

# **Fiscal Year 2009 Report**

of the

## **Tobacco and Health Trust Fund Board of Trustees**

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

October 2008

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## Background and Summary

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.”<sup>1</sup> 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:

<b>Appointed by</b>	<b>Name</b>	<b>Term Ends</b>
OPM Secretary	Anne Foley	N/A
Governor	Ken Ferrucci	6/30/10
Governor	Norma Gyle	6/30/11
Governor	Nancy Bafundo	6/30/09
Governor	Cheryl Resha	6/30/09
Senate Pres. Pro Tempore	Douglas Fishman	6/30/11
Senate Pres. Pro Tempore	Nikki Palmieri	6/30/11
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	Jerold Mande	6/30/10

<sup>1</sup> See Appendix A for statutory authority

House Majority Leader	Larry Deutsch	6/30/11
House Minority Leader	Barbara Carpenter	6/30/09
House Minority Leader	Peter Rockholz	6/30/09

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 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; and
3. Submit recommendations for authorization of disbursement from the trust fund to the Appropriations and Public Health Committees.

In summary, the Tobacco and Health Trust Fund Board recommends authorization of disbursement of \$6,862,456 from the trust fund in FY 2009 for the following purposes:

<b>Program</b>	<b>Description</b>	<b>Amount</b>
QuitLine	Tobacco cessation telephone service including information, counseling and pharmacotherapy.	\$2 million
Counter Marketing	Mass media campaigns designed to discourage tobacco use.	\$2 million
Community-Based Cessation	Strategies to help people quit smoking including counseling and pharmacotherapy.	\$412,456
Cessation for Persons with Serious Mental Illness	Strategies to help people with serious mental illness quit smoking including counseling and pharmacotherapy.	\$1.2 million
School-Based Prevention	10-20 school districts will implement tobacco use prevention and cessation programs.	\$500,000
Lung Cancer Research Tissue Repository and Database	Develop infrastructure to collect tissue, serum, and data from lung cancer patients for molecular and genetic analysis.	\$250,000
Evaluation	Monitor program accountability including progress in achieving outcome objectives.	\$500,000

## Activities and Accomplishments in 2008

Since the inception of the Tobacco and Health Trust Fund, the board has made considerable investments in anti-tobacco efforts. The Appropriations and Public Health committees have approved all four of the Board's disbursement recommendations since fiscal year (FY) 2003, totaling approximately \$2.3 million. Funding has been used for cessation programs (\$1.5 million), counter marketing efforts (\$450,000), QuitLine (\$287,100), and website development (\$50,000).

The Tobacco and Health Trust Fund Board of Trustees submitted its 2008 Annual Report to the legislative committees of cognizance in February 2008. On March 5, 2008, the Appropriations and Public Health Committees approved the report, including recommendation for disbursement of \$800,000 from FY 07 trust fund earnings through the Department of Public Health (DPH) to community health centers for tobacco cessation programming targeting pregnant women and women of child bearing age. On May 15, DPH released a Request for Proposals (RFP) and three board members – Diane Becker, Pat Checko, and Robert Zavoiski – served on the evaluation committee to select contractors. Based on the recommendations of the evaluation committee, DPH awarded contracts to six community health centers for tobacco cessation services for the period of September 2008 through March 2010.

At the January 19, 2008 meeting of the Tobacco and Health Trust Fund Board, the board voted to recommend amendment of the board's statutory authority. The Board's authorizing statute required that its "activities and accomplishments" report to the legislative committees of cognizance "be approved by each trustee". This requirement was difficult to achieve as some Board members do not attend meetings and do not respond to requests. The Board's legislative proposal was included in a Governor's bill (HB 5020) which made further enhancements to the Board's ability to expend funding in Connecticut for anti-tobacco related efforts.

Governor Rell recognized that the State of Connecticut had been lauded by national organizations for preventing youth access to tobacco, for our taxation policies which deter smoking, and for our smoke-free air laws. However, she acknowledged that the state could make further progress in reducing the smoking rate by increasing the amount of funding it makes available for tobacco prevention and control. The Board was limited by statute to spending only the earnings on principal invested in the fund – approximately \$800,000 in FY08.

Governor Rell's proposal, contained in HB 5020, provided for a substantial increase in the amount of tobacco prevention and control expenditures in Connecticut each year by allowing the trust fund to disburse up to half of the annual deposit into the trust fund, to a maximum of \$6 million annually, in addition to the earnings of the fund. This bill

passed and Public Act 08-145 provided for a significant addition to smoking prevention and cessation efforts while ensuring that the principal balance of the fund continues to grow.<sup>2</sup> With these additional resources, Connecticut is well positioned to improve its progress toward achieving long-term reductions in tobacco use and tobacco-related illness and death.

On April 4, the Tobacco and Health Trust Fund convened its first ever public hearing. The purpose of the hearing was to receive comments, feedback, and ideas from the public regarding board funding recommendations. Six individuals, representing five organizations, testified at the hearing, which was held at the Legislative Office Building in Hartford. Representatives of the following organizations provided testimony:

- Connecticut Voices for Children
- Yale University, Transdisciplinary Tobacco Use Research Center
- Generations Family Health Center
- Smoking Cessation Supports Initiative
- Rushford Center (no written testimony provided)

In general, the individuals testifying recommended the following target populations: individuals with low-income, drug or alcohol problems, psychiatric illnesses, or low educational attainment and youth 18 and under. Services recommended included: prevention, Quitline, media campaigns, pharmacotherapy (nicotine replacement therapy such as patches and gum), counseling, behavioral interventions, smoking cessation groups with facilitators and educational materials, and peer mentoring.<sup>3</sup>

Since the most recent Board report was submitted to the General Assembly in February 2008, the Tobacco and Health Trust Fund Board of Trustees has held five meetings: on May 16, July 22, August 13, September 12, and October 17, 2008. The primary focus of these meetings was to develop recommendations for FY09 disbursement from the trust fund.<sup>4</sup>

Two current board members – Barbara Carpenter and Jane Tedder – did not attend any board meetings this year.

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<sup>2</sup> See Appendix B for legislative history

<sup>3</sup> See Appendix C for a brief summary of the testimony at the public hearing.

<sup>4</sup> See Appendix D for Tobacco and Health Trust Fund Board meeting summaries for 2008.

## 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 the Board's recommendation for disbursement of \$6,862,456 in FY 2009 is approved, and there are no further statutory changes to the trust fund, the fund will contain an estimated \$22 million at the end of FY 2009. The fund should increase by approximately \$6 million in each successive year.

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

(In millions of dollars)

	FY 00	FY 01	FY 02	FY 03	FY 04	FY 05	FY 06	FY 07	FY 08	Est. FY 09	FY 00-09 TOTAL
Carried Forward from Previous Year	--	20.2	41.1	53.1	1.1	0.6	0.0	18.1	22.3	29.7	--
Transfer from Tobacco Settlement Fund	20.0	19.5	17.4	0.0	12.0	0.0	18.6	10.9	12.4	12.4	123.2
Interest	0.2	1.4	1.8	0.2	0.0	0.0	0.1	0.8	0.9	0.7	6.1
<b>Funds Available</b>	20.2	41.1	60.3	53.3	13.1	0.6	18.7	29.8	35.6	42.8	129.3
Use of Interest and principal	--	--	(0.8)	(0.6)	0.0	0.0	0.0	0.0	(0.9)	(6.9)	(9.2)
Transfer to General Fund	--	--	0.0	(48.2)	(12.0)	0.0	0.0	0.0	0.0	0.0	60.2
Capital Gain/Loss	--	--	(1.5)	(0.8)	--	--	--	--	--	--	(2.3)
Transfer of Principal for Various Programs	--	0.0	(4.9)	(2.6)	(0.5)	(0.6)	(0.6)	(7.5)	(5.1)	(14.0)	(35.6)
<b>Funds Used</b>	--	0.0	(7.2)	(52.2)	(12.5)	(0.6)	(0.6)	(7.5)	(6.0)	(20.8)	(107.4)
<b>Balance on June 30</b>	20.2	41.1	53.1	1.1	0.6	0.0	18.1	22.3	29.7	22.0	

Despite the significant fiscal activity in and out of the Trust Fund, until this year, the total amount the Board has been able to recommend for disbursement has been \$2,287,100 since the inception of the Trust Fund in 2000. 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. Over four years (FY05 and FY06 were moratorium years), the board recommended a total of \$2,287,100 for disbursement. The majority of this funding -- \$1.5 million -- was for tobacco cessation programs. Also

recommended was \$450,000 for counter marketing, \$287,100 for QuitLine, and \$50,000 for website development.

