

Tobacco Settlement Revenue Oversight Committee

September 21, 2021

- **HIV, STD, and Hepatitis Program:**
Josh Swatek, Hepatitis and Harm Reduction Program Manager
- **Breast and Cervical Cancer Early Detection Program:**
Kristin Hansen, Education and Outreach Manager
- **Diabetes Prevention and Control Program:**
Deyonne Sandoval, Diabetes and Heart Health Section Director
- **Tobacco Use Prevention and Control Program:**
Renaldo Wilson, TUPAC Director



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SFY 23 TSROC FUNDING REQUEST

Breast and Cervical Cancer Prevention	\$128,600
Diabetes Prevention and Control	\$715,500
Hepatitis and Harm Reduction	\$293,000
Tobacco Use Prevention and Control	\$5,435,200



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HIV, STD and Hepatitis Section Activities

Joshua Swatek

Hepatitis and Harm Reduction Program Manager



Harm Reduction and Hepatitis Program Support from Tobacco Settlement

	SFY 2021	SFY2022	SFY2023
Hepatitis Program	\$43,400	\$43,400	\$43,400
Harm Reduction Program	\$240,400	\$240,400	\$249,600
TOTAL	\$283,800	\$283,800	\$293,000



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Harm Reduction:

- Harm Reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use.
- Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.
- In New Mexico, we reduce harm by providing:
 - Prevention services
 - Intervention services
 - Overdose reversal medication and education

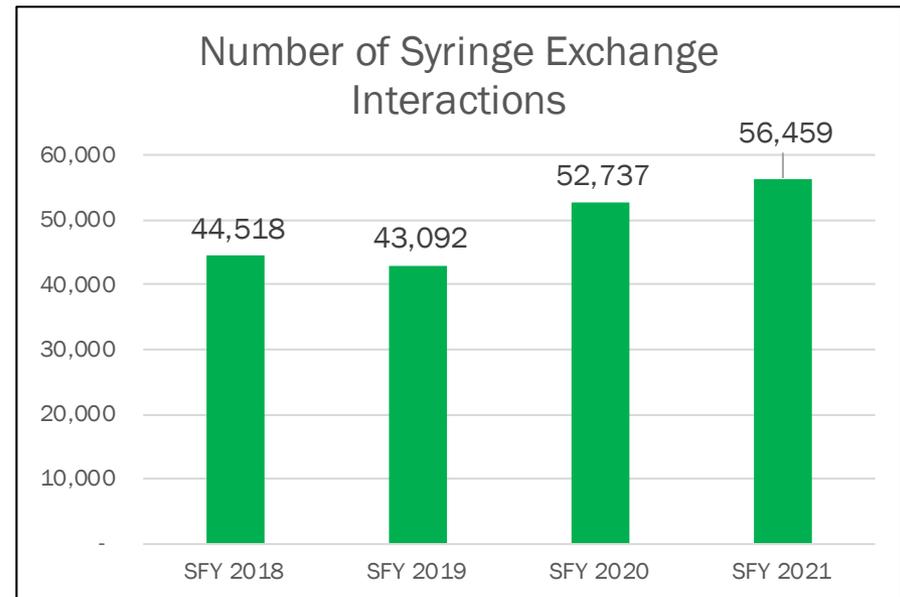
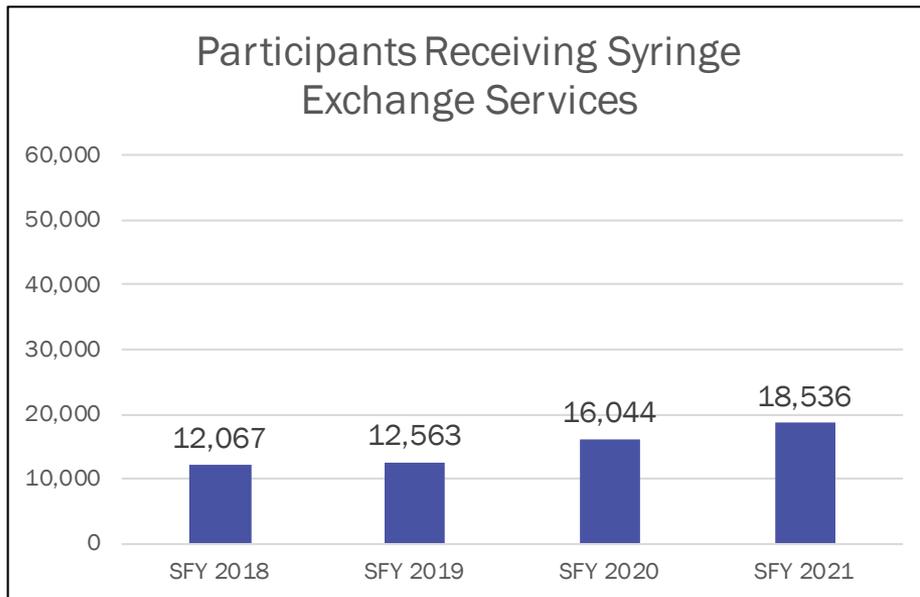
Harm Reduction: Prevention Services

- Syringe services (including syringe exchange)
- Between 84% and 86% of participants reported not sharing syringes
- 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
- Collection rates are up across the entire state at over 90%
- Providing overdose prevention training
- Providing syringes to people who use insulin if they cannot otherwise afford or obtain syringes
- Providing counseling and testing for HIV, HCV, and other STDs
- Providing vaccination and testing for Adult Viral Hepatitis
- Conducting surveillance of Adult Viral Hepatitis
- Supporting wound and abscess care



Syringe drop box at the Las Cruces Public Health Office

SFY 2018-2021 Syringe Service Program



- Program has grown significantly, in SFY 2018 there were 12,067 participants, with 44,518 total interactions
- In SFY 2021, there were 18,536 participants enrolled in the program with 56,459 total interactions – an increase of 35% in participants and an increase of 21% in interactions in SFY 2018
- Increase likely due to increased reach and program accessibility

Eliminating Hepatitis C in New Mexico 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: Intervention Services

Harm reduction programs offer many opportunities for participants to enter treatment services:

- Community health and social service referrals
- Primary medical care referrals and direct service
- Active navigation into substance use treatment and HCV curative treatment
- Buprenorphine medication assisted treatment referrals
- Assistance in food support, substance use treatment, medical services, clothing, and housing

Harm Reduction: Overdose Reversal Services

Harm reduction also focuses on reducing the likelihood of overdose:

- Naloxone distribution and training
- Overdose prevention training for program participants
- Overdose prevention training for law enforcement
- NMDOH is considering new items aimed at preventing drug-related overdose and death, such as fentanyl test strips

Naloxone Distribution in SFY21

- 19,372 doses of naloxone distributed by NMDOH
- Over 2,700 individuals reported “OK” after a suspected opioid overdose with naloxone administered. Early reports in FY 2022 are indicating an increased demand.
- Over 8,000 education sessions on naloxone distribution
- Ongoing and updated training to naloxone participants over time



Photo by: John Minchillo, AP

Responding to Fentanyl and poly-substance use

- Fentanyl is increasingly being detected in black tar and counterfeit pills
- Fentanyl produces a strong high that is short in duration; program clients often report use of methamphetamine to be able to stay awake after fentanyl use
- How we are responding:
 - Naloxone and overdose prevention offered to all clients
 - Education on fentanyl potency
 - Focus on planning what to do in the event of an overdose
 - Providing resources to community members on not using alone

