

# Agenda

## Tobacco and Health Trust Fund Board Meeting

*Friday, October 16, 2009 at 10:00 a.m.*

*Room 410, State Capitol  
Hartford, Connecticut*

- I. Welcome and Introductions
  
- II. Approval of September 2009 Meeting Minutes
  
- III. Review of Preliminary Funding Recommendations
  - a. Counter Marketing -- \$1,650,000
  - b. Community Based Cessation -- \$450,000
  - c. Cessation for Mentally Ill -- \$500,000
  - d. QuitLine
  - e. School Based Prevention
  - f. Lung Cancer Pilot
  - g. Evaluation
  - h. Innovative Programs
  
- IV. Finalization of FY 10 Funding Recommendations
  
- V. Next Meetings: November 13 and December 18

DRAFT  
Meeting Summary

Tobacco and Health Trust Fund Board  
Friday, September 18, 2009  
10:00 a.m. – 12:00 noon

Room 410  
State Capitol  
Hartford, Connecticut

Members Present: Anne Foley (Chair), Cindy Adams, Diane Becker, Ellen Dornelas, Cheryl Resha, Geralyn Laut, Douglas Fishman, Andrew Salner, Ken Ferrucci, Norma Gyle, Nikki Palmieri, Patricia Checko, and Robert Zavoski.

Members Absent: Jane Tedder, Nancy Bafundo, Larry Deutsch, and Dianne Harnad.

Others present: Pam Trotman (OPM), Barbara Walsh (DPH), Carol Meredith (DMHAS), Tony Cornello (CommuniCare) and Richard Everson (UConn).

Item	Discussion/Action
Welcome and Introduction of New Board Members	The meeting was convened at 10:05 a.m. Cindy Adams and Geralyn Laut were introduced as new board members. Dianne Harnad, also a new board member, was unable to attend.
Approval of July and August Meeting Minutes	Approval of the July and August meeting minutes was moved by Andrew Salner and seconded by Pat Checko. Minutes were approved on a voice vote with two abstentions by Cindy Adams and Geralyn Laut.
Review Status of Trust Fund	The Chair reported that \$6,377,745 is available for disbursement in FY10 and, without further legislative action, an estimated \$5.7 million will be available in FY11. The balance in the trust fund at the end of FY11 is expected to be zero.

	<p>The Chair also distributed a table listing the transfers from the trust fund made by Public Act 09-3 of the June Special Session. For FY 10, \$1,991,982 was transferred to four programs and \$10 million was transferred to the General Fund for a total transfer of \$11,991,982. For FY11, \$1,841,982 was transferred to three programs and \$10 million was transferred to the General Fund, for a total transfer of \$11,841,982.</p>
<p>Review Preliminary Recommendations for FY 2010 Disbursement</p>	<p>Board members reviewed initial FY10 disbursement recommendations made at the August meeting including adding funds to existing contracts to increase service levels, broaden geographic service areas and target additional populations as well as two potential ideas for new funding.</p> <p>The board voted and approved the following disbursement options for FY10:</p> <ul style="list-style-type: none"> <li>• <b>Innovative Programs.</b> An undetermined amount will be set aside for new and innovative programs after all other categories are allocated funding. Innovative programs will be selected by competitive bid to receive up to \$100,000. The motion was made by Ellen Dornelas, seconded by Cindy Adams and was approved on a voice vote with Diane Becker voting no.</li> <li>• <b>Counter-Marketing.</b> \$1.65 million will be made available to extend the FY09 counter-marketing contract for one additional year. The current vendor will be invited to submit an application for the funding which will specify the additional work to be performed. The motion was made by Rob Zavoski, seconded by Doug Fishman and approved on a voice vote with Pat</li> </ul>

	<p>Checko abstaining.</p> <ul style="list-style-type: none"> <li>• <b>Community-Based Cessation Programs.</b> \$450,000 will be made available through competitive bid for community-based cessation programs offering nicotine replacement therapy. Priority will be given to geographic areas not served with FY09 funding. The motion was made by Rob Zavoski, seconded by Andy Salner and approved on a voice vote.</li> <li>• <b>Cessation Programs for Persons with Serious Mental Illness.</b> \$500,000 will be made available to the current vendor to continue and/or enhance strategies to help people with serious mental illness quit smoking, including counseling and pharmacotherapy. This recommendation was discussed, but not formally moved or voted upon.</li> </ul> <p>Doug Fishman's recommendation to fund QuitLine at \$2 million, school-based prevention at \$500,000, lung cancer pilot at \$0, evaluation at \$500,000, and the balance of \$800,000 for innovative programs was deferred for further discussion at the next board meeting.</p> <p>FY10 disbursement recommendations on QuitLine, school-based prevention, lung cancer pilot and the evaluation contracts will be discussed in detail at the October meeting. Board members requested information on the status of the current contracts in these areas and information on the distinction between national and state QuitLines.</p>
<p>Review Upcoming Meeting Dates</p>	<p>The Chair reminded members that the next Board meeting will be held on Friday, October 16 from 10 a.m. to noon in the State Capitol Room 410. Additional 2009 meetings are</p>

scheduled for November 13 and December 18.

Potential meeting dates for 2010 are scheduled for the third Friday of the month at 10:00 a.m. on July 16, August 20, September 17, October 15, November 19, and December 17, 2010.

The meeting was adjourned at 12:00 noon.

Tobacco and Health Trust Fund Board  
FY10 Funding Recommendations

	<u>Description</u>	<u>FY09 Funding</u>	<u>Recommended FY10 Funding</u>
Counter Marketing	Mass media campaigns designed to discourage tobacco use.	\$2,000,000	\$1,650,000
Community Based Cessation	Strategies to help people quit smoking including counseling and pharmacotherapy	\$412,456	\$450,000
Cessation for Mentally Ill	Strategies to help people with serious mental illness quit smoking including counseling and pharmacotherapy	\$1,200,000	\$500,000
QuitLine	Telephone cessation service including information, counseling, and pharmacotherapy	\$2,000,000	
School Based Prevention	Tobacco prevention and cessation programs in 10-20 school districts	\$500,000	
Lung Cancer Pilot	Statewide tumor tissue biorepository feasibility study and lung tissue biorepository demonstration project	\$250,000	
Evaluation	Monitor program accountability including progress in achieving outcome objectives	\$500,000	
Innovative Programs	Seed funding for new and innovative programs that do not fit into other categories.	\$0	
Total Recommended		\$6,862,456	\$2,600,000
Total Available			\$6,377,745
Difference			\$3,777,745



October 9, 2009

Dear Members of the Tobacco and Health Trust Fund:

Re: Tobacco Cessation Program – Proposal for Additional Funding

Tobacco use and addiction are most prevalent among people with serious mental illnesses, this population consumes 45% of all cigarettes smoked.<sup>1</sup> Seventy-five percent of people with serious mental illnesses are addicted to tobacco. This is due to a variety of reasons, including a mental health treatment culture that historically has used cigarettes as a reward for “good” behavior and denial of cigarettes for not “following the rules.” For some people, there also is a transitory self-medicating impact from tobacco use, and it becomes a way to relieve social isolation.

Research has shown that persons who smoke and are experiencing a serious and persistent mental illness start smoking at an earlier age, smoke more cigarettes and extract more tar and nicotine from each cigarette than the average smoker. People with serious mental illnesses also have life expectancies that average 25 years less than the general population with cardiovascular disease as the leading cause of death, and smoking the major contributing factor.

Although all treatment settings are now smoke free, almost nothing is done in most mental health treatment settings to help those who are fully addicted to tobacco to quit smoking. The recently awarded Tobacco Cessation Treatment Services grant by the CT Department of Public Health to CommuniCare, Inc. will fund an organizational change and treatment model that has the potential to change this scenario, and to develop a model for the nation. This will be the first time nationally that a systematic approach to change mental health organizational treatment culture, and to provide health education and tobacco addiction treatment counseling to adults with serious mental illnesses has been carried out in multiple community mental health settings.

