

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

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

January 2017

# Table of Contents

I.	Introduction	3
II.	Data on Tobacco Use in Connecticut	3
III.	Recent Activities and Accomplishments	7
IV.	Trust Fund Disbursements and Other Expenditures	22
Appendices		
	A. Statutory Authority	32
	B. Board of Trustees	38
	C. Trust Fund Programs 2003-2015	40

## **I. Introduction**

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

A Board of Trustees was established in 2000 to recommend authorization of disbursement from the trust fund. The Board consists of seventeen trustees including four appointed by the Governor, twelve appointed by legislative leaders and one ex-officio representative of the Office of Policy and Management.<sup>2</sup>

In accordance with Public Act 15-244 (Section 90), there will be no disbursements to the Tobacco and Health Trust Fund from the Tobacco Settlement Fund in fiscal years (FY) 2016 and 2017. Under current law, \$6 million will be deposited into the Tobacco and Health Trust Fund from the Tobacco Settlement Fund in FY 2018 and in subsequent years. The Board may recommend authorization of disbursement of up to the total unobligated balance remaining in the trust fund as required by law.

This report fulfills two of the Board’s statutory responsibilities to:

1. Submit an annual report to the Appropriations and Public Health Committees on the Board’s activities and accomplishments; and
2. Submit an annual report to the General Assembly that includes all disbursements and other expenditures from the trust fund and an evaluation of the performance and impact of each program receiving funds from the trust fund.

## **II. Data on Tobacco Use in Connecticut**

Cigarette smoking causes about one of every five deaths in the United States each year.<sup>3</sup> The damage caused by tobacco use such as premature death, illness, and disability begins early in life, with 90 percent of adult smokers having their first cigarette before

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<sup>1</sup> See Appendix A for statutory authority

<sup>2</sup> See Appendix B for a list of board members

<sup>3</sup> CDC- Tobacco-Related Mortality [https://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/health\\_effects/tobacco\\_related\\_mortality/](https://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/tobacco_related_mortality/)

the age of 18<sup>4</sup>. According to the Center for Disease Control (CDC) tobacco related diseases kill more people each year in the U.S. than alcohol, AIDS, car crashes, illegal drugs, accidents, murders and suicides combined.<sup>5</sup>

### **Adult Tobacco Use in Connecticut in 2015:**<sup>6</sup>

- 13.5% of all adults (18+ years old) smoked cigarettes; this represents a significant decrease compared to 15.4% in 2014.
- 19.9% of all adults used some form of tobacco in the past 30 days, this represents a slight increase compared to 18.3% in 2014.
- Cigarettes (13.5%), e-cigarettes (5.0%) and cigars (4.7%) were the most prevalent forms of tobacco used by adults.
- 26% of males and 14% of females used some form of tobacco, such as cigarettes, cigars, chewing tobacco, snuff, dip, hookahs, and e-cigarettes.

### **Youth Tobacco Use in Connecticut in 2015:**<sup>7</sup>

- In 2013, 1.4% of middle school students and 8.9% of high schools students smoked cigarettes in the past 30 days. In 2015, the rate was down to 0.8% among middle school students and 5.6% among high school students.
- In 2013, 3.1% of middle school students and 19.5% of high schools students used some form of tobacco in the past 30 days. In 2015, the rate was down to 3.0% among middle school students and 14.3% among high school students.
- E-cigarettes are the most prevalent form of tobacco product used among middle and high school students at 1.4% and 7.2% respectively.
- The rate of tobacco use is significantly higher in grade 12 (20.7%) than in Grade 9 (9.4%).
- 2,100 children (under 18) become new daily smokers each year.

These statistics do represent a substantial reduction over the past 10 years in tobacco use due to numerous factors including passage of smoke free legislation, ban and enforcement on sales of cigarettes to minors, increases in the cost of tobacco products, and prevention and cessation programs.

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<sup>4</sup> U.S. Department of Health and Human Services-The Office of Adolescent Health – Trends in Adolescent Tobacco Use.- <https://www.hhs.gov/ash/oah/adolescent-health-topics/substance-abuse/tobacco/trends.html>

<sup>5</sup> CDC- Cigarette Smoking and Radiation <https://www.cdc.gov/nceh/radiation/smoking.htm>

<sup>6</sup> **Tobacco Use in Connecticut - Adult smoking.** 2015 and 2014 Connecticut Behavioral Risk Factor Surveillance System. **Adult smoking.** State: CDC, BRFSS 2015 online data: [http://nccd.cdc.gov/STATESystem/rdPage.aspx?rdReport=OSH\\_State.CustomReports](http://nccd.cdc.gov/STATESystem/rdPage.aspx?rdReport=OSH_State.CustomReports). Because of changes in methodology, state-specific adult smoking rates cannot be compared to data prior to 2011. National: CDC, "Early Release of Selected Estimates Based on Data From the National Health Interview Survey, 2015," May 24, 2016, [http://www.cdc.gov/nchs/data/nhis/earlyrelease/earlyrelease201605\\_08.pdf](http://www.cdc.gov/nchs/data/nhis/earlyrelease/earlyrelease201605_08.pdf).

<sup>7</sup> **Youth smoking** -CT Youth Tobacco Survey 2013 and 2015. **New youth smokers.** Estimate based on U.S. Dept. of Health & Human Services (HHS), "Results from the 2015 National Survey on Drug Use and Health: Summary of National Findings and Detailed Tables," <http://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2015/NSDUH-DetTabs-2015/NSDUH-DetTabs-2015.pdf> with the state share of the national number estimated proportionally based on the projected number of youth smokers ages 0-17 reported in U.S. Department of Health and Human Services (HHS), The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General, 2014, <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/>.

### **Disparities in Connecticut Tobacco Use in 2015:<sup>8</sup>**

- 29.3% of adults in households making less than \$25,000 used tobacco.
- 20.0% of adults in households making \$25,000-\$34,999 used tobacco.
- 20.2% of adults in households making \$35,000-\$49,000 used tobacco.
- 19.5% of adults in households making \$50,000-\$74,000 used tobacco.
- 15.9% of adults in households making \$75,000 or more used tobacco.

### **Disparities in Connecticut Tobacco Use by Education in 2015<sup>9</sup>**

- 31.6% of adults without a high school diploma used tobacco.
- 23.6% of adults with a high school or GED diploma used tobacco.
- 11.1% of adults with a college degree used tobacco.

### **Disparities in Connecticut Tobacco Use by Age in 2015<sup>10</sup>**

- 30.5% of adults 18-24 years old used tobacco.
- 29.3% of adults 25-34 years old used tobacco.
- 18.5% of adults 35-44 years old used tobacco.
- 19.9% of adults 45-54 years old used tobacco.
- 17.4% of adults 55-64 years old used tobacco.
- 9.7% of adults aged 65 years and older used tobacco.

### **Health Impact of Tobacco Use in Connecticut in 2016<sup>11</sup>**

An estimated 4,900 annual deaths in Connecticut can be directly attributed to tobacco use, while another 450 deaths are linked to second hand smoke exposure. Smoking can damage every part of the body. Cancers including oral, pharynx, larynx, esophagus, lung, stomach, kidney, pancreas, colon, bladder, and cervix, and chronic diseases such as stroke, heart disease, hardening of the arteries, lung disease, asthma, and diabetes are all risks from smoking.

- 27% = Proportion of cancer deaths attributable to smoking.
- 2,770 = Estimated new cases of lung cancer.
- 1,690 = Estimated number of lung cancer deaths.
- 56,000 = Children alive today that will ultimately die prematurely from tobacco use under current trends.

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<sup>8</sup> 2015 Connecticut Behavioral Risk Factor Surveillance System-Department of Public Health Prevalence of Tobacco Use Among Connecticut Adults 2015-  
[Prevalence of Tobacco Use Among Connecticut Adults \(18+ years old\), 2015](https://www.cga.ct.gov/2016/appdata/tmy/2016HB-05044-R000218-DPH.%20DMHAS%20-%20Cancer%20Action%20Network%20-%20Tobacco%20Fact%20Sheet-TMY.PDF). Cancer Action Network- <https://www.cga.ct.gov/2016/appdata/tmy/2016HB-05044-R000218-DPH.%20DMHAS%20-%20Cancer%20Action%20Network%20-%20Tobacco%20Fact%20Sheet-TMY.PDF>

<sup>9</sup> IBID

<sup>10</sup> IBID

<sup>11</sup> **Health Impact of Tobacco Use in Connecticut** American Cancer Society. Cancer Facts & Figures 2016. Atlanta: American Cancer Society; 2016.  
<http://www.cancer.org/acs/groups/content/@research/documents/document/acspc-047079.pdf>. Campaign for Tobacco Free Kids  
[http://www.tobaccofreekids.org/facts\\_issues/toll\\_us/connecticut](http://www.tobaccofreekids.org/facts_issues/toll_us/connecticut)

### **Fiscal Impact of Tobacco Use in Connecticut in 2016<sup>12</sup>**

- \$2.03 billion = Annual tobacco related health care costs.
- \$1.25 billion = Smoking caused productivity losses.
- \$3,391 = Economic cost of smoking per smoker per year.
- \$869 = Per household for residents' state and federal tax burden from smoking-caused government expenditures.