The \$6.8 million recommended for disbursement in FY09 represents a tripling of the total amount of funding disbursed in all previous years of the trust fund's existence.

**Table B**  
**Tobacco and Health Trust Fund**  
**Board Disbursements FY 03 – FY 09**

	<b>FY 03</b>	<b>FY 04</b>	<b>FY 07</b>	<b>FY 08</b>	<b>FY09 (Recommended)</b>
Counter Marketing	\$350,000		\$100,000		\$2,000,000
Website Development	\$50,000				
Cessation Programs	\$400,000	\$300,000		\$800,000	\$1,612,456
QuitLine		\$287,100			\$2,000,000
School-Based Prevention					\$500,000
Lung Cancer Pilot					\$250,000
Evaluation					\$500,000
Carry Forward		\$297,900			
<b>Total Disbursed</b>	\$800,000	\$587,100	\$100,000	\$800,000	\$6,862,456

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.

No additional legislative transfers from the Tobacco and Health Trust Fund were made during the 2008 session of the Connecticut General Assembly.



**Table C**

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

	<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>

	<u>FY 2009</u>
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>

In contrast to Table B, which shows that the total amount disbursed by the Tobacco and Health Trust Fund Board through FY09 (if the board's FY09 recommendations are approved) is \$9,149,456 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 FY01 – FY09**

<b>Year</b>	<b>Amount</b>	<b>Purpose</b>	<b>Statutory Cite</b>
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 <sup>5*</sup>	PA 05-251 §90
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)

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

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)
<b>Total</b>	<b>\$108,082,081</b>		

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

### **Counter Marketing**

#### FY03 Funding for Counter Marketing

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.

#### FY07 Funding for Counter Marketing

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 of prevention and cessation messages 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.

With the \$100,000 DPH purchased the rights to utilize two advertisements – one prevention message and one cessation message -- created and maintained by the federal Center For Disease Control (CDC) through their Media Campaign Resource Center. The advertisements were selected based on the viewer demographics. The television ads ran for eight weeks beginning in February 2008 on WTIC –FOX 61. In addition, an online component; utilizing messaging banners, ran on MySpace for ten weeks beginning in February 2008.

### **Website Development**

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**

#### FY03 and FY04 Funding for Tobacco 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 grants:

- 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.

#### FY08 Funding for Tobacco Cessation Programs

In FY08, the Tobacco and Health Trust Fund disbursed \$800,000 through DPH, 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.

The target population 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. 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.

In order to most effectively reach the target populations, the Board recommended 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.

The Request for Proposals (RFP) issued by DPH included 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

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.

DPH awarded contracts to six community health centers for cessation services for the period of September 2008 through March 2010. They are to:



- Fair Haven Community Health Clinic for service in New Haven (\$117,967);
- Community Health Center for service in Middletown, New Britain, Danbury, Enfield, New London and Meriden (\$117,967);
- Stay Well Health Care for service in Greater Waterbury (\$110,162);
- Hill Health Corporation for service in Greater New Haven (\$117,967);
- Generation Family Health Center for service in Greater Willimantic (\$117,967);  
and
- Optimus Health Care for service in Stratford, Bridgeport, and Stamford (\$117,967).

The FY08 tobacco cessation programming included an evaluation component which was included as part of the RFP. The Consultation Center in New Haven was awarded \$100,000 to evaluate the programs.

## **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

In accordance with Public Act 08-145, the board may recommend disbursement from the trust fund of:

- Up to one-half of the annual disbursement from the Tobacco Settlement Fund to the Tobacco and Health Trust Fund from the previous fiscal year up to a maximum of \$6 million.
- The net earnings from the principal of the trust fund from the previous fiscal year.

In FY08, the Tobacco and Health Trust Fund received \$13,186,909 from the Tobacco Settlement Fund and earned approximately \$862,456 in interest and dividends. Taken together, these two amounts, allow the Board of Trustees to recommend disbursement of \$6,862,456 for FY09.

In developing its recommendation for disbursement for FY09, the board reviewed its statutory mandates, guiding principles for funding decisions, previously adopted options for disbursement of trust funds, and the December 2006 ethics opinion<sup>6</sup>. The board also reviewed information on: the Centers for Disease Control and Prevention (CDC) and State Department of Education cooperative agreement on tobacco use prevention; information on QuitLine; and information on media campaigns and cessation programs in Massachusetts and New York. The board reviewed recommendations from the Smoking Cessation Supports Initiative (SCSI) and the Connecticut Association of Nonprofits (CAN); the Connecticut Cancer Partnership; and Senators Handley and Harp. In particular, the board relied upon CDC's Best Practices for Comprehensive Tobacco Control Programs – 2007 as an evidence-based guide that helps states plan and establish effective tobacco control programs that prevent and reduce tobacco use.

At its July 2008 meeting, the board agreed to focus FY 09 disbursement recommendations on tobacco-related activities, but later expanded that focus by including a recommendation targeting lung cancer research.

### Statutory Mandates

The board of trustees may recommend disbursement from the trust fund to:

1. Reduce tobacco abuse through prevention, education and cessation programs,

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<sup>6</sup> See Appendix E for Office of State Ethics Opinion

2. Reduce substance abuse, and
3. Meet the unmet physical and mental health needs in the state.

The board's recommendations must give:

1. Priority to programs that address tobacco and substance abuse and serve minors, pregnant women and parents of young children, and
2. Consideration to the availability of private matching funds.

### Guiding Principles for Funding Decisions

#### 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.

#### Previously Adopted Options for Disbursement of Trust Funds

### 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.

### **Fiscal Year 2009 Disbursement Proposal**

The Tobacco and Health Trust Fund Board of Trustees recommends authorization to disburse \$6,862,456 for the following purposes:

<b>Program</b>	<b>Description</b>	<b>Amount</b>
QuitLine	Tobacco cessation telephone service including information, counseling and pharmacotherapy.	\$2 million
Counter Marketing	Mass media campaigns designed to discourage tobacco use.	\$2 million
Community-Based Cessation	Strategies to help people quit smoking including counseling and pharmacotherapy.	\$412,456
Cessation for Individuals with Serious Mental Illness	Strategies to help people with serious mental illness quit smoking including counseling and pharmacotherapy.	\$1.2 million
School-Based Prevention	10-20 school districts will implement tobacco use prevention and cessation programs.	\$500,000
Lung Cancer Research Tissue Repository and Database	Develop infrastructure to collect tissue, serum, and data from lung cancer patients for molecular and genetic analysis.	\$250,000
Evaluation	Monitor program accountability including progress in achieving outcome objectives.	\$500,000

## QuitLine

Every state has a telephone QuitLine that provides information and counseling about tobacco use<sup>7</sup>. In Connecticut, callers can phone (866-END-HABIT) seven days a week 8 a.m. to midnight. Written materials are also sent to callers, based on their readiness to quit. Separate materials are available for pregnant women who wish to quit smoking. Callers who are ready to quit smoking and are interested in further telephone based service receive five telephone counseling sessions and a Quit Kit containing informational and supportive materials that help deal with the effects of smoking cessation.

