

Tobacco Settlement Revenue Oversight Committee



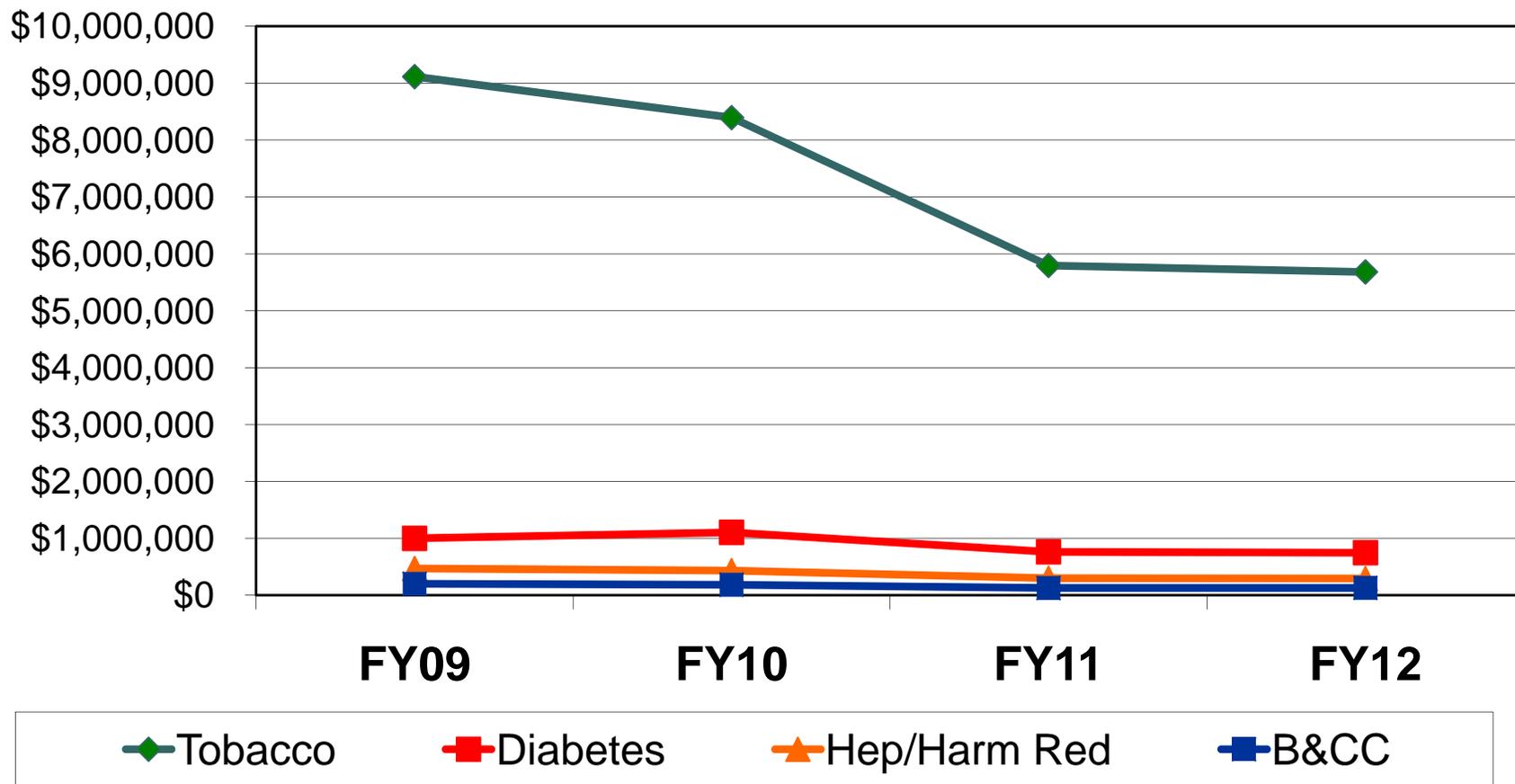
FY 11 & FY12 Progress and Opportunities

**Tobacco Use Prevention & Cessation,
Hepatitis and Harm Reduction Services,
Diabetes Prevention & Control (including Obesity)
Breast & Cervical Cancer Screening & Diagnosis**

August 16, 2011

Tobacco Settlement Revenue

36.4% cut from FY09 to FY12



FY12 Tobacco Settlement Funds

2.5% Reduction due to Revenue Shortfall

	FY12 HB2	FY12 Operating Budget
TUPAC	\$5,827,400	\$5,682,000
Hepatitis/Harm Reduction	\$300,500	\$293,000
Diabetes	\$767,100	\$748,000
B&CC	<u>\$131,800</u>	<u>\$128,600</u>
	\$7,026,800	\$6,851,600

Why Maintain a 2.5% Reserve?

