

2008 Report

of the

Tobacco and Health Trust Fund Board of Trustees

To the Appropriations and Public Health Committees
and the Connecticut General Assembly

February 2008

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Background

In 1999, a Tobacco and Health Trust Fund was established in Connecticut. The purpose of the Trust Fund is “to create a continuing significant source of funds to (1) support and encourage development of programs to reduce tobacco abuse through prevention, education and cessation programs, (2) support and encourage development of programs to reduce substance abuse, and (3) develop and implement programs to meet the unmet physical and mental health needs in the state.”¹ The Trust Fund is a separate, non-lapsing fund that accepts transfers from the Tobacco Settlement Fund and may apply for and accept gifts, grants or donations from public or private sources to carry out its objectives.

A Board of Trustees was established in 2000 to administer the Tobacco and Health Trust Fund. The statutory purpose of the Board of Trustees is to select programs to receive money from the trust fund. Through fiscal year (FY) 2003, the Board of Trustees could recommend disbursement of up to half of the net earnings from the principal of the fund to meet the objectives of the fund. The Board’s operations were statutorily suspended for fiscal years 2004 and 2005. Currently, the Board can recommend disbursement of the entire net earnings of the principal.

Seventeen trustees are members of the Board. In addition to the ex-officio representative of the Office of Policy and Management, the Governor has four appointments and legislative leaders have two appointments each. Current membership on the Board, appointing authority, and their current term are as follows:

Appointed by	Name	Term Ends
OPM Secretary	Anne Foley	N/A
Governor	Ken Ferrucci	6/30/10
Governor	Norma Gyle	6/30/05
Governor	Nancy Bafundo	6/30/09
Governor	Cheryl Resha	6/30/09
Senate President Pro Tempore	Douglas Fishman	6/30/11
Senate President Pro Tempore	Nikki Palmieri	6/30/08
Senate Majority Leader	Ellen Dornelas	6/30/09
Senate Majority Leader	Robert Zavoski	6/30/10
Senate Minority Leader	Diane Becker	6/30/09
Senate Minority Leader	Jane Tedder	6/30/07
Speaker of the House	Patricia Checko	6/30/08
Speaker of the House	Andrew Salner	6/30/08
House Majority Leader	Richard Barlow	6/30/07
House Majority Leader	Larry Deutsch	6/30/08
House Minority Leader	Barbara Carpenter	6/30/09
House Minority Leader	Peter Rockholz	6/30/09

¹ See Appendix A for statutory authority

This report fulfills the Board's the statutory responsibilities to:

1. Submit an annual report to the Appropriations and Public Health Committees on the Board's activities and accomplishments;
2. Submit recommendations for authorization of disbursement from the trust fund to the Appropriations and Public Health Committees; and
3. Submit an annual report to the General Assembly that includes all disbursements and other expenditures from the trust fund and an evaluation of the performance and impact of each program receiving funds from the trust fund.

Activities and Accomplishments in 2007

Since the most recent Board report was submitted to the General Assembly in June 2007, the Tobacco and Health Trust Fund Board of Trustees has met five times: on July 23; September 14; October 19; November 9; 2007 and January 18, 2008.²

At the July 2007 meeting, the Board welcomed Nikki Palmieri as a new board member. The chair noted that letters had been sent to appointing authorities for those members whose terms have expired, but that members may continue to serve on the board until such time as a replacement is named. The chair noted that the FY07 earnings from the trust fund were estimated at \$829,665 and such funds are available for expenditure by the board. The balance in the trust fund was \$21.32 million on July 1, 2007 and with transfers in and out, the projected balance as of June 30, 2008 will be \$27.57 million. Members discussed the three statutory purposes of the trust fund: to reduce tobacco abuse, to reduce substance abuse, and to meet unmet physical and mental health needs. Pat Checko moved to focus the board's future fund recommendations on strategies to reduce tobacco abuse. The motion was seconded by Peter Rockholz and approved on a voice vote with one abstention by Larry Deutsch.

At the September 14, 2007 meeting, the July meeting minutes were approved unanimously on a voice vote. Presentations were made by four local smoking cessation programs funded by DPH: Generation Health Care, Hartford Hospital, American Lung Association, and Community Renewal Team. The Connecticut QuitLine made a presentation by phone from their offices in Seattle. Based on information from DPH and the QuitLine, the Board estimated that, at the current rate of 500 clients per month, the QuitLine would need \$600,000 for counseling only or \$1 million for counseling and nicotine replacement therapy to keep the QuitLine operation for the eight remaining months of the fiscal year. In light of this information, the Chair stated that she would entertain a motion to recommend disbursement of available Tobacco Trust Funds to allow the QuitLine to continue operation. Three members spoke in opposition to the idea and no member made the motion.³ The board discussed holding a public hearing to receive input from the public regarding the amount and nature of future disbursements. The public hearing would be scheduled after submission of board recommendations for FY08 disbursement to the legislature.

At the October 2007 half-day retreat held at the Lyceum, the Board welcomed Ken Ferrucci as a new board member. Board members reviewed a chart summarizing state agencies' responses to a board questionnaire on tobacco programs and funding levels⁴. The chart showed a total expenditure of \$4.3 million in FY 08 for anti-tobacco efforts. Based on board discussion, a few changes were made to the chart. The board agreed that

² See Appendix C for 2007 Board meeting minutes.

³ On September 20, Governor Rell authorized an administrative change that allowed additional funding to be available for the QuitLine to continue counseling services through the end of FY 08.

⁴ See Appendix F for updated chart on tobacco related expenditures and initiatives in Connecticut, which shows a total expenditure of \$4.7 million in FY 08 including \$3.5 million in DPH and \$1 million in DMHAS.

evaluation must be part of any new programs funded through trust fund disbursement. It was agreed that approximately 15% of costs should be set aside for this purpose. The board voted 7-2 to support pregnant women as the priority population for programs funded by this year's trust fund disbursement (based on a rationale that is described on page 16 of this report). Members tentatively agreed to fund cessation programming for pregnant women through community health centers, contingent upon additional information to be provided at a subsequent meeting.

At the November 2007 meeting, minutes of the September and October meetings were approved on a voice vote. Board members reviewed information on community health centers. The recommendation for disbursement of FY 08 funding was approved on a voice vote with one abstention. The recommendation is to "disburse \$800,000 through the Department of Public Health, using a competitive bid process, to community health centers for cessation programming for pregnant women and women of childbearing age (13-44)". Board members agreed that the Request for Proposals (RFP) should include best practices for successful models as defined by the American College of Obstetricians and Gynecologists, the National Partnership for Smoke-Free Families; and the Agency for Healthcare Research and Quality. Board members agreed to seek a statutory change removing the requirement that the board's annual report to the legislature of its activities and accomplishments "be approved by each trustee".

Report on Disbursements and Other Expenditures

The following Table A shows the flow of Tobacco and Health Trust Funds since the inception of the trust fund in FY 2000 through the estimated activity in FY 2009. If no further changes are made to the trust fund, and the board disburses \$800,000 in FY 08 and \$900,000 in FY 09, the trust fund should contain approximately \$28.1 million at the end of FY 2009.

Table A
Tobacco and Health Trust Fund
Fiscal Activity 2000-2009

	<u>ACTUAL</u> <u>FY2000</u>	<u>ACTUAL</u> <u>FY2001</u>	<u>ACTUAL</u> <u>FY2002</u>	<u>ACTUAL</u> <u>FY2003</u>	<u>ACTUAL</u> <u>FY2004</u>	<u>ACTUAL</u> <u>FY2005</u>	<u>ACTUAL</u> <u>FY2006</u>	<u>ACTUAL</u> <u>FY2007</u>	<u>Estimated</u> <u>FY2008</u>	<u>Estimated</u> <u>FY2009</u>
<u>Tobacco and Health Trust Fund (7220)</u>										
Carried Forward from Previous Year	--	20.2	41.1	53.1	1.1	0.6	0.0	18.1	21.3	29.4
Transfer from Tobacco Settlement Fund	20.0	19.5	17.4	0.0	12.0	0.0	18.6	9.8	13.9	12.4
Interest	<u>0.2</u>	<u>1.4</u>	<u>1.8</u>	<u>0.2</u>	<u>0.0</u>	<u>0.0</u>	<u>0.1</u>	<u>0.8</u>	<u>0.9</u>	<u>1.2</u>
Funds Available	20.2	41.1	60.3	53.3	13.1	0.6	18.7	28.8	36.0	42.9
Use of Interest	--	--	(0.8)	(0.6)	0.0	0	0	0.0	(0.9)	(0.9)
Transfer to General Fund	--	--	0.0	(48.2)	(12.0)	0.0	0.0	0.0	0.0	0.0
Capital Gain/Loss	--	--	(1.5)	(0.8)	--	--	--	--	--	--
Transfer of Principal for Various Programs	--	0.0	(4.9)	(2.6)	(0.5)	(0.6)	(0.6)	(7.5)	(5.8)	(14.0)
Funds Used	--	0.0	(7.2)	(52.2)	(12.5)	(0.6)	(0.6)	(7.5)	(6.7)	(14.8)
<u>Balance on June 30</u>	20.2	41.1	53.1	1.1	0.6	0.0	18.1	21.3	29.4	28.1

Despite the significant fiscal activity in and out of the Trust Fund, the total amount the Board has been able to recommend for disbursement has been \$2,287,000 since the inception of the Trust Fund in 2000. The Board believes that tobacco prevention, cessation, and control in Connecticut can be significantly improved if and when the Tobacco and Health Trust Fund grows to its originally intended levels with \$12 million deposited each year and withdrawals limited to the annual interest earned. With this funding dedicated to tobacco-related programs, Connecticut can make real progress toward achieving long-term reductions in tobacco use and tobacco-related illness and death.

The following Table B shows how the funding available to the Board has been recommended for disbursement by the Trust Fund Board since the inception of the fund, including the \$800,000 recommended for disbursement in FY 08.

Table B
Tobacco and Health Trust Fund
Board Disbursements FY 03 – FY 08

	FY 03	FY 04	FY 07	FY 08 (estimated)
Counter Marketing	\$350,000		\$100,000	
Website Development	\$50,000			
Cessation programs	\$400,000	\$300,000		\$800,000
QuitLine		\$200,000 for FY04 \$87,100 for FY03		
Carry Forward		\$297,900		
Total Disbursed	\$800,000	\$587,100	\$100,000	\$800,000

The following Table C provides information on the statutory transfer of principal for various programs in FY 2008 and FY 2009. As in previous years, the biennial state budget for FY 2008-09, as enacted in Public Act 07-1, June Special Session, makes transfers from the principal of the trust fund for various programs. The transfers total \$5.75 million in FY 2008 and \$13.95 million in FY 2009.

