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

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

January 2016

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I. Executive Summary

The Tobacco and Health Trust Fund was established in 1999[1] as a separate, non-lapsing fund that accepts transfers from the Tobacco Settlement Fund and may apply for and accept gifts, grants or donations from public or private sources to carry out its objectives.

The purpose of the trust fund is "to create a continuing significant source of funds to:

> (1) support and encourage development of programs to reduce tobacco abuse through prevention, education and cessation programs;
>
> (2) support and encourage development of programs to reduce substance abuse; and
>
> (3) develop and implement programs to meet the unmet physical and mental health needs in the state."[2]

A Board of Trustees was established in 2000 to recommend authorization of disbursement from the trust fund. The Board consists of seventeen trustees including four appointed by the Governor, twelve appointed by legislative leaders and one ex-officio representative of the Office of Policy and Management.[3]

Data on Tobacco in Connecticut

Unfortunately, tobacco use remains the leading preventable cause of disease and death nationwide[4]. An estimated 15.5% of all adults in Connecticut smoked cigarettes[5] in 2013; this represents a significant decrease from 22.1% in 1990[6]. While there are positive trends in overall use in Connecticut, troubling disparities persist. Adult smoking rates are disproportionately high among certain populations, including 25-34 year olds (23.8%), persons with low income (26.1%- less than $25,000) and persons with less than a high school education (25.5%).

In 2013, an estimated 18.4% of Connecticut's adults used some form of tobacco, including cigarettes 15.5%, chewing tobacco, snuff, dip 1.8% hookahs 1.9%, cigars 6.0%,

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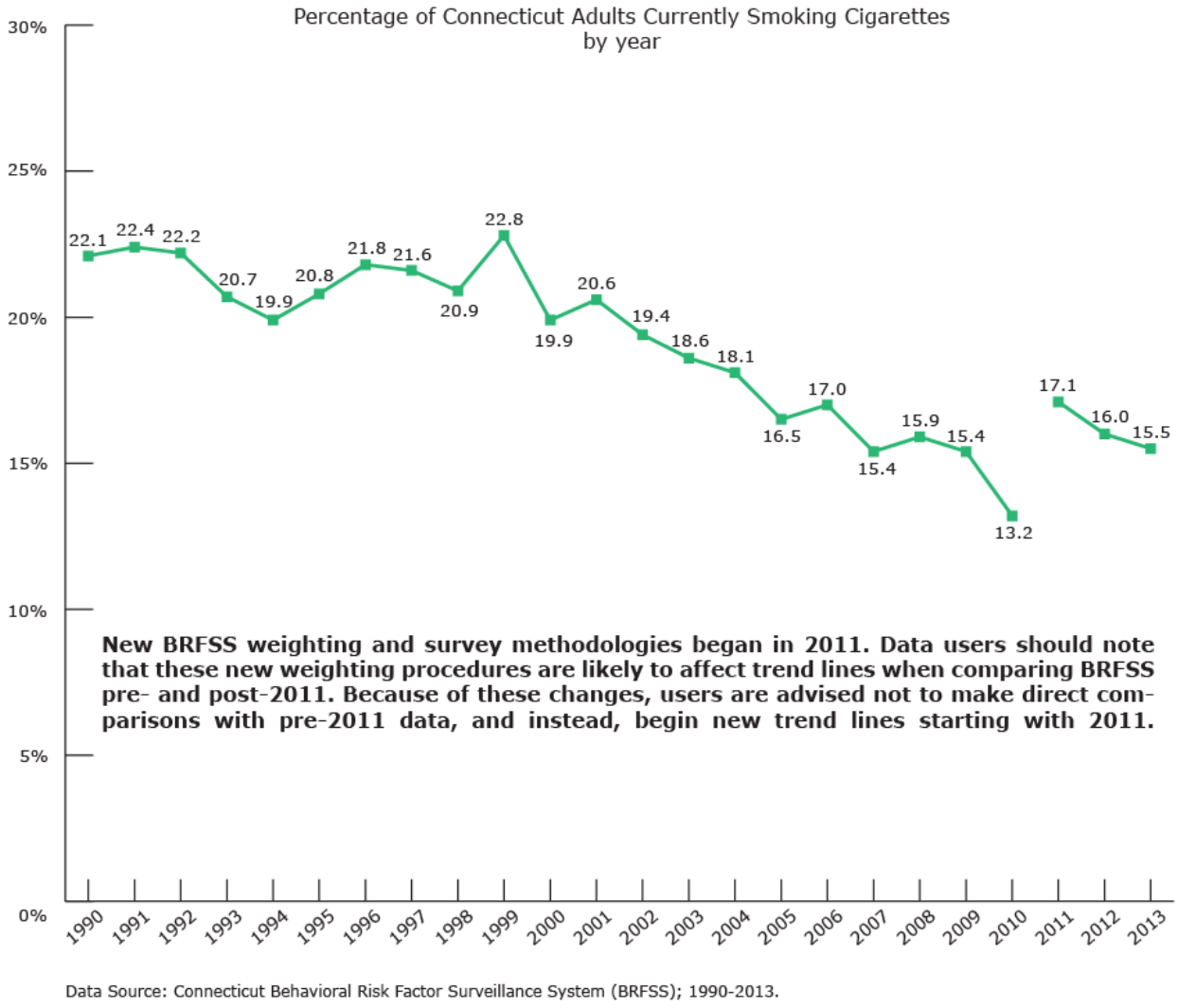
[1] *June Sp. Sess. P.A. 99-2, S. 27, 72.*
[2] *Appendix A for statutory authority*
[3] *Appendix B for a list of board members*
[4] *Centers for Disease Control and Prevention Cigarette Smoking in the United States | Data and Statistics ...*
[5] *2013 Connecticut Behavioral Risk Factor Surveillance System*
[6] *IBID*

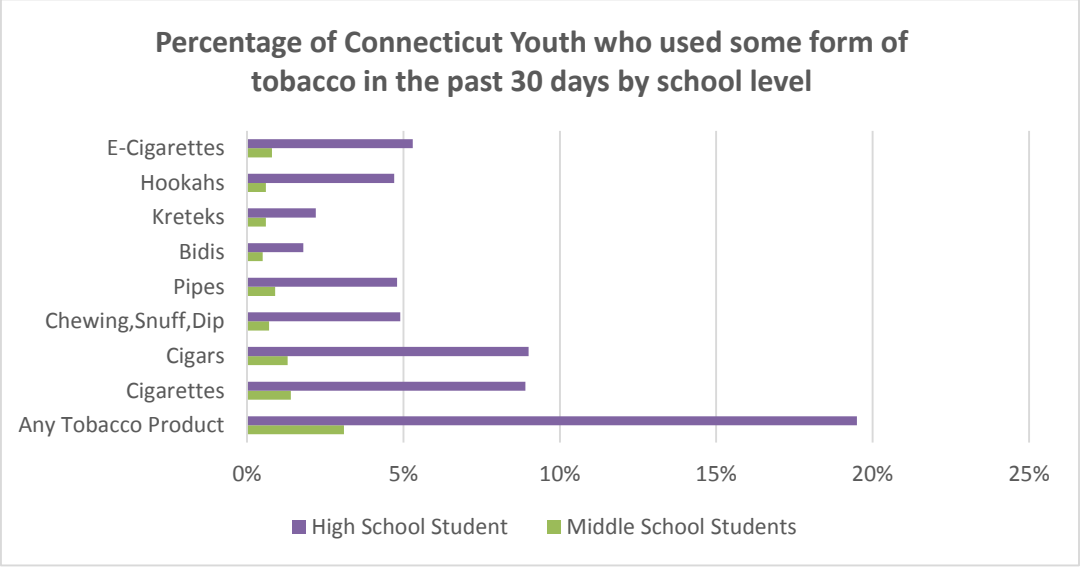
snus (a moist powder tobacco product originating from a variant of dry snuff that is placed under the upper lip) 0.6%, and electronic cigarettes 4.0% in the past 30 days[7].



Data Source: Connecticut Behavioral Risk Factor Surveillance System (BRFSS); 1990-2013.

[7] *2013 Connecticut Behavioral Risk Factor Surveillance System*

In 2000, 25.6% of high school students and 9.8% of middle school students smoked cigarettes[8]. In 2013, that rate was down to 8.9% among high school students and 1.4% among middle school students[9]. In 2013, 3.1% of middle school and 19.5% of high school students used tobacco products, including cigarettes, cigars, chewing tobacco, snuff, dip, pipes, bidis, kreteks, hookahs, and electronic cigarettes[10]



Data Source: Connecticut Department of Public Health

Kreteks - referred to as clove cigarettes as imported from Indonesia and typically contain a mixture of tobacco, cloves, and other additives.

Board Accomplishments

The board disbursed approximately $28 million from 2003 to 2015. During this period trust funds have been dedicated to:

Smoking Cessation Programs ($8.3 million). These programs provide evidence-based tobacco cessation assistance to individuals who want to quit by discouraging the use of tobacco products through education, skill building, one-on-one or group counseling and pharmacotherapy. The community smoking cessation programs served a total of 7,061 individuals from 2008-2015. Participants who responded to the four or six month

[8] *2000-2013 Connecticut Youth Tobacco Survey*
[9] *IBID*
[10] *State of Connecticut, Department of Public Health Tobacco Use Prevention and Control Program. Youth and Tobacco Use in Connecticut. Fact Sheet. August 2014 (Data from the Connecticut Youth Tobacco Survey [YTS]; 2013)*

follow up survey reflected a quit rate of 29%[11]. The average cost per quit was $2,316 and the average cost per participant served was $672.

Tobacco Counter-Marketing Efforts ($6.4 million). Funds were used to support statewide media campaigns delivering messages designed to increase awareness and knowledge of the health risks of tobacco use, encourage smokers to quit, and prevent youth and young adults from tobacco use initiation. Trust funds were used to buy television ads, radio ads, and ads on bus panels, and interstate billboards. Other cessation campaign activities included using the Become An Ex campaign series ads targeting adults and the TIPS FROM FORMER SMOKERS ads (purchased from CDC) and Teen Kids News (TKN). TKN produced 12 science-based anti-smoking reports targeted to youth. According to CDC Best Practices 2014, literature provides evidence that tobacco counter-marketing, which is the use of commercial marketing tactics to reduce the prevalence of tobacco use, can be a valuable tool in reducing smoking. Literature reviews found extensive evidence that tobacco counter-marketing campaigns curbed smoking initiation in youth and promoted smoking cessation in adults, particularly in the context of comprehensive tobacco control programs. A 2012 review further confirmed the efficacy of mass-media campaigns in reducing smoking among adults. In addition, a 2013 study found that greater exposure to tobacco control mass-media campaigns may reduce the likelihood of relapse among quitters.[12]

QuitLine ($7.1 million). Funds were used to support a statewide comprehensive telephone and web- based tobacco use cessation coaching service that assist residents free of charge in their efforts to quit tobacco use through the provision of individualized counseling, information, self-help materials and nicotine replacement therapy. Counselors assess the caller's stage of readiness to change and offer options such as, referral to one-on-one counseling, referral to local programs, and mailed educational material. A community resource database is maintained and used, as appropriate, to refer callers to local programs, including tobacco use cessation programs, smoking addiction support groups and others. For the period of 2003 – 2015, the QuitLine has helped 56,414 Connecticut residents in their efforts to quit smoking. CT QuitLine callers achieved a 30-day average tobacco quit rate of 30.5% in 2015, similar to the 30-day quit rate observed in FY 2014 (29%). The average cost per quit in 2014 was $697 and $545 in 2015.

Prevention Programs ($2.9 million). Funds were used to provide evidence –based program interventions to reduce, eliminate, and/or prevent the initiation of tobacco use among children and youth. The programs provide information about the short-and long term negative physiologic and social consequences of tobacco use. Trust funds supported various programs for school aged children and youth. Prevention programs reached over 10,000 children and youth since 2008.

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11 Quit rate is based on 30-day tobacco use abstinence at the four or six-month follow-up.

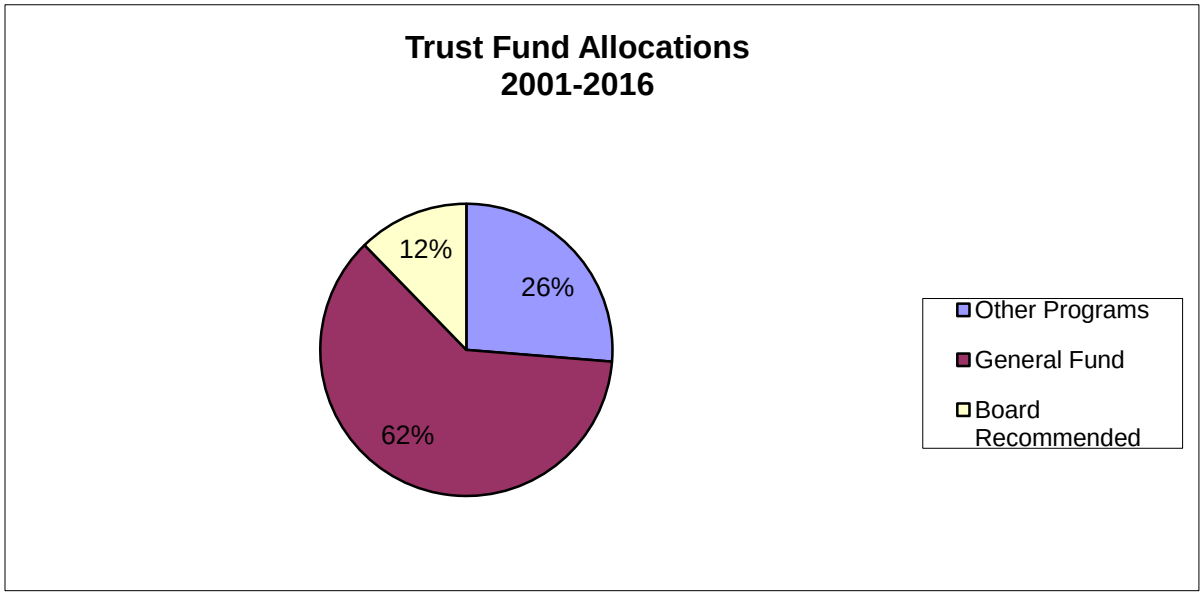
12 Centers for Disease Control and Prevention Best Practices 2014

Board Activities

The Tobacco and Health Trust Fund Board held four meetings in 2015 with a primary focus to develop recommendations for 2016 disbursement from the trust fund and monitor the current contracts.

In December 2014, the Tobacco and Health Trust Fund Board recommended and the legislature committees of cognizance approved disbursements of $3,511,833 to be used for anti-tobacco related initiatives. The Board worked with the Department of Public Health (DPH) to solicit proposals through a competitive bidding process for state and community intervention ($1.4 million); mass-reach health communications ($385,650); cessation interventions ($1.2 million); and evaluation ($351,183). In addition, $175,000 was targeted for infrastructure, administration and management services. Unallocated 2015 funds in the state and community interventions, cessation interventions, and evaluation funding categories in the amount of $412,897 will be made available for 2016 programming in those categories. The total amount in unobligated funds available to the board for disbursement in FY 16 is $1,188,335 with the additional $412,887 for a total of $1,601,232. As FY 15 funds have been previously approved by the legislative committees of cognizance they are not included in the 2016 disbursement recommendations.

The Tobacco and Health Trust Fund Board has been able to recommend for disbursement $28 million between the period of 2003 - 2015. Additionally, since the inception of the trust fund, the total amount statutorily transferred from the trust fund to support other programs without board recommendation or input has been slightly over $209 million. The majority of funds transferred out, $146 million, were transferred to the General Fund rather than to individual programs.



Recommendations for Disbursement

For 2016, the Tobacco and Health Trust Fund Board is recommending disbursement of $1,188,335, which is the maximum allowed by legislation. Although state law allows Tobacco and Health Trust funds to be used to address a wide variety of health-related needs, the Board has focused its disbursements exclusively on anti-tobacco efforts. In summary, these funds will provide $475,334 for community interventions, $130,717 for mass-reach health communications, $404,034 for cessation programming, $118,834 for evaluation, and $59,416 for administration. The board agreed to set aside $152,126 of the cessation funding ($404,034) to fund the expansion of cessation programming to the residents of DOC's halfway houses in Connecticut. These disbursements are consistent with the U.S. Centers for Disease Control (CDC) and Prevention recommended program interventions and funding levels for 2014. CDC's recommendations are based on scientific research and best practices determined by evidence-based analysis of state tobacco programs determined to be effective in preventing and reducing tobacco uses. Aligning disbursement with CDC recommendations ensures that the proposed interventions are supported by scientific evidence with results that show positive outcomes on the prevention and reduction of tobacco use.

	CDC Recommended	% of CDC Recommended	Board Recommended
State and Community Interventions	$9.1	40%	$475,334
Mass-Reach Health Communication Intervention	$2.6	11%	$130,717
Cessation Interventions	$8.0	34%	$404,034
Evaluation	$2.0	10%	$118,834
Infrastructure, Administration, and Management	$1.0	5%	$59,416
Total	**$22.7 million**		**$1,188,335**

The board believes this disbursement proposal is the most effective use of trust funds for the following major reasons:

- While the state expends significant funding on programs for health, mental health, and substance use prevention and treatment, anti-tobacco programs have minimal funding to support prevention, intervention, and enforcement efforts. These anti-tobacco programs often rely solely on trust funds.

- The disbursement proposal is aligned with CDC recommended programming and funding levels. CDC's recommendations are based on scientific research and best practices determined by evidence-based analysis of state tobacco programs determined to be effective in preventing and reducing tobacco use.
- Provides for Connecticut specific adjustments to the CDC recommendations including: (1) support for the expansion of the smoking cessation and relapse prevention program administered by DOC to serve clients residing in the agency's hallway houses. DOC indicates that more than 90% of inmates who experience forced abstinence will take up tobacco use when given the opportunity once released from jail or prison; (2) prioritize anti-tobacco programs to residents in the eastern part of the state. Eastern Connecticut is underserved with cessation programs; and (3) support programs that address all products made or derived from tobacco that are not defined by the Food and Drug Administration (FDA) as tobacco use cessation medication, including electronic nicotine delivery systems. Approximately 4% of Connecticut adults and 5.3% of high school students use e-cigarettes.
- Uses competitive bidding through a Request for Proposal process to ensure that open competitive practices are followed and allows for a comprehensive, transparent approach to distribute trust funds. This approach assures a fair and effective approach to select the most qualified bidders; and
- Supports administration funding, which will provide resources necessary to assure adequate oversight of the trust fund programs. Administrative staff solely dedicated to trust fund programs is essential for program efficacy and efficiency.

Once the 2016 recommendations are approved for disbursement, the Board will work with DPH to solicit proposals through a competitive bidding process for state and community interventions, mass-reach health communications, cessation programming and evaluation. Due to the need to quickly secure administrative services, DPH will secure these services using a sole source methodology. Using Request for Proposals (RFPs) through a competitive bid process for the major funding streams ensures an open, equitable, transparent and effective approach to selecting the most qualified vendors and distributing trust funds. Board members will be invited to serve on the DPH Request for Proposal (RFP) committees and the solicitation will require proposals to address all products made or derived from tobacco that are not defined by the Food and Drug Administration as tobacco use cessation medication, including electronic nicotine delivery systems.