### **Economic Cost to Consumers in Connecticut in 2016<sup>13</sup>**

- \$3.90 = State tax on each pack of cigarettes (2nd highest in the nation).
- \$9.43 = Average retail cost of a pack of cigarettes.
- \$3,350 = Average spent on cigarettes by a smoker each year (One pack a day).

### **Tobacco Revenue in Connecticut in 2016<sup>14</sup>**

- \$12.3 million = Other Tobacco Product (OTP) tax revenue.
- \$373.5 million = Cigarette Tax Revenue.
- \$120.4 million = Master Settlement Agreement.
- \$75.9 million = Tobacco companies cost on marketing each year (\$9.5 Billion nationally).

### **Tobacco Control CDC Recommendations vs. Actual Expenditures in Connecticut<sup>15</sup>**

- \$29.7 million = Total Tobacco and Health Trust Fund investments since 2003.
- \$32 million = CDC recommendation for tobacco prevention and cessation spending annually.
- \$1.2 million = Trust funds for 2016 tobacco and health trust programming.
- \$3.4 million = Total amount expended annually for Medicaid Tobacco Use Cessation.

### **Comprehensive Tobacco Control Programs**

The 2014 Surgeon General's report found, "*States that have made larger investments in comprehensive tobacco control programs have seen larger declines in cigarettes sales than the nation as a whole, and the prevalence of smoking among adults and youth has declined faster, as spending for tobacco control programs has increased.*" The report concluded that long-term investment is critical: "*Experience also shows that the longer the states invest in comprehensive tobacco control programs, the greater and faster the impact.*"

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<sup>12</sup> **Fiscal Impact of Tobacco Use In Connecticut (NOTE: To make all of the cost data more comparable, some figures have been adjusted for inflation and updated to 2009 dollars, using the same methodology that CDC has used in the past).** *Health and productivity costs caused by tobacco use.* CDC, Best Practices for Comprehensive Tobacco Control Programs 2014, [http://www.cdc.gov/tobacco/stateandcommunity/best\\_practices/index.htm](http://www.cdc.gov/tobacco/stateandcommunity/best_practices/index.htm); CDC, Smoking Attributable Mortality, Morbidity and Economic Costs, SAMMEC, ; CDC, State Data Highlights 2006 [and underlying CDC data/estimates].

<sup>13</sup> **Economic Cost to Consumers** <https://www.tobaccofreekids.org/research/factsheets/pdf/0097.pdf>. Cancer Action Network-The Cost of Tobacco use in Connecticut 2016- Cancer Action Network- <https://www.cga.ct.gov/2016/appdata/tmy/2016HB-05044-R000218-DPH.%20DMHAS%20-%20Cancer%20Action%20Network%20-%20Tobacco%20Fact%20Sheet-TMY.PDF>

<sup>14</sup> **Tobacco Revenue in Connecticut** - Office of Policy and Management -Budget and Financial Management Division. Tobacco marketing influence on youth. Campaign for Tobacco Free-Kids [http://www.tobaccofreekids.org/facts\\_issues/toll\\_us/connecticut](http://www.tobaccofreekids.org/facts_issues/toll_us/connecticut) .

<sup>15</sup> Cancer Action Network- <https://www.cga.ct.gov/2016/appdata/tmy/2016HB-05044-R000218-DPH.%20DMHAS%20-%20Cancer%20Action%20Network%20-%20Tobacco%20Fact%20Sheet-TMY.PDF>

## **Connecticut Benefits of Funding Tobacco Control Programs**

According to the University of North Carolina at Chapel Hill, (Tobacco Prevention and Evaluation Program for the CT Department of Public Health, 2015) research shows that *“Connecticut saves \$2.48 for every \$1 invested in its current tobacco control programs. By helping people quit tobacco, these programs save more than \$5.7 million in averted tobacco-caused healthcare and lost productivity costs. Comprehensive tobacco control programs funded at the level recommended by the Centers for Disease Control and Prevention would help reach at least 25,000 additional CT tobacco users each year, generating over \$20 million in savings from averted healthcare and lost productivity costs as more tobacco users quit. Fully funded tobacco control programming would also keep more than 25,000 youth from becoming tobacco users over a 10-year period, saving more than \$3.4 billion in averted tobacco-related healthcare costs.”*

## **III. Recent Activities and Accomplishments**

### **Update on 2016 Disbursements**

Although the statutory purpose of the Tobacco and Health Trust Fund is broad and includes the authority to fund programs to address substance abuse, and unmet physical and mental health needs in the state, the Board has historically focused exclusively on funding anti-tobacco use<sup>16</sup> efforts. The board’s rationale for this single-minded emphasis recognizes that there are significant state and federal expenditures in Connecticut for substance abuse, physical, and mental health, while the funding for anti-tobacco efforts is limited.

In February 2016, the Trust Fund Board recommended, and the legislative committees of cognizance approved, disbursements totaling \$1,188,335 to be used for anti-tobacco related initiatives in the areas of state and community interventions (\$475,334), mass-reach health communications (\$130,717), cessation interventions (\$404,034), evaluation (\$118,834), and administration (\$59,416). This apportionment of funding is consistent with the U.S. Centers for Disease Control (CDC) recommended program interventions and funding levels for 2016. Aligning disbursement with CDC recommendations ensured that the proposed interventions were supported by scientific evidence showing positive outcomes in the prevention and reduction of tobacco use.

Unallocated 2015 funds in the areas of state and community interventions, cessation interventions, and evaluation funding categories in the amount of \$412,897 were made available for 2016 programming in those categories. The total amount in unobligated funds available to the Board for disbursement in FY 16 was \$1,188,335 with the additional \$412,897 for a total of \$1,601,232. The chart below shows how the available

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<sup>16</sup> For the purposes of this report, “anti-tobacco efforts” refer to efforts to prevent the initiation of utilizing or promote the cessation of both traditional tobacco products such as cigarettes, and other products that may or may not contain nicotine derived from tobacco, such as electronic nicotine delivery systems or vapor products. Definitions of these terms may be found in §53-344b of the Connecticut General Statutes.

funds of \$1,601,232 were disbursed based on CDC recommended program interventions and funding levels. Definitions of the interventions are listed below.

Intervention	CDC Recommended	% of CDC Recommended	Board Recommended for 2016	Board Recommended with Previously Approved Funds <sup>17</sup>
State and Community Interventions	\$9.1	40%	\$475,334	\$705,860
Mass-Reach Health Communication	\$2.6	11%	\$130,717	\$130,717
Cessation Interventions	\$8.0	34%	\$404,034	\$580,614
Evaluation	\$2.0	10%	\$118,834	\$124,625
Infrastructure, Administration, and Management	\$1.0	5%	\$59,416	\$59,416
<b>Total</b>	<b>\$22.7</b>		<b>\$1,188,335</b>	<b>\$1,601,232<sup>18</sup></b>

#### State and Community Interventions

These interventions target social norms in order to influence behavior change, using coordinated and combined societal and community resources. Interventions can focus on building community capacity, awareness, engagement, and mobilization; coordination of state efforts, policies, laws, and regulations; and influencing people in their daily environment. These interventions cover a wide range of areas, and a multi-faceted range of interventions.

#### Mass-Reach Health Communication Interventions

These interventions include the various means by which public health information reaches large numbers of people to make meaningful changes in population-level awareness, knowledge, attitudes, and behaviors. These interventions promote and facilitate cessation, prevent tobacco use initiation and shape social norms related to tobacco use, but go beyond a traditional mass media placement.

#### Cessation Interventions

These interventions provide treatment services, such as directly delivering cessation counseling and medications through population-based services such as a telephone Quitline; as well as population-level strategic efforts to reconfigure policies and systems in order to normalize quitting, support tobacco free lifestyles, and ensure ongoing tobacco use screening and intervention as part of ongoing medical care.

<sup>17</sup> Previously approved funding of \$412,897 from 2015 to was used for 2016 making the total amount of \$1,601,232 available for 2016

<sup>18</sup> \$176,580 from the 2015 cessation interventions line item  
 \$230,525 from the 2015 state and community interventions line item  
 \$5,792 from the 2015 evaluation line item

## Evaluation

These interventions include surveillance: continually monitoring attitudes and behaviors and health outcomes over time. Monitoring and documenting short-term, intermediate, and long-term outcomes within populations. This is accomplished through systematic collection of information about the activities and results of programs to inform decisions about future programming and/or increase understanding. Evaluation also serves to document or measure the effectiveness of programs, including policy and media efforts.

## Infrastructure Administrative and Management

A comprehensive tobacco control program requires considerable funding to implement. A fully functioning infrastructure must be in place in order to achieve the capacity to implement effective interventions. Sufficient capacity is essential for program sustainability, efficacy and efficiency, and enables programs to plan strategic efforts for strong leadership and foster collaboration among state and local tobacco control programs.

In 2016, the Board worked with the Department of Public Health (DPH) to solicit proposals through a competitive bid process for the community prevention programs, mass-reach health communications, cessation interventions, and evaluation. DPH released a Request For Proposal (RFP) in September 2016 to purchase these services. DPH received 21 proposals in November 2016 in response to the RFP. It is anticipated that the selected programs will be fully operational by July, 1, 2017. The funding for administration at DPH is being secured using a sole source methodology. Of the total \$404,034 for cessation programming, the Board set aside \$152,126 in accordance with legislative approval to fund the expansion of the Department of Correction (DOC) smoking cessation education and relapse prevention program to clients residing in DOC halfway houses.