Table C
Tobacco and Health Trust Fund
Statutory Transfer of Principal for Various Programs in FY 08-09
(in millions)

	<u>FY 2008</u>
PA 07-1, June Special Session, Section 59 transfers:	
(a) DPH-Easy Breathing Program	(0.50)
(a) DPH-Adult Asthma -Norwalk Hospital	(0.15)
(a) DPH-Adult Asthma-Bridgeport	(0.15)
(a) DPH-Children's Health Initiative	(0.15)
(a) DPH-Women's Healthy Heart	(0.50)
(a) DPH-Children's Fitness & Health Programs	(0.50)
(c) DSS-Charter Oak Health Plan Development	(2.00)

(e) UCHC- CT Health Information Network	(0.50)
(g) DSS- Choices	(1.00)
(i) DMHAS-Tobacco Education	<u>(0.30)</u>
Total Statutory Transfers Out	<u>(5.75)</u>

FY 2009

PA 07-1, June Special Session, Section 59 transfers:

(b) DPH-Easy Breathing Program	(0.50)
(b) DPH-Adult Asthma-Norwalk Hospital	(0.15)
(b) DPH-Adult Asthma-Bridgeport Hospital	(0.15)
(b) DPH-Children's Health Initiative	(0.15)
(b) DPH-Women's Healthy Heart Program	(0.50)
(d) DSS-Charter Oak Health Plan	(11.00)
(f) UCHC-CT Health Information Network	(0.50)
(h) DSS- Choices	<u>(1.00)</u>

Total Statutory Transfers Out	<u>(13.95)</u>
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In contrast to Table B, which shows that the total amount disbursed by the Tobacco and Health Trust Fund Board has been \$2,287,100 since the inception of the fund, the following Table D identifies programs that have been funded through the state budget using trust funds without board recommendation or input. The total amount transferred since the inception of the fund has been \$108,082,081. The majority of funds transferred out (\$72,400,000) were transferred to the General Fund rather than to individual programs.

**Table D
Tobacco and Health Trust Fund
Transfers Other Than Board Recommendations 2000-2007**

Year	Amount	Purpose	Statutory Cite
FY01	\$30,000	DPH to develop a summary and analysis of the Community Benefits Program reports submitted by MCos and hospitals	PA 00-216 §22
FY02	\$800,000	DPH to expand the Easy Breathing Asthma Initiative	SA 01-1, JSS, §53
FY02	\$100,000	CTF for the Healthy Families program	SA 01-1, JSS, §54

FY02	\$150,000	DPH for a school based health clinic in Norwich	SA 01-1, JSS, §54
FY02	\$375,000	DMHAS for grants to Regional Action Councils for tobacco related health, education, and prevention	SA 01-1, JSS, §54
FY02	\$2,500,000	DSS to increase ConnPACE income eligibility to \$20,000 for singles and \$27,000 for married couples	SA 01-1, JSS, §54
FY02	\$450,000	DMHAS for SYNAR tobacco enforcement activities	SA 01-1, JSS, §57
FY02	\$221,550	DRS to implement the provisions of the tobacco settlement agreement escrow funds	SA 01-1, JSS, §58
FY02	\$300,000	DPH to establish and maintain a system of monitoring asthma and establish a comprehensive statewide asthma plan.	PA 01-9, JSS, §115 and PA 01-4, JSS, §42
FY03	\$800,000	DPH to expand the Easy Breathing Asthma Initiative	SA 01-1, JSS, §53
FY03	\$300,000	CTF for the Healthy Families program	SA 01-1, JSS, §54
FY03	\$200,000	DPH for a school based health clinic in Norwich	SA 01-1, JSS, §54
FY03	\$375,000	DMHAS for grants to Regional Action Councils for tobacco related health, education, and prevention	SA 01-1, JSS, §54
FY03	\$472,000	DMHAS for SYNAR tobacco enforcement activities	SA 01-1, JSS, §57
FY03	\$118,531	DRS to implement the provisions of the tobacco settlement agreement escrow funds	SA 01-1, JSS, §58
FY03	\$300,000	DPH to establish and maintain a system of monitoring asthma and establish a comprehensive statewide asthma plan.	PA 01-9, JSS, §115 and PA 01-4, JSS, §42
FY03	\$48,200,000	Transfer to General Fund	PA 02-1, MSS, §37
FY04	\$12,000,000	Transfer to General Fund	PA 02-1, MSS, §37
FY05	\$500,000	DPH for the Easy Breathing program	PA 05-251 §61
FY05	\$100,000	DMR for the Best Buddies program	PA 05-251 §61
FY05	\$15,000	DPH for the QuitLine	PA 05-251 §61
FY06	\$500,000	DPH for the Easy Breathing program	PA 05-251 §54
FY06	\$75,000	DPH for Asthma Education and Awareness programs	PA 05-251 §54
FY07	\$12,000,000	Transfer to General Fund ^{5*}	PA 05-251 §90

⁵ In FY07, this \$12 million was transferred out in place of the \$12 million statutorily scheduled deposit.

FY07	\$500,000	DPH for the Easy Breathing program	PA 06-186 §27
FY07	\$150,000	DPH for an adult asthma program within the Easy Breathing program	PA 06-186 §27
FY07	\$150,000	DPH for continued support of a pilot asthma awareness and prevention education program in Bridgeport	PA 06-186 §27
FY07	\$1,000,000	DPH for cervical and breast cancer	PA 06-186 §27
FY07	\$5,500,000	DPH for the Connecticut Cancer Partnership	PA 06-186 §27
FY07	\$200,000	UConn Health Center	PA 06-186 §27
FY08	\$500,000	DPH for Easy Breathing Program	PA 07-1 JSS §59(a)
FY08	\$150,000	DPH for an adult asthma program within the Easy Breathing Program, at Norwalk Hospital	PA 07-1 JSS §59(a)
FY08	\$150,000	DPH for an adult asthma program within the Easy Breathing Program, at Bridgeport Hospital	PA 07-1 JSS §59(a)
FY08	\$150,000	DPH for the Children's Health Initiative, for a statewide asthma awareness and prevention education program	PA 07-1 JSS §59(a)
FY08	\$500,000	DPH for the Women's Healthy Heart program, competitive grants to municipalities for the promotion of healthy lifestyles	PA 07-1 JSS §59(a)
FY08	\$500,000	DPH for physical fitness and nutrition programs for children ages 8-18 who are overweight or at risk of becoming overweight	PA 07-1 JSS §59(a)
FY08	\$2,000,000	DSS for the planning and development of a RFP for the Charter Oak Health Plan	PA 07-1 JSS §59(c)
FY08	\$500,000	UCHC for the Connecticut Health Information Network	PA 07-1 JSS §59(e)
FY08	\$1,000,000	DSS for the CHOICES program	PA 07-1 JSS §59(g)
FY08	\$300,000	DMHAS for tobacco education programs	PA 07-1 JSS §59(i)
FY09	\$500,000	DPH for Easy Breathing Program	PA 07-1 JSS §59(b)
FY09	\$150,000	DPH for an adult asthma program within the Easy Breathing Program, at Norwalk Hospital	PA 07-1 JSS §59(b)
FY09	\$150,000	DPH for an adult asthma program within the Easy Breathing Program, at Bridgeport Hospital	PA 07-1 JSS §59(b)
FY09	\$150,000	DPH for the Children's Health Initiative, for a statewide asthma awareness and prevention education program	PA 07-1 JSS §59(b)

FY09	\$500,000	DPH for the Women's Healthy Heart program, grants to municipalities for the promotion of healthy lifestyles	PA 07-1 JSS §59(b)
FY09	\$11,000,000	DSS for the implementation and administration of the Charter Oak Health Plan	PA 07-1 JSS §59(d)
FY09	\$500,000	UCHC for the Connecticut Health Information Network	PA 07-1 JSS §59(f)
FY09	\$1,000,000	DSS for the CHOICES program	PA 07-1 JSS §59(h)
Total	\$108,082,081		

A summary of each program that has received Trust Funds as recommended by the Board is provided below. This report does not contain information regarding programs funded with Trust Funds by legislation.

Counter Marketing (Media Campaign)

In FY 2003, the \$350,000 counter-marketing contract was awarded through a competitive bidding process to Cashman & Katz Integrated Communications based in Glastonbury, Connecticut. The components of the campaign included the following:

- **Television:** Television ads targeting adult males ran during April and May 2003. The television ad, which was originally created by the Massachusetts Tobacco Program and adapted for Connecticut, depicted a father cutting out a picture of his daughter and placing it into the cellophane wrapper of a cigarette pack. He was talking while doing this stating that if he did not quit for himself, then he would quit for his daughter. 409 television spots were purchased (206 paid, 203 value-added) and there were 9,066,060 gross impressions (the total number of exposures to a message).
- **Radio:** Two radio ads were designed. One targeted older adult female parents as a letter written by a son to his mother on why he would like her to quit. The other radio ad targeted younger adult female parents as a mother talking to herself in the mirror on why she should quit. Ads ran during April and May of 2004 and there were 1,546 spots (923 paid, 623 value-added) with 4,464,000 gross impressions.
- **Connecticut Transit bus panels:** Bus panels ran during June 2003. Thirteen panels (7 paid, 6 value-added) provided 2,424,300 gross impressions. The bus panel ad is included in Appendix F.
- **Outdoor:** Interstate Billboards ran during June 2003. The billboard on I-91 had 88,300 gross impressions per day and the billboard on the Whitehead Highway had 16,200 gross impressions per day. The interstate billboard ad is the same as the bus panel and is included in Appendix F.

- **Print:** A full-page ad ran in the May issue of Hartford Magazine and left 110,000 gross impressions.
- **Hartford Civic Center:** Signage was posted and was visible through April 2004, and radio commercial during hockey game telecasts aired through 2003 season and the first 10 games of 2004.

In the fall of 2007, \$100,000 was transferred from the trust fund to DPH for a counter-marketing and education campaign aimed at reducing tobacco use among Connecticut youth. DPH convened a subcommittee of the Board to develop a request for proposals (RFP). The subcommittee further refined the program into a statewide campaign targeting 18-24 year old non-college students through web-based social networking sites and television ads. The 2005 Behavioral Risk Factor Surveillance System-Center for Disease Control and Prevention cites that 18% of Connecticut's youth between the ages of 18-24 years of age are currently using tobacco. Literature from the National Center for Disease Control and Prevention states that one of the most effective components of a comprehensive tobacco reduction program is a strong counter-marketing campaign that is long-term, sustainable, integrated into a larger tobacco control program, and is culturally competent. The vendor selected through the proposal process is developing a comprehensive campaign for this age group that will span several weeks. This campaign will include a cessation and a prevention ad playing on certain shows on FOX-61, an online quiz tie-in with "Are You Smarter than a Fifth Grader", and online banner ads running through MySpace. All of these were selected for their reach to the target group, which is 18-24 year olds who are not in a college setting.