In July 2008, Connecticut QuitLine began offering free nicotine replacement therapy (NRT) to all Connecticut residents who wanted to quit using tobacco. The program provided up to two months of nicotine patches or gum to tobacco users who registered for cessation services at QuitLine. Free NRT was available while supplies lasted on a first come, first served basis. When the free NRT was announced, calls to QuitLine increased from a monthly average of 250 to over 6,000. Supplies lasted about a month.

In FY 08, Connecticut QuitLine received a total of \$1,669,526 in state and federal funding. The majority of this funding (\$1.3 million) was taken from the Tobacco and Health Trust Fund for the Connecticut Cancer Partnership under Public Act 06-186. In FY 09, only \$347,115 is available for QuitLine through federal funding and state carry forward funding. Currently, QuitLine is spending about \$16,500 per month, but not providing NRT.

To ensure the continued operation of the Connecticut QuitLine and to enhance available services to include NRT, the Tobacco and Health Trust Fund Board recommends disbursement of \$2 million to DPH. This recommendation is consistent with the U.S. Surgeon Generals' 2008 guidelines, which state that "telephone quitline counseling is effective with diverse populations and has broad reach".

The Department of Public Health estimates the ongoing cost of these Connecticut QuitLine services – assuming NRT, current contract costs, and estimates based on usage in July and August 2007 – to be up to \$266,845 a month for 1,000 callers.<sup>8</sup> Funding will provide for a multiple call program for all interested callers with a two-week starter kit, including NRT, for insured callers. In addition, callers who are uninsured or Medicaid recipients will be able to receive an eight week starter kit, delivered in two 4-week shipments. It is estimated that this funding will last between eight months and one year.

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<sup>7</sup> See "Treating Tobacco Use and Dependence: 2008 Update" available at [www.surgeongeneral.gov/tobacco](http://www.surgeongeneral.gov/tobacco).

<sup>8</sup> See Appendix F for DPH Estimated Cost of QuitLine Services

Board members recommend that any public announcement of these expanded Connecticut QuitLine services be targeted to low-income individuals and Medicaid recipients who have fewer options to receive this type of counseling and pharmacotherapy. No funding should be used for marketing expanded QuitLine services.

The Board is aware that DPH intends to competitively bid their QuitLine contract in the Spring of 2009, so this funding will be used to enhance the contract of the existing vendor and then be used to fund the new vendor selected by competitive bid. Board members will be invited to serve on the DPH RFP committee.

The recommended \$2 million allocation to QuitLine is consistent with a request made by Senate President ProTempore Williams, Speaker of the House Amann, and Attorney General Blumenthal to Governor Rell in FY08.

### **Counter Marketing**

Counter marketing uses the influence of the media to curtail tobacco use. The Tobacco and Health Trust Fund Board has funded two previous counter marketing efforts. In FY 03, \$350,000 was used to buy a television ad which ran 409 times over a two month period, two radio ads which ran 1,546 times over a two month period, thirteen bus panels, two interstate billboards, a full-page ad in Hartford magazine, and a sign for one month at the Hartford Civic Center. In FY07, \$100,000 was used to target 18-24 year olds who are not in a college setting with two television ads which ran for two months on Fox 61 and message banners which ran on MySpace for two and a half months.

According to the National Cancer Institute (a division of the National Institutes of Health in the U.S. Department of Health and Human Services), evidence from controlled field experiments and populations studies shows that mass media campaigns designed to discourage tobacco use can change youth attitudes about tobacco use, curb smoking initiation, and encourage adult cessation. The initiation effect appears greater in controlled field experiments when mass media campaigns are combined with school- and/or community-based programming. Many population studies document reductions in smoking prevalence when mass media campaigns are combined with other strategies in multi-component tobacco control programs.

In researching other states, the board has learned that messages that elicit strong emotional response, such as personal testimonials and viscerally negative content, produce stronger and more consistent effects on audience recall. These are called "high impact" messages with demonstrated efficacy.



The Tobacco and Health Trust Fund Board recommends disbursement of \$2 million for a two-pronged counter marketing campaign.

1. A statewide media campaign delivering high-impact messages designed to prevent smoking initiation, facilitate cessation, and shape social norms related to tobacco use. A variety of media can be used including television, radio, billboard, print, and web-based advertising.
2. Local community efforts targeting specific populations designed to prevent smoking initiation, facilitate cessation, and shape social norms related to tobacco use. A variety of media can be used including public relations efforts, such as local events and health promotion activities.

The funding will be distributed through DPH using a competitive bid process and board members will be invited to serve on the DPH RFP committee.

### **Community-Based Cessation Programs**

The Tobacco and Health Trust Fund Board of Trustees recommends disbursement of \$412,456 for community-based cessation programs. Programs will be competitively bid through DPH and board members will be invited to serve on the DPH RFP committee.

More than 40% of smokers try to quit each year, but without assistance, most will relapse. Community based cessation programs coupled with telephone quitline services provide a level of support that assists Connecticut tobacco users to quit.

A comprehensive system that starts with brief advice and referral by health care providers, followed by more intensive interventions such as individual or group cessation counseling services that provide social support and training in problem-solving skills are proven to be most effective.

The funded community based programs will include the above program components, will eliminate cost barriers, provide local access to treatment and offer low or no cost pharmacotherapies and relapse prevention support services. These programs will increase the rate of successful quit attempts.

A full range of cessation services that includes FDA-approved pharmacological aids, behavioral counseling, and follow up visits are estimated to cost \$500 per smoker per year. The recommended \$412,456 will be used to provide up to 825 Connecticut residents with community-based smoking cessation services.

## Cessation Programs for Individuals with Serious Mental Illness

The Tobacco and Health Trust Fund Board of Trustees recommends disbursement of \$1.2 million for tobacco cessation programming targeting individuals with serious mental illness (SMI) who receive publicly-funded mental health services through the private, nonprofit sector.

The Board's funding recommendation is based on information provided by the Smoking Cessation Supports Initiative (SCSI) and the Connecticut Association of Nonprofits (CAN) in an August 2008 proposal to the board<sup>9</sup>. Individuals with SMI are at very high risk for developing nicotine dependence and this proposal will use the wide network of private, non-profit behavioral healthcare providers already providing publicly-funded mental health services to encourage tobacco cessation as an integral part of inpatient and outpatient treatment. Behavioral health clients who are served in or by DMHAS-operated facilities or programs are excluded, as DMHAS facilities will continue to develop needed services within existing departmental resources.

The rationale for the board's recommendation included consideration of the following information provided to the board by SCSI and CAN:

- While representing approximately 7% of the general adult population in Connecticut, individuals with serious mental illness (SMI) represent approximately 31% of all adult smokers in the state.
- Compared to other adult smokers, those with serious mental illness are also disproportionately:
  - under-educated;
  - poor/medically indigent;
  - homeless;
  - obese;
  - hypertensive;
  - diabetic; and
  - generally in need of public assistance.
- Largely as a result of smoking-related health consequences, individuals with serious mental illness die, on average, 25-30 years sooner than the general population.

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<sup>9</sup> See Appendix H for the proposal.