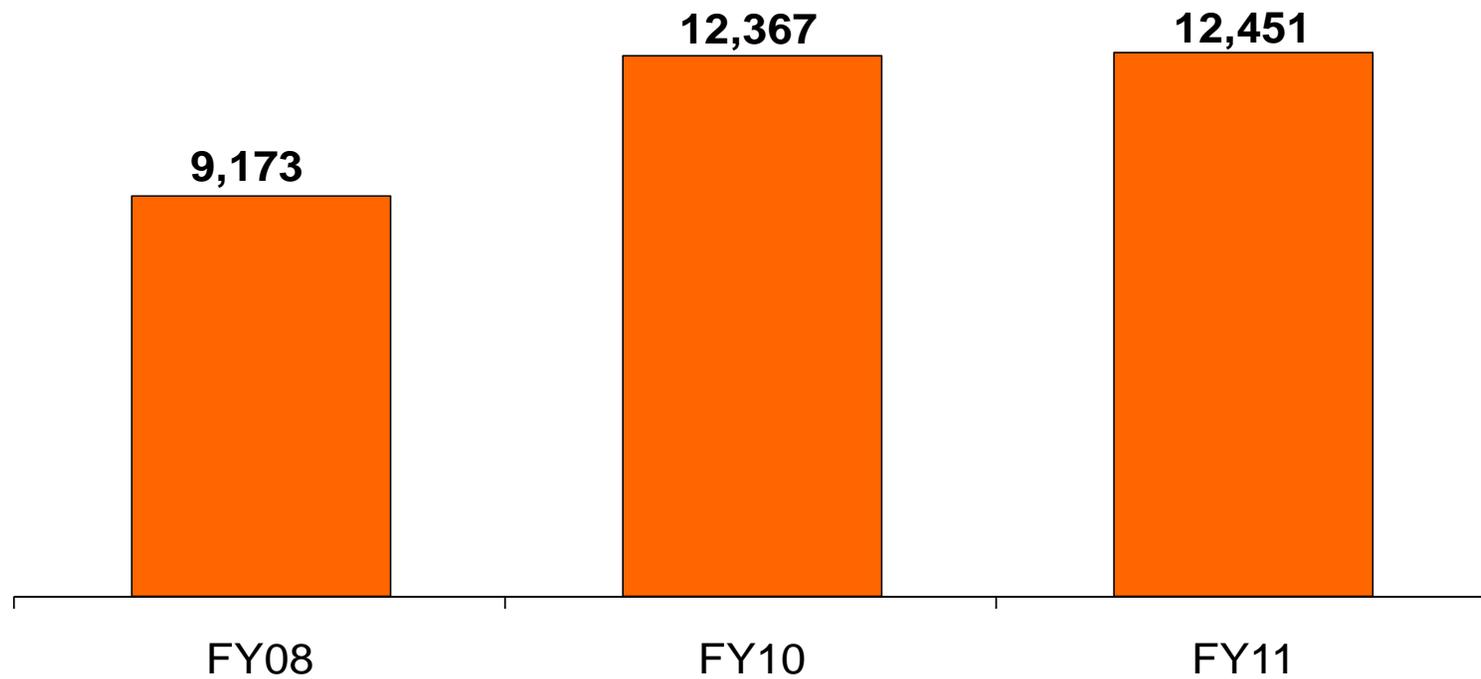
- ❖ Requested by DFA in April 27, 2011 Memo. No determination yet by DFA if there will be any additional reductions to the FY12 appropriation and, if so, how much.
- ❖ Revenue won't be collected until April 2012.
- ❖ It's easier on contractors to increase contract amounts than to pull funding back.

