

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

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

January 2018

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I. Executive Summary

The Tobacco and Health Trust Fund (Trust Fund) was created in 1999 as a continuing source of funding to support and encourage the development of programs and services to prevent or reduce the prevalence of tobacco use among Connecticut's adult and youth populations.

The Tobacco and Health Trust Fund Board (Board) was created in 2000 as the administrative entity to oversee the Trust Fund. Over the past seventeen years, the Board has distributed \$29.2 million from the Trust Fund to support evidence-based programs throughout the state, in the areas of prevention, cessation, telephone-based cessation services, evaluation, a lung cancer pilot, innovative programs, tobacco enforcement, administrative and infrastructure and website development.

According to the Centers for Disease Control and Prevention (CDC), evidence-based, statewide tobacco programs that are comprehensive, sustained, and accountable have been shown to reduce smoking rates, as well as tobacco-related diseases and deaths.¹ Connecticut's tobacco program efforts have, and continue to, improve the health of its residents.

Since the inception of the Trust Fund in 1999, Connecticut's adult cigarette use declined sharply from 22.8% to 13.5% in 2015, representing a significant decrease of 9.3%. However, adult tobacco use rates remain disproportionately high among certain populations, including 18-24 year olds (30.5%), persons with low income (29.3%) and persons with less than a high school education (31.6%).²

Since the inception of the Tobacco and Health Trust Fund Board in 2000, Connecticut's youth cigarette use declined sharply from 25.6% to 5.6% in 2015, among high school students, representing a significant decrease of 20%. During the same time period, the cigarette use declined sharply from 9.8% to 0.8% in 2015, among middle school students, representing a significant decrease of 9%.³ Although the smoking rates for youth have declined, e-cigarettes were the most prevalent form of tobacco product used among middle and high school students.

¹CDC's Best Practices for Comprehensive Tobacco Control Programs—2014

https://www.cdc.gov/tobacco/stateandcommunity/best_practices/pdfs/2014/comprehensive.pdf

²2015 Connecticut Behavioral Risk Factor Surveillance System-Department of Public Health Prevalence of Tobacco Use Among Connecticut Adults 2015- [Prevalence of Tobacco Use Among Connecticut Adults \(18+ years old\), 2015](https://www.cga.ct.gov/2016/appdata/tmy/2016HB-05044-R000218-DPH,%20DMHAS%20-%20Cancer%20Action%20Network%20-%20Tobacco%20Fact%20Sheet-TMY.PDF). Cancer Action Network-
<https://www.cga.ct.gov/2016/appdata/tmy/2016HB-05044-R000218-DPH,%20DMHAS%20-%20Cancer%20Action%20Network%20-%20Tobacco%20Fact%20Sheet-TMY.PDF>

³Youth smoking -CT Youth Tobacco Survey 2013 and 2015.

According to the Campaign for Tobacco Free Kids, tobacco caused health cost in Connecticut top \$2 billion annually⁴. Each smoker that quits saves an estimated \$8,595 annually in health care and lost productivity costs.⁵ At least 450 tobacco users in Connecticut have quit as a direct result of Trust Funded cessation programs.⁶ This results in healthier lives, potentially saving Connecticut more than \$10.5 million in averted smoking caused health costs and productivity losses⁷.

Although Connecticut has experienced a reduction in cigarette smoking rates over the past seventeen years, the Board recognizes the need to sustain efforts to continue that downward trend. However, the Board has not and will not receive funding from the Tobacco Settlement Fund from FY16 to FY19. Additionally, all existing unobligated funds will be transferred out of the Trust Fund for other purposes, resulting in funding no longer being available to the Board for fiscal years 2018 and 2019.

Also, since the inception of the Trust Fund, slightly over \$277 million of the Trust Fund's monies have been statutorily transferred without Board input or approval. The majority of funds have been transferred to the General Fund (\$183 million), with the remainder transferred to other programs.

With over 370,000 adults and 9,600 youth in Connecticut still smoking cigarettes, Board members are concerned about the sustainability of Trust Funded programs. The Trust Fund was created to serve as a continuing source of funding to support and encourage the development of programs and services to prevent or reduce the prevalence of tobacco use among Connecticut's adult and youth populations. Without continued funding, the Board will be unable to fulfill its obligation to prevent and reduce the prevalence of tobacco use among the residents of Connecticut.

⁴ Campaign for Tobacco Free Kids: http://www.tobaccofreekids.org/facts_issues/toll_us/connecticut

⁵ The University of North Carolina at Chapel Hill, "Cost Analysis Evaluation, 2015 Evaluation Period", December 2016

⁶ IBID

⁷ IBID

II. Introduction

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

The purpose of the Trust Fund is “to create a continuing significant source of funds to:

- (1) Support and encourage development of programs to reduce tobacco abuse through prevention, education and cessation programs;
- (2) Support and encourage development of programs to reduce substance abuse; and
- (3) Develop and implement programs to meet the unmet physical and mental health needs in the state.”⁸

A Board of Trustees (Board) was established in 2000 to recommend authorization of disbursements from the Trust Fund. The Board consists of seventeen trustees including four appointed by the Governor, twelve appointed by legislative leaders and one ex-officio representative of the Office of Policy and Management.⁹

In accordance with Public Act 15-244 (Section 90), there were no disbursements to the Trust Fund from the Tobacco Settlement Fund in fiscal years (FY) 2016 and 2017. Public Act 17-2 June Special Session (Section 663) removes all deposits from the Tobacco Settlement Fund to the Trust Fund in FY18 and FY19. In addition to removing the deposits, the Public Act transfers existing unobligated funds out of the Trust Fund for other purposes, resulting in funding no longer being available to the Board for FY 18 and FY 19.

While there are no funds available for Board disbursements, and no funds will be deposited into the Trust Fund in FY 18 and FY 19, the Board is still statutorily obligated by Section 4-28f (c) of the Connecticut General Statutes to meet at least twice a year and submit an annual report to the General Assembly that includes information on 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. Since no funds will be available to the Board for the next two fiscal years, the function of the Board will be limited to monitoring previously funded programs.

⁸ See Appendix A for statutory authority

⁹ See Appendix B for a list of Board members

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

1. Submit an annual report to the General Assembly's Appropriations and Public Health Committees on the Board's activities and accomplishments; and
2. Submit an annual report to the General Assembly that includes information on 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.

III. Board Activities and Accomplishments

Although the statutory charge of the Trust Fund is broad and includes the authority to fund programs to address substance abuse, and unmet physical and mental health needs in the state, the Board has historically focused exclusively on funding anti-tobacco use¹⁰ efforts. The Board's rationale for this single-minded emphasis recognizes that there are significant state and federal expenditures in Connecticut for substance abuse, and unmet physical and mental health needs, while the funding for anti-tobacco efforts is limited.

The work of the Board is based on the U.S. Centers for Disease Control and Prevention's (CDC) "Best Practices for Comprehensive Tobacco Control Programs (2014)". The Board's recommended disbursements over the past few years have been consistent with CDC's recommended program interventions and funding levels for 2014. CDC's recommendations are based on scientific research and best practices determined by evidence-based analysis of state tobacco programs determined to be effective in preventing and reducing tobacco uses. Aligning disbursement with CDC recommendations ensures that the Trust Funded programs are supported by scientific evidence with results that show positive outcomes on the prevention and reduction of tobacco use.

As a major part of its efforts to support and encourage the development and implementation of programs to reduce tobacco use through prevention, education and cessation programs, the Board has disbursed \$29.2 million from 2003 to 2017. During this period, Trust Fund dollars have been dedicated to smoking cessation programs (\$8.7 million), tobacco counter-marketing efforts (\$6.6 million), QuitLine (\$7.1 million) and prevention initiatives (\$3.4 million) Other efforts, such as evaluation, a lung cancer pilot, innovative programs, tobacco enforcement, and website development have been

¹⁰ For the purposes of this report, "anti-tobacco efforts" refer to efforts to prevent the initiation of utilizing or promote the cessation of both traditional tobacco products such as cigarettes, and other products that may or may not contain nicotine derived from tobacco, such as electronic nicotine delivery systems or vapor products. Definitions of these terms may be found in §53-344b of the Connecticut General Statutes.

funded to a lesser extent. These interventions are effective in reducing the initiation, and prevalence of tobacco use among adults and youth. According to the Centers for Disease Control and Prevention (CDC), evidence-based, statewide tobacco programs that are comprehensive, sustained, and accountable have been shown to reduce smoking rates, as well as tobacco-related diseases and deaths.¹¹ Connecticut's tobacco program efforts have, and continue to, improve the health of its residents.

