

FY22 TSROC Funding Request (same as FY21)

Breast and Cervical Cancer Prevention: \$124,566

Hepatitis and Harm Reduction: \$283,800

Tobacco Use Prevention and Control: \$5,264,706

Diabetes Prevention and Control: \$693,056



*The New Mexico Breast and Cervical Cancer Early
Detection (BCC) Program*

Beth Pinkerton, Program Manager
September 15, 2020

New Mexico BCC Program

- Each year in New Mexico about 1,440 women are diagnosed with invasive breast cancer, and another 268 women die from breast cancer
- Treating early stage breast cancers found on screening mammography can prevent some breast cancer deaths
- The BCC Program provides high-quality, age-appropriate, accepted standard of care breast and cervical cancer screening and diagnostic services at no cost to eligible women in New Mexico

New Mexico BCC Program

To be eligible for breast cancer screening services through the BCC Program, women must meet the following criteria:

- 40 years of age or older
- Income at or below 250% of federal poverty level
- No health insurance
- No Medicare Part B or full New Mexico Medicaid

Approximately 23,164 women in New Mexico are eligible for breast cancer screening services through the BCC Program

NM Tobacco Settlement Revenue (TSR) Funds

Historically allocated for the provision of mammograms

- Primarily for women 40-49 years of age

TSR funds allocated into FY20 provider agreements

- 16 providers statewide
- Mammography service providers located in each quadrant of NM
- Providers agree to accept Medicare reimbursement rates

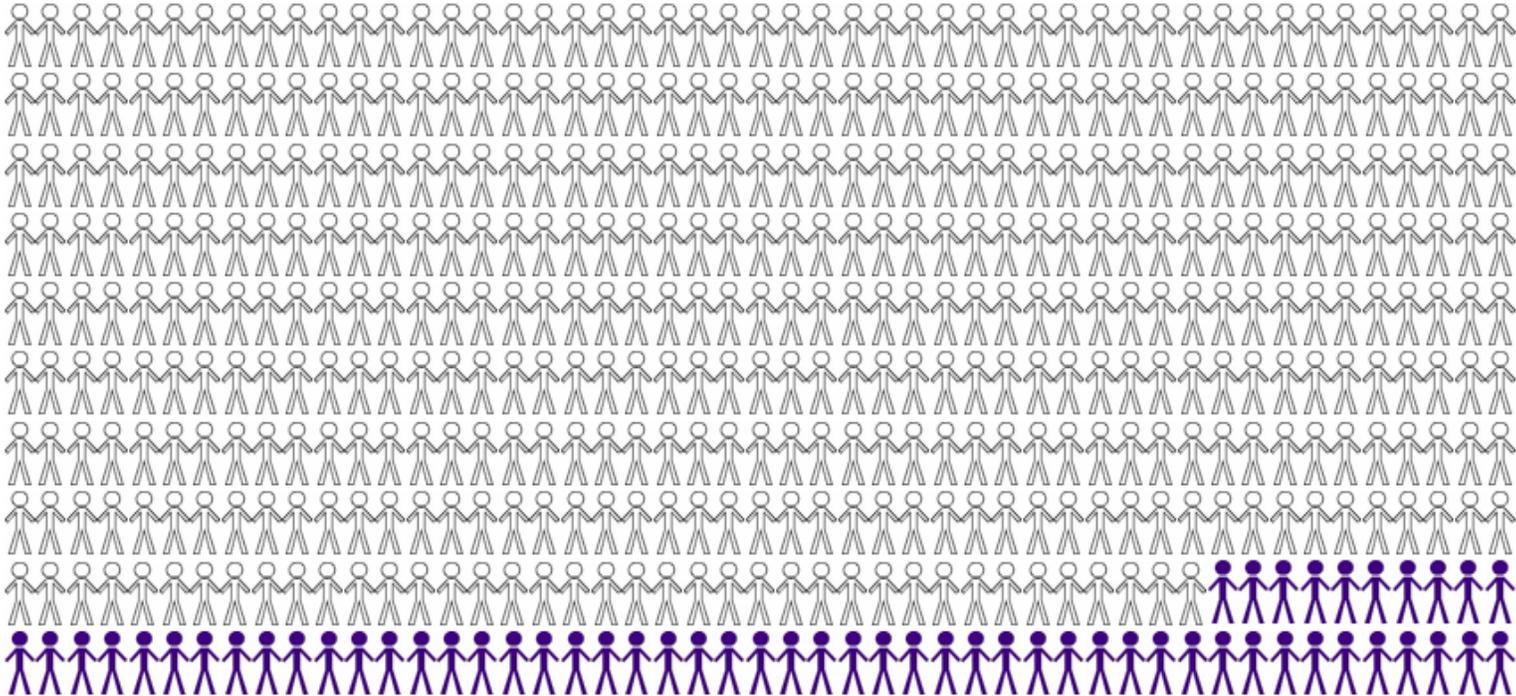
New Mexico BCC Program

Fiscal Year	Appropriation	# Women Served with TSR funds
FY10	\$184,200	2,105
FY11	\$132,210	1,388
FY12	\$128,600	870
FY13	\$128,600	936
FY14	\$128,600	752
FY15	\$128,600	877
FY16	\$128,600	876
FY17	\$128,600	783
FY18	\$128,600	958
FY19	\$128,600	911
FY20	\$124,566	717

100% of TSR funds are used for direct clinical services
No TSR used for overhead (staff, rent, supplies, etc.)

NM TSR Funds Help the BCC Program to:

Serve more women: 717 in FY20



The BCC Program is currently only funded to serve about 12% of the eligible population

NM TSR Funds Help the BCC Program to:

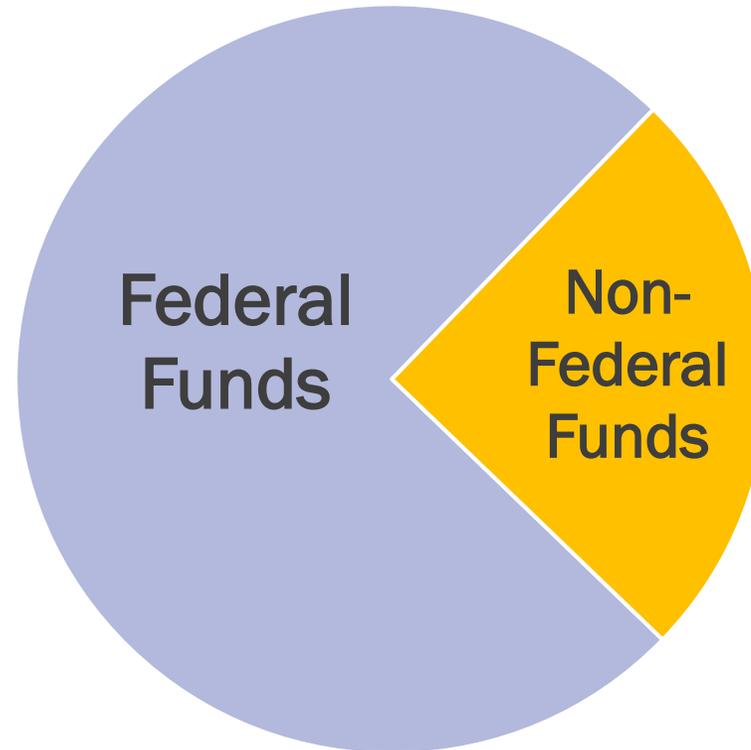
**Serve
younger
women**

- CDC requires at least 75% of federal mammography dollars be used to serve women ≥ 50 years of age
- In FY20, 94.5% of TSR funds were used to provide breast cancer screening services to women < 50 years of age

*** 3 patients screened with TSR funds in FY20 were diagnosed with invasive breast cancer and none were diagnosed with in situ breast tumors**

NM TSR Funds Help the BCC Program to:

**Meet the
3:1
match
required
by CDC**



NM BCC Program

BCC Program:
Screening and diagnostic services

BCC Program:
Case management services
Approval for Category 052 Medicaid or referral to Expanded Medicaid

HSD Medicaid 052:
Treatment for breast and cervical cancer for women living at 139%-250% FPL

HSD Expanded Medicaid:
Treatment for breast and cervical cancer for women living at or below 138% FPL

The BCC Program Case Manager provides *presumptive eligibility determination* for a special category of Medicaid (052), which was created specifically to provide access to treatment for women diagnosed with breast or cervical cancer through the BCC Program, and is only available to BCC women.

Breast Cancer and Tobacco

- Mounting evidence that both smoking and exposure to secondhand smoke increase the risk for breast cancer, especially in premenopausal women
- Increased risk is greatest for women who smoked between puberty and first giving birth
- Smoking increases the risk of dying among breast cancer survivors

All BCC women are assessed for tobacco use, and current users are referred to the NMDOH free tobacco quit services

Cervical Cancer Screening

- Each year in New Mexico about 82 women are diagnosed with invasive cervical cancer, and another 24 women die from cervical cancer
- The goal of screening for cervical cancer is to catch cervical cancer or precancer early when these cases are more treatable and curable
- Cervical cancer screening tests result in decreased cervical cancer incidence and mortality rates

*** In FY19-FY20, the BCC Program diagnosed 8 women with invasive cervical cancer and another 132 with cervical pre-cancers**

Cervical Cancer and Tobacco

- Women who smoke are about twice as likely as non-smokers to get cervical cancer
- Tobacco by-products have been found in the cervical mucus of women who smoke
- Smoking makes the immune system less effective in fighting HPV infections
- Cervical pre-cancer among persistent high-risk HPV infected women was twice as high in heavy smokers compared to never smokers

All BCC women are assessed for tobacco use, and current users are referred to the NMDOH free tobacco quit services



New Mexico Breast and Cervical Cancer Early Detection Program

**FY22 Request:
\$124,566 (same as FY21)**

**Tobacco Settlement Funding will provide
mammograms to women 40-49 years of
age**



**Thank you for supporting
cancer screening services for
New Mexico women**



Tobacco Settlement Revenue Oversight **Committee: HIV, STD and Hepatitis** **Section Activities**

Presenter: Joshua Swatek

September 15th, 2020

Program Contacts:

Andrew Gans, MPH - HIV, STD, and Hepatitis Section Manager

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Joshua Swatek – Hepatitis and Harm Reduction Program Manager

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Harm Reduction and Hepatitis Program Support from Tobacco Settlement

	State fiscal year (SFY) 2019	SFY 2020	Request for SFY 2021
Hepatitis Program	\$43,400	\$43,400	\$43,400
Harm Reduction Program	\$249,600	\$240,400	\$240,400
Total	\$293,000	\$283,800	\$283,800

Hepatitis Program Accomplishments

Overall Activities

- Public Health Offices (PHO) and contractual providers delivered the following services.
 - Over 4,600 laboratory tests for hepatitis B virus (HBV) and hepatitis C virus (HCV) were conducted in SF17.
 - Provided intensive HCV linkage to care services for 860 people
- Hepatitis C virus (HCV) testing fully integrated with HIV testing to increase volume. Positive antibody tests now are reflexed to confirmatory viral load tests that allow referrals into curative treatment options.