The current grant will fund a roll-out of the organizational change model and direct treatment approaches that have been successfully developed by the University of Massachusetts Addressing Tobacco Through Organizational Change (ATTOC) Program within the Department of Psychiatry at the University of Massachusetts Medical School (UMass). Three primary partner Local Mental Health Authorities who are part of CommuniCare, along with a psychiatric rehabilitation center (a social/vocational center for people with serious mental illnesses), will pilot the model with a roll-out to three other mental health centers, including an inner-city community mental health center. Four statewide trainings will also take place aimed at other mental health providers and their treatment staff.

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<sup>1</sup>Harvard Medical School, Journal of the American Medical Association (Vol. 284 No. 20, November 22/29 2000)

*Partner Agencies:*

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

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

The organizational change transforms the intake, screening and assessment, and treatment process in each mental health center by incorporating a primary health care focus and identification of tobacco use so that it becomes integrated into services. The UMass staff will do the training in each of the seven mental health centers, and the two CommuniCare staff will become trained in the model so that they can also do the training directly. The model is most effective when it involves training all staff within an agency, and changing the way consumers' treatment takes place.

With an extension of the grant, CommuniCare could hire additional staff who can then assist in taking the model and treatment approaches to all community mental health centers, psychosocial clubhouses, and other mental health organizations in the state, as well as conduct technical conferences. We know that people with serious mental illnesses can take charge of their health and well-being but the staff who work with them must be fully involved and have the tools to empower, treat and support people in their own personal journeys to recovery.

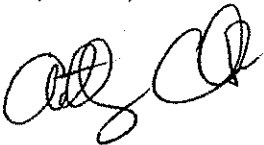
We would propose also maintaining a limited consultation contract with UMass for technical assistance, and help with evaluation of results. We have also written into the budget financial support for nicotine replacement therapy that is not covered by Medicaid, and is essential to many people's ability to stop smoking.

**The proposed additional funding of \$1,200,000 would afford CommuniCare the opportunity to:**

- ✓ Increase the number of participating agencies to ensure statewide impact
- ✓ Continue expert consultation for new agencies
- ✓ More than double the number of clients served (those receiving Individual/Group counseling and Nicotine Replacement/Medications)
- ✓ Provide education and training for staff for sustainability of the Tobacco Cessation Program
- ✓ Increase CommuniCare, Inc. staff to expand the reach of the Tobacco Cessation Program

Thank you for your consideration of our proposal. Please contact me with any questions.

Respectfully submitted,



Tony Corniello, Vice President of Services  
Harbor Health Services, Inc.  
CommuniCare Representative  
Tel (203) 483-2630, ext. 240  
tcorniello@harborhealthservices.org



TOBACCO AND HEALTH TRUST FUND SUMMARY OF  
FY 2009 FUNDING

**QUITLINE**

**Description of Services:**

The contractor shall provide a tobacco use reduction/cessation treatment program by providing a telephone-based Tobacco Use Quit Line (hereinafter the Quit Line) that includes the following services. The contractor shall conduct the activities and/or services related to the Quit Line throughout the term of the contract, including, but not limited to, designing, coordinating, facilitating, implementing, and marketing Quit Line services in collaboration with and conditional upon the approval of the Department.

**Activities:**

- A. Establish statewide Connecticut Quit Line Services
- B. Review required data elements that are collected from all callers, including the definition of those elements, with the Department and obtain final approval on reporting format.
- C. Provide daily Connecticut Quit Line service operation by implementing telephone call center services which address and meet each of the following required conditions and criteria:
  - 1. The Quit Line shall be accessible to all callers free of charge;
  - 2. "Live coverage" shall be available during normal business hours;
  - 3. Voice messaging and voice mail shall be available 24 hours per day, seven days per week;
  - 4. Program services shall be made available to callers immediately in a minimum of English and Spanish. For additional multiple languages services may be provided by contractor staff or through a subcontractor.
  - 5. Provide a minimum of 133 hours of live counseling coaching operations per week;
  - 6. Inbound calls shall be answered seven days per week between 8am and 3 AM Eastern Standard Time (EST);
  - 7. Outbound calls shall be placed seven days a week 9am to 12am (midnight) (EST), however placement of outbound calls before 9am or after 12am may be made if the Program participant specifically requests such early morning or late evening calls;
  - 8. Offer Callers to the Quit Line calling after hours the option of leaving a message, listening to a pre-recorded message or both;

9. Pre-recorded messages shall:
  - a. Be available in a minimum of English and Spanish;
  - b. Describe the Quit Line program; and
  - c. State that the caller will receive a call back during the next business day.
10. Call capacity must increase commensurately with demand for Quit Line services, and must handle multiple simultaneous incoming and outgoing calls.
11. Quit Line shall be staffed with Tobacco Use Cessation Treatment Specialists who are fluent in Spanish and bilingual in English; the contractor shall use funds from this contract to subcontract with a language service such as AT&T Language Line Services to assist callers who speak languages other than those spoken fluently by the contractor staff; and
12. Provide toll free technology, for callers with hearing and speech disabilities;
13. Provide a live response to 90% of all inbound calls during Quit Line hours of operation;
14. Handle 85% of inbound calls within 30 seconds during normal business hours;
15. Maintain a call abandonment rate of less than 5%;
16. Return a minimum of 95% of voice mail within one business day, and return the remaining 5% of voice mail in two (2) business days;
17. Send Connecticut Quit Line self-help materials to a minimum of 95% of callers within two (2) business days of registration;
18. Make or attempt at least 90% of “quit date” follow-up calls within five (5) business days of the caller’s quit date;
19. Transfer a minimum of 70% of callers who are interested in speaking with a Quit Coach directly to a Quit Coach after completion of registration;
20. Make the Web Coach website available and actively online a minimum of 99% of the time;
21. Should the contractor not meet one (1) or more of the conditions in criteria 13-20 above, the contractor shall:
  - a. Investigate the cause of such non-compliance and
  - b. Communicate the cause and solution to the Department by the end of the following month.
22. If the conditions in criteria 13 – 20 above are not met during any consecutive two (2) month period under this contract, the contractor shall initiate a Quality Improvement Plan to address and correct the areas of non-compliance;
23. Provide written protocols for all counseling interventions:
  - a. Initial, and
  - b. Follow-up, which must be based on research showing effectiveness in inducing behavioral change utilizing

motivational interviewing and a cognitive-behavioral approach to treating tobacco use.

Which must be based on research showing effectiveness in inducing behavioral change utilizing motivational interviewing and a cognitive-behavioral approach to treating tobacco use.

24. For each caller, the contractor shall:
  - a. During registration, solicit registration information to comply with Minimum Data Set elements as established by the North American Quit Line Consortium and any additional data elements as determined by Activity B above;
  - b. Assess each caller's readiness to quit using criteria pre-approved and provided to the contractor by the Department;
  - c. Should the participant have time, make an immediate call transfer to the next available Tobacco Use Cessation Treatment Specialist/Quit Coach on contractor's staff;
  - d. Send Connecticut Quit Line self-help materials to each registered caller within two (2) business days;
  - e. Motivate callers to participate in a follow-up counseling schedule by explaining and offering up to five (5) proactive calls;
  - f. Provide information and referral to local community resources, services and/or health plans, based on:
    - i. Caller's direct request,
    - ii. Caller's readiness to quit, and/or
    - iii. Caller's preference on how they would like to receive Program services;
  - g. Assign callers enrolled in the single or multiple call programs(s) to a tobacco use cessation treatment specialist/quit coach who shall follow-up with the caller through each of the subsequent sessions, if so requested by the caller; and
  - h. Explain that re-enrollment into the Quit Line counseling program is unlimited.
25. Quit Line operation and services shall not be required for the following holidays:
  - a. Independence Day,
  - b. Thanksgiving Day, and
  - c. Christmas Day.

Quit Line may close early on Christmas Eve (at 3 PM EST) and New Years Eve (at 6 PM EST). Calls on such days shall be routed to voice-mail indication that services are closed and messages shall be returned the following day on which services are provided (i.e. calls after 3 PM on Christmas Eve will be returned on the day after Christmas).