With regard to the cessation services, the board proposes that $152,126 of the total recommended $404,034 be dedicated to fund the expansion of DOC smoking cessation education and relapse prevention program to clients residing in DOC half way houses. Since more than 90% of inmates who experience forced abstinence will take up tobacco use when given the opportunity once released from jail or prison, a

continuation of cessation services is essential to prevent inmates from relapsing. In addition, because Eastern Connecticut is underserved with cessation programs, the board intends to give a preference in the competitive bid process to applications that propose to provide programming in the Eastern part of the state.

II. Introduction

The Tobacco and Health Trust Fund was established in 1999[13] as a separate, non-lapsing fund that accepts transfers from the Tobacco Settlement Fund and may apply for and accept gifts, grants or donations from public or private sources to carry out its objectives. The purpose of the trust fund is "to create a continuing significant source of funds to (1) support and encourage development of programs to reduce tobacco abuse through prevention, education and cessation programs, (2) support and encourage development of programs to reduce substance abuse, and (3) develop and implement programs to meet the unmet physical and mental health needs in the state."[14]

A Board of Trustees was established in 2000 to recommend authorization of disbursement from the trust fund. The Board consists of seventeen trustees including four appointed by the Governor, twelve appointed by legislative leaders and one ex-officio representative of the Office of Policy and Management.[15]

Through fiscal year (FY) 2003, the Board could recommend disbursement of up to half of the net earnings from the principal of the fund to meet the objectives of the fund. The Board's operations were statutorily suspended for fiscal years 2004 and 2005. Between FY 2006 and FY 2008, the Board could recommend disbursement of the entire net earnings of the principal. From FY 2009 through FY 2013, the Board could recommend disbursement of up to one-half of the annual transfer from the Tobacco Settlement Fund to the trust fund from the previous fiscal year, up to a maximum of six million dollars, plus the net earnings from the principal of the trust fund from the previous fiscal year. Under current law, the board can recommend authorization of disbursement of up to the total unobligated balance remaining in the trust fund up to a maximum of twelve million dollars. The total unobligated amount currently available to the board for disbursement is $1,188,335 for 2016.

This report fulfills the Board's statutory responsibilities to:

1. Submit an annual report to the Appropriations and Public Health Committees on the Board's activities and accomplishments;

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

3. Submit an annual report to the General Assembly that includes all disbursements and other expenditures from the trust fund and an evaluation of the performance and impact of each program receiving funds from the trust fund.

[13] *June Sp. Sess. P.A. 99-2, S. 27, 72.*
[14] *Appendix A for statutory authority*
[15] *Appendix B for a list of board members*

III. Data on Tobacco Use in Connecticut

The most recent available data on tobacco use informed and guided the development of the Board's 2016 disbursement recommendations. Unfortunately, tobacco use remains the leading preventable cause of disease and death[16]. The effects of tobacco use contribute significantly to the growing total health care expenditures in the state.[17] The annual health costs caused by smoking in Connecticut is $2.03 billion[18]. The health consequences and economic costs of exposure to secondhand smoke, smoking-related fires, and use of other forms of tobacco are high[19].

Each year in the United States, tobacco companies spend billions of dollars on advertising and promoting their products and the estimated portion spent in Connecticut is estimated at $78.1 million[20]. In 2013, over 103 million packs of cigarettes were purchased in Connecticut[21], which represents over 234 packs for every adult smoker in the State. Based on the average price of $8.82 for a pack of cigarettes in Connecticut[22], each adult smoker is spending approximately $2,064 every year. It is estimated that Connecticut's children smoke 8.2 million packs of cigarettes every year.[23]

An estimated 15.5% of all adults in Connecticut smoked cigarettes[24] in 2013; this represents a significant decrease from 22.1% in 1990[25]. While there are positive trends in overall use in Connecticut, troubling disparities persist. Adult smoking rates are disproportionately high among certain populations, including 25-34 year olds (23.8%), persons with low income (26.1%- less than $25,000) and persons with less than a high school education (25.5%). The smoking rates among minorities are relatively high; 19.9% of Blacks,[26] and 20.5%[27] of Hispanics smoke cigarettes in Connecticut.

In 2013, an estimated 18.4% of Connecticut's adults used some form of tobacco, including cigarettes 15.5%, chewing tobacco, snuff, dip 1.8% hookahs 1.9%, cigars 6.0%, snus (a moist powder tobacco product originating from a variant of dry snuff that is placed under the upper lip) 0.6%, and electronic cigarettes (4.0%) in the past 30 days[28].

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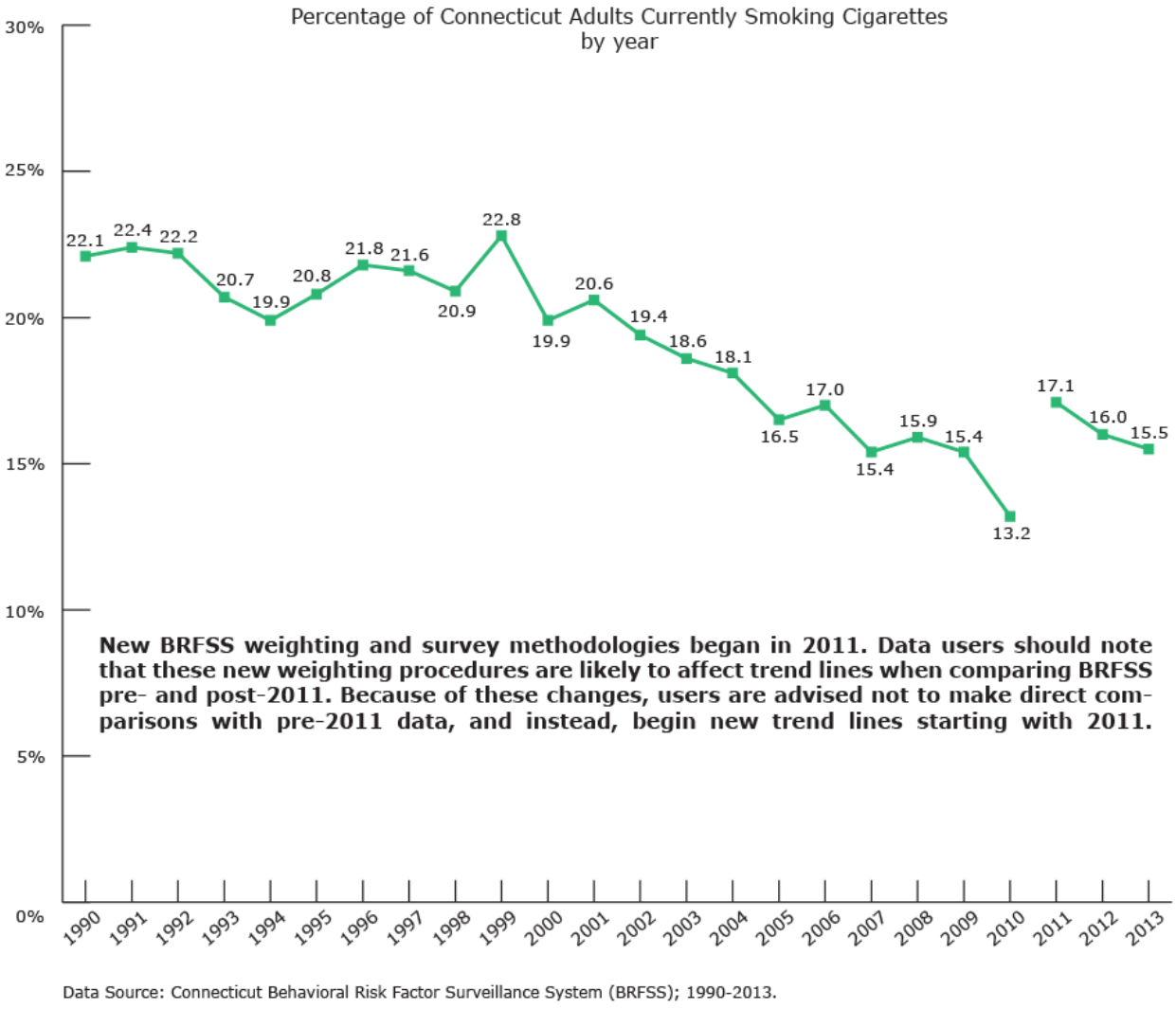
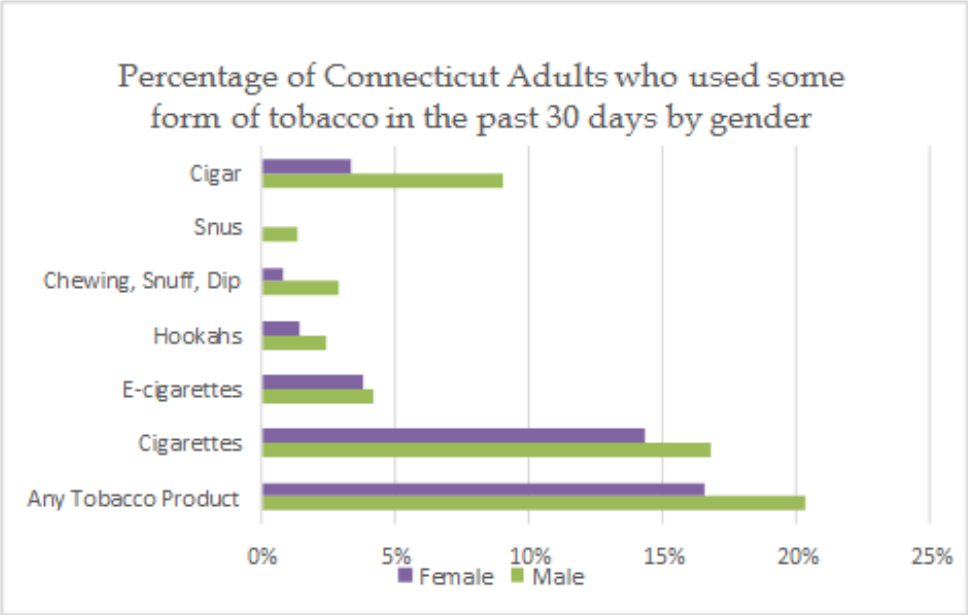
[16] *Centers for Disease Control and Prevention* Cigarette Smoking in the United States | Data and Statistics ...
[17] *Report of the Tobacco and Smoking Cessation Task Force to the Sustinet Board, July 2010*
[18] https://www.tobaccofreekids.org/facts_issues/toll_us/connecticut
[19] *Report of the Tobacco and Smoking Cessation Task Force to the Sustinet Board, July 2010.*
[20] *Campaign for Tobacco Free Kids:* http://www.tobaccofreekids.org/facts_issues/toll_us/connecticut
[21] *Connecticut Department of Revenue Services; Comparative Statement of Sales of Cigarette Tax Stamps and Revenue (January-December 2013)*
[22] *Campaign for Tobacco Free Kids:* www.tobaccofreekids.org/research/factsheets/pdf/0099.pdf
[23] *Campaign for Tobacco Free Kids:* http://www.tobaccofreekids.org/facts_issues/toll_us/connecticut
[24] *2013 Connecticut Behavioral Risk Factor Surveillance System*
[25] *IBID*
[26] *Connecticut Department of Public Health-Fact Sheet on Adult Cigarette Smoking in Connecticut: Current Estimates*
[27] *IBID*
[28] *2013 Connecticut Behavioral Risk Factor Surveillance System*

Cigarette smoking and exposure to secondhand smoke are responsible for approximately 4,900[29] adult deaths related to smoking in Connecticut each year.



Data Source: Connecticut Behavioral Risk Factor Surveillance System (BRFSS); 1990-2013.

[29] *Campaign for Free Kids: Key State Specific Tobacco-Related Data and Rankings*



Data Source: Connecticut Department of Public Health

Smoking and smokeless tobacco use are generally initiated during adolescents; more than 90% of adult smokers began using tobacco before 18 years of age[30]. Adolescent smokeless tobacco users are more likely than non-users to become adult smokers[31]. In addition, each year in Connecticut, 2,500 people under age 18 will become new daily smokers and an estimated 56,000 children will ultimately die prematurely from smoking-related diseases.[32]

Connecticut youth cigarette use declined sharply during the period of 2000-2013. In 2000, 25.6% of high school students and 9.8% of middle school students smoked cigarettes[33]. In 2013, that rate was down to 8.9% among high school students and 1.4% among middle school students[34]. Between 2000-2013, the rate of cigarette smoking decreased among high school males, from 24.9% to 10.4% and high school females, from 26% to 7.3%[35]. For the same time period the rate of cigarette smoking decreased among

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[30] *U.S. Department of Health and Human Services Preventing Tobacco Use Among Young People: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human ,CDC, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health 2012; Campaign for Tobacco-Free Kids- The Path to Smoking Addiction Starts at Very Young Ages. Washington: 2009 and CDC-Tobacco Use Among Middle and High School Students – US, 2000-2009-MMWR 2010:59(33):1063-8*

[31] *U.S. Department of Health and Human Services Preventing Tobacco Use Among Young People: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human ,CDC, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health 2012; Campaign for Tobacco-Free Kids- The Path to Smoking Addiction Starts at Very Young Ages. Washington: 2009 and CDC-Tobacco Use Among Middle and High School Students – US, 2000-2009-MMWR 2010:59(33):1063-8*

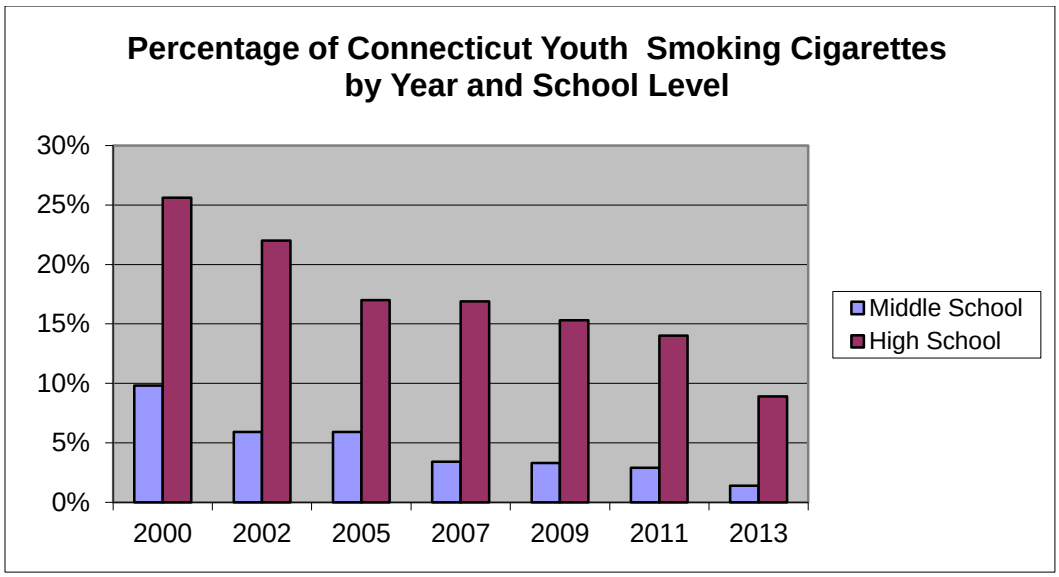
[32] *Campaign for Free-Kids.* www.tobaccofreekids.org/facts *issues/toll us/Connecticut*

[33] *2000-2013 Connecticut Youth Tobacco Survey*

[34] *IBID*

[35] *IBID*

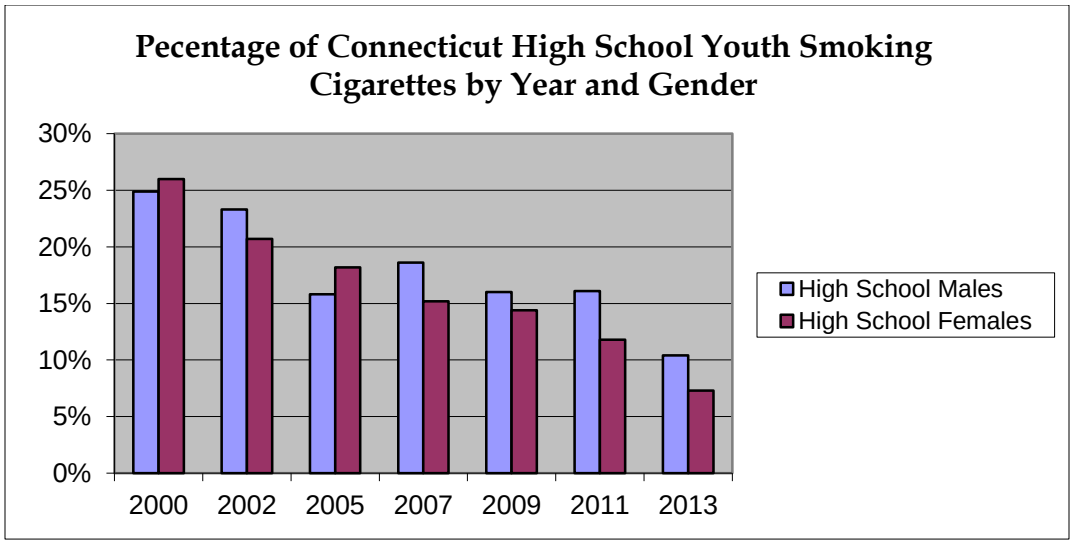
middle school males, from 9.7% to 1.8% and middle school females, from 9.8% to 1.0%.[36] While youth cigarette use declined sharply during 1997-2003, rates have remained relatively stable in recent years[37]. Youth smokeless tobacco use also declined in the late 1990s and early 2000s, but an increasing number of United States high school students have reported using smokeless tobacco products in recent years[38].

