

New Mexico Department of Health

Tobacco Settlement Revenue Oversight Committee
July 8, 2015





New Mexico Health System Innovation

A Model Design to Achieve the Triple Aim
July 8, 2015



State Innovation Model (SIM) Initiative

- Created by the Affordable Care Act (ACA) and administered by the Centers for Medicare and Medicaid Services Innovation Center (CMMI)
- SIM was developed to test innovative health delivery and payment models that:
 - Reduce Spending
 - Enhance the Quality of Care
 - Improve Population Health
- Since 2012 more than \$1 billion has been awarded to 34 States, 3 territories, and the District of Columbia
- SIM is a two phase initiative
 - Design Phase (1-2 years to develop proposed design model)
 - Test Phase (3 years to test approved design model)

State Innovation Model

- The Department of Health in partnership with the Human Services Department, was awarded funds from CMMI to develop a design to innovate the state's health system
- The foundation of the Health System Innovation is strong partnerships and collaboration efforts to achieve transformation
- We seek to achieve the triple aim:
 - Improved Population Health and Health Outcomes
 - Reduced health care costs and investment in health promotion
 - Enhanced experience of care for the person (quality and satisfaction)

Objectives of the Model Design

- Aligning health care delivery with community activities that promote healthy behaviors and environments
- Slowing the rate of health care inflation by bending the cost curve over time
- Increasing the number of New Mexicans who have health insurance
- Re-envisioning and building the state's healthcare workforce and infrastructure
- Using health information technology to fill critical information gaps and support transparency and delivery system reform

Priority Measures

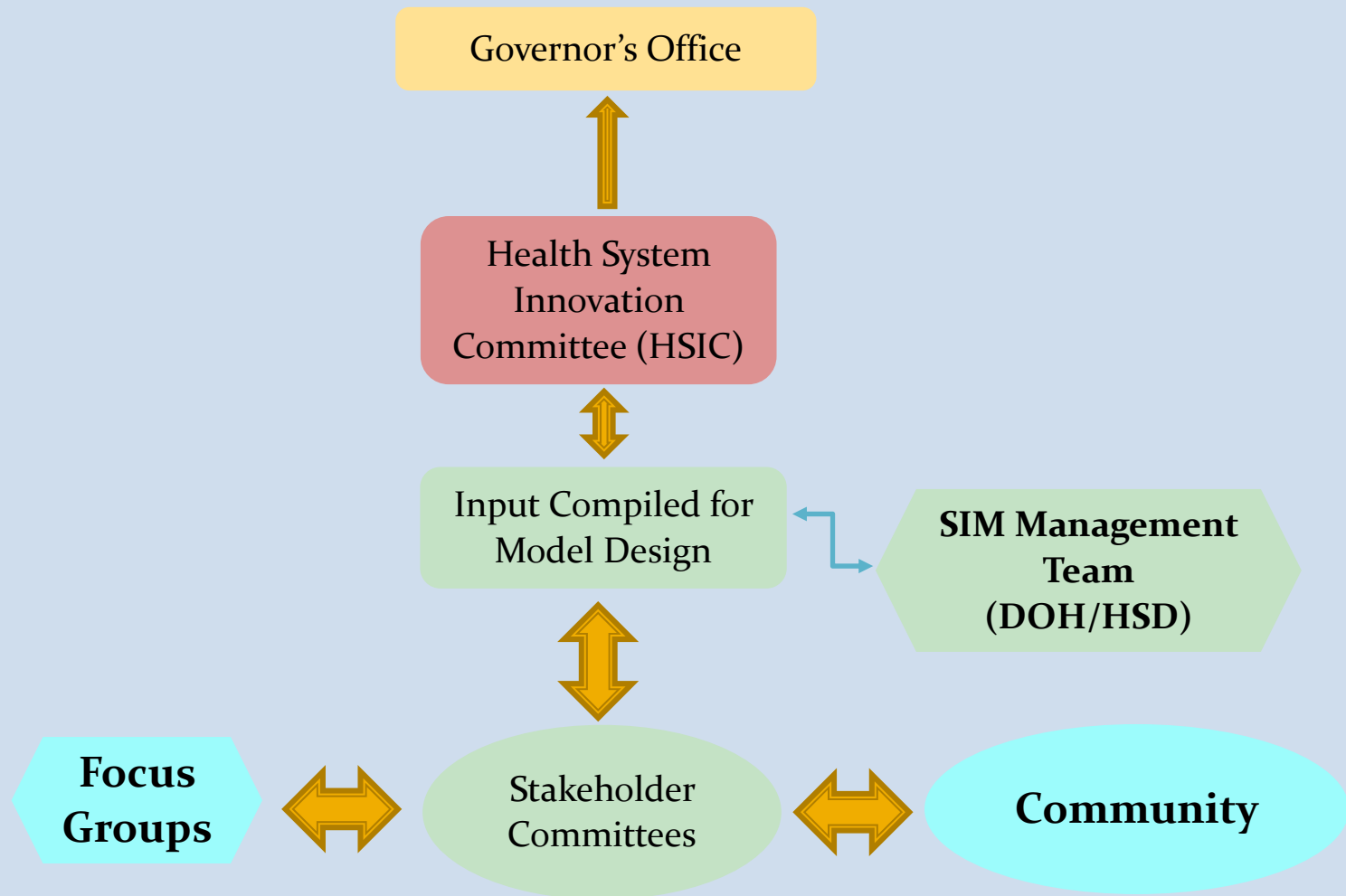
Quality and Performance Measures for delivery system transformation will focus on:

- Obesity
- Diabetes
- Tobacco Use

Measures will be considered for each part of the triple aim:

- The health of the population as a whole
- The quality of care provided to individual patient panels
- The cost of care

The Process...Flow of Design Development



Engagement Structure

Seven Stakeholder Committees

- Population Health
- Healthcare
- Alignment and Integration of Public Health and Primary Care
- Workforce and Training Needs
- Payment Models
- Tribal
- Health Information Systems

Ongoing Community Engagement in local communities

- County Health Councils (33 around the state)
- Tribal Health Councils (5 around the state)

The Design Vision

- Build on and innovate current transformation initiatives that exist within the state
 - ✓ Develop an enhanced version of the patient center medical home approach to move further into communities towards wellness
- Form a robust system of stakeholder engagement to obtain input and feedback to the proposed design
- Develop a sustainability plan for implementation in the future

Thank you!



Hepatitis and Harm Reduction in New Mexico

New Mexico Department of Health
Infectious Disease Bureau
Dominick V. Zurlo, M.A.
Hepatitis and Harm Reduction Program Manager



Tobacco Settlement Revenue Support

	State fiscal year 2015	State fiscal year 2016
Hepatitis Program	\$43,400	\$43,400
Harm Reduction Program	\$249,600	\$249,600
<hr/>		
Total	\$293,000	\$293,000

Tobacco Settlement Revenue Support

Hepatitis
Program

Tobacco settlement funds reflect
11% of total contractual dollars.

Harm
Reduction
Program

Tobacco settlement funds reflect
34% of total contractual dollars.

Overall

This support is essential.
Neither program has any Federal
dollars for contractual services.

Accomplishments in SFY 2015

Hepatitis Program

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11% of total contractual dollars.

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Overall

This support is essential.
Neither program has any Federal
dollars for contractual services.

Accomplishments in SFY 2015

Hepatitis Program

- Public Health Offices (PHO) and contractual providers delivered the following services.
 - ❖ 4,100 doses of hepatitis A and B vaccine given to high-risk clients at PHOs, county jails, and harm reduction sites.
 - ❖ 64,149 laboratory tests performed for hepatitis, including panels for hepatitis C virus (HCV)
 - ❖ Innovative Under-30-Surveillance Project:
 - ✓ 706 Case opened for Investigation, follow up and closed;
 - ✓ 212 closed with contact;
 - ✓ 120 referrals for A&B vaccination;
 - ✓ 84 referrals for syringe exchange services;
 - ✓ 102 referrals to FQHC's for confirmatory testing.