Thank you & Contact Information

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Special thank you to NMDOH Staff for their help and support:

Andrew Gans, M.P.H. – HIV, STD and Hepatitis Section Manager

John Murphy – HIV Training Coordinator

Tracy Gordon – Substance Use Health Educator

Andrew Knox – Viral Hepatitis Prevention coordinator

Pauly Maldonado – Substance Use Health Coordinator

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

Kristin Hansen, Education and Outreach Manager



New Mexico BCC Program

- Each year in New Mexico about **1,453** women are diagnosed with invasive breast cancer, and another **277** 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 individuals in New Mexico

New Mexico BCC Program

To be eligible for breast cancer screening services through the BCC Program, individuals 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 23,523 New Mexicans are eligible for breast cancer screening services through the BCC Program

NM Tobacco Settlement Revenue (TSR) Funds

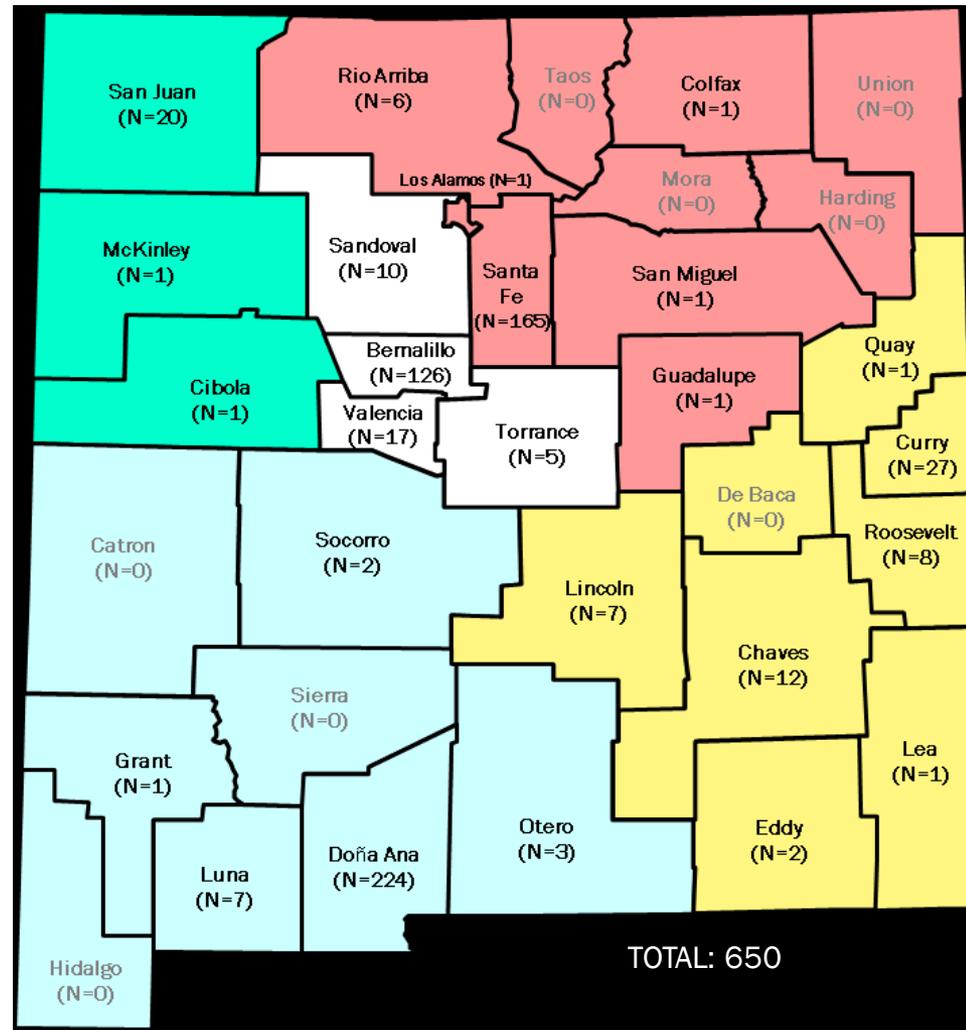
Historically allocated for the provision of mammograms