## Update on 2015 Disbursements

In December 2014, the Board recommended, and the legislative committees of cognizance approved, 2015 disbursements of \$3,511,833 to be used for anti-tobacco related initiatives in the areas of state and community interventions (\$1.4 million), mass-reach communications (\$385,650), cessation programming (\$1.2 million), evaluation (\$351,183), and administration (\$175,000).

As a result, a RFP was released in August 2015 to assist the Tobacco and Health Trust Fund Board with its anti-tobacco efforts. However, due to DPH losing staff within the department's contracts and grants division there was a considerable delay in executing the 2015 and 2016 contracts. To date, eight of the nine contracts awarded with 2015 trust funds have been fully executed and work has begun; Southern Connecticut State University, EdAdvance, Connecticut Alliance of Boys and Girls Clubs, Inc. and

Community Mental Health Affiliates for state and community interventions; Midwestern Connecticut Council of Alcoholism, and the Meriden Department of Health and Human Services for cessation services; Rescue Social Change Group for mass-reach health communication intervention and the University of North Carolina at Chapel Hill for evaluation. Below is a summary of the contracts awarded with the 2015 disbursement of \$3,511,833.

### **State and Community Interventions**

**Southern Connecticut State University (SCSU) \$235,496.** The SCSU program began in late October 2016. SCSU is finalizing the process of hiring a program coordinator. SCSU has recruited and trained 10 anti-tobacco youth advocates (Tobacco-Free Ambassadors, or TFAs), to engage and mobilize their peers through campus community outreach and education. The TFAs will conduct 20 demonstrations and events each contract year with a focus on preventing the initiation of tobacco use among non-smokers and peer-referrals to on campus cessation services for current tobacco users. TFAs will also conduct an “E-cigarette and Tobacco Exchange” event two times each contract year where incentives will be provided to students for handing in tobacco products to promote and enforce the tobacco free campus policy.

SCSU held a kick off meeting on October 25, 2016 with their subcontractors to discuss the requirements and activities of the grant. SCSU will provide technical assistance and training to three other colleges and universities within Connecticut to assist them in developing and implementing tobacco free campus policies. Although Central Connecticut State University and Western Connecticut State University are still participating, Eastern Connecticut State University is no longer able to participate in the grant, therefore SCSU is actively looking to partner with another college. The first on-site technical assistance meeting was held in November 2016 at Central Connecticut State University.

The SCSU Health and Wellness Center will offer enhanced on-site cessation services for students facilitated by a clinical professional trained in cessation counseling. Cessation providers from each site have completed the University of Massachusetts Tobacco Treatment Specialist training offered by DPH. The SCSU Health and Wellness Center will also provide tobacco use cessation treatment follow up and relapse care sessions, and FDA-approved medications to aid in cessation will be available at no cost to students when medically appropriate.

**EdAdvance (formerly Education Connection) \$267,759.** The EdAdvance program began in December 2016. EdAdvance will provide leadership and training of youth and teen advocates to implement digital and social media and marketing tobacco use prevention campaigns. EdAdvance will collaborate with community-based coalitions, elected officials, and key community stakeholders to develop policies to restrict access

to tobacco products by youth and to achieve voluntary adoption of policies that limit or ban tobacco product advertisements in merchant store fronts and at check-out counters.

**Connecticut Alliance of Boys and Girls Clubs, Inc. \$472,218.** The Connecticut Alliance of Boys and Girls Clubs' program began in December 2016. The Connecticut Alliance of Boys and Girls Clubs works with 50,000 youth, ages 6 to 18 in 37 towns and cities across Connecticut during after school and summer hours. In addition, there is a Club located in the Connecticut Juvenile Training School for boys. The program will develop a total of 350 teen youth leaders led by a Program Coordinator and a Teen Youth Advisor in each Club to be ambassadors for healthy living and to impact policy in their communities.

In 2014 the Board provided \$179,579 to the Connecticut Alliance of Boys and Girls Clubs to administer the Be Smart, Don't Start Program, which is a tobacco resistance and awareness program available to members of its 16 clubs throughout various towns and cities in Connecticut. The program served 303 youth ages 13- 15 to develop better decision-making and refusal skills, resistance, assertiveness, and the ability to recognize negative peer and media influences relating to tobacco use. As tobacco use within a family is an important factor leading to teen smoking, outreach efforts were made to family members.

The 16 Be Smart, Don't Start community forums received press coverage across the state. In a number of cases, state and local elected officials, state agency representatives, and community health providers participated. Participants involved in the community forums included representatives from Greenwich Hospital, Hartford Hospital, Aetna, Yale University, Norwalk Hospital, Ridgefield Youth Prevention Council, Lower Fairfield County Regional Action Council, Saint Vincent's Medical Center, Sacred Heart University and the American Cancer Society. As a result of Be Smart, Don't Start, the Connecticut Alliance of Boys and Girls Clubs has developed formal and informal relationships with other organizations, including the Connecticut Prevention Network, CVS Health, News 8 and the American Cancer Society.

Launched alongside CVS' decision to ban tobacco product in its stores, Be Smart, Don't Start proved an ideal initiative for its sponsorship. CVS became the lead corporate sponsor for Be Smart, Don't Start. They received lead recognition in Be Smart, Don't Start materials, online and offline. In addition, CVS representatives joined the program in media interviews.

**Community Mental Health Affiliates (CMHA) \$194,000.** The CMHA program began in October 2016. CMHA will oversee the development of a 'Photovoice' Project involving 155 to 190 middle- and high-school aged youth from the six Local Prevention Councils (LPC) who will use photography as a means for portraying youth tobacco use in their community, for developing messages to prevent the onset of tobacco use among

their peers, and for identifying policies and laws in their community that need to change to further reduce youth initiation of tobacco use.

### **Mass-Reach Health Communications**

**Rescue Social Change Group, (RSCG) LLC \$870,650 (includes \$485,000 of remaining funds from the previous contractor). RSCG contract began in June 2016.** RSCG located in San Diego, California is a behavior change marketing company that focuses exclusively on positive social change. Earned media efforts are managed by RSCG's local public relations subcontractor, Cashman + Katz Integrated Communications (C+K) of Glastonbury, Connecticut. C+K has 20 years of local earned and paid media experience and brings to this project the local contacts and relationships necessary to efficiently conduct outreach. Social media-based QuitLine promotional campaigns to help reach adults who are currently considering quitting will be developed.

The overarching goal of the cessation campaign is to increase the rate at which Connecticut smokers are connected to cessation services in an effort to reduce the rate of tobacco use. RSCG conducted focus groups to gather information that will assist in the development of a tobacco cessation campaign targeting smokers ages 18-65 in Connecticut. Using the results from the cessation focus groups conducted during 2016 and the analysis done on existing cessation support services in Connecticut, RSCG presented DPH with a strategic plan for the cessation portion of the mass reach campaign. The next steps are brand and message development which are currently underway. DPH received story boards at the end of November 2016. The testing of these brands and messages through focus groups occurred soon after.

The Technical Assistance portion of the contract is underway. DPH received a strategic plan for community program assistance with both point of sale and tobacco free environment policy work. RSCG has developed the assessment tools to be used by the local community programs to gauge the public and local leaders' opinions on these topics as well as to assess what is actually occurring around point of sale and tobacco free environments in each local community. These tools became available to the local programs in November 2016 and training of their staff will occur soon.

RSCG has also been working on updating and planning the campaign to target youth at high risk for tobacco use. A website has been customized to reflect Connecticut information and campaign materials have been developed. RSCG is in the process of hiring an in-state coordinator to recruit teens, and oversee staff activities.

### **Cessation Interventions**

**Hartford Behavioral Health (HBH) \$ 140,920.** This contract is not fully executed. HBH, an experienced tobacco cessation services provider, will provide direct tobacco

cessation services with a focus on Hispanic and African American tobacco users in the Greater Hartford area. HBH will accept 200 referrals for intensive individualized 30-minute cessation assessment and counseling sessions. Adults and youth ages 14-19 years of age can elect to enroll in an evidence-based group or individual cessation counseling. The program will also conduct outreach to 50 providers, train 100 providers and partners, and provide 180 intensive 30-minute cessation counseling sessions.

**Midwestern Connecticut Council of Alcoholism, (MCCA) Inc. \$ 425,000.** The MCCA program began in December 2016. MCCA will deliver tobacco cessation services to 500 clients over the two year grant period and provide health systems change outreach and training to six collaborating partners in various communities within the state. MCCA will deliver direct cessation services at their nine sites, including relapse prevention. Referrals from their partners will receive a 30-minute initial intensive counseling session, group or individual counseling sessions and nicotine replacement therapy, when medically appropriate.

