Fiscal Year 2010 Report

of the

Tobacco and Health Trust Fund Board of Trustees

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

December 2009

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Background and Summary

In 1999, a Tobacco and Health Trust Fund was established in Connecticut. 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."[1] The Trust Fund is 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.

A Board of Trustees was established in 2000 to administer the Tobacco and Health Trust Fund. The statutory purpose of the Board of Trustees is to select programs to receive money from the trust fund. Through fiscal year (FY) 2003, the Board of Trustees could recommend disbursement of up to half of the net earnings from the principal of the fund to meet the objectives of the fund. The Board's operations were statutorily suspended for fiscal years 2004 and 2005. Through FY 2008, the Board could recommend disbursement of the entire net earnings of the principal. Beginning in FY 2009, as a result of Governor Rell's legislative proposal, the Board can currently recommend up to one-half of the annual transfer from the Tobacco Settlement Fund to the trust fund from the previous fiscal year, up to a maximum of six million dollars, plus the net earnings from the principal of the trust fund from the previous fiscal year.

Seventeen trustees are members of the Board. In addition to the ex-officio representative of the Office of Policy and Management, the Governor has four appointments and legislative leaders have two appointments each. Current membership on the Board, appointing authority, and their current term are as follows:

Appointed by	Name	Term Ends
OPM Secretary	Anne Foley	N/A
Governor	Ken Ferrucci	6/30/10
Governor	Norma Gyle	6/30/11
Governor	Nancy Bafundo	6/30/09
Governor	Cheryl Resha	6/30/12
Senate Pres. Pro Tempore	Douglas Fishman	6/30/11
Senate Pres. Pro Tempore	Nikki Palmieri	6/30/11
Senate Majority Leader	Ellen Dornelas	6/30/09
Senate Majority Leader	Robert Zavoski	6/30/10
Senate Minority Leader	Diane Becker	6/30/12

[1] See Appendix A for statutory authority

Senate Minority Leader	Steve Papadakos	6/30/11
Speaker of the House	Patricia Checko	6/30/11
Speaker of the House	Andrew Salner	6/30/12
House Majority Leader	Cynthia Adams	6/30/10
House Majority Leader	Larry Deutsch	6/30/11
House Minority Leader	Geralyn Laut	6/30/12
House Minority Leader	Dianne Harnad	6/30/12

This report fulfills the Board's the statutory responsibilities to:

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

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; and

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

The Tobacco and Health Trust Fund Board has determined that the optimal approach for FY10 disbursements is to support and expand the programming initiated in FY09 and to provide funding opportunities for innovative programs which would not fit into existing categories. Rather than start from a "zero-based" financial plan, the Board's FY10 recommendations will sustain and enhance existing efforts while also encouraging innovation.

In summary, the Tobacco and Health Trust Fund Board recommends authorization of disbursement of $6,377,745 from the trust fund for FY 2010 which is $484,711 less than the FY 2009 disbursement due to lower trust fund earnings. The following table summarizes the Board's disbursement recommendations for FY 2010 as compared to FY 2009:

	Description	FY09 Funding	Recommended FY10 Funding	Difference FY09 to FY10
Counter-Marketing	Mass media campaigns designed to discourage tobacco use.	$2,000,000	$1,650,000	-$350,000

Community Based Cessation	Strategies to help people quit smoking including counseling and pharmacotherapy	$412,456	$750,000	$337,544
Cessation for Mentally Ill	Strategies to help people with serious mental illness quit smoking including counseling and pharmacotherapy	$1,200,000	$800,000	-$400,000
QuitLine	Telephone cessation service including information, counseling, and pharmacotherapy	$2,000,000	$1,650,000	-$350,000
School Based Prevention	Tobacco prevention and cessation programs in 10-20 school districts	$500,000	$500,000	$0
Lung Cancer and Genetic Research	Lung tissue biorepository feasibility study and demonstration project and genetic research	$250,000	$250,000	$0
Evaluation	Monitor program accountability including progress in achieving outcome objectives	$500,000	$300,000	-$200,000
Innovative Programs	Seed funding for new and innovative programs that do not fit into other categories.	$0	$477,745	$477,745
Total Recommended		$6,862,456	$6,377,745	-$484,711

Although state law allows Tobacco and Health Trust funds to be used to address a wide variety of health-related needs, the Board has historically focused its disbursements on anti-tobacco efforts. Data on smoking in Connecticut[2] has informed and guided the Board's disbursement recommendations, including:

- An estimated 15.9% of adults and 15.3% of high school students in Connecticut smoke cigarettes;

[2] See Appendix B for data on smoking in Connecticut

- The smoking rate among adults has decreased significantly since 2002 when it was 19.4%;

- The smoking rate among high school students has declined dramatically from 25.6% in 2000 as has the smoking rate among middle school student which was 9.8% in 2000 and 3.3% in 2009;

- Connecticut has the 7th lowest smoking rate in the country. The national smoking rate is 18.4%

- Hispanics adults are significantly more likely to be smokers (23%) than non-Hispanic whites or blacks;

- Persons with serious mental illness are significantly more like to be smokers;

- The age group most likely to smoke is 25-34 year olds (23.8%);

- Higher income and college-educated adults are significantly less likely to smoke;

- Nearly 6% of women who gave birth in 2006 reported smoking during their pregnancy; and

- More than half of adult smokers tried to quit in the past year.

Activities and Accomplishments in 2009

Since the inception of the Tobacco and Health Trust Fund, the board has made considerable investments in anti-tobacco efforts. The Appropriations and Public Health committees have approved all five of the Board's disbursement recommendations since fiscal year (FY) 2003, totaling approximately $9.2 million. Three quarters of the total funding recommended for disbursement since 2003 ($6.9 million) was approved for disbursement just last year.

The majority of the funding since 2003 has been used for cessation programs ($3.1 million), counter marketing efforts ($2.5 million), and QuitLine ($2.3 million). Other efforts -- such as school-based prevention, evaluation, a lung cancer pilot, and website development - have been funded to a lesser extent.

The Tobacco and Health Trust Fund Board of Trustees submitted its FY 2009 Annual Report to the legislative committees of cognizance in October 2008. On November 18, 2008, the Appropriations and Public Health Committees approved the report, including recommendations for disbursement of $6.9 million. Since then, the board has worked with staff at the Department of Public Health (DPH) to develop requests for proposals, review proposals, and award contracts for the $6.9 million in new funding. Below is a brief description of the Board's activities and accomplishments over the past year:

Counter Marketing Campaign -- $2 million. On January 26, 2009 DPH solicited proposals from all media vendors on DAS Contract Number 08 PSX 0068. Proposals were due postmarked March 5, 2009. Three Board members were involved in the subcommittee to draft the solicitation and the review committee to review proposals. A contract was awarded May 14, 2009 to Cronin and Company of Glastonbury for $1,999,820 for the project period September 1, 2009 to August 31, 2011.

Community-Based Cessation Programs -- $412,456. DPH developed and released an RFP (#2009-0920) on January 12, 2009 in which proposals were due by February 18, 2009. On May 29, 2009, contracts totaling $412,456 were awarded for the period of September 1, 2009 to December 31, 2011 to:

AIDS Project New Haven, Inc. ($70,290)
Community Health Center, Inc ($42,450)
Fair Haven Community Health Center, Inc. ($66,712)
Generations Family Health Center, Inc. (($43,700)
Hartford Gay and Lesbian Health Collective, Inc. ($94,230)
Hospital of Saint Raphael ($51,248)
Ledge Light Health District ($43,826)

Cessation Programs for Persons with Serious Mental Illness -- $1.2 million. Two Board members participated on the committee that developed the RFP (# 2009-0925) which was released on February 10, 2009. Proposals were due postmarked March 31, 2009 and on May 12, 2009 a contract for $1,199,687 was awarded to CommuniCare, Inc. of Ansonia.

QuitLine -- $2 million. The Quitline contract was amended to add additional funding for a seven-month period through July 2009 for approximately a half million dollars. As a result of RFP # 2009-0916, which was issued on October 7, 2008 with proposals due on November 19, 2008, a contract was awarded to the current contractor - Free and Clear, Inc. of Seattle, Washington - for an additional $1.5 million during the period of August 2009 through June 2010 for basic services, nicotine replacement therapy and pharmacotherapies, customer satisfaction and quit rate surveys, and marketing materials reprinting.

School-Based Tobacco Use Prevention and Cessation Programs -- $500,000. One Board member was involved in the subcommittee that developed the RFP (#2009-0924) which was released on February 11, 2009 and on the review committee that evaluated the proposals which were due on March 20, 2009. The proposals received were considered to be insufficient, so no awards were made. RFP # 2009-0928 was released on June 20, 2009 and proposals are due on October 30, 2009.

Lung Cancer Pilot -- $250,000. One Board member was involved in the subcommittee that developed the RFP (#2009-0923) and the review committee that evaluated proposals which were due on March 15, 2009. A $250,000 contract for a biorepository feasibility study and demonstration projected was awarded on May 5, 2009 to the University of Connecticut Health Center for a period specified in a Memorandum of Agreement of September 1, 2009 to August 31, 2011.

Program Evaluation -- $500,000. Three Board members were involved in the subcommittee to draft the RFP (# 2009-0919 Released February 9, 2009) and the review committee which evaluated the proposals. Proposals were received by March 25, 2009 and a contract for $499,428 was awarded on May 28, 2009 to Professional Data Analysts, Inc. of Minneapolis, MN for the period of October 1, 2009 to December 31, 2011.

On Friday, July 17, 2009, the Tobacco and Health Trust Fund Board held its second annual public hearing to seek input and recommendations for disbursement of trust funds for FY 2010. The following seven individuals provided oral testimony at the public hearing:

1. Marcel Blanchet, Connecticut Hospice
2. Fergus Cullen, Yankee Institute
3. Gwen Samuel, Parent

4. Tony Corniello, CommuniCare Inc.
5. Keith Bradley, Research Associates Program
6. Betsey Chadwick, Middlesex County Substance Abuse Action Council
7. Geralyn Laut, Local Prevention Council

In summary, the individuals testifying recommended funding be provided for: hospice services, cessation programs for individuals with mental illness, brief intervention programs at hospital emergency departments, local prevention efforts, and training. Oral testimony also recommended advocacy for additional Tobacco Settlement Funds to be dedicated to anti-tobacco efforts. In addition, written testimony was received from 11 individuals prior to or following the public hearing.[3]

Since the most recent Board report was submitted to the General Assembly in October 2009, the Tobacco and Health Trust Fund Board of Trustees has held five meetings: on December 10, 2008 and July 17, August 14, September 18 and October 16, 2009.[4] The primary focus of these meetings was to develop recommendations for FY09 disbursement from the trust fund.

Four new members joined the Tobacco and Health Trust Fund Board this year: Cindy Adams, Dianne Harnad, Geralyn Laut, and Steve Papadakos. Mr. Papadakos joined the Board in October after the Board had voted on FY10 recommendations for disbursement.

[3] See Appendix C for a summary of testimony received in July 2009.
[4] See Appendix D for Tobacco and Health Trust Fund Board meeting summaries for 2009.

Report on Disbursements and Other Expenditures

The following Table A shows the flow of Tobacco and Health Trust Funds since the inception of the trust fund in FY 2000 through the estimated activity in FY 2011. If the Board's recommendation for disbursement of $6.4 million for FY10 is approved, and there are no further statutory changes to the trust fund, there will be over $5 million available for disbursement next year, but the fund will be extinguished by the end of the biennium.

Table A

Tobacco and Health Trust Fund
Fiscal Activity 2000-2011

(In millions of dollars)

	July 1 Balance	Transfer from TSF	Interest	Funds Available	Board Disburse-ments	Statutory Transfer to GF	Capital Loss	Statutory Transfer to Programs	Funds Used	June 30 Balance
FY00	-	20.0	0.2	20.2	-	-	-	-	-	20.2
FY01	20.2	19.5	1.4	41.1	-	-	-	-	-	41.1
FY02	41.1	17.4	1.8	60.3	(0.8)	-	(1.5)	(4.9)	(7.2)	53.1
FY03	53.1	-	0.2	53.3	(0.6)	(48.2)	(0.8)	(2.6)	(52.2)	1.1
FY04	1.1	12.0	-	13.1	-	(12.0)	-	(0.5)	(12.5)	0.6
FY05	0.6	-	-	0.6	-	-	-	(0.6)	(0.6)	(0.0)
FY06	(0.0)	18.6	0.1	18.7	-	-	-	(0.6)	(0.6)	18.1
FY07	18.1	12.0	0.8	31.0	-	-	-	(9.7)	(9.7)	21.3
FY08	21.3	13.2	0.9	35.4	(0.9)	-	-	(5.1)	(6.0)	29.4
FY09	29.4	24.3	0.4	54.1	(6.9)	(21.6)	-	(14.0)	(42.5)	11.6
FY00-09 Total		137.0	5.8		(9.2)	(81.8)	(2.3)	(38.0)	(131.3)	
FY10 Est	11.6	12.0	0.1	23.7	(6.4)	(10.0)	-	(2.0)	(18.4)	5.3
FY11 Est	5.3	12.0	-	17.3	(5.5)	(10.0)	-	(1.8)	(17.3)	-
FY00-11 Total		161.0	5.9		(21.1)	(101.8)	(2.3)	(41.8)	(167.0)	

In summary, between FY00 and FY09, the Tobacco and Health Trust Fund received $137 million from the Tobacco Settlement Fund and earned $5.8 million in interest for total deposits of $142.8 million. During that same time period, there were board disbursements of approximately $9.2 million, statutory transfers to the General Fund of $81.8 million, statutory transfers to various programs of $38 million, and capital losses of $2.3 million.

Between FY00 and FY09, the state received a total of $1.29 billion from the Tobacco Settlement Fund.

Despite the significant fiscal activity in and out of the Trust Fund, the total amount the Board has been able to recommend for disbursement has been just over $9.1 million since the inception of the Trust Fund in 2000, with three-quarters of that amount disbursed just this past year when the statutory authority for disbursement recommendations was broadened.

The following Table B shows how the funding available to the Board has been recommended for disbursement by the Trust Fund Board since the inception of the fund. Over five years (FY05 and FY06 were moratorium years), the board recommended a total of $9.1 million for disbursement. The majority of this funding was for cessation programs ($3.2 million), counter-marketing campaigns ($2.5 million), and QuitLine ($2.2 million).