Hepatitis Program Accomplishments

Hepatitis C Virus (HCV) Elimination by 2030

- Baseline work for HCV elimination in 2016 with release of *HCV in New Mexico: Statewide Comprehensive Plan and Profile of the Epidemic*.
- Elimination phase kicked off during July 2020 with National Governor's Association (NGA) consultation held in Albuquerque, with Governor Lujan Grisham as keynote speaker.
- Progress in developing systems to achieve international, national and statewide goal of eliminating HCV as a public health threat by 2030:
 - Partnership with New Mexico Corrections Department (NMCD) to use special appropriation and access to 340B drug discount to treat 2,400 inmates by SFY 2024.
 - Agreement to ensure access to medication for individuals with no insurance via the New Mexico Medical Insurance Pool (NMMIP).
 - Public Health Offices will start treatment as the safety net provider in some communities.

Harm Reduction Program Accomplishments

Overview

- ❖ Statewide Syringe Services Program (SSP) activities are a fundamental and effective means of preventing the spread of HIV and hepatitis C virus (HCV).
 - Integrated approach for HIV and rapid HCV testing, including in correctional facilities, harm reduction outreaches, and community settings.
 - HCV rapid testing has been integrated into the HIV counseling, testing and referral services (CTRS) curriculum.
 - The SSP provides an access point for at-risk clients to navigation services into Hepatitis C treatment.

- ❖ The SSP provides access to at-risk clients for delivery of overdose prevention education and distribution of Naloxone (Narcan) for opiate overdoses.

Harm Reduction Program Accomplishments

Syringe Services

- ❖ Collects syringes from any individual who uses syringes, including both participants in the program and other New Mexicans.
 - ❖ This includes syringes collected during in-person syringe service sessions, Public Health Offices, Contracted Community Partners, and syringes collected through community collection “dropboxes”
 - ❖ By removing used syringes from circulation, public safety is increased
 - ❖ Collection rates are up across the entire state at over 90%
- ❖ The number of participants served is growing quickly.
 - ❖ Just over 6,000 participants in SFY 2013
 - ❖ Over 16,000 participants with over 52,000 sessions in SFY 2019
- ❖ Between 84% and 86% of participants reported not sharing syringes.

Harm Reduction Program Accomplishments ***Treatment Referrals and Overdose Prevention***

- ❖ Each year, more than 2/3 of SSP participants (68 – 71%) make one or more attempts to get into other substance use treatment programs. Of these attempts, roughly 1/3 experience barriers or challenges in receiving treatment.
- ❖ The overdose prevention program is growing rapidly. In FY 2020 naloxone was distributed during approximately 9,300 overdose prevention educational sessions, more than five times the approximately 1,700 sessions with naloxone distribution in 2012.
- ❖ There were over 3,400 opioid overdose reversals reported to the program in FY19, where the person was “OK” afterwards. This is more than four times the 810 reported in 2016!

FY22 Request

\$283,800 (same as FY21)

Harm Reduction and Hepatitis Program

Thank you





Tobacco Use Prevention and Control Program (TUPAC)

Tobacco Settlement Revenue Oversight Committee
September 15, 2020

David Tompkins

Interim TUPAC Program Manager

Tobacco use is the single largest preventable cause of disease, disability, and death

Source: CDC, *Best Practices for Comprehensive Tobacco Control Programs—2014*

2,802

smoking-related
deaths in New
Mexico annually

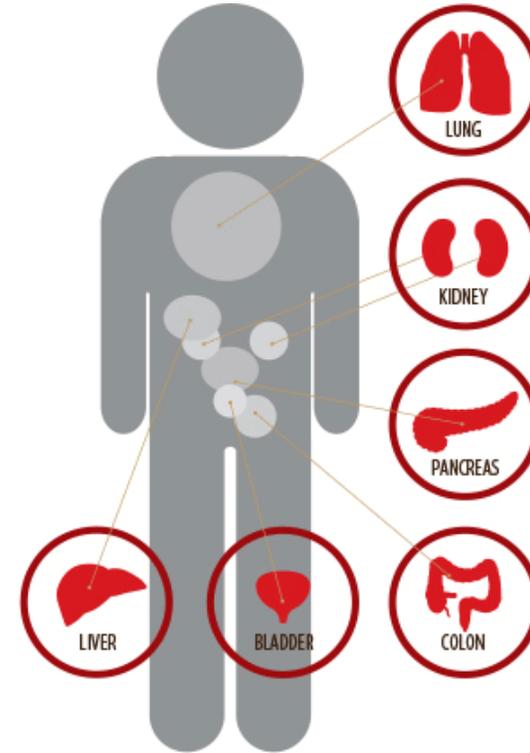


1 in 6
deaths

Source: Ma J, et al., Smoking-Attributable Mortality by State in 2014, US, *Am J Prev Med* 2018; 54(5): 661-670 and NM IBIS, 2018 death data

84,000+

New Mexicans suffer with smoking-related diseases



Source: CDC, *Best Practices for Comprehensive Tobacco Control Programs—2014*

Tobacco is an economic burden in New Mexico

\$1.4+ Billion

- **Total annual economic burden** of smoking in New Mexico
- **\$775 tax burden** per household



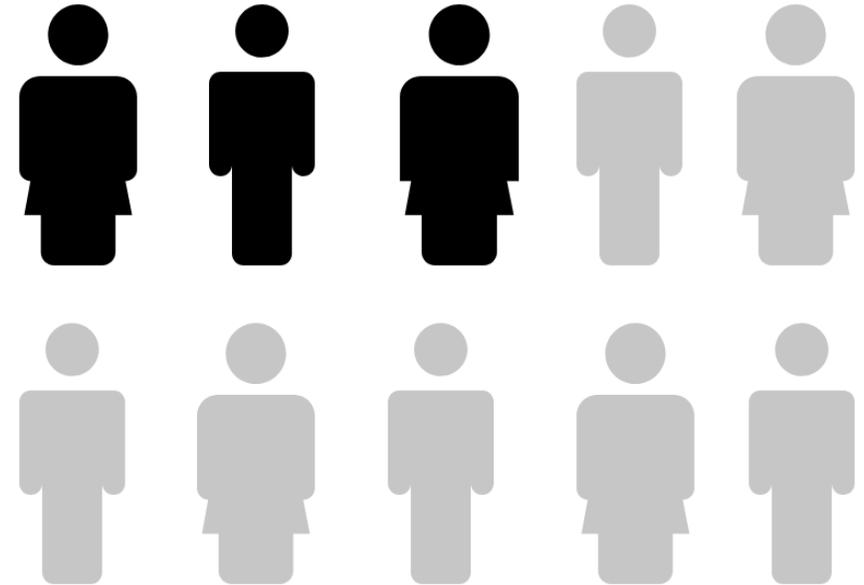
Source: [CTFK—The Toll of Tobacco in NM fact sheet](#), 8/24/20

Smoking adds to the cost of New Mexico's Medicaid Program

489,000

New Mexico adults
are enrolled in
Medicaid

(3 in 10 adults)

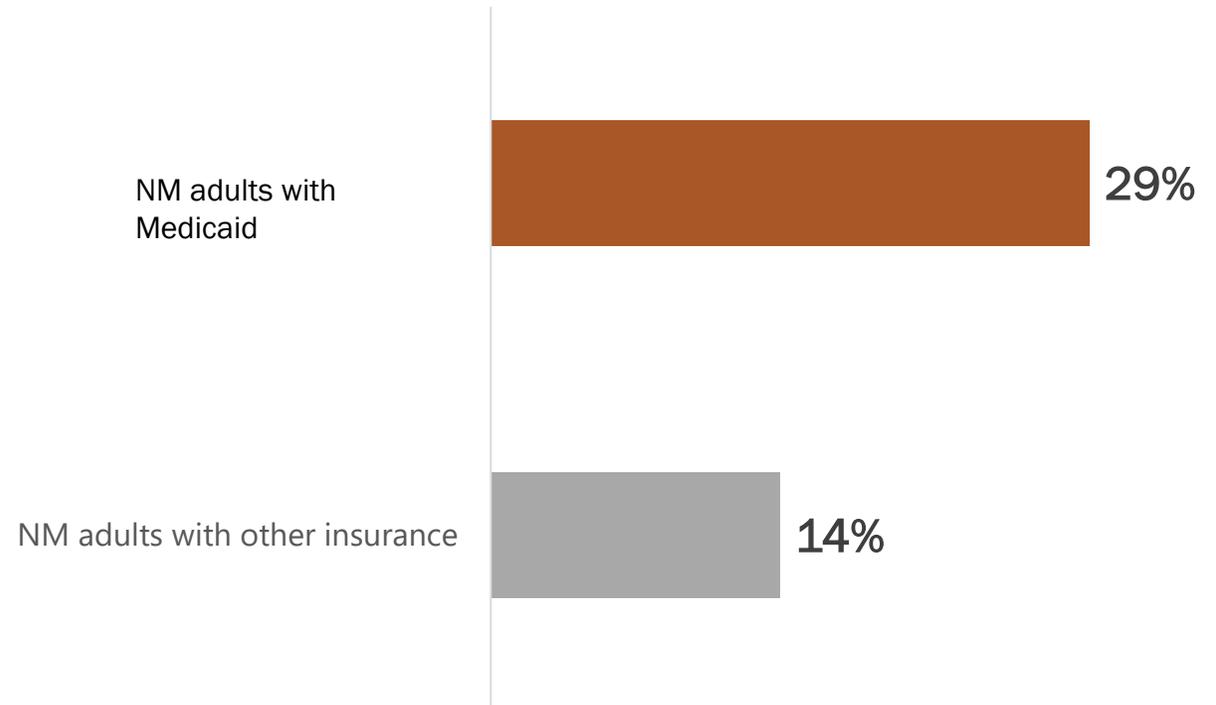


Source: NM Human Services Dept, May 2020 Medicaid Enrollment Report.