**Meriden Department of Health and Human Services (DHHS) \$163,178.** Meriden DHHS program started in March 2016. The Meriden DHHS is a local health department that combines health and human services into one municipal department. The target population for this program are those who live and/or work in Meriden, Plainville, Southington, and Wallingford, and those who are uninsured or whose insurance does not cover cessation services or medications. Meriden DHHS provides programming that includes health systems change (10 provider trainings and outreach to providers) and direct cessation activities (individual and group cessation services, 12 weeks of nicotine replacement therapy, relapse prevention and follow-up) at no cost to participants.

Meriden DHHS has served 86 persons through the end of September 2016 in its tobacco cessation programs. All participants have received an initial 30-minute intensive counseling session and can then choose to participate in either individual or group counseling programs or both.

The Tobacco Cessation Counselor has provided 176 individual and 131 group counseling sessions through the end of September 2016. Participants were offered cessation medications as medically appropriate, with 75 persons receiving medications so far. The Counselor is providing training to local health care providers on integration of the DHHS Clinical Practice Guidelines for tobacco treatment into their office protocols and workflows. The Counselor has also provided numerous outreach presentations to promote program services at community sites, including social service agencies, libraries, local businesses and homeless shelters.

The program also proposed a tobacco free park ordinance which was passed by the Meriden City Council. The ordinance bans the use of all tobacco products, including electronic nicotine delivery systems, in all City-owned parks and recreational areas effective July 2, 2016. The new ordinance and the “Enjoy Our Tobacco Free Parks” signs were formally introduced at Meriden’s “National Night Out” Celebration in Hubbard Park on August 2, 2016, with local, State and United States elected officials in attendance who participated in the ribbon cutting ceremony.

### **Department of Correction (DOC) Smoking Cessation Education and Relapse Prevention Program and Halfway House Expansion Project**

Over the past four years, the Board has set aside funds for a smoking cessation education and relapse prevention program administered by the DOC. In 2015, the Board set aside \$294,322 for DOC program. In 2016 and additional \$152,126 was set aside for DOC to expand its program to clients in their halfway houses throughout the state. Below is a description of DOC’s current and expanded program activities and accomplishments.

1. Current Work on Establishing Baselines – Baselines were established to determine smoking prevalence numbers among the criminal justice population, including both the jail and prison population, to characterize the severity of the smoking problem in this population and to determine the level of interest in and willingness to quit. The prevalence studies confirmed that Connecticut’s criminal justice population has not benefited from the very successful national public health effort to reduce smoking. The Connecticut DOC population prevalence rates (%that smoked 30 days prior to incarceration) ranged from the mid-to-high 80% (male jails and prisons), to 92.5% for the male youth, and 93.7% for the female population.
  - a. On Going Prevalence Work. As DOC’s tobacco cessation, education and prevention efforts move toward the Halfway House population (HWH), staff have begun to develop the tools and plans for prevalence measures for this population. DOC’s contractor, the University of Connecticut School of Social Work, and the Department of Mental Health and Addiction Services have begun to develop a measurement instrument and sampling methodology for measuring the prevalence of smoking behavior in this population. These are individuals who have recently been released from prison or jail and are re-entering the community. The prevalence study for the HWH cohort will be completed during the next three months. This study is designed to provide a baseline for DOC’s smoking cessation programs that will be provided for halfway house residents. Although many of the questions in this survey will mirror those in the previous prevalence studies, this project is also designed to gauge the impact of the tobacco program.

2. Sustainability - The recent period of fiscal distress in Connecticut has provided a poignant test of the sustainability of this program. The integration of smoking prevention, education, and cessation information in documents such as the Inmate Handbook and orientation information (including the QuitLine) (1,340 offenders received this information since September 2015), in the school curricula (153 offenders received smoking dependence information from USD#1 during the past year), and in the Addiction Services treatment models, including both adult treatment (228 offenders during this past year) and Project X for the youthful offenders at Manson Youth Institution, continues. QuitLine information is also integrated into the re-entry process for all discharging offenders.

During this past year, there were 198 requests by offenders for help with assistance to stay quit on release from the Recovery Support Specialists. This assistance includes help with clinic appointments as well as telephone support during quitting. During this past year, forty (40) female offenders received tobacco education, cessation, and prevention services through the job center at York Correctional Institution until layoffs forced closing of the job center. Although some of the ongoing correctional programs have stopped operating, in general, most of the fundamental correctional processes into which tobacco related information and treatment were integrated continue to function. These ongoing programs have ensured that our population continues to receive these services. Those in our jails continue to be confronted with posters and offender-painted murals focusing on smoking cessation.

- a. On Going Sustainability Work. DOC's efforts to integrate tobacco education, prevention, and cessation into the ongoing work of the agency has enabled these services to continue to be provided to the offender population. With staffing layoffs in both DOC Addiction Services and Health Services, DOC has not embarked upon new initiatives, but planned sustainability efforts have been successful as existing institutional activities continue with tobacco-related components.
3. Connections with Community Providers - This component continues to be an important emphasis of DOC's effort that a key element of cessation efforts is tied to clear and strong "hand offs of patients" to community providers. DOC continues to expand its community based network with new affiliations with Generations Healthcare in the Eastern part of the state, as well as with existing provider networks. During this past year, and as a result of work involving tobacco education, cessation, and prevention, DOC has developed strong and trusting relationships with many of the Federally Qualified Health Centers (FQHC) and other community providers across the state. As DOC worked with these health centers on tobacco-related issues, inevitably, relationships were developed that support re-entry more broadly,

including in reach, referral and follow-up. These relationships and the essential participants are listed below:

- a. Recovery Network of Programs (RNP) - provided in reach and smoking cessation treatment to offenders at Bridgeport Community Correctional Center; planning to provide smoking cessation services to Chase Center, a halfway house in Waterbury, as soon as a new contract is signed.
  - b. Charter Oak Health Center – provided in reach to patients with tobacco use history at Hartford Correctional Center and provided referrals to their clinic. The uptake in terms of clinic visits from this effort was minimal, so conversations began to focus on alternatives, including bringing the clinic’s health van to the parole office in Hartford. Because of layoffs and staffing cuts, DOC was not able to complete this project before the contract ended.
  - c. Fair Haven Community Health Center is a FQHC in New Haven. This clinic has provided the “Prison Smart Meditation Program” at New Haven Community Correctional Center (NHCC), Bridgeport Correctional Center (BCC), and has now initiated a program at Hartford Correctional Center (HCC) with an intern and without payment as the Fair Haven contract has expired. An average of 8 to 12 offenders attended this meditation session weekly during 2016.
  - d. Staywell Health Center is a FQHC in Waterbury. Staywell staff developed and implemented a smoking cessation program at Chase Center (HWH) in Waterbury. Because of staffing and other issues, RNP will be providing services to Chase Center.
  - e. Generations Family Health Center is a FQHC with several sites in Eastern Connecticut including Willimantic, Norwich, Putnam, and Danielson. DOC’s partnership with Generations includes both in reach into DOC facilities to identify and refer patients re-entering the above four communities and surrounding areas. In addition, Generations conducts weekly smoking cessation sessions at Perception Programs, a CT DOC contracted residential treatment facility (HWH) for those with behavioral health issues. This is one of the smoking cessation pilots that DOC envisioned developing and assessing as a component of year four funding.
4. On Going Community Connection Work - As noted above, tobacco cessation, education, and prevention efforts for year four include focusing upon the halfway houses. Although DOC’s halfway houses are required to be smoke free by contract, a great deal of smoking occurs within them. This is not surprising since more than 90% of those who smoked prior to entering prison and underwent a period of forced abstinence and were not treated will begin smoking on release. The smoking cessation efforts were focused more aggressively on the jail environment than the prison environment, so it is not surprising that most of those in halfway houses (many discharging from prison) continue to smoke upon release. Interestingly, several of the halfway house contractors had come to DOC more than a year ago to

request smoking cessation support in their facilities. Their concern was for the exposure to smoking for both the residents as well as the facility staff.

- a. As described above, (e.g., Generations Family Health Center and Staywell Health Center), DOC has begun to develop and a pilot smoking cessation program in two halfway houses – Perception Programs in Willimantic and Chase Center in Waterbury. This model links FQHCs to halfway houses for the provision of tobacco-related services as well as introducing releasing offenders to a health care facility in the neighborhoods where they will be living. This is even more important now that the halfway house residents all became eligible for Medicaid entitlements beginning on September 12, 2016. This linkage enables offender patients to be linked tightly into continuity of care as they transition into the community. The value of the efforts that DOC has expended in developing strong relationships with the FQHCs in the state is now becoming clear. Providing quality health care to releasing offenders is one critical variable that contributes to reduced recidivism and improved re-entry.

In addition to the two pilot projects described above in which DOC is currently involved, the contractor (University of Connecticut School of Social Work/DMHAS) is also preparing to meet with the HWH providers to do fact finding and needs assessments to determine which of several smoking cessation models will best fit the needs of specific halfway house organizations. The eligibility for Medicaid benefits that almost all of DOC's halfway house residents qualify for is working well for DOC as smoking cessation services are generally covered by Medicaid. One of the challenges of moving forward with the project will be to identify those cessation models that are most effective and appropriate for the various types and characters of halfway houses (work release, mental health, job training, etc.). For example, tobacco cessation programs designed for work release halfway house programs must be conducted in the evening since most residents are at jobs during the daytime.

