

**New Mexico
Tobacco Use Prevention and Control Program**

**Contractor Orientation Manual
Fiscal Year 2011**

NEW MEXICO
DEPARTMENT OF
HEALTH
1-800-QUIT NOW

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www.nmtupac.com

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1. Welcome

Dear TUPAC Contractor:

I would like to thank you for becoming a part of our team. We could not continue to reduce tobacco-related diseases, disabilities and death without your participation, hard work and dedication.

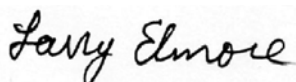
To help you get started, TUPAC has developed this orientation manual. The manual is designed to help you be a successful contractor, fulfill your scope of work, and be an effective tobacco control service provider and advocate. The manual's emphasis is on subject matter that has been challenging for contractors in the past.

The partnership between TUPAC staff and contractors is a vital link in reducing the impact of commercial tobacco in New Mexico. Like the contractors, the TUPAC staff brings a wealth of knowledge and experience to the partnership. We are all here to assist you in your efforts.

This manual is one of many tools for building our partnership for success. Your feedback on this manual and any other part of our partnership is also vital. Please feel free to contact me with your input, ideas, and challenges.

I wish you great success in your efforts. Welcome to our team.

Sincerely,



Larry Elmore
Program Manager
NM Department of Health
Tobacco Use Prevention and Control Program

2. Acronyms Used in the Tobacco Use Prevention & Control

ACS	American Cancer Society®
AHA	American Heart Association®
ALA	American Lung Association®
ALF	American Legacy Foundation®
APPEAL	Asian Pacific Partners for Empowerment Advocacy and Leadership
ANR	Americans for Nonsmokers' Rights
ATS	Alternative to Suspension
ATS	Adult Tobacco Survey
BRFSS	Behavioral Risk Factor Surveillance System
CDC	Centers for Disease Control and Prevention
CDPC Bureau	Chronic Disease Prevention and Control Bureau
CIAO	Clean Indoor Air Ordinance
CIS	Cancer Information Service (National Cancer Institute)
CTFK	Campaign for Tobacco Free Kids
DAGAT	Disability Advisory Group About Tobacco
DFA	Department of Finance Administration (NM)
DASH	Division of Adolescent and School Health (CDC)
DOH/PHD	Department of Health/ Public Health Division
eTET	Electronic TUPAC Evaluation Tool
ETS	Environmental Tobacco Smoke. The preferred term is Secondhand Smoke.
FFS®	Freedom From Smoking® (ALA)
FY	Fiscal Year
GASO	Great American SmokeOut® (ACS). It is preferred that the entire name be spelled out instead of using this acronym.
HEART	UNM Health Evaluation and Research Team
JPA	Joint Powers Agreement
LCAT	National Latino Council on Alcohol and Tobacco
Legacy	American Legacy Foundation®
LFC	Legislative Finance Committee
LGBT	Lesbian, Gay, Bisexual, Transgender
LGBTQI	Lesbian, Gay, Bisexual, Transgender, Questioning, Queer, Intersex
MCRC	Media Campaign Resource Center (CDC)
MOA	Memorandum of Agreement
MSA	Master Settlement Agreement
NAATEN	National African American Tobacco Education Network
NCI	National Cancer Institute
NMCAT	New Mexicans Concerned About Tobacco
OSAH	Office of School and Adolescent Health (NM)
NMYTS	New Mexico Youth Tobacco Survey
NNTPP	National Network on Tobacco Prevention and Poverty – Break Free Alliance
NOT®	Not On Tobacco® (ALA)
NRT	Nicotine Replacement Therapy

NTPN	National Tribal Tobacco Prevention Network
OSH	Office on Smoking and Health (CDC)
PED	Public Education Department (NM)
PHD	Public Health Division (NM DOH)
PR	Public Relations
PRAMS	Pregnancy Risk Assessment & Monitoring System
RFP	Request for Proposals
SAMMEC	Smoking Attributable Morbidity, Mortality, & Economic Costs
SBHC	School Based Health Centers
SHEP	School Health Education Profile
SHS	Secondhand Smoke
SIDS	Sudden Infant Death Syndrome
SOW	Scope of Work
STTC	Southwest Tribal Tobacco Coalition
TEG/TAP®	Tobacco Education Group (Diversion Program)/ Tobacco Awareness Program (Cessation Program).
TSROC	Tobacco Settlement Revenue Oversight Committee
TUPAC	Tobacco Use Prevention and Control
YRBS	Youth Risk Behavior Survey
YRRS	Youth Risk and Resiliency Survey
YTS	Youth Tobacco Survey

3. Standard Procedures

The TUPAC Program has compiled this list of standard procedures to assist you with reporting and other contract requirements. Thorough reporting and documentation are necessary because all contract files are subject to an audit by the State of New Mexico. The consistent application of these procedures will ensure uniform reporting from all contractors, will help to minimize errors, and most importantly will demonstrate accountability for the use of public funds.