Tobacco Use Prevention & Cessation Program FY11 Budget Impacts

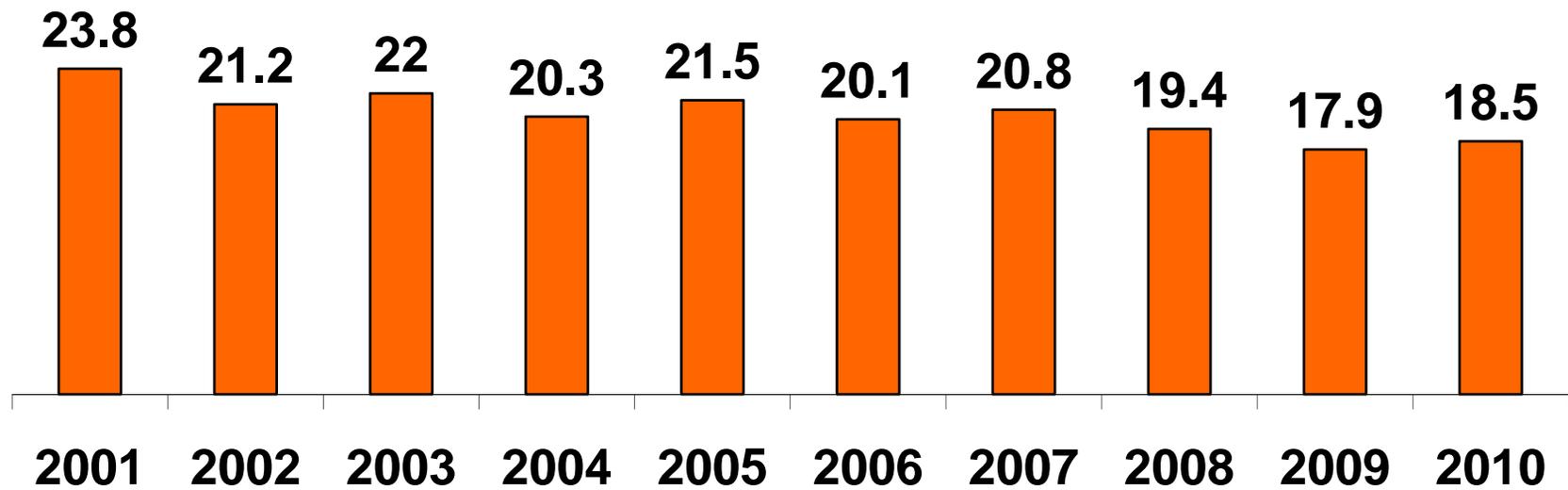
FY10 <u>Adjusted</u>	FY11 <u>Adjusted</u>	FY12 <u>Adjusted</u>
\$8,394,915	\$5,794,700	\$5,685,000

- ❖ **Reach** is a program's ability to provide outreach to the targeted population.
- ❖ With limited resources, program activities which achieve greater efficiency in reaching the targeted populations take priority.
- ❖ Some FY11 contracts were eliminated, some were consolidated, and others were reduced to hold service contracts harmless.
- ❖ TUPAC used CDC guidance documents to select activities that were most efficient in reaching targeted populations **at this funding level.**