- Primarily for women 40-49 years of age

TSR funds allocated into FY21 provider agreements

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

Number of People Served with TSR Funds through the BCC Program in SFY21

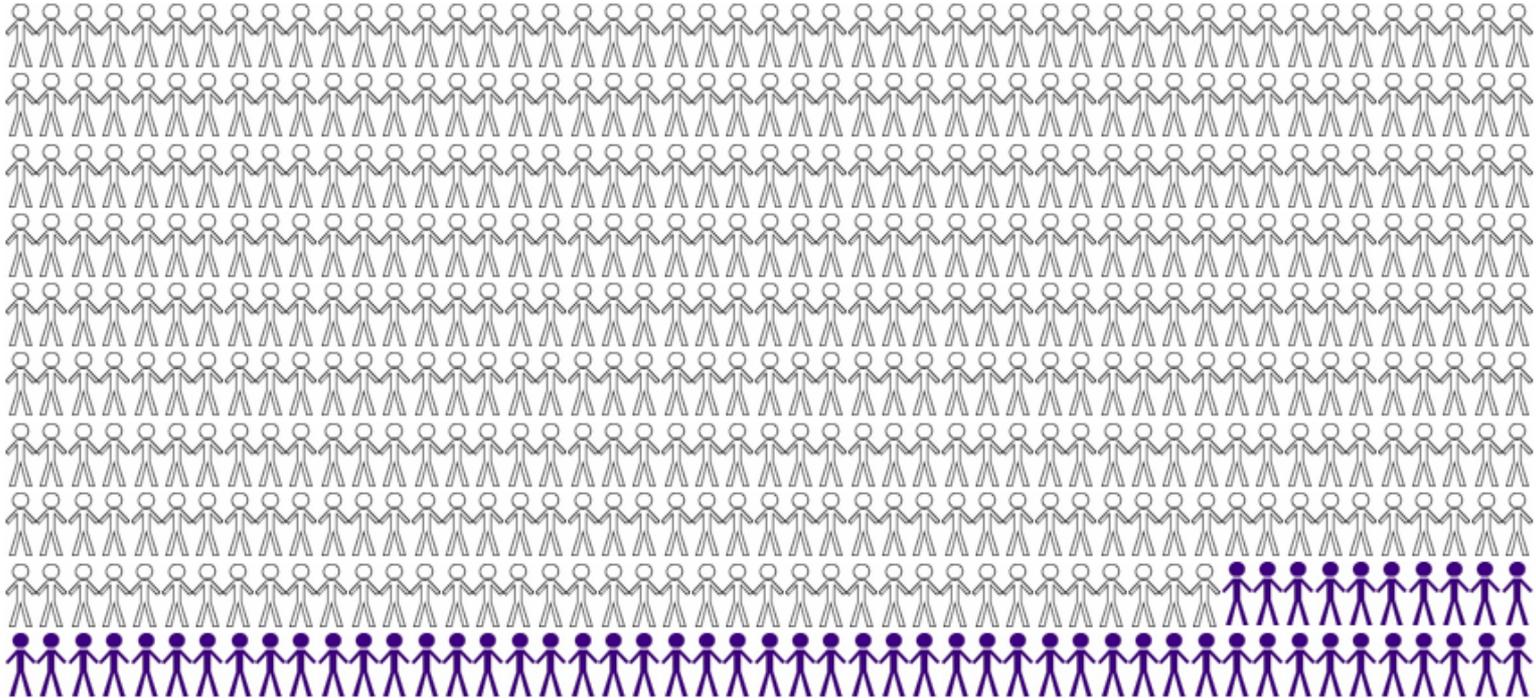


New Mexico BCC Program

Fiscal Year	Appropriation	# Women Served with TSR funds
SFY10	\$184,200	2,105
SFY11	\$132,210	1,388
SFY12	\$128,600	870
SFY13	\$128,600	936
SFY14	\$128,600	752
SFY15	\$128,600	877
SFY16	\$128,600	876
SFY17	\$128,600	783
SFY18	\$128,600	958
SFY19	\$128,600	911
SFY20	\$124,566	717
SFY21	\$124,566	650
SFY22	\$88,200	NA
SFY23 request	\$128,600	NA

100% of TSR funds are used for direct clinical services

NM TSR Funds Help the BCC Program to: Serve more New Mexicans



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

NM TSR Funds Help the BCC Program to:

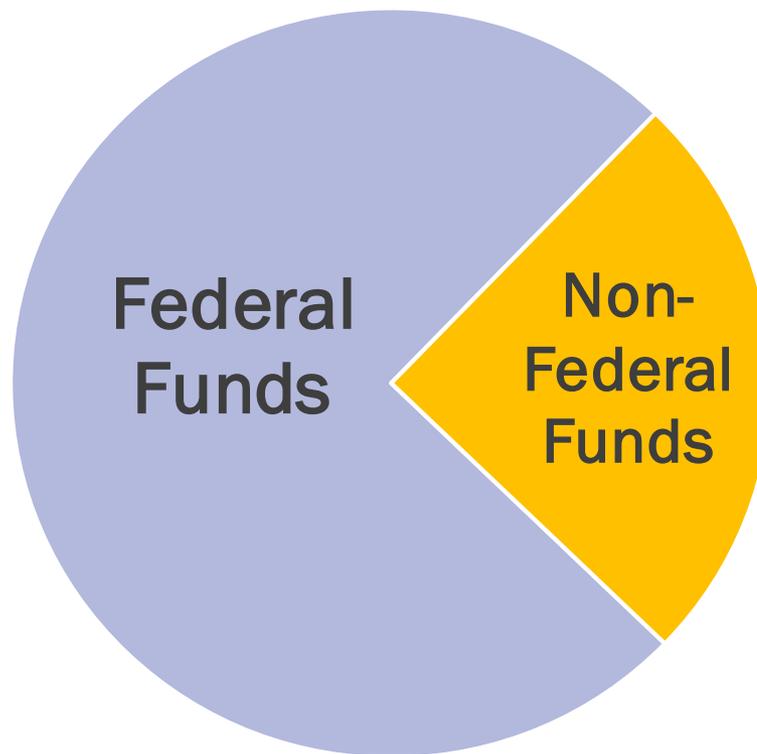
**Serve
younger
New
Mexicans**

- CDC requires at least 75% of federal mammography dollars be used to serve those ≥ 50 years of age
- In FY21 89.6% of TSR funds were used to provide breast cancer screening services to those < 50 years of age

***2 people screened with TSR funds in FY21 were diagnosed with invasive breast cancer and 2 more 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 those living at 139%-250% FPL

HSD Expanded Medicaid:
Treatment for breast and cervical cancer for those 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 individuals diagnosed with breast or cervical cancer through the BCC Program.

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 those who smoked between puberty and first giving birth
- Smoking increases the risk of dying among breast cancer survivors

All enrollees 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 **86** women are diagnosed with invasive cervical cancer, and another **26** 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 FY20-FY21 (YTD), the BCC Program diagnosed 11 women with invasive cervical cancer and another 87 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 enrollees are assessed for tobacco use, and current users are referred to the NMDOH free tobacco quit services

Thank you for supporting cancer screening services for New Mexicans



New Mexico Diabetes Prevention and Control Program

Deyonne Sandoval
Diabetes and Heart Health Section Director



Diabetes Program Support from Tobacco Settlement

FY	Amount
SFY19	\$588,600
SFY20	\$715,500
SFY21	\$715,500
SFY22	\$490,600
SFY23 request	\$715,500

FY23 TSROC Funding Request

\$715,500

\$473,000

Work with community-based partners implementing and sustaining:

- Disease self-management and education.
- Nutrition education
- Engage community health workers and pharmacists in diabetes prevention and control interventions.

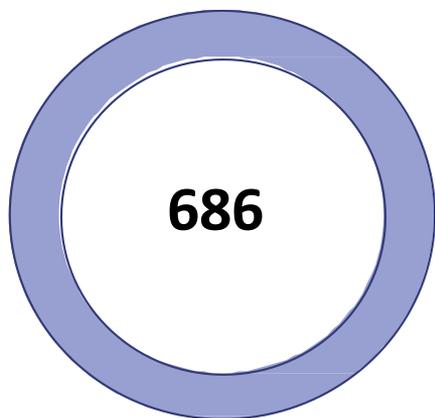
\$242,500

Program personnel and support

- Service and intervention implementation
- Program planning and evaluation
- Epidemiology
- Health promotion and education
- Partnership facilitation

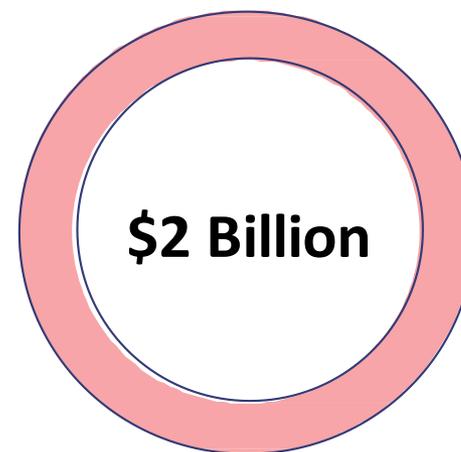
A Snapshot: Disease Burden in New Mexico

Lives



686 deaths in 2018 with diabetes as the primary cause

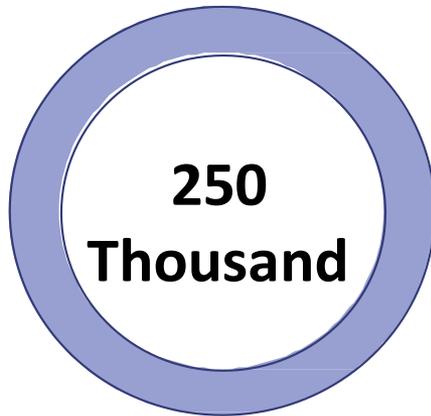
Cost



\$2 Billion is the Estimated Cost Per Year of Diabetes in NM

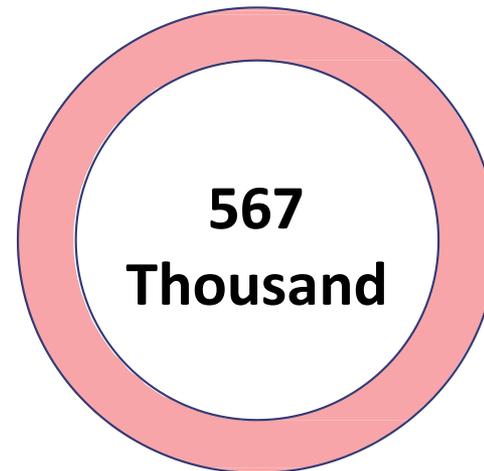
A Snapshot: Diabetes and Prediabetes NM Adults