Since 2003, when the Board began to recommend disbursements for programs, Connecticut has seen a decline in cigarette smoking among the adult and youth populations. An estimated 13.5% of all adults smoked cigarettes in 2015, this represents a significant decrease compared to 18.6% in 2003.¹²

While there are favorable trends in overall cigarette smoking rates in Connecticut, the prevalence of tobacco use has recently increased, especially among certain populations such as adults. In 2015, an estimated 19.9% of all adults used some form of tobacco in the past 30 days from when the survey was conducted, representing a slight increase compared to 18.3% in 2014.¹³ Adult tobacco use rates are disproportionately high among certain populations, including 18-24 year olds (30.5%), persons with low income (29.3%- earning less than \$25,000) and persons with less than a high school education (31.6%).

Connecticut's youth cigarette use declined sharply during the period of 2000-2015. In 2000, 25.6% of high school students and 9.8% of middle school students smoked cigarettes.¹⁴ In 2013, that rate was down to 8.9% among high school students and 1.4% among middle school students.¹⁵ In 2015, the rate was down to 5.6% among high school students and 0.8% among middle school students.

In 2013, 19.5% of high school students and 3.1% of middle school students used some form of tobacco in the past 30 days from when the survey was conducted.¹⁶ In 2015, the rate was down to 14.3% among high school students and 3.0% among middle school

¹¹ CDC's Best Practices for Comprehensive Tobacco Control Programs – 2014

https://www.cdc.gov/tobacco/stateandcommunity/best_practices/pdfs/2014/comprehensive.pdf

¹² **Tobacco Use in Connecticut - Adult smoking.** 2015 and 2014 Connecticut Behavioral Risk Factor Surveillance System. *Adult smoking.* State: CDC, BRFSS 2015 online data:

http://nccd.cdc.gov/STATESystem/rdPage.aspx?rdReport=OSH_State.CustomReports. Because of changes in methodology, state-specific adult smoking rates cannot be compared to data prior to 2011. National: CDC, "Early Release of Selected Estimates Based on Data From the National Health Interview Survey, 2015," May 24, 2016,

http://www.cdc.gov/nchs/data/nhis/earlyrelease/earlyrelease201605_08.pdf

¹³ 2015 Connecticut Behavioral Risk Factor Surveillance System-Department of Public Health Prevalence of Tobacco Use Among Connecticut Adults 2015- [Prevalence of Tobacco Use Among Connecticut Adults \(18+ years old\), 2015.](https://www.cga.ct.gov/2016/appdata/tmy/2016HB-05044-R000218-DPH,%20DMHAS%20-%20Cancer%20Action%20Network%20-%20Tobacco%20Fact%20Sheet-TMY.PDF) Cancer Action Network-
<https://www.cga.ct.gov/2016/appdata/tmy/2016HB-05044-R000218-DPH,%20DMHAS%20-%20Cancer%20Action%20Network%20-%20Tobacco%20Fact%20Sheet-TMY.PDF>

¹⁴ 2000-2013 Connecticut Youth Tobacco Survey

¹⁵ Youth smoking -CT Youth Tobacco Survey 2013 and 2015. New youth smokers. Estimate based on U.S. Dept. of Health & Human Services (HHS), "Results from the 2015 National Survey on Drug Use and Health: Summary of National Findings and Detailed Tables," <http://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2015/NSDUH-DetTabs-2015/NSDUH-DetTabs-2015.pdf>

¹⁶ IBID

students.¹⁷ Although the smoking rates for youth have declined, in 2015, e-cigarettes were the most prevalent form of tobacco product used among middle and high school students at 1.4% and 7.2% respectively¹⁸. The rate of tobacco use is significantly higher in grade 12 at 20.7% as compared to Grade 9 at 9.4%.¹⁹

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With over 370,000 adults and 9,600 youth in Connecticut still smoking cigarettes, Board members are concerned about the sustainability of the Trust Funded programs. The Trust Fund was created to serve as a continuing source of funding to support and encourage the development of programs and services to prevent or reduce the prevalence of tobacco use among Connecticut's adult and youth populations. Without continued funding, the Board will be unable to fulfil its obligation to prevent and reduce the prevalence of tobacco use among the residents of Connecticut.

On-Going Trust Funded Programs

Consistent with CDC Best Practices, the Board program activities are categorized into state and community interventions, mass-reach communications, cessation intervention, infrastructure and administration, and evaluation. Currently, the Trust Funded programs are comprised of seven (7) cessation intervention programs, six (6) state and community intervention programs; and one (1) mass-reach health communication interventions initiative. Trust Fund dollars were also used to fund an independent evaluator and infrastructure administrative and management activities. The total

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²⁰ Campaign for Tobacco Free Kids: http://www.tobacofreekids.org/facts_issues/toll_us/connecticut

²¹ The University of North Carolina at Chapel Hill, "Cost Analysis Evaluation, 2015 Evaluation Period", December 2016

²² IBID

²³ IBID

amount allocated to these programs from the 2015 and 2016 Board disbursements was approximately \$4.5 million. A summary of the interventions are listed below.

Cessation Interventions

\$1,604,034

The Board's cessation interventions provide treatment services, such as cessation counseling and medications, through population-based services, such as a telephone QuitLine; as well as population-level strategic efforts to reconfigure policies and systems in order to normalize quitting, support tobacco free lifestyles, and ensure ongoing tobacco use screening and intervention as part of ongoing medical care. The community cessation programs excluding the Department of Corrections Smoking Cessation Education and Relapse Prevention and Half Way House Expansion Project, have estimated aggregate quit rates that range from 12.4% to 30.6%.²⁴

Optum/Alere Wellbeing - Connecticut (CT) QuitLine - \$1,611,984.

The Connecticut QuitLine was previously awarded funds in 2014 and the program will operate through June 30, 2019. The CT QuitLine assists residents in their efforts to quit tobacco use through the provision of individualized counseling, information, self-help materials and nicotine replacement therapy. Call volume has continued at a higher level due to the CDC's "TIPS from Former Smokers" campaign and the "Commit to Quit" Campaign. The average number of registrations per month in 2016 was 301 and as of October 2017 the average number of registrations per month was 408. For the period of 2003 - June 2017, the QuitLine has helped 67,228 Connecticut residents in their efforts to quit smoking and use of other tobacco products.

Department of Correction (DOC) Smoking Cessation Education and Relapse Prevention and Halfway House Expansion Project - \$446,448.

DOC received funds from the Trust Fund in 2015 to continue its smoking cessation and education and relapse prevention program for offenders under the jurisdiction of DOC. Additional funds were awarded in 2016 to expand its program to clients in their halfway houses throughout the state. DOC previously received Trust Funds in 2013 and 2014.

DOC continues to integrate smoking cessation activities and efforts into routine healthcare activities of identified groups of inmates and assure continuity through relapse prevention mechanisms that deploy when inmates leave the system. Between 2013 and 2016, a total of 13,583 tobacco dependence assistance request forms have been submitted; 445 individuals participated in evidence-based cessation treatment programs such as Working Inside for Smoking Elimination" (WISE), Project Ex for Youth, and Medical NRT; 1,639 individuals participated in the psycho-educational cessation

²⁴ Independent Program Evaluators, 2008-2015

program; 5,544 pieces of tobacco related information were distributed; and 698 inmates were impacted by the Re-entry/Discharge and Continuity of Care programs.

During 2015-2016, there were 198 requests by offenders for help with assistance to “stay quit” on release from the Recovery Support Specialists. This assistance includes help with clinic appointments, as well as telephone support during quitting. Forty (40) female offenders received tobacco education, cessation, and prevention services through the job center at York Correctional Institution.

DOC’s Smoking Cessation Education and Relapse Prevention Program was expanded to include cessation services to residents of their halfway houses. DOC, in collaboration with the UConn School of Social Work, continues to work on the prevalence study of tobacco usage among residents in DOC’s halfway houses. UConn will report to DOC and key stakeholders on outcomes in order to guide future program planning. Halfway house providers have requested group education sessions as well as gift cards to support residents who cannot afford tobacco cessation products. DOC has requested that halfway house providers who want to adhere to a smoke free environment be given the support needed to become smoke free. Few halfway houses are as yet able to follow this process. Two provider networks have been actively using DOC’s support as they transition to a smoke free environment.

There has been a change in the medical oversight for halfway houses. The halfway houses are no longer utilizing UConn Health for their medical care. Offenders living in the community no longer return to DOC to receive health care and medicine but, instead, are receiving services through local community health providers. This dynamic shift has been well anticipated by the community, but has not necessarily led to people using these health providers for tobacco cessation. The halfway house survey will help DOC decide where to concentrate resources.

Midwestern Connecticut Council of Alcoholism (MCCA) - \$425,000.

MCCA’s program ended on December 31, 2017. MCCA provided tobacco cessation services, including group and individual counseling programs, relapse prevention, and cessation medications. All participants received an initial 30-minute intensive counseling session and participated in either individual or group counseling programs or both. MCCA conducted in-person outreach to healthcare practices and social service organizations to promote screening and referral to program services, and provided technical assistance to partner agencies, including AmeriCares Free Clinics, Family and Children’s Aid, Mental Health Transitional Housing, Danbury High School, Naugatuck Community College, and CT Institute for Communities.