- The historical culture of mental health services has not valued smoking cessation for this population and, in fact, has accepted and often supported continued smoking without providing encouragement to quit or even basic services; or simply assessing and diagnosing nicotine dependence – including in inpatient settings.
- Options available to the general public, specifically QuitLine, are only viable for a small percentage of those with serious mental illnesses – due in part to the cost of NRTs and/or medications; but more often due to the need for medical supervision to adjust often complex psychotherapeutic medication regimens.
- DMHAS is expected to (and should) implement tobacco cessation policies and contractual requirements that will affect private, non-profit providers by adding new costs. For the providers, unless resources are made available through public sources, this will become an “unfunded mandate.” Yet, the service system cannot continue to fail to address this health disparity.

This recommendation is targeted to a segment of those individuals in Connecticut with serious mental illness (SMI). It excludes those involved with the DMHAS system of care with substance use disorders (SUD) only and those with SMI who have private means to pay for their care and treatment.

The public sector SMI client population, served by private providers and monitored through DMHAS, includes approximately 43,000 individuals per year, reaching about 25% of the total statewide need. No inpatient clients are included in this proposal since they are almost exclusively served in DMHAS-operated facilities. Nor are the thousands of individuals served directly through DMHAS-operated outpatient services. The remaining sub-population includes approximately 22,000 or roughly one-half the total population of public sector individuals with SMI. No funding will be used for any DMHAS-operated service or for clients served directly by a DMHAS facility or program.

The public sector SMI client population receives services primarily through DMHAS, and private, non-profit service provider agencies in local communities. While some providers have begun to implement basic smoking cessation supports (e.g., psycho-education), state agencies have not required that appropriate clinical services be provided for tobacco/nicotine dependence. It is imminent that DMHAS will require all state-funded service providers to address nicotine dependence for their clients – and to implement tobacco-free facility policies and procedures. The initial implementation of these will require one-time funding, including: staff training (smoking cessation counseling techniques), staff smoking cessation supports, and a range of smoking cessation medications, nicotine replacement therapies, and supportive counseling services and supports for the existing client cohort. Subsequent funding needs for continued treatment and supports will be considerably less.

First-year one-time start-up costs of approximately \$400,000:

- Staff Training - 5 regional trainings (twice): total 10 trainings @ \$12,500 = \$125,000
- Staff smoking cessation supports (including OTC products and motivational enhancement): 350 @ \$300 = \$105,000
- Administrative implementation: 55 agencies @ \$2,000 = \$110,000
- Carbon Monoxide (CO) monitors: 55 @ \$1,000 = \$55,000
- Program materials (e.g., videos, printed instruction guides, posters, etc.) 55 @ \$800 = \$44,000

First-year treatment and supports costs of approximately \$800,000:

Costs include: Over-the-counter products, medication (if prescribed and not covered by a third-party), counseling, motivational enhancements, awards, diplomas, etc. Estimates are provided by level-of-care (LOC). For each LOC, first-year projections include beginning with existing client populations.

One-year Treatment and Supports Costs - Estimated by Level-of-Care (LOC)

LOC	# yr 1 clients	% active smokers	% choose participation	# projected participate/yr	Program type	Cost/client (estimated)	TOTAL
<b>Mental Health Treatment</b>							
Residential*	1,012	80%	95%	769	60-day NRT/Rx + Groups + Relapse Prev.	\$370	\$284,530
OP/Case Management	21,000	70%	10%	1,470	3-Phase CDC Program - 8 weeks	\$350	\$514,500
						<b>TOTAL</b>	<b>\$799,030</b>

\* clients will be served at private programs that will be required to be tobacco-free facilities.

The Board recommends program cost, including start up and one-year treatment of \$1.2 million, be competitively bid through DPH. Board members will be asked to serve on the DPH RFP committee.

### **School-Based Tobacco Use Prevention**

According to the Connecticut School Health Survey (2007), students who say they are current cigarette smokers are more likely to be involved in other high risk behaviors, including sexual activity, dating violence, drinking alcohol and smoking marijuana. They were also more likely to consider themselves depressed. Therefore, it is essential that tobacco prevention for youth must be part of a comprehensive and coordinated approach that addresses both risk behaviors and protective factors. One such research-based prevention program is the Centers for Disease Control and Prevention (CDC) Coordinated School Health initiative.

The Tobacco and Health Trust Fund Board proposes authorization to disburse \$500,000 to support tobacco use prevention and cessation in 10- 20 school districts that are currently implementing the Coordinated School Health Approach. Priority will be given to these districts due to existing infrastructure which enhances the sustainability of programmatic efforts beyond this funding. Schools awarded these funds must follow the guidelines and recommendations outlined below in implementing a tobacco use prevention and cessation program.

A school-based approach will include school, family, community partnerships working together to develop, implement, and sustain comprehensive and coordinated strategies to tobacco use prevention and cessation programs for youth. The Centers for Disease Control and Prevention has developed *Guidelines for School Health Programs to Prevent Tobacco Use* (CDC, 2006). Based on extensive review of research and practice, these guidelines outline key principles and recommendations that school districts awardees will follow.

The key principles for effective school health programs include the following:

- Prohibit tobacco use at all school facilities and events;
- Encourage and help students and staff to quit using tobacco;
- Provide developmentally appropriate instruction in grades K-12 that addresses the social and psychological causes of tobacco use;
- Are part of a Coordinated School Health approach which delivers consistent messages about tobacco use; and
- Are reinforced by community-wide efforts to prevent tobacco use and addiction (CDC, May 2006).

The school districts will implement tobacco use prevention and cessation programs based on the following recommendations:

- Developing and enforcing a comprehensive school policy on tobacco use;
- Provide instruction about short- and long-term negative physiologic and social consequences of tobacco use, social influences on tobacco use, peer norms regarding tobacco use, and refusal skills;
- Provide tobacco use prevention education in grades K-12;
- Provide programs –specific training on tobacco-use prevention for teachers.
- Involve parents or families in supporting school-based programs to prevent tobacco use;
- Support cessation efforts among students and school staff that use tobacco. Schools should provide access to cessation programs that help students and staff stop using tobacco rather punishing them for violating tobacco-use policies; and
- Assess the tobacco-use prevention program at regular intervals.

Any instruction, curriculum and cessation programs implemented in the school-based approach must meet the requirements of an evidenced-based practices and programs.

School district requirements for policy implementation:

1. Using the School Health Index developed by CDC, school districts will assess existing policies and practices regarding tobacco use and prevention within their district and develop an action plan for strengthening tobacco use prevention policies;
2. Expand tobacco use prevention policies to include school grounds, school functions, and school vehicles;
3. Develop an implementation plan which includes professional development/education for staff, students, families and the community regarding tobacco use policies; and
4. Incorporate signage and other strategies to reinforce the policies. Prohibit tobacco advertisement
5. Develop degrees of enforcement including referrals to community-based cessation programs and other community-based interventions and services.

School District requirements for instruction and curriculum:

1. School districts will use guidance on curriculum development, instruction, and assessment from the State Department of Education documents including the *Healthy and Balanced Living Curriculum Framework*, *Health Education Assessment Framework*, and the *Guidelines for a Coordinated Approach to School Health* when developing and implementing their Comprehensive School Health Education Curriculum including tobacco prevention education.;
2. According to CGS 10-19(a), “the knowledge, skills, attitudes required to understand and avoid the effects of alcohol, of nicotine, or tobacco and drugs ...shall be taught every academic year to pupils in all grades in the public schools.”
3. This instruction must be delivered in a planned, ongoing and systematic fashion; and
4. *The Guidelines for a Coordinated Approach to School Health* (CSDE, 2007) recommends at a minimum, that students have 80 hours of instruction in health and safety instruction each year in grades 5-12, of which 10-15 hours be specific to alcohol, tobacco, nicotine and other drugs.

School district requirements for family involvement:

1. Schools should promote discussions at home about tobacco use by incorporating these topics into homework and other school projects;
2. Include parents and families in all education efforts within the school; and
3. Encourage parents to participate in community efforts to prevent tobacco use especially among youth.

