



Statutory Authority: Tobacco and Health Trust Fund Board of Trustees

JUNE 21, 2023

Tobacco & Health Trust Fund Statutory Authority

- ▶ **Public Act 22-118** (Sections 196 and 197), reestablished the Tobacco and Health Trust Fund Board and allocated a transfer of \$12 million in Tobacco Settlement funds to the Tobacco and Health Trust Fund.
- ▶ **P.A. 23-92** – authorizes a deposit of \$12 million in SFY '24 and SFY'25 as well as the following:
- ▶ Section 1: Requires DMHAS Commissioner to submit a report to the Trust Fund Board of Trustees on 9/1/24 & annually thereafter detailing how JUUL settlement moneys disbursed in the preceding fiscal year were distributed and spent. (§1)
- ▶ Section 4:
 - Makes language revisions to strengthen the Trust Fund's commitment and focus on tobacco and smoking education and cessation and adds vaping.
 - Specifies the Board support & encourage development of programs that use evidence-based best practices
 - Defines terms limits for Trust Fund Board members (3 years and trustees shall continue to serve until their successors are appointed or designated)
 - Requires biennial report to the General Assembly to include the measurable outcome and evaluation criteria and application process used to select programs to receive such funds.

Use of Tobacco and Health Trust Funds

Section 4 of P.A. 23-92 requires:

- ▶ Funding be directed to support and encourage tobacco and nicotine use prevention, education, and cessation programs that use evidence-based best practices for the following:
 1. state and community interventions;
 2. communication methods to disseminate health information to a wide audience;
 3. cessation interventions;
 4. surveillance and evaluation; and
 5. infrastructure, administration, and management.



Tobacco & Health Trust Fund Board of Trustees – Prior Operating Procedure

JUNE 21, 2023

History

- ▶ Established in 1999 via P.A. 99-2 – later codified in CGS Sec. 4-28e & Sec. 4-28f
 - ▶ Amended several times over the years
 - ▶ Board started meeting in 2000 - comprised of 17 members

- ▶ Created 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.

- ▶ Purpose was 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.

History

(continued)

- ▶ The Board disbursed \$29.2 million from 2003 to 2016
- ▶ Supported a variety of programs to reduce the prevalence & impact of tobacco use:
 - ▶ tobacco counter-marketing efforts
 - ▶ tobacco prevention initiatives,
 - ▶ tobacco use cessation programs including the QuitLine
 - ▶ other efforts, such as evaluation, a lung cancer pilot, innovative programs, tobacco enforcement, and website development were funded to a lesser extent.
- ▶ Over 7,355 individuals received cessation services
- ▶ The QuitLine helped 67,228 Connecticut callers
- ▶ Over 27,000 youth were served through these prevention programs

History

(continued)

- ▶ In accordance with Public Act 15-244 (Section 90), disbursements to the Tobacco and Health Trust Fund from the Tobacco Settlement Fund ceased in fiscal years (FY) 2016 – FY 2022.
- ▶ Public Act 17-2 June Special Session (Section 663):
 - ▶ removed all deposits from the Tobacco Settlement Fund to the Trust Fund in FY18 and FY19.
 - ▶ transferred existing unobligated funds out of the Trust Fund for other purposes, resulting in funding no longer being available to the Board as of FY 18.
- ▶ Due to the lack of funding, the Tobacco and Health Trust Fund Board submitted a final retrospective report on its accomplishments and ceased meeting.

Reestablishment

- ▶ **Public Act 22-118** (Sections 196 and 197), reestablished the Tobacco and Health Trust Fund Board and allocated a transfer of \$12 million in Tobacco Settlement funds to the Tobacco and Health Trust Fund
- ▶ **P.A. 23-92** – Sec. 4 does the following authorizes a deposit of \$12 million in SFY '24 and SFY'25 and makes various other revisions including: (1) updating its statutory purposes for fund disbursements; (2) requiring that funding be directed to programs that use evidence-based best practices for various objectives; (3) requiring the fund's board, in recommending annual fund disbursements, to give priority to comprehensive tobacco and nicotine control programs for specified purposes; and (4) specifying that board vacancies occurring other than by a term's expiration must be filled in the same way as the original appointment for the remainder of the term.

Tobacco and Health Trust Fund Board of Trustees

- ▶ Purpose: to recommend authorization of disbursement from the trust fund.
- ▶ Board composition: The Tobacco & Health Trust Fund Board of Trustees is comprised of 17 Trustees
 - ▶ 4 appointed by the Governor
 - ▶ 12 appointed by legislative leaders
 - ▶ 1 ex-officio representative of the Office of Policy and Management

Lessons Learned: 2000 – 2017 Retrospective Report

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<https://portal.ct.gov/-/media/OPM/PDPD/PDPD-HHS/Tobacco-and-Health-Trust-Fund-Board/Final-Retrospective-Report-2000-2017.pdf>

- ▶ Cessation programs including the Quitline have consistently reached populations with disparities in tobacco use and related disease
- ▶ For clients with behavioral health disorders life stressors have been identified in evaluations as barriers to longer term program engagement, and contribute to challenges with consistent data collection, especially with regards to assessing accurate program quit rates.
- ▶ CT specific ads using a positive tone and featuring information about how the Quitline works may be more effective for than national media ads.
- ▶ State and community-based prevention programs focusing on youth audiences have worked well to secure “buy in” from key school and community partners, which was noted as being critical to implementation success.