Calls to Quitline FY08, FY10, FY11

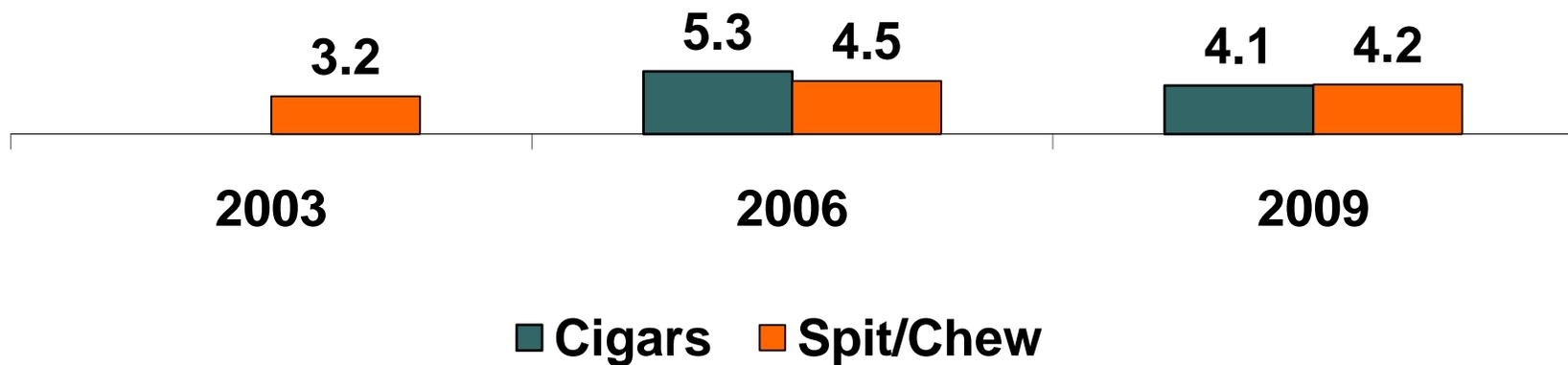


Percent of New Mexico Adults Who Currently Smoke Cigarettes, 2001-2010



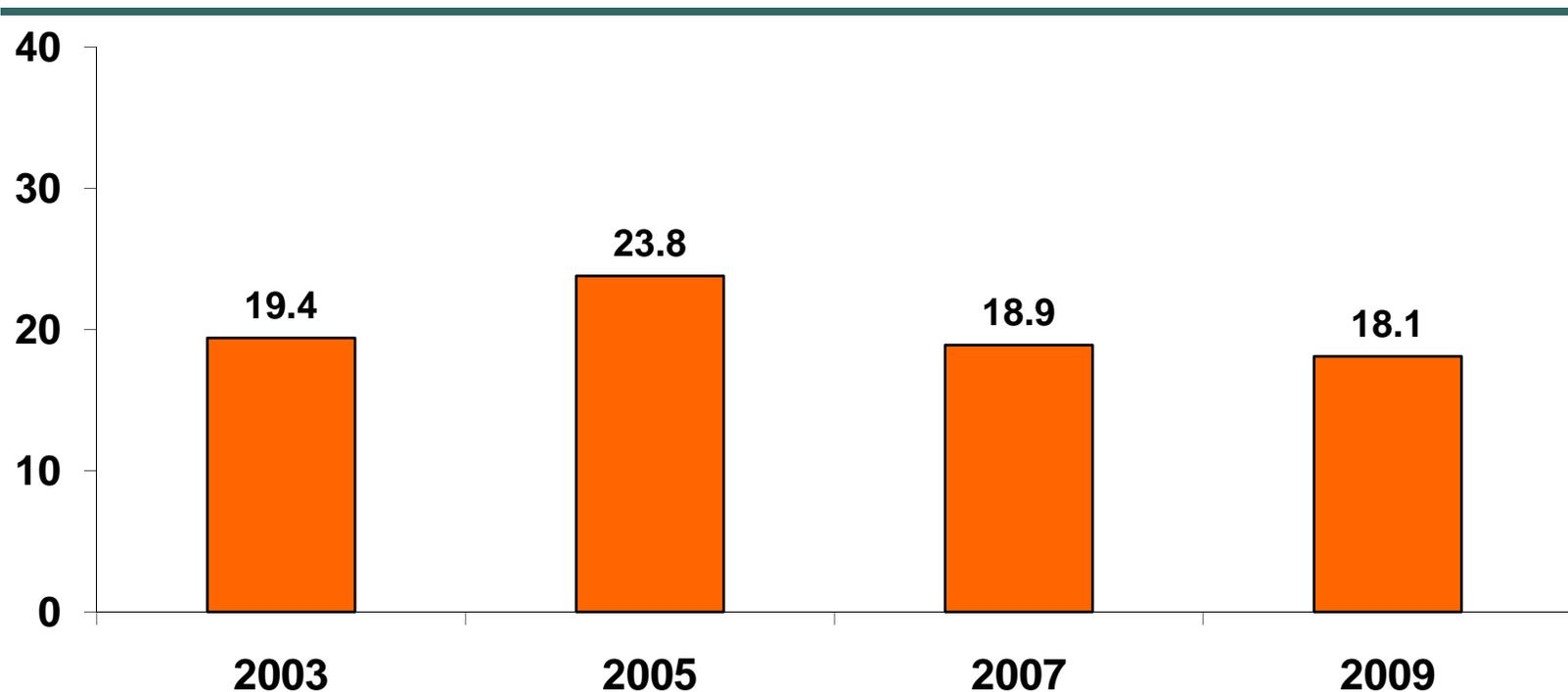
TRENDS IN TOBACCO USE AMONG NEW MEXICO ADULTS

Percent of New Mexico Adults Who Currently Use Spit/Chew Tobacco or Smoke Cigars



TRENDS IN TOBACCO USE AMONG NEW MEXICO ADULTS

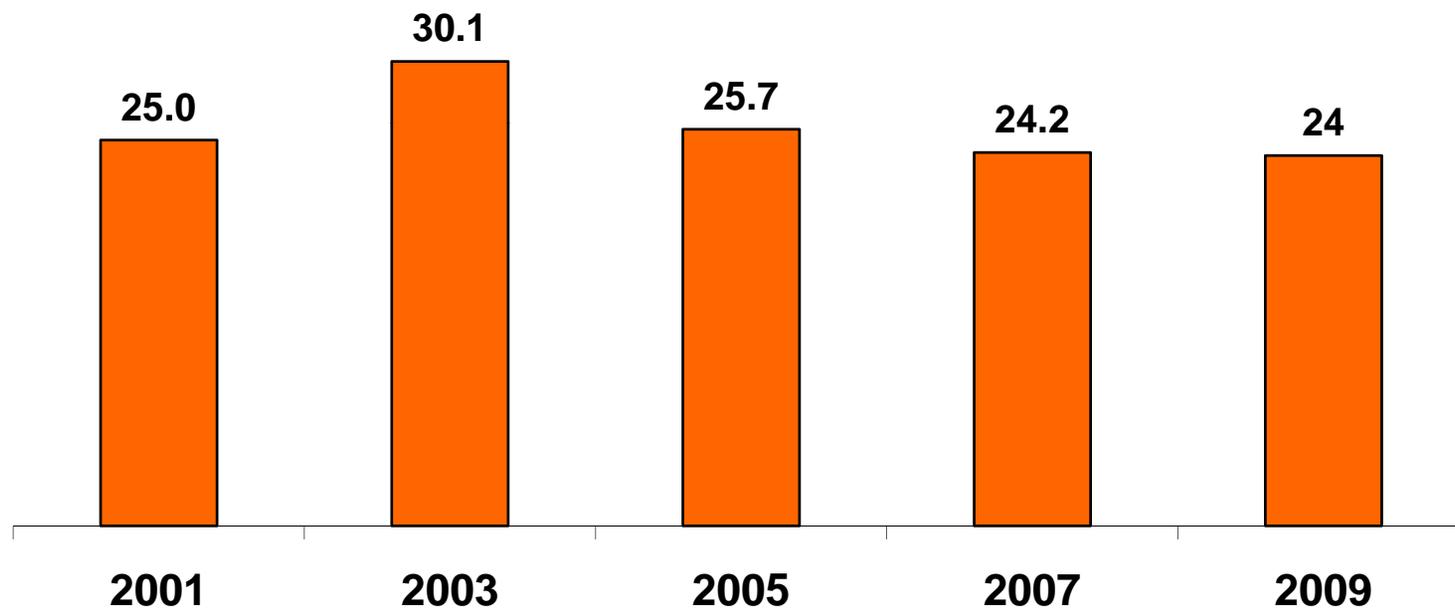
Percent of New Mexico High School Youth Who Currently Use Cigars, Cigarillos or Little Cigars, 2003-2009