5. ForDD Clinic Project - The ForDD (Forensic Drug Diversion) Addiction Clinic is a partially DMHAS funded research and clinical facility affiliated with the Law and Psychiatry program at Yale, and located in New Haven. ForDD clinic has frequent interaction with individuals in the criminal justice system and they have research interests in smoking cessation mechanisms, and treatment, especially involving women. DOC contracted with ForDD in New Haven to provide care for offenders who requested smoking cessation assistance as they were leaving the NHCCC. Although there were challenges with recruitment for the ForDD staff at the Connecticut Mental Health Center (CMHC), they did recruit 76 individual smokers who requested smoking cessation services through ForDD. At the time that the

ForDD contract ended (July 31, 2016), two individuals had fully completed the course of treatment and 13 had come to the clinic for at least one outpatient session. At that time, 24 of the 76 were still incarcerated. The ForDD report notes that the changes in release dates highlights one of the difficulties in completing a re-entry project with individuals who are un-sentenced, because re-entry dates can vary greatly for those individuals, and may be largely unpredictable. ForDD plans to continue to follow the 24 individuals who had requested services but were not yet released as they re-enter the community.

6. Conference Presentation - In August 2016, DOC staff and contractors presented the Tobacco Education, Cessation, and Prevention Project at the American Correctional Association (ACA) summer conference in Boston. ACA is the largest correctional association in the world and brings together custody as well as medical professionals from the corrections world. The audience evaluations of the workshop presentation were uniformly excellent and several comments noted the importance of this issue and how it is rarely thought of by correctional health professionals.
7. Summary - For a variety of reasons, this has been a very challenging year for those involved with the tobacco education, cessation, and prevention project. DOC has, however, been able to sustain those efforts that were integrated into the basic mission of the agency. Further, DOC is embarking on very worthwhile projects now that tie in to its core values linking the DOC population that requires smoking cessation services with federally qualified health centers in the areas in which they live which are generally in the areas in which their halfway house placement is located. Identifying which model works best for which type of halfway house is a challenging task. DOC has already embarked upon this with the Generations-Perception program in Eastern Connecticut, for example. DOC also continues to support research efforts in the critical arena of public health by measuring smoking prevalence in its halfway house population. Offender access to Medicaid through recently implemented entitlement changes will add a new dimension to this work.

## Evaluation

**University of North Carolina at Chapel Hill \$345,392.** The University of North Carolina at Chapel Hill was awarded the contract for the Independent Evaluation Services. The evaluator will assist all of the 2015 Board programs, with the exception of DOC's program, with program planning, establishing and measuring program outcomes, providing technical assistance on data collection needs, and providing reports on each of the funded programs. The evaluation contract was fully executed in November 2016 and work has just begun.

## **Infrastructure and Administration**

The Tobacco and Health Trust Fund Board recommended disbursement of \$175,000 for 2015 has not yet been spent and has been combined with the \$59,416 for the administration and management of the Board's 2016 recommended disbursements for anti-tobacco programs and services. DPH is working to develop a contractor through a sole source process to assist DPH with the management of the tobacco funded programs.

## **Previous Board Accomplishments**

As a major part of its efforts to support and encourage the development and implementation of programs to reduce tobacco use through prevention, education and cessation programs, the Board has disbursed approximately \$29 million from 2003 to 2016. During this period trust funds have been dedicated to smoking cessation programs (\$8.7 million), tobacco counter-marketing efforts (\$6.6 million), QuitLine (\$7.1 million) and Prevention Programs (\$3.4 million). Other efforts, such as evaluation, a lung cancer pilot, innovative programs, tobacco enforcement, prevention, and website development have been funded to a lesser extent. Since many of the 2015 and 2016 programs have yet to be executed the data below represent the board's accomplishments and total funding allocations for the period of 2003 to 2015, except in instances where data is available for 2016.

Since 2003, the board disbursed \$8.3 million for community-based smoking cessation programs and one smoking cessation program administered by the Department of Correction (DOC). These programs provide evidence-based tobacco cessation assistance to individuals who want to quit by discouraging the use of tobacco products through education, skill building, one-on-one or group counseling and pharmacotherapy. In this time period, cessation programs were provided to pregnant women and women of child-bearing age; individuals with serious mental illness; individuals under the jurisdiction of the DOC; and other Connecticut residents. Evaluation results showed that the community tobacco cessation programs served a total of 7,061 individuals from 2008-2015. Results showed that the community-based tobacco cessation programs reached tobacco users from populations that experience disparities in tobacco use and related illness, particularly those with low socioeconomic status and/recent history of mental illness. Results also showed that offering gift certificates, bus passes, snacks and free NRT was an effective approach for getting participants to participate in cessation programs. Participants who responded to the four or six month follow-up survey reported a quit rate of 29%<sup>19</sup>. The average cost per quit was \$2,316 and the average cost per participant served was \$672. The average cost of the program per person served uses the denominator of everyone who registered for

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<sup>19</sup> Quit rate is based on 30-day tobacco use abstinence at the four or six-month follow-up.

services (at least one session), but the cost per quit uses the denominator of the number who reported cessation of tobacco use.

The Board also funded a fourth year of the DOC's smoking cessation education and relapse prevention program to expand its program to clients in their halfway houses. DOC is in the process of gathering data on quit rates for inmates participating in the program.

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

Other cessation campaign activities included using the "Become An Ex" campaign series ads targeting adults. Those ads were aired over a one-week-on, one-week-off cycle over the course of several months through the summer of 2011. In 2012, the "TIPS FROM FORMER SMOKERS" ads (purchased from CDC) ran from November 2013 through September 2014 and April - June 2015. Media ads were placed on television, radio, in print, online, and in out of home venues such as bus shelters and movie theaters. Ad placement was primarily targeted to young adults (ages 18-24), a group with high tobacco use rates and low utilization of the Quit Line. The evaluation showed that tobacco use cessation campaigns that targeted adults over the age of 18 were successful in increasing call volume to the QuitLine during the airing of these campaigns.

The QuitLine monthly call volume fluctuated substantially in 2014, with higher call volume during months in which "TIPS FROM FORMER SMOKERS" ads from the national campaign aired. A significantly higher portion of callers reported hearing about the QuitLine by a television ad during months when the TIPS ads aired (23%) compared to months with no paid television ads or state-based campaigns ads only (9.8%). It was not possible for the evaluator to determine the relative influence of the national ads versus Connecticut-based campaigns during the time in which both aired; however, after the national campaign ads went off the air in late September, 2014, call volume and the proportion of callers hearing about the QuitLine through television ads declined, suggesting that ads from the Connecticut-based campaign had a smaller

influence on overall call volume. The evaluator suggested that this may be a result of Connecticut's ad placement being heavily geared towards young adults.

In 2014, the board funded Teen Kids News (TKN), which is a weekly 30-minute Federal Communications Commission (FCC) approved children's news program airing on 220 major television stations across the country. TKN produced 12 science-based anti-smoking reports targeted to youth. Approximately 25 Connecticut teens were involved in the development of the scripts for the segments and some teens were interviewed as part of the segments. The campaign message, communicated through the TKN weekly shows informed and educated teens about the dangers of smoking and other tobacco use. In addition, TKN distributed DVDs with the 12 part series to Hartford, Bridgeport, Waterbury, Stamford, Greenwich and Norwalk Middle and High Schools.

According to CDC Best Practices 2014, literature provides ample evidence that tobacco counter-marketing, which is the use of commercial marketing tactics to reduce the prevalence of tobacco use, can be a valuable tool in reducing smoking. Literature reviews found extensive evidence that tobacco counter-marketing campaigns curbed smoking initiation in youth and promoted smoking cessation in adults, particularly in the context of comprehensive tobacco control programs. A 2012 review further confirmed the efficacy of mass-media campaigns in reducing smoking among adults. In addition, a 2013 study found that greater exposure to tobacco control mass-media campaigns may reduce the likelihood of relapse among quitters.<sup>20</sup>

Since 2003, the Board disbursed \$7.1 million to the Connecticut QuitLine to provide a statewide comprehensive free telephone and web- based tobacco use cessation coaching service to assist residents in their efforts to quit tobacco use through the provision of individualized counseling, information, self-help materials and nicotine replacement therapy. Counselors assess the caller's stage of readiness to change and offer options such as, referral to one-on-one counseling, referral to local programs, and/or mailed educational material. A community resource database is maintained and used, as appropriate, to refer callers to local programs, including tobacco cessation programs, smoking addiction support groups and others.