29%

of adults with Medicaid smoke cigarettes, compared to 14% of New Mexicans with other insurance

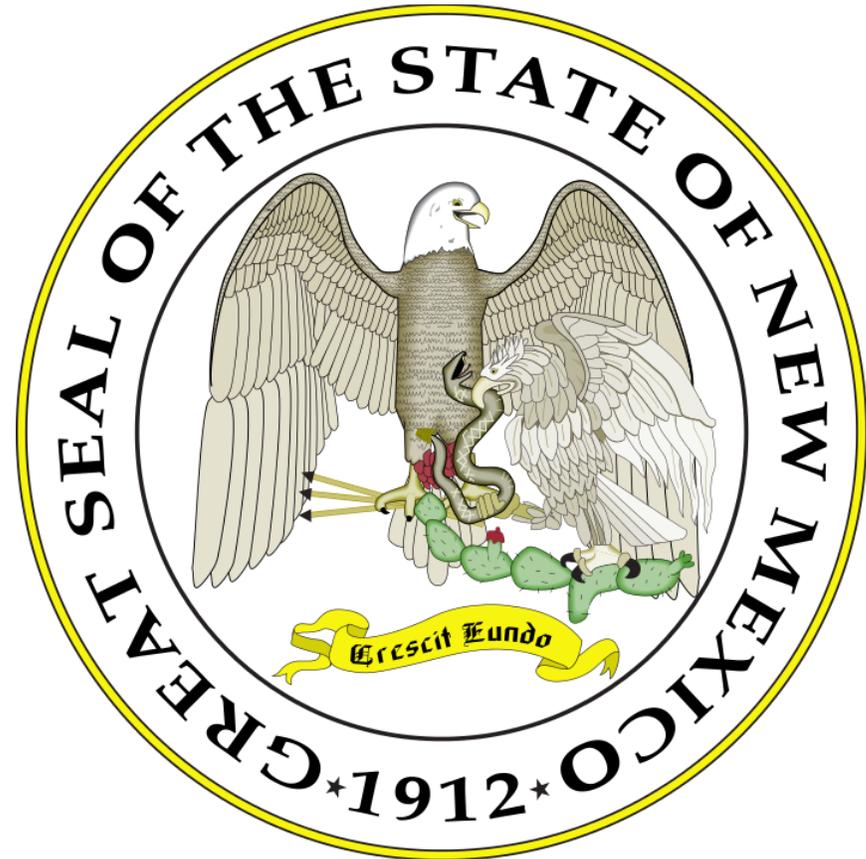
NM Adult Cigarette Smoking



Source: 2018 NM Tobacco Evaluation Survey

\$222,800,000

**Annual New
Mexico Medicaid
costs** caused by
smoking



Source: [CTFK—The Toll of Tobacco in NM fact sheet](#), 8/24/20

**New Mexico communities
are using proven
interventions to produce
positive outcomes**

Proven Interventions

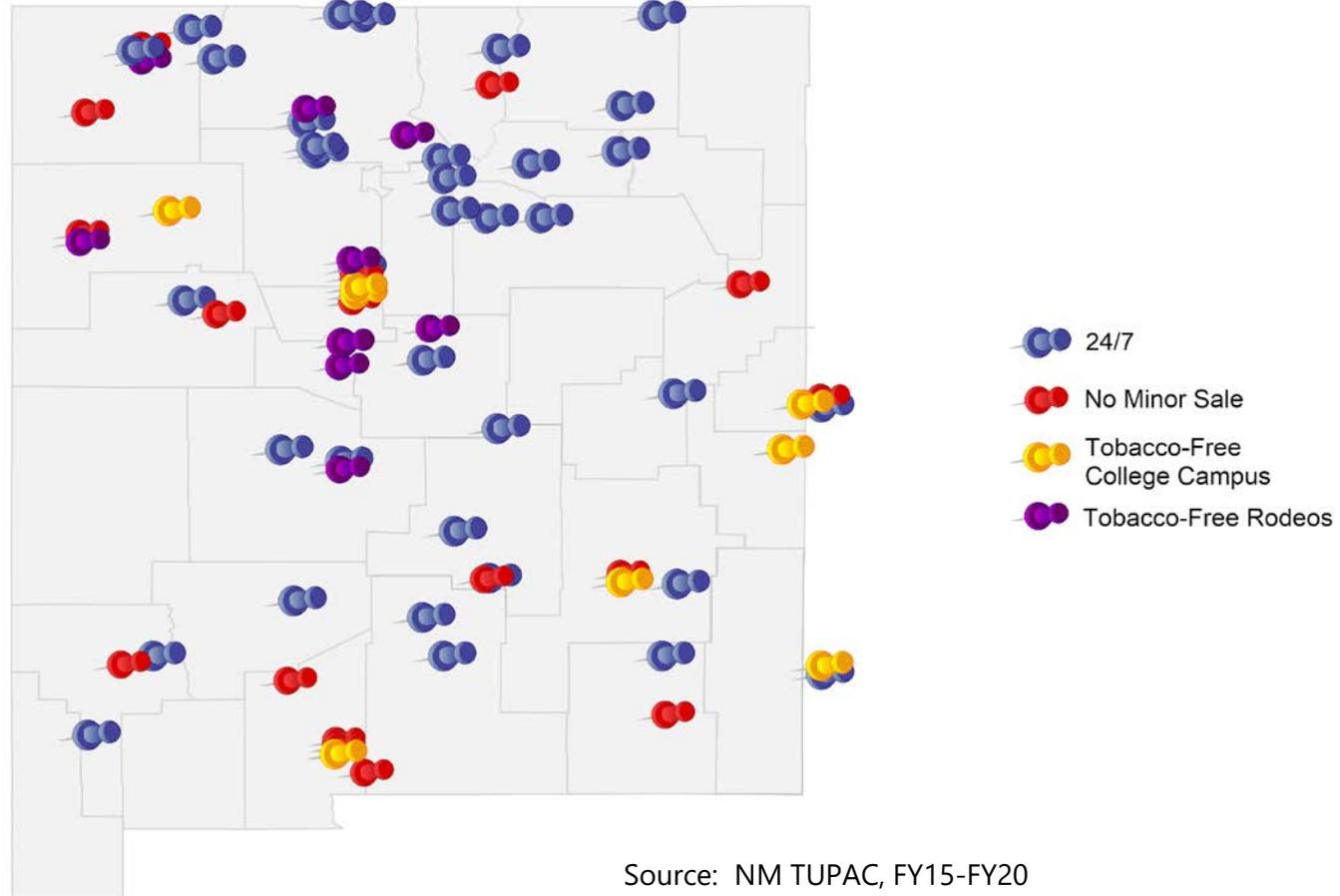
- 100% smoke-free policies, *including e-cigarettes*
- Access to nicotine addiction treatment services
- No access to tobacco by minors
- Tobacco price increases

Source: CDC, *Best Practices for Comprehensive Tobacco Control Programs—2014*; [CDC Surgeon General's Report, 2016](#)

TUPAC partners with communities to prevent kids from starting to use tobacco



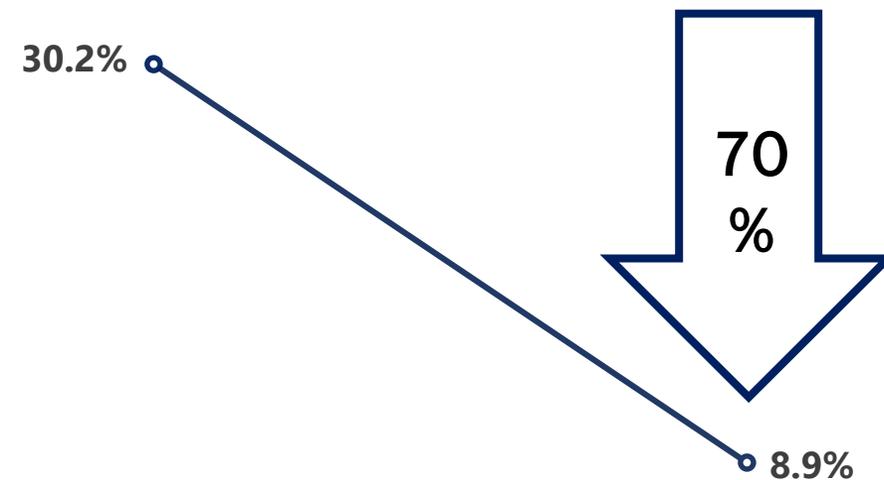
Proven interventions prevent youth from starting to use tobacco