As of November 1, 2017, MCCA had 470 clients enrolled in the program. One staff member participated in the UMass Center for Tobacco Treatment Research training and passed all requirements to be certified as a Tobacco Treatment Specialist. The MCCA

Program Director and Prevention Director continued to lend expertise on the effects of youth vaping to Danbury High School. Additionally, 500 “Commit to Quit” post cards were distributed at Danbury High School. MCCA’s involvement in Danbury High School has led to new vaping policies, parent education, and student awareness. The Program Director has worked with Naugatuck Community College in Waterbury, which has led to the community college becoming a smoke-free campus as of August 2017. MCCA has developed a new partnership with Butterbrook Housing Association for low-income residents in New Milford to promote tobacco free policies.

University of Connecticut-School of Pharmacy - \$281,068.

This cessation program contract has yet to be executed. The University Of Connecticut School Of Pharmacy will develop and implement an evidence-based tobacco use cessation treatment training curriculum for pharmacists and pharmacy technicians that will include a 15-hour Accreditation Council for Pharmacy Education certificate program. A pilot program will be conducted with four Hartford-area pharmacies to conduct brief intervention counseling with patients and refer them to local cessation treatment at two area health clinics funded through the grant as well as the CT QuitLine.

The University of Connecticut School of Pharmacy staff attended training at the University of Massachusetts Medical Center for Tobacco Treatment Specialist – Train the Trainer program and is holding meetings with its upcoming partners to continue to develop their program plan.

Meriden Department of Health and Human Services - \$163,178.

This program ended on December 31, 2017. The contractor provided tobacco cessation treatment services, including group and individual counseling programs, relapse prevention and cessation medications. All participants received an initial 30-minute intensive counseling session and participated in either individual or group counseling programs or both. Services were provided to residents of Meriden, as well as Plainville, Southington, and Wallingford. Health systems change programming included training for medical providers to encourage individuals to quit smoking, and QUIT Clinics (Quick Useful Information about Tobacco) at businesses, housing complexes, and private clubs.

As of November 1, 2017, the total number of participants was 183. Meriden has served 183 clients to date with cessation services. The program worked with the City administration to develop a tobacco free municipal property ordinance. The Meriden City Council voted unanimously on July 19, 2017 to approve an ordinance which prohibits the use of any tobacco product within 25’ feet of doors, windows and air

intakes of any city building. Signage was posted at all city buildings and the ordinance became effective in August 2017.

An in-service training on tobacco screening and referral was provided for the clinical and case management staff at the Rushford Center's Stonehaven Residential Drug and Alcohol Treatment Facility. Meriden conducted two QUIT clinics, one at the Record Journal newspaper and the other at Stonehaven serving a total of 30 people. They hosted a "Great Stonehaven Smokeout" event in August 2017 where 13 residents and 2 staff members signed a contract to commit to being tobacco free. Following the event, staff decided to make the Stonehaven property tobacco free every Tuesday on an ongoing basis.

The contractor conducted outreach efforts such as participation in a workshop conducted by the South Central Substance Abuse Council, and established a resource table and bulletin board at Gaylord Hospital on issues related to the use of tobacco.

Uncas Health District - \$147,420.

This program began in June 2017 and will operate through December 31, 2019. Uncas Health District provides tobacco use cessation treatment services within their service area including: Bozrah, Griswold, Lebanon, Lisbon, Montville, Norwich, Salem, Sprague, and Voluntown. The program offers: 1) outreach and training to health care providers on how to integrate tobacco use screening and referrals into clinical practices; 2) education to employers about the benefits of offering tobacco cessation services to their employees, providing health insurance coverage for tobacco use treatment services for their employees, and implementing tobacco-free worksites; 3) technical assistance to municipalities in their service area on implementation of policies for tobacco-free spaces and places; and 4) technical assistance to multi-unit housing complexes on the implementation of tobacco-free housing policies.

Uncas Health District has held planning meetings with its partners, including Backus Hospital. Backus Hospital is a member of the Northeast Connecticut Health Collaborative which is instrumental in Uncas Health District's outreach to health care providers in the region. Program staff have been meeting with other partners, including Southeast Connecticut Mental Health Authority, St. Vincent de Paul Place, Thames Valley Council for Community Action, and United Community and Family Services, to set up systems for screening and referral of clients to cessation services. Uncas Health District has begun marketing their individual and group cessation counseling services. The program staff is developing contacts and preparing materials for their outreach and technical assistance to employers and multi-unit housing sites.

Hartford Behavioral Health (HBH) - \$140,920.

HBH's program began in January 2017. The program will operate through December 31, 2018. HBH provides tobacco use cessation treatment services, including group and individual counseling programs, relapse prevention and cessation medications. All participants receives an initial 30 minute intensive counseling session and participate in either individual or group counseling programs or both. HBH performs outreach to area health- care providers, trains providers and partners, and collaborates with four community agencies to conduct tobacco cessation programming.

As of November 1, 2017, the program has served 39 clients for cessation services. HBH continues to provide technical assistance to the Hartford Housing Authority (HHA) on implementation of a smoke free housing policy. HBH developed a survey in English and Spanish which the HHA administered to residents and staff. In August 2017, HBH presented at a meeting of community leaders from all HHA sites and also attended on-site community meetings at 16 HHA sites and administrative offices to promote the cessation services. HBH assisted the Wilson Grey YMCA on implementing their smoke free campus policy.

State and Community Interventions

\$1,666,088

The Board's statewide and community initiatives focus on promoting evidence-based policies at the local level to promote tobacco cessation, prevention of tobacco use initiation, and to decrease exposure to secondhand smoke.

EdAdvance - \$554,374.

The EdAdvance program began in December 2016. The program will operate through December 31, 2019. EdAdvance provides leadership and training of youth and teen advocates to implement digital and social media and marketing tobacco use prevention campaigns. EdAdvance collaborates with community-based coalitions, elected officials, and key community stakeholders to develop policies to restrict access to tobacco products by youth. The program will attempt to attain voluntary adoption of policies that limit or ban tobacco product advertisements in merchant store fronts and at check-out counters.

EdAdvance has convened an Advisory Council, called the Northwest CT Partnership and Advisory Council that consists of partner agencies that provide youth-based services in the northwest area of the state. The Advisory Council assists in the fulfillment of activities of the contract by providing guidance on activities, including process and outcome evaluation activities for continuous project improvement.

During October 2017, EdAdvance youth clubs attended a Tobacco Free Advocacy training co-sponsored by the Truth and the Health Occupations Student Association (HOSA). There were nearly 160 youth in attendance for the three (3) hour workshop. In November 2017, EdAdvance partnered with HOSA to convene a Student Leadership Conference which 140 students and 20 teachers attended. The conference contained a tobacco component with a keynote speaker from Tobacco Free Rhode Island and a film industry professional who presented on tobacco messaging in films.

As of September 30, 2017, sixty (60) individuals (56 students and 4 project staff) were trained on Local Opinion Leaders Surveys and Public Opinion Surveys. These 56 students conducted surveys in various cities and towns around Connecticut, such as: Thomaston, Cornwall, Litchfield, Winsted, Torrington, and Watertown. Sixty-two (62) participants attended the Connecticut Film Festival where they watched the 90-second Personal Service Announcements (PSA) that the students had created. A total of 750 individuals attended the Festival.

In June 2017, participants attended a discussion about tobacco-free advocacy at People's State Park in Barkhamsted, and observed if park visitors abided by the park's tobacco-free rules. Students decided to advocate for more tobacco-free signage around the park due to the litter of cigarette butts.

Connecticut Alliance of Boys and Girls Clubs, Inc. - \$472,218.

The Connecticut Alliance of Boys and Girls Clubs' program began in December 2016. The program will operate through January 1, 2019. The Connecticut Alliance of Boys and Girls Clubs works with 50,000 youth, ages 6 to 18 in 37 towns and cities across Connecticut during after school and summer hours. There is a Club located in the Connecticut Juvenile Training School for boys. However, due to the uncertainty of the CT Juvenile Training School in Middletown, participation by that club remains on hold. The program is developing a total of 350 teen youth leaders led by a Program Coordinator and a Teen Youth Advisor in each Club to be ambassadors for healthy living and to impact policy in their communities.

Trainings were conducted in June and October 2017 for Club staff on reporting their activities for outcomes measurement. All 17 youth leadership groups conducted public opinion surveys in their communities; over 440 surveys were collected. Training was provided to local club staff in August 2017 on conducting store assessments²⁵ and the youth leadership group members are in the process of conducting store assessments in their communities. Most of the clubs met over the summer and conducted community events. Examples of some of the events conducted include: 1) twenty-eight (28) teens helped to plan and run a 'Healthy Habits Day' event for 150 day camp members; 2)

²⁵ IBID

sixteen (16) teens hosted a community car wash with a table set up to talk to customers about the dangers of tobacco; 3) fifteen (15) teen leaders planned and implemented an activity at the Leaders in Training Summer Camp called “Big Bucks”, which illustrated the personal financial impact of smoking and tobacco use; 4) ten (10) teens identified tobacco signage and marketing examples during a field trip and held a discussion about how corporations target youth and minorities; 5) ten (10) teens planned and participated in a National Night Out event in August 2017 by providing information and having attendees sign pledges to be tobacco free; 6) twenty-four (24) youth participated in the Drug Education for Youth and gathered input from other campers to help plan future projects; 7) teen leaders from several of the clubs worked with their summer baseball leagues and their local police departments to provide information and presentations on tobacco prevention.