Table B

Tobacco and Health Trust Fund
Board Disbursements FY 03 – FY 10

	FY03	FY04	FY07	FY08	FY09	SubTotal FY03-09	FY10 Recs.	Total
Counter-Marketing	$350,000		$100,000		$2,000,000	$2,450,000	$1,650,000	$4,100,000
Website Development	$50,000					$50,000		$50,000
Cessation Programs	$400,000	$300,000		$800,000	$1,612,456	$3,112,456	$1,550,000	$4,662,456
QuitLine		$287,100			$2,000,000	$2,287,100	$1,650,000	$3,937,100

School Based Prevention					$500,000	$500,000	$500,000	$1,000,000
Lung Cancer Pilot					$250,000	$250,000	$250,000	$500,000
Evaluation					$500,000	$500,000	$300,000	$800,000
Innovative Programs						$0	$477,745	$477,745
Total	$800,000	$587,100	$100,000	$800,000	$6,862,456	$9,149,556	$6,377,745	$15,527,301

The following Table C provides information on the statutory transfer of principal for various programs in FY 2010 and FY 2011. As in previous years, the biennial state budget for FY 2010-11, as enacted in Public Act 09-3, June Special Session, made transfers from the principal of the trust fund for various programs and to the General Fund. The transfers total $12 million in FY 2010 and $11.8 million in FY 2011.

Table C

Tobacco and Health Trust Fund
Statutory Transfer of Principal for Various Programs FY 09-11
(in millions of dollars)

	FY 2010
PA 09-3, June Special Session, transfers:	
Sec. 30 – Pilot Asthma Program	$150,000
Sec. 62 – Regional EMS Councils	$541,982
Sec. 63 – Easy Breathing Asthma	$800,000
Sec. 67 – CT Health Information Network	$500,000
Total Transferred to Programs FY10	**$1,991,982**
Sec. 74 – Transfer to General Fund	$10,000,000
Total Statutory Transfers FY10	**$11,991,982**

	FY 2011
PA 09-3, June Special Session, transfers:	
Sec. 62 – Regional EMS Councils	$541,982
Sec. 63 – Easy Breathing Asthma	$800,000
Sec. 67 – CT Health Information Network	$500,000
Total Transferred to Programs FY11	**$1,841,82**
Sec. 74 – Transfer to General Fund	$10,000,000
Total Statutory Transfer FY11	**$11,841,982**

In contrast to the previous Table B, which shows that the total amount disbursed by the Tobacco and Health Trust Fund Board through FY10 (if the board's FY10 recommendations are approved) is $15.5 million since the inception of the fund, the following Table D identifies programs that have been funded through the state budget using trust funds without board recommendation or input. The total amount transferred since the inception of the fund has been $153 million through FY11. The majority of funds transferred out ($114 million) were transferred to the General Fund rather than to individual programs.

Table D

Tobacco and Health Trust Fund
Transfers Other Than Board Recommendations FY01 – FY11

Year	Amount	Purpose	Statutory Cite
FY01	$30,000	DPH to develop a summary and analysis of the Community Benefits Program reports submitted by MCos and hospitals	PA 00-216 §22
FY02	$800,000	DPH to expand the Easy Breathing Asthma Initiative	SA 01-1, JSS, §53
FY02	$100,000	CTF for the Healthy Families program	SA 01-1, JSS, §54
FY02	$150,000	DPH for a school based health clinic in Norwich	SA 01-1, JSS, §54
FY02	$375,000	DMHAS for grants to Regional Action Councils for tobacco related health, education, and prevention	SA 01-1, JSS, §54
FY02	$2,500,000	DSS to increase ConnPACE income eligibility to $20,000 for singles and $27,000 for married couples	SA 01-1, JSS, §54

FY02	$450,000	DMHAS for SYNAR tobacco enforcement activities	SA 01-1, JSS, §57
FY02	$221,550	DRS to implement the provisions of the tobacco settlement agreement escrow funds	SA 01-1, JSS, §58
FY02	$300,000	DPH to establish and maintain a system of monitoring asthma and establish a comprehensive statewide asthma plan.	PA 01-9, JSS, §115 and PA 01-4, JSS, §42
FY03	$800,000	DPH to expand the Easy Breathing Asthma Initiative	SA 01-1, JSS, §53
FY03	$300,000	CTF for the Healthy Families program	SA 01-1, JSS, §54
FY03	$200,000	DPH for a school based health clinic in Norwich	SA 01-1, JSS, §54
FY03	$375,000	DMHAS for grants to Regional Action Councils for tobacco related health, education, and prevention	SA 01-1, JSS, §54
FY03	$472,000	DMHAS for SYNAR tobacco enforcement activities	SA 01-1, JSS, §57
FY03	$118,531	DRS to implement the provisions of the tobacco settlement agreement escrow funds	SA 01-1, JSS, §58
FY03	$300,000	DPH to establish and maintain a system of monitoring asthma and establish a comprehensive statewide asthma plan.	PA 01-9, JSS, §115 and PA 01-4, JSS, §42
FY03	$48,200,000	Transfer to General Fund	PA 02-1, MSS, §37
FY04	$12,000,000	Transfer to General Fund	PA 02-1, MSS, §37
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[5]*	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

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

FY07	$5,500,000	DPH for the Connecticut Cancer Partnership	PA 06-186 §27
FY07	$200,000	UConn Health Center	PA 06-186 §27
FY08	$500,000	DPH for Easy Breathing Program	PA 07-1 JSS §59(a)
FY08	$150,000	DPH for an adult asthma program within the Easy Breathing Program, at Norwalk Hospital	PA 07-1 JSS §59(a)
FY08	$150,000	DPH for an adult asthma program within the Easy Breathing Program, at Bridgeport Hospital	PA 07-1 JSS §59(a)
FY08	$150,000	DPH for the Children's Health Initiative, for a statewide asthma awareness and prevention education program	PA 07-1 JSS §59(a)
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	$21,600,000	Transfer to General Fund	
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
Total	**$153,516,045**		

A summary of each program that has received Tobacco and Health Trust Funds as recommended by the Board of Trustees is provided below. This report does not contain information regarding programs funded with Trust Funds by legislative action.

Counter-Marketing

FY03 Funding for Counter Marketing

In FY 2003, the $350,000 counter-marketing contract was awarded through a competitive bidding process to Cashman & Katz Integrated Communications based in Glastonbury. The components of the campaign included the following:

- **Television:** Television ads targeting adult males ran during April and May 2003. The television ad, which was originally created by the Massachusetts Tobacco Program and adapted for Connecticut, depicted a father cutting out a picture of

his daughter and placing it into the cellophane wrapper of a cigarette pack. He was talking while doing this stating that if he did not quit for himself, then he would quit for his daughter. 409 television spots were purchased.

- **Radio**: Two radio ads were designed. One targeted older adult female parents as a letter written by a son to his mother on why he would like her to quit. The other radio ad targeted younger adult female parents as a mother talking to herself in the mirror on why she should quit. Ads ran during April and May of 2004 and there were 1,546 spots.

- **Connecticut Transit bus panels**: Bus panels ran during June 2003. Thirteen panels (7 paid, 6 value-added) provided 2,424,300 gross impressions.

- **Outdoor**: Interstate Billboards ran during June 2003. The billboard on I-91 had 88,300 gross impressions per day and the billboard on the Whitehead Highway had 16,200 gross impressions per day. The interstate billboard ad was the same as the bus panel.

- **Print**: A full-page ad ran in the May issue of Hartford Magazine and left 110,000 gross impressions.

- **Hartford Civic Center**: Signage was posted and was visible through April 2004, and radio commercial during hockey game telecasts aired through 2003 season and the first 10 games of 2004.

FY07 Funding for Counter-Marketing

In the fall of 2007, $100,000 was transferred from the trust fund to DPH for a counter-marketing and education campaign aimed at reducing tobacco use among Connecticut youth. DPH convened a subcommittee of the Board to develop a request for proposals (RFP). The subcommittee further refined the program into a statewide campaign of prevention and cessation messages targeting 18-24 year old non-college students through web-based social networking sites and television ads. The 2005 Behavioral Risk Factor Surveillance System-Center for Disease Control and Prevention cites that 18% of Connecticut's youth between the ages of 18-24 years of age were using tobacco. Literature from the National Center for Disease Control and Prevention states that one of the most effective components of a comprehensive tobacco reduction program is a strong counter-marketing campaign that is long-term, sustainable, integrated into a larger tobacco control program, and is culturally competent.

With the $100,000 DPH purchased the rights to utilize two advertisements – one prevention message and one cessation message -- created and maintained by the federal

Center For Disease Control (CDC) through their Media Campaign Resource Center. The advertisements were selected based on the viewer demographics. The television ads ran for eight weeks beginning in February 2008 on WTIC FOX 61. In addition, an online component utilizing messaging banners ran on MySpace for ten weeks beginning in February 2008.

FY09 Funding for Counter-Marketing

On January 26, 2009 DPH solicited proposals from all media vendors on DAS Contract Number 08 PSX 0068. Proposals were due postmarked March 5, 2009. Three Board members were involved in the subcommittee to draft the solicitation and the review committee to review proposals. A contract was awarded May 14, 2009 to Cronin and Company of Glastonbury for $1,999,820 for the project period September 1, 2009 to August 31, 2011.

Website Development

In FY 2003, the Office of Policy and Management provided $50,000 to Training Solutions Interactive in Atlanta, Georgia through a negotiated contract to maintain and upgrade the Tobacco Free Connecticut website. The website linked users to educational materials, local and national resources, and cessation information. The website was initiated the previous year with one-time funding through the anti-tobacco grant account at OPM, but did not have an annualized funding stream. The website averaged 47,921 hits per month and the typical viewer browsed the site for approximately 14 minutes and explored many different sections of the site. Routinely, increased activity was recorded during the evening hours. The most popular viewed page was "Tobacco and You" which provided a direct link to the second most accessed areas, which was "Tobacco and Addiction".

The website was not recommended for continued funding in FY 2004 as the Board agreed that DPH could provide similar information on their website for no cost.

Cessation Programs

FY03 and FY04 Funding for Community-Based Tobacco Cessation Programs

A total of seven smoking cessation program grants were awarded for the period October 1, 2002 through September 30, 2004 through a competitive bidding process. Six awards were to local cessation programs. In conjunction with their cessation programs, most included the availability of free or reduced cost nicotine replacement therapy such

as the patch or gum. One additional award was made to the American Lung Association of Connecticut. This award covered twelve additional communities for whom the Lung Association trained facilitators, coordinated the provision of cessation services, and provided nicotine replacement therapy plus the added option of prescription Zyban if appropriate. The Lung Association coordinated with the local health districts/departments and included local administration and medical oversight for prescription services through small subcontracts. The following is a summary of the cessation grants:

- American Lung Association of Connecticut was awarded $158,513 in FY 2003 and $118,500 in FY 2004 for a total award of $277,013. The program served 425 participants statewide.

- Hill Health Center was awarded $39,451 in FY 2003 and $29,589 in FY 2004 for a total award of $69,040. The program served 143 participants in Greater New Haven.

- ERASE was awarded $40,000 in FY 2003 and $27,800 in FY 2004. The program served 192 participants in Greater Glastonbury.

- Ledgelight Health District was awarded $41,905 in FY 2003 and $31,429 for a total award of $73,334. The program served 74 participants in the Greater New London and Groton areas.

- Middlesex Hospital was awarded $36,523 in FY 2003 and $27,391 in FY 2004. The program served 172 participants in Greater Middletown.

- RYASAP was awarded $42,755 in FY 2003 and $32,866 in FY 2004. The program served 131 participants in Greater Bridgeport.

- St. Raphael's Hospital/Haelen Center was awarded $40,853 in FY 2003 and $30,640 in FY 2004. The program served 53 Haelen Center Patients.

In summary, 1190 participants were served at an average cost of $587 per participant. From the 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 that they had quit for some length of time during the program.

FY08 Funding for Tobacco Cessation Programs in Community Health Centers

In FY08, the Tobacco and Health Trust Fund disbursed $800,000 through DPH, using a competitive bid process, to community health centers for cessation programming targeting pregnant women and women of child bearing age.

It is expected that approximately 1,500 women will be served at an average cost of approximately $500 per individual, including counseling and nicotine replacement therapy, if medically recommended. (These figures may vary depending on population mix and whether or not nicotine replacement therapy is utilized.) Current cessation programs in Connecticut expend approximately $300 per individual without nicotine replacement therapy.

The target population includes both pregnant women and women of childbearing age in order to prevent tobacco use before pregnancy begins and reduce the effects of secondhand smoke on children, as well as improve the health of women and newborns. Although the size of the population is relatively small, the risks associated with tobacco use for both the woman and her children are great. According to the American College of Obstetricians and Gynecologists, smoking is the most modifiable risk factor for poor birth outcomes. Successful treatment of tobacco dependence can achieve a 20% reduction in low birth weight babies, a 17% decrease in preterm births, and an average increase in birth weight of 28 grams. Pregnancy is a good time to intervene with smokers. According to the American College of Obstetricians and Gynecologists, a woman is more likely to quit smoking during pregnancy than at any other time in her life.

In order to most effectively reach the target populations, the Board recommended using community health centers as the provider. Connecticut's community health centers have an important role in implementing public health statewide. Thirteen federally qualified health centers (FQHCs), with over 100 sites, provide services to over 219,000 patients in Connecticut. FQHCs offer comprehensive health services, including primary care and prenatal care. Connecticut's FQHCs are the state's largest primary care delivery system for the uninsured and underserved population. Sixty six percent (66%) of FQHC patients are insured by Medicaid, Medicare or other public programs, 9% have private insurance and 26% are uninsured. All FQHCs offer a sliding fee scale for services uninsured and lower income patients to enable patients of all income levels to access services. Sixty seven percent (67%) of FQHC patients have income below 100% of the federal poverty level and 91% have income below 200% of the federal poverty level.

The Request for Proposals (RFP) issued by DPH included best practices for successful models as defined by the:

- American College of Obstetricians and Gynecologists (smoking intervention;
- National Partnership for Smoke-Free Families; and
- Agency for Healthcare Research and Quality

In general, counseling with self-help materials offered by a trained clinician can improve cessation rates by 30% to 70%. For pregnant women, the American College of Obstetricians and Gynecologists has a five-step smoking intervention program proven effective for pregnant women. Behavioral intervention is first-line treatment in pregnant women as pharmacotherapy has not been sufficiently tested for efficacy or safety in pregnant patients.

DPH awarded contracts to six community health centers for cessation services for the period of September 2008 through March 2010. They are to:

- Fair Haven Community Health Clinic for service in New Haven ($117,967);
- Community Health Center for service in Middletown, New Britain, Danbury, Enfield, New London and Meriden ($117,967);
- Stay Well Health Care for service in Greater Waterbury ($110,162);
- Hill Health Corporation for service in Greater New Haven ($117,967);
- Generation Family Health Center for service in Greater Willimantic ($117,967); and
- Optimus Health Care for service in Stratford, Bridgeport, and Stamford ($117,967).

The FY08 tobacco cessation programming included an evaluation component which was included as part of the RFP. The Consultation Center in New Haven was awarded $100,000 to evaluate the programs.