Invoicing Procedures

By the 5th of each month: Submit the electronic version of your monthly invoice via e-mail and complete the eTET (narrative and data) for review by the TUPAC monitor to ensure final approval by the 10th of each month. Your monitor will review the invoice and notify you of any necessary changes, or will approve the electronic invoice.

By the 10th of each month: Once the electronic invoice is approved, submit a hard-copy invoice with an original signature to the TUPAC contract monitor.

There are only **three** places you will need to enter information on your invoice. Please do not enter information in any other locations, as it will erase the pre-set formulas that calculate the invoice resulting in errors on the invoice.

- **Invoice for the Period** – you will enter the dates of the month for which you are billing at the top of the invoice in the space indicated. If you have a multiple-page invoice, you will need to enter the dates on each page.
- **Column D – Incurred Cost Current Period.** This is where you will enter the amounts you are billing for activities completed each month. The total that is calculated at the bottom of the invoice is the amount that will be paid to you for that month.
- **Column C – Cumulative Cost at the End of Prior Period.** You will need to enter information in this column, according to the instructions below.

Helpful Hints Regarding Invoicing

- Original invoices should be clean and free of whiteout, highlighting, or any other alterations when they are submitted for payment.
- If your invoice is longer than one page, make sure your address appears on both pages of your invoice. Please maintain the format of the invoice.
- Make sure that the beginning and ending period (date) is on all pages.
- Make sure that there are no negative amounts on your invoice. A negative amount is indicated by a set of parentheses like this: (\$100.00).

Monthly Reporting and eTET

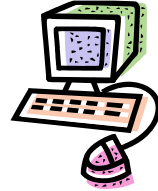
By the 5th of each month: Submit the completed eTET for review by the TUPAC monitor to ensure final approval by the 10th of each month.

By the 10th of each month: The contract monitor reviews the eTET and may have the contractor make any necessary changes to ensure final approval by the 10th of each month.



To log into the eTET system:

- Go to www.nmtupac.com
- Click on “Contractor Login” in the upper right hand corner of the webpage
- Enter your username and password
- Click on “Contractor Resources” on the left column on screen
- On the drop-down menu that appears, click on “eTET”



eTET Entry Instructions:

- The easiest way to access the part of the eTET in which you will enter your monthly narrative and data is to click on the “Reporting” tab and then “Enter Monthly Data”.
- A list of all scope of work items will then appear on your screen, so you click on the number of the specific item for which you want to enter your monthly information.
- Then, click on “Monthly Report” and “Add a Monthly Report”
- The eTET system will prompt you with the required fields for that monthly report (e.g., month, narrative, barriers, and numbers (if there is a GSO being measured)).
- Remember to click “Save” at the bottom of the screen.
- Please enter data or narrative ONLY for those activities that are relevant during the given month of reporting. If you have not made any progress on an initiative, skip that portion of the eTET. In other words, it is *not* necessary to enter “no activity/progress” or “no barriers” for those activities that aren’t relevant in the given month.
- Narrative reporting should include adequate detail for all activities for which billing takes place on the invoice, including, but not limited to, name and date of the training or event and names of staff who attended.
- Monthly eTET entries can be edited and updated throughout the month by clicking on the relevant monthly report and then “Edit.” Entries can also be deleted on this screen.
- Your contract monitor will be able to review your report online, so there will be no need to submit a hard copy via postal mail. Your monitor may contact you if there are any changes

necessary on the eTET or if he/she has any questions. You and your monitor will also have the option to generate a report from the eTET system, which may summarize all eTET data and narrative.

- For more information, see the eTET User Manual which is available at www.nmtupac.com.

Supporting Documentation

By the 5th of each month: Submit all supporting documentation for review by the TUPAC monitor to ensure final approval of your invoice by the 10th of each month.

Documentation that supports the information you have reported in your eTET must be submitted monthly. Supporting documentation increases overall accountability because it allows TUPAC to verify that deliverables have been met. If you have electronic versions of supporting documents, please send them to your monitor via e-mail. Otherwise, please submit hard copies of supporting documents along with your signed invoice.



