Agenda

Tobacco & Health Trust Fund Board

Friday, September 17, 2010
10:00 a.m. to 10:30 a.m.

Room 1A
Legislative Office Building

I. Welcome and Introductions

II. Approval of July 2010 Minutes

III. Update on FY09 and FY10 Disbursements

IV. Next Meetings
October 15, November 19, December 17

D R A F T Meeting Summary

Tobacco and Health Trust Fund Board
Friday, July 16, 2010
10:00 a.m. – 12:00 noon

Room 410
State Capitol
Hartford, Connecticut

Members Present: Anne Foley (Chair), Ken Ferrucci, Norma Gyle, Elaine O'Keefe, Ellen Dornelas, Rob Zavoski, Pat Checko, Andy Salner, Cindy Adams, Larry Deutsch, Geralyn Laut, and Dianne Harnad.

Members Absent: Nancy Bafundo, Cheryl Resha, Doug Fishman, Diane Becker, and Steve Papadakos.

Others present: Joe Mendyka (DPH), Barbara Walsh (DPH), Rachel Welsh (OFA), and Keith Bradley.

Item	Discussion/Action
Welcome and Introduction of New Board Member	The meeting was convened at 10:10 a.m. New board member Elaine O'Keefe, who was appointed by Senator Williams to replace Nikki Palmieri, was introduced to the board. Elaine has a background in local public health and is currently Executive Director of the Office of Community Health at the Yale School of Public Health.
Appointment Expirations	The chair noted that the terms of five board members have expired: Nancy Bafundo and Ellen Dornelas in June 2009 and Ken Ferrucci, Robert Zavoski, and Cynthia Adams in 2010. Appointing authorities have been notified and board members were reminded that they may continue to serve until a replacement is named.
Approval of January 2010 Minutes	Ellen Dornelas moved approval of the January minutes and the motion was seconded by Dianne Harnad. The minutes were approved on a voice vote.

Update on Status of Fund	Board members reviewed the status of the trust fund. There is approximately $400,000 available for disbursement in FY11
Recommended Board Action for FY11 and FY12	Board members agreed to develop recommendations for FY11 disbursement, including holding a public hearing in September and inviting the evaluator of the board's FY08 cessation program funding for women at community health centers to discuss their final evaluation in October.
Update on Status and Findings from Previous Disbursements	Barbara Walsh of DPH summarized the status and preliminary findings from previous trust fund disbursements. • Final reports and data for the FY08 funding for cessation programs for women at community health centers are due in September 2010. Preliminary results show 1455 participants at an average cost of $481 per participant and quit rates ranging from 16% to 44%. Board members requested that they receive comprehensive data including: racial and ethnic data, cross tabulations of pregnant and non-pregnant women, and enrolled v. graduated data. • FY09 funding has been disbursed and all programs are operational including QuitLine, counter-marketing, community cessation, cessation for individuals with serious mental illness, school-based prevention, lung cancer research and tissue bio-repository, and evaluation. • DPH is in the process of preparing contract amendments and requests for proposals (RFPs) for FY10 funding. Ken Ferrucci suggested that the Connecticut State Medical Society's newsletter could include a link to the QuitLine in order to enhance awareness of this resource.
Update on Sustinet Tobacco Task Force	Andy Salner, co-chair of the Sustinet Tobacco Task Force (Section 17 of P.A. 09-148), reviewed the recently-released task force report which examines evidence-based strategies for preventing and reducing tobacco use by children and adults and

	provides a comprehensive plan to reduce tobacco use by children and adults. The report includes twenty one specific recommendations for action in the areas of cessation, prevention, planning, enforcement, retail sales, and surveillance.
Potential Dates for Next Meetings	The next board meetings are on September 17 (public hearing), October 15, November 19, and December 17. Pat Checko announced that the MATCH Coalition state meeting will be in November. The board meeting was adjourned at noon.

Department of Public Health
Health Education, Management and Surveillance Section
Tobacco Use Prevention and Control Program

TOBACCO AND HEALTH TRUST FUND SUMMARY OF FY 2009 FUNDING

Revised as of September 9, 2010

Program	Amount	Funding Description	Status	Contract Period
CT QuitLine	$2 million	Tobacco cessation telephone service including information, counseling and pharmacotherapy.	Amendment added $700,000 in funding to current contract to expand services & extend contract with Free and Clear, Inc. to 7/31/2009. NRT made available to callers beginning 4/27/09. Award made to Free & Clear, Inc. on RFP 2009-0919 for new five-year quitline contract, to include $1,300,000 for expanded services. Contract is in process.	7/31/2009-6/30/2014
Counter Marketing	$2 million	Mass media campaigns designed to discourage tobacco use.	Award approved for Cronin & Company, LLC. for $2,000,000. Media plan has been developed. Focus groups were held to develop youth prevention campaign. "Tobacco-It's a Waste" campaign launched in February 2010 with a website and contest to create 30 second TV commercials in English and Spanish. Four contest winners were chosen and the TV commercial began airing on Broadcast and Cable stations on June 1, 2010 and will continue to air through November 2010. A Media Literacy workshop was held to assist grassroots advocated in prevention activities. Grassroots prevention and cessation activities continue with staff present at events such as Riverfest, the New London Sailfest, the Latino Expo, and the Boom Box Parade. Additional grassroots activities targeting African Americans and Hispanics are occurring as well	07/01/2009-06/30/2011

Community-Based Cessation	$412,456	Strategies to help people quit smoking including counseling and pharmacotherapy.	Funding awarded to six contractors. The seventh contractor backed out of their contract, and those unspent monies have been rolled into the new RFP for cessation services. Programs are up and running. Reports and data have been received for the first three quarters of their contracts. Data as of 6/30/10: • 891 people have participated in the programs thus far. • AIDS Project New Haven, Inc. $70,290 • Fair Haven Community Health Center, Inc. $66,712 • Generations Family Health Center, Inc. $43,700 • Hartford Gay and Lesbian Health Collective $94,230 • Hospital of Saint Raphael $51,248 • Ledge Light Health District $43,826	09/01/2009-12/31/2011
Cessation for Individuals with Serious Mental Illness	$1.2 million	Strategies to help people with serious mental illness quit smoking including counseling and pharmacotherapy.	Award to CommuniCare, Inc. The contract has been executed and programs are up and running at four sites. Reports and data have been received for the first three quarters of the contract. For the period ending 6/30/10: • 159 people have participated in the program so far	09/1/2009-12/31/2011
School-Based Prevention	$500,000	10-20 school districts will implement tobacco use prevention and cessation programs.	RFP # 2009-0928, re-issue of 2009-0924 was released on June 18, 2009. 4 awards were able to be made for a total amount of $378,475. The remaining funding will be added to the 2010 RFP for youth prevention programs. The following contracts have been fully executed: • Colchester Public Schools $23,172 • Education Connection (serving $190,228	5/1/2010-12/31/2011

			Torrington, Winchester, Waterbury School Districts and The Gilbert School, Winsted) • Groton Public Schools $126,500 The following Contract is awaiting district signatures for execution. • Woodstock Academy $38,575	
Lung Cancer Research Tissue Biorepository	$250,000	Statewide Tumor Tissue Biorepository Feasibility Study and Demonstration Project	RFP # 2009-0923 Awarded to UCONN Health Center Memorandum of Agreement has been executed	08/01/2009-07/31/2010
Evaluation	$500,000	Monitor program accountability including progress in achieving outcome objectives.	RFP # 2009-0919 Awarded to Professional Data Analysts, Inc. of Minneapolis, Minnesota. Contract fully executed. Contractor has developed additional tools to assist with the evaluation of projects to include a website chat board to assist cessation contractors with data collection, Q & A and other evaluation protocols. PDA has preformed site visits to CT to meet with Department Staff, cessation contractors and Cronin and Co. A telephone conference was also conducted with Free & Clear, Inc.	09/01/2009-12/31/2011
Total:	$6,825,000			

Department of Public Health
Health Education, Management and Surveillance Section
Tobacco Use Prevention and Control Program

TOBACCO AND HEALTH TRUST FUND SUMMARY OF FY 2010 FUNDING

Revised as of September 9, 2010

Program	Amount	Funding Description	Status	Contract Period
CT QuitLine	$1,650,000	Tobacco cessation telephone service including information, counseling and pharmacotherapy.	Amendment added funding to current contract to continue services and NRT as well as extend contract with Free and Clear, Inc. to 6/30/2014	7/31/2009-6/30/2014
Counter Marketing	$1,650,000	Mass media campaigns designed to discourage tobacco use.	Revised program activities and budget have been developed with Cronin & Company, LLC. To expand and extend the contract to 06/30/2012. Amendment will allow "Tobacco, It's a Waste" contest to be conducted again in the spring of 2011. Contest participants will be asked to develop radio ads as well as TV ads. Additional grassroots activities will be developed and materials purchased.	07/01/2009-06/30/2012
Community-Based Cessation	$750,000	Strategies to help people quit smoking including counseling and pharmacotherapy. Component 1- Local community cessation programs Component 2- Brief intervention counseling and referral in Emergency Departments	RFP Number 2010-0912 released, letters of intent have been received and proposals are due on September 15, 2010. Review committees being formed for both Components 1 and 2 of the RFP.	TBD 2 year period proposed
Cessation for Individuals	$800,000	Strategies to help people with serious mental illness quit smoking including	CommuniCare, Inc. amendment language is in process. Amendment will expand services to additional sites and areas of the State.	09/1/2009-12/31/2012

with Serious Mental Illness		counseling and pharmacotherapy.	Statewide conference scheduled in November for training of additional agencies.	
School-Based Prevention	$500,000	Programs targeted to youth in Grades K-12. Component 1is for prevention programs conducted in after school programs Component 2 if for funding to support implementation of CSHLP in the selected school districts	RFP language being finalized. Release date delayed to September 2010	TBD 2 year period proposed
Lung Cancer Research Tissue Biorepository	$250,000	Statewide Tumor Tissue Biorepository Feasibility Study and Lung Tissue Biorepository Demonstration Project	Discussions with UCONN Health Center are in process for next phase of the project.	
Evaluation	$300,000	Monitor program accountability including progress in achieving outcome objectives.	Professional Data Analysts, Inc. amendment language in process. Amendment will expand contract to evaluate additional services and programs.	09/01/2009-12/31/2012
Innovative Programs	$477,745	Strategies for tobacco use prevention targeted to youth ages 5- 14 that do not fit into the above categories.	RFP Number 2010-0914 has been released and letters of intent are due on September 30, 2010	TBD 2 year period proposed
Total:	$6,377,745			

Memorandum

To: Barbara Walsh, Connecticut Department of Health, Tobacco Use Prevention and Control Program

CC: Katie Shuttleworth, Errol Roberts

From: Professional Data Analysts, Inc.: Traci Capesius, MPH; Anne Betzner, PhD.

Date: 7/14/2010

Re: CT Community & SMI / SUD Tobacco Cessation Programs - Quarterly Report Summary

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In May 2010, PDA received tobacco cessation program data from DPH for six community programs and four CommuniCare, Inc. partner agency programs (from each program's DPH access database). PDA has produced its first quarterly reports based on data from these programs under the current FY2010 DPH contract period to date (approx. September 1, 2009-March 31, 2010). Six program-level reports, one CommuniCare partner agency report and an aggregate report that combines data from all sites. Each report provides a summary and analysis of the following: demographic and clinical characteristics of program enrollees, program utilization, marketing activity, and DHHS training post-test results and provider input (where available). Due to confidentiality and accuracy concerns, outcome and patient satisfaction results have not been provided. PDA will calculate these outcomes in future quarterly reports once an adequate number (more than 30) of program completion, follow-up and patient satisfaction surveys have been received and are of sufficient quality. There were also no pregnancy outcomes to report.