Accomplishments in SFY2015

An Overview of Harm Reduction

- 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 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

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Harm Reduction Program

Accomplishments – Syringe Services

- Distributes 4 million new syringes per year
- Collects 94% to 97% of distributed syringes annually
 - ✓ This does not include syringe collection dropboxes
 - ✓ By removing used syringes, public safety is increased
- Enrollments continue to increase
 - ✓ 2,500 in SFY 2011
 - ✓ 4,000 in SFY 2012
 - ✓ 6,400 in SFY 2013
 - ✓ 8,900 in SFY 2014
- Between 84% and 86% of participants report not sharing syringes.

Harm Reduction Program

Accomplishments Treatment and Overdose Prevention

- Each year, more than 2/3 of SSP participants (68 – 71%) make one or more attempts to get into alcohol or other drug treatment programs. Of these attempts, roughly 1/3 experience barriers or challenges in receiving treatment.
- The overdose prevention program is growing rapidly. The number of persons who were trained and received Naloxone in calendar 2014 was 2225, an increase of 87% over the 1,189 trained in 2011.
- There were 711 overdose reversals in 2014 where the person was reported “OK” afterwards. This is more than 5 times the figure of 128 reversals in 2011.

THANK YOU!



Comprehensive Tobacco Control in New Mexico

New Mexico Department of Health
Tobacco Use Prevention and Control
Benjamín Jácquez
Program Manager



Tobacco Burden in New Mexico

- 2,600 New Mexicans die annually from smoking
- 42,000 people suffer with smoking-related disease
- Leading causes of smoking-related death are COPD and lung cancer
- 1 in 5 adults and 1 in 7 youth still smoke, that's 302,000 adults and 21,000 youth
- \$844 million in annual smoking-related health care costs
- e-cigarettes and other new products are changing the landscape of nicotine addiction

TUPAC: An Evidence-based Program



- Evidence-based, statewide tobacco control programs that are **comprehensive, sustained, and accountable** have been shown to reduce smoking rates, diseases caused by smoking and tobacco-related deaths.
- California's model tobacco program yielded a \$55 to \$1 return on investment (1989-2008), and its lung cancer incidence is declining four times faster than rest of the country.*

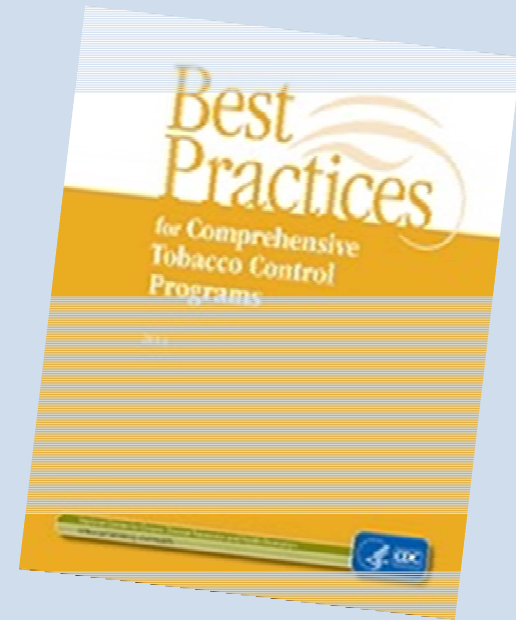
*CDC Best Practices – 2014

Comprehensive Programs Work

CDC Best Practices and Goals

A comprehensive statewide tobacco control program is a coordinated effort to:

- Prevent initiation of tobacco use
- Promote cessation and assist tobacco users to quit
- Establish smoke-free policies and promote social norms



The overarching goals of TUPAC are to reduce disease, disability and death related to tobacco use by:

1. Preventing initiation among youth and young adults
2. Promoting quitting among youth and adults
3. Eliminating exposure to secondhand smoke
4. Identifying and eliminating tobacco-related health disparities among population groups

Overarching Components

- Statewide Programming
 - Engaging and Mobilizing Communities
 - Achieving Equity to Eliminate Tobacco-Related Health Disparities
 - Preventing Tobacco Use Among Youth
 - Collaborating with Chronic Disease Programs statewide
- State and Community Interventions
- Mass-Reach Health Communication Interventions
- Cessation Interventions
- Surveillance and Evaluation
- Infrastructure, Administration and Management

The combined effect of all efforts is greater than the sum of the effects of individual program components

Comprehensive Tobacco Use Control

Proven Strategies

Population-based tobacco prevention and control policy efforts include:*

- Clean indoor air policies
- Funding and implementing long-term, high-intensity mass media campaigns
- Proactive telephone cessation support services
- Reduced or eliminated co-payments for effective cessation therapies
- Reminder systems for healthcare providers
- Social and environmental changes that support tobacco-free living
- Efforts to mobilize communities to identify and reduce the commercial availability of tobacco products and devices to youth

*CDC Best Practices – 2014

Tobacco Control Policies in NM

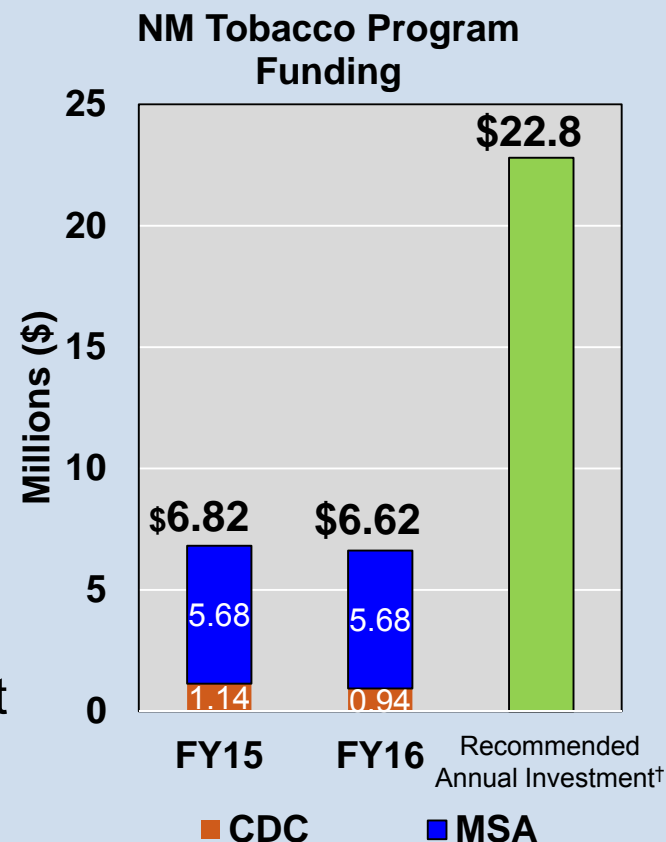
- Dee Johnson Clean Indoor Air Act of 2007 – extended work and public place protections from secondhand smoke to most New Mexicans
- Increased price of tobacco products – 2003 (\$0.70) and 2010 (\$0.75)
- Cessation Treatment Coverage by Insurance Companies
- Clerk-Assisted Tobacco Sales
- Allocation of MSA funds to tobacco prevention and control programs
- Recent Policies Addressing e-Cigarettes
 - Albuquerque, Santa Fe, and Carlsbad have passed ordinances regulating e-cigarettes in their communities
 - SB 433 - Tobacco Products, E-Cigarette and Nicotine Liquid Container Act

How Tobacco Control Funds are Spent

FY 15 funding for TUPAC:

- \$5,682,000 – NM Tobacco Settlement Fund
 - State and Community Contracts via five RFPs (Environmental Strategies, Priority Population Networks, Mass-Reach Health Communications, Cessation, and Evaluation)
- \$1,141,221 – CDC Cooperative Agreement*
 - Administration and Management of Tobacco Control Program

* In FY 16, TUPAC received a \$206,000 budget cut (17%) from CDC due to cutbacks at the federal level. All State Tobacco Control Programs nationwide took this cut (between 15% - 20%).