File Names for Documents: When you send documents via email, please include the following information to help the contract monitor identify your work and to prevent important documents from being overlooked or misplaced:

- Name of your organization
- Subject of the attached file
- Fiscal year

Example: If Gila Regional Medical Center wanted to email their coalition roster for the month of August 2010, the document's file name would look something like: GRMC Roster Aug FY11.doc

Types of Supporting Documentation:

- | | | |
|------------------------------------|-------------------------------------------|-------------------------------------------------------------------------------------------------|
| • Meeting minutes | • Training certificates | • Sign-in sheets |
| • Flyers | • Pictures | • Letters |
| • Completed evaluation forms | • Description of meetings | • Copies of MOAs |
| • Correspondence with schools | • Action Plans, before and after approval | • Agendas |
| • Published articles or editorials | • Copies of subcontractor agreements | • Anything else that documents your contract activities and reflects your billing for the month |

Monthly Meetings with Contract Monitor and Expectations of Your Monitor

TUPAC staff can help to provide the most current statewide or national statistics as well as other data, and your contract monitor can offer editorial assistance in the completion of written documents. Once again, please remember that all contractors represent the larger overall effort that is tobacco control in New Mexico. We want to ensure consistency, accuracy, and effectiveness in terms of the outgoing program message.

Scheduling: Contract monitors will work with you to schedule monthly meetings in advance. Meetings may occur by telephone, with face-to-face meetings or site visits occurring periodically during the year.

Last-Minute Cancellations: If you are trying to contact your contract monitor to cancel a meeting, please call the TUPAC Program Secretary Kitty Caddy at 505-841-5845 or kitty.caddy@state.nm.us. She will help to locate your contract monitor for you.

Contacting Your Contract Monitor: Please work with your monitor in determining whether email or telephone is the best method to stay in communication, especially if a time-sensitive issue arises. If your monitor cannot be reached, feel free to call the program secretary or one of the other TUPAC staff members, whose information can all be found on the TUPAC website.

What You Can Expect from Your Contract Monitor:

- Check-in regularly regarding the status of delivery on your scope of work.
- Be familiar with your scope of work and the focus of each contractor's work.
- Provide technical assistance or serve as liaison to TUPAC staff or contractors with more specific expertise.
- Use your monthly meeting for information sharing, questions, reporting, barriers, and any other contract-related business.
- Update you on any relevant issues related to the TUPAC program, such as meetings or trainings, and any changes in policies or procedures.

Budget Adjustment Requests and Amendments

TUPAC will work with contractors to accommodate community and contractual needs if changes need to be made during a fiscal year.

1. Budget Adjustment Requests (BARs): Allow a contractor to move funds between line items of the contractual budget. A BAR does not allow for changes within the scope of work. BARs should be made for \$100 or greater. The total contract amount cannot be increased or decreased using a BAR. Please follow the following steps for a BAR:
 - Submit a brief memo explaining the line item changes you are requesting.
 - The BAR memo will be reviewed for approval by your contract monitor.
 - Once approved by monitor, the BAR memo will then be submitted to the Finance Section, who will develop the revised/adjusted invoice.

- Finance will submit the newly revised invoice to your contract monitor for final review. Your contract monitor will e-mail the new invoice to you for implementation.
- An example BAR memo can be found at the end of this section, and a blank template for a BAR can be found on the TUPAC website under “TUPAC Forms.”
- It is best to follow the template and keep the BAR memo simple and avoid including programmatic reasons for why you are requesting a BAR.

2. Amendments: Any changes in overall contract dollar amount would require an amendment. In addition, changes to the scope of work of a contract will require an amendment. For more details on this process, please work directly with your TUPAC contract monitor.

Budget Adjustment Request Example

To: John Doe
 NMDOH /PHD
 CDPCB / Tobacco Use Prevention and Control Bureau

From: CONTRACTOR NAME
 Jane Doe
 Work # (505) 111-1111

Date: 08/31/2010

Re: Budget Adjustment Request for Contract # 00000000000000000000_____

To Whom It May Concern:

We would like to make the following adjustments to our FY2011 budget:

FROM:

Expenditure Category	Decrease	New Balance
3: Address Tobacco Related Disparities		
c: Incentives	\$-200.00	\$150.00
d: Materials	\$-144.00	\$ 0.00
Sub-total	\$-344.00	

Please move \$344 to expenditure category 9a – Health Systems Change: Brief Interventions/Training (shown below)

TO:

Expenditure Category	Increase	New Balance
9: Health Systems Change: Brief Interventions		
a: Training	\$+344.00	\$819.00

4. Accountability: Evaluation, Assessment & Surveillance

Two key components of TUPAC Program activities are surveillance and program evaluation.

Surveillance is the ongoing, systematic collection of information (data) to determine the status of health conditions, behaviors, attitudes, and other factors impacted by tobacco control activities. Examples of surveillance tools include surveys such as the NM Youth Risk and Resiliency Survey (YRRS) and the Adult Tobacco Survey. Surveillance activities allow our program to assess the current status of people or communities, as well as any trends or changes over time, in regard to tobacco. Assessing the percentage of smokers among New Mexico adults during a ten-year period is an example of one measure.