Each report provides a graphic representation of key program data, followed by an appendix of tables summarizing other key variables. The graphic data is designed to provide easy-to-read highlights of findings, while the tables provide complete data for more detailed review. Each grantee will also receive a summary "memo" such as this one that provides a brief review of key items as well as program-specific feedback on data quality and recommended next steps.

The following is a brief summary of aggregated data all community and SMI / SUD tobacco cessation programs:

Demographic & Clinical Characteristics of Enrollees

- Grantees enrolled a total of 240 people into a tobacco cessation program between September 1, 2009 and March 31, 2010 (approx.). The largest proportion of referrals came from a health care or mental health care provider. The largest enrollment months were February and March, likely due to the start-up of the CommuniCare programs.
- Program enrollees are 52% White, 20% African-American / Black, about 13% "other" race and 11% Hispanic.
- About 57% have a high school education or less and of those that reported their income, 52% made $10,000 a year or less.

- About 10% have no insurance and another 75% have some form of government-sponsored insurance.
- The majority of enrollees were current cigarette users as of program enrollment.
- Most enrollees tried to quit sometime in the past (before program enrollment). The four most common quit methods previously used were nicotine patch, nicotine gum, Chantix and cold turkey.
- About a quarter were light smokers (<10 cigarettes per day), 43% were moderate smokers (11-20 cigs. per day), and 13% were heavy smokers (21+ cigs. per day). Another 18% of data were missing.
- About half either were receiving or had received treatment for one or more physical health conditions and over half had received or were currently receiving treatment for one or more mental health conditions.

Program Utilization

- As of March 31, 25% of enrollees had 1-2 counseling sessions, 25% had 3-5 counseling sessions and 12% had 6 or more counseling sessions (group or individual). Over a third of enrollees had no counseling sessions recorded.
- Only a few enrollees had a relapse prevention session.

Program Completion / Drop Out

- Only about one-third of enrollees that were eligible to fill out this form (e.g. had program completion indicated or had no sessions attended for 3+ months) had at least some of the questions completed on the program completion / drop out form. Due to the lack of data, short term quit outcomes were not calculated.

Provider Feedback

- Three agencies had provider input results. A range of professionals completed the survey.
- The majority reported being satisfied with the tobacco cessation program at their agency and felt that the training they had received had prepared them to talk to patients / clients about tobacco use.
- Most reported seeing cessation materials, program materials and Connecticut Quitline materials at their facilities.

DHHS Training Results

- One agency had DHHS post-test results. A range of professionals filled out the survey.
- The results indicated areas for potential booster training for these professionals such as information on who should / should not be prescribed cessation pharmacotherapy as well as the benefits of brief interventions and quitline telephone counseling.

Marketing Activities

- The majority of reported marketing activities included print media and presentations.
- Presentations may have been the most useful to date in producing program referrals given that the majority of referrals have come from physical / mental health care providers.

Strengths

- Grantees enrolled 240 tobacco users into tobacco cessation programs between September 2009 and March 2010, under their most recent FY10 DPH tobacco cessation contracts.
- There is a great diversity in the demographic backgrounds of program enrollees and many typically underserved populations are enrolling and participating in cessation programming.
- Internal referral sources, such as physical and mental health providers, appear to be effective referral mechanisms for several grantees.
- Over a third of enrollees have attended three or more counseling sessions.
- Provider feedback to date has been positive and providers and other staff appear to be knowledgeable about tobacco cessation and programming within their agency and are supportive of tobacco cessation programming.

Challenges

- The completeness and quality of data collected and / or documented are concerning.
    - In particular, some items on the enrollment form are missed more than others, particularly those that are known to be more sensitive topics (e.g. income). And two key items: tobacco use status and enrollment date were missing for a number of enrollees. These are key variables for calculating outcomes and determining follow up time points.
    - A substantial number of enrollees have not been followed up in a timely manner. For example, it appears that drop outs are not being contacted within three months of program inactivity to collect the requisite data (e.g. drop out form, 3-month follow-up form, patient satisfaction form).
- Several data collection forms appear to be going unused by most grantees, in particular, the DHHS post-test and Provider Input forms.
- Some agencies have experienced a large drop out rate, particularly after the initial enrollment visit.
- It does not appear that many clients so far have taken advantage of relapse prevention counseling provided by the programs; however, this may change in the next reporting cycle when more enrollees will have had a chance to get to the point where they are taking part in relapse prevention sessions.
- There is not sufficient data at this point to be able to report on the program outcomes of program satisfaction, tobacco use reduction or tobacco use abstinence (at program completion, drop out or follow up).

Opportunities / Next Steps

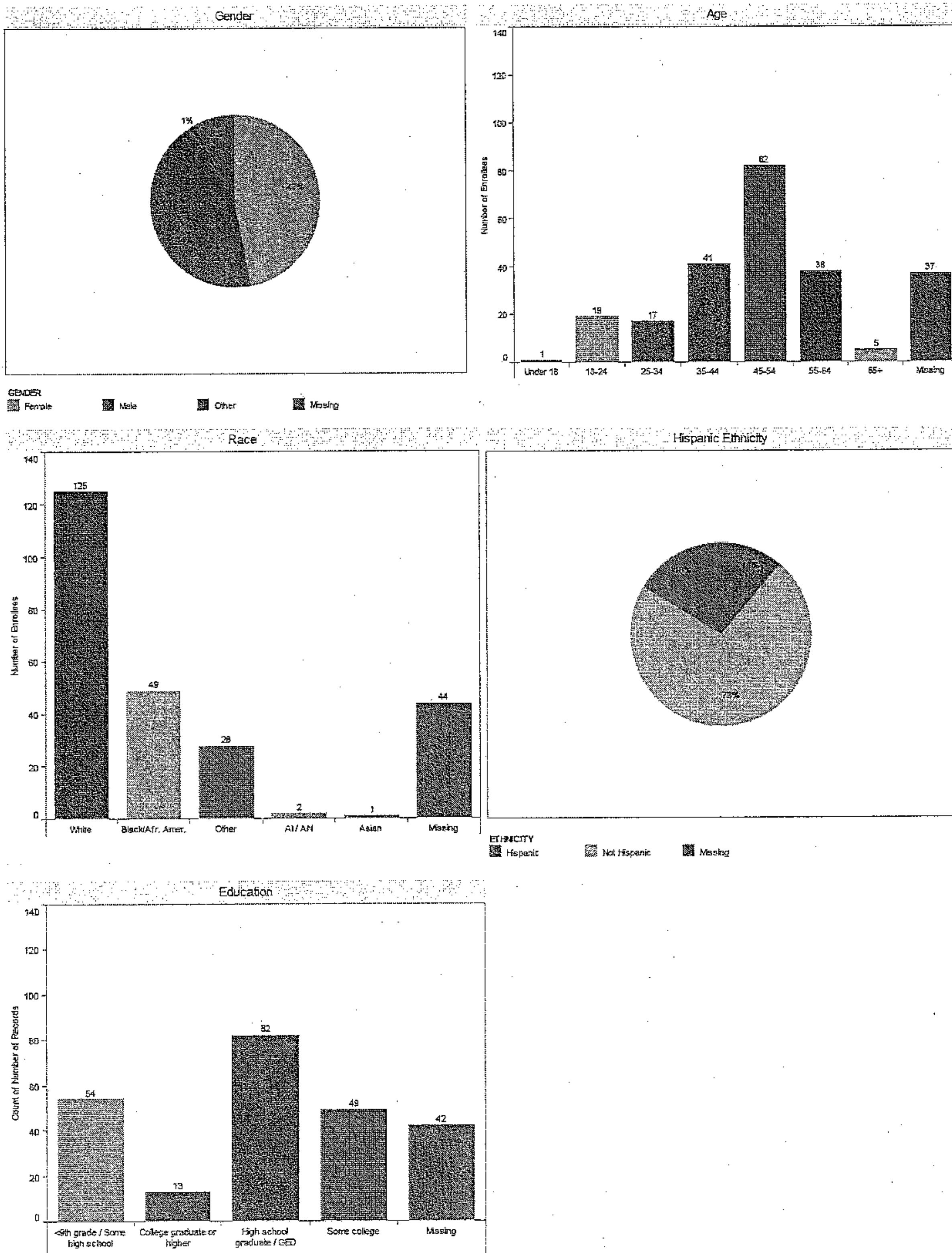
- Grantees should be reminded that they need to use all of the DPH data collection forms (with the possible exception of the Pregnancy Outcome Form) and fill out all of the questions. It may also help to reiterate the purpose and utility (to DPH and grantees) of each form.
- Urge grantees to contact PDA with data collection questions, to utilize the evaluation web portal and to reference the data collection manual if they are unsure of how and when to collect data using the DPH forms.
- PDA will create a webinar regarding high quality data collection. This will also include a reiteration of the "who, when, where, why and how" of data collection as well as tips for improving data quality.
- Periodic reminder emails, sponsored by PDA and DPH, could be sent to grantees reminding them of important data collection time points.

- Extra pre-session communications, additional motivational interviewing skills training, and training in group dynamics for counselors could help decrease attrition rates. Grantees may also want to consider providing additional incentives for program participation (e.g. gift cards for those that attend all sessions).

Dashboard Summary Report

CT DPH Tobacco Cessation Program Aggregate Report – March 2010 Quarterly Report

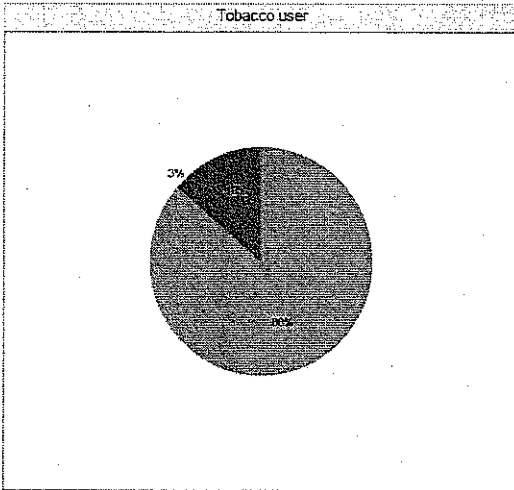
Demographic Characteristics* (N=240)



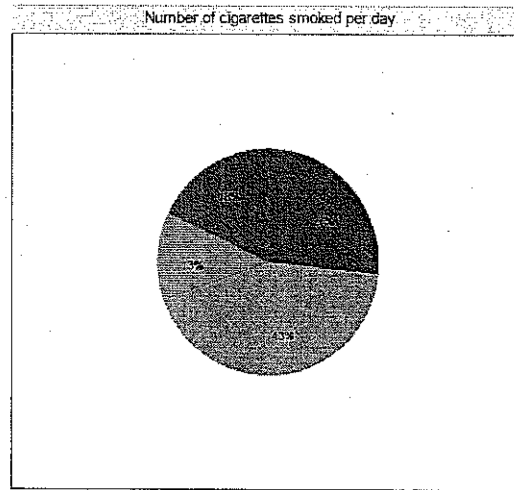
*Data source is the Program Enrollment and Tracking Form; data is from the most recent enrollment.

