure at the workplace. MUH developers, owners/managers, and residents
  - b. Activities: Educate about SF workplaces, promote SF MUH
  - c. Outcomes: increased knowledge and support for SF workplaces, and a normative tobacco-free culture
  - d. BPG: Component I, Domain 2; recommendations p. 19 = restrict access
4. Increase cessation attempts among Y/YA tobacco users
  - a. TP: Medical/service providers, Y/YA tobacco users
  - b. Activities: provider education, TA on referring to MLMQ cessation services
  - c. Outcomes: Increase referrals to MLMQ; decrease e-cigarette use among Y/YA
  - d. BPG: Component III, Domains 3/4; p. 40

Each objective will engage new stakeholders in tobacco prevention activities. Likewise, objectives will have components that address health disparities and increase health equity as it relates to tobacco prevention activities.

### **Year 2 Strategies/Activities:**

Year 2 continues with the previously stated goals and approaches, building on the successes in Year 1.

1. Educate about approaches that can reduce youth/young adult (Y/YA), initiation and use of e-cigarettes
  - a. Target populations (TP): Y/YA, the public, decisions makers, tobacco retailers
  - b. Activities: Educate Y/YA, engage community partners, educate decision makers, the public and tobacco retailers on approaches to reduce Y/YA use, educate about TF TMCC campus, educate stakeholders about tobacco retailer locations
  - c. Outcome: Access to tobacco products is restricted for Y/YA



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- d. Best practice guidebook (BPG): Component I, Domain 2; recommendations pg 19 = restrict access
- 2. Counter marketing
  - a. TP: Y/YA and adults working with Y/YA
  - b. Activities: Social media, Y/YA influencers
  - c. Outcome: Youth and adults understand risk of Y/YA tobacco use
  - d. BPG: Component II Domain 2; p. 30
- 3. Smoke free (SF) jurisdictions
  - a. TP: Decision makers and populations with SHS exposure at the workplace. MUH developers and stakeholders, owners/managers, and residents
  - b. Activities: Educate about SF workplaces, promote SF MUH
  - c. Outcomes: increased knowledge and support for SF workplaces, and a normative tobacco-free culture
  - d. BPG: Component I, Domain 2; recommendations p. 19 = restrict access
- 4. Increase cessation attempts among Y/YA tobacco users
  - a. TP: Medical/service providers, Y/YA tobacco users
  - b. Activities: provider education, TA on referring to MLMQ cessation services
  - c. Outcomes: Increase referrals to MLMQ; decrease e-cigarette use among Y/YA
  - d. BPG: Component III, Domains 3/4; p. 40

Objectives will continue to engage new stakeholders in tobacco prevention activities in year two. Likewise, objectives will continue to have components that address health disparities and increase health equity as it relates to tobacco prevention activities.

#### **Review Comments:**

<b>Proposal 4:</b>	<b>Washoe County Health District</b>
Positive Components	- Inclusive of SB 263 campaign elements. Maximizing reuse of existing materials
Negative Components	- Needs clarity on adult and youth. - Missing data
Reasonableness/Applicability of Budget	- Good use of population burden and smoking prevalence data to determine budget request
Scope of Work	- Some activities are not measurable. - Unclear on disparate populations for some activities. - Goal 3 is mainly focused on My Life, My quit.
OFS/GMU Questions to clarify	Not Applicable.