Program evaluation can be defined as a set of tools to:

1. Assess the implementation and outcomes of a program,
2. Increase a program's efficiency and impact over time, and
3. Demonstrate accountability.

Surveillance and evaluation activities are used together to generate an overall assessment of the program.

Youth Risk and Resiliency Survey

TUPAC relies heavily on data from the Youth Risk and Resiliency Survey (YRRS), which is the primary health survey for high school youth in New Mexico. The YRRS is conducted every other year and usually includes a module of about ten tobacco-related questions in the high school version and 17 questions in the middle school version. The most recent YRRS that has been completed was in 2009.

Behavioral Risk Factor Surveillance System (BRFSS)

Annual adult smoking prevalence data comes from the BRFSS, which is an ongoing statewide telephone-based health survey covering a broad range of topics. The BRFSS collects data from a representative sample of 6,000+ New Mexicans, which is then weighted to represent the entire NM adult population. For more information on the BRFSS, visit www.cdc.gov/brfss.

Adult Tobacco Survey

TUPAC conducts the New Mexico Adult Tobacco Survey (ATS) every three years. The ATS is a statewide telephone-based survey of adults' tobacco use behaviors, attitudes, secondhand smoke exposure, and cessation behaviors.

Electronic TUPAC Evaluation Tool

TUPAC uses an evaluation tool known as the eTET (electronic TUPAC Evaluation Tool) to collect monthly information from contractors regarding the services being provided, and in some cases, the effectiveness and reach of those services. The eTET can be completed online, and it provides TUPAC and its contractors many features for reporting, summarizing, and sharing information. To access your eTET, go to www.nmtupac.com.

5. TUPAC Website

In an effort to better communicate with contractors and the public, TUPAC relies on its website. Contractors and the public can now log onto www.nmtupac.com. This new website provides a wealth of information and resources, including data, reports, media examples and evaluation tools.

The main page is where TUPAC will post important new information to help you implement your contract. The website is also a great tool to reference for the people that you serve. Because this portion is open to the general public, anyone can access the following features:

- 1-800-QUIT-NOW - *Links to information about New Mexico's free tobacco helpline in English and Spanish.*
- Tobacco-Related Disparities - *Links to information about disparities, including contact information, New Mexico's priority population networks and the CDC-funded disparities networks.*
- New Mexico Data and Reports - *Links to TUPAC Progress Reports, youth and adult data reports, and various disparities reports*

This site also provides convenient links to:

New Mexico Department of Health - *offers important information on promoting health and sound health policies, preventing diseases and disabilities, and improving health service systems.*

Smokefree New Mexico - *includes information on the Dee Johnson Clean Indoor Air Act and its benefits, how to report violations, frequently asked questions and downloadable materials.*

Centers for Disease Control, Tobacco Prevention - *many useful materials, including free tool kits and information updates, can be located at this website. Basic information, data and statistics, health effects, publications, contact information on the national networks and products are included.*

Spit Tobacco/Tobacco Free Rodeo - *provides basic rodeo information, policies, ads and advocacy, resources and details on how you can help restrict tobacco sponsorship of rodeos.*

Smokeless Tobacco Master Settlement Agreement (STMSA) - *the financial settlement and the restrictions on smokeless tobacco, including chewing tobacco, are detailed.*

Tobacco and the Movies - *information about tobacco in movies, educational reading materials, as well as the problems and solutions.*

Password-Protected Portion of the Website for Contractors

You can access the contractor-secure section of the website by clicking "Contractor Login" in the upper right area of the homepage. In the contractor-secure section of the website you will have access to the following links and resources:

Training Opportunities - *Schedule of TUPAC-sponsored trainings and other training opportunities are listed in this section. This is updated frequently.*

eTET (electronic TUPAC Evaluation Tool) - *TUPAC contractors will submit their monthly reports here. There is a comprehensive address book in this section where contractors can access each other's contact information.*

TUPAC Forms - *All TUPAC required forms can be found in this section, including cessation forms, example action plans, etc.*

TUPAC Program Reports - *New Mexico adult and youth coalition reports, NM smokeless tobacco initiatives report, and other evaluation findings can be found here.*

TUPAC Media - *the latest media spots, commercials, and downloadable media materials are available in this section.*

6. Addressing Tobacco-Related Health Disparities

What Are Tobacco-Related Health Disparities?

According to the National Institutes of Health, health disparities are defined as “*differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups*”.