Clinical Characteristics* (N=240)

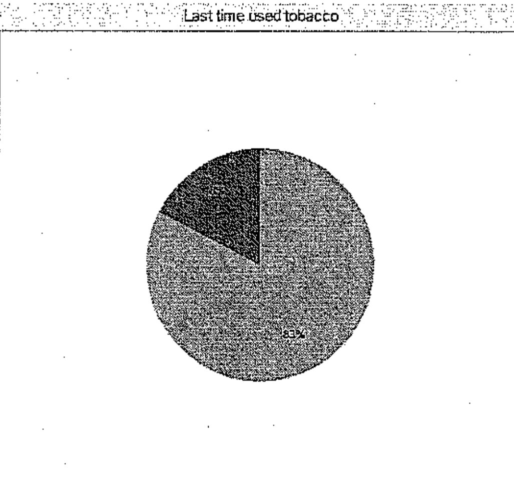
Tobacco Use and Quit History



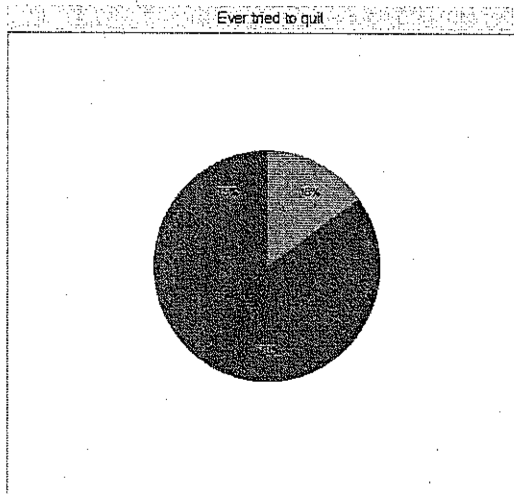
Tobacco user
Yes- uses tobacco No- does not Missing



Number of cigarettes per day
Light (0-10) Moderate (11-20) Heavy (21+) Missing

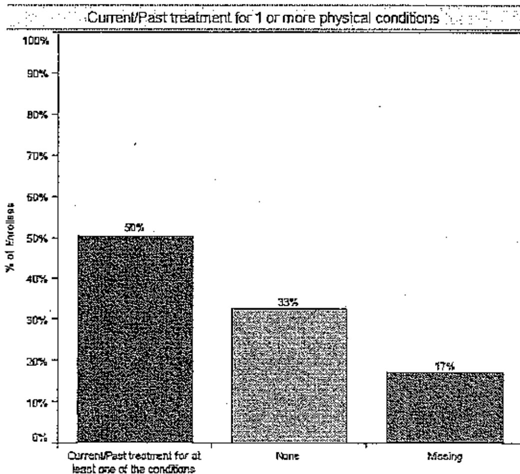


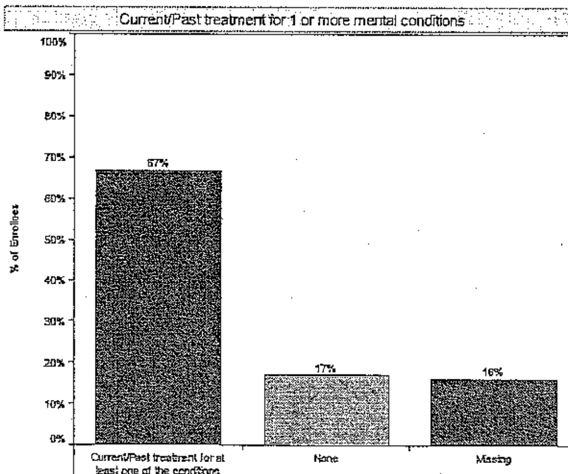
Last time used tobacco
Less than 30 days Missing



Ever tried to quit
No Yes Missing

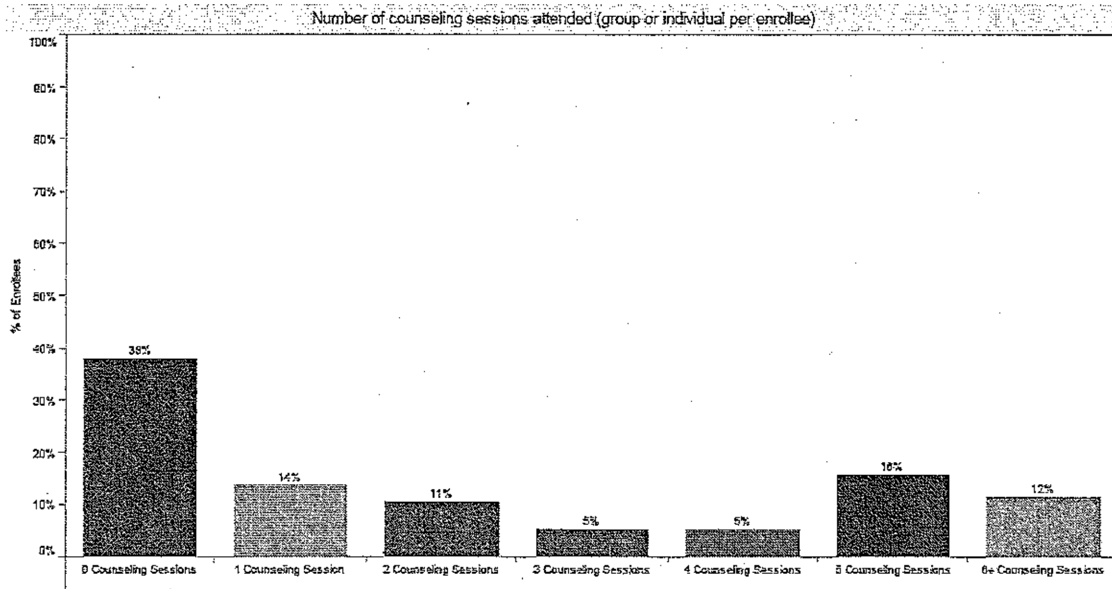
Physical and Mental Health History

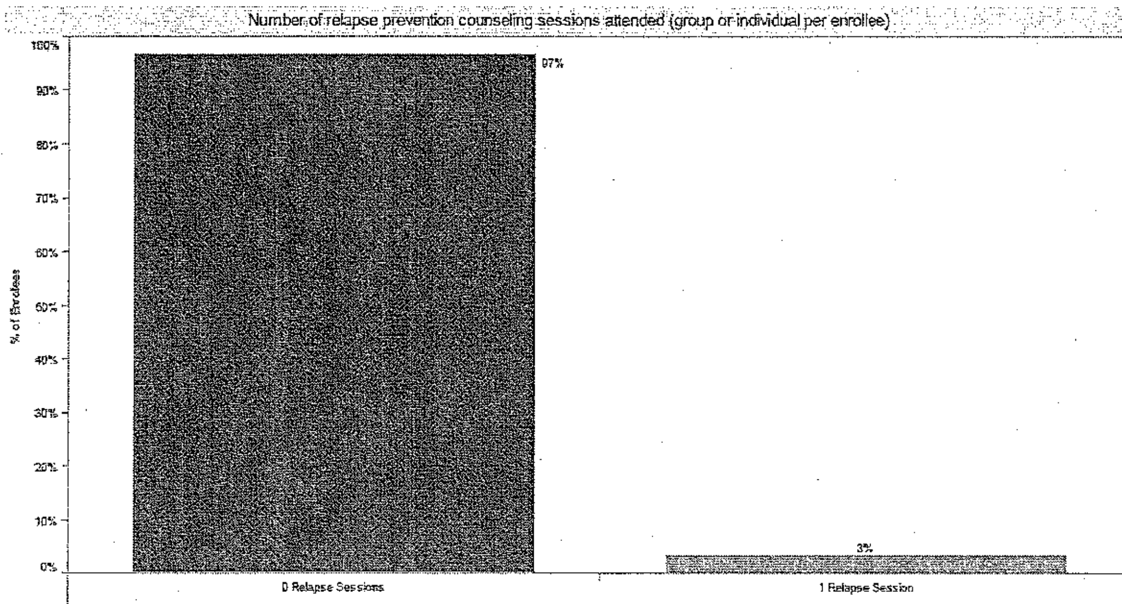




*Data source is the Program Enrollment and Tracking Form; data is from the most recent enrollment.

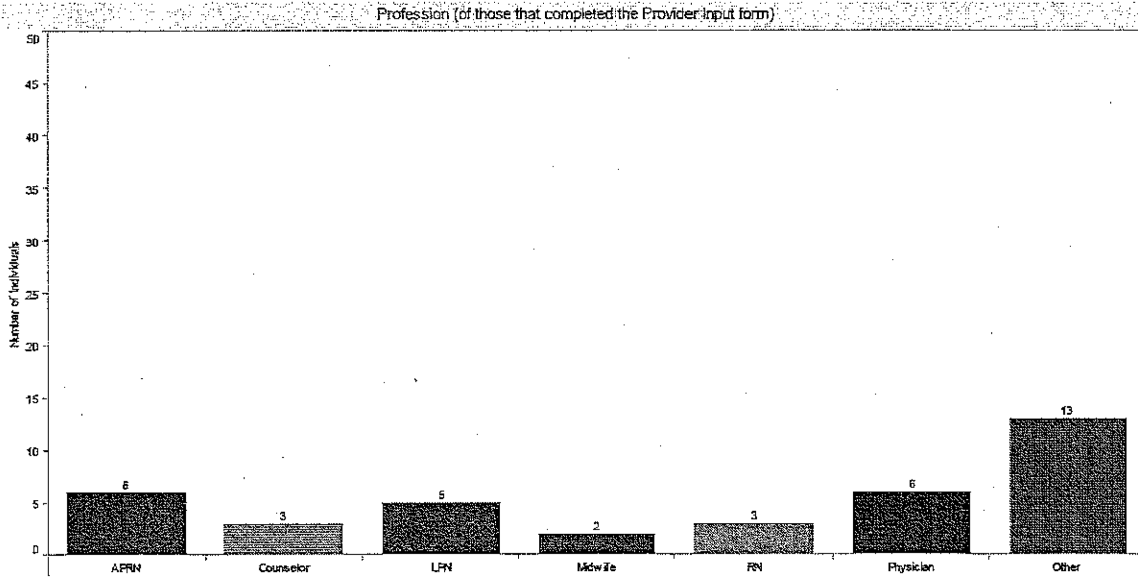
Program Utilization* (N=92)

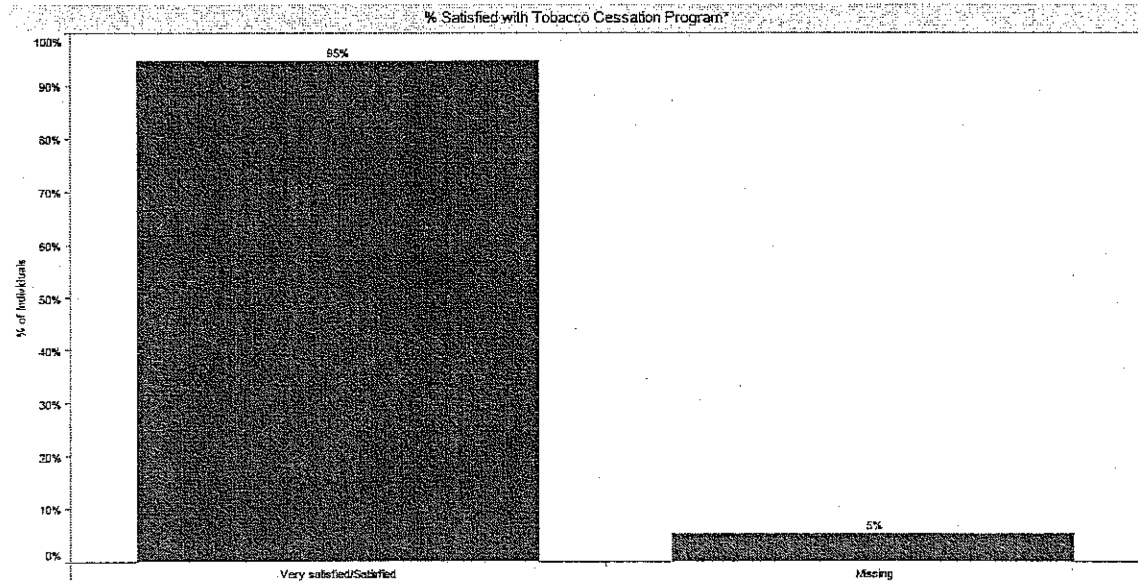




*Data source is the Program Completion and Drop Out Form; data is from the most recent enrollment.