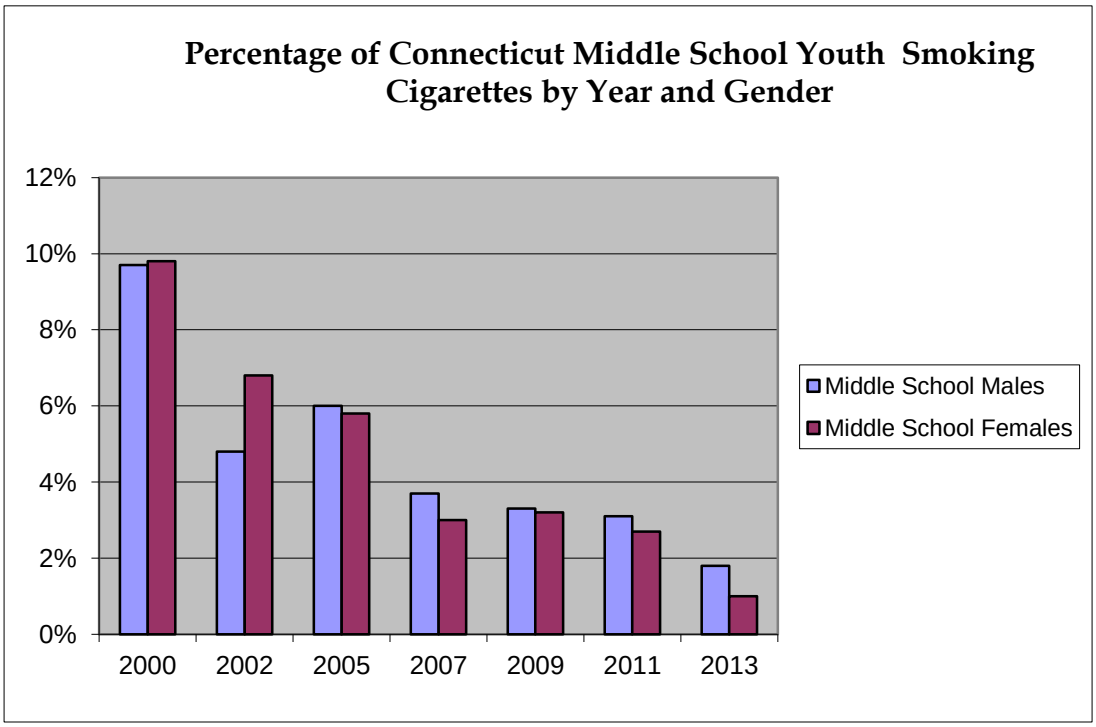


[36] *2000-2013 Connecticut Youth Tobacco Survey*

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

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

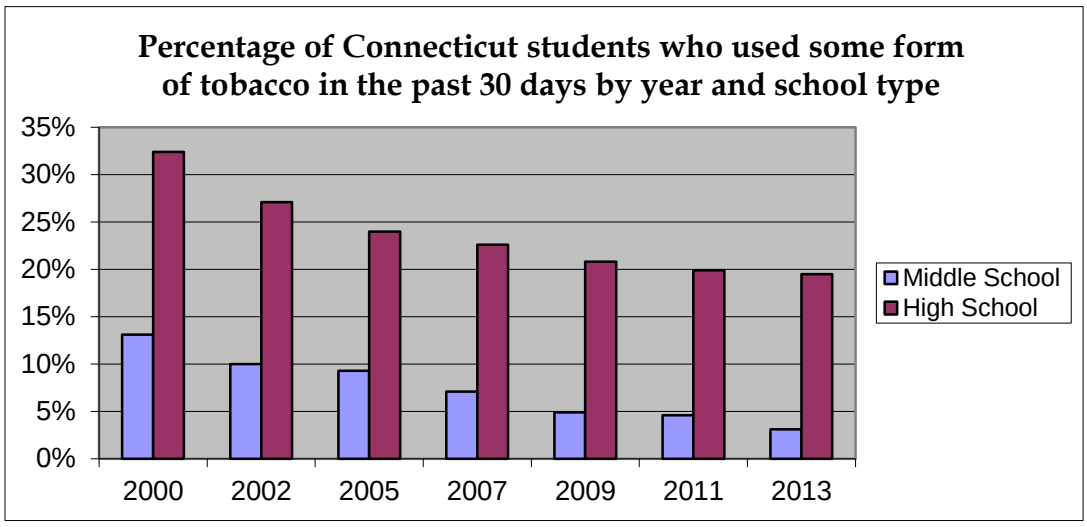




Tobacco use rates vary significantly by grade level. In 2000, 13.1% of middle school students and 32.4 % of high school students had used some form of tobacco in the thirty days previous to the survey. In 2013, that rate was down to 19.5% among high school

students and 3.1% among middle school students.[39] In 2013, 3.1% of middle school and 19.5% of high school students used tobacco products, including cigarettes, cigars, chewing tobacco, snuff, dip, pipes, bidis, kreteks, hookahs, and electronic cigarettes[40]

Data from the 2013 Connecticut Youth Tobacco Survey suggest that concurrent use of tobacco products is prevalent among youth[41]. Among high school students who report using tobacco, 41% of females and 56% of males report using more than one tobacco product in the past 30 days.[42]

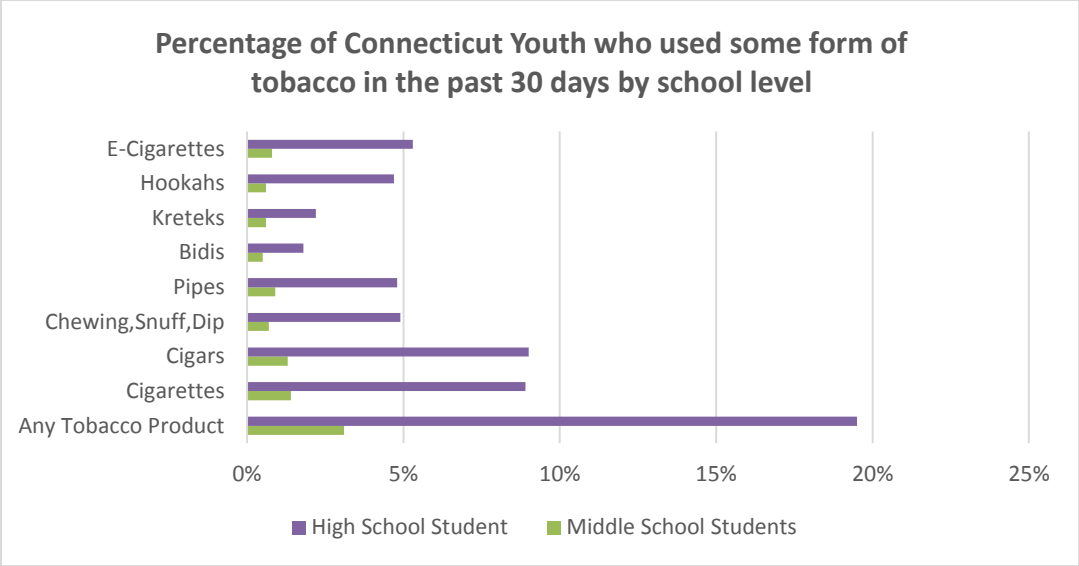


[39] *2000-2013 Connecticut Youth Tobacco Survey*

[40] *State of Connecticut, Department of Public Health Tobacco Use Prevention and Control Program. Youth and Tobacco Use in Connecticut. Fact Sheet. August 2014 (Data from the Connecticut Youth Tobacco Survey [YTS]; 2013)*

[41] *Connecticut Department of Public Health Fact Sheet-Youth and Tobacco Use in Connecticut*

[42] *IBID*



Data Source: Connecticut Department of Public Health

Kreteks - referred to as clove cigarettes are imported from Indonesia and typically contain a mixture of tobacco, cloves, and other additives

Tobacco use rates are disproportionately high among certain populations, including criminal offenders, pregnant women, individuals with serious mental illness and individuals with chronic illnesses caused by smoking.

Offender populations have a significantly higher prevalence and greater intensity of cigarette smoking than the general population and recent research indicates that prevalence rates among offenders range from 64% to 92% nationally[43]. According to the results of a prevalence study conducted by the Connecticut Department of Correction at four of its facilities (York Correctional Institution, New Haven Correctional Center, Hartford Correctional Center and Manson Youth Institution), the prevalence rate across these facilities is 70%. This is four times the prevalence rate in the general population in Connecticut.

The 2014 Surgeon General's Report on smoking and health says that tobacco use during pregnancy remains a major preventable cause of disease and death of mother, fetus, and infant, and smoking before pregnancy can reduce fertility[44]. Each year, about 400,000 infants born in the United States are exposed to the chemicals in cigarette smoke before birth because their mothers smoke[45]. Since the first Surgeon General's Report on smoking and health was released in 1964, 100,000 babies have died from Sudden Infant Death Syndrome (SIDS), prematurity, low birth weight, or other complications caused by exposure to the dangerous chemicals in tobacco smoke.[46]

[43] *Connecticut Department of Correction, Smoking Cessation Program*
[44] *Surgeon General Report, The Health Consequences of Smoking-50 Years of Progress: A Report of the Surgeon General 2014,*
[45] IBID
[46] *IBID*

According to the latest data from the DPH Vital records, in Connecticut between 2005 and 2010, the percentage of pregnant women who reported smoking during pregnancy decreased from 6.2% to 4.5% and in 2011, 18.5% of women in child-bearing age (18-44) smoked cigarettes.[47]

Vital Signs from CDC notes that many adults with mental illness who smoke want to quit, can quit, and will benefit from proven stop-smoking treatments. Some people with mental illness face issues that can make it more challenging to quit, such as low income, stressful living conditions, and lack of access to health insurance and health care[48].

Nationally, nearly 1 in 5 adults (or 45.7 million adults) have some form of mental illness, and 36% of these people smoke cigarettes. In comparison, 21% of adults without mental illness smoke cigarettes[49]. Furthermore, 40% of men and 34% of women with mental illness smoke and 48% of people with mental illness who live below the poverty level smoke, compared with 33% of those with mental illness who live above the poverty level.[50] According to the Department of Mental Health and Addiction Services' review of new admissions data of the 17,214 individuals seen by their facilities, 8,271 or 48% reported using tobacco within the past 30 days.

Chronic diseases and conditions that have a large impact on the health of smokers include: chronic obstructive pulmonary disease (COPD, including chronic bronchitis and emphysema), coronary heart disease, stroke, abdominal aortic aneurysm, acute myeloid leukemia, cataract, pneumonia, periodontitis, and bladder, esophageal, laryngeal, lung, oral, throat, cervical, kidney, stomach, and pancreatic cancer. Nationally, cigarette smoking causes 87% of lung cancer deaths, 32% of coronary heart disease deaths, and 79% of all cases of chronic obstructive pulmonary disease (COPD)[51]. In addition, one out of three cancer deaths is caused by smoking.[52]

Although Connecticut has experienced a reduction in cigarette smoking rates over the past decade, the Board recognizes the need to sustain efforts to continue that downward trend and remains committed to providing resources to do so. As highlighted in the data in this report, overall downward trends in the use of tobacco products by Connecticut residents masks the continuing and serious risk posed by the documented disparities in tobacco use among some population groups.

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[47] *Connecticut Department of Public Health Fact Sheet on Pregnancy and Smoking*
[48] *Centers for Disease Control* http://www.cdc.gov/features/vitalsigns/smokingandmentalillness/
[49] *IBID*
[50] *IBID*
[51] *Surgeon General Report, The Health Consequences of Smoking-50 Years of Progress: A Report of the Surgeon General 2014-Overview of Key Findings* http://www.surgeongeneral.gov/library/reports/50-years-of-progress/fact-sheet.html
[52] *Surgeon General Report, The Health Consequences of Smoking-50 Years of Progress: A Report of the Surgeon General 2014, Overview of Key Findings* http://www.surgeongeneral.gov/library/reports/50-years-of-progress/fact-sheet.html

IV. Board Accomplishments

As a major part of its efforts to support and encourage the development and implementation of programs to reduce tobacco use through prevention, education and cessation programs, the board has disbursed approximately $28 million from 2003 to 2015. During this period trust funds have been dedicated to smoking cessation programs ($8.3 million), tobacco counter-marketing efforts ($6.4 million), QuitLine ($7.1 million) and Prevention Programs ($2.9 million) Other efforts such as, evaluation, a lung cancer pilot, innovative programs, tobacco enforcement, prevention, and website development have been funded to a lesser extent.

Since 2003, the board disbursed $8.3 million for community-based smoking cessation programs and one smoking cessation program administered by the Department of Correction. These programs provide evidence-based tobacco cessation assistance to individuals who want to quit by discouraging the use of tobacco products through education, skill building, one-on-one or group counseling and pharmacotherapy. In this time period, cessation programs were provided to pregnant women and women of child-bearing age; individuals with serious mental illness; general population and individuals under the jurisdiction of the Department of Correction. The community tobacco cessation programs served a total of 7,061 individuals from 2008-2015. Participants who responded to the four or six month follow up survey reflected a quit rate of 29%[53]. The average cost per quit was $2,316 and the average cost per participant served was $672. The Board also funded a third year of the DOC's smoking cessation education and relapse prevention program. DOC is in the process of developing procedures with UConn School of Social Work (Peer Recovery Personnel), Federally Qualified Health Centers, ForDD Clinic and DOC's Addiction Services Personnel to collect data on quit rates for inmates released into the community.

Since its inception, the Board disbursed $6.4 million to support statewide media campaigns delivering messages designed to increase awareness and knowledge of the health risks of tobacco use, encourage smokers to quit, and prevent youth and young adults from tobacco use initiation. Trust funds were used to buy a television ad which ran 409 times over a two month period, two radio ads which ran 1,546 times over a two month period, thirteen bus panels, two interstate billboards, a full-page ad in Hartford magazine, and a sign for one month at the Hartford Civic Center. Trust funds were used to target 18-24 year olds who were not in a college setting with two television ads which ran for two months on Fox 61 and message banners which ran on MySpace for two and a half months. The Tobacco: It's a Waste prevention campaign used a contest format to solicit self-produced anti-tobacco advertisements from youth and young adults ages 13-24. The ads ran from April 2010 through August 2011.

56 Quit rate is based on 30-day tobacco use abstinence at the four or six-month follow-up.

Other cessation campaign activities included using the Become An Ex campaign series ads targeting adults. Those ads were aired over a one- week-on, one-week-off cycle over the course of several months through the summer of 2011. In 2012, the TIPS FROM FORMER SMOKERS ads (purchased from CDC) ran from November 2013 through September 2014. In 2014 the board funded Teen Kids News (TKN) which is a weekly 30 minute Federal Communications Commission (FCC) approved children's news program airing on 220 major television stations across the country. TKN produced 12 science-based anti-smoking reports targeted to youth.

According to CDC Best Practices 2014, literature provides ample evidence that tobacco counter-marketing, which is the use of commercial marketing tactics to reduce the prevalence of tobacco use, can be a valuable tool in reducing smoking. Literature reviews found extensive evidence that tobacco counter-marketing campaigns curbed smoking initiation in youth and promoted smoking cessation in adults, particularly in the context of comprehensive tobacco control programs. A 2012 review further confirmed the efficacy of mass-media campaigns in reducing smoking among adults. In addition, a 2013 study found that greater exposure to tobacco control mass-media campaigns may reduce the likelihood of relapse among quitters.[54]

Since 2003, the Board disbursed $7.1 million to provide a statewide comprehensive free telephone and web- based tobacco use cessation coaching service that assist residents in their efforts to quit tobacco use through the provision of individualized counseling, information, self-help materials and nicotine replacement therapy. Counselors assess the caller's stage of readiness to change and offer options such as, referral to one-on-one counseling, referral to local programs, and/or mailed educational material. A community resource database is maintained and used, as appropriate, to refer callers to local programs, including tobacco cessation programs, smoking addiction support groups and others. For the period of 2003 – 2015, the QuitLine has helped 56,414 Connecticut residents in their efforts to quit smoking. CT QuitLine callers achieved a quit rate of 30.5% in 2015, similar to the 30-day quit rate observed in FY 2014 (29%). The average cost per quit in 2014 was $697 and $545 in 2015.

Prevention Programs ($2.9 million). Funds were used to provide evidence –based program interventions to reduce, eliminate, and/or prevent the initiation of tobacco use among children and youth. The programs provide information about the short-and long term negative physiologic and social consequences of tobacco use. Trust funds supported various programs for school aged children and youth. Prevention programs reached over 10,000 children and youth since 2008.

[54] *Centers for Disease Control and Prevention Best Practices 2014*

V. Board Activities

The Tobacco and Health Trust Fund Board continues to work to further address challenges set forth by tobacco use through the disbursement of trust funds for anti-tobacco use efforts. The Tobacco and Health Trust Fund Board held four meetings in 2015 on February 20, September 23, November 18 and December 18. The primary focus of these meetings was to develop recommendations for 2016 disbursement from the trust fund and monitor the current contracts. Board meeting summaries can be found in Appendix C. Three new members, Elizabeth Keyes, Raul Pino and Andrew Salner joined the Tobacco and Health Trust Fund Board in 2015.

The Tobacco and Health Trust Fund Board held its seventh annual public hearing on September 23, 2015. The purpose of the public hearing was to receive input from the public regarding recommendations for expenditure of Tobacco and Health Trust Fund Board funds for 2016. The following organizations provided oral testimony at the hearing or submitted written testimony:

- Connecticut Prevention Network –East of the River Action for Substance Abuse Elimination (ERASE)
- Connecticut Prevention Network –Middlesex County Substance Abuse Action Council
- Live Nation Entertainment
- City of Bridgeport Departments of Health and Bridgeport Police Department
- Hartford Police Department
- CommuniCare
- Middlesex Hospital
- American Lung Association

The individuals testifying recommended the continuation of tobacco prevention programs for children and youth; cessation programs for individuals with serious mental illness, youth and children, tobacco retail inspections and pediatric home-based asthma disease management services.

In December 2014, the Trust Fund Board recommended, and the legislative committees of cognizance approved, disbursements of $3,511,833 to be used for anti-tobacco related initiatives. The Board worked with the DPH to solicit proposals through a competitive bidding process for state and community interventions ($1.4 million); mass-reach health communications ($385,650); cessation interventions ($1.2 million); and evaluation ($351,183). In addition, $175,000 was targeted for infrastructure, administration and management services. Unallocated 2015 funds in the state and community interventions, cessation interventions, and evaluation funding categories in the amount of $412,897 will be made available for 2016 programming in those categories. The total

amount in unobligated funds available to the board for disbursement in FY 16 is $1,188,335 with the additional $412,887 for a total of $1,601,232. As FY 15 funds have been previously approved by the legislative committees of cognizance they are not included in the 2016 disbursement recommendations currently before the legislative committees of cognizance.

Below is a brief description of the Board's recent activities and accomplishment regarding the disbursement of 2015 funding:

I. State and Community Interventions

Southern Connecticut State University (SCSU) $235,496. SCSU will train, support and empower 10 anti-tobacco youth advocates (Tobacco-Free Ambassadors, or TFAs) each grant year. These TFA's will engage and mobilize their peers through campus community outreach and education, conducting 20 demonstrations and events each contract year with a focus on preventing the initiation of tobacco use among non-smokers and peer-referrals to on campus cessation services for current tobacco users. They will also conduct an "E-cigarette and Tobacco Exchange" event 2 times each contract year where incentives will be provided to students for handing in tobacco products to promote and enforce the tobacco free campus policy. SCSU will provide technical assistance and training to other colleges and universities within Connecticut to assist them in developing and implementing tobacco free campus policies. (Central, Eastern, and Western Connecticut State Universities)

The Health and Wellness Center will offer enhanced onsite cessation services for 100 students, including a 30-minute comprehensive intake counseling session and intensive 8-week intervention with 8 one-on-one tobacco use cessation counseling sessions facilitated by a clinical professional trained in cessation counseling. SCSU Health and Wellness Center will also provide tobacco use cessation treatment follow up and relapse care sessions, and FDA-approved medications to aid in cessation will be available at no cost to students when medically appropriate.

Education Connection $267,759. Education Connection will provide leadership and training of youth and teen advocates to implement digital and social media and marketing tobacco use prevention campaigns.

Education Connection will collaborate with community-based coalitions, elected officials, and key community stakeholders to develop policies to restrict access to tobacco products by youth and to achieve voluntary adoption of policies that limit or ban tobacco product advertisements in merchant store fronts and at check-out counters. Also**, c**ollaborate with school and community stakeholders, policy-makers and coalitions to eliminate tobacco sponsorship of youth events, equipment and programs.