Diabetes



8 in 10 were aware of it

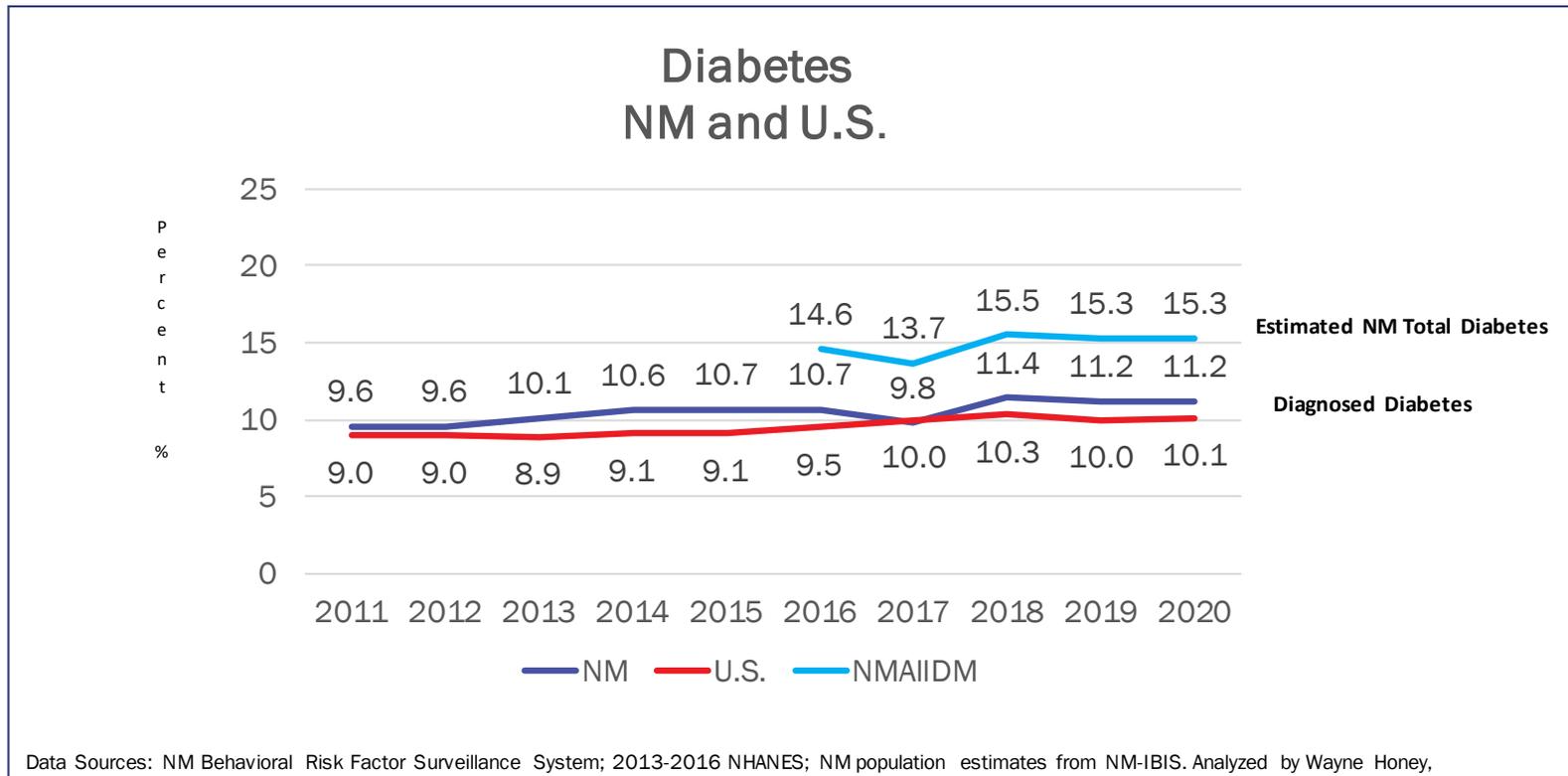
Prediabetes



3 in 10 were aware of it

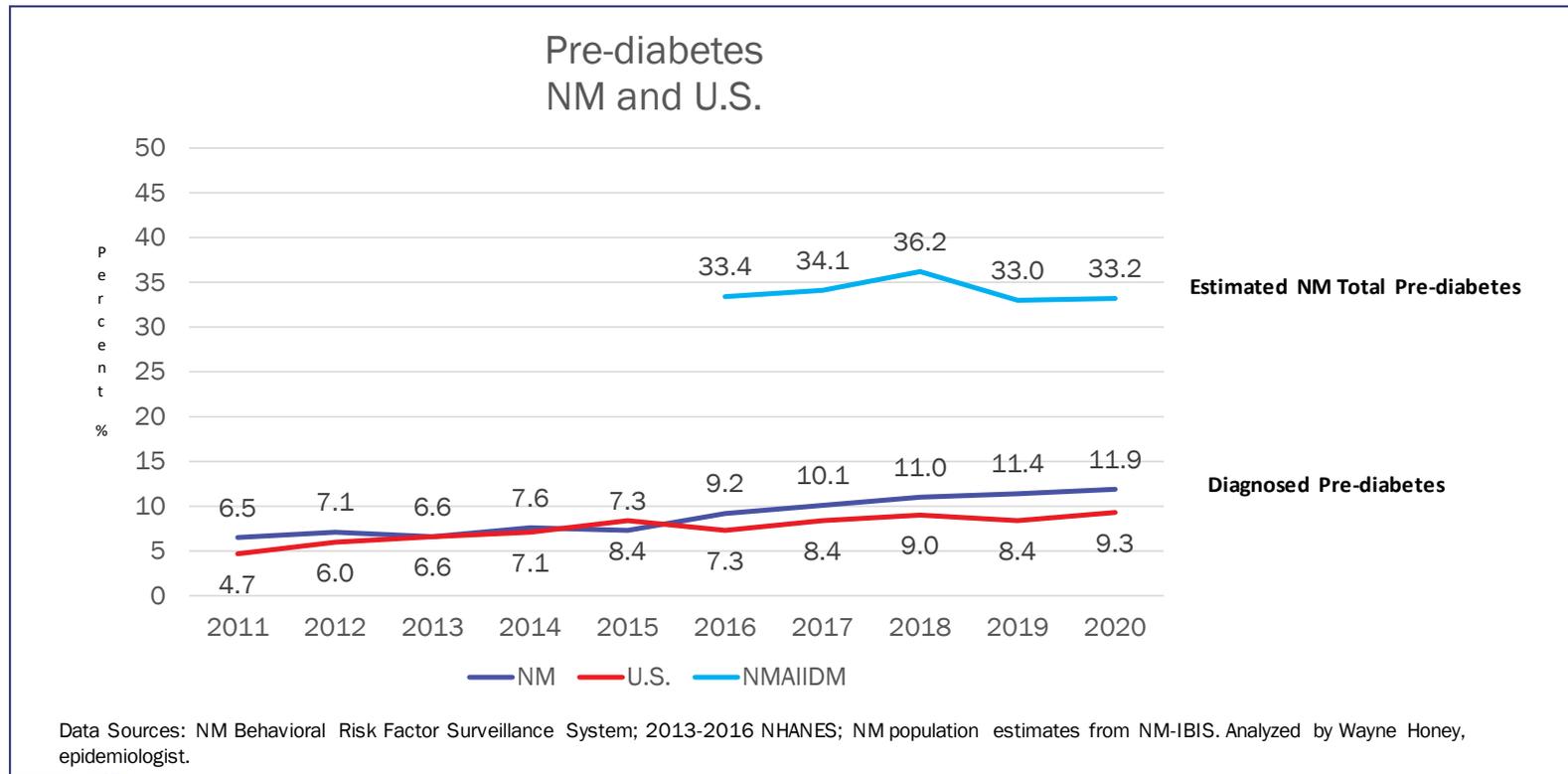
A Snapshot: Estimation of Diabetes in NM and the US