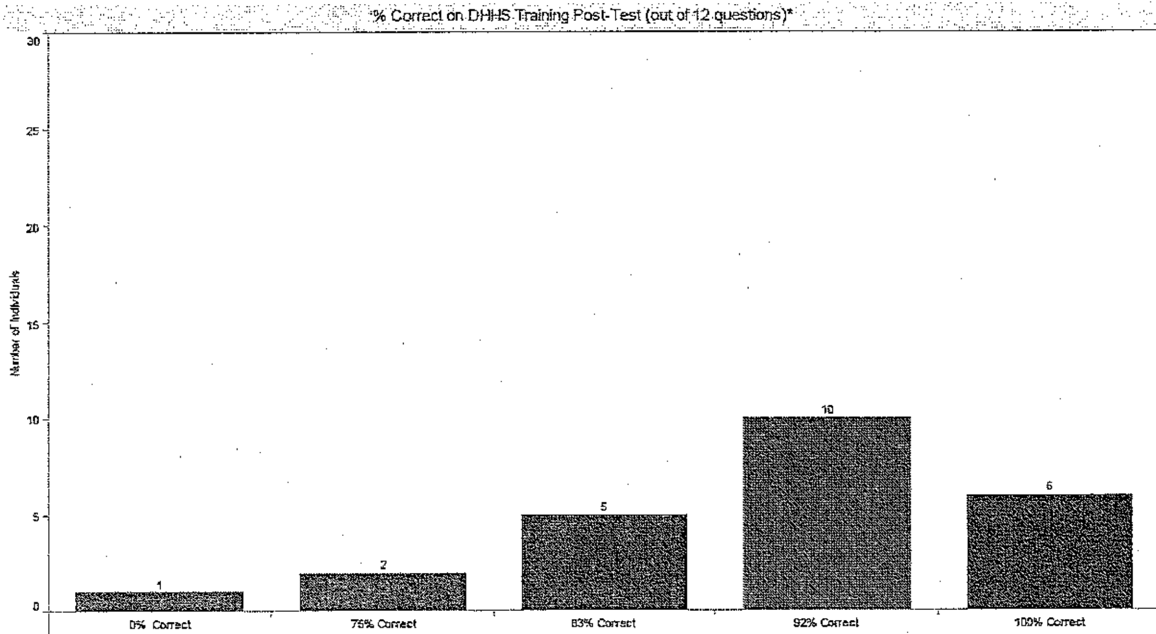
Provider Input on Tobacco Cessation Services and Training* (n=38)

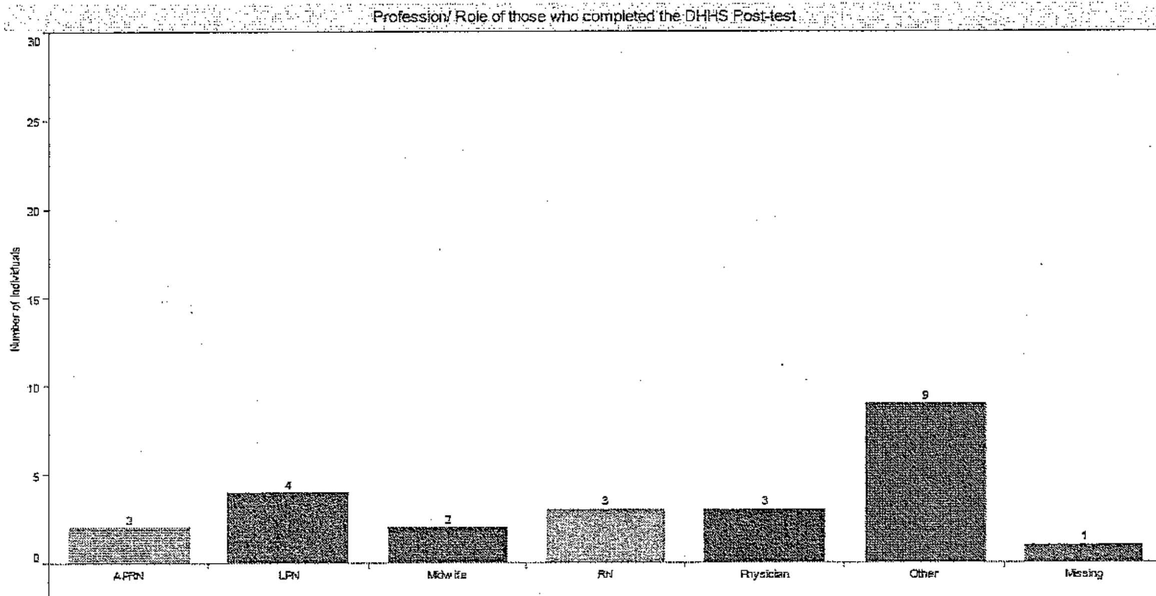




*Data source is the Provider Input Form.

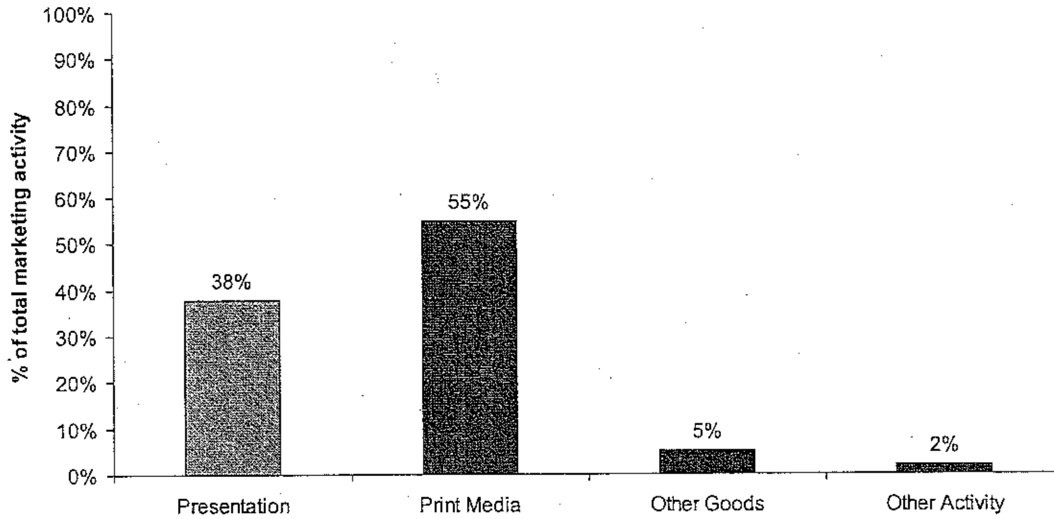
DHHS Training Post-Test Results* (n=24)





*Data source is the DHHS Post Test Form.

Marketing Activity* (n=42)



Data source is the Marketing Form.

Report Appendix

Enrollments and Referral Sources

Table 1. Primary Referral Source for Enrollees at Intake

	N	%
Primary care Provider	76	35.3
OBGYN	10	4.7
Brochure/Flyer	14	6.5
Dental Care Provider	2	.9
Counselor/Therapist	59	27.4
Friend/Family	9	4.2
Employer	1	.5
Other Health Care Provider	12	5.6
School/Head Start	8	3.7
Other Referral Source	24	11.2
Total	215	100.0

** 25 or 10.4% of 240 cases are missing a response to item so are not reported in the table above.

Table 2. Number of Unique Enrollments per Month (excludes dual enrollments)

	N	%
September 2009	19	8.6
October 2009	8	3.6
November 2009	17	7.7
December 2009	8	3.6
January 2010	25	11.4
February 2010	88	40
March 2010	55	25
Total	220	100

** 20 or 8.3% of 240 cases are missing a response to item so are not reported in the table above.

Table 3. Number of Unique Enrollments per Month (excludes dual enrollments) – AIDS Project New Haven, Inc.

	N	%
January 2010	11	44.0
February 2010	8	32.0
March 2010	6	24.0
Total	25	100.0

** 2 or 7.4% of 27 cases are missing a response to item so are not reported in the table above.

Table 4. Number of Unique Enrollments per Month (excludes dual enrollments) – Communicare

	N	%
January 2010	3	4.2
February 2010	44	61.1
March 2010	25	34.7
Total	72	100.0

** 1 or 1.4% of 73 cases are missing a response to item so are not reported in the table above.

Table 5. Number of Unique Enrollments per Month (excludes dual enrollments) – Fair Haven Community Health Center

	N	%
November 2009	6	20
December 2009	2	6.7
January 2010	2	6.7
February 2010	16	53.3
March 2010	4	13.3
Total	16	100.0

** 3 or 9.1% of 33 cases are missing a response to item so are not reported in the table above.

Table 6. Number of Unique Enrollments per Month (excludes dual enrollments) – Generations Family Health Center, Inc.