Southern Connecticut State University (SCSU) - \$235,496.

The SCSU program began in late October 2016. The program will operate through December 31, 2018. SCSU trains, supports and empowers anti-tobacco advocates (Tobacco-Free Ambassadors, or TFAs). These TFAs engage and mobilize their peers through campus community outreach and education, conducting demonstrations and events with a focus on preventing the initiation of tobacco use among non-smokers and peer-referrals to on-campus cessation services for current tobacco users. TFAs also conduct exchange events where incentives are provided to students for handing in tobacco products to promote and enforce the tobacco free campus policy. SCSU provides technical assistance and training to four other colleges and universities within Connecticut to assist them in developing and implementing tobacco free campus policies. The Health and Wellness Center offers enhanced onsite cessation services for both students and staff.

SCSU has recruited and trained 10 TFAs to engage and mobilize their peers through campus community outreach and education. As of October 2017, the TFAs held twelve (12) events that engaged 395 students and referred 144 students to cessation services. The third ‘Tobacco and Vape Exchange’ event was held during September 2017. At the event students exchanged devices for gift cards, referred friends for cessation services, requested information on cessation services and took flyers. Posters advertising campus policies and cessation resources continue to be posted in residence halls and on the Wellness Center’s social media sites. Fourteen (14) people have been referred through the ‘Refer a Friend’ cessation program offering the services that SCSU provides.

Efforts continue to promote and enforce the Tobacco Free Campus Policy, including working with the University Police to encourage a more official stance on tobacco use. A collaboration with the University’s Human Resources Division has promoted

employee cessation resources and protocol, as well as adding information to the Human Resources Division's website.

The third Tobacco-Free Campus Partners conference is scheduled for January 11, 2018 at Central Connecticut State University. There will be a panel discussion with the campus Tobacco Free Ambassadors on their experience, successes and challenges for implementing the Tobacco Free campus policy; and two researchers and a doctor from Yale New-Haven Hospital will present on alternatives to tobacco use.

Rescue Social Change Group, (RSCG) LLC - \$210,000.

RSCG's contract will begin in December 2017 and will operate through December 31, 2019. RSCG, located in San Diego, California, is a behavior change marketing company that focuses exclusively on positive social change.

RSCG will host events that incorporate role models and spokespersons with Alternative teens in Connecticut at various venues and concerts. Alternative teens, (a teen who stays out of the usual popular trends and looks at finding and making their own trends e.g. former Goth) will be recruited and trained to support the Blacklist Initiative, which is an online and event-based youth prevention, anti-industry initiative designed exclusively for teens who continue to smoke. The group will support the anti-industry and cessation support messaging and will be onsite for additional events and promotions. These teens will also share information through social media that will include Facebook, Twitter and Instagram.

Community Mental Health Affiliates (CMHA) - \$194,000.

The CMHA program began in October 2016. The program will operate through December 2018. CMHA oversees the development of a 'Photovoice' Project involving 155 to 190 middle- and high-school aged youth from the six Local Prevention Councils who uses photography as a means for portraying youth tobacco use in their community, for developing messages to prevent the onset of tobacco use among their peers, and for identifying policies and laws in their community that need to change to further reduce youth initiation of tobacco use.

In June 2017, teams began working on the policy initiative for "Tobacco 21", which is to promote increasing the legal age for the sale of tobacco products from 18 to 21. Groups were encouraged to write letters to policy makers, and a kickoff event was planned with students and New Britain's baseball team. Teams continue to recruit new students, and Photovoice teams are continuing to promote the project within their schools.

Mass-Reach Health Communications

\$516,367

The Board's mass-reach health communication interventions uses health communication strategies to reach large numbers of people to make meaningful changes in population-level awareness, knowledge, attitudes, and behaviors. These interventions promote and facilitate cessation, prevent tobacco use initiation and shape social norms related to tobacco use, but go beyond a traditional mass media placement.

Rescue Social Change Group, (RSCG) LLC - \$516,367.

RSCG's program began in June 2016. The program will operate through December 31, 2019. RSCG, located in San Diego, California, is a behavior change marketing company that focuses exclusively on positive social change. Media efforts are managed by RSCG's local public relations subcontractor, Cashman + Katz Integrated Communications (C+K) of Glastonbury, Connecticut. C+K has 20 years of local media experience and brings to this project the local contacts and relationships necessary to effectively and efficiently conduct outreach. Social media-based QuitLine promotional campaigns to help reach adults who are currently considering quitting will be developed.

RSCG developed and launched the new 'brand' for the CT QuitLine and cessation services "Commit to Quit", and developed a webpage for all cessation services that includes a link to the CT QuitLine, www.committoquitct.com as well as providing other cessation options. The purpose of "Commit to Quit" was to simplify the application process and reduce the extraneous steps that residents go through to register online.

"Live Better", the second ad campaign was launched for social media and television during November 2017 and will play through February of 2018. In addition, companion materials are being developed and will be made available to all of the community programs.

RSCG continues to provide technical assistance to community program contractors and is developing messages for the Connecticut Tobacco 21 campaign, a policy change that would increase the legal age for the sale of tobacco products from 18 to 21 years old. This campaign topic was selected after the community programs collected public opinion surveys about a variety of tobacco policies that could be developed to help reduce youth initiation in Connecticut. The Tobacco 21 Workgroup has met and discussed the strategic planning for this activity.

Evaluation

\$470,017

The Board’s evaluation component includes continual monitoring of attitudes and behaviors and health outcomes over time. Monitoring and documenting short-term, intermediate, and long-term outcomes within populations. This is accomplished through systematic collection of information about the activities and results of programs to inform decisions about future programming and/or increase understanding. The evaluations also serve to document or measure the effectiveness of programs, including policy and media efforts.

University of North Carolina at Chapel Hill (UNC) - \$470,017.

UNC’s contract will operate through June 30, 2020. UNC will assist all of the 2015 and 2016 Board funded programs (with the exception of DOC’s program), with program planning, establishing and measuring program outcomes, providing technical assistance on data collection needs, and providing reports on each of the funded programs.

UNC is responsible for designing and implementing formative and summative evaluations that include Cessation Intervention Programs, the Tobacco Use Cessation Telephone QuitLine, Mass Reach Health Communications and related media campaigns, and the State and Community Intervention Programs. UNC will develop and submit plans for an approach to evaluating each program component, and prepare and submit written reports to the Department of Public Health.

As of November 1, 2017, UNC drafted program summary documents, developed a public opinion survey regarding secondhand smoke exposure, and conducted a QuitLine evaluation, including follow up calls to QuitLine registrants. UNC is in the last phase of finalizing the evaluation plan for the Blacklist youth campaign being administered by RSCG. In addition, RSCG is finalizing their evaluation plan for the Blacklist youth campaign.

Infrastructure Administrative and Management -

\$234,416.

Consistent with CDC Best Practices, the Board supports its programmatic activities with a management approach that emphasizes strategic implementation of the program’s initiatives.

The Hispanic Health Council (HHC) has drafted the Trust Fund retrospective report. HHC reviewed past evaluation reports by the independent evaluators, national and other state data as well as Trust Fund program data to ensure accuracy in reporting.

HHC has reviewed how Connecticut compares to the rest of the nation in terms of adult smoking and how Connecticut has been able to implement the CDC's Best Practices for Tobacco Control Programs. HHC has also reviewed different strategies and recommendations provided by the CDC and the Surgeon General for recommendations for future Trust Fund projects.

IV. Trust Fund Disbursements and Other Expenditures

Since the inception of the Trust Fund, the Board has disbursed over \$29 million for anti-tobacco efforts.²⁶ Beginning in 2001, prior to any Board-recommended disbursements and continuing to-date, slightly under \$248 million has been statutorily transferred from the Trust Fund without Board input or approval. The majority of those funds (\$183 million) were transferred to the General Fund, with the remainder transferred to fund individual programs. The following graph identifies the total distribution of Trust Funds in these three categories: 1) funds recommended by the Board; 2) funds statutorily transferred to support other programs; and 3) funds statutorily transferred to the General Fund. The three categories combined total slightly over \$277 million.