Website

In FY 2003, the Office of Policy and Management provided \$50,000 to Training Solutions Interactive in Atlanta, Georgia through a negotiated contract to maintain and upgrade the Tobacco Free Connecticut website. The website linked users to educational materials, local and national resources, and cessation information. The website was initiated the previous year with one-time funding through the anti-tobacco grant account at OPM, but did not have an annualized funding stream. The website averaged 47,921 hits per month and the typical viewer browsed the site for approximately 14 minutes and explored many different sections of the site. Routinely, increased activity was recorded during the evening hours. The most popular viewed page was "Tobacco and You" which provided a direct link to the second most accessed areas, which was "Tobacco and Addiction".

The website was not recommended for continued funding in FY 2004 as it was felt that DPH could provide similar information on their website for no cost.

Cessation Programs

A total of seven smoking cessation program grants were awarded for the period October 1, 2002 through September 30, 2004 through a competitive bidding process. Six awards were to local cessation programs. In conjunction with their cessation programs, most included the availability of free or reduced cost nicotine replacement therapy such as the patch or gum. One additional award was made to the American Lung Association of Connecticut. This award covered twelve additional communities for whom the Lung Association trained facilitators, coordinated the provision of cessation services, and provided nicotine replacement therapy plus the added option of prescription Zyban if appropriate. The Lung Association coordinated with the local health districts/departments and included local administration and medical oversight for prescription services through small subcontracts. The following is a summary of the cessation grants⁶:

- American Lung Association of Connecticut was awarded \$158,513 in FY 2003 and \$118,500 in FY 2004 for a total award of \$277,013. The program served 425 participants statewide.
- Hill Health Center was awarded \$39,451 in FY 2003 and \$29,589 in FY 2004 for a total award of \$69,040. The program served 143 participants in Greater New Haven.
- ERASE was awarded \$40,000 in FY 2003 and \$27,800 in FY 2004. The program served 192 participants in Greater Glastonbury.
- Ledgelight Health District was awarded \$41,905 in FY 2003 and \$31,429 for a total award of \$73,334. The program served 74 participants in the Greater New London and Groton areas.
- Middlesex Hospital was awarded \$36,523 in FY 2003 and \$27,391 in FY 2004. The program served 172 participants in Greater Middletown.
- RYASAP was awarded \$42,755 in FY 2003 and \$32,866 in FY 2004. The program served 131 participants in Greater Bridgeport.
- St. Raphael's Hospital/Haelen Center was awarded \$40,853 in FY 2003 and \$30,640 in FY 2004. The program served 53 Haelen Center Patients.

In summary, 1190 participants were served at an average cost of \$587 per participant. From the activities conducted through March 31, 2003, 66% of the participants who graduated from these programs quit smoking. 80% of those that were still smoking at graduation stated that they had quit for some length of time during the program.

⁶ See Appendix D for a more detailed description of the cessation program grantees and services provided.

QuitLine

Connecticut's QuitLine became operational in November 2001 with a statewide, toll-free number (1-866-END-HABIT). Counselors assess the caller's stage of readiness to change and offer options accordingly, such as referral to one-on-one counseling, referral to local programs, and/or mailed educational material. A community resource database is maintained and used, as appropriate, to refer callers to local programs, including smoking cessation programs, smoking addiction support groups and others.

During FY 2003 and FY 2004, when the QuitLine received funding from the trust fund, callers were offered three 45-minute proactive (counselor-initiated) telephone sessions and additional (caller-initiated) counseling sessions as needed. Approximately three thousand callers were served during this time period and received educational materials and referrals to community resources. Of the callers, approximately 25% participated in the one-on-one counseling services. At the twelve month follow-up, 22.3% of those interviewed had been abstinent for the past 7 days, with 19.6% stating they had been abstinent for the past three months.

Of the callers, 52% were white, 25% were Hispanic, 10% were Black non-Hispanic, and 2% Asian/American Indian. The gender breakdown of callers was 37% male and 63% female (of whom 4% were pregnant). Residents from all counties in the state were served primarily from Hartford County (31%), New Haven county (30%) and Fairfield county (16%).

Recommendation for Disbursement

According to the Office of the State Treasurer, the Tobacco and Health Trust Fund earned approximately \$800,000 in interest and dividends during FY 2007. In developing its recommendation for disbursement of these earnings, the board followed its guiding principles for funding decisions and began with reviewing options for disbursement of trust funds.

Tobacco & Health Trust Fund Board of Trustees Guiding Principles for Funding Decisions

Adopted at the September 2001 Meeting and Amended at the July 2002 Meeting

The following principles, which guide Board funding decisions, are not in priority order. Despite the focus on anti-tobacco efforts, other areas within the broad charge of the Board will not be dismissed without consideration.

1. **Sustainable programming.** Funding decisions should focus on programs that can be maintained without significant increases in use of trust fund dollars. Based on reasonable projections, budget forecasts will be used to help the Board identify future programming needs. In addition, resource development opportunities and other potential funding sources will be investigated.
2. **Consistent with existing public research and plan documents.** The Board will assess to what extent the proposed programming is consistent with existing research and plans, including, but not limited to:
 - Best Practices for Comprehensive Tobacco Control Programs by the U.S. Department of Health and Human Services Centers for Disease Control and Prevention, August 1999;
 - Local Tobacco Control Action Plans by the Connecticut Prevention Network, September 2001; and
 - Connecticut Tobacco Use Prevention and Control Plan by the Connecticut Department of Public Health and the Department of Mental Health and Addiction Services.
3. **Complement and enhance existing programming and expenditures.** The State of Connecticut, as well as agencies external to state government, have made a commitment to programming in this area. To the greatest extent possible, funding decisions should build on existing programming to ensure the most efficient use of the Trust Funds resources.

4. **Focus on societal/environmental change.** The Board will support efforts that are designed to seek a cultural shift in the use of tobacco. The Board will not focus exclusively on efforts that treat individuals, but also on efforts that change the way society views tobacco and the way systems work to control the use of tobacco. For example, population-based messages will be used, not just messages that are targeted to smokers.
5. **Cultural Sensitivity.** Recognizing that tobacco companies target their audience, the Board will ensure that marketing messages and other programming take into consideration differing cultural perspectives and languages.
6. **Effective and outcome-based efforts.** To the greatest extent possible, the Board will fund endeavors that are measurable, science-based, and proven to be effective.

Tobacco & Health Trust Fund Board of Trustees

Options for Disbursement of Trust Funds

Adopted at the September 2001 Meeting and Amended at the July 2002 Meeting

These spending options are not in priority order:

- (1) Countermarketing Campaigns;
- (2) Website Continuation;
- (3) Quitline Funding;
- (4) Youth and Adult Cessation Programs;
- (5) Municipal Funding for needs consistent with their local plans; and
- (6) School-based Programs.

Proposal to Disburse \$800,000 for Tobacco Cessation Programming targeting pregnant women and women of childbearing age

The Tobacco and Health Trust Fund Board of Trustees proposes to disburse \$800,000 from FY07 trust fund earnings in FY08 through the Department of Public Health, using a competitive bid process, to community health centers for cessation programming targeting pregnant women and women of child bearing age.

It is expected that approximately 1,500 women will be served at an average cost of approximately \$500 per individual, including counseling and nicotine replacement therapy, if medically recommended. (These figures may vary depending on population mix and whether or not nicotine replacement therapy is utilized.) Current cessation programs in Connecticut expend approximately \$300 per individual without nicotine replacement therapy.

Target Population of Pregnant Women and Women of Childbearing Age (13-44)

The board recommends a target population which includes both pregnant women and women of childbearing age in order to prevent tobacco use before pregnancy begins and reduce the effects of secondhand smoke on children, as well as improve the health of women and newborns. Although the size of the population is relatively small, the risks associated with tobacco use for both the woman and her children are great.

According to the American College of Obstetricians and Gynecologists, smoking is the most modifiable risk factor for poor birth outcomes. Successful treatment of tobacco dependence can achieve a 20% reduction in low birth weight babies, a 17% decrease in preterm births, and an average increase in birth weight of 28 grams.

Among women, smoking is the major cause of cancer of the oropharynx (throat) and bladder and increases the risk for cervical cancer, liver cancer, and colorectal cancer. Women who smoke during pregnancy are at risk for pregnancy complications, preterm birth, low birth weight infants, stillbirth, and infant death. Exposure to environmental tobacco smoke (secondhand smoking) during childhood and adolescence is associated with increased risk for chronic bronchitis and wheezing and for the development of asthma.⁷

Nationwide, smoking during pregnancy has declined from nearly 20 percent in 1989 to just over 10 percent of mothers who gave birth in 2005.⁸ In Connecticut, low income

⁷ National Center for Health Statistics. Health, United States, 2005 Chartbook on trends in the health of Americans. Hyattsville, MD: Department of Health and Human Services, 2005. (As reported in Connecticut Voices for Children "Births to Mothers with Medicaid Coverage: Smoking During Pregnancy, 2005" in May 2007.)

⁸ Martin JA, Hamilton BE, Sutton PD, et al. Births: Final data for 2004. National vital statistics reports; vol 55 no 1. Hyattsville, MD: National Center for Health Statistics. 2006. (As reported in Connecticut Voices for Children "Births to Mothers with Medicaid Coverage: Smoking During Pregnancy, 2005" in May 2007.)

women are much more likely to smoke during pregnancy. In 2005, there were 41,725 births to Connecticut residents, including 11,007 births (26%) to mothers enrolled in HUSKY A.⁹ Among births in 2005, 15% of HUSKY A mothers smoked during pregnancy, compared to 3% of non-Medicaid mothers.

Babies born to mothers in HUSKY A who smoked were about twice as likely to be low birth weight (15%), compared to babies born to non-smokers (7%).¹⁰ Among babies in HUSKY A, the low birth weight rate was highest for babies born to Black non-Hispanic mothers who smoked (17%). Overall, 14 % of babies born to Connecticut mothers who smoked were premature in 2005, compared to 10 percent of births to non-smokers.