Preliminary results show that 199 of the 625 program participants served as of June 2009 have already graduated and, of those, 30% stopped smoking and another 31% reduced their smoking.[6]

[6] See Appendix F for a preliminary summary of the FY08 CHC Cessation Programs for Women

FY09 Funding for Community-Based Tobacco Cessation

DPH developed and released an RFP (#2009-0920) on January 12, 2009 in which proposals were due by February 18, 2009. On May 29, 2009, contracts totaling $412,456 were awarded for the period of September 1, 2009 to December 31, 2011 to the following organizations for community tobacco use cessation programs including individual and group counseling with pharmacotherapies and relapse prevention:

- AIDS Project New Haven, Inc. ($70,290). An estimated 100 individuals will be served from New Haven County and the target population is persons with low-socioeconomic status, HIV positive clients and Lesbian/Gay/Bisexual/Transgender (LGBT) tobacco users.

- Community Health Center, Inc ($42,450). An estimated 200 individuals will be served from Middletown, New Britain, Meriden, Clinton, Danbury, New London, Groton and Enfield and the target population is persons with low-socioeconomic status (approximately 53% receive Medicaid and 25% are uninsured).

- Fair Haven Community Health Center, Inc. ($66,712). An estimated 300 individuals will be served from New Haven and the target population is persons with low-socioeconomic status (70% Latino).

- Generations Family Health Center, Inc. ($43,700). An estimated 100 individuals will be served from Windham, Willimantic, Norwich and Danielson and the target population is elderly, homeless, low-income children, immigrants and migrant workers.

- Hartford Gay and Lesbian Health Collective, Inc. ($94,230). An estimated 296 individuals will be served from Hartford, New Haven, and Norwalk and the target population is LGBT tobacco users in community based organizations and AIDS service organizations. Organizations include: PFLAG, OASIS, True Colors, Imperial Court and The Rainbow Center.

- Hospital of Saint Raphael ($51,248). An estimated 200 individuals will be served from New Haven, East Haven, West Haven, Hamden and North Haven and the target population is patients of The Women's Center (obstetric and gynecologic care), and the Haelen Center (an outpatient HIV clinic).

- Ledge Light Health District ($43,826). An estimated 100 individuals will be served from the general population of East Lyme, Groton, Ledyard, New London, and Waterford area.

FY09 Funding for Tobacco Cessation Targeted to Persons with Serious Mental Illness

$1.2 million was recommended for disbursement for tobacco cessation programming targeting individuals with serious mental illness (SMI) who receive publicly-funded mental health services through the private, nonprofit sector.

Two Board members participated on the DPH committee that developed the RFP which was released in February 2009. Proposals were due in March and on May 12, 2009 a contract for $1,199,687 was awarded to CommuniCare, Inc. of Ansonia.

This vendor is using the wide network of private, non-profit behavioral healthcare providers already providing publicly-funded mental health services to encourage tobacco cessation as an integral part of inpatient and outpatient treatment. This recommendation is targeted to a segment of those individuals in Connecticut with serious mental illness (SMI). Behavioral health clients who are served in or by DMHAS-operated facilities or programs are excluded, as DMHAS facilities will continue to develop needed services within existing departmental resources. It also excludes those involved with the DMHAS system of care with substance use disorders (SUD) only and those with SMI who have private means to pay for their care and treatment. The remaining sub-population includes approximately 22,000 or roughly one-half the total population of public sector individuals with SMI.

There are first-year one-time start-up costs of approximately $400,000 including staff training ($125,000), cessation supports such as over-the-counter products ($105,000), administrative implementation in 55 agencies ($110,000), 55 carbon monoxide monitors ($55,000), and program materials such as videos, guides, posters, etc. ($44,000).

The first-year treatment and support costs are approximately $800,000 for over-the-counter products, medication (if prescribed and not covered by a third-party), counseling, motivational enhancements, awards, diplomas, etc. Over two years, the program is expected to reach about 750 clients in residential mental health treatment through a 60-day program with pharmacotherapy, group therapy and relapse prevention and 1,500 clients in out-patient mental health treatment with an eight week program for an average cost of approximately $350 per client.

QuitLine

Connecticut's QuitLine became operational in November 2001 with a statewide, toll-free number (1-800-QUIT-NOW). Counselors assess the caller's stage of readiness to change and offer options accordingly, 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 smoking cessation programs, smoking addiction support groups and others.

During FY 2003 and FY 2004, 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 three thousand callers were served during this time period and received educational materials and referrals to community resources. Of the callers, approximately 25% participated in the one-on-one counseling services. At the twelve 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 three months. Of the callers, 52% were white, 25% were Hispanic, 10% were Black non-Hispanic, and 2% Asian/American Indian. The gender breakdown of callers was 37% male and 63% female (of whom 4% were pregnant). Residents from all counties in the state were served primarily from Hartford County (31%), New Haven county (30%) and Fairfield county (16%).

In July 2007, Connecticut QuitLine began offering free nicotine replacement therapy (NRT) to all Connecticut residents who wanted to quit using tobacco. The program provided up to two months of nicotine patches or gum to tobacco users who registered for cessation services at QuitLine. Free NRT was available while supplies lasted on a first come, first served basis. When the free NRT was announced, calls to QuitLine increased from a monthly average of 100 to over 6,000. Supplies lasted about a month.[7]

In FY 2009, the Tobacco and Health Trust Fund board recommended disbursement to QuitLine to re-establish nicotine replacement therapy and the QuitLine contract was enhanced beginning in March 2009 to do so.

The current contract with Free & Clear as a result of the FY 2009 fund disbursement is from August 2009 to June 2010 and requires Connecticut QuitLine to be available to callers in English and Spanish at 800-QUIT-NOW seven days a week from 8:00 a.m. to 3:00 a.m. The QuitLine:

- Assesses each caller's readiness to quit;

[7] See Appendix E for QuitLine caller data

- Makes an immediate call transfer to the next available "Quit Coach" should the participant have time or assigns callers to a Quit Coach who will follow-up with the caller;

- Sends Connecticut QuitLine self-help materials and Quit Kit to each registered caller within two days;

- Motivates callers to participate in a follow-up counseling schedule by explaining and offering up to five pro-active calls;

- Provides information and referral to local community resources and services;

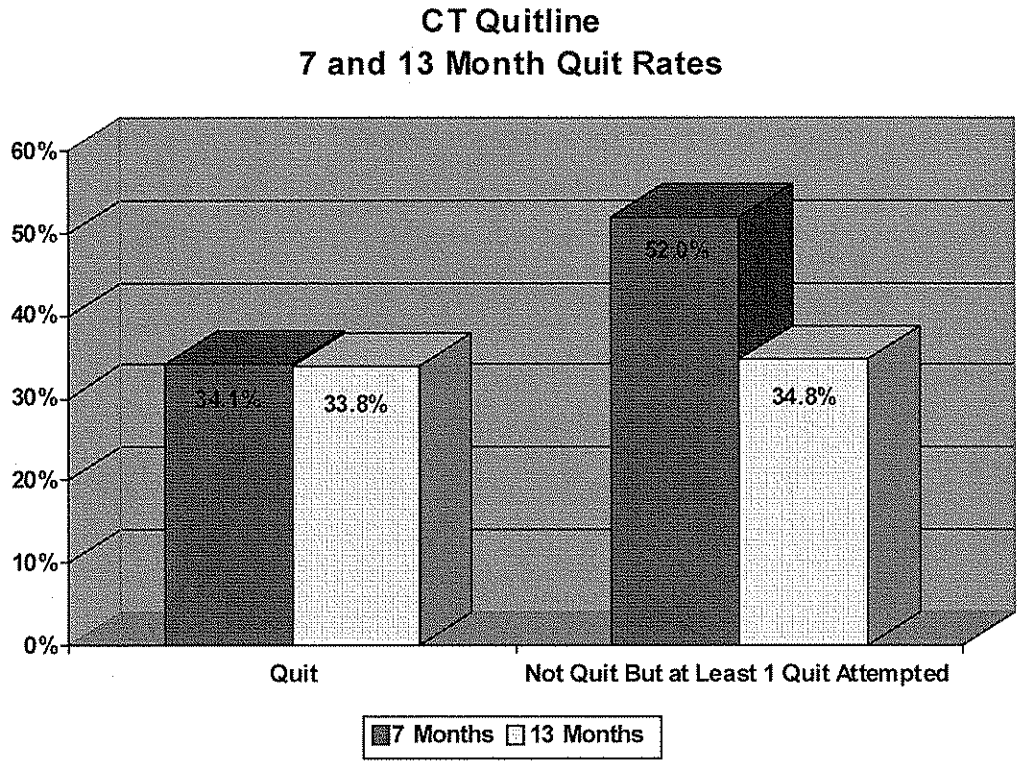
- Provides registered callers who enroll into the multiple call program with Nicotine Replacement Therapy - either the patch, gum or lozenge at no cost to the caller; and

- Conducts customer satisfaction and quit rate surveys

Enrollment into the QuitLine counseling program is unlimited. Connecticut's QuitLine currently receives approximately 300 calls per month with about 250 requesting intervention.

Connecticut QuitLine does not operate on Independence Day, Thanksgiving Day and Christmas Day and closes early on Christmas Eve and New Years Eve. All states have a quitline service on contract which all combined provide "national" quitline services coverage through the 1-800-QUIT-NOW telephone number. The national quitline is merely a telephone number that, when dialed in Connecticut, routes directly to Free & Clear - Connecticut's vendor.

A satisfaction survey and quit rate evaluation is conducted randomly at seven months and 13 months after registration. The following chart depicts the Connecticut QuitLine's seven-month and thirteen-month quit rates - both of which are approximately 34%. This success rate is significantly higher than the national average of 15%.



Note: Participants interviewed at 7 and 13 months are randomly selected, so the same group is not included in each data set. At 7 months, 314 tobacco users were surveyed with a response rate of 44.9%. At 13 months, 301 callers were surveyed with a 26.9% response rate. This chart reflects callers registered between 12/1/06-5/31/07.

During the time period from July 6, 2007 and August 2, 2007, the CT Quitline offered Nicotine Replacement Therapy (NRT) to callers. The following data were collected at 13-month post enrollment into the CT Quitline program from a sample of those callers receiving NRT (490 callers were selected with 178 responding)

- 92.4% made a serious quit attempt that lasted 24 hours or longer
- 27.3% had quit
- Of those still using tobacco, 73.8% reported a strong desire to quit
- 93.4% were satisfied with receiving NRT from the Quitline
- 92.9% reported high satisfaction with the Quitline services

School-Based Prevention and Cessation Programs

The board had recommended disbursement of $500,000 for school-based tobacco use prevention and cessation programs. One Board member was involved in the subcommittee that developed the RFP (#2009-0924) which was released on February 11, 2009 and on the review committee that evaluated the proposals which were due on March 20, 2009. The proposals received were considered to be insufficient, so no awards were made. RFP # 2009-0928 was released on June 20, 2009 and proposals are currently being evaluated.

Lung Cancer Pilot

One Board member was involved in the subcommittee that developed the RFP (#2009-0923) and the review committee that evaluated proposals which were due on March 15, 2009. A $250,000 contract for a biorepository feasibility study and demonstration projected was awarded on May 5, 2009 to the University of Connecticut Health Center for a period specified in a Memorandum of Agreement of September 1, 2009 to August 31, 2011.

Evaluation

Professional Data Analysts have been selected by competitive bid to design and implement a process and outcome evaluation regarding the six components of FY09 Tobacco and Health Trust Fund disbursements: counter marketing, community-based cessation programs, cessation programs for persons with serious mental illness, QuitLine, school-based prevention, and the lung cancer pilot. The contract with Professional Data Analysts is for the period from October 2009 to December 2011. No reports have been submitted to date.

Recommendation for Disbursement

In accordance with Public Act 08-145, the board may recommend disbursement from the trust fund of:

- 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 up to a maximum of $6 million.

- The net earnings from the principal of the trust fund from the previous fiscal year.

In FY09, the Tobacco and Health Trust Fund received over $24 million from the Tobacco Settlement Fund and earned approximately $377,745 in interest and dividends. Taken together, these two amounts, allow the Board of Trustees to recommend disbursement of $6,377,745 for FY10.

In developing its recommendation for disbursement for FY10, the board reviewed its statutory mandates, guiding principles for funding decisions, previous disbursement of trust funds, and the input received from the public through the public hearing process. As in previous years, the board relied upon CDC's Best Practices for Comprehensive Tobacco Control Programs (2007) as an evidence-based guide that helps states plan and establish effective tobacco control programs that prevent and reduce tobacco use.

Statutory Mandates

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

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

2. Reduce substance abuse, and

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

The board's recommendations must give:

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

2. Consideration to the availability of private matching funds.

Tobacco & Health Trust Fund Board of Trustees
Guiding Principles for Funding Decisions

Originally Adopted at the September 2001 Meeting and Amended Periodically

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

1. **Sustainable programming**. Funding decisions should focus on programs that can be maintained without significant increases in use of trust fund dollars. Based on reasonable projections, budget forecasts will be used to help the Board identify future programming needs. In addition, resource development opportunities and other potential funding sources will be investigated.

2. **Consistent with existing public research and plan documents**. The Board will assess to what extent the proposed programming is consistent with existing research and plans, including, but not limited to:
   - Best Practices for Comprehensive Tobacco Control Programs by the U.S. Department of Health and Human Services Centers for Disease Control and Prevention, October 2007;
   - Local Tobacco Control Action Plans by the Connecticut Prevention Network, September 2001; and
   - Connecticut Tobacco Use Prevention and Control Plan by the Connecticut Department of Public Health and the Department of Mental Health and Addiction Services, 2002.

3. **Complement and enhance existing programming and expenditures**. The State of Connecticut, as well as agencies external to state government, have made a commitment to programming in this area. To the greatest extent possible, funding decisions should build on existing programming to ensure the most efficient use of the Trust Funds resources.

4. **Focus on societal/environmental change**. The Board will support efforts that are designed to seek a cultural shift in the use of tobacco. The Board will not focus exclusively on efforts that treat individuals, but also on efforts that change the way society views tobacco and the way systems work to control the use of tobacco. For example, population-based messages will be used, not just messages that are targeted to smokers.

5. **Cultural Sensitivity**. Recognizing that tobacco companies target their audience, the Board will ensure that marketing messages and other programming take into consideration differing cultural perspectives and languages.

6. **Effective and outcome-based efforts**. To the greatest extent possible, the Board will fund endeavors that are measurable, science-based, and proven to be effective.

Fiscal Year 2010 Disbursement Proposal

The Tobacco and Health Trust Fund Board recommends that the full amount available for disbursement -- $6,377,745 – be used for anti-tobacco related initiatives. Although the Board's authority extends to allow support for programs which address substance abuse and unmet physical and mental health needs, the Board has historically recommended funding solely for anti-tobacco related efforts as do this year's recommendations.