An estimated 4% of adults with diabetes have not been diagnosed.



A Snapshot: Prevalence of Pre-Diabetes in NM and the US

The prevalence of diagnosed pre-diabetes among New Mexico adults has risen.



Interventions and Health Promotion

Interventions: Diabetes and chronic disease self-management programs

Education: Nutrition and meals

Trainings and Collaborations:
Community-based partners

Epidemiology: collection and analysis of diabetes and prediabetes data.



COVID-19 Response and Adaptation

Program Contributions

- Case Investigation
- Case Monitoring
- Monitoring Team Leaders and Trainers
- Contact Tracing
- Nurse Hotline
- Command Center
- Visitor Education
- Data Display Support

How We Adapted

- Diabetes prevention efforts continued by using distance-learning models
- Adjusted timelines for data collection and analysis
- Virtual partnership meetings and work sessions
- Trainings and capacity-building on-line
- Focused outreach via mailers and social media

Moving forward

New Mexico Diabetes Prevention and Control Program will continue working to reduce the burden of diabetes and its complications in New Mexico.

Proven prevention and self-management education services.

Community-based and health care system partnerships.

Training for health care professionals.

Thank You

Contact Information

Deyonne Sandoval

Diabetes and Heart Health Section Director
Population and Community Health Bureau

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Paths to Health NM
Tools for **Healthier** Living

Tools for a Healthier Living

Web: <https://www.pathstohealthnm.org/>



Caminos de Salud NM
Técnicas para Vivir **Mejor**

Tobacco Use Prevention and Control Program (TUPAC)

Renaldo Wilson
TUPAC Program Director



***Everyone
deserves the
chance to live free
from nicotine
addiction and
breathe clean air***

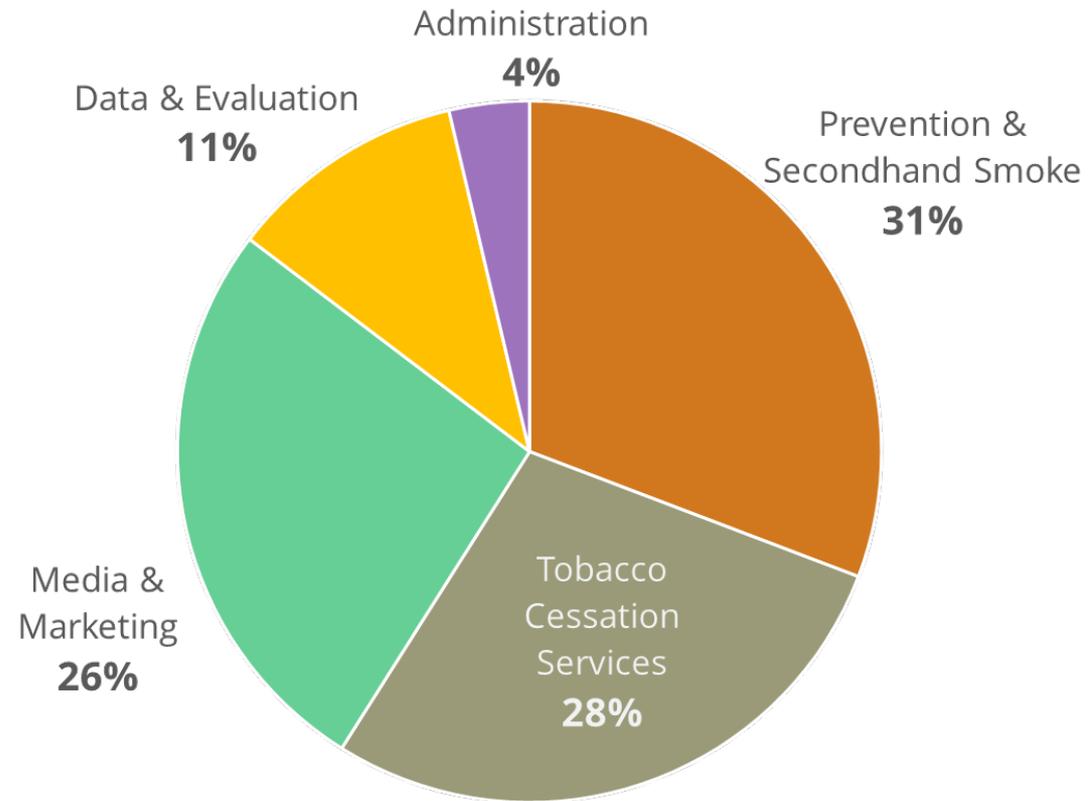


TUPAC Support from Tobacco Settlement

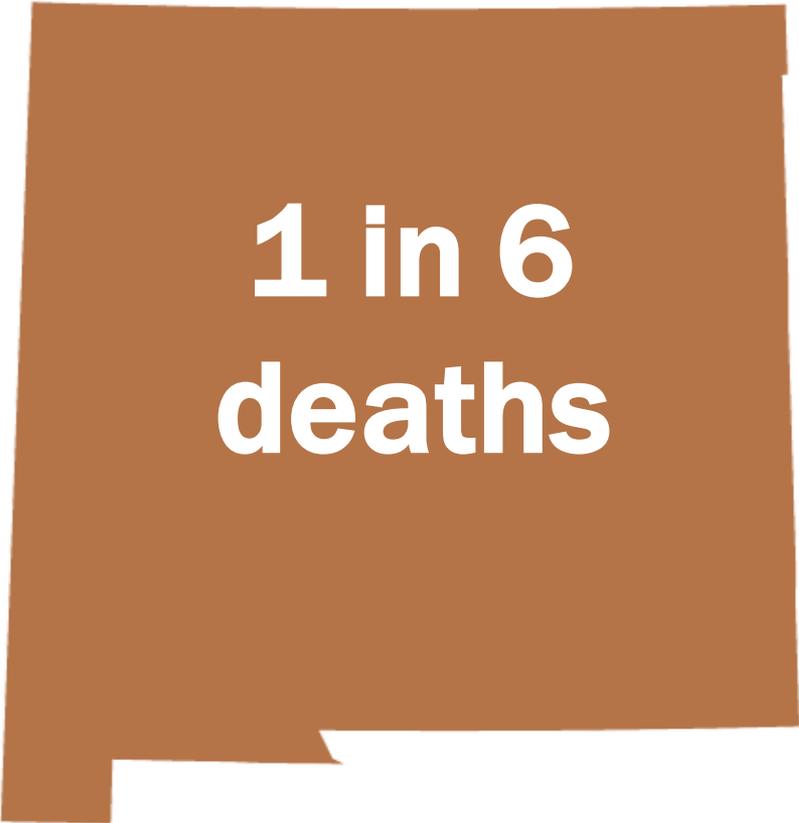
FY	Amount
SFY19	\$5,435,200
SFY20	\$5,435,200
SFY21	\$5,435,200
SFY22	\$3,727,300
SFY23 request	\$5,435,200