Education Connection will lead its partners to build student/young adult advocacy, develop an infrastructure of support with campus administrators and decision makers, and promote campus- wide tobacco-free messaging and systemic policy change. Collaborate with coalitions and community stakeholders to plan and execute high impact, community-wide events that support and advocate tobacco free living.

Connecticut Alliance of Boys and Girls Clubs, Inc. $472,218. The Connecticut Alliance of Boys and Girls Clubs works with 50,000 youth, ages 6 to 18 in 37 towns and cities across Connecticut during after school and summer hours. In addition, there is a Club located in the Connecticut Juvenile Training School for boys. The program will develop a total of 350 teen youth leaders led by a Program Coordinator and a Teen Youth Advisor in each Club to be ambassadors for healthy living and to impact policy in their communities.

Youth participating will make a one year commitment to conduct activities in their community that assess youth access to tobacco retailers and merchants, decrease tobacco industry advertising, messaging and sponsorship, as well as identify tobacco use in movies and entertainment. Youth will develop anti-tobacco industry messaging and organize events that bring community, state and local partners together to raise awareness.

Community Mental Health Affiliates (CMHA) $194,000. CMHA is a joint commission accredited, DCF and DPH licensed, multiservice behavioral health nonprofit that provides direct services to nearly 6,000 adults, youth, children and families in Central and Northwest Connecticut. The Substance Abuse Action Council (SAAC), a division of CMHA, focuses on building and sustaining regional substance abuse prevention and treatment services in Central Connecticut.

SAAC has Local Prevention Councils (LPCs) in six communities that have young adult programs that target youth at risk of tobacco use and those using tobacco in the central part of the SAAC catchment area of Berlin, Bristol, Plainville, Southington, Terryville/Plymouth and the City of New Britain. SAAC will tap into six existing youth groups to recruit youth leaders to participate in this tobacco prevention initiative annually.

CMHA will oversee the development of a 'Photovoice' Projec**t** involving 155 to 190 middle- and high-school aged youth from the six LPC's who will use photography as a means for portraying youth tobacco use in their community, for developing messages to prevent the onset of tobacco use among their peers, and for identifying policies and laws in their community that need to change to further reduce youth initiation of tobacco use. Also, the project will develop an Anti-Tobacco Community Multi-Media Campaign that will assist target communities reaching a minimum of 15,000 people per year by creating public service messages using the material that youth develop through

Photovoice, as well as editorials and mass media messages discouraging youth tobacco use and publicizing where to get help to stop smoking. In addition, the project will conduct outreach/educational sessions for tobacco merchants (16 to 20 per year) who maybe selling or targeting tobacco products to minors.

II. Mass-Reach Health Communications

Rescue Social Change Group, (RSCG) LLC $ 385,650. RSCG located in San Diego, California is a behavior change marketing company that focuses exclusively on positive social change. Earned media efforts will be managed by RSCG's local public relations subcontractor, Cashman + Katz Integrated Communications (C+K) of Glastonbury, Connecticut. C+K has 20 years of local earned and paid media experience and brings to this project the local contacts and relationships necessary to efficiently conduct outreach. Social media-based QuitLine promotional campaigns to help reach adults who are currently considering quitting will be developed.

RSCG will update QuitLine branding and implement two campaigns, one per year, in addition to ongoing social media management and earned media outreach. Contractor marketing assistance will be provided by C+K and will include technical assistance, trainings and by organizing Focus Days that provide the Department's contractors with the support needed to help them better utilize earned media and events in their programs.

For each Focus Day, press kits, social media and targeted media outreach will be conducted, and contractors will be guided on how to incorporate the day into their own program. RSCG will implement a preexisting youth prevention campaign called Blacklist to reach high-risk youth that effectively reaches the youth who are part of the 18% who continue to use tobacco in Connecticut.

III. Cessation Interventions

Hartford Behavioral Health (HBH) $ 140,920. HBH, an experienced tobacco cessation services provider proposes to provide Direct Tobacco Cessation services with a focus on Hispanic and African Americans tobacco users in the Greater Hartford area, consisting of the following towns and cities; Andover, Avon, Berlin, Bloomfield, Bolton, Bristol, Burlington, Canton, East Granby, East Hartford, East Windsor, Ellington, Enfield, Farmington, Glastonbury, Granby, Hartford, Hebron, Kensington, Manchester, Marlborough, New Britain, Newington, Plainville, Plymouth, Rocky Hill, Simsbury, Somers, South Windsor, Southington, Stafford, Suffield, Tolland, Vernon, West Hartford, Wethersfield, Windsor, Windsor Locks.

HBH will accept 200 referrals for intensive individualized 30 minute cessation assessment and counseling session. Adults and youth ages 14 to 19 years of age can

elect to enroll in an evidence based group program or individual cessation counseling. HBH will outreach to 50 providers, train 100 providers and partners, provide 180 intensive 30 minute individual cessation counseling sessions, also offer a 20 week group program for adults and 10 week program for youth utilizing 3 groups and 12 cycles. HBH will collaborate with four community agencies to conduct tobacco cessation programming.

Midwestern Connecticut Council of Alcoholism, (MCCA) Inc. $ 425,000. MCCA is one of the largest providers of behavioral healthcare services, substance abuse and mental health counseling, substance abuse prevention and case management services in western and southern Connecticut. MCCA is headquartered in Danbury, and maintains locations in Bethel, Derby, Kent, New Haven, New Milford, Ridgefield, Sharon, Torrington, and Waterbury.

MCCA primarily serves clients residing in the western and southern portion of the state. MCCA will deliver tobacco cessation services to 500 clients over the two year grant period and provide health systems change outreach and training to six collaborating partners in the communities of Danbury, Derby, New Haven, New Milford, Shelton, Torrington, and Waterbury that include the AmeriCares Free Clinic in Danbury, a health care provider of free, quality healthcare to low-income, uninsured individuals in seven Danbury area towns; Family and Children's Aid , a nonprofit mental health provider for children, adolescents and their families with locations in Danbury, New Milford, Shelton, Torrington, and Waterbury; the CT Institute for Families, a Federally Qualified Health Center in Danbury; Danbury High School, the 2nd largest high school in Connecticut; Naugatuck Valley Community College in Danbury and Waterbury and Gateway Community College in New Haven.

With the established tobacco use cessation program already in place, MCCA will continue to deliver direct cessation services at their nine sites, including relapse prevention. Referrals from their partners will receive a 30-minute initial intensive counseling session, group or one-on-one counseling sessions and nicotine replacement therapy when medically appropriate. Outreach will target individuals who are uninsured, as well as those whose insurance does not cover tobacco use cessation.

City of Meriden, Department of Health and Human Services $163,178. City of Meriden Department of Health and Human Services is a local health department that combines health and human services into one municipal department. The target population for this program will be those who live and/or work in Meriden, Plainville, Southington, and Wallingford, and those who are uninsured or whose insurance does not cover cessation services or medications. Meriden Health Department will provide programming that includes health systems change (10 provider trainings and outreach to providers) and direct cessation activities (individual and group cessation services, 12-

weeks of nicotine replacement therapy, relapse prevention and follow-up) at no cost to participants.

Services under this grant will be expanded from past tobacco cessation programming to include providing cessation services to residents of not only Meriden, but to the new catchment area of Plainville, Southington, and Wallingford. Health systems change programming, including trainings for medical providers in the use of the motivational U.S. Department of Health and Human Services "5 A's" (ask, advise, assess, assist, arrange) model to encourage individuals to quit smoking. QUIT Clinics (Quick Useful Information about Tobacco) at businesses, housing complexes, and private clubs in the new catchment area; and using text apps, such as Remind 101, to remind program participants of upcoming appointments.

Department of Correction (DOC) Smoking Cessation Education and Relapse Prevention Program $294,322

Funding was awarded to DOC for a third year smoking cessation education and relapse prevention program for offenders under the jurisdiction of the Department. The program serves inmates within various facilities including jailed offenders, many of whom are released relatively quickly, youthful offenders, and women of childbearing age. DOC collaborates with the University of Connecticut (UCONN) School of Social Work to assist with the implementation of the program.

In collaboration with DOC, the UCONN School of Social Work conducted a prevalence survey of smoking at two pre-release adult male population facilities Carl Robinson Correctional Institute (CRCI) and Willard-Cybulski Correctional Institute (WCCI). Analysis of the data collected showed similar trends to the findings of other DOC facilities previously surveyed (average prevalence rate of 70%); smoking rates of inmates at these two pre-release facilities averaged 75%. Given this high rate and the fact that many of these inmates are close to re-entering their communities and 48% of the inmates reported that they will be returning to homes with children, efforts were redoubled to expand the project's scope to include programming at re-entry facilities.

The Local Implementation Teams (LITs) established at four correctional facilities: York Correctional Institution (YCI), New Haven Correctional Center (NHCC), Hartford Correctional Center (HCC), and Manson Youth Institution (MYI) continues to complete implementation of their respective Process Improvement Plans (PIPs). The PIPs are individualized and designed to fit the unique characteristics of each respective team's facility. The LITs focus is on developing components of smoking education, prevention, and cessation projects that can be incorporated into existing DOC programming.

DOC worked with the UCONN School of Social Work to establish an additional LIT for the Bridgeport Correctional Center (BCC) to cover the jail population in this area of the state. The BCC LIT is currently implementing their PIP.

A LIT conference meeting was held in March 2015. The focus of this meeting was on connecting discharged inmates with the Community Health Agencies (CHAs). There was participation from all of the five facilities, DOC, Parole, UCONN School of Social Work, and various CHAs with a total attendance of 42 participants. CHA representatives from Fair Haven in New Haven, Charter Oak in Hartford, Staywell in Waterbury, RNP in Bridgeport and Yale University's Forensic Drug Diversion (ForDD) clinic in New Haven presented about their agencies and the services they provide to those inmates who are interested in discontinuing tobacco use, or staying quit once reintegrated into their communities.

The following specific interventions have taken place across the multiple disciplines found within DOC.

1. Murals were painted by inmates in HCC and NHCC. The murals display smoking cessation messages of inspiration for inmates to view in the HCC hallway, with the NHCC murals located in the medical area of the facility.
2. Incorporation of tobacco prevention, education, and cessation informational materials; including the Quit Line phone number, into various strategic points including the orientation process for entering inmates, job center, school, addiction services, and discharge process. Approximately 1,612 inmates at HCC, MYI, YCI, and BCC have received Smoking Cessation information since the start of year 3.
3. Incorporation of tobacco education, prevention, and cessation information into the formal education curriculum continues at MYI and the Unified School District #1 (USD #1), and the job center at the YCI facility.
4. Incorporation of tobacco cessation, education, and prevention curriculum and evidence based treatment protocols into the Addictions Services programs that are currently offered within the DOC targeted facilities is ongoing. Staff and CHA volunteers continue to offer tobacco-specific treatment groups within targeted facilities.
5. The MYI LIT selected evidence-based treatment methodology designed for the younger age group, *Project X*, continues to be administered by DOC Addiction Services counselors to treat incarcerated youth at MYI. Addiction Services counselors are delivering the Project X curriculum in group sessions. Groups of approximately 10 adolescent offenders are held twice a week for 1-1.5 hours for 8 sessions over the period of 1 to 2 months.
6. Building a referral process continues at targeted facilities through DOC re-entry planners that provides appointments for releasing inmates who request smoking cessation services to local community health centers.

7. On 7/10/2015, 9 DOC addictions counselors and staff from CRCI, WCCI, and Osborn facilities attended WISE training, presented by Dr. Jennifer Clarke. An earlier WISE training of 40 participants, including DOC staff, Parole and other special guests was conducted at a facilitator training on 11/7/2014.
8. Nicotine Replacement Therapy (NRT) is used for smokers entering HCC. DOC worked with healthcare services provider, Correctional Managed Health Care (CMHC), to implement assessment and treatment protocols. Following strict criteria/screening utilized by CMHC, 6 inmates received nicotine lozenges. The Tobacco Cessation Work Group is presently considering various ideas for dispensing lozenges in the prison commissary or providing them to the department's contracted community providers.

While DOC's Smoking Cessation Education and Support Project continues to be about creating broader, cultural change and awareness of tobacco dependence within DOC, the following list provides numerical information for the numbers of inmates impacted by the department's smoking cessation, education, and prevention efforts.

1. 430 inmates have attended psychoeducational cessation programs, of which, 336 attended single session "drop-in" cessation support groups (e.g. Smoking Cessation Stress Management Groups) and 94 completed evidence-based cessation treatment programs (e.g., WISE and Project-X). That number is in addition to 309 inmates during the end of year 2, of which 227 attended single session "drop-in" cessation support groups and 82 completed evidence-based cessation treatment programs..
2. USD #1 has integrated updated smoking dependence information into the health curriculum. 249 inmates received smoking dependence information, in addition to 101 during the end of year 2.
3. Inmates who voluntarily requested Recovery Support Specialist (RSS) assistance to stay quit upon re-entering the community and accepted referrals to CHCs upon discharge were 59, in addition to 42 during the end of year 2.
4. Smoking cessation information continues to be integrated with the re-entry process, including information about Quit Line.
5. Incorporation of smoking education, prevention, and cessation information into the job center at the York facility for women. A total of 129 inmates received information, in addition to 46 during the end of year 2.
6. The Project Coordinator participated with USD #1 school administrators in a Smoking Cessation booth at the Correctional Education Association (CEA) Conference on 5/28/2015 in Mystic, CT. Approximately 50 people stopped by the booth to learn about DOC's program. Materials were distributed to conference attendees.
7. Various bilingual education materials e.g. posters, pamphlets, flyers and "tear offs" acquired by the project still are used in the participating correctional facilities.

DOC continues to work with ForDD Clinic, which is a satellite clinic of the Connecticut Mental Health Center (CMHC). ForDD Clinic met with DOC staff within YCI and NHCCC facilities to develop a working plan for the identification and recruitment of offenders interested in quitting smoking and returning to the New Haven area. ForDD clinic recruited 41 participants who consented and completed baseline measures while incarcerated. For those individuals who engaged in outpatient treatment at ForDD, they have provided a tailored smoking cessation protocol based in motivational interviewing and cognitive-behavioral therapy, which seeks to identify participants' concerns regarding staying quit from smoking (e.g., weight gain, inability to cope with stress, etc.). Regardless of engagement in treatment, attempts are made to engage participants in follow up evaluations. To increase the likelihood of engaging participants in outpatient treatment, all participants meet with a clinician while still incarcerated for the consent and initial motivational interviewing session. An outpatient date is set while the participant is still incarcerated, participants provide collateral contacts so that ForDD staff has multiple ways to contact the participant following release, and participants are contacted regularly following a missed appointment after released to re-engage.

ForDD will continue to recruit from both YCI and NHCCC. They have engaged new staff members in the project and will continue to work with NHCCC to establish a new recruitment plan. ForDD has also developed new plans to reduce barriers for engaging in outpatient treatment (e.g., meeting participants in the community for sessions, engaging probation and parole) and these changes are currently under review by their institutional review board.

DOC continues to strive for a strong "hand off" to CHA as inmates are released. DOC continues to address the need for expanded in reach and behavioral health support that prepares inmates to receive treatment in the community. Each health care partner has provided unique opportunities to expand the ways in which DOC makes community connections. The education needed to move across motivation levels with nicotine addiction requires various methods, sustained effort, and time. Each partner has been able to bring their unique strengths into DOC facilities to address gaps in community health connections. The best example of this is at NHCC with Fair Haven Community Health Center (FHCHC). FHCHC learned early that they were best performing in reach using the group method to give inmates the motivation to stay quit. For example, a FHCHC counselor has been instrumental implementing a weekly smoking cessation/stress reduction treatment group at NHCC. There have been as many as 25 inmates voluntarily requesting to attend these weekly sessions.

DOC's CHA partners have dedicated staff who participate in planning meetings and work on site at the jails, or at their clinic, to engage inmates reentering the community. CHAs have also participated in training. Services offered vary by clinic, but all include: in reach (onsite pre-release for recruitment), on site and post release education, clinical

support, behavioral health groups (inside and outside), intake screening, follow up calls, and the provision of incentives for offenders to stay quit. Each CHA's program works differently with each of the jails.

Hartford's Charter Oak Health Center (COHC) is providing more in reach, and as a result found a responsive group of inmates to receive education, not only about tobacco cessation, but access to healthcare. As an unexpected outcome, COHC has agreed to bring a community health van to the Hartford Parole office as a continuous recruitment strategy for formerly incarcerated people to receive health services. When Bridgeport CC jail was added, RNP went straight to conducting in reach, and has successfully tied group programming in that jail to relapse prevention. DOC's newest partner, Generations, located in Eastern Connecticut, is very interested in what has been identified as a significant opportunity for transitioning inmates from jail or prison to the community, by offering smoking cessation groups in halfway house. In addition, halfway house residents not yet eligible for Medicaid would receive assistance in completing Medicaid applications.

DOC's work in Connecticut continues to receive national recognition. DOC was once again invited to present an update on the project at the American Correctional Association (ACA) conference in February 2015. More recently, DOC, in collaboration with UCONN School of Social Work, is preparing a manuscript on the results of the prevalence survey, which will be submitted to a peer-reviewed and nationally respected academic journal.

IV. Evaluation

University of North Carolina at Chapel Hill $345,392. The University of North Carolina at Chapel Hill was awarded the contract for the Independent Evaluation Services. The evaluator will assist all of the above contractors, with the exception of DOC's program, with program planning, establishing and measuring program outcomes, providing technical assistance on data collection needs, and providing reports on each of the funded programs.

VI. Report on Disbursements

The Board has been able to recommend for disbursement $28 million since the inception of the Trust Fund in 2003 and, if the 2016 recommended disbursement of $1,188,335 is approved, the total amount of board disbursements will be slightly over $29 million.

The following Table A shows how the funding available to the Board has been disbursed since the inception of the fund. Since its inception, (FY05 and FY06 were moratorium years), the board recommended a total of $28 million for disbursement. The majority of this funding was for cessation programs ($8.3 million), counter-marketing campaigns ($6.4 million), QuitLine ($7.1 million) and Prevention Programs ($2.9 million).

Section 90 of Public Act 15-244 eliminates, for FY 16 and FY 17, the $12 million disbursement from the Tobacco Settlement Fund to the Tobacco and Health Trust Fund. Beginning in FY 18, the disbursement is reduced to $6 million annually. Public Act 15-244, Section 39 a and b transfers from the principle of the trust fund $1.3 million in FY 16 and FY 17 to the DPH for its Easy Breathing Program and to the Department of Developmental Services for implementation of its Autism Study.

