



CONNECTICUT DEPARTMENT OF PUBLIC HEALTH



Past Projects Supported and CDC Best Practices Guidance

June 21, 2023

Summary of All Board Funded Initiatives (2003-2018)

- **Tobacco Counter Marketing efforts - \$6.6M**
- **Cessation Program support - \$8.7M**
- **Quitline Services and NRT - \$7.1M**
- **Tobacco Youth Prevention programs - \$3.4M**
- **Other efforts:**
 - Evaluation, Surveys, Interviews
 - Retrospective Report
 - Lung Cancer Pilot
 - Innovative Programs (ex. high school mentorship prevention programming, after school programs and special youth initiatives)

Successes

Community Cessation Programs and Quitline

- Estimated aggregate quit rates ranging from 12.0% to 30.6%
- 7,355 individuals received cessation services
- 67,228+ CT callers received help to quit their use of tobacco products

Media Campaign

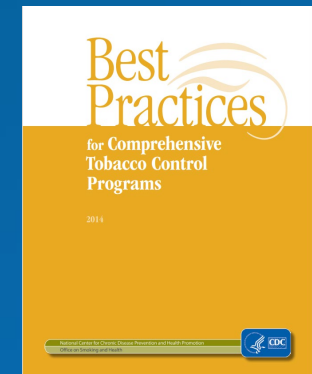
- Increased exposure to the Quitline with targeted tagging of ads with Quitline information

Prevention Programs

- Over 27,000 youth were served

Trust Fund Board

- Adopted CDC Best Practices to steer funding decisions



Lessons Learned

Rate of Tobacco Use

- Combination of funded programs & policy change (↑ cost of tobacco products & smoke-free policies) has reduced the rate of tobacco use
- Certain subpopulations & age groups still show a high rate of use
 - Adults with low income, poor mental health, disabilities, or lower educational attainment
 - Older high school students who are female, report poor mental health, or who identify as LGBTQ+

Quitline Outcome Data

- Challenges faced by community-based programs collecting follow-up data from participants

Media Campaign Tactics

- Cost analysis data & qualitative focus group data suggest that TV & online ad placements are effective advertising strategies in reaching target populations

CDC Goals CT Adopted for Comprehensive Tobacco Control Programs

- Prevent initiation among youth and young adults
- Promote quitting among adults and youth



vapefreeect

- Eliminate exposure to secondhand smoke and aerosol
- Identify and eliminate tobacco-related disparities among population groups (ex. lower socioeconomic status, lower educational attainment, disability/limitation)

CDC Best Practices Recommended Allocations Based on Annual Per Capita

Best Practice Category	CDC Recommended Funding Level \$32 Million	CDC Minimum Funding Level: \$22.7 Million	Investment Option: \$12 Million
State and Community Interventions	\$11,400,000	\$9,100,000	\$4,275,000
Mass Reach Health Communications	3,700,000	2,600,000	1,387,500
Cessation Interventions	12,700,000	8,000,000	4,762,500
Surveillance and Evaluation	2,800,000	2,000,000	1,050,000
Infrastructure, Administration, and Management	1,400,000	1,000,000	525,000
TOTAL:	\$32,000,000	\$22,700,000	\$12,000,000