†CDC Best Practices, 2014

TUPAC Program Outcomes by Component

QUIT NOW Cessation Services, FY15

New Mexico smokers are getting help in quitting

- About 8,000 people accessed phone and web-based cessation services and resources from QUIT NOW
- 5,000+ eight-week shipments of nicotine medications sent out
- 1,800+ people opted in to receive text messaging support

Smokers are quitting or staying motivated to quit

- 32% of QUIT NOW enrollees reached at 7-month follow-up are quit, a rate that is more than triple that of unaided quit attempts
- Among enrollees who aren't quit at 7-months, $\frac{3}{4}$ of them have a strong intention of quitting in the next 30 days

QUIT NOW participants are satisfied with services

- More than 9 in 10 report being satisfied with their QUIT NOW service
- 8 in 10 say that most or all of their needs were met

Cessation Interventions

Engaging Health Care Providers

- **Online training** - 600+ providers have been trained on tobacco screening, brief interventions, and referrals to QUIT NOW
- **Health Systems Change Training & Outreach Pilot Program** for FQHCs and other clinics to systematically and routinely identify tobacco users, advise to quit, and refer to services.
 - Health Systems Specialist conducted over 400 activities with 113 organizations statewide
 - In-depth training and technical assistance provided to 10 sites, including baseline assessments, benchmarking, chart review, etc.



Cessation Interventions

Leveraging CDC Resources

CDC launched first phase of nationwide “Tips from Former Smokers” media campaign in 2012 to:

- Build public awareness of the immediate health damage caused by smoking and exposure to secondhand smoke
- Encourage smokers to quit and make free help available
- Encourage people to avoid secondhand smoke exposure

TUPAC has leveraged this national campaign to increase reach in New Mexico:

- CDC campaign ads are purchased at a low cost (sometimes free) so they can be placed in New Mexico markets
- CDC campaign materials (usually free) are used to support the campaign



Mass-Reach Health Communications

Reaching New Audiences

New Spanish-language media campaign implemented for *DEJELO YA* Cessation Services in FY15.

CDC will feature this NM campaign at their National Tobacco Meeting in August 2015.



Mass-Reach Health Communications

Protecting People from Secondhand Smoke

More multi-unit housing (MUH) properties with clean air

- 950 additional MUH units became smoke-free in Santa Fe in FY14
- Managers and owners of over 150 properties statewide received education, training, or technical assistance

New Mexicans are protecting their families from SHS

- 9 in 10 completely prohibit smoking in their own home
- 8 in 10 completely prohibit smoking in their vehicles

Progress on Tribal lands

- First smoke-free resolution passed on Navajo Nation, protecting 3,000 people on 31 of the Navajo's 110 chapters



State and Community Interventions

Preventing Youth Tobacco Initiation

Strengthening NM schools' commitment and capacity to create truly tobacco-free schools

- 83 schools actively engaged in implementing meaningful policy, implementation, and enforcement changes
- New resources, such as a school tobacco policy toolkit and 24/7 website support policy efforts



New Mexico youth and young adults are making a difference

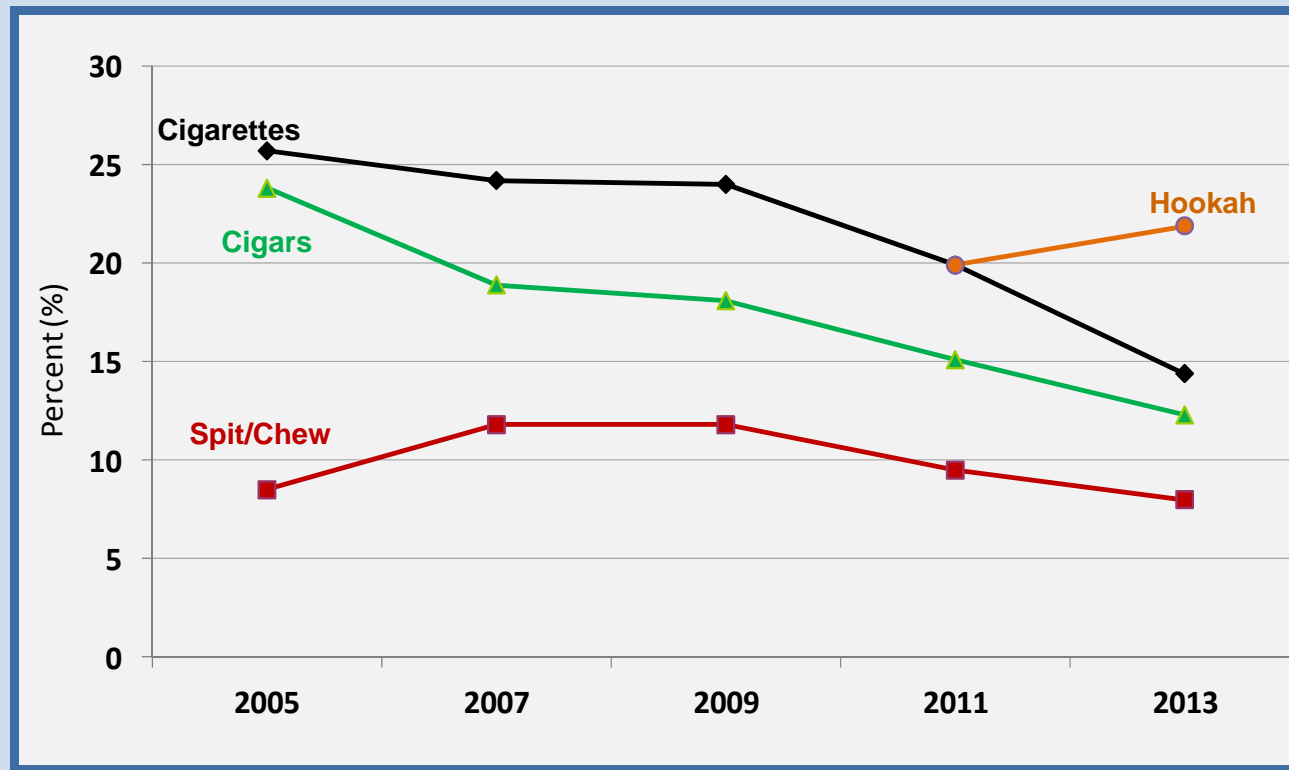
- Over 1,800 NM youth were trained as tobacco peer educators, action team members, or youth advocates
- Over 3,500 young adults attended *Blacklist* events and over 3,300 attended *Fresh Society* events
- Over 25,000 youth and young adults are engaging in tobacco campaigns through social media such as Facebook, Twitter, Instagram, and YouTube



State and Community Interventions

Trends and the Road Ahead

Youth Tobacco Use Trends



- Cigarette smoking—down 44% between 2005 and 2013, that's about 13,000 fewer high school youth smokers
- Cigar smoking—down 42%, about 10,300 fewer cigar smokers
- Spit/chew use has remained stable, while hookah use is an emerging concern