School district requirements for cessation programs:

1. Schools that implement cessation interventions for youth should follow *Youth Tobacco Cessation: A Guide for Making Informed Decisions* (CDC, 2004) which includes Cognitive-Behavioral Interventions;
2. Schools that implement school-based cessation programs must use evidence-based programs from national registries such as SAMSHA; and
3. School should partner with Community Health Centers within their community to link students with existing cessation programs.

## **Lung Cancer Research Tissue Repository and Database**

Lung cancer is the major cause of cancer death in the United States today and outpaces the next several leading causes combined. Although smoking is a major risk for disease development, many newly diagnosed patients are nonsmokers or former smokers by greater than ten years. Although testing is underway to see if “low dose helical chest CT” is a good screening test for the disease, no data is yet available to demonstrate an effective screening modality, and will not be for several years to come. However, tools are now available that allow researchers to study tumors at the gene level. These technologies provide a mechanism for retrospectively determining which tumor types could benefit from different treatments, including surgery and other new therapies.

Molecular and genetic tools have the potential to allow us to define predispositions in ways that were previously not possible. Building a database and repository of tissue and serum of lung cancer patients and their close relatives throughout the state is the key resource needed to apply available molecular tools to better understand predisposition and risk for development of lung cancer. Such a repository would also be critical to the advancement of biomedical studies of other cancers. Unfortunately, this type of resource cannot be funded through research grants. Grants will pay for research and analysis, but not for the infrastructure and resource development to support the process of implementing and sustaining bioregistry necessary to undertake such endeavors.

Connecticut is uniquely positioned to do this because it is a “SEER state”, and has both a long history of successfully collecting cancer information through the DPH Tumor Registry and an infrastructure of cooperation among hospitals with epidemiology studies. The state cancer registry has a rich database of clinical information which could be used for an important portion of this “clinical/pathologic/molecular/genetic” correlation. In November 2007, the DPH initiated a special workgroup composed of epidemiologists and scientists in Connecticut to evaluate the possibility of collecting paraffin fixed tissue specimens for study. As part of this process, the workgroup has also identified the need for a legislative amendment of current DPH authority to allow them to collect tissue samples before such a bioregistry be implemented.

This proposal to collect tissue, serum, and data from lung cancer patients for molecular and genetic analysis could potentially complement this work. Developing the database, tissue and serum repository would be a huge incentive to attract researchers and grant money, thus leveraging the investment in a major way. The database, tissue and serum repository would provide a crucial tool to identify a high risk group, so that we could be efficient and effective in decreasing the death rate from lung cancer in Connecticut.



The Tobacco and Health Trust Fund Board recommends disbursement of \$250,000 to the Department of Public Health to accomplish both #1 and #2 as follows:

1. Oversee a detailed investigation of how best to effect this effort, to include outside consultants/experts if needed, to initiate an appropriate process of defining what is needed, how it will fit with other efforts at DPH and in the state, what the costs/infrastructure and sustainability needs are, and how best to move the process forward with a financial and implementation plan. Given the fact that many hospitals and scientific institutions are involved in this type of work in Connecticut, no new facility may be needed, but certainly substantial discussion should occur with all interested parties to determine how best to move the project forward.
2. Fund a lung tissue demonstration project that will develop the hospital agreements, policies, procedures and infrastructure to collect and store tissues, serum and data and a mechanism for researchers to utilize them.

### **Evaluation**

The Tobacco and Health Trust Fund Board recommends that \$500,000 be used to provide a comprehensive and independent evaluation of all of the above contracted services.

Surveillance and evaluation of all tobacco programs will be included in order to assure accountability and demonstrate effectiveness. Evaluation will monitor program progress, determine whether programs and activities are effective, determine if the desired results are being obtained, identify any areas that need improvement, and to inform policy and program direction. The surveillance and evaluation of programs will help to perform comparisons among different groups to determine the effectiveness for targeting programs.

The independent process and outcome evaluation of all contracted services will include data collection, analysis, and reporting, as well as recommendations for program modifications. Results will be used to enhance and improve future programming.

# APPENDICES

# Appendix A

## Statutory Authority

### ***Public Act No. 08-145***

#### ***AN ACT IMPLEMENTING THE GOVERNOR'S BUDGET RECOMMENDATIONS REGARDING THE TOBACCO AND HEALTH TRUST FUND.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. Section 4-28f of the 2008 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2008*):

(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 biannually, 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 of the 2008 supplement to the general statutes, 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. For the fiscal year ending June 30, 2009, and each fiscal year thereafter, the board may recommend authorization of disbursement for such purposes of (A) up to one-half of the annual disbursement from the Tobacco Settlement Fund to the Tobacco and Health Trust Fund from the previous fiscal year, pursuant to section 4-28e, up to a maximum of six million dollars per fiscal year, and (B) the net earnings from the principal of the trust fund from the previous fiscal year. The board's recommendations shall give [(A)] (i) priority to programs that address tobacco and substance abuse and serve minors, pregnant women and parents of young children, and [(B)] (ii) 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.

Approved June 12, 2008

## **C.G.S. 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.

## Appendix B Legislative History

### State Legislation Affecting the 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.
PA 08-145	1	Increases the amount the THTF trustees can recommend be disbursed annually to up to half of the previous year's annual disbursement to the THTF from the TSF, up to \$6 m in addition to the annual net earnings on principal. It also eliminates a mandate that each of the trustees approve the activities report.

# Appendix C

## **Tobacco and Health Trust Fund Board Public Hearing Summary**

*April 4, 2008  
Room 1A, Legislative Office Building  
Hartford, Connecticut*

The Tobacco and Health Trust Fund Board held its first public hearing on April 4, 2008 to seek input and recommendations for funding from the public. Six individuals, representing five organizations, testified at the hearing. Representatives of the following organizations provided testimony:

- Connecticut Voices for Children
- Yale University, Transdisciplinary Tobacco Use Research Center
- Generations Family Health Center
- Smoking Cessation Supports Initiative
- Rushford Center (no written testimony provided)

In general, the individuals testifying recommended the following target populations: individuals with low-income, drug or alcohol problems, psychiatric illnesses, or low educational attainment and youth 18 and under. Services recommended included: prevention, Quitline, media campaigns, pharmacotherapy (NRT), counseling, behavioral interventions, smoking cessation groups with facilitators and educational materials, and peer mentoring. A brief summary of the testimony is provided below.

### **Taby Ali, Connecticut Voices for Children, New Haven**

- Focus on low-income population
- Provide coverage for smoking cessation services through Medicaid
- Fund smoking cessation and prevention for children, pregnant women, and parents in the HUSKY program
- Quitlines and media campaigns are effective in reaching low-income populations.

### **Stephanie O'Malley, Yale University, Transdisciplinary Tobacco Use Research Center, New Haven**

- Focus on individuals with alcohol or drug problems, psychiatric illnesses, and lower educational attainment.

- Implement recommendations of the newly released U.S. Public Health Service Guidelines for Treating Tobacco Use and Dependence
- All smokers should be advised to quit and be offered effective treatments for smoking cessation. Effective treatments include pharmacotherapy and behavioral interventions.
- Fund smoking cessation services and staff training where many current smokers are currently seen, but are often not provided smoking cessation services

**Leigh Duffy, Generations Family Health Centers, Willimantic, Norwich and Danielson**

- Increase access to tobacco cessation groups, the Connecticut Quitline, and free nicotine replacement therapies (NRTs)
- Access to free NRT is often the incentive that motivates people to join a tobacco cessation group
- There are no free NRTs for people who cannot access the Connecticut Quitline and there are no support groups or structure to provide these services in Windham County.
- Funding for tobacco cessation programs for youth 18 and under is needed to train facilitators, provide education materials and incentives for peer mentoring programs.