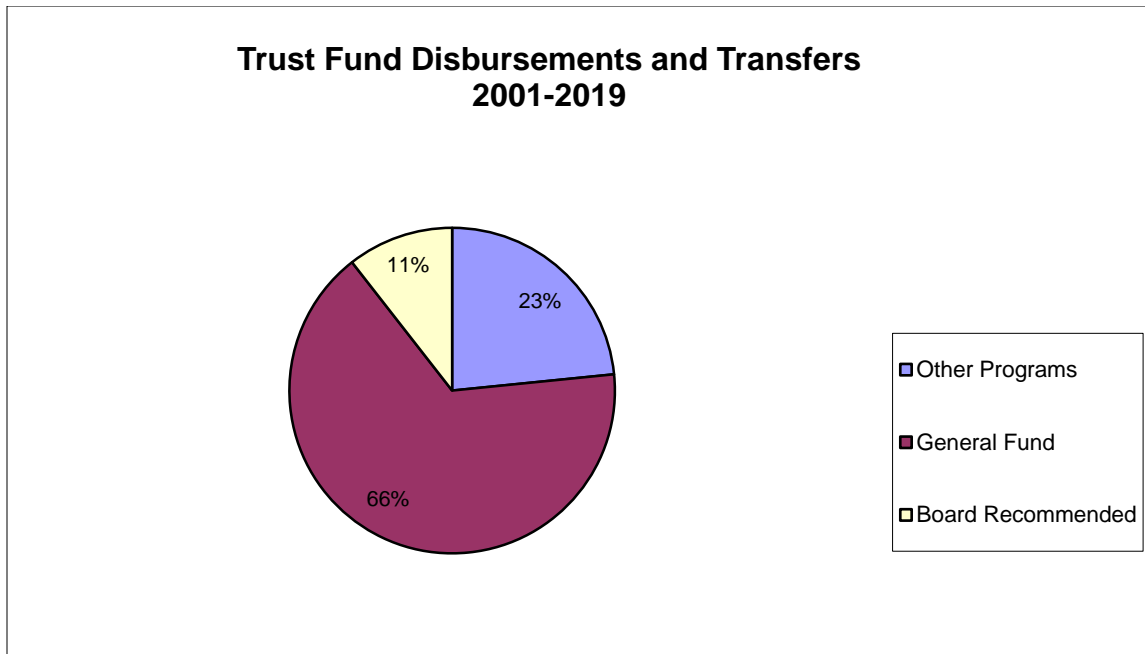


Table A on the page below, shows how the funding available to the Board has been disbursed since the inception of the Trust Fund. Since its inception, (FY05 and FY06 were moratorium years, during FY16, FY17, FY18 and FY 19 no disbursements to the

²⁶ Figures include funding allocated for 2016 programs.

Trust Fund from the Tobacco Settlement Fund were, or will be, made), the Board has recommended a total of \$29.2 million for disbursement. The majority of this funding was for cessation programs (\$8.7 million), counter-marketing campaigns (\$6.6 million), QuitLine (\$7.1 million) and Prevention Programs (\$3.4 million).

Table A
Tobacco and Health Trust Fund Board Recommended Disbursements

	<u>FY03</u>	<u>FY04</u>	<u>FY07</u>	<u>FY08</u>	<u>FY09</u>	<u>FY10</u>	<u>FY 12-13²⁷</u>	<u>FY 14</u>	<u>FY15</u>	<u>FY 16</u>	<u>Total²⁸</u>
Counter marketing	\$350,000		\$100,000		\$2,000,000	\$1,650,000	\$2,000,000		\$385,650	\$130,717	\$6,616,367
Website	\$50,000										\$50,000
Cessation Programs	\$400,000	\$300,000		\$800,000	\$1,612,456	\$1,550,000	\$1,929,000	\$527,283	\$1,200,000	\$404,034	\$8,722,773
QuitLine		\$287,100			\$2,000,000	\$1,650,000	\$1,600,000	\$1,611,984			\$7,149,084
Prevention Programs					\$500,000	\$500,000		\$572,963	\$1,400,000	\$475,334	\$3,448,297
Lung Cancer Pilot					\$250,000	\$250,000					\$500,000
Evaluation					\$500,000	\$300,000	\$486,000		\$351,183	\$118,834	\$1,756,017
Innovative Programs						\$477,745					\$477,745
Tobacco Enforcement Program								\$287,770			\$287,770
Infrastructure									\$175,000	\$59,416	\$234,416
Total	\$800,000	\$587,100	\$100,000	\$800,000	\$6,862,456	\$6,377,745	\$6,015,000	\$3,000,000	\$3,511,833	\$1,188,335	\$29,242,469

²⁷ Trust finds were not disbursed in FY 2011 due to lack of available funds.

²⁸ In accordance with Public Act 15-244 (Section 90) there were no disbursements to the Tobacco and Health Trust Fund from the Tobacco Settlement Fund in FY 16 and FY17. Public Act 17-2 of the June Special Session Section 663 removes the disbursements to the Tobacco and Health Trust Fund from the Tobacco Settlement Fund in FY 18 and FY 19.

Table B provides information on the statutory transfer of principal for various programs in FY 2018 and FY 2019. As in previous years, the biennial state budget for FYs 2018-2019, as enacted in Public Act 17-2, June Special Session, made transfers from the principal of the Trust Fund for various programs. The transfers total \$1,750,000 for FY 2018 and \$1,750,000 for FY 2019.²⁹

Table B
Statutory Transfers from the Tobacco and Health Trust Fund
For Various Programs
FY 18 - 19

<u>FY 2018</u>	
P.A. 17-2: June Special Session	
Sec. 30 transfers from the Tobacco Board Trust Fund to DSS for the implementation of Autism Feasibility	\$750,000
Sec. 31 transfer from the Tobacco Board Trust Fund to the University of Connecticut to support the Connecticut Institute for Clinical and Translational Science.	\$1,000,000
Total Statutory Transferred to Programs FY18	\$1,750,000³⁰
<u>FY 2019</u>	
P.A. 17-2: June Special Session	
Sec. 30 transfers from the Tobacco Board Trust Fund to DSS for the implementation of Autism Feasibility	\$750,000
Sec. 31 transfer from the Tobacco Board Trust Fund to the University of Connecticut to support the Connecticut Institute for Clinical and Translational Science.	\$1,000,000
Total Transferred to Programs FY19	\$1,750,000³¹

²⁹ Due to the lack of available trust funds DSS will receive \$537,371 in FY18 and no funds will be transferred in FY19. The University of Connecticut will receive \$716,494 in FY18 and no funds will be transferred in FY19.

Table C identifies programs that have been funded through the state budget using Trust Funds without Board recommendations or input. The total amount transferred since the inception of the trust funds through FY 2019 has been slightly over \$277 million. The majority of funds transferred out (\$183 million) were transferred to the General Fund rather than to individual programs.

Table C
Tobacco and Health Trust Fund
Transfers Other Than Board Recommendations FY01 - FY19

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

³⁰ IBID

³¹ IBID

FY03	\$375,000	DMHAS for grants to Regional Action Councils for tobacco related health, education, and prevention	SA 01-1, JSS, §54
FY03	\$472,000	DMHAS for SYNAR tobacco enforcement activities	SA 01-1, JSS, §57
FY03	\$118,531	DRS to implement the provisions of the tobacco settlement agreement escrow funds	SA 01-1, JSS, §58
FY03	\$300,000	DPH to establish and maintain a system of monitoring asthma and establish a comprehensive statewide asthma plan.	PA 01-9, JSS, §115 and PA 01-4, JSS, §42
FY03	\$48,700,000	Transfer to General Fund	PA 02-1, MSS, §37
FY04	\$12,000,000	Transfer to General Fund	PA 03-1, JSS, §46
FY05	\$500,000	DPH for the Easy Breathing program	PA 05-251 §61
FY05	\$100,000	DMR for the Best Buddies program	PA 05-251 §61
FY05	\$15,000	DPH for the QuitLine	PA 05-251 §61
FY06	\$500,000	DPH for the Easy Breathing program	PA 05-251 §54
FY06	\$75,000	DPH for Asthma Education and Awareness programs	PA 05-251 §54
FY07	\$12,000,000	Transfer to General Fund ^{32*}	PA 05-251 §90
FY07	\$500,000	DPH for the Easy Breathing program	PA 06-186 §27
FY07	\$150,000	DPH for an adult asthma program within the Easy Breathing program	PA 06-186 §27
FY07	\$150,000	DPH for continued support of a pilot asthma awareness and prevention education program in Bridgeport	PA 06-186 §27
FY07	\$1,000,000	DPH for cervical and breast cancer	PA 06-186 §27
FY07	\$5,500,000	DPH for the Connecticut Cancer Partnership	PA 06-186 §27
FY07	\$200,000	UConn Health Center	PA 06-186 §27
FY08	\$500,000	DPH for Easy Breathing Program	PA 07-1 JSS §59(a)
FY08	\$150,000	DPH for an adult asthma program within the Easy Breathing Program, at Norwalk Hospital	PA 07-1 JSS §59(a)
FY08	\$150,000	DPH for an adult asthma program within the Easy Breathing Program, at Bridgeport Hospital	PA 07-1 JSS §59(a)

³² In FY07, this \$12 million was transferred out in place of the \$12 million statutorily scheduled deposit.