Youth - Other Tobacco Measures

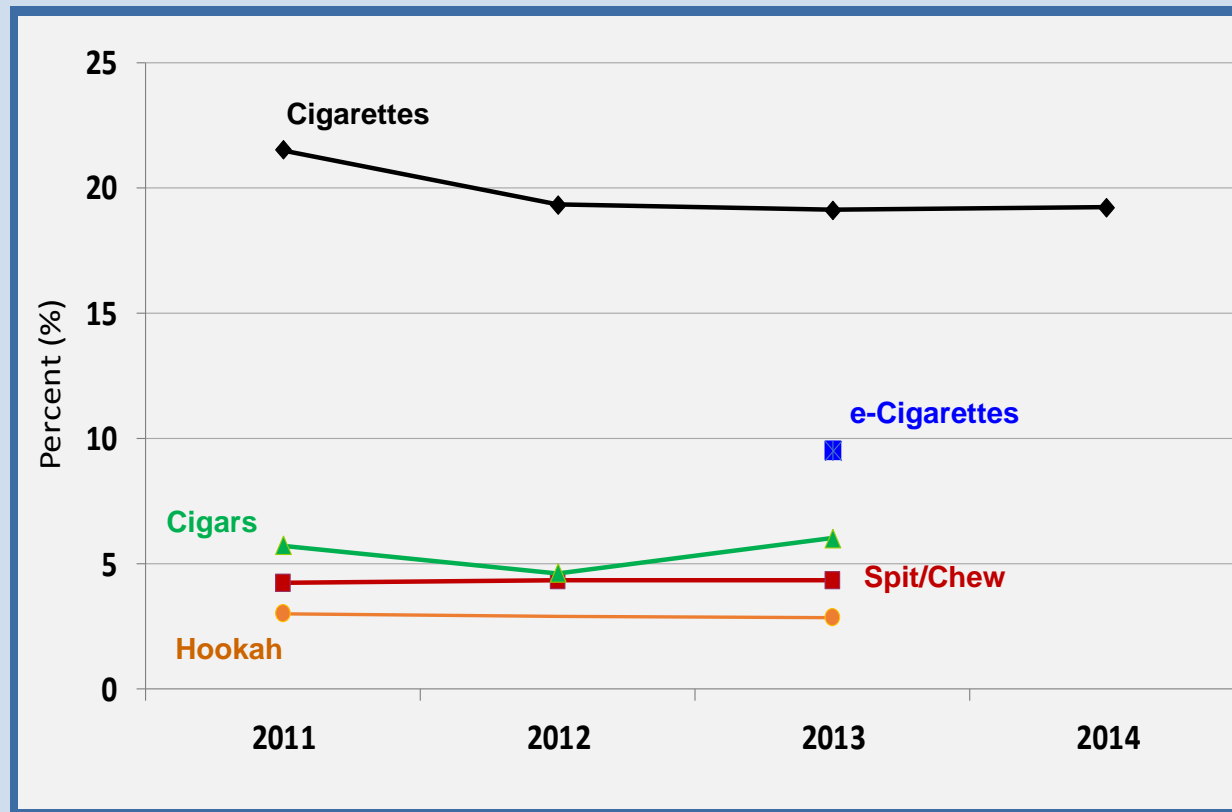
Compared to eight years ago, New Mexico High School youth are now...

	2005	2013
Less likely to try or experiment with cigarette smoking	62.0%	45.7%
Less likely to smoke a whole cigarette before age 13	20.0%	11.4%
Less likely to currently smoke cigarettes	25.7%	14.4%
Equally likely to use chew, snuff, or dip tobacco	8.5%	8.0%
Less likely to currently smoke cigars	21.3%	12.3%
Less likely to use cigarettes, cigars, or chew/snuff/dip tobacco	30.7%	19.6%
Less likely to smoke cigarettes on school property in past month	10.2%	3.6%
Less likely to be exposed to secondhand smoke in past week	56.4%	40.6%

Sources: 2005 & 2013 YRRS

Significant progress observed in most youth tobacco indicators

Adult Tobacco Use Trends



- Adult cigarette smoking declined from 2011 to 2012 but has remained unchanged through 2014
- Cigar, spit/chew, and hookah tobacco use remain low and unchanged
- About one in ten of adults report using vape or e-cigarette products

Adult Cigarette Use

Fewer New Mexico adults are smoking cigarettes

- 34,100 fewer smokers in 2014 compared to 2011

Remaining smokers are smoking less

- Average cigarettes smoked per day in 2013 is 11, compared to 17 cigarettes per day in 2003
- In 2013, only 19% of smokers consume a pack or more per day, compared to 45% of smokers in 2003

Former smokers now outnumber current smokers

- 25.4% of adults are former smokers
- 19.1% of adults are current smokers

Continuing Challenges

- There are still 302,000 adults and 21,000 youth who smoke cigarettes, requiring continued prevention and cessation interventions
- Although smoking overall is declining, there are higher smoking rates among certain population groups (people experiencing poverty, LGBT, disabled)
- People are still being exposed to secondhand smoke on tribal lands, in multi-unit housing, and on various educational and work campuses
- High use of hookah tobacco still seen among youth; use of other emerging products (e-cigarettes) is still being collected (2015)
- Relative affordability of non-combustible and emerging tobacco products, compared cigarettes, and impact on youth experimentation

THANK YOU!



New Mexico Department of Health Diabetes Prevention and Control Program

**Fiscal Year 2015
Report to the
Tobacco Settlement Revenue Oversight Committee
July 8, 2015**



Diabetes in New Mexico

Estimated Number of New Mexico Adults 18 Years & Older with Diabetes
Diagnosed & Undiagnosed



^The 2011 to 2013 counts are based on somewhat different methods and are not directly comparable to the counts from 2010 and earlier years.

Prediabetes: A Growing Problem

Diagnosed Prediabetes Estimated Prevalence (%) 2012-2013

Have you ever been told by a doctor or other health professional that you have prediabetes or borderline diabetes?

	Percent of Adults		Percent of Adults
New Mexico	7.8	Health Region	
Female	7.5	Northwest	9.1
Male	8.2	Northeast	8.0
		Metro	8.2
Age Group		Southeast	7.2
18-39 years	4.1	Southwest	6.6
40-59 years	9.4		
60 years & older	11.9		
Household Income		Race/Ethnicity	
< \$15,000	9.7	American Indian/Alaska Native	12.6
\$15-24,999	9.2	Asian/Native Hawaiian /Other Pacific Isle*	3.1
\$25-34,999	8.8	Black/African American	12.3
\$35-49,999	6.6	Hispanic	8.9
> \$50,000	6.8	White	6.3

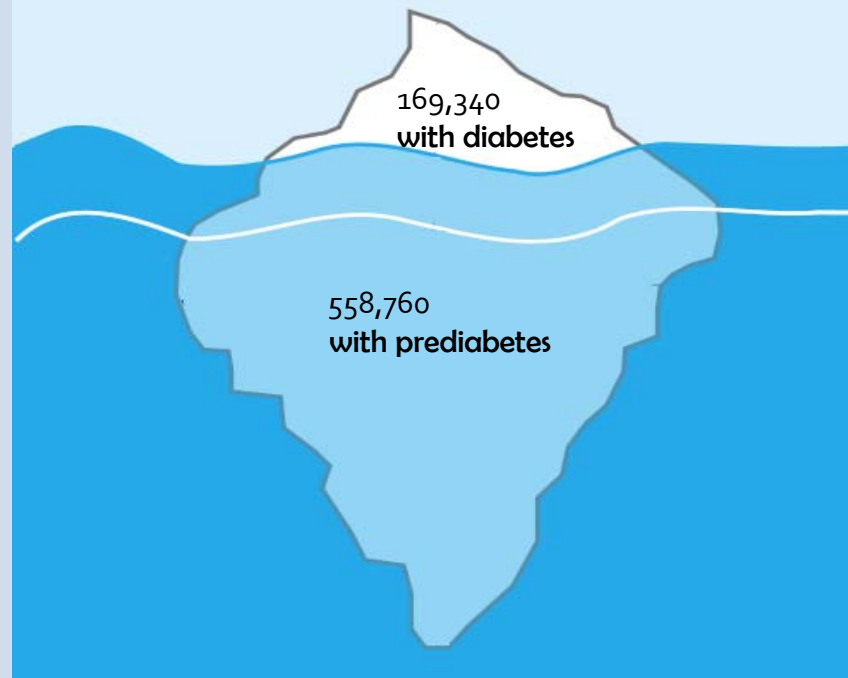
Data Source: New Mexico Department of Health, Behavioral Risk Factor Surveillance System (BRFSS), 2012 & 2013.