Pregnancy is a good time to intervene with smokers. According to the American College of Obstetricians and Gynecologists, a woman is more likely to quit smoking during pregnancy than at any other time in her life.

Community Health Centers

In order to most effectively reach the target populations, the Board recommends using community health centers as the provider.

Connecticut's community health centers have an important role in implementing public health statewide. Thirteen federally qualified health centers (FQHCs), with over 100 sites, provide services to over 219,000 patients in Connecticut. FQHCs offer comprehensive health services, including primary care and prenatal care.

Connecticut's FQHCs are the state's largest primary care delivery system for the uninsured and underserved population. Sixty six percent (66%) of FQHC patients are insured by Medicaid, Medicare or other public programs, 9% have private insurance and 26% are uninsured. All FQHCs offer a sliding fee scale for services uninsured and lower income patients to enable patients of all income levels to access services. Sixty seven percent (67%) of FQHC patients have income below 100% of the federal poverty level and 91% have income below 200% of the federal poverty level.

Cessation Programming Models

The Request for Proposals (RFP) issued by the Department of Public Health should include best practices for successful models as defined by the:

- American College of Obstetricians and Gynecologists (smoking intervention);
- National Partnership for Smoke-Free Families; and
- Agency for Healthcare Research and Quality

⁹ Connecticut Voices for Children "Births to Mothers with Medicaid Coverage: Smoking During Pregnancy, 2005" in May 2007.

¹⁰ Low birth weight is defined as less than 2,500 grams.

In general, counseling with self-help materials offered by a trained clinician can improve cessation rates by 30% to 70%. For pregnant women, the American College of Obstetricians and Gynecologists has a five-step smoking intervention program proven effective for pregnant women. Behavioral intervention is first-line treatment in pregnant women as pharmacotherapy has not been sufficiently tested for efficacy or safety in pregnant patients.

The program must include an evaluation component. The Tobacco and Health Trust Fund Board of Trustees will be available to assist the Department of Public Health in developing a comprehensive RFP designed to reduce, eliminate and/or prevent tobacco use among low-income pregnant women and women of childbearing age (13-44) at community health centers across the state.

APPENDICES

Appendix A

Statutory Authority

Sec. 4-28e. Tobacco Settlement Fund. Disbursements and grants.

(a) There is created a Tobacco Settlement Fund which shall be a separate nonlapsing fund. Any funds received by the state from the Master Settlement Agreement executed November 23, 1998, shall be deposited into the fund.

(b) (1) The Treasurer is authorized to invest all or any part of the Tobacco Settlement Fund, all or any part of the Tobacco and Health Trust Fund created in section 4-28f and all or any part of the Biomedical Research Trust Fund created in section 19a-32c. The interest derived from any such investment shall be credited to the resources of the fund from which the investment was made.

(2) Notwithstanding sections 3-13 to 3-13h, inclusive, the Treasurer shall invest the amounts on deposit in the Tobacco Settlement Fund, the Tobacco and Health Trust Fund and the Biomedical Research Trust Fund in a manner reasonable and appropriate to achieve the objectives of such funds, exercising the discretion and care of a prudent person in similar circumstances with similar objectives. The Treasurer shall give due consideration to rate of return, risk, term or maturity, diversification of the total portfolio within such funds, liquidity, the projected disbursements and expenditures, and the expected payments, deposits, contributions and gifts to be received. The Treasurer shall not be required to invest such funds directly in obligations of the state or any political subdivision of the state or in any investment or other fund administered by the Treasurer. The assets of such funds shall be continuously invested and reinvested in a manner consistent with the objectives of such funds until disbursed in accordance with this section, section 4-28f or section 19a-32c.

(c) (1) For the fiscal year ending June 30, 2001, disbursements from the Tobacco Settlement Fund shall be made as follows: (A) To the General Fund in the amount identified as "Transfer from Tobacco Settlement Fund" in the General Fund revenue schedule adopted by the General Assembly; (B) to the Department of Mental Health and Addiction Services for a grant to the regional action councils in the amount of five hundred thousand dollars; and (C) to the Tobacco and Health Trust Fund in an amount equal to nineteen million five hundred thousand dollars.

(2) For the fiscal year ending June 30, 2002, and each fiscal year thereafter, disbursements from the Tobacco Settlement Fund shall be made as follows: (A) To the Tobacco and Health Trust Fund in an amount equal to twelve million dollars; (B) to the Biomedical Research Trust Fund in an amount equal to four million dollars; (C) to the General Fund in the amount identified as "Transfer from Tobacco Settlement Fund" in the General Fund revenue schedule adopted by the General Assembly; and (D) any remainder to the Tobacco and Health Trust Fund.

(3) For each of the fiscal years ending June 30, 2008, to June 30, 2015, inclusive, the sum of ten million dollars shall be disbursed from the Tobacco Settlement Fund to the Stem Cell Research Fund established by section 19a-32e for grants-in-aid to eligible institutions for the purpose of conducting embryonic or human adult stem cell research.

(d) For the fiscal year ending June 30, 2000, five million dollars shall be disbursed from the Tobacco Settlement Fund to a tobacco grant account to be established in the Office of Policy and Management. Such funds shall not lapse on June 30, 2000, and shall continue to be available for expenditure during the fiscal year ending June 30, 2001.

(e) Tobacco grants shall be made from the account established pursuant to subsection (d) of this section by the Secretary of the Office of Policy and Management in consultation with the speaker of the House of Representatives, the president pro tempore of the Senate, the majority leader of the House of Representatives, the majority leader of the Senate, the minority leader of the House of Representatives, the minority leader of the Senate, and the cochairpersons and ranking members of the joint standing committees of the General Assembly having cognizance of matters relating to public health and appropriations and the budgets of state agencies, or their designees. Such grants shall be used to reduce tobacco abuse through prevention, education, cessation, treatment, enforcement and health needs programs.

(f) For the fiscal year ending June 30, 2005, and each fiscal year thereafter, the sum of one hundred thousand dollars is appropriated to the Department of Revenue Services and the sum of twenty-five thousand dollars is appropriated to the office of the Attorney General for the enforcement of the provisions of sections 4-28h to 4-28q, inclusive.

(June Sp. Sess. P.A. 99-2, S. 26, 72; P.A. 00-170, S. 40, 42; 00-216, S. 14, 28; P.A. 04-218, S. 11; P.A. 05-149, S. 5.)

History: June Sp. Sess. P.A. 99-2 effective July 1, 1999; P.A. 00-170 amended Subsec. (c) to provide for \$500,000 from the Tobacco Settlement Fund to the Department of Mental Health and Addiction Services for regional action councils for the fiscal year ending June 30, 2001, effective July 1, 2000; P.A. 00-216 added provisions re Biomedical Research Trust Fund, designated existing Subsec. (b) as Subsec. (b)(1), added Subsec. (b)(2) re investment by the Treasurer, designated existing Subsec. (c) as Subsec. (c)(1), inserting Subpara. designators therein, added Subsec. (c)(2) re disbursements, and made technical changes, effective June 1, 2000 (Revisor's note: In Subsec. (c)(1), "and (3) third" added by P.A. 00-170 was changed editorially by the Revisors to "and (C)" for consistency with changes made by P.A. 00-216; P.A. 04-218 added new Subsec. (f) re appropriation of funds for enforcement of tobacco settlement provisions, effective July 1, 2004; P.A. 05-149 amended Subsec. (c) by adding Subdiv. (3) re disbursements to Stem Cell Research Fund, effective June 15, 2005.

Sec. 4-28f. Tobacco and Health Trust Fund. Transfers from Tobacco Settlement Fund. Board of trustees. Disbursements.

(a) There is created a Tobacco and Health Trust Fund which shall be a separate nonlapsing fund. The purpose of the trust fund shall be to create a continuing significant source of funds to (1) support and encourage development of programs to reduce tobacco abuse through prevention, education and cessation programs, (2) support and encourage development of programs to reduce substance abuse, and (3) develop and implement programs to meet the unmet physical and mental health needs in the state.

(b) The trust fund may accept transfers from the Tobacco Settlement Fund and may apply for and accept gifts, grants or donations from public or private sources to enable the trust fund to carry out its objectives.

(c) The trust fund shall be administered by a board of trustees, except that the board shall suspend its operations from July 1, 2003, to June 30, 2005, inclusive. The board shall consist of seventeen trustees. The appointment of the initial trustees shall be as follows: (1) The Governor shall appoint four trustees, one of whom shall serve for a term of one year from July 1, 2000, two of whom shall serve for a term of two years from July 1, 2000, and one of whom shall serve for a term of three years from July 1, 2000; (2) the speaker of the House of Representatives and the president pro tempore of the Senate each shall appoint two trustees, one of whom shall serve for a term of two years from July 1, 2000, and one of whom shall serve for a term of three years from July 1, 2000; (3) the majority leader of the House of Representatives and the majority leader of the Senate each shall appoint two trustees, one of whom shall serve for a term of one year from July 1, 2000, and one of whom shall serve for a term of three years from July 1, 2000; (4) the minority leader of the House of Representatives and the minority leader of the Senate each shall appoint two trustees, one of whom shall serve for a term of one year from July 1, 2000, and one of whom shall serve for a term of two years from July 1, 2000; and (5) the Secretary of the Office of Policy and Management, or the secretary's designee, shall serve as an ex-officio voting member. Following the expiration of such initial terms, subsequent trustees shall serve for a term of three years. The period of suspension of the board's operations from July 1, 2003, to June 30, 2005, inclusive, shall not be included in the term of any trustee serving on July 1, 2003. The trustees shall serve without compensation except for reimbursement for necessary expenses incurred in performing their duties. The board of trustees shall establish rules of procedure for the conduct of its business which shall include, but not be limited to, criteria, processes and procedures to be used in selecting programs to receive money from the trust fund. The trust fund shall be within the Office of Policy and Management for administrative purposes only. The board of trustees shall meet not less than bimonthly except during the fiscal years ending June 30, 2004, and June 30, 2005, and, not later than January first of each year, except during the fiscal years ending June 30, 2004, and June 30, 2005, shall submit a report of its activities and accomplishments to the joint standing committees of the General Assembly having cognizance of matters relating to public health and appropriations and the budgets of state agencies, in accordance with section 11-4a. Such report shall be approved by each trustee.