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

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

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

FY16	\$550,000	DPH for the Easy Breathing Program. \$150,000 for an adult asthma program, \$250,000 for children's asthma program. Connecticut Coalition for Environmental Justice for the Community Asthma Education Program - \$150,000	PA 15-244 §39(a)
FY16	\$750,000	DDS to implement recommendations from the Autism Study	PA 15-244 §39(b)
FY16	\$12,000,000	Transfer to General Fund	PA 15-244 §90
FY17	\$12,000,000	Transfer to General Fund	PA 15-244 §90
FY 17	\$700,000	Transfer to General Fund	PA 16-2 MSS §19 (a)
FY17	\$750,000	Redirects oversight of funds to implement recommendations from the autism study from DDS to DSS	PA 16-2 MSS §18(b) and 19(b)
FY18	\$750,000 ³³	Transfers funds to DSS to implement recommendations from the autism study and to enhance and improve the services and supports for individuals with autism and their families.	PA 17-2 §30 June Special Session
FY18	\$1,000,000 ³⁴	Transfers fund to The University of Connecticut Health Center, for Other Expenses, for the purpose of supporting the Connecticut Institute for Clinical and Translational Science.	PA 17-2 §31 June Special Session
FY19	\$750,000 ³⁵	Transfers funds to DSS to implement recommendations from the autism study and to enhance and improve the services and supports for individuals with autism and their families.	PA 17-2 §30 June Special Session
FY19	\$1,000,000 ³⁶	Transfers fund to The University of Connecticut Health Center, for Other Expenses, for the purpose of supporting the Connecticut Institute for Clinical and Translational Science.	PA 17-2 §31 June Special Session
Total	\$277,240,854		

³³ Due to the lack of available trust funds this amount has been reduced to \$537,371

³⁴ Due to the lack of available trust funds this amount has been reduced to \$716,494

³⁵ Due to the lack of available trust funds no funds will be transferred in FY19

³⁶ Due to the lack of available trust funds no funds will be transferred in FY19

V. Performance and Impact of Programs Receiving Funds for the Trust Fund

A summary of each program performance and impact is provided in the table below. These programs have received Tobacco and Health Trust Funds between 2003 and 2016 as a result of disbursement by the Board of Trustees.

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

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

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

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

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

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

Lung Cancer and Genetic Research	\$250,000	See description above	This funding was held pending the results of the feasibility study. The results of the feasibility study were delayed so award to the UConn Health Center was also delayed.
Innovative Programs	\$477,745	Three organizations implemented varied programs, including: (1) a pilot prevention program for 5-14 year olds in summer camps and youth programs outside of school; (2) tobacco use prevention programming for K-8th grade via curriculum enhancement development, after-school clubs and outreach campaigns/activities; and (3) training high school aged youth to develop leadership skills, presentation skills and knowledge of the dangers of tobacco use – and then these youth became trainers and spokespersons against tobacco use.	<p>Programs were funded through the American Lung Association, Easter Seals/Goodwill Industries, and Education Connection. Services were provided to a minimum of 1,773 youth.</p> <p>Meta-Evaluation of these programs provided the following recommendations for future program planning: Increase the involvement of additional stakeholders in the evaluation process; there was an over-reliance on solely using youth pre- and post-tests to measure youth outcomes.</p> <p>Ensure collection of data necessary for measure outcomes; e.g.: if a major program outcome involves community outreach, determine how this information can be systematically tracked and evaluated</p>
Program Evaluation	\$300,000	Formative, process, outcome and/or meta-evaluations are to be performed for all projects funded by the Tobacco and Health Trust Fund Board of Trustees.	Additional funding was provided to Professional Data Analysts, Inc. to expand evaluation activities to include more reports to incorporate the additional projects that were funded with 2010 trust funds.
SUBTOTAL - 2010			
	\$6,377,745		

2012/2013				
Counter-Marketing	\$2,000,000		A tobacco control counter-marketing campaign having as its goals increasing tobacco cessation among adults, and preventing use among youth and young adults.	A competitive bid was held and the selection of PITA Communications was made. PITA communications utilized the CDC "TIPS FROM FORMER SMOKERS" ads in English and Spanish and placed them in a variety of venues including television, radio, transportation, foot traffic, social media, online gaming, and other outlets. The campaign was mainly targeted to 18-24 year olds, and contained 7,201.9 total paid Gross Ratings Points, 31,175,031 impressions throughout nine different platforms, and garnered over 60% in additional added values through agreements such as 1:1 purchased vs. bonus placements.
Cessation Programs	\$1,929,000		The cessation programs are designed to provide evidence-based tobacco cessation assistance to those who want to quit tobacco use. Programs include Community Cessation Programs and the Department of Correction Smoking Cessation Program.	Community Cessation Programs: A competitive bid was held for the provision of community tobacco use cessation programs available to CT residents. Between 2013 – 2015, programs provided evidence-based cessation treatment to about 1,149 unique clients at a cost per client with NRT costs of \$606 and cost per client without NRT cost was \$482. Responder quit rate is estimated at 25.7% and the potential number of clients quit was 295. The cost per quit was \$2,357 with NRT costs and \$1,876 for the cost per quit rate without NRT costs. Department of Corrections. The results of the study showed that the prevalence of smoking among the four sites was about 70%, approximately four times the prevalence rate

				in the general population in Connecticut.
QuitLine	\$1,600,000		Provision of telephone tobacco use cessation services to any Connecticut resident.	The contract with Alere Wellbeing, Inc. was expanded to provide services to additional Connecticut residents seeking help with quitting their tobacco use. Between 2013-2015 the cost per registrant reached was \$219; and the cost per caller based on treatment reach (number of callers who completed at least one coaching call) was \$283. The responder quit rate was 30.5% and the Intent-to-treat quit rate was 11.4%. 3,409 of the 4,161 callers who enrolled participated in the multi-call program.
Program Evaluation	\$486,000		Formative, process, and outcome evaluation services for all projects funded by the Tobacco and Health Trust Fund Board of Trustees.	A competitively-bid contract with the University of North Carolina at Chapel Hill provided evaluation services for I programs funded by the Tobacco and Health Trust Fund.
SUBTOTAL 2012-13				
	\$6,015,000			
2014				
Cessation Programs	\$527,283		The Department of Correction Smoking Cessation programs for inmates under its jurisdiction.	<u>Facility Based Intervention:</u> 6,496 male inmates at HCC and 2,529, female inmates at YCI received DOC's handbooks with general information on tobacco use. More specific smoking cessation materials were distributed to 2,479 inmates in various facilities; 35 inmates received NRT – nicotine lozenges. <u>York Correction Institute and Manson Youth</u> –11 inmates completed the Behavioral Treatment Program started in June 2014. <u>Smoking Cessation Education and Support</u> - 503 inmates have attended

			<p>sessions of the WISE behavioral treatment or the modified “Freedom from Smoking” (American Lung Association) stress reduction curriculums; and 40 inmates voluntarily requested Recovery Support Specialist (RSS) assistance to stay quit upon re-entering the community.</p>
Prevention Programs	\$572,963	<p>Prevention programs designed to provide evidence-based intervention to reduce, eliminate and or prevent the initiation of tobacco use among youth. Programs include: Teen Kids News; Statewide Tobacco Education Program; and Connecticut Alliance of Boys and Girls Clubs.</p>	<p>Teen Kids News. Program completed twelve science-based anti-smoking reports targeted at youth.</p> <p>Statewide Tobacco and Education Program. 10 of the 13 RACs participated as subcontractors; total number of youth participants was 2,935.</p> <p>Connecticut Alliance of Boys and Girls Club –303 youth ages 13-15 participated in the program.</p>
QuitLine	1,611,984	<p>Provision of telephone tobacco use cessation services to any Connecticut resident.</p>	<p>For the period of 2003 – 2016, the QuitLine has helped 67,228 Connecticut callers in their efforts to quit smoking. CT QuitLine callers achieved a responder quit rate of 29.1% with an intent-to-treat quit rate of 10.6% in 2016, similar to that observed in FY 2014 (30.5). The average cost per quit in 2016 was \$724 with NRT and \$557 without.</p> <p>Through October of 2017, the enrollments so far are 4,801 as compared with the total</p>