Table A
Tobacco and Health Trust Fund Board Recommended Disbursements

	FY03	FY04	FY07	FY08	FY09	FY10	FY 12-13[55]	FY 14	FY15	FY 2016 Recs	Total
Counter marketing	$350,000		$100,000		$2,000,000	$1,650,000	$2,000,000		$385,650	$130,717	$6,616,367
Website	$50,000										$50,000
Cessation Programs	$400,000	$300,000		$800,000	$1,612,456	$1,550,000	$1,929,000	$527,283	$1,200,000	$404,034	$8,722,773
QuitLine		$287,100			$2,000,000	$1,650,000	$1,600,000	$1,611,984			$7,149,084
Prevention Programs					$500,000	$500,000		$572,963	$1,400,000	$475,334	$3,448,297
Lung Cancer Pilot					$250,000	$250,000					$500,000
Evaluation					$500,000	$300,000	$486,000		$351,183	$118,834	$$1,756,017
Innovative Programs						$477,745					$477,745
Tobacco Enforcement Program								$287,770			$287,770
Infrastructure									$175,000	$59,416	$234,416
Total	$800,000	$587,100	$100,000	$800,000	$6,862,456	$6,377,745	$6,015,000	$3,000,000	$3,511,833	$1,188,335	$29,242,469[56]

[55] *Trust finds were not disbursed in FY 2011 due to lack of available funds.*
56 Board recommended disbursements totaled $28,054,134 between fiscal years 2003 and 2015. If the 2016 recommended disbursement of $1,188,335 is approved, the total amount of the board disbursement will be $29,242,469.

The following Table B provides information on the statutory transfer of principal for various programs in FY 2016 and FY 2017. As in previous years, the biennial state budget for FY 2016-2017, as enacted in Public Act 15-244, made transfers from the principal of the trust fund for various programs. The transfers total for each fiscal year is $1.3 million.

Statutory Transfer of Principal
for Various Programs
FY 16-17

	FY 2016
P.A. 15-244 transfers:	
Sec. 39(a) to DPH for Easy Breathing, CCEJ	$550,000
Sec. 39(b) to DDS Implement Recommendations of Autism Study	$750,000
Total Statutory Transferred to Programs FY16	**$1,300,000**

	FY 2017
P.A. 15-244 transfers:	
Sec. 39(a) to DPH for Easy Breathing, CCEJ	$550,000
Sec. 39(b) to DDS Implement Recommendations of Autism Feasibility	$750,000
Total Transferred to Programs FY17	**$1,300,000**

The following Table Chart C identifies programs that have been funded through the state budget using trust funds without board recommendations or input. The total amount transferred since the inception of the funds to FY 2016 has been slightly over $209 million. The majority of funds transferred out $146 million were transferred to the General Fund rather than individual programs.

Table C

Tobacco and Health Trust Fund
Transfers Other Than Board Recommendations FY01 – FY16

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

FY03	$472,000	DMHAS for SYNAR tobacco enforcement activities	SA 01-1, JSS, §57
FY03	$118,531	DRS to implement the provisions of the tobacco settlement agreement escrow funds	SA 01-1, JSS, §58
FY03	$300,000	DPH to establish and maintain a system of monitoring asthma and establish a comprehensive statewide asthma plan.	PA 01-9, JSS, §115 and PA 01-4, JSS, §42
FY03	$48,700,000	Transfer to General Fund	PA 02-1, MSS, §37
FY04	$12,000,000	Transfer to General Fund	PA 03-1, JSS, §46
FY05	$500,000	DPH for the Easy Breathing program	PA 05-251 §61
FY05	$100,000	DMR for the Best Buddies program	PA 05-251 §61
FY05	$15,000	DPH for the QuitLine	PA 05-251 §61
FY06	$500,000	DPH for the Easy Breathing program	PA 05-251 §54
FY06	$75,000	DPH for Asthma Education and Awareness programs	PA 05-251 §54
FY07	$12,000,000	Transfer to General Fund[57]*	PA 05-251 §90
FY07	$500,000	DPH for the Easy Breathing program	PA 06-186 §27
FY07	$150,000	DPH for an adult asthma program within the Easy Breathing program	PA 06-186 §27
FY07	$150,000	DPH for continued support of a pilot asthma awareness and prevention education program in Bridgeport	PA 06-186 §27
FY07	$1,000,000	DPH for cervical and breast cancer	PA 06-186 §27
FY07	$5,500,000	DPH for the Connecticut Cancer Partnership	PA 06-186 §27
FY07	$200,000	UConn Health Center	PA 06-186 §27
FY08	$500,000	DPH for Easy Breathing Program	PA 07-1 JSS §59(a)
FY08	$150,000	DPH for an adult asthma program within the Easy Breathing Program, at Norwalk Hospital	PA 07-1 JSS §59(a)
FY08	$150,000	DPH for an adult asthma program within the Easy Breathing Program, at Bridgeport Hospital	PA 07-1 JSS §59(a)
FY08	$150,000	DPH for the Children's Health Initiative, for a statewide asthma awareness and prevention education program	PA 07-1 JSS §59(a)

[57] *In FY07, this $12 million was transferred out in place of the $12 million statutorily scheduled deposit.*

FY08	$500,000	DPH for the Women's Healthy Heart program, competitive grants to municipalities for the promotion of healthy lifestyles	PA 07-1 JSS §59(a)
FY08	$500,000	DPH for physical fitness and nutrition programs for children ages 8-18 who are overweight or at risk of becoming overweight	PA 07-1 JSS §59(a)
FY08	$2,000,000	DSS for the planning and development of a RFP for the Charter Oak Health Plan	PA 07-1 JSS §59(c)
FY08	$500,000	UCHC for the Connecticut Health Information Network	PA 07-1 JSS §59(e)
FY08	$1,000,000	DSS for the CHOICES program	PA 07-1 JSS §59(g)
FY08	$300,000	DMHAS for tobacco education programs	PA 07-1 JSS §59(i)
FY09	$500,000	DPH for Easy Breathing Program	PA 07-1 JSS §59(b)
FY09	$150,000	DPH for an adult asthma program within the Easy Breathing Program, at Norwalk Hospital	PA 07-1 JSS §59(b)
FY09	$150,000	DPH for an adult asthma program within the Easy Breathing Program, at Bridgeport Hospital	PA 07-1 JSS §59(b)
FY09	$150,000	DPH for the Children's Health Initiative, for a statewide asthma awareness and prevention education program	PA 07-1 JSS §59(b)
FY09	$500,000	DPH for the Women's Healthy Heart program, grants to municipalities for the promotion of healthy lifestyles	PA 07-1 JSS §59(b)
FY09	$11,000,000	DSS for the implementation and administration of the Charter Oak Health Plan	PA 07-1 JSS §59(d)
FY09	$500,000	UCHC for the Connecticut Health Information Network	PA 07-1 JSS §59(f)
FY09	$1,000,000	DSS for the CHOICES program	PA 07-1 JSS §59(h)
FY09	$26,207,340	Transfer to General Fund	PA 09-1 JSS §6 PA 09-1 JSS §31 PA 09-2 JSS §12 PA 09-111 JSS §2&3

FY10	$150,000	DPH for a Pilot Asthma Awareness Program	PA 09-3 JSS §30
FY10	$541,982	Regional Emergency Medical Services Councils	PA 09-3 JSS §62
FY10	$800,000	DPH for the Easy Breathing Program. $300,000 for adult asthma and $500,000 for children's asthma.	PA 09-3 JSS §63
FY10	$500,000	UCHC for the Connecticut Health Information Network	PA 09-3 JSS §67
FY10	$10,000,000	Transfer to General Fund	PA 09-3 JSS §74
FY11	$541,982	Regional Emergency Medical Service Councils	PA 09-3 JSS §62
FY11	$800,000	DPH for the Easy Breathing Program. $300,000 for adult asthma and $500,000 for children's asthma	PA 09-3 JSS §63
FY11	$500,000	UCHC for the Connecticut Health Information Network	PA 09-3 JSS §67
FY11	$10,000,000	Transfer to General Fund	PA 09-3 JSS §74
FY12	$500,000	UCONN for the Connecticut Health Information Network.	PA 11-6 JSS §46
FY12	$1,450,000	DPH for the Easy Breathing Program. $300,000 for an adult asthma program, $500,000 for children's asthma program. Connecticut Coalition for Environmental Justice for the Community Asthma Education Program - $ 150,000, and $500,000 to regional councils for emergency medical services.	PA 11-6 JSS §47(a)
FY12	$2,750,000	DSS for Medicaid to support smoking cessation programs.	PA 11-6 JSS §47(b)
FY13	$500,000	UCONN for the Connecticut Health Information Network.	PA 11-6 JSS §46
FY13	$1,450,000	DPH for the Easy Breathing Program. $300,000 for an adult asthma program, $500,000 for children's asthma program. Connecticut Coalition for Environmental Justice for the Community Asthma Education Program - $ 150,000, and $500,000 to regional councils for emergency medical services.	PA 11-6 JSS §47(a)
FY13	$3,400,000	DSS for Medicaid to support smoking cessation programs.	PA 11-6 JSS §47(b)

FY14	$500,000	UCONN for the Connecticut Health Information Network.	PA 13-184 §19
FY14	$1,050,000	DPH for the Easy Breathing Program. $150,000 for an adult asthma program, $250,000 for children's asthma program. Connecticut Coalition for Environmental Justice for the Community Asthma Education Program - $ 150,000, and $500,000 to regional councils for emergency medical	PA 13-184 §20(a)
FY14	$3,400,000	DSS for Medicaid to support smoking cessation programs.	PA 13-184 §20(b)
FY14	$500,000	DDS to implement recommendations from the Autism Study	PA 13-184 §20(c)
FY14	$200,000	DSS for Medicaid Partnership	PA 13-184 §20(d)
FY14	$9,500,000	Transfer to General Fund	PA 13-184 §71 & 109
FY15	$500,000	UCONN for the Connecticut Health Information Network.	PA 13-184 §19
FY15	$1,075,000	DPH for the Easy Breathing Program. $150,000 for an adult asthma program, $250,000 for children's asthma program. Connecticut Coalition for Environmental Justice for the Community Asthma Education Program - $ 150,000, and $500,000 to regional councils for emergency medical	PA 13-184 §20(a)
FY15	$3,400,000	DSS for Medicaid to support smoking cessation programs	PA 13-184 §20(b)
FY15	$750,000	DDS to implement recommendations from the Autism Study	PA 13-184 §20(c)
FY15	$200,000	DSS for University of Connecticut Medicaid Partnership	PA 13-184 §20(d)
FY15	$6,000,000	Transfer to General Fund	PA 13-184 §71
FY16	$550,000	DPH for the Easy Breathing Program. $150,000 for an adult asthma program, $250,000 for children's asthma program. Connecticut Coalition for Environmental Justice for the Community Asthma Education Program - $150,000	PA 15-244 §39(a)
FY16	$750,000	DDS to implement recommendations from the Autism Study	PA 15-244 §39(b)

FY16	$12,000,000	Transfer to General Fund	PA 15-244 §90
FY17	$550,000	DPH for the Easy Breathing Program. $150,000 for an adult asthma program, $250,000 for children's asthma program. Connecticut Coalition for Environmental Justice for the Community Asthma Education Program - $150,000	PA 15-244 §39(a)
FY17	$750,000	DDS to implement recommendations from the Autism Study	PA 15-244 §39(b)
FY17	**$12,000,000**	**Transfer to General Fund**	PA 15-244 §90
Total	**$ 222,348,385**		

VII. Recommendations for Disbursement

In accordance with C.G.S. Section 4-28f, for fiscal year 2014 and each year thereafter, the board may recommend disbursement from the trust fund up to the total unobligated balance, not to exceed twelve million each year. The total unobligated amount available to the Board is $1,188,335 for 2016.

In developing its recommendation for disbursement for 2016 the board reviewed its statutory mandates, guiding principles for funding decisions, previous disbursement of trust funds, and input received from the public through the public hearing process. In 2016, the board relied upon CDC's Best Practices for Comprehensive Tobacco Control Program 2014, an evidence based guide that helps states plan and establish effective tobacco control programs that prevent and reduce tobacco use.

Statutory Mandates

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

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

2. Reduce substance abuse, and

3. Meet the unmet physical and mental health needs in the state.

The board's recommendations must give:

1. Priority to programs that address tobacco and substance abuse and serve minors, pregnant women and parents of young children, and

2. Consideration to the availability of private matching funds.

Tobacco & Health Trust Fund Board of Trustees
Guiding Principles for Funding Decisions
Amended at the April 2012 Meeting

The following principles, which guide Board funding decisions, are not in priority order. Despite the focus on anti-tobacco efforts, other areas within the broad charge of the Board will not be dismissed without consideration.

1. **Sustainable programming**. Funding decisions should focus on programs that can be maintained without significant increases in use of trust fund dollars. Based on reasonable projections, budget forecasts will be used to help the Board identify future programming needs. In addition, resource development opportunities and other potential funding sources will be investigated.
2. **Consistent with existing public research and plan documents**. The Board will assess to what extent the proposed programming is consistent with existing research and plans, including, but not limited to:

- Best Practices for Comprehensive Tobacco Control Programs by the U.S. Department of Health and Human Services Centers for Disease Control and Prevention, October 2014;
- Connecticut Tobacco Use Prevention and Control Plan by the Connecticut Department of Public Health and the Department of Mental Health and Addiction Services; and
- The Guide to Community Preventive Services, The Community Prevention Services Task Force, U.S. Department of Health and Human Services

3. **Complement and enhance existing programming and expenditures**. The State of Connecticut, as well as agencies external to state government, have made a commitment to programming in this area. To the greatest extent possible, funding decisions should build on existing programming to ensure the most efficient use of the Trust Funds resources.
4. **Focus on societal/environmental change**. The Board will support efforts that are designed to seek a cultural shift in the use of tobacco. The Board will not focus exclusively on efforts that treat individuals, but also on efforts that change the way society views tobacco and the way systems work to control the use of tobacco. For example, population-based messages will be used, not just messages that are targeted to smokers.
5. **Cultural Sensitivity**. Recognizing that tobacco companies target their audience, the Board will ensure that marketing messages and other programming take into consideration differing cultural perspectives and languages.
6. **Effective and outcome-based efforts**. To the greatest extent possible, the Board will fund endeavors that are measurable, science-based, and proven to be effective.

2016 Disbursement Proposal

The Tobacco and Health Trust Fund Board recommends that the full amount available for disbursement ($ 1,188,335) be used for anti-tobacco related initiatives. Although the Board's authority extends to allow support for programs which address substance abuse and unmet physical and mental health needs, the Board recommends funding solely for anti-tobacco related efforts, consistent with previous years. The Board recognizes that other sources of state and federal funding are available for substance abuse, mental health and health services and the board remains committed to addressing the need for anti-tobacco efforts in Connecticut.

In planning for 2016 disbursements, the Board reviewed CDC's *Best Practices for Comprehensive Tobacco Control Programs 2014*, which is an evidence based guide designed to assist States in the development and implementation of effective tobacco programs. CDC's recommendations are based on scientific research and best practices determined by evidence-based analysis of state tobacco programs determined to be effective in preventing and reducing tobacco use. Aligning disbursements with CDC recommendations ensures that the proposed interventions are supported by scientific evidence with results that show positive outcomes on the prevention and reduction of tobacco use. The Board developed a funding framework, which showed how disbursement funds available to the Board may be disbursed based on CDC recommended program interventions and funding levels.

	CDC Recommended	% of CDC Recommended	Board Recommended
State and Community Interventions	$9.1	40%	$475,334
Mass-Reach Health Communication Intervention	$2.6	11%	$130,717
Cessation Interventions	$8.0	34%	$404,034
Evaluation	$2.0	10%	$118,834
Infrastructure, Administration, and Management	$1.0	5%	$59,416
Total	**$22.7 million**		**$1,188,335**

Using this framework the board developed specific program strategies and funding levels for each of the following program categories: $475,334 for community interventions; $130,717 for mass-reach communication; $404,034 for cessation interventions; $118,834 for evaluation; and $59,416 for administration.

The board believes this disbursement proposal is the most effective use of trust funds for the following major reasons:

- While the state expends significant funding on programs for health, mental health, and substance use prevention and treatment, anti-tobacco programs have minimal funding to support prevention, intervention, and enforcement efforts. These anti-tobacco programs often rely solely on trust funds.
- The disbursement proposal is aligned with CDC recommended programming and funding levels. CDC's recommendations are based on scientific research and best practices determined by evidence-based analysis of state tobacco programs determined to be effective in preventing and reducing tobacco use.
- Provides for Connecticut specific adjustments to the CDC recommendations including: (1) support for the expansion of the smoking cessation and relapse prevention program administered by DOC to serve clients residing in the agency's hallway houses. DOC indicates that more than 90% of inmates who experience forced abstinence will take up tobacco use when given the opportunity once released from jail or prison; (2) prioritize anti-tobacco programs to residents in the eastern part of the state. Eastern Connecticut is underserved with cessation programs; and
  (3) support programs that address all products made or derived from tobacco that are not defined by the Food and Drug Administration (FDA) as tobacco use cessation medication, including electronic nicotine delivery systems. Approximately 4% of Connecticut adults and 5.3% of high school students use e-cigarettes.
- Uses competitive bidding through a Request for Proposal process to ensure that open competitive practices are followed and allows for a comprehensive, transparent approach to distribute trust funds. This approach assures a fair and effective approach to select the most qualified bidders.

Traditionally, the Board works with the DPH to develop requests for proposals, review proposals, award contracts, modify existing contracts and monitor programs. Board members participate in the subcommittees to draft the request for proposals and the review committees to review and select proposals.

Once the 2016 recommendations are approved for disbursement, the Board will work with DPH to solicit proposals through a competitive bidding process for state and community interventions, mass-reach media communications, cessation programming and evaluation. Due to the need to quickly secure administrative services, DPH will

secure these services using a sole source methodology. Using Request for Proposals (RFPs) through a competitive bid process for the major funding streams ensures an open, equitable, transparent and effective approach to selecting the most qualified vendors and distributing trust funds. Board members will be invited to serve on the DPH Request for Proposal (RFP) committees and the solicitation will require proposals to address all products made or derived from tobacco that are not defined by the Food and Drug Administration as tobacco use cessation medication, including electronic nicotine delivery systems.

With regard to the cessation services, the board proposes that $152,126 of the total recommended $404,034 be dedicated to fund the expansion of DOC smoking cessation education and relapse prevention program to clients residing in DOC half way houses. Since more than 90% of inmates who experience forced abstinence will take up tobacco use when given the opportunity once released from jail or prison, a continuation of cessation services is essential to prevent inmates from relapsing. In addition, because Eastern Connecticut is underserved with cessation programs, the board intends to give a preference in the competitive bid process to applications that propose to provide programming in the Eastern part of the state.

The following summarizes the Board's disbursement recommendations for 2016:

I. Community Interventions $ 475,334.

The Tobacco and Health Trust Fund Board recommends disbursement of $475,334 to support a wide range of community interventions. Funds will be used to support new or existing community coalitions and partnerships designed to mobilize communities around tobacco control efforts; encourage community partners to create and support existing local tobacco policy initiatives; support and develop programs and services that will increase awareness, knowledge and understanding of evidence-based tobacco strategies to allow individuals to make behavior choices consistent with tobacco-free norms; engage and educate health professionals in evidence-based approaches to prevention and cessation; and provide youth tobacco prevention services to deter the initiation of tobacco use. Since Eastern Connecticut is underserved with cessation programs the board intends to give a preference in the competitive bid process to applications that propose to provide programming in the Eastern part of the state. Applicants responding the competitive bid must address all products made or derived from tobacco that are not defined by the Food and Drug Administration as tobacco use cessation medication, including electronic nicotine delivery systems.