Tobacco-related health disparities are gaps or differences between population groups, which can include **differences** in any of the following:

- Tobacco use patterns
- Exposure to secondhand tobacco smoke
- Tobacco use cessation or relapse rates
- Access to tobacco prevention and cessation programs
- Access to general health care and other services
- Health outcomes (lung cancer, emphysema, etc.)
- Access to planning and decision-making
- Capacity and infrastructure building
- Funding opportunities
- Targeted tobacco marketing

TUPAC is committed to addressing tobacco-related health disparities through the implementation of the *Tobacco-Related Disparities Strategic Plan 2011-2015*. The Plan was developed in 2010 by the Tobacco Disparities Strategic Planning Committee, a statewide, diverse, inclusive and representative committee. The new *Plan* will be available at www.nmtupac.com.

Priority Populations for Fiscal Year 2009 – Fiscal Year 2012

TUPAC has identified a number of priority populations – populations that have been identified as experiencing tobacco-related disparities in New Mexico. The list is not meant to be exhaustive, but to serve as a mechanism to focus TUPAC’s statewide effort to address disparities in New Mexico.

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none">• People experiencing poverty• Lesbian, Gay, Bisexual, Transgender, Two-Spirited, Queer, Questioning or Intersex populations (LGBT or LGBTQI)• Spanish-speaking immigrant populations• Spit tobacco users | <ul style="list-style-type: none">• African American populations• American Indian / Native American populations• Asian American / Pacific Islander populations• People with disabilities• Uninsured or under-insured |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

The Root Causes of Disparities:

1. **Lack of capacity or infrastructure** - Lack of access to health care contributes to disparities in health outcomes. Resources (staff and financial) are unequally distributed in the community leading to an imbalance in access to services as well as the scope of services. Building capacity and infrastructure in a community often calls for a higher level of staff and financial resources. Not meeting this call can lead to increasing disparities between communities.
2. **Social inequities** - Social inequities are ingrained in our society and culture. Certain populations are adversely affected by the unequal distribution of power in society. Populations that are experiencing disparities are often those in society that are most often oppressed, marginalized, and excluded.
3. **Community stressors** - Community stressors increase the chances of adopting harmful health behaviors. Community stressors take place when the community’s basic needs are not addressed and oppression and social inequities persist.
4. **Multiple risk factors and few protective factors** - When multiple risk factors are present in a community, prioritization of community needs is more complex. There is a synergistic effect between risk factors. In order to increase protective factors and minimize risk factors multiple risk factors must be addressed.
5. **Lack of coordination of services** - In order to identify and eliminate disparities, activities must be comprehensive and coordinated. For example, a population experiencing disparities should be receiving services to address cessation, as well as services to address secondhand smoke and preventing tobacco use initiation. Providing services in only one goal area will result in an imbalance of services.

Strategies to Address Disparities

1. Be aware of who comprises our broader community and create partnerships. Ensure that activities are **inclusive and respectful** of all community members. Inclusive partnerships help ensure that interventions are “owned” by the community. This includes identifying and developing partnerships with populations within our communities that experience oppression and may be disproportionately impacted by tobacco.
2. **Shift our focus from “intent” to “impact”** by thinking about how our actions affect others, regardless of our intent. **Most individual-lead oppression is unintentional.** But unintentional oppression hurts just as much as intentional oppression (from www.edchange.org).
3. Develop strategies for addressing disparities **using an anti-oppression framework.** Identifying and addressing disparities is the most difficult CDC/TUPAC goal to undertake. The TUPAC program encourages you to consult with your contract monitor to develop strategies for addressing disparities in your community.

What does it mean to work from an anti-oppression framework?

Actively working to **acknowledge and shift power** towards inclusiveness, accessibility, equity and social justice.

Ensuring that anti-oppression is embedded in everything that you do by **examining attitudes and actions** through the lens of access, equity and social justice.

4. **Work with the identified population to increase capacity to address tobacco:**
 - a. Start by educating the community about the impact of tobacco use.
 - b. Understand that tobacco may not be a priority issue among a specific community.
 - c. Develop programs and adapt initiatives to meet the needs of the population experiencing disparities using an anti-oppression framework.
 - d. Collaborate with other contractors that are effectively serving the community that you identified as experiencing disparities.
5. **We must be willing to:**
 - a. Examine and analyze how power is distributed.
 - b. Work to eliminate power inequities.
 - c. Consider our impact, regardless of our intent.
 - d. Ask for permission from the population we are serving.
 - e. Put the needs of the population first, before our needs.
 - f. Acknowledge that we, and our clients, may be uncomfortable.
 - g. Recognize that we may have more to learn.
 - h. Accept that we may not be the right person or group for the job.
 - i. Ask for help, resources, etc.

6. **Identify partners:**

a. **Work with the statewide networks** that focus on serving priority populations.