- d. Answer and provide Program services as described under Activity C above for at least 250 Quit Line calls per month.
- e. Implement comprehensive quality assurance measures for all Program services, as follows.
- f. Maintain and update a "Quit Kit" that addresses self-help tobacco cessation techniques for both smoking and smokeless tobacco and disseminate this kit to registered Quit Line callers upon their request.
- g. Mail Connecticut Quit Line educational materials to all Quit Line callers appropriate to each such caller's "stage of readiness" to quit
- h. Operate a fax referral system using a fax referral form with a patient education and active consent component to assist health care providers in referring tobacco users to the Connecticut Quit Line.
- i. Provide all registered Quit Line tobacco users who request an intervention or materials with access by website link and a password to "Web Coach"
- j. Establish and implement a "Happy Caller" program in Connecticut, which allows people who have been successful in quitting to share their stories with staff of the Department's Tobacco Program.
- k. Maintain and operate a data system that has the capacity to collect, store, report, and update all elements in the Minimum Data Set for Quit Lines as outlined by the North American Quit Line Consortium, [www.naquitline.org](http://www.naquitline.org).
- l. Develop and submit written ad hoc reports as directed and requested by the Department.
- m. Maintain a computerized database of health insurance plans and community tobacco use cessation resources for referring Quit Line callers to local, community based tobacco use cessation services in Connecticut. Database shall be updated at a minimum annually using data provided by the Department. The database must provide and track (for reporting) information to match Quit Line callers to such resources
- n. The contractor shall collaborate and cooperate with the Department's third party evaluator hired by the Department under a separate contract, in reviewing Quit Line protocols, evaluation and services conducted by the contractor under this contract, including but not limited to the ongoing fulfillment of Quit Line satisfaction and quit rate surveys referred to in Activity Q.

### **ENHANCED SERVICES:**

In addition, the contractor shall provide the following *enhanced services* conditional upon the Department approval and upon notification by the Department (provided by formal amendment to this contract) that funding is available for the following enhanced services.

#### **Activities:**

1. Develop a Marketing and Media Plan and schedule to promote the Quit Line throughout Connecticut, that targets all populations with an emphasis on those sub-populations experiencing health disparities related to tobacco use such as the uninsured, pregnant women, youth etc.
  2. Using the Marketing and Media Plan developed in Activity O above, promote and market the Quit Line throughout Connecticut.
- O. Measure and evaluate Quit Line Program outcomes and caller satisfaction with the Program, by conducting an evaluation which includes a telephone survey to measure quit rate and caller satisfaction at 7 months and 13 months intervals after enrollment into Quit Line program, pre-notification letters, collection of information required for data sets under this contract, a comprehensive written summary analysis report of the evaluation, and raw data that contain an identifying field that facilitates the matching of participant data with the survey data without violating confidentiality. Each such survey shall include comparisons for multiple call Program participants vs. single call participants and include a comparison of at least three (3) criteria (such as insurance status, gender, education level, etc.), as well as the reason callers want to quit using tobacco, quit rates broken down by type of entry into the system, quit rates by those who used NRT and those who did not, and the type and quantity of NRT that was used. The number of surveys to be conducted will be determined by the Department at the time of Department approval of Enhanced Services.
- R. Provide registered callers who enroll into the multiple call program with Nicotine Replacement Therapy (NRT) when the Department has approved this specific Enhanced Service Activity R. The NRT provided shall either be the patch, gum, or lozenge at no cost to the caller.

**Contract Status:**

Contract is for the period of August 1, 2009-July 31, 2014.

**Funding Level:**

Approved Budget Period: 8/1/2009 to 6/30/2010  
Period - 1

<b>Category</b>	<b>Amount</b>
Basic Services	\$943,565
Enhanced Services	
Medications: Nicotine Replacement Therapy and Pharmacotherapies	447,635
Customer Satisfaction and Quit Rate Surveys	128,800
Media Promotion and Materials	0
Marketing Materials Reprinting	5,000
Grassroots Advocate	0
<b>TOTAL</b>	<b>\$1,525,000</b>

**Proposed Service Level:**

Contract calls for a minimum of 250 calls per month.

**Difference between the National and the State Quitline:**

The national quitline is merely a telephone number that, when dialed in Connecticut, routes directly to Free & Clear, Inc. – Connecticut’s vendor. All states have a quitline service on contract which all combined provide ‘National’ quitline services coverage through the 1-800-QUIT-NOW telephone number.

**Available Reports or Data:**

Attached are the most recent monthly reports that were received from the Quitline.



# Connecticut QuitLine Services Report

From 8/1/2009 through 8/31/2009  
Contract Dates from 7/1/2009 through 8/31/2009

Print Date/Time 9/2/2009 3:29:03 AM

**The purpose of this report is to provide you with a comprehensive breakdown of the services provided to the participants for the reported period.**

NOTE: The Services Report will not match the Monthly Demographic Report numbers because participants can register at the end of the month and not receive services until the following month.

<b>Summary of Services - Total Registered Callers</b>		7	
Note: The following section is based on the date that the caller registered for services.		1,2	<b>Current Month</b>
			<b>Contract YTD</b>
Intervention requested		256	605
Materials Only		3	5
General Questions		43	87
Transfer To F&C Commercial Client - Live Transfer		1	3
Transfer To Outside State - Did Not Connect		-	1
<b>Total</b>		<b>303</b>	<b>701</b>

<b>Services By Caller Type</b>		
<b>Tobacco User</b>	<b>Current Month</b>	<b>Contract YTD</b>
Intervention requested - Non-Pregnant	246	586
Intervention requested - Pregnant	4	8
Materials Only	-	1
General Questions	13	24
All Transfer Types	1	3
<i>Transfer To F&amp;C Commercial Client Live Transfer</i>	1	3
<b>Total</b>	<b>264</b>	<b>622</b>
<b>Proxy</b>	<b>Current Month</b>	<b>Contract YTD</b>
Intervention requested	2	5
Materials Only	3	4
General Questions	4	8
All Transfer Types	-	-
<b>Total</b>	<b>9</b>	<b>17</b>
<b>Provider</b>	<b>Current Month</b>	<b>Contract YTD</b>
Intervention requested	4	6
Materials Only	-	-
General Questions	9	12
All Transfer Types	-	1
<b>Total</b>	<b>13</b>	<b>19</b>
<b>General Public</b>	<b>Current Month</b>	<b>Contract YTD</b>
Materials Only	-	-
General Questions	17	43
<b>Total</b>	<b>17</b>	<b>43</b>



# Connecticut QuitLine Services Report

From 8/1/2009 through 8/31/2009  
Contract Dates from 7/1/2009 through 8/31/2009

Print Date/Time 9/2/2009 3:29:03 AM

Services By Caller Type		
Other Calls Handled	Current Month	Contract YTD
Hang up	6	14
Prank	1	1
Wrong Number	6	11
<b>Total</b>	<b>13</b>	<b>26</b>

Summary of Services Provided		
Note: Re-enrollments includes participants who have registered within the previous 12 months and who have opted for additional services.		
Tobacco User	Current Month	Contract YTD
Total 1-Call Only <sup>3</sup>	11	24
Registered Current Month <sup>a,4</sup>	11	24
Registered Prior Month <sup>5</sup>	-	-
Total Closed with Attempt	49	100
Registered Current Month <sup>b</sup>	38	94
Registered Prior Month	11	6
Total Multiple Call Program Enrollment	194	471
Registered Current Month <sup>c</sup>	194	469
Registered Prior Month	-	2
Multiple Call Program Re-enrollments (subset of above)	24	59
In Process <sup>d,6</sup>	7	7
<b>Total Intervention Requested <sup>a+b+c+d</sup></b>	<b>250</b>	<b>594</b>
Pregnant Tobacco User (subset of Tobacco User above) <sup>8</sup>	Current Month	Contract YTD
1-Call Only	-	-
Closed with Attempt	-	1
Multiple Call Program Enrollment	4	7
In Process	-	-
Youth Tobacco User (subset of Tobacco User above) <sup>8</sup>	Current Month	Contract YTD
1-Call Only	1	3
Closed with Attempt	-	-
Multiple Call Program Enrollment	-	-
In Process	-	-
Proxy <sup>8</sup>	Current Month	Contract YTD
1-Call Only	2	5
Closed with Attempt	-	-
In Process	-	-
Provider <sup>8</sup>	Current Month	Contract YTD
1-Call Only	3	5
Closed with Attempt	-	-