TRENDS IN TOBACCO USE AMONG NEW MEXICO YOUTH

Compiled by NM Department of Health, Tobacco Use Prevention and Control Program using 2001-2009 NM Youth Risk and Resiliency Survey (YRRS) data, www.youthrisk.org.

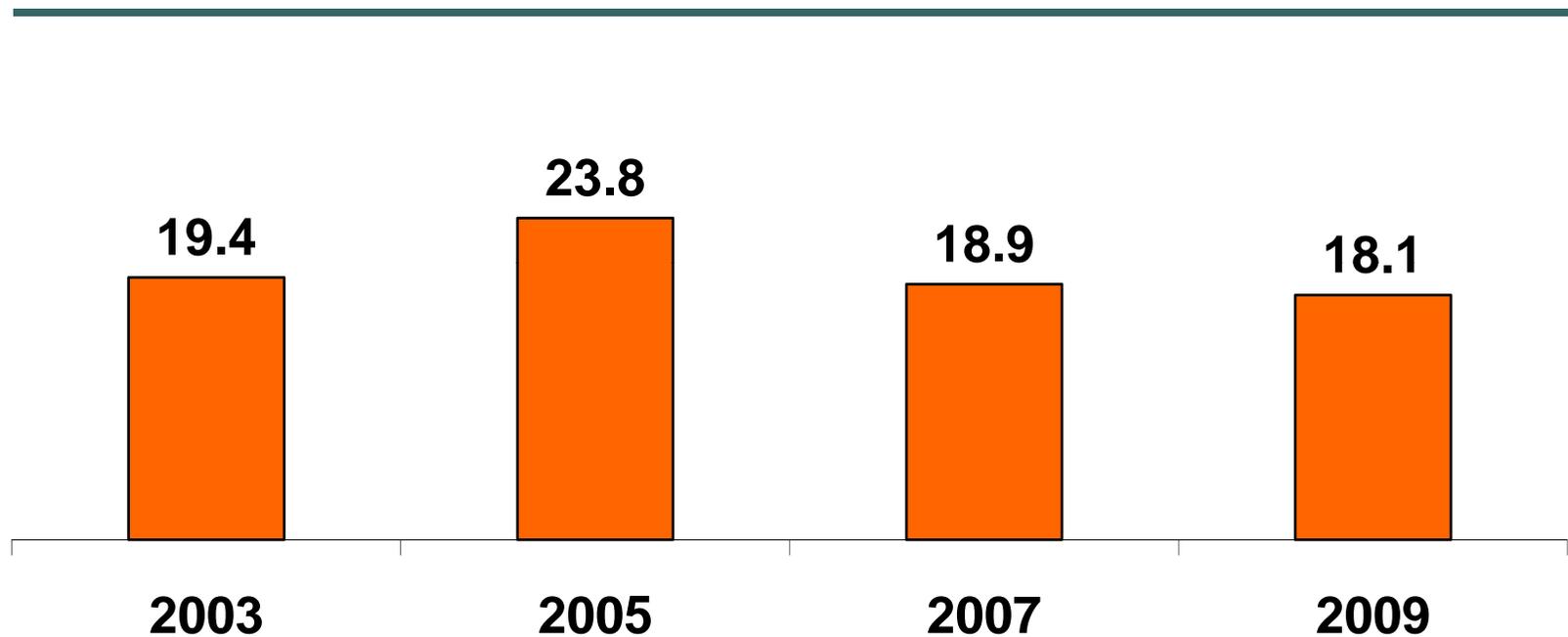
Percent of New Mexico High School Youth Who Currently Smoke Cigarettes, 2001-2009



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New Mexico Adult Smoking Prevalence by Race/Ethnicity, 2007-2009

	Smoking Prevalence (2007-2009)
Overall Adult Population	19.3
Race/Ethnicity	
American Indian or Alaska Native	21.2
Asian or Pacific Islander	23.4
Black or African American	25
Hispanic	19.9
White	18.4

Source: 2007-2009 NM Behavioral Risk Factor Surveillance System (BRFSS), three-year aggregated dataset, analyzed by NM Department of Health, Tobacco Use Prevention & Control (TUPAC) Program. Three-year dataset is used so that there are sufficient sample sizes for subgroup analyses.