Lessons Learned: Summary of THTF Programs 2003 – 2018

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<https://portal.ct.gov/-/media/OPM/PDPD/PDPD-HHS/Tobacco-and-Health-Trust-Funded-Programs-2003-2018.pdf>

- ▶ The combination of programs funded and policy changes (increase cost of tobacco products and smoke free policies) in Connecticut has reduced the rate of tobacco use, however, certain subpopulations and age groups still show a high rate of use.
- ▶ Quit rate data collection faces certain challenges. The community-based cessation program report difficulty collecting follow up data from participants, making it hard to define absolute quit rates.
- ▶ Cost analysis data and qualitative focus group data suggest that television and online ad placements are the most cost-effective advertising strategies and may be more effective in reaching target populations.

Recommendations: 2000 – 2017

Retrospective Report

<https://portal.ct.gov/-/media/OPM/PDPD/PDPD-HHS/Tobacco-and-Health-Trust-Fund-Board/Final-Retrospective-Report-2000-2017.pdf>

- (1) Use the CDC Best Practices guidelines as a framework for increased coordination across program areas when possible. Increase consistency with regards to the types and foci of programs to support the type of coordinated approach recommended by the CDC.
 - >> Continue funding evidence-based policies & programs, funding coordinated multi-component interventions.

- (2) Integrate policy and systems level strategies into programs, including those that primarily focus on direct service provision and those that engage youth as partners in tobacco prevention and control. Ensure that programs have the capacity to incorporate a greater focus on policy and systems change in these areas to further align Connecticut programs with CDC Best Practices.

Recommendations (continued)

- (3) Serve disparate populations with evidence-based interventions, bearing in mind that clients from high-risk populations face multiple barriers to quitting and thus these programs may demonstrate lower overall quit rates and higher costs per participant.
- (4) Ensure that any media campaign achieves the reach, frequency, and duration needed to be effective. In the absence of sufficient funding, media campaigns should focus on strategic message placement.
- (5) Program and policy initiatives need to immediately address emerging products, especially e-cigarettes, in order to ensure that rates of overall tobacco use among Connecticut youth do not increase.

Tobacco and Health Trust Fund Board of Trustees Resources

For more information on the history of the Tobacco and Health Trust Fund Board of Trustees visit the Board's web site <https://portal.ct.gov/OPM/PDPD-HHS/Tobacco-and-Health-Trust-Fund-Board/Home-page>

The site includes the following:

- ▶ Membership List
- ▶ Archive of past meeting agendas, minutes and materials
- ▶ Upcoming meeting dates and agendas
- ▶ Previous annual reports back to 2007
- ▶ The Retrospective Report for 200-2017
- ▶ The Summary of Tobacco and Health Trust Funded Programs 2003 - 2018

The Need – Youth

► Youth Tobacco Use in Connecticut in 2019:

- In 2019, 3.7% of high school students smoked cigarettes in the past 30 days down from 5.6% in 2015.
- In 2019, 27.8% of high school students used some form of tobacco in the past 30 days up significantly from 14.2% in 2015
- E-cigarettes are the most prevalent form of tobacco product used among high school students at a rate of 27% this represents a significant increase from 7.2% in 2015.
- The rate of tobacco use is significantly higher in grade 12 (35.8%) than in Grade 9 (21.4%).
- About 7 of every 100 middle school students (6.7%) reported in 2020 that they had used any tobacco product in the past 30 days—a decrease from 12.5% in 2019.

The Need – Adults

▶ **Adult Tobacco Use in Connecticut in 2020:**

- 11.8% of all adults (18+ years old) smoked cigarettes; this represents a slight decrease from 12.1% in 2019 but a significant decrease compared to 13.5% in 2015.
- 17.6% of all adults in 2017 used some form of tobacco in the past 30 days, this represents a significant decrease compared to 19.9% in 2015.
- Cigarettes (11.8%), e-cigarettes (4.5%) and cigars (4.2%) were the most prevalent forms of tobacco used by adults.
- 22.1% of males and 13.5% of females used some form of tobacco, such as cigarettes, cigars, chewing tobacco, snuff, dip, hookahs, and e-cigarettes.

The Need – Disparities

- ▶ 25.9% of adults in households making less than \$25,000 used tobacco vs 13.3% of those earning > \$75,000

- ▶ 28.1% of adults without a high school diploma used tobacco vs. 7.7% of adults with a college degree

- ▶ There are disparities in tobacco use by age:
 - 22.0% of adults 18-24 years old used tobacco.
 - 25.6% of adults 25-34 years old used tobacco.
 - 20.2% of adults 35-44 years old used tobacco.
 - 17.3% of adults 45-54 years old used tobacco.
 - 16.3% of adults 55-64 years old used tobacco.
 - 9.1% of adults aged 65 years and older used tobacco.

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