# Connecticut QuitLine Services Report

From 8/1/2009 through 8/31/2009  
Contract Dates from 7/1/2009 through 8/31/2009

Print Date/Time 9/2/2009 3:29:03 AM

<b>Summary of Services Provided</b>		
Note: Re-enrollments includes participants who have registered within the previous 12 months and who have opted for additional services.		
In Process	1	1

<b>Calls Completed in the Multiple Call Program</b>		
Includes Tobacco Users who have enrolled in the Multiple Call Program.		
	<b>Current Month</b>	<b>Contract YTD</b>
Completed Call 1 with an intervention	192	467
Completed Call 2 with an intervention	120	249
Completed Call 3 with an intervention	67	165
Completed Call 4 with an intervention	53	117
Completed Call 5 with an intervention	41	93
Completed Call 1 with an attempt	3	3
Completed Call 2 with an attempt	90	221
Completed Call 3 with an attempt	101	362
Completed Call 4 with an attempt	79	259
Completed Call 5 with an attempt	46	140
Ad Hoc Calls with an intervention	64	125
Ad Hoc Calls with an attempt	1	1

<b>Pharmacotherapy - Recommended</b>		
	<b>Current Month</b>	<b>Contract YTD</b>
Patch	172	393
Gum	24	54
Lozenge	18	56
Bupropion SR	-	-
Chantix (Varenicline)	-	-
<b>Total</b>	<b>214</b>	<b>503</b>

<b>Pharmacotherapy - Participant Shipments</b>		
Includes Tobacco Users only.		
<b>Patch</b>	<b>Current Month</b>	<b>Contract YTD</b>
Shipment 1	140	307
Shipment 2	37	87
<b>Gum</b>	<b>Current Month</b>	<b>Contract YTD</b>
Shipment 1 - 2mg	16	33
Shipment 1 - 4mg	5	12
Shipment 2 - 2mg	4	8
Shipment 2 - 4mg	-	1
<b>Lozenge</b>	<b>Current Month</b>	<b>Contract YTD</b>
Shipment 1 - 2mg	3	9
Shipment 1 - 4mg	10	36
Shipment 2 - 2mg	2	3
Shipment 2 - 4mg	1	6



**Connecticut QuitLine  
Services Report**

From 8/1/2009 through 8/31/2009  
Contract Dates from 7/1/2009 through 8/31/2009

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<b>Pharmacotherapy - Shipments by Group</b>		
<b>Patch</b>	<b>Current Month</b>	<b>Contract YTD</b>
Insured	46	118
No NRT	-	-
Uninsured - Medicaid	131	276
Unassigned	-	-
<b>Gum</b>	<b>Current Month</b>	<b>Contract YTD</b>
Insured	7	15
No NRT	-	-
Uninsured - Medicaid	18	39
Unassigned	-	-
<b>Lozenge</b>	<b>Current Month</b>	<b>Contract YTD</b>
Insured	8	21
No NRT	-	-
Uninsured - Medicaid	8	33
Unassigned	-	-

<b>Pharmacotherapy - Boxes Sent</b> Includes Tobacco Users only.		
<b>Gum</b>	<b>Current Month</b>	<b>Contract YTD</b>
2mg	51	102
4mg	11	29
<b>Lozenge</b>	<b>Current Month</b>	<b>Contract YTD</b>
2mg	11	32
4mg	31	115

<b>Quit Materials Sent</b> Includes all Caller Types. Note: The number of kits reflected on the report include kits that have a sent date within this period.		
	<b>Current Month</b>	<b>Contract YTD</b>
	<b>Current Month</b>	<b>Contract YTD</b>
Be Free Guides	159	377
Smokeless Tobacco Kit	2	2
Spanish Tobacco Kit	28	47
Youth Tobacco Kit	1	3
<b>Total</b>	<b>190</b>	<b>429</b>



From 8/1/2009 through 8/31/2009

Contract Dates from 7/1/2009 through 8/31/2009

Print Date/Time 9/2/2009 3:29:03 AM

Definitions:

1. "Transfer to F&C Commercial Client" reflects Tobacco Users who were referred at registration to the Multiple Call Program benefit offered through their health plan, who contracts with Free & Clear.
2. "Transfer to Health Plan" reflects Tobacco Users who were referred at registration to their tobacco cessation benefit offered through their health plan, who does not contract with Free & Clear. The outcome of the transfer to the health plan is noted as "Live Transfer" (connected live with health plan representative), "Did Not Connect" (participant opted to call themselves or there was no answer at the health plan) or "Voicemail" (Participant was transferred to the health plan's voicemail system).
3. Participants must complete the 1-Call with a Quit Coach in order to enroll in the Multiple Call Program. "1-Call Only" reflects participants who completed the 1-Call with Quit Coach and either 1) elected not to enroll in the Multiple Call Program or 2) were not eligible for the Multiple Call Program.
4. "Registered Current Month" reflects participants who registered and completed the requested service within the same reporting period.
5. "Registered Prior Month" reflects participants who registered for services in a month prior to the reporting period and completed the services in the report period. This applies to participants who call on the last day of the month.
6. "In Process" reflects participants who have not been reached for services yet but registered during the reporting period. This applies to participants who requested an intervention, but requested a call back from a Quit Coach instead of being transferred at the time of their initial call. Attempts are being made to reach the participant.
7. Registered Callers include Tobacco Users, Proxy, Providers and General Public.
8. Participants who registered in the current period and prior period, but who completed services during the report period, are reflected in aggregate.
9. "Shipment 3" may represent NRT resends related to participant not receiving medication or participant switching therapies.  
a,b,c,d Participants who registered during the reporting period and requested intervention.



## Connecticut QuitLine Telecom Report

From 8/1/2009 through 8/31/2009  
Contract Dates from 7/1/2009 through 8/31/2009

Print Date/Time 9/2/2009 3:22:19 AM

**The purpose of this report is to provide you with telephonic activity information. The intent of providing telephony data is to give you a summary of call volume and activity.**

NOTE: Telecom data is unique from the participant registration data; therefore the total incoming calls will not match the total number of registered participants.

Connecticut QuitLine	Current Month	Current Month %	Contract YTD	Contract YTD %
Total Inbound Calls	550	-	1174	-
Early Abandoned Calls	47	-	106	-
Direct To Quit Coach Calls	75	-	174	-

CT QUITNOW	Current Month	Current Month %	Contract YTD	Contract YTD %
Incoming Calls	157	-	342	-
Calls During Business Hours	153	-	327	-
Calls Answered Within 30 Seconds	128	86.5 %	281	89.5 %
Live Response Rate	141	95.3 %	302	96.2 %
Average Speed of Answer in Seconds	26	-	24	-
Abandonment Rate of Calls Over 30 Seconds	7	4.7 %	9	2.9 %
Voicemail During Business Hours	-	-	1	-
Voicemail During Non-Business Hours	1	-	4	-

CT Tobacco QL	Current Month	Current Month %	Contract YTD	Contract YTD %
Incoming Calls	239	-	501	-
Calls During Business Hours	236	-	487	-
Calls Answered Within 30 Seconds	200	87.7 %	421	89.6 %
Live Response Rate	220	96.5 %	453	96.4 %
Average Speed of Answer in Seconds	24	-	26	-
Abandonment Rate of Calls Over 30 Seconds	8	3.5 %	14	3.0 %
Voicemail During Business Hours	-	-	1	-
Voicemail During Non-Business Hours	-	-	1	-

CT Span Tobacco QL	Current Month	Current Month %	Contract YTD	Contract YTD %
Incoming Calls	32	-	51	-
Calls During Business Hours	32	-	51	-
Calls Answered Within 30 Seconds	19	63.3 %	33	68.8 %
Live Response Rate	26	86.7 %	43	89.6 %
Average Speed of Answer in Seconds	48	-	46	-
Abandonment Rate of Calls Over 30 Seconds	4	13.3 %	5	10.4 %
Voicemail During Business Hours	-	-	-	-
Voicemail During Non-Business Hours	-	-	-	-



## Connecticut QuitLine Telecom Report

From 8/1/2009 through 8/31/2009

Contract Dates from 7/1/2009 through 8/31/2009

Print Date/Time 9/2/2009 3:22:19 AM

### Definitions:

1. Early Abandoned Calls: Coming in via QuitNow that abandoned prior to selecting to receive services in English or Spanish.
2. Direct to Quit Coach Calls: Those who are already enrolled in the multiple-call program whose phone number was recognized by Free and Clear's telephony system and routed directly to a Quit Coach, by-passing the language selection step.