(d) (1) During the period commencing July 1, 2000, and ending June 30, 2003, the board of trustees, by majority vote, may recommend authorization of disbursement from the trust fund for the purposes described in subsection (a) of this section and section 19a-6c, provided the board may not recommend authorization of disbursement of more than fifty per cent of net earnings from the principal of the trust fund for such purposes. For the fiscal year commencing July 1, 2005, and each fiscal year thereafter, the board may recommend authorization of the net earnings from the principal of the trust fund for such purposes. The board's recommendations shall give (A) priority to programs that address tobacco and substance abuse and serve minors, pregnant women and parents of young children, and (B) consideration to the availability of private matching funds. Recommended disbursements from the trust fund shall be in addition to any resources that would otherwise be appropriated by the state for such purposes and programs.

(2) Except during the fiscal years ending June 30, 2004, and June 30, 2005, the board of trustees shall submit such recommendations for the authorization of disbursement from the trust fund to the joint standing committees of the General Assembly having cognizance of matters relating to public health and appropriations and the budgets of state agencies. Not later than thirty days after receipt of such recommendations, said committees shall advise the board of their approval, modifications, if any, or rejection of the board's recommendations. If said joint standing committees do not concur, the speaker of the House of Representatives, the president pro tempore of the Senate, the majority leader of the House of Representatives, the majority leader of the Senate, the minority leader of the House of Representatives and the minority leader of the Senate each shall appoint one member from each of said joint standing committees to serve as a committee on conference. The committee on conference shall submit its report to both committees, which shall vote to accept or reject the report. The report of the committee on conference may not be amended. If a joint standing committee rejects the report of the committee on conference, the board's recommendations shall be deemed approved. If the joint standing committees accept the report of the committee on conference, the joint standing committee having cognizance of matters relating to appropriations and the budgets of state agencies shall advise the board of said joint standing committees' approval or modifications, if any, of the board's recommended disbursement. If said joint standing committees do not act within thirty days after receipt of the board's recommendations for the authorization of disbursement, such recommendations shall be deemed approved. Disbursement from the trust fund shall be in accordance with the board's recommendations as approved or modified by said joint standing committees.

(3) After such recommendations for the authorization of disbursement have been approved or modified pursuant to subdivision (2) of this subsection, any modification in the amount of an authorized disbursement in excess of fifty thousand dollars or ten per cent of the authorized amount, whichever is less, shall be submitted to said joint standing committees and approved, modified or rejected in accordance with the procedure set forth in subdivision (2) of this subsection. Notification of all disbursements from the trust fund made pursuant to this section shall be sent to the joint standing committees of the General Assembly having cognizance of matters relating to public health and appropriations and the budgets of state agencies, through the Office of Fiscal Analysis.

(4) The board of trustees shall, not later than February first of each year, except during the fiscal years ending June 30, 2004, and June 30, 2005, submit a report to the General Assembly, in accordance with the provisions of section 11-4a, that includes all disbursements and other expenditures from the trust fund and an evaluation of the performance and impact of each program receiving funds from the trust fund. Such report shall also include the criteria and application process used to select programs to receive such funds.

(June Sp. Sess. P.A. 99-2, S. 27, 72; P.A. 00-216, S. 15, 28; June Sp. Sess. P.A. 01-4, S. 40, 58; P.A. 03-19, S. 3; June 30 Sp. Sess. P.A. 03-3, S. 10.)

History: June Sp. Sess. P.A. 99-2 effective July 1, 1999; P.A. 00-216 designated existing provisions as Subsecs. (a) and (b), added provisions in Subsec. (a) re purposes of trust fund and added Subsecs. (c) re board of trustees and (d) re disbursements, effective June 1, 2000; June Sp. Sess. P.A. 01-4 amended Subsec. (c) by adding provisions re bimonthly meeting and annual report of the board of trustees, effective July 1, 2001; P.A. 03-19 made technical changes in Subsec. (c), effective May 12, 2003; June 30 Sp. Sess. P.A. 03-3 amended Subsecs. (c) and (d) by adding provisions re suspension of the board's operations from July 1, 2003, to June 30, 2005, effective August 20, 2003.

Appendix B Legislative History

State Legislation Affecting Tobacco and Health Trust Fund

<u>Legislation</u>	<u>Sec.</u>	<u>Action</u>
PA99-2, JSS	26,27	Established TSF and T&HTF, with amount to GF as in budget and \$20M to T&HTF. For FY00 only, also \$500K to non-lapsing OPM Tobacco Grant Account.
PA00-170	40	For FY01 only, disbursed TSF funds: to GF as in Budget; \$500K to DMHAS for RAC grant; and \$19.5M to T&HTF.
PA00-216	14-17, 22	Established BRTF and Board for T&HTF. For FY00 and FY01, disbursed TSF funds: to GF as in budget; \$20M to T&HTF. For FY02 and after, disburse TSF funds: \$12M to T&HTF; \$4M to BRTF; to GF as in budget; remainder to T&HTF. For FY01 only, \$30K from T&HTF to DPH.
SA01-1, JSS	53,54, 57-59, 75,85	For FY02 and FY03 only, \$800K from T&HTF to DPH. For FY02 only, \$100K from T&HTF to Children's Trust Fund and \$150K from T&HTF to DPH for Norwich clinic. For FY03 only, \$300K from T&HTF to Children's Trust Fund and \$200K from T&HTF to \$200K from T&HTF to DPH for Norwich clinic. For FY02 and FY03 only, \$375K from T&HTF to DMHAS for RAC grants. For FY02 only, \$2.5M from T&HTF to DSS for pharmacy assistance. For FY02 only, \$450K from T&HTF to DMHAS, and for FY03 only, \$472K to DMHAS. For FY02 only, \$221,550 from T&HTF to DRS, and for FY03 only, \$118,531 from T&HTF to DRS. Transfer from the TSF to the GF, \$120M in FY02 and \$121M in FY03.
PA01-9, JSS	115	For FY02 and FY03, transfer \$300K each year from the T&HTF to DPH for asthma in children.
PA02-1, MSS	36,37	For FY03 only, suspends all transfers from TSF to T&HTF and to BRTF, and credits balance of TSF to resources of GF. For FY03 only, credits to resources of GF the balance of BRTF and balance of T&HTF in excess of \$3,757,139.
PA03-1, JSS	46, 121, 131	For FY04 and FY05 only, transfer \$12M from T&HTF to resources of GF, and transfer \$2M from BRTF to resources of GF. Transfer from the TSF to GF, \$111M in FY04 and in FY05.
PA03-3	10	Suspends operation of the T&HTF Board of Trustees during FY04 and FY05.
PA04-216	22,64, 65	SEE PA05-251 BELOW FOR SECTION 22. Also, keep Sections 64 & 65, transferring from the TSF to the GF, \$114.6M in FY04 and \$113M in FY05.

PA05-251	54,61, 90,93, 103	Repeal Sec 22 of PA04-216 and transfer \$0.5M from T&HTF to DPH for Easy Breathing and \$0.1M to DMR for Best Buddies and \$15K to DPH for QuitLine in FY05. Transfer \$0.5M from T&HTF to DPH for Easy Breathing and \$75K to DPH for Asthma Education and Awareness in FY06. Transfer \$12M from T&HTF to GF in FY07. (Eliminates existing transfer of \$12M the other way.) Transfer from the TSF to the GF, \$97M in FY06 and \$109M in FY07.
PA06-186	27,86, 87	For FY07 only, transfer total of \$7.5M from T&HTF to GF for DPH: \$500K for Easy Breathing; \$150K for adult asthma; \$150K for asthma pilot in Bridgeport; \$1M for cervical and breast cancer; \$5.5 for CT Cancer Partnership; \$200K to UCONN Health Center. Transfer from the TSF to the GF, \$89.4M in FY06, and \$100M in FY07.
PA 07-1, JSS	59	Transfers \$5.75 million in FY08 and \$13.95 million in FY 09 for various programs.

Appendix C

2007 Board Minutes

Meeting Minutes
 Tobacco and Health Trust Fund Board
 July 27, 2007
 Connecticut State Capitol Room 410
 10:00 a.m. - 12:00 a.m.

Members Present: Anne Foley (Chair), Nancy Bafundo, Norma Gyle, Cheryl Resha, Nikki Palmieri, Robert Zavoski, Diane Becker, Patricia Checko, Andrew Salner, Larry Deutsch, and Peter Rockholz.

Item	Discussion/Action
Welcome and Introductions	<p>The meeting was convened at 9:05 a.m. The chair introduced Nikki Palmieri as a new board member.</p> <p>The chair noted that letters have been sent to appointing authorities for those members whose terms have expired: Kenneth Darden, Norma Gyle, Robert Zavoski, Jayne Tedder, Paddi LeShane, Pat Checko, and Richard Barlow. Members may continue to serve on the board until such time as a replacement is named.</p> <p>In response to the Board's recommendation for legislative membership, the chair noted that Connecticut General Statutes Section 2-5 explicitly prohibits legislators from appointment to any board.</p>
Budget	<p>The Chair provided a status report on Tobacco and Health trust fund expenditures, earnings and current balance.</p> <p>The FY07 earnings from the trust fund are estimated at \$829,665. These funds are available for expenditure by the board.</p> <p>The balance as of 7/1/07 was \$21.32 million.</p>

	<p>During FY 08, \$12 million will be transferred in from the Tobacco Settlement Fund and \$5.75 will be transferred out pursuant to PA 07-1, JSS, Section 59. The projected balance as of 6/30/08 will be \$27.57 million.</p>
<p>Legislative Hearing and Meeting on July 2</p>	<p>Several members reported on the joint Appropriations and Public Health Committee hearing and meeting on July 2. Anne Foley, Pat Checko, Larry Deutsch, and Ellen Dornelas testified in support of the board's funding recommendation to transfer funding of \$100,000 to DPH for a counter-marketing and education campaign aimed at reducing tobacco use among Connecticut Youth. The board's recommendation for disbursement was accepted unanimously by both committees.</p>
<p>DPH Subcommittee on Developing an RFP</p>	<p>DPH will convene a subcommittee to develop a RFP for a counter-marketing and education program aimed at reducing tobacco use among Connecticut Youth. Board members were asked to let DPH staff know if they were interested in participating on the committee.</p>
<p>Recommended Process for Developing New Disbursement Recommendations</p>	<p>Members agreed to the proposed process for developing new disbursement recommendations with the addition of an extended meeting in October. The extended meeting will focus on discussing the pros and cons of alternative funding options.</p>
<p>Review Current Tobacco Related Expenditures</p>	<p>Board reviewed and discussed the draft inventory of state funded tobacco related services. Members recommended changes and suggested that the inventory include information from DCF, DCP, DOI, and DSS. Revisions will be made and presented at the September meeting.</p>
<p>Discuss Focus</p>	<p>Members discussed the three statutory purposes of the trust fund: to reduce tobacco abuse, to reduce substance abuse, and to meet unmet physical and mental health needs. Pat Checko</p>