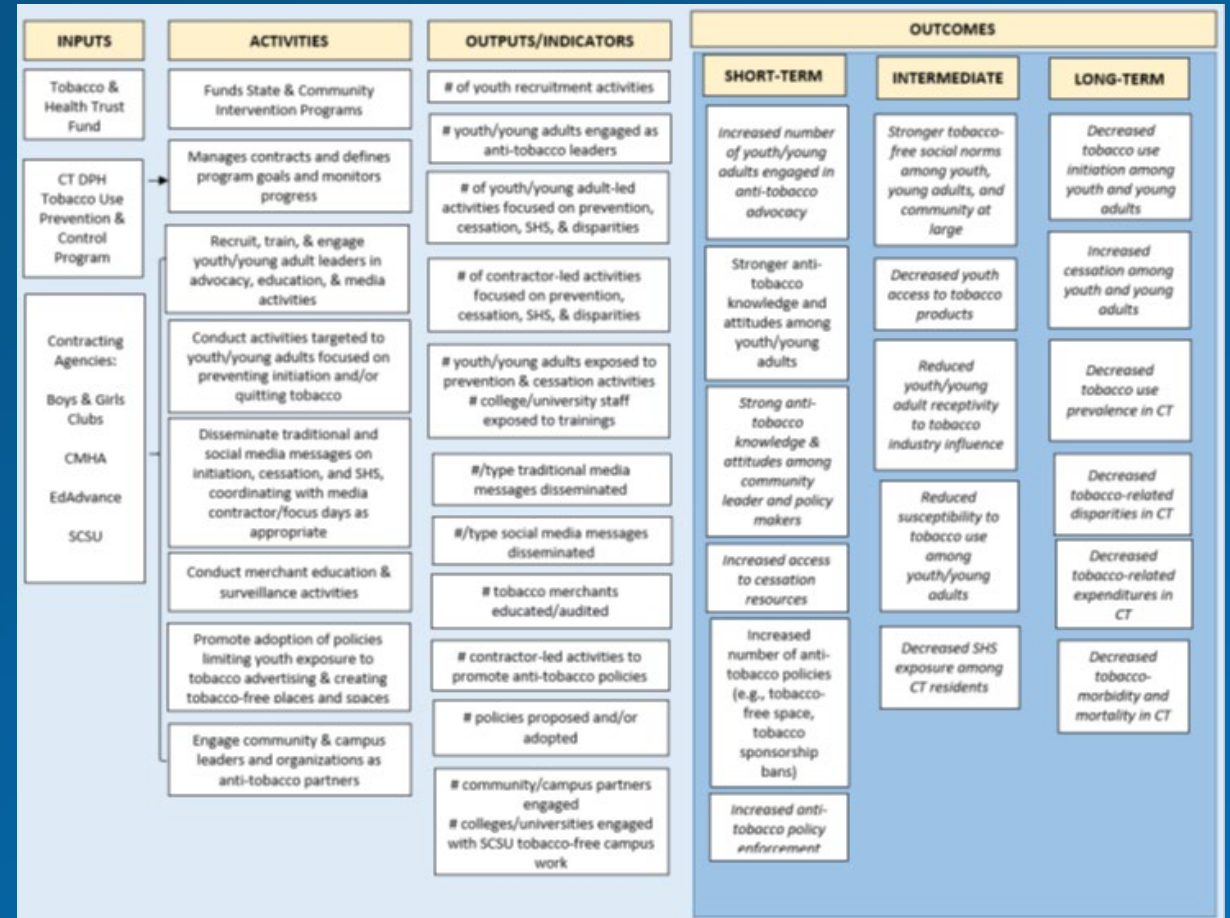
State and Community Interventions

- \$4,275,000 (\$3.99-\$6.75 per person, per year)
- *“Multiple social resources working together will have the greatest, long-term impact”*
- Statewide Examples: coalition (MATCH) support for educational opportunities, establishing a strategic plan, sponsoring trainings/conferences, coordinating community activities for greater impact
- Community Level Examples: support efforts to educate the public and media on the hazards of tobacco use, funding to LHDs to implement tobacco free policies, funding to community-based organizations for prevention efforts

Example of a Year's Allocation of Community Intervention Funding

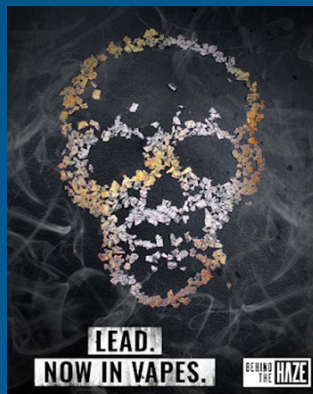
In 2015, DPH contracted with 4 non-profits:

- **Boys and Girls Clubs of CT**- offered prevention programming at after school projects
- **Community Mental Health Affiliates** - worked with seven local prevention councils, ran PhotoVoice project
- **EdAdvance** (regional ed service center)- conducted tobacco free policy work and family events
- **SCSU**- implemented tobacco free policies and coupled it with the provision of tobacco use cessation services to university students/staff/faculty



Mass Reach Health Communications

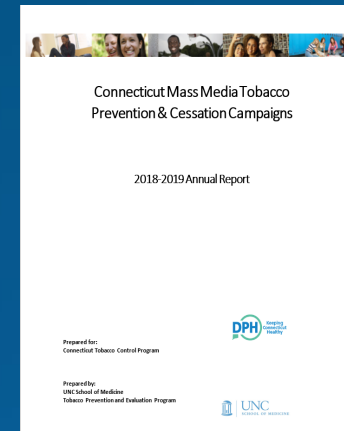
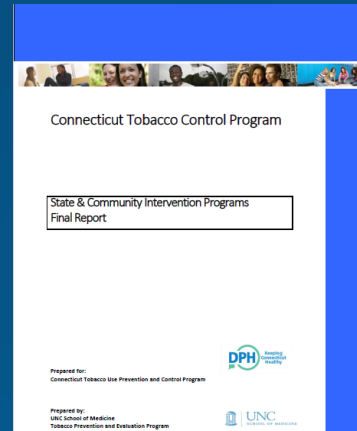
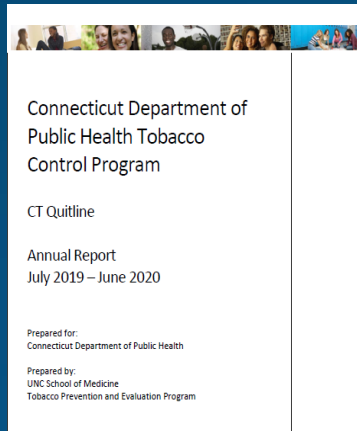
- \$1,387,500 (\$0.65 to \$1.95 per person, per year)
- *“Media interventions work to prevent smoking/vaping initiation, promote cessation, and shape social norms”*
- Example: targeted media campaigns (youth vaping), promotion of Quitline (adult cessation), audience insight and message/concept research (focus groups)
- Former media approaches included: radio, digital gas station monitors, FB boosted posts, Instagram & Snapchat targeted ads, Google text ads, YouTube videos, digital flyers



Cessation Interventions

- \$4,762,500 (\$2.04 to \$5.94 per adult, per year)
- *“Tobacco use treatment is effective and highly cost-effective”*
 - especially when counseling and FDA-approved medications are provided without cost barriers
- Examples: supporting Quitline capacity, support/develop e-referrals from electronic health records, NRT, technical assistance, face-to-face community tobacco use cessation programs offered
- In FY 2020 (July 2019-June 2020), the Quitline had:
 - registered 1,746 tobacco users
 - success in serving a high proportion of low SES and behavioral health condition callers
 - Increase in call volume with media campaigns

Surveillance and Evaluation



- \$1,050,000 (10% of program budget)
- *“Publicly funded programs should be accountable and demonstrate effectiveness”*
- Examples: ongoing evaluation with aligned methods including formative process and outcomes, effective surveillance of data, lessons learned, evidence-based indicators

Infrastructure, Administration, & Management

- \$525,000 (the larger of 5% of program budget or 0.25 -1.0 FTE-dedicated staff)
- *“Complex, integrated programs require experienced staff to provide fiscal management, accountability, and coordination”*
- Examples: ongoing training opportunities, coordination with other Chronic Disease Programs, staffing
- These funds were used in the past for the preparation of the retrospective report and infrastructure in the form of tobacco treatment specialist trainings (TTS) & conferences