# Connecticut QuitLine Demographic Report

From 8/1/2009 through 8/31/2009  
Contract Dates from 7/1/2009 through 8/31/2009

Print Date/Time 9/2/2009 2:31:55 AM

The purpose of this report is to display aggregate demographic information by caller type. Caller type information is based upon the date that the participant calls Free & Clear, Inc. to enroll in a program or receives information about a program.

### Method of Entry

NOTE: Includes Tobacco User, Proxy, Provider and General Public.

	Current Month	Current Month %	Contract YTD	Contract YTD %
Phone: Inbound English	236	77.9 %	522	74.5 %
Phone: Inbound Spanish	19	6.3 %	33	4.7 %
Phone: Inbound Warm Transfer	-	-	1	0.1 %
Phone: Re-enrollment Offer	1	0.3 %	1	0.1 %
Phone: Outbound Re-enrollment	6	2.0 %	55	7.8 %
Phone: Outbound Self-Referral	2	0.7 %	2	0.3 %
Web	2	0.7 %	2	0.3 %
Fax	37	12.2 %	85	12.1 %
<b>Total</b>	<b>303</b>	<b>100.0 %</b>	<b>701</b>	<b>100.0 %</b>

### Caller Type

	Current Month	Current Month %	Contract YTD	Contract YTD %
Tobacco User	264	87.1 %	622	88.7 %
Proxy	9	3.0 %	17	2.4 %
Provider	13	4.3 %	19	2.7 %
General Public	17	5.6 %	43	6.1 %
<b>Total</b>	<b>303</b>	<b>100.0 %</b>	<b>701</b>	<b>100.0 %</b>

### How Heard About

NOTE: Percentage of total does not include Not Collected and Refused. It only includes those who have answered the question.

	Current Month	Current Month %	Contract YTD	Contract YTD %
Brochure/Newsletter/Flyer	11	3.9 %	20	3.0 %
Community Organization	19	6.8 %	42	6.4 %
Does Not Know	3	1.1 %	7	1.1 %
Employer/Worksite	8	2.8 %	13	2.0 %
Family/Friend	71	25.3 %	159	24.2 %
Health Department	10	3.6 %	19	2.9 %
Health Insurance	3	1.1 %	9	1.4 %
Health Professional				23.0 %
Dentist	1	0.4 %	1	0.2 %
Health Care Provider	35	12.5 %	74	11.3 %
Health Educator	5	1.8 %	12	1.8 %
Nurse	7	2.5 %	16	2.4 %
OB/GYN Specialist	1	0.4 %	1	0.2 %
Other	6	2.1 %	34	5.2 %
Other Specialist	6	2.1 %	11	1.7 %
Social Worker	1	0.4 %	2	0.3 %
<b>Sub Total</b>	<b>62</b>	<b>22.1 %</b>	<b>151</b>	<b>23.0 %</b>
Newspaper/Magazine	3	1.1 %	5	0.8 %
Outbound Re-enrollment Offer	6	2.1 %	51	7.8 %
Outdoor Ad				0.9 %
Billboard	1	0.4 %	1	0.2 %
Bus Ad	4	1.4 %	4	0.6 %
Other	1	0.4 %	1	0.2 %
<b>Sub Total</b>	<b>6</b>	<b>2.1 %</b>	<b>6</b>	<b>0.9 %</b>
Pharmacy	6	2.1 %	13	2.0 %



## Connecticut QuitLine Demographic Report

From 8/1/2009 through 8/31/2009  
Contract Dates from 7/1/2009 through 8/31/2009

Print Date/Time 9/2/2009 2:31:55 AM

### How Heard About

NOTE: Percentage of total does not include Not Collected and Refused. It only includes those who have answered the question.

	Current Month	Current Month %	Contract YTD	Contract YTD %
Radio	5	1.8 %	8	1.2 %
Re-enrollment Offer	1	0.4 %	1	0.2 %
TV/Commercial	11	3.9 %	36	5.5 %
TV/News	-	-	1	0.2 %
Website	12	4.3 %	26	4.0 %
Other	44	15.7 %	90	13.7 %
Refused	6		14	
Not Collected	16		30	
<b>Total</b>	<b>303</b>	<b>100.0 %</b>	<b>701</b>	<b>100.0 %</b>

### Tobacco Users by Gender

NOTE: Percentage of total does not include Not Collected and Refused. It only includes those who have answered the question.

	Current Month	Current Month %	Contract YTD	Contract YTD %
Male	102	40.8 %	237	39.9 %
Female	148	59.2 %	357	60.1 %
Refused	-		-	
Not Collected	-		1	
Not Asked	-		-	
<b>Total</b>	<b>250</b>	<b>100.0 %</b>	<b>595</b>	<b>100.0 %</b>

### Tobacco Users by Ethnicity

NOTE: Percentage of total does not include Not Collected and Refused. It only includes those who have answered the question.

	Current Month	Current Month %	Contract YTD	Contract YTD %
Hispanic	52	21.1 %	116	20.0 %
Non-Hispanic	195	78.9 %	465	80.0 %
Does Not Know	-	-	-	-
Refused	1		9	
Not Collected	2		5	
Not Asked	-		-	
<b>Total</b>	<b>250</b>	<b>100.0 %</b>	<b>595</b>	<b>100.0 %</b>

### Tobacco Users by Race

NOTE: Percentage of total does not include Not Collected and Refused. It only includes those who have answered the question.

	Current Month	Current Month %	Contract YTD	Contract YTD %
White	150	61.2 %	351	60.9 %
Black or African American	45	18.4 %	115	20.0 %
Asian				0.5 %
Asian Indian	-	-	1	0.2 %
Cambodian	-	-	-	-
Chinese	-	-	-	-
Filipino	-	-	-	-
Hmong	-	-	-	-
Japanese	-	-	-	-
Korean	-	-	-	-
Laotian	-	-	-	-
Pakistani	2	0.8 %	2	0.3 %
Taiwanese	-	-	-	-
Thai	-	-	-	-
Vietnamese	-	-	-	-
Other Asian	-	-	-	-



# Connecticut QuitLine Demographic Report

From 8/1/2009 through 8/31/2009

Contract Dates from 7/1/2009 through 8/31/2009

Print Date/Time 9/2/2009 2:31:55 AM

<b>Tobacco Users by Race</b>				
NOTE: Percentage of total does not include Not Collected and Refused. It only includes those who have answered the question.				
	Current Month	Current Month %	Contract YTD	Contract YTD %
Asian				0.5 %
<i>Indonesian</i>	-	-	-	-
<i>Does Not Know</i>	-	-	-	-
<i>Refused</i>	-	-	-	-
<i>Not Collected</i>	-	-	-	-
<b>Sub Total</b>	<b>2</b>	<b>0.8 %</b>	<b>3</b>	<b>0.5 %</b>
Native Hawaiian/Other Pacific Islander				0.2 %
<i>Native Hawaiian</i>	-	-	-	-
<i>Samoan</i>	-	-	-	-
<i>Tongan</i>	-	-	-	-
<i>Tahitian</i>	-	-	-	-
<i>Maori</i>	-	-	-	-
<i>Guamanian/Chamorro</i>	-	-	-	-
<i>Other Micronesian (e.g. Marshallese, Palauan, Pohnpeian, Chuukese, Yapese, Saipanese, Kosraean)</i>	-	-	-	-
<i>Fijian</i>	-	-	-	-
<i>Other Pacific Islander</i>	1	0.4 %	1	0.2 %
<i>Does Not Know</i>	-	-	-	-
<i>Refused</i>	-	-	-	-
<i>Not Collected</i>	-	-	-	-
<b>Sub Total</b>	<b>1</b>	<b>0.4 %</b>	<b>1</b>	<b>0.2 %</b>
American Indian or Alaskan Native	4	1.6 %	10	1.7 %
Not Asked	-		-	
Other	40	16.3 %	93	16.1 %
Does Not Know	3	1.2 %	3	0.5 %
Refused	3		14	
Not Collected	2		5	
<b>Total</b>	<b>250</b>	<b>100.0 %</b>	<b>595</b>	<b>100.0 %</b>