Alere Wellbeing, Inc. (Optum) continues to provide telephone tobacco use cessation services to any Connecticut resident through 1-800-QUIT-NOW (1-855-DEJELO-YA for Spanish) 24 hours a day/7 days a week. Evaluation showed that since 2003, the QuitLine has helped 53,626 Connecticut residents. CT QuitLine callers achieved a quit rate of 29.1% in 2016, similar to the 30-day quit rate observed in FY 2015 (30.5%). In addition, 86.4% of callers made at least one quit attempt. Connecticut's quit rate is consistent with other states. The average monthly call volume during FY 2016 was 376. Most callers reported having heard about the QuitLine either from a television

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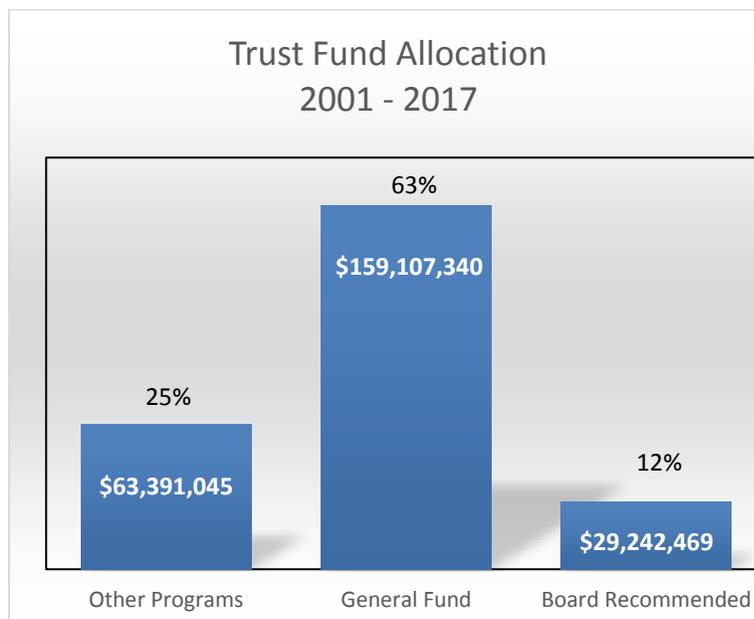
<sup>20</sup> Centers for Disease Control and Prevention Best Practices 2014

commercial or a health care provider. The participant satisfaction rate with QuitLine services was 82.5%. The average cost per quit with NRT costs was \$724 and \$557 without NRT costs in 2016 at the 7-month follow-up for QuiLine services.

Since 2003, the Board disbursed \$2.9 million to provide prevention programs. Funds were used to provide evidence-based program interventions to reduce, eliminate, and/or prevent the initiation of tobacco use among children and youth. The programs provide information about the short and long-term negative physiological and social consequences of tobacco use. Prevention programs supported by Trust funds reached over 12,000 children and youth.

#### IV. Trust Fund Disbursements and Other Expenditures

Since the inception of the trust fund, the Board has disbursed over \$29 million for anti-tobacco efforts.<sup>21</sup> Beginning in 2001, prior to any board-recommended disbursements and continuing to-date, slightly over \$222 million has been statutorily transferred from the trust fund without board input or approval. The majority of those funds \$159 million was transferred to the General Fund, with the remainder transferred to fund individual programs. The following graph identifies the total distribution of trust funds in these three categories: funds recommended by the Board, funds statutorily transferred to support other programs, and funds statutorily transferred to the General Fund, which totals slightly over \$251 million.



<sup>21</sup> Figures include funding allocated for 2016 programs.

Table A on the page below, shows how the funding available to the Board has been disbursed since the inception of the fund. Since its inception, (FY05 and FY06 were moratorium years), the Board recommended a total of \$29 million for disbursement. The majority of this funding was for cessation programs (\$8.7 million), counter-marketing campaigns (\$6.6 million), QuitLine (\$7.1 million) and Prevention Programs (\$3.4 million).

**Table A**

**Tobacco and Health Trust Fund Board Recommended Disbursements**

	<u>FY03</u>	<u>FY04</u>	<u>FY07</u>	<u>FY08</u>	<u>FY09</u>	<u>FY10</u>	<u>FY 12-13<sup>22</sup></u>	<u>FY 14</u>	<u>FY15</u>	<u>FY 16</u>	<u>Total</u>
Counter marketing	\$350,000		\$100,000		\$2,000,000	\$1,650,000	\$2,000,000		\$385,650	\$130,717	\$6,616,367
Website	\$50,000										\$50,000
Cessation Programs	\$400,000	\$300,000		\$800,000	\$1,612,456	\$1,550,000	\$1,929,000	\$527,283	\$1,200,000	\$404,034	\$8,722,773
QuitLine		\$287,100			\$2,000,000	\$1,650,000	\$1,600,000	\$1,611,984			\$7,149,084
Prevention Programs					\$500,000	\$500,000		\$572,963	\$1,400,000	\$475,334	\$3,448,297
Lung Cancer Pilot					\$250,000	\$250,000					\$500,000
Evaluation					\$500,000	\$300,000	\$486,000		\$351,183	\$118,834	\$1,756,017
Innovative Programs						\$477,745					\$477,745
Tobacco Enforcement Program								\$287,770			\$287,770
Infrastructure									\$175,000	\$59,416	\$234,416
<b>Total</b>	<b>\$800,000</b>	<b>\$587,100</b>	<b>\$100,000</b>	<b>\$800,000</b>	<b>\$6,862,456</b>	<b>\$6,377,745</b>	<b>\$6,015,000</b>	<b>\$3,000,000</b>	<b>\$3,511,833</b>	<b>\$1,188,335</b>	<b>\$29,242,469</b>

<sup>22</sup> Trust finds were not disbursed in FY 2011 due to lack of available funds.

Table B provides information on the statutory transfer of principal for various programs in FY 2016 and FY 2017. As in previous years, the biennial state budget for FY 2016-2017, as enacted in Public Act 15-244 and Public Act 16-2, made transfers from the principal of the trust fund for various programs. The transfers total \$1.3 million for FY 2016 and \$750,000 for FY 2017

**Table B**  
**Statutory Transfers from the Tobacco and Health Trust Fund**  
**For Various Programs**  
**FY 16 - 17**

	<u>FY 2016</u>
P.A. 15-244 transfers:	
Sec. 39(a) to DPH for Easy Breathing, CCEJ	\$550,000
Sec. 39(b) to DDS Implement Recommendations of Autism Study	\$750,000
<b>Total Statutory Transferred to Programs FY16</b>	<b>\$1,300,000</b>
	<u>FY 2017</u>
P.A. 16-2 transfers:	
Sec. 18(b) & 19(b) transfer from DDS to DSS for the implementation of Autism Feasibility	\$750,000
<b>Total Transferred to Programs FY17</b>	<b>\$750,000</b>

Table C identifies programs that have been funded through the state budget using trust funds without board recommendations or input. The total amount transferred since the inception of the trust funds through FY 2017 has been slightly over \$222 million. The majority of funds transferred out (\$159 million) were transferred to the General Fund rather than to individual programs.

**Table C**

**Tobacco and Health Trust Fund  
Transfers Other Than Board Recommendations FY01 - FY17**

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

FY03	\$375,000	DMHAS for grants to Regional Action Councils for tobacco related health, education, and prevention	SA 01-1, JSS, §54
FY03	\$472,000	DMHAS for SYNAR tobacco enforcement activities	SA 01-1, JSS, §57
FY03	\$118,531	DRS to implement the provisions of the tobacco settlement agreement escrow funds	SA 01-1, JSS, §58
FY03	\$300,000	DPH to establish and maintain a system of monitoring asthma and establish a comprehensive statewide asthma plan.	PA 01-9, JSS, §115 and PA 01-4, JSS, §42
FY03	\$48,700,000	Transfer to General Fund	PA 02-1, MSS, §37
FY04	\$12,000,000	Transfer to General Fund	PA 03-1, JSS, §46
FY05	\$500,000	DPH for the Easy Breathing program	PA 05-251 §61
FY05	\$100,000	DMR for the Best Buddies program	PA 05-251 §61
FY05	\$15,000	DPH for the QuitLine	PA 05-251 §61
FY06	\$500,000	DPH for the Easy Breathing program	PA 05-251 §54
FY06	\$75,000	DPH for Asthma Education and Awareness programs	PA 05-251 §54
FY07	\$12,000,000	Transfer to General Fund <sup>23*</sup>	PA 05-251 §90
FY07	\$500,000	DPH for the Easy Breathing program	PA 06-186 §27
FY07	\$150,000	DPH for an adult asthma program within the Easy Breathing program	PA 06-186 §27
FY07	\$150,000	DPH for continued support of a pilot asthma awareness and prevention education program in Bridgeport	PA 06-186 §27
FY07	\$1,000,000	DPH for cervical and breast cancer	PA 06-186 §27
FY07	\$5,500,000	DPH for the Connecticut Cancer Partnership	PA 06-186 §27
FY07	\$200,000	UConn Health Center	PA 06-186 §27
FY08	\$500,000	DPH for Easy Breathing Program	PA 07-1 JSS §59(a)
FY08	\$150,000	DPH for an adult asthma program within the Easy Breathing Program, at Norwalk Hospital	PA 07-1 JSS §59(a)

<sup>23</sup> In FY07, this \$12 million was transferred out in place of the \$12 million statutorily scheduled deposit.