	N	%
September 2009	2	12.5
October 2009	1	6.3
November 2009	5	31.2
December 2009	2	12.5
January 2010	1	6.3
February 2010	3	18.7
March 2010	2	12.5
Total	16	100.0

** 0 or 0.0% of 16 cases are missing a response to item so are not reported in the table above.

Table 7. Number of Unique Enrollments per Month (excludes dual enrollments) – Hartford Gay and Lesbian Health Collective

	N	%
February 2010	1	25
March 2010	3	75
Total	4	100

** 1 or 20.0% of 5 cases are missing a response to item so are not reported in the table above.

Table 8. Number of Unique Enrollments per Month (excludes dual enrollments) – Hospital of Saint Raphael

	N	%
September 2009	17	34
October 2009	7	14
November 2009	6	12
December 2009	4	8
January 2010	8	16
February 2010	2	4
March 2010	6	12
Total	50	100

** 7 or 12.3% of 57 cases are missing a response to item so are not reported in the table above.

Table 9. Number of Unique Enrollments per Month (excludes dual enrollments) – Ledge light Health District

	N	%
February 2010	14	60.9
March 2010	9	39.1
Total	23	100.0

** 6 or 20.7% of 29 cases are missing a response to item so are not reported in the table above.

Demographic Characteristics at Intake

Table 10. Pregnant Enrollees at Intake (Reported for "Females" and "Other" Gender)

	N	%
Yes	1	1.0
No	93	99.0
Total	94	100.0

** 21 or 18.3% of 115 cases are missing a response to item so are not reported in the table above.

Table 11. Sexual Orientation at Intake

	N	%
Heterosexual/Straight	164	82.8
Gay Women/Lesbian	2	1.0
Gay Man	13	6.6
Bisexual	8	4.0
Other	2	1.0
Refused/Prefer not to say	9	4.5
Total	198	100.0

** 42 or 17.5% of 240 cases are missing a response to item so are not reported in the table above.

Table 12. Primary Language of Enrollees at Intake

	N	%
English	192	91.9
Spanish	16	7.7
Other	1	.5
Total	209	100.0

** 31 or 12.9% of 240 cases are missing a response to item so are not reported in the table above.

Table 13. Type of Health Insurance at Intake

	N	%
No insurance	20	10.3
Government sponsored insurance	154	79.4
Private insurance	17	8.8
Other Type of Insurance	3	1.5
Total	194	100.0

** 46 or 19.2% of 240 cases are missing a response to item so are not reported in the table above.

Table 14. Annual Income of Enrollees at Intake

	N	%
Less than $10.000	103	52.0
$10,000 to less than $15,000	24	12.1
$15,000 to less than $20,000	20	10.1
$20,000 to less than $25,000	2	1.0
$25,000 to less than $35,000	5	2.5
$35,000 to less than $50,000	7	3.5
$50,000 to less than $75,000	2	1.0
Refused/Don't Know	35	17.7
Total	198	100

** 42 or 17.5% of 240 cases are missing a response to item so are not reported in the table above.

Clinical Characteristics at Intake

Table 15. Enrollees Use of Tobacco Other than Cigarettes at Intake

	N	%
No	189	78.8
Yes	15	6.3
Total	240	100.0

**36 or 15.0%% of 240 cases are missing a response to item so are not reported in the table above.

Table 16. Average Number of Times per day Tobacco Other than cigarettes is Used at Intake

	N	Mean
Tobacco Per Day	10	4.40

** 15 reported used so 33.3% of 15 case is missing a response to item so are not reported in the table above.

Table 17. When was the Last Time You Used Any Type of Tobacco at Intake

	N	%
Less than 30 Days	198	100.0
Total	198	100.0

. **42or 17.5% of 240 cases are missing a response to item so are not reported in the table above.

Table 18. Type of Quit Method Used at Intake

	N	%
Nicotine Patch	82	51.6
Nicotine Lozenge	9	5.7
Zyban	3	1.9
Wellbutrin	14	8.8
Chantix	31	19.5
Group Counseling	2	1.3
Individual Counseling	5	3.1
Quit Cold Turkey	87	54.7
Other	11	6.9
Nicotine Gum	29	18.2
Total	273	171.7

** 8 or 4.8% of 167 cases are missing a response to item so are not reported in the table above.
*** Multiple response set for those who indicated previous use of quit methods at Intake. Individuals using multiple methods are represented multiple times; therefore percents will total over 100%.

Table 19. Received Treatment for Heart Condition at Intake

	N	%
Past/Current	21	10.9
None	171	89.1
Total	192	100.0

** 48 or 20% of 240 cases are missing a response to item so are not reported in the table above.

Table 20. Received Treatment for Blood Pressure at Intake

	N	%
Past/Current	65	33.5
None	129	66.5
Total	194	100.0

** 46 or 19.2% of 240 cases are missing a response to item so are not reported in the table above.

Table 21. Received Treatment for Diabetes at Intake

	N	%
Past/Current	28	14.6
None	164	85.4
Total	192	100.0

** 48 or 20.0% of 240 cases are missing a response to item so are not reported in the table above.

Table 22. Received Treatment for Cholesterol at Intake

	N	%
Past/Current	65	33.3
None	130	66.7
Total	195	100.0

** 45 or 18.8% of 240 cases are missing a response to item so are not reported in the table above.

Table 23. Received Treatment for Stroke at Intake

	N	%
Past/Current	12	6.2
None	181	93.8
Total	193	100.0

** 47 or 19.6% of 240 cases are missing a response to item so are not reported in the table above.

Table 24. Received Treatment for Cancer at Intake

	N	%
Past/Current	16	8.4
None	174	91.6
Total	190	100.0

** 50 or 20.8% of 240 cases are missing a response to item so are not reported in the table above.

Table 25. Received Treatment for Lung Condition at Intake

	N	%
Past/Current	42	21.8
None	151	78.2
Total	193	100.0

** 47 or 19.6% of 240 cases are missing a response to item so are not reported in the table above.

Table 26. Received Treatment for Drug Addiction at Intake

	N	%
Past/Current	67	34.9
None	125	65.1
Total	192	100.0

** 48 or 20% of 240 cases are missing a response to item so are not reported in the table above.

Table 27. Received Treatment for Depression at Intake

	N	%
Past/Current	119	60.4
None	78	39.6
Total	197	100.0

** 43 or 17.9% of 240 cases are missing a response to item so are not reported in the table above.

Table 28. Received Treatment for Anxiety at Intake

	N	%
Past/Current	100	51.5
None	94	48.5
Total	194	100.0

** 46 or 19.2% of 240 cases are missing a response to item so are not reported in the table above.

Table 29. Received Treatment for Schizophrenia at Intake

	N	%
Past/Current	16	8.3
None	177	91.7
Total	193	100.0

** 47 or 19.6% of 240 cases are missing a response to item so are not reported in the table above.

Table 30. Received Treatment for Bipolar at Intake

	N	%
Past/Current	50	25.8
None	144	74.2
Total	194	100.0

** 46 or 19.2% of 240 cases are missing a response to item so are not reported in the table above.

Table 31. Received Treatment for Gambling Addiction at Intake

	N	%
Past/Current	10	5.2
None	183	94.8
Total	193	100.0

** 47 or 19.6% of 240 cases are missing a response to item so are not reported in the table above.

Table 32. Received Treatment for Alcohol Addiction at Intake

	N	%
Past/Current	54	28.0
None	139	72.0
Total	193	100.0

**47 or 19.6% of 240 cases are missing a response to item so are not reported in the table above.

Provider Input Form

Table 33. I feel This Training I Received Prepared Me to Comfortably Talk to a Patient About His/Her Tobacco Use

	N	%
Strongly Agree	17	45.9
Agree	20	54.1
Total	37	100.0

** 1 or 2.6% of 38 cases are missing a response to item so are not reported in the table above.

Table 34. I received Materials or an Orientation About the Tobacco Cessation Program at Our Facility

	N	%
Yes	38	100.0
No	0	0.0
Total	38	100.0

** 0or 0.0% of 38 cases are missing a response to item so are not reported in the table above.

Table 35. The DDHS Guideline and ACOG Addendum Training I Received was Comprehensive

	N	%
Strongly Agree	14	38.9
Agree	22	57.9
Total	36	100.0

** 2 or 5.3% of 38 cases are missing a response to item so are not reported in the table above.

Table 36. The Process for Referring a Patient to the Tobacco Program is Easy to Follow

	N	%
Strongly Agree	20	54.1
Agree	17	45.9
Total	37	100.0

** 1 or 2.6% of 38 cases are missing a response to item so are not reported in the table above.

Table 37. I Know Who to Contact if a Patient is Interested in Participating in the Tobacco Program at Our Facility

	N	%
Yes	37	100.0
No	0	0.0
Total	37	100.0

** 1 or 2.6% of 38 cases are missing a response to item so are not reported in the table above.

Table 38. There are Tobacco Program referral Materials Located in Our Examination rooms

	N	%
Yes	31	86.1
No	5	13.9
Total	36	100.0

** 2 or 5.3% of 38 cases are missing a response to item so are not reported in the table above.

Table 39. QuitLine Contact and Referral Information is Located in Our Examination Rooms for Patients

	N	%
Yes	29	82.9
No	6	17.1
Total	35	100.0

** 3 or 7.9% of 38 cases are missing a response to item so are not reported in the table above.

Table 40. I Have Seen Promotional Materials such as Brochures or Posters Marketing the Tobacco Program at Our Facility

	N	%
Yes	36	97.3
No	1	2.7
Total	37	100.0

** 1 or 2.6% of 38 cases are missing a response to item so are not reported in the table above.

Program Utilization

Table 41. Tobacco Cessation Program Utilization per Enrollee by Session Type (Excluding those without program utilization)

		Average Individual Sessions per Enrollee	Average Group Sessions per Enrollee
	N	41	18
	Mean	3.29	5.11
	Std. Dev.	1.78	3.48
	Minimum	1	1
	Maximum	7	10

Table 42. Relapse Prevention Utilization per Enrollee by Session Type (Excluding those without program utilization)

		Average Individual Sessions per Enrollee	Average Group Sessions per Enrollee
	N	3	1
	Mean	1	1
	Std. Dev.	---	---
	Minimum	1	1
	Maximum	1	1

Program Completion/ Drop Out Form

Table 43. Self Reported Relapse Prevention Referrals for Enrollees at Program Completion or Drop Out

	N	%
Quitline	11	39.3
Relapse Support Group	11	39.3
Individual Counseling	19	67.9
Community Program	2	7.1
Other Relapse Prevention	8	28.6
Total	51	182.1

***** Multiple response set for those who indicated reception of referrals for relapse prevention services at program completion or drop out. Individuals receiving multiple relapse prevention referrals are represented multiple times; therefore percents will total over 100%

Table 44. How Often One Smokes of Enrollees at Program Completion or Drop Out

	N	%
Everyday	21	65.6
Some days	2	6.3
Not at All	9	28.1
Total	32	100.0

** 60 or 65.2% of 92 cases are missing a response to item so are not reported in the table above.

Table 45. Last Time Tobacco Used of Enrollees at Program Completion or Drop Out

	N	%
Less than 1 month	30	96.8
1 Month to Less than 3 Months ago	1	3.2
Total	31	100.0

** 61 or 66.3% of 92 cases are missing a response to item so are not reported in the table above.

Table 46. Did You Try to Quit Using Tobacco While Participating in This Program of Enrollees at Program Completion or Drop Out

	N	%
No	10	47.6
Yes	11	52.4
Total	21	100.0

** 71 or 77.2% of 92 cases are missing a response to item so are not reported in the table above.

Table 47. Changes Made to Smoking Behavior of Enrollees at Program Completion or Drop Out

	N	%
Reduced or No Longer Smoke in Home, Work, Car, or Public	11	57.9
Only Smoke Outside	3	15.8
Stopped Completely	7	36.8
Other	5	26.3
Total	26	136.8