			number of enrollments for all of 2016 (3,608).
Tobacco Enforcement Program	\$287,770	Designed to prevent the sale of tobacco products to minors.	Initial inspection conducted at 32% of tobacco outlets. The retailer violation rate (RVR or failure rate) at the outlets inspected as of September 4, 2014 is 28.8%; \$10,000 in criminal infractions has been issued as of September 4, 2014.
Sub-Total 2014			
	\$3,000,000		
2015			Outcome Measures for 2015 programs are as of November 1, 2017. The programs are still operational and final results will not be available until contracts end.
State and Community Intervention			
Southern Connecticut State University	\$235,495	Southern Connecticut State University to train, support and empower Tobacco-Free Ambassadors. TFA's will engage and mobilize their peers through campus community outreach and education. The Health and Wellness Center will offer enhanced onsite cessation services, comprehensive intake counseling session and intensive 8-week intervention with 8 one-on-	Tobacco Free Ambassadors held 12 events that engaged 395 students and referred 144 students to cessation services. Posters advertising campus policies and cessation resources continue to be posted in residence halls and on the Wellness Center's social media sites. 14 people have been referred through the 'Refer a Friend' cessation program offering services that

		one tobacco use cessation counseling sessions. Also to provide 20 minutes for each one-on-one counseling session.	SCSU provides. The program ends on 12/31/2018.
EdAdvance	\$269,759	Education Connection will provide leadership and training of youth and teen advocates to implement digital and social media and marketing tobacco use prevention campaigns. Education Connection will collaborate with community-based coalitions, elected officials, and key community stakeholders to develop policies to restrict access to tobacco products by youth and to achieve voluntary adoption of policies that limit or ban tobacco product advertisements in merchant store fronts and at check-out counters.	In October 2017, 160 youth in attended a three hour training sponsored by Truth and Health Occupations Student Association. 60 Individuals (56 students, 4 project staff) were trained on Local Opinion Leaders Surveys and Public Opinion Surveys. The 56 students conducted surveys in Thomaston, Cornwall, Litchfield, Winsted, Torrington, and Watertown. 62 club participants attend the CT Film Festival where they watched the 90-second PSAs that the students had created. A total of 750 individuals attended the Festival.
Connecticut Alliance of Boys and Girls Clubs	\$472,218	The youth prevention program will develop a total of 350 teen youth leaders to be ambassadors for healthy living and to impact policy in their communities. Youth participating will make a one year commitment to conduct activities in their community that assess youth access to tobacco retailers and merchants, decrease tobacco industry advertising, messaging and sponsorship, as well as identify tobacco use in movies and entertainment.	All 17 youth leadership groups conducted public opinion surveys in their communities; over 440 surveys were collected and submitted to RESCUE. Leadership group members are conducting store assessments in their communities. Examples of some of the community events conducted by the clubs include the following: 1) 28 teens helped to plan and run a 'Healthy Habits Day' event for 150 day camp members; 2) 16 teens hosted a community car wash with a table set up to talk to customers about the dangers of tobacco; 3) 15 teen leaders planned and implemented an activity at a Leaders in Training Summer Camp called "Big Bucks", which illustrated the personal

			financial impact of smoking and tobacco use; 4) 10 teens identified tobacco signage and marketing examples during a field trip and held a discussion about how corporations target youth and minorities; 5) 10 teens planned and participated in a National Night Out event by providing information and having attendees sign pledges to be tobacco free; 6) 24 youth participated in the DEFY camp (Drug Education for Youth) and gathered input from other campers to help plan future projects; 7) teen leaders from several of the clubs worked with their summer baseball leagues and their local police departments to provide information and presentations on tobacco prevention.
Community Mental Health Affiliates	\$194,000	CMHA will oversee the development of a 'Photovoice' Project involving 155 to 190 middle- and high-school aged youth from the six LPC's who will use photography as a means for portraying youth tobacco use in their community, for developing messages to prevent the onset of tobacco use among their peers, and for identifying policies and laws in their community that need to change to further reduce youth initiation of tobacco use.	Teams continue to recruit new students, and Photovoice teams are continuing to promote the project within their schools. Teams have submitted public opinion surveys and store assessments, and the new Project Coordinator has met with the adult advisors from all six local groups to plan a January 2018 workshop that will bring all youth and adult leaders together, building on a similar workshop held in May 2017.
Mass-Reach Health Communication			
Rescue Social Change Group, LLC (RSCG)	\$385,650	RSCG will update QuitLine branding and implement two campaigns, one per year, in addition to ongoing social media management and	RESCUE has developed the new 'brand' for the CT QuitLine and cessation services called "Commit to Quit", and developed a landing page for

		<p>earned media outreach. Contractor marketing assistance will be provided by subcontractor Cashman and Katz to lead by providing technical assistance, trainings and by organizing Focus Days that provide the Department’s contractors with the support needed to help them better utilize earned media and events in their programs.</p>	<p>all cessation services that will include linking over to the CT QuitLine as well as providing other options. The website and campaign materials and videos are available at www.CommitToQuitCT.com</p> <p>This will help to simplify the QuitLine application process and cut down on extra steps that residents need to go through at the current time to register online, in an effort to better promote all services available through the CT QuitLine.</p> <p>“Live Better”, the second ad campaign launched Thanksgiving week and includes a digital media buy and social media components; this will play through February of 2018. In addition, companion materials are being developed along with focus days that will incorporate this campaign and all of the community programs.</p>
Cessations Programs			
Department of Correction (DOC)	\$294,322	Support the third year of program operation of the Department’s Smoking Cessation Program with inmates under its jurisdiction.	Intervention Outcomes 2013-2016: 13,583 internal referral and assessment; 445 Evidence –Based Cessation Treatment programs; 1,639 Psychoeducational Cessation Curriculum; 5,544 Informational materials disseminated; 698 Re-entry/Discharge Continuity of Care.
Hartford Community Health Center, Inc.; dba Hartford Behavioral Health (HBH)	\$140,920	HBH will accept 200 referrals for intensive individualized 30 minute cessation assessment and counseling session. Adults and youth ages 14 to 19 years of age can elect to enroll in an	The Program has served 39 clients to date for cessation services, and is providing ongoing technical assistance to the Hartford Housing Authority (HHA) on implementation of a smoke free housing policy.

		<p>evidence based group program or individual cessation counseling. HBH will outreach to 50 providers, train 100 provider and partners, provide 180 intensive 30 minute individual cessation counseling sessions, also offer a 20 week group program for adults and 10 week program for youth utilizing 3 groups and 12 cycles. HBH will collaborate with four community agencies to conduct tobacco cessation programming.</p>	<p>They developed a survey in English and Spanish which was administered to residents and staff and are in the process of planning on-site cessation programs for each. HBH met with community leaders from all HHA Sites on the cessation services that will be offered. They also attended on-site community meetings at each of the 16 HHA sites and administrative offices to promote cessation services; these on-site programs will help the HHA to successfully implement their smoke free housing policy. HBH has also been working with the YMCA on implementing a smoke free campus policy and is providing training on tobacco screening and referral to cessation services.</p>
<p>Midwestern Connecticut Council of Alcoholism, Inc. (MCCA)</p>	<p>\$425,000</p>	<p>With the well-established tobacco use cessation program already in place, MCCA will continue to deliver direct cessation services at their nine sites, including relapse prevention. Referrals from their partners will receive a 30-minute initial intensive counseling session, group or one-on-one counseling sessions and nicotine replacement therapy when medically appropriate. Outreach will target individuals who are uninsured, as well as those whose insurance does not cover tobacco use cessation.</p>	<p>MCCA has served 470 clients to date with cessation services. One additional staff member has been trained as a Tobacco Treatment Specialist; MCCA now has Tobacco Treatment Specialists on site at eight of its treatment locations. MCCA Program Staff continue to participate in Danbury High School's Vaping Task Force and provide expertise on youth vaping and tobacco use. Additionally, 500 "Commit to Quit" post cards were distributed at the school, and their involvement at Danbury High School has led to new vaping policies, parent education, and student awareness. Staff also helped Naugatuck Community College adopt a campus smoke free policy during August 2017.</p>

<p>City of Meriden, Department of Health and Human Services</p>	<p>\$163,178</p>	<p>Services under this grant will be expanded from past tobacco cessation programming to include providing cessation services to residents of not only Meriden, but to the new catchment area of Plainville, Southington, and Wallingford. Health systems change programming, including trainings for medical providers in the use of the motivational U.S. Department of Health and Human Services "5 A's" (ask, advise, assess, assist, arrange) model to encourage individuals to quit smoking, QUIT Clinics (Quick Useful Information about Tobacco) at businesses, housing complexes, and private clubs in the new catchment area; and using text apps, such as Remind 101, to remind program participants of upcoming appointments.</p>	<p>Meriden has served 183 clients to date with cessation services. The Program worked with City administration to develop a tobacco free municipal property ordinance that prohibits the use of any tobacco product within 25' of doors, windows and air intakes of any city building. In-service trainings on tobacco screening and referral are being provided for various health care providers in the area, as well as area employers.</p>
<p>Evaluation</p>	<p>\$345,392</p>	<p>The University of North Carolina at Chapel Hill was awarded the contract for Independent Evaluation Services, and will assist all of the above contractors with program planning, establishing and measuring program outcomes, providing technical assistance on data collection needs, and providing reports on each of the funded programs.</p>	<p>During the quarterly period through October 31, 2017; the University of North Carolina at Chapel Hill drafted summary documents including the annual QuitLine evaluation report, and provided ongoing technical assistance regarding data collection, program effectiveness, and media campaign activities. They are also finalizing their evaluation plan for the Blacklist youth campaign.</p>