According to CDC, community interventions include the support and implementation of programs and policies to influence societal organizations,

systems, and networks that encourage individuals to make behavior choices consistent with tobacco-free norms[58]. The social norm change model presumes that lasting change occurs through shifts in the social environment initially or ultimately at the grassroots level across local communities[59]. State and community interventions unite a range of integrated activities, including local and statewide policies and programs, as well as initiatives to eliminate tobacco-related disparities[60].

II. Mass-Reach Health Communication Intervention $130,717

The Tobacco and Health Trust Fund Board recommends disbursement of $130,717 to support a statewide media campaign delivering messages designed to encourage smokers to quit, prevent youth and young adult tobacco use initiation, shape social norms related to tobacco use, facilitate cessation and educate Connecticut residents on the harms of smoking and other tobacco use. A variety of media can be used including television, radio, print, and digital advertising at the state and local levels; outdoor advertisement including materials placed in various shopping malls, and bus stations; mobile marketing including messaging at venues such as concerts, sporting events, shows and other media events; and social media and marketing of strategy development and public relation activities.

According to CDC an effective state-level, mass-reach health communication intervention delivers strategic, culturally appropriate, and high-impact messages through sustained and adequately funded campaigns that are integrated into a comprehensive state tobacco control program[61]. Innovations in health communication interventions include the ability to target and engage specific audiences through multiple communication channels, such as online video, mobile Web, and smartphone and tablet applications (apps)[62]. Social media platforms, such as Twitter and Facebook, have facilitated improvements in how messages are developed, fostered, and disseminated in order to better communicate with target audiences and allow for relevant, credible messages to be shared more broadly within the target audiences' social circles[63].

[58] *Centers for Disease Control and Prevention Best Practices 2014*
[59] *IBID*
[60] *IBID*
[61] *IBID*
[62] *IBID*
[63] *Centers for Disease Control Best Practices 2014*

III. Cessation Interventions $404,034

The Tobacco and Health Trust Fund Board recommends disbursement of $404,034 to support programs that provide tobacco cessation services to youth, individuals with serious mental illness, patients with chronic illnesses caused by smoking, and individuals under the jurisdiction of the criminal justice system. Since Eastern Connecticut is underserved with cessation programs the board intends to give a preference in the competitive bid process to applications that propose to provide programming in the Eastern part of the state. Applicants responding to the competitive bid must address all products made or derived from tobacco that are not defined by the Food and Drug Administration as tobacco use cessation medication, including electronic nicotine delivery systems.

According to CDC, quitting smoking has immediate and long-term health benefits. Encouraging tobacco users to quit and supporting them as they quit tobacco is the fastest way to reduce tobacco-related disease, death, and health care costs.[64]

Board members recommend that $152,126 is set aside from the $404,034 cessation intervention category to fund the expansion of Department of Correction's smoking cessation education and relapse prevention program to clients residing in the agency's half way houses. DOC indicates that more than 90% of inmates who experience forced abstinence will take up tobacco use when given the opportunity once released from jail or prison.

DOC is planning to expand its tobacco cessation, education, and prevention program to its 31 halfway houses located in the urban areas across the state. There will be 4 components to this model:

1. Prevalence Survey—the program would measure smoking prevalence in 350 halfway house residents. This would provide a baseline as the department moves forward. This survey would also include questions designed to assess the reach of the facility-based component of the program;
2. Fact Finding—this is designed to identify the needs, interests, and types of programs that the halfway house network providers would be able to implement;
3. Model Design—information generated in the fact finding initiative will be used to develop alternative models of tobacco cessation, prevention, and education;

[64] *Centers for Disease Control Best Practices 2014*

4. Model Implementation—3 to 4 models would be selected to implement tobacco cessation, education, and prevention, in order to test the various models and to provide cost data for DOC for inclusion in future halfway house contracts.

At the end of 2016, DOC would expect to: understand smoking behavior of their halfway house population; identify effective and efficient mechanisms to provide tobacco education, prevention, and cessation services to the halfway house residents; and implement 3 to 4 models that would be available to DOC's halfway house provider network.

IV. Evaluation $118,834.

The Tobacco and Health Trust Fund Board recommends disbursement of $118,834 to provide a comprehensive and independent evaluation of the above proposed programs and services. The evaluation will assure accountability and demonstrate effectiveness of the programs. The evaluation will monitor program progress, assess the implementation and outcomes of the programs, including quit rates, determine whether the programs and activities are effective, determine if the desired results are being obtained, identify any areas that need improvement, and inform policy and program directions.

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

V. Administration $59,416.

The Tobacco and Health Trust Fund Board recommends disbursement of $59,416 for the administration and management of the board's 2016 recommended disbursements for anti-tobacco programs and services. Federally funded staff at the DPH has worked with the Board in the past to develop request for proposals, develop and award contracts, modify existing contracts and monitor programs. In 2014-15, in addition to DPH, DMHAS and OPM administered board programs. As the number of board funded programs increase, it is becoming more difficult for DPH to manage their federal funded programs and the board's programs with the current staff. As such, in order to assure there is adequate capacity to oversee the board's programs, it is essential to secure additional administration support.

According to CDC, a comprehensive tobacco control program requires considerable funding to implement[65]. A fully functioning infrastructure must be in place to achieve the capacity to implement effective interventions[66]. Sufficient capacity is essential for program sustainability, efficacy, and efficiency, and it enables programs to plan their strategic efforts, provide strong leadership, and foster collaboration among the state and local tobacco control communities. An adequate number of skilled staff is also necessary to provide or facilitate program oversight, technical assistance, and training[67].

[65] *IBID*
[66] *IBID*
[67] *IBID*

Appendix A

Statutory Authority

Sec. 4-28f. Tobacco and Health Trust Fund. Transfers from Tobacco Settlement Fund. Board of trustees. Disbursements. (a) There is created a Tobacco and Health Trust Fund which shall be a separate nonlapsing fund. The purpose of the trust fund shall be to create a continuing significant source of funds to (1) support and encourage development of programs to reduce tobacco abuse through prevention, education and cessation programs, (2) support and encourage development of programs to reduce substance abuse, and (3) develop and implement programs to meet the unmet physical and mental health needs in the state.

(b) The trust fund may accept transfers from the Tobacco Settlement Fund and may apply for and accept gifts, grants or donations from public or private sources to enable the trust fund to carry out its objectives.

(c) The trust fund shall be administered by a board of trustees, except that the board shall suspend its operations from July 1, 2003, to June 30, 2005, inclusive. The board shall consist of seventeen trustees. The appointment of the initial trustees shall be as follows: (1) The Governor shall appoint four trustees, one of whom shall serve for a term of one year from July 1, 2000, two of whom shall serve for a term of two years from July 1, 2000, and one of whom shall serve for a term of three years from July 1, 2000; (2) the speaker of the House of Representatives and the president pro tempore of the Senate each shall appoint two trustees, one of whom shall serve for a term of two years from July 1, 2000, and one of whom shall serve for a term of three years from July 1, 2000; (3) the majority leader of the House of Representatives and the majority leader of the Senate each shall appoint two trustees, one of whom shall serve for a term of one year from July 1, 2000, and one of whom shall serve for a term of three years from July 1, 2000; (4) the minority leader of the House of Representatives and the minority leader of the Senate each shall appoint two trustees, one of whom shall serve for a term of one year from July 1, 2000, and one of whom shall serve for a term of two years from July 1, 2000; and (5) the Secretary of the Office of Policy and Management, or the secretary's

designee, shall serve as an ex-officio voting member. Following the expiration of such initial terms, subsequent trustees shall serve for a term of three years. The period of suspension of the board's operations from July 1, 2003, to June 30, 2005, inclusive, shall not be included in the term of any trustee serving on July 1, 2003. The trustees shall serve without compensation except for reimbursement for necessary expenses incurred in performing their duties. The board of trustees shall establish rules of procedure for the conduct of its business which shall include, but not be limited to, criteria, processes and procedures to be used in selecting programs to receive money from the trust fund. The trust fund shall be within the Office of Policy and Management for administrative purposes only. The board of trustees shall meet not less than biannually, except during the fiscal years ending June 30, 2004, and June 30, 2005, and, not later than January first of each year, except during the fiscal years ending June 30, 2004, and June 30, 2005, shall submit a report of its activities and accomplishments to the joint standing committees of the General Assembly having cognizance of matters relating to public health and appropriations and the budgets of state agencies, in accordance with section 11-4a.

(d) (1) During the period commencing July 1, 2000, and ending June 30, 2003, the board of trustees, by majority vote, may recommend authorization of disbursement from the trust fund for the purposes described in subsection (a) of this section and section 19a-6d, provided the board may not recommend authorization of disbursement of more than fifty per cent of net earnings from the principal of the trust fund for such purposes. For the fiscal year commencing July 1, 2005, and each fiscal year thereafter, the board may recommend authorization of the net earnings from the principal of the trust fund for such purposes. For the fiscal year ending June 30, 2009, and each fiscal year thereafter, the board may recommend authorization of disbursement for such purposes of (A) up to one-half of the annual disbursement from the Tobacco Settlement Fund to the Tobacco and Health Trust Fund from the previous fiscal year, pursuant to section 4-28e, up to a maximum of six million dollars per fiscal year, and (B) the net earnings from the principal of the trust fund from the previous fiscal year. For the fiscal year ending June 30, 2014, and each fiscal year thereafter, the board may recommend authorization of disbursement of up to the total unobligated balance remaining in the trust fund after disbursement in accordance with the provisions of the general statutes and relevant special and public acts for such purposes, not to exceed twelve million dollars per fiscal year. The board's recommendations shall give (i) priority to programs that address tobacco and substance abuse and serve minors, pregnant women and parents of young children, and (ii) consideration to the availability of private matching funds. Recommended disbursements from the trust fund shall be in addition to any resources that would otherwise be appropriated by the state for such purposes and programs.

(2) Except during the fiscal years ending June 30, 2004, and June 30, 2005, the board of trustees shall submit such recommendations for the authorization of disbursement from the trust fund to the joint standing committees of the General

Assembly having cognizance of matters relating to public health and appropriations and the budgets of state agencies. Not later than thirty days after receipt of such recommendations, said committees shall advise the board of their approval, modifications, if any, or rejection of the board's recommendations. If said joint standing committees do not concur, the speaker of the House of Representatives, the president pro tempore of the Senate, the majority leader of the House of Representatives, the majority leader of the Senate, the minority leader of the House of Representatives and the minority leader of the Senate each shall appoint one member from each of said joint standing committees to serve as a committee on conference. The committee on conference shall submit its report to both committees, which shall vote to accept or reject the report. The report of the committee on conference may not be amended. If a joint standing committee rejects the report of the committee on conference, the board's recommendations shall be deemed approved. If the joint standing committees accept the report of the committee on conference, the joint standing committee having cognizance of matters relating to appropriations and the budgets of state agencies shall advise the board of said joint standing committees' approval or modifications, if any, of the board's recommended disbursement. If said joint standing committees do not act within thirty days after receipt of the board's recommendations for the authorization of disbursement, such recommendations shall be deemed approved. Disbursement from the trust fund shall be in accordance with the board's recommendations as approved or modified by said joint standing committees.

(3) After such recommendations for the authorization of disbursement have been approved or modified pursuant to subdivision (2) of this subsection, any modification in the amount of an authorized disbursement in excess of fifty thousand dollars or ten per cent of the authorized amount, whichever is less, shall be submitted to said joint standing committees and approved, modified or rejected in accordance with the procedure set forth in subdivision (2) of this subsection. Notification of all disbursements from the trust fund made pursuant to this section shall be sent to the joint standing committees of the General Assembly having cognizance of matters relating to public health and appropriations and the budgets of state agencies, through the Office of Fiscal Analysis.

(4) The board of trustees shall, not later than February first of each year, except during the fiscal years ending June 30, 2004, and June 30, 2005, submit a report to the General Assembly, in accordance with the provisions of section 11-4a, that includes all disbursements and other expenditures from the trust fund and an evaluation of the performance and impact of each program receiving funds from the trust fund. Such report shall also include the criteria and application process used to select programs to receive such funds.

Public Act No. 15-244

An Act Concerning the State Budget for the Biennium Ending June 30, 2017, and Making Appropriations Therefor, and Other Provisions Related to Revenue, Deficiency Appropriations and Tax Fairness and Economic Development

Sec. 90. Subsection (c) of section 4-28e of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

(c) (1) For the fiscal year ending June 30, 2001, disbursements from the Tobacco Settlement Fund shall be made as follows: (A) To the General Fund in the amount identified as "Transfer from Tobacco Settlement Fund" in the General Fund revenue schedule adopted by the General Assembly; (B) to the Department of Mental Health and Addiction Services for a grant to the regional action councils in the amount of five hundred thousand dollars; and (C) to the Tobacco and Health Trust Fund in an amount equal to nineteen million five hundred thousand dollars.

(2) For [the fiscal year] each of the fiscal years ending June 30, 2002, [and each fiscal year thereafter] to June 30, 2015, inclusive, disbursements from the Tobacco Settlement Fund shall be made as follows: (A) To the Tobacco and Health Trust Fund in an amount equal to twelve million dollars, except in the fiscal years ending June 30, 2014, and June 30, 2015, said disbursement shall be in an amount equal to six million dollars; (B) to the Biomedical Research Trust Fund in an amount equal to four million dollars; (C) to the General Fund in the amount identified as "Transfer from Tobacco Settlement Fund" in the General Fund revenue schedule adopted by the General Assembly; and (D) any remainder to the Tobacco and Health Trust Fund.

(3) For the fiscal years ending June 30, 2016, and June 30, 2017, disbursements from the Tobacco Settlement Fund shall be made as follows: (A) To the General Fund in the amount identified as "Transfer from Tobacco Settlement Fund" in the General Fund revenue schedule adopted by the General Assembly; (B) to the Biomedical Research Trust Fund in an amount equal to four million dollars; and (C) any remainder to the Tobacco and Health Trust Fund.

(4) For the fiscal year ending June 30, 2018, and each fiscal year thereafter, disbursements from the Tobacco Settlement Fund shall be made as follows: (A) To the Tobacco and Health Trust Fund in an amount equal to six million dollars; (B) to the Biomedical Research Trust Fund in an amount equal to four million dollars; (C) to the General Fund in the amount identified as "Transfer from Tobacco Settlement Fund" in the General Fund revenue schedule adopted by the General Assembly; and (D) any remainder to the Tobacco and Health Trust Fund.

[(3)] (5) For each of the fiscal years ending June 30, 2008, to June 30, 2012, inclusive, the sum of ten million dollars shall be disbursed from the Tobacco Settlement Fund to the Regenerative Medicine Research Fund established by section 32-41kk for grants-in-aid to eligible institutions for the purpose of conducting embryonic or human adult stem cell research.

[(4)] (6) For each of the fiscal years ending June 30, 2016, to June 30, 2025, inclusive, the sum of ten million dollars shall be disbursed from the Tobacco Settlement Fund to the smart start competitive grant account established by section 10-507 for grants-in-aid to towns for the purpose of establishing or expanding a preschool program under the jurisdiction of the board of education for the town, except that in the fiscal years ending June 30, 2016, and June 30, 2017, said disbursement shall be in an amount equal to five million dollars.

Appendix B
Board of Trustees

Appointed By	**Name**
OPM Secretary	Anne Foley Under Secretary Office of Policy and Management
Governor	Ken Ferrucci Senior Vice President of Government Connecticut State Medical Society
Governor	Raul Pino Acting Commissioner Department of Public Health
Governor	Robert Zavoski Medical Director, Medicaid Program Department of Social Services
Governor	Cheryl Resha Associate Professor Southern Connecticut State University
Senate Pres. Tempore	Suchitra Krishnan-Sarin Professor of Psychiatry Yale University
Senate Pres. Tempore	Elaine O'Keefe Executive Director, Office of Public Health Practice & Yale Center for Interdisciplinary Research on AIDS Yale University
Senate Majority Leader	Ellen Dornelas Director, Quality of Life Program Hartford Healthcare Cancer Institute Hartford Hospital Associate Professor, Department of Medicine University of Connecticut School of Medicine
Senate Majority Leader	Elizabeth Keyes Legal Counsel Senate Democrat Office
Senate Minority Leader	Diane Becker Citizen Representative

Senate Minority Leader	Lisa Hammersley Budget Director Senate Republican Office
Speaker of the House	Patricia Checko MATCH Coalition
Speaker of the House	Robert Leighton Executive Director iMission Institute
House Majority Leader	Kelly Leppard Youth Prevention Coordinator Town of Southington
House Majority Leader	Larry Deutsch Pediatrician & Hartford City Council
House Minority Leader	Andrew Salner Director, Cancer Program Helen & Harry Gray Cancer Center Medical Director of Radiation Oncology Hartford Hospital
House Minority Leader	Michael Rell Outreach Director House Republican Office

Appendix C

2015 Legislative Update
Tobacco Related Provisions

Cigarette Tax. The cigarette tax is increased in two $0.25 steps over the biennium: (1) from $3.40 to $3.65 per pack on October 1, 2015 and (2) $3.65 to $3.90 a pack on July 1, 2016. A $0.25 "floor tax" is also imposed on each pack of cigarettes that dealers and distributors have in their inventories on September 30, 2015 and June 30, 2016. (PA 15-244, §176-180)

Sale and Manufacturing of Electronic Cigarettes. Beginning March 1, 2016, dealers and manufacturers of electronic nicotine delivery systems and vapor products will have to register with the Department of Consumer Protection (DCP) an annually renew their registration to sell those products. Applicants will pay a $75 application fee and, once registered, a $400 annual fee. (PA 15-244, §108 – 110)

Electronic Cigarette Liquid. The definition of electronic nicotine delivery system is expanded to include "electronic cigarette liquid[68]. Laws related to the sale to minors or use of electronic nicotine delivery systems will now also extend to electronic cigarette liquid. (PA 15-244, §108)

Food and Drug Administration (FDA) Ruling on Tobacco Products. The Public Health Committee is required to hold a public hearing within 30 days after the finalization of the FDA's proposed rule on tobacco products deemed subject to the federal Food, Drug, and Cosmetic Act. The federal act gives FDA the authority to regulate cigarettes, smokeless tobacco, and any other tobacco products that the FDA determines to be subject to law. Part of the proposed FDA rule deems e-cigarettes to be tobacco products, which would subject them to many of the restrictions that currently apply to cigarettes, such as marketing restrictions, requiring the submission of ingredient lists, and reporting harmful or potentially harmful ingredients. (PA 15-244, §111; PA 15-206, §2)

Restrictions on the Use of E-Cigarette. Similar to existing restrictions on smoking tobacco products, use of electronic nicotine delivery systems and vapor products are banned in certain establishments and public places, including: state buildings; health care institutions; retail food stores; bars; restaurants; school buildings while school is in session or students activities are being conducted; elevators; certain child care facilities; and college dormitories[69]. (PA 15 – 206, §1)

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[68] "Electronic cigarette liquid" is defined as "a liquid that, when used in an electronic nicotine delivery system or vapor product, produces a vapor that may or may not include nicotine and is inhaled by the user of such electronic delivery system or vapor product".