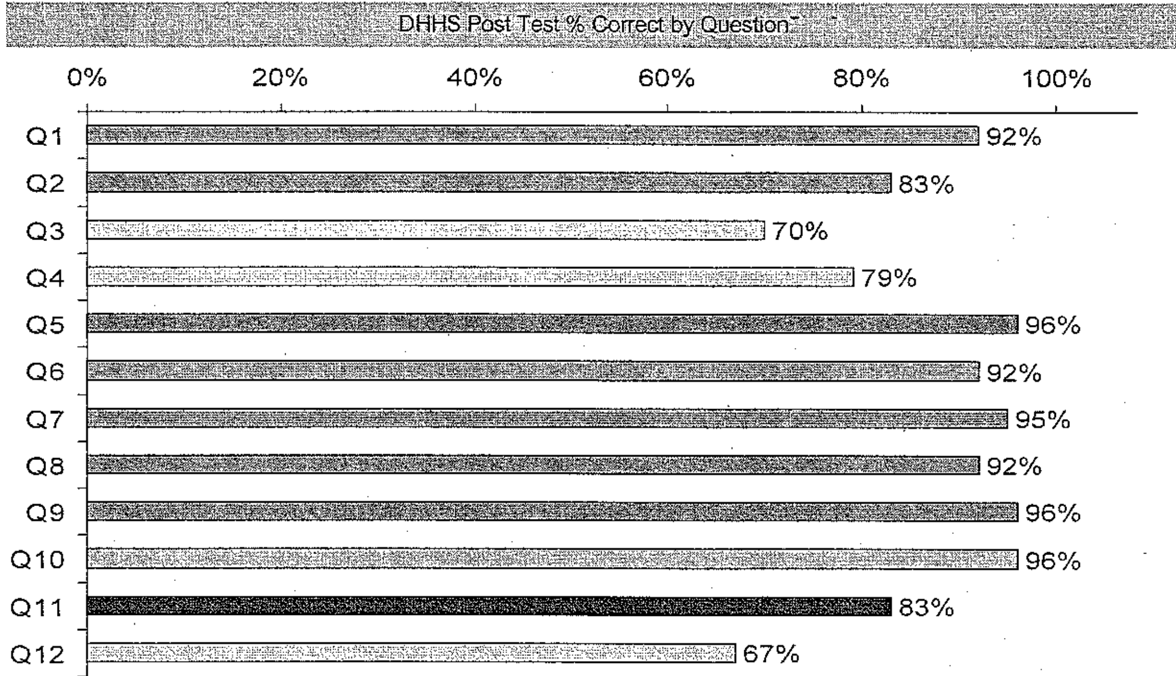
*** Multiple response set for those who indicated changes to smoking behavior at program completion or drop out. Individuals engaging in multiple changes to their smoking behavior are represented multiple times; therefore percents will total over 100%.

Table 48. Quit Method of Enrollees at Program Completion or Drop Out

	N	%
Nicotine Patch	6	54.5
Chantix	4	36.4
Group Counseling	2	18.2
Individual Counseling	2	18.2
Quite Cold Turkey	2	18.2
Total	16	145.5

*** Multiple response set for those who indicated previous use of quit methods. Individuals using multiple quit methods are represented multiple times; therefore percents will total over 100%.

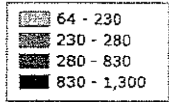
DHHS Post Test

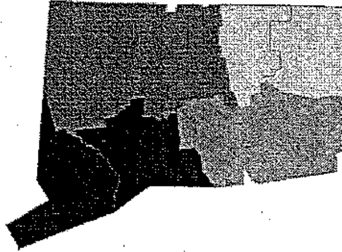


Performance Dashboard
Connecticut QuitLine

Contract dates from 7/1/2009 through 6/30/2010

Tobacco Users Served YTD (Adults)

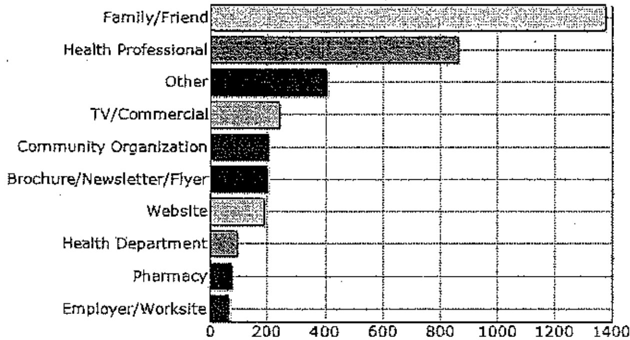




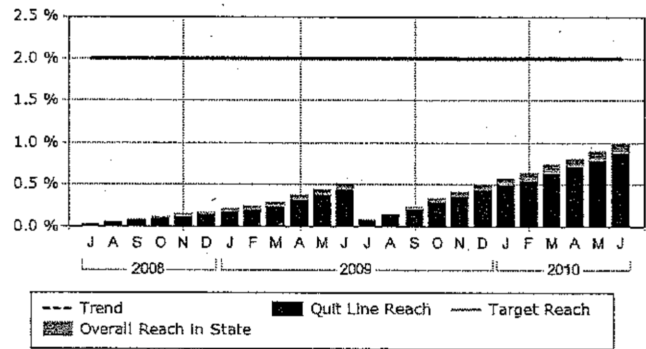
	Population	Prevalence	Tobacco Users
Adult	3,034,060	15.4 %	467,245

		Quitline	State
Tobacco Users YTD		4,066	4,677
Target Reach		2.0 %	2.0 %
Reach YTD	1	0.87 %	1.00 %
Reach - NAQC	2	0.73 %	0.73 %
Annualized Reach	1	0.87 %	1.00 %
Annualized Reach - NAQC	2	0.73 %	0.73 %

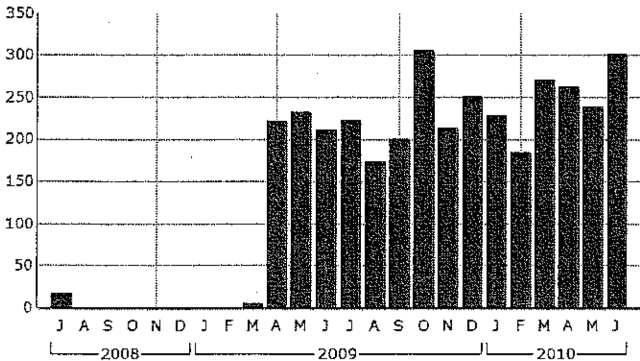
Top 10 How Heard About (Contract YTD)



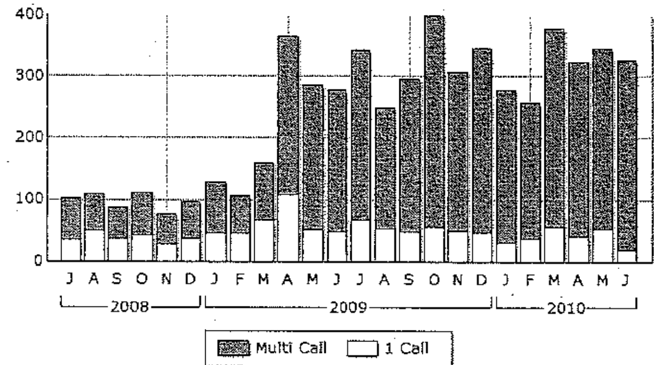
Cumulative Reach Rate



Tobacco Users Receiving NRT



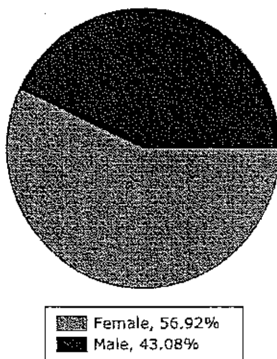
Tobacco User Enrollments By Program Type



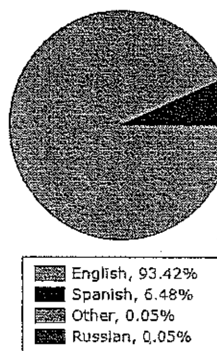
NOTE: Includes Tobacco Users only, does not include Proxy or Provider.

Demographics (Past 6 Months)

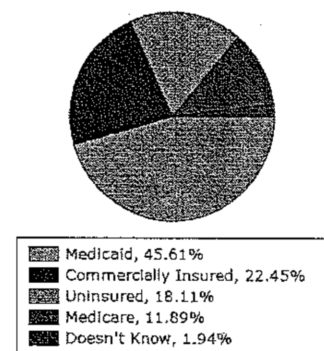
Tobacco Users By Gender



Tobacco Users By Language



Tobacco Users By Health Plan



1. Reach - includes all tobacco users, regardless of service requested.
2. NAQC Reach - includes tobacco users provided minimal, low-intensity, or higher intensity counseling OR medications OR both counseling and medications.

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Performance Dashboard
Connecticut QuitLine

Contract dates from 7/1/2009 through 6/30/2010

Demographic Comparison

AgeGroup
Age 18 to 24
Age 25 to 34
Age 35 to 44
Age 45 to 54
Age 55 to 64
Age 65 or older

Education
Did not graduate High School
Graduated High School
Attended College or Technical School
Graduated from College or Technical School

Gender
Female
Male

0 % 20 % 40 % 60 % 80 % 100 %

Percent of Total

Quit Line State Tobacco User [3]

3. Data Source: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2009.

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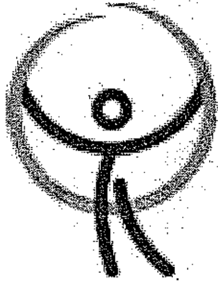

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Free&Clear®

the healthy behaviors company

Connecticut Quit Line
7- and 13-month Evaluation
Report Card
Year 5

Evaluation Services Division

Clinical and Behavioral Sciences

Free & Clear, Inc.

June 30, 2010

Acknowledgements

A complex coordination of efforts was required to conduct the evaluation and the development of this report card and could not have been accomplished without the collaboration and generous assistance of many individuals. We would like to acknowledge all staff who provided registration and tobacco treatment services to Connecticut Quit Line callers, and the survey staff who assisted with data collection for the evaluation.

In addition, the following staff members are responsible for the execution of the research study, as well as the content of this report:

Lisa Mahoney, MPH, Senior Data Analyst
Anne Perez-Cromwell, BASW, Senior Project Manager
Chelsea Nash, BA, Quality Assurance Associate
Omar Kordahi, Senior Client Services Manager
Tamara Altman, Ph.D., Associate Director of Evaluation Services
Susan M Zbikowski, Ph.D., Vice President Clinical and Behavioral Sciences

If you have additional questions, please contact:

Omar Kordahi
Free & Clear, Inc.
999 3rd Ave, Suite 2100
Seattle, Washington 98104
Telephone: 206.876.2157
Fax: 206.876.2101
Email: omar.kordahi@freeclear.com

OVERVIEW

The State of Connecticut contracted with Free & Clear, Inc. (Free & Clear®) to conduct an evaluation of the Quit Line for the fiscal period August 1, 2009 to June 30, 2010. The full evaluation consists of a 7- and 13-month follow-up survey to measure quit and satisfaction outcomes for participants who received NRT and who did not receive NRT.

Free & Clear selected participants who registered for Quit Line services between May 1, 2009 and February 28, 2010 (for the 7-month survey), and November 1, 2008 and August 31, 2009 (for the 13-month survey). This report card contains the ***preliminary outcome results*** for respondents who completed a survey between November 30, 2009 and June 7, 2010, for both time points. Surveys will continue to be conducted through October 15, 2010. Intent-to-treat (ITT) tobacco quit rates will be included in the final report in November 2010.

Follow-up survey data was merged with registration data to obtain participants' cigarette use per day collected at enrollment. Respondents who answered "refused" or "don't know" to the satisfaction or tobacco use questions were excluded from the computation of the outcomes.