**Ingrid Gillespie and Kim O’Rielly, Smoking Cessation Supports Initiative**

- Individuals with mental illness or substance abuse disorders use tobacco at a disproportionately high rate.
- These individuals are impacted by smoking-related diseases and deaths at a higher rate than other individuals.
- Effective smoking cessation treatments for these individuals include a combination of counseling, NRTs, and close monitoring.
- Smoking cessation is most effective when delivered concurrently with other drug addiction treatment. Recovery from addiction is more likely when individuals stop smoking at the same time.

**Sheryl Sprague, Rushford Center**

- Fund prevention services
- Fund intensive services for youth, including youth leadership initiatives, adult role models, and peer to peer mentoring programs
- Ensure strong coordination between DMHAS, RACs, and Local Prevention Councils
- Implement CDC recommendations – persuasion, active treatment and on-going support

# Appendix D

## 2008 Board Minutes

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

Friday, January 19, 2008  
10:00 a.m. – 11:00 a.m.

Room 410  
State Capitol  
Hartford, Connecticut

Members Present: Anne Foley (Chair), Ken Ferrucci, Nikki Palmieri, Ellen Dornelas, Robert Zavoski, Diane Becker, Pat Checko, Cheryl Resha, Larry Deutsch, Douglas Fishman, and Peter Rockholz

Members Absent: Nancy Bafundo, Jayne Tedder, Andrew Salner, Richard Barlow, Barbara Carpenter, and Norma Gyle.

Others present: Pam Trotman (OPM) and Barbara Walsh (DPH).

<b>Item</b>	<b>Discussion/Action</b>
Welcome and Introductions	The meeting was convened at 10:10 a.m. The Chair welcomed new board member Douglas Fishman who introduced himself to the board.
Review and Approval of Minutes	Ellen Dornelas motioned to accept the November 9, 2007 meeting minutes was seconded by Pat Checko. The motion was approved on a voice vote.
Review and Approval of Annual	The Chair reviewed the Annual Report. During a lengthy discussion members offered revisions to the report. Pat Checko made a motion to approve the Annual Report with the provision that revisions will be made to the report based on board recommendations. The motion was

	<p>seconded by Larry Deutsch and approved on a voice vote. The Chair will make the necessary revisions and submit the report to the appropriate legislative committees.</p>
<p>Review of Proposed Statutory Changes</p>	<p>The Chair proposed to eliminate the statutory requirement that all board members must approve the annual report. Diane Becker's motion to support the statutory change was seconded by Cheryl Resha. The motion passed on a voice vote.</p>
<p>Next Steps</p>	<p>The Chair will provide members with information on the public hearing to be held by the legislative committees of cognizance. Board members were encouraged to attend and/or testify.</p> <p>The board discussed the feasibility of holding a public hearing regarding to gather information from the public regarding the amount and nature of future board disbursements. Members agreed to hold the public hearing after the legislature approves the 2008 recommendations for disbursement. This may occur in March or April 2008.</p>
<p>Other</p>	<p>A brief discussion was held concerning the article in the New York Times relating to Connecticut's level of spending on tobacco related issues.</p>
<p>Next Meetings</p>	<p>The next meeting will be held on May 16 from 10 a.m. to noon in the State Capitol Room 410.</p>

Meeting Minutes  
Tobacco and Health Trust Fund Board Retreat

Friday, May 16, 2008  
10:00 a.m. – 12:00 noon

Room 410  
State Capitol  
Hartford, Connecticut

Members Present: Anne Foley (Chair), Ken Ferrucci, Ellen Dornelas, Diane Becker, Pat Checko, Cheryl Resha, Peter Rockholz, Andrew Salner, and Norma Gyle

Members Absent: Nancy Bafundo, Jayne Tedder, Richard Barlow, Barbara Carpenter, Larry Deutsch, Douglas Fishman, Nikki Palmieri, and Robert Zavoski

Others present: Pam Trotman (OPM), Barbara Walsh and Renee Mitchell-Coleman (DPH), and Diane Harnad (DMHAS)

<b>Item</b>	<b>Discussion/Action</b>
Welcome and Introductions	The meeting was convened at 10:10 a.m.
Review and Approval of Minutes	Cheryl Resha's motion to accept the January 19, 2008 meeting minutes was seconded by Peter Rockholz. The motion was approved on a voice vote.
Release of RFP by DPH	On May 15, DPH released a RFP for the provision of tobacco use cessation treatment programs in community health centers and for an independent evaluation of such programs. A total of \$700,000 is available to fund treatment programs and an additional \$100,000 for the evaluation of these programs. Diane Becker, Pat Checko, Ellen Dornelas and Robert Zavoski will serve on the evaluation committee to select contractors.
Enacted Legislation Impacting	The chair updated the members on HB 5020

the Trust Fund –HB 5020	which allows the board to recommend authorization of disbursements of up to one-half of the annual deposit into the Trust Fund. This legislation also removes the requirement that the board’s annual report to the legislature of its activities and accomplishments be approved by each trustee.
Amount of Funding Available in FY 09 for Disbursement	The chair reviewed the amount of funding projected to be available in fiscal year 2009 for distribution. At least \$12 million in the Tobacco Settlement Fund which will be transferred to the Tobacco and Health Trust Fund prior to June 30, 2008. Approximately \$6 million will be available to the board for disbursement for fiscal year 2009. Board members requested clarification on the amount obligated specified in state legislation.
Summary of the Public Hearing on April 4	The board reviewed the information gathered from the public regarding recommendations for disbursement of funds for fiscal year 2009. Recommended target population included: individuals with low-income, drug or alcohol problems, psychiatric illnesses, or low educational attainment and youth up to 18 years old. Services recommended included: prevention, Quitline, media campaigns, pharmacotherapy (NRT), counseling, behavioral interventions, smoking cessation groups with facilitators and educational materials and peer mentoring. Board members stressed the importance of meeting the needs of the people of Spanish origin.
Proposed Process for FY09 Disbursement Recommendations	The chair proposed two methods to disburse FY09 funds. The first included setting basic parameters for services, identifying target populations and requesting bidders to design program/service options. The second method included the development and dissemination of a Request for Proposal detailing the target population, services/programs as well as

	specific funding categories. After discussion, members agreed to the second method. In preparation for the development of the RFP, several members agreed to research and provide background data on tobacco related services and issues/concerns.
Remaining 2008 Meetings	The next meeting will be held in July. The date and location will be determined at a later time. The remaining meeting dates are: September 12, October 17, November 21 and December 12.



Meeting Minutes  
Tobacco and Health Trust Fund Board Retreat

Tuesday, July 22, 2008  
9:00 a.m. – 12:00 noon

Room 410  
State Capitol  
Hartford, Connecticut

Members Present: Anne Foley (Chair), Ken Ferrucci, Norma Gyle, Cheryl Resha, Douglas Fishman, Nikki Palmieri, Ellen Dornelas, Diane Becker, Pat Checko, Andrew Salner, and Peter Rockholz.

Members Absent: Nancy Bafundo, Robert Zavoski, Jane Tedder, Richard Barlow, Larry Deutsch, and Barbara Carpenter.

Others present: Pam Trotman (OPM), Joan Soulsby (OFA), Josh Rising (Senate Democrats) Joe Mendyck (DPH), Bonnie Smith (RACs) and Mario Garcia\_(DPH).