[69] Exceptions are similar to those included for smoking in CGS 19a-342 and include: correctional facilities; public housing projects; designated smoking areas in psychiatric facilities; smoking rooms allowed to be provided by certain employers; and classroom where demonstrations of use are being conducted as part of a medical or scientific experiment or lesson.

Appendix D

Tobacco and Health Trust Fund Programs
2003- 2015

A summary of each program that has received Tobacco and Health Trust Funds since 2003 as a result of disbursement recommendation by the Board of Trustees is provided in the table below.

Year	Recommended Disbursement		Description		Measures
2003					
Maintain/Upgrade Tobacco Free Connecticut Website	$50,000		The Tobacco Free Connecticut website was initiated in FY 2002 with one-time funding. Since then, DPH has maintained a tobacco website.		Website averaged 47,921 hits per month; typical viewer browsed the site for approximately 14 minutes and explored multiple different sections of the site.
Smoking Cessation - New & Expanded Programs	$400,000		Seven grants were awarded to six local cessation programs, of which most made available free or reduced cost Nicotine Replacement Therapy (NRT). An additional award was made to the American Lung Association of Connecticut, which trained facilitators, coordinated the provision of cessation services and provided NRT plus the added option of prescription Zyban to twelve additional communities. The Association also coordinated with local health authorities and included local administration and medical oversight for prescription services through small subcontracts.		1,190 participants were served at an average cost of $587 per participant. For activities conducted through March 31, 2003, 66% of the participants who graduated from these programs quit smoking. 80% of those that were still smoking at graduation stated they had quit for some length of time during the program.

Tobacco Counter-Marketing	$350,000		Television ads targeting adult males ran during April and May 2003. Two radio ads were designed and ran during April and May of 2004. Connecticut Transit bus panels and interstate billboards ran during June 2003. A full-page print ad ran in the Hartford Magazine. Signage was posted at Hartford Civic Center through April 2004; radio commercial aired during hockey game telecasts through 2003 season and first 10 games of 2004.		409 television spots were purchased - 9,066,060 gross impressions (total number of exposures to message); 1,546 radio spots - 4,464,400 gross impressions; thirteen bus panels - 2,424,300 gross impressions; 2 billboards - 104,500 gross impressions; one full page magazine ad - 110,000 gross impressions.
SUBTOTAL – 2003	**$ 800,000**				
2004					
Continue Prior Year's Smoking Cessation Initiatives	$300,000		See description above		See description above
QuitLine	$287,100		Connecticut's QuitLine became operational in November 2001. During FY 03 and FY 04, when the QuitLine received funding from the trust fund, callers were offered three 45-minute proactive (counselor initiated) telephone sessions and additional (caller-initiated) counseling sessions as needed.		Approximately 3,000 callers received educational materials and referrals to community resources. Of the callers, approximately 25% participated in the one-on-one counseling services. At 12 month follow-up, 22.3% of those interviewed had been abstinent for the past 7 days, with 19.6% stating they had been abstinent for the past 3 months.
SUBTOTAL – 2004	**$587,100**				

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

Community-Based Tobacco Cessation Programs	$412,456		Six organizations provided community and specialized tobacco cessation treatment programming. Each program provided services to underserved populations having high rates of tobacco use.		1,314 total/1,174 unique participants. 23.8% average quit rate. Cost per quit of $807.45
Specialized Tobacco Use Cessation Programs for Individuals with Serious Mental Illness.	$1,200,000		Tobacco cessation programming targeting individuals with serious mental illness who receive publicly-funded mental health services through the private, nonprofit sector.		Usage reduced from average 15.05 cigarettes per day to 7.76 per day at program completion for those who completed. For dropouts, usage decreased from 19.66 to 16.23 per day at drop out.
QuitLine	$2,000,000		Tobacco cessation telephone service including relevant materials, referrals, counseling and NRT. Two weeks' worth of NRT available to residents with private insurance, eight weeks for uninsured, Medicare and Medicaid beneficiaries for any caller that registers for the multiple-call program.		During FY 11, 7,154 callers registered with QuitLine, up from 4,552 the previous fiscal year. Of survey respondents, at 13-month follow up: 28.2% tobacco free for 7 days or more, 23.2% tobacco free for 30 days or longer.
School Based Tobacco Prevention	$ 500,000		Four school districts implemented tobacco use prevention and cessation programs. Activities included review of current tobacco free policies; work conducted in area of tobacco free policies; purchase and posting of additional tobacco free school signage; and activities for the Great American Smoke Out and Kick Butts Day.		133 total/108 unique participants in cessation programs. One district reported 50% quit rate at program completion. Three districts reported aggregate participation in prevention services of 10,500.

Lung Cancer and Genetic Research	$250,000		To support a feasibility study of the development of a statewide biorepository for tumor tissue and a demonstration project for a lung tissue and serum biorepository.		Executive Team and Advisory Panel were assembled. A statewide survey of hospital pathology departments and institutional research boards (IRB) was conducted. 14 hospital pathology labs responded. 11 of the 29 general acute care hospitals responded to the IRB survey.
					Project outcomes limited to cost estimates, planning and design considerations, and development of general protocols, procedures, and clearance documents. Components of a Common Agreement White Paper for a Statewide Virtual Biorepository were largely completed.
Program Evaluation	$500,000		The independent evaluation firm performs formative, process, outcome and/or meta-evaluations of all projects funded by the Tobacco and Health Trust Fund Board of Trustees, provides guidance on project data collection, and prepares reports summarizing their findings and project results.		Interim and Final Evaluation Reports were prepared and submitted on all of the Tobacco and Health Trust Funded Projects: QuitLine, Tobacco Use Cessation Programs (both generalized and specialized programs), Biorepository, and Prevention Programs for School-Aged Youth.
SUBTOTAL - 2009	**$6,862,456**				
2010					
Counter-marketing Media Campaign	$1,650,000		Prevention media campaign for youth and young adults including television, radio, out of home placement, social media and grassroots events		Two different components of this campaign were developed: one that targeted youth and young adults utilized the byline “Tobacco, It’s a Waste” and included a video contest in which the winning videos were used for the statewide media campaign; and a cessation media campaign utilized the “Become An Ex” series ads developed by the American Legacy Foundation (now Legacy for Health Foundation) During

					the period of the campaign, calls to the QuitLine increased from 4,552 in 2009 to 7,204 in 2010 and then 11,249 as the media levels were maintained and then increased.
Community-Based Generalized Tobacco Use Cessation Programs	$750,000		Awards to five organizations for fee-for-service tobacco use cessation services following U.S. Public Health Services clinical guidelines.		For the programs funded during 2009 and 2010, 1,986 residents were served with more than one half realizing at least a reduction in their rate of tobacco use by an average of 70%.
Specialized Tobacco Use Cessation Programs for Individuals with Serious Mental Illness.	$800,000		Tobacco cessation programming targeting individuals with serious mental illness who receive publicly-funded mental health services through the private, nonprofit sector.		During 2009 and 2010, services were provided to 1,868 clients treated with behavioral health client services.
QuitLine	$1,650,000		See description above.		In 2010, a total of 4,599 callers registered with the QuitLine.
Tobacco Prevention Programs for School Aged Youth	$500,000		Seven organizations are undertaking a variety of initiatives in the areas of prevention curriculum, cessation counseling, tobacco free school policies, building collaborations with youth and family-serving community organizations, and conducting activities for Kick Butts Day and World No Tobacco Activity Day.		In aggregate, programs are contracted to provide prevention services to 13,725 individuals and cessation services to 300 individuals.

Lung Cancer and Genetic Research	$250,000		See description above		This funding was held pending the results of the feasibility study. The results of the feasibility study were delayed so award to the UConn Health Center was also delayed.
Innovative Programs	$477,745		Three organizations are undertaking varied programming, including: (1) a pilot prevention program for 5-14 year olds in summer camps and youth programs outside of school; (2) tobacco use prevention programming for K-8th grade via curriculum enhancement development, after-school clubs and outreach campaigns/activities; and (3) training high school aged youth to develop leadership skills, presentation skills and knowledge of the dangers of tobacco use - these trained youth will be trainers and spokespersons against tobacco use. Other youth advocacy and health career promotion training will also be conducted.		Programs were funded through the American Lung Association, Easter Seals/Goodwill Industries, and Education Connection. Services were provided to a minimum of 1,773 youth.
Program Evaluation	$300,000		Formative, process, outcome and/or meta-evaluations are to be performed for all projects funded by the Tobacco and Health Trust Fund Board of Trustees.		Additional funding was provided to Professional Data Analysts, Inc. to expand evaluation activities to include more reports to incorporate the additional projects that were funded with 2010 trust funds.
SUBTOTAL - 2010					
	$6,377,745				
2012/2013					
Counter-Marketing	$2,000,000		A tobacco control counter-marketing campaign having as its goals increasing tobacco cessation among adults, and preventing use among youth and young adults.		A competitive bid was held and the selection of PITA Communications was made. They are utilizing the CDC "TIPS FROM FORMER SMOKERS" ads through a variety of venues that will include television, radio, transportation, foot

					traffic, social media and other outlets for this campaign.
Cessation Programs	$1,929,000		The cessation programs are designed to provide evidence-based tobacco cessation assistance to those who want to quit tobacco use. Programs include Community Cessation Programs and the Department of Correction Smoking Cessation Program		Community Cessation Programs: A competitive bid was held for the provision of community tobacco use cessation programs available to CT residents. Between 2013 – 2015, programs provided evidence-based cessation treatment to about 1,100 tobacco users. Department of Corrections The results of the study showed that the prevalence of smoking among the four sites was about 70%, approximately four times the prevalence rate in the general population in Connecticut.
QuitLine	$1,600,000		Provision of telephone tobacco use cessation services to any Connecticut resident.		The contract with Alere Wellbeing, Inc. was expanded again in order to provide services to additional Connecticut residents seeking help with quitting their tobacco use. Results pending.
Program Evaluation	$486,000		Formative, process, and outcome evaluation services for all projects funded by the Tobacco and Health Trust Fund Board of Trustees.		A competitively-bid contract with the University of North Carolina at Chapel Hill will provide evaluation services for all programs funded by the Tobacco and Health Trust Fund.
SUBTOTAL 2012-13					
	$6,015,000				
2014					
Cessation Programs	$527,283		The Department of Correction smoking cessation programs for inmates under its jurisdiction.		Facility Based Intervention: 6,496 male inmates at HCC and 2,529, female inmates at YCI received DOC's handbooks with general information on tobacco use. More specific smoking

					cessation materials was distributed to 2,479 inmates in various facilities; 35 inmates received NRT – nicotine lozenges. York Correction Institute and Manson Youth –11 inmates completed the Behavioral Treatment Program started in June 2014. Smoking Cessation Education and Support - 503 inmates have attended sessions of the WISE behavioral treatment or the modified "Freedom from Smoking" (American Lung Association) stress reduction curriculums; and 40 inmates voluntarily requested Recovery Support Specialist (RSS) assistance to stay quit upon re-entering the community.
Prevention Programs	$572,963		Prevention programs designed to provide evidence-based intervention to reduce, eliminate and or prevent the initiation of tobacco use among youth. Programs include: Teen Kids News; Statewide Tobacco Education Program; and Connecticut Alliance of Boys and Girls Clubs.		Teen Kids News. Program is in the process of developing its first of twelve science-based anti-smoking reports targeted at youth. Statewide Tobacco and Education Program. 10 of the 13 RACs are participating as subcontractors; total number of youth educated to date: 254 (boys 138, girls 116, Connecticut Alliance of Boys and Girls Club – results will be available by January 2015.
QuitLine	1,611,984		Provision of telephone tobacco use cessation services to any Connecticut resident.		For the period of 2003 – 2015, the QuitLine has helped 56,414 Connecticut residents in their efforts to quit smoking. CT QuitLine callers achieved a quit rate of 30.5% in 2015, similar

					to the 30-day quit rate observed in FY 2014 (29%). The average cost per quit in 2014 was $697 and $545 in 2015.
Tobacco Enforcement Program	$28,770		Designed to prevent the sale of tobacco products to minors.		Initial inspection conducted at 32% of tobacco outlets. The retailer violation rate (RVR or failure rate) at the outlets inspected as of September 4, 2014 is 28.8%; $10,000 in criminal infractions has been issued as of September 4, 2014.
Sub-Total 2014					
	$3,000,000				
2015					**Funding was awarded in the fall of 2015 for the programs listed below**
State and Community Intervention					
Southern Connecticut State University	$235,495		Southern Connecticut State University to train, support and empower Tobacco-Free Ambassadors. TFA's will engage and mobilize their peers through campus community outreach and education. The Health and Wellness Center will offer enhanced onsite cessation services, comprehensive intake counseling session and intensive 8-week intervention with 8 one-on-one tobacco use cessation counseling sessions. Also to provide 20 minutes for each one-on-one counseling session.		
Education Connection	$267,759		Education Connection will provide leadership and training of youth and teen advocates to implement		

			digital and social media and marketing tobacco use prevention campaigns. Education Connection will collaborate with community-based coalitions, elected officials, and key community stakeholders to develop policies to restrict access to tobacco products by youth and to achieve voluntary adoption of policies that limit or ban tobacco product advertisements in merchant store fronts and at check-out counters.		
Connecticut Alliance of Boys and Girls Clubs	$472,218		The youth prevention program will develop a total of 350 teen youth leaders to be ambassadors for healthy living and to impact policy in their communities. Youth participating will make a one year commitment to conduct activities in their community that assess youth access to tobacco retailers and merchants, decrease tobacco industry advertising, messaging and sponsorship, as well as identify tobacco use in movies and entertainment.		
Community Mental Health Affiliates	$194,000		CMHA will oversee the development of a 'Photovoice' Project involving 155 to 190 middle- and high-school aged youth from the six LPC's who will use photography as a means for portraying youth tobacco use in their community, for developing messages to prevent the onset of tobacco use among their peers, and for identifying policies and laws in their community that need to change to further reduce youth initiation of tobacco use.		

Mass-Reach Communication					
Rescue Social Change Group, LLC (RSCG)	$385,650		RSCG will update Quitline branding and implement two campaigns, one per year, in addition to ongoing social media management and earned media outreach. Contractor marketing assistance will be provided by subcontractor Cashman and Katz to lead by providing technical assistance, trainings and by organizing Focus Days that provide the Department's contractors with the support needed to help them better utilize earned media and events in their programs.		
Cessations Programs					
Department of Correction (DOC)	$294,322		Support the third year of program operation of the Department's Smoking Cessation Program with inmates under its jurisdiction.		430 inmates attended psychoeducational cessation programs; 403 completed evidence-based cessation treatment programs (e.g., WISE and Project-X 350 inmates received smoking dependence information. 101 inmates requested Recovery Support Specialist (RSS) assistance. 175 inmates receive of smoking education, prevention, and cessation information.
Hartford Community Health Center, Inc.; dba Hartford Behavioral Health (HBH)	$140,920		HBH will accept 200 referrals for intensive individualized 30 minute cessation assessment and counseling session. Adults and youth ages 14 to 19 years of age can elect to enroll in an evidence based group program or individual cessation counseling. HBH		

			will outreach to 50 providers, train 100 provider and partners, provide 180 intensive 30 minute individual cessation counseling sessions, also offer a 20 week group program for adults and 10 week program for youth utilizing 3 groups and 12 cycles. HBH will collaborate with four community agencies to conduct tobacco cessation programming.		
Midwestern Connecticut Council of Alcoholism, Inc.	$425,000		With the well-established tobacco use cessation program already in place, MCCA will continue to deliver direct cessation services at their nine sites, including relapse prevention. Referrals from their partners will receive a 30-minute initial intensive counseling session, group or one-on-one counseling sessions and nicotine replacement therapy when medically appropriate. Outreach will target individuals who are uninsured, as well as those whose insurance does not cover tobacco use cessation.		
City of Meriden, Department of Health and Human Services	$163,178		Services under this grant will be expanded from past tobacco cessation programming to include providing cessation services to residents of not only Meriden, but to the new catchment area of Plainville, Southington, and Wallingford. Health systems change programming, including trainings for medical providers in the use of the motivational U.S. Department of Health and Human Services "5 A's" (ask, advise, assess, assist, arrange) model to encourage		

			individuals to quit smoking, QUIT Clinics (Quick Useful Information about Tobacco) at businesses, housing complexes, and private clubs in the new catchment area; and using text apps, such as Remind 101, to remind program participants of upcoming appointments.		
Evaluation	$345,392		The University of North Carolina at Chapel Hill was awarded the contract for Independent Evaluation Services, and will assist all of the above contractors with program planning, establishing and measuring program outcomes, providing technical assistance on data collection needs, and providing reports on each of the funded programs.		
Infrastructure and Administration	$175,000		Contractor has yet to be secured for administration services.		
SUBTOTAL 2015	$3,098,934				
TOTAL	**27,641,235**				

Appendix E
Meeting Minutes

Tobacco and Health Trust Fund Board Meeting
Wednesday, November 18, 2015
10:00 a.m.
Legislative Office Building
Room 1C
Hartford, Connecticut

Members Present: Anne Foley (Chair), Diane Becker, Patricia Checko, Suchitra Krishnan-Sarin, Ellen Dornelas, Kelly Leppard, Ken Ferrucci, Michael Rell, Raul Pino, and Fatama Williams for Robert Zavoski.

Members Absent: Elaine O'Keefe, Cheryl Resha, Robert Leighton, Elizabeth Keyes, Lisa Hammersley, and Larry Deutsch.