PRELIMINARY RESULTS: 7- AND 13-MONTH FOLLOW-UPS

Table 1: Survey Call Disposition

	7-month follow-up		13-month follow-up	
	N	%	N	%
Completed surveys	309	38.1	194	35.1
Long surveys completed	*256*	*31.6*	*170*	*30.8*
Short surveys completed	*53*	*6.5*	*24*	*4.3*
Located; unable to survey after 11 attempt days	286	35.3	196	35.5
Unable to locate caller (i.e., wrong or disconnected #)	179	22.1	111	20.1
Refused to participate in survey	31	3.8	48	8.7
Other (ill, deceased, incomplete survey)	5	0.6	3	0.6
Total	810	100.0	552	100.0

Table 2: Overall Satisfaction with the CTQL (Source: Follow-up Survey)

	7-month follow-up		13-month follow-up	
	N	%	N	%
Satisfied	285	96.9	171	93.4
Very satisfied	*188*	*63.9*	*84*	*45.9*
Mostly satisfied	*50*	*17.0*	*45*	*24.6*
Somewhat satisfied	*47*	*16.0*	*42*	*23.0*
Not at all satisfied	9	3.1	12	6.6

Table 3: Respondent Quit Rates (Source: Follow-up Survey)

	7-month follow-up		13-month follow-up	
	N	%	N	%
7- and 30- day point prevalence tobacco abstinence rates	305		192	
Respondent 7-day quit rate	104	34.1	57	29.7
Respondent 30-day quit rate	85	27.9	49	25.5

Table 4: Tobacco Reduction Rate among Current Tobacco Users (Source: Follow-up Survey)

Results are reported only for those still using tobacco or who were quit less than 30 days at the time of the follow-up survey.	7-month follow-up		13-month follow-up	
	N	%	N	%
Tobacco use reduction (cigarette users only)	195		131	
Less than baseline	112	57.4	73	55.7
As many or more than baseline	83	42.6	58	44.3

The State of Connecticut, Department of Public Health announces the release of an RFP for tobacco use cessation services in Connecticut, especially targeting populations that have a documented disparate use of tobacco products compared to the general population.

This Request for Proposal **#2010-0912** consists of two (2) components:

Component 1 is to provide group and individual tobacco use cessation counseling services to residents.

Component 2 is to provide brief intervention cessation counseling and referral services to patients and family members receiving care in Emergency Departments within a hospital, medical center or emergency care center.

Applicants can apply for either Component 1, Component 2, or for both Components; however a separate application is required for each component.

The Request for Proposal is available in electronic format on the State Contracting portal at http://www.das.state.ct.us/purchase/portal/portal_home.asp or on the DPH website at http://www.state.ct.us/dph/agency_news/agency_news_rfps.htm or by telephoning the office at 860-509-8251.

Key Dates:

Deadline for Questions: August 10, 2010

Answers Released: August 20, 2010

Letter of Intent Due: August 31, 2010

Proposals Due: September 15, 2010

The deadline for submission of proposals is no later than September 15, 2010, at 4:00 P.M. EDST

Additional Contact Information:

Name:	Barbara Metcalf Walsh, Program Supervisor
Address:	410 Capitol Avenue, MS# 11HLS, P O Box 340308, Hartford, CT 06134-0308
Phone:	860-509-8251
Fax:	860-509-7854
E-Mail:	DPHTobacco@ct.gov

INNOVATIVE PROGRAMS RFP RELEASED

The State of Connecticut, Department of Public Health announces the release of an RFP for innovative tobacco use prevention programs for youth in Connecticut, especially focusing on youth ages 5 through 14 years old.

This Request for Proposal, **#2010-0914** is available in electronic format on the State Contracting portal at
http://www.das.state.ct.us/purchase/portal/portal_home.asp

or on the DPH website at
http://www.state.ct.us/dph/agency_news/agency_news_rfps.htm

or by telephoning the office at 860-509-8251.

Key Dates:

Deadline for Questions:	September 16, 2010
Answers Released:	September 23, 2010
Letter of Intent Due:	September 30, 2010
Proposals Due:	October 8, 2010

The deadline for submission of proposals is no later than October 8, 2010, at 4:00 P.M. EDST

Additional Contact Information:

Name:	Barbara Metcalf Walsh, Program Supervisor
Address:	410 Capitol Avenue, MS# 11HLS, P O Box 340308, Hartford, CT 06134-0308
Phone:	860-509-8251
Fax:	860-509-7854
E-Mail:	DPHTobacco@ct.gov

Contact: Dawn Mays-Hardy
dmays-hardy@lungne.org
(860) 289-5401

New Study Finds Positive Return on State Investment for in Smoking Cessation Treatments

Study provides additional support for CT effort to provide smoking cessation treatment to Medicaid Recipients

East Hartford, CT, (September 14, 2010) — A new study released today by the American Lung Association, and conducted by researchers at Penn State University, finds that helping smokers quit not only saves lives but also provides significant economic benefits for states that invest in smoking cessation treatment.

In Connecticut, the ALA study suggested that the annual direct costs to the economy attributable to smoking were in excess of $3.5 billion including $1.7 billion in direct medical expenditures. Other contributing costs include workplace productivity losses and premature death losses. While the retail price of a pack of cigarettes in Connecticut is on average $7.45, the combined medical costs and productivity losses attributable to each pack of cigarettes sold are approximately $22.94 per pack of cigarettes.

The study, titled *Smoking Cessation: the Economic Benefits*, provides a nationwide cost-benefit analysis that compares the costs to society of smoking with the economic benefits to society of providing cessation (quit-smoking) coverage. The study comes at an important time, as important cessation benefit provisions are being implemented at the federal and state levels as a result of healthcare reform legislation. In Connecticut it is estimated that for every dollar spent on helping smokers quit, the Connecticut economy will se a return of $1.37.

This report follows on the heels of a recent announcement that Connecticut has collected $5 million in additional revenue from the $1-a-pack tax increase on cigarettes that started in October 2009. The ALA believes that this report supports the idea that these funds should be used to support tobacco cessation programs in Connecticut. For the past several years, the ALA has championed legislation that would provide Connecticut Medicaid recipients with access to smoking cessation treatment. Some of the highest rates of smoking are found among people enrolled in Medicaid. ALA hopes this new data will help to convince lawmakers to enact this important public health initiative.

"This study helps to illustrate what many advocates have been saying for a long time, that helping people quit smoking is not only good public health policy but good economic policy as well," said ??? "By providing Medicaid recipients with clinically proven cessation treatments for smokers, the state will not only save lives but also significant amounts of money in healthcare costs."

A comprehensive cessation benefit includes all seven medications and three types of counseling recommended by the U.S. Public Health Service for tobacco cessation. Only six states now provide comprehensive coverage for Medicaid recipients: Indiana, Massachusetts, Minnesota, Nevada, Oregon and Pennsylvania.

The Lung Association also recommends that all private insurance plans and employers offer comprehensive cessation coverage and encourages states to require them to cover these treatments. Only seven states have such requirements now: Colorado, Maryland, New Jersey, New Mexico, North Dakota, Oregon and Rhode Island.

According to Joni Czajkowski, Director of Government Relations at the American Heart Association "The results of ALA's Smoking Cessation: the Economic Benefits study affirms what so many in the public health field already know, smoking cessation treatments work. The American Heart Association is eager to work with the American Lung Association to highlight the findings in this study ensuring the residents of Connecticut have the necessary resources to quit smoking."

About the Study

Researchers at Penn State University with expertise in health economics and administration performed this cost-benefit analysis using government and other published data. The analysis compares the costs of providing smoking cessation treatments (including price of medications and counseling and lost tax revenue) to the savings possible if smokers quit (including savings in health care expenditures, premature death costs, and productivity losses).

Funding for the study was provided through an unrestricted research grant from Pfizer Inc.

To view the entire study log onto: www.lungusa.org/cessationbenefits.

About the American Lung Association
Now in its second century, the American Lung Association is the leading organization working to save lives by improving lung health and preventing lung disease. With your generous support, the American Lung Association is "Fighting for Air" through research, education and advocacy. For more information about the American Lung Association or to support the work it does, call 1-800-LUNG-USA (1-800-586-4872) or visit www.LungUSA.org.

-End-

News

FOR IMMEDIATE RELEASE
September 14, 2010

Connecticut Department of Public Health
Contact: William Gerrish
(860) 509-7270

Public Health Survey Finds Youth Smoking in Connecticut Continues to Decline

Hartford - The Department of Public Health (DPH) today announced that the rate of cigarette smoking among Connecticut's middle and high school students continues to decline, and that attitudes about smoking vary between smokers and non-smokers. The results are from a survey, the Youth Tobacco Component (YTC), on tobacco use among young people in grades 6 through 12.

"This survey estimates that nearly 9,000 of Connecticut's middle and high school students smoked their first cigarette before age 11," said DPH Commissioner Dr. J. Robert Galvin. "Smoking is the number one cause of preventable death in the United States. Many of these kids will become addicted before they are old enough to understand the risks of smoking. This survey provides valuable data for evaluating youth tobacco prevention efforts and cessation programs within our state."

In the 2009 survey, 20.8% of high school students reported they currently use tobacco. This is down from 22.6% when the previous survey was taken in 2007. The survey also shows that the belief that smoking has social benefits such as fitting in or looking cool, is higher among students who smoke than those who had never smoked.

The YTC is part of a larger study, the Connecticut School Health Survey (CSHS), conducted by the DPH in cooperation with the federal Centers for Disease Control and Prevention (CDC) and the Connecticut State Department of Education. The survey, conducted in the spring of 2009, assessed students' attitudes, perceptions, and behaviors related to tobacco use. Anonymous responses from a representative sample of 4,616 students in grades 6-12 were collected and analyzed for the report.

To view the report, please visit
http://www.ct.gov/dph/lib/dph/hems/tobacco/pdf/2009_ytc_report_fnl.pdf.

The Connecticut Department of Public Health is the state's leader in public health policy and advocacy with a mission to protect and promote the health and safety of the people of our state. To contact the department, please visit its website at www.ct.gov/dph or call (860) 509-7270.

PENNSTATE

Potential Costs and Benefits of Smoking Cessation for Connecticut

Jill S. Rumberger, PhD
Assistant Professor
Pennsylvania State University, Capital College, School of Public Affairs, Harrisburg, PA

Christopher S. Hollenbeak, PhD
Associate Professor
Pennsylvania State University, College of Medicine, Departments of Surgery and Public Health Sciences, Hershey, PA

David Kline
Research Associate Intern
Pennsylvania State University, College of Medicine, Department of Health Evaluation Services, Hershey, PA

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Executive Summary

Background. Cigarette smoking is the single leading cause of preventable disease and preventable death in the United States (US), leading to more than 400,000 deaths annually. The CDC and the U.S. Department of Health and Human Services have both issued guidelines on smoking cessation to help people to quit smoking that include: access to counseling, access to all FDA-approved over-the-counter and prescription medications; multiple quit attempts; and reduced or eliminated co-pays. However, access to these aids is limited since many payers do not cover these treatments. The objective of this study was to determine whether the cost of making such smoking cessation programs available at the state level could be justified by the benefits.