70% decline in high school youth cigarette smoking

25,300 fewer high school youth smoke cigarettes

Cigarette smoking among New Mexico HS youth



Source: 2003 and 2019 NM YRRS

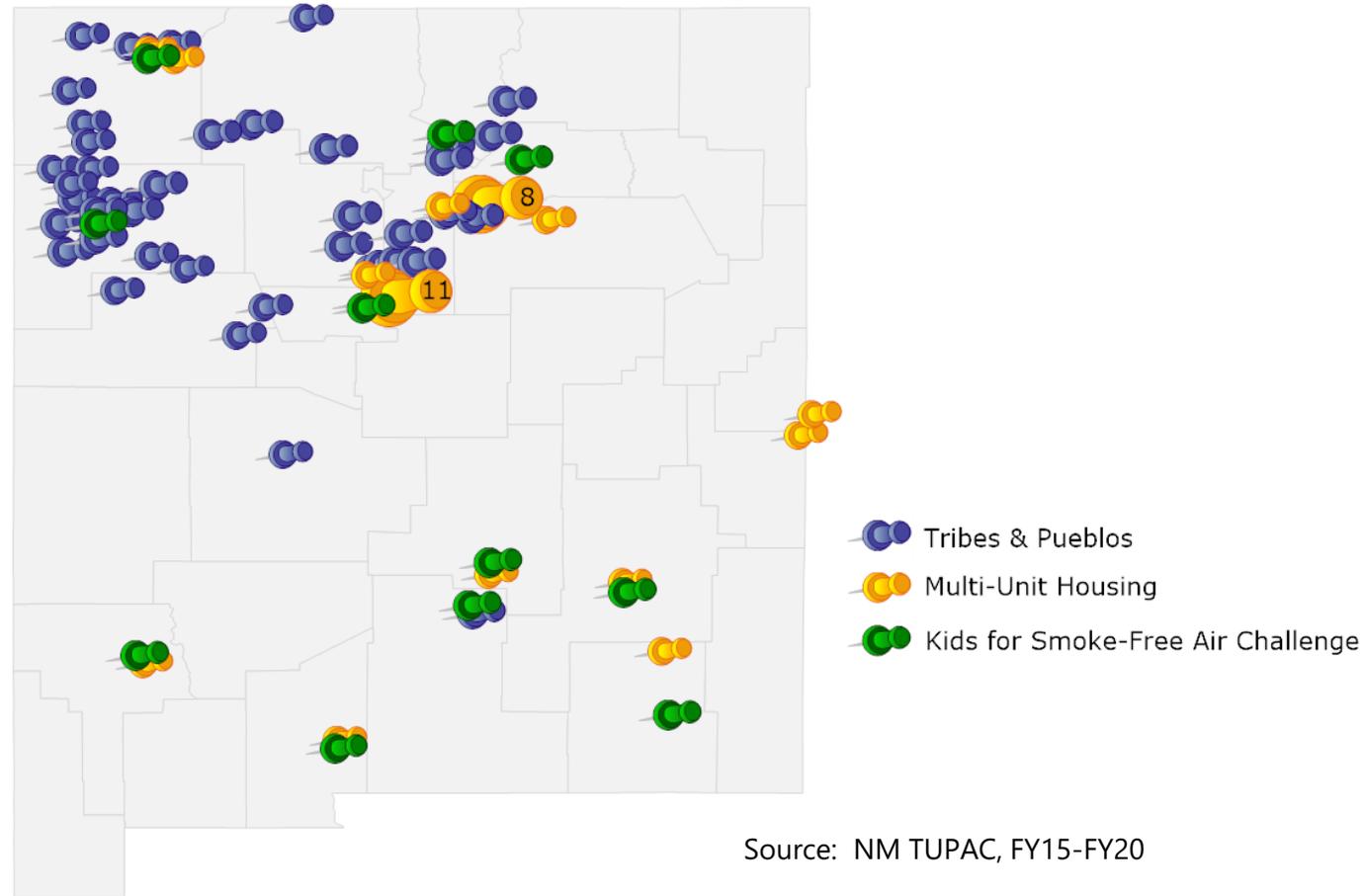
2003

2019

TUPAC partners with communities to reduce exposure to secondhand smoke and aerosol

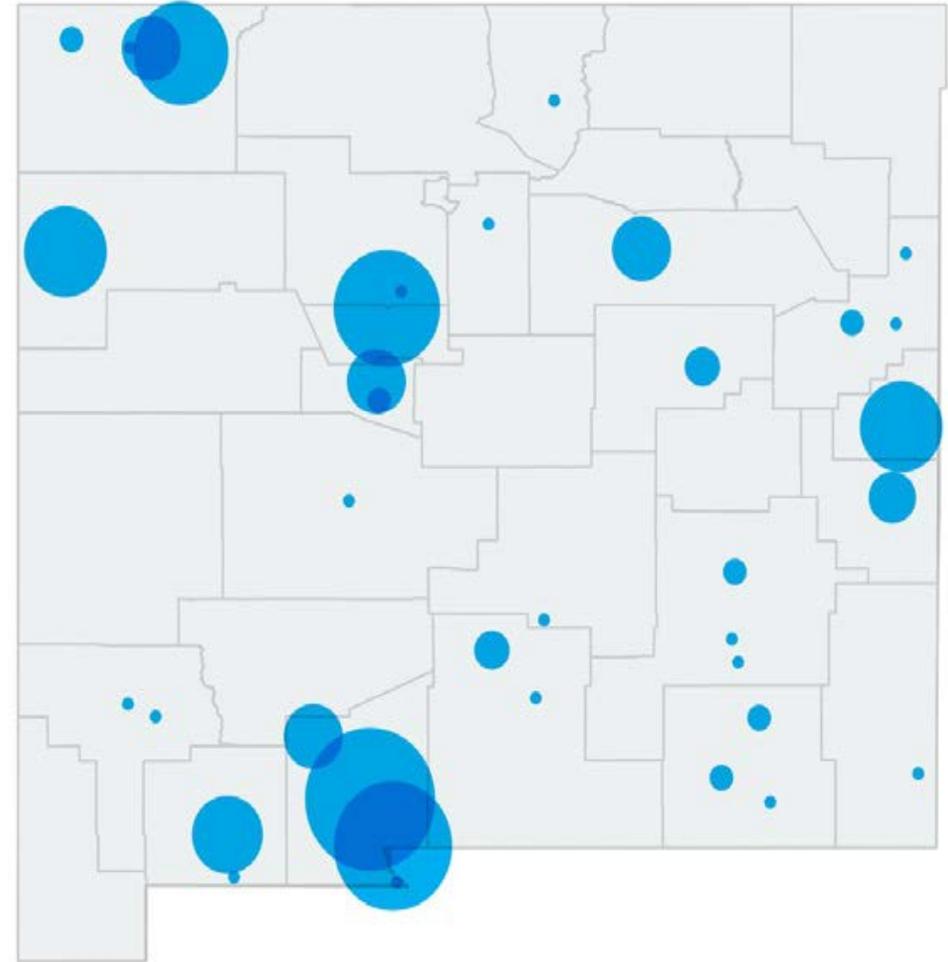


Proven interventions reduce exposure to secondhand smoke and aerosol



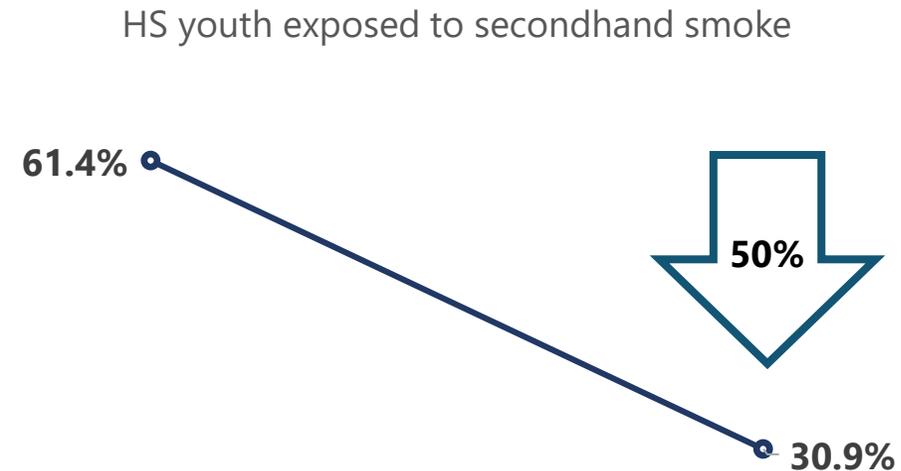
Success Story: JL Gray goes smoke- and vape-free

JL Gray Properties, New Mexico's second largest manager of multi-unit housing properties, is well on its way to certifying **all 5,000 of its units** smoke-free and vape-free by June 2021



50% decline in high school youth secondhand smoke exposure

37,700 fewer high school youth exposed to secondhand smoke indoors



Source: 2003 and 2019 NM YRRS

2003

2019

TUPAC and community partners help people quit using tobacco



Across the state, we offer these resources to promote quitting



**Comprehensive
Nicotine Addiction
Treatment Services**



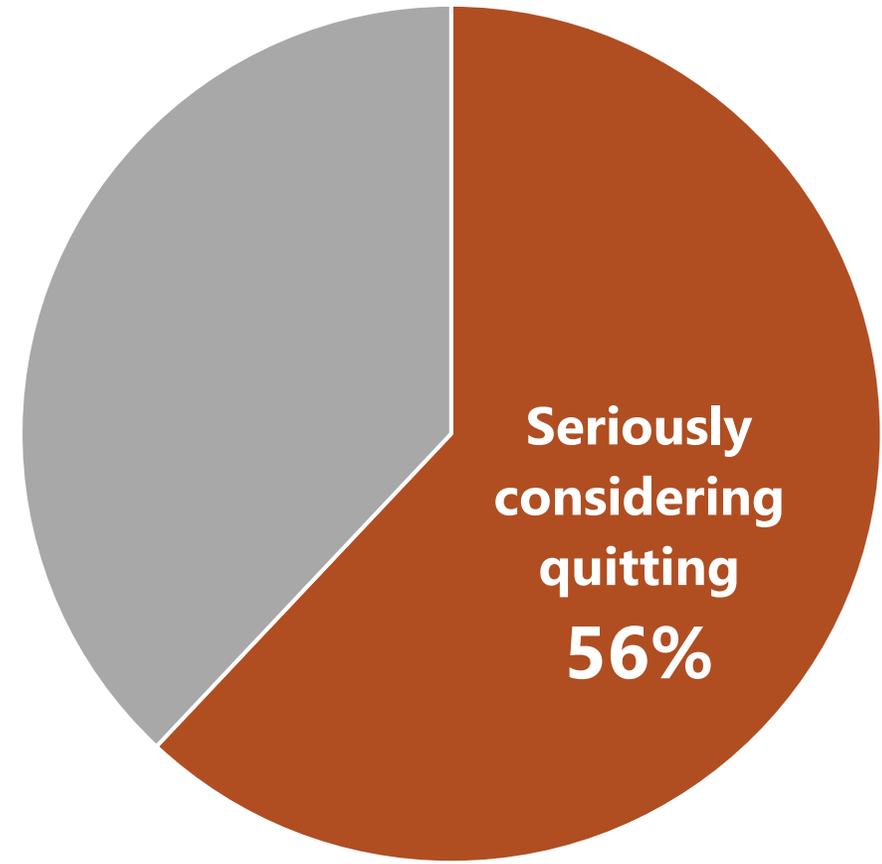
**Online Trainings
for Health
Professionals**