Two years of data are used to increase the reliability of some of the rates. All rates except age group rates are age-adjusted to the 2000 US standard.

* This estimated rate should not be used to describe population/group risk because it is statistically unreliable.

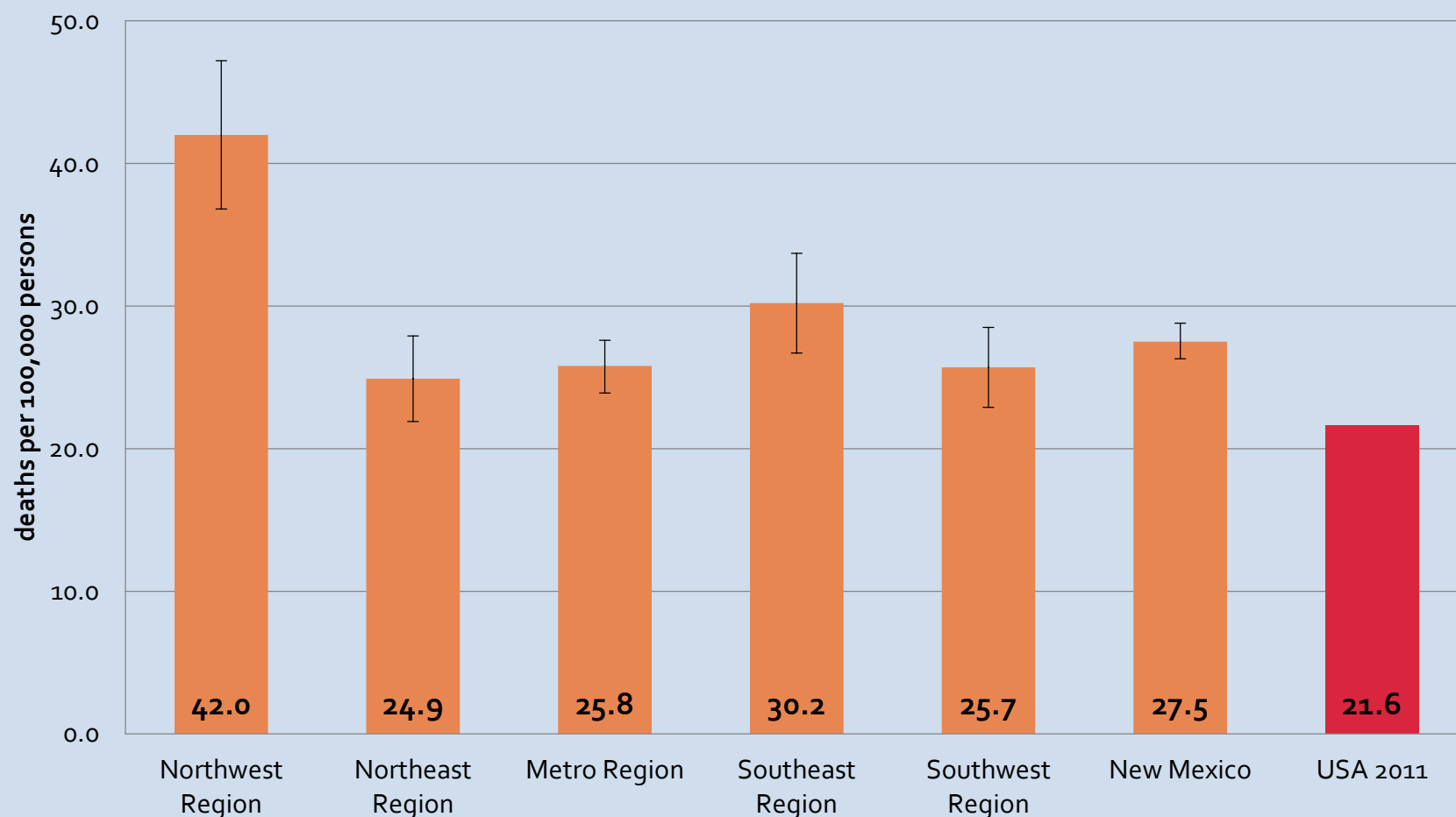
Preventing Diabetes: Why this is Crucial

NM Adults
with Diagnosed and Undiagnosed
Diabetes and Prediabetes, 2012-13



Diabetes Death Rates by NM Region

Diabetes Death Rates by Region
2011-13 Age-Adjusted Rates



Economic Burden of Diabetes in NM

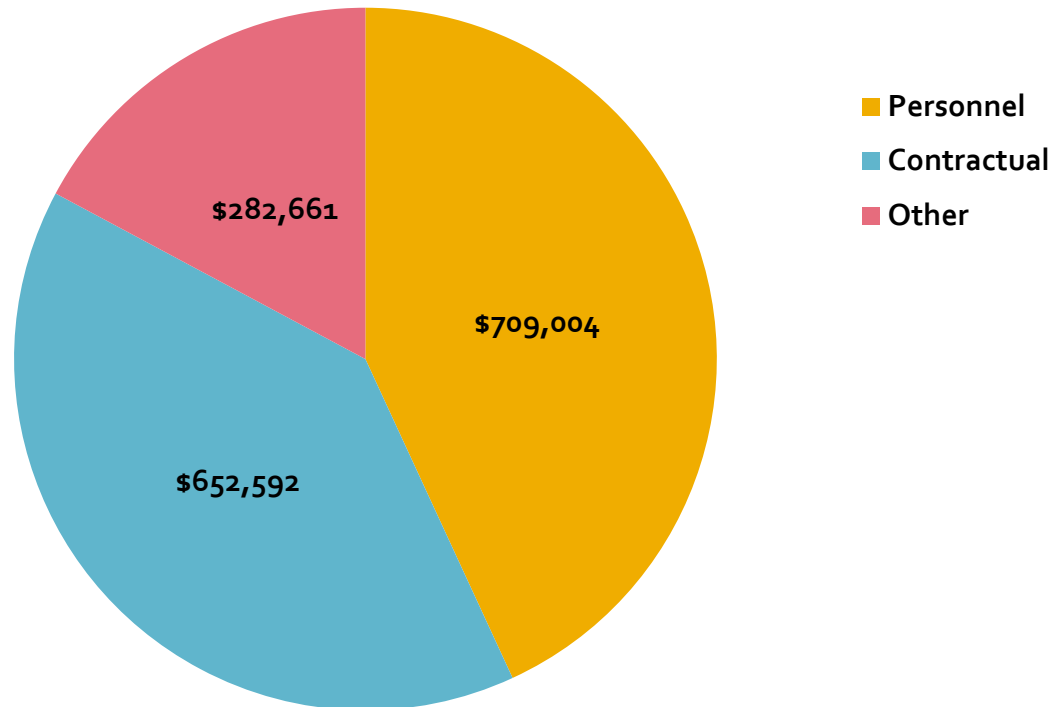
Estimated Costs for Diabetes and Prediabetes, NM Adults 18* & Older, 2012

Condition	Estimated Direct Medical Costs	Estimated Nonmedical Costs	Estimated Total Excess Costs	Percent of Total Costs
Diagnosed Diabetes	\$ 1.2 B	\$ 481.7 M	\$ 1.7 B	80%
Undiagnosed Diabetes	\$ 87.4 M	\$ 52.5 M	\$ 139.9 M	7%
Diabetes Subtotal	\$ 1.3 B	\$ 534.2 M	\$1.8 B	
Diagnosed Prediabetes	\$ 276.6 M	--	\$ 276.6 M	13%
TOTAL COSTS	\$ 1.6 B	\$ 534.2 M	\$ 2.1 B	

* Costs estimated using diabetes prevalence for ages 18 & older and prediabetes prevalence for ages 20 & older.