SFY 23 TSROC Funding Request: \$5,435,200

- Allocation follows CDC guidelines for comprehensive programs
- NM's total investment in tobacco prevention and control is 28% of CDC recommendation



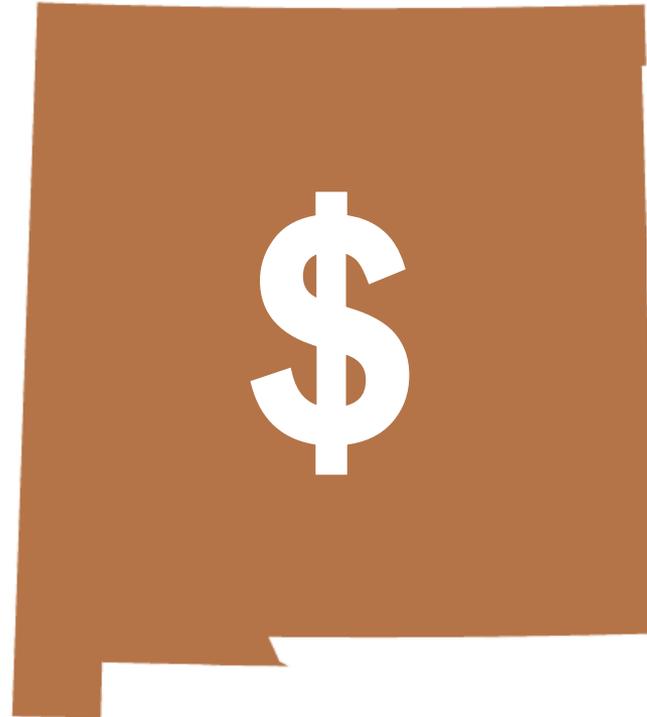
- Tobacco is the single largest preventable cause of disease, disability, and death
- **2802** smoking-related deaths in New Mexico annually