**Health Systems
Change Training and
Outreach Program**

Source: NM TUPAC Program, FY20

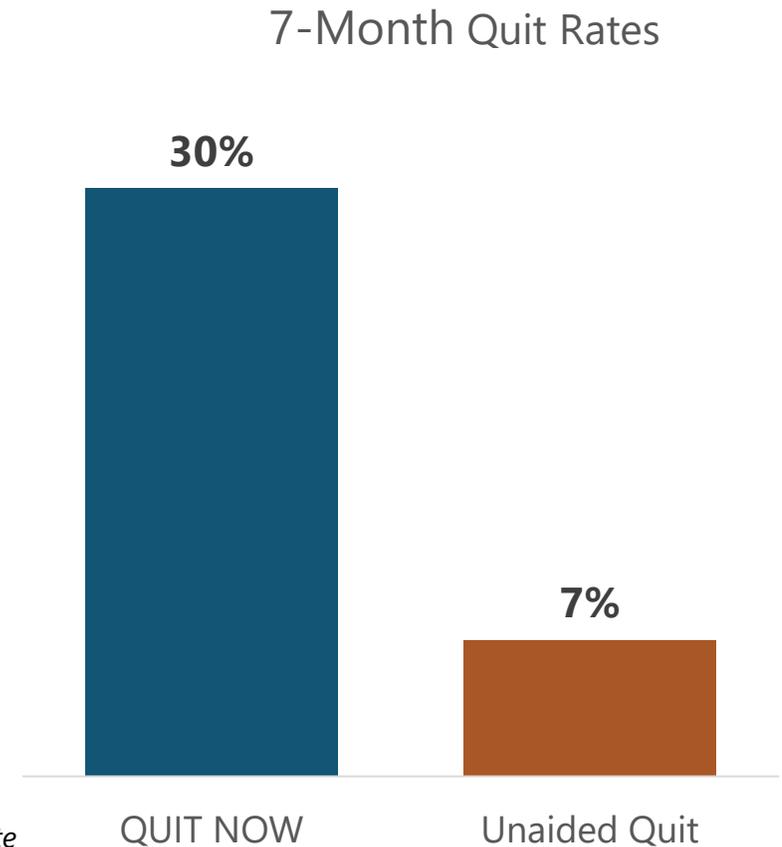
56% of adult smokers want to quit



Source: 2019 NM Behavioral Risk Factor Surveillance

QUIT NOW improves smokers' quitting success

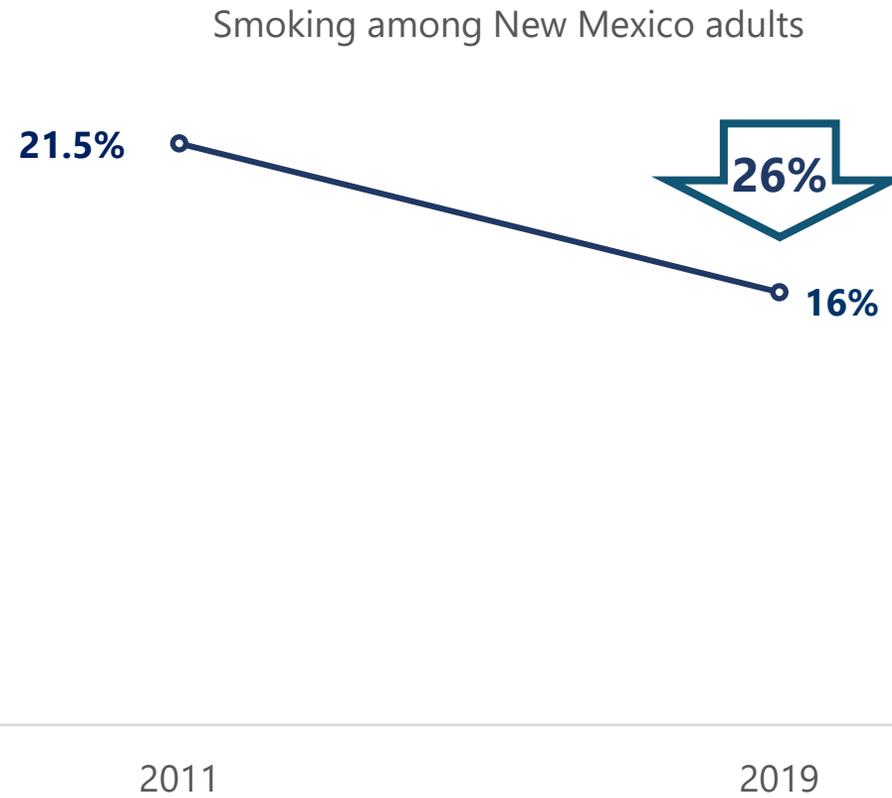
- Nearly **1 in 3** QUIT NOW enrollees successfully **quits**
- Quitline counseling and FDA-approved nicotine medication **more than triples** quit rates



Source: NM TUPAC Cessation Services Report, FY20; Fiore, MC, et al., *Treating Tobacco Use and Dependence: 2008 Update*

26% decline in adult smoking

77,300 fewer NM adult smokers

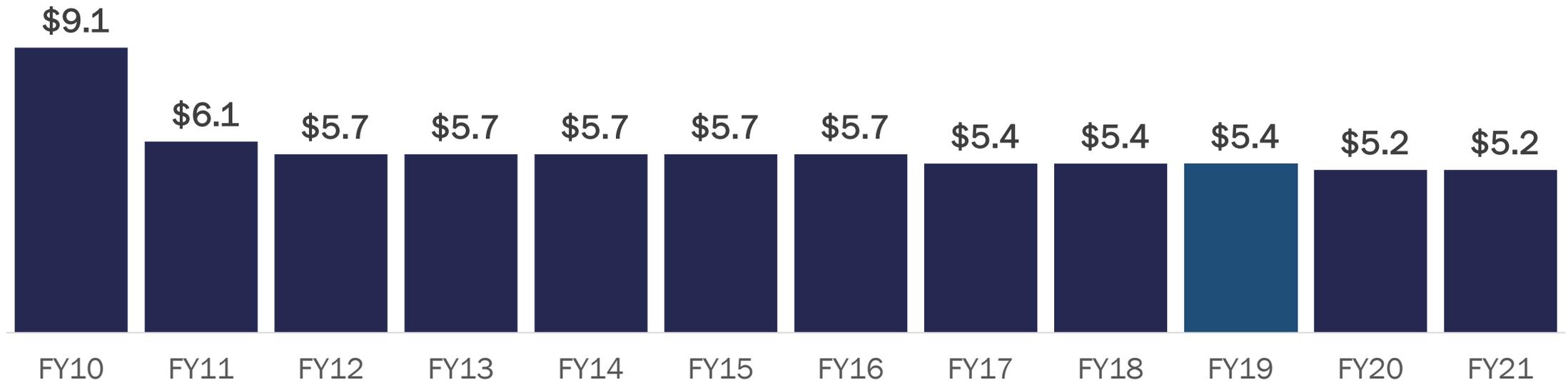


Source: 2011 and 2019 NM BRFSS

New Mexico invests in tobacco use prevention and cessation

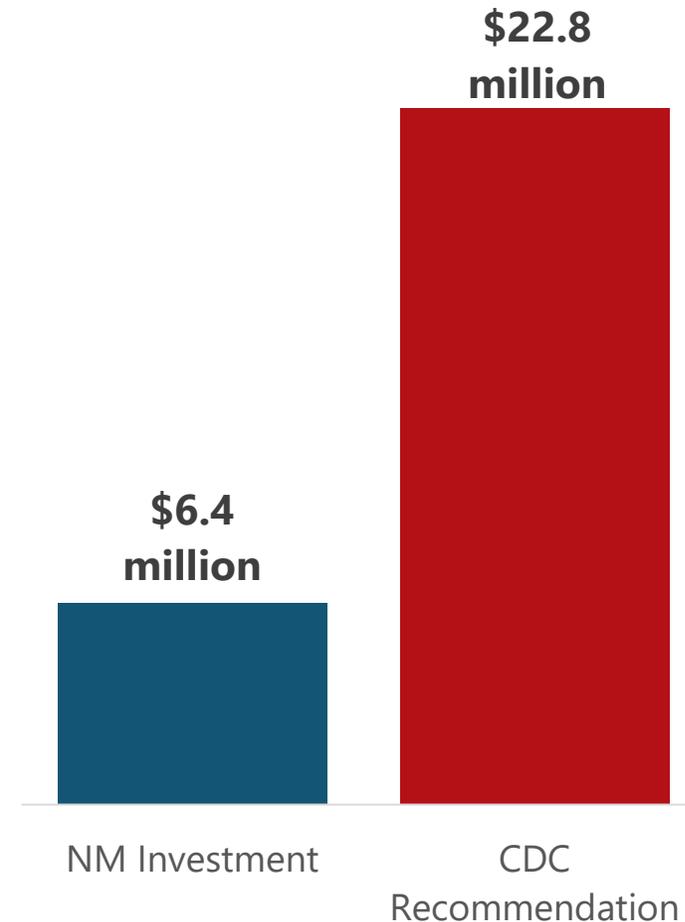
State investments in tobacco prevention and control in NM

Tobacco MSA Funding to TUPAC Program
(millions)