Contact information for the following groups can be found at www.nmtupac.com:

- African American Health Network,
- Southwest Tribal Tobacco Coalition,
- Coalition for Change Tobacco Subcommittee (a Spanish-Speaking Recent Immigrant Advisory Group)
- Fierce Pride the LGBTQI (Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex) Statewide Advisory Group,
- Disabilities Advisory Group About Tobacco
- Under development in FY11 –Asian American Advisory Group
- Under development in FY11 – Network for People Experiencing Poverty

b. **Work with the national networks** that focus on serving priority populations.

Contact information for the following groups can be found at www.nmtupac.com:

- Asian Pacific Islander Tobacco Control Network,
- National Network on Tobacco Prevention and Poverty,
- National Lesbian, Gay, Bisexual, Transgender Tobacco Control Network,
- American Indian Alaska Native Network,
- National Latino Tobacco Control Network,
- National African American Tobacco Prevention Network.

7. **Identify potential data sources.** The identification of populations experiencing disparities should ideally be data driven; however data are not always available. Examples of health disparities data include smoking prevalence rates, youth smoking initiation trends, quit rate trends, rates of tobacco related disease and death, rates of exposure to secondhand smoke, etc. If data are not available for certain populations, other indicators may be used to determine if disparities exist. Potential indicators may include:

- Populations that are historically underserved
- Populations that face oppression
- Unequal distribution of resources
- Lack of cultural competency of groups attempting to serve the population
- Barriers to access – physical, linguistic, and more
- Lack of materials in appropriate languages
- Low capacity to provide services from within the population
- Populations targeted by the tobacco industry
- Lack of community readiness

Disparities Technical Assistance: TUPAC will provide ongoing technical assistance and training for TUPAC contractors. In addition, new contractors will need to attend an orientation workshop designed to assist contractors with understanding disparities and developing specific strategies to address disparities.

7. Networking

Networking is a system of sharing information and services among individuals and groups having a common interest. TUPAC encourages all contractors and contract monitors to network with other contractors in the state. A list of contractors and their contact information can be found in the e-TET address book.

Call or e-mail someone and start a conversation. If you would like a formal introduction, call your TUPAC contract monitor and ask to be introduced to another contractor. Your TUPAC contract monitor is available to help link you with other contractors that share the same interests or concerns.

Networking resources are also available at www.nmtupac.com.

8. Advocacy Through Coalitions

June 15, 2007 was a landmark day in New Mexico. The Dee Johnson Clean Indoor Act became effective and provides protection from exposure to secondhand smoke in workplaces and most public places in New Mexico. This is proof of the hard work and determination of numerous health advocates and community coalitions across the state. Many adult and youth coalitions that were working on educating elected officials and the public about exposure to secondhand smoke and the benefits of smoke free legislation are now asking themselves, "What do we do now?" Some TUPAC contractors have youth and/or adult coalition activities in their scopes of work. It is reasonable for these coalitions to experience some sort of transitional period. Please be assured that the need for grass root coalition work still exists in New Mexico. There is much more policy work to be done. Below is a listing of possible topics for coalitions to choose from when deciding initiatives to work on:

1. Secondhand smoke on tribal lands
2. Reduce or counter point-of-sale advertising
3. Secondhand smoke and public housing (Section 8)
4. Secondhand smoke and apartment buildings
5. Education & advocacy about secondhand smoke exposure in the home and vehicle
6. Supporting the Dee Johnson Clean Indoor Air Law
7. Educating the public about secondhand smoke and pediatric asthma
8. Environmental advertising of smokeless tobacco
9. Smokeless tobacco sponsorship of local rodeos

Coalition Diversity and Development

Continuous development is essential for both new and existing coalitions in order to stay vital within a community. A diverse coalition with a wide range of participating members is essential to social change and health justice.

To achieve a diverse coalition, you will want to identify the core groups of tobacco control "champions" in your community. These are the people who are known to be passionate and committed to tobacco control and who can put aside their own agendas for the greater good.

How can we grow our coalition?

- Ask yourself, “Who will help to make our planning and implementation efforts **more representative of our community?**”
- Including non-traditional partners will help make your planning effort more representative of your community, as well as enlarge your base of support.
- Look for people to be involved who have practical experience in planning local programs, local campaigns, grant writing, etc
- **Who will be affected** by the work of our coalition?
- Don’t start with too many preconceived ideas about who should be at the planning table. You are not filling ‘slots’ but finding committed people from a wide variety of backgrounds who can work effectively together for the common good.

You can use the chart provided in this section to help you identify people and organizations and what each has to offer to your community’s tobacco control efforts.

Also included in this section is “Nine Questions” A Strategy Planning Tool for Policy and Environmental Change. This tool is helpful in determining what topics a coalition would like to address.

