

2013 Report
of the
Tobacco and Health Trust Fund
Board of Trustees

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

December 2013

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I. Introduction

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

A Board of Trustees established in 2000 administers the Tobacco and Health Trust Fund. The Board consists of seventeen trustees including four appointed by the Governor, twelve appointed by legislative leaders and one ex-officio representative of the Office of Policy and Management.²

The statutory purpose of the Board is to select programs to receive money from the trust fund. Through fiscal year (FY) 2003, the Board 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. Between FY 2006 and FY 2008, the Board could recommend disbursement of the entire net earnings of the principal. Between FY 2009 to FY 2012, the Board could recommend disbursement of up to one-half of the annual transfer from the Tobacco Settlement Fund to the trust fund from the previous fiscal year, up to a maximum of six million dollars, plus the net earnings from the principal of the trust fund from the previous fiscal year. In FY 2014 and FY 2015, the board may recommend disbursement of up to \$3,000,000 per fiscal year to fund programs designed to address tobacco use.

II. Summary of Report

This report fulfills the Board’s 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

¹See Appendix A for statutory authority

²See Appendix B for List of Trustees

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

For 2013, the Tobacco and Health Trust Fund Board recommends disbursement of \$3 million from the trust fund which is the maximum allowed by legislation. These funds would support tobacco cessation programs for inmates under the jurisdiction of the Department of Correction, Quitline, prevention programs for youth, and a tobacco control enforcement program. The following summarizes the Board's disbursement recommendations for 2013:

Cessation Program. The Tobacco and Health Trust Fund Board recommends disbursement of \$527,283 to fund the second year of the Department of Correction's smoking cessation program for inmates under the jurisdiction of the department. The program will continue to provide smoking cessation education and relapse prevention services to inmates in identified, high-risk correctional facilities.

Prevention Programs. The Tobacco and Health Trust Fund Board recommends disbursement of \$572,963 to support the following prevention programs:

- Teen Kids News (TKN): \$164,000 to produce a series of 12 science-based anti-smoking reports targeted to youth. The series of reports will be between one and two minute segments that will air on TKN once a month.
- Statewide Tobacco Education Program (STEP): \$229,384 to support the continuation and expansion of the STEP for a two-year period. The program will continue to offer five, one hour sessions providing an innovative, activity-based curriculum covering tobacco education topics for youth ages 5-9. Sessions will be held in various settings including summer camps, positive youth development programs, and traditional classroom locations. The program will be expanded by adding one to two booster sessions to reinforce concepts taught in the regular program.
- Connecticut Alliance of Boys and Girls Clubs: \$179,579 to support a tobacco resistance and awareness program for members of its 16 clubs that serve 39 towns and cities in Connecticut. The program will serve youth ages 13- 15. This program will help youth develop better decision-making and refusal skills, resistance, assertiveness, and the ability to recognize negative peer and media influences relating to tobacco use. The program will utilize small group discussions, role playing, and guest speakers to engage program participants. Each club will conduct community forums to engage community leaders and parents.

QuitLine. The Tobacco and Health Trust Fund Board recommends disbursement of \$1,611,984 to support the continuation of the state's QuitLine. The current contract with Alere, Inc. ends on June 30, 2014. In September 2013, the Department of Public Health issued a Request for Proposal to secure a vendor to continue to implement and maintain the QuitLine. The vendor has yet to be selected. The successful vendor will continue to serve all of Connecticut's residents through telephone cessation counseling and nicotine replacement therapy (NRT) such as patches, gum, and lozenges for callers who register for the multiple call program.

Tobacco Enforcement Program. The Tobacco and Health Trust Fund Board recommends disbursement of \$287,770 to be awarded to the Department of Mental Health and Addiction Services to administer a Community Enforcement Pilot Program to prevent the sale of tobacco products to minors. Funds will be used to conduct, track and report random, unannounced inspections of tobacco merchants to assess the rate of tobacco sales to minors. Inspections will be conducted in large urban areas in Connecticut, including, but not limited, to Hartford, New Haven, Bridgeport, Danbury, and Waterbury.

Although state law allows Tobacco and Health Trust funds to be used to address a wide variety of health-related needs, the Board has focused its disbursements exclusively on anti-tobacco efforts.

III. Data on Tobacco Use in Connecticut

The most recent available data on tobacco use informed and guided the development of the Board's 2013 disbursement recommendations. Unfortunately, tobacco use remains a leading preventable cause of disease and death³ and the effects of tobacco use significantly contribute to the growing total health care expenditures in the state.⁴ In addition, the health consequences and economic costs of exposure to secondhand smoke, smoking-related fires, and use of other forms of tobacco are high⁵.

Currently, an estimated 17.1% of adults in Connecticut smoke cigarettes,⁶ this represents a significant decrease from 22.8% in 1999.⁷ Adults smoking rates remain highest in 19-34 year olds and persons with low income or less than a high school education. According to the Centers for Disease Control and Prevention (CDC), among adult smokers, 70% report that want to quit smoking and more than 40% try to quit

³U.S. Department of Health and Human Services, Office of the Surgeon General, *Preventing Tobacco Use Among Youth and Young Adults*, 2012

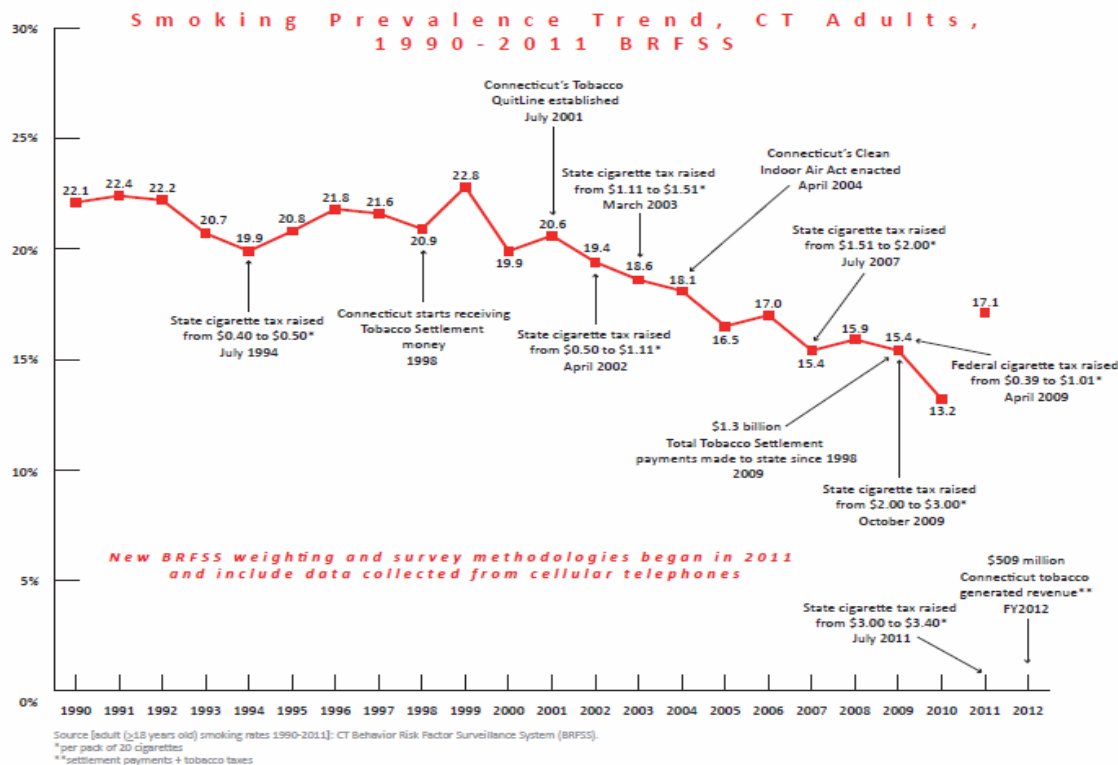
⁴ Report of the Tobacco and Smoking Cessation Task Force to the Sustinet Board, July 2010

⁵ Report of the Tobacco and Smoking Cessation Task Force to the Sustinet Board, July 2010.

⁶ 2011 Behavioral Risk Factor Surveillance System

⁷ 2011 Behavioral Risk Factor Surveillance System

each year. Furthermore, studies show that only 3-5% of smokers are able to quit without some type of assistance.⁸

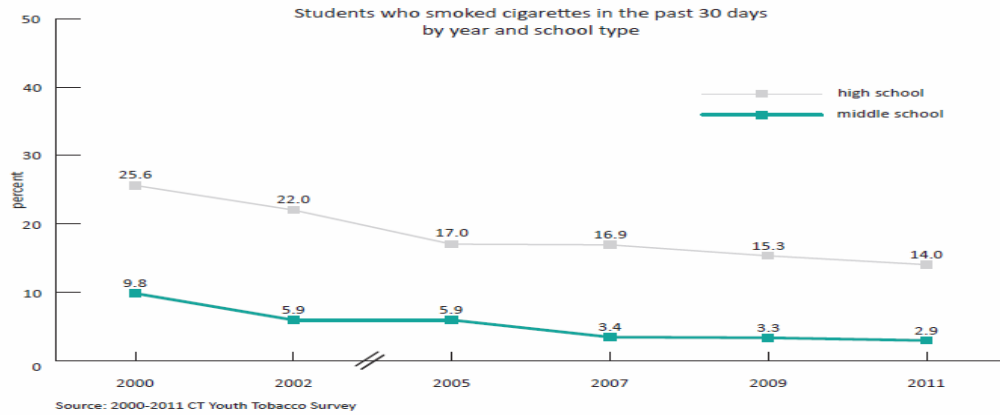


While youth cigarette use declined sharply during 1997–2003, rates have remained relatively stable in recent years.⁹ Youth smokeless tobacco use also declined in the late 1990s and early 2000s, but an increasing number of U.S. high school students have reported using smokeless tobacco products in recent years.¹⁰

⁸ Hughes, J, et al. "Shape of the relapse curve and long-term abstinence rates among untreated smokers," *Addiction*, 99, 29-38, 2004.

⁹ Centers for Disease Control and Prevention. *Cigarette Use Among High School Students – United States, 1991–2009. Morbidity and Mortality Weekly Report* 2010;59(26):797–801

¹⁰ Johnston LD, O'Malley PM, Bachman PM, Schulenberg JE. *Monitoring the Future – National Results on Adolescent Drug Use: Overview of Key Findings, 2010. Ann Arbor (MI): University of Michigan, Institute for Social Research, 2011. These quotes are taken from the DPH Tobacco and Youth report for 2011*



Despite progress in reducing cigarette use, cigar smoking and smokeless tobacco continue to represent a health concern. In Connecticut in 2011, 19.7% of adults used some form of tobacco (cigarettes, cigars, or smokeless tobacco) at least once during the thirty days prior to completion of a tobacco survey.¹¹ In 2000, 13.1% of middle school students and 32.4% of high school students had used some form of tobacco in the thirty days previous to the survey. In 2011, that rate was down to 19.9% among high school students and 4.6% among middle school students.¹²

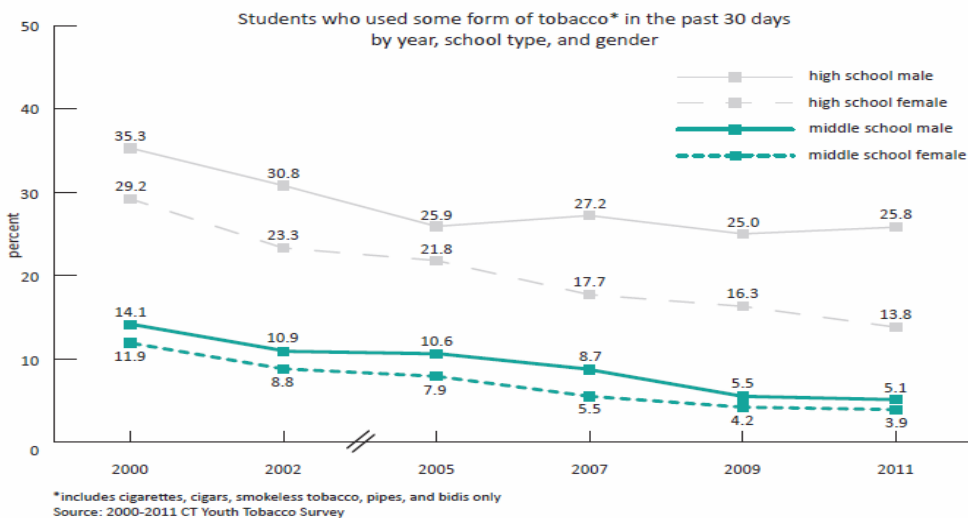
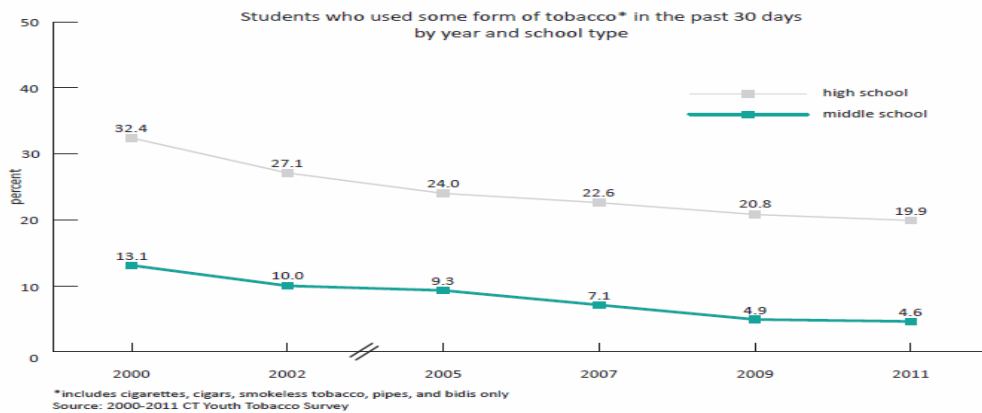
Tobacco Use	Any Type	Cigarettes	Cigars	Smokeless	Pipes
All Students	19.9%	14.0%	11.3	5.0	2.5
Males	25.8%	16.1%	17.8%	9.4%	4.5%
Females	13.8%	11.8%	4.4%	0.5%	0.4%
White	22.6%	15.5%	13.4%	6.1%	2.4%
Black (non-Hispanic)	11.3%	7.8%	6.0%	2.8%	2.0%
Hispanic	17.5%	14.1%	7.2%	2.7%	2.5%

Source: 2011 Youth Tobacco Survey

¹¹ 2010 Connecticut Adult Tobacco Survey

¹² 2000-2011 Connecticut Youth Tobacco Survey

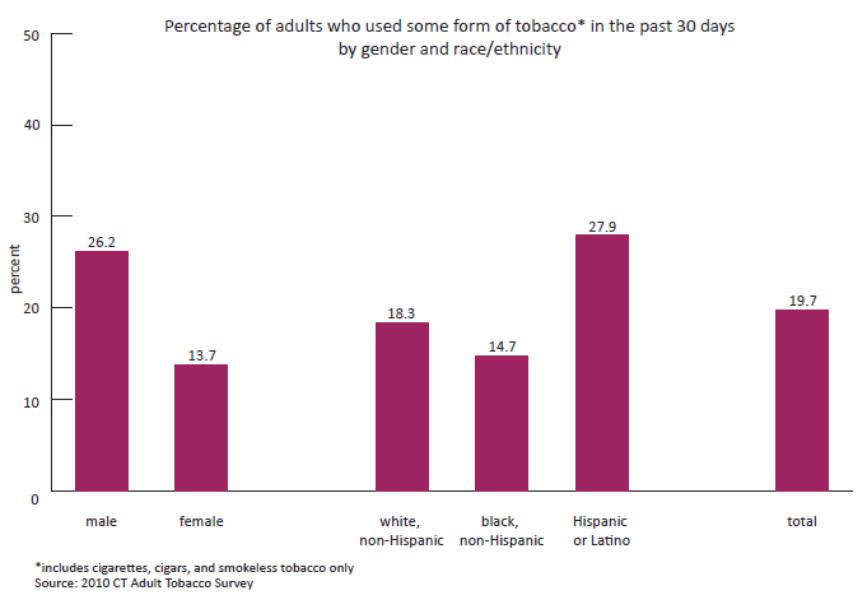
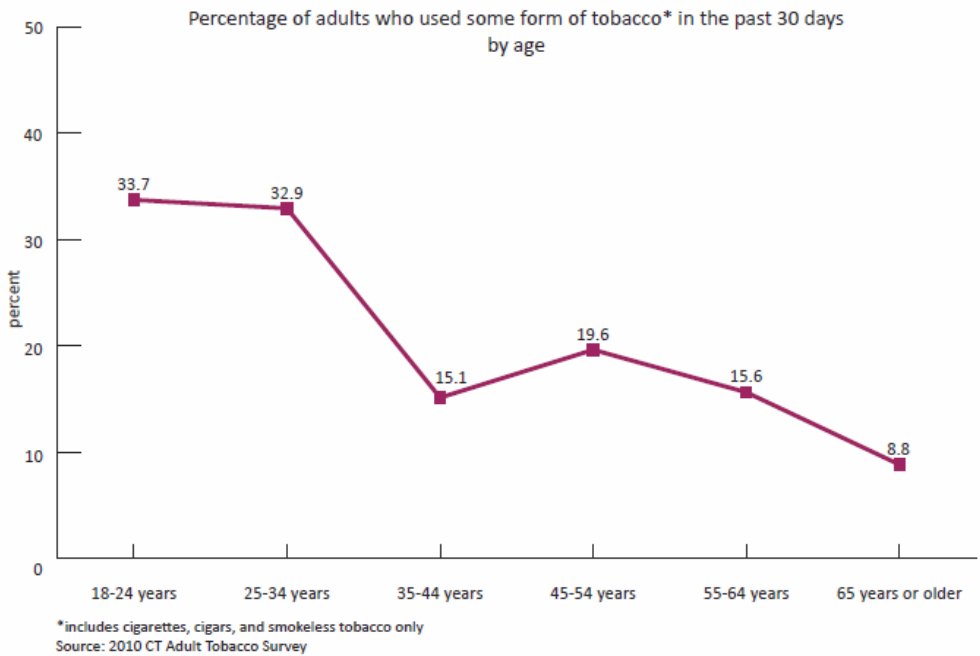
Smoking rates vary by gender, by age, and among racial and ethnic minorities. Among both adults and youth in Connecticut, males are almost twice as likely to use tobacco as females.¹³ Tobacco use among adults declines with increasing age, with the highest rates among 18-34 year olds, declining to 8.8% among those 65 and older.¹⁴ In Connecticut in 2010, the percentage of adults who used some form of tobacco in the previous thirty days was 14.7% among African Americans, 18.3% among whites, and 27.9% among Hispanics.¹⁵



¹³ 2000-2011 Connecticut Youth Tobacco Survey and 2010 Connecticut Adult Tobacco Survey

¹⁴ 2010 Connecticut Adult Tobacco Survey

¹⁵ 2010 Connecticut Adult Tobacco Survey



Tobacco use rates are disproportionately high among certain populations, including individuals with severe and persistent mental illness, substance abusers, and criminal offenders. According to a FY 2012 survey of 14,400 clients of the Department of Mental

Health and Addiction Services, nearly half (49%) reported using tobacco within the past 30 days. Offender populations have a significantly higher prevalence and greater intensity of cigarette smoking than the general population and recent research indicates that prevalence rates among offenders range from 64% to 92% nationally.¹⁶

In addition to tobacco products, electronic cigarettes, also known as e-cigarettes, are battery-operated products designed to deliver nicotine, flavor and other chemicals. They turn nicotine, which is highly addictive, and other chemicals into a vapor that is inhaled by the user.¹⁷ As the safety and efficacy of e-cigarettes have not been fully studied, the Board remains concerned about the inhalation of nicotine and other potentially harmful chemicals through e-cigarettes and the Board intends to focus further attention on these products in 2014.

Among reasons for the rise of alternate tobacco use are: FDA has no legal control over cigars, high cigarette taxes (in some states) and lack of tax parity with alternate tobacco products, development of new types of smokeless tobacco products, and very aggressive marketing of these products to youth.

Although Connecticut has experienced a reduction in cigarette smoking rates over the past decade, the Board recognizes the need to sustain efforts to continue that downward trend and remains committed to providing resources to do so. The board developed its 2013 disbursement recommendations using information regarding the disparate impact of tobacco on various sub-populations in Connecticut.

IV. Board Accomplishments

As a major part of its efforts to support and encourage the development and implementation of programs to reduce tobacco use through prevention, education and cessation programs, the board has disbursed approximately \$21.5 million from 2003 to 2012. During this period trust funds have been dedicated to smoking cessation programs (\$6.5 million), tobacco counter-marketing efforts (\$6.1 million), and QuitLine (\$5.5 million). Other efforts such as, evaluation, a lung cancer pilot, innovative programs and website development have been funded to a lesser extent.

The information below shows outcome measures of the cessation programs, prevention programs, QuitLine and the Screening and Referral Pilot funded by the board. Calculations are based on data from 2008 to 2012, when the data collection system was developed.

Cessation Programs provide evidence-based tobacco cessation assistance to individuals who want to quit by discouraging the use of tobacco products through education, skill

¹⁶ Connecticut Department of Correction, *Smoking Cessation Project Proposal*.

¹⁷U.S. Food and Drug Administration web page

building, one-on-one or group counseling and pharmacotherapy. The following represent a variety of evidence-based approaches to tobacco cessation targeting disproportionately impacted, priority populations that were funded by the board from 2008-2012:

- Community Health Center: six federally qualified community health centers offered tobacco cessation services to pregnant women and women of childbearing age
- Cessation Programs for the General Population: five organizations offered tobacco cessation services to residents within specific service areas
- Cessation Programs for Persons with Serious Mental Illnesses: two organizations provided specialized tobacco cessation treatment programming to persons with serious mental illness being treated in the community
- School Aged Tobacco Prevention: seven organizations provided a variety of initiatives including, but, not limited to, prevention strategies, cessation counseling, tobacco free school policies, and building collaborations with youth and family-serving community organizations

Service Area: Ansonia, Bolton, Branford, Bridgeport, Colchester, Dayville, Derby, East Hartford, East Haven, Enfield, Granby, Groton, Guilford, Hartford, Madison, Manchester, Meriden, Middletown, Milford, New Haven, New London, North Branford, North Haven, Norwich, Orange, Oxford, Seymour, Shelton, Somers, Stafford Springs, Stratford, Stamford, Suffield, Torrington, Vernon, Wallingford, Waterbury, West Haven, Winchester, Windham County, Windsor, Winsted, and Woodstock.

Outcome Measures

Cost	Number Served	Quit Rate Percent		Number Quit After six months	Cost per Quit	Cost per Person Served
		At completion of program	After six months			
\$2,812,872	5,961	35.24% Responders Rate	31.87% Responders Rate	1,900	\$1,480	\$472
Note: Utilizing the Intent to Treat approach, 397 participants quit after six months at a cost per quit of \$7,085. Using this method is the most conservative approach; it is likely that the real rate lies somewhere between these two numbers so both are included for comparison. Averaged for those quit at six months = 1,149 quit = \$2,448 cost per quit. The <i>Intent to Treat</i> rate assumes that all non-responders to the survey are still smoking; the <i>Responder</i> rate only considers those who responded to the survey.						
Tobacco use reduction ranged from 49.14% for the behavioral health population to 80.90% at the community cessation programs. Overall, 64.6% of the time people report reducing their smoking by at least 70%.						

Connecticut QuitLine provides comprehensive free telephone and web-based tobacco use cessation coaching services that assist residents in their efforts to quit tobacco use through the provision of individualized counseling, information, self-help materials and nicotine replacement therapy.

Outcome Measures

Cost	Number Served	Quit Rate Percent	Number Quit after six months	Average Cost per Quit
		At 7-Month Follow up	Using the most current quit rate numbers applied to all callers over period QL has been operating.	
\$6,400,005 for the time period from 2002-2013.	49,941 2002-June 30, 2013 507 were not served when the QuitLine was shut down for lack of funding from January to October, 2005	27% Responders Rate	13,484	\$475
Note: Utilizing the Intent to Treat, 4,495 participants quit after six months at a cost per quit of \$1,423. Using this method is the most conservative approach; it is likely that the real rate lies somewhere between these two numbers so both are included for comparison. The <i>Intent to Treat</i> rate assumes that all non-responders to the survey are still smoking; the <i>Responder</i> rate only considers those who responded to the survey.				
The actual cost per quit for 2011-2012 was \$1,147 Professional Data Analysts utilized national standards to determine this "best fit assumption" cost per quit. Professional Data Analysts, Inc. utilized national standards to determine the current cost per treated tobacco user for the most recent time period for which data was available. The actual cost per treated tobacco users was \$ 188.				
In addition, 66.67% of continued users report reducing their consumption by an average of 10 cigarettes per day.				

Screening and Referral in Hospital Emergency Department Pilot is an evidence based program designed to identify, reduce and prevent the use of tobacco among patients visiting the emergency department or who are currently hospitalized. Hospital staff screen patients, provide brief intervention and referral services.

Outcome Measures

Cost	Residents Served	Service Area
\$162,924* *this is the full contract amount, the actual cost will be lower once contract activities have been completed.	59,388 Screened 15,980 were Tobacco Users 2,348 wanted to quit 1,918 were fax referred to the QuitLine	Windham Area

Tobacco Prevention Programs provide evidence-based interventions to reduce, eliminate, and/or prevent the initiation of tobacco use among youth. The programs provide information about the short- and long-term negative physiologic and social

consequences of tobacco use. Sessions include discussions regarding the social influences that affect tobacco use, peer norms regarding tobacco use, and teach both refusal skills and media literacy skills. The following prevention programs were used to determine the cost-effectiveness of the prevention services funded by the board:

- Innovative Tobacco Prevention Programs: three entities offered innovative tobacco use prevention programs that targeted youth outside of regular school hours
- School-Based Tobacco Use Prevention Programs: contractors included school districts that were participating in the Connecticut Coordinated School Health Leadership project. Tobacco use prevention activities/curricula were conducted in classroom settings or in after-school settings. Some of the contractors also offered cessation programs for students, staff and family members
- Prevention Programs for School Aged Youth: activities were conducted in after school programs, summer camps, and community program settings, classroom setting at residential facilities for at-risk youth and youth in the juvenile justice system

Service Area: Ansonia, Bridgeport, Canaan, Chaplin, Cheshire, Colchester, Danbury, Deep River, Derby, East Hartford, Goshen, Greenwich, Griswold, Groton, Hartford, Kent, Litchfield, Middlebury, Middletown, Milford, Mystic, Naugatuck, New Britain, New Haven, New London, Newington, Norwalk, Norwich, Orange, Plymouth, Seymour, Southbury, Stamford, Stratford, Suffield, Torrington, Waterbury, Watertown, West Haven, Willimantic, Winchester, Windham, Windsor, Winsted, Wolcott, Woodstock, Danbury and New Britain school districts, Connecticut Technical High Schools, Capitol Region Education Council Magnet Schools in Hartford area, Norwich Public Schools.

Outcome Measures

Cost of Services	Number Served	Cost per Participant
\$1,152,408*	5,115	\$225*
Please note both of these numbers are likely to decrease and the number of youth that participated is likely to increase as final numbers are just currently being received and computed. In addition, school systems and districts developed and implemented curricula that will continue to be utilized.		

V. Board Activities in 2013

The Tobacco and Health Trust Fund Board continues to work to further address challenges set forth by tobacco use through the disbursement of trust funds for anti-tobacco use efforts. The Tobacco and Health Trust Fund Board has held five meetings in 2013 on April 11, May 15, August 14, October 2 and November 15. The primary focus of these meetings was to develop recommendations for 2013 disbursement from the trust fund and monitor the current contracts. Board meeting summaries can be found in Appendix C. Three new members, Katharine Lewis, Robert Leighton, and Michael Rell joined the Tobacco and Health Trust Fund Board in 2013.

The Tobacco and Health Trust Fund Board held its fifth annual public hearing on May 15, 2013. The purpose of the public hearing was to receive input from the public regarding recommendations for expenditure of Tobacco and Health Trust Fund Board funds for 2013. The following six organizations provided testimony at the hearing:

- Connecticut Prevention Network
- Cheshire Police Department
- CommuniCare, Inc.
- Department of Correction
- Department of Public Health
- Middlesex County Substance Abuse Action Council

The individuals testifying recommended the continuation of tobacco prevention programs for children and youth; cessation programs for individuals with serious mental illness, youth and children, and individuals involved with the Department of Correction. Other recommendations included a radon education and awareness program and a tobacco surveillance and enforcement program.

The Board has worked with the Department of Public Health (DPH) to develop request for proposals, review proposals, award contracts, modify existing contracts and monitor programs. Below is a brief description of the Board's recent activities and accomplishments regarding the disbursement of 2012 funding:

Department of Correction Cessation Programs \$ 447,370. Funding was awarded to the Department of Correction (DOC) to provide a smoking cessation education and relapse prevention program for inmates under the jurisdiction of the department. The program serves inmates within various facilities including jailed offenders, many of whom are released relatively quickly, youthful offenders, and women of childbearing age.

DOC collaborated with the University of Connecticut to assist in the development of the cessation program. Program emphasis is on developing an ongoing cessation program to address both the tobacco withdrawal issues for inmates entering various facilities as

well as medically appropriate programming, medication, and related mechanisms for reducing the risk of habituation for inmates who are discharging back to their home communities.

In the planning stage of the program, DOC identified the need for definitive data on the prevalence of smoking among the incarcerated population. UConn School of Social Work collaborated with the department to complete a smoking prevalence study for four correctional facilities, including York Correctional Institution (YCI); New Haven Correctional Center (NHCC); Hartford Correctional Center (HCC); and Manson Youth Institution (MYI). The results of the study showed that the prevalence of smoking among the four facilities was about 70%, approximately four times the prevalence rate in the general population in Connecticut. Furthermore, YCI at 84% and MYI at 81% had the highest prevalence rates of the four facilities. These facilities serve two of the most at-risk populations for long-term health complications, female and youth inmates. The survey also showed that approximately 50% of the individuals surveyed attempted to quit smoking between 1 and 5 times. Approximately 4 out of 10 smokers surveyed stated that they would “very much” like to quit.

To further advance the development of the program, a panel of four nationally-recognized experts was engaged to present research findings, treatment options and other proven strategies and interventions relating to providing smoking cessation services within correctional facilities. The panelist consisted of Jennifer Clarke, M.D., Director of Health Disparities Research and Physician at the Rhode Island Department of Correction; Robert Anderson, Prevention Research Center, Break Free Alliance Partner; Stephen Martin, M.D., Assistant Professor, University of Massachusetts Medical School; and Wendy Ulaszek, Ph.D., Associate Research Professor, University of Connecticut and Department of Mental Health and Addiction Services.

Local Implementation Teams (LITs) were established in each of the four correctional facilities (YCI, NHCC, HCC and MYI) consisting of existing staff and community providers (e.g. intake nurses, addiction services counselors, educators and community health providers). The LITs conducted facility specific needs assessments and results were used to develop Process Implementation Plans (PIPs). The PIPs document specific tobacco use interventions and implementation strategies that best fit the needs of their target populations within their specific facility. The PIPs have been completed and submitted to DOC for review and approval. To date, two plans have been approved and the facilities have begun to implement their plans.

The LITs have selected one or more of the following education curriculums for their smoking cessation programs: Working Inside for Smoking Elimination (WISE, a motivational interviewing and cognitive behavioral therapy smoking relapse intervention program); Break Free Alliance smoking cessation education curriculum geared towards the correctional population; and “Project EX” a smoking-cessation program for youth that stresses motivation, coping skills, and personal commitment.

To date one facility, NHCC has implemented its smoking cessation support group, which was attended by sixty (60) inmates. DOC anticipates that the other facilities will begin their support groups in January 2014. Additionally, DOC has developed a partnership with community health centers in Hartford and New Haven to ensure that inmates ready for re-entry into the community receive the support needed to remain tobacco free.

As part of its tobacco use education and awareness efforts DOC invited Rick Bender, former tobacco user and professional baseball player, who developed cancer from the use of tobacco to speak with inmates. Approximately 150 youth offenders and 35 staff members attended the presentation held at MYI and 100 inmates attended the presentations held at NHCC and HCC.

The smoking cessation program for inmates has encouraged DOC to adopt policies to integrate smoking cessation services into other programs and services administered by the department.

Community Cessation Programs \$ 1,481,630. In May 2013, DPH released a Request for Proposal to secure vendors to provide community cessation services to reduce, eliminate or prevent tobacco use. Funding was awarded to nine agencies: CommunicCare, Inc., the City of Meriden Department of Health and Human Services, Community Mental Health Affiliates, Inc., Fair Haven Community Health Clinic, Inc., Hartford Hospital, Ledge Light Health District, Mid-Western Connecticut Council of Alcoholism, Inc., Uncas Health District and Wheeler Clinic, Inc. These contracts are in the process of being executed with an anticipated program start date of early January 2014. The programs will offer an evidence-based cessation curriculum that includes problem-solving skills, the importance of support systems, positive behavioral changes, stress management, coping skills, effects of tobacco use and the benefits of quitting, and discussion of medication options.

QuitLine \$1,600,000. Alere Wellbeing, Inc. is the current vendor providing QuitLine services in Connecticut. The current contract was extended to support the continuation of the QuitLine through June 2014. The program continues to provide comprehensive, proactive, toll-free tobacco cessation interventions to all of Connecticut's residents. Trained counselors are available to assess the callers' readiness to quit and provide the necessary support to assist in the process, including referrals to local cessation programs for individual or group counseling.

Counter-marketing Campaign \$2 million. In April 2013, DPH issued a Request for Proposal to secure a vendor to develop and implement a tobacco control counter-marketing campaign. Funding was awarded to PITA COMMUNICATIONS. The contractor placed high-impact messages designed to prevent smoking initiation, facilitate cessation, and shape social norms related to tobacco use by using "TIPS FROM FORMER SMOKERS" ads from the Centers for Disease Control and Prevention.

Advertisements began running in November 2013, in concert with the Great American Smokeout sponsored by the American Cancer Society. The counter-marketing media campaigns include advertisements on television, radio, and on-line. Advertisements are also placed in various shopping malls, bus stations, sporting events, shows and other media events.

Evaluation \$486,000. In May 2013, DPH issued a Request for Proposal to solicit applicants to develop and implement an evaluation of tobacco use prevention and cessation programs. The University of North Carolina at Chapel Hill was awarded the contract in September 2013. The contract is fully executed and work started in November 2013. The contractor is responsible for the design and implementation of a process and outcome evaluation that will determine whether programs and activities are effective, determine if the desired results are being obtained, and identify any areas that need improvement. The evaluation will provide reliable evidence of progress achieved through tobacco use prevention and cessation efforts, QuitLine services, and counter-marketing campaigns. The contractor will conduct the final evaluation analysis for cessation contracts awarded in 2011.

Lung Cancer Pilot \$250,000. The Tobacco and Health Trust Fund Board recommended disbursement of \$250,000 in fiscal year 2010 to the University of Connecticut Health Center (UCHC) to continue its work on the demonstration project and biorepository feasibility study. During the first year of operation the focus of the project changed from one that supported the development of physical biorepositories to the development of a virtual biorepository (i.e. where the biospecimens remain in their current locations, but their details are catalogued centrally and access to them is facilitated through a streamline mechanism). As a result further implementation of the demonstration project and biorepository feasibility study was delayed until 2013. Funding distributed in 2013 will be used to further the progress of the virtual biorepository demonstration project and the development of a biorepository of specimens for smoking cessation studies.

UCHC is in the process of developing a virtual biorepository. UCHC is working with local hospitals to develop a mechanism to access biospecimens by establishing a unified Institutional Review Board (IRB). The IRB will consist of several hospital IRBs and will be used to approve requests for tissue samples. A mechanism will be developed to conduct outreach to all smoking cessation programs in Connecticut to recruit individuals to volunteer for genetics samples. UCHC will consult with Dr. Judith Cooney to serve as liaison to recruit clinics and other treatment centers to encourage participation in the project. UCHC will also create a smoking cessation program within its facility and will encourage individuals to participate in genetic sampling.

VI. Report on Disbursements

The Board has been able to recommend for disbursement \$21.5 million since the inception of the Trust Fund in 2003 and, if the 2013 recommended disbursement of \$3,000,000 is approved, the total amount of board disbursements will be slightly over \$24.5 million.

The following Table A shows how the funding available to the Board has been disbursed since the inception of the fund. Since its inception, (FY05 and FY06 were moratorium years), the board recommended a total of \$21.5 million for disbursement. The majority of this funding was for cessation programs (\$6.5 million), counter-marketing campaigns (\$6.1 million), and QuitLine (\$5.5 million).

Table A
Tobacco and Health Trust Fund
Board Disbursements

	<u>FY03</u>	<u>FY04</u>	<u>FY07</u>	<u>FY08</u>	<u>FY09</u>	<u>FY10</u>	<u>FY 12.¹⁸</u>	<u>FY 03-12</u> <u>Sub-Total</u>	<u>FY13</u> <u>Recs.</u>	<u>Total</u>
Counter-marketing	\$350,000		\$100,000		\$2,000,000	\$1,650,000	\$2,000,000	\$6,100,000		\$6,100,000
Website Development	\$50,000							\$50,000		\$50,000
Cessation Programs	\$400,000	\$300,000		\$800,000	\$1,612,456	\$1,550,000	\$1,929,000	\$6,591,456	\$527,283	\$7,118,739
QuitLine		\$287,100			\$2,000,000	\$1,650,000	\$1,600,000	\$5,537,100	\$1,611,984	\$7,149,084
Prevention Programs					\$500,000	\$500,000		\$1,000,000	\$572,963	\$1,572,963
Lung Cancer Pilot					\$250,000	\$250,000		\$500,000		\$500,000
Evaluation					\$500,000	\$300,000	\$486,000	\$1,286,000		\$1,286,000
Innovative Programs						\$477,745		\$477,745		\$477,745

¹⁸Trust funds were not disbursed in FY 2011 due to lack of available funding

Tobacco Enforcement Program									\$287,770	\$287,770
Total	\$800,000	\$587,100	\$100,000	\$800,000	\$6,862,456	\$6,377,745	\$6,015,000	\$21,542,301	\$3,000,000	\$24,542,301

The following Table B provides information on the statutory transfer of principal for various programs in FY 2014 and FY 2015. As in previous years, the biennial state budget for FY 2014-2015, as enacted in Public Act 13-184, made transfers from the principal of the trust fund for various programs. The transfers total for FY 2014 is \$5,650,000 and \$5,900,000 in FY 2015.

Table B

Tobacco and Health Trust Fund Statutory Transfer of Principal for Various Programs FY14-15

FY 2014

P.A. 13-184 transfers:	
Sec. 19 to UCHC for CT Health Information Network	\$500,000
Sec. 20(a) to DPH for Easy Breathing, CCEJ, and EMS	\$1,050,000
Sec. 20(b) to DSS for Medicaid Smoking Cessation	\$3,400,000
Sec. 20(c) to DDS Implement Recommendations of Autism Study	\$500,000
Sec. 20(d) to DSS for UConn Medicaid Partnership	\$200,000
Total Statutory Transferred to Programs FY14	\$5,650,000

FY 2015

P.A. 13-184 transfers:	
Sec. 19 to UCHC for CT Health Information Network	\$500,000
Sec. 20(a) to DPH for Easy Breathing, CCEJ, and EMS	\$1,050,000
Sec. 20(b) to DSS for Medicaid Smoking Cessation	\$3,400,000
Sec. 20(c) to DDS Implement Recommendations of Autism Feasibility	\$750,000
Sec. 20(d) to DSS for UConn Medicaid Partnership	\$200,000
Total Transferred to Programs FY15	\$5,900,000

The following Table C 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 \$175 million. The majority of funds transferred out (\$113 million) were transferred to the General Fund rather than to individual programs (no funds transferred to the general fund in FY12 -FY15).

Table C

**Tobacco and Health Trust Fund
Transfers Other Than Board Recommendations FY01 – FY15**

Year	Amount	Purpose	Statutory Cite
FY01	\$30,000	DPH to develop a summary and analysis of the Community Benefits Program reports submitted by MCOs and hospitals	PA 00-216 §22
FY02	\$800,000	DPH to expand the Easy Breathing Asthma Initiative	SA 01-1, JSS, §53
FY02	\$100,000	CTF for the Healthy Families program	SA 01-1, JSS, §54
FY02	\$150,000	DPH for a school based health clinic in Norwich	SA 01-1, JSS, §54
FY02	\$375,000	DMHAS for grants to Regional Action Councils for tobacco related health, education, and prevention	SA 01-1, JSS, §54
FY02	\$2,500,000	DSS to increase ConnPACE income eligibility to \$20,000 for singles and \$27,000 for married couples	SA 01-1, JSS, §54
FY02	\$450,000	DMHAS for SYNAR tobacco enforcement activities	SA 01-1, JSS, §57
FY02	\$221,550	DRS to implement the provisions of the tobacco settlement agreement escrow funds	SA 01-1, JSS, §58
FY02	\$300,000	DPH to establish and maintain a system of monitoring asthma and establish a comprehensive statewide asthma plan.	PA 01-9, JSS, §115 and PA 01-4, JSS, §42
FY03	\$800,000	DPH to expand the Easy Breathing Asthma Initiative	SA 01-1, JSS, §53
FY03	\$300,000	CTF for the Healthy Families program	SA 01-1, JSS, 54
FY03	\$200,000	DPH for a school based health clinic in Norwich	SA 01-1, JSS, §54
FY03	\$375,000	DMHAS for grants to Regional Action Councils for tobacco related health, education, and prevention	SA 01-1, JSS, §54
FY03	\$472,000	DMHAS for SYNAR tobacco enforcement activities	SA 01-1, JSS, §57
FY03	\$118,531	DRS to implement the provisions of the tobacco settlement agreement escrow funds	SA 01-1, JSS, §58
FY03	\$300,000	DPH to establish and maintain a system of monitoring asthma and establish a comprehensive statewide asthma plan.	PA 01-9, JSS, §115 and PA 01-4, JSS, §42

FY03	\$48,200,000	Transfer to General Fund	PA 02-1, MSS, §37
FY04	\$12,000,000	Transfer to General Fund	PA 02-1, MSS, §37
FY05	\$500,000	DPH for the Easy Breathing program	PA 05-251 §61
FY05	\$100,000	DMR for the Best Buddies program	PA 05-251 §61
FY05	\$15,000	DPH for the QuitLine	PA 05-251 §61
FY06	\$500,000	DPH for the Easy Breathing program	PA 05-251 §54
FY06	\$75,000	DPH for Asthma Education and Awareness programs	PA 05-251 §54
FY07	\$12,000,000	Transfer to General Fund ^{19*}	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)

¹⁹ In FY07, this \$12 million was transferred out in place of the \$12 million statutorily scheduled deposit.

FY08	\$500,000	UCHC for the Connecticut Health Information Network	PA 07-1 JSS §59(e)
FY08	\$1,000,000	DSS for the CHOICES program	PA 07-1 JSS §59(g)
FY08	\$300,000	DMHAS for tobacco education programs	PA 07-1 JSS §59(i)
FY09	\$500,000	DPH for Easy Breathing Program	PA 07-1 JSS §59(b)
FY09	\$150,000	DPH for an adult asthma program within the Easy Breathing Program, at Norwalk Hospital	PA 07-1 JSS §59(b)
FY09	\$150,000	DPH for an adult asthma program within the Easy Breathing Program, at Bridgeport Hospital	PA 07-1 JSS §59(b)
FY09	\$150,000	DPH for the Children's Health Initiative, for a statewide asthma awareness and prevention education program	PA 07-1 JSS §59(b)
FY09	\$500,000	DPH for the Women's Healthy Heart program, grants to municipalities for the promotion of healthy lifestyles	PA 07-1 JSS §59(b)
FY09	\$11,000,000	DSS for the implementation and administration of the Charter Oak Health Plan	PA 07-1 JSS §59(d)
FY09	\$500,000	UCHC for the Connecticut Health Information Network	PA 07-1 JSS §59(f)
FY09	\$1,000,000	DSS for the CHOICES program	PA 07-1 JSS §59(h)
FY09	\$21,600,000	Transfer to General Fund	PA 09-3 JSS §74
FY10	\$150,000	DPH for a Pilot Asthma Awareness Program	PA 09-3 JSS §30
FY10	\$541,982	Regional Emergency Medical Services Councils	PA 09-3 JSS §62
FY10	\$800,000	DPH for the Easy Breathing Program. \$300,000 for adult asthma and \$500,000 for children's asthma.	PA 09-3 JSS §63
FY10	\$500,000	UCHC for the Connecticut Health Information Network	PA 09-3 JSS §67
FY10	\$10,000,000	Transfer to General Fund	PA 09-3 JSS §74
FY11	\$541,982	Regional Emergency Medical Service Councils	PA 09-3 JSS §62

FY11	\$800,000	DPH for the Easy Breathing Program. \$300,000 for adult asthma and \$500,000 for children's asthma	PA 09-3 JSS §63
FY11	\$500,000	UCHC for the Connecticut Health Information Network	PA 09-3 JSS §67
FY11	\$10,000,000	Transfer to General Fund	PA 09-3 JSS §74
FY12	\$500,000	UCONN for the Connecticut Health Information Network.	PA 11-6 JSS §46
FY12	\$1,450,000	DPH for the Easy Breathing Program. \$300,000 for an adult asthma program, \$500,000 for children's asthma program. Connecticut Coalition for Environmental Justice for the Community Asthma Education Program - \$ 150,000, and \$500,000 to regional councils for emergency medical services.	PA 11-6 JSS §47(a)
FY12	\$2,750,000	DSS for Medicaid to support smoking cessation programs.	PA 11-6 JSS §47(b)
FY13	\$500,000	UCONN for the Connecticut Health Information Network.	PA 11-6 JSS §46
FY13	\$1,450,000	DPH for the Easy Breathing Program. \$300,000 for an adult asthma program, \$500,000 for children's asthma program. Connecticut Coalition for Environmental Justice for the Community Asthma Education Program - \$ 150,000, and \$500,000 to regional councils for emergency medical services.	PA 11-6 JSS §47(a)
FY13	\$3,400,000	DSS for Medicaid to support smoking cessation programs.	PA 11-6 JSS §47(b)
FY14	\$500,000	UCONN for the Connecticut Health Information Network.	PA 13-184 §19

FY14	\$1,050,000	DPH for the Easy Breathing Program. \$150,000 for an adult asthma program, \$250,000 for children's asthma program. Connecticut Coalition for Environmental Justice for the Community Asthma Education Program - \$ 150,000, and \$500,000 to regional councils for emergency medical	PA 13-184 §20(a)
FY14	\$3,400,000	DSS for Medicaid to support smoking cessation programs.	PA 13-184 §20(b)
FY14	\$500,000	DDS to implement recommendations from the Autism Study	PA 13-184 §20(c)
FY14	\$200,000	DSS for Medicaid Partnership	PA 13-184 §20(d)
FY15	\$500,000	UCONN for the Connecticut Health Information Network.	PA 13-184 §19
FY15	\$1,050,000	DPH for the Easy Breathing Program. \$150,000 for an adult asthma program, \$250,000 for children's asthma program. Connecticut Coalition for Environmental Justice for the Community Asthma Education Program - \$ 150,000, and \$500,000 to regional councils for emergency medical	PA 13-184 §20(a)
FY15	\$3,400,000	DSS for Medicaid to support smoking cessation programs.	PA 13-184 §20(b)
FY15	\$750,000	DDS to implement recommendations from the Autism Study	PA 13-184 §20(c)
FY15	\$200,000	DSS for Medicaid Partnership	PA 13-184 §20(d)
Total	\$175,116,045		

Table D

Tobacco and Health Trust Fund Programs 2002-2012

A summary of each program that has received Tobacco and Health Trust Funds since 2002 as a result of disbursement recommendation by the Board of Trustees is provided in the table below.

Year	Recommended Disbursement	Description	Measures
2002			
Maintain/Upgrade Tobacco Free Connecticut Website	\$50,000	The Tobacco Free Connecticut website was initiated in FY 2002 with one-time funding. Since then, DPH has maintained a tobacco website.	Website averaged 47,921 hits per month; typical viewer browsed the site for approximately 14 minutes and explored multiple different sections of the site.
Smoking Cessation - New & Expanded Programs	\$400,000	Seven grants were awarded to six local cessation programs, of which most made available free or reduced cost Nicotine Replacement Therapy (NRT). An additional award was made to the American Lung Association of Connecticut, which trained facilitators, coordinated the provision of cessation services and provided NRT plus the added option of prescription Zyban to twelve additional communities. The Association also coordinated with local health authorities and included local administration and medical oversight for prescription services through small subcontracts.	1,190 participants were served at an average cost of \$587 per participant. For 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 they had quit for some length of time during the program.

Tobacco Counter-Marketing	\$350,000	Television ads targeting adult males ran during April and May 2003. Two radio ads were designed and ran during April and May of 2004. Connecticut Transit bus panels and interstate billboards ran during June 2003. A full-page print ad ran in the Hartford Magazine. Signage was posted at Hartford Civic Center through April 2004; radio commercial aired during hockey game telecasts through 2003 season and first 10 games of 2004.	409 television spots were purchased - 9,066,060 gross impressions (total number of exposures to message); 1,546 radio spots - 4,464,400 gross impressions; thirteen bus panels - 2,424,300 gross impressions; 2 billboards - 104,500 gross impressions; one full page magazine ad - 110,000 gross impressions.
SUBTOTAL - 2002	\$ 800,000		
2003			
Continue Prior Year's Smoking Cessation Initiatives	\$300,000	See description above	See description above
QuitLine	\$287,100	Connecticut's QuitLine became operational in November 2001. During FY 03 and FY 04, 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 3,000 callers received educational materials and referrals to community resources. Of the callers, approximately 25% participated in the one-on-one counseling services. At 12 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 3 months.
SUBTOTAL - 2003	\$587,100		
2007			

Counter-Marketing and Prevention Campaign - Aimed at reducing tobacco use among youth	\$100,000	Statewide campaign targeting 18-24 year old non-college students through web-based social networking sites and television ads. DPH purchased the rights to two advertisements - one prevention message and one cessation message - created and maintained by the Centers for Disease Control and Prevention.	The television ads ran for eight weeks. In addition, an online component utilizing messaging banners ran on MySpace for ten weeks.
SUBTOTAL - 2007	\$100,000		
2008			
Smoking Cessation - Grants to community health centers for programming targeting pregnant women and women of childbearing age	\$800,000 (\$700,000 to community health centers and \$100,000 for the evaluation of the program)	Six community health centers provided tobacco cessation treatment services to low-income pregnant women and women of child bearing age (13-44 years) in an effort to reduce, eliminate, and/or prevent tobacco use among this population. An evaluation component was also funded.	1,607 persons enrolled, and 308 completed the program. 15.1% of those served quit, at a cost per quit/patient served of \$3,751 (without NRT) or \$4,155 (with NRT). 40% were currently smoking at 3 month follow up; 55.4% at 9 month follow up.
SUBTOTAL - 2008	\$800,000		
2009			
Counter-marketing Media Campaign	\$2,000,000	A tobacco control counter-marketing campaign having as its goals increasing tobacco cessation among adults, and preventing use among youth and young adults was conducted. The campaign utilized website, social media and media components. A youth video contest was used to develop ads in English and Spanish that were used in a television campaign the following year.	Prevention: More "anti-tobacco" views; ad and slogan recognition and awareness increased; participants less likely to use tobacco. Cessation: QuitLine calls increased from 3,611 during FY 10 to 6,040 during FY 11; 1.67% of all cigarette smokers in CT registered with the QuitLine, up from 0.86% the prior year.
Community-Based Tobacco Cessation Programs	\$412,456	Six organizations provided community and specialized tobacco cessation treatment programming. Each program provided services to underserved populations having high rates of tobacco use.	1,314 total/1,174 unique participants. 23.8% average quit rate. Cost per quit of \$807.45

Specialized Tobacco Use Cessation Programs for Individuals with Serious Mental Illness.	\$1,200,000	Tobacco cessation programming targeting individuals with serious mental illness who receive publicly-funded mental health services through the private, nonprofit sector.	Usage reduced from average 15.05 cigarettes per day to 7.76 per day at program completion for those who completed. For dropouts, usage decreased from 19.66 to 16.23 per day at drop out.
QuitLine	\$2,000,000	Tobacco cessation telephone service including relevant materials, referrals, counseling and NRT. Two weeks' worth of NRT available to residents with private insurance, eight weeks for uninsured, Medicare and Medicaid beneficiaries for any caller that registers for the multiple-call program.	During FY 11, 7,154 callers registered with QuitLine, up from 4,552 the previous fiscal year. Of survey respondents, at 13-month follow up: 28.2% tobacco free for 7 days or more, 23.2% tobacco free for 30 days or longer.
School Based Tobacco Prevention	\$ 500,000	Four school districts implemented tobacco use prevention and cessation programs. Activities included review of current tobacco free policies; work conducted in area of tobacco free policies; purchase and posting of additional tobacco free school signage; and activities for the Great American Smoke Out and Kick Butts Day.	133 total/108 unique participants in cessation programs. One district reported 50% quit rate at program completion. Three districts reported aggregate participation in prevention services of 10,500.
Lung Cancer and Genetic Research	\$250,000	To support a feasibility study of the development of a statewide biorepository for tumor tissue and a demonstration project for a lung tissue and serum biorepository.	Executive Team and Advisory Panel were assembled. A statewide survey of hospital pathology departments and institutional research boards (IRB) was conducted. 14 hospital pathology labs responded. 11 of the 29 general acute care hospitals responded to the IRB survey.

			Project outcomes limited to cost estimates, planning and design considerations, and development of general protocols, procedures, and clearance documents. Components of a Common Agreement White Paper for a Statewide Virtual Biorepository were largely completed.
Program Evaluation	\$500,000	The independent evaluation firm performs formative, process, outcome and/or meta-evaluations of all projects funded by the Tobacco and Health Trust Fund Board of Trustees, provides guidance on project data collection, and prepares reports summarizing their findings and project results.	Interim and Final Evaluation Reports were prepared and submitted on all of the Tobacco and Health Trust Funded Projects: QuitLine, Tobacco Use Cessation Programs (both generalized and specialized programs), Biorepository, and Prevention Programs for School-Aged Youth.
SUBTOTAL - 2009	\$6,862,456		
2010			
Counter-marketing Media Campaign	\$1,650,000	Prevention media campaign for youth and young adults including television, radio, out of home placement, social media and grassroots events	Two different components of this campaign were developed: one that targeted youth and young adults utilized the byline "Tobacco, It's a Waste" and included a video contest in which the winning videos were used for the statewide media campaign; and a cessation media campaign utilized the "Become An Ex" series ads developed by the American Legacy Foundation (now Legacy for Health Foundation) During the period of the campaign, calls to the QuitLine increased from 4,552 in 2009 to 7,204 in 2010 and then 11,249 as the media levels were maintained and then increased.

Community-Based Generalized Tobacco Use Cessation Programs	\$750,000	Awards to five organizations for fee-for-service tobacco use cessation services following U.S. Public Health Services clinical guidelines.	For the programs funded during 2009 and 2010, 1,986 residents were served with more than one half realizing at least a reduction in their rate of tobacco use by an average of 70%.
Specialized Tobacco Use Cessation Programs for Individuals with Serious Mental Illness.	\$800,000	Tobacco cessation programming targeting individuals with serious mental illness who receive publicly-funded mental health services through the private, nonprofit sector.	During 2009 and 2010, services were provided to 1,868 clients treated with behavioral health client services.
QuitLine	\$1,650,000	See description above.	In 2010, a total of 4,599 callers registered with the QuitLine.
Tobacco Prevention Programs for School Aged Youth	\$500,000	Seven organizations are undertaking a variety of initiatives in the areas of prevention curriculum, cessation counseling, tobacco free school policies, building collaborations with youth and family-serving community organizations, and conducting activities for Kick Butts Day and World No Tobacco Activity Day.	In aggregate, programs are contracted to provide prevention services to 13,725 individuals and cessation services to 300 individuals.
Lung Cancer and Genetic Research	\$250,000	See description above	This funding was held pending the results of the feasibility study. The results of the feasibility study were delayed so award to the UConn Health Center was also delayed.

Innovative Programs	\$477,745	Three organizations are undertaking varied programming, including: (1) a pilot prevention program for 5-14 year olds in summer camps and youth programs outside of school; (2) tobacco use prevention programming for K-8th grade via curriculum enhancement development, after-school clubs and outreach campaigns/activities; and (3) training high school aged youth to develop leadership skills, presentation skills and knowledge of the dangers of tobacco use - these trained youth will be trainers and spokespersons against tobacco use. Other youth advocacy and health career promotion training will also be conducted.	Programs were funded through the American Lung Association, Easter Seals/Goodwill Industries, and Education Connection. Services were provided to a minimum of 1,773 youth.
Program Evaluation	\$300,000	Formative, process, outcome and/or meta-evaluations are to be performed for all projects funded by the Tobacco and Health Trust Fund Board of Trustees.	Additional funding was provided to Professional Data Analysts, Inc. to expand evaluation activities to include more reports to incorporate the additional projects that were funded with 2010 trust funds.
SUBTOTAL - 2010			
	\$6,377,745		
2012			
Counter-Marketing	\$2,000,000	A tobacco control counter-marketing campaign having as its goals increasing tobacco cessation among adults, and preventing use among youth and young adults.	A competitive bid was held and the selection of PITA Communications was made. They are utilizing the CDC "TIPS FROM FORMER SMOKERS" ads through a variety of venues that will include television, radio, transportation, foot traffic, social media and other outlets for this campaign. The campaign began in November 2013, outcome measures are pending.
Cessation Programs	\$1,929,000	The cessation programs are designed to provide evidence-based tobacco	Community Cessation Programs: A competitive bid was held for the provision of

		cessation assistance to those who want to quit tobacco use. Programs include Community Cessation Programs and the Department of Correction Smoking Cessation Program	community tobacco use cessation programs available to CT residents. The contracts are fully executed. Results are pending. Department of Corrections The results of the study showed that the prevalence of smoking among the four sites was about 70%, approximately four times the prevalence rate in the general population in Connecticut
QuitLine	\$1,600,000	Provision of telephone tobacco use cessation services to any Connecticut resident.	The contract with Alere Wellbeing, Inc. was expanded again in order to provide services to additional Connecticut residents seeking help with quitting their tobacco use. Results pending.
Program Evaluation	\$486,000	Formative, process, and outcome evaluation services for all projects funded by the Tobacco and Health Trust Fund Board of Trustees.	A competitively-bid contract with the University of North Carolina at Chapel Hill will provide evaluation services for all programs funded by the Tobacco and Health Trust Fund.
SUBTOTAL-2012	\$6,015,000		
GRAND TOTAL	\$21,542,301		

VII. Recommendations for Disbursement

In accordance with C.G.S. Section 4-28f, the board may recommend disbursement from the trust fund of up to a maximum of \$3 million in fiscal years 2014 and 2015.

In developing its recommendations for disbursement for 2013 the board reviewed its statutory mandates, guiding principles for funding decisions, previous disbursement of trust funds, and the input received from the public through the public hearing process. As in previous years, 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.

Statutory Mandates

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

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

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

Amended at the April 2012 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, October 2007;
 - Connecticut Tobacco Use Prevention and Control Plan by the Connecticut Department of Public Health and the Department of Mental Health and Addiction Services; and
 - The Guide to Community Preventive Services, The Community Prevention Services Task Force, U.S. Department of Health and Human 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.

2013 Disbursement Proposal

The Tobacco and Health Trust Fund Board recommends that the full amount available for disbursement (\$3,000,000) be used for anti-tobacco related initiatives. Although the Board's authority extends to allow support for programs which address substance abuse and unmet physical and mental health needs, the Board recommends funding solely for anti-tobacco related efforts, consistent with previous years. The board recognizes that other sources of state and federal funding are available for substance abuse, mental health and health services and the board remains committed to addressing the need for anti-tobacco efforts in Connecticut.

For 2013, the Tobacco and Health Trust Fund Board recommends disbursement of \$3,000,000 from the trust fund to support prevention programs for youth, an anti-tobacco cessation program for offenders under the jurisdiction of the Department of Correction, a tobacco enforcement program and QuitLine. The following summarizes the Board's disbursement recommendations for 2013:

I. Cessation Program

Department of Correction \$527,283

The Tobacco and Health Trust Fund Board recommends that \$527,283 be used to fund year two of the Department of Correction (DOC) smoking cessation program for inmates under the jurisdiction of the department. DOC will complete the following tasks:

Implement Process Improvement Plans (PIPs). During the first year of operations, DOC established Local Implementation Teams (LITs) at four correctional facilities York Correctional Institution (YCI), New Haven Correctional Center (NHCC), Hartford Correctional Center (HCC), and Manson Youth Institution (MYI), with existing staff and community providers (e.g. intake nurses, addiction services counselors, educators and community health providers) to develop specific interventions that best fit the needs of their target populations and how they can best be implemented within their specific facility. The LITs conducted a facility specific needs assessment and information gathered was used to develop Process Implementation Plans (PIPs). The PIPs have been submitted to DOC for review and approval. Two plans have been approved and the facilities are in the process of implementing their plans. DOC will review and approve the remaining plans in year two.

Expand Focus at York Correction Institution and Manson Youth Institute. The results of the prevalence study showed that YCI at 84% and MYI at 81% had the highest prevalence rates of the four facilities. These facilities serve two of the most at-risk populations for long-term health complications, female and youth inmates. DOC is planning to develop its community integration relationships more comprehensively at these two institutions and will explore how to better incorporate family programming into their smoking cessation activities.

Develop Cessation Processes for Individuals with Long Sentences Re-entering the Community. DOC will work with its Academic Clinical Consultant to develop and implement a motivational interviewing and cognitive behavioral treatment program entitled WISE (Working Inside for Smoking Elimination). This program will be available to participants at YCI who will be released in the near future. DOC is also planning to assess prevalence data in other prison facilities where male inmates have been incarcerated for extended periods of time and will be released in the near future. Based on the results of the prevalence study, DOC will develop services to address the specific needs of this population.

Smoking Cessation Education and Support. DOC will collaborate with the Department of Public Health to develop a brochure that is specifically designed to bring awareness and increase participation in the department's smoking

cessation program. The department's Inmate Handbook will also be updated to include a section on the smoking cessation assistance program. An abundance of bilingual education materials e.g. posters, pamphlets, flyers and "tear offs" have been acquired for free or purchased for use in the participating correctional facilities. UConn School of Social Work with the involvement of the Local Implementation Teams will coordinate distribution of the material.

The UConn School of Social Work completed a smoking prevalence study for four correctional facilities, including York Correctional Institution (YCI); New Haven Correctional Center (NHCC); Hartford Correctional Center (HCC); and Manson Youth Institution (MYI). The results of the study showed that the prevalence of smoking among the four sites was about 70%, approximately four times the prevalence rate in the general population in Connecticut. Furthermore, YCI at 84% and MYI at 81% had the highest prevalence rates of the four facilities. These facilities serve two of the most at-risk populations for long-term health complications, female and youth inmates. The survey also showed that approximately, 50% of the individuals surveyed attempted to quit smoking between 1 and 5 times. Approximately 4 out of 10 smokers surveyed stated that they would "very much" like to quit. This data demonstrates a clear need to implement smoking cessation programs for inmates under the jurisdiction of DOC.

QuitLine \$1,611,984

The Tobacco and Health Trust Fund Board recommends disbursement of \$1,611,984 to continue to support Connecticut's QuitLine. These funds will allow the QuitLine to maintain a comprehensive, proactive, statewide toll-free tobacco cessation telephone counseling and web service available to all of the State's residents. Tobacco users who call the helpline will receive an assessment of their readiness to quit, a customized quit plan, problem solving advice, cessation material, referral services to one-on-one counseling or referral to local programs, and relapse prevention assistance. Nicotine replacement therapy will also be available to callers.

According to the latest evaluation of the QuitLine conducted by Professional Data Analysts, Inc. in March 2013, "Connecticut's QuitLine registrations have increase steadily over the past three years (2010-2012). In fiscal year 2012 a new high was reached with over 11,000 QuitLine registrants. The Connecticut QuitLine served 11,187 residents in 2012, as compared with 7,154 in 2011. January, February and March 2012 were the peak registration period, with more than 1,200 callers each month. More than 9 out of 10 callers who registered were tobacco users seeking help to quit.²⁰ The increase in enrollment numbers may in part be a reflection of the successful outreach and media efforts of the State".

²⁰ Connecticut Tobacco QuitLine Evaluation: Final Evaluation Report: March 2013, Professional Data Analysts, Inc.

The Centers for Disease Control and Prevention (CDC) reported an increased use of the national QuitLine service as a result of cessation media campaigns. During 2012, CDC aired the Tips from Former Smokers' (TIPS Campaign), the first federally-funded, nationwide, paid-media tobacco education campaign in the United States. The campaign featured former smokers, and was primarily intended to encourage adult smokers aged 18–54 years to quit. The campaign included advertising on national and local cable television, local radio, online media, and billboards, and in movie theaters, transit venues, and print media. Two weeks after TIPS launched, calls to the national QuitLine number more than doubled, and over the course of the campaign, weekly calls increased by 132%. Website visits increased by 428%. Due to the success of the national media campaign that ran for a 12-week period, the Board decided to utilize the Tips from Former Smokers' ads available from CDC for the Connecticut campaign.

In addition to the increase in QuitLine use related to the counter-marketing efforts, there is an anticipated increased demand for counseling services through the Quitline as a result of the DSS smoking cessation incentive grant in the coming year. This anticipated utilization of QuitLine services convinced the Board of the need for additional funding of the program, which is almost exclusively funded through the Tobacco and Health Trust Fund Board.

II. Prevention Programs

A. Teen Kids News \$164,000

The Tobacco and Health Trust Fund Board recommends that \$164,000 be used to fund Teen Kids News (TKN) to produce a series of 12 science-based anti-smoking reports targeted to youth. The series of reports will be between one and two minute segments that will be aired on Teen Kids News once a month. The segments will be prepared and reported by youth.

TKN is a weekly 30 minute Federal Communications Commission (FCC) approved children's news show airing on 220 major television stations. For example, TKN is carried on 74 Fox affiliates, 44 ABC affiliates, 29 NBC Stations, and 17 CBS Stations, among a host of others. The program is seen weekly in 1,000 locations in 175 countries, and all the Navy ships at sea by the American Forces Network. Although the series will be targeted to youth, the expectation is that the series will be viewed by a broader audience who are exposed to the networks broadcasting TKN. In a November 2012 Nielsen sweep period, TKN had a 1.0 national rating (approximately 1 million households). There were a significant number of adults watching with their kids each week (600,000 women 18 - 54 and 400,000 men 18 - 54).

Storylines will include, but not be limited to: music and picture essay on smoking prevention; medical effects of smoking; on location testimonials from former smokers; alternative tobacco products; electronic cigarette marketing efforts targeted to youth; sports personality appearances; and segments featuring experts in the field relating to tobacco use prevention and control.

Segments will be placed on Twitter, YouTube, Facebook and Instagram each month to further draw the attention and interest of young people. The segments will also be on DVD's and TKN will work with the Tobacco and Health Trust Fund Board to identify schools in Connecticut for distribution of the DVD.

According the Centers for Disease Control, effective, comprehensive tobacco control programs should include media campaigns that²¹:

- Target young people and adults with complementary messages;
- Highlight non-smoking as the majority behavior;
- Communicate the dangers of tobacco while providing constructive alternatives;
- Use multiple non-preachy voices in a complementary, reinforcing mix of media and outdoor advertising;
- Include grassroots promotions, local media advocacy, event sponsorships, and other community tie-ins; and
- Encourage youth empowerment and involvement

According to the Surgeon General Report "Preventing Tobacco Use Among Youth and Young Adults 2012" evidence indicates that mass media campaigns can be one of the most effective strategies in changing social norms and preventing youth smoking. Influential and successful campaigns contain a number of essential elements including optimized themes, appropriate emotional tone, appealing format, clear messages, intensity, and adequate repetition ²².

Statewide Tobacco Education Program (STEP) \$229,384

The Tobacco and Health Trust Fund Board recommends disbursement of \$229,384 to support the continuation and expansion of the STEP for a two-year period. The program expansion will include one to three additional booster sessions to reinforce concepts taught in the regular tobacco education program offered to youth in 27 towns in Connecticut.

The tobacco education program will offer an innovative and activity-based curriculum for youth ages 5-9. This activity-based education curriculum will include activities for youth of all learning styles. The curricula itself is

²¹ CDC Best Practices for Comprehensive Tobacco Control Programs 2007

²² Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General 2012

considered innovative because it involves almost entirely experiential learning, with minimal lecture except for explanation of each activity. The rationale for this approach is supported by literature, for example, “In meta-analyses of controlled studies of drug use prevention programmes for youth, Tobler reported that interactive programmes and those led by peers that addressed the social influences of substance use were most effective”²³. Additionally, Tobler et al found interactive programs which foster interpersonal skills and active engagement between students and teachers are more effective than non-interactive programs which are lecture oriented and stress drug knowledge²⁴. Interactive programs are more effective at reducing, preventing or delaying adolescent drug use for all substances combined and for each substance individually (tobacco, alcohol and marijuana).²⁵

The (5) one hour sessions are designed to be implemented in a variety of settings including summer camps, positive youth development programs, boys and girls clubs and traditional class-room locations. The interactive components of the program curriculum are:

- Introduction – Knowledge of tobacco and tobacco products, health effects of tobacco use and harmful ingredients in tobacco;
- Environment and Media: Environmental effects of tobacco including the health effects of second hand smoke, advertising and tobacco marketer’s strategies;
- Healthy versus Unhealthy: How tobacco affects the human body, including personal appearance, physical performance, and the brain;
- Cost and Choices: Whether to smoke or not is a choice, how to make healthy choices, and the monetary cost of cigarettes; and
- Dealing with Peer Pressure: Awareness of peer pressure and techniques to handle it.

The STEP will be administered by the Regional Advisory Councils (RAC) within five (5) regions of the state. The program is expected to serve 3,000 youth over a two year period. An evaluation will be conducted and with use of the outcomes and anecdotal information gathered, the RACs will administer the STEP across the state for youth ages 5-9 from “at-risk” populations, including low socioeconomic status and/or who may live with tobacco users. Furthermore, expanding the program to add booster sessions will reinforce the concepts learned in earlier sessions. Recent meta-analysis of tobacco prevention programs indicates that “one to three additional sessions show positive outcomes when the

²³Bruvold WH (1993): A meta-analysis of adolescent smoking prevention programs. *Am J Public Health* 83:872-880

²⁴Tobler et al. *Journal of Primary Prevention*, 20(4): 275-336, 2000

²⁵Tobler et al. *Journal of Primary Prevention*, 20(4): 275-336, 2000

curriculum is focused on social competency skills such as problem solving and developing resistance skills related to tobacco prevention”²⁶.

A preliminary evaluation of the STEP show favorable outcomes after youth participated in five, one hour sessions. The evaluation questionnaires were designed to assess participants’ base knowledge and attitudes about tobacco use, and to capture any changes in knowledge or attitudes that resulted from participation in the program. In general the evaluation results showed that there was an increase in knowledge for all age groups, the most significant increase in knowledge occurred for youth ages 5-9. This is consistent with what the RAC staff observed based on participant reaction and feedback.

C. Smoking Prevention Connecticut Alliance of Boys and Girls Clubs\$179,579

The Tobacco and Health Trust Fund Board recommends disbursement of \$179,579 to the Connecticut Alliance of Boys and Girls Clubs for a high impact tobacco resistance and awareness program for club members ages 13-15. The program will be implemented by 16 clubs that serve members in 39 towns and cities in all regions of the State. The program will consist of four components: Stay SMART (Skills, Mastery and Resistance Training) programming, community forums, information centers, and statewide anti-tobacco initiatives.

Stay SMART will provide the knowledge, skills, self-esteem and peer support to help members make healthy choices. Members will practice responsible behaviors to avoid using tobacco, alcohol and other drugs. The program will use small group discussions, role playing, guest speakers and cooperative learning to emphasize the message of abstinence.

Engaging the community and parents is essential to promoting change in young people who are influenced by their immediate surroundings. Each club will conduct community forums by partnering with local health departments to engage community leaders, parents and members of Boys & Girls Clubs. The forums will focus on the effects of tobacco use including the emergence of e-cigarettes. The Clubs will use local media outlets to promote the events. The community forums will be evaluated by conducting participant questionnaires at the time of the forums.

The members of the Stay SMART program will participate in pre and post-tests that measure the knowledge gained from participating in the program. A sampling of members will also participate in the National Youth Outcomes Initiatives, which will measure use of tobacco and tobacco related products by members. Surveys are conducted in March of each year through the National Youth Outcomes Initiative.

²⁶ Thomas R, McLellan J, Perera R, *School-based programmes for preventing smoking, The Cochrane Library, April 2013*

In addition, the Boys & Girls Clubs in Connecticut will commit to creating smoke-free zones on the grounds of their organizations.

Researchers provided evidence to support the Boys and Girls Club of America's substance use prevention programs, Stay SMART and SMART Kids. "Youth who participated in Stay SMART had enhanced attitudes, knowledge, and refusal skills, and reported less substance use as compared to members who did not attend the structured program"²⁷. More recently, St. Pierre, Mark, Kaltreider, and Campbell ~2001 examined the importance of a multi-component Boys and Girls Club program on enhancing protective factors. Youths who attended a structured Club program that included tutoring, recreation, snack, teacher involvement, and SMART Kids prevention programming had better refusal skills, problem solving, courteousness with teachers and school personnel, and ethical behaviors 2 years post programming compared to youths who participated in traditional club programs.

III. Enforcement Program

Tobacco Retailer Violation Program \$287,770

The Tobacco and Health Trust Fund Board recommends disbursement of \$287,770 to the Department of Mental Health and Addiction Services (DMHAS) to administer a Community Enforcement Pilot to prevent the sale of tobacco products to minors. These funds will allow for the startup of an independent decentralized tobacco inspection program for larger urban areas in Connecticut, including, but not limited to, Hartford, New Haven, Bridgeport, Danbury and Waterbury. Contracted police departments or local social service agencies working in conjunction with law enforcement will receive training and guidance on how to conduct, track and report random, unannounced inspections of tobacco merchants to assess the rate of tobacco sales to minors. DMHAS will collect and analyze the data and identify problem areas for more in depth merchant education.

In 2009 Connecticut's Violator Rate hit an all-time low of 9.7%. In 2013, it had risen to 14.8%. Currently, state supported enforcement positions do not allow for ideal inspection of tobacco retailers. This is a demonstration project that would evaluate a model that provides for a decentralized system that would provide community partners more involvement and responsibility in the areas with the highest rates of violations.

²⁷ Article: *Participation in Boys and Girls Clubs and Relationships to Youth Outcomes: Dawn Anderson-Butcher, The Ohio State University; W. Sean Newsome, University of Illinois at Chicago; Theresa M. Ferrari, The Ohio State University*

At the national level, CDC reports that “each day in the United States, nearly 4,000 people younger than 18 years of age smoke their first cigarette, and an estimated 1,000 youth in that age group become new daily cigarette smokers”²⁸. This means that nearly 400,000 young people become daily smokers each year. In 2011, CDC reported that 19.9% of Connecticut’s high school students had used some form of tobacco in the previous month.²⁹ America’s Health Rankings 2012 Report states that 17.1% of Connecticut’s adult population smoke tobacco on a daily basis.³⁰ According to the Connecticut School Health Survey, 7.3 million packs of cigarettes are bought or smoked by Connecticut youth each year.³¹ This trend starts as early as age 11 with very little difference between boys and girls. Of all high school students who smoke, 54% reported being able to purchase cigarettes at a gas station. ³²Only 28% of 9th graders reported that they were asked for identification when attempting to purchase. ³³

The 2013 Connecticut Retailer Violation Rate (RVR), the rate at which merchants sell tobacco to minors is 14.8%. In the Substance Abuse and Mental Health Services Administration (SAMHSA) publication FFY 2012 Annual Synar Reports: “Tobacco Sales to Youth”, Connecticut was tied with Washington state and Texas as the 12th worst state for violation of tobacco laws with almost 3% points above the national average. Thirty-eight states ranked above Connecticut, with the lowest RVR recorded at 1.8%.

Funds from the Tobacco and Health Trust Fund will allow for inspections in high RVR urban areas at 100% of the retail outlets, four times per year. These inspections combined with other inspections currently conducted by DMHAS, are expected to: (1) significantly reduce the rate at which retailers sell tobacco to minors; (2) assist in decreasing the number of students who report that they are current users on the CT School Health Survey; and (3) ultimately assist in increasing the age of first use of tobacco by minors across the state.

These goals are in line with the CDC’s recommendations to reduce the initiation of tobacco use by decreasing access and availability of tobacco products to youth.

²⁸ *United States Center for Disease Control and Prevention*

²⁹ *2000-2011 Connecticut Youth Tobacco Survey*

³⁰ *America’s Health Rankings: A Call to Action For Individuals and Their Communities 2012*

³¹ *2000-2011 Connecticut Youth Tobacco Survey*

³² *IBID*

³³ *IBID*

Appendix A

Statutory Authority

Sec. 151. Section 4-28f of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(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, and from July 1, 2015, to June 30, 2016, 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, and from July 1, 2015, to June 30, 2016, inclusive, shall not be included in the term of any trustee serving on July 1, 2003, or July 1, 2015. 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 June 30, 2016, and, not later than January first of each year, except during the fiscal years ending June 30, 2004, [and] June 30, 2005, and June 30, 2016, 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.

(d)(1) During the period commencing July 1, 2000, and ending June 30, 2003, the board of trustees, by majority vote, may recommend authorization of disbursement from the trust fund for the purposes described in subsection (a) of this section and section 19a-6c, provided the board may not recommend authorization of disbursement of more than fifty per cent of net earnings from the principal of the trust fund for such purposes. For the fiscal year commencing July 1, 2005, and each fiscal year thereafter, the board may recommend authorization of the net earnings from the principal of the trust fund for such purposes. 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. For the fiscal years ending June 30, 2014, and June 30, 2015, the board may recommend authorization of disbursement of up to three million dollars per fiscal year from the trust fund for such purposes. For the fiscal year ending June 30, 2017, 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 (i) priority to programs that address tobacco and substance abuse and serve minors, pregnant women and parents of young children, and (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, and June 30, 2016, 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, and June 30, 2016, 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.

Appendix B

Board of Trustees

Trustees	Appointed By
Anne Foley, Chair	Office of Policy and Management
Ken Ferrucci	Governor
Katharine Lewis	Governor
Robert Zavoski	Governor
Cheryl Resha	Governor
Douglas Fishman	Senate Pro Tempore
Elaine O'Keefe	Senate Pro Tempore
Ellen Dornelas	Senate Majority Leader
Joel Rudikoff	Senate Majority Leader
Diane Becker	Senate Minority Leader
Lisa Hammersley	Senate Minority Leader
Patricia Checko	Speaker of the House
Robert Leighton	Speaker of the House
Cynthia Adams	House Majority Leader
Larry Deutsch	House Majority Leader
Geralyn Laut	House Minority Leader
Michael Rell	House Minority Leader

Appendix C

Meeting Minutes

Meeting Summary

Tobacco and Health Trust Fund Board

April 11, 2013

1:00 p.m. – 3:00 p.m.

Room 2A

Office of Policy and Management

Hartford, Connecticut

Members Present: Anne Foley (Chair), Patricia Checko, Geralyn Laut, Diane Becker, Cheryl Resha (via audio conference), Ellen Dornelas, Elaine O’Keefe, Larry Deutsch, Robert Zavoski, Ken Ferrucci, Michael Rell, Katharine Lewis and Robert Leighton.

Members Absent: Cindy Adams, Joel Rudikoff, Douglas Fishman, Lisa Hammersley.

Item	Discussion/Action
Welcome and Introductions	The meeting was convened at 1:05 p.m. The Chair introduced three new board members: Katharine Lewis, Deputy Commission of the Public Health, appointed by Governor Malloy, Robert Leighton, CEO of Kardea Nutrition, appointed by Representative Brendan Sharkey and Michael Rell, Director of Outreach for the House Republican Caucus, Connecticut General Assembly, appointed by Representative Cafero.
Approval of October 2012 Minutes	Patricia Checko moved approval of the October, 2012 meeting minutes. The motion was seconded by Elaine O’Keefe. The minutes were approved on a voice vote. There were five abstentions: Robert Leighton, Robert Zavoski, Michael Rell, Katharine Lewis, and Larry Deutsch.
Update on Current Trust Fund Programs	Kathleen Maurer, Christine Fortunato, and Amy James participated by audio conferencing to update members on DOC’s smoking cessation program. Highlights include: <ul style="list-style-type: none"> • Continuing to develop teams responsible for implementation of the smoking cessation projects at the New Haven, Hartford, Mason, and York Correctional facilities.

	<ul style="list-style-type: none"> • Working with five community health centers that will provide services after program participants are released from incarceration. • Continuing to develop an Access database for entry of survey data. • Gathering educational and other appropriate information from experts. • Planning a kick-off of the project scheduled for May 2013. • Hired a durational Project Director. • Finalized and approved the smoking prevalence survey for inmates entering the correctional facilities. <p>Members requested a copy of the prevalence health survey. Members expressed their appreciation for all the work DOC has done to begin program implementation within a short period of time.</p>
	<p>Barbara Walsh provided an update on current and on-going trust fund programs. Highlights include:</p> <ul style="list-style-type: none"> • In Connecticut, 4.6% of middle school students; 19.9% of high school students and 19.7% of adults used some form of tobacco in the past thirty days. • Tobacco Use Cessations Programs <ul style="list-style-type: none"> ○ 3,120 enrollments ○ 62.4% female and 37.6% male ○ most referrals made by a clinician ○ 26.1% quit rate at program completion ○ 13.3% quit rate at 4 month follow-up ○ 8.7% quit rate at 7 month follow-up • Tobacco Prevention Programs <ul style="list-style-type: none"> ○ 1,320 (53.05%) female and 1,168 (46.95) males for a total of 2,488 enrolled

	<ul style="list-style-type: none"> • QuitLine reached 2.02% of the smokers in Connecticut, higher than the average reach of other state QuitLines • The media buy was increased between 2011 and 2012. Evaluation concluded that the use of social media is a low cost way to reach potentially large numbers of people and should be continued, although use must be monitored. Rate of intensity of ads should be increased in order to be more effective. <p>DPH is preparing to distribute RFPs to secure vendors for: QuitLine (\$1,600,000); Media Campaign (\$2,000,000); Cessation Programs (\$1,481,630) and Program Evaluation (\$486,000) with 2012 funds. Patricia Checko and Diane Becker volunteered to serve on the committee to evaluate proposals. An e-mail will be sent to members not in attendance at the last meeting to ask if they are interested in serving on the evaluation committee.</p>
<p>Discussion of 2013 Funding Recommendations</p>	<p>The Chair reviewed the Board’s Guiding Principles for Funding Decisions. The Chair asked members to identify current existing research documents or data sources that the board may use to assist in its decisions to recommend programs for funding. The data will be used to ensure that funding decisions are consistent with current existing data. The following data and data sources were identified: Center for Disease Control (CDC) Youth Tobacco Survey and QuitLine Data; Connecticut’s Tobacco Merchant Violation Rates; DMHAS operated and funded substance abuse programs that are smoke-free; National Cancer Institute; Rewards to Quit Program and Medicaid data on tobacco cessation pharmacy spending levels-DSS. The board identified youth, and individuals with substance abuse issues as potential groups to serve with 2013 funding.</p> <p>After a brief discussion board members requested information on the cost effectiveness of trust fund</p>

	<p>programs. Members requested information on the amount of funds expended and how many people quit smoking by year and program type. DPH and OPM will work together to gather information and report on cost effectiveness of programs.</p>
Next Steps	<p>The board agreed to hold a public hearing in May 2013 to receive input on potential funding recommendations. The board will hold a meeting immediately following the public hearing.</p>

Meeting Summary

Tobacco and Health Trust Fund Board

May 15, 2013

1:00

Room 1E

Legislative Office Building

Hartford, Connecticut

Members Present: Patricia Checko, Geralyn Laut, Diane Becker, Cheryl Resha, Ellen Dornelas, Elaine O’Keefe, Larry Deutsch, Robert Zavoski, Ken Ferrucci, Michael Rell, Katharine Lewis and Robert Leighton.

Members Absent: Anne Foley, Cindy Adams, Joel Rudikoff, Douglas Fishman, Lisa Hammersley.

Welcome	The Tobacco and Health Trust Fund Board held a brief meeting immediately following the public hearing.
Approval of April 2013 Meeting Minutes	Ellen Dornelas moved approval of the April 11 th meeting minutes. The motion was seconded by Robert Zavoski. The minutes were approved on a voice vote.
Next Steps	<p>Geralyn Laut stated that the public hearing distribution list should be expanded to increase awareness and participation at future hearings.</p> <p>Patricia Checko mentioned an issued raised by UConn Health Center regarding the board’s 2012 recommendation to fund the second component of the Lung Cancer and Genetic Research Project for \$250,000. The Department of Public Health and UConn have begun contract negotiated the contract, but have not yet finalized the contract.</p>

Meeting Summary

Tobacco and Health Trust Fund Board

August 14, 2013

2:00 p.m.

Room 2A

450 Capitol Avenue

Hartford, Connecticut

Members Present: Anne Foley, Katherine Lewis, Robert Zavoski, Elaine O’Keefe, Ellen Dornelas, Diane Becker, Lisa Hammersley, Patricia Checko, Robert Leighton, and Geralyn Laut.

Members Absent: Ken Ferrucci, Cheryl Resha, Douglas Fishman, Joel Rudikoff, Cynthia Adams, Larry Deutsch, and Michael Rell.

Welcome	The chair, Anne Foley, noted the presence of a quorum and began the Board of Trustees meeting by having everyone introduce themselves.
Approval of May 15 th Meeting Minutes	<p>Patricia Checko asked about the outstanding issue mentioned in the “Next Steps” portion of the minutes, regarding the board’s 2010 recommendation to fund the second component of the Lung Cancer and Genetic Research Project for \$250,000. The chair asked for a small workgroup to be convened to examine the issue, and Deputy Commissioner Katherine Lewis agreed to coordinate a meeting with the appropriate parties.</p> <p>Patricia Checko moved approval of the May 15th meeting minutes. The motion was seconded by Robert Zavoski. The minutes were approved unanimously on a voice vote.</p>
Review Legislative and Budget Changes to the Tobacco and Health Trust Fund	<p>The chair reviewed the legislative and budgetary changes to the Tobacco and Health Trust Fund Board from the 2013 session and answered clarifying questions from members. The chair explained that the board has \$3 million to expend in each fiscal year.</p> <p>Robert Zavoski clarified that the UConn-Medicaid Partnership FY 2014-15 \$200,000 earmark for the Tobacco Health and Trust Fund was to fund the establishment of a collaboration between the UConn Health Center and the Department of Social Services through which the University’s</p>

	<p>faculty expertise could support the administration of the Medicaid Program in a manner that best makes use of federal funding. The earmark would be used to fund the establishment of the partnership.</p>
New Ethics Opinion	<p>The chair asked Cynthia Isales, Esq., Assistant General Counsel from the Office of State Ethics to briefly explain the new Advisory Opinion No. 2013-03. Ms. Isales gave a summary of the opinion and answered clarifying questions from members.</p>
Discussion of Public Hearing	<p>The chair reviewed the summary of the public hearing testimony regarding recommendations for expenditure of Tobacco and Health Trust Funds for 2013.</p> <p>The board did not express interest in recommending expenditure of funds on radon education and awareness.</p> <p>The board discussed recommending expenditure of funds on tobacco retailer violation programs. Carole Meredith from the Department of Mental Health and Addiction Services gave some background and information on the department's current efforts in this area. She will prepare written information to share with the board for their next meeting.</p>
Discussion of 2013 Funding Recommendations	<p>The chair asked for board input and discussion regarding funding priorities for 2013.</p> <p>The chair reviewed two potential opportunities for funding submitted by Robert Leighton: (1) prevention initiatives through the CT Alliance Boys and Girls Club; and (2) expansion of target population for QuitLine services through ProChange. The chair also reviewed another potential funding opportunity that is supported by three Greenwich legislators: Teen Kids News series of anti-tobacco segments. The Teen Kids News group will be asked to attend the next meeting to explain their funding proposal more thoroughly.</p>

	<p>Barbara Walsh from the Department of Public Health will prepare information on previously funded existing contracts to present at the next meeting in order to facilitate priority setting and determine the level of existing need. She will also provide information on the evaluative aspects of the funded proposals.</p> <p>Patricia Checko motioned to make a recommendation to fund the Department of Correction (DOC) proposal for its second year, to honor the board's prior commitment. The motion was seconded by Elaine O'Keefe. The board unanimously approved the motion on a voice vote. DOC will present on their work to date.</p> <p>Ellen Dornelas discussed making impoverished populations a priority for funding.</p>
Next Steps	<p>The chair announced that a survey will be circulated to determine board members' availability for the next meeting.</p> <p>The meeting adjourned at 4:00 p.m.</p>

Meeting Summary

Tobacco and Health Trust Fund Board

October 2, 2013

2:00 p.m.

Room 2A

450 Capitol Avenue

Hartford, Connecticut

Members Present: Anne Foley, Katherine Lewis, Elaine O'Keefe, Ellen Dornelas, Diane Becker (by telephone), Patricia Checko, Robert Leighton, GERALYN LAUT, Larry Deutsch, Michael Rell, Ken Ferrucci, and Cheryl Resha.

Members Absent: Douglas Fishman, Joel Rudikoff, Cynthia Adams, Robert Zavoski, and Lisa Hammersley.

Welcome	The chair, Anne Foley, noted the presence of a quorum and began the Board of Trustees meeting by having everyone introduce themselves.
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Approval of August 15 th Meeting Minutes	Ellen Dornelas moved approval of the August 15 th meeting minutes. The motion was seconded by Robert Leighton. The minutes were approved unanimously on a voice vote with two abstentions, Michael Rell and Cheryl Resha.
Update on Lung Cancer and Genetic Research Project	<p>The chair reported on the University of Connecticut Health Center’s (UCHC) Lung Cancer and Genetic Research Project. UCHC will receive \$250,000 directly from the trust fund to:</p> <ul style="list-style-type: none"> • develop a virtual biorepository demonstration project • conduct a feasibility study to determine the viability of developing a biorepository for genetic sampling of smokers
Review Status of Current Trust Fund Programs	<p>The Department of Public Health provided a brief update on the current tobacco programs. Highlights include:</p> <ul style="list-style-type: none"> • QuitLine: the current contract with Alere Wellbeing has been extended to serve additional callers through July 2014. • Media Campaign: PITA Communications was selected as the contractor for the media campaign project. • Cessation Programs: Contracts are being negotiated with nine agencies. Programs are expected to begin on November 1st. • Program Evaluation: The University of North Carolina at Chapel Hill was awarded a contract to evaluate the community cessation, media and quiline projects.
Update on the Department of Correction Smoking Cessation Program	<p>The Department of Correction (DOC) provided an update on its Smoking Cessation Program. Major points reviewed include:</p> <p><u>Prevalence Study:</u> Study completed for four facilities (York, New Haven, Hartford, and Manson Youth Institution (MYI)). Prevalence of smokers averaged 70%. Highest prevalence facilities are York (84.4%) and MYI (81.7%). About 50% of the individuals surveyed have attempted to quit smoking at least once and up to five times.</p> <p><u>Integration and Sustainability:</u> Process improvements plans have been developed with 79</p>

	<p>recommendations for implementing the smoking cessation program within all facilities. The recommendations are designed to be sustainable in all facilities.</p> <p><u>Community Collaboration and Outreach:</u> Facilities staff and community partners are working together to ensure continued services are provided to individuals once release from incarceration.</p> <p>DOC also discussed its funding request for year two of the program. The focus is to implement the process implementation plans; focus on community integration, especially at MYI and York; and develop a cessation process for individuals with long sentences re-entering the community.</p> <p>After a brief discussion, members asked DOC to revise and resubmit its budget request to reflect more realistic costs, especially relating to medical supplies, and fringe benefits.</p>
Presentation on Teen Kids News	<p>Albert Primo reviewed the Teen Kids News (TKN) proposal. TKN is seeking \$164,000 to produce 1 to 2 minute segments on anti-smoking information that will be aired once a month. DVD's will be produced and distributed to various schools. The segments will also be available on the TKN You Tube Channel.</p> <p>After a brief discussion, board members requested a more detailed proposal.</p>
Executive Session Discussion of 2013 Funding Recommendations	<p>The chair requested a motion to go into executive session at 3:10 p.m. The motion was made by Cheryl Resha and was seconded by Larry Deutsch. The motion was approved on a voice vote.</p> <p>Michael Rell's motion to give authorization for the tobacco board staff to request additional information and develop a proposal for 2013 funding was seconded by Elaine O'Keefe. The motion was approved on a voice vote with two abstentions by Patricia Checko and Diane Becker.</p>

	The Executive Session ended at 4:10 p.m.
Next Steps	The chair announced that a survey will be circulated to determine board members' availability for the next meeting.

Meeting Summary
Tobacco and Health Trust Fund Board
Wednesday, March 28, 2012
3:00 p.m.
Room 410
State Capitol
Hartford, Connecticut

Members Present: Anne Foley (Chair), Cheryl Resha, Elaine O’Keefe, Patricia Checko, Geralyn Laut, Ellen Dornelas, Diane Becker, and Robert Zavoski.

Members Absent: Nancy Bafundo, Ken Ferrucci, Doug Fishman, Steve Papadakos, Larry Deutsch, Cindy Adams, and Andy Salner.

Item	Discussion/Action
Welcome	The meeting was convened at 3:10 p.m. Members and other attendees introduced themselves.
Approval of December 2010 Minutes	Due to the lack of a quorum, the December 2011 draft meeting minutes will be reviewed and approved at the next meeting.
Review Status of Trust Funds	The Chair reported that \$6,015,000 will be available for disbursement in both fiscal year 2012 and 2013. Upon completion of its recommendations, the Chair suggested that the board share with the Appropriations and Public Health Committees as soon as possible. This may not take place until after the current legislative session.
Review of Current Trust Fund Programs	The Department of Public Health provided a brief update on the current tobacco programs. Highlights include: <ul style="list-style-type: none"> • QuitLine: remaining funds are available for approximately 7 months at an average monthly cost of \$150,000-\$180,000. DPH is working with DSS to develop and implement a memorandum of understanding for reimbursement for tobacco cessation treatment rendered to Medicaid clients.

- Cessation Media Campaign: contract with Cronin and Company began advertisement of anti-tobacco efforts. The media campaign is starting the “Tobacco, It’s a Waste” Youth Campaign including a video contest to create a 30 second TV commercial. For 19-24 year old age group, a casting call will take place in September or October to produce a series of webisodes to air through social media.
- Community Based Cessation Programs: currently six sites are administering tobacco cessation program throughout the state. One of the sites, Communicare, Inc. is providing specialized tobacco cessation services to patients with severe mental health issues.
- Brief Intervention Counseling: Windham Community Memorial Hospital is offering brief interventions to emergency room patients, visitors, and their family members.
- Innovative Prevention Programs for School-Aged Youth: contracts up and running providing tobacco use prevention and cessation programs to youth.
- Evaluation: continue evaluation on the funded programs.

Board members requested additional information on the programs listed above, including, but not limited to:

	<ul style="list-style-type: none"> • Report on the Statewide Tumor Biorepository Feasibility Study • Executive Summary of the CHC Pregnant Women Program • The cost per program, identify successful programs and services, and report on quit rates. • Status report on the Cessation Program for individuals with serious mental illness. • Information regarding school based anti-tobacco efforts in Massachusetts. • Detail proposal from the Judicial Branch regarding tobacco cessation programs targeted to AIC program participants, both adults and children. • The impact of increases in state cigarette excise taxes versus cessation programs resulting in reduced tobacco use. • CT's spending level on anti-tobacco efforts as compared to other states. • Information on grassroots prevention and cessation activities under the counter-marketing media campaign.
Discussion of FY12 Funding Recommendations	Members discussed recommendations for the 2012 disbursement of \$6,015,000. Members suggested funding for: cessation programs, QuitLine and a brief intervention program targeting the AIC population. Members agreed to hold a public hearing in April.
Next Meeting	The next meeting will be in April prior to the public hearing.