Source: NM TUPAC, FY21

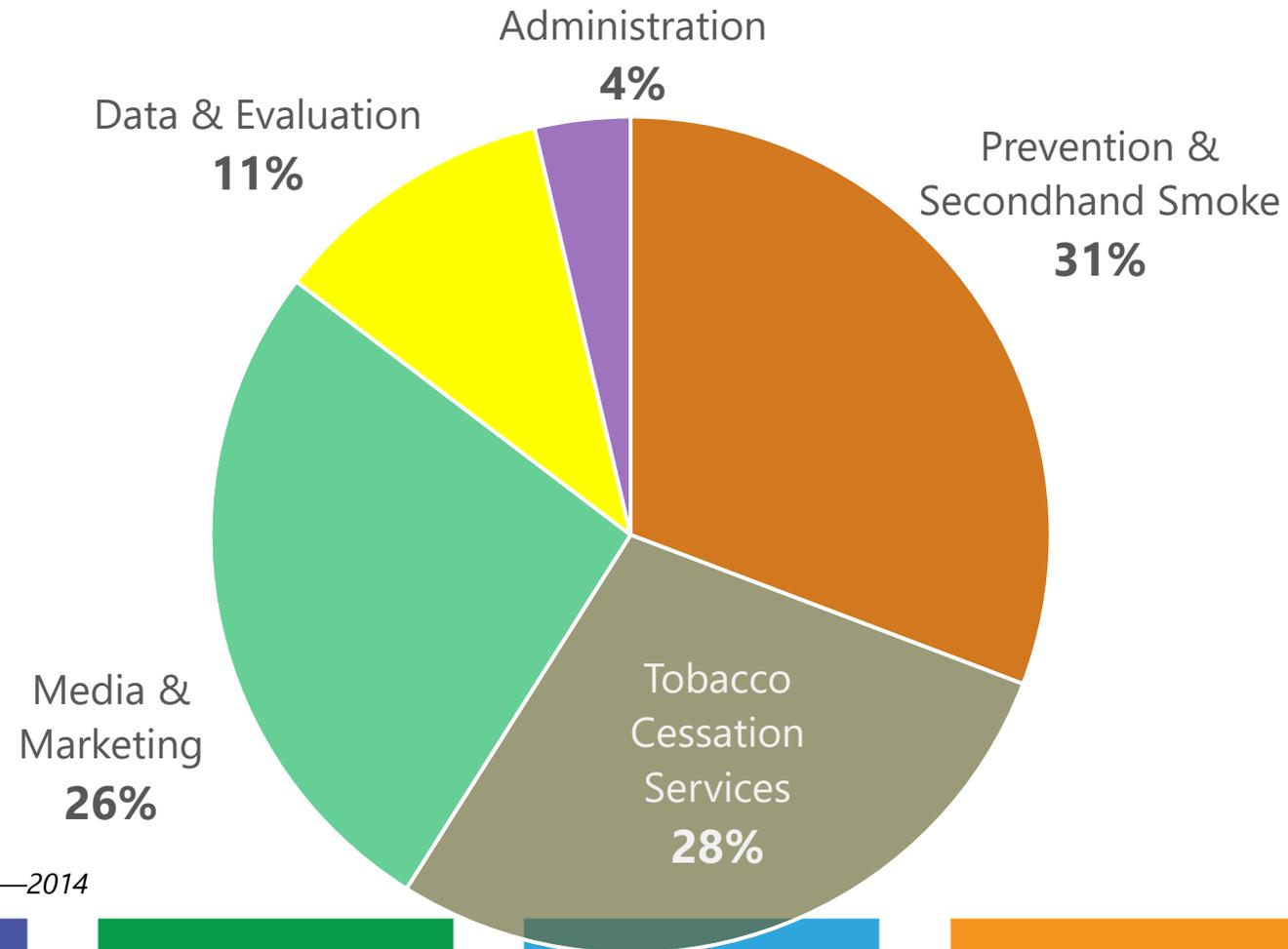
NM's total investment in tobacco prevention and control is 28% of CDC recommendation



Source: NM TUPAC, FY 19; CDC, *Best Practices for Comprehensive Tobacco Control Programs—2014*

Where TUPAC's MSA funding goes

Allocation follows **CDC guidelines** for comprehensive programs



Source: NM TUPAC FY20; CDC, *Best Practices for Comprehensive Tobacco Control Programs—2014*

Despite successes, we still have work to do!

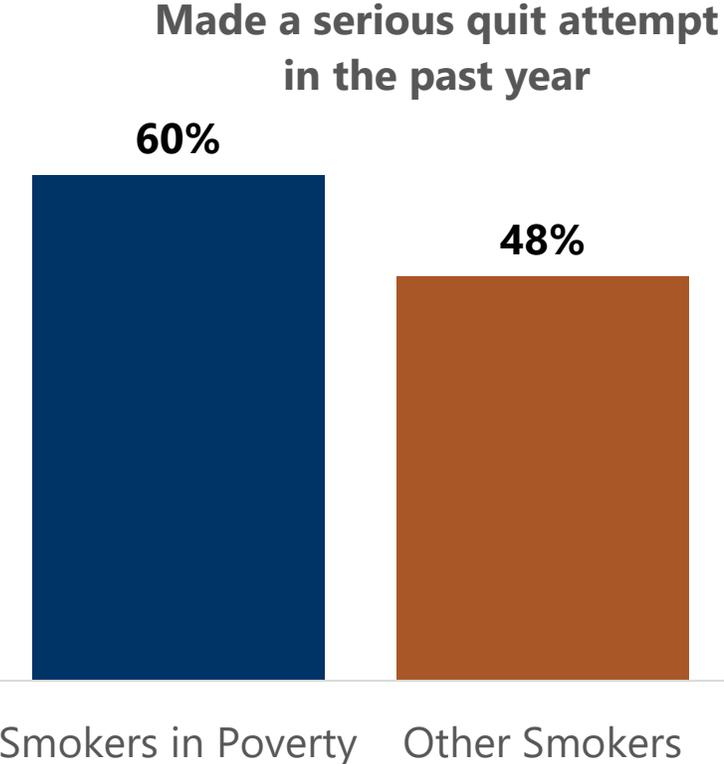
- Continued high smoking rates among **people experiencing poverty**
- High use of **new tobacco products** among youth and young adults

**More than half of remaining
smokers are people
experiencing poverty...**

**...representing over 159,000
New Mexicans**

Source: 2018 NM BRFSS and 2018 NM IBIS population estimates

Smokers in poverty are more likely to try to quit



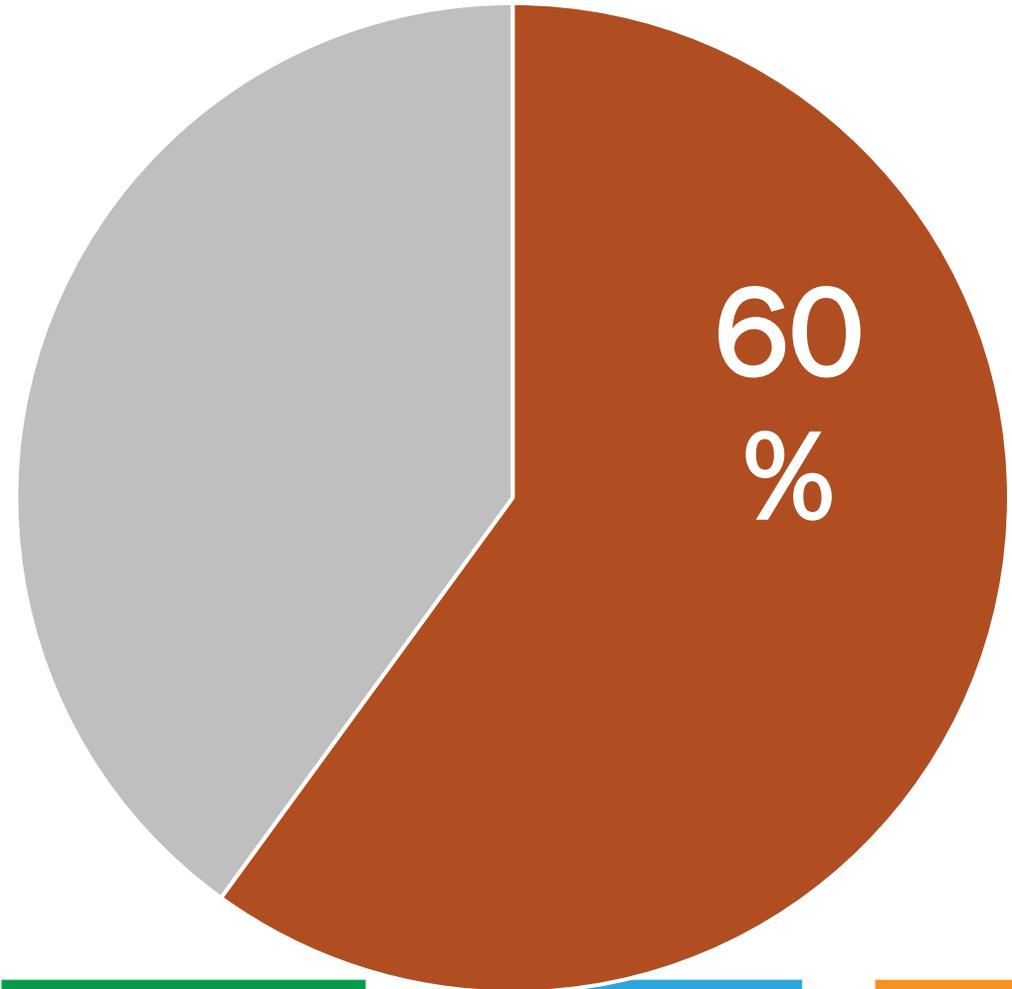
Source: 2018 NM BRFSS

TUPAC reaches smokers experiencing poverty

- Systems change trainings focused on **FQHCs**
- Smoke-free policies in **low-income housing**
- **Free quit coaching & free NRT** via QUIT NOW
- **QUIT NOW promotion** to low-income smokers

60%

of QUIT NOW
enrollees earn **less
than \$25,000 per
year**



Source: NM TUPAC Cessation Services Report, FY20

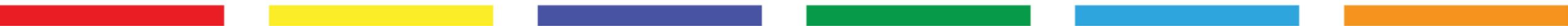
There's an opportunity to do more

Through QUIT NOW, TUPAC serves about **8,000** tobacco users per year...