Maintaining Membership

- Ask participants what they think they can bring to the effort - that is, what skills, perspectives and resources they have to contribute. Learn how they can be involved and how they will not, or cannot be involved.
- Allow for the fact that people and groups will come and go in the process as issues become more or less relevant to them. Don’t try to hang on to people who want to move on.
- Expect that the level and type of involvement will vary with each person or group during each part of the planning and implementation process.
- Consider using a “Task Force” for projects that have a finite goal and timeline. Some members may be more willing to commit to a term-limited project.

As always, please contact your contract monitor for any help you will need for these initiatives. Many members of the TUPAC team have organized and worked with coalitions – in tobacco control and in other fields as well – so don’t be afraid to ask for help.

“Nine Questions”

A Strategy Planning Tool
for Policy and Environmental Change

1. What do we want? (GOALS)

Any policy or environmental change effort must begin with a sense of its goals. Among these goals some distinctions are important. What are the long-term goals and what are the short-term goals? What are the content goals (e.g. policy change) and what are the process goals (e.g. building community among participants)? These goals need to be defined at the start, in a way that can launch an effort, draw people to it, and sustain it over time.

2. Who can give it to us? (AUDIENCES)

Who are the people and institutions you need to move? This includes those who have the actual formal authority to deliver the goods (i.e. policymakers). This also includes those who have the capacity to influence those with formal authority (i.e. the media and key constituencies, both allied and opposed). In both cases, an effective policy effort requires a clear sense of who these audiences are and what access or pressure points are available to move them.

3. What do they need to hear? (MESSAGE)

Reaching these different audiences requires crafting and framing a set of messages that will be persuasive. Although these messages must always be rooted in the same basic truth, they also need to be tailored differently to different audiences depending on what they are ready to hear. In most cases, policy or environmental change messages will have two basic components: an appeal to what is right and an appeal to the audience's self-interest.

4. Who do they need to hear it from? (MESSENGERS)

The same message has a very different impact depending on who communicates it. Who are the most credible messengers for different audiences? In some cases, these messengers are "experts" whose credibility is largely technical. In other cases, we need to engage the "authentic voices," those who can speak from personal experience. What do we need to do to equip these messengers, both in terms of information and to increase their comfort level as advocates?

5. How can we get them to hear it? (DELIVERY)

There is wide variety of ways for advocates to deliver messages. These range from the genteel to the in-your-face. The most effective means varies from situation to situation. The key is to evaluate them and apply them appropriately, weaving them together in a winning mix.

6. What have we got? (RESOURCES)

An effective policy or environmental change effort takes careful stock of the resources that are

already there or need to be built on. This includes past policy work that is related, alliances already in place, staff and other people's capacity, information and political intelligence. In short, you don't start from scratch, you start from building on what you've got.

7. What do we need to develop? (GAPS)

After taking stock of the resources you have, the next step is to identify the resources you need that aren't there yet. This means looking at alliances that need to be built, and capacities such as outreach, media, and research, which are crucial to any effort.

8. How do we begin? (FIRST STEPS)

What would be an effective way to begin to move the strategy forward? What are some potential short term goals or projects that would bring the right people together, symbolize the larger work ahead and create something achievable that lays the groundwork for the next step?

9. How do we tell if it's working? (EVALUATION)

As with any long journey, the course needs to be checked along the way. Strategy needs to be evaluated, revisiting each of the questions above (i.e. are we aiming at the right audiences, are we reaching them, etc.) It is important to be able to make mid-course corrections and to discard those elements of a strategy that don't work once they are actually put into practice.

Note: A common confusion in the development of advocacy strategy is the difference between "strategy" and "tactics." **Tactics** are specific actions -- circulating petitions, writing letters, or staging a protest -- that are the building blocks of advocacy. **Strategy** is something larger, an overall map that guides the use of these tools toward clear goals. Strategy is a hard-nosed assessment of where you are, where you want to go, and how you can get there.

9. Frequently Asked Questions

TUPAC is always available to answer any questions you may have. This is a great opportunity to go ahead and provide some answers to some of the most frequently asked questions.

Q: Can I send one staff member to a TUPAC training (e.g., Freedom From Smoking or Not On Tobacco, etc.) and then have that staff member train the rest of my staff?

A: No, this cannot take place, unless these trainings are Train the Trainer. TUPAC wants the staff member that attended the training to implement the program/curriculum. Go to www.nmtupac.com and click on Training Opportunities to find a listing of trainings that are currently being offered.

Q: What happens when I get one of those error messages in the eTET?

A; You need to copy and paste that exact message into an email to your monitor. You also need to explain what you were doing when you received the message.

Q: How do I know I am using the correct TUPAC form?

A: Go to the www.nmtupac.com website and you can find every form TUPAC requires under the TUPAC Forms tab on the left hand side of the page.

Q: Can I reformat or add colored cells to my invoice?