<b>Item</b>	<b>Discussion/Action</b>
Welcome and Introductions	The meeting was convened at 9:10 a.m. The Chair reviewed the list of board members whose terms have expired: Jane Tedder, Pat Checko, Andrew Salner, Richard Barlow, and Larry Deutsch. Letters have been sent regarding these appointments to the Senate Minority Leader, the Speaker of the House, and the House Majority Leader.
Approval of Draft May Meeting Minutes	The draft May meeting minutes were reviewed. Andy Salner made a motion to approve the minutes and the motion was seconded by Pat Checko. The motion was approved on a voice vote.
Update on Previous Disbursement	A chart listing the board's previous disbursements of \$2,287,100 was reviewed. Mario gave an update on the board's FY08 funding to community health centers. The RFP

	<p>was released on May 15 and recommendations have been made to the DPH Commissioner for contracts to be awarded. A total of \$700,000 is available to fund treatment programs and an additional \$100,000 for the evaluation of these programs. Diane Becker, Pat Checko, and Robert Zavoski served on the evaluation committee to select contractors.</p>
<p>Amount Available for FY09 Disbursement</p>	<p>The chair updated the members on Public Act 08-145 which allows the board to recommend authorization of disbursements of one-half of the annual deposit into the Trust Fund, up to six million dollars, in addition to the net earnings of the trust fund from the previous fiscal year. Using the most recent estimate available to the board of FY08 earnings, a total of approximately \$6,825,000 is available for disbursement in FY09. The Chair will seek confirmation from the Treasurer's office prior to the next board meeting.</p> <p>The chair noted that no changes were made in statutory transfers out of the trust fund during the 2008 legislative session.</p> <p>Board members discussed the importance of developing recommendations for disbursement with minimal delay this year, given the projected state budget deficit for FY09.</p>
<p>Review Board Mandates and Guidelines for Disbursement</p>	<p>The chair reviewed the board's statutory mandates, the board's guiding principles for funding decisions, previously adopted options for disbursement of trust funds, and the December 2006 ethics opinion. The board agreed to focus FY09 disbursement recommendations on tobacco-related activities.</p>
<p>Review Requested Informational Materials</p>	<p>The board reviewed the information gathered in response to requests at the May board meeting. Information included: tobacco cessation for individuals with serious mental</p>

	<p>and or substance abuse disorders, the CDC/SDE cooperative agreement on tobacco use prevention, information on QuitLine, information on media campaigns and cessation programs, and information from Massachusetts and New York.</p>
<p>Discuss Disbursement Options for FY09</p>	<p>Beginning with a recommendation from the Connecticut Cancer Partnership through Andy Salner, the Board discussed various disbursement options for FY09 which were raised by several board members. Options included QuitLine, Countermarketing, Community-Based Cessation, Health Promotion, Lung Cancer Pilot, School-Based Prevention, and Evaluation. All options were discussed and assessed; some were accepted, some modified, and others rejected. The result was the following tentative proposal which will be the basis of further discussion at the next board meeting on August 13:</p> <p>QuitLine -- \$2 million  Countermarketing -- \$2 million  Community Based Cessation -- \$1.5 million  School Based Prevention -- \$500,000  Evaluation -- \$682,500</p> <p>The Board discussed the process for disbursement of funds through competitive bidding or sole-source contracting. The chair noted that sole-source contracting must be reviewed and approved by OPM.</p>
<p>Remaining 2008 Meetings</p>	<p>The next meeting will be held on Wednesday, August 13 from 10 a.m. to 12 noon in Room 410 at the State Capitol. The remaining meeting dates are: September 12, October 17, November 21 and December 12.</p>

Tobacco and Health Trust Fund Board Meeting  
 Wednesday, August 13, 2008  
 10:00 a.m. – 12:00 noon

Room 410  
 State Capitol  
 Hartford, Connecticut

Members Present: Anne Foley (Chair), Nancy Bafundo, Cheryl Resha, Douglas Fishman, Nikki Palmieri, Ellen Dornelas, Diane Becker, Pat Checko, Andrew Salner, and Peter Rockholz.

Members Absent: Robert Zavoski, Jane Tedder, Richard Barlow, Larry Deutsch, Norma Gyle, Ken Ferrucci, and Barbara Carpenter.

Others present: Pam Trotman (OPM), Joan Soulsby (OFA), Brianna Tobin (DPH intern), Joe Mendyck (DPH), Bonnie Smith (RACs) Dianne Harnad (DMHAS) Barbara Walsh (DPH), Mario Garcia (DPH), Rene Mitchell-Coleman (DPH) and Jerold Mande (Yale Cancer Center).

<b>Item</b>	<b>Discussion/Action</b>
Welcome and Introductions	The meeting was convened at 10:10 a.m. The Chair asked members and other participants to introduce themselves to the group.
Approval of Draft July Meeting Summary	The draft July meeting minutes were reviewed. Acceptance of minutes was moved by Cheryl Resha and seconded by Patricia Checko. Minutes were approved on a voice vote with the following changes: 1. Delete Ellen Dornelas as a member of the evaluation selection committee; 2. Add the board's decision to focus on tobacco-related activities for FY09 funding; 3. Add all disbursement options discussed (including those rejected) and clarify the description of the process by which the board discussed disbursement options; and 4. Add the discussion of competitive bidding and sole source contracting.

<p>Update on FY08 Disbursement to Community Health Centers</p>	<p>DPH awarded contracts to six community health centers for cessation services for the period of 9/08 through 3/10. They are to:</p> <ul style="list-style-type: none"> <li>• Fair Haven Community Health Clinic for service in New Haven (\$117,967);</li> <li>• Community Health Center for service in Middletown, New Britain, Danbury, Enfield, New London and Meriden (\$117,967);</li> <li>• Stay Well Health Care for service in Greater Waterbury (\$110,162);</li> <li>• Hill Health Corporation for service in Greater New Haven (\$117,967);</li> <li>• Generation Family Health Center for service in Greater Willimantic (\$117,967); and</li> <li>• Optimus Health Care for service in Stratford, Bridgeport, and Stamford (\$117,967).</li> </ul> <p>The Consultation Center in New Haven was awarded \$100,000 to evaluate the programs.</p>
<p>Discuss Disbursement Options for up to \$6,862,456 in FY09:</p> <p>a) Review tentative proposal for FY09 Disbursement;</p> <p>b) Discuss Additional Options, Modifications and Potential Parameters; and</p> <p>c) Discuss process for disbursement</p>	<p>The Board reviewed a tentative proposal for FY09 disbursement in the amount of \$6,862,456 from the July meeting.</p> <p>The board reviewed and discussed additional information regarding: tobacco cessation for individuals with serious mental illness, a school-based tobacco use prevention proposal, and information on QuitLine.</p> <p>The Board discussed a request submitted in a letter dated August 11 from Senators Handley and Harp to allocate \$500,000 for a state lung cancer data and biospecimen repository. Board members raised concerns about the tone of the request, including a statement that “failure to include our request could likely delay final action” on the board’s disbursement recommendations. Board members noted that</p>

	<p>this proposal was previously discussed at the July board meeting as part of the Connecticut Partnership proposal. A lengthy discussion ensued, which included consideration of additional information offered by Jerold Mande.</p> <p>Following a discussion of the funding options, the Board developed the following proposal for FY09 funding disbursement:</p> <ul style="list-style-type: none"> <li>• QuitLine - \$2 million</li> <li>• Countermarketing - \$2 million</li> <li>• Community Based Cessation - \$1,612,456 (\$1.2 million for tobacco cessation for individuals with serious mental illness and \$412,456 for community-based cessation programs)</li> <li>• School-Based Prevention - \$500,000</li> <li>• Lung Cancer Data and Biospecimen Repository - \$250,000</li> <li>• Evaluation - \$500,000</li> </ul>
<p>Approve Recommendations for FY09 Disbursement</p>	<p>Andrew Salner moved to approve the proposal for FY09 funding disbursement and the motion was seconded by Peter Rockholz. The motion passed with one opposed: Diane Becker, who voiced objection to the \$1.2 million funding proposal for tobacco cessation for individuals with serious mental illness.</p>
<p>Adjournment</p>	<p>The meeting was adjourned at 12:30 p.m.</p>
<p>Next Meeting</p>	<p>The next meeting will be held on Friday, September 12 at 10:00 a.m. in Room 410 at the State Capitol.</p>

## Meeting Summary

Tobacco and Health Trust Fund Board Meeting  
Friday, September 12, 2008  
10:00 a.m. – 12:00 noon

Room 410  
State Capitol  
Hartford, Connecticut

Members Present: Anne Foley (Chair), Diane Becker, Pat Checko, Ellen Dornelas, Ken Ferrucci, Norma Gyle, Cheryl Resha, and Andy Salner.