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

FY09	\$1,000,000	DSS for the CHOICES program	PA 07-1 JSS §59(h)
FY09	\$26,207,340	Transfer to General Fund	PA 09-1 JSS §6 PA 09-1 JSS §31 PA 09-2 JSS §12 PA 09-111 JSS §2&3
FY10	\$150,000	DPH for a Pilot Asthma Awareness Program	PA 09-3 JSS §30
FY10	\$541,982	Regional Emergency Medical Services Councils	PA 09-3 JSS §62
FY10	\$800,000	DPH for the Easy Breathing Program. \$300,000 for adult asthma and \$500,000 for children's asthma.	PA 09-3 JSS §63
FY10	\$500,000	UCHC for the Connecticut Health Information Network	PA 09-3 JSS §67
FY10	\$10,000,000	Transfer to General Fund	PA 09-3 JSS §74
FY11	\$541,982	Regional Emergency Medical Service Councils	PA 09-3 JSS §62
FY11	\$800,000	DPH for the Easy Breathing Program. \$300,000 for adult asthma and \$500,000 for children's asthma	PA 09-3 JSS §63
FY11	\$500,000	UCHC for the Connecticut Health Information Network	PA 09-3 JSS §67
FY11	\$10,000,000	Transfer to General Fund	PA 09-3 JSS §74
FY12	\$500,000	UCONN for the Connecticut Health Information Network.	PA 11-6 JSS §46
FY12	\$1,450,000	DPH for the Easy Breathing Program. \$300,000 for an adult asthma program, \$500,000 for children's asthma program. Connecticut Coalition for Environmental Justice for the Community Asthma Education Program - \$ 150,000, and \$500,000 to regional councils for emergency medical services.	PA 11-6 JSS §47(a)
FY12	\$2,750,000	DSS for Medicaid to support smoking cessation programs.	PA 11-6 JSS §47(b)
FY13	\$500,000	UCONN for the Connecticut Health Information Network.	PA 11-6 JSS §46

FY13	\$1,450,000	DPH for the Easy Breathing Program. \$300,000 for an adult asthma program, \$500,000 for children's asthma program. Connecticut Coalition for Environmental Justice for the Community Asthma Education Program - \$ 150,000, and \$500,000 to regional councils for emergency medical services.	PA 11-6 JSS §47(a)
FY13	\$3,400,000	DSS for Medicaid to support smoking cessation programs.	PA 11-6 JSS §47(b)
FY14	\$500,000	UCONN for the Connecticut Health Information Network.	PA 13-184 §19
FY14	\$1,050,000	DPH for the Easy Breathing Program. \$150,000 for an adult asthma program, \$250,000 for children's asthma program. Connecticut Coalition for Environmental Justice for the Community Asthma Education Program - \$ 150,000, and \$500,000 to regional councils for emergency medical	PA 13-184 §20(a)
FY14	\$3,400,000	DSS for Medicaid to support smoking cessation programs.	PA 13-184 §20(b)
FY14	\$500,000	DDS to implement recommendations from the Autism Study	PA 13-184 §20(c)
FY14	\$200,000	DSS for Medicaid Partnership	PA 13-184 §20(d)
FY14	\$9,500,000	Transfer to General Fund	PA 13-184 §71 & 109
FY15	\$500,000	UCONN for the Connecticut Health Information Network.	PA 13-184 §19
FY15	\$1,075,000	DPH for the Easy Breathing Program. \$150,000 for an adult asthma program, \$250,000 for children's asthma program. Connecticut Coalition for Environmental Justice for the Community Asthma Education Program - \$ 150,000, and \$500,000 to regional councils for emergency medical	PA 13-184 §20(a)
FY15	\$3,400,000	DSS for Medicaid to support smoking cessation programs	PA 13-184 §20(b)
FY15	\$750,000	DDS to implement recommendations from the Autism Study	PA 13-184 §20(c)

FY15	\$200,000	DSS for University of Connecticut Medicaid Partnership	PA 13-184 §20(d)
FY15	\$6,000,000	Transfer to General Fund	PA 13-184 §71
FY16	\$550,000	DPH for the Easy Breathing Program. \$150,000 for an adult asthma program, \$250,000 for children's asthma program. Connecticut Coalition for Environmental Justice for the Community Asthma Education Program - \$150,000	PA 15-244 §39(a)
FY16	\$750,000	DDS to implement recommendations from the Autism Study	PA 15-244 §39(b)
FY16	\$12,000,000	Transfer to General Fund	PA 15-244 §90
FY17	\$12,000,000	Transfer to General Fund	PA 15-244 §90
FY 17	\$700,000	Transfer to General Fund	PA 16-2 MSS §19 (a)
FY17	\$750,000	Redirects oversight of funds to implement recommendations from the autism study from DDS to DSS	PA 16-2 MSS §18(b) and 19(b)
<b>Total</b>	<b>\$222,498,385</b>		

## Appendix A Statutory Authority

### Supplement to the Connecticut General Statutes Effective 1/1/16

**Sec. 4-28e. Tobacco Settlement Fund. Disbursements and grants.** (a) There is created a Tobacco Settlement Fund which shall be a separate nonlapsing fund. Any funds received by the state from the Master Settlement Agreement executed November 23, 1998, shall be deposited into the fund.

(b) (1) The Treasurer is authorized to invest all or any part of the Tobacco Settlement Fund, all or any part of the Tobacco and Health Trust Fund created in section 4-28f and all or any part of the Biomedical Research Trust Fund created in section 19a-32c. The interest derived from any such investment shall be credited to the resources of the fund from which the investment was made.

(2) Notwithstanding sections 3-13 to 3-13h, inclusive, the Treasurer shall invest the amounts on deposit in the Tobacco Settlement Fund, the Tobacco and Health Trust Fund and the Biomedical Research Trust Fund in a manner reasonable and appropriate to achieve the objectives of such funds, exercising the discretion and care of a prudent person in similar circumstances with similar objectives. The Treasurer shall give due consideration to rate of return, risk, term or maturity, diversification of the total portfolio within such funds, liquidity, the projected disbursements and expenditures, and the expected payments, deposits, contributions and gifts to be received. The Treasurer shall not be required to invest such funds directly in obligations of the state or any political subdivision of the state or in any investment or other fund administered by the Treasurer. The assets of such funds shall be continuously invested and reinvested in a manner consistent with the objectives of such funds until disbursed in accordance with this section, section 4-28f or section 19a-32c.

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

(2) For each of the fiscal years ending June 30, 2002, to June 30, 2015, inclusive, disbursements from the Tobacco Settlement Fund shall be made as follows: (A) To the Tobacco and Health Trust Fund in an amount equal to twelve million dollars, except in

the fiscal years ending June 30, 2014, and June 30, 2015, said disbursement shall be in an amount equal to six million dollars; (B) to the Biomedical Research Trust Fund in an amount equal to four million dollars; (C) to the General Fund in the amount identified as "Transfer from Tobacco Settlement Fund" in the General Fund revenue schedule adopted by the General Assembly; and (D) any remainder to the Tobacco and Health Trust Fund.

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

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

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

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

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

(d) For the fiscal year ending June 30, 2000, five million dollars shall be disbursed from the Tobacco Settlement Fund to a tobacco grant account to be established in the Office of Policy and Management. Such funds shall not lapse on June 30, 2000, and shall continue to be available for expenditure during the fiscal year ending June 30, 2001.

(e) Tobacco grants shall be made from the account established pursuant to subsection (d) of this section by the Secretary of the Office of Policy and Management in consultation with the speaker of the House of Representatives, the president pro tempore of the Senate, the majority leader of the House of Representatives, the majority leader of the Senate, the minority leader of the House of Representatives, the minority leader of the Senate, and the co-chairpersons and ranking members of the joint standing committees of the General Assembly having cognizance of matters relating to public health and appropriations and the budgets of state agencies, or their designees. Such grants shall be used to reduce tobacco abuse through prevention, education, cessation, treatment, enforcement and health needs programs.

(f) For the fiscal year ending June 30, 2005, and each fiscal year thereafter, the sum of one hundred thousand dollars is appropriated to the Department of Revenue Services and the sum of twenty-five thousand dollars is appropriated to the office of the Attorney General for the enforcement of the provisions of sections 4-28h to 4-28q, inclusive.

**Sec. 4-28f. Tobacco and Health Trust Fund. Transfers from Tobacco Settlement Fund.**

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

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

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

years from July 1, 2000, and one of whom shall serve for a term of three years from July 1, 2000; (3) the majority leader of the House of Representatives and the majority leader of the Senate each shall appoint two trustees, one of whom shall serve for a term of one year from July 1, 2000, and one of whom shall serve for a term of three years from July 1, 2000; (4) the minority leader of the House of Representatives and the minority leader of the Senate each shall appoint two trustees, one of whom shall serve for a term of one year from July 1, 2000, and one of whom shall serve for a term of two years from July 1, 2000; and (5) the Secretary of the Office of Policy and Management, or the secretary's designee, shall serve as an ex-officio voting member. Following the expiration of such initial terms, subsequent trustees shall serve for a term of three years. The period of suspension of the board's operations from July 1, 2003, to June 30, 2005, inclusive, shall not be included in the term of any trustee serving on July 1, 2003. The trustees shall serve without compensation except for reimbursement for necessary expenses incurred in performing their duties. The board of trustees shall establish rules of procedure for the conduct of its business which shall include, but not be limited to, criteria, processes and procedures to be used in selecting programs to receive money from the trust fund. The trust fund shall be within the Office of Policy and Management for administrative purposes only. The board of trustees shall meet not less than biannually, except during the fiscal years ending June 30, 2004, and June 30, 2005, and, not later than January first of each year, except during the fiscal years ending June 30, 2004, and June 30, 2005, shall submit a report of its activities and accomplishments to the joint standing committees of the General Assembly having cognizance of matters relating to public health and appropriations and the budgets of state agencies, in accordance with section 11-4a.