	<p>moved to focus the board's future funding recommendations on strategies to reduce tobacco abuse. The motion was seconded by Peter Rockholz and approved on a voice vote with one abstention by Larry Deutsch.</p>
<p>Next Steps</p>	<p>Pat Checko's motion to hold monthly board meetings through December of 2007 was seconded by Peter Rockholz. The motion was approved on a voice vote. Board members agreed to meet the second Friday of each month through December 2007.</p> <p>The next meeting will be held on Friday, September 14, 2007 at 10:00 a.m.</p> <p>The meeting was adjourned at 12:00 p.m.</p>

Revised Meeting Summary
Tobacco and Health Trust Fund Board

September 14, 2007
10:00 a.m. -12:00 noon

Office of Policy and Management
450 Capitol Avenue
Hartford, CT 06106

Members Present: Anne Foley (Chair), Nancy Bafundo, Diane Becker, Patricia Checko, Larry Deutsch, Ellen Dornelas, Norma Gyle, Nikki Palmieri, Cheryl Resha, and Peter Rockholz

Item	Discussion/ Action
Welcome and Introductions	<p>The meeting was convened at 10:10 a.m.</p> <p>The Chair reviewed Board membership and noted that Kenneth Darden has resigned. Robert Zavoski accepted a position at DSS and will consider whether to continue membership on the board. The appointment of the following members has expired and OPM will follow up with their appointing authorities: Norma Gyle, Jane Tedder, Paddi LeShane, Pat Checko and Richard Barlow.</p>
Review and Approval of Minutes	<p>Diane Becker moved approval of the 7/27/07 meeting minutes. The motion was seconded by Cheryl Resha and approved unanimously on a voice vote.</p>
Presentations from Local Cessation Programs	<p>Presentations were made by four local smoking cessation programs funded by DPH: Generation Health Care, Hartford Hospital, American Lung Association, and Community Renewal Team. A brief summary is as follows:</p> <p>Each program is required to serve a minimum of 100 participants for the period of July 1, 2007 to June 30, 2008. The number of smoking</p>

	<p>cessation sessions range from 6-8 weeks per cycle. Several cycles are held to meet the projected service level of 100 clients annually. The grant awards are between \$23,000 and \$30,000.</p> <p>Each program reported that nicotine replacement therapy, counseling services and follow-up support increases retention of program participants.</p> <p>Nicotine Replacement Therapy (NRT) is made available to program participants at no cost through the Connecticut Quitline.</p> <p>These programs are relatively new, therefore, data on the quit rate will not be available until 2009. However, most of the contractors has had past experience in administering smoking cessation programs and indicate a quit rate of 25% to 28% after a one-year period.</p>
<p>Presentation from QuitLine</p>	<p>The Connecticut QuitLine made a presentation by phone from their offices in Seattle. A brief summary is as follows:</p> <p>The Connecticut QuitLine offers state residents no-cost information about tobacco use cessation, telephone counseling sessions, referrals to local cessation programs, and follow-up support between 8 a.m. and 12 a.m., seven days a week. In July of 2007, the QuitLine experienced a significant increase in call volume related to a public awareness and education campaign that stated that NRT had been added to the existing available free services.</p> <p>The Department of Public Health provided written information estimating that, at the current rate of calls, the QuitLine budget would be fully expended by the end of October 2007.</p>

	<p>Based on information from DPH and the QuitLine, the Board estimated that, at the current rate of 500 clients per month, the QuitLine would need \$600,000 for counseling only or \$1 million for counseling and Nicotine Replacement Therapy to keep the QuitLine operational for the eight remaining months of the fiscal year.</p> <p>In light of this information, the Chair stated that she would entertain a motion to recommend disbursement of available Tobacco Trust Funds to allow the QuitLine to continue operation for an additional five months. Three members spoke in opposition to the idea and no member made the motion.</p>
Discuss October Retreat	<p>The Chair reviewed the literature included in the board packet: Best Practices for Comprehensive Tobacco Control Programs, the Connecticut Tobacco Use Prevention and Control Plan; Summary of Tobacco and Health Trust Fund Board Questionnaire, and the DCF Behavioral Health Data from Adolescent Substance Abuse Evaluations. Responses to the board’s questions asked at the last meeting were also included in the board packet. Members will review information in preparation for the October Retreat.</p>
Other	<p>Peter Rockholz noted that the DMHAS’ tobacco free initiative at state operated facilities will begin at Connecticut Valley Hospital. A brief discussion followed regarding the impact on clients and intervention measures that are in place to assist clients with the change.</p> <p>The Board discussed holding a public hearing to receive input from the public regarding the amount and nature of future disbursements. The public hearing would be scheduled after submission of board recommendations for FY 08 disbursement to the legislature.</p>

Next Meetings	The next meetings will be held October 19 (9-1), November 9 (10-12), and December 14 (10-12). The board meeting was adjourned at 12:15 p.m.

Meeting Summary
Tobacco and Health Trust Fund Board Retreat

October 19, 2007
9:00 a.m. – 1:00 p.m.

The Lyceum
227 Lawrence Street
Hartford, Connecticut

Members Present: Anne Foley (Chair), Ken Ferrucci, Nancy Bafundo, Nikki Palmieri, Ellen Dornelas, Diane Becker, Pat Checko, Andy Salner, Larry Deutsch, and Peter Rockholz.

Members Absent: Norma Gyle, Cheryl Resha, Paddi Leshane, Rob Zavoski, Jayne Tedder, Richard Barlow, and Barbara Carpenter.

Others present: Diane Harnad (DMHAS), Joe LaRosa (RACs), Marlene McGann (RACs), Barbara Walsh (DPH), and Joan Soulsby (OFA).

Item	Discussion/ Action
Welcome and Introductions	The meeting was convened at 9:10 a.m. The Chair welcomed new board member Ken Ferrucci who introduced himself to the board. Board members introduced themselves.
Review and Approval of Minutes	Andy Salner moved approval of the draft minutes of the September 2007 board meeting and Ellen Dornelas seconded the motion. The board discussed two additions to the minutes to more accurately reflect the board's discussion. First, "the amount and nature of" will be added to the description of the purpose of a proposed public hearing in order to reflect a more expansive scope for the hearing. Second, a sentence specifying the exact amount necessary to continue operation of QuitLine until the end of the fiscal year, based on the information available at the time of the meeting, will be added to the summary of the QuitLine

	<p>discussion. Pat Checko moved the amendments and Andy Salner seconded the motion. The minutes were approved as amended on a voice vote.</p>
<p>Review of Tobacco-Related Funding and Initiatives in Connecticut</p>	<p>The Chair reviewed a chart summarizing state agencies' responses to a board questionnaire on tobacco programs and funding levels. The chart shows a total expenditure of \$4.3 million in FY 08 for anti-tobacco efforts, including \$1.1 million in DMHAS funding, \$3.2 million in DPH funding, and \$193,255 in SDE funding. Based on board discussion, the following changes will be made to the chart: 1. Regional Action Councils will be added as a row under DMHAS and DMHAS will provide information regarding service levels; 2. DPH will provide additional information regarding service levels for local cessation programs, tobacco use prevention/control, and adult and youth tobacco survey, and 3. A category will be added to reflect \$100,000 to the UCHC from the Biomedical Research Fund to study tobacco. This information will be provided by OFA.</p>
<p>Review of Past Trust Fund Awards</p>	<p>The Chair reviewed Tobacco and Health Trust Fund non-statutory disbursements between FY 03 and FY 08. The total amount for four years disbursement will be \$2.3 million after disbursement of the FY 08 funding.</p> <p>Nikki Palmieri gave an update on the disbursement of the \$100,000 FY 07 funding for a statewide campaign targeting 18-24 year old non-college students through web-based social networking sites.</p> <p>The board agreed to discuss website coordination at the next meeting. DPH, DMHAS and MATCH will be asked to present (using laptops) information regarding their current websites on tobacco. Nikki Palmieri will provide information on web-based social</p>

	networking sites such as Facebook.
Discussion of Options for FY 08 Funding of \$800,000	<p>To frame the discussion of options, the Chair reviewed the board’s guiding principles for funding decisions, the plan goals and CDC recommended strategies contained in the Connecticut Tobacco Use Prevention and Control Plan, and the previously agreed-upon options for disbursement of trust funds.</p> <p>The board first agreed that evaluation must be part of any new programs funded. It was agreed that approximately 15% of costs should be set aside for this purpose by each program.</p> <p>The board then discussed priority target populations. Discussion focused on two target populations, and lacking a complete consensus, a vote was taken. Seven members (Anne Foley, Ken Ferrucci, Nancy Bafundo, Nikki Palmieri, Ellen Dornelas, Diane Becker, and Pat Checko) supported pregnant women as the priority population. Two members (Deutsch and Rockholz) voted for teenagers. Larry Deutsch agreed, without reservation, to support the will of the majority on this matter and Peter Rockholz deferred commitment until reviewing data related to tobacco use among pregnant women.</p> <p>The board then discussed strategies including counter-marketing campaigns, QuitLine funding, and cessation programs. Based on the discussion, members agreed to fund cessation programming for pregnant women through Community Health Centers (CHCs).</p> <p>Board members would like the following additional information before final action is taken on the recommendation:</p> <ul style="list-style-type: none"> • How many CHCs are there in Connecticut? • How many pregnant women are seen

	<p>annually at CHCs?</p> <ul style="list-style-type: none"> • What proportion of pregnant women seen at CHCs are smokers? • Are the CHCs currently providing any smoking cessation programming – either one-on-one or group sessions – for their clients or for pregnant women in particular? • What models of smoking cessation are most effective? (Pat Checko and Ellen Dornelas will provide this information) <p>In addition, board members would like the annual report to include charts showing the decline in cigarettes sold in Connecticut and smokeless tobacco rates, if available.</p>
Next Meetings	<p>Upcoming board meetings will be held on Friday, November 9 and Friday, December 14. Both meetings will be from 10 a.m. to noon in the State Capitol Room 410.</p> <p>Pat Checko moved to adjourn at 12:45 p.m. The motion was seconded by Ellen Dornelas. Without objection, the Board adjourned.</p>

**Meeting Summary
Tobacco and Health Trust Fund Board Retreat**

Friday, November 9, 2007
10:00 a.m. – 11:00 a.m.

Room 410
State Capitol
Hartford, Connecticut

Members Present: Anne Foley (Chair), Ken Ferrucci, Norma Gyle, Nikki Palmieri, Ellen Dornelas, Robert Zavoski, Diane Becker, Pat Checko, and Larry Deutsch.