Welcome and Introductions	The Chair, Anne Foley noted a quorum and convened the meeting at 10:00 a.m. Members introduced themselves. The chair noted that Cheryl Resha was reappointed by the Governor for three years. She also noted that the reappointment of Robert Zavoski, Governor's Appointment, and Ellen Dornelas, Senate Majority Leader's Appointment were pending. Staff is working to secure an appointment by the House Minority Leader to replace Geralyn Laut. Governor Dannel P. Malloy joined the meeting to express appreciation to the members for their work on the Board and thanked them for serving. The Governor provided an overview of smoking trends in Connecticut. The Governor noted that he will review other options for additional funding for the Board. The Governor also noted that none of the proposals to address Connecticut's deficit set forth by the

	Executive Branch, Democrat and Republican Leadership removes the $1.6 million currently available to the board. The Governor spoke of his personal experience regarding a family member impacted by the damaging effects of tobacco use. The Chair thanked the Governor, on behalf of the board, for his leadership in anti-tobacco efforts, including increasing the maximum amount that the board may recommend for disbursement, enhancing enforcement efforts designed to prevent tobacco use among minors, and banning the sale of e-cigarettes to minors. After emphasizing the importance of protecting youth from the adverse effects of smoking, the Governor departed.
Approval of September 23, 2015 Meeting Minutes	The Chair noted one correction to the September 23, 2015 meeting minutes e-mailed to members. The Chair stated that a revised copy is in the board packet. The correction revised Lucinda Hogarty, as Executive Director of the American Cancer Society to Executive Director of the CT Cancer Partnership. Ken Ferrucci moved approval of the September 23, 2015 meeting minutes. The motion was seconded by Diane Becker. The minutes were approved on a voice vote with the change noted above and clarification that the reduction in the numbers of calls to the QuitLine may be related to the fact that the Tips from Former Smokers Media

	Campaign aired by CDC ended and DSS stopped enrolling participants into the Rewards to Quit Program on June 30, 2015.
Review of Status of the Biorepository Program	The Chair gave a summary of the Biorepository Program. She noted that in 2009 the legislature approved the Board's recommendation to fund a Biorepository Program. DPH contracted with UConn Health Center to develop a Biorepository Program for $250,000. She noted that in the early stages of the project the National Cancer Institute shifted away from supporting the development of a biorepository. As a result, the original focus of the project changed to the development of an EVirtual biorepository project. Due to this shift some of the work was not completed by the contractor. The Chair added that in the midst of the contract the Board recommended and the legislature approved and additional $250,000 for the enhancement of the demonstration program and the development of a biorepository for genetic samples of smokers. The Chair asked Dr. Pramod Srivastava to give an update on the current program. Dr. Pramod Srivastava gave an overview. Major points included: • Established a smoking cessation clinic to provide comprehensive cessation interventions and to serve as the primary place of recruitment for the biorepository program. • Created a database to investigate the smoking history of patients, assess medical, psychological

	and substance use records to use for individualize treatment. • Created genetic samples for analysis. • Began work to establish a virtual tumor biorepository. Ellen Dornelas asked that the Tobacco and Health Trust Fund Board be acknowledged in all literature, research projects, and manuscripts produced with funds from the Board.
Development of FY 2016 Funding Recommendations	The Chair stated that the board had about $1.6 million available for disbursement. She reviewed the Board's Guiding Principles for Funding Decisions, the Summary of the Board's Current Programs, End Dates for Current Programs, and a Summary of Best Practices for Comprehensive Tobacco and Control Program for 2014 recommended by the Centers for Disease Control (CDC). She also referred members to the Summary of the Public Hearing Testimony and the Final Evaluation Report of the Board's Community Cessation Programs in the board packets. The members reviewed the Summary of Best Practices for Comprehensive Tobacco Control Program for 2014, which shows how funding available to the board may be disbursed based on CDC recommended intervention strategies. The Chair indicated that if the board used the recommended spending levels to disburse the board's $1.6 million, at a minimum, $640,492 would be allocated for State and Community Interventions, $176,136 for Mass-Reach Health Communication

	Interventions, $544,419 for Cessation Interventions, $160,123 for Surveillance and Evaluation, and $80,062 for Infrastructure, Administration and Management. Board members discussed whether or not to allocate funds to the Infrastructure Administration and Management category. Members asked DPH to provide a status report on the current infrastructure, administration and management contractor including specific contractual administrative tasks. After further discussion the members agreed to set aside a portion of the cessation funds for the Department of Correction (DOC) to expand cessation services to clients in their halfway houses. The Chair will request a proposal from DOC. Members agreed that the 2016 RFP should include provisions for e-cigarettes and other tobacco related products. The Chair reiterated the ending dates of the Board's current program. She stated that current programs will run through 2017 with the QuitLine ending in 2018. The Chair recommended that the Board begin planning for the 2018 disbursement recommendations in 2017. Michael Rell asked if Teen Kids News (TKN) will submit a final report. Staff will work with TKN to ensure that a

	final report is prepared and presented to the board at its meeting in the spring. The Board requested the following information for the next meeting: DOC proposal to expand cessation services to clients in their halfway houses. • Mapping of Board Funded Programs and other tobacco related services. • Research the feasibility to place stickers with the QuitLine information on packs of cigarettes. • Revise the proposed funding framework to reflect the amount requiring legislative approval ($1,188,335) as well as the actual amount available to the board ($1.6 million). Patricia Checko moved approval for the Chair to proceed with the development of the board's 2016 disbursement recommendations based on the proposed funding framework and to gather additional information requested by the board. The motion was seconded by Ellen Dornelas. The motion was approved on a voice vote.
Next Steps	The Chair noted that the next meeting is scheduled for Friday, December 18, 2015 at 10:00 a.m. in Room 1C at the Legislative Office Building in Hartford. A draft of the 2015 Tobacco Board Report will be available for the December meeting. The Chair adjourned the meeting at 11:50 a.m.

Tobacco and Health Trust Fund Board Meeting
Wednesday, September 23, 2015
10:00 a.m.
Legislative Office Building
Room 1A
Hartford, Connecticut

Members Present: Anne Foley (Chair), Diane Becker, Patricia Checko, Elaine O'Keefe, Ellen Dornelas, Kelly Leppard, Ken Ferrucci, Cheryl Resha, Robert Leighton, Elizabeth Keyes, Michael Rell, Lisa Hammersley, and Robert Zavoski.

Members Absent: Suchitra Krishnan-Sarin and Larry Deutsch.

Welcome and Introductions	The Chair, Anne Foley noted a quorum and convened the meeting at 10:10 a.m. The Chair introduced Elizabeth Keyes, Legal Counsel for the Senate Democrats as a new board member. She was appointed by the Senate Majority Leader, Bob Duff to replace Joel Rudikoff, who has resigned from the Board. Elizabeth noted that she previously worked as the Executive Assistant to the Commissioner of the Department of Public Health (DPH). The Chair introduced Raul Pino, the Deputy Commissioner of DPH. Although Raul's appointment to the board by the Governor is not official, he attended the meeting. Raul will replace Katharine Lewis, who has resigned from DPH and the Board. Raul noted that he was appointed Deputy Commissioner of DPH in June 2015. Prior to his appointment as Deputy Commissioner, he served as Director of the Health Department for the City of Hartford. He also conducted research on HIV and focused on youth drug use and risk behaviors in the United States and in Mexico.

	The Chair also noted that Geralyn Laut resigned from the board and staff is working with the House Minority Leadership regarding a new appointment. Member introduced themselves.
Approval of November 21, 2015 Meeting Minutes	Ken Ferrucci moved approval of the February 20, 2015 meeting minutes. The motion was seconded by Elaine O'Keefe. The minutes were approved on a voice vote with three abstentions by Elizabeth Keyes, Michael Rell and Lisa Hammersley.
Status of Tobacco and Health Trust Funds	The Chair reviewed the status of the Tobacco and Health Trust funds. The Chair explained that after payments made for prior year obligations and statutory mandated transfers the amount available to the Board for expenditure is $1,188,335. The fund will not receive additional deposits until April 2018.
Other Tobacco Related Legislative Changes	The Chair reviewed the 2015 legislative changes related to tobacco. Highlights include: • Cigarette Tax. The cigarette tax is increased from $3.40 to $3.65 per pack on October 1, 2015 and $3.65 to $3.90 a pack on July 1, 2016. The Chair stated that research shows that this is an effective way to deter smoking, especially among youth. • Sale and Manufacturing of Electronic Cigarettes. On March 1, 2016, dealers and manufacturers of electronic cigarettes and vapor products

	must register with the Department of Consumer Protection (DCP). Currently vendors must pay an annual fee for registration. Michael Rell will contact DCP to see if cigarette dealers and manufacturers are required to pay a registration fee. He will share the information with the Board. • Electronic Cigarette Liquid. The definition of electronic cigarettes has been expanded to include electronic cigarette liquid. • The Food and Drug Administration (FDA) Ruling on Tobacco Products. The Public Health Committee is required to hold a public hearing after the finalization of FDA's proposed rule on tobacco products deemed subject to the Food, Drug and Cosmetic Act. The proposed rule deems e-cigarettes to be a tobacco product, which would subject them to many of the restrictions that currently apply to cigarettes. • Restrictions on the Use of E-Cigarettes are now subject to restrictions similar to smoking tobacco products.
Review and Approval of Teen Kids News Program Scripts	The Board reviewed three program scripts submitted by Teen Kids News (TKN). They included: Tobacco Advertising to Teens, Health Risk You May Not Know About, and It's Not Just Cigarettes. Robert Zavoski made a motion which was seconded by Lisa Hammersley to approve the three

	program scripts with the following changes: Tobacco Advertising to Teens • Change 2010 to 2009 to accurately reflect the year the Tobacco Control Act was passed. • Revise the statement made by Gustavo Torrez referencing slick adverting in Sports Illustrated and Glamour Magazines. Board members suggested that the word slick be deleted; remove the entire sentence; or remove the names of the magazines. Health Risks You May Not Know About • Use the original statement made by Kate without DPH's recommended changes. Add "causes brain damage" to the statement. • Add such as heart attacks and strokes to the reporter's statement. • Add can or might to the reporter's voice over. • The interview with Kara Bagot will be changed to the original statement without DPH's recommendations. "So you have weaker, thinner, more fragile bones that are more susceptible to fracture." It's Not Just Cigarettes – no changes made.
Update on 2015 Board Disbursements	Barbara Walsh gave an update on the status of the Board's 2015 trust funds. DPH issued a Request for Proposal (RFP) for community interventions, mass-reach communication, cessation

	interventions and program evaluation. There were 42 Letters of Intent, 31 proposals received and 9 proposals recommended for funding. Contract negotiations are underway. Due to the lack of successful proposals recommended for funding under the cessation program category there is a balance of $176,580. DPH is planning to issue another RFP for cessation interventions. After a discussion, the board decided not to distribute a second RFP for the unspent funds in the cessation intervention category. Patricia Checko made a motion to transfer the balance of $176,580 from the 2015 cessation intervention category to the 2016 funds available to the board. The motion was seconded by Diane Becker. The motion was approved on a voice vote with one abstention by Ellen Dornelas. Robert Zavoski opposed the motion. DPH contracted with the American Cancer Society for $175,000 for administration of the Board funded programs. DPH is working with the Lucinda Hogarty, Executive Director of the American Cancer Society to revise the contract terms related to reporting to the Board.
Review Status of Current Trust Fund Programs	Barbara Walsh provided an update on the following trust fund programs: • QuitLine continues to provide nicotine replacement therapy and counseling to all Connecticut residents. The number of calls to the QuitLine has reduced over the past couple

	of months. This reduction may be related to the Tips for Former Smokers Campaign aired by CDC and the hold placed on DSS's Rewards to Quit Program. • Community Cessation Programs- eight of the nine programs ended in June 2015. CommuniCare, Inc. will end in March 2016. The final evaluation report will be available at the end of September and will be distributed to the Board. • Program Evaluation – The University of North Carolina at Chapel Hill evaluated the cessations programs, media campaign, and the QuitLine. They are also reviewing the evaluation plans for the upcoming contracts to ensure that the programs are evidence based and include measurable outcomes. • Evaluations Reports will be posted on the Tobacco and Health Trust Fund website and distributed to the Board. Dr. Kathleen Maurer provided an update on the Department of Correction's (DOC) cessation program. Highlights include: • Expanding the Local Implementation Teams (LIT) to include DOC's re-entry facilities. DOC's Addiction Counselors from Carl Robinson Correction Institute (CRCI), Willard Cybulski Correctional Institute (WCCI) and Osborne facilities attended a WISE training and are now administering the evidence

	based smoking cessation program to inmates at these re-entry facilities. • Sustainability –smoking cessation has been built into the way DOC conducts its business. For example, tobacco prevention, education, and cessation informational materials are included in the orientation process for inmates; inmate handbooks, and the formal education curriculum. • Established linkage with the Community Health Center in Waterbury for inmates re-entering the community. DOC is working to develop linkages with Community Health Centers in the Eastern part of the State. • DOC requested authorization and the board approved a modification to their program to provide cessation programs within their half-way houses. DOC will use a train the trainer model. Ellen Dornelas suggested that DOC may want to certify half-way house staff as tobacco treatment specialist as a more cost effective way to train staff. Dr. Wendy Ulaszek, University of Connecticut School of Social Work gave an update on DOC's smoking prevalence survey. • CRCI and WCCI were added to the original prevalence study. Results of CRCI and WCCI include: o 740 surveys completed o Average age of inmates was 37

	○ 47% of inmates will be living in a home with children once released ○ 75% of the inmates said they were smokers in their lifetime ○ 88% of the inmates stated that they smoked 30 days prior to current incarceration ○ 70% of the inmates stated they attempted to quit smoking ○ 65% wanted to quit for health reasons ○ 59% wanted to quit to save money Ellen Dornelas asked that DOC share information from conferences and publications to be posted to the Tobacco and Trust Fund Board webpage. Robert Zavoski will work with DOC to access Medicaid claim records to assist in documenting the number of inmates that remained smoke free after release. Dr. Maurer noted that funds from the Tobacco and Health Trust fund allowed DOC to change the culture in its facilities around smoking and thanked the Board for their support. Marilou Yacoub gave an update on the TKN Program. Marilou noted that there are three stories from the original series of 12, which have yet to air. These stories will be aired before the end of 2015. Carol Meredith, from DMHAS gave an update on the Statewide-Wide-Tobacco Education Program (STEP) and the

	Urban Tobacco Inspection Program. Highlights include: STEP • The program was established in 2010 and funds were awarded to the Regional Action Councils to support tobacco education programs for children 5-9 years old. • Approximately 1,500 children ages 5-9 and 10-11 were served in no-traditional settings. • The program will end in April 2016. Urban Tobacco Inspection Program • DMHAS contracted with the Bridgeport, New Haven, Hartford, and Stamford police departments to conduct additional tobacco retailers inspections. • Hartford had the largest number of infractions assessed at $30,600. Hartford had the most inspections, the most violators and assesses the most fines. The program ended in June 2015, with the exception of New Haven, which will end in April 2016. Don Maleto provided an update on the Connecticut Alliance of Boys and Girls Clubs Smoking Prevention Program. Highlights include: • Be Smart Don't Start Program administered by 16 clubs. • Program goal is to prevent youth for using cigarettes, e-cigarettes and other tobacco related products and to raise awareness

	of tobacco use among the Boys and Girls Clubs and the community. • Four program components include: stay smart programs, information hubs, community forums and social and traditional media outreach. • 303 teen members between 13-15 years old participated in the program. • The program was unable to show a significant increase in knowledge based on the pre-and post- test. • Program staff reviewed best practices from the CDC to determine the most effective way to reach youth. • Program information on tobacco was displayed in the entry of the clubs. • Community forums allowed the program to develop relationships with businesses such as Aetna and medical clinics. • CVS is the program sponsor. The Chair referred members to the handout on the Biorepository Program administered by UCONN Health Center. She stated that UCONN Health Center will attend the next board meeting to provide an update. Ellen Dornelas asked that UCONN provide a program timeline, report on how resources are allocated and program outcomes.
Next Steps	The Chair noted that the next meeting is scheduled for Wednesday, November

	18, 2015. She stated that the board will review information received on the current trust fund programs and input received from the public hearing to begin discussions on how to distribute the $1,188,335 plus the $176,580 available to the Board. Recommendations should be finalized in December. The Chair adjourned the meeting at 11:53 a.m.

Tobacco and Health Trust Fund Board Meeting
Friday, February 20, 2015
1:00 p.m.
Legislative Office Building
Room 1A
Hartford, Connecticut

Members Present: Anne Foley-Chair, Diane Becker, Patricia Checko, Elaine O'Keefe, Ellen Dornelas, Kelly Leppard, Ken Ferrucci, Cheryl Resha, Suchitra Krishnan-Sarin, Geralyn Laut, Katharine Lewis, and Fatmata Williams for Robert Zavoski.
Members Absent: Larry Deutsch**,** Robert Leighton, Joel Rudikoff, Michael Rell and Lisa Hammersley.

Welcome	The Chair, Anne Foley, convened the meeting at 1:10 p.m. Members introduced themselves.
Approval of November 21, 2014 Meeting Minutes	Suchitra Krishnan-Sarin moved approval of the November 21, 2014 meeting minutes. The motion was seconded by Patricia Checko. The minutes were approved unanimously on a voice vote.
Teen Kids News (TKN) a) View Program Segments	The Chair introduced Marilou Yacoub from TKN. Marilou Yacoub provided an overview of TKN and showed members

b) Discuss and Approve Program Scripts • What is Nicotine? • Tar Wars • Why E-cigarettes Get and F • Nicotine Replacement Therapy • Second Hand Smoke • Could Smoking Be Banned Outdoors in CT?	two videos CT: Tobacco Overview (already aired) and How to Help Your Boy/Girlfriend Quit. After a brief discussion, members recommended that future program segments include more diversity to better reflect the demographic make-up of those individuals with the highest prevalence of smoking, such as minority populations. Elaine O'Keefe will provide a list of organizations to assist TKN in this effort. Board members reviewed TKN program scripts, including the video on How to Help your Boy/Girlfriend Quit. After a detailed discussion, Patricia Checko moved approval of the program scripts with the following changes: What is Nicotine? Remove the statement "If you were to try your first cigarette when you're 14 you're much, much more likely to get addicted to cigarettes than if you wanted and tried your first cigarette as an adult". Add *VAPE Pens* to the statement " And that means all kinds of cigarettes and tobacco products…even many e-cigarettes or *VAPE Pens* contain nicotine". Tar Wars. Delete the statement that "Connecticut ranks 5th in the nation for smoking" with current smoking and tobacco use rates in Connecticut. Why E-Cigarettes Get An F? Replace the word Vaporizer with *VAPE Pens*. Add *VAPE Pens* to the statement "By the way, if you already smoke, changing to E-

	cigarettes or taking *VAPE Pens* is not the best way to quit". Nicotine Replacement Therapy. TKN will provide source for data on teens who smoke. Second Hand Smoke. TKN will provide source for smoking data related to Connecticut middle and high school students who have been in places with someone smoking. Should Smoking Be Banned in Outside Areas? No recommended changes to this program script. Patricia Checko will provide a list of towns with laws preventing people from smoking in outside area. Other. Tag QuitLine information on all appropriate program segments. The motion was seconded by Fatmata Williams and approved unanimously on a voice vote.
Update on 2015 Board Disbursement	Barbara Walsh, DPH updated members on the status of the board's 2015 disbursements. Highlights include: Infrastructure, Administration and Management-$175,000. DPH will amend the current contract with Connecticut Cancer Partnership (American Cancer Society) to add administrative and technical assistance dedicated to the tobacco trust funded programs. Request for Proposal (RFP). DPH is in the process of drafting the RFP. One RFP will be issued with multiple program

	intervention components (State and Community, Mass-Reach Health Communication, Cessation and Evaluation). DPH asked for volunteers to review the draft RFP and/or serve on the Evaluation Committee. All members present at the meeting, with the exception of the Chair, agreed to assist in one capacity or the other.
Next Steps	The Chair gave a brief overview of the Governor's FY 2016-17 Budget Proposal as it relates to the Tobacco and Health Trust Fund. She stated that the Governor's Proposed Budget makes about $600 million in expenditure reductions to address current services budget gaps and raises about $600 million in revenue. She noted that the budget transfers $12 million in FY16 and FY17 from the Tobacco and Health Trust Fund to the General Fund. She also noted there is about $4 million in unobligated trust funds that may be used for future board disbursement recommendations. Board members requested an update on the Biorepository Project administered by UConn Health Center and information about the legislative proposal for the Tobacco and Health Trust Fund after FY17 Board members will hold a public hearing in June 2015. Members asked to change the scope of the public hearing to focus on tobacco needs and issues rather than specific programs. The meeting was adjourned at 3:05 p.m.