Infrastructure and Administration	\$175,000		Formerly American Cancer Society, now the Hispanic Health Council.	The Hispanic Health Council (HHC) has drafted the Retrospective Report.
SUBTOTAL 2015	\$3,100,934³⁷			
2016				Contracts for 2016 funding are just beginning. Outcome Measures for 2016 programs are as of November 1, 2017. The programs are still operational and final results will not be available until contracts end.
State and Community Intervention				
EdAdvance	\$284,615		This funding will allow EdAdvance to expand their current efforts and activities into an additional six towns in Northwest Connecticut: Bethel, Brookfield, Danbury, New Fairfield, New Milford, and Newtown.	EdAdvance will be working with a number of additional school systems to convene youth advisory boards in order to train and encourage tobacco free lifestyles.
Rescue Social Change Group, LLC (RSCG)	\$210,000		The RESCUE Agency will host events that incorporate role models and spokespersons with Alternative teens in Connecticut at various venues and concerts. Alternative teens will be recruited and trained to support the Blacklist anti-industry and cessation support messaging and will be onsite for additional events and promotions.	The BLACKLIST campaign targets teens at high risk of using tobacco.
Mass Reach Health Communication				

³⁷Unallocated 2015 funds in the areas of state and community interventions, cessation interventions, and evaluation funding categories in the amount of \$410,900 were made available for 2016 programming in those categories.

Rescue Agency	\$130,717	This funding will allow the Rescue Agency to extend their contract for an additional two year period to provide ongoing media services to community contractors and partners.	Services will include continued promotion of tobacco use cessation services, promotion of CommittoQuitCT.com, and placing targeted online and digital ads.
Cessation Interventions			
Uncas Health District	\$147,420	Uncas Health District will provide tobacco use cessation treatment services within their service area, perform outreach and train health care providers on implementing tobacco use screening and referral into their systems processes, providing technical assistance to workplaces and multi-unit housing complexes in their area to discuss adoption of tobacco free policies and practices.	Uncas Health District is holding planning meetings with its partners for screening and referral of clients to cessation services. Uncas has begun marketing their individual and group cessation counseling services. They are also developing contacts and preparing materials for their outreach and technical assistance to employers and multi-unit housing sites.
University of Connecticut-School of Pharmacy	\$281,068	The University Of Connecticut School Of Pharmacy (UConn) will be developing and implementing an evidence-based tobacco use cessation treatment training curriculum for pharmacists and pharmacy technicians that will include a 15-hour Accreditation Council for Pharmacy Education certificate program.	This contract is in the process of being executed and program activities will be discussed in future reports.
Department of Correction (DOC)	\$152,126	Funds will allow to expand its smoking cessation education and relapse prevention program to clients residing in	19 sites visited, 385 HWH residents available during research staff visit, 279 surveys completed, 72 completion rate. Information will be used to

		the Departments' Half Way Houses (HWH).	determine the prevalence of tobacco use of HWH residents.
Evaluation			
University of North Carolina at Chapel Hill	\$124,625	UNC-Chapel Hill will continue to provide qualitative and quantitative independent evaluation of the trust-funded programs.	The evaluators help to ensure that the evidence base is utilized in program operations, and assist with developing and collecting data to document measurable objectives for funded programs.
Infrastructure	\$59,416	Hispanic Health Council	Development of the Tobacco and Health Trust Fund Board Retrospective Report and updates to the Tobacco and Health Trust Fund Board on the current trust funded programs.
TOTAL 2016	\$ 1,389,987		
Sub-Total	\$29,033,222³⁸		
Balance	\$209,247		
TOTAL 2003 -2016	\$ 29,242,469		

³⁸ Contracts were less than the total amount recommended in FY 15 and FY16.

VI. Conclusion

Over the past seventeen years, the trust fund received various funding amounts from the Tobacco Settlement Fund to provide evidence-based programs and services to prevent the initiation of tobacco use or reduce the prevalence of tobacco use among Connecticut's youth and adults.

Although the Board was established in 2000 disbursements for programs and services began in 2003. Since 2003 the Board has disbursed \$29.2 million for programs to prevent or reduce tobacco use such as: smoking cessation, tobacco counter-marketing efforts, telephone cessation services, prevention initiatives, lung cancer pilot project, innovated programs, tobacco enforcement, website development and evaluation.

Since the inception of the Board smoking rates among youth and adults has decreased, however, challenges remain. The prevalence of tobacco use has increased among youth and adults and disparities among certain populations persist. The emergence of electronic smoking devices such as e-cigarettes, hookahs, vapes and pens are on the rise among both the youth and adult population.

The Board has not and will not receive funding from the Tobacco Settlement Fund from FY16 to FY19. Additionally, all existing unobligated funds will be transferred out of the Trust Fund for other purposes, resulting in funding no longer being available to Board for fiscal years 2018 and 2019.

While there are no funds available for Board disbursements and no funds will be deposited into the Trust Fund for FY 18 and FY 19, the Board is still statutorily obligated to meet at least twice a year and 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. Since no funds will be available to the Board for the next two fiscal years, the function of the Board will be limited to monitoring previously funded programs.

Appendix A

Statutory Authority As Amended by Section 663 of Public Act 17-2 of the June Special Session

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

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

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

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

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

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

(3) For the fiscal year ending June 30, 2016, disbursements from the Tobacco Settlement Fund shall be made as follows: (A) To the General Fund (i) in the amount identified as "Transfer from Tobacco Settlement Fund" in the General Fund revenue schedule adopted by the General Assembly, and (ii) in an amount equal to four million dollars; and (B) any remainder (i) first, in an amount equal to four million dollars, to be carried forward and credited to the resources of the General Fund for the fiscal year ending June 30, 2017, and (ii) if any funds remain, to the Tobacco and Health Trust Fund.]

[(4)] (c) (1) (A) For the fiscal year ending June 30, 2017, disbursements from the Tobacco Settlement Fund shall be made as follows: [(A)](i) To the General Fund [(i)] (I) in the amount identified as "Transfer from Tobacco Settlement Fund" in the General Fund revenue schedule adopted by the General Assembly, and [(ii)] (II) in an amount equal to four million dollars; and [(B)] (ii) any remainder to the General Fund.

[(5)] (B) For each of the fiscal [year] years ending June 30, 2018, and [each fiscal year thereafter] June 30, 2019, disbursements from the Tobacco Settlement Fund shall be made as follows: [(A) To the Tobacco and Health Trust Fund in an amount equal to six million dollars; (B) to] (i) To the General Fund (I) in the amount [(i)] identified as "Transfer from Tobacco Settlement Fund" in the General Fund revenue schedule adopted by the General Assembly; [,] and [(ii)] (II) in an amount equal to four million dollars; and [(C)] (ii) any remainder to the Tobacco and Health Trust Fund.

(C) For the fiscal year ending June 30, 2020, and each fiscal year thereafter, disbursements from the Tobacco Settlement Fund shall be made as follows: (i) To the Tobacco and Health Trust Fund in an amount equal to six million dollars; (ii) to the General Fund (I) in the amount identified as "Transfer from Tobacco Settlement Fund" in the General Fund revenue schedule adopted by the General Assembly, and (II) in an amount equal to four million dollars; and (iii) any remainder to the Tobacco and Health Trust Fund.

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

[(7)] (2) For each of the fiscal years ending June 30, 2016, and June 30, 2020, to June 30, 2025, inclusive, the sum of ten million dollars shall be disbursed from the Tobacco Settlement Fund to the smart start competitive operating grant account established by section 10-507 for grants-in-aid to towns for the purpose of establishing or expanding a preschool program under the jurisdiction of the board of education for the town. [, **except that in the fiscal years ending June 30, 2016, and June 30, 2017, said disbursement shall be in an amount equal to five million dollars.**]

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 non-lapsing fund. The purpose of the trust fund shall be to create a continuing significant source of funds to (1) support and encourage development of programs to reduce tobacco abuse through prevention, education and cessation programs, (2) support and encourage development of programs to reduce substance abuse, and (3) develop and implement programs to meet the unmet physical and mental health needs in the state.

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

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

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

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

(2) Except during the fiscal years ending June 30, 2004, and June 30, 2005, the board of trustees shall submit such recommendations for the authorization of disbursement from the trust fund to the joint standing committees of the General Assembly having cognizance of matters relating to public health and appropriations and the budgets of state agencies. Not later than thirty days after receipt of such recommendations, said committees shall advise the board of their approval, modifications, if any, or rejection of the board's recommendations. If said joint standing committees do not concur, the speaker of the House of Representatives, the president pro tempore of the Senate, the majority leader of the House of Representatives, the majority leader of the Senate, the

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

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

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

Appendix B Board of Trustees

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

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