Methods. We performed a cost-benefit analysis of access to smoking cessation programs using a societal perspective using state specific data. Smoking cessation programs based on three treatment alternatives were studied: nicotine replacement therapy (NRT), bupropion, and varenicline. Each approach was evaluated with and without individual counseling. Benefits were estimated as reductions in medical expenditures, premature deaths and increased workplace productivity. Costs were estimated as direct cost of the smoking cessation programs, the lost tax revenue to the public sector and the lost revenue to retailers and distributors, since smokers who quit will no longer purchase cigarettes. Other model parameters included how many smokers take advantage of the programs and the programs' effectiveness in helping smokers to quit. The cost-benefit model was parameterized using data from CDC, and various national surveys, including the Behavioral Risk Factors Surveillance Survey and the Current Population Survey.

Results. Results from our model suggested that in Connecticut the annual direct costs to the economy attributable to smoking were in excess of \$3.5 billion, including workplace productivity losses of \$654 million, premature death losses of \$1.1 billion, and direct medical expenditures of \$1.7 billion. While the retail price of a pack of cigarettes in Connecticut is on average \$7.45, the combined medical costs and productivity losses attributable to each pack of cigarettes sold are approximately \$22.94 per pack of cigarettes. The ratio of benefits to cost varies from \$0.97 to \$2.48 saved per dollar spent on smoking cessation programs, depending upon the type of intervention. Nicotine replacement therapies, generic bupropion and varenicline showed substantial benefits to costs from the societal perspective across the range of values used for treatment effectiveness. Only brand name bupropion was marginally a positive benefits to cost ratio at the low end of the range. Detailed results can be found in Tables 1-8, which are attached.

Conclusions. For most smoking cessation treatments, the benefits of smoking cessation programs statewide greatly outweigh the cost to implement them.

Tables

Table 1: Baseline data on smokers and smoking in Connecticut.

Variable	Total
Resident Smokers in CT[1]	442,035
Visiting Smokers in CT[2]	28,768
Total Smokers	470,803
Total Packs Sold to Residents	155,856,741
Total Packs Sold to Visitors	10,143,259
Total Packs Sold[3]	166,000,000
Average Packs Per Resident Smoker Per Year	353

[1] Data from the Behavioral Risk factor Surveillance System, Connecticut Calculated Variable Data Report, 2005. Retrieved on September 7, 2009 from: http://apps.nccd.cdc.gov/s_broker/htmsql.exe/weat/freq_analysis.hsql?survey_year=2005

[2] Data from http://www.cultureandtourism.org/cct/lib/cct/CCT_Impact_Report_Web_.pdf, The Economic Impact of the Arts, Film, History and Tourism Industries in Connecticut

[3] Data from http://www.tobaccofreekids.org/research/factsheets/pdf/0099.pdf, Campaign for Tobacco Free Kids.

Table 2: Total productivity losses attributable to smoking. Includes productivity losses due to premature death, and workplace productivity losses due to absenteeism and the net loss of productive work time.

Component	Total	Per Pack	Per Smoker
Premature Death[1]			
Men	$760,084,489	$9.95	$3,508.66
Women	$418,318,757	$5.26	$1,855.86
Combined	$1,178,403,246	$7.56	$2,665.86
Workplace Productivity[2]			
Current Smokers[3]	$444,972,014	$2.86	$1,006.64
Former Smokers[4]	$209,371,615	$1.34	$473.65
Combined	$654,343,628	$4.20	$1,480.30
Total Productivity Losses	$1,832,746,874	$11.76	$4,146.16

Adjusted for inflation to 2009

1. SAMMEC. Adult Smoking-Attributable Mortality, Morbidity, and Economic Costs Calculator. Atlanta, GA: CDC; 2008.
2. Data from Bunn WB, 3rd, Stave GM, Downs KE, Alvir JM, Dirani R. Effect of smoking status on productivity loss. J Occup Environ Med 2006 Oct;48(10):1099-108.
3. Per Bunn et al. total cost per current smoker in the labor force is $4430, with a net effect of lost productivity of $1807.
4. Per Bunn et al. total cost per former smoker in the labor force is $2623, with a net effect of $623.

Table 3: Direct expenditures on medical care attributable to smoking and smoking-related events in Connecticut. Total expenditures per pack for both medical care and productivity losses are $22.94 per pack.

Cost Component[1]	Total	Per Pack	Per Smoker
Adult Expenditures			
Ambulatory Care	$264,055,576	$1.69	$597.36
Hospital Care	$775,209,029	$4.97	$1,753.73
Rx	$296,759,707	$1.90	$671.35
Nursing Home	$259,210,519	$1.66	$586.40
Other Care[2]	$146,562,957	$0.94	$331.56
Total	$1,741,797,788	$11.18	$3,940.41
Neonatal Expenditures	$1,139,173	$0.01	$2.58
Total Expenditures	$1,742,936,961	$11.18	$3,942.98

Adjusted for inflation to 2009

1. SAMMEC. Adult Smoking-Attributable Mortality, Morbidity, and Economic Costs Calculator. Atlanta, GA: CDC; 2008.
2. Other Care includes home health, nonperscription drugs, and nondurable medical products.

Table 4: Components of cigarette prices, including taxes, distributor markups, and retailer markups.

Component	Price
Factory Price[1]	$2.36
Total Taxes	$4.43
Federal Tax[2]	$1.01
State Tax[2]	$3.00
State Sales Tax[3]	$0.42
Distributor & Retailer Mark-ups[1]	$0.66
Final Retail Price	$7.45

Adjusted for inflation to 2009

[1] Economic Research Service, U.S. Department of Agriculture, Tobacco Briefing Room, "Most Frequently Used Tables," Number 9, http://www.ers.usda.gov/ Briefing/tobacco, downloaded January 23, 2007 (adjusted to reflect Philip Morris price cuts to four of its major brands).
[2] Data from http://www.tobaccofreekids.org/research/factsheets/pdf/0099.pdf, Campaign for Tobacco Free Kids.
[3] Data from http://www.rjrt.com/StateMsaPayments.aspx, State MSA Payments.

Table 5: Costs for smoking cessation treatments. Costs are for a full course of treatment, which varies by treatments.

Treatment	Alone	With Counseling
NRT	$231	$371
Bupropion (Brand)	$354	$494
Generic Bupropion	$203	$343
Varenicline	$300	$440

Source: Treatment costs are at national retail pricing from Drugstore.com (2009). Prices were adjusted to 2009 dollars.

Table 6: Marginal treatment effectiveness, including baseline values and ranges used in sensitivity analysis.

Treatment Option	Marginal Treatment Effectiveness		
	Baseline	*Low*	*High*
NRT[1]	5.8%	5.0%	6.6%
Bupropion (Brand)[2]	7.0%	5.4%	8.6%
Generic Bupropion[2]	7.0%	5.4%	8.6%
Varenicline[3]	14.9%	10.2%	20.4%
NRT Plus Counseling	8.0%	7.1%	8.9%
Bupropion (Brand) Plus Counseling	9.3%	7.6%	11.3%
Generic Bupropion Plus Counseling	9.3%	7.6%	11.3%
Varenicline Plus Counseling	18.5%	13.0%	24.8%

[1] Silagy C, Lancaster T, Stead L, Mant D, Fowler G. Nicotine replacement therapy for smoking cessation. Cochrane Database Syst Rev 2004(3):CD000146.
[2] Hughes JR, Stead LF, Lancaster T. Antidepressants for smoking cessation. Cochrane Database Syst Rev 2007(1):CD000031.
[3] Cahill K, Stead LF, Lancaster T. Nicotine receptor partial agonists for smoking cessation. Cochrane Database Syst Rev 2007(1):CD006103.

Table 7: Results of cost-benefit analysis at baseline marginal effectiveness

Costs/Benefits	No Counseling			
	NRT	*Bupropion (Brand)*	*Generic Bupropion*	*Varenicline*
Medical Expenditures Avoided Plus Productivity Gains	$20,694,441	$24,914,279	$24,914,279	$53,295,541
Costs of Cessation Program	$10,211,009	$15,661,742	$8,956,071	$13,240,716
Lost Tax Revenue	$3,997,681	$4,812,855	$4,812,855	$10,295,450
Lost Business Revenue	$597,331	$719,134	$719,134	$1,538,340
Benefit/Cost Ratio	**1.40**	**1.18**	**1.72**	**2.13**

Costs/Benefits	Counseling			
	NRT	*Bupropion (Brand)*	*Generic Bupropion*	*Varenicline*
Medical Expenditures Avoided Plus Productivity Gains	$28,518,510	$33,371,323	$33,371,323	$66,009,775
Costs of Cessation Program	$16,399,499	$21,850,232	$15,144,561	$19,429,206
Lost Tax Revenue	$5,509,108	$6,446,558	$6,446,558	$12,751,542
Lost Business Revenue	$823,167	$963,241	$963,241	$1,905,327
Benefit/Cost Ratio	**1.25**	**1.14**	**1.48**	**1.94**

Adjusted for inflation to 2009

Table 8: Sensitivity analysis of cost-benefit analysis at low values of marginal effectiveness

	No Counseling			
Costs/Benefits	*NRT*	*Bupropion (Brand)*	*Generic Bupropion*	*Varenicline*
Medical Expenditures Avoided Plus Productivity Gains	$17,900,372	$19,430,716	$19,430,716	$36,449,870
Costs of Cessation Program	$10,211,009	$15,661,742	$8,956,071	$13,240,716
Lost Tax Revenue	$3,457,932	$3,753,559	$3,753,559	$7,041,261
Lost Business Revenue	$516,682	$560,854	$560,854	$1,052,101
Benefit/Cost Ratio	**1.26**	**0.97**	**1.46**	**1.71**

	Counseling			
Costs/Benefits	*NRT*	*Bupropion (Brand)*	*Generic Bupropion*	*Varenicline*
Medical Expenditures Avoided Plus Productivity Gains	$25,305,330	$27,065,226	$27,065,226	$46,637,253
Costs of Cessation Program	$16,399,499	$21,850,232	$15,144,561	$19,429,206
Lost Tax Revenue	$4,888,397	$5,228,367	$5,228,367	$9,009,224
Lost Business Revenue	$730,421	$781,219	$781,219	$1,346,153
Benefit/Cost Ratio	**1.15**	**0.97**	**1.28**	**1.57**

Adjusted for inflation to 2009

Table 9: Sensitivity analysis of cost-benefit analysis at high values of marginal effectiveness

	No Counseling			
Costs/Benefits	*NRT*	*Bupropion (Brand)*	*Generic Bupropion*	*Varenicline*
Medical Expenditures Avoided Plus Productivity Gains	$23,438,305	$30,912,303	$30,912,303	$72,870,113
Costs of Cessation Program	$10,211,009	$15,661,742	$8,956,071	$13,240,716
Lost Tax Revenue	$4,527,731	$5,971,533	$5,971,533	$14,076,798
Lost Business Revenue	$676,531	$892,263	$892,263	$2,103,346
Benefit/Cost Ratio	**1.52**	**1.37**	**1.95**	**2.48**

	Counseling			
Costs/Benefits	*NRT*	*Bupropion (Brand)*	*Generic Bupropion*	*Varenicline*
Medical Expenditures Avoided Plus Productivity Gains	$31,673,953	$40,269,052	$40,269,052	$88,520,533
Costs of Cessation Program	$16,399,499	$21,850,232	$15,144,561	$19,429,206
Lost Tax Revenue	$6,118,665	$7,779,037	$7,779,037	$17,100,092
Lost Business Revenue	$914,247	$1,162,339	$1,162,339	$2,555,085
Benefit/Cost Ratio	**1.35**	**1.31**	**1.67**	**2.26**

Adjusted for inflation to 2009