<b>Tobacco Users by Language Spoken</b>				
	Current Month	Current Month %	Contract YTD	Contract YTD %
English	225	90.0 %	550	92.4 %
Spanish	25	10.0 %	45	7.6 %
<b>Total</b>	<b>250</b>	<b>100.0 %</b>	<b>595</b>	<b>100.0 %</b>

<b>Tobacco Users by Age</b>				
NOTE: Percentage of total does not include Not Collected and Refused. It only includes those who have answered the question.				
	Current Month	Current Month %	Contract YTD	Contract YTD %
17 years old and under	1	0.4 %	3	0.5 %
18 to 24	9	3.6 %	29	4.9 %
25 to 30	29	11.7 %	71	12.0 %
31 to 40	40	16.1 %	100	16.9 %
41 to 50	79	31.9 %	192	32.4 %
51 to 60	69	27.8 %	137	23.1 %
61 to 70	19	7.7 %	49	8.3 %
71 to 80	2	0.8 %	10	1.7 %
Over 80	-	-	1	0.2 %
Not Collected	-		-	
Refused	2		3	
<b>Total</b>	<b>250</b>	<b>100.0 %</b>	<b>595</b>	<b>100.0 %</b>





## Connecticut QuitLine Demographic Report

From 8/1/2009 through 8/31/2009  
Contract Dates from 7/1/2009 through 8/31/2009

Print Date/Time 9/2/2009 2:31:55 AM

### Tobacco Users by Education

NOTE: Percentage of total does not include Not Collected and Refused. It only includes those who have answered the question.

	Current Month	Current Month %	Contract YTD	Contract YTD %
Less than grade 9	14	5.7 %	28	4.9 %
Grade 9-11, no degree	43	17.6 %	102	17.7 %
GED	7	2.9 %	26	4.5 %
High School Degree	83	33.9 %	185	32.1 %
Some College or University	65	26.5 %	162	28.1 %
College or University Degree	33	13.5 %	74	12.8 %
Post College	-	-	-	-
Does Not Know	-	-	-	-
Refused	2		10	
Not Collected	2		5	
Not Asked	1		3	
<b>Total</b>	<b>250</b>	<b>100.0 %</b>	<b>595</b>	<b>100.0 %</b>

### Tobacco Users by Tobacco Type

NOTE: Percentage of total does not include Not Collected and Refused. It only includes those who have answered the question. Participants may select multiple responses.

	Current Month	Current Month %	Contract YTD	Contract YTD %
Cigarette	246	97.2 %	585	96.4 %
Cigar	3	1.2 %	16	2.6 %
Pipe	2	0.8 %	3	0.5 %
Smokeless Tobacco	2	0.8 %	3	0.5 %
Other	-	-	-	-
Not Collected	3		5	
<b>Total</b>	<b>256</b>	<b>100.0 %</b>	<b>612</b>	<b>100.0 %</b>

### Female Tobacco Users by Pregnancy Status

NOTE: Percentage of total does not include Not Collected and Refused. It only includes those who have answered the question.

	Current Month	Current Month %	Contract YTD	Contract YTD %
Not Pregnant	143	96.6 %	346	96.9 %
Currently Pregnant	4	2.7 %	8	2.2 %
Planning Pregnancy in the Next 3 Months	1	0.7 %	3	0.8 %
Currently Breastfeeding	-	-	-	-
Refused	-	-	-	-
Not Collected	-	-	-	-
<b>Total</b>	<b>148</b>	<b>100.0 %</b>	<b>357</b>	<b>100.0 %</b>

### Tobacco Users by Chronic Conditions

NOTE: Percentage of total does not include Not Collected and Refused. It only includes those who have answered the question. Participants may select multiple responses.

	Current Month	Current Month %	Contract YTD	Contract YTD %
Asthma	68	23.4 %	154	21.8 %
COPD	28	9.6 %	75	10.6 %
CAD	13	4.5 %	49	6.9 %
Diabetes	41	14.1 %	91	12.9 %
None	138	47.4 %	334	47.3 %
Does Not Know	3	1.0 %	3	0.4 %
Refused	-	-	-	-
Not Collected	1		1	
<b>Total</b>	<b>292</b>	<b>100.0 %</b>	<b>707</b>	<b>100.0 %</b>



# Connecticut QuitLine Demographic Report

From 8/1/2009 through 8/31/2009

Contract Dates from 7/1/2009 through 8/31/2009

Print Date/Time 9/2/2009 2:31:55 AM

## Tobacco Users by Stage at Registration

NOTE: Percentage of total does not include Not Collected and Refused. It only includes those who have answered the question.

	Current Month	Current Month %	Contract YTD	Contract YTD %
Precontemplation	-	-	1	0.2 %
Contemplation	4	1.6 %	16	2.7 %
Preparation	216	86.7 %	502	84.9 %
Action - Unknown	-	-	-	-
Action - Less than 24 hours	6	2.4 %	19	3.2 %
Action - 24 hours to less than 7 days	10	4.0 %	26	4.4 %
Action - 7 days to less than 1 month	5	2.0 %	16	2.7 %
Action - 1 month to less than 6 months	6	2.4 %	9	1.5 %
Maintenance - 6 months or more	2	0.8 %	2	0.3 %
Not Collected	1		4	
<b>Total</b>	<b>250</b>	<b>100.0 %</b>	<b>595</b>	<b>100.0 %</b>

## Female Tobacco Users by Sexual Orientation

NOTE: Percentage of total does not include Not Asked, Not Collected and Refused. It only includes those who have answered the question.

	Current Month	Current Month %	Contract YTD	Contract YTD %
Heterosexual or straight	122	89.7 %	299	92.9 %
Gay or lesbian	9	6.6 %	12	3.7 %
Bisexual	2	1.5 %	6	1.9 %
Other	3	2.2 %	3	0.9 %
Does Not Know	-	-	2	0.6 %
Not Asked	2		3	
Refused	10		32	
<b>Total</b>	<b>148</b>	<b>100.0 %</b>	<b>357</b>	<b>100.0 %</b>

## Male Tobacco Users by Sexual Orientation

NOTE: Percentage of total does not include Not Asked, Not Collected and Refused. It only includes those who have answered the question.

	Current Month	Current Month %	Contract YTD	Contract YTD %
Heterosexual or straight	87	94.6 %	192	92.8 %
Gay or lesbian	2	2.2 %	5	2.4 %
Bisexual	3	3.3 %	9	4.4 %
Other	-	-	1	0.5 %
Does Not Know	-	-	-	-
Not Asked	1		2	
Refused	9		28	
<b>Total</b>	<b>102</b>	<b>100.0 %</b>	<b>237</b>	<b>100.0 %</b>

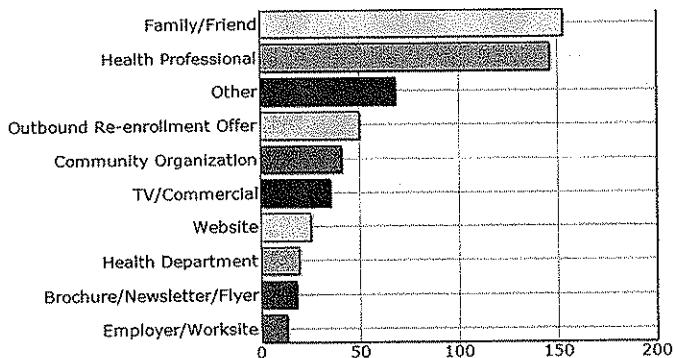
Tobacco Users Served YTD (Adults)