New Mexico Adult Smoking Prevalence by Age Group, 2007-2009

	Smoking Prevalence (2007-2009)
Overall Adult Population	19.3
Age Group	
18-24	23.1
25-34	25
35-44	19.8
45-54	23.4
55-64	18.4
65-74	13.3
75+	7.3

Source: 2007-2009 NM Behavioral Risk Factor Surveillance System (BRFSS), three-year aggregated dataset, analyzed by NM Department of Health, Tobacco Use Prevention & Control (TUPAC) Program. Three-year dataset is used so that there are sufficient sample sizes for subgroup analyses.

New Mexico Adult Smoking Prevalence by Annual Household Income, 2007-2009

	Smoking Prevalence (2007-2009)
Overall Adult Population	19.3
Annual Household Income	
Less than \$15,000	29.6
\$15,000 - \$24,999	26.2
\$25,000 - \$34,999	22.8
\$35,000 - \$49,999	17.7
\$50,000 +	13.4

Source: 2007-2009 NM Behavioral Risk Factor Surveillance System (BRFSS), three-year aggregated dataset, analyzed by NM Department of Health, Tobacco Use Prevention & Control (TUPAC) Program. Three-year dataset is used so that there are sufficient sample sizes for subgroup analyses.

New Mexico Adult Smoking Prevalence by Public Health Regions, 2007-2009

	Smoking Prevalence (2007-2009)
Overall Adult Population	19.3
Public Health Regions	
Northwest NM (R1)	20.7
Northeast NM (R2)	17.7
Bernalillo County (R3)	17.3
Southeast NM (R4)	22.5
Southwest NM (R5)	20.6

Source: 2007-2009 NM Behavioral Risk Factor Surveillance System (BRFSS), three-year aggregated dataset, analyzed by NM Department of Health, Tobacco Use Prevention & Control (TUPAC) Program. Three-year dataset is used so that there are sufficient sample sizes for subgroup analyses.

New Mexico Adult Smoking Prevalence by Educational Level, 2007-2009

	Smoking Prevalence (2007-2009)
Overall Adult Population	19.3
Educational Level	
Less than High School Diploma	28.4
High School Graduate	24.2
Some College	20.2
College Graduate	10.5

Source: 2007-2009 NM Behavioral Risk Factor Surveillance System (BRFSS), three-year aggregated dataset, analyzed by NM Department of Health, Tobacco Use Prevention & Control (TUPAC) Program. Three-year dataset is used so that there are sufficient sample sizes for subgroup analyses.

SHOW UR NO



home



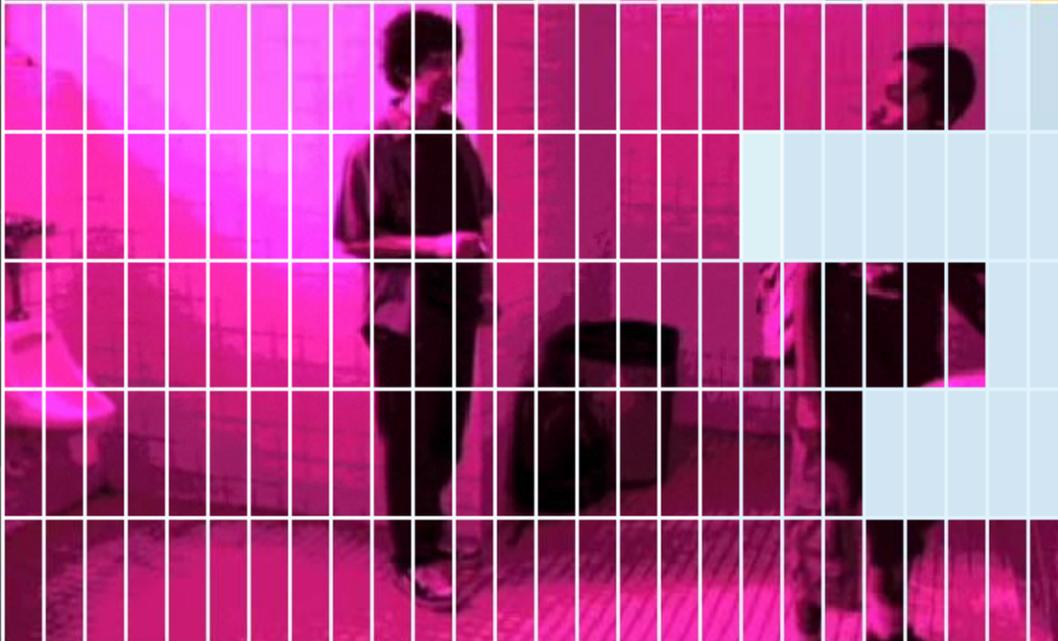
create



vote



gallery



hip-hop

rock

dance [click to play](#)

There are a ton of ways to say no when some jerk offers you a cigarette. Why not do it to music? Watch how others show their No, and then create your own music video.