Members Absent: Nancy Bafundo, Cheryl Resha, Paddi Leshane, Jayne Tedder, Andrew Salner, Richard Barlow, Barbara Carpenter, and Peter Rockholz.

Others present: Pam Trotman (OPM), Diane Harnad (DMHAS), Joe LaRosa (RACs), Barbara Walsh (DPH), and Joan Soulsby (OFA).

Item	Discussion/Action
Welcome and Introductions	The meeting was convened at 10:00 a.m. Board members congratulated Larry Deutsch on his recent election to Hartford City Council.
Review and Approval of Minutes	The Chair reviewed the revisions made to the 9/14/07 Meeting Summary based on discussion at the last board meeting. Pat Checko moved acceptance of the Revised Meeting Summary of the 9/14/07 board meeting. Larry Deutsch seconded the motion. The revised minutes were approved on a voice vote. Diane Becker moved approval of the draft meeting summary of the 10/19/07 board retreat and Ellen Dornelas seconded the motion. The minutes were approved on a voice vote with Rob Zavoski abstaining.

	<p>rationales for both the population and the provider. Rationale for the population will include information from the American College of Obstetricians and Gynecologists e.g. smoking is the most modifiable risk factor for poor birth outcomes and successful treatment of tobacco dependence can achieve reductions in poor birth outcomes. In addition, the report will reference the community health centers' important role in implementing public health statewide.</p>
Other	<p>The board discussed whether, in future disbursements, funding could be broadened to include other providers, such as local health departments. Some members raised concern with this approach and no resolution was reached.</p> <p>Board members agreed to seek a statutory change removing the requirement that the board's annual report to the legislature of its activities and accomplishments "be approved by each trustee."</p>
Review Tobacco Websites	<p>Some members stayed to view a presentation by Nikki Palmieri on Facebook and by Dianne Harnad on the DMHAS and DPH websites.</p>
Next Meetings	<p>The Chair will draft a final report for board review prior to the next meeting of the board on Friday, December 14 from 10 a.m. to noon in the State Capitol Room 410.</p>

Appendix D

Cessation Grantees FY 2003 and FY 2004

American Lung Association of Connecticut

Provider Description: The American Lung Association of Connecticut (ALAC) is a non-profit agency whose mission is to prevent lung disease and promote lung health. The American Lung Association program, *Freedom from Smoking[®] Plus*, is an effective behavior modification program that incorporates the provision of pharmaceutical therapies to support the clients' cessation efforts. The addition of pharmaceuticals increases the documented quit rate from 50% to 78% at program end with an average three-month follow-up quit rate of 48%. ALAC is the state's provider for this registered trademark cessation program.

Target Population(s): Low-income residents in urban and hard-to-reach areas, young adults on college campuses, and high-risk populations (such as family members of asthmatics).

Specific entities collaborating on this project include the Bristol/Burlington Health District, City of Hartford Health Department, Meriden Health Department, Norwalk Department of Health, City of New Haven Department of Health, West Hartford-Bloomfield Health District, Torrington Area Health District, Northeast District Department of Health, St. Mary's Hospital of Waterbury, six UCONN campus communities throughout the state.

Cessation Services:

- Provide the *Freedom from Smoking[®] Plus* cessation program at 15 sites for 300 participants
- Provide pharmacotherapy and prescription Zyban to participants at significant cost reduction
- Train local facilitators to provide the cessation programs (as needed)
- ALAC will facilitate scheduling and coordination for all schedules programs
- Partner with local agencies to promote services available to target audience
- Evaluate and record carbon monoxide levels of participants before and after cessation

Systems Change Initiatives Supporting Cessation:

- Distribute educational materials to health care providers within the communities served about the Department of Health and Human Services *Clinical Practice Guidelines for Treating Nicotine Addiction*

Hill Health Center

Provider Description: Hill Health Center (HHC) is a community health center located in New Haven, providing comprehensive clinical services, including medical, dental, behavioral health and health education. HHC primarily serves families and minorities who are uninsured, working poor, or low-income residents of the greater New Haven area.

Target Population(s): Clients of HHC, which include WIC clients, Medicaid recipients, uninsured and underinsured, low income, minorities, pregnant teens and youth attending area schools.

Cessation Services:

- Provide cessation education and services to two middle schools and the Polly McCabe High School serving at least 20 students
- Provide cessation services to 185 clients and staff at HHC and satellite clinics
- Discounted pharmacotherapy will be made available to clients participating in cessation services through the HHC pharmacy
- Provide follow-up sessions for cessation program participants and communicate with their providers regularly

Systems Change Initiatives Supporting Cessation:

- Conduct in-service trainings for Internal Medicine, Pediatrics and OB/GYN departments on the Department of Health and Human Services *Clinical Practice Guidelines for Treating Nicotine Addiction*.
- Provide regular communication with the providers who serve program participants

ERASE

Provider Description: ERASE (East of the River Action for Substance Abuse Elimination), a Regional Action Council, operates as a voluntary organization with representation from the community, town agencies, civic organizations, clergy and other non-profit agencies. ERASE is involved in various prevention activities throughout the area. For this grant program, ERASE is serving as the fiduciary for the Glastonbury Local Prevention Council (GLAD), who is providing cessation services for those who live, work, or seek medical care in the greater Glastonbury area.

Target Population(s): Those who live, work, or seek medical treatment in greater Glastonbury

Cessation Services:

- Provide cessation services and individual counseling to 80 participants

- Provide relapse prevention sessions
- Provide pharmacotherapy at no cost to participants
- Provide on-site cessation counseling for area students as an alternative to suspension

Systems Change Initiatives Supporting Cessation:

- Educate health care providers about the Department of Health and Human Services *Clinical Practice Guidelines for Treating Nicotine Addiction*
- Work with major area employers to promote on-site cessation services for employees
- Create a referral system for health care providers

Ledgelight Health District

Provider Description: Program co-sponsors, Ledgelight Health District and the New London Department of Health and Social Services, are the only two full-time local health departments/districts along the Southeastern CT shoreline. These local health departments serve the greater New London and Groton areas by providing public health promotion and education services as well as environmental health protection services.

Target Population(s): Students, medical/ health challenged residents, area workers

Cessation Services:

- Provide cessation services and individual counseling to 125 participants
- Provide cessation services at two area high schools for students
- Provide cessation services at two area high schools and 4 middle schools for faculty and staff
- Provide cessation services for students of adult education
- Provide pharmacotherapy at discounted prices to participants

Systems Change Initiatives Supporting Cessation:

- Educate health care providers about the Department of Health and Human Services *Clinical Practice Guidelines for Treating Nicotine Addiction*
- Develop a smoking information assistance resource directory
- Train and certify 10-12 cessation facilitators

Middlesex Hospital

Provider Description: Middlesex Hospital, located in Middletown, serves residents of Middlesex County. In 1998, the Hospital established a comprehensive smoking intervention service that, in 2000, was awarded the Gold Medal for Hospital Community Service from the Connecticut Hospital Association and the Department of Public Health. This intervention service offers inpatient and outpatient cessation services, local advocacy, prevention education and outreach to the community.

Target Population(s): WIC clients, area students, behavioral health clients

Cessation Services:

- Provide individual cessation services at 6 WIC sites
- Provide cessation services at five schools
- Provide individual and group cessation services for at least 100 behavioral health clients

Systems Change Initiatives Supporting Cessation:

- Educate health care providers about the Department of Health and Human Services *Clinical Practice Guidelines for Treating Nicotine Addiction*
- Institute cessation as part of the treatment for behavioral health clients
- Incorporate cessation as part of the services offered to WIC clients

RYASAP

Provider Description: RYASAP (Regional Youth/Adult Substance Abuse Project), a Regional Action Council, is located in Bridgeport. In partnership with the Fairfield health Department and Bridgeport Hospital, they have conducted free smoking cessation programs for women since 1995. The program serves the Great Bridgeport area.

Target Population(s): low income, underinsured and uninsured, people living in economically distressed areas

Cessation Services:

- Provide cessation services for 50 women
- Provide cessation services for 50 men
- Provide pharmacotherapy at no cost to participants

Systems Change Initiatives Supporting Cessation:

- Train and certify facilitators in the American Lung Association's cessation curriculum

The Hospital of Saint Raphael's

Provider Description: The Hospital of Saint Raphael's Haelen Center, located in New Haven, provides both specialized and primary medical care to approximately 400 HIV infected individuals. Smoking places these clients at especially increased risk of adverse health outcomes.

Target Population(s): HIV positive clients

Cessation Services:

- 225 or more individuals will be referred to the in-house cessation counselor and receive one-on-one cessation counseling
- Weekly contact and support will be made with individuals attempting to quit
- Cessation information will be provided to all patients who are tobacco users
- Provide pharmacotherapy at no cost to participants

Systems Change Initiatives Supporting Cessation:

- Conduct educational programs, lecture series and training for house staff, residents and other health care providers on the Department of Health and Human Services *Clinical Practice Guidelines for Treating Nicotine Addiction*
- Physicians will be taught how to identify and address patients' tobacco use
- Smoking status will be included as a vital sign on all patient charts

Appendix E

Office of State Ethics Opinion

December 21, 2006

Anne Foley
Office of Policy and Management
450 Capitol Avenue
Hartford, CT 06106

Dear Ms. Foley:

This letter is in response to yours of November 20, 2006, in which you ask a series of questions regarding the application of the Code of Ethics for Public Officials to members of the Board of Trustees of the Tobacco and Health Trust Fund.

RELEVANT FACTS

The following facts are relevant to this opinion. The Tobacco and Health Trust Fund (trust fund) is a non-lapsing fund created with a three-fold purpose:

to (1) support and encourage development of programs to reduce tobacco abuse through prevention, education and cessation programs, (2) support and encourage development of programs to reduce substance abuse, and (3) develop and implement programs to meet the unmet physical and mental health needs in the state.

General Statutes § 4-28f (a).

The trust fund is administered by a Board of Trustees (board), which is responsible for, among other things, establishing criteria, processes, and procedures to be used in selecting programs to receive money from the trust fund; and recommending authorization of disbursement from the trust fund for the above-stated purposes. General Statutes § 4-28f (c) and (d) (1). The board is composed of seventeen members: four appointed by the Governor and twelve by the legislative leaders, none of whom are required by statute to have any particular background or expertise. General Statutes § 4-28f (c). The remaining member, who serves ex officio and with full voting privileges, is the Secretary of the Office of Policy and Management (or his or her designee). General Statutes § 4-28f (c).