DPCP FY15 Operating Budget

FY15 Budget by Funding Category



Four funding sources:

- 1) State general funds (\$384,300)
- 2) State tobacco settlement funds (621,100)
- 3) Federal funds from the Centers for Disease Control and Prevention (\$442,915)
- 4) Federal funds from the U.S. Administration for Community Living (\$169,670) – expires 8/31/15

Diabetes Prevention and Control: What Works

Diabetes Prevention

The National Diabetes Prevention Program is an evidence-based lifestyle change program to help people with prediabetes or at risk for diabetes prevent or delay the onset of diabetes.

Diabetes Management

Glucose control is key to preventing or delaying complications of diabetes

Controlling the ABCS of Diabetes

- **A**1c (a blood glucose test that shows the average blood glucose levels over time)
- **B**lood pressure
- **C**holesterol
- **S**moking cessation

FY15: How TSF Were Spent

Diabetes Prevention (\$85,500)

- National Diabetes Prevention Program
- Tribal youth diabetes prevention sustainability

Diabetes Management (\$194,500)

- Kitchen Creations
- Stanford Manage Your Chronic Disease Program/Diabetes Self-Management
- Professional Development/Training

Coordinated Chronic Disease Prevention and Control (\$61,600)

- Blood Pressure Self-management in clinical settings
- Stanford Spanish and English Manage Your Chronic Disease Programs

Epidemiology/surveillance (\$30,000)

- Prediabetes/diabetes questions on Behavioral Risk Factor Surveillance Survey

Eliminating Health Disparities (\$7,000)

- Native American Partnership
- Anti-oppression training

FY15 Outcomes: Prevention

National Diabetes Prevention Program

How much service was provided?

Lifestyle coach trainings: 3

Lifestyle coaches trained: 30

Delivery sites: 12

Participants enrolled in 8 sites for which we have data: 113

What percent are better off?

Average weight loss for 113 participants: 4.6%

FY15 Outcomes: Management

Kitchen Creations Cooking Schools

How much service was provided?

Cooking schools: 24

Counties: 15

Participants: 412

How well was service provided?

100% of survey respondents self-reported overall satisfaction with KC classes.

What percent are better off?

99% of survey respondents self-reported that they understood the strategies necessary to plan and prepare healthy meals.

FY15 Outcomes: Management

Manage Your Chronic Disease Programs or MyCD

English Workshops

- Chronic Disease Self-Management Program: **29**
- Diabetes Self-Management Program: **4**
- Cancer: Thriving and Surviving: **1**

Spanish Workshops

- Tomando Control de su Salud (Spanish CDSMP): **3**

Adult Participants: 464

FY15 Outcomes: Management

MyCD Programs

How many are better off?

"I've learned how to manage my pain from arthritis. By exercising and eating a well balanced diet, I can enjoy my life to the fullest extent."

"The chronic disease class has helped me by showing me different techniques to use with stress. I have learned breathing exercise to help with my asthma."

What percent are better off?

87% of adults who participated in a **MyCD** workshop successfully completed four out of the six sessions.

FY15 Outcomes: Management

Professional Development for Providers

How much service was provided?

Trainings: 4

Professionals Trained: 326

How well was service provided?

83% of participants self-reported overall satisfaction with the trainings.

What percent are better off?

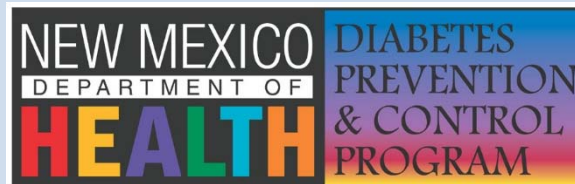
87% of professionals self-reported an increase in knowledge on topics presented at trainings.

Evaluation and Performance Monitoring

- In-house evaluation
- Contractor Narrative Reports
- Summary Data Grids
- Regular contact with the contractor through:
 - site visits
 - phone calls
 - emails
 - direct observation of services/ programs provided

For more information

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Diabetes Prevention and Control Program
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THANK YOU!





The Breast and Cervical Cancer Early Detection (BCC) Program

Breast Cancer in NM

Each year:

- ~**1,332** women are diagnosed with invasive breast cancer
- ~**247** women die from breast cancer
- The most effective strategy for detecting early stage breast cancer is undergoing a screening mammogram
- Disparities exist among women reporting never having had a screening mammogram.

Tobacco Settlement Revenues help the BCC Program address these disparities.

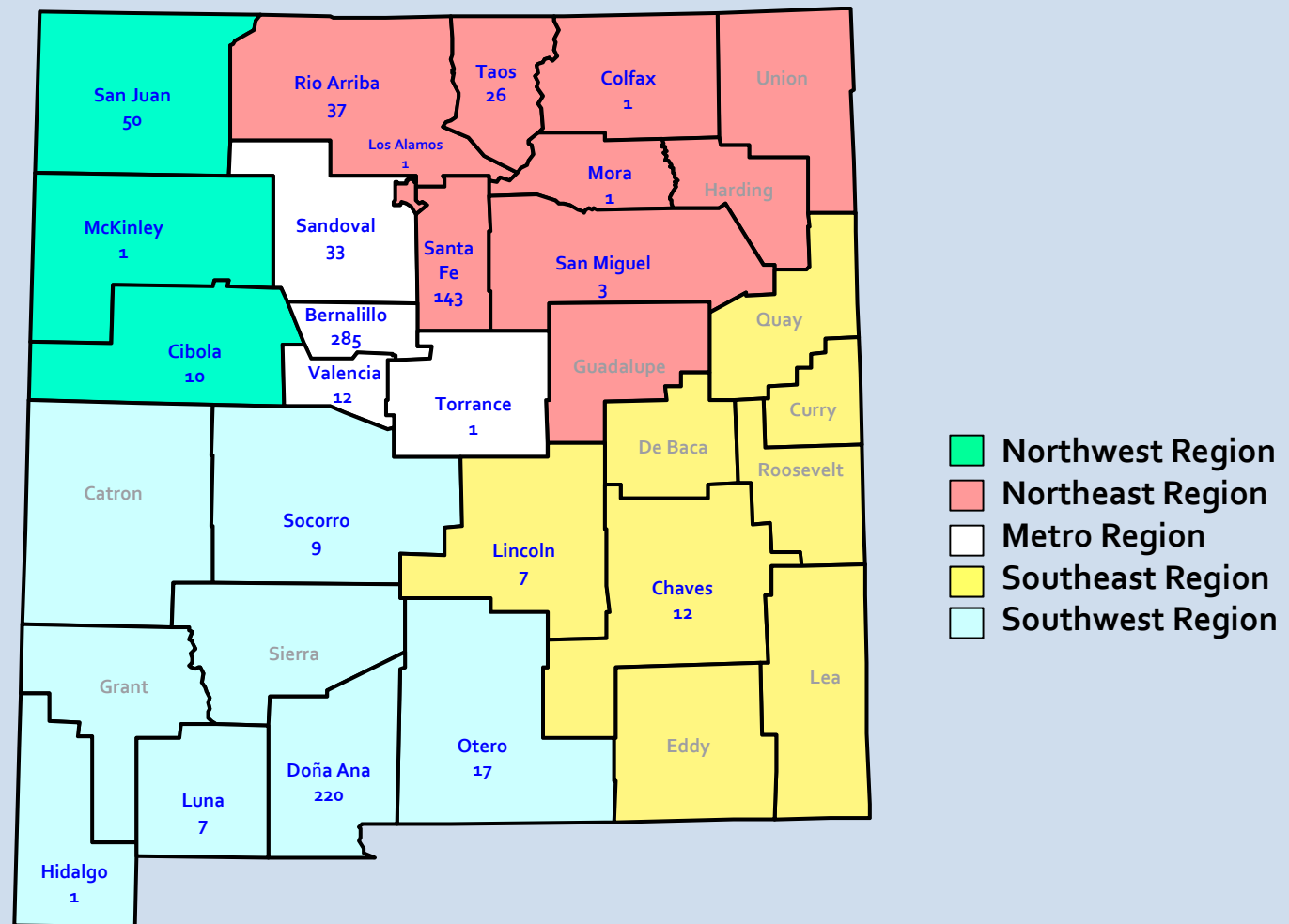
The Breast and Cervical Cancer Early Detection Program