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FY12 Hepatitis and Harm Reduction

	<u>FY10 Adjusted</u>	<u>FY11 Adjusted</u>	<u>FY12 Adjusted</u>
HIV/AIDS Services	\$70,000	\$0	\$0
Hepatitis Program	\$106,000	\$46,080	\$43,400
Harm Reduction	<u>\$256,870</u>	<u>\$252,620</u>	<u>\$249,600</u>
	\$432,870	\$298,700	\$293,000

Select FY11 Achievements for Hepatitis Program

- ❖ Through TSR-funded contracts:
 - 1,000 hepatitis C cases investigated
 - 3,726 adult blood specimens obtained for hepatitis B & C tests, and
 - 1,676 hepatitis vaccinations given to high risk clients in county jails and harm reduction sites

- ❖ HIV/AIDS counseling, education and referral are components of these hepatitis activities

Select FY11 Achievements for Harm Reduction Program

- ❖ Through TSR-funded contracts:
 - 31,080 people received syringes
 - 2,362,746 syringes collected (2,442,303 syringes distributed) = 97% syringe collection rate
 - 3980 enrollment (1700 newly enrolled; 2280 participants re-enrolled)

- ❖ HIV/AIDS counseling, education and referral are components of these harm reduction activities

Diabetes Prevention & Control Program FY11 TSR: How the Money was Spent

❖ Staff

One Nurse, two Health Educators, one Clerk, one quarter of a Financial Specialist

❖ Services

- **CATCH** (Coordinated Approach to Child Health)
18 schools & 5,404 students

- **Kitchen Creations**
35 cooking schools & 725 participants

❖ Professional Development

879 professionals trained on a variety of diabetes prevention and management topics.

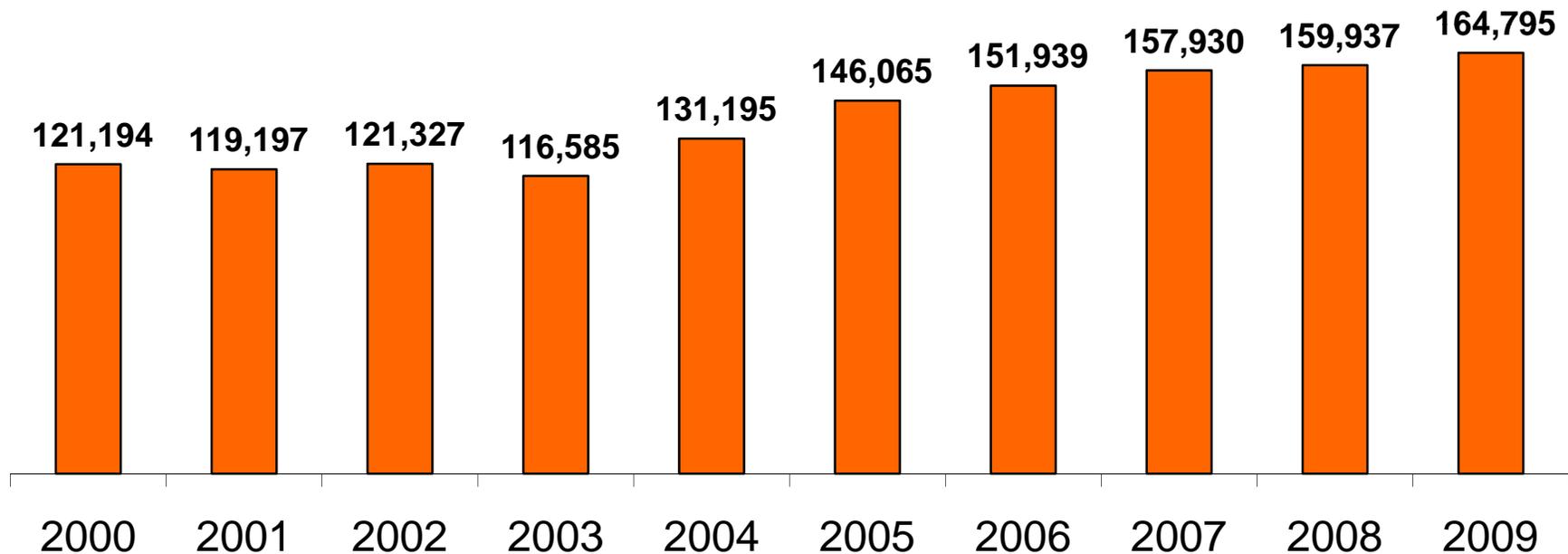
Diabetes Prevention & Control Program FY11 TSR: How the Money was Spent