**1 in 6
deaths**

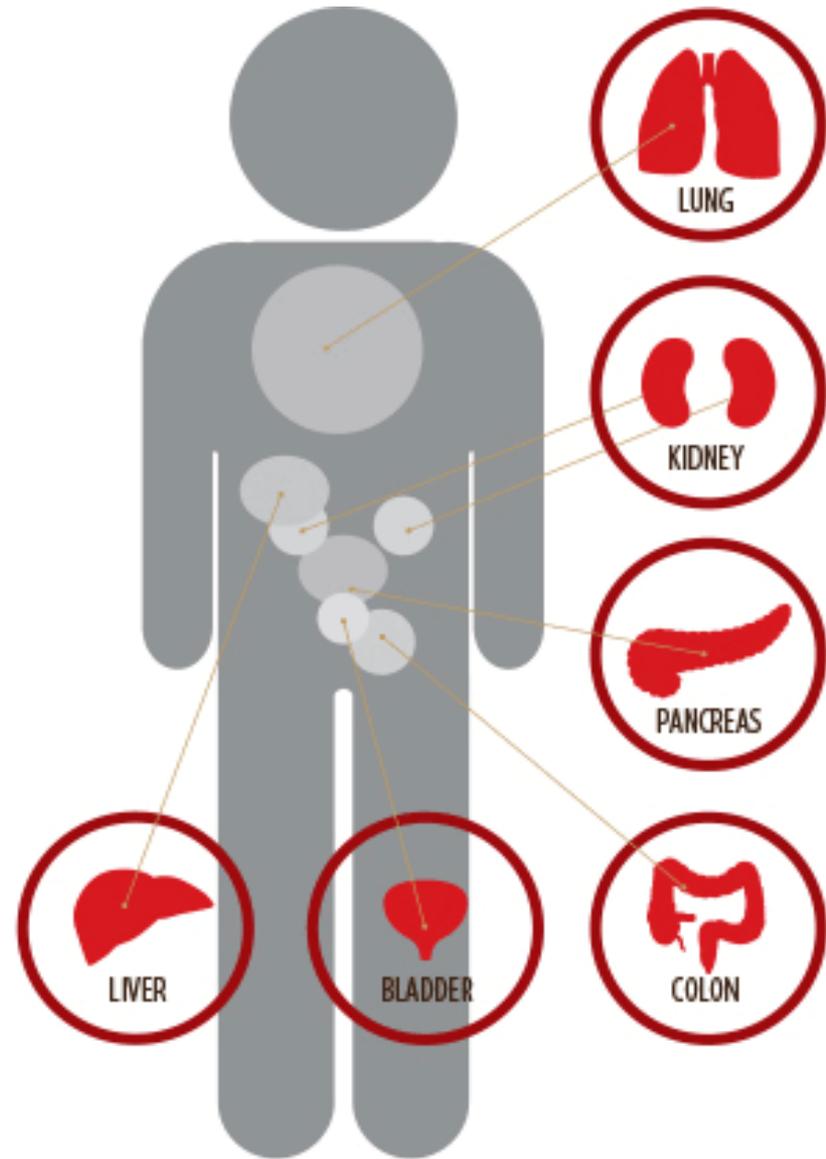
\$1.4+ Billion

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

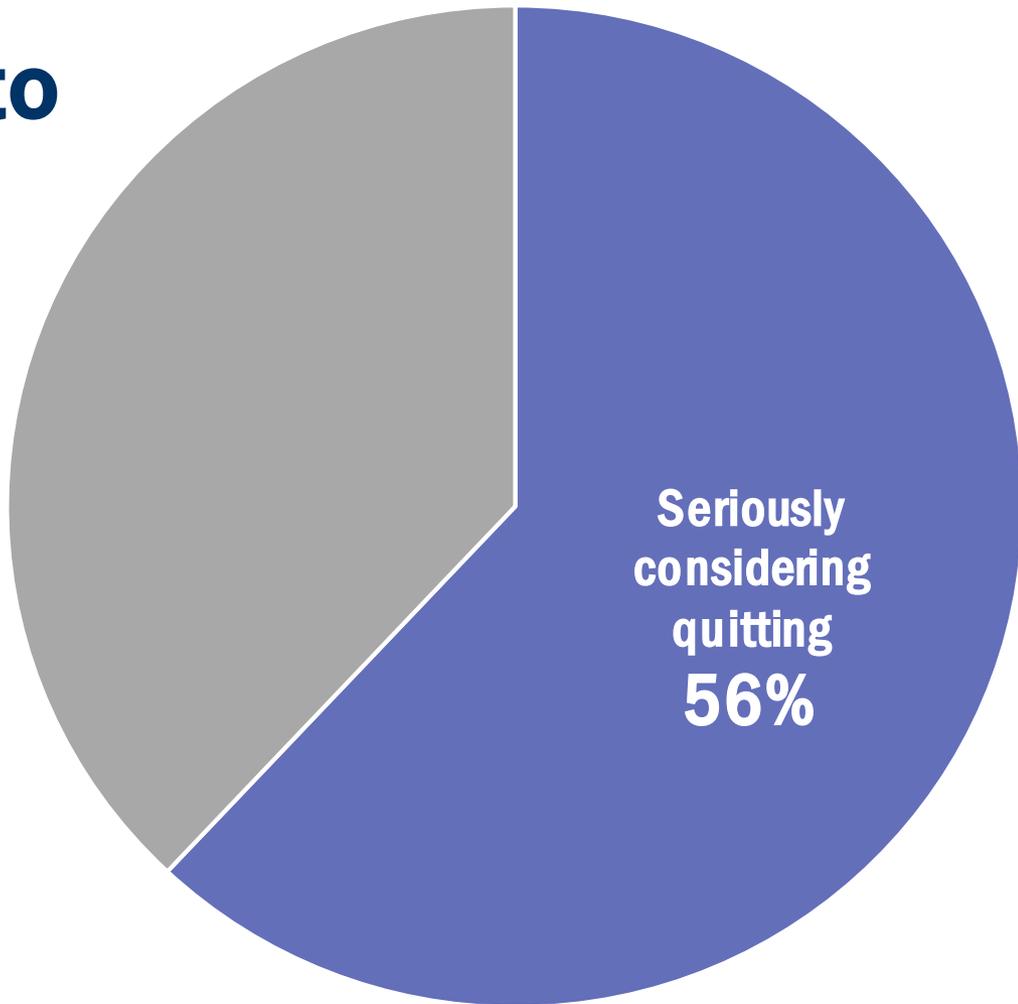


84,000+

- New Mexicans suffer with smoking-related diseases

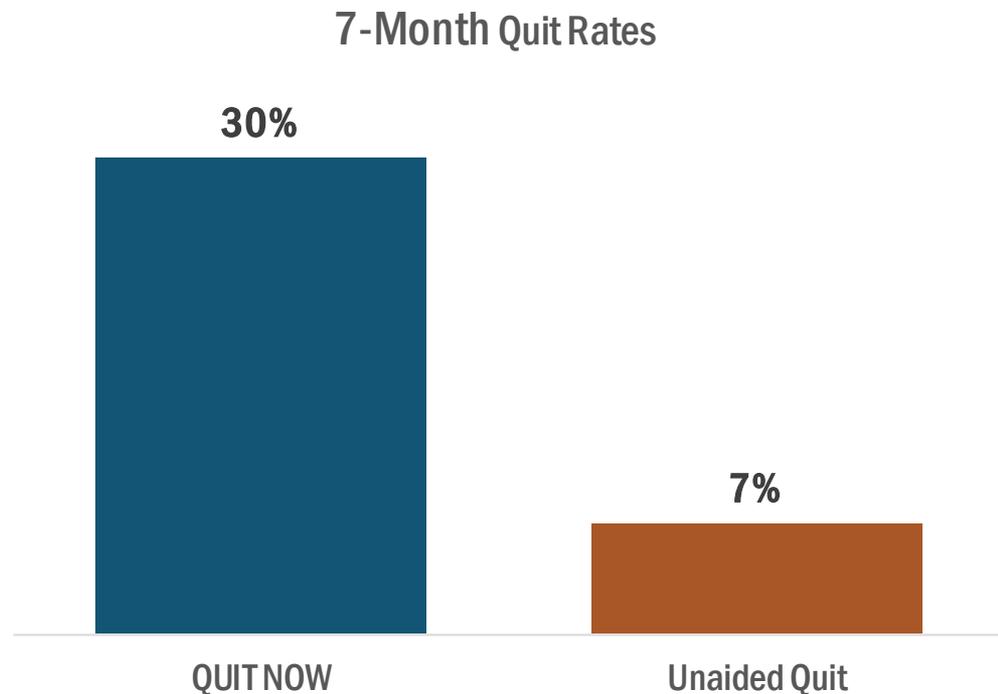


56% of adult smokers want to quit



NM QUIT NOW improves smokers' quitting success

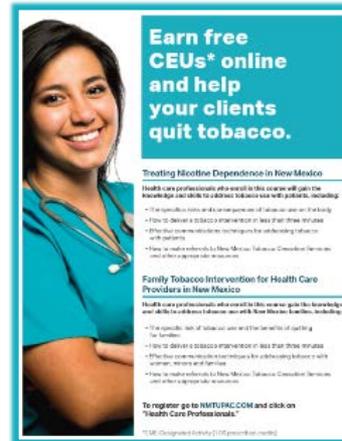
- Nearly **1 in 3 QUIT NOW** enrollees successfully quits
- Quitline counseling and FDA-approved nicotine medication **more than triples quit rates**



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**

TUPAC's community partners



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New Mexico
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Association