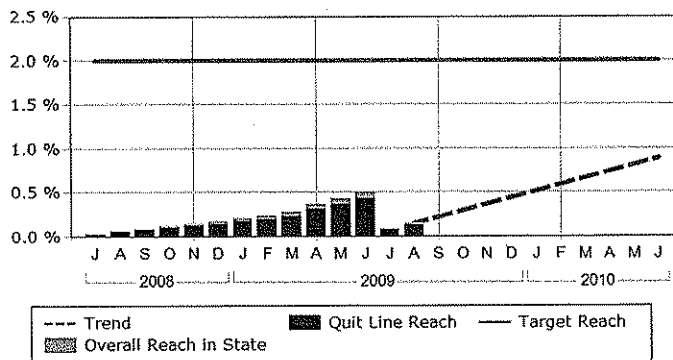
	Population	Prevalence	Tobacco Users
Adult	3,034,060	15.9 %	482,416

	Quitline	State
Tobacco Users YTD	616	714
Target Reach	2.0 %	2.0 %
Reach YTD	0.13 %	0.15 %
Annualized Reach	0.77 %	0.89 %

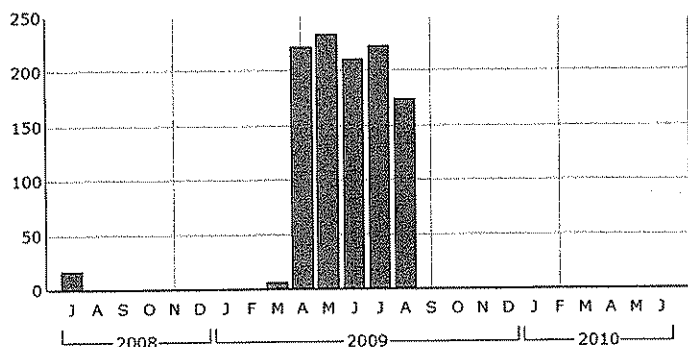
Top 10 How Heard About (Contract YTD)



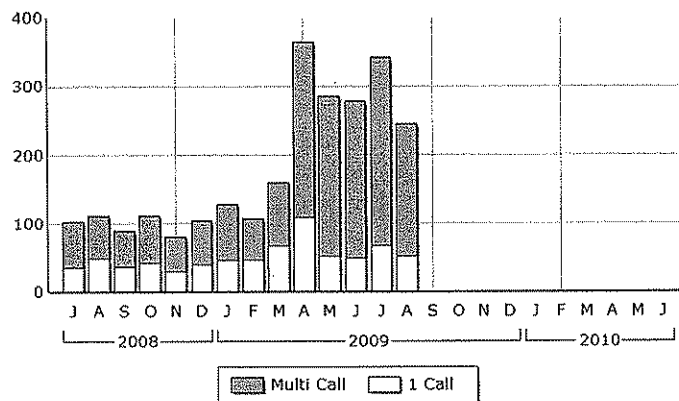
Cumulative Reach Rate



Tobacco Users Receiving NRT



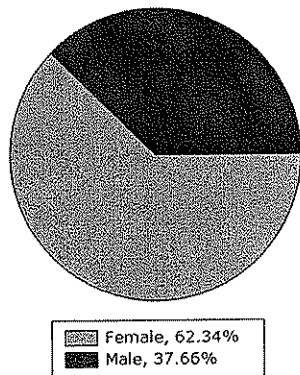
Tobacco User Enrollments By Program Type



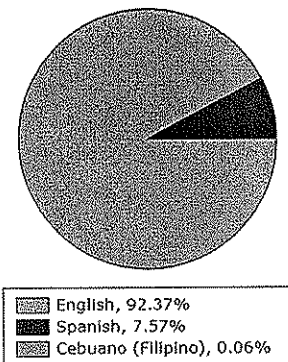
NOTE: Includes Tobacco Users only, does not include Proxy or Provider.

## Demographics (Past 6 Months)

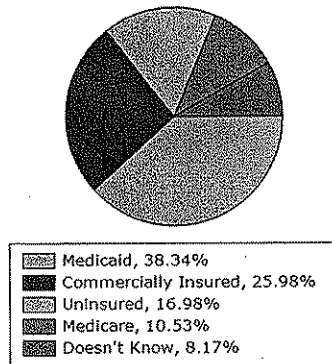
Tobacco Users By Gender



Tobacco Users By Language

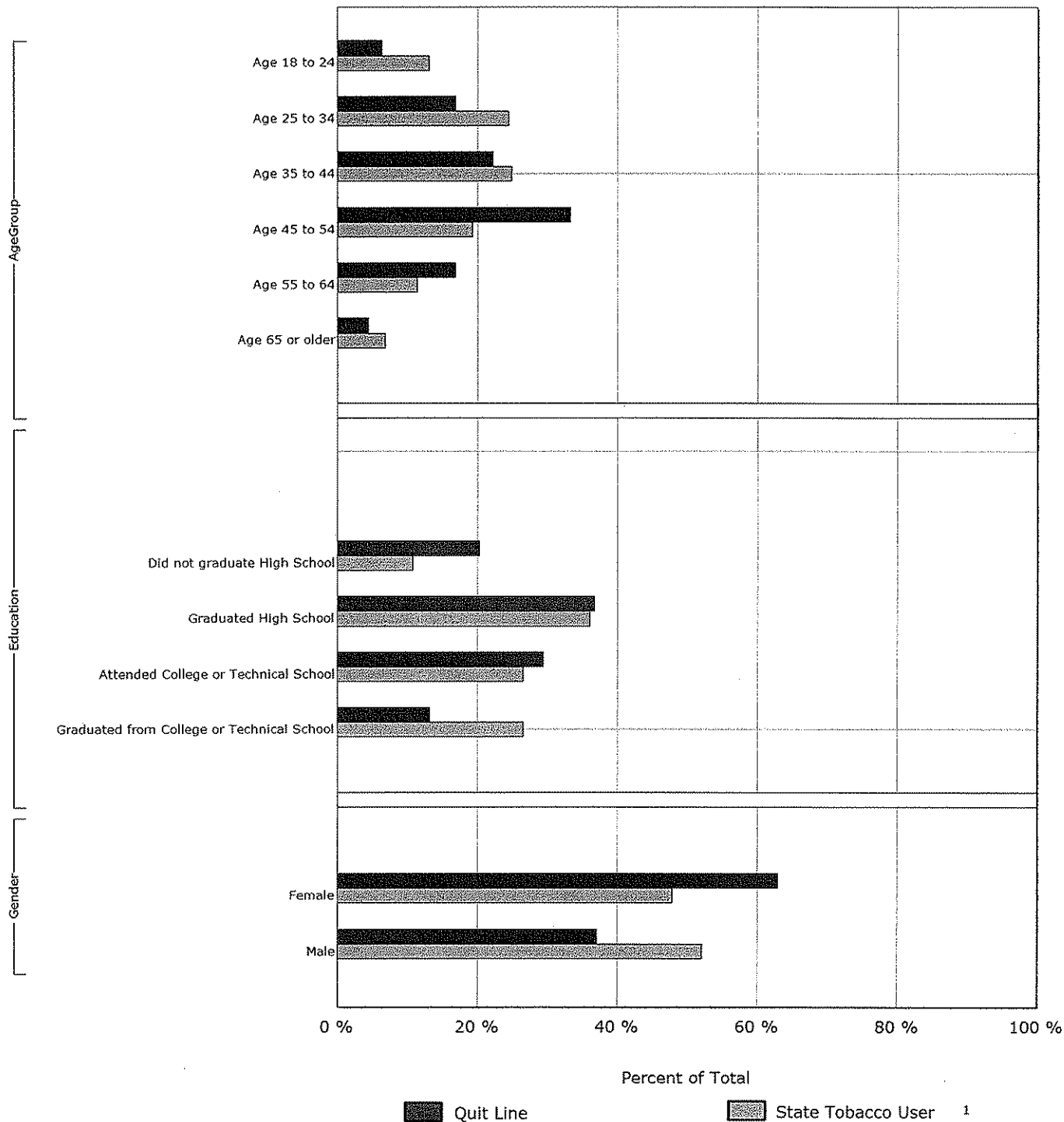


Tobacco Users By Health Plan

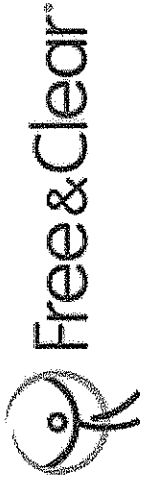




Demographic Comparison



1. 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, 2008.