Tobacco Settlement Revenue (TSR) funds:

- Allocated for the provision of mammograms
 - Primarily for women 40 – 49 years of age
 - Multiple quality assurance processes to ensure quality services and appropriate follow up for all significant abnormalities
- Distributed into 12 provider agreements
 - Mammography service providers located in each quadrant of the state
 - BCC Program has ~120 providers throughout NM
- Contracted providers respond to an annual, published open call
 - Providers agree to accept Medicare reimbursement rates
 - Providers write off the “Usual & Customary” charges

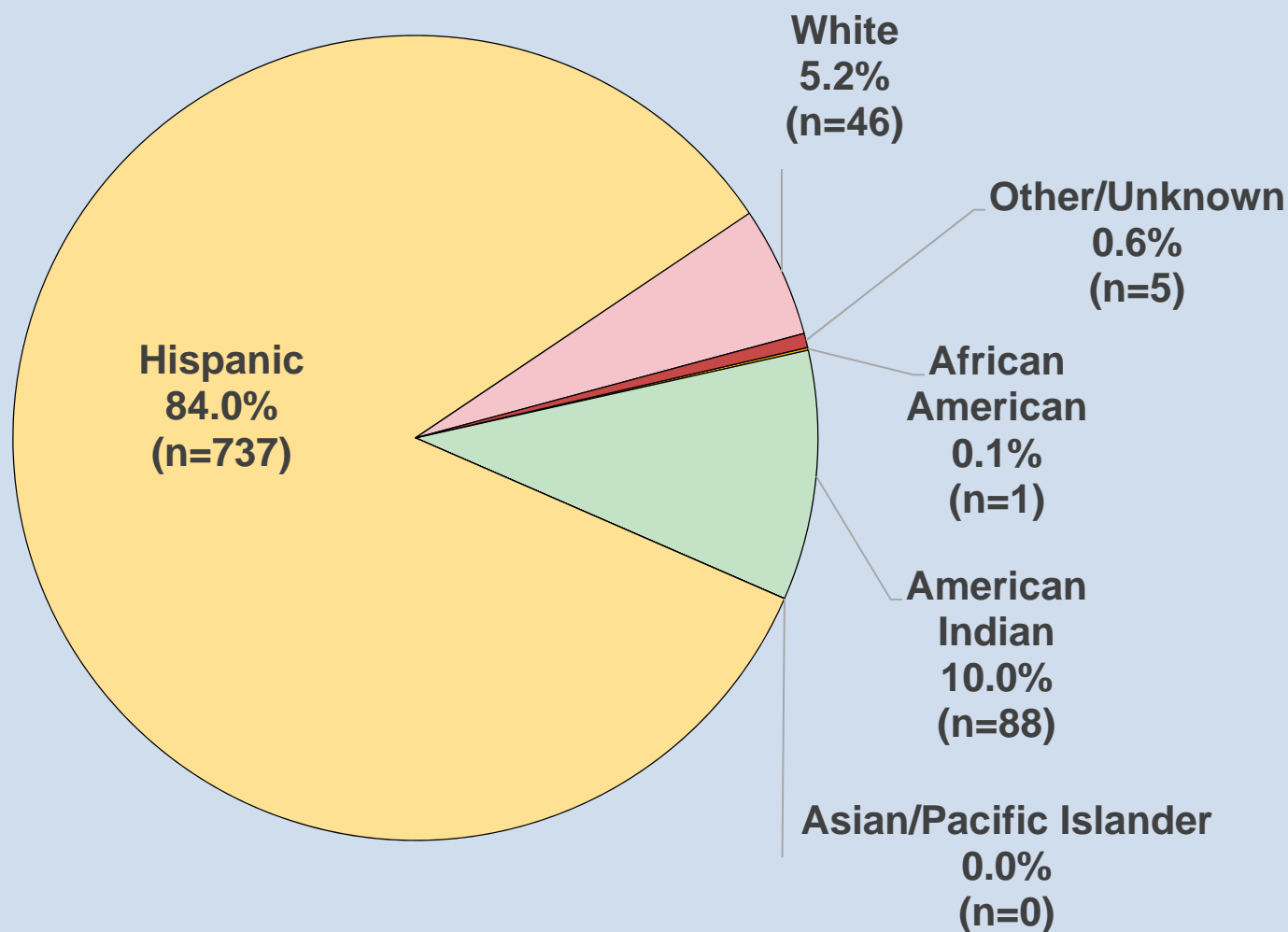
The Breast and Cervical Cancer Early Detection Program

FY15 Women Served with TSR by Residence (N=877)



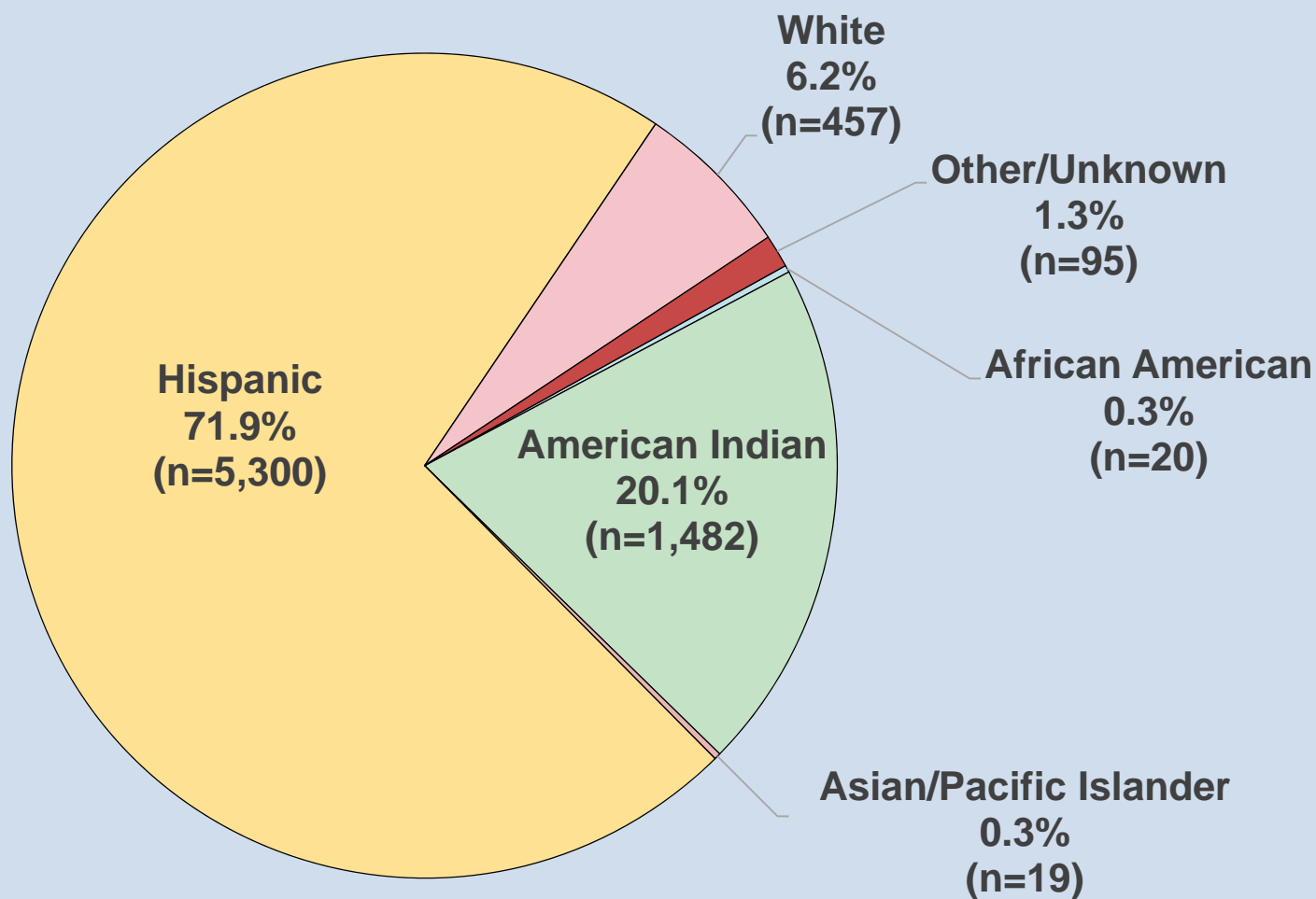
The Breast and Cervical Cancer Early Detection Program