New Mexico
DENTAL ASSOCIATION



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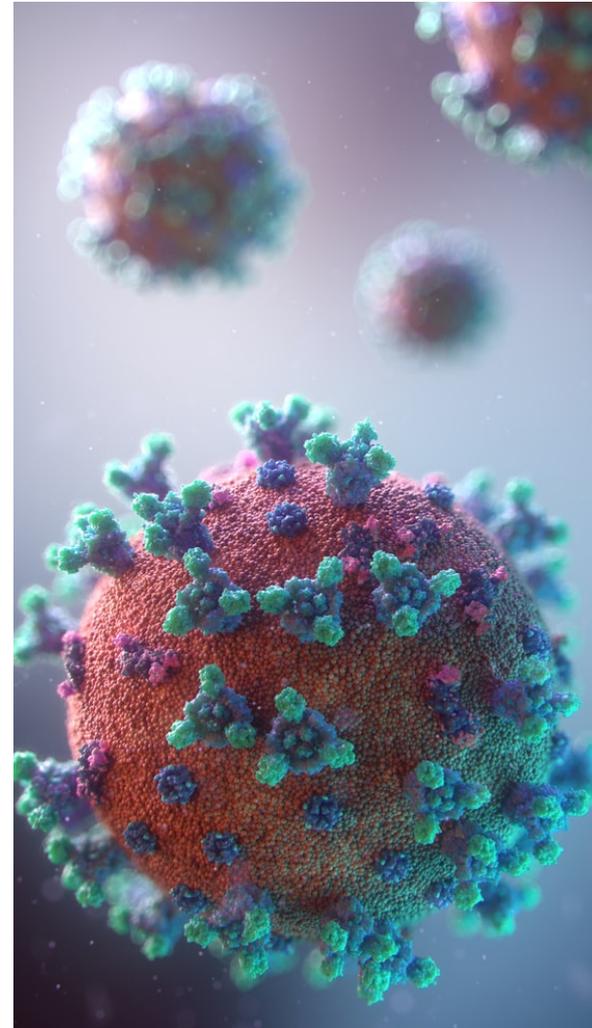
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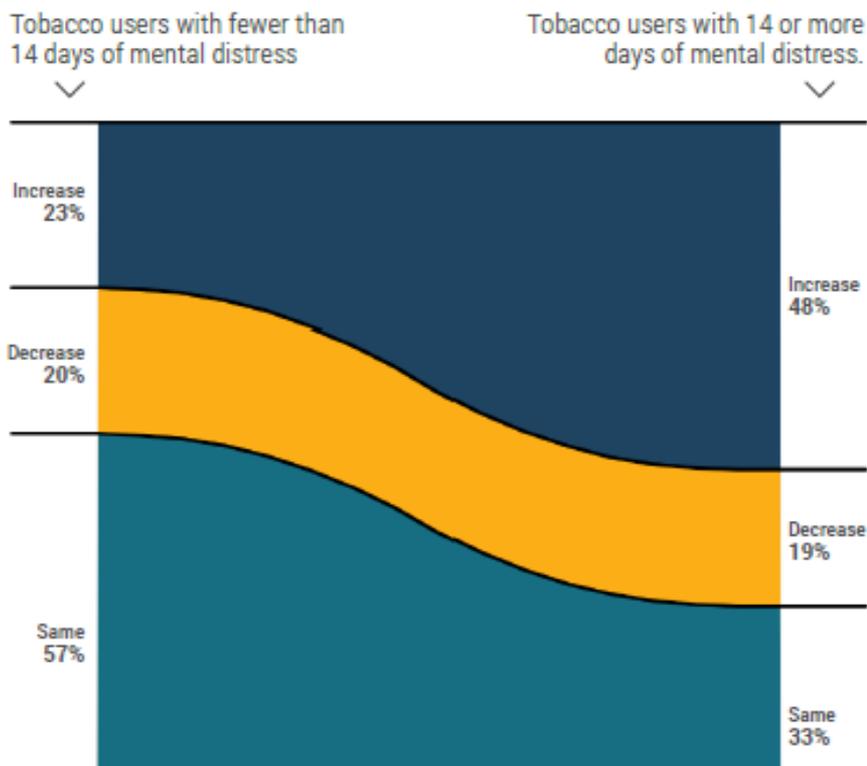
TUPAC supported the DOH response to COVID 19:

- TUPAC epidemiologists worked with Epidemiology and Response Division on COVID surveillance
- Staff supported case investigation, including Spanish support
- Supported COVID testing sites
- Assisted at Westside homeless shelter
- Conducted COVID positive notification calls
- Supported COVID vaccine sites
- Assisted with state-wide vaccination distribution



COVID increased the challenges TUPAC faced

Tobacco users who reported 14 or more days of mental distress in the previous month were more likely to have increased their use of tobacco during the COVID-19 pandemic*

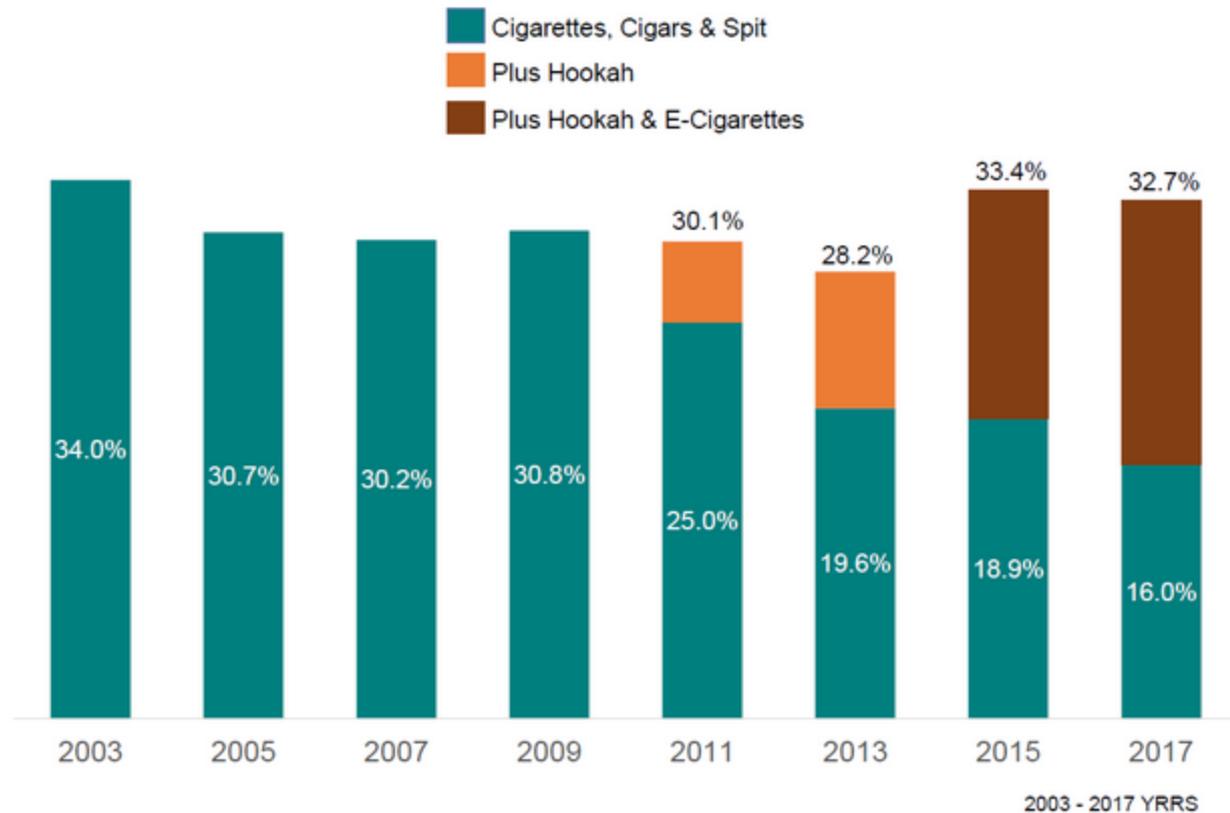


- COVID hit some vulnerable communities especially hard, and many of those communities experienced acute challenges with tobacco
- Many people experiencing frequent mental distress increased their use of tobacco during the pandemic

- E-cigarette use has offset declines in conventional tobacco product use among youth
- The 2019 high school youth smoking rate is 8.9%, a historic low (new data for 2021 won't be available until Spring 2022).

HS Youth Overall Tobacco Use Prevalence, 2003-2017

Use of emerging products has offset declines in conventional tobacco product use



TUPAC continues to help teens quit tobacco throughout the pandemic



- Adapted teen vaping cessation support to online platform
- Worked with schools on pre-established cessation program commitments
- Enrolled teen “ambassadors” to promote vaping education and advocacy in virtual learning environments
- Continue to develop and focus on strategies to reduce teen vape use

With your help and everyone working together

- Everyone deserves the chance to live free from nicotine addiction and breathe clean air
- No community or group should be left out or exposed to harm