Members Absent: Nancy Bafundo, Richard Barlow, Barbara Carpenter, Larry Deutsch, Douglas Fishman, Nikki Palmieri, Peter Rockholz, Jane Tedder, and Robert Zavoski.

Others present: Barbara Walsh (DPH), Marlene McCann (RACs), Michelle Devine (RACs), Ingrid Gillespie (SCSI), Joan Soulsby (OFA), Bryte Johnson (American Cancer Society), Jerold Mande (Yale Cancer Center), and Janine Sullivan-Wiley.

Item	Discussion/Action
Welcome and Introductions	The meeting was convened at 10:10 a.m. The Chair asked members and other participants to introduce themselves to the group.
Approval of Minutes	The revised meeting minutes of the July 22 board meeting and the draft meeting minutes of the August 13 board meeting were approved with one change: Ken Ferrucci's name was added to those absent from the August 13 meeting. The motion, approved on a voice vote, was made by Andy Salner and seconded by Norma Gyle
Develop Parameters for Disbursement Recommendations	Board members discussed the six recommendations for disbursement and identified the following parameters: <ul style="list-style-type: none"><li data-bbox="704 1835 1227 1873">• QuitLine. \$2 million funding will</li></ul>

	<p>provide for a multiple call program for all interested callers with a two-week starter kit, including NRT, for insured callers. (The state will not be charged for callers that sign up for multiple calls, but do not follow through.) In addition, callers who are uninsured or Medicaid recipients will be able to receive an eight week starter kit, delivered in two 4-week shipments. It is estimated that this funding will last between eight months and one year. Board members recommended that any public announcement of these expanded Connecticut QuitLine services be targeted to low-income individuals and Medicaid recipients who have fewer options to receive this type of counseling and pharmacotherapy. No funding should be used for marketing expanded QuitLine services. The Board was informed that DPH intends to competitively bid their QuitLine contract in the Spring of 2009, so the board recommended that funding be used to enhance the contract of the existing vendor and then be used to fund the new vendor selected by competitive bid.</p> <ul style="list-style-type: none"><li>• Countermarketing. \$2 million, distributed through DPH in a competitive bid process, for a two-pronged counter marketing campaign including: (1) A statewide media campaign delivering high-impact messages designed to prevent smoking initiation, facilitate cessation, and shape social norms related to tobacco use. A variety of media can be used including television, radio, billboard, print, and web-based advertising. And (2) Local community efforts targeting specific populations designed to prevent smoking initiation, facilitate cessation,</li></ul>
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	<p>and shape social norms related to tobacco use. A variety of media can be used including public relations efforts, such as local events and health promotion activities. Board members will be asked to serve on the DPH RFP committee.</p> <ul style="list-style-type: none"> <li>• Community-Based Cessation. \$412,456 distributed through DPH in a competitive bid process similar to past years. Board members will be asked to serve on the DPH RFP committee.</li> <li>• Cessation Programs for Individuals with Serious Mental Illness. No changes were made to the parameters discussed at the last Board meeting.</li> <li>• School Based Tobacco Use Prevention. No changes were made to the parameters discussed at the last Board meeting.</li> <li>• Lung Cancer Research Tissue Repository Database. \$250,000 distributed through DPH in a competitive bid process for: (1) a detailed investigation and implementation plan; and (2) a lung tissue demonstration project. Board members will be asked to serve on the DPH RFP committee.</li> <li>• Evaluation. \$500,000 through DPH in a competitive bid process. Board members will be asked to serve on the RFP committee.</li> </ul> <p>On a motion made by Andy Salner and seconded by Ellen Dornelas, parameters for FY09 disbursement were approved on a voice vote.</p>
<p>Next Steps and Timeline to Submit Disbursement Recommendations</p>	<p>The Chair will prepare a draft annual report, with FY09 disbursement recommendations, for Board review by October 2.</p> <p>Board members discussed holding a public</p>

	hearing to receive input on potential disbursements for FY10 in April, 2009.
Adjourn	On a motion by Andy Salner, seconded by Cheryl Resha, the board voted to adjourn at noon. The next meeting of the board will be on Friday, October 17 at 10:00 a.m. in Room 410 at the State Capitol.

Appendix E  
Office of State Ethics Opinion



STATE OF CONNECTICUT  
OFFICE OF STATE ETHICS

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.<sup>1</sup> There is nothing in the Code of Ethics for Public Officials that would prohibit the board from engaging in any of the proposed activities.

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<sup>1</sup>For 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).<sup>2</sup> As another example, the legislature will, at times, *specify* that certain members of state boards, commissions, councils, etc., are to be selected from entities with built-in conflicts of interest.<sup>3</sup> In the case at

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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.

<sup>2</sup>For 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.

<sup>3</sup>For 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

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,

A handwritten signature in black ink, appearing to read "B. J. O'Dowd". The signature is stylized with a large initial "B" and a long horizontal line extending to the right.

Brian J. O'Dowd  
Assistant General Counsel

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receiving funds from the body to which they were appointed.” Advisory Opinion No. 80-20.

## Appendix F

### DPH Estimated Costs of QuitLine Services

CT DEPARTMENT OF PUBLIC HEALTH -- PUBLIC HEALTH INITIATIVES BRANCH  
 Health Education, Management, and Surveillance Section  
 Tobacco Use Prevention and Control Program

#### ANTICIPATED ONGOING COST OF QUITLINE SERVICES

Offering NRT, Using Current Contract Costs, Estimated Breakdowns are based on the average actual usage of services during July & August 2007

(See Quitline Services Definitions)	COST PER 1,000 REGISTERED CALLERS					
	Unit Price	Estimated Activity	Units	Est. Costs per Month	Est. Costs for Six Months	Est. Costs for One Year
<b>Call Services</b>						
Registration	\$13	100%	1000	\$13,000	\$78,000	\$156,000
<b>Intervention Services:</b>						
One Call Only	\$71	22%	220	\$15,625	\$93,747	\$187,495
Multiple Call Enrollment	\$150	78%	780	\$116,990	\$701,942	\$1,403,885
Quit Guides	\$13	62%	622	\$8,083	\$48,500	\$97,001
<b>Total:</b>				<b>\$153,698</b>	<b>\$922,190</b>	<b>\$1,844,380</b>
<b>Nicotine Replacement:(only provided for multi-call participants)</b>						
Patches	\$125	80%	626	\$78,223	\$469,341	\$938,681
Gum	\$228	20%	153	\$34,923	\$209,537	\$419,074
Lozenges*	\$384	*Unknown				
<b>Total:</b>				<b>\$113,146</b>	<b>\$678,878</b>	<b>\$1,357,755</b>
<b>Estimated Budget per Thousand Served:</b>				<b>\$266,845</b>	<b>\$1,601,068</b>	<b>\$3,202,135</b>

HEMS 1/3/08, Rev. 6/2008

\* Lozenges became available through Quitline during April 2008 & estimated breakdown figures are not yet available.