CDC Recommended Staffing Plan for Tobacco Control Programs

- Program Director (Allison Sullivan, 1.0 FTE)
- Policy Coordinator
- Communications Specialist
- Cessation Coordinator (Seth Baker, 1.0 FTE)
- Surveillance and evaluation staff (Dawn Sorosiak, 1.0 FTE)
- Fiscal management staff
- Administrative staff (Amor Gamarra-Gross, 0.4 FTE)

Staffing Needs

Proposed staff to address current gaps

Communications Specialist - Mass Reach Health Communications projects
Policy Coordinator - State and Community Interventions programs

Current Tobacco Control Program staff:

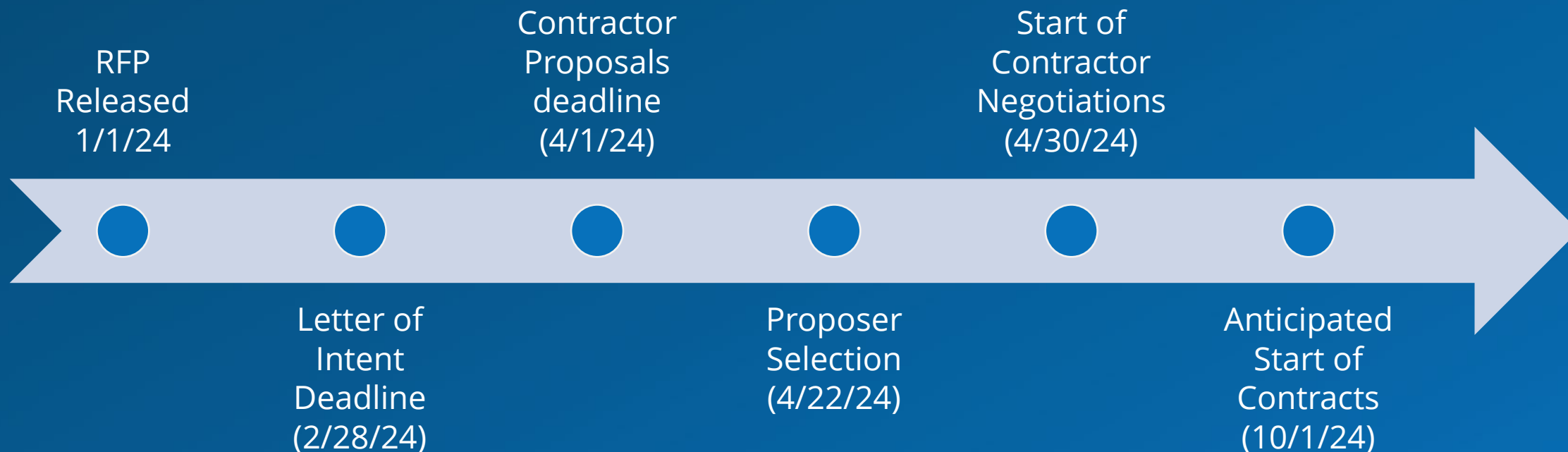
Allison P. Sullivan, Health Program Supervisor
Dawn Sorosiak, Epidemiologist
Seth Baker, Health Program Associate-Cessation Coordinator
TBD, Health Program Associate-Youth Prevention
Amor Gamarra-Gross, Health Services Worker

Planning

- In the past, DPH prepared an RFP to request proposals from contractors to conduct activities to meet four of the five components of the CDC Best Practices for Comprehensive Tobacco Control Programs.
- An RFP review committee of subject matter experts scored proposals and decided on the best proposals to fund with Trust fund dollars
- As a result, 3-year contracts were executed and work began

Timeline of Benchmarks

Once the funding is approved for allocation, DPH can begin work following this example internal RFP process schedule:



Any questions...?

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