❖ Other

- On-line Community Walking Program Implementation Guide
- Shared strategic plan to address diabetes, heart disease/stroke prevention and tobacco use
- Diabetes and pre-diabetes modules included in the state's Behavioral Risk Factor Surveillance System annual survey
- Media
 - "Have a Heart" campaign about tobacco use and diabetes in Navajo Nation
 - Radio spots and newspaper ads about pre-diabetes

Diabetes Prevalence

Estimated Number of NM Adults with Diabetes, 2000-2009



Healthy Kids Healthy Communities

- ❖ Aims to create and sustain healthy policies and environments to motivate children, youth and families to eat healthier, be more physically active and achieve healthy weights.
- ❖ Local and state collaborative effort comprised of leaders representing government, education, health care, human and social services, agriculture, nonprofit and faith-based organizations, academia, and foundations and businesses.

Ongoing Efforts - Physical Activity & Healthy Eating Healthy Kids Healthy Communities

■ 2007

DOH piloted Healthy Kids Las Cruces.

■ 2008

Fully implemented Health Kids Las Cruces.

■ 2009

Replicated Healthy Kids Las Cruces in Chaves County.

In 2009, Healthy Kids Las Cruces was named one of the ten top models in the nation for helping to reduce childhood obesity from a nationally recognized health foundation.

Ongoing Efforts - Physical Activity & Healthy Eating Healthy Kids Healthy Communities

■ 2010

Replicated HK
Las Cruces in
San Ildefonso,
Santa Clara
and Cochiti.

■ 2011

Replicated
HK Las
Cruces in
McKinley
County.

■ 2011

Healthy Kids
operating in:
Las Cruces
Chaves County
San Ildefonso
Santa Clara
Cochiti
McKinley County

In 2010, Healthy Kids Las Cruces received the NM Public Health Association Achievement Award.

Tobacco Settlement Funding for Healthy Kids New Mexico

Healthy Kids Health Communities	2010	2011	2012
HK Las Cruces	\$40,000	\$15,436	\$25,000
HK Chaves County	\$30,837	\$24,871	\$25,000
HK McKinley County	\$ 0	\$ 0	\$25,000
HK San Ildefonso	\$20,000	\$25,000	\$25,000
HK Santa Clara	\$20,000	\$25,000	\$25,000
HK Cochiti	\$20,000	\$20,505	\$ 0
 Development of Classroom Materials	 \$18,860	 \$ 0	 \$1,900
 Conducted Trainings			
Assessing nutrition and physical activities in school environment	\$20,000	\$ 0	\$ 0
Healthcare provider obesity prevention best practices	\$20,000	\$20,000	\$ 0
	\$186,697	\$130,812	\$126,000

The Breast and Cervical Cancer Early Detection Program Receives Tobacco Settlement Funds for the Direct Provision of Clinical Care

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

Serve more women

CDC funds serve only ~16% of the eligible population. TSR provided mammograms for 1,388 women.

Serve younger women

CDC requires a majority of funds to serve women ≥ 50 years. The average age of women served through the BCC Program using TSR is 45.

Make the 3:1 match required by CDC

TSR contribute to making the required match for the federal grant.

Breast & 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 **149,000** underserved women statewide, including:

SCREENING IMPACT

- 246,405 clinical breast exams
- 155,385 mammograms
- 220,442 Pap tests

DIAGNOSIS

- 1,136 invasive breast cancers
- 216 in-situ breast tumors
- 106 invasive cervical cancers
- 2,636 pre-cancerous cervical conditions

Breast & 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

In FY11, the BCC Program served **14,453** from all funding sources combined (CDC, TSR, GF, and Komen).

***Breast & Cervical Cancer
Early Detection Program
FY10 – FY12***

Fiscal Year	Appropriation	# Women Served <i>with TSR funds</i>
FY10	\$184,200	2,105
FY11	\$132,210	1,388
FY12	\$128,600	1,099 (estimated)

Breast & Cervical Cancer Early Detection Program Program Efficiencies

- ❖ **Limited ability to increase efficiencies because:**
 - 100% TSR funds already go to direct clinical care
 - No TSR used for overhead (staff, rent, supplies, etc.)
- ❖ **Integrating colorectal cancer screening** program into existing BCC infrastructure (reimbursement and clinical quality assurance processes)
- ❖ **Increasing integration** with other DOH chronic disease control programs to deliver coordinated initiatives to reduce shared risk factors (obesity, smoking, etc.)

Federal Breast & Cervical Cancer Early Detection Program

The Federal Breast & Cervical Cancer
Early Detection (BCC) Program
is celebrating **20 years of service**
to New Mexico's women!