The Tobacco and Health Trust Fund Board has determined that the optimal approach for FY10 disbursements is to support and expand the programming initiated in FY09 and to provide funding opportunities for innovative programs which would not fit into existing categories. Rather than start from a "zero-based" approach, the Board's FY10 recommendations will sustain and enhance existing efforts while also encouraging innovation.

After review of each of the program areas funded in FY09, the Tobacco and Health Trust Fund Board of Trustees recommends authorization to disburse $6,377,745 for the following purposes:

	Description	FY09 Funding	Recommended FY10 Funding	Difference FY09 to FY10
Counter-Marketing	Mass media campaigns designed to discourage tobacco use.	$2,000,000	$1,650,000	-$350,000
Community Based Cessation	Strategies to help people quit smoking including counseling and pharmacotherapy	$412,456	$750,000	$337,544

Cessation for Mentally Ill	Strategies to help people with serious mental illness quit smoking including counseling and pharmacotherapy	$1,200,000	$800,000	-$400,000
QuitLine	Telephone cessation service including information, counseling, and pharmacotherapy	$2,000,000	$1,650,000	-$350,000
School Based Prevention	Tobacco prevention and cessation programs in 10-20 school districts	$500,000	$500,000	$0
Lung Cancer and Genetic Research	Lung tissue biorepository feasibility study and demonstration project and genetic research	$250,000	$250,000	$0
Evaluation	Monitor program accountability including progress in achieving outcome objectives	$500,000	$300,000	-$200,000
Innovative Programs	Seed funding for new and innovative programs that do not fit into other categories.	$0	$477,745	$477,745
Total Recommended		$6,862,456	$6,377,745	-$484,711

Counter-Marketing

Counter marketing uses the influence of the media to curtail tobacco use. The Tobacco and Health Trust Fund Board has funded three previous counter marketing efforts. In FY 03, $350,000 was used to buy a television ad which ran 409 times over a two month period, two radio ads which ran 1,546 times over a two month period, thirteen bus panels, two interstate billboards, a full-page ad in Hartford magazine, and a sign for one month at the Hartford Civic Center[8]. In FY07, $100,000 was used to target 18-24 year olds who are 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.

[8] Now called the XL Center

In September 2009, Cronin and Company was selected from a pool of bidders to carry out a tobacco use prevention counter-marketing campaign for $2 million including:

- Conducting 12 focus groups in Harford and Norwalk to determine appropriate messaging, media and grassroots efforts for Young Adults 18-24, Youth 12-17, and Adults 25 and older.
- Developing, scheduling and executing a two-day Media Literacy Workshop for key stakeholders from target audiences including youth, young adults, adults, Hispanics, African Americans, American Indians, persons with low socio economic status, and lesbian, gay, bisexual and transgendered communities.
- Developing a media plan to include the outcomes of market research and media literacy workshops and target youth, young adults and aduls with tobacco use prevention and cessation messaging.
- Partnering with Tribune and Fox 61 for the purpose of producing and airing 50-secon tobacco use prevention segments using Student Reporters.
- Developing and maintaining a campaign website.
- Developing, coordinating, and implementing an audience-generated TV spot contest regarding tobacco use prevention.
- Developing and maintaining Social Networking pages on sites such as MySpace, Facebook and Twitter targeting young adults and youth.
- Developing and maintaining a YouTube User Channel to post videos submitted to the contest.
- Developing and executing a media/blogger relation's campaign targeting television, radio, print and online media including blogs.
- Developing and executing an Audience-Generated Media Campaign targeting youth and young adults.
- Developing a Grassroots advocacy group and holding events for tobacco use prevention and cessation.
- Select ads for use in Connecticut to reach adult audience with cessation message.

According to the National Cancer Institute (a division of the National Institutes of Health in the U.S. Department of Health and Human Services), evidence from controlled field experiments and populations studies shows that mass media campaigns designed to discourage tobacco use can change youth attitudes about tobacco use, curb smoking initiation, and encourage adult cessation. The initiation effect appears greater in controlled field experiments when mass media campaigns are combined with school- and/or community-based programming. Many population studies document reductions in smoking prevalence when mass media campaigns are combined with other strategies in multi-component tobacco control programs.

In researching other states, the board has learned that messages that elicit strong emotional response, such as personal testimonials and viscerally negative content, produce stronger and more consistent effects on audience recall. These are called "high impact" messages with demonstrated efficacy.

The Tobacco and Health Trust Fund Board recommends disbursement of $1,650,000 to expand and extend the existing contract for a counter marketing campaign, including a statewide media campaign delivering high-impact messages designed to prevent smoking initiation, facilitate cessation, and shape social norms related to tobacco use. A variety of media can be used including television, radio, billboard, print, and web-based advertising.

Community-Based Cessation Programs

The Tobacco and Health Trust Fund Board of Trustees recommends disbursement of $750,000 for community-based cessation programs. Programs will be competitively bid through DPH and board members will be invited to serve on the DPH RFP committee.

More than 40% of smokers try to quit each year, but without assistance, most will relapse. Research shows that smokers are most successful in kicking the habit when they have some means of support, such as nicotine replacement products, counseling, prescription medicine to lessen cravings, guide books, and the encouragement of friends and family members.[9]

Community based cessation programs provide a level of support that assists Connecticut tobacco users to quit. A comprehensive system that starts with brief advice and referral by health care providers, followed by more intensive interventions such as individual or group cessation counseling services that provide social support and training in problem-solving skills are proven to be most effective. The funded community based programs will include the above program components, will eliminate cost barriers, provide local access to treatment and offer low or no cost pharmacotherapies and relapse prevention support services. These programs will increase the rate of successful quit attempts.

A full range of cessation services that includes FDA-approved pharmacological aids, behavioral counseling, and follow up visits are estimated to cost $500 per smoker per year. The recommended $750,000 will be used to provide up to 1,500 Connecticut residents with community-based smoking cessation services.

Cessation Programs for Individuals with Serious Mental Illness

In FY09, the Tobacco and Health Trust Fund Board recommended a significant investment in tobacco cessation efforts targeted to persons with serious mental illness.

[9] Connecticut Department of Mental Health and Addiction Services, InfoBrief, January 8, 2009

The board's recommendation was based on the following information included in the Board's FY09 report:

- While representing approximately 7% of the general adult population in Connecticut, individuals with serious mental illness (SMI) represent approximately 31% of all adult smokers in the state.
- Individuals with mental illness buy approximately 44% of all cigarettes purchased in the United States.[10]
- Smoking among individuals with SMI has been historically embedded in the culture of mental health services.
- Options available to the general public, specifically QuitLine, are only viable for a small percentage of those with serious mental illnesses – due in part to the cost of NRTs and/or medications; but more often due to the need for medical supervision to adjust often complex psychotherapeutic medication regimens.
- DMHAS is expected to implement tobacco cessation policies and contractual requirements that will affect private, non-profit providers by adding new costs. For the providers, unless resources are made available through public sources, this will become an "unfunded mandate."

This year, the Tobacco and Health Trust Fund Board of Trustees recommends disbursement of $800,000 to the current vendor to expand tobacco cessation programming targeting individuals with serious mental illness (SMI) who receive publicly-funded mental health services through the private, nonprofit sector.

The $1.2 million provided in FY09 provided start-up costs and piloted the model with seven Local Mental Health Authorities across the state. It is estimated that 1,620 individuals will be served.

The additional $800,000 will allow the vendor to roll out the model to the remaining eleven Local Mental Health Authorities and provide tobacco cessation services – including individual and group treatment, appropriate NRT and medications, and relapse prevention services – to an additional 2,250 individuals at an average cost of $350 per client. The outpatient program is eight weeks.

This recommendation is targeted to a segment of those individuals in Connecticut with serious mental illness (SMI). It excludes those involved with the DMHAS system of care with substance use disorders (SUD) only and those with SMI who have private means to pay for their care and treatment.

[10] Lesser et al, JAMA 11/2000

The public sector SMI client population, served by private providers and monitored through DMHAS, includes approximately 43,000 individuals per year. No inpatient clients are included in this proposal since they are almost exclusively served in DMHAS-operated facilities. Nor are the thousands of individuals served directly through DMHAS-operated outpatient services. No funding will be used for any DMHAS-operated service or for clients served directly by a DMHAS facility or program.

The public sector SMI client population receives services primarily through DMHAS, and private, non-profit service provider agencies in local communities. While some providers have begun to implement basic smoking cessation supports (e.g., psycho-education), state agencies have not required that appropriate clinical services be provided for tobacco/nicotine dependence. It is imminent that DMHAS will require all state-funded service providers to address nicotine dependence for their clients - and to implement tobacco-free facility policies and procedures. The initial implementation of these will require one-time funding, including: staff training (smoking cessation counseling techniques), staff smoking cessation supports, and a range of smoking cessation medications, nicotine replacement therapies, and supportive counseling services and supports for the existing client cohort. Subsequent funding needs for continued treatment and supports will be considerably less.

Costs include: Over-the-counter products, medication (if prescribed and not covered by a third-party), counseling, motivational enhancements, awards, diplomas, etc.

The Board recommends that the contract with the existing vendor (CommuniCare Community Behavioral Health System), which was selected through a competitive bid process last year, be expanded by $800,000 to expand services statewide.

QuitLine

The Board recommends disbursement of $1,650,000 to extend for one year the current contract for QuitLine telephone cessation service, including information, counseling, and pharmacotherapy. The current contract with Free & Clear is for $1,525,000 for the eleven-month period of August 1, 2009 to June 30, 2010. This contract is the result of a competitive bid process. It is expected that the amount of $1,650,000 will be used to extend the current contract until June 30, 2011.

In addition to the recommended Tobacco and Health Trust Fund disbursement of $1,650,000, the Department of Public Health is submitting an application for federal funding under the "Communities Putting Prevention to Work" program of the

American Recovery and Reinvestment Act of 2009 (ARRA) and it is expected that approximately $350,000 of that grant will be available for QuitLine.

Every state has a telephone QuitLine that provides information and counseling about tobacco use[11]. In Connecticut, callers can phone (800-QUIT-NOW) seven days a week 8 a.m. to 3:00 a.m. Written materials are also sent to callers, based on their readiness to quit. Separate materials are available for pregnant women who wish to quit smoking. Callers who are ready to quit smoking and are interested in further telephone based service receive five telephone counseling sessions and a Quit Kit containing informational and supportive materials that help deal with the effects of smoking cessation.

To ensure the continued operation of the Connecticut QuitLine and to enhance available services to include NRT, the Tobacco and Health Trust Fund Board recommends disbursement of $1,650,000 to DPH to extend the Free & Clear contract for one additional year. This recommendation is consistent with the U.S. Surgeon Generals' 2008 guidelines, which state that "telephone quitline counseling is effective with diverse populations and has broad reach". Funding will provide for a multiple call program for all interested callers with a two-week starter kit, including NRT, for insured callers. In addition, callers who are uninsured or Medicaid recipients will be able to receive an eight week starter kit, delivered in two 4-week shipments.

Board members recommend that any public announcement of these expanded Connecticut QuitLine services be targeted to low-income individuals and Medicaid recipients who have fewer options to receive this type of counseling and pharmacotherapy. No funding should be used for marketing expanded QuitLine services.

School-Based Tobacco Use Prevention

According to the Connecticut School Health Survey (2007), students who say they are current cigarette smokers are more likely to be involved in other high risk behaviors, including sexual activity, dating violence, drinking alcohol and smoking marijuana. They were also more likely to consider themselves depressed. Therefore, it is essential that tobacco prevention for youth must be part of a comprehensive and coordinated approach that addresses both risk behaviors and protective factors. One such research-based prevention program is the Centers for Disease Control and Prevention (CDC) Coordinated School Health initiative.

The Tobacco and Health Trust Fund Board supports school-based prevention efforts, but because the board's original request for proposals in 2009 did not result in any

[11] See "Treating Tobacco Use and Dependence: 2008 Update" available at www.surgeongeneral.gov/tobacco.

contracts, the board has revised its approach this year. The board proposes authorization to disburse $500,000 to support school-based tobacco use prevention and cessation efforts using two strategies.

Strategy 1:

Provide $200,000 in funding to support the implementation of the Connecticut Coordinated School Health Leadership Project (CSHLP) in 12 selected school districts to address tobacco prevention and cessation efforts. The CSHLP is a federally-funded project designed to build the capacity of school district to address the health and educational disparities within their communities. Over a four-year period, selected districts (based on high need regarding both health and academic disparities) will participate in a variety of capacity building activities focused on leadership and infrastructure development needed to sustain effective programs that address the physical and mental health needs of all students. Each district participating in the CSHLP is required to develop an action plan and have an established CSH team to drive the activities and policies regarding Physical Activity, Nutrition and Tobacco Use Prevention. SDE is currently in the process of selecting 12 high need districts to participate in the CSHLP.

To help these districts move beyond planning and allow them to implement actual services and programs to address tobacco prevention and intervention within their school districts, the Tobacco and Health Trust Fund Board recommends disbursement of $200,000 in trust funds among these twelve school districts. The funds should be used to implement educational programs focused on preventing tobacco use and cessation programs for students engaging in tobacco use. These CSHLP teams will be encouraged to partner with or develop after-school efforts regarding tobacco prevention.

Strategy 2:

Provide $300,000 in funding to schools or community-based organizations to provide programs and interventions aimed at tobacco use prevention and cessation for school-aged youth during after-school hours. These after-school efforts should:

- Work with schools in their communities to assist them in developing, adopting and enforcing a comprehensive school policy on tobacco use and prevention;

- Provide tobacco use prevention education and activities for students in grades K-12 during after-school programs that include education on the short- and long-term negative physiologic and social consequences of tobacco use, social influences on tobacco use, peer norms regarding tobacco use, and refusal skills;

- Involve parents and families in the after-school programs to prevent tobacco use;

- Support cessation efforts among students and school staff that use tobacco. Schools should provide access to cessation programs that help students and staff stop using tobacco;

- Assess the tobacco-use prevention program at regular intervals to determine effectiveness of the programs and interventions; and

- Complement and be coordinated with the comprehensive school health education program offered during the regular school day as required by C.G.S. 10-19(a).

In order to maximize and broaden the impact of this funding, the twelve school districts that receive funding under Strategy1 will not be eligible for funding under Strategy 2. DPH will issue a request for proposals in consultation with SDE and board members will be invited to participate in the review committee.

Lung Cancer and Genetic Research

Lung cancer is the major cause of cancer death in the United States today and outpaces the next several leading causes combined and smoking is a major risk for lung cancer development. Last year, the Tobacco and Health Trust Fund Board recommended disbursement of $250,000 to:

1. Oversee a detailed investigation of how best to effect a database, tissue and serum repository in Connecticut. This effort will: include outside consultants/experts if needed, initiate an appropriate process of defining what is needed, how it will fit with other efforts at DPH and in the state, what the costs/infrastructure and sustainability needs are, and how best to move the process forward with a financial and implementation plan.