A: No. Other than putting your cumulative costs at end of prior period in column C and entering your incurred costs current period in column D, you should not change any cell in your invoice without notifying your monitor first. If the invoice you send for payment does not match the invoice on record, it will not be paid.

Q: When is my contract going to be done? Where's my amendment? When can I start billing?

A: Starting up a new fiscal year and getting your contracts correct is always a priority for TUPAC. There is no definite way of finding out when your contract will be executed and what day your contract will start. As soon as we have confirmation that your contract has been executed, you will be contacted by our financial staff and/or your monitor. We want you up and running just as soon as you do. Amendments are made when there are significant changes in a contract during a fiscal year. They take the same amount of time as a brand new contract.

Q: Where's my check?

A: Checks for vendors run on the weeks that they do not run state payroll. That having been said, the sooner you get a correct invoice, eTET and supporting documentation to your monitor, the sooner your invoice will be processed. If your check is more than thirty (30) days away from when your monitor approved your invoice, contact your monitor and they will investigate the status of your check.

Q: Can I combine events?

A: Probably not. Each contractor is expected to carry out each event in their individual scopes of work in order to maximize the number of people reached. Ask you contract monitor for more details.

Q: When would I need a BAR (Budget Adjustment Request)?

A: BARs are a great tool for you and your monitor to use to make sure that each TUPAC dollar is spent wisely. Neither you or your monitor can foresee the future six to eight months ahead of time. There will be situations where expenses will be more in one line item and less

in another. TUPAC does not want any contractor subsidizing TUPAC activities. You will need to send your monitor an email that requests funding be moved from line item A to line item B. BARs should be for \$100 or more. A sample request memo is located in TUPAC Forms and Sample Documents in this manual and on www.nmtupac.com.

Q: What’s the difference between an activity and an initiative?

A: The initiative is the numbered item in your scope of work. It encompasses a broad idea. Activities are the lettered items in your scope of work that help you accomplish the initiative. It takes several activities to accomplish one initiative.

10. TUPAC Forms and Sample Documents

All of the forms in this document should be available online at www.nmtupac.com in the “TUPAC Forms” section of the secure part of the site.

Cessation Forms

TUPAC cessation forms are required for every client who receives an intervention of 20 minutes or more. Cessation forms are required for clients receiving services individually or in groups and if the services are more extensive than basic screenings and brief interventions. While there is required documentation associated with screening and brief interventions, TUPAC cessation forms are not required.

Contractors can generate their own cessation forms online, which have personalized contractor names and client ID numbers pre-printed at the top of the forms. Detailed instructions on the use of forms are also available on the website. If there are technical questions about how to generate cessation forms, please send an email to lgutman@salud.unm.edu. Completed hard-copy forms are to be mailed directly to UNM/HEART for processing at:

Dr. Linda J. Penaloza
Division of Prevention and Population Sciences
1 University of New Mexico
MSC 11 6145
Albuquerque, NM 87131

Action Plans

Action plans are used to keep TUPAC apprised of contractors’ progress toward completion of specific deliverables. Furthermore, they will help contractors execute proper planning of the activity, may indicate potential media support efforts, and will help to establish collaboration and coordination with other contractors. Keep the following in mind:

- Develop and submit action plans to TUPAC. Target dates for action plan submission are listed in your scope of work. If no date is listed, the standard three-week review time frame

should be observed. Be advised that action plans may be subject to minor or major revisions before approval is given.

- Implementation of a proposed project or activity can begin after approval from TUPAC is received.
- Action plans should contain:
 - Name of the project/event; Organization/group participating, e.g. peer educators, adult coalition, youth coalition, project staff
 - A brief summary of the activity/event
 - Fiscal year
 - Desired outcome
 - Population being addressed or served
 - Proposed date the project/event will take place
 - Coordination activities leading to event implementation
 - A detailed time line for the project/event
- Allow for adequate review, revision and approval time when you submit your action plan to TUPAC.
- Provide complete information about the project or event to prevent delay in TUPAC approval.
- Your contract monitor must approve expert guest speakers prior to scheduling any event.
- Sub-contractors who will be hired to help fulfill contract deliverables must be approved in order to establish their qualifications for participation in the contract as well as the amount to be paid to that individual.

Memoranda of Understanding (MOU):

Community-based contracts wishing to perform work at, or in collaboration with, schools must obtain a Memorandum of Understanding (MOU) signed by school officials stating the nature of the collaboration, roles and responsibilities of the contractor and the school, and programs and services being provided. To ensure that school-based curricula are implemented with fidelity and evaluated, the MOU must include the name and length of the curriculum, as well as the grade levels receiving the program. A sample MOU is included in the TUPAC Forms and Sample Documents section of this manual.