...but there are more than **145,000** smokers who are interested in quitting

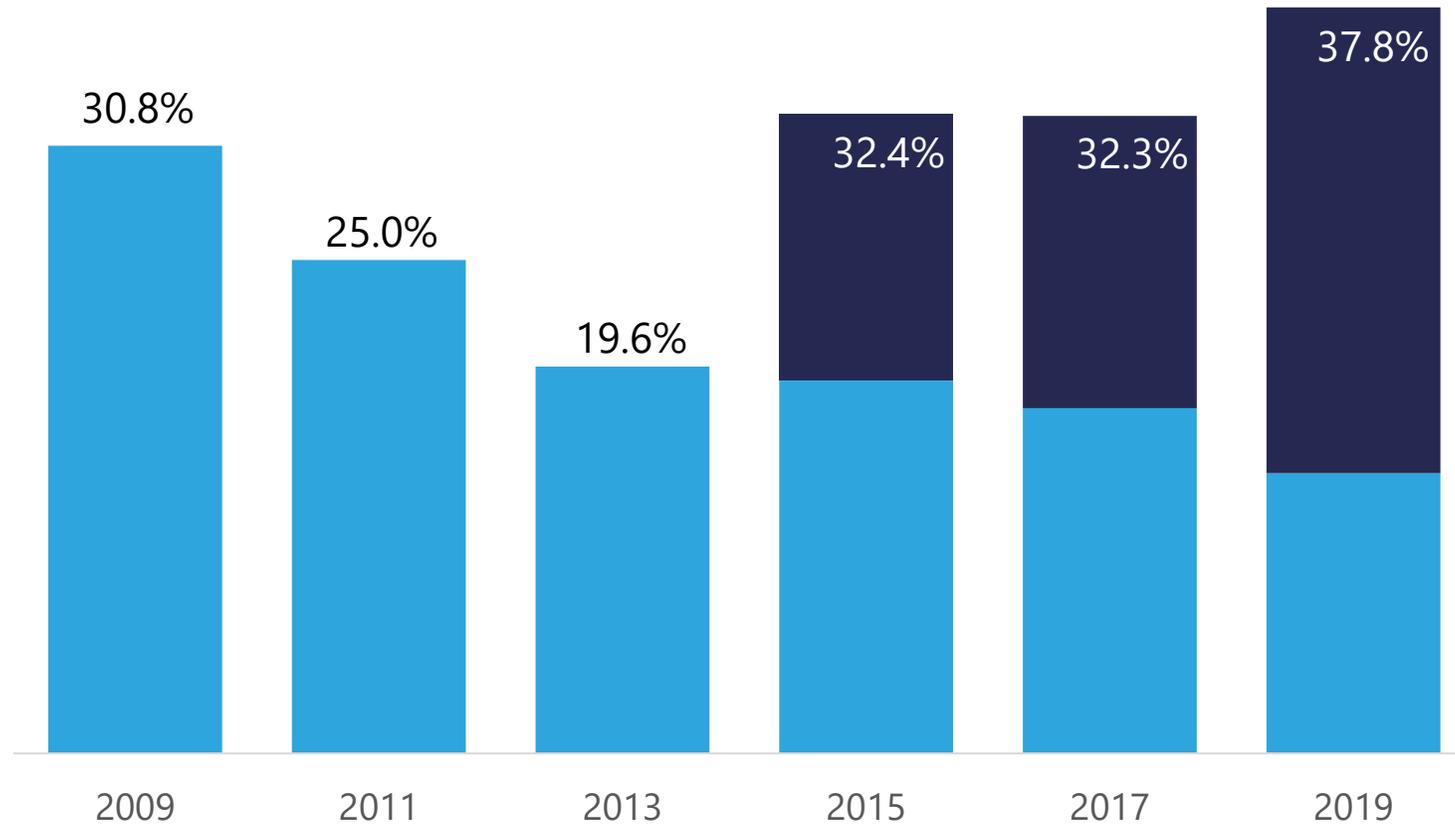
Source: 2019 NM BRFSS, 2018 NM IBIS population estimates; TUPAC FY20

E-cigarettes have reversed our gains



E-cigarette use has offset declines in conventional tobacco product use among youth

Tobacco use among NM High School Youth

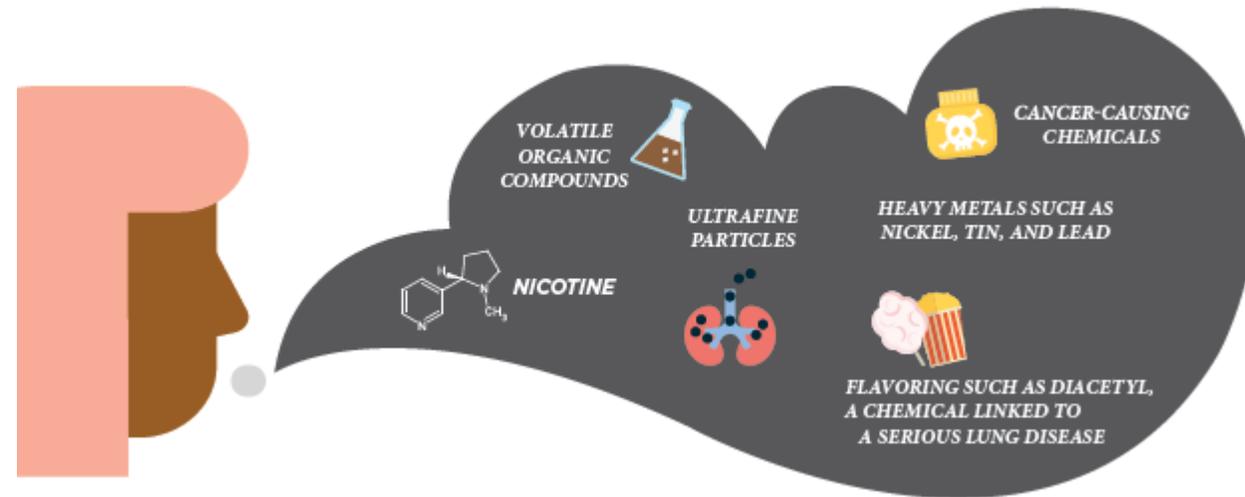


Source: 2009-2019 NM YRRS

■ Cigarettes, Cigars & Spit ■ Plus E-Cigs

E-cigarettes and other vapor products pose risks

- Nicotine is **highly addictive** and can harm brain development through age 25
- E-cigarette aerosol is **not harmless**
- Young people who use e-cigs may be **more likely** to go on to use regular cigarettes

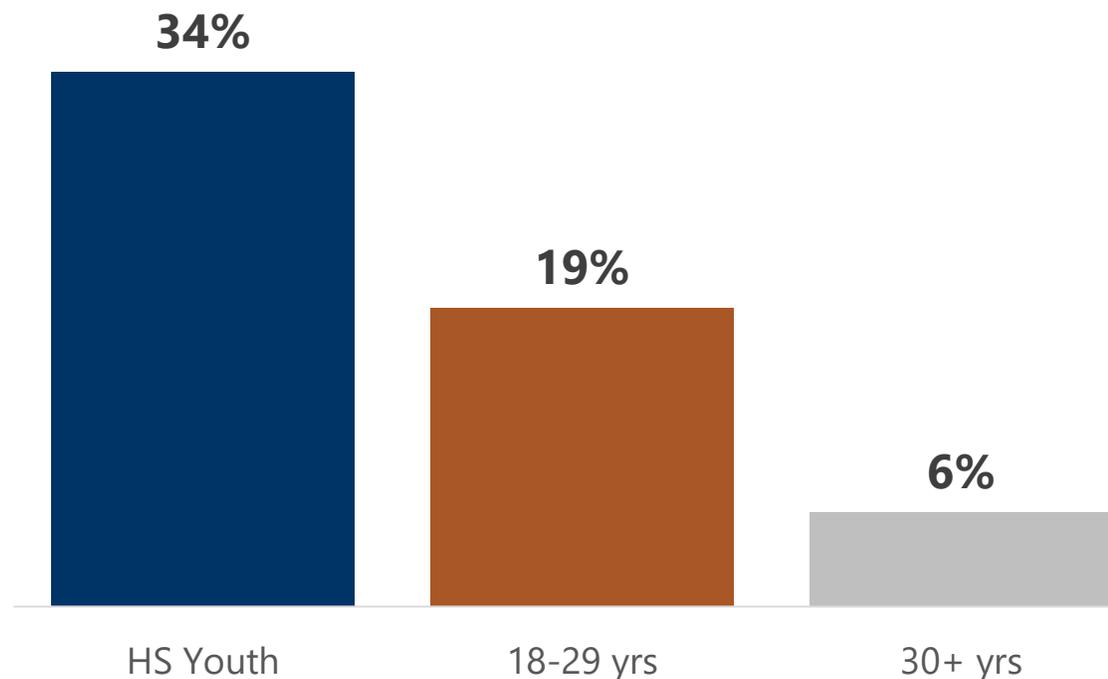


Source: [CDC Surgeon General's Report, 2016](#) and 2018 [CDC Factsheet](#)

E-cigarette use highest among youth and young adults

- **1 in 3 NM high school youth** use e-cigarettes
- High school youth vape (34%) at nearly **FOUR times the rate** they use regular cigarettes (9%)

Current E-Cigarette Use in NM



Source: 2019 NM YRRS and 2019 NM TES

**New products pose
new threats requiring
new investments and
new policies**

Recommendations of the Surgeon General



- Raise and strongly enforce **minimum-age-of-sales laws** for all tobacco products, including e-cigarettes
- Incorporate e-cigarettes into **smoke-free policies**
- Reduce access to **flavored tobacco** products by young people
- Sponsor **high-impact media campaigns** to educate public on harms of e-cigarettes among young people
- **Increase price** of tobacco products, including e-cigarettes
- Require tobacco **retailer licensure**

Source: [CDC Surgeon General's Report, 2016](https://e-cigarettes.surgeongeneral.gov/documents/surgeon-generals-advisory-on-e-cigarette-use-among-youth-2018.pdf) , <https://e-cigarettes.surgeongeneral.gov/documents/surgeon-generals-advisory-on-e-cigarette-use-among-youth-2018.pdf>

**TUPAC, policy makers, and
our partners can **work
together** to combat the
youth e-cigarette epidemic**

TUPAC FY22 Funding Request: \$5,264,706

- The **GENERAL APPROPRIATION ACT OF 2020** transfers **\$5,435,200** from the tobacco settlement program fund for smoking cessation and prevention programs
- Actual **Tobacco Settlement Funds** received by TUPAC in FY20 was **\$5,264,706**, which resulted in a budget cut of **\$170,494**
- **TUPAC** is using FY20 Tobacco Settlement Fund actuals of **\$5,264,706** for planning FY21 expenditures (and has requested the same amount for FY22)
- Funding for TUPAC from TSROC has remained constant for the past several years. An **e-cigarette prevention media campaign** could positively impact the growing use of e-tobacco products among youth.