2. Fund a lung tissue demonstration project that will develop the hospital agreements, policies, procedures and infrastructure to collect and store tissues, serum and data and a mechanism for researchers to utilize them.

The feasibility study and demonstration programs are planned for calendar year 2010. This year, the Tobacco and Health Trust Fund Board is recommends expanding this funding by $250,000 for the following two purposes:

1. Enhanced Infrastructure. The first year of the project with demonstrate feasibility. The effort required will almost entirely be dedicated to setup, demonstration, and consensus building regarding the merits of the approaches and their relative costs. It will not allow for collection of a large number of samples or fully implemented procedures optimal for attracting outside support. A second year of funding will allow dramatic expansion of the number of specimens collected and greatly improve the likelihood and speed with which these projects could obtain outside funding.

2. Develop a Connecticut Biorepository for Genetic Samples of Smokers. Recent studies indicate the existence of genes that facilitate smokers' ability to abstain from smoking. These "quit success" genes predict overall success in smoking cessation. Subsets of these genes also predict the likelihood of smoking cessation success with different pharmacologic aids for smoking cessation, including the use of nicotine replacement therapy. These studies involved 1030 subjects. A biorepository collecting specimens from volunteer individuals participating in smoking cessation programs would be a powerful aid in the pursuit of "quit success" genes. It would provide independent validation of the genes, study larger numbers of individuals, and include more ethnically diverse individuals. The board therefore proposes to use part of the second year funding of $250,000 to investigate the feasibility of developing a biorepository of specimens for smoking cessation studies. These will consist of DNA from blood and saliva specimens obtained from volunteers in smoking cessation programs as approved by an Institutional Review Board. The issues that need to be addressed in understanding the feasibility of a smoking cessation biorepository have direct parallels to those being addressed in developing the tumor biorepository effort, including obtaining consensus about procedures, clearances, locating subjects, obtaining consent; and obtaining, processing, inventorying, and maintaining specimens. In parallel with the tumor biorepository, both a feasibility study and demonstration projects will be undertaken. Work should lead to more personalized and effective methods for smoking cessation as a wide variety of researchers will have access to this data.

Innovative Programs

The Tobacco and Health Trust Fund Board recommends that $477,745 be used to fund innovative programs that may not fit into the other categories of funding. Because smoking is a complex behavior that requires novel approaches, the Board wants to be receptive to approaches that have not thus far been considered. In the past, the Board received some unsolicited proposals that were interesting, but outside the scope of traditional options for disbursement.

The Board recommends a competitive bid process in which innovative programs will be piloted. Programs must comply with the trust fund's statutory mandates for fund disbursement and must be anti-tobacco related. With the administrative assistance of DPH staff, the board will solicit proposals in a competitive bid process and will review the proposals. Proposals will be funded at the discretion of the board based on sustainability, feasibility, impact, innovation, and potential contribution to the field of anti-tobacco efforts. The expected funding range of projects is $50,000-$250,000, but the board will also consider proposals outside of that range..

Evaluation

The Tobacco and Health Trust Fund Board recommends that $300,000 be used to expand the contract with the current evaluators to provide a comprehensive and independent evaluation of all of the above contracted services. The existing contractor has already begun to design and implement a process and outcome evaluation of the FY09-funded programs. This evaluator will be utilized in order to achieve cost efficiencies and achieve a quality evaluation of the FY10-funded programs for $300,000.

Surveillance and evaluation of all tobacco programs will be included in order to assure accountability and demonstrate effectiveness. Evaluation will monitor program progress, determine whether programs and activities are effective, determine if the desired results are being obtained, identify any areas that need improvement, and to inform policy and program direction. The surveillance and evaluation of programs will help to perform comparisons among different groups to determine the effectiveness for targeting programs.

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

APPENDICES

Appendix A
Statutory Authority

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

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

(c) The trust fund shall be administered by a board of trustees, except that the board shall suspend its operations from July 1, 2003, to June 30, 2005, inclusive. The board shall consist of seventeen trustees. The appointment of the initial trustees shall be as follows: (1) The Governor shall appoint four trustees, one of whom shall serve for a term of one year from July 1, 2000, two of whom shall serve for a term of two years from July 1, 2000, and one of whom shall serve for a term of three years from July 1, 2000; (2) the speaker of the House of Representatives and the president pro tempore of the Senate each shall appoint two trustees, one of whom shall serve for a term of two years from July 1, 2000, and one of whom shall serve for a term of three years from July 1, 2000; (3) the majority leader of the House of Representatives and the majority leader of the Senate each shall appoint two trustees, one of whom shall serve for a term of one year from July 1, 2000, and one of whom shall serve for a term of three years from July 1, 2000; (4) the minority leader of the House of Representatives and the minority leader of the Senate each shall appoint two trustees, one of whom shall serve for a term of one year from July 1, 2000, and one of whom shall serve for a term of two years from July 1, 2000; and (5) the Secretary of the Office of Policy and Management, or the secretary's designee, shall serve as an ex-officio voting member. Following the expiration of such initial terms, subsequent trustees shall serve for a term of three years. The period of suspension of the board's operations from July 1, 2003, to June 30, 2005, inclusive, shall not be included in the term of any trustee serving on July 1, 2003. The trustees shall serve without compensation except for reimbursement for necessary expenses incurred in performing their duties. The board of trustees shall establish rules of procedure for the conduct of its business which shall include, but not be limited to, criteria, processes and procedures to be used in selecting programs to receive money from the trust fund.

The trust fund shall be within the Office of Policy and Management for administrative purposes only. The board of trustees shall meet not less than biannually, except during the fiscal years ending June 30, 2004, and June 30, 2005, and, not later than January first of each year, except during the fiscal years ending June 30, 2004, and June 30, 2005, shall submit a report of its activities and accomplishments to the joint standing committees of the General Assembly having cognizance of matters relating to public health and appropriations and the budgets of state agencies, in accordance with section 11-4a.

(d) (1) During the period commencing July 1, 2000, and ending June 30, 2003, the board of trustees, by majority vote, may recommend authorization of disbursement from the trust fund for the purposes described in subsection (a) of this section and section 19a-6c, 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. 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.

(June Sp. Sess. P.A. 99-2, S. 27, 72; P.A. 00-216, S. 15, 28; June Sp. Sess. P.A. 01-4, S. 40, 58; P.A. 03-19, S. 3; June 30 Sp. Sess. P.A. 03-3, S. 10; June Sp. Sess. P.A. 07-4, S. 24; P.A. 08-145, S. 1.)

History: June Sp. Sess. P.A. 99-2 effective July 1, 1999; P.A. 00-216 designated existing provisions as Subsecs. (a) and (b), added provisions in Subsec. (a) re purposes of trust fund and added Subsecs. (c) re board of trustees and (d) re disbursements, effective June 1, 2000; June Sp. Sess. P.A. 01-4 amended Subsec. (c) by adding provisions re bimonthly meeting and annual report of the board of trustees, effective July 1, 2001; P.A. 03-19 made technical changes in Subsec. (c), effective May 12, 2003; June 30 Sp. Sess. P.A. 03-3 amended Subsecs. (c) and (d) by adding provisions re suspension of the board's operations from July 1, 2003, to June 30, 2005, effective August 20, 2003; June Sp. Sess. P.A. 07-4 amended Subsec. (c) to require board to meet biannually instead of bimonthly, effective July 1, 2007; P.A. 08-145 amended Subsec. (c) by deleting requirement that each trustee approve annual report of board and amended Subsec. (d)(1) by adding new Subparas. (A) and (B), permitting board to authorize

disbursement of funds for fiscal year ending June 30, 2009, and each fiscal year thereafter, and redesignating existing Subparas. (A) and (B) as clauses (i) and (ii), effective July 1, 2008).

See Sec. 4-38f for definition of "administrative purposes only".

June Special Session, Public Act No. 09-3

AN ACT CONCERNING EXPENDITURES AND REVENUE FOR THE BIENNIUM ENDING JUNE 30, 2011.

Sec. 75. (*Effective from passage*) Notwithstanding the provisions of subdivision (1) of subsection (d) of section 4-28f of the general statutes, for the fiscal year ending June 30, 2011, the board of trustees of the Tobacco and Health Trust Fund may recommend authorization of disbursement of funds for the purposes permitted under said subdivision up to the unobligated balance projected to exist in said fund as of June 30, 2011.

C.G.S. 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 the fiscal year ending June 30, 2002, 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 twelve 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 each of the fiscal years ending June 30, 2008, to June 30, 2015, inclusive, the sum of ten million dollars shall be disbursed from the Tobacco Settlement Fund to the Stem Cell Research Fund established by section 19a-32e for grants-in-aid to eligible institutions for the purpose of conducting embryonic or human adult stem cell research.

(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 cochairpersons 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.

(June Sp. Sess. P.A. 99-2, S. 26, 72; P.A. 00-170, S. 40, 42; 00-216, S. 14, 28; P.A. 04-218, S. 11; P.A. 05-149, S. 5.)

History: June Sp. Sess. P.A. 99-2 effective July 1, 1999; P.A. 00-170 amended Subsec. (c) to provide for $500,000 from the Tobacco Settlement Fund to the Department of Mental Health and Addiction Services for regional action councils for the fiscal year ending June 30, 2001, effective

July 1, 2000; P.A. 00-216 added provisions re Biomedical Research Trust Fund, designated existing Subsec. (b) as Subsec. (b)(1), added Subsec. (b)(2) re investment by the Treasurer, designated existing Subsec. (c) as Subsec. (c)(1), inserting Subpara. designators therein, added Subsec. (c)(2) re disbursements, and made technical changes, effective June 1, 2000 (Revisor's note: In Subsec. (c)(1), "and (3) third" added by P.A. 00-170 was changed editorially by the Revisors to "and (C)" for consistency with changes made by P.A. 00-216; P.A. 04-218 added new Subsec. (f) re appropriation of funds for enforcement of tobacco settlement provisions, effective July 1, 2004; P.A. 05-149 amended Subsec. (c) by adding Subdiv. (3) re disbursements to Stem Cell Research Fund, effective June 15, 2005.

Appendix B

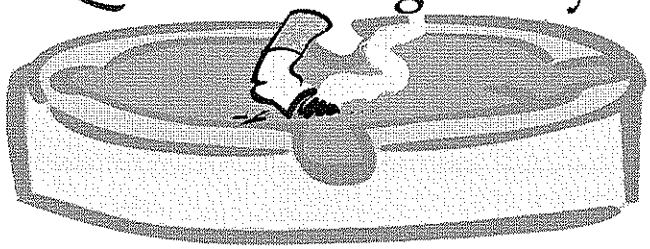
Data on Smoking in Connecticut

2008 Adult Smoking in Connecticut

- ✓ An estimated 429,500 adults (15.9%) smoke cigarettes
- ✓ 17.3% of men and 14.7% of women smoke
- ✓ The smoking rates among white, black, and Hispanic adults are 15.3%, 14.3%, and 23.2%, respectively
- ✓ The smoking rate among adults has decreased significantly since 2002 when it was 19.4%
- ✓ Connecticut has the 7th lowest smoking rate in the country*
- ✓ The highest smoking rate among adults is found in the 25-34 year-old age group (23.8%)
- ✓ The smoking rate among adults who report an income of $50,000 or more per year is significantly lower (12.7%) than it is for those with smaller incomes (22.7%)
- ✓ College-educated adults have a significantly lower smoking rate (9.1%) than those with less than a college degree. The highest rate is among adults who never graduated from high school (29.3%)
- ✓ More than half of adult smokers tried to quit in the past year
- ✓ Nearly 6% of women who gave birth in 2006 reported smoking during their pregnancy

*Tied with Arizona. The US smoking rate is 18.4%.

Quit Smoking Today!



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TOBACCO USE PREVENTION & CONTROL

CONNECTICUT QUITLINE
1-800-QUIT-NOW

Call the Connecticut QuitLine at 1-800-Quit-Now or 1-800-784-8669

For more information about tobacco use in Connecticut contact:

The Department of Public Health Tobacco Use Prevention and Control Program at 860-509-8251 or visit our website at www.ct.gov/dph/tobacco.

→ The rate of smoking among adults in Connecticut has fallen significantly since the 1990s. Between 1995 and 2008, the lowest smoking rate was in 2007 (15.4%), which was significantly lower than any of the rates prior to 2005 *(see figure 1)*

Adult Smoking in Connecticut
1995-2008

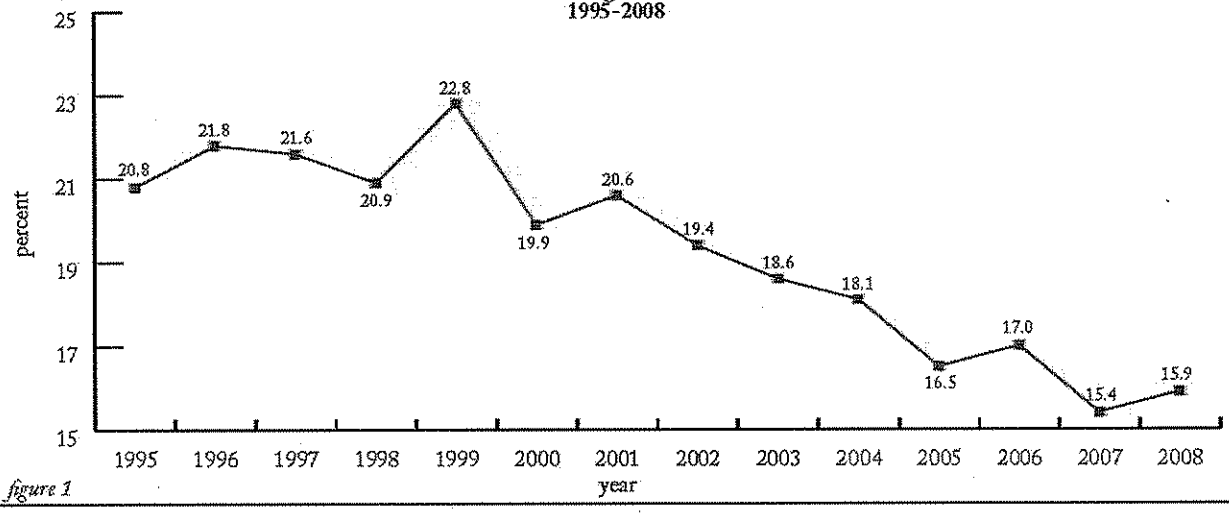

figure 1

→ In comparison to men, over the past decade, women have shown a steadier decline in their rate of smoking. In 2004 and 2006, the rate for women was significantly lower than for men. Between 1995 and 2008, the lowest smoking rate for men was in 2007 (16.5%), which was significantly lower than in 1996, 1999, and 2001. For women, the lowest rate was in 2007 (14.4%), which was significantly lower than any of the rates prior to 2004 *(see figure 2)*