FY15 Women Served with TSR by Race/Ethnicity (N=877)



The Breast and Cervical Cancer Early Detection Program

FY15 Women Served by Race/Ethnicity (N=7,373)



The Breast and Cervical Cancer Early Detection 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

- **100%** TSR funds used for direct clinical care
- No TSR used for overhead (staff, rent, supplies, etc.)

The Breast and Cervical Cancer Early Detection Program

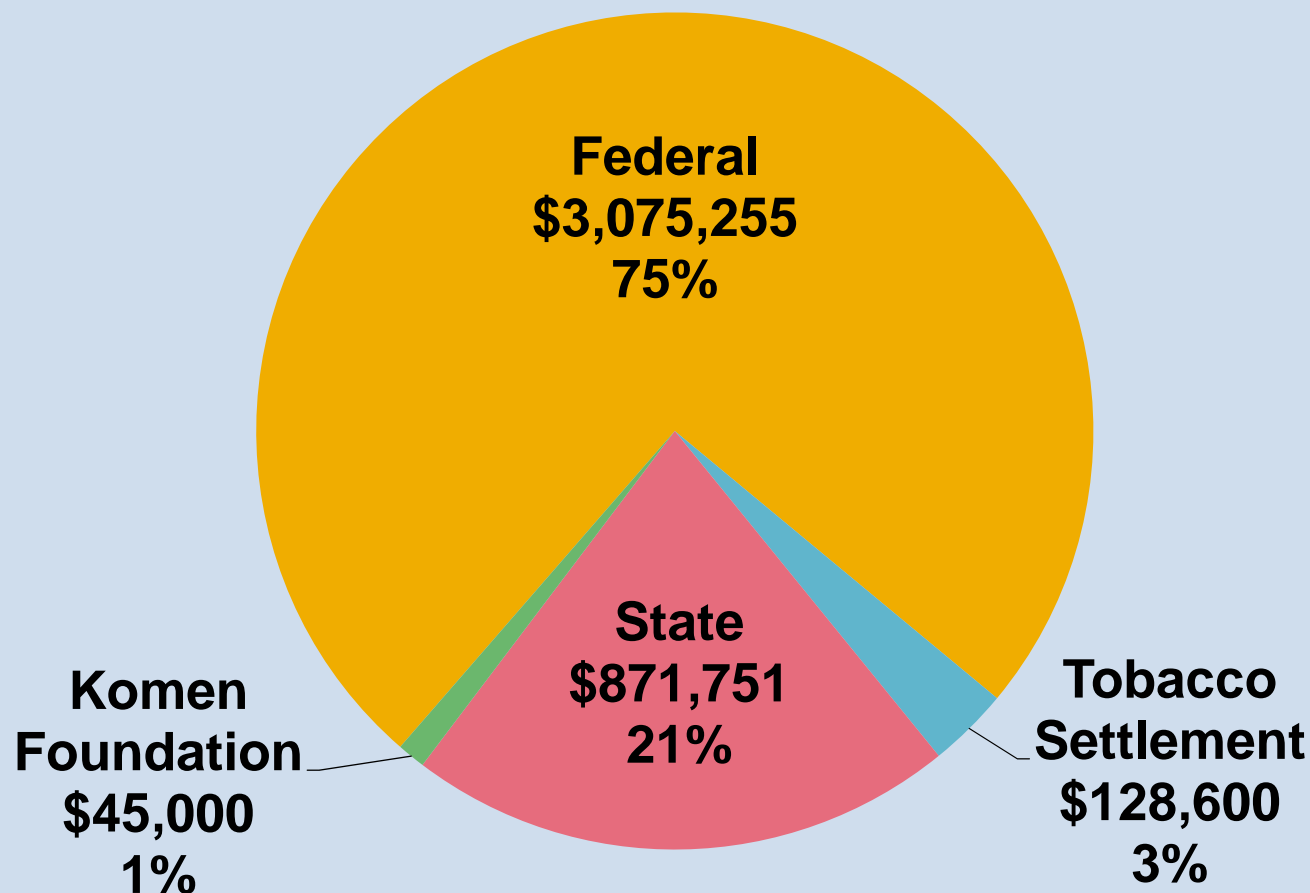
Tobacco Settlement Revenue (TSR) helps the BCC Program to:

Serve more women	CDC funds serve only ~18% of the eligible population. TSR provided funding for screening and diagnostic mammograms for 877* women in the last fiscal year (FY15).
Serve younger women	CDC requires a majority of funds be allocated to serve women ≥ 50 years. In FY15, 98.6% of TSR funds were used to provide services to women under 50 years of age.
Make the 3:1 match required by CDC	TSR contributes to making the required match for the federal grant.

*** In FY15, TSR was used for 1 patient diagnosed with invasive breast cancer and 2 patients diagnosed with ductal carcinoma in situ.**

The Breast and Cervical Cancer Early Detection Program

FY15 BCC Funding



The Breast and Cervical Cancer Early Detection Program

To be eligible for the BCC Program, women must meet the following age, insurance and income requirements:

- 30 years or older
- At or below 250% of the federal poverty level
- No health insurance OR have health insurance with deductibles and/or co-pays that are too high
- No Medicare Part B or full New Mexico Medicaid

If diagnosed, the BCC Case Manager works with the Medical Assistance Division at the Human Services Department to enroll Medicaid eligible women into a special category (052) specifically created to provide access to treatment for women diagnosed through the BCC Program.

The Breast and Cervical Cancer Early Detection Program

Since it was established in 1991, the BCC Program has provided comprehensive breast and cervical cancer screening and diagnostic services to more than **150,700** underserved women statewide, including:

SCREENING

- >284,600 clinical breast exams
- >182,300 mammograms
- >244,800 Pap tests

DIAGNOSES

- 1,510 invasive breast cancers
- 289 in-situ breast tumors
- 143 invasive cervical cancers
- 2,913 pre-cancerous cervical conditions

Last year (FY15 YTD), the BCC Program served 7,373 women, diagnosing 20 invasive breast cancers and 8 in-situ breast tumors.

THANK YOU FOR YOUR SUPPORT!