# Connecticut QuitLine Fax Referral Report

From 8/1/2009 through 8/31/2009

Contract Dates from 7/1/2009 through 8/31/2009

Print Date/Time 9/2/2009 3:51:30 AM

**The purpose of this report is to provide results by recruitment source. Reported results reflect the current status of all referrals processed during the indicated reporting period as well as Year to Date enrollments by recruitment source.**

NOTE: This report is based on the date the fax referral is received by Free & Clear, Inc. and the current disposition for that participant. Pending reflects participants who Free & Clear, Inc. is still attempting to reach. Clinics that are located outside of this state, but refer participants who reside in this state will be displayed on this report.

## Clinic

Fax Handling Clinic/Provider	Pending	Declined Services	Already Enrolled	Not Reached	Accepted Services	Current Received	Current Month% Received	Contract YTD Received	Contract YTD% Received
FAIR HAVEN COMMUNITY HEALTH CLINIC	-	2	1	16	14	33	35.48 %	37	16.44 %
GENERATIONS FAMILY HLTH CTR-NRT	-	-	-	-	-	-	-	2	0.89 %
HARTFORD HOSPITAL	-	-	-	-	-	-	-	2	0.89 %
HILL HEALTH CORPORATION-NRT	1	-	2	2	4	9	9.68 %	12	5.33 %
OPTIMUS HEALTH CARE, INC.	-	-	-	3	2	5	5.38 %	14	6.22 %
ST VINCENTS MEDICAL CENTER	1	5	2	25	12	45	48.89 %	157	69.78 %
STAYWELL HEALTH CARE	-	-	-	-	1	1	1.08 %	1	0.44 %
<b>Total</b>	<b>2</b>	<b>7</b>	<b>5</b>	<b>46</b>	<b>33</b>	<b>93</b>	<b>100.00 %</b>	<b>225</b>	<b>100.00 %</b>
<b>Grand Total</b>	<b>2</b>	<b>7</b>	<b>5</b>	<b>46</b>	<b>33</b>	<b>93</b>	<b>100.00%</b>	<b>225</b>	<b>100.00%</b>

## SCHOOL-BASED TOBACCO USE PREVENTION AND CESSATION PROGRAMS

### **Description of Services:**

School-based health programs should enable and encourage children and adolescents who have not experimented with tobacco to continue to abstain from any use. For young persons who have experimented with tobacco use, or who are regular tobacco users, school health programs should enable and encourage them to immediately stop all use. For those young persons who are unable to stop using tobacco, school programs should help them seek additional assistance to successfully quit the use of tobacco.

Key principles for an effective program include:

- Prohibit tobacco use at all school facilities and events;
- Encourage and help students and staff to quit using tobacco;
- Provide developmentally appropriate instruction in grades K-12 that addresses the social and psychological causes of tobacco use;
- Inclusion as part of a Coordinated School Health approach which delivers consistent messages about tobacco use; and
- Reinforce by community-wide efforts to prevent tobacco use and addiction (CDC, May 2006).

### **Status:**

This RFP was originally released on February 11, 2009. DPH considered the results to not be competitive and did not award any contracts on the RFP. The RFP was again approved and released on June 25 2009. Letters of intent are due on October 9, 2009 and proposals are due on October 30, 2009.

### **Funding Level:**

\$500,000 is available for this project.

### **Proposed Service Level:**

Funding for each school district will depend on the complexity of the project and the size of the school district.

### **Available Reports or Data:**

No data for these programs is available yet.

## PROGRAM EVALUATION

### Description of Services:

Professional Data Analysts, Inc. (hereinafter the "Contractor") shall design and implement a process and outcome evaluation regarding Tobacco Use Cessation and Prevention Programs funded under separate contracts with the Department. The programs to be evaluated are the following:

1. Community Tobacco Use Cessation Programs for the general population;
  - i. AIDS Project – New Haven, Inc.
  - ii. Community Health Center, Inc.
  - iii. Fair Haven Community Health Clinic, Inc.
  - iv. Generations Family Health Center
  - v. Hartford Gay and Lesbian Health Collective
  - vi. Hospital of Saint Raphael
  - vii. Ledge Light Health District
2. Specialized Tobacco Use Cessation Programs for the severely mentally ill or co-occurring severely mentally ill and substance use dependent populations;
  - i. CommuniCare, Inc.
3. Connecticut Telephone Quit Line Services;
  - i. Free and Clear, Inc.
4. School-based Tobacco Use Prevention and Cessation Programs;
  - i. Programs to be named
5. Countermarketing Media Campaign; and
  - i. Cronin and Company
6. Statewide Tumor Tissue Biorepository Feasibility Study and Lung Tissue Biorepository Demonstration Project
  - i. UConn Health Center

### Activities:

1. Conduct an outcome and process evaluation of the agencies by analyzing and evaluating the effectiveness of each cessation program separately and as a whole through reviews of data collected by the agency for cessation service activities, patient and health care provider satisfaction surveys, and pre and post tests taken by the health care providers.
2. Evaluate the agencies' staff training regarding tobacco cessation screening and counseling services, systems change processes, data collection techniques, program referral processes, marketing and outreach activities, and tobacco use cessation outcomes.
3. Develop and administer a tool to measure the satisfaction of program patients and health care providers regarding cessation activities. Administration of the survey tool will be accomplished through the use of an online portal to be established by the Contractor that will also include instructions and training materials for staff.

4. Confirm use of DPH-approved cessation program curriculums at each program site.
5. Provide technical assistance to staff at each program to ensure accurate and quality data collection required by the Department for all cessation program activities. This technical assistance shall be in the form of site visits, e-mails, telephone calls and an online portal. In addition, up to six (6) training webinars will be conducted to assistance to grantee staff.

6. Conduct an evaluation of the systems operations, services and activities of the Connecticut Telephone Quit Line for effectiveness of the Quit Line in promoting and achieving tobacco use cessation. These services are provided under separate contract between the Department and Free and Clear, Inc. of Seattle, Washington. The time period subject to such evaluation will include the period from April 1, 2009 through March 31, 2011. Components to be evaluated shall include overall system operations, caller satisfaction, fax referral program, quit rates, nicotine replacement therapy (NRT) recommendations and distribution, marketing and outreach activities and overall program effectiveness.
7. Examine the progress of the Connecticut Quit Line toward achieving the goal of establishing and sustaining an evidence-based statewide telephone tobacco use counseling service, reducing tobacco use and the ability to reach targeted high risk populations with messages and services.
8. Conduct an outcome and process evaluation of the systems operations and activities of the awarded school districts/agencies as an individual and as a whole for effectiveness in implementing, enforcing, and sustaining all of the CDC *Guidelines for School Health Programs to Prevent Tobacco Use* key principles and recommendations.

The Areas to be evaluated and analyzed are:

- a. The effectiveness of the tobacco use curriculum development and implementation, including minimum number of hours of instruction observed,
- b. Policy development, implementation and enforcement,
- c. Access to cessation services, including tobacco use cessation curriculum implementation and/or referral protocols; and
- d. Family and community involvement, and staff, student and participant satisfaction.
- e. Develop and administer a tool to measure the satisfaction of the staff, students and other participants in tobacco use prevention and cessation activities.

9. Conduct formative, process, and outcome evaluations of the countermarketing campaign. The areas to be evaluated shall be:
  - a. Campaign design,
  - b. Focus groups and testing,



- c. Ability to reach targeted populations,
- d. Participant satisfaction,
- e. Implementation schedule,
- f. Impact of media messages on attitudes and beliefs regarding tobacco use,
- g. Public relations,
- h. Community organization and changes in community involvement.

10. Analyze and evaluate the comprehensiveness of the feasibility study to assure that all required components have been addressed, including coordination of all appropriate partners, required legislation, cost estimates, confidentiality issues, and a completed development plan.

11. Analyze and evaluate the effectiveness of the demonstration project including the development of agreements, policies and procedures; and the mechanisms and critical components existing and needed for the sustainability of the program.

**Status of the Contract:**

The contract with Professional Data Analysts, Inc. is for the period from 10/1/2009 – 12/31/2011.

**Funding Level:**

\$499,428

**Proposed Service Level:**

PDA must evaluate each of the six components of the program listed above.

**Available Reports or Data:**

No reports have been submitted yet.