Adult Smoking in Connecticut
1995-2008
by sex

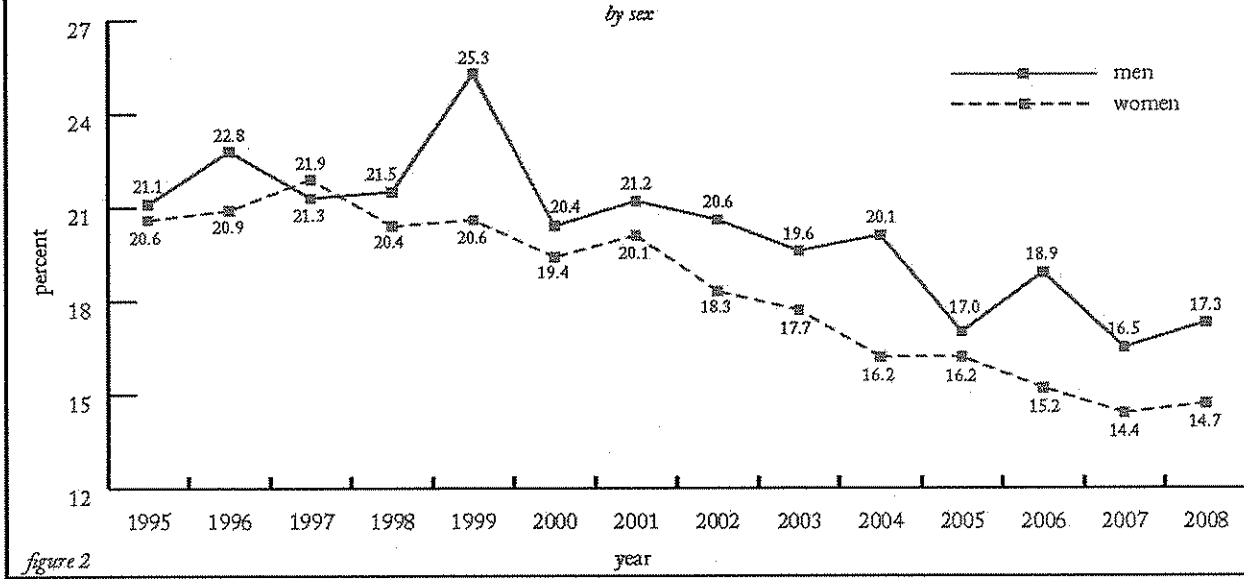

figure 2

For more information about tobacco use in Connecticut contact:
The Department of Public Health Tobacco Use Prevention and Control Program at 860-509-8251 or visit our website at www.ct.gov/dph/tobacco.

→ The rate of smoking among black and Hispanic adults has varied widely over the past eight years. The 2008 rate of 14.3% for black adults is significantly lower than it was in 2000 (27.3%). For Hispanic adults, the rate dropped significantly between 2006 and 2007 from 24.6% to 15.1%, but increased to 23.2% in 2008. Among white adults, the rate has declined almost steadily. In 2008, the smoking rate of 15.3% is significantly lower than it was between 2000 and 2003 *(see figure 3)*

Adult Smoking in Connecticut
2000-2008
by race/ethnicity

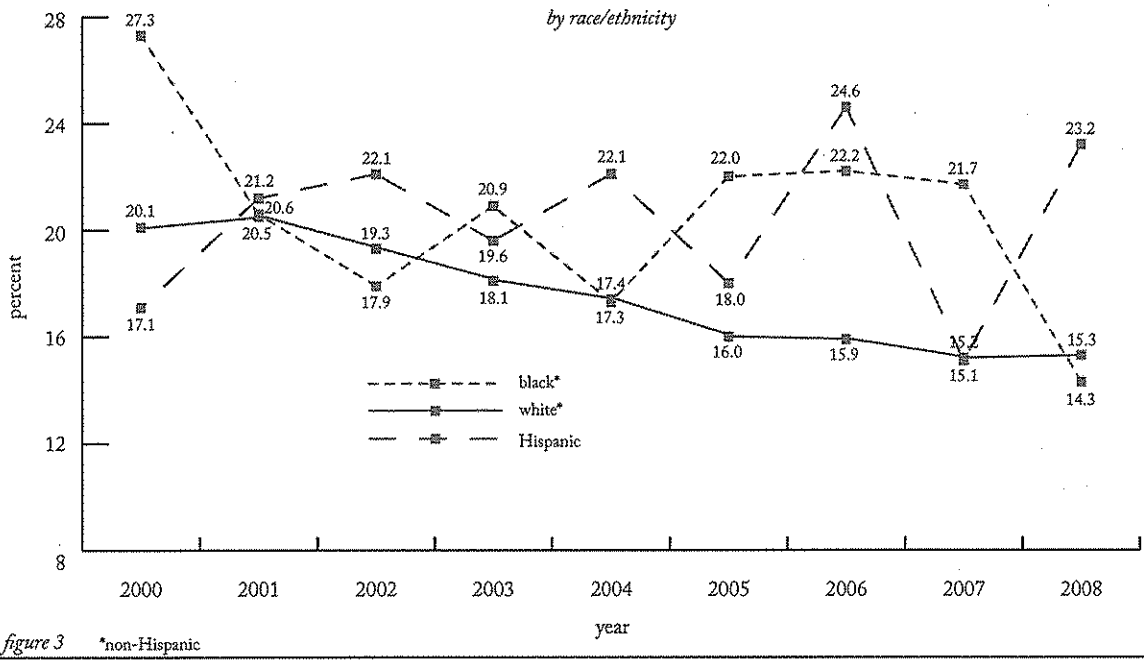

figure 3 *non-Hispanic

Quit Smoking Today!

Call the Connecticut QuitLine at 1-800-Quit-Now

CONNECTICUT QUITLINE 1-800-QUIT-NOW

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TOBACCO USE PREVENTION & CONTROL

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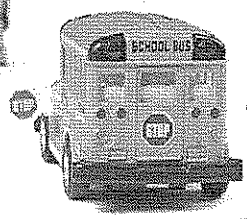

2009 Youth Smoking in Connecticut

- 15.3% of high school and 3.3% of middle school students smoke cigarettes
- 16% of boys and 14.4% of girls in high school smoke; in middle school, 3.3% of boys and 3.2% of girls smoke
- In high school, the smoking rates among white*, black*, and Hispanic students are 17.8%, 6.3%, and 14%, respectively
- In middle school, the smoking rates among white*, black*, and Hispanic students are 2.9%, 3.1%, and 4.5%, respectively
- The rate of smoking among high school students has decreased from 16.9% in 2007, but the change is not statistically significant
- The rate of smoking among middle school students has remained relatively unchanged from the 2007 rate of 3.4%
- The majority (70.6%) of high school students who have ever smoked a whole cigarette, smoked it between the ages of 13 and 16
- Approximately 46% of high school current smokers have ever smoked cigarettes daily
- Approximately 44% of high school smokers tried to quit in the past 12 months, and nearly 47% want to stop smoking
- In high school, 23.5% of never smokers are considered susceptible to starting smoking in the next year, and in middle school, 17.3% are susceptible

*non-Hispanic
Source: 2009 Connecticut School Health Survey Youth Tobacco Component

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TOBACCO USE PREVENTION & CONTROL

CONNECTICUT
QUITLINE
1-800-QUIT-NOW

For more information about tobacco use in Connecticut contact:
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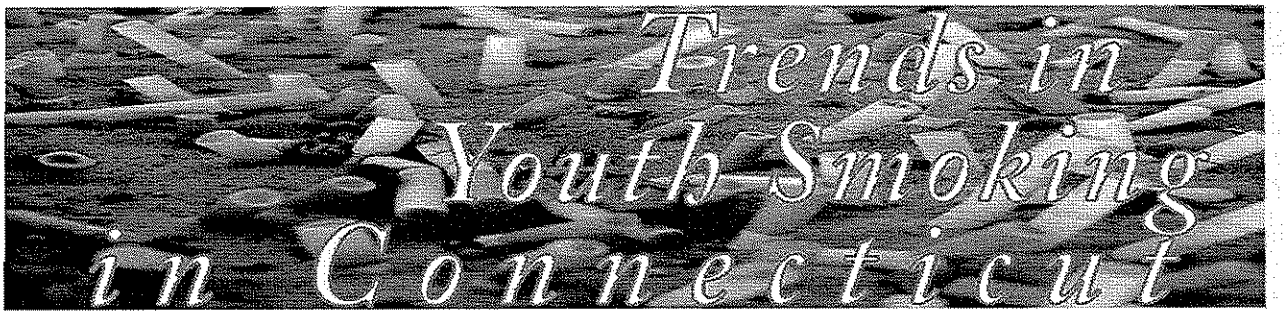


→ Between 2000 and 2009, cigarette smoking among high school students decreased significantly from 25.6% to 15.3%; the same is true for middle school students, where the rate went from 9.8% down to 3.3% *(see figure 1)*

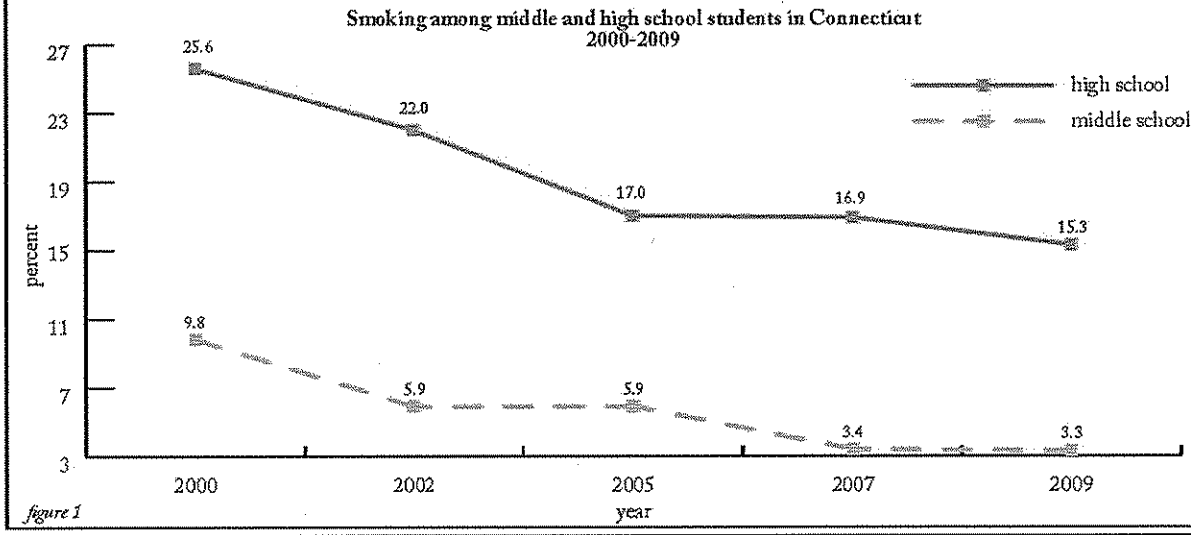


figure 1

→ Between 2000 and 2009, the rate of smoking among high school boys decreased significantly from 24.9% to 16%. The same significant decrease also occurred among high school girls, where the rate went from 26% down to 14.4% *(see figure 2)*

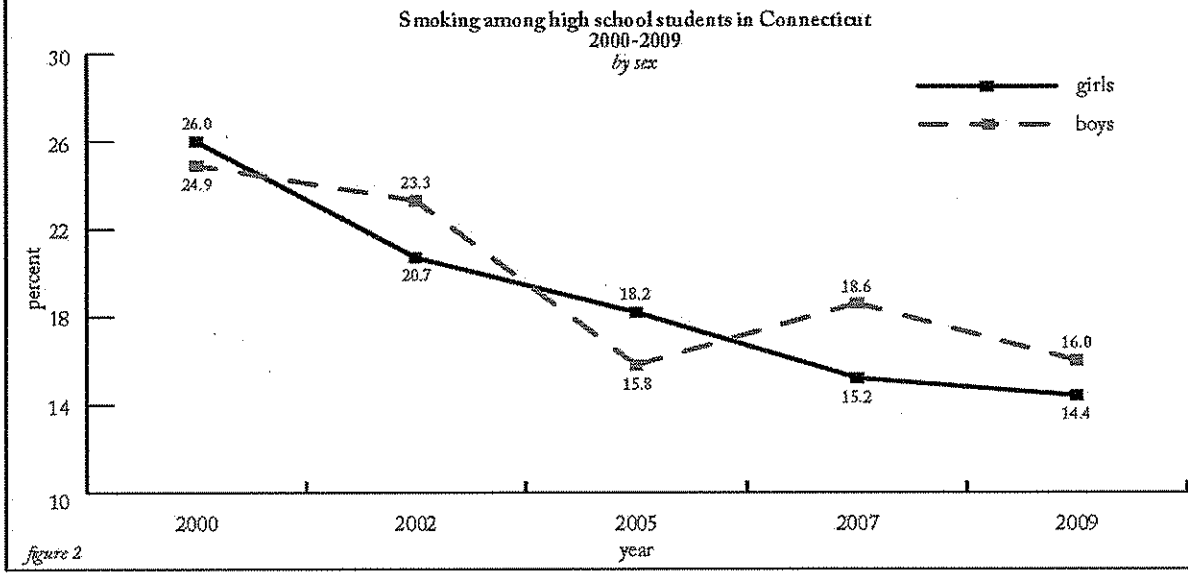


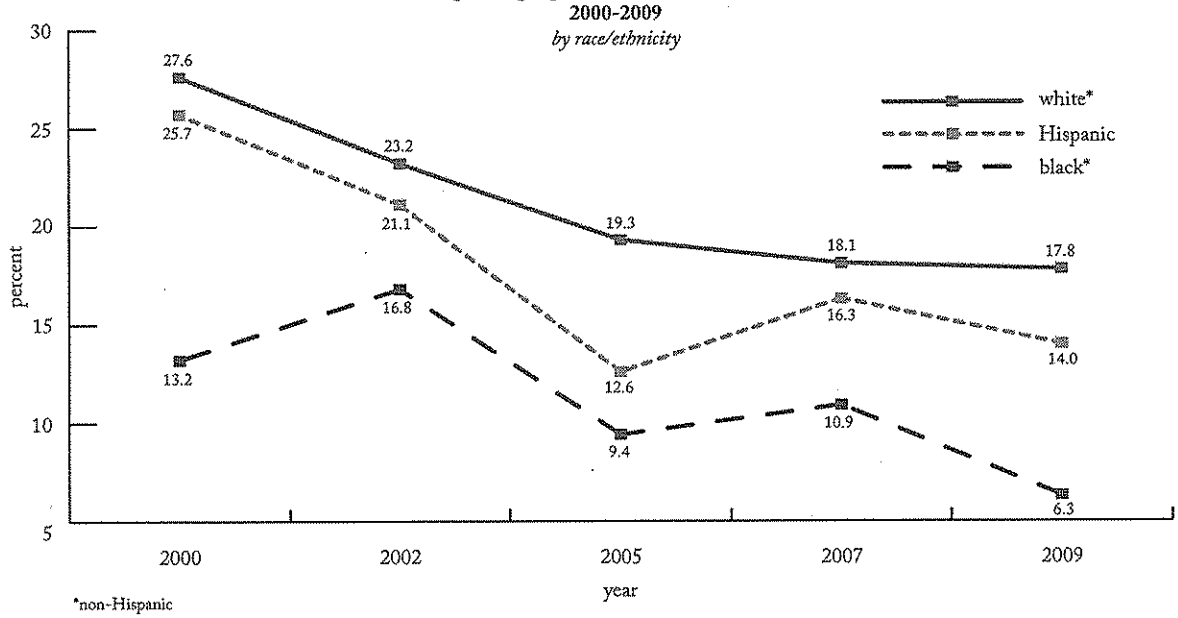
figure 2

For more information about tobacco use in Connecticut contact:
The Department of Public Health Tobacco Use Prevention and Control Program at 860-509-8251 or visit our website at www.ct.gov/dph/tobacco.