**Thank you for making
tobacco control your
priority!**





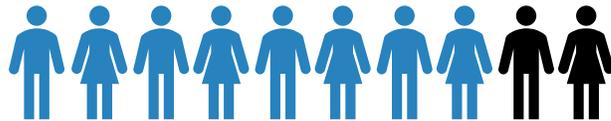
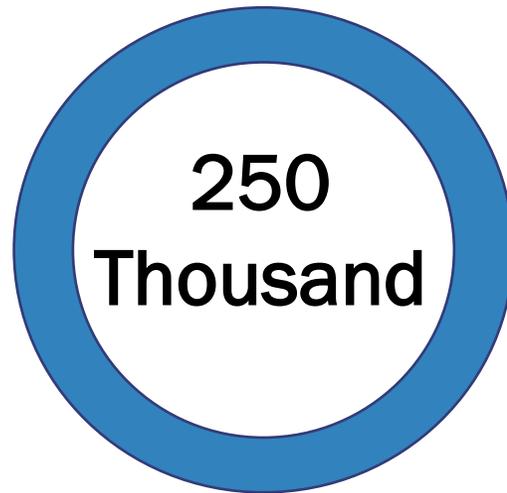
Presentation to the Tobacco Settlement Revenue Oversight Committee September 15, 2020

Judith Gabriele

Deputy Bureau Chief, Community and Population Health
Bureau, and Acting Manager, Diabetes Prevention and
Control Program, DOH

A Snapshot: **Diabetes** In New Mexico Adults

Diabetes



8 in 10 were aware of it

Prediabetes



3 in 10 were aware of it

Diabetes in New Mexico is **costly** in both **human** and **economic** terms



Estimated annual cost of diagnosed diabetes in NM

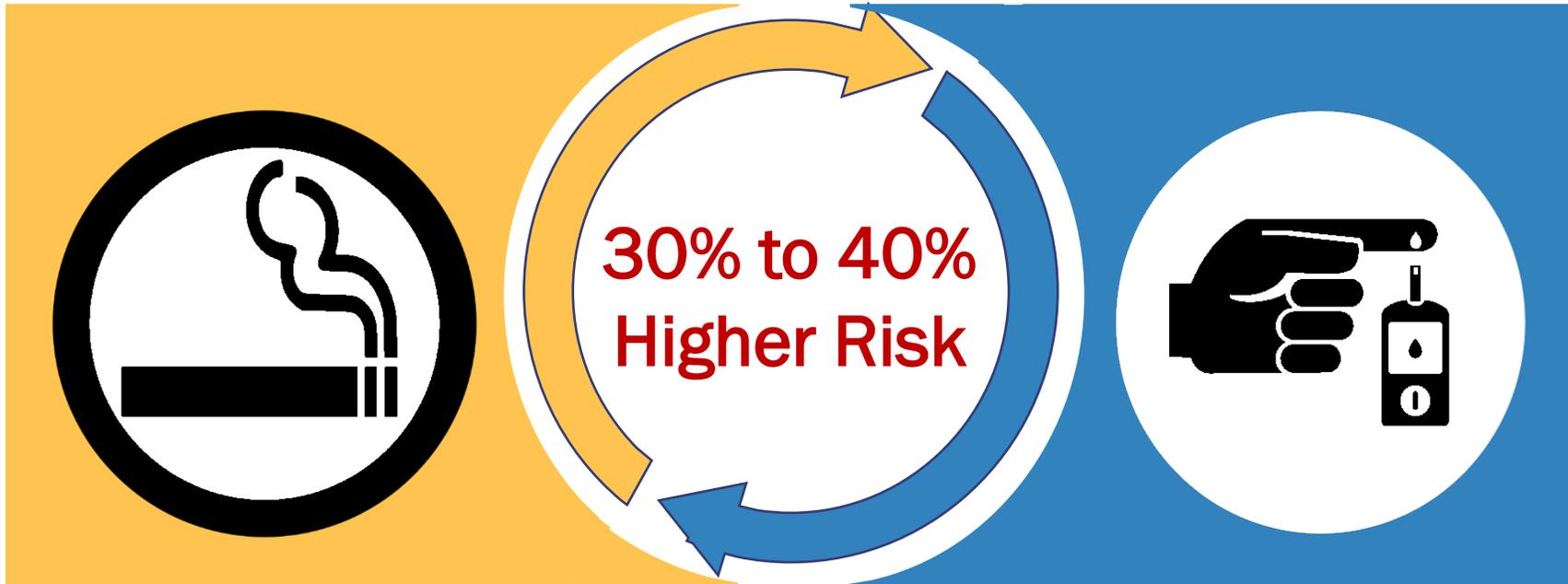
**\$2 billion
a year**



Number of deaths in 2018 with diabetes as the primary cause

RIP
686

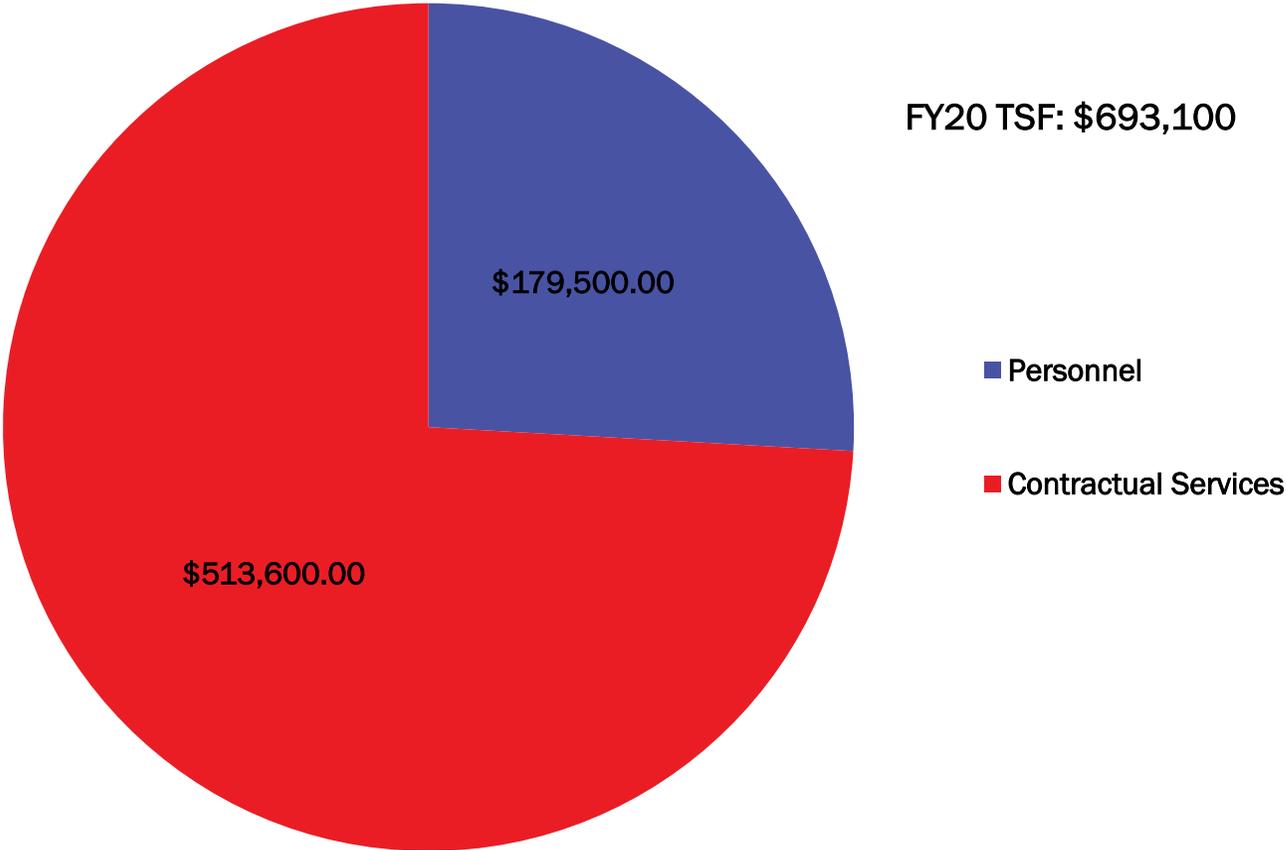
Smoking and Diabetes



DPCP Goals

- 1) Prevent or delay diabetes.
- 2) Prevent complications, disabilities and burden associated with diabetes and related chronic conditions.
- 3) Advance health equity to improve health outcomes and quality of life among all New Mexicans.

How Tobacco Settlement Funds were **Allocated** in Fiscal Year 20



FY20 Achievements

Diabetes and Chronic Disease Self-Management Programs

Diabetes Self-Management

- English
 - 149 participants
 - 116 completers (78%)
 - 16 workshops

Chronic Disease Self-Management

- English
 - 69 participants
 - 48 completers (70%)
 - 9 workshops
- Spanish
 - 89 participants
 - 87 completers (98%)
 - 14 workshops

FY20 Achievements

Kitchen Creations

- Number of cooking classes: 21
- Number of participants: 311
- Number of counties served: 21
- 99% of participants surveyed report satisfaction with Kitchen Creations

FY20 Achievements

Marketing, Promotion and Referral



CHWs

“There are so many needs of patients that providers can’t address in a clinical setting...It decreases the feeling of helplessness that providers have when community health workers can address the social determinants of health that have much more impact on their care.”

Native Lifestyle Balance

“Part of the program’s strength is helping people overcome their personal challenges to healthy living, like the coke cravings [she] battled. She learned how to start an herb garden and now grows mint that she adds to her family’s water along with seasonal fruit.”

FY20 Achievements:

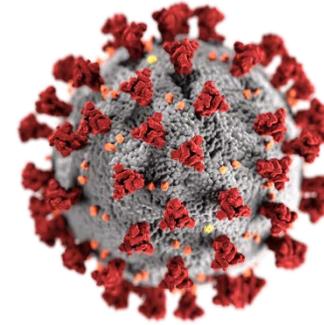
New Mexico Diabetes Advisory Council

- Number of Trainings : 3
- Number of attendees: 219
- Percent of survey respondents who express overall satisfaction: 91%
- Percent of survey respondents who reported an increase in knowledge/skills: 86%
- Percent of attendees who receive continuing education units: 65%

Other FY20 Achievements

- Outreach and education in Native American and African American Communities.
- BRFSS – prediabetes and diabetes data

COVID-19 Has Changed Everything...



- People with chronic conditions at high risk
- More people reached through virtual programs
- Reached individuals we haven't reached before
- More counties participating in programs

What does the future hold?

- New program leadership and staff
- Integration with Heart Disease and Stroke Prevention Program
- Expansion of diabetes prevention and self-management education services via other methods such as telehealth.
- Continue to engage Community Health Workers and Pharmacists in diabetes prevention and control.

FY22 Request

\$693,056 (same as FY21)

The Diabetes Prevention and Control Program (DPCP) will continue to use the tobacco settlement funds as we have in the past, for two DPCP staff positions and diabetes and chronic disease management programs.



Thank You

For more information contact:

Kenny Vigil

Program Manager

Heart Disease and Stroke Prevention Program

Population and Community Health Bureau

Email: Kenny.vigil1@state.nm.us