QUESTIONS

1. May the board as a whole or an individual board member lobby officials in the executive or legislative branch of government for additional funding for the trust fund or to maintain the statutory funding of the trust fund?

2. May the board solicit, discuss, and approve funding proposals from private organizations?
3. May the board discuss and approve funding proposals from private organizations to lobby officials in the executive or legislative branch of government regarding the need to fund the trust fund adequately?
4. If a board member is also a state employee, may he or she participate in the discussion and voting on a proposal to provide funding to his or her state agency?
5. If a board member is a non-state employee, may he or she participate in the discussion and voting on a proposal to provide funding to his or her private agency?
6. If a board member has a distant or non-financial interest in a private organization (e.g., the board member helped found the organization, but has had no interaction with it for five to ten years), may he or she participate in the discussion and voting on a proposal to provide funding to the private agency?

ANALYSIS AND CONCLUSIONS

You first ask whether the board as a whole or an individual board member may lobby officials in the executive or legislative branch of government for additional funding for the trust fund or to maintain the statutory funding of the trust fund. Although General Statutes § 1-101bb (over which this office does not have jurisdiction) prohibits any quasi-public or state agency from retaining a lobbyist to act on its behalf, it does *not* prohibit “a director, officer or employee of a quasi-public agency or state agency from lobbying, as defined in section 1-91, on behalf of the quasi-public agency or state agency.” Further, the Code of Ethics for Lobbyists exempts from the definition of term “lobbyist,” among others, “a public official . . . who is acting within the scope of his authority or employment” General Statutes § 1-91 (l) (1). Thus, provided that board members are acting within the scope of their authority, they may attempt to influence executive or legislative action without having to register as lobbyists with the Office of State Ethics.

In your second and third questions, you ask whether the board may solicit, discuss, and approve funding proposals from private organizations; and whether it may discuss and approve funding proposals from private organizations to lobby officials in the executive or legislative branch of government regarding the need to fund the trust fund adequately.¹¹ There is nothing in the Code of Ethics for Public Officials that would prohibit the board from engaging in any of the proposed activities.

¹¹For purposes of this question, it is assumed that the private organizations will be lobbying on their own behalf, as opposed to lobbying on behalf of the board. Otherwise,

In your fourth and fifth questions, you ask whether a board member who is also a state employee may participate in the discussion and voting on a proposal to provide funding to his or her state agency; and whether a board member who is a non-state employee may participate in the discussion and voting on a proposal to provide funding to his or her private agency. As public officials, board members are subject to the Code of Ethics for Public Officials, which includes, in General Statutes § 1-84 (b), a ban on *other* (i.e., both state and non-state) employment that impairs independence of judgment. That conflict-of-interest provision is violated generally when a public official engages in other employment with an entity that can benefit from the state servant’s official actions—for example, the public official, in his or her state capacity, has specific regulatory, contractual or supervisory authority over his or her outside employer. Regs., Conn. State Agencies § 1-81-17.

In the case at hand, board members who are employed by, or are paid board members of, state or private agencies that submit proposals for funding from the trust fund clearly would be engaging in other employment with entities that could benefit from their official actions. Indeed, board members have the ability not only to establish criteria, processes, and procedures to be used in selecting programs to receive money from the trust fund, but also to recommend authorization of disbursement from the trust fund. General Statutes § 4-28f (c) and (d) (1). Thus, such other employment would constitute a violation of the § 1-84 (b) ban on outside employment that impairs independence of judgment, unless, that is, the legislature is considered to have waived that provision.

Where the legislature intends to waive § 1-84 (b), it has clearly specified that intent in the enabling legislation. For example, in the enabling statutes of some of Connecticut’s quasi-public agencies, the appointment provisions exempt board members from certain conflict-of-interest provisions in the Code of Ethics for Public Officials, such as § 1-84 (b).¹² As another example, the legislature will, at times, *specify* that certain members of state boards, commissions, councils,

there is a potential for a violation of § 1-101bb, which prohibits any quasi-public or state agency from retaining a lobbyist to act on its behalf.

¹²For instance, the enabling statute of the Connecticut Development Authority provides in part as follows: “Notwithstanding any provision of the law to the contrary, it shall not constitute a conflict of interest for a trustee, director, partner, officer, stockholder, proprietor, counsel or employee of any person, or for any other individual having a financial interest in any person, to serve as a member of the board of directors of the authority” General Statutes § 32-11a (h). That provision, in effect, waives § 1-84 (b) and places the issue of outside employment beyond the jurisdiction of the Citizen’s Ethics Advisory Board.

etc., are to be selected from entities with built-in conflicts of interest.¹³ In the case at hand, the appointment provision does not contain any such waiver language, and, aside from the Secretary of the Office of Policy and Management, there is not a single specifically-designated member of the board. Thus, absent any such waiver of § 1-84 (b), board members should not be employed by, or be paid board members of, state or private agencies that submit proposals for funding from the trust fund.

It may be argued that the problem would disappear if each board member simply abstained from taking official action with respect to the funding proposal submitted by his or her other employer. But this would not eliminate the problem. The board recommends authorization of disbursement from a limited pool of funds, and other “eligible institutions competing for the same funds would have reason to be apprehensive about the objectivity [i.e., independence of judgment] of a person who, if [he or she recommends] funds for them, is depleting the monies available to the entity by which he or she is employed.” Advisory Opinion No. 2006-1. “No matter how honest or selfless one’s motives may be, it is impossible to maintain an appearance of fairness and impartiality in such a situation, or to convince the public that all public decisions are being made for the public good.” *Id.*

In your final question, you ask whether a board member who has a distant or non-financial interest in a private organization (e.g., the board member helped found the organization, but has had no interaction with it for five to ten years) may participate in the discussion and voting on a proposal to provide funding to the private organization. Absent any financial connection between the board member and the private organization, there is nothing in the Code of Ethics for Public Officials that would prohibit the board member from doing so.

If you have any questions, please feel free to contact me.

Sincerely,

Brian J. O’Dowd
Assistant General Counsel

¹³For instance, in General Statutes § 17-155ff, the legislature specifically designated the Commissioners of Corrections and of Mental Health to be members of the Alcohol and Drug Abuse Commission, “knowing that they head[ed] state agencies receiving funds from the body to which they were appointed.” Advisory Opinion No. 80-20.

Appendix F

Tobacco Related Funding and Initiatives in Connecticut

Summary of Tobacco Expenditures in Connecticut

DMHAS

Program Name	Type of Program	Target Population	Service Level	Funding		
				FY 07	FY 08	FY 09
Local Prevention Council	Prevention	Youth up to 18 years of age	280,000 individuals through 130 local municipal –based alcohol, tobacco and other drug abuse prevention councils	\$135,417	\$135,417	\$135,417
Tobacco Merchant/Community Education	Prevention	At-risk youth up to 17 years of age	5,916 individuals received written material and/or attended meetings	\$100,000	\$100,000	\$100,000
CT Tobacco Education/Prevention	Prevention	Children and Youth –grades 1-8	Figure unavailable – program in development phase	\$300,000		
Tobacco Enforcement	Enforcement	Youth under the age of 18 years of age	4,300 merchants and coalitions	\$445,967	\$445,967	\$445,967
Regional Action Councils	Prevention/Cessation	Varied	741 individuals served in 2007	Receives federal, state and local funds for alcohol, tobacco and other drug prevention activities. Unable to specify funds allocated to tobacco.		
TOTAL				\$681,384	\$981,384	\$681,384

DPH

Program Name	Type of Program	Target Population	Service Level	Funding		
				FY 07	FY 08	FY 09
Local Cessation Programs	Cessation	All CT residents, Medicaid and underinsured residents	Two health departments served a total of 156 people during FY 2007. In fiscal year 2008, three health departments will receive PHH funding; another nine contractors will provide community cessation programs – serving 100 people each.	\$36,000	\$315,202	
CT Telephone Quitline	Cessation	All CT residents	250 calls per month – 2,021 calls from 7/06-3/07 During July and August 2007, with the offer of nicotine replacement therapy, 7,104 CT residents enrolled in the program. In September 2007 an	\$285,000	\$2,075,526	

			additional 491 people registered for services.		
Market Quitline to Medicaid Participants	Cessation	Medicaid clients	Service levels unavailable	0	\$250,000
Local Prevention Programs	Prevention	Youth, low-income and under/uninsured	Over 4,000 youth will be served.	\$80,000	\$85,000
Tobacco Education and Training Institute	Prevention/Cessation and Surveillance	All CT provider	N/A	\$30,000	\$30,000
Independent Evaluation of CT Quitline	Surveillance	Quitline Caller	In the process of collecting data	0	\$35,000
Tobacco Use Prevention/Control	Prevention//Control	Youth and Adults	N/A	\$899,637	\$689,637
Adult & Youth Tobacco Survey	Prevention	Youth and Adults	N/A	\$160,000	\$55,000
Biomedical Research Trust Fund	<p><u>Yale University</u> Research the effects of noxious chemical in tobacco smoke on cough-inducing nerves in the airway.</p> <p><u>Yale University</u> Conduct a study of low-income pregnant women who smoked at least 10 cigarettes per day for at least a year prior to pregnancy.</p> <p><u>UCHC</u> Investigate the effects of tobacco on brain structure and functions.</p> <p><u>UCHC</u> A descriptive study seeking to assess the accuracy and/or adequacy of tobacco use data for the characterization of smokers in clinical trials.</p>			\$299,723	\$349,893
					\$538,605
					\$107,409
TOTAL				\$2,140,253	\$4,181,379

DRS

Program Name	Type of Program	Target Population	Service Level	Funding		
				FY 07	FY 08	FY 09
Cigarette and tobacco sales enforcement	Prevention/Enforcement	N/A	N/A		\$120,000	
TOTAL					\$120,000	

SDE

Program Name	Type of Program	Target Population	Service Level	Funding		
				FY 07	FY 08	FY 09
Health Education	Prevention	Pre-K through grade 12	All grade levels	No specific funding		
Safe and Drug Free Schools	Prevention	Children and Youth enrolled in the school system	All grade levels	\$193,255		
TOTAL				\$193,255		

DCP

Program Name	Type of Program	Target Population	Service Level	Funding		
				FY 07	FY 08	FY 09
Regulation of Trade Practices	Prevention	Retail establishments, dealers, distributors	N/A			
Regulation of Alcoholic Liquor*	Prevention	Retail establishments, dealers, distributors				
TOTAL						

*DCP investigates allegations of noncompliance among retail establishments, dealers and distributors and order enforcement actions.

Appendix G

Counter Marketing Campaign Ads

Mass Transit/Billboard Ads:

