Agenda

DRAFT

Tobacco & Health Trust Fund Board

Friday, June 12, 2009
10:00 a.m. to 12:00 noon

Room 410
State Capitol

I. Welcome and Introductions

II. Approval of October and December Minutes

III. Legislative Update 2009

IV. Update on FY 08 Cessation Programs and Evaluation by DPH

V. Statue of FY 2009 Disbursement by DPH

a. Quitline
b. Counter-Marketing
c. Community-Based Cessation
d. Cessation for Individuals with Serious Mental Illness
e. School-Based Prevention
f. Lung Cancer Research Tissue Repository and Database
g. Evaluation

VI. Board Appointments

VII. 2009 Meetings
July 17, August 14, September 18, October 16, November 13

and December 18

DRAFT Meeting Summary

Tobacco and Health Trust Fund Board Meeting
Friday, October 17, 2008
10:00 a.m. – 12:00 noon

Room 410
State Capitol
Hartford, Connecticut

Members Present: Anne Foley (Chair), Diane Becker, Pat Checko, Ellen Dornelas, , Norma Gyle, Jerold Mande, Nikki Palmieri, Peter Rockholz, Andy Salner and Robert Zavoski.

Members Absent: Nancy Bafundo, Barbara Carpenter, Larry Deutsch, Douglas Fishman, and Jane Tedder.

Others present: Barbara Walsh (DPH), Carol Meredith, and Joan Soulsby (OFA).

Item	**Discussion/Action**
Welcome and Introductions	The meeting was convened at 10:10 a.m. The Chair introduced Jerold Mande as a new member of the board. The Chair asked members and other participants to introduce themselves to the group.
Approval of September Minutes	The draft meeting minutes of the September 12 board meeting were approved with one change: remove "on a month by month basis under the quitline recommendation". The motion, approved on a voice vote, was made by Ellen Dornelas, and seconded by Andrew Salner with Robert Zavoski abstaining.
Review Draft FY 2009 Report	Board members discussed the draft 2009 report including six recommendations for disbursement. Acceptance of report was moved by Patricia Checko and seconded by Andrew Salner with the following changes: revise table A – board fiscal activities to include totals; revise description under the Lung Cancer

	Research Tissue Repository and Database under the fiscal year 2009 disbursement proposal to replace fresh lung cancer tissue with tissue, serum and data from lung cancer patients for molecular and generic analysis; under quitline description (second paragraph – page 22) delete month by month basis; under countermarketing description (last paragraph – page 22) add with demonstrated efficacy at the end of the last sentence; under cessation programs for individuals with serious mental illness under the first paragraph-page 25 add SUD "only"; under lung cancer research tissue repository and database –page 30 fourth paragraph delete "fresh" and add tissue, serum and data from lung cancer patients; and last paragraph on page 30 add a statement requiring DPH to accomplish both activities within the recommended disbursement amount. The report was approved on a voice vote. Members also made the following recommendations to consider in the next report: place disbursement recommendation in the beginning of the report; add an executive summary; combine cessation program and quitline as one line item; update the guiding principles for disbursement of funds; and develop info on "what would have happened if funds remained in the tobacco account.
Next Steps and Timeline to Submit Report	The Chair will prepare the final annual report, with FY09 disbursement recommendations, for submission to the legislature by October 21.
Adjourn	The next meeting of the board will be on Friday, November 21 at 10:00 a.m. in Room 410 at the State Capitol.

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DRAFT Meeting Summary

Tobacco and Health Trust Fund Board Meeting
Friday, December 10, 2008

10:00 a.m. – 12:00 noon

Room 410
State Capitol
Hartford, Connecticut

Members Present: Anne Foley (Chair), Diane Becker, Larry Deutsch, Norma Gyle, Cheryl Ann Resha, and Peter Rockholz,

Members Absent: Nancy Bafundo, Richard Barlow, Barbara Carpenter, Patricia Cheko, Ellen Sornelas, Ken Ferrucci, Douglas Fishman, Jerold Mande, Nikki Palmieri, Andrew Salner, and Jane Tedder.

Others present: Barbara Walsh (DPH), Kattie Shuttleworth (DPH), Carol Meredith (DMHAS), Dianne Harnad (DMHAS), Bonnie Smith-(ERASE), Kari Sullivan (SDE)

Item	Discussion/Action
Welcome and Introductions	The meeting was convened at 10:15 a.m.
Approval of October Minutes	Due to the lack of a quorum the draft meeting minutes of the October 17 board meeting will be reviewed and approved at the June 2009 meeting.
Update on FY 08 Cessation Programs and Evaluations by DPH	Barbara Walsh (DPH) updated the board on fiscal year 2008 funded projects. Five community health centers were awarded a contract in the amount of $117,967.50 and one center was awarded $110,162.50. Services to be provided include: assessment of patients for tobacco use and implementation of the DHHS clinical practice guidelines in all clinical services; tobacco use cessation counseling sessions will be provided to pregnant women and women of child-bearing age;

	pharmacotherapy will be provided at no cost to the participant if medically appropriate; follow-up services to prevent relapse; and data collection. The contract covers the period of November 1, 2008 – June 30, 2010. The evaluation of the community health center cessation programs will be conducted by an outside consultant. The consultant will evaluate systems operations, services and activities of the community health centers.
Update on Legislative Approval of FY 09 Recommendations	The Chair thanked each of the board members for their assistance in the development of the 2009 disbursement recommendations. The Chair also thanked members for testifying at the legislative public hearing on the board's 2009 disbursement recommendations. The legislature voted to approve the recommendations.
Status of FY 2009 Disbursement by DPH	Barbara Walsh (DPH) provided an update on the status of the 2009 disbursements. Status of contracts include: Quitline: new contract to be executed by April 1, 2009; Counter-Marketing: draft language is available for comments from the RFP subcommittee; Community-Based Cessation: RFP is in the process of being released; Cessation for Individuals with Serious Mental Illness: DPH is working on a procedure to distribute funds to DMHAS; School –Based Prevention: DPH is working with SDE to ensure funds are transferred; Lung Cancer Research Tissue Repository and Database: DPH is in the process of developing the RFP; Evaluation: draft RFP language is available for comments from the RFP subcommittee.
Tobacco & Health Trust Fund Board Workplan 2009	Pamela Trotman distributed and reviewed the board's 2009 workplan including tasks to be accomplished throughout the year. The Chair noted that approximately $22 million, including the $12 million annual deposit is the total project funds for 2009.
2009 Meeting	The Chair reviewed the meeting schedule for 2009. The Chair will schedule a public hearing in April 2009 and the board agreed to meet at

	least 15 minutes before the hearing begins.
Adjourn	The next meeting of the board will be on Friday, June 12 at 10:00 a.m. in Room 410 at the State Capitol.

DRAFT
Meeting Summary
Tobacco and Health Trust Fund Board Retreat

Friday, July 17, 2009
10:00 a.m. – 10:30 a.m.

Room 1A
Legislative Office Building
Hartford, Connecticut

Members Present: Anne Foley (Chair), Nancy Bafundo, Ken Ferrucci, Diane Becker, Pat Checko, Cheryl Resha, Larry Deutsch, Douglas Fishman, Andrew Salner, and Norma Gyle.

Members Absent: Jayne Tedder, Nikki Plamieri, Barbara Carpenter, Ellen Dornelas, and Robert Zavoski.

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

Item	Discussion/Action
Welcome and Introductions	The meeting was convened at 10:00 a.m. Members introduced themselves.
Approval of October and December Minutes	Norma Gyle moved approval of the Board's October 17, 2008 and December 10, 2008 meeting minutes. The motion was seconded by Pat Checko and approved on a voice vote with the provision that Cheryl Resha and Ken Ferrucci be added to the list of members. There were two abstentions: Nancy Bafundo and Douglas Fishman.
Review of Legislative Action and Status of Trust Fund	The Chair updated the board on legislative action taken during the 2009 regular session of the General Assembly which impacts the Tobacco and Health Trust Fund. Three public acts transferred a total of $21,572,000 from the trust fund into the state General Fund in order

	to mitigate the state budget deficit for fiscal year 2009. The Chair identified an $11.1 million balance in the trust fund as of June 30, 2009 and estimated that, if no further changes are made, approximately, $6.3 million will be available to the board for disbursement for fiscal year 2010. The chair agreed to provide the following information at the next Board meeting: • A list of the various programs for which $13.95 million in trust funds were transferred in FY09; • Aggregate amounts for the trust fund status; and • Aggregate amount of Tobacco Settlement Funding for Connecticut to-date.
Update on FY 08 Cessation Programs and Evaluation	Barbara Walsh of DPH gave a status report on FY 08 cessation programs and evaluation contract. The contract period covers November 1, 2008 - June 30, 2010. Cessations services are running at each site and all sites are providing pharmacotherapies. Second quarter reports were submitted to the Department for analysis. Results will be shared with the board. The evaluation consultant's contract covers November 2008 – June 2010. The evaluator met with each Community Health Center to discuss evaluations procedures and protocols. The Department has received data and reports that are being reviewed. Results will be shared with the board.
Update on FY 09 Disbursements	Contracts for fiscal year 2009 are not fully executed, but are expected to be executed by September 1. Board members commended DPH, particularly Barbara Walsh, for their commitment and dedication in the development and implementation of contracts

	that address the request of the Board and Connecticut's residents.
Board Appointments	The appointment of the following members has expired: Nancy Badundo, Cheryl Resha, Ellen Dornelas, Diane Becker, Jane Tedder, and Andrew Salner. OPM will follow up with their appointing authorities. OPM will request replacements for Jerold Mande and Peter Rockholz who have resigned from the board and Barbara Carpenter who has not attended meetings.
2009 Meetings	The Chair reminded members that the next Board meeting will be held on Friday, August 14 from 10 a.m. to noon in the State Capitol Room 410. Additional meeting are scheduled for September 18, October 16, November 13, and December 18. The meeting was adjourned at 10:30 a.m.

DRAFT
Meeting Summary

Tobacco and Health Trust Fund Board
Friday, August 14, 2009
10:00 a.m. – 12:00 noon

Room 410
State Capitol
Hartford, Connecticut

Members Present: Anne Foley (Chair), Diane Becker, Ellen Dornelas, Cheryl Resha, Douglas Fishman, Andrew Salner, Nikki Palmieri, and Robert Zavoski.

Members Absent: Jane Tedder, Barbara Carpenter, Nancy Bafundo, Patricia Checko, Larry Deutsch, Ken Ferrucci, and Norma Gyle.

Others present: Pam Trotman (OPM), Barbara Walsh (DPH), Dianne Harnad (DMHAS), Bonnie Smith (ERASE), Kathleen Misale (ERASE), Doreen DelBianco (DMHAS), Marlene McGann (MAWSAC), Jenifer Dewitt, (CNVRAC) and Naga Kanaparthy (UCHC).

Item	**Discussion/Action**
Welcome and Introductions	The meeting was convened at 10:05 a.m.
Approval of July Minutes	Due to the lack of a quorum, the July 2009 board meeting minutes will be approved at the September meeting.
Review Status of Trust Fund	The Chair identified an $11.1 million balance in the trust fund as of June 30, 2009. Provided no additional changes are made, approximately, $6.3 million will be available to the board for disbursement for fiscal year 2010. The chair reviewed the following information which was requested at the July meeting: • A list of programs for which $13.95 million in trust funds were transferred in FY09;

	• A table showing aggregate amounts to-date for the trust fund and the Tobacco Settlement Funds for Connecticut.
Review Previous Disbursements and Guiding Principles	The chair reviewed a table identifying the board's disbursements of $9,149,556 from FY 03-FY 09. The chair reviewed the board's statutory mandates and guiding principles for funding decisions. The board agreed to focus on tobacco- related activities. The board also agreed to prioritize disbursements recommendations in the event of reduced funding. Members were asked to provide information on the availability of private matching funds that may be used in the upcoming fiscal year.
Review Public Testimony Received	The chair summarized the information gathered from the public hearing regarding recommendations for fiscal year 2010 disbursement.
Develop Preliminary Recommendations for FY10 Disbursements	After the review of disbursements for FY 09, board members focused discussion on expanding existing contracts with slight modifications in funding level, services, and geographic areas. They include: counter-marketing (add additional funds to the contract to increase media campaigns); community –based cessation programs (expand program to offer services in high priority areas not currently served); cessation for individuals with serious mental illness (determine if there is another population to serve); QuitLine (continue services but add NRT); school-based prevention (rethink concept); lung cancer pilot (pending results of the feasibility study) evaluation (funds to cover additional service areas and new or expanded services). Representatives

	from each of the current contracts will be invited to attend or be available via telephone at the September meeting to answer questions about their programs. Members also discussed two additional recommendations for disbursement to: (a) provide administrative funds to expand a Research Associates Program which supports volunteer college students in hospital emergency rooms to perform brief interventions and clinical research studies relating to tobacco use; and (b) provide funds for the care of Hospice patients and families to cover unmet physical and mental heal needs.
Review Upcoming Meeting Dates	The Chair reminded members that the next Board meeting will be held on Friday, September 18 from 10 a.m. to noon in the State Capitol Room 410. Additional meeting are scheduled for October 16, November 13, and December 18. The meeting was adjourned at 12:00 noon.

STATE OF CONNECTICUT
FLOW OF TOBACCO SETTLEMENT FUNDS
(All Amounts in Millions of Dollars)
September 2009

	ACTUAL FY2000	ACTUAL FY2001	ACTUAL FY2002	ACTUAL FY2003	ACTUAL FY2004	ACTUAL FY2005	ACTUAL FY2006	ACTUAL FY2007	ACTUAL FY2008	ACTUAL FY2009	Estimated FY2010	Estimated FY2011
Tobacco and Health Trust Fund (35007)												
Carried Forward from Previous Year	--	20.2	41.1	53.1	1.1	0.6	0.0	18.1	21.3	29.4	11.7	5.5
Transfer from Tobacco Settlement Fund	20.0	19.5	17.4	0.0	12.0	0.0	18.6	12.0	13.2	24.3	12.0	12.0
Interest	0.2	1.4	1.8	0.2	0.0	0.0	0.1	0.8	0.9	0.4	0.1	0.0
Funds Available	20.2	41.1	60.3	53.3	13.1	0.6	18.7	31.0	35.3	54.1	23.8	17.5
Use of Interest and principal	--	--	(0.8)	(0.6)	0.0	0	0	0.0	(0.9)	(6.9)	(6.4)	(5.7)
Transfer to General Fund	--	--	0.0	(48.2)	(12.0)	0.0	0.0	0.0	0.0	(21.6)	(10.0)	(10.0)
Capital Gain/Loss			(1.5)	(0.8)								
Transfer of Principal for Various Programs	--	0.0	(4.9)	(2.6)	(0.5)	(0.6)	(0.6)	(9.7)	(5.1)	(14.0)	(2.0)	(1.8)
Funds Used	--	0.0	(7.2)	(52.2)	(12.5)	(0.6)	(0.6)	(9.7)	(6.0)	(42.4)	(18.4)	(17.5)
Balance on June 30	20.2	41.1	53.1	1.1	0.6	0.0	18.1	21.3	29.4	11.7	5.5	0.0

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Department of Public Health – Programs Funded -- 2009
Tobacco and Health Trust Fund

Contractor	Description of Services	Target Population	Est. Number to be Served	Geographic Area for Services	Funding Level	Additional Info
AIDS Project New Haven	Community Tobacco Use Cessation Program - Individual and Group Counseling with Pharmacotherapies and Relapse Prevention	Low-socioeconomic status (SES), HIV-positive clients and Lesbian/Gay/Bisexual/Transgender (LGBT) tobacco users	100	New Haven County	$70,290	HIV specialty clinics at Yale-New Haven Hospital and the Hospital of Saint Raphael
Hartford Gay and Lesbian Health Collective		LGBT tobacco users in community based organizations and AIDS service organizations	296	Hartford, New Haven and Norwalk	$94,230	Organizations include; PFLAG, OASIS, True Colors, Imperial Court, The Rainbow Center
Hospital of St. Raphael		Haelen Center- HIV Infected Women's Center- OB/GYN women's services.	200	New Haven, East Haven, West Haven, Hamden and North Haven	$51,248	The Women's Center (obstetric and gynecologic care), and outpatient HIV clinic
Community Health Center, Inc.		Low SES – (approx 53% receive Medicaid and 25% are uninsured)	2000	Middletown, New Britain, Meriden, Clinton, Danbury, New London, Groton and Enfield	$42,450	Community Health Center's primary care sites and school-based health clinics
Generations Family Health Center		Elderly, homeless, low-income children, immigrants and migrant workers	100	Windham, Willimantic, Norwich and Danielson	$43,700	Health Care to Homeless, Ryan White Title C & D, Children in foster care, Healthy Start and Migrant Farmworkers

Fair Haven Health Clinic, Inc.		Low-SES (70% Latino)	300	New Haven	$66,712	Fair Haven Community Health Center and satellites at the Bella Vista Elderly Housing Complex and the five school-based health centers.
Ledge Light Health District	Community Tobacco Use Cessation Program including Group Counseling with Pharmacotherapies and Relapse Prevention	General Population (Community breakdown approx. 38% White, 16.5% African American, 22.9% Hispanic, 18.2% Multi-race and 4.3% Asian)	100	East Lyme, Groton, Ledyard, New London and Waterford area	$43,826	Local grocery stores, churches, pharmacies, doctor's offices, public housing complexes and schools
CommuniCare, Inc.	Specialized Tobacco Use Cessation Programs for Seriously Mentally Ill Patients or those with co-occurring SMI & Substance Use Dependence, Training & Oversight	Those with serious mental illness, or those with co-occurring substance use disorder and serious mental illness.	1,620	Hartford, New Haven County, Shelton, Tolland County	$1,199,687	Member agencies include Harbor Health Services, Birmingham Group Health Services, Fellowship Place, Bridges, Rushford Center, Hartford Behavioral Health, and Community Health Resources.
Cronin and Company	Countermarketing Campaign includes prevention messaging for youth and young adults, cessation messaging for adults. Components will include media literacy workshops with key stakeholders to identify	All Connecticut residents. Specific components will be developed for middle and high school youth, college youth and young adults, straight to work young adults, and	92% Reach	Statewide Focus Groups will be held in Hartford and Norwalk.	$1,999,820	Campaign will be conducted in English and Spanish.

	needed messages, audience-generated TV spots with a video contest for middle, high school, and college youth; focus groups to assist with program messaging, utilization of social media, YouTube, and television campaigns; and grassroots organization to reach each group.	adults.				
Professional Data Analysts, Inc.	Program Evaluation	Components to be Evaluated include the Telephone Quitline, community and specialized tobacco use cessation programs, school-based tobacco use prevention and cessation programs, and the biorepository project.	N/A	N/A	$500,000	
Free and Clear, Inc.	Tobacco Use Telephone QuitLine	All Connecticut residents.	6,000	All Connecticut residents, accessed via a toll-free telephone number.	$2,298,000	Amount includes CDC and Trust Funding
Unknown Contractor: Proposals are due on October 30, 2009	School-Based Tobacco Use Prevention and Cessation Programs	K-12 students in Connecticut public school districts.	Still unknown	Still unknown	$500,000	RFP was re-released in June 2009 with an October response date.
University of Connecticut School of	Feasibility Study for the development of a statewide biorepository	Residents of CT with cancer (approx. 20,000 cases per year,	N/A	N/A	$250,000	MOA Period September 2009 – August 2010

Medicine/UConn Health Center	for tumor tissue, Demonstration Project for a lung tissue biorepository.	specifically lung cancer (approx. 2,600 cases diagnosed per year.				

title, study objectives, methods (include design, setting, type of participants), results, and conclusion. The abstract should be written in complete sentences using grammatically correct English. Spell out all abbreviations on first usage. Abstracts are limited to 3000 characters. Accepted abstracts will be published as received; no copy editing will be performed.

An Emergency Department Intervention For Tobacco Cessation Among Patients and Visitors Utilizing Pre-Health Professional Students As Research Associates

There is potential for public health interventions, such as referral to tobacco cessation programs, for the estimated more than half the U.S. population coming to an emergency department (ED) as a patient or visitor each year. Clinical ED personnel focused on care of the emergency problem cannot be expected to provide such additional services. However, the pre-health professional students looking for clinical experience may offer a willing work force who could accomplish this work.

Study Objectives

Using pre-health professional students as Research Associates (RAs),

1. To assess tobacco use among adult non-emergent ED patients and visitors
2. To determine rate of referrals to a telephone-based tobacco cessation service

Methods

Design: prospective, observation and intervention, convenience sample. Setting: urban, community teaching hospital ED with an inner-city and suburban catchment area. Type of participants: non-emergent patients and visitors; RAs, volunteer college and post-baccalaureate students interested in a career in the health professions, trained in clinical research methods and the study protocol

During weekly four-hour shifts, RAs approached as many non-emergent patients and visitors 18 years of age or older as possible. After obtaining informed consent, they used a scripted format to get demographic information and a detailed tobacco history. If a subject had used tobacco products for > 30 days at any time in their lives, they were offered a referral to the Connecticut Quitline, a service provided by the CT Department of Public Health. Those who indicated an interest in stopping tobacco use or to have help maintaining their tobacco cessation had a referral request and contact information sent to Free and Clear, Inc., the agency responsible for implementing Connecticut Quitline's treatment program. Free and Clear, Inc. provides a validated, free, telephone-based tobacco cessation program, funded by monies from the tobacco companies' settlement.

Results

Over 21 weeks during the spring and summer semesters of 2008, 63 RAs approached 4613 potential subjects. 893 (19%) refused enrollment. RAs successfully enrolled 3125 (67%) to study completion, 53% patients and 47% visitors. Among our subjects, 1682 (54%) used tobacco for > one month at some time in their lives and 1615 (96%) used cigarettes. The average age of those using tobacco products was 17 years (range 5 – 54) when they started smoking, and the average duration of tobacco use was 22 years (range < 1 - 76). 681 (22%) subjects had used tobacco within the last 30 days. Of those subjects who used tobacco for > one month in their lives, 299 (18%) accepted a CT Quitline referral. For those who used tobacco within the last 30 days, 261 (38%) were referred.

Conclusions

RAs were able to arrange referrals to a free tobacco cessation service for a large number of tobacco users among ED patients and visitors. This study demonstrates the potential for a substantial public health intervention in the emergency department setting with minimal financial impact.

Characters = about 2500

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Marcel P. Blanchet, CIO
The Connecticut Hospice
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Statement from the Connecticut Hospice, First Hospice in America and the First Pediatric Hospice in the United States.

As a direct result of the use of tobacco, the Hospice community has been burdened with the task of caring for patients and families that have been stricken with tobacco related diseases. It is a daily financial challenge for The Connecticut Hospice and its healthcare professionals, as we provide quality and costly services with the end result of death. The Connecticut Hospice provides care to patients regardless of their ability to pay and we provide them with compassionate, quality end of life care with dignity as long as life lasts. The Connecticut Hospice has seen thousands of tobacco related diseases cut into the fabric of many families and their loved ones. The first principle of Hospice care is the idea that the patient and family is the unit of care. It is our recommendation that the Connecticut Tobacco & Health Trust

Fund Board of Trustees consider disbursement of some of these funds for the care of Hospice patients and families during their last days of life to cover unmet physical and mental health needs.

The direct result of tobacco related diseases, that claim the lives of countless Connecticut citizens, contributes to the largest portion of health care costs prior to their end of life.

The Connecticut Hospice has proven that quality and compassionate end of life care to their patients and families helps with coping and the support needed during this sometimes cruel and painful dieing process.

It is true that some of our Hospice patients continue smoking up until their last hour. This is how addictive tobacco use in its ugliest form truly is. The Connecticut Hospice strongly recommends to the Connecticut Tobacco & Health Trust Fund Board of Trustees that it consider funding The Connecticut Hospice and its end of life programs to cover the costs of unmet physical and mental health needs of its patients and families afflicted with tobacco related diseases.

Tobacco and Health Trust Fund Board
Summary of 2009 Testimony Received

Testimony was received from 18 individuals associated with the following organizations:

- Connecticut Hospice
- Yankee Institute
- A Parent
- CommuniCare Inc.
- Research Associates Program
- Middlesex County Substance Abuse Action Council
- Local Prevention Council
- CTPTA
- American Lung Association of New England
- Prevention Committee of the Connecticut Cancer Partnership
- Campaign for Tobacco Free Kids
- City of West Haven, Department of Public Health
- Hospital of Saint Raphael
- Windham Community Memorial Hospital
- Connecticut Prevention Network
- A Respiratory Therapist
- Connecticut Association of Directors of Health
- Windham Region Chamber of Commerce

Support from multiple sources was expressed for:

1. Tobacco Prevention
   a. For children and youth
   b. School-based programs including after school programs
   c. Community based program including:
      i. Boys and girls clubs and faith based efforts
      ii. Billboards
      iii. Presentations to youth and parents and others
      iv. Mailings

2. Smoking cessation
   a. Community based or by local health departments
   b. With NRT
   c. For mentally ill, youth, or persons with HIV
   d. $100 reimbursement for any health class completed

3. QuitLine
    a. With NRT

4. Research Associates Program

5. Counter-marketing including media campaigns

Support from one source was received for:

1. Hospice Services
2. Data Collection and Administration
3. Treatment for illnesses caused by smoking – e.g. pulmonary rehabilitation
4. Increased enforcement
5. Oral cancer pilot
6. Access to mental health services for persons with HIV
7. Nutrition programs for persons with HIV

Tobacco and Health Trust Fund Board
Public Hearing Summary

July 17, 2009
Room 1A, Legislative Office Building
Hartford, Connecticut

The Tobacco and Health Trust Fund Board held its second annual public hearing on Friday, July 17, 2009 to seek input and recommendations for disbursement of trust funds. The following seven individuals provided oral testimony at the public hearing:

1. Marcel Blanchet, Connecticut Hospice
2. Fergus Cullen, Yankee Institute
3. Gwen Samuel, Parent
4. Tony Corniello, CommuniCare Inc.
5. Keith Bradley, Research Associates Program
6. Betsey Chadwick, Middlesex County Substance Abuse Action Council
7. Geralyn, Laut, Local Prevention Council

In summary, the individuals testifying recommended funding be provided for: hospice services, cessation programs for individuals with mental illness, brief intervention programs at hospital emergency departments, local prevention efforts, and training. In addition, testimony recommended advocacy for additional Tobacco Settlements Funds to be dedicated to anti-tobacco efforts.

Marcel Blanchet, Connecticut Hospice

- Provide funds for the care of Hospice patients and families during their last days of life to cover unmet physical and mental health needs;
- Services should include support services for families, patient therapies, and bereavement counseling.

Fergus Cullen, Yankee Institute

- Advocate for increased transfer of Tobacco Settlement Funds to the Tobacco and Health Trust Fund for disbursement for tobacco related programs and services.

Gwen Samuel, Parent

- Focus on tobacco prevention for children.
- Engage and educate communities through grassroots initiatives
- Foster parent advocacy by engaging and training parents
- Mobilize collaboration between communities and existing agencies, programs and services
- Build on existing programs such as after-school programs, Boys and Girls Clubs, and faith-based programs

Tony Corniello, CommuniCare, Inc.

- Continue to devote funds to smoking cessation treatment for people with serious mental illness.

Keith Bradley, Research Associates Program

- Fund a Research Associates Program in which college students interested in health professions volunteer to work in the emergency department of local hospitals to assist in brief interventions and clinical research studies relating to tobacco.
- Provide administrative funds to maintain and expand the Research Assistance Program which currently operates in Bridgeport Hospital and St. Vincent's Hospital. Funding could include student scholarships and training.

Betsey Chadwick, Middlesex County Substance Abuse Action Council

- Coordinate with the Regional Action Councils and Local Prevention Councils to supplement work focused on tobacco issues such as local billboards

Geralyn Laut, Local Prevention Council – Glastonbury

- Support recommendations provided by the Research Associates Program
- Fund training for current and future health care providers

In addition, written testimony from four individuals and organizations was received via email prior to the public hearing and distributed to Board members at that time. In general, the written testimony recommended disbursement of trust fund for : school-based and community-based prevention for youth; cessation programs including those targeted to youth; QuitLine including

nicotine replacement therapy; media campaign; and data collection and administration.

Marne Usher (President), Peg Perillie (Health & Welfare Commissioner), and Michael Taylor (Legislative VP), CTPTA

- Increase funding for School-Based Prevention Programs
- Increase the school district participation in prevention programs
- Enhance outreach and marketing of the Request for Proposal process
- Fund cessation programs

Margaret LaCroix, American Lung Association of New England

- Support funding for QuitLine, Nicotine Replacement Therapy (NRT), and community based smoking cessation programs.

Elaine O'Keefe, Prevention Committee of the Connecticut Cancer Partnership

- Fund cessation interventions including maintaining QuitLine
- Fund school-based prevention programs.

Kevin O'Flaherty, Campaign for Tobacco Free Kids

- Disburse 45-50% of available funding for state and community interventions including school-based prevention, community prevention and cessation assistance.
- Disburse 25% of available funds for a media campaign
- Disburse 20% of available funds for QuitLine
- Disburse 5% for data collection including evaluation; and
- Disburse 3% for administration and management.

Tobacco and Health Trust Fund Board
Public Hearing

Friday, July 17, 2009
10:30 a.m.
Legislative Office Building
Room 1A

Print Name	Print Agency
1. MARCEL Blanchet	The Connecticut Hospice
2. FERGUS CULLEN	YANKEE INSTITUTE
3. Gwen Samuel	African American Parent - mother of 4
4. Tony Corniello	CommuniCare Inc.
5.	
6.	
7.	
8.	
9.	
10.	

Print Name	Print Agency
(5) 11. Keith Bradley	Research Assoc. Program
(6) 12. Betsey Chadwick	Middlesex County Substance Abuse Action Council
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	

(7) Ms Laught – SA tx – Brief interventions –
Supports Keith Bradley's approach.
Health providers – dental hygienists

Marcel P. Blanchet, CIO
The Connecticut Hospice
100 Double Beach Rd
Branford, CT 06405
203-315-7520
mblanchet@hospice.com

Statement from the Connecticut Hospice, First Hospice in America and the First Pediatric Hospice in the United States.

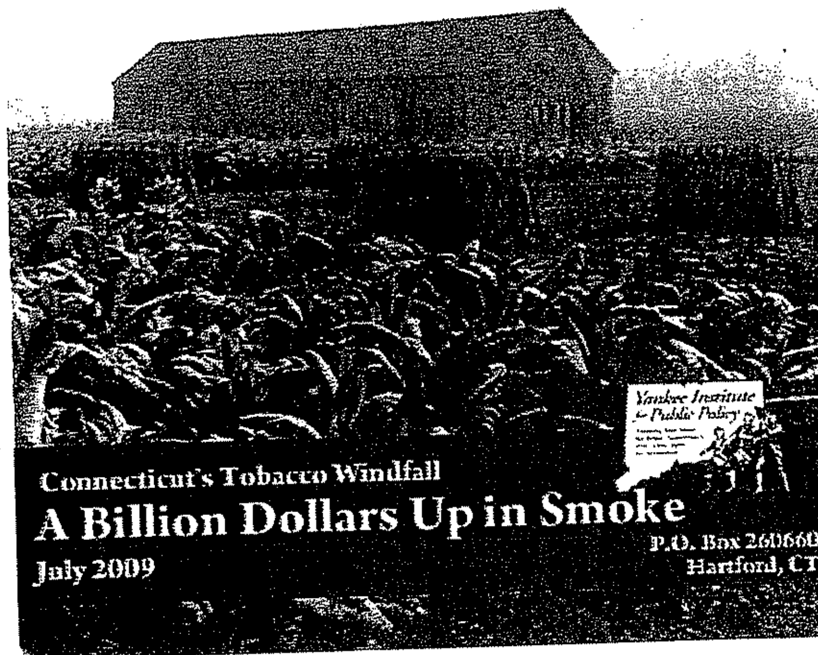
As a direct result of the use of tobacco, the Hospice community has been burdened with the task of caring for patients and families that have been stricken with tobacco related diseases. It is a daily financial challenge for The Connecticut Hospice and its healthcare professionals, as we provide quality and costly services with the end result of death. The Connecticut Hospice provides care to patients regardless of their ability to pay and we provide them with compassionate, quality end of life care with dignity as long as life lasts. The Connecticut Hospice has seen thousands of tobacco related diseases cut into the fabric of many families and their loved ones. The first principle of Hospice care is the idea that the patient and family is the unit of care. It is our recommendation that the Connecticut Tobacco & Health Trust

Fund Board of Trustees consider disbursement of some of these funds for the care of Hospice patients and families during their last days of life to cover unmet physical and mental health needs.

The direct result of tobacco related diseases, that claim the lives of countless Connecticut citizens, contributes to the largest portion of health care costs prior to their end of life.

The Connecticut Hospice has proven that quality and compassionate end of life care to their patients and families helps with coping and the support needed during this sometimes cruel and painful dieing process.

It is true that some of our Hospice patients continue smoking up until their last hour. This is how addictive tobacco use in its ugliest form truly is. The Connecticut Hospice strongly recommends to the Connecticut Tobacco & Health Trust Fund Board of Trustees that it consider funding The Connecticut Hospice and its end of life programs to cover the costs of unmet physical and mental health needs of its patients and families afflicted with tobacco related diseases.



Connecticut's Tobacco Windfall:
A Billion Dollars Up In Smoke
By
Tamara Tragakiss

P.O. Box 260660 Hartford CT 06126-0660 * Phone (860) 297-4271 * Fax (860) 987-6218 *
www.yankeeinstitute.org

About the Yankee Institute

The Yankee Institute for Public Policy, Inc. is a nonpartisan educational and research organization founded more than two decades ago. Today, the Yankee Institute's mission is to "promote economic opportunity through lower taxes and new ideas for better government in Connecticut." The Yankee Institute for Public Policy, Inc. is classified by the Internal Revenue Service as a 501 (c) (3) public charity.

"There is a danger to the euphoria that surrounds an unexpected source of revenue. This is the first session since I have been here [in 1992] that there seems to be so little concern with the overall increases in spending, and I think the tobacco settlement is part of that. It's a problem. Legislators have proposals to spend it five times over, and we don't have it once."

— Connecticut State Senator Robert Genuario, on the eve of receiving the first infusion from the 1998 Tobacco Settlement.[1]

"My greatest achievement was going after the tobacco companies. But my biggest disappointment is not being able to determine how the nearly $5 billion in settlement money allocated to Connecticut has been spent."

—Connecticut Attorney General Richard Blumenthal, one of the top five lead attorneys in the 1998 Tobacco Settlement, ten years later.[2]

Executive Summary

In 1998, Connecticut became one of 46 beneficiaries of the multi-state, $246 billion Tobacco Settlement, a deal hammered out in backrooms between Attorneys General and the four major tobacco companies. For Connecticut, the settlement amounts to between $3.6 and $5 billion over the first 25 years of the in-perpetuity agreement. At the time, public health advocates and state Attorney General Richard Blumenthal, who represented Connecticut in the lawsuit, expected that tobacco prevention and treatment programs would receive much of these funds. Ten years later Blumenthal was calling the state's handling of the tobacco revenue "a moral and social failure."[3] Key findings of this report:

- Connecticut has received nearly $1.29 billion from the settlement since distributions began in Fiscal Year 2000.
- Of that, only $23 million, or less than 2% of the total Tobacco Settlement Funds, have been used on programs specific to reducing the number of smokers or anti-tobacco efforts.
- 86% of Tobacco Settlement funds, $1.1 billion, ended up in the General Fund for unrestricted spending.
- The Tobacco Health and Trust Fund, set up to fund tobacco prevention, cessation and health programs, received only $134 million from the Tobacco Settlement over time.
- Raids on that Trust Fund by the General Assembly have resulting in just $9.2 million in spending and a projected balance of just $11.1 million.

- The terms of the agreement allowed the tobacco companies to shift the cost of the settlement to consumers without fear of losing market share.
- Connecticut collected an additional $2 billion in cigarette tax revenue since settlement funds started flowing to the state, bringing the state's total cigarette-related revenue to more than $3 billion during these nine years.
- In 2008, smokers paid the state of Connecticut nearly half a billion dollars in combined cigarette taxes and settlement money.
- Despite all the revenue the state takes in from smokers, Connecticut was ranked 51st in the nation by the Campaign for Tobacco-Free Kids in 2008 for failing to spend enough on tobacco prevention. That year Connecticut spent just $1.19 million on tobacco prevention. For comparison, the Centers for Disease Control recommended $43.9 million.

Taking A Cut: A Brief History of the Tobacco Settlement

In the 1990s, public health advocates achieved what was thought to be a climactic victory in their decades-long fight against Big Tobacco. The anti-smoking advocates believed they had found the "smoking gun:" documents which purported to show that the major tobacco companies had known all along about the health risks associated with smoking and had lied about it.[4] It was not just trial lawyers who took notice. In 1994, Florida became the first state to file suit against tobacco companies to collect damages. This filing was the shotgun that started a race among the states to get their share of any possible deal. Attorneys General across the United States initiated legal actions; Connecticut's Richard Blumenthal took a lead role. By 1998, four states had reached settlements with the major tobacco companies, and the remaining 46 coalesced around a Master Settlement Agreement (MSA).[5]

The states' legal argument focused on smoking-related Medicaid expenses bourn by the states, though their case may have benefited from popular sentiment against the tobacco companies due to the high human costs of tobacco use. These include increased health risks for a wide range of illnesses such as lung cancer, emphysema, and heart disease.[6] In March of 1998, as negotiations for the settlement were underway, the University of California at Berkeley's School of Social Welfare released a report claiming that nationwide, 14.4% of all Medicaid expenses could be attributed to smoking (the report used 1993 data). In Connecticut, the report said, $181.8 million, or 12.56% of the annual Medicaid expenditures, were caused by tobacco use.[7]

In November 1998, four major tobacco companies, R. J. Reynolds, Philip Morris USA, Brown & Williamson Tobacco Corp., and Lorillard, settled with the states. The Master Settlement Agreement, the enforcing document of the tobacco settlement, includes the following major components:

- **Annual Payouts for States.** Beginning in FY2000, states began receiving annual, in-perpetuity payouts estimated to reach $246 billion in the first 25 years, according to the advocacy group Campaign for Tobacco Free Kids.[8]
- **Restrictions on Marketing, Advertising and Lobbying.** The MSA eliminated many types of advertising including billboards and the use of cartoon characters. It restricts the use of tobacco brand names in merchandising and sponsorship of certain types of events, and it prohibits lobbying against certain types of legislation and administrative rules. [9]
- **Protection for Tobacco Companies.** Due to the MSA's protections, the signing companies have been able to pass on the cost of the agreement to consumers without fear of losing market share. The MSA also grants the tobacco companies immunity from most kinds of legal action taken by the states. The agreement drafted by the Attorneys General and the four major tobacco companies includes a monetary incentive for state legislatures to go after non-settling tobacco manufacturers. If a legislature passed a "qualifying statute," that is, one that levied fines on the non-settling companies, the state would be rewarded with the possibility of higher payments over the long-term. All states have passed such legislation. According to Thomas C. O'Brien of the libertarian CATO Institute, the agreement thus allows the settling companies to "engage in a program of price fixing and monopolization." Between 1998 and 2000 the major tobacco companies raised the price for cigarettes by $1.10 per pack, more than covering the expense of the annual payments, the Campaign for Tobacco Free Kids alleges. Since 1998, an additional 40 tobacco companies have joined the MSA.[10]

Expectations Notwithstanding

During the four years of negotiations between the states and the tobacco companies, the public health benefits of the potential agreement were never

far from the talking points of its advocates. In 1997, when states had reached an agreement on a similar plan (which later fell through), *Time* magazine hailed it as the next best thing to a cure for cancer. The Attorneys General were only slightly less effusive. It's "the most historic public-health achievement in history," said Mississippi's Michael Moore. Massachusetts AG Scott Harshbarger, then president of the National Association of Attorneys General, compared it to the discovery of major vaccines.[11] Clearly, the expectation was that the funds would be used to reduce smoking and help tobacco's "victims." The spirit of the agreement comes through in the whereas clauses, including:

> "WHEREAS, the Settling States that have commenced litigation ... [and] have agreed to settle their respective lawsuits and potential claims pursuant to terms which will achieve for the Settling States and their citizens significant funding for the advancement of public health, the implementation of important tobacco-related public health measures, including the enforcement of the mandates and restrictions related to such measures ..."[12]

But has the state of Connecticut used these funds to *significantly* advance public health and implement *important* tobacco-related health measures?

Let the Spending Begin

Almost as soon as the ink was dry on the Master Settlement Agreement, disagreements surfaced about how best to spend the incoming proceeds. Politicians, anti-tobacco groups, and public health advocates all had their own prescriptions.

In 1999 then-Governor John Rowland proposed using most of that year's settlement money for tax rebates, property tax relief and increasing funding to schools. Anti-tobacco advocates had other priorities. They demanded significant spending on tobacco-related youth prevention programs and media campaigns, smoking cessation and other health programs. Attorney General Blumenthal agreed. Democrats in the legislature suggested the establishment of two Trust Funds, each to allocate 50% of the settlement funds. The first Trust Fund would be for tobacco education and the second to help cities pay for schools.[13] A Republican state senator, Robert Genuario—now Secretary of the state Office of Policy and Management—reflected on the situation with sober and prescient words:

> "There is a danger to the euphoria that surrounds an unexpected source of revenue. This is the first session since I have been here [in 1992] that there seems to be so little concern with the overall

increases in spending, and I think the tobacco settlement is part of that. It's a problem. Legislators have proposals to spend it five times over, and we don't have it once."[14]

The first payment to the state arrived in April of fiscal year 2000 via a national escrow fund. The escrow receives payments from all the signing tobacco companies and disburses them to each state. Connecticut's portion goes directly to the State Treasurer, who deposits it into the state Tobacco Settlement Fund. From there, the funds are initially disbursed, annually, according to state law:[15]

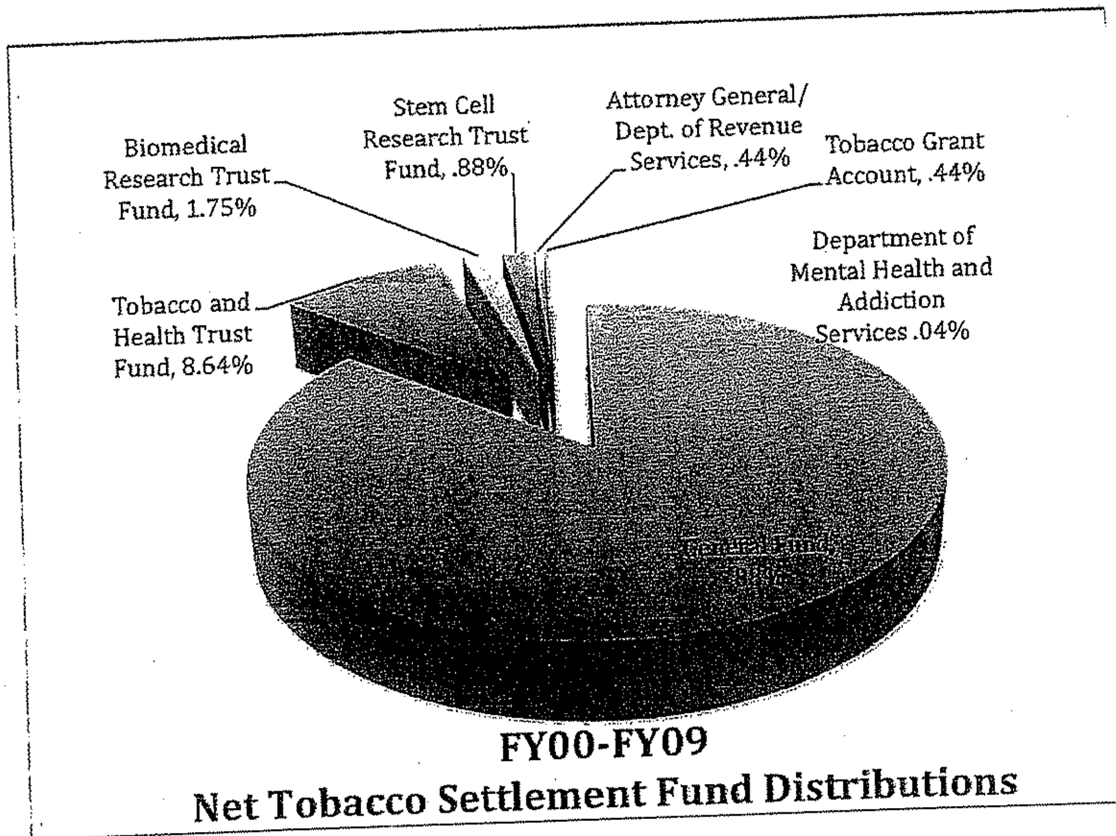
1. $12 million to the **Tobacco and Health Trust Fund**, an independent recommending body established in 2000.
2. $4 million to the **Biomedical Research Trust Fund**, a granting body under the aegis of the Department of Public Health, established in Fiscal Year 2002.
3. $10 million to the **Stem Cell Research Fund**, a granting body also run by the DPH, with disbursements to run from FY2008 through FY2015.
4. $100,000 and $25,000, respectively, directly to the **Attorney General's Office** and the **Department of Revenue Services**.
5. Any amount to the **General Fund** as requested by The General Assembly, for use as unrestricted funds. Unrequested amounts will be deposited in the Tobacco and Health Trust Fund.

But the statute does not tell the whole story.

Over the years the General Fund has absorbed $1.12 billion of the $1.3 billion Tobacco Settlement funds received by Connecticut. Because these monies are unrestricted, they are fungible: The tobacco money may have been spent on roads or education; it may have contributed to tax relief, or it may have given life to any number of legislative pet projects.

[illegible] Tobacco Settlement Funds Net Distribution FY2000-2009

FUND OR AGENCY	Net Distribution (rounded)	% of total
General Fund	$1,117,000,000	86.3%
Tobacco and Health Trust Fund	$122,000,000	9.5%
Biomedical Research Trust Fund	$24,000,000	1.9%
Stem Cell Research Trust Fund	$20,000,000	1.6%
Attorney General/Dept. of Revenue Services	$6,000,000	0.5%
Tobacco Grant Account	$5,000,000	0.4 %
Department of Mental Health and Addiction Services	$500,000	>0.1%
TOTAL	$1,294,500,000	100.0%



(Figures for both charts based on data from the Office of Fiscal Analysis, 2008 and recent updates provided by OFA and the Office of Policy and Management.[16])

Tobacco-Related Spending: $23 Million Over 10 Years

Tobacco-related spending, for the purposes of this paper, is defined as Tobacco-related spending, for the purposes of this paper, is defined as Tobacco Settlement funds spent on any one or combination of the following: smoking cessation programs; marketing of anti-tobacco messages; education and prevention programs for youth and adults; tobacco enforcement; administration related to crafting a tobacco control plan; and medical research that is at least arguably related to diseases for which tobacco-users are at higher risk.[17]

About $23 million dollars of the Tobacco Settlement Funds have been spent on tobacco-related programs as follows:

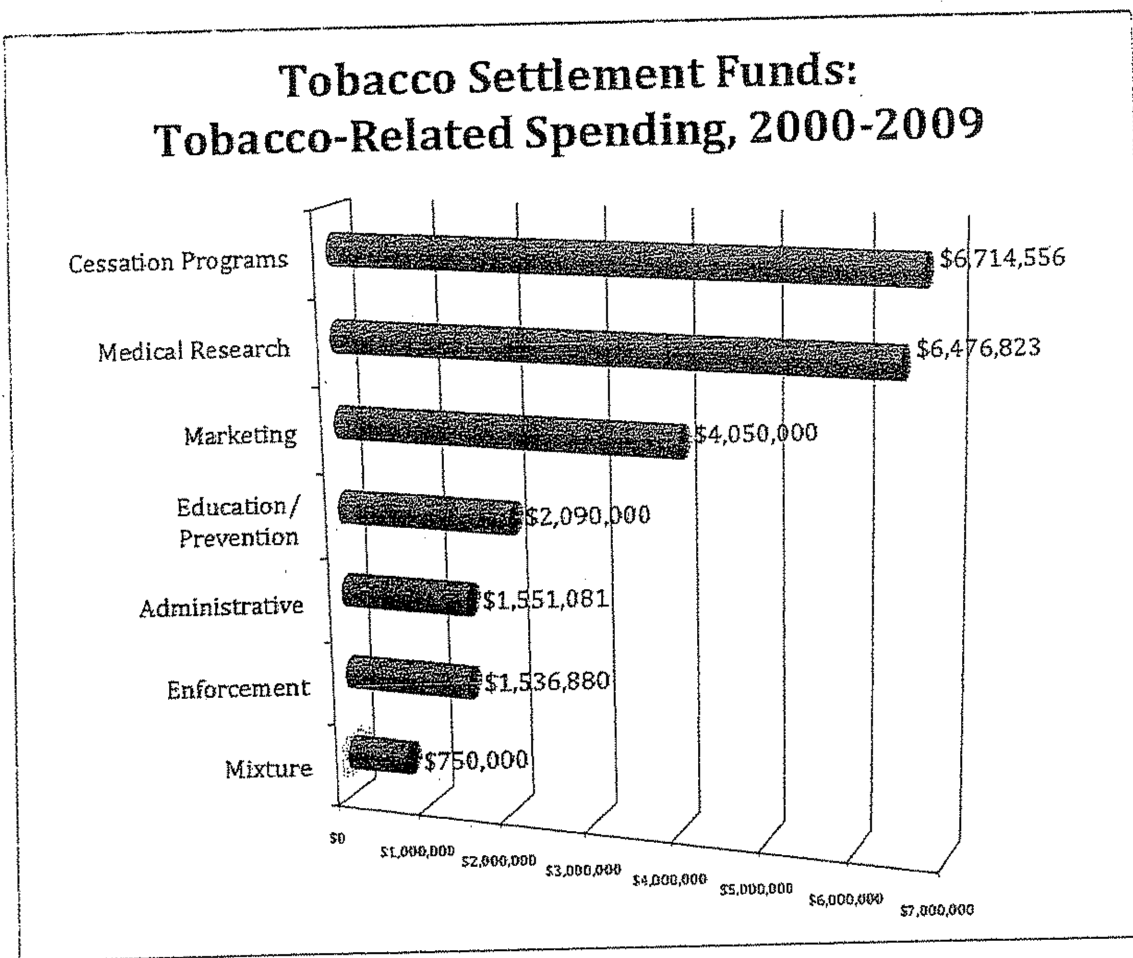
1. The Tobacco and Health Trust Fund: $12.8 million

- Board Recommendations, $9.2 million.
- Other state agencies (through statutory transfers), $3.6 million.[18]

2. The Biomedical Research Trust Fund: $5.9 million spent on 20 grants awarded to two institutions—Yale University and the University of Connecticut.[19]

3. The Tobacco Grant Account (Office of Policy Management): $4.2 million for an anti-smoking media campaign, tobacco enforcement efforts and various tobacco education activities. This account is no longer operative.[20]

Please see the Appendix, Attachments B-F, for itemized breakdowns of these and other expenditures of the Tobacco Settlement Funds.



(Summarizes tobacco-related spending of Tobacco Settlement Funds across various agencies and trust funds. Figures extrapolated from data provided by the Office of Fiscal Analysis and the Fiscal Year 2009 Report of the Tobacco and Health Trust Fund.[21])

Raiding The Tobacco and Health Trust Fund

The Tobacco and Health Trust Fund[22] is the "face" of the tobacco settlement in Connecticut and is by far its largest recipient after the General Fund. Its obligation is to make recommendations to the legislature's Appropriations and Public Health Committees for how these tobacco funds are used. The Trust Fund's stated objectives include the creation of "a continuing source of funds." These funds are to be used on programs that reduce tobacco abuse through prevention, education and cessation programs; that reduce substance abuse; and that "meet the unmet physical and mental health needs in the states."[24]

The trust has received an aggregate total of $134 million in the years since the settlement, beginning with initial grants of $20 million in each of Fiscal Years 2000 and 2001, and $17 million in 2002. By law, at least $12 million from the Tobacco Settlement Fund goes to the Trust.

To help the Trust Fund build an endowment, the legislature imposed restrictions on how much the Trustees could recommend for disbursement—just up to half of the net earnings of the Trust Fund and none of the principal.[25] As a result, the Trust Fund was able to recommend less than $3 million in spending over its first eight years.

In 2008, with prodding from the Governor's office, the legislature increased the amount the Trustees may recommend. The Trustees now have access to the principal itself—one-half of the previous year's annual disbursement or $6 million, whichever is less—plus 100% of the net earnings of the previous year.[26]

With more breathing room, the Board of Trustees recommended the maximum, $6.8 million, for disbursements in FY2009.[27] The recommendations, which were approved by the legislature and detailed in the Trustee's 2009 and subsequent updates (see Appendix A-C) include:

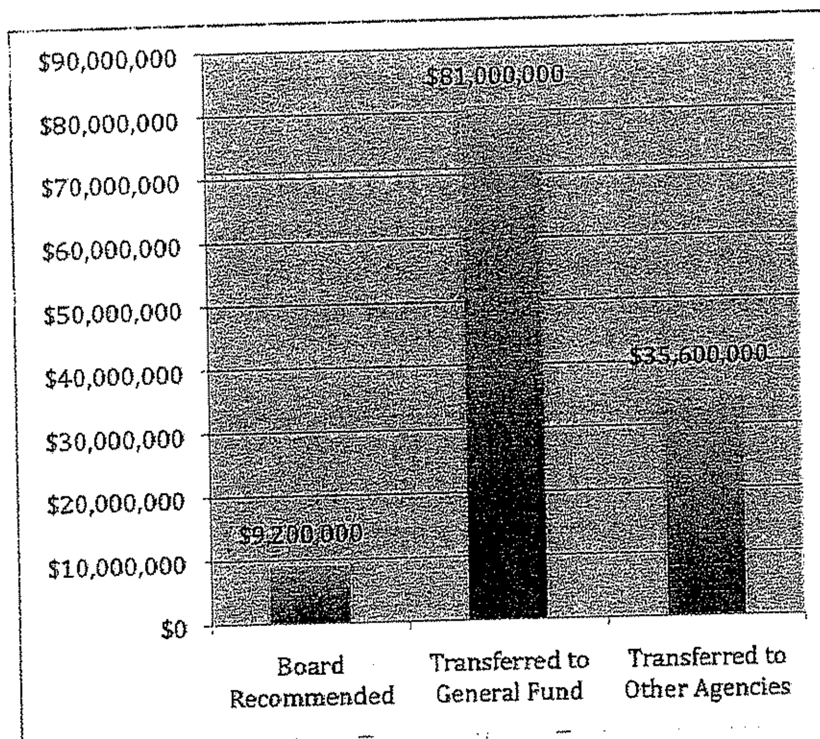
- $2 million to fund an existing tobacco cessation telephone service (information, counseling and pharmacotherapy) known as the Quitline

- $2 million for counter marketing (mass media campaigns to reduce tobacco use)
- $1.2 million for cessation programs for mentally ill individuals
- $500,000 to monitor "program accountability, including progress in achieving outcome objectives."
- $412,456 for "community-based" cessation programs
- $500,000 for 10-20 school districts to support prevention and cessation programs
- $250,000 to create a "Lung Cancer Research Tissue Repository and Database"

But the vast majority of the funds sent to the Trust Fund have been raided by the legislature. Despite having received over $134 million from the Tobacco Settlement over time, the Trust Fund has recommended just $9.2 million in spending and the June 30, 2009 projected balance of the Tobacco and Health Trust Fund stands at just $11.1 million.[28]

For example, in FY2009, statutory transfers bled $14 million from the Trust Fund's balance sheet, including $11 million to the Department of Social Services' Charter Oak Health Plan. The General Fund requested $21.6 million more during its FY2009 budget adjustments.

Tobacco and Health Trust Fund Expenditures: FY2000 – FY2009



(Figures based on data from the Tobacco and Health Trust Fund Fiscal Year 2009 Report, inclusive of estimates for FY2009 as of June 12, 2009.[29])

Stem Cell Research Fund

More tobacco settlement revenue has been spent in one year on controversial stem cell research than the Trustees of the Tobacco and Health Trust Fund have been able to recommend for disbursement over its entire 10-year existence.

While the Trustees of the Tobacco and Health Trust Fund were able to disburse $9.2 million from 2000 to 2009, the Stem Cell Research Trust Fund, which received its first annual Tobacco Settlement infusion of $10 million in FY2008, has already doled out most of that, or $9.8 million. The Research Fund will continue to receive $10 million dollars annually from the Tobacco Settlement through FY2015.[33] (See Appendix, Attachment A, for additional information.)

Outrage from Some Quarters

Connecticut's spending priorities for its share of the Tobacco Settlement funds has not gone unnoticed. In 2008, the Campaign for Tobacco Free-Kids ranked Connecticut dead last among all 50 states and the District of Columbia for spending on smoking prevention programs. In that year, Connecticut spent $1.19 million of federal grant funds on tobacco prevention, but zero of its own. The annual list looks at a state's entire spending across all revenue streams and compares a state's anti-tobacco spending to the Centers for Disease Control's recommended spending levels. In 2009, Connecticut rose to 29th place by spending $8.3 million on tobacco prevention, in large part due to the recommendations by The Tobacco and Health Trust Fund. Yet the CDC recommends Connecticut spend $43.9 million annually, or roughly five times what it does.[34]

In a *New York Times* piece covering the 2008 Tobacco-Free Kids ranking, reporter Alison Leigh Cowan noted that "Connecticut has never spent more than a few million dollars on tobacco prevention or smoking cessation, though it has drawn praise from the group for imposing stiff cigarette taxes and banning smoking in public places." In that same article, Attorney General Blumenthal noted ruefully that "Connecticut has essentially failed in its obligation and opportunity to use money from the tobacco settlement to fight tobacco ... We should be embarrassed and outraged by this evidence of our moral and social failure."[35]

The Campaign for Tobacco Free-Kids considers only spending on tobacco prevention, and does not factor in spending for other tobacco-related causes such as cessation programs and disease research.

What of Those Cigarette Tax Monies?

Focusing on the settlement money actually understates the extent to which Connecticut is dependent on tobacco for revenue. Far greater than the money Connecticut receives through its share of the Tobacco Settlement is what the state takes in by direct taxation of tobacco products. In 2008, that figure was $306 million[36] (compared to $141 in Settlement Funds[37]).

The first state cigarette tax was enacted in 1935. Back then, smokers paid the state three cents for a pack of cigarettes. Today, the tax has risen to $2 a pack – or ten cents per cigarette. Cigarette taxes are a reliable revenue stream for states, with few apparent political drawbacks.

History of Cigarette Tax Increases in Connecticut

Fiscal Year Ending June 30th	Rate of Tax per Pack at Date of Change	Gross State Cigarette Taxes Not adjusted for inflation.
1935	$0.03	n/a
1961*	$0.05	$12,680, 000
1963	$0.06	$20,575, 000
1965	$0.08	$24,953,000
1969	$0.16	$35,335,000
1971*	$0.26	$57,202,000
1989	$0.40	$97,623,000
1991	$0.45	$114,506,000
1993	$0.47	$117,495,000
1994	$0.50	$119,272,000
2002	$1.11	$151,324,000
2003	$1.51	$251,979,000
2007	$2.00	$264,020,000

Note: n/a means not available. In 1956, the tax was raised to four cents and then lowered back to three. In 1971, the tax was raised twice: first to 21 and then to 26 cents. Data is taken from "The Tax Burden on Tobacco," published in 2007 by Orzechowski and Walker.[38]

The gap between tobacco-related revenue to the state and money spent on fighting smoking underscores what some see as an inherent conflict of interest. In FY 2009, Connecticut spent only $8.9 million on tobacco prevention, including use of Tobacco Settlement Funds, and spent none of

its own revenue to fight smoking the year before that.[39] In these two years, the state received approximately $940 million in tobacco-related revenue.

The $2 per-pack tax along with a $1.01 federal excise tax (includes a $0.62 increase that went into effect in April of 2009) represents 40% of the retail price of cigarettes in Connecticut.[40]

A 2009 effort to raise the state tax to $2.50 per pack failed in the legislature.[41] That idea may yet resurface.

In 2008, Connecticut received $470 million in combined tobacco revenues: $329 million from cigarette taxes and $141 million in settlement funds.

Total Tobacco-Related Revenue Compared to Tobacco Prevention Spending in Connecticut 2000-2009

Fiscal Year	Cigarette Tax Revenue	Tobacco Settlement Revenue	**Total Tobacco Revenue**	**Tobacco Prevention Spending**	Percent of CDC Min.
2000	$117,425,635	$150,000,000	$267,425,635	$4,000,000	18.80%
2001	$114,847,459	$112,500,000	$227,347,459	$1,000,000	4.70%
2002	$156,485,164	$140,000,000	$296,485,164	$600,000	2.70%
2003	$251,495,142	$137,900,000	$389,395,142	$600,000	2.70%
2004	$275,908,244	$116,600,000	$392,508,244	$500,000	2.40%
2005	$270,322,117	$118,300,000	$388,622,117	$100,000	0.30%
2006	$267,809,756	$108,600,000	$376,409,756	>$100,000	0.20%
2007	$264,155,137	$113,700,000	$377,855,137	$2,000,000	9.40%
2008	$329,499,570	$141,300,000	$470,799,570	$1,200,000	5.60%
2009	$315,000,000*	$153,800,000	$468,800,000	$8,300,000	18.90%
FY00-0	$2,362,948,224	$1,292,700,000	$3,655,648,224	$18,300,000	6.57%

Note: Cigarette Tax Revenue data is taken from the State of Connecticut Annual Report 2007-2008; Tobacco Settlement Revenue is taken from the Connecticut Office of Fiscal Analysis; and Tobacco Prevention Spending figures are from the Campaign for Tobacco-Free Kids. *FY09 Cigarette Tax Revenue is the June 20, 2009, estimate by the Office of Policy and Management in its consensus letter to the Office of Fiscal Analysis.

Conclusion: Smoking Profits More than Just Tobacco Companies

15.5% of Connecticut's adult population, and 21.1% of its high school age youth, smoke.[42] It is from their pockets that nearly a half a billion dollars goes into Connecticut's coffers each year, nearly none of which goes toward tobacco prevention. Of the more than $1 billion dollars smokers have paid in increased cigarette costs occasioned by the Tobacco Settlement, just $23

million has been spent to prevent smoking, help smokers quit or treat those who suffer from its deadly side effects.

[1] "Tobacco Funds Already a Habit/Everyone Has Ideas About How to Use Big Budget Windfall" by Christopher Keating, *Hartford Courant*, March 16, 1999. Pg. A.1
[2] "Blumenthal Talks Law" by Zeke Miller, Yale Daily News, April 21, 2009,
[3] "Connecticut Is Criticized on Spending on Smoking" by Alison Leigh Cowan. *The New York Times* 157.54176 (Jan. 1, 2008): pB1(L).
[4] See "Big Tobacco Grew Long Noses, but It's Not a Crime" by Marc Lacey. *New York Times*. New York, N.Y.: Sep 26, 1999. pg. 4.3; "Tobacco Executive Grilled on Company Smoking Memos" by Myron Levin. *Los Angeles Times*. Los Angeles, Calif.: Mar 4, 1998. pg. D3; "Big Tobacco Threatened by New Disclosures" by Henry Weinstein. *Los Angeles Times*. Los Angeles, Calif.: Aug 3, 1997. pg. 1.
[5] See "A Decade of Broken Promises: The 1998 Tobacco Settlement Ten Years Later," Campaign for Tobacco-Free Kids.
[6] Many news accounts leading up to the settlement in November 2008 cited the desire of the states to recover Medicaid expenses related to tobacco use. There was also debate and discussion about whether the federal government would be entitled to its share of Medicaid. See "Tobacco Suit Study Backs U.S.; Litigation: Government is entitled to some funds states win in suits to recover smoking-related Medicaid costs, public-interest center's report says," by Henry Weinstein, *Los Angeles Times*. Los Angeles, Calif.: Dec 6, 1997. pg. 3. For an in-depth, contemporaneous look at the rational behind the legal arguments, see "Burning issues in the tobacco settlement payments: an economic perspective," by Jane G. Gravelle (Symposium: What Do We Mean by "Taxpayer Relief"?), *National Tax Journal* 51.n3 (Sept 1998): p437-451.
[7] Estimates of smoking-attributable health costs spending vary considerably. See "State estimates of Medicaid expenditures attributable to cigarette smoking, fiscal year 1993," by L. S. Miller, X. Zhang, T. Novotny, D. P. Rice, and W. Max, Public Health Report, March, 1998 (School of Social Welfare, Univ. of California, Berkeley 94720-7400, USA); Miller et. al estimated that 14.4% of all Medicaid expenses could be traced to smoking. The authors listed Connecticut's tobacco/Medicaid burden at 12.56%, or $181.8 million (in 1993). More recently, a 2009 report issued by the CDC, using slightly different nomenclature, put the tobacco-related expense at 7% of all adult Medicaid expenditures, an amount equal to $249 million of Connecticut Medicaid expenses, pre-federal reimbursements, in 2004 (See "State-level Medicaid expenditures attributable to smoking," by Armour BS, Finkelstein EA, Fiebelkorn IC. Prev. Chronic. Dis. 2009; 6(3). States are federally reimbursed for a portion of their Medicaid expense based on per capita income figures. According to the U.S. Department of Health and Human Services, the Federal Medical Assistance Percentages and Enhanced Federal Medical Assistance Percentages for Fiscal Year 2010 are set at 50% and 65% , respectively, in Connecticut. The latter percentage is used to calculate reimbursements for the State Children's Health Insurance Program under title XXI, and certain other children-related expenditures in the Medicaid program. See Federal Register: November 26, 2008 (Volume 73, Number 229) [Page 72051-72053].
[8] "A Decade of Broken Promises," Campaign for Tobacco-Free Kids. Payments vary by state and, significantly, by year, thanks to a hornet's nest of terms and conditions: bases, formulas, adjustments, bonuses and incentives embedded in the Master Settlement Agreement. Connecticut receives 1.86% as its "allocable share" of an annual payment that by the terms of the MSA is currently set at a "base" of $8.139 billion. From 2008-2017 states will receive bonus payments

from the "Strategic Fund," a base worth an annual $816 million. These bonus payments are given to states according to their leadership role in the negotiations; in 2008, Connecticut's bonus of $27 million was the 5th highest of all states. (See "Use Tobacco Settlement Wisely," Editorial, *Hartford Courant*, Hartford, CT, May 27, 2007)). State-specific shares for both the annual payment and the Strategic Fund base payments were determined by the Attorneys General—percentages, but not the formulas used to craft them, are contained in the agreement. Both the annual and the Strategic Fund base payments are themselves subject to certain adjustments, including an annual increase that is the greater of 3% or the annual rate of inflation, and Volume Adjustments, a downward calculation based on a decline in sales over 1997 levels and other market share factors. The agreement also provided short-term funding for a National Foundation for Tobacco-Related Research ($250 million, from 1999 to 2008), a National Public Education Fund to reduce tobacco use among youth ($1.45 billion, 1999-2003), National Association of Attorneys General Administration ($1.5 billion, 1998 to 2007) and AG Enforcement ($50 million in 1999). Most of the information in this endnote relies on summaries of the MSA provided by the Campaign For Tobacco-Free Kids; or see The Master Settlement Agreement (MSA), the legal document in its entirety.

[9] "Summary of the Multistate Settlement Agreement (MSA)," Campaign for Tobacco-Free Kids, July 9, 2003.

[10] Legal immunity applies to all actions taken by the signing tobacco companies prior to the settlement, as well as certain types of future actions. This immunity does not extend to litigation taken by private citizens, or class action suits. The agreement allows states that pass a "qualifying statute"— legislation that penalizes non-signers of the agreement—to opt out of some of the provisions of the Volume Adjustments. See the Campaign for Tobacco-Free Kids' "Summary of the Multistate Settlement Agreement (MSA)" and its 2008 report, "A Decade of Broken Promises." For a scathing report and commentary on the MSA's legal framework, read Cato Policy Analysis No. 371, "Constitutional and Antitrust Violations of the Multistate Tobacco Settlement," by Thomas C. O'Brien. May 18, 2000.

[11] In 1997 states had reached an earlier agreement, a $365 billion "accord" with the tobacco companies that would been implemented through legislation by the United States Congress; the deal fell apart when Congress balked at accepting a "prepackaged" legislative proposal, among other reasons. See "Tobacco Accord, Once Applauded, Is All But Buried," by John M. Broder with Barry Meier. *New York Times*. New York, N.Y.: Sep 14, 1997. pg. 1.1. Meanwhile, much media coverage was expended on this first, failed attempt, and a *Time* magazine cover story adequately captured the high expectations of the states' lawsuit: "Sorry, Pardner"(settlement between tobacco industry and state attorneys general, Cover Story) by Jill Smolowe, *Time*. 149.n26 (June 30, 1997):pp24(6).

[12] The MSA includes more on the tobacco and health-related goals in its "Whereas" clauses: "WHEREAS, the Settling States that have commenced litigation … in order to further the Settling States' policies regarding public health, including policies adopted to achieve a significant reduction in smoking by Youth … [and] are committed to reducing underage tobacco use by discouraging such use and by preventing Youth access to Tobacco Products …"

[13] See "Tobacco Funds Burning a Hole in State's Pocket," by Michele Jacklin, *Hartford Courant*, Hartford, CT: Feb. 23, 2005. Pg A.9. ; "More Anti-Smoking Spending Urged/Advocates Want Greater Share of Settlement Money" by Christopher Keating et. al,

Hartford Courant, Mar. 17, 1999. Pg. A.3.; "Don't Blow Off Tobacco Money," Editorial, *Hartford Courant*, Feb. 24, 1999. Pg. A.14.

[14] Keating, Mar. 16, 1999 *Hartford Courant*.

[15] Chapter 47, Sec. 4-28 e. Prior to the establishment of this statute, the legislature passed laws which included a one-time payment of $5 million to a Tobacco Grant Account. See Soulsby/2008 memo. Also see Endnote 22.

[16] Soulsby/2008 memo. Both the table and the pie chart use data from the Office of Fiscal Analysis, through FY2008. OFA's projections for FY2009 from that memo were replaced in this report with the actual figures, provided in email correspondence by Ms. Soulsby (the state received an unexpected payment of $10,037,326 from the Tobacco Settlement Fund).

[17] The method used to calculate the total amount spent on tobacco-related programs and grants relied on the reported expenditures from the Office of Fiscal Analysis and the Office of Policy and Management (itemized lists in Appendix). From the Tobacco and Health Trust Fund, all "Board Recommended" expenditures were included. Also from the Tobacco and Health Trust Fund, the following "statutory transfers" were considered tobacco-related: (FY02) $375,000 to Dept. of Mental Health and Addiction Services (DMHAS), for grants to Regional Action Councils for tobacco related health, education, and prevention; $450,000 to DMHAS for SYNAR tobacco enforcement activities; and $221,550 to Dept. of Revenue Services (DRS) to implement the provisions of the tobacco settlement agreement escrow funds; (FY03) $375,000 to DMHAS for grants to Regional Action Councils for tobacco related health, education, and prevention; $472,000 to DMHAS for SYNAR tobacco enforcement activities; and $118,531 to DRS, to implement the provisions of the tobacco settlement agreement escrow funds; (FY05) $15,000 to Dept. of Public Health (DPH) for the QuitLine; (FY07) $1,300,000 to DPH for QUITLINE; and (FY08) $300,000 to DMHAS, for tobacco education programs. All grants made by the Bioresearch Trust Fund (see Attachment F) and the expenditures of the Tobacco Grant Account (detailed in Endnote 22) were also included as "tobacco-related" spending.

[18] Ibid.

[19] The Biomedical Research Trust Fund, under the auspices of the Department of Public Health, makes grants for biomedical research related to heart disease, cancer and other tobacco-related diseases. Of the $24 million transferred to it from the Tobacco Settlement since FY 02, at least $8 million has been transferred to the General Fund ($4 million in FY03, and $2 million in each of FY 04 and FY 05). Soulsby/Memo 2008. See Attachment F.

[20] The Tobacco Grant Account was set up as a one-time receiver of Tobacco Settlement funds, given $5 million earmarked for prevention, education, cessation, treatment, enforcement and health needs programs related to tobacco abuse. The Office of Policy and Management handled this account until the funds had been expended. $550,000 was used for a collaboration between the Department of Public Health and the Department of Mental Health and Addiction Services for a long-term Tobacco Prevention and Control Plan. Awards were made in FY01 as follows: a media campaign included awards of $132,000 to Alden Event Productions for media plan, $1.46 million to CT Radio Network for media buys, $1.24 million to Training Solutions Interactive for curricula development, distribution of curriculum kits, teacher training, and website development and maintenance, and $161,000 to North Castle Partners for an evaluation component. Not used for its earmarked purpose was $614,880 (transferred to the DMHAS and DRS in FY 01), and $843,136 transferred to the General Fund in 2002 and 2003. Soulsby/Memo 2008.

[21] See Endnote 19.

[22] A 17-member Board of Trustees administers the Tobacco and Health Trust Fund. Chaired by an ex-officio representative from the Office of Policy and Management, Anne Foley, the Board meets regularly to prepare recommendations for disbursements to the Appropriations Committee. The remaining Trustees are appointed for two-year terms by the Governor (4) and the legislative leaders (2 each). See Tobacco and Health Trust Fund 2009 Report.

[24] Public Act No. 08-145.

[25] The General Assembly transferred away—to its General Fund and to other state agencies—all but $600,000 of the Trust Fund's balance by Fiscal Year 2004. The board's operations were statutorily suspended for that year as well as for Fiscal Year 2005. See Tobacco and Health Trust Fund Report 2009.

[26] Soulsby/2008 memo.

[27] Please see Attachments A & B in the Appendix.

[28] The OFA's 2008 memo (Soulsby) shows a projected $12.5 million in Tobacco Settlement transfers to the Tobacco and Health Trust Fund for FY2009, and no transfers to the General Fund. However, preliminary figures received from the Office of Policy and Management show, as of June 12, 2009, a transfer of $23.8 million from the Tobacco Settlement Fund to the Tobacco and Health Trust Fund and a transfer to the General Fund from the Tobacco and Health Trust Fund of $21.6. It also projects a balance of $11.1 million on June 30, 2009. See Attachment A.

[29] Combining figures from the Soulsby/2008 Memo, the 2009 Report of the Tobacco and Health Trust Fund, and documents received by email from the Department of Office and Policy Management (see Attachments A & B, in the Appendix).

[33] Souslby/2008 memo. Pursuant to PA 05-149, "An Act Permitting Stem Cell Research and Banning the Cloning of Human Beings," the Stem Cell Research Fund received $20 million from the General Fund in the first two years of its ten-year initiative to support embryonic and human adult stem cell research. But, beginning in Fiscal Year 2008 and inclusive of FY2015, the Tobacco Settlement Fund will support its activities with a $10 million annual infusion. The Department of Public Health oversees the fund and makes grants. In April 2008 (FY09), it awarded $9,840,146 for 22 research projects at 3 institutions: Yale University Stem Cell Center and School of Medicine, the University of Connecticut Health Center, and Evergen Biotechnolgies ($900,000 to Establish a "Connecticut Therapeutic Cloning Core Facility"). For details, see Attachment D in the Appendix.

[34] "A Decade of Broken Promises," Campaign for Tobacco-Free Kids.

[35] Leigh Cowan, Jan. 1, 2008. *The New York Times*.

[36] "State Tobacco-Related Costs and Revenues," the Campaign for Tobacco Free Kids.

[37] Soulsby/Memo 2008.

[38] "The Tax Burden on Tobacco Historical Compilation 2007," published by the consulting firm Orzechowski and Walker (with financial support from tobacco companies): page 276.

[39] Campaign for Tobacco-Free Kids, State Rankings, 2008 & 2009.

[40] Orzechowski and Walker.

[41] SB 932: §§ 8-10 – CIGARETTE TAX.

[42] "2008 Tobacco Control Highlights," Center for Disease Control.

—Attachment A: Provided by the CT Dept. of Office & Policy Management—

Tobacco and Health Trust Fund

Modifications Enacted During the 2009 Regular Session of the Connecticut General Assembly

Public Act No. 09-1

AN ACT CONCERNING DEFICIT MITIGATION FOR THE FISCAL YEAR ENDING JUNE 30, 2009.

Sec. 6. (*Effective from passage*) Notwithstanding the provisions of subparagraph (A) of subdivision (2) of subsection (c) of section 4-28e of the general statutes, the sum of $ 6,000,000 shall be transferred from the Tobacco and Health Trust Fund and credited to the resources of the General Fund for the fiscal year ending June 30, 2009.

Public Act No. 09-2

AN ACT CONCERNING DEFICIT MITIGATION MEASURES FOR THE FISCAL YEAR ENDING JUNE 30, 2009.

Sec. 12. (*Effective April 1, 2009*) (h) Notwithstanding the provisions of subparagraph (B) of subdivision (2) of subsection (c) of section 4-28e of the general statutes, the sum of $ 572,000 shall be transferred from the Tobacco and Health Trust Fund and credited to the General Fund for the fiscal year ending June 30, 2009.

Public Act No. 09-111

AN ACT CONCERNING A STATE DEFICIT MITIGATION PLAN FOR THE FISCAL YEAR ENDING JUNE 30, 2009.

Sec. 2. (*Effective from passage*) (c) Notwithstanding the provisions of subparagraph (A) of subdivision (2) of subsection (c) of section 4-28e of the general statutes, the sum of $ 5,000,000 shall be transferred from the Tobacco and Health Trust Fund and credited to the resources of the General Fund for the fiscal year ending June 30, 2009.

Sec. 3. (*Effective from passage*) Notwithstanding any provision of the general statutes: (58) The sum of $ 10,000,000 shall be transferred from the Tobacco Health Trust Fund, Department of Public Health, and credited to the resources of the General Fund for the fiscal year ending June 30, 2009.

Tobacco and Health Trust Fund Status
June 12, 2009

Estimated	FY2009
Tobacco and Health Trust Fund (35007)	
Carried Forward from Previous Year	29.4
Transfer from Tobacco Settlement Fund	23.8
Interest	0.3
Funds Available	53.5
Use of Interest and principal	(6.9)
Transfer to General Fund	(21.6)
Capital Gain/Loss	
Transfer of Principal for Various Programs	(14.0)
Funds Used	(42.4)
Balance on June 30	11.1

—Attachment B: Provided by the CT Dept. of Office & Policy Management—

TOBACCO AND HEALTH TRUST FUND SUMMARY OF FY 2009 FUNDING

Revised as of 6/9/2009

Program	Amount	Funding Description	Status	Contract Period
CT QuitLine	$2 million	Tobacco cessation telephone service including information, counseling and pharmacotherapy.	Amendment added $700,000 in funding to current contract to expand services & extend contract with Free and Clear, Inc. to 7/31/2009. NRT made available to callers beginning 4/27/09. Award made to Free & Clear, Inc. on RFP 2009-0919 for new five-year quitline contract, to include $1,300,000 for expanded services. Final new contract language drafted and currently being negotiated with Free & Clear. Target date for contract execution July 2009.	7/31/09-6/30/14
Counter Marketing	$2 million	Mass media campaigns designed to discourage tobacco use.	Award approved for Cronin & Company, LLC. for $2,000,000. Intro meeting held with contractor, DPH & media subcommittee to review objectives, media plan and strategies and timetable for activities on 6/4/09. Deliverables and Payment Schedule language being reviewed by contractor.	6/1/09-5/31/11
Community-Based Cessation	$412,456	Strategies to help people quit smoking including counseling and pharmacotherapy.	Twelve proposals received on RFP, seven awarded funding for total of $412,456. Contract language in DPH legal review. Contract execution target date 8/09. • AIDS Project New Haven, Inc. $70,290 • Community Health Center, Inc. $42,450 • Fair Haven Community Health Center, Inc. $66,712	9/1/09-12/31/11

			• Generations Family Health Center, Inc. $43,700 • Hartford Gay and Lesbian Health Collective $94,230 • Hospital of Saint Raphael $51,248 • Ledge Light Health District $43,826	
Cessation for Individuals with Serious Mental Illness	$1.2 million	Strategies to help people with serious mental illness quit smoking including counseling and pharmacotherapy.	Award to CommuniCare, Inc. Contract language drafted and being reviewed by DPH. Target execution date 8/09	9/1/09-8/31/11
School-Based Prevention	$500,000	10-20 school districts will implement tobacco use prevention and cessation programs.	RFP # 2009-0924, request with OPM to re-issue RFP due to insufficient number of responses to previous RFP. Sent to OPM on 6/3/09. Targeted re-release July/August 2009 (discussing with SDE best timing for schools)	
Lung Cancer Research Tissue Biorepository	$250,000	Statewide Tumor Tissue Biorepository Feasibility Study and Lung Tissue Biorepository Demonstration Project	RFP # 2009-0923 **(Mary Lou Fleissner lead)** Awarded to UCONN. Contract language being drafted by DPH. Targeted Contract execution date 8/09	8/1/09-7/31/10
Evaluation	$500,000	Monitor program accountability including progress in achieving outcome objectives.	RFP # 2009-0919 Awarded to Professional Data Analysts, Inc. of Minneapolis. Contract language being drafted. To be sent to DPH legal for review week of 6/18. Targeted execution date 8/09	9/1/09-12/31/11
Total:	$6,825,000			

—Attachment C: Provided by the CT Dept. of Office & Policy Management—

Department of Public Health
Health Education, Management and Surveillance Section
Tobacco Control Program
Community Health Centers Awarded

Applicant	Amount Awarded	Service Area
Fair Haven Community Health Clinic	$117,967.50	New Haven
Community Health Center, Inc	$117,967.50	Middletown, New Britain, Danbury, Enfield, New London, Meriden
StayWell Health Care, Inc.	$110,162.50	Greater Waterbury
Hill Health Corporation	$117,967.50	Greater New Haven
Generation Family Health Center, Inc.	$117,967.50	Greater Willimantic
Optimus Health Care	$117,967.50	Stratford, Bridgeport, Stamford

Contract period from November 1, 2008- June 30, 2010

Services to be provided:

1. Health care providers will assess all patients for tobacco use and implement the DHHS clinical practice guidelines into all clinical services. Female patients using tobacco products will be referred to tobacco use cessation counseling.

2. Individual or individual and group face-to-face tobacco use cessation counseling sessions will be provided for pregnant women and women of childbearing age (13-44 years old) that are culturally and linguistically appropriate, including all education materials. Services will include one initial individual tobacco use cessation counseling session, an average of 20-30 minutes in length. In addition to the one initial counseling session, individual programs will consist of no less than three additional sessions. Group programs will consist of no less than eight sessions.

3. When medically appropriate and approved, pharmacotherapy (which includes nicotine replacement therapies as well as prescription medications) will be provided at no cost to the participant.

4. Follow up care for tobacco use to prevent relapse will be provide in the form of a relapse group and/or additional individual counseling.

5. Collection of data and input into an ACCESS database supplied by DPH. Data will be collected at intake, upon completion of cessation program services and at 3 and 9 months post -program follow-up to ascertain patient status regarding tobacco use. Data elements to be collected include, demographics, tobacco use status, quit status, number of quit attempts, birth weight, gestational age, and other adverse maternal or neonatal outcomes.

Status Update:

All Contracts have been executed. The contract period began November 1, 2008 and goes through June 30, 2010. Cessation services up and running at each site as of this date. All sites are providing pharmocotherepy. The Department has received second quarter reports that are being reviewed. Each CHC contractor has met individually with the evaluation contractor.

Evaluation of CHCs Cessation Program

Contract period from November 1, 2008- July 31, 2010

Applicant	Amount Awarded
The Consultation Center	$100,000

Services to be provided:

1. Evaluate the systems operations, services and activities of the six-awarded Community Health Centers for effectiveness in promoting and achieving tobacco use cessation and the efficacy of integrating cessation services into agency operations. Areas to be evaluated include overall system changes, patient and health care provider satisfaction, program referral processes, effectiveness of training, quit rates, marketing and outreach activities and overall program effectiveness.

2. The contractor will examine progress towards reducing tobacco use in the patient population and the ability to reach targeted populations. The contractor will also identify strengths and weaknesses for use in future planning and implementation and identify areas in need of additional services and or programmatic changes.

3. The contractor will provide technical assistance on site regarding collection of data to establish proper protocols to assure accurate and quality data collection by community health center staff.

A Grantee Meeting was held on October 1, 2008. A representative from each of the CHCs and the Consultation Center was in attendance. Grant expectations were discussed and each CHC was given an opportunity to review the data collection forms and provide comment and input into the database and form development.

The ACCESS database and collection forms were developed using the input from the grantees and have been sent to each CHC and the Consultation Center.

Status Update:
Contract has been executed. Contract period started November 1, 2008 and will run through July 31, 2010. Contractor is developing tools for evaluation with DPH. Contractor has met with each CHC contractor site to discuss evaluation procedure and protocols. The Department has received second quarterly reports, which are being review.

–ATTACHMENT D: Stem Cell Research Fund Grants Awarded FY 2009–

In April 2008, the Department awarded $9,840,146[38] to support twenty-two research projects, including:

- *Maintaining and Enhancing the Human Embryonic Stem Cell Core at the Yale Stem Cell Center,* Yale University Stem Cell Center ($1,800,000)
- *Translational Studies in Monkeys of hESCs[38] for Treatment of Parkinson's Disease,* Yale University School of Medicine ($1,120,000)
- *Establishing the Connecticut Therapeutic Cloning Core Facility*, Evergen Biotechnologies, Inc. ($900,000)
- *Production and Validation of Patient-Matched Pluipotent Cells for Improved Cutaneous Repair,* University of Connecticut Center of Regenerative Biology ($634,880)
- *Tyrosone Phosphorylation Profiles Associated with Self-Renewal and Differentiation of hESC[18]*, UConn Health Center ($450,000)
- *Directed Differentiation of ESCs[38] into Cochlear Precursors for Transplantation as Treatment of Deafness*, UConn Health Center ($450,000)
- *Targeting Lineage Committed Stem Cells to Damaged Intestinal Mucosa,* UConn Health Center ($450,000)
- *Modeling Motor Neuron Degeneration in Spinal Muscular Atrophy Using hESCs[18]*, UConn Health Center ($450,000)
- *Human Embryonic and Adult Stem Cell for Vascular Regeneration,* Yale University School of Medicine ($450,000)
- *Effect of Hypoxia on Neural Stem Cells and the Function in CAN Repair*, Yale University ($449,771)
- *Wnt Signaling and Cardiomyocyte Differentiation from hESCs[18]*, Yale University ($446,819)
- *Flow Cytometry Core for the Study of hESC[18]*, UConn Health Center ($250,000)
- *Cortical neuronal protection in spinal cord injury following transplantation of dissociated neurospheres derived from human embryonic stem cells,* Yale University School of Medicine ($200,000)
- *Molecular Control of Pluripotency in Human Embryonic Stem Cells*, Yale Stem Cell Center ($200,000)
- *Cytokine-induced Production of Transplantable Hematopoietic Stem Cells from Human Embryonic Stem Cells*, UConn Health Center ($200,000)
- *Functional Use of Embryonic Stem Cells for Kidney Repair*, Yale University ($200,000)
- *VRK-1-mediated Regulation of p53 in the Human Embryonic Stem Cell Cycle*, Yale University ($200,000)
- *Definitive Hematopoitic Differentiation of hESCs[18] under Feeder-Free and Serum-Free Conditions*, Yale University ($200,000)
- *Differentiation of hESC[18] Lines to Neural Crest Derived Trabecular Meshwork Like Cells – Implications in Glaucoma,* UConn Health Center ($200,000)
- *The Role of the piRNA Pathway in Epigenetic Regulation of hESCs[18]*, Yale University ($200,000)
- *Early Differentiation Markers in hESCs[18]: Identification and Characterization of Candidates,* University of Connecticut Center for Regenerative Biology ($200,000)
- *Regulation hESC[18]-derived Neural Stem Cells by Notch Signaling,* Yale University ($188,676)

Source: September 15, 2008 memo released by the CGA's Office of Fiscal Analysis. Joan Soulsby. pp. 11-12, verbatim.

—Attachment E: Tobacco & Health Trust Fund Actual Disbursements FY01 to FY07 (General Fund Transfers Excluded)—

Source: Fiscal Year 2009 Report of The Tobacco and Health Trust Fund, Oct. 2008. Please see Attachments B & C for FY08 & FY09.

Fiscal Year	Amount	Agency or Award Recipient	Program
FY01	$30,000	Department of Public Health	Community Benefits Program
FY02	$800,000	Department of Public Health	expand the Easy Breathing Asthma Initiative
FY02	$100,000	Children's Trust Fund of Conn.	Healthy Families program
FY02	$150,000	Department of Public Health	School based health clinic in Norwich
FY02	$375,000	Department of Mental Health & Addiction Services	Grants to Regional Action Councils for tobacco related health, education, and prevention
FY02	$2,500,000	Department of Social Services	Increase ConnPACE income eligibility to $20,000 for singles and $27,000 for married couples
FY02	$450,000	Department of Mental Health & Addiction Services	SYNAR tobacco enforcement activities
FY02	$221,550	Department of Revenue Services	Implement the provisions of the tobacco settlement agreement escrow funds
FY02	$221,550	Department of Revenue Services	Implement the provisions of the tobacco settlement agreement escrow funds
FY02	$300,000	Department of Public Health	Establish and maintain a system of monitoring asthma and establish a comprehensive statewide asthma plan.
FY03: Board Recommended	$350,000	Cashman & Katz Integrated Communications (Glastonbury, CT)	Counter-marketing contract: television & radio ads, bus panels, billboards, magazine advertising & other signage
FY03: Board Recommended	$50,000	Training Solutions Interactive (Atlanta, GA)	Maintain & update Tobacco Free Connecticut website (all funding expired in FY2004)
FY03: Board Recommended	$158,513	American Lung Assoc. of Conn.	Smoking cessation programs coordination

FY03: Board Recommended	$39,451	Hill Health Center, Greater New Haven	Smoking Cessation program
FY03: Board Recommended	$40,000	ERASE, Greater Glastonbury	Smoking Cessation program
FY03: Board Recommended	$41,905	Ledgelight Health District, Greater New London and Groton, CT	Smoking Cessation program
FY03: Board Recommended	$36,523	Middlesex Hospital, Greater Middletown, CT	Smoking Cessation program
FY03: Board Recommended	$42,755	RYASAP, Greater Bridgeport, CT	Smoking Cessation program
FY03: Board Recommended	$40,853	St. Raphael's Hospital/Haelen Center, New Haven, CT	Smoking Cessation program
FY03	$800,000	Department of Public Health	Expand the Easy Breathing Asthma Initiative
FY03	$300,000	Children's Trust Fund of Conn.	Healthy Families program
FY03	$200,000	Department of Public Health	School-based health clinic in Norwich
FY03	$375,000	Department of Mental Health & Addiction Services	Grants to Regional Action Councils for tobacco related health, education, and prevention
FY03	$472,000	Department of Mental Health & Addiction Services	SYNAR tobacco enforcement activities
FY03	$118,531	Department of Revenue Services	Implement the provisions of the tobacco settlement agreement escrow funds
FY03	$300,000	Department of Public Health	Establish and maintain a system of monitoring asthma and establish a comprehensive statewide asthma plan.
FY04	$287,100	Free & Clear, Inc., Seattle, WA.	Quitline (telephone smoking cessation program)
FY04: Board Recommended	$30,640	St. Raphael's Hospital/Haelen Center, New Haven, CT	Smoking Cessation program (continuation of FY03 recommendation)
FY04: Board Recommended	$32,866	RYASAP, Greater Bridgeport, CT	Smoking Cessation program (continuation of FY03 recommendation)

FY04: Board Recommended	$27,391	Middlesex Hospital, Greater Middletown, CT	Smoking Cessation program (continuation of FY03 recommendation)
FY04: Board Recommended	$31,429	Ledgelight Health District, Greater New London and Groton, CT	Smoking Cessation program (continuation of FY03 recommendation)
FY04: Board Recommended	$27,800	ERASE, Greater Glastonbury	Smoking Cessation program (continuation of FY03 recommendation)
FY04: Board Recommended	$29,589	Hill Health Center, Greater New Haven	Smoking Cessation program (continuation of FY03 recommendation)
FY04: Board Recommended	$118,500	American Lung Assoc. of Conn.	Smoking cessation programs coordination (continuation of FY03 recommendation)

—ATTACHMENT F: Biomedical Research Trust Fund Grants Awarded FY05 to FY09—

To date, $5,926,823 has been awarded from the BRTF to various grantees.

In April 2005, the Department awarded $850,000[38] to two recipient organizations, including:

- The UConn Health Center (UCHC), "to identify molecular markers of prenatal tobacco exposure in order to gain a better understanding of how maternal smoking contributes to increased risk of low birth weight and developmental problems in infants." ($500,000)

- Yale University School of Medicine (YUSM), "to conduct a Phase I clinical trial for an innovative treatment for non-small cell lung cancer, which will incorporate a novel immunological treatment in conjunction with radiation therapy." ($350,000)

In April 2006, the Department awarded $1,359,095[38] to support five research projects, including:

- YUSM, "to conduct research on the effects of noxious chemicals in tobacco smoke on cough inducing nerves in the airways." ($299,723)
- UCHC, "to identify genetic mutations that lead to acquired resistance to the cancer drug Trastuzumab in women with advanced breast cancer." ($276,629)
- UCHC, "to conduct research into colorectal cancer." ($167,800)
- YUSM, "to conduct a cohort study of low-income pregnant women who smoked at least 10 cigarettes per day for at least a year prior to pregnancy." ($349,893)
- Yale University, "to determine if a novel small regulatory molecule, let-7, can be used to understand the molecular pathogenesis of lung cancer and can also be exploited for use as a novel screening tool and prevention therapy." ($265,050)

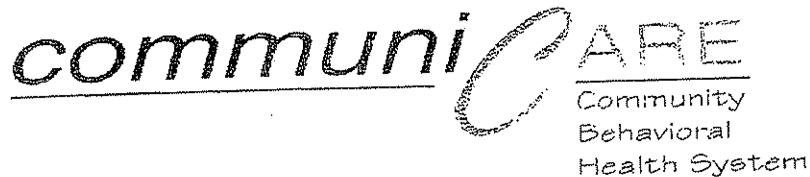
In April 2007, the Department awarded $1,718,860[38] to support six research projects, including:

- UCHC, "to investigate whether the effects of tobacco on brain structure and function are amplified by the presence of specific genotypes." ($538,605)
- UCHC, "to assess the accuracy and/or adequacy of tobacco use data for the characterization of smokers in clinical trials." ($107,409)
- UCHC, "to conduct a study aimed at improving the effectiveness of initial platinum based chemotherapy." ($281,016)
- UCHC, "to study a specific mutation in a major colon tumor suppressor, "Adenomatious Polyposis Coli." ($299,044)
- YUSM, "to study the delivery of therapeutic agents to specific tumor cell lines." ($177,223)
- University of Connecticut, "to develop a novel hybrid intraoperative probe for the early diagnosis/treatment of ovarian cancer in high-risk women." ($315,563)

In April 2008, the Department awarded $1,998,868[38] to support seven research projects, including:

- UCHC, "to use a recently developed genomic assay to provide a functional classification of BRCA1[38] and BRCA2[6] variants of uncertain significance that predicts whether they will be clinically deleterious." ($324,375)
- UCHC, "to identify and overcome genetic alterations that lead to chemotherapy resistance in human breast cancer." ($294,013)
- UCHC, "to examine anti-cancer activity of leukemia, melanoma, lung and breast cancers of a newly patented hybrid cytokine that has been shown to inhibit the growth and survival of leukemic cells while stimulating the growth and survival of normal bone marrow cells." ($301,188)
- UCHC, "to investigate the biophysical and molecular properties of ion channels, specifically in relation to cardiovascular function and exposure to nicotine, hoped to provide insight into the mechanism of tobacco-related heart disease and potential therapeutic targets for heart diseases." ($278,472)
- Yale University, "to assess whether increased lung damage caused by cigarette smoke and viral infection is due to innate immune effects." ($239,938)
- Yale University, "to test novel tumor blood vessel-targeting molecules for therapy of human lung cancer." ($374,240)
- Yale University, "to develop two protein-based tests to determine which patients with early stage non-small cell lung cancer are cured by surgery alone." ($186,642)

Source: September 15, 2008 memo released by the CGA's Office of Fiscal Analysis. Joan Soulsby. pp. 9-11, verbatim.



TO: Members, Tobacco and Health Trust Fund, Board

FROM: Tony Corniello (Licensed Social Worker), CommuniCare, Inc.

RE: Allocation from the Tobacco and Health Trust Fund portion of the tobacco master settlement agreement

DATE: July 17, 2009

My name is Tony Corniello, Vice President of Services at Harbor Health Services, Inc. in Branford, Connecticut. I am speaking today on behalf of the three mental health organizations that provide collaborative mental health programming through CommuniCare, Inc. CommuniCare is a unique partnership between Harbor Health, Bridges… A Community Support System, and Birmingham Group Health Services. Collectively, we serve 15 towns from Madison, down the shoreline, through Milford, and the lower Naugatuck Valley, with a combined population of 320,000.

CommuniCare was awarded, commencing September 1, 2009, a **Specialized Tobacco Use Cessation Services** grant from the Connecticut Department of Public Health, to initiate an exciting tobacco treatment program in our three mental health centers. The program will roll-out to four other mental health agencies, and will include statewide training for additional mental health providers in the second year of the grant.

Why is this so important? Recent data from several states have found that people with serious mental illness served by our public mental health systems die, on average, at least 25 years earlier than the general population. People with serious mental illnesses **consume 44% of all cigarettes in the United States, while comprising less than 7% of the population. If we are serious about promoting tobacco cessation, we must invest resources targeted to the most impacted population.** While we are hopeful that the work we will do in the next two years will help develop a model for tobacco cessation treatment in this population, the ability to change treatment practices and approaches and to engage people with serious mental illnesses in treatment will require a sustained and continuing investment by the State.

The National Association of State Mental Health Program Directors issued a groundbreaking report in July 2006, documenting the "Morbidity and Mortality in People with Serious Mental Illness." According to the report, the most prevalent risk factor contributing to premature death and to chronic illnesses in this population is tobacco use.

It is vital that through your initiative, funds continue to be devoted to smoking cessation treatment for people with serious mental illnesses. The cost of smoking is the loss of health and life, and also adds a very high cost to publicly funded health care. The continued investment in this area has a huge payback in saved lives, healthier lives, and reduced costs to the State. Thank you for your efforts in this area.

Partner Agencies:
Harbor Health Services, Inc (203) 483-2630 - Bridges, A Community Support, Inc. (203) 878-6365 - Birmingham Group Health Services (203) 736-2601

Administrative Office: 435 East Main Street, Ansonia, Connecticut 06401

Research Associates Program

Overview
Research Associates Program: bringing college students interested in health professions into the emergency department to assist in clinical research studies

- 501c3 organization dedicated to clinical research and the education of pre-health professional students

- started at Lincoln Medical and Mental Health Center in the South Bronx,
  then Bridgeport Hospital,
  now in conjunction with the Dept. of Emergency Medicine at St. Vincent's Medical Center

- RAs volunteer a minimum of one 4-hour shift per week in the emergency department to
  - identify and help enroll patients and visitors with clinical characteristics eligible for the studies
  - for primary care screening studies, help those who need such screenings to get them

- RAs have enrolled > 23,500 subjects in various studies
  - "usual" research, e.g., ankle injuries, cervical x-rays in trauma, TB
  - primary care studies: domestic violence, firearms injury prevention, CV risk assessment
  - at St. Vincent's Medical Center, cancer screening:
    - Pap test
    - mammograms
    - prostate cancer tests (PSA and digital rectal exams)

    - **tobacco cessation**
      - 2 semesters, 21 weeks, 3125 subjects,
      - 299 (10%) referred to CT Quitline
        (40% of all referrals in CT over the time period)
        - 18% of those who ever smoked
        - 38% of those who smoked in w/i last 30 d

        } → requested CT Quitline
      - effort continues after the study
        - 16 weeks into the current study (≈ 1.5 semesters): 2187 approached, 188 (9%) referred to Quitline

Big Picture

- > 1/2 U.S. population goes to an emergency department as a patient or visitor each year

- average emergency department visit = 3.3 hours
  - during the visit, they see a health professional for about 20 min.
  - what to do with the other 3 hours?

- ≈ 500,000 "pre-meds" (does not include pre-dentals, pre-PAs, pre-PTs, etc.)
  - clinical experience
    - needed for their discernment, qualification, and personal development
    - hard to get
      - pre-meds have no clinical skills … yet
      - result: "shadowing" = watch a doctor work, but don't actually do anything
    - however, they are bright, motivated, enthusiastic

- If … to apply to medical school required a commitment "for the public health" of one (1) four-hour shift per week for the three school semesters = 60 million work hours, **"free"**
  - ≈ 500 hours over four years
  - PA, PT, OT routinely require ≥ 500 hrs.
  - don't guess how an applicant will do with patients, observe them directly as they actually work with patients in one of the most demanding environment, the emergency department
  - levels the playing field for all applicants
  - medical school admissions calculus:
    if ten (10) schools had this requirement, all pre-meds would do it.

Opportunity

What would Coca-Cola pay to have ½ the people in the U.S. sit in a room for 3 hours once a year with more than half a million college students eager to work for something besides money?

- Primary health care needs in the emergency department population
  - burden of load study by RAs at SVMC:
    only 9% of emergency department patients were fully up to date on American Cancer Society screening recommendations

Future

- More studies
  - Colon-Rectal Cancer Screening study (March – December 2009)
    - at 16 weeks into a year-long study:
    912 subjects enrolled, 355 (39%) identified as not being up to date on colon-rectal cancer screening

- National "Hub and Spokes" RA Consortium
  - 12 centers around the country:
    - ½ university medical centers and ½ community hospitals
    - look for institutions with college populations within 30 miles
    - first "spokes" to be in Connecticut
  - studies done even more quickly with even more subjects
    - tobacco cessation example:
      ≈ 3K subjects in pilot study at St. Vincent's Medical Center "hub" →
      ≈ 40 K subjects in the "spokes" of a RA Consortium study
  - each center becomes its own hub for additional institutions to join as spokes

- Medical School Admissions
  - among other criteria,
    choose future doctors by how well they do actually working with patients

- Primary Care
  - inculcate the basics of primary care
  - by having future doctors assist patients in one of the most basic elements, screening to prevent progression to more serious disease,
  - at the very earliest time in their career, before they even get to medical school

- Public Health – Sustainability
  - because more new pre-meds always become available,
    the RA Program allows continued screening in the emergency department to be sustained indefinitely even after a studies completion
    - during the 16 weeks of the current Colon-Rectal Cancer Screening study, RAs have provided service screening based on prior studies for 2187 patients/visitors on
      - their visits to primary care practitioners
      - **tobacco cessation**
      - Pap tests
      - mammograms
      - prostate cancer tests

For further information, please

- visit the website: www.RAProgram.org

or

- contact Keith Bradley, MD
  Director, Research Associates Program
  KeithBradleyConsult@gmail.com
  (203) 374-2906 (office)
  (203) 767-6363 (cell)
  (203) 576-6231 (hospital)

Foley, Anne

From: Peg Perillie [pegperillie@charter.net]
Sent: Thursday, July 16, 2009 12:47 PM
To: Foley, Anne
Cc: Mike Taylor; Marne Usher CTPTA; Sally Boske CTPTA; Russell-Tucker, Charlene; Pat Checko
Subject: Public Hearing 7/17/09 on Tobacco & Health Trust Fund Board - 2010 Expenditures

Hi Anne - We are unable to attend the subject hearing, but here is CTPTA's recommendations:

The CTPTA is dedicated to being advocates for children. We recommend that a greater amount of dollars than last year be spent on School-Based
Prevention with more districts being urged to participate in the RFP.

This August, when this RFP is about to be re-released, we urge the SDE to do a much greater marketing effort with increased amounts offered.

We further recommend that the RFP be sent to all of our middle school and high school Principals and PTA Presidents. Our office would be happy to assist with such a mailing. More emphasis should be place on educating young people before they start smoking and establish cessation programs for those that unfortunately start.

Thank you,

Marne Usher, CTPTA President
Peg Perillie, CTPTA Health& Welfare Commissioner
Michael Taylor, CTPTA Legislative VP

Foley, Anne

From: Margaret LaCroix [mlacroix@lungne.org]
Sent: Friday, July 17, 2009 8:28 AM
To: Foley, Anne
Subject: Tobacco and Health Trust Fund

ʼo Members of the Tobacco and Health Trust Fund Board:
ʼhe American Lung Association continues to support funding for the Quitline and NRT. This can hopefully create a irst-class tobacco treatment telephone resource that meets the standards of the CDC best practices document. If lone correctly, it may even meet the needs of the Medicaid population as well.

ʼs you know, there has been discussion of a countermarketing campaign. As campaigns in other states have ;hown, a campaign can only be effective if there is significant funding, particularly since the tobacco companies ;pend $125 million each year to market their products in our state.

Nith the limited funding available at this time, the focus should be on the Quitline and community-based smoking :essation.

ʼhank you for your attention and please contact me if you have questions.

ɅIargaret R. LaCroix
/ice President, Marketing and Communications
ʌmerican Lung Association of New England
I5 Ash Street
:ast Hartford, CT 06108
ʾhone: 860-838-4369
:ax: 860-289-5405
ungne.org

:ighting for Air

ɜive the Earth a breather; save a tree by not printing this email.

Foley, Anne

From: O'Keefe, Elaine [elaine.okeefe@yale.edu]
Sent: Friday, July 17, 2009 9:25 AM
To: Foley, Anne
Cc: PATRICIA CHECKO
Subject: Tobacco and Health Trust Fund Priorities for FY 2010

Dear Chairwoman Foley, I am writing as the Co-Chair of the Prevention Committee of the CT Cancer Partnership, and as a longtime public health practitioner with many years of experience in the realm of tobacco control, to express my views on the Tobacco and Health Trust (THT) Fund appropriation for FY 2010. In reviewing the summary of THT funded initiatives in FY 2009 I would strongly advocate continued funding for cessation interventions including maintaining the CT Quitline service. This has been a valuable and effective service for many in our state. School-based prevention programs to deter youth from initiating smoking is another area that should remain a high priority in FY 2010. I realize that the total THT allocation for FY 2010 is just 6 million, a nominal amount when compared with the CDC recommendation for annual state expenditures on tobacco prevention and control measures. This makes it ever more important to use the CT funds that are available in a judicious manner. It is my view that the aforementioned cessation and early prevention interventions will deliver the most public health benefit for the money spent. I regret that I could not attend the public hearing in person today but would ask that you please consider my comments in your deliberations on the appropriation for FY 2010. Sincerely, Elaine O'Keefe

Elaine O'Keefe, MS
Executive Director
Office of Community Health
Yale School of Public Health
135 College Street
New Haven, CT 06510
203-764-9742

July 16, 2009

Anne Foley
Chairman, Tobacco and Health Trust Fund Board
Office of Policy and Management
450 Capitol Avenue
Hartford, CT 06106-1379

Dear Chairman Foley,

Thank you for the opportunity to provide input regarding the future of the Connecticut tobacco prevention and cessation program. As you know, it is not easy to succeed in reducing the toll of the number one preventable cause of death and disease – tobacco use.

However, tobacco prevention and cessation programs that are adequately funded and sustained over time have been among the most successful public health interventions in recent decades. Comprehensive tobacco prevention and cessation programs prevent kids from starting to smoke and encourage and help adult smokers to quit. They are instrumental in raising public awareness about the tobacco problem, countering the marketing efforts of the tobacco companies, and engaging community members in the issue, thereby creating a social and cultural environment that is more conducive to healthy behavior.

Today, we have more real-world experience and scientific evidence than ever regarding what should be done to reduce tobacco use, how to do it and what resources are required. We now have nearly two decades of experience in implementing tobacco prevention and cessation programs, including experience in pioneering states such as California and Massachusetts and the broader range of states that have implemented such programs since the 1998 state tobacco settlement.

The successes around the country are based on a basic formula—a number of key components need to work together as part of a comprehensive approach to change individual attitudes and behaviors as well as wider social norms around tobacco use. The Centers for Disease Control and Prevention (CDC) has accumulated the

experience and evidence from states to develop *Best Practices for Comprehensive Tobacco Control Programs*, which includes critical guidance for state tobacco control programs. CDC's Best Practices establishes the key program component areas as follows:

- State and community interventions
- Public education interventions
- Cessation programs
- Surveillance and evaluation
- Administration and management

The purpose of CDC's Best Practices is to help states organize their tobacco control program efforts into an integrated and effective structure that uses and maximizes interventions proven to be effective. While Best Practices provides quite a bit of leeway for individual application in each state, CDC encourages states to maintain a comprehensive approach that consists of the five best practice program components, even when state programs are funded at levels lower than what is recommended by the CDC. The balance of spending between the components will differ based on funding level (due to cost and effectiveness of each component at different levels of funding).

In addition to its funding and programmatic recommendations, CDC has also provided states with critical guidance regarding how to spend program dollars at less than optimal levels of funding, as is the case here in Connecticut. Below is guidance regarding how to spend approximately $6-$8 million on a tobacco prevention and cessation program in Connecticut, based on CDC's specific recommendations for Connecticut (from CDC's *Best Practices for Comprehensive Tobacco Control Programs*).

1. State and community interventions: Approximately 45%-50% of total program budget; Develop a stable tobacco control infrastructure statewide and focus on movement-building components that will help build capacity for the future. This includes expanding funding relationships with community and state partners, with enough resources to school environments. School-based efforts should primarily focus on changing the environment to implement local, evidence-based programs.

   CDC recommends that interventions aimed at preventing tobacco use among youth should fully engage youth in and outside of school and be part of a comprehensive effort that is implemented in coordination across community and school environments. School-based efforts could include systemic changes that modify the environment in a school system towards being tobacco-free, for example, making school campuses completely smokefree at all times on all parts of campus and even at off campus school events for faculty, students, and staff. Offering cessation assistance for faculty,

students, and staff who smoke is another example of an effective school-based strategy.

2. Public education interventions: Approximately 25% of total program budget; Conduct a media campaign that targets just a few key markets.
3. Cessation programs: Approximately 20% of total program budget; Provide support to operate a statewide telephone-based quitline that provides counseling for a limited population size.
4. Surveillance and evaluation: Approximately 5% of total program budget; Support needed data collection systems (such as BRFSS/ATS or YTS/YRBS) to monitor the impact of interventions at the state level.
5. Administration and management: Approximately 3% of total program budget; Hire and maintain key staff for program operations and basic oversight.

This is smart and effective programming – states that have implemented programs consistent with CDC Best Practices have shown significant reductions in youth and adult smoking. Connecticut can achieve progress in lowering youth and adult smoking prevalence, but only if the program is implemented in a smart and thoughtful way, based on best practices.

Once again, thank you for the opportunity to provide comments regarding this important program.

Sincerely,

Kevin O'Flaherty
Director of Advocacy – Northeast Region
Campaign for Tobacco Free Kids

DEPARTMENT OF PUBLIC HEALTH

CITY OF WEST HAVEN, CONNECTICUT

Public Health
Prevent. Promote. Protect.

JOHN M. PICARD
Mayor

ERIC TRIFFIN, M.P.H.
Director of Public Health

CONNECTICUT, A STATE OF HEALTH!

Regrettably, when it comes to preventing disease or promoting health, our government is reluctant to offer resources and support. Thus, we continue to hemorrhage from costly chronic diseases that could be prevented with early actions for health. A classic example is the epidemic of diabetes/obesity ('diabesity'), and the fact that most insurance will not pay for nutrition counseling or Weight Watchers but will end up paying for amputations that run up to $30,000! This may be penny wise in the short run but certainly pound foolish in the end!

I am proposing that we spend *a dime (stitch) in time in order to save another nine*. Connecticut's Tobacco Settlement Funds so dearly won by Attorney General Blumenthal, are in the General Fund instead of compensating the past, present and *future* survivors of tobacco. *Countrywide, we are almost dead last* in the States' use of the tobacco settlement dollars to reverse and prevent the damages and ravages of tobacco. We must recapture those funds and rededicate them to their proper and healthful purpose.

What *better* could legislators offer their constituents than a $100 reimbursement for any health class that they complete, be it smoke cessation, stress management, weight management, or even aerobics with their children? This would *finally* encourage residents to take healthy steps forward to *prevent* the diseases that our health, our medical system, *and* our taxes are succumbing from today. Obesity *alone* is costing Connecticut over $800M/year in medical costs, and the consequences of tobacco are even *greater*. We pay an average of over $8,000 for disease care every year t but when will we ever even *start* to pay even $100 to *prevent* those diseases in the first place?

Now is the time, the opportunity is clear and it is here, we *can* rededicate the tobacco settlement funds *to* our residents' health. Any health class that registers with the State Department of Public Health (so that over time we can gather outcome statistics and highlight the people and programs that succeed), would be eligible for reimbursement to the participants who complete the training.

What better could we do for the public and health, than to empower a million taxpayers to take charge of their health? This would put Connecticut 'on the map' and create a groundswell of interest in healthy opportunities. Many new or ongoing classes could get started or reinvigorated with the knowledge that a $100 class fee would be reimbursed by the State after successful completion. Parks and Recreation classes, Fitness Centers, American Lung Association, Weight Watchers, Health Departments, medical offices and many others providers would rise to the call.

Has any other State had the foresight to reward residents with "an ounce of prevention to *prevent* the economic, physical and emotional pains of a pound of cure?" I am appealing to you as our legislators to take up this idea that is so long overdue, at least with pilot funding. We could exemplify that we practice what we preach, and then we could become known as a *State of Health in Connecticut*! Say "*Yes, to a healthy Connecticut!*"

Yours in health,

Eric Triffin, MPH

Public Health
Prevent. Promote. Protect.

Phone (203) **937-3660**; *Fax* (203) **937-3676**
355 Main Street, West Haven, CT 06516
WWW.WHHD.ORG

Foley, Anne

From: Golden, Marjorie [MGolden@srhs.org]
Sent: Wednesday, July 22, 2009 11:34 AM
To: Foley, Anne; Trotman, Pamela
Subject: Tobacco cessation

am a physician at the Hospital of Saint Raphael in New Haven, CT where I have practiced infectious diseases ;ince 1994. I spend much of my time caring for people with HIV/AIDS and became aware of a critical need to)rovide smoking cessation services. Over the past 6 years, I have received several state grants which have ;nabled us to hire a smoking cessation counselor, create support groups and provide pharmacologic therapy. Ne published the results of our study in the Journal of Clinical Outcomes Management (JCOM 2006;13(1):30- 3). We are in the process of expanding our services to the Women and Childrens clinic. I am writing to urge :ontinued support for such programs, particularly those that target underserved, urban populations.

\nother pressing issues for our patients is poor nutrition (over 60 percent of our HIV-infected patients are :lassified as obese). We are in the process of comparing attitudes about weight and body image between HIV nfected and HIV uninfected adults, in an attempt to better assist patients in achieving ideal body weight. Jnfortunately, most of our patients cannot afford to participate in organized weight loss programs, buy gym nemberships or purchase healthy foods.

.astly, access to mental health services is sorely lacking. We treat many clients with substance abuse, lepression, bipolar disorder and posttraumatic stress. Unfortunately, despite many attempts, we have not been ible to secure funds to hire even a part time psychiatrist. Providing better outpatient psychiatric service would mprove medication compliance, decreasing rates of hospitalization and cost of care. This is true not only for :ompliance with HIV medication regimens but other treatments as well, particularly diabetes. Our ability to)rovide psychiatric care often prevents us from adequately managing our patients with HIV/hepatitis C :oinfection

would be happy to provide more specific information if it would be helpful. Thank you for your interest.

Marjorie Golden, MD, FACP
Associate Clinical Professor of Medicine
Hospital of Saint Raphael and Yale University School of Medicine
1450 Chapel Street, P411A
New Haven, CT 06511

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Testimony provided by Windham Community Memorial Hospital, Inc.
August 5, 2009
Contact: Mona Friedland, VP, Philanthropy
860 456-6911; mfriedland@wcmh.org

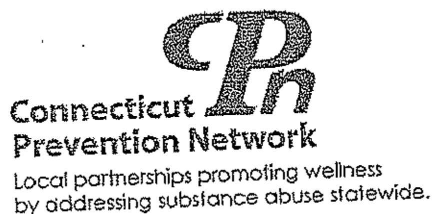
In 2008, Windham Hospital joined with hospitals state-wide in a commitment to ban smoking on its premises. This ban applies to all staff members, patients, and visitors at the Hospital. While this may seem a radical change, we believe that it is our responsibility to provide a healthy workplace, to create an atmosphere that promotes good health for everyone, and to model healthy behaviors for citizens of the State of Connecticut. We believe that hospitals are uniquely positioned to lead the way in the promotion of good health, and we are positively committed to maintaining a smoke-free environment at the Hospital and to eliminating the use of tobacco in general.

Tobacco use has been identified as the single largest preventable cause of disease and premature death in the U.S. and accounts for 438,000 premature deaths each and every year, as well as significantly contributing to illness and lost productivity. More than 45 million Americans are addicted to tobacco. These numbers include thousands of Connecticut residents.

By partnering with the American Cancer Society, the American Heart Association, the American Lung Association, and Generations Healthcare, we have effected change at Windham Hospital. Educational programs, smoking cessation support (including pharmaceuticals to aid in the cessation process), and a "visibility" campaign (posters, flyers, events, and signage) have helped make a smoke-free campus a reality. But our job is not finished. We must strive to effect change in our community. We must reinforce our message, support the smokers who have already quit, and reach out to others. Statistics show that the national average of individuals who quit and successfully maintain a tobacco-free state is approximately 5%. With support (such as nicotine replacement therapies and cessation classes or groups), that success rate doubles to 10%. Multiple approaches and ongoing support are vital in the fight against tobacco use, and contribute significantly to the overall success of these initiatives.

These initiatives toward a smoke-free environment—while cost-effective in the long-term—require a basic level of funding in order to succeed. We need a budget so that we can pay our class facilitators, provide pharmaceuticals for smokers who are trying to quit, and ensure that these programs will continue. We need to maintain signage, produce educational materials, and recognize successes. Funding for these initiatives will allow us to lead the way in disease prevention—and ultimately—in finding new and better ways to promote the good health of our community. Research has shown that healthy people live longer, feel better, are more content and productive, require fewer sick days from their employers, and help keep healthcare costs down.

As we – as a nation – grapple with rising healthcare costs, it is imperative that we work together to prevent disease. Since smoking is the leading cause of preventable death, smoking cessation is the "golden bullet" in the arsenal of disease prevention. Curb the smoking habit, and cancer, cardiovascular disease, lung disease, and other deadly ailments diminish their hold on the bodies of our citizens. Curb the smoking habit, and the result is a nation of healthier individuals, whose healthcare costs dramatically decrease. *Prevention* is most certainly our best – and most cost-effective—cure.



August 6, 2009

Dear Members of the Tobacco and Health Trust Fund:

The Connecticut Prevention Network (CPN), the association of the Directors of Connecticut's 14 Regional Action Councils (RACs) for substance abuse prevention, representing Connecticut's 169 towns, presents the following proposal to prevent and reduce tobacco use in the State at a grassroots level.

BACKGROUND:

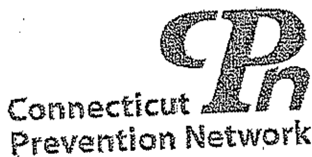
RACs serve to assess community substance abuse problems; inventory resources to address substance abuse issues; identify gaps in services; recognize changes to community environments that will reduce substance use; and design programs and plans to fill identified gaps.

RACs fulfill this role through community partnerships with key constituency groups including but not limited to government, mental health and substance abuse treatment, law enforcement, social service providers, schools, parents, civic groups, faith organizations and youth. These groups are represented on our Boards of Directors as well as the Local Prevention Councils (LPCs) that work within each town in Connecticut to plan and implement prevention strategies at the local level. LPCs are volunteer groups that the RACs provide technical assistance and small amounts of prevention funding from the Substance Abuse Block Grant, ranging from $1,800 for a community with a population of up to 4,500, to $8,230 for a city with a population over 130,000. LPCs implement prevention programming on alcohol, tobacco and other drugs, which must fit into a minimum of 2 of the Center for Substance Abuse Prevention's 6 strategies; information dissemination, education, community-based processes, alternative activities, problem identification and referral and environmental strategies. Twenty-five percent of their funding must directly address alcohol prevention and another 25% must address tobacco.

LPCs work extremely hard with minimal funding to meet the community's needs for prevention programming and address the priority substances in their town or city. Often substances that are perceived as having more immediate consequences in the community, such as, alcohol, marijuana, heroin and prescription drug misuse take priority and the majority of LPC funds and efforts are used to address them. LPCs recognize tobacco use and second hand smoke exposure among youth and adults as a problem, however since the harmful effects of this addiction on individuals and the community typically do not result in automobile crashes, violent crime or unintentional injury, tobacco prevention is often unable to be addressed as a priority.

The RACs have a history of coordinating and providing tobacco prevention and assessment activities in partnership with LPCs. In 2000 the RACs conducted a statewide tobacco use assessment for the CT State

620 Norwich/New London Turnpike • Uncasville, CT 06382 • www.ctprevention.org



Legislature and DMHAS. The areas assessed included the CDC recommended areas of enforcement, cessation, counter-marketing, and local programs. Within a short six-week period the RACs convened local forums of key leaders and produced a report from all 169 CT towns, an overall response rate of 100%. Based on the information collected, the RACs then worked with the LPCs to develop the recommendations that each town felt would best suit their needs. LPCs developed requests for the funding that would be needed to accomplish these programs. At that time, funding was no longer available to implement the recommendations brought forward in the town plans and programs were not implemented. RACs continued to work with the LPCs wherever possible, however the lack of consistent, dedicated funding for tobacco/smoking programs did not allow the programs to go forward.

RAC REQUEST FOR PROPOSAL FOR LPCS TO SPONSOR TOBACCO AWARENESS INITIATIVES:

The RACs would like to give LPCs an opportunity, in collaboration with the Tobacco and Health Trust Fund, to amplify their focus on tobacco use prevention and reduction. The RACs would like to administer a mini-grant request for proposal (RFP) process with the LPCs state-wide that would allow them to increase community awareness about the harmful effects of tobacco use, resources for cessation and information about the new law that prohibits minors from possessing tobacco products. The RACs would create, administer, monitor and collect evaluation information for an RFP, for the 2009-2010 fiscal year. All LPCs will be eligible to apply for funds and increased technical assistance to implement at least one of the following community tobacco awareness activities;

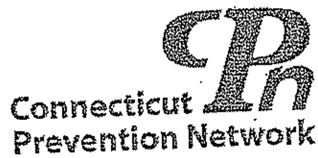
1) An in-school tobacco awareness presentation for youth and parents, including information on the new law regarding minors and tobacco possession;
2) A community presentation on tobacco awareness including information on the new law regarding minors and tobacco possession;
3) A community-wide mailing or mailing to all parents and guardians on the consequences of tobacco use and the new law regarding minors and tobacco possession.

Each tobacco awareness activity would involve distribution of prevention and cessation information, as well as information on the risks and consequences of tobacco use and exposure to second-hand smoke, local tobacco use data (where available), local tobacco use policies, cessation resources and the law prohibiting minors from possessing tobacco products. This information would be distributed via print material such as pamphlets, or cards indicating a web site that includes all such information.

If the state-wide tobacco media campaign has launched when the funded LPCs begin planning for their tobacco prevention activity, the RACs will consult with the media consultant responsible for the campaign on how the LPCs can incorporate the state-wide message and images into their grassroots efforts.

BUDGET:

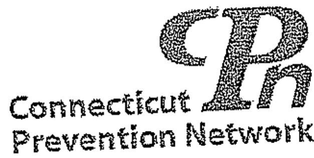
Line Item:	Description:	Calculation:	Total:



Local partnerships promoting wellness by addressing substance abuse statewide.

RAC Administrative Costs	Anticipated costs to agencies for preparing, distributing, reviewing, selecting, funding, monitoring and evaluating process and outcomes of the RFP	$5,000/RAC x 14 RACs	$70,000
RAC Point of Contact/ Fiduciary Costs	Funds for one RAC to serve as the contractor, point of contact and fiduciary to all RACs. This RAC will enter into the contract, have written agreements with each RAC for the disbursement of RAC and LPC RFP funds, will collect written reports how the amount of funds dispersed and use of funds, will collect evaluation materials in accordance with the Tobacco and Health Trust fund contracted evaluator's specifications, will coordinate with the Tobacco and Health Trust Fund's media campaign consultant to determine if and how LPCs can incorporate the state-wide tobacco prevention messages into their local efforts. This RAC will be responsible for the fiscal and all other reporting requirements for the contract.	$70,000 x 15%	$10,500
LPC Funds for Tobacco Prevention and Reduction	Fiscal support for LPCs selected through the RFP process to implement the tobacco awareness raising events. Funds will be used for advertizing the event, educational materials, speakers, postage, website development or editing and when possible incorporating the state-wide tobacco media campaign messages into local efforts.	83 Tier 1* towns x $500=41,500 56 Tier 2*towns x$1,000=$56,000 30 Tier 3*towns x $1,500=$45,000	$142,500**
		Total Funding Request:	**$223,000**

* Towns have been separated in "Tiers" to determine the amount of tobacco awareness raising funds they shall receive, based on their population. Please note that some towns have regional LPCs, in those cases the LPC



will be eligible to apply on behalf of all towns represented on the council in the amounts that correspond with the "tiers" for each participating town. The following is the population range with corresponding funding amounts:

Tiers	Population Range	Funding Amount
1	0-12,000	$500
2	12,001-30,000	$1,000
3	30,001-over 130,000	$1,500

**It is anticipated that 100% of towns, through their LPCs, will not apply or will not submit acceptable RFPs to their RAC. If funds in the individual RAC's LPC line item remain, RACs will use these funds for regional tobacco awareness campaigns which will include purchasing additional evidence-based tobacco prevention materials, updating RAC websites to include the most current links to tobacco prevention and cessation resources and incorporating the state-wide tobacco media campaign into regional efforts in accordance with what is deemed appropriate from the Tobacco and Health Trust funds contracted media consultant. Individual RACs will report on use of all funds to the fiduciary RAC.

Breakout of LPC "Tiered" Funding by RAC:

	Tier 1	Tier 2	Tier 3	TOTAL LPC $/RAC
CASAC	$2,000	$10,000	$3,000	$15,000
CNVRAC	$2,500	$4,000	$3,000	$9,500
ERASE	$3,500	$4,000	$6,000	$13,500
HVCASA	$7,500	$6,000	$1,500	$15,000
LFCRAC	$0	$2,000	$3,000	$5,000
MAWSAC	$0	$0	$3,000	$3,000
MCSAAC	$5,500	$3,000	$1,500	$10,000
MFSAC	$500	$2,000	$1,500	$4,000
NECASA	$8,000	$5,000	$0	$13,000
RYASAP	$500	$1,000	$6,000	$7,500
SAAC	$4,000	$2,000	$6,000	$12,000
SCCRAC	$1,500	$7,000	$6,000	$14,500
SERAC	$5,500	$7,000	$3,000	$15,500
VSAAC	$500	$3,000	$1,500	$5,000
Total Funding/Tier	**$41,500**	**$56,000**	**$45,000**	**$142,500**

On behalf of CPN I thank you for your time and consideration of our proposal. We hope to have the opportunity to provide additional funding and assistance to the Local Prevention Councils' efforts to prevent and reduce tobacco use and exposure to second-hand smoke by raising awareness of the health consequences, local tobacco policies, local tobacco use data, the new law prohibiting possession of tobacco by minors, and cessation opportunities. Additionally we wish to have these local efforts coordinated with the state-wide tobacco counter marketing media campaign whenever possible. If you require additional information please do not hesitate to contact me. I can be reached at 860.568.4442 or bonnie.smith@erasect.org.

Regards,

Bonnie W. Smith

Bonnie W. Smith, MPH, CPH
President

620 Norwich/New London Turnpike • Uncasville, CT 06382 • www.ctprevention.org

151 Doyle Road
Oakdale, CT 06370

July 23, 2009

Governor Rell, Senators and Representatives:

I am Mary Buckley Davis. I am a: Mother, Daughter, Wife, Registered Respiratory Therapist, and Certified Asthma Educator. Although I am currently employed by a health district, I spent much of the first 30 years of my career, trying to repair damage done by smoking in a community hospital setting. Now I work to prevent damage done by both smoking and second hand or environmental tobacco smoke.

In my family, smoking does not make you sick. It kills you. My father and grandmother both died of lung cancer. My mother and step-father both have COPD. My sister was born prematurely and died, likely as a result of my mother's smoking. My children and I have asthma.

Make no mistake about it; the cost to society of tobacco smoking continues to skyrocket. Between 2004 and 2005 the cost of CT inpatient hospitalizations for COPD, a collection of lung disorders caused nearly exclusively by cigarette smoking, increased by $19M to nearly $136M for one year for one diagnosis!

Tobacco settlement money should be used to help prevent smoking, to prevent and treat the illnesses caused and exacerbated by smoking and to enact new legislation and engender public will to decrease smoking. Reducing the number of venues where smoking is permitted, increasing the cigarette tax and/or increasing enforcement of existing tobacco laws are all possible ways to prevent the negative health outcomes from smoking and second hand smoke.

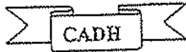
In CT, programs that work to reduce the burden of disease wrought by smoking include tobacco prevention programs, pulmonary rehabilitation programs and smoking cessation programs that include avenues for coverage of prescription quit aids. Putting on AIRS and Easy Breathing® are asthma programs that address the needs of the members of our communities who continue to face disparities in both disease burden and poor health outcomes often related to cigarette smoke.

Thank you for your consideration.

Mary Buckley-Davis, RRT, N-PS, A-EC

CADH

Connecticut Association of Directors of Health, Inc.



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241 Main Street
2nd Floor
Hartford, CT 06106
Ph: 860-727-9874
Fx: 860-493-0596
www: cadh.org

Public Health
Prevent. Promote. Protect.

Date: July 16, 2009

To: Anne Foley, Chairperson, Tobacco and Health Trust Fund Board

From: Paul Hutcheon, CADH Advocacy Committee Chairperson

Re: TESTIMONY- Tobacco and Health Trust Fund allocations

Please accept this letter on behalf of the CT Association of Directors of Health (CADH) in support of your efforts to continue to reduce tobacco abuse through prevention, education and cessation programs.

The CADH Board of Directors met on July 15, 2009 and voted to urge the Tobacco and Health Trust Fund members to set aside funding to support:

- Counter marketing efforts provided by local health departments
- Cessation programs offered by local health departments
- Community based prevention programs

CADH believes that funding community based programs, in particular those offered through local health departments, should be considered a vital component of your strategic plan.

Please let us know if there is any assistance we can provide to help with your success.

Thank you for your consideration.

The Chamber of Commerce, Inc
Windham Region

Concept Plan
Tobacco & Health Trust Fund

August 7, 2009

The Chamber of Commerce, Windham Region, is a thirteen-town organization of business institutional and professional employers focused around the Windham-Mansfield area. Our mission includes strengthening the economy and the viability of employers of all sizes, encouragement of job growth and retention and the support and protection of the region's quality of life.

The Chamber of Commerce seeks to establish a regional framework to encourage the development of healthy life style choices among employees of small and medium sized employers. We will evaluate environmental conditions, sedentary lifestyles and parental influences in a health and wellness analysis of workers. We know that smoking, obesity and alcohol and drug abuse are major contributing factors to increasing loss of work days, reduced productivity, "smoke breaks" and insurance claims for chronic health conditions related to life style choices. There are two million deaths per year in the U.S. with 438,000 directly connected to smoking. The study region has a diverse population with substantial Hispanic representation in the workforce. Cultural considerations will be addressed.

Among the health problems we seek to reduce in the area's labor force are heart disease, stroke, lung cancer and diabetes. Passive smoking is a cause of significant health problems within families of smokers and relates to parental responsibility as well as to behaviors which will affect the lives of the next generation of workers.

We know incentives to encourage healthy life style choices have been effective in large controlled employer settings. We wish to develop a demonstration system usable for smaller more diverse workplaces in which specific behavioral changes may be expected under a contingency management formula.

The goals are smoking cessation, encouragement and advocacy for wellness through exercise, health club membership, competition among employer groups and similar approaches leading to prevention of relapse, harm reduction and sick time loss reduction. The role of aerobic exercise and good nutrition will also be emphasized. The economic benefits should be significant for employers both in labor savings and insurance cost reductions over time.

According to the American Cancer Society's "Cancer Facts and Figures for 2008", smoking causes over 3 million years of lost life in men and over 2 million in women. The average smoker reduces life expectancy by 14 years. The economic loss for families, communities, employers and insurers is staggering.

We plan to work with local and regional health agencies, recreation departments and the area health district. The intent is to create a model transferrable to similar small-employer based regions anywhere in the U.S. with the goal of reducing health care costs to individuals and the community.

We expect to cooperate with the University of Connecticut and Eastern Connecticut State University to involve faculty and students in the research, survey and education portions of the project. This will involve a contract, cooperation and stipend arrangements with at least the University of Connecticut and a lead faculty member.

The Center for Disease Control and health departments have expressed interest in these goals and it is a pursuit in which the Chamber's Health and Wellness Council has been interested for many months.

We have as associated or supporting agencies Windham Community Memorial Hospital, Natchaug Hospital, VNAEast, a convalescent facility, ACCESS Community Action Agency and others.

Foley, Anne

From: Wolfe,Stanton [swolfe@uchc.edu]
Sent: Wednesday, August 12, 2009 11:20 AM
To: Foley, Anne
Subject: Tobacco and Health Trust Fund

)ear Ms. Foley: I am on the faculty at UCHC, School of Medicine, Department of Community Medicine and Health Care. 'm contacting you with regard to the Tobacco and Health Trust Fund Board meeting, scheduled for this Friday , for your ;uidance. I created OPENWIDE - the very successful and widely acclaimed DPH oral health training program for non-lental health and human services providers - during my tenure as CT State Oral Health Director (1993-2003). Dr. Douglas 'eterson (UCHC School of Dentistry), Charles Huntington (past AHEC Director, present Associate Dean for Continuing Aedical Education), and an MPH graduate student, are working with me on a new OPENWIDE-modeled Oral Cancer Early)etection and Prevention module. We are at a point in the development of this module to partner with DPH and other ippropriate collaborators, and seek funding for 3 related activities: 1) complete the Oral Cancer module; 2) print, publish, mplement, and evaluate a pilot run of the new Oral Cancer Early Detection and Prevention model; and 3) conduct a igorous outcomes and performance evaluation of the over 5,000 OPENWIDE early childhood dental decay prevention rainings already completed, to date, in CT. I believe the Tobacco and Health Fund may be the ideal funding source for hese endeavors. Please advise me what the Board may need and what steps to follow toward this goal. Much ippreciated. Best regards, Stanton

)r. Stanton H. Wolfe
Jniversity of CT Health Center
)ept. Community Medicine and Health Care
Aaster in Public Health Program
:63 Farmington Avenue, MC-6325
=armington CT 06030
i60-679-5408
.wolfe@uchc.edu

Agenda

Tobacco & Health Trust Fund Board

Friday, August 14, 2009
10:00 a.m.. – 12:00 noon
State Capitol Room 410

I. Welcome and Introductions

II. Approval of July Minutes

III. Review Status of the Trust Fund

IV. Review Previous Disbursements and Guiding Principles

V. Review Public Testimony Received

VI. Develop Preliminary Recommendations for FY10 Disbursements

VII. Review Upcoming Meeting Dates – Fridays at 10 a.m.
September 18, October 16, November 13 and December 18

VIII. Adjourn

DRAFT
Meeting Summary
Tobacco and Health Trust Fund Board Retreat

Friday, July 17, 2009
10:00 a.m. – 10:30 a.m.

Room 1A
Legislative Office Building
Hartford, Connecticut

Members Present: Anne Foley (Chair), Nancy Bafundo, Ken Ferrucci, Diane Becker, Pat Checko, Cheryl Resha, Larry Deutsch, Douglas Fishman, Andrew Salner, and Norma Gyle.

Members Absent: Jayne Tedder, Nikki Plamieri, Barbara Carpenter, Ellen Dornelas, and Robert Zavoski.

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

Item	Discussion/Action
Welcome and Introductions	The meeting was convened at 10:00 a.m. Members introduced themselves.
Approval of October and December Minutes	Norma Gyle moved approval of the Board's October 17, 2008 and December 10, 2008 meeting minutes. The motion was seconded by Pat Checko and approved on a voice vote with the provision that Cheryl Resha and Ken Ferrucci be added to the list of members. There were two abstentions: Nancy Bafundo and Douglas Fishman.
Review of Legislative Action and Status of Trust Fund	The Chair updated the board on legislative action taken during the 2009 regular session of the General Assembly which impacts the Tobacco and Health Trust Fund. Three public acts transferred a total of $21,572,000 from the trust fund into the state General Fund in order

	to mitigate the state budget deficit for fiscal year 2009. The Chair identified an $11.1 million balance in the trust fund as of June 30, 2009 and estimated that, if no further changes are made, approximately, $6.3 million will be available to the board for disbursement for fiscal year 2010. The chair agreed to provide the following information at the next Board meeting: • A list of the various programs for which $13.95 million in trust funds were transferred in FY09; • Aggregate amounts for the trust fund status; and • Aggregate amount of Tobacco Settlement Funding for Connecticut to-date.
Update on FY 08 Cessation Programs and Evaluation	Barbara Walsh of DPH gave a status report on FY 08 cessation programs and evaluation contract. The contract period covers November 1, 2008 - June 30, 2010. Cessations services are running at each site and all sites are providing pharmacotherapies. Second quarter reports were submitted to the Department for analysis. Results will be shared with the board. The evaluation consultant's contract covers November 2008 – June 2010. The evaluator met with each Community Health Center to discuss evaluations procedures and protocols. The Department has received data and reports that are being reviewed. Results will be shared with the board.
Update on FY 09 Disbursements	Contracts for fiscal year 2009 are not fully executed, but are expected to be executed by September 1. Board members commended DPH, particularly Barbara Walsh, for their commitment and dedication in the development and implementation of contracts

	that address the request of the Board and Connecticut's residents.
Board Appointments	The appointment of the following members has expired: Nancy Badundo, Cheryl Resha, Ellen Dornelas, Diane Becker, Jane Tedder, and Andrew Salner. OPM will follow up with their appointing authorities. OPM will request replacements for Jerold Mande and Peter Rockholz who have resigned from the board and Barbara Carpenter who has not attended meetings.
2009 Meetings	The Chair reminded members that the next Board meeting will be held on Friday, August 14 from 10 a.m. to noon in the State Capitol Room 410. Additional meeting are scheduled for September 18, October 16, November 13, and December 18. The meeting was adjourned at 10:30 a.m.

State of Connecticut
Tobacco Settlement Funds
In Millions of Dollars

August 2009

	ACTUAL FY2000	ACTUAL FY2001	ACTUAL FY2002	ACTUAL FY2003	ACTUAL FY2004	ACTUAL FY2005	ACTUAL FY2006	ACTUAL FY2007	ACTUAL FY2008	Estimated FY2009	Total FY 00-09
Tobacco Settlement Fund (12037) (Sec. 4-28e)											
Carried Forward from Previous Year	--	47.1	1.4	0.1	0.0	0.0	3.2	0.0	(1.1)	(1.9)	48.8
Deposit receipts	150.0	112.5	140.0	137.9	116.6	118.3	108.6	113.7	141.3	153.8	1,292.7
Interest	0.2	0.6	0.1	0.0	0.0	0.0	0.3	1.2	0.4	0.3	3.2
Funds Available	150.1	160.2	141.4	138.0	116.6	118.3	112.2	115.0	140.6	152.2	1,344.7
Transfer to Tobacco and Health Trust Fund	(20.0)	(19.5)	(17.4)	0.0	(12.0)	0.0	(18.6)	(12.0)	(13.2)	(23.8)	(136.5)
Transfer to Biomedical Research Trust Fund	--	--	(4.0)	0.0	(4.0)	(2.0)	(4.0)	(4.0)	(4.0)	(4.0)	(26.0)
Transfer to OPM Tobacco Account	(5.0)	--	--	--	--	--	--	--	--	--	(5.0)
Transfer to General Fund	(78.0)	(138.8)	(120.0)	(138.0)	(100.6)	(113.0)	(89.4)	(100.0)	(115.3)	(115.8)	(1,108.9)
Transfer to DRS and AG (Enforcement)						(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.6)
Transfer to Stem Cell Research Fund (12060-35324)									(10.0)	(10.0)	(20.0)
Regional Action Council Grant	--	(0.5)	--	--	--	--	--	--	--	--	(0.5)
Funds Used	(103.0)	(158.8)	(141.4)	(138.0)	(116.6)	(115.1)	(112.1)	(116.1)	(142.6)	(153.7)	(1,297.6)
Balance on June 30	47.1	1.4	0.1	0.0	0.0	3.2	0.0	(1.1)	(1.9)	(1.6)	47.3
											0.0
											0.0
											0.0
Tobacco and Health Trust Fund (35007)											
Carried Forward from Previous Year	--	20.2	41.1	53.1	1.1	0.6	0.0	18.1	21.3	29.4	184.9
Transfer from Tobacco Settlement Fund	20.0	19.5	17.4	0.0	12.0	0.0	18.6	12.0	13.2	23.8	136.5
Interest	0.2	1.4	1.8	0.2	0.0	0.0	0.1	0.8	0.9	0.3	5.7
Funds Available	20.2	41.1	60.3	53.3	13.1	0.6	18.7	31.0	35.3	53.5	327.2
Use of Interest and principal	--	--	(0.8)	(0.6)	0.0	0	0	0.0	(0.9)	(6.9)	(9.2)
Transfer to General Fund	--	--	0.0	(48.2)	(12.0)	0.0	0.0	0.0	0.0	(21.6)	(81.8)
Capital Gain/Loss			(1.5)	(0.8)							(2.3)
Transfer of Principal for Various Programs	--	0.0	(4.9)	(2.6)	(0.5)	(0.6)	(0.6)	(9.7)	(5.1)	(14.0)	(37.8)
Funds Used	--	0.0	(7.2)	(52.2)	(12.5)	(0.6)	(0.6)	(9.7)	(6.0)	(42.4)	(131.1)
Balance on June 30	20.2	41.1	53.1	1.1	0.6	0.0	18.1	21.3	29.4	11.1	196.1

Table C

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

		FY 2008
PA 07-1, June Special Session, Section 59 transfers:		
(a)	DPH-Easy Breathing Program	(0.50)
(a)	DPH-Adult Asthma -Norwalk Hospital	(0.15)
(a)	DPH-Adult Asthma-Bridgeport	(0.15)
(a)	DPH-Children's Health Initiative	(0.15)
(a)	DPH-Women's Healthy Heart	(0.50)
(a)	DPH-Children's Fitness & Health Programs	(0.50)
(c)	DSS-Charter Oak Health Plan Development	(2.00)
(e)	UCHC- CT Health Information Network	(0.50)
(g)	DSS- Choices	(1.00)
(i)	DMHAS-Tobacco Education	(0.30)
Total Statutory Transfers Out		(5.75)

		FY 2009
PA 07-1, June Special Session, Section 59 transfers:		
(b)	DPH-Easy Breathing Program	(0.50)
(b)	DPH-Adult Asthma-Norwalk Hospital	(0.15)
(b)	DPH-Adult Asthma-Bridgeport Hospital	(0.15)
(b)	DPH-Children's Health Initiative	(0.15)
(b)	DPH-Women's Healthy Heart Program	(0.50)
(d)	DSS-Charter Oak Health Plan	(11.00)
(f)	UCHC-CT Health Information Network	(0.50)
(h)	DSS- Choices	(1.00)
Total Statutory Transfers Out		(13.95)

Table B

Tobacco and Health Trust Fund
Board Disbursements FY 03 – FY 09

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

Tobacco and Health Trust Fund Board
Summary of 2009 Testimony Received

Testimony was received from 18 individuals associated with the following organizations:

- Connecticut Hospice
- Yankee Institute
- A Parent
- CommuniCare Inc.
- Research Associates Program
- Middlesex County Substance Abuse Action Council
- Local Prevention Council
- CTPTA
- American Lung Association of New England
- Prevention Committee of the Connecticut Cancer Partnership
- Campaign for Tobacco Free Kids
- City of West Haven, Department of Public Health
- Hospital of Saint Raphael
- Windham Community Memorial Hospital
- Connecticut Prevention Network
- A Respiratory Therapist
- Connecticut Association of Directors of Health
- Windham Region Chamber of Commerce

Support from multiple sources was expressed for:

1. Tobacco Prevention
    a. For children and youth
    b. School-based programs including after school programs
    c. Community based program including:
        i. Boys and girls clubs and faith based efforts
        ii. Billboards
        iii. Presentations to youth and parents and others
        iv. Mailings

2. Smoking cessation
    a. Community based or by local health departments
    b. With NRT
    c. For mentally ill, youth, or persons with HIV
    d. $100 reimbursement for any health class completed

3. QuitLine
    a. With NRT

4. Research Associates Program

5. Counter-marketing including media campaigns

Support from one source was received for:

1. Hospice Services
2. Data Collection and Administration
3. Treatment for illnesses caused by smoking – e.g. pulmonary rehabilitation
4. Increased enforcement
5. Oral cancer pilot
6. Access to mental health services for persons with HIV
7. Nutrition programs for persons with HIV

Tobacco and Health Trust Fund Board
Public Hearing Summary

July 17, 2009
Room 1A, Legislative Office Building
Hartford, Connecticut

The Tobacco and Health Trust Fund Board held its second annual public hearing on Friday, July 17, 2009 to seek input and recommendations for disbursement of trust funds. The following seven individuals provided oral testimony at the public hearing:

1. Marcel Blanchet, Connecticut Hospice
2. Fergus Cullen, Yankee Institute
3. Gwen Samuel, Parent
4. Tony Corniello, CommuniCare Inc.
5. Keith Bradley, Research Associates Program
6. Betsey Chadwick, Middlesex County Substance Abuse Action Council
7. Geralyn, Laut, Local Prevention Council

In summary, the individuals testifying recommended funding be provided for: hospice services, cessation programs for individuals with mental illness, brief intervention programs at hospital emergency departments, local prevention efforts, and training. In addition, testimony recommended advocacy for additional Tobacco Settlements Funds to be dedicated to anti-tobacco efforts.

Marcel Blanchet, Connecticut Hospice

- Provide funds for the care of Hospice patients and families during their last days of life to cover unmet physical and mental health needs;
- Services should include support services for families, patient therapies, and bereavement counseling.

Fergus Cullen, Yankee Institute

- Advocate for increased transfer of Tobacco Settlement Funds to the Tobacco and Health Trust Fund for disbursement for tobacco related programs and services.

Gwen Samuel, Parent

- Focus on tobacco prevention for children.
- Engage and educate communities through grassroots initiatives
- Foster parent advocacy by engaging and training parents
- Mobilize collaboration between communities and existing agencies, programs and services
- Build on existing programs such as after-school programs, Boys and Girls Clubs, and faith-based programs

Tony Corniello, CommuniCare, Inc.

- Continue to devote funds to smoking cessation treatment for people with serious mental illness.

Keith Bradley, Research Associates Program

- Fund a Research Associates Program in which college students interested in health professions volunteer to work in the emergency department of local hospitals to assist in brief interventions and clinical research studies relating to tobacco.
- Provide administrative funds to maintain and expand the Research Assistance Program which currently operates in Bridgeport Hospital and St. Vincent's Hospital. Funding could include student scholarships and training.

Betsey Chadwick, Middlesex County Substance Abuse Action Council

- Coordinate with the Regional Action Councils and Local Prevention Councils to supplement work focused on tobacco issues such as local billboards

Geralyn Laut, Local Prevention Council – Glastonbury

- Support recommendations provided by the Research Associates Program
- Fund training for current and future health care providers

In addition, written testimony from four individuals and organizations was received via email prior to the public hearing and distributed to Board members at that time. In general, the written testimony recommended disbursement of trust fund for : school-based and community-based prevention for youth; cessation programs including those targeted to youth; QuitLine including

nicotine replacement therapy; media campaign; and data collection and administration.

Marne Usher (President), Peg Perillie (Health & Welfare Commissioner), and Michael Taylor (Legislative VP), CTPTA

- Increase funding for School-Based Prevention Programs
- Increase the school district participation in prevention programs
- Enhance outreach and marketing of the Request for Proposal process
- Fund cessation programs

Margaret LaCroix, American Lung Association of New England

- Support funding for QuitLine, Nicotine Replacement Therapy (NRT), and community based smoking cessation programs.

Elaine O'Keefe, Prevention Committee of the Connecticut Cancer Partnership

- Fund cessation interventions including maintaining QuitLine
- Fund school-based prevention programs.

Kevin O'Flaherty, Campaign for Tobacco Free Kids

- Disburse 45-50% of available funding for state and community interventions including school-based prevention, community prevention and cessation assistance.
- Disburse 25% of available funds for a media campaign
- Disburse 20% of available funds for QuitLine
- Disburse 5% for data collection including evaluation; and
- Disburse 3% for administration and management.

Tobacco and Health Trust Fund Board
Public Hearing

Friday, July 17, 2009
10:30 a.m.
Legislative Office Building
Room 1A

Print Name	Print Agency
1. MARCEL Blanchet	The Connecticut Hospice
2. FERGUS CULLEN	YANKEE INSTITUTE
3. Gwen Samuel	African American Parent - mother of 4
4. Tony Corniello	CommuniCare Inc.
5.	
6.	
7.	
8.	
9.	
10.	

Print Name	Print Agency
11. Keith Bradley	Research Assoc. Program
12. Betsey Chadwick	Middlesex County Substance Abuse Action Council
13.	
14.	
15.	
16.	
17.	
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Supports Keith Bradley's approach.
Health providers – dental hygienists

Marcel P. Blanchet, CIO
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Statement from the Connecticut Hospice, First Hospice in America and the First Pediatric Hospice in the United States.

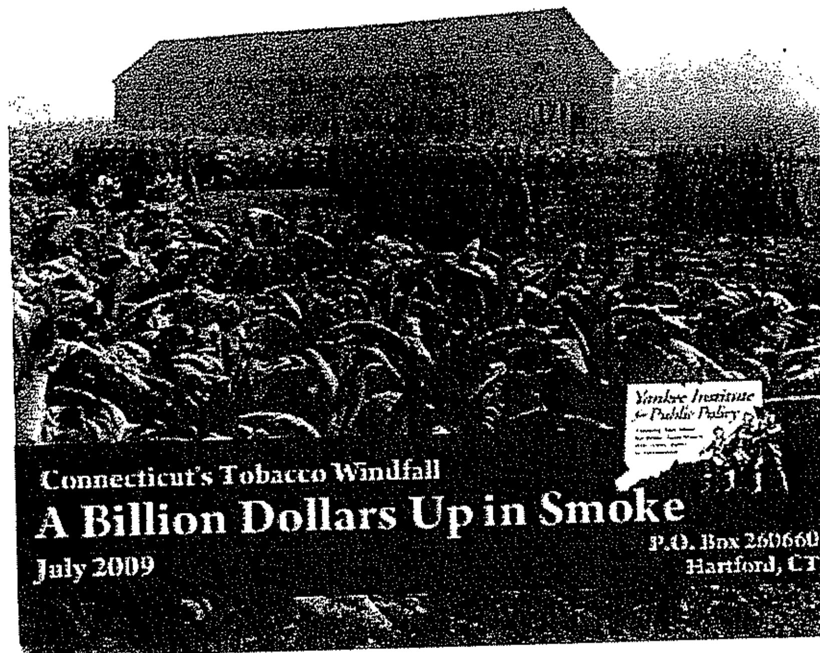
As a direct result of the use of tobacco, the Hospice community has been burdened with the task of caring for patients and families that have been stricken with tobacco related diseases. It is a daily financial challenge for The Connecticut Hospice and its healthcare professionals, as we provide quality and costly services with the end result of death. The Connecticut Hospice provides care to patients regardless of their ability to pay and we provide them with compassionate, quality end of life care with dignity as long as life lasts. The Connecticut Hospice has seen thousands of tobacco related diseases cut into the fabric of many families and their loved ones. The first principle of Hospice care is the idea that the patient and family is the unit of care. It is our recommendation that the Connecticut Tobacco & Health Trust

Fund Board of Trustees consider disbursement of some of these funds for the care of Hospice patients and families during their last days of life to cover unmet physical and mental health needs.

The direct result of tobacco related diseases, that claim the lives of countless Connecticut citizens, contributes to the largest portion of health care costs prior to their end of life.

The Connecticut Hospice has proven that quality and compassionate end of life care to their patients and families helps with coping and the support needed during this sometimes cruel and painful dieing process.

It is true that some of our Hospice patients continue smoking up until their last hour. This is how addictive tobacco use in its ugliest form truly is. The Connecticut Hospice strongly recommends to the Connecticut Tobacco & Health Trust Fund Board of Trustees that it consider funding The Connecticut Hospice and its end of life programs to cover the costs of unmet physical and mental health needs of its patients and families afflicted with tobacco related diseases.



Connecticut's Tobacco Windfall: A Billion Dollars Up In Smoke

By
Tamara Tragakiss

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About the Yankee Institute

The Yankee Institute for Public Policy, Inc. is a nonpartisan educational and research organization founded more than two decades ago. Today, the Yankee Institute's mission is to "promote economic opportunity through lower taxes and new ideas for better government in Connecticut." The Yankee Institute for Public Policy, Inc. is classified by the Internal Revenue Service as a 501 (c) (3) public charity.

"There is a danger to the euphoria that surrounds an unexpected source of revenue. This is the first session since I have been here [in 1992] that there seems to be so little concern with the overall increases in spending, and I think the tobacco settlement is part of that. It's a problem. Legislators have proposals to spend it five times over, and we don't have it once."

— Connecticut State Senator Robert Genuario, on the eve of receiving the first infusion from the 1998 Tobacco Settlement.[1]

"My greatest achievement was going after the tobacco companies. But my biggest disappointment is not being able to determine how the nearly $5 billion in settlement money allocated to Connecticut has been spent."

—Connecticut Attorney General Richard Blumenthal, one of the top five lead attorneys in the 1998 Tobacco Settlement, ten years later.[2]

Executive Summary

In 1998, Connecticut became one of 46 beneficiaries of the multi-state, $246 billion Tobacco Settlement, a deal hammered out in backrooms between Attorneys General and the four major tobacco companies. For Connecticut, the settlement amounts to between $3.6 and $5 billion over the first 25 years of the in-perpetuity agreement. At the time, public health advocates and state Attorney General Richard Blumenthal, who represented Connecticut in the lawsuit, expected that tobacco prevention and treatment programs would receive much of these funds. Ten years later Blumenthal was calling the state's handling of the tobacco revenue "a moral and social failure."[3] Key findings of this report:

- Connecticut has received nearly $1.29 billion from the settlement since distributions began in Fiscal Year 2000.
- Of that, only $23 million, or less than 2% of the total Tobacco Settlement Funds, have been used on programs specific to reducing the number of smokers or anti-tobacco efforts.
- 86% of Tobacco Settlement funds, $1.1 billion, ended up in the General Fund for unrestricted spending.
- The Tobacco Health and Trust Fund, set up to fund tobacco prevention, cessation and health programs, received only $134 million from the Tobacco Settlement over time.
- Raids on that Trust Fund by the General Assembly have resulting in just $9.2 million in spending and a projected balance of just $11.1 million.

- The terms of the agreement allowed the tobacco companies to shift the cost of the settlement to consumers without fear of losing market share.
- Connecticut collected an additional $2 billion in cigarette tax revenue since settlement funds started flowing to the state, bringing the state's total cigarette-related revenue to more than $3 billion during these nine years.
- In 2008, smokers paid the state of Connecticut nearly half a billion dollars in combined cigarette taxes and settlement money.
- Despite all the revenue the state takes in from smokers, Connecticut was ranked 51st in the nation by the Campaign for Tobacco-Free Kids in 2008 for failing to spend enough on tobacco prevention. That year Connecticut spent just $1.19 million on tobacco prevention. For comparison, the Centers for Disease Control recommended $43.9 million.

Taking A Cut: A Brief History of the Tobacco Settlement

In the 1990s, public health advocates achieved what was thought to be a climactic victory in their decades-long fight against Big Tobacco. The anti-smoking advocates believed they had found the "smoking gun:" documents which purported to show that the major tobacco companies had known all along about the health risks associated with smoking and had lied about it.[4] It was not just trial lawyers who took notice. In 1994, Florida became the first state to file suit against tobacco companies to collect damages. This filing was the shotgun that started a race among the states to get their share of any possible deal. Attorneys General across the United States initiated legal actions; Connecticut's Richard Blumenthal took a lead role. By 1998, four states had reached settlements with the major tobacco companies, and the remaining 46 coalesced around a Master Settlement Agreement (MSA).[5]

The states' legal argument focused on smoking-related Medicaid expenses bourn by the states, though their case may have benefited from popular sentiment against the tobacco companies due to the high human costs of tobacco use. These include increased health risks for a wide range of illnesses such as lung cancer, emphysema, and heart disease.[6] In March of 1998, as negotiations for the settlement were underway, the University of California at Berkeley's School of Social Welfare released a report claiming that nationwide, 14.4% of all Medicaid expenses could be attributed to smoking (the report used 1993 data). In Connecticut, the report said, $181.8 million, or 12.56% of the annual Medicaid expenditures, were caused by tobacco use.[7]

In November 1998, four major tobacco companies, R. J. Reynolds, Philip Morris USA, Brown & Williamson Tobacco Corp., and Lorillard, settled with the states. The Master Settlement Agreement, the enforcing document of the tobacco settlement, includes the following major components:

- **Annual Payouts for States.** Beginning in FY2000, states began receiving annual, in-perpetuity payouts estimated to reach $246 billion in the first 25 years, according to the advocacy group Campaign for Tobacco Free Kids.[8]

- **Restrictions on Marketing, Advertising and Lobbying.** The MSA eliminated many types of advertising including billboards and the use of cartoon characters. It restricts the use of tobacco brand names in merchandising and sponsorship of certain types of events, and it prohibits lobbying against certain types of legislation and administrative rules.[9]

- **Protection for Tobacco Companies.** Due to the MSA's protections, the signing companies have been able to pass on the cost of the agreement to consumers without fear of losing market share. The MSA also grants the tobacco companies immunity from most kinds of legal action taken by the states. The agreement drafted by the Attorneys General and the four major tobacco companies includes a monetary incentive for state legislatures to go after non-settling tobacco manufacturers. If a legislature passed a "qualifying statute," that is, one that levied fines on the non-settling companies, the state would be rewarded with the possibility of higher payments over the long-term. All states have passed such legislation. According to Thomas C. O'Brien of the libertarian CATO Institute, the agreement thus allows the settling companies to "engage in a program of price fixing and monopolization." Between 1998 and 2000 the major tobacco companies raised the price for cigarettes by $1.10 per pack, more than covering the expense of the annual payments, the Campaign for Tobacco Free Kids alleges. Since 1998, an additional 40 tobacco companies have joined the MSA.[10]

Expectations Notwithstanding

During the four years of negotiations between the states and the tobacco companies, the public health benefits of the potential agreement were never

far from the talking points of its advocates. In 1997, when states had reached an agreement on a similar plan (which later fell through), *Time* magazine hailed it as the next best thing to a cure for cancer. The Attorneys General were only slightly less effusive. It's "the most historic public-health achievement in history," said Mississippi's Michael Moore. Massachusetts AG Scott Harshbarger, then president of the National Association of Attorneys General, compared it to the discovery of major vaccines.[11] Clearly, the expectation was that the funds would be used to reduce smoking and help tobacco's "victims." The spirit of the agreement comes through in the whereas clauses, including:

> "WHEREAS, the Settling States that have commenced litigation ... [and] have agreed to settle their respective lawsuits and potential claims pursuant to terms which will achieve for the Settling States and their citizens significant funding for the advancement of public health, the implementation of important tobacco-related public health measures, including the enforcement of the mandates and restrictions related to such measures ..."[12]

But has the state of Connecticut used these funds to *significantly* advance public health and implement *important* tobacco-related health measures?

Let the Spending Begin

Almost as soon as the ink was dry on the Master Settlement Agreement, disagreements surfaced about how best to spend the incoming proceeds. Politicians, anti-tobacco groups, and public health advocates all had their own prescriptions.

In 1999 then-Governor John Rowland proposed using most of that year's settlement money for tax rebates, property tax relief and increasing funding to schools. Anti-tobacco advocates had other priorities. They demanded significant spending on tobacco-related youth prevention programs and media campaigns, smoking cessation and other health programs. Attorney General Blumenthal agreed. Democrats in the legislature suggested the establishment of two Trust Funds, each to allocate 50% of the settlement funds. The first Trust Fund would be for tobacco education and the second to help cities pay for schools.[13] A Republican state senator, Robert Genuario—now Secretary of the state Office of Policy and Management—reflected on the situation with sober and prescient words:

> "There is a danger to the euphoria that surrounds an unexpected source of revenue. This is the first session since I have been here [in 1992] that there seems to be so little concern with the overall

increases in spending, and I think the tobacco settlement is part of that. It's a problem. Legislators have proposals to spend it five times over, and we don't have it once."[14]

The first payment to the state arrived in April of fiscal year 2000 via a national escrow fund. The escrow receives payments from all the signing tobacco companies and disburses them to each state. Connecticut's portion goes directly to the State Treasurer, who deposits it into the state Tobacco Settlement Fund. From there, the funds are initially disbursed, annually, according to state law:[15]

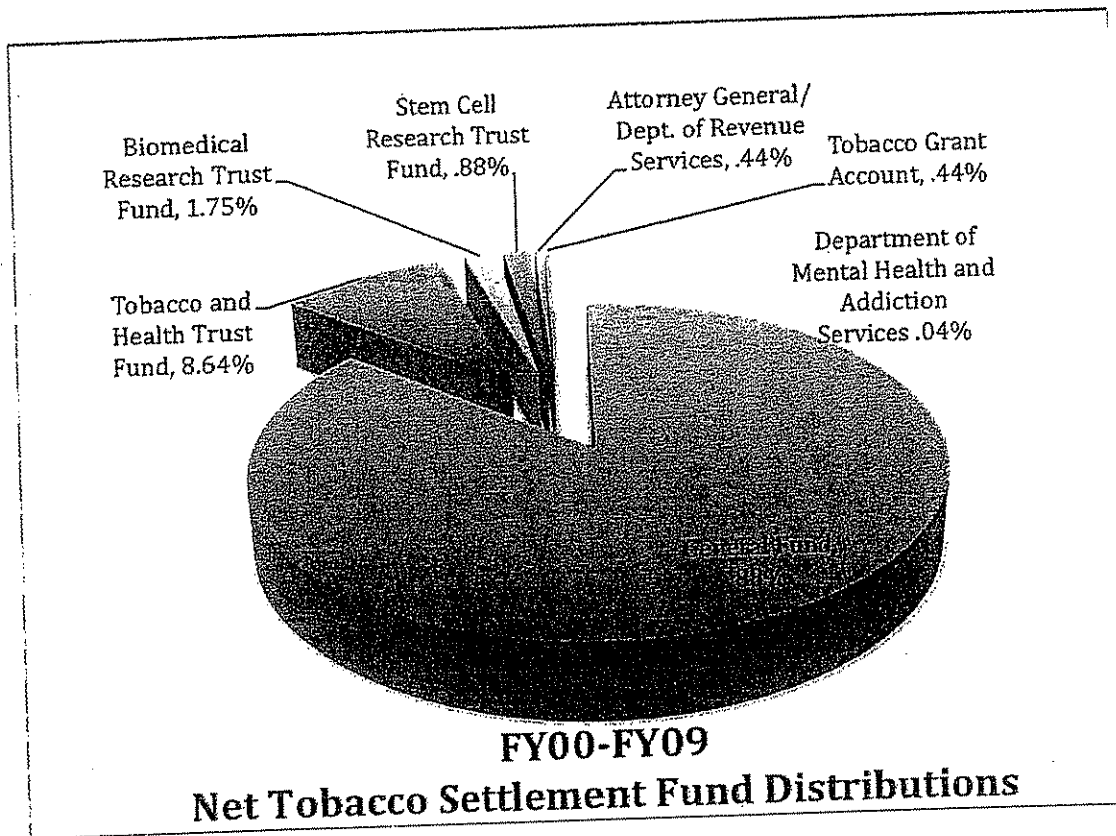
1. $12 million to the **Tobacco and Health Trust Fund**, an independent recommending body established in 2000.
2. $4 million to the **Biomedical Research Trust Fund**, a granting body under the aegis of the Department of Public Health, established in Fiscal Year 2002.
3. $10 million to the **Stem Cell Research Fund**, a granting body also run by the DPH, with disbursements to run from FY2008 through FY2015.
4. $100,000 and $25,000, respectively, directly to the **Attorney General's Office** and the **Department of Revenue Services**.
5. Any amount to the **General Fund** as requested by The General Assembly, for use as unrestricted funds. Unrequested amounts will be deposited in the Tobacco and Health Trust Fund.

But the statute does not tell the whole story.

Over the years the General Fund has absorbed $1.12 billion of the $1.3 billion Tobacco Settlement funds received by Connecticut. Because these monies are unrestricted, they are fungible: The tobacco money may have been spent on roads or education; it may have contributed to tax relief, or it may have given life to any number of legislative pet projects.

Tobacco Settlement Funds Net Distribution FY2000-2009

FUND OR AGENCY	Net Distribution (rounded)	% of total
General Fund	$1,117,000,000	86.3%
Tobacco and Health Trust Fund	$122,000,000	9.5%
Biomedical Research Trust Fund	$24,000,000	1.9%
Stem Cell Research Trust Fund	$20,000,000	1.6%
Attorney General/Dept. of Revenue Services	$6,000,000	0.5%
Tobacco Grant Account	$5,000,000	0.4 %
Department of Mental Health and Addiction Services	$500,000	>0.1%
TOTAL	$1,294,500,000	100.0%



FY00-FY09
Net Tobacco Settlement Fund Distributions

(Figures for both charts based on data from the Office of Fiscal Analysis, 2008 and recent updates provided by OFA and the Office of Policy and Management.[16])

Tobacco-Related Spending: $23 Million Over 10 Years

Tobacco-related spending, for the purposes of this paper, is defined as Tobacco-related spending, for the purposes of this paper, is defined as Tobacco Settlement funds spent on any one or combination of the following: smoking cessation programs; marketing of anti-tobacco messages; education and prevention programs for youth and adults; tobacco enforcement; administration related to crafting a tobacco control plan; and medical research that is at least arguably related to diseases for which tobacco-users are at higher risk.[17]

About $23 million dollars of the Tobacco Settlement Funds have been spent on tobacco-related programs as follows:

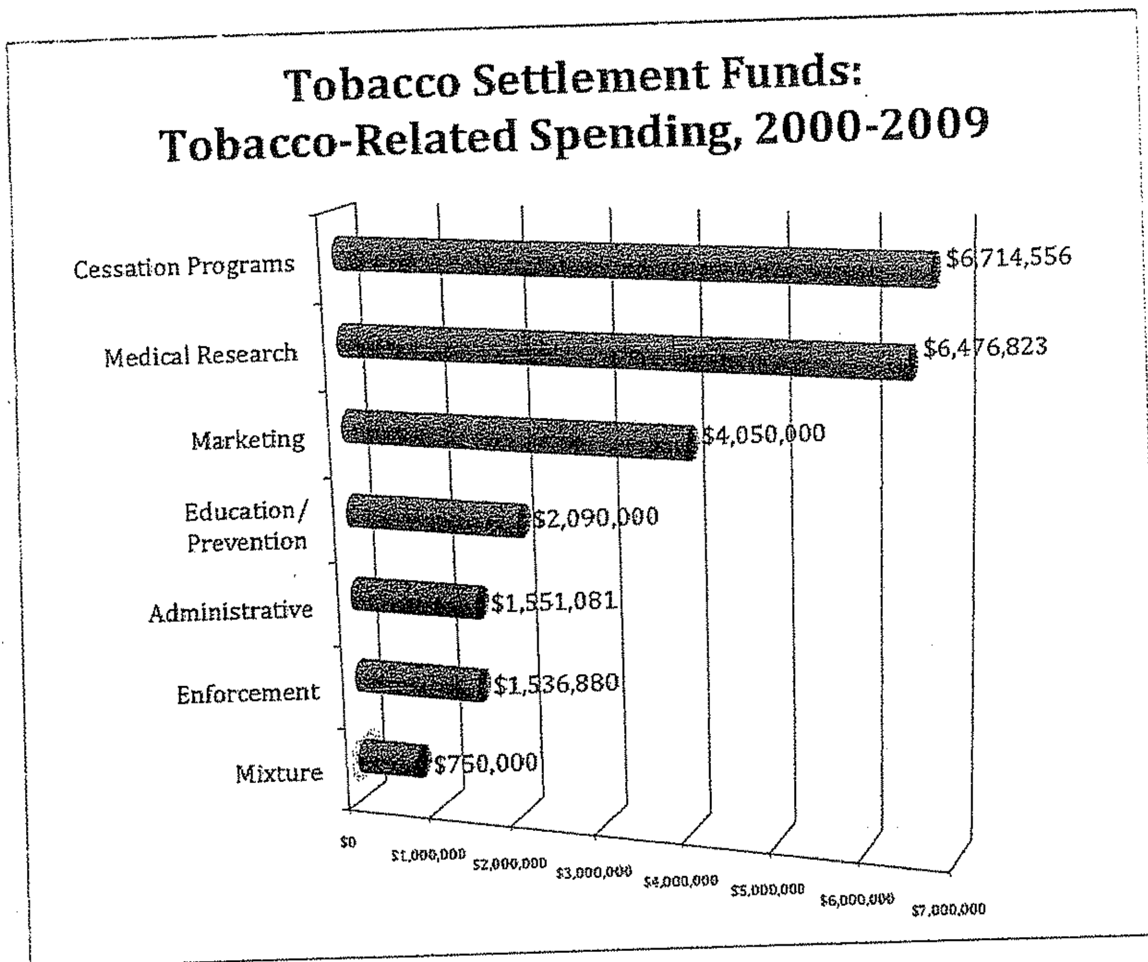
1. The Tobacco and Health Trust Fund: $12.8 million

- Board Recommendations, $9.2 million.
- Other state agencies (through statutory transfers), $3.6 million.[18]

2. The Biomedical Research Trust Fund: $5.9 million spent on 20 grants awarded to two institutions—Yale University and the University of Connecticut.[19]

3. The Tobacco Grant Account (Office of Policy Management): $4.2 million for an anti-smoking media campaign, tobacco enforcement efforts and various tobacco education activities. This account is no longer operative.[20]

Please see the Appendix, Attachments B-F, for itemized breakdowns of these and other expenditures of the Tobacco Settlement Funds.



(Summarizes tobacco-related spending of Tobacco Settlement Funds across various agencies and trust funds. Figures extrapolated from data provided by the Office of Fiscal Analysis and the Fiscal Year 2009 Report of the Tobacco and Health Trust Fund.[21])

Raiding The Tobacco and Health Trust Fund

The Tobacco and Health Trust Fund[22] is the "face" of the tobacco settlement in Connecticut and is by far its largest recipient after the General Fund. Its obligation is to make recommendations to the legislature's Appropriations and Public Health Committees for how these tobacco funds are used. The Trust Fund's stated objectives include the creation of "a continuing source of funds." These funds are to be used on programs that reduce tobacco abuse through prevention, education and cessation programs; that reduce substance abuse; and that "meet the unmet physical and mental health needs in the states."[24]

The trust has received an aggregate total of $134 million in the years since the settlement, beginning with initial grants of $20 million in each of Fiscal Years 2000 and 2001, and $17 million in 2002. By law, at least $12 million from the Tobacco Settlement Fund goes to the Trust.

To help the Trust Fund build an endowment, the legislature imposed restrictions on how much the Trustees could recommend for disbursement—just up to half of the net earnings of the Trust Fund and none of the principal.[25] As a result, the Trust Fund was able to recommend less than $3 million in spending over its first eight years.

In 2008, with prodding from the Governor's office, the legislature increased the amount the Trustees may recommend. The Trustees now have access to the principal itself—one-half of the previous year's annual disbursement or $6 million, whichever is less—plus 100% of the net earnings of the previous year.[26]

With more breathing room, the Board of Trustees recommended the maximum, $6.8 million, for disbursements in FY2009.[27] The recommendations, which were approved by the legislature and detailed in the Trustee's 2009 and subsequent updates (see Appendix A-C) include:

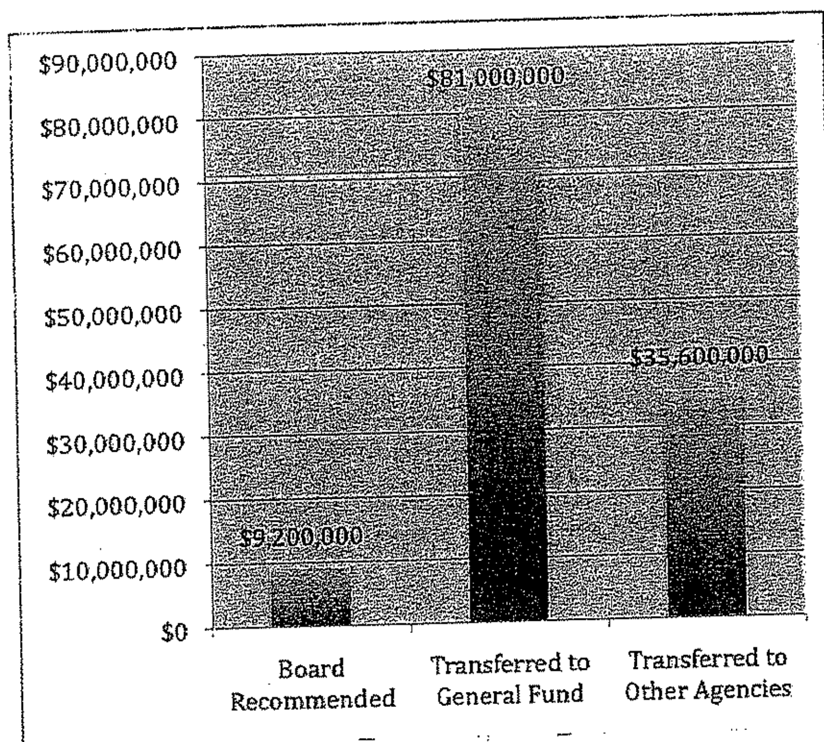
- $2 million to fund an existing tobacco cessation telephone service (information, counseling and pharmacotherapy) known as the Quitline

- $2 million for counter marketing (mass media campaigns to reduce tobacco use)
- $1.2 million for cessation programs for mentally ill individuals
- $500,000 to monitor "program accountability, including progress in achieving outcome objectives."
- $412,456 for "community-based" cessation programs
- $500,000 for 10-20 school districts to support prevention and cessation programs
- $250,000 to create a "Lung Cancer Research Tissue Repository and Database"

But the vast majority of the funds sent to the Trust Fund have been raided by the legislature. Despite having received over $134 million from the Tobacco Settlement over time, the Trust Fund has recommended just $9.2 million in spending and the June 30, 2009 projected balance of the Tobacco and Health Trust Fund stands at just $11.1 million.[28]

For example, in FY2009, statutory transfers bled $14 million from the Trust Fund's balance sheet, including $11 million to the Department of Social Services' Charter Oak Health Plan. The General Fund requested $21.6 million more during its FY2009 budget adjustments.

Tobacco and Health Trust Fund Expenditures: FY2000 – FY2009



(Figures based on data from the Tobacco and Health Trust Fund Fiscal Year 2009 Report, inclusive of estimates for FY2009 as of June 12, 2009.[29])

Stem Cell Research Fund
More tobacco settlement revenue has been spent in one year on controversial stem cell research than the Trustees of the Tobacco and Health Trust Fund have been able to recommend for disbursement over its entire 10-year existence.

While the Trustees of the Tobacco and Health Trust Fund were able to disburse $9.2 million from 2000 to 2009, the Stem Cell Research Trust Fund, which received its first annual Tobacco Settlement infusion of $10 million in FY2008, has already doled out most of that, or $9.8 million. The Research Fund will continue to receive $10 million dollars annually from the Tobacco Settlement through FY2015.[33] (See Appendix, Attachment A, for additional information.)

Outrage from Some Quarters
Connecticut's spending priorities for its share of the Tobacco Settlement funds has not gone unnoticed. In 2008, the Campaign for Tobacco Free-Kids ranked Connecticut dead last among all 50 states and the District of Columbia for spending on smoking prevention programs. In that year, Connecticut spent $1.19 million of federal grant funds on tobacco prevention, but zero of its own. The annual list looks at a state's entire spending across all revenue streams and compares a state's anti-tobacco spending to the Centers for Disease Control's recommended spending levels. In 2009, Connecticut rose to 29th place by spending $8.3 million on tobacco prevention, in large part due to the recommendations by The Tobacco and Health Trust Fund. Yet the CDC recommends Connecticut spend $43.9 million annually, or roughly five times what it does.[34]

In a *New York Times* piece covering the 2008 Tobacco-Free Kids ranking, reporter Alison Leigh Cowan noted that "Connecticut has never spent more than a few million dollars on tobacco prevention or smoking cessation, though it has drawn praise from the group for imposing stiff cigarette taxes and banning smoking in public places." In that same article, Attorney General Blumenthal noted ruefully that "Connecticut has essentially failed in its obligation and opportunity to use money from the tobacco settlement to fight tobacco ... We should be embarrassed and outraged by this evidence of our moral and social failure."[35]

The Campaign for Tobacco Free-Kids considers only spending on tobacco prevention, and does not factor in spending for other tobacco-related causes such as cessation programs and disease research.

What of Those Cigarette Tax Monies?

Focusing on the settlement money actually understates the extent to which Connecticut is dependent on tobacco for revenue. Far greater than the money Connecticut receives through its share of the Tobacco Settlement is what the state takes in by direct taxation of tobacco products. In 2008, that figure was $306 million[36] (compared to $141 in Settlement Funds[37]).

The first state cigarette tax was enacted in 1935. Back then, smokers paid the state three cents for a pack of cigarettes. Today, the tax has risen to $2 a pack – or ten cents per cigarette. Cigarette taxes are a reliable revenue stream for states, with few apparent political drawbacks.

History of Cigarette Tax Increases in Connecticut

Fiscal Year Ending June 30th	Rate of Tax per Pack at Date of Change	Gross State Cigarette Taxes Not adjusted for inflation.
1935	$0.03	n/a
1961*	$0.05	$12,680, 000
1963	$0.06	$20,575, 000
1965	$0.08	$24,953,000
1969	$0.16	$35,335,000
1971*	$0.26	$57,202,000
1989	$0.40	$97,623,000
1991	$0.45	$114,506,000
1993	$0.47	$117,495,000
1994	$0.50	$119,272,000
2002	$1.11	$151,324,000
2003	$1.51	$251,979,000
2007	$2.00	$264,020,000

Note: n/a means not available. In 1956, the tax was raised to four cents and then lowered back to three. In 1971, the tax was raised twice: first to 21 and then to 26 cents. Data is taken from "The Tax Burden on Tobacco," published in 2007 by Orzechowski and Walker.[38]

The gap between tobacco-related revenue to the state and money spent on fighting smoking underscores what some see as an inherent conflict of interest. In FY 2009, Connecticut spent only $8.9 million on tobacco prevention, including use of Tobacco Settlement Funds, and spent none of

its own revenue to fight smoking the year before that.[39] In these two years, the state received approximately $940 million in tobacco-related revenue.

The $2 per-pack tax along with a $1.01 federal excise tax (includes a $0.62 increase that went into effect in April of 2009) represents 40% of the retail price of cigarettes in Connecticut.[40]

A 2009 effort to raise the state tax to $2.50 per pack failed in the legislature.[41] That idea may yet resurface.

In 2008, Connecticut received $470 million in combined tobacco revenues: $329 million from cigarette taxes and $141 million in settlement funds.

Total Tobacco-Related Revenue Compared to Tobacco Prevention Spending in Connecticut 2000-2009

Fiscal Year	Cigarette Tax Revenue	Tobacco Settlement Revenue	**Total Tobacco Revenue**	**Tobacco Prevention Spending**	Percent of CDC Min.
2000	$117,425,635	$150,000,000	$267,425,635	$4,000,000	18.80%
2001	$114,847,459	$112,500,000	$227,347,459	$1,000,000	4.70%
2002	$156,485,164	$140,000,000	$296,485,164	$600,000	2.70%
2003	$251,495,142	$137,900,000	$389,395,142	$600,000	2.70%
2004	$275,908,244	$116,600,000	$392,508,244	$500,000	2.40%
2005	$270,322,117	$118,300,000	$388,622,117	$100,000	0.30%
2006	$267,809,756	$108,600,000	$376,409,756	>$100,000	0.20%
2007	$264,155,137	$113,700,000	$377,855,137	$2,000,000	9.40%
2008	$329,499,570	$141,300,000	$470,799,570	$1,200,000	5.60%
2009	$315,000,000*	$153,800,000	$468,800,000	$8,300,000	18.90%
FY00-0	$2,362,948,224	$1,292,700,000	$3,655,648,224	$18,300,000	6.57%

Note: Cigarette Tax Revenue data is taken from the State of Connecticut Annual Report 2007-2008; Tobacco Settlement Revenue is taken from the Connecticut Office of Fiscal Analysis; and Tobacco Prevention Spending figures are from the Campaign for Tobacco-Free Kids. *FY09 Cigarette Tax Revenue is the June 20, 2009, estimate by the Office of Policy and Management in its consensus letter to the Office of Fiscal Analysis.

Conclusion: Smoking Profits More than Just Tobacco Companies

15.5% of Connecticut's adult population, and 21.1% of its high school age youth, smoke.[42] It is from their pockets that nearly a half a billion dollars goes into Connecticut's coffers each year, nearly none of which goes toward tobacco prevention. Of the more than $1 billion dollars smokers have paid in increased cigarette costs occasioned by the Tobacco Settlement, just $23

million has been spent to prevent smoking, help smokers quit or treat those who suffer from its deadly side effects.

[1] "Tobacco Funds Already a Habit/Everyone Has Ideas About How to Use Big Budget Windfall" by Christopher Keating, *Hartford Courant*, March 16, 1999. Pg. A.1
[2] "Blumenthal Talks Law" by Zeke Miller, Yale Daily News, April 21, 2009,
[3] "Connecticut Is Criticized on Spending on Smoking" by Alison Leigh Cowan. *The New York Times* 157.54176 (Jan. 1, 2008): pB1(L).
[4] See "Big Tobacco Grew Long Noses, but It's Not a Crime" by Marc Lacey. *New York Times*. New York, N.Y.: Sep 26, 1999. pg. 4.3; "Tobacco Executive Grilled on Company Smoking Memos" by Myron Levin. *Los Angeles Times*. Los Angeles, Calif.: Mar 4, 1998. pg. D3; "Big Tobacco Threatened by New Disclosures" by Henry Weinstein. *Los Angeles Times*. Los Angeles, Calif.: Aug 3, 1997. pg. 1.
[5] See "A Decade of Broken Promises: The 1998 Tobacco Settlement Ten Years Later," Campaign for Tobacco-Free Kids.
[6] Many news accounts leading up to the settlement in November 2008 cited the desire of the states to recover Medicaid expenses related to tobacco use. There was also debate and discussion about whether the federal government would be entitled to its share of Medicaid. See "Tobacco Suit Study Backs U.S.; Litigation: Government is entitled to some funds states win in suits to recover smoking-related Medicaid costs, public-interest center's report says," by Henry Weinstein, *Los Angeles Times*. Los Angeles, Calif.: Dec 6, 1997. pg. 3. For an in-depth, contemporaneous look at the rational behind the legal arguments, see "Burning issues in the tobacco settlement payments: an economic perspective," by Jane G. Gravelle (Symposium: What Do We Mean by "Taxpayer Relief"?), *National Tax Journal* 51.n3 (Sept 1998): p437-451.
[7] Estimates of smoking-attributable health costs spending vary considerably. See "State estimates of Medicaid expenditures attributable to cigarette smoking, fiscal year 1993," by L. S. Miller, X. Zhang, T. Novotny, D. P. Rice, and W. Max, Public Health Report, March, 1998 (School of Social Welfare, Univ. of California, Berkeley 94720-7400, USA); Miller et. al estimated that 14.4% of all Medicaid expenses could be traced to smoking. The authors listed Connecticut's tobacco/Medicaid burden at 12.56%, or $181.8 million (in 1993). More recently, a 2009 report issued by the CDC, using slightly different nomenclature, put the tobacco-related expense at 7% of all adult Medicaid expenditures, an amount equal to $249 million of Connecticut Medicaid expenses, pre-federal reimbursements, in 2004 (See "State-level Medicaid expenditures attributable to smoking," by Armour BS, Finkelstein EA, Fiebelkorn IC. Prev. Chronic. Dis. 2009; 6(3). States are federally reimbursed for a portion of their Medicaid expense based on per capita income figures. According to the U.S. Department of Health and Human Services, the Federal Medical Assistance Percentages and Enhanced Federal Medical Assistance Percentages for Fiscal Year 2010 are set at 50% and 65% , respectively, in Connecticut. The latter percentage is used to calculate reimbursements for the State Children's Health Insurance Program under title XXI, and certain other children-related expenditures in the Medicaid program. See Federal Register: November 26, 2008 (Volume 73, Number 229) [Page 72051-72053].
[8] "A Decade of Broken Promises," Campaign for Tobacco-Free Kids. Payments vary by state and, significantly, by year, thanks to a hornet's nest of terms and conditions: bases, formulas, adjustments, bonuses and incentives embedded in the Master Settlement Agreement. Connecticut receives 1.86% as its "allocable share" of an annual payment that by the terms of the MSA is currently set at a "base" of $8.139 billion. From 2008-2017 states will receive bonus payments

from the "Strategic Fund," a base worth an annual $816 million. These bonus payments are given to states according to their leadership role in the negotiations; in 2008, Connecticut's bonus of $27 million was the 5th highest of all states. (See "Use Tobacco Settlement Wisely," Editorial, *Hartford Courant*, Hartford, CT, May 27, 2007)). State-specific shares for both the annual payment and the Strategic Fund base payments were determined by the Attorneys General—percentages, but not the formulas used to craft them, are contained in the agreement. Both the annual and the Strategic Fund base payments are themselves subject to certain adjustments, including an annual increase that is the greater of 3% or the annual rate of inflation, and Volume Adjustments, a downward calculation based on a decline in sales over 1997 levels and other market share factors. The agreement also provided short-term funding for a National Foundation for Tobacco-Related Research ($250 million, from 1999 to 2008), a National Public Education Fund to reduce tobacco use among youth ($1.45 billion, 1999-2003), National Association of Attorneys General Administration ($1.5 billion, 1998 to 2007) and AG Enforcement ($50 million in 1999). Most of the information in this endnote relies on summaries of the MSA provided by the Campaign For Tobacco-Free Kids; or see The Master Settlement Agreement (MSA), the legal document in its entirety.

[9] "Summary of the Multistate Settlement Agreement (MSA)," Campaign for Tobacco-Free Kids, July 9, 2003.

[10] Legal immunity applies to all actions taken by the signing tobacco companies prior to the settlement, as well as certain types of future actions. This immunity does not extend to litigation taken by private citizens, or class action suits. The agreement allows states that pass a "qualifying statute"— legislation that penalizes non-signers of the agreement—to opt out of some of the provisions of the Volume Adjustments. See the Campaign for Tobacco-Free Kids' "Summary of the Multistate Settlement Agreement (MSA)" and its 2008 report, "A Decade of Broken Promises." For a scathing report and commentary on the MSA's legal framework, read Cato Policy Analysis No. 371, "Constitutional and Antitrust Violations of the Multistate Tobacco Settlement," by Thomas C. O'Brien. May 18, 2000.

[11] In 1997 states had reached an earlier agreement, a $365 billion "accord" with the tobacco companies that would been implemented through legislation by the United States Congress; the deal fell apart when Congress balked at accepting a "prepackaged" legislative proposal, among other reasons. See "Tobacco Accord, Once Applauded, Is All But Buried," by John M. Broder with Barry Meier. *New York Times*. New York, N.Y.: Sep 14, 1997. pg. 1.1. Meanwhile, much media coverage was expended on this first, failed attempt, and a *Time* magazine cover story adequately captured the high expectations of the states' lawsuit: "Sorry, Pardner"(settlement between tobacco industry and state attorneys general, Cover Story) by Jill Smolowe, *Time*. 149.n26 (June 30, 1997):pp24(6).

[12] The MSA includes more on the tobacco and health-related goals in its "Whereas" clauses: "WHEREAS, the Settling States that have commenced litigation ... in order to further the Settling States' policies regarding public health, including policies adopted to achieve a significant reduction in smoking by Youth ... [and] are committed to reducing underage tobacco use by discouraging such use and by preventing Youth access to Tobacco Products ..."

[13] See "Tobacco Funds Burning a Hole in State's Pocket," by Michele Jacklin, *Hartford Courant*, Hartford, CT: Feb. 23, 2005. Pg A.9. ; "More Anti-Smoking Spending Urged/Advocates Want Greater Share of Settlement Money" by Christopher Keating et. al,

Hartford Courant, Mar. 17, 1999. Pg. A.3.; "Don't Blow Off Tobacco Money," Editorial, *Hartford Courant*, Feb. 24, 1999. Pg. A.14.

[14] Keating, Mar. 16, 1999 *Hartford Courant*.

[15] Chapter 47, Sec. 4-28 e. Prior to the establishment of this statute, the legislature passed laws which included a one-time payment of $5 million to a Tobacco Grant Account. See Soulsby/2008 memo. Also see Endnote 22.

[16] Soulsby/2008 memo. Both the table and the pie chart use data from the Office of Fiscal Analysis, through FY2008. OFA's projections for FY2009 from that memo were replaced in this report with the actual figures, provided in email correspondence by Ms. Soulsby (the state received an unexpected payment of $10,037,326 from the Tobacco Settlement Fund).

[17] The method used to calculate the total amount spent on tobacco-related programs and grants relied on the reported expenditures from the Office of Fiscal Analysis and the Office of Policy and Management (itemized lists in Appendix). From the Tobacco and Health Trust Fund, all "Board Recommended" expenditures were included. Also from the Tobacco and Health Trust Fund, the following "statutory transfers" were considered tobacco-related: (FY02) $375,000 to Dept. of Mental Health and Addiction Services (DMHAS), for grants to Regional Action Councils for tobacco related health, education, and prevention; $450,000 to DMHAS for SYNAR tobacco enforcement activities; and $221,550 to Dept. of Revenue Services (DRS) to implement the provisions of the tobacco settlement agreement escrow funds; (FY03) $375,000 to DMHAS for grants to Regional Action Councils for tobacco related health, education, and prevention; $472,000 to DMHAS for SYNAR tobacco enforcement activities; and $118,531 to DRS, to implement the provisions of the tobacco settlement agreement escrow funds; (FY05) $15,000 to Dept. of Public Health (DPH) for the QuitLine; (FY07) $1,300,000 to DPH for QUITLINE; and (FY08) $300,000 to DMHAS, for tobacco education programs. All grants made by the Bioresearch Trust Fund (see Attachment F) and the expenditures of the Tobacco Grant Account (detailed in Endnote 22) were also included as "tobacco-related" spending.

[18] Ibid.

[19] The Biomedical Research Trust Fund, under the auspices of the Department of Public Health, makes grants for biomedical research related to heart disease, cancer and other tobacco-related diseases. Of the $24 million transferred to it from the Tobacco Settlement since FY 02, at least $8 million has been transferred to the General Fund ($4 million in FY03, and $2 million in each of FY 04 and FY 05). Soulsby/Memo 2008. See Attachment F.

[20] The Tobacco Grant Account was set up as a one-time receiver of Tobacco Settlement funds, given $5 million earmarked for prevention, education, cessation, treatment, enforcement and health needs programs related to tobacco abuse. The Office of Policy and Management handled this account until the funds had been expended. $550,000 was used for a collaboration between the Department of Public Health and the Department of Mental Health and Addiction Services for a long-term Tobacco Prevention and Control Plan. Awards were made in FY01 as follows: a media campaign included awards of $132,000 to Alden Event Productions for media plan, $1.46 million to CT Radio Network for media buys, $1.24 million to Training Solutions Interactive for curricula development, distribution of curriculum kits, teacher training, and website development and maintenance, and $161,000 to North Castle Partners for an evaluation component. Not used for its earmarked purpose was $614,880 (transferred to the DMHAS and DRS in FY 01), and $843,136 transferred to the General Fund in 2002 and 2003. Soulsby/Memo 2008.

[21] See Endnote 19.

[22] A 17-member Board of Trustees administers the Tobacco and Health Trust Fund. Chaired by an ex-officio representative from the Office of Policy and Management, Anne Foley, the Board meets regularly to prepare recommendations for disbursements to the Appropriations Committee. The remaining Trustees are appointed for two-year terms by the Governor (4) and the legislative leaders (2 each). See Tobacco and Health Trust Fund 2009 Report.
[24] Public Act No. 08-145.
[25] The General Assembly transferred away—to its General Fund and to other state agencies—all but $600,000 of the Trust Fund's balance by Fiscal Year 2004. The board's operations were statutorily suspended for that year as well as for Fiscal Year 2005. See Tobacco and Health Trust Fund Report 2009.
[26] Soulsby/2008 memo.
[27] Please see Attachments A & B in the Appendix.
[28] The OFA's 2008 memo (Soulsby) shows a projected $12.5 million in Tobacco Settlement transfers to the Tobacco and Health Trust Fund for FY2009, and no transfers to the General Fund. However, preliminary figures received from the Office of Policy and Management show, as of June 12, 2009, a transfer of $23.8 million from the Tobacco Settlement Fund to the Tobacco and Health Trust Fund and a transfer to the General Fund from the Tobacco and Health Trust Fund of $21.6. It also projects a balance of $11.1 million on June 30, 2009. See Attachment A.
[29] Combining figures from the Soulsby/2008 Memo, the 2009 Report of the Tobacco and Health Trust Fund, and documents received by email from the Department of Office and Policy Management (see Attachments A & B, in the Appendix).
[33] Souslby/2008 memo. Pursuant to PA 05-149, "An Act Permitting Stem Cell Research and Banning the Cloning of Human Beings," the Stem Cell Research Fund received $20 million from the General Fund in the first two years of its ten-year initiative to support embryonic and human adult stem cell research. But, beginning in Fiscal Year 2008 and inclusive of FY2015, the Tobacco Settlement Fund will support its activities with a $10 million annual infusion. The Department of Public Health oversees the fund and makes grants. In April 2008 (FY09), it awarded $9,840,146 for 22 research projects at 3 institutions: Yale University Stem Cell Center and School of Medicine, the University of Connecticut Health Center, and Evergen Biotechnolgies ($900,000 to Establish a "Connecticut Therapeutic Cloning Core Facility"). For details, see Attachment D in the Appendix.
[34] "A Decade of Broken Promises," Campaign for Tobacco-Free Kids.
[35] Leigh Cowan, Jan. 1, 2008. *The New York Times*.
[36] "State Tobacco-Related Costs and Revenues," the Campaign for Tobacco Free Kids.
[37] Soulsby/Memo 2008.
[38] "The Tax Burden on Tobacco Historical Compilation 2007," published by the consulting firm Orzechowski and Walker (with financial support from tobacco companies): page 276.
[39] Campaign for Tobacco-Free Kids, State Rankings, 2008 & 2009.
[40] Orzechowski and Walker.
[41] SB 932: §§ 8-10 – CIGARETTE TAX.
[42] "2008 Tobacco Control Highlights," Center for Disease Control.

—Attachment A: Provided by the CT Dept. of Office & Policy Management—

Tobacco and Health Trust Fund

Modifications Enacted During the 2009 Regular Session of the Connecticut General Assembly

Public Act No. 09-1

AN ACT CONCERNING DEFICIT MITIGATION FOR THE FISCAL YEAR ENDING JUNE 30, 2009.

Sec. 6. (*Effective from passage*) Notwithstanding the provisions of subparagraph (A) of subdivision (2) of subsection (c) of section 4-28e of the general statutes, the sum of $ 6,000,000 shall be transferred from the Tobacco and Health Trust Fund and credited to the resources of the General Fund for the fiscal year ending June 30, 2009.

Public Act No. 09-2

AN ACT CONCERNING DEFICIT MITIGATION MEASURES FOR THE FISCAL YEAR ENDING JUNE 30, 2009.

Sec. 12. (*Effective April 1, 2009*) (h) Notwithstanding the provisions of subparagraph (B) of subdivision (2) of subsection (c) of section 4-28e of the general statutes, the sum of $ 572,000 shall be transferred from the Tobacco and Health Trust Fund and credited to the General Fund for the fiscal year ending June 30, 2009.

Public Act No. 09-111

AN ACT CONCERNING A STATE DEFICIT MITIGATION PLAN FOR THE FISCAL YEAR ENDING JUNE 30, 2009.

Sec. 2. (*Effective from passage*) (c) Notwithstanding the provisions of subparagraph (A) of subdivision (2) of subsection (c) of section 4-28e of the general statutes, the sum of $ 5,000,000 shall be transferred from the Tobacco and Health Trust Fund and credited to the resources of the General Fund for the fiscal year ending June 30, 2009.

Sec. 3. (*Effective from passage*) Notwithstanding any provision of the general statutes: (58) The sum of $ 10,000,000 shall be transferred from the Tobacco Health Trust Fund, Department of Public Health, and credited to the resources of the General Fund for the fiscal year ending June 30, 2009.

Tobacco and Health Trust Fund Status
June 12, 2009

Estimated	FY2009
Tobacco and Health Trust Fund (35007)	
Carried Forward from Previous Year	29.4
Transfer from Tobacco Settlement Fund	23.8
Interest	0.3
Funds Available	53.5
Use of Interest and principal	(6.9)
Transfer to General Fund	(21.6)
Capital Gain/Loss	
Transfer of Principal for Various Programs	(14.0)
Funds Used	(42.4)
Balance on June 30	11.1

—Attachment B: Provided by the CT Dept. of Office & Policy Management—

TOBACCO AND HEALTH TRUST FUND SUMMARY OF FY 2009 FUNDING

Revised as of 6/9/2009

Program	Amount	Funding Description	Status	Contract Period
CT QuitLine	$2 million	Tobacco cessation telephone service including information, counseling and pharmacotherapy.	Amendment added $700,000 in funding to current contract to expand services & extend contract with Free and Clear, Inc. to 7/31/2009. NRT made available to callers beginning 4/27/09. Award made to Free & Clear, Inc. on RFP 2009-0919 for new five-year quitline contract, to include $1,300,000 for expanded services. Final new contract language drafted and currently being negotiated with Free & Clear. Target date for contract execution July 2009.	7/31/09-6/30/14
Counter Marketing	$2 million	Mass media campaigns designed to discourage tobacco use.	Award approved for Cronin & Company, LLC. for $2,000,000. Intro meeting held with contractor, DPH & media subcommittee to review objectives, media plan and strategies and timetable for activities on 6/4/09. Deliverables and Payment Schedule language being reviewed by contractor.	6/1/09-5/31/11
Community-Based Cessation	$412,456	Strategies to help people quit smoking including counseling and pharmacotherapy.	Twelve proposals received on RFP, seven awarded funding for total of $412,456. Contract language in DPH legal review. Contract execution target date 8/09. • AIDS Project New Haven, Inc. $70,290 • Community Health Center, Inc. $42,450 • Fair Haven Community Health Center, Inc. $66,712	9/1/09-12/31/11

			• Generations Family Health Center, Inc. $43,700 • Hartford Gay and Lesbian Health Collective $94,230 • Hospital of Saint Raphael $51,248 • Ledge Light Health District $43,826	
Cessation for Individuals with Serious Mental Illness	$1.2 million	Strategies to help people with serious mental illness quit smoking including counseling and pharmacotherapy.	Award to CommuniCare, Inc. Contract language drafted and being reviewed by DPH. Target execution date 8/09	9/1/09-8/31/11
School-Based Prevention	$500,000	10-20 school districts will implement tobacco use prevention and cessation programs.	RFP # 2009-0924, request with OPM to re-issue RFP due to insufficient number of responses to previous RFP. Sent to OPM on 6/3/09. Targeted re-release July/August 2009 (discussing with SDE best timing for schools)	
Lung Cancer Research Tissue Biorepository	$250,000	Statewide Tumor Tissue Biorepository Feasibility Study and Lung Tissue Biorepository Demonstration Project	RFP # 2009-0923 **(Mary Lou Fleissner lead)** Awarded to UCONN. Contract language being drafted by DPH. Targeted Contract execution date 8/09	8/1/09-7/31/10
Evaluation	$500,000	Monitor program accountability including progress in achieving outcome objectives.	RFP # 2009-0919 Awarded to Professional Data Analysts, Inc. of Minneapolis. Contract language being drafted. To be sent to DPH legal for review week of 6/18. Targeted execution date 8/09	9/1/09-12/31/11
Total:	$6,825,000			

—Attachment C: Provided by the CT Dept. of Office & Policy Management—

Department of Public Health

Health Education, Management and Surveillance Section

Tobacco Control Program

Community Health Centers Awarded

Applicant	Amount Awarded	Service Area
Fair Haven Community Health Clinic	$117,967.50	New Haven
Community Health Center, Inc	$117,967.50	Middletown, New Britain, Danbury, Enfield, New London, Meriden
StayWell Health Care, Inc.	$110,162.50	Greater Waterbury
Hill Health Corporation	$117,967.50	Greater New Haven
Generation Family Health Center, Inc.	$117,967.50	Greater Willimantic
Optimus Health Care	$117,967.50	Stratford, Bridgeport, Stamford

Contract period from November 1, 2008- June 30, 2010

Services to be provided:

1. Health care providers will assess all patients for tobacco use and implement the DHHS clinical practice guidelines into all clinical services. Female patients using tobacco products will be referred to tobacco use cessation counseling.

2. Individual or individual and group face-to-face tobacco use cessation counseling sessions will be provided for pregnant women and women of childbearing age (13-44 years old) that are culturally and linguistically appropriate, including all education materials. Services will include one initial individual tobacco use cessation counseling session, an average of 20-30 minutes in length. In addition to the one initial counseling session, individual programs will consist of no less than three additional sessions. Group programs will consist of no less than eight sessions.

3. When medically appropriate and approved, pharmacotherapy (which includes nicotine replacement therapies as well as prescription medications) will be provided at no cost to the participant.

4. Follow up care for tobacco use to prevent relapse will be provide in the form of a relapse group and/or additional individual counseling.

5. Collection of data and input into an ACCESS database supplied by DPH. Data will be collected at intake, upon completion of cessation program services and at 3 and 9 months post -program follow-up to ascertain patient status regarding tobacco use. Data elements to be collected include, demographics, tobacco use status, quit status, number of quit attempts, birth weight, gestational age, and other adverse maternal or neonatal outcomes.

Status Update:

All Contracts have been executed. The contract period began November 1, 2008 and goes through June 30, 2010. Cessation services up and running at each site as of this date. All sites are providing pharmocotherepy. The Department has received second quarter reports that are being reviewed. Each CHC contractor has met individually with the evaluation contractor.

Evaluation of CHCs Cessation Program

Contract period from November 1, 2008- July 31, 2010

Applicant	Amount Awarded
The Consultation Center	$100,000

Services to be provided:

1. Evaluate the systems operations, services and activities of the six-awarded Community Health Centers for effectiveness in promoting and achieving tobacco use cessation and the efficacy of integrating cessation services into agency operations. Areas to be evaluated include overall system changes, patient and health care provider satisfaction, program referral processes, effectiveness of training, quit rates, marketing and outreach activities and overall program effectiveness.

2. The contractor will examine progress towards reducing tobacco use in the patient population and the ability to reach targeted populations. The contractor will also identify strengths and weaknesses for use in future planning and implementation and identify areas in need of additional services and or programmatic changes.

3. The contractor will provide technical assistance on site regarding collection of data to establish proper protocols to assure accurate and quality data collection by community health center staff.

A Grantee Meeting was held on October 1, 2008. A representative from each of the CHCs and the Consultation Center was in attendance. Grant expectations were discussed and each CHC was given an opportunity to review the data collection forms and provide comment and input into the database and form development.

The ACCESS database and collection forms were developed using the input from the grantees and have been sent to each CHC and the Consultation Center.

Status Update:
Contract has been executed. Contract period started November 1, 2008 and will run through July 31, 2010. Contractor is developing tools for evaluation with DPH. Contractor has met with each CHC contractor site to discuss evaluation procedure and protocols. The Department has received second quarterly reports, which are being review.

–ATTACHMENT D: Stem Cell Research Fund Grants Awarded FY 2009–

In April 2008, the Department awarded $9,840,146[38] to support twenty-two research projects, including:

- *Maintaining and Enhancing the Human Embryonic Stem Cell Core at the Yale Stem Cell Center,* Yale University Stem Cell Center ($1,800,000)
- *Translational Studies in Monkeys of hESCs[38] for Treatment of Parkinson's Disease,* Yale University School of Medicine ($1,120,000)
- *Establishing the Connecticut Therapeutic Cloning Core Facility*, Evergen Biotechnologies, Inc. ($900,000)
- *Production and Validation of Patient-Matched Pluipotent Cells for Improved Cutaneous Repair,* University of Connecticut Center of Regenerative Biology ($634,880)
- *Tyrosone Phosphorylation Profiles Associated with Self-Renewal and Differentiation of hESC[18]*, UConn Health Center ($450,000)
- *Directed Differentiation of ESCs[38] into Cochlear Precursors for Transplantation as Treatment of Deafness*, UConn Health Center ($450,000)
- *Targeting Lineage Committed Stem Cells to Damaged Intestinal Mucosa,* UConn Health Center ($450,000)
- *Modeling Motor Neuron Degeneration in Spinal Muscular Atrophy Using hESCs[18]*, UConn Health Center ($450,000)
- *Human Embryonic and Adult Stem Cell for Vascular Regeneration*, Yale University School of Medicine ($450,000)
- *Effect of Hypoxia on Neural Stem Cells and the Function in CAN Repair*, Yale University ($449,771)
- *Wnt Signaling and Cardiomyocyte Differentiation from hESCs[18]*, Yale University ($446,819)
- *Flow Cytometry Core for the Study of hESC[18]*, UConn Health Center ($250,000)
- *Cortical neuronal protection in spinal cord injury following transplantation of dissociated neurospheres derived from human embryonic stem cells,* Yale University School of Medicine ($200,000)
- *Molecular Control of Pluripotency in Human Embryonic Stem Cells*, Yale Stem Cell Center ($200,000)
- *Cytokine-induced Production of Transplantable Hematopoietic Stem Cells from Human Embryonic Stem Cells*, UConn Health Center ($200,000)
- *Functional Use of Embryonic Stem Cells for Kidney Repair*, Yale University ($200,000)
- *VRK-1-mediated Regulation of p53 in the Human Embryonic Stem Cell Cycle*, Yale University ($200,000)
- *Definitive Hematopoitic Differentiation of hESCs[18] under Feeder-Free and Serum-Free Conditions*, Yale University ($200,000)
- *Differentiation of hESC[18] Lines to Neural Crest Derived Trabecular Meshwork Like Cells – Implications in Glaucoma,* UConn Health Center ($200,000)
- *The Role of the piRNA Pathway in Epigenetic Regulation of hESCs[18]*, Yale University ($200,000)
- *Early Differentiation Markers in hESCs[18]: Identification and Characterization of Candidates,* University of Connecticut Center for Regenerative Biology ($200,000)
- *Regulation hESC[18]-derived Neural Stem Cells by Notch Signaling,* Yale University ($188,676)

Source: September 15, 2008 memo released by the CGA's Office of Fiscal Analysis. Joan Soulsby. pp. 11-12, verbatim.

—Attachment E: Tobacco & Health Trust Fund Actual Disbursements FY01 to FY07 (General Fund Transfers Excluded)—

Source: Fiscal Year 2009 Report of The Tobacco and Health Trust Fund, Oct. 2008. Please see Attachments B & C for FY08 & FY09.

Fiscal Year	Amount	Agency or Award Recipient	Program
FY01	$30,000	Department of Public Health	Community Benefits Program
FY02	$800,000	Department of Public Health	expand the Easy Breathing Asthma Initiative
FY02	$100,000	Children's Trust Fund of Conn.	Healthy Families program
FY02	$150,000	Department of Public Health	School based health clinic in Norwich
FY02	$375,000	Department of Mental Health & Addiction Services	Grants to Regional Action Councils for tobacco related health, education, and prevention
FY02	$2,500,000	Department of Social Services	Increase ConnPACE income eligibility to $20,000 for singles and $27,000 for married couples
FY02	$450,000	Department of Mental Health & Addiction Services	SYNAR tobacco enforcement activities
FY02	$221,550	Department of Revenue Services	Implement the provisions of the tobacco settlement agreement escrow funds
FY02	$221,550	Department of Revenue Services	Implement the provisions of the tobacco settlement agreement escrow funds
FY02	$300,000	Department of Public Health	Establish and maintain a system of monitoring asthma and establish a comprehensive statewide asthma plan.
FY03: Board Recommended	$350,000	Cashman & Katz Integrated Communications (Glastonbury, CT)	Counter-marketing contract: television & radio ads, bus panels, billboards, magazine advertising & other signage
FY03: Board Recommended	$50,000	Training Solutions Interactive (Atlanta, GA)	Maintain & update Tobacco Free Connecticut website (all funding expired in FY2004)
FY03: Board Recommended	$158,513	American Lung Assoc. of Conn.	Smoking cessation programs coordination

FY03: Board Recommended	$39,451	Hill Health Center, Greater New Haven	Smoking Cessation program
FY03: Board Recommended	$40,000	ERASE, Greater Glastonbury	Smoking Cessation program
FY03: Board Recommended	$41,905	Ledgelight Health District, Greater New London and Groton, CT	Smoking Cessation program
FY03: Board Recommended	$36,523	Middlesex Hospital, Greater Middletown, CT	Smoking Cessation program
FY03: Board Recommended	$42,755	RYASAP, Greater Bridgeport, CT	Smoking Cessation program
FY03: Board Recommended	$40,853	St. Raphael's Hospital/Haelen Center, New Haven, CT	Smoking Cessation program
FY03	$800,000	Department of Public Health	Expand the Easy Breathing Asthma Initiative
FY03	$300,000	Children's Trust Fund of Conn.	Healthy Families program
FY03	$200,000	Department of Public Health	School-based health clinic in Norwich
FY03	$375,000	Department of Mental Health & Addiction Services	Grants to Regional Action Councils for tobacco related health, education, and prevention
FY03	$472,000	Department of Mental Health & Addiction Services	SYNAR tobacco enforcement activities
FY03	$118,531	Department of Revenue Services	Implement the provisions of the tobacco settlement agreement escrow funds
FY03	$300,000	Department of Public Health	Establish and maintain a system of monitoring asthma and establish a comprehensive statewide asthma plan.
FY04	$287,100	Free & Clear, Inc., Seattle, WA.	Quitline (telephone smoking cessation program)
FY04: Board Recommended	$30,640	St. Raphael's Hospital/Haelen Center, New Haven, CT	Smoking Cessation program (continuation of FY03 recommendation)
FY04: Board Recommended	$32,866	RYASAP, Greater Bridgeport, CT	Smoking Cessation program (continuation of FY03 recommendation)

FY04: Board Recommended	$27,391	Middlesex Hospital, Greater Middletown, CT	Smoking Cessation program (continuation of FY03 recommendation)
FY04: Board Recommended	$31,429	Ledgelight Health District, Greater New London and Groton, CT	Smoking Cessation program (continuation of FY03 recommendation)
FY04: Board Recommended	$27,800	ERASE, Greater Glastonbury	Smoking Cessation program (continuation of FY03 recommendation)
FY04: Board Recommended	$29,589	Hill Health Center, Greater New Haven	Smoking Cessation program (continuation of FY03 recommendation)
FY04: Board Recommended	$118,500	American Lung Assoc. of Conn.	Smoking cessation programs coordination (continuation of FY03 recommendation)

—ATTACHMENT F: Biomedical Research Trust Fund Grants Awarded FY05 to FY09—

To date, $5,926,823 has been awarded from the BRTF to various grantees.

In April 2005, the Department awarded $850,000[38] to two recipient organizations, including:

- The UConn Health Center (UCHC), "to identify molecular markers of prenatal tobacco exposure in order to gain a better understanding of how maternal smoking contributes to increased risk of low birth weight and developmental problems in infants." ($500,000)

- Yale University School of Medicine (YUSM), "to conduct a Phase I clinical trial for an innovative treatment for non-small cell lung cancer, which will incorporate a novel immunological treatment in conjunction with radiation therapy." ($350,000)

In April 2006, the Department awarded $1,359,095[38] to support five research projects, including:

- YUSM, "to conduct research on the effects of noxious chemicals in tobacco smoke on cough inducing nerves in the airways." ($299,723)
- UCHC, "to identify genetic mutations that lead to acquired resistance to the cancer drug Trastuzumab in women with advanced breast cancer." ($276,629)
- UCHC, "to conduct research into colorectal cancer." ($167,800)
- YUSM, "to conduct a cohort study of low-income pregnant women who smoked at least 10 cigarettes per day for at least a year prior to pregnancy." ($349,893)
- Yale University, "to determine if a novel small regulatory molecule, let-7, can be used to understand the molecular pathogenesis of lung cancer and can also be exploited for use as a novel screening tool and prevention therapy." ($265,050)

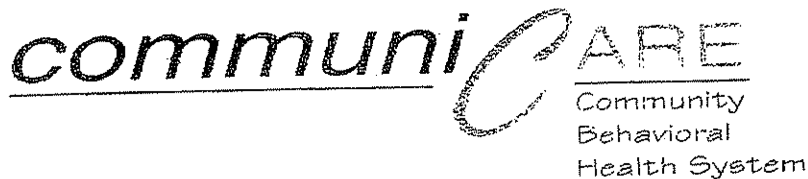
In April 2007, the Department awarded $1,718,860[38] to support six research projects, including:

- UCHC, "to investigate whether the effects of tobacco on brain structure and function are amplified by the presence of specific genotypes." ($538,605)
- UCHC, "to assess the accuracy and/or adequacy of tobacco use data for the characterization of smokers in clinical trials." ($107,409)
- UCHC, "to conduct a study aimed at improving the effectiveness of initial platinum based chemotherapy." ($281,016)
- UCHC, "to study a specific mutation in a major colon tumor suppressor, "Adenomatious Polyposis Coli." ($299,044)
- YUSM, "to study the delivery of therapeutic agents to specific tumor cell lines." ($177,223)
- University of Connecticut, "to develop a novel hybrid intraoperative probe for the early diagnosis/treatment of ovarian cancer in high-risk women." ($315,563)

In April 2008, the Department awarded $1,998,868[38] to support seven research projects, including:

- UCHC, "to use a recently developed genomic assay to provide a functional classification of BRCA1[38] and BRCA2[6] variants of uncertain significance that predicts whether they will be clinically deleterious." ($324,375)
- UCHC, "to identify and overcome genetic alterations that lead to chemotherapy resistance in human breast cancer." ($294,013).
- UCHC, "to examine anti-cancer activity of leukemia, melanoma, lung and breast cancers of a newly patented hybrid cytokine that has been shown to inhibit the growth and survival of leukemic cells while stimulating the growth and survival of normal bone marrow cells." ($301,188)
- UCHC, "to investigate the biophysical and molecular properties of ion channels, specifically in relation to cardiovascular function and exposure to nicotine, hoped to provide insight into the mechanism of tobacco-related heart disease and potential therapeutic targets for heart diseases." ($278,472)
- Yale University, "to assess whether increased lung damage caused by cigarette smoke and viral infection is due to innate immune effects." ($239,938)
- Yale University, "to test novel tumor blood vessel-targeting molecules for therapy of human lung cancer." ($374,240)
- Yale University, "to develop two protein-based tests to determine which patients with early stage non-small cell lung cancer are cured by surgery alone." ($186,642)

Source: September 15, 2008 memo released by the CGA's Office of Fiscal Analysis. Joan Soulsby. pp. 9-11, verbatim.



TO: Members, Tobacco and Health Trust Fund, Board

FROM: Tony Corniello (Licensed Social Worker), CommuniCare, Inc.

RE: Allocation from the Tobacco and Health Trust Fund portion of the tobacco master settlement agreement

DATE: July 17, 2009

My name is Tony Corniello, Vice President of Services at Harbor Health Services, Inc. in Branford, Connecticut. I am speaking today on behalf of the three mental health organizations that provide collaborative mental health programming through CommuniCare, Inc. CommuniCare is a unique partnership between Harbor Health, Bridges… A Community Support System, and Birmingham Group Health Services. Collectively, we serve 15 towns from Madison, down the shoreline, through Milford, and the lower Naugatuck Valley, with a combined population of 320,000.

CommuniCare was awarded, commencing September 1, 2009, a **Specialized Tobacco Use Cessation Services** grant from the Connecticut Department of Public Health, to initiate an exciting tobacco treatment program in our three mental health centers. The program will roll-out to four other mental health agencies, and will include statewide training for additional mental health providers in the second year of the grant.

Why is this so important? Recent data from several states have found that people with serious mental illness served by our public mental health systems die, on average, at least 25 years earlier than the general population. People with serious mental illnesses **consume 44% of all cigarettes in the United States, while comprising less than 7% of the population. If we are serious about promoting tobacco cessation, we must invest resources targeted to the most impacted population.** While we are hopeful that the work we will do in the next two years will help develop a model for tobacco cessation treatment in this population, the ability to change treatment practices and approaches and to engage people with serious mental illnesses in treatment will require a sustained and continuing investment by the State.

The National Association of State Mental Health Program Directors issued a groundbreaking report in July 2006, documenting the "Morbidity and Mortality in People with Serious Mental Illness." According to the report, the most prevalent risk factor contributing to premature death and to chronic illnesses in this population is tobacco use.

It is vital that through your initiative, funds continue to be devoted to smoking cessation treatment for people with serious mental illnesses. The cost of smoking is the loss of health and life, and also adds a very high cost to publicly funded health care. The continued investment in this area has a huge payback in saved lives, healthier lives, and reduced costs to the State. Thank you for your efforts in this area.

Partner Agencies:
Harbor Health Services, Inc (203) 483-2630 - Bridges, A Community Support, Inc. (203) 878-6365 - Birmingham Group Health Services (203) 736-2601

Administrative Office: 435 East Main Street, Ansonia, Connecticut 06401

Research Associates Program

Overview

Research Associates Program: bringing college students interested in health professions into the emergency department to assist in clinical research studies

- 501c3 organization dedicated to clinical research and the education of pre-health professional students

- started at Lincoln Medical and Mental Health Center in the South Bronx,
  then Bridgeport Hospital,
  now in conjunction with the Dept. of Emergency Medicine at St. Vincent's Medical Center

- RAs volunteer a minimum of one 4-hour shift per week in the emergency department to
  - identify and help enroll patients and visitors with clinical characteristics eligible for the studies
  - for primary care screening studies, help those who need such screenings to get them

- RAs have enrolled > 23,500 subjects in various studies
  - "usual" research, e.g., ankle injuries, cervical x-rays in trauma, TB
  - primary care studies: domestic violence, firearms injury prevention, CV risk assessment
  - at St. Vincent's Medical Center, cancer screening:
    - Pap test
    - mammograms
    - prostate cancer tests (PSA and digital rectal exams)

    - **tobacco cessation**
      - 2 semesters, 21 weeks, 3125 subjects,
      - 299 (10%) referred to CT Quitline
        (40% of all referrals in CT over the time period)
        - 18% of those who ever smoked
        - 38% of those who smoked in w/i last 30 d

        } → requested CT Quitline
      - effort continues after the study
        - 16 weeks into the current study (≈ 1.5 semesters):
          2187 approached, 188 (9%) referred to Quitline

Big Picture

- > 1/2 U.S. population goes to an emergency department as a patient or visitor each year

- average emergency department visit = 3.3 hours
    - during the visit, they see a health professional for about 20 min.
    - what to do with the other 3 hours?

- ≈ 500,000 "pre-meds" (does not include pre-dentals, pre-PAs, pre-PTs, etc.)
    - clinical experience
        - needed for their discernment, qualification, and personal development
        - hard to get
            - pre-meds have no clinical skills … yet
            - result: "shadowing" = watch a doctor work, but don't actually do anything
        - however, they are bright, motivated, enthusiastic

- If … to apply to medical school required a commitment "for the public health" of one (1) four-hour shift per week for the three school semesters = 60 million work hours, **"free"**
    - ≈ 500 hours over four years
    - PA, PT, OT routinely require ≥ 500 hrs.
    - don't guess how an applicant will do with patients, observe them directly as they actually work with patients in one of the most demanding environment, the emergency department
    - levels the playing field for all applicants
    - medical school admissions calculus:
      if ten (10) schools had this requirement, all pre-meds would do it.

Opportunity

What would Coca-Cola pay to have ½ the people in the U.S. sit in a room for 3 hours once a year with more than half a million college students eager to work for something besides money?

- Primary health care needs in the emergency department population
    - burden of load study by RAs at SVMC:
      only 9% of emergency department patients were fully up to date on American Cancer Society screening recommendations

Future

- More studies
    - Colon-Rectal Cancer Screening study (March – December 2009)
        - at 16 weeks into a year-long study:

      912 subjects enrolled, 355 (39%) identified as not being up to date on colon-rectal cancer screening

- National "Hub and Spokes" RA Consortium
    - 12 centers around the country:
        - ½ university medical centers and ½ community hospitals
        - look for institutions with college populations within 30 miles
        - first "spokes" to be in Connecticut
    - studies done even more quickly with even more subjects
        - tobacco cessation example:
          ≈ 3K subjects in pilot study at St. Vincent's Medical Center "hub" →
          ≈ 40 K subjects in the "spokes" of a RA Consortium study
    - each center becomes its own hub for additional institutions to join as spokes

- Medical School Admissions
    - among other criteria,
      choose future doctors by how well they do actually working with patients

- Primary Care
    - inculcate the basics of primary care
    - by having future doctors assist patients in one of the most basic elements,
      screening to prevent progression to more serious disease,
    - at the very earliest time in their career, before they even get to medical school

- Public Health – Sustainability
    - because more new pre-meds always become available,
      the RA Program allows continued screening in the emergency department to be sustained indefinitely even after a studies completion
        - during the 16 weeks of the current Colon-Rectal Cancer Screening study,
          RAs have provided service screening based on prior studies for 2187 patients/visitors on
            - their visits to primary care practitioners
            - **tobacco cessation**
            - Pap tests
            - mammograms
            - prostate cancer tests

For further information, please
- visit the website: www.RAProgram.org

or

- contact Keith Bradley, MD
  Director, Research Associates Program
  KeithBradleyConsult@gmail.com
  (203) 374-2906 (office)
  (203) 767-6363 (cell)
  (203) 576-6231 (hospital)

Foley, Anne

From: Peg Perillie [pegperillie@charter.net]
Sent: Thursday, July 16, 2009 12:47 PM
To: Foley, Anne
Cc: Mike Taylor; Marne Usher CTPTA; Sally Boske CTPTA; Russell-Tucker, Charlene; Pat Checko
Subject: Public Hearing 7/17/09 on Tobacco & Health Trust Fund Board - 2010 Expenditures

Hi Anne - We are unable to attend the subject hearing, but here is CTPTA's recommendations:

The CTPTA is dedicated to being advocates for children. We recommend that a greater amount of dollars than last year be spent on School-Based
Prevention with more districts being urged to participate in the RFP.

This August, when this RFP is about to be re-released, we urge the SDE to do a much greater marketing effort with increased amounts offered.

We further recommend that the RFP be sent to all of our middle school and high school Principals and PTA Presidents. Our office would be happy to assist with such a mailing. More emphasis should be place on educating young people before they start smoking and establish cessation programs for those that unfortunately start.

Thank you,

Marne Usher, CTPTA President
Peg Perillie, CTPTA Health& Welfare Commissioner
Michael Taylor, CTPTA Legislative VP

Foley, Anne

From: Margaret LaCroix [mlacroix@lungne.org]
Sent: Friday, July 17, 2009 8:28 AM
To: Foley, Anne
Subject: Tobacco and Health Trust Fund

To Members of the Tobacco and Health Trust Fund Board:
The American Lung Association continues to support funding for the Quitline and NRT. This can hopefully create a first-class tobacco treatment telephone resource that meets the standards of the CDC best practices document. If done correctly, it may even meet the needs of the Medicaid population as well.

As you know, there has been discussion of a countermarketing campaign. As campaigns in other states have shown, a campaign can only be effective if there is significant funding, particularly since the tobacco companies spend $125 million each year to market their products in our state.

With the limited funding available at this time, the focus should be on the Quitline and community-based smoking cessation.

Thank you for your attention and please contact me if you have questions.

Margaret R. LaCroix
Vice President, Marketing and Communications
American Lung Association of New England
45 Ash Street
East Hartford, CT 06108
Phone: 860-838-4369
Fax: 860-289-5405
lungne.org

Fighting for Air

Give the Earth a breather; save a tree by not printing this email.

Foley, Anne

From: O'Keefe, Elaine [elaine.okeefe@yale.edu]
Sent: Friday, July 17, 2009 9:25 AM
To: Foley, Anne
Cc: PATRICIA CHECKO
Subject: Tobacco and Health Trust Fund Priorities for FY 2010

Dear Chairwoman Foley, I am writing as the Co-Chair of the Prevention Committee of the CT Cancer Partnership, and as a longtime public health practitioner with many years of experience in the realm of tobacco control, to express my views on the Tobacco and Health Trust (THT) Fund appropriation for FY 2010. In reviewing the summary of THT funded initiatives in FY 2009 I would strongly advocate continued funding for cessation interventions including maintaining the CT Quitline service. This has been a valuable and effective service for many in our state. School-based prevention programs to deter youth from initiating smoking is another area that should remain a high priority in FY 2010. I realize that the total THT allocation for FY 2010 is just 6 million, a nominal amount when compared with the CDC recommendation for annual state expenditures on tobacco prevention and control measures. This makes it ever more important to use the CT funds that are available in a judicious manner. It is my view that the aforementioned cessation and early prevention interventions will deliver the most public health benefit for the money spent. I regret that I could not attend the public hearing in person today but would ask that you please consider my comments in your deliberations on the appropriation for FY 2010. Sincerely, Elaine O'Keefe

Elaine O'Keefe, MS
Executive Director
Office of Community Health
Yale School of Public Health
135 College Street
New Haven, CT 06510
203-764-9742

July 16, 2009

Anne Foley
Chairman, Tobacco and Health Trust Fund Board
Office of Policy and Management
450 Capitol Avenue
Hartford, CT 06106-1379

Dear Chairman Foley,

Thank you for the opportunity to provide input regarding the future of the Connecticut tobacco prevention and cessation program. As you know, it is not easy to succeed in reducing the toll of the number one preventable cause of death and disease – tobacco use.

However, tobacco prevention and cessation programs that are adequately funded and sustained over time have been among the most successful public health interventions in recent decades. Comprehensive tobacco prevention and cessation programs prevent kids from starting to smoke and encourage and help adult smokers to quit. They are instrumental in raising public awareness about the tobacco problem, countering the marketing efforts of the tobacco companies, and engaging community members in the issue, thereby creating a social and cultural environment that is more conducive to healthy behavior.

Today, we have more real-world experience and scientific evidence than ever regarding what should be done to reduce tobacco use, how to do it and what resources are required. We now have nearly two decades of experience in implementing tobacco prevention and cessation programs, including experience in pioneering states such as California and Massachusetts and the broader range of states that have implemented such programs since the 1998 state tobacco settlement.

The successes around the country are based on a basic formula—a number of key components need to work together as part of a comprehensive approach to change individual attitudes and behaviors as well as wider social norms around tobacco use. The Centers for Disease Control and Prevention (CDC) has accumulated the

experience and evidence from states to develop *Best Practices for Comprehensive Tobacco Control Programs*, which includes critical guidance for state tobacco control programs. CDC's Best Practices establishes the key program component areas as follows:

- State and community interventions
- Public education interventions
- Cessation programs
- Surveillance and evaluation
- Administration and management

The purpose of CDC's Best Practices is to help states organize their tobacco control program efforts into an integrated and effective structure that uses and maximizes interventions proven to be effective. While Best Practices provides quite a bit of leeway for individual application in each state, CDC encourages states to maintain a comprehensive approach that consists of the five best practice program components, even when state programs are funded at levels lower than what is recommended by the CDC. The balance of spending between the components will differ based on funding level (due to cost and effectiveness of each component at different levels of funding).

In addition to its funding and programmatic recommendations, CDC has also provided states with critical guidance regarding how to spend program dollars at less than optimal levels of funding, as is the case here in Connecticut. Below is guidance regarding how to spend approximately $6-$8 million on a tobacco prevention and cessation program in Connecticut, based on CDC's specific recommendations for Connecticut (from CDC's *Best Practices for Comprehensive Tobacco Control Programs)*.

1. State and community interventions: Approximately 45%-50% of total program budget; Develop a stable tobacco control infrastructure statewide and focus on movement-building components that will help build capacity for the future. This includes expanding funding relationships with community and state partners, with enough resources to school environments. School-based efforts should primarily focus on changing the environment to implement local, evidence-based programs.

   CDC recommends that interventions aimed at preventing tobacco use among youth should fully engage youth in and outside of school and be part of a comprehensive effort that is implemented in coordination across community and school environments. School-based efforts could include systemic changes that modify the environment in a school system towards being tobacco-free, for example, making school campuses completely smokefree at all times on all parts of campus and even at off campus school events for faculty, students, and staff. Offering cessation assistance for faculty,

students, and staff who smoke is another example of an effective school-based strategy.

2. Public education interventions: Approximately 25% of total program budget; Conduct a media campaign that targets just a few key markets.
3. Cessation programs: Approximately 20% of total program budget; Provide support to operate a statewide telephone-based quitline that provides counseling for a limited population size.
4. Surveillance and evaluation: Approximately 5% of total program budget; Support needed data collection systems (such as BRFSS/ATS or YTS/YRBS) to monitor the impact of interventions at the state level.
5. Administration and management: Approximately 3% of total program budget; Hire and maintain key staff for program operations and basic oversight.

This is smart and effective programming – states that have implemented programs consistent with CDC Best Practices have shown significant reductions in youth and adult smoking. Connecticut can achieve progress in lowering youth and adult smoking prevalence, but only if the program is implemented in a smart and thoughtful way, based on best practices.

Once again, thank you for the opportunity to provide comments regarding this important program.

Sincerely,

Kevin O'Flaherty
Director of Advocacy – Northeast Region
Campaign for Tobacco Free Kids

DEPARTMENT OF PUBLIC HEALTH
CITY OF WEST HAVEN, CONNECTICUT

JOHN M. PICARD
Mayor

ERIC TRIFFIN, M.P.H.
Director of Public Health

CONNECTICUT, A STATE OF HEALTH!

Regrettably, when it comes to preventing disease or promoting health, our government is reluctant to offer resources and support. Thus, we continue to hemorrhage from costly chronic diseases that could be prevented with early actions for health. A classic example is the epidemic of diabetes/obesity ('diabesity'), and the fact that most insurance will not pay for nutrition counseling or Weight Watchers but will end up paying for amputations that run up to $30,000! This may be penny wise in the short run but certainly pound foolish in the end!

I am proposing that we spend *a dime (stitch) in time in order to save another nine.* Connecticut's Tobacco Settlement Funds so dearly won by Attorney General Blumenthal, are in the General Fund instead of compensating the past, present and *future* survivors of tobacco. *Countrywide, we are almost dead last* in the States' use of the tobacco settlement dollars to reverse and prevent the damages and ravages of tobacco. We must recapture those funds and rededicate them to their proper and healthful purpose.

What *better* could legislators offer their constituents than a $100 reimbursement for any health class that they complete, be it smoke cessation, stress management, weight management, or even aerobics with their children? This would *finally* encourage residents to take healthy steps forward to *prevent* the diseases that our health, our medical system, *and* our taxes are succumbing from today. Obesity *alone* is costing Connecticut over $800M/year in medical costs, and the consequences of tobacco are even *greater*. We pay an average of over $8,000 for disease care every year t but when will we ever even *start* to pay even $100 to *prevent* those diseases in the first place?

Now is the time, the opportunity is clear and it is here, we *can* rededicate the tobacco settlement funds *to* our residents' health. Any health class that registers with the State Department of Public Health (so that over time we can gather outcome statistics and highlight the people and programs that succeed), would be eligible for reimbursement to the participants who complete the training.

What better could we do for the public and health, than to empower a million taxpayers to take charge of their health? This would put Connecticut 'on the map' and create a groundswell of interest in healthy opportunities. Many new or ongoing classes could get started or reinvigorated with the knowledge that a $100 class fee would be reimbursed by the State after successful completion. Parks and Recreation classes, Fitness Centers, American Lung Association, Weight Watchers, Health Departments, medical offices and many others providers would rise to the call.

Has any other State had the foresight to reward residents with "an ounce of prevention to *prevent* the economic, physical and emotional pains of a pound of cure?" I am appealing to you as our legislators to take up this idea that is so long overdue, at least with pilot funding. We could exemplify that we practice what we preach, and then we could become known as a *State of Health in Connecticut*! Say "*Yes, to a healthy Connecticut!*"

Yours in health,

Eric Triffin, MPH

Phone (203) **937-3660**; *Fax* (203) **937-3676**
355 Main Street, West Haven, CT 06516
WWW.WHHD.ORG

Foley, Anne

From: Golden, Marjorie [MGolden@srhs.org]
Sent: Wednesday, July 22, 2009 11:34 AM
To: Foley, Anne; Trotman, Pamela
Subject: Tobacco cessation

am a physician at the Hospital of Saint Raphael in New Haven, CT where I have practiced infectious diseases since 1994. I spend much of my time caring for people with HIV/AIDS and became aware of a critical need to provide smoking cessation services. Over the past 6 years, I have received several state grants which have enabled us to hire a smoking cessation counselor, create support groups and provide pharmacologic therapy. We published the results of our study in the Journal of Clinical Outcomes Management (JCOM 2006;13(1):30-3). We are in the process of expanding our services to the Women and Childrens clinic. I am writing to urge continued support for such programs, particularly those that target underserved, urban populations.

Another pressing issues for our patients is poor nutrition (over 60 percent of our HIV-infected patients are classified as obese). We are in the process of comparing attitudes about weight and body image between HIV infected and HIV uninfected adults, in an attempt to better assist patients in achieving ideal body weight. Unfortunately, most of our patients cannot afford to participate in organized weight loss programs, buy gym memberships or purchase healthy foods.

Lastly, access to mental health services is sorely lacking. We treat many clients with substance abuse, depression, bipolar disorder and posttraumatic stress. Unfortunately, despite many attempts, we have not been able to secure funds to hire even a part time psychiatrist. Providing better outpatient psychiatric service would improve medication compliance, decreasing rates of hospitalization and cost of care. This is true not only for compliance with HIV medication regimens but other treatments as well, particularly diabetes. Our ability to provide psychiatric care often prevents us from adequately managing our patients with HIV/hepatitis C coinfection

would be happy to provide more specific information if it would be helpful. Thank you for your interest.

Marjorie Golden, MD, FACP
Associate Clinical Professor of Medicine
Hospital of Saint Raphael and Yale University School of Medicine
1450 Chapel Street, P411A
New Haven, CT 06511

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Testimony provided by Windham Community Memorial Hospital, Inc.
August 5, 2009
Contact: Mona Friedland, VP, Philanthropy
860 456-6911; mfriedland@wcmh.org

In 2008, Windham Hospital joined with hospitals state-wide in a commitment to ban smoking on its premises. This ban applies to all staff members, patients, and visitors at the Hospital. While this may seem a radical change, we believe that it is our responsibility to provide a healthy workplace, to create an atmosphere that promotes good health for everyone, and to model healthy behaviors for citizens of the State of Connecticut. We believe that hospitals are uniquely positioned to lead the way in the promotion of good health, and we are positively committed to maintaining a smoke-free environment at the Hospital and to eliminating the use of tobacco in general.

Tobacco use has been identified as the single largest preventable cause of disease and premature death in the U.S. and accounts for 438,000 premature deaths each and every year, as well as significantly contributing to illness and lost productivity. More than 45 million Americans are addicted to tobacco. These numbers include thousands of Connecticut residents.

By partnering with the American Cancer Society, the American Heart Association, the American Lung Association, and Generations Healthcare, we have effected change at Windham Hospital. Educational programs, smoking cessation support (including pharmaceuticals to aid in the cessation process), and a "visibility" campaign (posters, flyers, events, and signage) have helped make a smoke-free campus a reality. But our job is not finished. We must strive to effect change in our community. We must reinforce our message, support the smokers who have already quit, and reach out to others. Statistics show that the national average of individuals who quit and successfully maintain a tobacco-free state is approximately 5%. With support (such as nicotine replacement therapies and cessation classes or groups), that success rate doubles to 10%. Multiple approaches and ongoing support are vital in the fight against tobacco use, and contribute significantly to the overall success of these initiatives.

These initiatives toward a smoke-free environment—while cost-effective in the long-term—require a basic level of funding in order to succeed. We need a budget so that we can pay our class facilitators, provide pharmaceuticals for smokers who are trying to quit, and ensure that these programs will continue. We need to maintain signage, produce educational materials, and recognize successes. Funding for these initiatives will allow us to lead the way in disease prevention—and ultimately—in finding new and better ways to promote the good health of our community. Research has shown that healthy people live longer, feel better, are more content and productive, require fewer sick days from their employers, and help keep healthcare costs down.

As we – as a nation – grapple with rising healthcare costs, it is imperative that we work together to prevent disease. Since smoking is the leading cause of preventable death, smoking cessation is the "golden bullet" in the arsenal of disease prevention. Curb the smoking habit, and cancer, cardiovascular disease, lung disease, and other deadly ailments diminish their hold on the bodies of our citizens. Curb the smoking habit, and the result is a nation of healthier individuals, whose healthcare costs dramatically decrease. *Prevention is* most certainly our best – and most cost-effective—cure.

August 6, 2009

Dear Members of the Tobacco and Health Trust Fund:

The Connecticut Prevention Network (CPN), the association of the Directors of Connecticut's 14 Regional Action Councils (RACs) for substance abuse prevention, representing Connecticut's 169 towns, presents the following proposal to prevent and reduce tobacco use in the State at a grassroots level.

BACKGROUND:

RACs serve to assess community substance abuse problems; inventory resources to address substance abuse issues; identify gaps in services; recognize changes to community environments that will reduce substance use; and design programs and plans to fill identified gaps.

RACs fulfill this role through community partnerships with key constituency groups including but not limited to government, mental health and substance abuse treatment, law enforcement, social service providers, schools, parents, civic groups, faith organizations and youth. These groups are represented on our Boards of Directors as well as the Local Prevention Councils (LPCs) that work within each town in Connecticut to plan and implement prevention strategies at the local level. LPCs are volunteer groups that the RACs provide technical assistance and small amounts of prevention funding from the Substance Abuse Block Grant, ranging from $1,800 for a community with a population of up to 4,500, to $8,230 for a city with a population over 130,000. LPCs implement prevention programming on alcohol, tobacco and other drugs, which must fit into a minimum of 2 of the Center for Substance Abuse Prevention's 6 strategies; information dissemination, education, community-based processes, alternative activities, problem identification and referral and environmental strategies. Twenty-five percent of their funding must directly address alcohol prevention and another 25% must address tobacco.

LPCs work extremely hard with minimal funding to meet the community's needs for prevention programming and address the priority substances in their town or city. Often substances that are perceived as having more immediate consequences in the community, such as, alcohol, marijuana, heroin and prescription drug misuse take priority and the majority of LPC funds and efforts are used to address them. LPCs recognize tobacco use and second hand smoke exposure among youth and adults as a problem, however since the harmful effects of this addiction on individuals and the community typically do not result in automobile crashes, violent crime or unintentional injury, tobacco prevention is often unable to be addressed as a priority.

The RACs have a history of coordinating and providing tobacco prevention and assessment activities in partnership with LPCs. In 2000 the RACs conducted a statewide tobacco use assessment for the CT State

620 Norwich/New London Turnpike • Uncasville, CT 06382 • www.ctprevention.org

Legislature and DMHAS. The areas assessed included the CDC recommended areas of enforcement, cessation, counter-marketing, and local programs. Within a short six-week period the RACs convened local forums of key leaders and produced a report from all 169 CT towns, an overall response rate of 100%. Based on the information collected, the RACs then worked with the LPCs to develop the recommendations that each town felt would best suit their needs. LPCs developed requests for the funding that would be needed to accomplish these programs. At that time, funding was no longer available to implement the recommendations brought forward in the town plans and programs were not implemented. RACs continued to work with the LPCs wherever possible, however the lack of consistent, dedicated funding for tobacco/smoking programs did not allow the programs to go forward.

RAC REQUEST FOR PROPOSAL FOR LPCS TO SPONSOR TOBACCO AWARENESS INITIATIVES:

The RACs would like to give LPCs an opportunity, in collaboration with the Tobacco and Health Trust Fund, to amplify their focus on tobacco use prevention and reduction. The RACs would like to administer a mini-grant request for proposal (RFP) process with the LPCs state-wide that would allow them to increase community awareness about the harmful effects of tobacco use, resources for cessation and information about the new law that prohibits minors from possessing tobacco products. The RACs would create, administer, monitor and collect evaluation information for an RFP, for the 2009-2010 fiscal year. All LPCs will be eligible to apply for funds and increased technical assistance to implement at least one of the following community tobacco awareness activities;

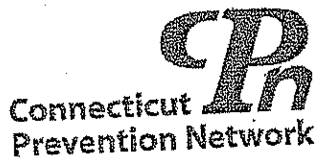
1) An in-school tobacco awareness presentation for youth and parents, including information on the new law regarding minors and tobacco possession;
2) A community presentation on tobacco awareness including information on the new law regarding minors and tobacco possession;
3) A community-wide mailing or mailing to all parents and guardians on the consequences of tobacco use and the new law regarding minors and tobacco possession.

Each tobacco awareness activity would involve distribution of prevention and cessation information, as well as information on the risks and consequences of tobacco use and exposure to second-hand smoke, local tobacco use data (where available), local tobacco use policies, cessation resources and the law prohibiting minors from possessing tobacco products. This information would be distributed via print material such as pamphlets, or cards indicating a web site that includes all such information.

If the state-wide tobacco media campaign has launched when the funded LPCs begin planning for their tobacco prevention activity, the RACs will consult with the media consultant responsible for the campaign on how the LPCs can incorporate the state-wide message and images into their grassroots efforts.

BUDGET:

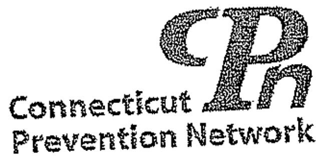
Line Item:	Description:	Calculation:	Total:



Local partnerships promoting wellness by addressing substance abuse statewide.

RAC Administrative Costs	Anticipated costs to agencies for preparing, distributing, reviewing, selecting, funding, monitoring and evaluating process and outcomes of the RFP	$5,000/RAC x 14 RACs	$70,000
RAC Point of Contact/ Fiduciary Costs	Funds for one RAC to serve as the contractor, point of contact and fiduciary to all RACs. This RAC will enter into the contract, have written agreements with each RAC for the disbursement of RAC and LPC RFP funds, will collect written reports how the amount of funds dispersed and use of funds, will collect evaluation materials in accordance with the Tobacco and Health Trust fund contracted evaluator's specifications, will coordinate with the Tobacco and Health Trust Fund's media campaign consultant to determine if and how LPCs can incorporate the state-wide tobacco prevention messages into their local efforts. This RAC will be responsible for the fiscal and all other reporting requirements for the contract.	$70,000 x 15%	$10,500
LPC Funds for Tobacco Prevention and Reduction	Fiscal support for LPCs selected through the RFP process to implement the tobacco awareness raising events. Funds will be used for advertizing the event, educational materials, speakers, postage, website development or editing and when possible incorporating the state-wide tobacco media campaign messages into local efforts.	83 Tier 1* towns x $500=41,500 56 Tier 2*towns x$1,000=$56,000 30 Tier 3*towns x $1,500=$45,000	$142,500**
		Total Funding Request:	**$223,000**

* Towns have been separated in "Tiers" to determine the amount of tobacco awareness raising funds they shall receive, based on their population. Please note that some towns have regional LPCs, in those cases the LPC



Local partnerships promoting wellness
by addressing substance abuse statewide.

will be eligible to apply on behalf of all towns represented on the council in the amounts that correspond with the "tiers" for each participating town. The following is the population range with corresponding funding amounts:

Tiers	Population Range	Funding Amount
1	0-12,000	$500
2	12,001-30,000	$1,000
3	30,001-over 130,000	$1,500

**It is anticipated that 100% of towns, through their LPCs, will not apply or will not submit acceptable RFPs to their RAC. If funds in the individual RAC's LPC line item remain, RACs will use these funds for regional tobacco awareness campaigns which will include purchasing additional evidence-based tobacco prevention materials, updating RAC websites to include the most current links to tobacco prevention and cessation resources and incorporating the state-wide tobacco media campaign into regional efforts in accordance with what is deemed appropriate from the Tobacco and Health Trust funds contracted media consultant. Individual RACs will report on use of all funds to the fiduciary RAC.

Breakout of LPC "Tiered" Funding by RAC:

	Tier 1	Tier 2	Tier 3	TOTAL LPC $/RAC
CASAC	$2,000	$10,000	$3,000	$15,000
CNVRAC	$2,500	$4,000	$3,000	$9,500
ERASE	$3,500	$4,000	$6,000	$13,500
HVCASA	$7,500	$6,000	$1,500	$15,000
LFCRAC	$0	$2,000	$3,000	$5,000
MAWSAC	$0	$0	$3,000	$3,000
MCSAAC	$5,500	$3,000	$1,500	$10,000
MFSAC	$500	$2,000	$1,500	$4,000
NECASA	$8,000	$5,000	$0	$13,000
RYASAP	$500	$1,000	$6,000	$7,500
SAAC	$4,000	$2,000	$6,000	$12,000
SCCRAC	$1,500	$7,000	$6,000	$14,500
SERAC	$5,500	$7,000	$3,000	$15,500
VSAAC	$500	$3,000	$1,500	$5,000
Total Funding/Tier	**$41,500**	**$56,000**	**$45,000**	**$142,500**

On behalf of CPN I thank you for your time and consideration of our proposal. We hope to have the opportunity to provide additional funding and assistance to the Local Prevention Councils' efforts to prevent and reduce tobacco use and exposure to second-hand smoke by raising awareness of the health consequences, local tobacco policies, local tobacco use data, the new law prohibiting possession of tobacco by minors, and cessation opportunities. Additionally we wish to have these local efforts coordinated with the state-wide tobacco counter marketing media campaign whenever possible. If you require additional information please do not hesitate to contact me. I can be reached at 860.568.4442 or bonnie.smith@erasect.org.

Regards,

Bonnie W. Smith

Bonnie W. Smith, MPH, CPH
President

620 Norwich/New London Turnpike • Uncasville, CT 06382 • www.ctprevention.org

151 Doyle Road
Oakdale, CT 06370

July 23, 2009

Governor Rell, Senators and Representatives:

I am Mary Buckley Davis. I am a: Mother, Daughter, Wife, Registered Respiratory Therapist, and Certified Asthma Educator. Although I am currently employed by a health district, I spent much of the first 30 years of my career, trying to repair damage done by smoking in a community hospital setting. Now I work to prevent damage done by both smoking and second hand or environmental tobacco smoke.

In my family, smoking does not make you sick. It kills you. My father and grandmother both died of lung cancer. My mother and step-father both have COPD. My sister was born prematurely and died, likely as a result of my mother's smoking. My children and I have asthma.

Make no mistake about it; the cost to society of tobacco smoking continues to skyrocket. Between 2004 and 2005 the cost of CT inpatient hospitalizations for COPD, a collection of lung disorders caused nearly exclusively by cigarette smoking, increased by $19M to nearly $136M for one year for one diagnosis!

Tobacco settlement money should be used to help prevent smoking, to prevent and treat the illnesses caused and exacerbated by smoking and to enact new legislation and engender public will to decrease smoking. Reducing the number of venues where smoking is permitted, increasing the cigarette tax and/or increasing enforcement of existing tobacco laws are all possible ways to prevent the negative health outcomes from smoking and second hand smoke.

In CT, programs that work to reduce the burden of disease wrought by smoking include tobacco prevention programs, pulmonary rehabilitation programs and smoking cessation programs that include avenues for coverage of prescription quit aids. Putting on AIRS and Easy Breathing® are asthma programs that address the needs of the members of our communities who continue to face disparities in both disease burden and poor health outcomes often related to cigarette smoke.

Thank you for your consideration.

Mary Buckley-Davis, RRT, N-PS, A-EC

CADH

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Public Health
Prevent. Promote. Protect.

Date: July 16, 2009

To: Anne Foley, Chairperson, Tobacco and Health Trust Fund Board

From: Paul Hutcheon, CADH Advocacy Committee Chairperson

Re: TESTIMONY- Tobacco and Health Trust Fund allocations

Please accept this letter on behalf of the CT Association of Directors of Health (CADH) in support of your efforts to continue to reduce tobacco abuse through prevention, education and cessation programs.

The CADH Board of Directors met on July 15, 2009 and voted to urge the Tobacco and Health Trust Fund members to set aside funding to support:

- Counter marketing efforts provided by local health departments
- Cessation programs offered by local health departments
- Community based prevention programs

CADH believes that funding community based programs, in particular those offered through local health departments, should be considered a vital component of your strategic plan.

Please let us know if there is any assistance we can provide to help with your success.

Thank you for your consideration.

The Chamber of Commerce, Inc
Windham Region

Concept Plan
Tobacco & Health Trust Fund

August 7, 2009

The Chamber of Commerce, Windham Region, is a thirteen-town organization of business institutional and professional employers focused around the Windham-Mansfield area. Our mission includes strengthening the economy and the viability of employers of all sizes, encouragement of job growth and retention and the support and protection of the region's quality of life.

The Chamber of Commerce seeks to establish a regional framework to encourage the development of healthy life style choices among employees of small and medium sized employers. We will evaluate environmental conditions, sedentary lifestyles and parental influences in a health and wellness analysis of workers. We know that smoking, obesity and alcohol and drug abuse are major contributing factors to increasing loss of work days, reduced productivity, "smoke breaks" and insurance claims for chronic health conditions related to life style choices. There are two million deaths per year in the U.S. with 438,000 directly connected to smoking. The study region has a diverse population with substantial Hispanic representation in the workforce. Cultural considerations will be addressed.

Among the health problems we seek to reduce in the area's labor force are heart disease, stroke, lung cancer and diabetes. Passive smoking is a cause of significant health problems within families of smokers and relates to parental responsibility as well as to behaviors which will affect the lives of the next generation of workers.

We know incentives to encourage healthy life style choices have been effective in large controlled employer settings. We wish to develop a demonstration system usable for smaller more diverse workplaces in which specific behavioral changes may be expected under a contingency management formula.

The goals are smoking cessation, encouragement and advocacy for wellness through exercise, health club membership, competition among employer groups and similar approaches leading to prevention of relapse, harm reduction and sick time loss reduction. The role of aerobic exercise and good nutrition will also be emphasized. The economic benefits should be significant for employers both in labor savings and insurance cost reductions over time.

According to the American Cancer Society's "Cancer Facts and Figures for 2008", smoking causes over 3 million years of lost life in men and over 2 million in women. The average smoker reduces life expectancy by 14 years. The economic loss for families, communities, employers and insurers is staggering.

We plan to work with local and regional health agencies, recreation departments and the area health district. The intent is to create a model transferrable to similar small-employer based regions anywhere in the U.S. with the goal of reducing health care costs to individuals and the community.

We expect to cooperate with the University of Connecticut and Eastern Connecticut State University to involve faculty and students in the research, survey and education portions of the project. This will involve a contract, cooperation and stipend arrangements with at least the University of Connecticut and a lead faculty member.

The Center for Disease Control and health departments have expressed interest in these goals and it is a pursuit in which the Chamber's Health and Wellness Council has been interested for many months.

We have as associated or supporting agencies Windham Community Memorial Hospital, Natchaug Hospital, VNAEast, a convalescent facility, ACCESS Community Action Agency and others.

Foley, Anne

From: Wolfe,Stanton [swolfe@uchc.edu]
Sent: Wednesday, August 12, 2009 11:20 AM
To: Foley, Anne
Subject: Tobacco and Health Trust Fund

)ear Ms. Foley: I am on the faculty at UCHC, School of Medicine, Department of Community Medicine and Health Care. 'm contacting you with regard to the Tobacco and Health Trust Fund Board meeting, scheduled for this Friday , for your ;uidance. I created OPENWIDE - the very successful and widely acclaimed DPH oral health training program for non-lental health and human services providers - during my tenure as CT State Oral Health Director (1993-2003). Dr. Douglas 'eterson (UCHC School of Dentistry), Charles Huntington (past AHEC Director, present Associate Dean for Continuing Aedical Education), and an MPH graduate student, are working with me on a new OPENWIDE-modeled Oral Cancer Early)etection and Prevention module. We are at a point in the development of this module to partner with DPH and other ippropriate collaborators, and seek funding for 3 related activities: 1) complete the Oral Cancer module; 2) print, publish, mplement, and evaluate a pilot run of the new Oral Cancer Early Detection and Prevention model; and 3) conduct a igorous outcomes and performance evaluation of the over 5,000 OPENWIDE early childhood dental decay prevention rainings already completed, to date, in CT. I believe the Tobacco and Health Fund may be the ideal funding source for hese endeavors. Please advise me what the Board may need and what steps to follow toward this goal. Much ippreciated. Best regards, Stanton

)r. Stanton H. Wolfe
Jniversity of CT Health Center
)ept. Community Medicine and Health Care
Aaster in Public Health Program
:63 Farmington Avenue, MC-6325
:armington CT 06030
i60-679-5408
.wolfe@uchc.edu

Trotman, Pamela

From: Foley, Anne
Sent: Wednesday, August 12, 2009 12:48 PM
To: 'Nancy Bafundo'
Cc: Trotman, Pamela; Hungerford, Cristina
Subject: RE: FW: Tobacco and Health Trust Fund

Nancy -- Thanks for letting us know. Good luck with your doctor's appointment and we will see you at the next board meeting on September 18.

-----Original Message-----
From: Nancy Bafundo [mailto:nbafund@harthosp.org]
Sent: Wednesday, August 12, 2009 12:45 PM
To: Foley, Anne
Subject: Re: FW: Tobacco and Health Trust Fund

Hi anne,

Unfortunately, I will not be able to attend Friday's meeting. I had planned on attending but got a call yesterday changing things. I will be having surgery and have to see my physician and the only time he can see me before my surgery is Friday. I read Pat's response and have to say that I am in agreement. It is unfortunate that we are finanacially in the bind that we are in (Budget-wise). It would not be prudent to entertain any new projects at this time - even though - like this one- they are very interesting. I'm sure we may here more re: potential tapping of funds and to commit to anything new would be very risky and unfair.

If things change or if the meeting goes longer is there a number I can call to determine whether or not I should come over after my doctor's appointment. It's scheduled for 11AM at Hartford.

I'm sorry to have to back out with such short notice - but this could not be avoided - nancy

Nancy Bafundo
Nursing Education & Research
Hartford Hospital
860-545-2558
>>> "Foley, Anne" <Anne.Foley@ct.gov> 08/12/09 11:53 AM >>>
FYI -- Just received an additional recommendation below. I'm looking forward to seeing you on Friday. If you have not responded to confirm your attendance, please do so. We haven't heard yet from: Ken, Nancy, Cheryl, Doug, Nikki, Ellen, Diane, Larry and of course, Jane Tedder and Barbara Carpenter.

From: Wolfe,Stanton [mailto:swolfe@uchc.edu]
Sent: Wednesday, August 12, 2009 11:40 AM
To: Foley, Anne
Subject: RE: Tobacco and Health Trust Fund

Thank you.

Dr. Stanton H. Wolfe

Trotman, Pamela

From: PATRICIA CHECKO [pjchecko@comcast.net]
Sent: Monday, August 10, 2009 11:57 PM
To: Foley, Anne; 'Andy Salner'; 'Barbara Carpenter'; 'Diane Becker'; 'Douglas Fishman'; 'Ellen Dornelas'; 'Ken Ferrucci'; 'Larry Deutsch'; 'Nancy Bafundo'; 'Nikki Plamieri'; Gyle, Norma; 'Peter Rockholz'; Resha, Cheryl-Ann; 'Robert Zavoski'; Trotman, Pamela
Cc: 'Ardell Wilson'; Walsh, Barbara; Beckham, Jeffrey; Cabanillas, Jessica; Turner, Chelsea; Hungerford, Cristina; Colter, Daniel; 'Dianne Harnad'; 'Doreen DelBianco'; 'Joan Soulsby'; Mendyka, Joe; 'Josh Rising'; 'Judy Dowd'; 'Karen Buckley-Bates'; Shuttleworth, Kathryn; 'Keith Bradley'; 'Ken Przybysz'; Wilson, Lawrence; Davis, Lisa; Cicchetti, Michael J.; 'Nancy Berger'; Trotman, Pamela; Potamianos, Paul; Coleman-Mitchell, Renee; SOTS LEAD; 'Stephanie Paulmeno'
Subject: RE: Tobacco and Health Trust Fund Board Meeting

Dear Anne and Colleagues

I will not be able to attend the meeting since I will be on vacation. I would like to send along my position regarding the funds for this year.

1. We should spend the full $6.3 million – if we don't the legislature and Governor will.

2. Funds should be used solely for tobacco related initiatives. With everything that has happened this is the only possible source of any funding for tobacco prevention and control initiatives.

3. There should be no new initiatives funded. It is unfair to possible recipients, given the precarious nature of the fund, and most of the initiatives we have funded have barely had an opportunity to start given how long it takes to get contracts out and the budget being held in limbo. None of the funded projects have their contracts completed and the Governor and legislature are holding the others hostage. Even the media contract with a company pre-approved by OPM has yet to see any money and are not about to spend their own. As most of you know, the dollars allocated for the cessation program for women of childbearing age and pregnant women in January 2008 only had their contracts approved in October 2008.

4. I also recommend that we fund the same programs and contractors at the same levels recommended in 2009. In addition to the above delay in getting initiatives implemented, it was always the intent of the Board of Directors to fund these projects for one year at the recommended level, e.g. Quitline $2 million for one year). However, because of delays and our inability to get money out fast enough to get things done in one year (despite readiness of some projects to do so), all of these award have been stretched out for a two year period; thereby cutting the annual allotment to half of the intended award. By funding these same projects this coming year, we would in fact be funding them at the intended levels and providing a greater opportunity for success. This is particularly true for the Quitline , Community-based smoking cessation initiatives including the mental health population and evaluation.

Have a good meeting on Friday. I look forward to working with you all to make the best decisions about these funds.
I also think there were a few other letters to the Board regarding the use of the funds, American Lung Association, Prevention Committee Connecticut Cancer Partnership and Campaign Tobacco Free Kids.