Trends in Youth Smoking in Connecticut

→ Between 2000 and 2009, the rate of smoking among white students fell significantly from 27.6% to 17.8%. Among black students, the rate decreased significantly from 16.8% in 2002 to 6.3% in 2009. The rate for Hispanic students dropped from a high of 25.7% in 2000 to a low of 12.6% in 2005 and is currently at 14%, but none of the changes between any of the years are statistically significant *(see figure 3)*

Smoking among high school students in Connecticut
2000-2009
by race/ethnicity



*non-Hispanic

figure 3

Quit Smoking Today!

Call the Connecticut QuitLine at 1-800-Quit-Now

CONNECTICUT QUITLINE 1-800-QUIT-NOW

LEAD BY EXAMPLE. BE TOBACCO FREE.
TOBACCO USE PREVENTION & CONTROL

For more information about tobacco use in Connecticut contact:
The Department of Public Health Tobacco Use Prevention and Control Program at 860-509-8251 or visit our website at www.ct.gov/dph/tobacco.

Appendix C

Tobacco and Health Trust Fund Board
Summary of 2009 Testimony Received

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

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

Support from multiple sources was expressed for:

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

2. Smoking cessation
    a. Community based or by local health departments

b. With NRT
c. For mentally ill, youth, or persons with HIV
d. $100 reimbursement for any health class completed

3. QuitLine
    a. With NRT

4. Research Associates Program

5. Counter-marketing including media campaigns

Support from one source was received for:

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

Appendix D

Board Minutes from December 2008 to October 2009

Meeting Summary

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

10:00 a.m. – 12:00 noon

Room 410
State Capitol
Hartford, Connecticut

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

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

Others present: Barbara Walsh (DPH), Katie Shuttleworth (DPH), Carole Meredith (DMHAS), Dianne Harnad (DMHAS), Bonnie Smith-(ERASE), and Kari Sullivan (SDE).

Item	Discussion/Action
Welcome and Introductions	The meeting was convened at 10:15 a.m.
Approval of October Minutes	Due to the lack of a quorum, the draft meeting minutes of the October 17 board meeting will be reviewed and approved at the June 2009 meeting.
Update on FY 08 Cessation Programs and Evaluation by DPH	Barbara Walsh updated the board on fiscal year (FY) 2008 funded projects. Five community health centers were awarded a contract in the amount of $117,967.50 and one center was awarded $110,162.50. The contract covers the

	period of November 1, 2008 – June 30, 2010. Services to be provided include assessment, cessation counseling sessions, pharmacotherapy if medically appropriate, follow-up services to prevent relapse, and data collection. The evaluation of the community health center cessation programs will be conducted by an outside consultant.
Update on Legislative Approval of FY 09 Recommendations	The Chair reported that, on November 18, the legislative committees of cognizance approved the board's FY 2009 recommendations for disbursement from the Tobacco and Health Trust Fund. Board members were thanked for their assistance in the development of the 2009 disbursement recommendations and for testifying at the legislative public hearing.
Status of FY 2009 Disbursement by DPH	Barbara Walsh (DPH) provided an update on the status of the 2009 disbursements. Highlights included: • The new QuitLine contract is expected to be executed by April 1, 2009 • Draft language for the Counter-Marketing RFP is available for comment from the RFP subcommittee • The Community-Based Cessation RFP is in the process of being released • DPH is working on a procedure to distribute funds for cessation for individuals with serious mental illness • DPH is working with SDE to ensure funds are transferred for school-based prevention • DPH is in the process of developing an RFP for the Lung Cancer Research Tissue Repository and Database • Draft language for the Evaluation RFP is available for comment from the subcommittee.
Tobacco & Health Trust Fund Board Workplan 2009	Pamela Trotman distributed and reviewed a draft 2009 workplan including tasks to be

	accomplished throughout the year.
2009 Meetings	The Chair reviewed the meeting schedule for 2009. A public hearing will be scheduled in April 2009 and the board agreed to meet at least 15 minutes before the hearing begins.
Adjourn	The next meeting of the board will be on Friday, June 12 at 10:00 a.m. in Room 410 at the State Capitol.

Meeting Summary
Tobacco and Health Trust Fund Board Retreat

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

Room 1A
Legislative Office Building
Hartford, Connecticut

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

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

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

Item	**Discussion/Action**
Welcome and Introductions	The meeting was convened at 10:00 a.m. Members introduced themselves.
Approval of October and December Minutes	Norma Gyle moved approval of the Board's October 17, 2008 and December 10, 2008 meeting minutes. The motion was seconded by

	Pat Checko and approved on a voice vote with the provision that Cheryl Resha and Ken Ferrucci be added to the list of members. There were two abstentions: Nancy Bafundo and Douglas Fishman.
Review of Legislative Action and Status of Trust Fund	The Chair updated the board on legislative action taken during the 2009 regular session of the General Assembly which impacts the Tobacco and Health Trust Fund. Three public acts transferred a total of $21,572,000 from the trust fund into the state General Fund in order to mitigate the state budget deficit for fiscal year 2009. The Chair identified an $11.1 million balance in the trust fund as of June 30, 2009 and estimated that, if no further changes are made, approximately, $6.3 million will be available to the board for disbursement for fiscal year 2010. The chair agreed to provide the following information at the next Board meeting: • A list of the various programs for which $13.95 million in trust funds were transferred in FY09; • Aggregate amounts for the trust fund status; and • Aggregate amount of Tobacco Settlement Funding for Connecticut to-date.
Update on FY 08 Cessation Programs and Evaluation	Barbara Walsh of DPH gave a status report on FY 08 cessation programs and evaluation contract. The contract period covers November 1, 2008 - June 30, 2010. Cessations services are running at each site and all sites are providing pharmacotherapies. Second quarter reports were submitted to the Department for analysis. Results will be shared with the board. The evaluation consultant's contract covers November 2008 – June 2010. The evaluator met

	with each Community Health Center to discuss evaluations procedures and protocols. The Department has received data and reports that are being reviewed. Results will be shared with the board.
Update on FY 09 Disbursements	Contracts for fiscal year 2009 are not fully executed, but are expected to be executed by September 1. Board members commended DPH, particularly Barbara Walsh, for their commitment and dedication in the development and implementation of contracts that address the request of the Board and Connecticut's residents.
Board Appointments	The appointment of the following members has expired: Nancy Badundo, Cheryl Resha, Ellen Dornelas, Diane Becker, Jane Tedder, and Andrew Salner. OPM will follow up with their appointing authorities. OPM will request replacements for Jerold Mande and Peter Rockholz who have resigned from the board and Barbara Carpenter who has not attended meetings.
2009 Meetings	The Chair reminded members that the next Board meeting will be held on Friday, August 14 from 10 a.m. to noon in the State Capitol Room 410. Additional meeting are scheduled for September 18, October 16, November 13, and December 18. The meeting was adjourned at 10:30 a.m.

Meeting Summary

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

Room 410
State Capitol
Hartford, Connecticut

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

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

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

Item	**Discussion/Action**
Welcome and Introductions	The meeting was convened at 10:05 a.m.
Approval of July Minutes	Due to the lack of a quorum, the July 2009 board meeting minutes will be approved at the September meeting.
Review Status of Trust Fund	The Chair identified an $11.1 million balance in the trust fund as of June 30, 2009. Provided no additional changes are made, approximately, $6.3 million will be available to the board for disbursement for fiscal year 2010. The chair reviewed the following information which was requested at the July meeting: • A list of programs for which $13.95 million in trust funds were transferred in FY09; • A table showing aggregate amounts to-date for the trust fund and the Tobacco Settlement Funds for Connecticut.
Review Previous Disbursements and Guiding	The chair reviewed a table identifying the board's disbursements of $9,149,556 from FY

Principles	03-FY 09. The chair reviewed the board's statutory mandates and guiding principles for funding decisions. The board agreed to focus on tobacco- related activities. The board also agreed to prioritize disbursements recommendations in the event of reduced funding. Members were asked to provide information on the availability of private matching funds that may be used in the upcoming fiscal year.
Review Public Testimony Received	The chair summarized the information gathered from the public hearing regarding recommendations for fiscal year 2010 disbursement.
Develop Preliminary Recommendations for FY10 Disbursements	After the review of disbursements for FY 09, board members focused discussion on expanding existing contracts with slight modifications in funding level, services, and geographic areas. They include: counter-marketing (add additional funds to the contract to increase media campaigns); community -based cessation programs (expand program to offer services in high priority areas not currently served); cessation for individuals with serious mental illness (determine if there is another population to serve); QuitLine (continue services but add NRT); school-based prevention (rethink concept); lung cancer pilot (pending results of the feasibility study); evaluation (funds to cover additional service areas and new or expanded services). Representatives from each of the current contracts will be invited to attend or be available via telephone at the September meeting to answer questions about their programs. Members also discussed two additional recommendations for disbursement to: (a) provide administrative

	funds to expand a Research Associates Program which supports volunteer college students in hospital emergency rooms to perform brief interventions and clinical research studies relating to tobacco use; and (b) provide funds for the care of Hospice patients and families to cover unmet physical and mental heal needs.
Review Upcoming Meeting Dates	The Chair reminded members that the next Board meeting will be held on Friday, September 18 from 10 a.m. to noon in the State Capitol Room 410. Additional meeting are scheduled for October 16, November 13, and December 18. The meeting was adjourned at 12:00 noon.

Meeting Summary

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

Room 410
State Capitol
Hartford, Connecticut

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

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

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

Item	Discussion/Action
Welcome and Introduction of New Board Members	The meeting was convened at 10:05 a.m. Cindy Adams and Geralyn Laut were introduced as new board members. Dianne Harnad, also a new board member, was unable to attend.
Approval of July and August Meeting Minutes	Approval of the July and August meeting minutes was moved by Andrew Salner and seconded by Pat Checko. Minutes were approved on a voice vote with two abstentions by Cindy Adams and Geralyn Laut.
Review Status of Trust Fund	The Chair reported that $6,377,745 is available for disbursement in FY10 and, without further legislative action, an estimated $5.7 million will be available in FY11. The balance in the trust fund at the end of FY11 is expected to be zero. The Chair also distributed a table listing the transfers from the trust fund made by Public Act 09-3 of the June Special Session. For FY 10, $1,991,982 was transferred to four programs and $10 million was transferred to the General Fund for a total transfer of $11,991,982. For FY11, $1,841,982 was transferred to three programs and $10 million was transferred to the General Fund, for a total transfer of $11,841,982.
Review Preliminary Recommendations for FY 2010 Disbursement	Board members reviewed initial FY10 disbursement recommendations made at the August meeting including adding funds to existing contracts to increase service levels, broaden geographic service areas and target additional populations as well as two potential ideas for new funding. The board voted and approved the following disbursement options for FY10:

	• **Innovative Programs.** An undetermined amount will be set aside for new and innovative programs after all other categories are allocated funding. Innovative programs will be selected by competitive bid to receive up to $100,000. The motion was made by Ellen Dornelas, seconded by Cindy Adams and was approved on a voice vote with Diane Becker voting no. • **Counter-Marketing.** $1.65 million will be made available to extend the FY09 counter-marketing contract for one additional year. The current vendor will be invited to submit an application for the funding which will specify the additional work to be performed. The motion was made by Rob Zavoski, seconded by Doug Fishman and approved on a voice vote with Pat Checko abstaining. • **Community-Based Cessation Programs.** $450,000 will be made available through competitive bid for community-based cessation programs offering nicotine replacement therapy. Priority will be given to geographic areas not served with FY09 funding. The motion was made by Rob Zavoski, seconded by Andy Salner and approved on a voice vote. • **Cessation Programs for Persons with Serious Mental Illness.** $500,000 will be made available to the current vendor to continue and/or enhance strategies to help people with serious mental illness quit smoking, including counseling and pharmacotherapy. This recommendation was discussed, but not formally moved or voted upon.

	Doug Fishman's recommendation to fund QuitLine at $2 million, school-based prevention at $500,000, lung cancer pilot at $0, evaluation at $500,000, and the balance of $800,000 for innovative programs was deferred for further discussion at the next board meeting. FY10 disbursement recommendations on QuitLine, school-based prevention, lung cancer pilot and the evaluation contracts will be discussed in detail at the October meeting. Board members requested information on the status of the current contracts in these areas and information on the distinction between national and state QuitLines.
Review Upcoming Meeting Dates	The Chair reminded members that the next Board meeting will be held on Friday, October 16 from 10 a.m. to noon in the State Capitol Room 410. Additional 2009 meetings are scheduled for November 13 and December 18. Potential meeting dates for 2010 are scheduled for the third Friday of the month at 10:00 a.m. on July 16, August 20, September 17, October 15, November 19, and December 17, 2010. The meeting was adjourned at 12:00 noon.

Meeting Summary

Tobacco and Health Trust Fund Board Meeting
Friday, October 16, 2009

10:00 a.m. – 12:00 noon

Room 410
State Capitol
Hartford, Connecticut

Members Present: Anne Foley (Chair), Norma Gyle, Cheryl Resha, Douglas Fishman, Ellen Dornelas, Pat Checko, Andrew Salner, Larry Deutsch, Geralyn Laut, and Dianne Harnad.

Members Absent: Ken Ferrucci, Nancy Bafundo, Nikki Palmieri, Rob Zavoski, Diane Becker, Jane Tedder and Cynthia Adams.