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

parents of young children, and (ii) consideration to the availability of private matching funds. Recommended disbursements from the trust fund shall be in addition to any resources that would otherwise be appropriated by the state for such purposes and programs.

(2) Except during the fiscal years ending June 30, 2004, and June 30, 2005, the board of trustees shall submit such recommendations for the authorization of disbursement from the trust fund to the joint standing committees of the General Assembly having cognizance of matters relating to public health and appropriations and the budgets of state agencies. Not later than thirty days after receipt of such recommendations, said committees shall advise the board of their approval, modifications, if any, or rejection of the board's recommendations. If said joint standing committees do not concur, the speaker of the House of Representatives, the president pro tempore of the Senate, the majority leader of the House of Representatives, the majority leader of the Senate, the minority leader of the House of Representatives and the minority leader of the Senate each shall appoint one member from each of said joint standing committees to serve as a committee on conference. The committee on conference shall submit its report to both committees, which shall vote to accept or reject the report. The report of the committee on conference may not be amended. If a joint standing committee rejects the report of the committee on conference, the board's recommendations shall be deemed approved. If the joint standing committees accept the report of the committee on conference, the joint standing committee having cognizance of matters relating to appropriations and the budgets of state agencies shall advise the board of said joint standing committees' approval or modifications, if any, of the board's recommended disbursement. If said joint standing committees do not act within thirty days after receipt of the board's recommendations for the authorization of disbursement, such recommendations shall be deemed approved. Disbursement from the trust fund shall be in accordance with the board's recommendations as approved or modified by said joint standing committees.

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

(4) The board of trustees shall, not later than February first of each year, except during the fiscal years ending June 30, 2004, and June 30, 2005, submit a report to the General Assembly, in accordance with the provisions of section 11-4a, that includes all

disbursements and other expenditures from the trust fund and an evaluation of the performance and impact of each program receiving funds from the trust fund. Such report shall also include the criteria and application process used to select programs to receive such funds.

## Appendix B Board of Trustees

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

Senate Minority Leader	Diane Becker Citizen Representative
Senate Minority Leader	Lisa Hammersley Budget Director Senate Republican Office
Speaker of the House	Patricia Checko MATCH Coalition
Speaker of the House	Richard Baltimore Chief Legal Counsel to the Speaker of the House
House Majority Leader	Kelly Leppard Youth Prevention Coordinator Town of Southington
House Majority Leader	Larry Deutsch Pediatrician & Hartford City Council
House Minority Leader	Andrew Salner Director, Cancer Program Helen & Harry Gray Cancer Center Medical Director of Radiation Oncology Hartford Hospital
House Minority Leader	Michael Rell International Governmental Strategies, LLC

## Appendix C

### Tobacco and Health Trust Fund Programs 2003- 2015

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

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

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

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

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

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

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

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

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

			<p>cessation materials was distributed to 2,479 inmates in various facilities; 35 inmates received NRT – nicotine lozenges.</p> <p><u>York Correction Institute and Manson Youth</u> –11 inmates completed the Behavioral Treatment Program started in June 2014. <u>Smoking Cessation Education and Support</u> - 503 inmates have attended sessions of the WISE behavioral treatment or the modified “Freedom from Smoking” (American Lung Association) stress reduction curriculums; and 40 inmates voluntarily requested Recovery Support Specialist (RSS) assistance to stay quit upon re-entering the community.</p>
Prevention Programs	\$572,963	<p>Prevention programs designed to provide evidence-based intervention to reduce, eliminate and or prevent the initiation of tobacco use among youth. Programs include: Teen Kids News; Statewide Tobacco Education Program; and Connecticut Alliance of Boys and Girls Clubs.</p>	<p>Teen Kids News. Program completed twelve science-based anti-smoking reports targeted at youth.</p> <p>Statewide Tobacco and Education Program. 10 of the 13 RACs are participating as subcontractors; total number of youth participants was 2,935.</p> <p>Connecticut Alliance of Boys and Girls Club –303 youth ages 13-15 participated in the program.</p>
QuitLine	1,611,984	<p>Provision of telephone tobacco use cessation services to any Connecticut resident.</p>	<p>For the period of 2003 – 2016, the QuitLine has helped 53,626 Connecticut residents in their efforts to quit smoking. CT QuitLine callers achieved a quit</p>

				rate of 29.1% in 2016, similar to the 30-day quit rate observed in FY 2014 (30.5). The average cost per quit in 2014 was \$697 and \$545 in 2015.
Tobacco Enforcement Program	\$28,770		Designed to prevent the sale of tobacco products to minors.	Initial inspection conducted at 32% of tobacco outlets. The retailer violation rate (RVR or failure rate) at the outlets inspected as of September 4, 2014 is 28.8%; \$10,000 in criminal infractions has been issued as of September 4, 2014.
<b>Sub-Total 2014</b>				
	<b>\$3,000,000</b>			
<b>2015</b>				<b>Funding was awarded in the fall of 2015 for the programs listed below. Outcomes were not available at the time of writing this report.</b>
<b>State and Community Intervention</b>				
Southern Connecticut State University	\$235,495		Southern Connecticut State University to train, support and empower Tobacco-Free Ambassadors. TFA's will engage and mobilize their peers through campus community outreach and education. The Health and Wellness Center will offer enhanced onsite cessation services, comprehensive intake counseling session and intensive 8-week intervention with 8 one-on-one tobacco use cessation counseling sessions. Also to provide 20 minutes for each one-on-one counseling session.	

Education Connection	\$267,759	<p>Education Connection will provide leadership and training of youth and teen advocates to implement digital and social media and marketing tobacco use prevention campaigns.</p> <p>Education Connection will collaborate with community-based coalitions, elected officials, and key community stakeholders to develop policies to restrict access to tobacco products by youth and to achieve voluntary adoption of policies that limit or ban tobacco product advertisements in merchant store fronts and at check-out counters.</p>	
Connecticut Alliance of Boys and Girls Clubs	\$472,218	<p>The youth prevention program will develop a total of 350 teen youth leaders to be ambassadors for healthy living and to impact policy in their communities.</p> <p>Youth participating will make a one year commitment to conduct activities in their community that assess youth access to tobacco retailers and merchants, decrease tobacco industry advertising, messaging and sponsorship, as well as identify tobacco use in movies and entertainment.</p>	
Community Mental Health Affiliates	\$194,000	<p>CMHA will oversee the development of a 'Photovoice' Project involving 155 to 190 middle- and high-school aged youth from the six LPC's who will use photography as a means for portraying youth tobacco use in their community, for developing messages to prevent the onset of tobacco use among their peers, and for identifying policies and laws in their community that</p>	

			need to change to further reduce youth initiation of tobacco use.	
<b>Mass-Reach Communication</b>				
Rescue Social Change Group, LLC (RSCG)	\$870,650 (includes \$485,000 from the previous contractor)		RSCG will update QuitLine branding and implement two campaigns, one per year, in addition to ongoing social media management and earned media outreach. Contractor marketing assistance will be provided by subcontractor Cashman and Katz to lead by providing technical assistance, trainings and by organizing Focus Days that provide the Department's contractors with the support needed to help them better utilize earned media and events in their programs.	
<b>Cessations Programs</b>				
Department of Correction (DOC)	\$294,322		Support the third year of program operation of the Department's Smoking Cessation Program with inmates under its jurisdiction.	430 inmates attended psychoeducational cessation programs; 403 completed evidence-based cessation treatment programs (e.g., WISE and Project-X)  350 inmates received smoking dependence information.  101 inmates requested Recovery Support Specialist (RSS) assistance.  175 inmates receive of smoking education, prevention, and cessation information.
Hartford Community Health Center, Inc.; dba Hartford Behavioral Health (HBH)	\$140,920		HBH will accept 200 referrals for intensive individualized 30 minute cessation assessment and counseling session. Adults and youth ages 14 to 19 years of age can elect to enroll in an	

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

		Human Services "5 A's" (ask, advise, assess, assist, arrange) model to encourage individuals to quit smoking, QUIT Clinics (Quick Useful Information about Tobacco) at businesses, housing complexes, and private clubs in the new catchment area; and using text apps, such as Remind 101, to remind program participants of upcoming appointments.	
<b>Evaluation</b>	\$345,392	The University of North Carolina at Chapel Hill was awarded the contract for Independent Evaluation Services, and will assist all of the above contractors with program planning, establishing and measuring program outcomes, providing technical assistance on data collection needs, and providing reports on each of the funded programs.	
Infrastructure and Administration	\$175,000	Contractor has yet to be secured for administration services.	
<b>SUBTOTAL 2015</b>	\$3,098,935 <sup>24</sup>		
<b>TOTAL 2016</b>	\$ 1,601,232		
<b>TOTAL 2003 -2016</b>	\$ 29,242,469		

<sup>24</sup>Unallocated 2015 funds in the areas of state and community interventions, cessation interventions, and evaluation funding categories in the amount of \$412,897 were made available for 2016 programming in those categories.