Others present: Barbara Walsh (DPH), Richard Everson (UConn), Tony Corniello, Joann Everson, and Joe Mendyka (DPH)

Item	Discussion/Action
Welcome and Introductions	The meeting was convened at 10:15 a.m.
Approval of September 2009 Meeting Minutes	Dianne Harnad moved approval of the September minutes. The motion was seconded by Doug Fishman and approved on a voice vote.
Review of Preliminary Funding Recommendations	Participants reviewed the following preliminary recommendations: A. Counter Marketing -- $1,650,000 B. Community Based Cessation -- $450,000 C. Cessation for Mentally Ill -- $500,000 D. QuitLine E. School Based Prevention F. Lung Cancer Pilot G. Evaluation H. Innovative Programs
Finalization of FY10 Funding	After lengthy discussion, the board agreed to

Recommendations	recommend disbursement of $6,377,745 for the following purposes: • $1,650,000 for counter marketing; • $750,000 for community based cessation; • $800,000 for cessation targeted to individuals with serious mental illness; • $1,650,000 for QuitLine; • $500,000 for school based prevention; • $250,000 for lung cancer and genetic research; • $477,745 for innovative programs; and • $300,000 for evaluation.
Next Meetings	The next meeting is scheduled for Friday, November 13 at 10:00 a.m.
Adjourn	The meeting was adjourned at 12:00 noon.

Appendix E

Connecticut Telephone Quitline Usage

Connecticut Telephone Quitline Usage

For the time period from January 1, 2007 to October 31, 2009

	Registered Callers	Registered Callers Requesting Intervention	Percent of Registered Callers Requesting Intervention	Shipments Made		
				Patch	Gum	Lozenge
January 2007	132	89	67	0	0	-
February 2007	96	64	67	0	0	-
March 2007	86	59	69	0	0	-
April 2007	96	59	61	0	0	-
May 2007	113	74	65	0	0	-
June 2007	75	51	68	0	0	-
July 2007	6,056	5,303	88	3,042	745	-
August 2007	1,049	637	61	524	84	-
September 2007	491	311	63	128	14	-
October 2007	421	302	72	88	24	-
November 2007	272	202	74	37	8	-
December 2007	184	142	77	18	5	-
2007 Total Registered Callers	9,070	7,293	80			
Total Shipments				3,897	883	-
Total NRT Shipments					4,780	
January 2008	290	227	78	20	6	-
February 2008	267	218	82	34	9	-
March 2008	249	188	76	39	5	3
April 2008	289	216	75	43	13	6
May 2008	292	214	73	48	11	7
June 2008	256	208	81	61	6	12
July 2008	164	106	65	14	2	3
August 2008	153	113	74	0	0	0
September 2008	143	90	63	0	0	0
October 2008	162	113	70	0	0	0
November 2008	121	82	68	0	0	0
December 2008	155	104	67	0	0	0
2008 Total Registered Callers	2,541	1,879	74			
Total Shipments				249	52	31
Total NRT Shipments					332	

	Registered Callers	Registered Callers Requesting Intervention	Percent of Registered Callers Requesting Intervention	Shipments Made		
				Patch	Gum	Lozenge
January 2009	195	130	67	0	0	0
February 2009	156	107	69	0	0	0
March 2009	219	162	74	5	1	0
April 2009	408	367	90	174	30	32
May 2009	335	289	86	202	56	29
June 2009	342	279	82	180	34	23
July 2009	389	349	90	217	29	36
August 2009	303	256	84	177	25	16
September 2009	365	301	82	193	26	24
October 2009	462	399	86	311	39	38
2009Total Registered Callers to Date	3,174	2,639	83%			
Total Shipments				1,459	240	200
Total NRT Shipments					1,899	

Appendix F

2009/2010 Community Health Center Cessation Program Services to Pregnant Women and Women of Childbearing Age
Data as of 6/30/2009: 625 Participants Reported

Pregnancy Status:
***Out of 625 participants reported*:**
67 (10.7%) were pregnant, **9 (1.4%)** provided no response. **Out of those 67 who reported being pregnant, 63 (94.0%) smoked less than 1 month ago.**

Age of Participants:

Age	Number	Percentage
16-24	**111**	**17.8%**
25-30	148	23.7%
31-35	109	17.4%
36-40	**138**	**22.1%**
41-52	**111**	**17.8%**
Unreported	**8**	**1.3%**
TOTAL	**625**	**100%**

Race and Ethnicity:

Race/Ethnicity	Number	Percentage
Hispanic	**238**	**38.1%**
Black/African American, Non-Hispanic	69	**18.9%**
Other, Non-Hispanic	22	6.0%
White, Non-Hispanic	**274**	**75.1%**
*Non-Hispanic Subtotal	367	58.7%
Unreported	**20**	**3.2%**
TOTAL	**625**	**100%**

Education Level:

Education	Number	Percentage
Less than grade 9	**15**	**2.4%**
Some high school	120	19.2%
GED	49	7.8%
High school graduate	**121**	**19.4%**
Some college	103	16.5%
College graduate or higher	18	2.9%
Unreported	**199**	**31.8%**
TOTAL	**625**	**100%**

Insurance Status:

Insurance	Number	Percentage
HUSKY/Medicaid	**350**	**56.0%**
HUSKY/Medicaid, Medicare	1	0.2%
I have no insurance	**58**	**9.3%**
Medicare	27	4.3%
Other insurance	31	5.0%
Private Insurance	39	6.2%
SAGA	**88**	**14.1%**
Unreported	**31**	**5.0%**
TOTAL	**625**	**100%**

Income Level:

Income	Number	Percentage
Less than $10,000	**370**	**59.2%**
$10,000-$14,999	42	6.7%
$15,000-$19,999	46	7.4%
$20,000-$24,999	12	1.9%
$25,000-$34,999	19	3.0%
$35,000-$49,999	7	1.1%
$50,000-$74,999	5	0.8%
$75,000 or more	2	0.3%
Not Working	1	0.2%
Don't Know	98	15.7%
Unreported	**23**	**3.7%**
TOTAL	**625**	**100%**

Tried to Quit/Quit Attempts to Date:

Tried to Quit	Quit Attempts	Number	Percentage
Yes	1 time	102	29.8%
Yes	2 to 5 times	167	48.8%
Yes	6 to 9 times	9	2.6%
Yes	10 times or more	6	1.8%
Yes	Many times	21	6.1%
Yes	Unreported/Unknown	37	10.8%
Total		342	54.7%
No		133	21.3%
Unknown		150	24.0%
TOTAL		**625**	**100%**

Source of Referral to the Program:

Referral Source	Number	Percentage
Brochure/Flyer	41	6.6%
Friend	25	4.0%
OBGYN	41	6.6%
Other	65	10.4%
Primary care provider	443	70.9%
Unreported	10	1.6%
TOTAL	**625**	**100%**

Does Participant Live With Another Smoker?

Live with Smoker?	Number	Percentage
Yes	**220**	**35.2%**
No	**234**	**37.4%**
Unreported	**171**	**27.4%**
TOTAL	**625**	**100%**

Smoking Status at Graduation

Results	Number	Percentage
Positive Result, Reduced Smoking	61	9.8%
Positive Result, Stopped Smoking	60	9.6%
Total Positive Results	*121*	*19.4%*
Negative Result, Increased Smoking	16	2.6%
Negative Result, Picked Up Smoking	3	0.5%
Total Negative Results	*19*	*3.0%*
No Change, Still Smoking, Same Amount	54	8.6%
No Change, Still Smoking, Unable to Determine Increased or Decreased Smoking	2	0.3%
No Change, Still Not Smoking	3	0.5%
Total Results for No Change	*59*	*9.4%*
Not yet graduated:	**426**	**68.2%**
TOTAL	**625**	**100%**

Appendix G
Office of State Ethics Opinion

STATE OF CONNECTICUT
OFFICE OF STATE ETHICS

December 21, 2006

Anne Foley
Office of Policy and Management
450 Capitol Avenue
Hartford, CT 06106

Dear Ms. Foley:

This letter is in response to yours of November 20, 2006, in which you ask a series of questions regarding the application of the Code of Ethics for Public Officials to members of the Board of Trustees of the Tobacco and Health Trust Fund.

RELEVANT FACTS

The following facts are relevant to this opinion. The Tobacco and Health Trust Fund (trust fund) is a non-lapsing fund created with a three-fold purpose:

> 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.

General Statutes § 4-28f (a).

The trust fund is administered by a Board of Trustees (board), which is responsible for, among other things, establishing criteria, processes, and procedures to be used in selecting programs to receive money from the trust fund; and recommending authorization of disbursement from the trust fund for the above-stated purposes. General Statutes § 4-28f (c) and (d) (1). The board is composed of seventeen members: four appointed by the Governor and twelve by the legislative leaders, none of whom are required by statute to have any particular background or expertise. General Statutes § 4-28f (c). The remaining member, who serves ex officio and with full voting privileges, is the Secretary of the Office of Policy and Management (or his or her designee). General Statutes § 4-28f (c).

QUESTIONS

1. May the board as a whole or an individual board member lobby officials in the executive or legislative branch of government for additional funding for the trust fund or to maintain the statutory funding of the trust fund?

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An Equal Opportunity Employer

2. May the board solicit, discuss, and approve funding proposals from private organizations?

3. May the board discuss and approve funding proposals from private organizations to lobby officials in the executive or legislative branch of government regarding the need to fund the trust fund adequately?

4. If a board member is also a state employee, may he or she participate in the discussion and voting on a proposal to provide funding to his or her state agency?

5. If a board member is a non-state employee, may he or she participate in the discussion and voting on a proposal to provide funding to his or her private agency?

6. If a board member has a distant or non-financial interest in a private organization (e.g., the board member helped found the organization, but has had no interaction with it for five to ten years), may he or she participate in the discussion and voting on a proposal to provide funding to the private agency?

ANALYSIS AND CONCLUSIONS

You first ask whether the board as a whole or an individual board member may lobby officials in the executive or legislative branch of government for additional funding for the trust fund or to maintain the statutory funding of the trust fund. Although General Statutes § 1-101bb (over which this office does not have jurisdiction) prohibits any quasi-public or state agency from retaining a lobbyist to act on its behalf, it does *not* prohibit "a director, officer or employee of a quasi-public agency or state agency from lobbying, as defined in section 1-91, on behalf of the quasi-public agency or state agency." Further, the Code of Ethics for Lobbyists exempts from the definition of term "lobbyist," among others, "a public official . . . who is acting within the scope of his authority or employment . . . ." General Statutes § 1-91 (l) (1). Thus, provided that board members are acting within the scope of their authority, they may attempt to influence executive or legislative action without having to register as lobbyists with the Office of State Ethics.

In your second and third questions, you ask whether the board may solicit, discuss, and approve funding proposals from private organizations; and whether it may discuss and approve funding proposals from private organizations to lobby officials in the executive or legislative branch of government regarding the need to fund the trust fund adequately.[1] There is nothing in the Code of Ethics for Public Officials that would prohibit the board from engaging in any of the proposed activities.

[1]For purposes of this question, it is assumed that the private organizations will be lobbying on their own behalf, as opposed to lobbying on behalf of the board. Otherwise,

In your fourth and fifth questions, you ask whether a board member who is also a state employee may participate in the discussion and voting on a proposal to provide funding to his or her state agency; and whether a board member who is a non-state employee may participate in the discussion and voting on a proposal to provide funding to his or her private agency. As public officials, board members are subject to the Code of Ethics for Public Officials, which includes, in General Statutes § 1-84 (b), a ban on *other* (i.e., both state and non-state) employment that impairs independence of judgment. That conflict-of-interest provision is violated generally when a public official engages in other employment with an entity that can benefit from the state servant's official actions—for example, the public official, in his or her state capacity, has specific regulatory, contractual or supervisory authority over his or her outside employer. Regs., Conn. State Agencies § 1-81-17.

In the case at hand, board members who are employed by, or are paid board members of, state or private agencies that submit proposals for funding from the trust fund clearly would be engaging in other employment with entities that could benefit from their official actions. Indeed, board members have the ability not only to establish criteria, processes, and procedures to be used in selecting programs to receive money from the trust fund, but also to recommend authorization of disbursement from the trust fund. General Statutes § 4-28f (c) and (d) (1). Thus, such other employment would constitute a violation of the § 1-84 (b) ban on outside employment that impairs independence of judgment, unless, that is, the legislature is considered to have waived that provision.

Where the legislature intends to waive § 1-84 (b), it has clearly specified that intent in the enabling legislation. For example, in the enabling statutes of some of Connecticut's quasi-public agencies, the appointment provisions exempt board members from certain conflict-of-interest provisions in the Code of Ethics for Public Officials, such as § 1-84 (b).[2] As another example, the legislature will, at times, *specify* that certain members of state boards, commissions, councils, etc., are to be selected from entities with built-in conflicts of interest.[3] In the case at

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there is a potential for a violation of § 1-101bb, which prohibits any quasi-public or state agency from retaining a lobbyist to act on its behalf.

[2]For instance, the enabling statute of the Connecticut Development Authority provides in part as follows: "Notwithstanding any provision of the law to the contrary, it shall not constitute a conflict of interest for a trustee, director, partner, officer, stockholder, proprietor, counsel or employee of any person, or for any other individual having a financial interest in any person, to serve as a member of the board of directors of the authority . . . ." General Statutes § 32-11a (h). That provision, in effect, waives § 1-84 (b) and places the issue of outside employment beyond the jurisdiction of the Citizen's Ethics Advisory Board.

[3]For instance, in General Statutes § 17-155ff, the legislature specifically designated the Commissioners of Corrections and of Mental Health to be members of the Alcohol and Drug Abuse Commission, "knowing that they head[ed] state agencies

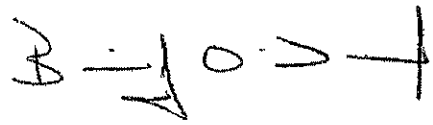
hand, the appointment provision does not contain any such waiver language, and, aside from the Secretary of the Office of Policy and Management, there is not a single specifically-designated member of the board. Thus, absent any such waiver of § 1-84 (b), board members should not be employed by, or be paid board members of, state or private agencies that submit proposals for funding from the trust fund.

It may be argued that the problem would disappear if each board member simply abstained from taking official action with respect to the funding proposal submitted by his or her other employer. But this would not eliminate the problem. The board recommends authorization of disbursement from a limited pool of funds, and other "eligible institutions competing for the same funds would have reason to be apprehensive about the objectivity [i.e., independence of judgment] of a person who, if [he or she recommends] funds for them, is depleting the monies available to the entity by which he or she is employed." Advisory Opinion No. 2006-1. "No matter how honest or selfless one's motives may be, it is impossible to maintain an appearance of fairness and impartiality in such a situation, or to convince the public that all public decisions are being made for the public good." Id.

In your final question, you ask whether a board member who has a distant or non-financial interest in a private organization (e.g., the board member helped found the organization, but has had no interaction with it for five to ten years) may participate in the discussion and voting on a proposal to provide funding to the private organization. Absent any financial connection between the board member and the private organization, there is nothing in the Code of Ethics for Public Officials that would prohibit the board member from doing so.

If you have any questions, please feel free to contact me.

Sincerely,



Brian J. O'Dowd
Assistant General Counsel

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receiving funds from the body to which they were appointed." Advisory Opinion No. 80-20.