

Tobacco and Health Trust Fund Board Meeting

Wednesday, September 23, 2015

10:00 a.m. -12:00 noon

Legislative Office Building

Room 1A

Hartford, Connecticut

- I. Welcome and Introductions
- II. Approval of February 20, 2015 Meeting Minutes
- III. Status of Tobacco and Health Trust Funds
- IV. Other Tobacco Related Legislative Changes
- V. Review and Approval of Teen Kids News Program Scripts
 - a) Tobacco Advertising to Teens
 - b) Health Risks You May Not Know About
 - c) It's Not Just Cigarettes
- VI. Update on 2015 Board Disbursements
- VII. Review Status of Current Trust Fund Programs
 - a) QuitLine – Barbara Walsh
 - b) Community Cessation Program – Barbara Walsh
 - c) Program Evaluation – Barbara Walsh
 - d) Department of Correction Cessation Program- Kathleen Maurer
 - e) Teen Kids News – Marilou Yacoub
 - f) Statewide Tobacco Education Program – Carol Meredith
 - g) Tobacco Retailer Violation Program – Carol Meredith
 - h) Connecticut Alliance of Boys and Girls Clubs Smoking Prevention Program – Don Maletto
 - i) UCONN Health Center Biorepository Program
- VIII. Next Steps
 - a. Next meeting scheduled for Wednesday, November 18 at 10:00 a.m.
 - b. Proposed December meeting, Wednesday, December 16 at 10:00 a.m.

DRAFT

Tobacco and Health Trust Fund Board Meeting

Friday, February 20, 2015

1:00 p.m.

Legislative Office Building

Room 1A

Hartford, Connecticut

Members Present: Anne Foley-Chair, Diane Becker, Patricia Checko, Elaine O'Keefe, Ellen Dornelas, Kelly Leppard, Ken Ferrucci, Cheryl Resha, Suchitra Krishnan-Sarin, GERALYN LAUT, Katharine Lewis, and Fatmata Williams for Robert Zavoski.

Members Absent: Larry Deutsch, Robert Leighton, Joel Rudikoff, Michael Rell and Lisa Hammersley.

Welcome	The Chair, Anne Foley, convened the meeting at 1:10 p.m. Members introduced themselves.
Approval of November 21, 2014 Meeting Minutes	Suchitra Krishnan-Sarin moved approval of the November 21, 2014 meeting minutes. The motion was seconded by Patricia Checko. The minutes were approved unanimously on a voice vote.
Teen Kids News (TKN) a) View Program Segments	The Chair introduced Marilou Yacoub from TKN. Marilou Yacoub provided an overview of TKN and showed members two videos CT: Tobacco Overview (already aired) and How to Help Your Boy/Girlfriend Quit. After a brief discussion, members recommended that future program segments include more diversity to better reflect the demographic make-up of those individuals with the highest prevalence of smoking, such as minority populations.

b) Discuss and Approve Program Scripts

- What is Nicotine?
- Tar Wars
- Why E-cigarettes Get and F
- Nicotine Replacement Therapy
- Second Hand Smoke
- Could Smoking Be Banned Outdoors in CT?

Elaine O'Keefe will provide a list of organizations to assist TKN in this effort.

Board members reviewed TKN program scripts, including the video on How to Help your Boy/Girlfriend Quit. After a detailed discussion, Patricia Checko moved approval of the program scripts with the following changes:

What is Nicotine? Remove the statement "If you were to try your first cigarette when you're 14 you're much, much more likely to get addicted to cigarettes than if you wanted and tried your first cigarette as an adult".

Add VAPE Pens to the statement " And that means all kinds of cigarettes and tobacco products...even many e-cigarettes or VAPE Pens contain nicotine".

Tar Wars. Delete the statement that "Connecticut ranks 5th in the nation for smoking" with current smoking and tobacco use rates in Connecticut.

Why E-Cigarettes Get An F? Replace the word Vaporizer with VAPE Pens. Add VAPE Pens to the statement "By the way, if you already smoke, changing to E-cigarettes or taking VAPE Pens is not the best way to quit".

Nicotine Replacement Therapy. TKN will provide source for data on teens who smoke.

Second Hand Smoke. TKN will provide source for smoking data related to Connecticut middle and high school

	<p>students who have been in places with someone smoking.</p> <p>Should Smoking Be Banned in Outside Areas? No recommended changes to this program script.</p> <p>Patricia Checko will provide a list of towns with laws preventing people from smoking in outside area.</p> <p>Other: Tag QuitLine information on all appropriate program segments.</p> <p>The motion was seconded by Fatmata Williams and approved unanimously on a voice vote.</p>
<p>Update on 2015 Board Disbursement</p>	<p>Barbara Walsh, DPH updated members on the status of the board's 2015 disbursements. Highlights include:</p> <p>Infrastructure, Administration and Management-\$175,000. DPH will amend the current contract with Connecticut Cancer Partnership (American Cancer Society) to add administrative and technical assistance dedicated to the tobacco trust funded programs.</p> <p>Request for Proposal (RFP). DPH is in the process of drafting the RFP. One RFP will be issued with multiple program intervention components (State and Community, Mass-Reach Health Communication, Cessation and Evaluation).</p> <p>DPH asked for volunteers to review the draft RFP and/or serve on the Evaluation Committee. All members present at the meeting, with the exception of the Chair,</p>

	<p>agreed to assist in one capacity or the other.</p>
<p>Next Steps</p>	<p>The Chair gave a brief overview of the Governor's FY 2016-17 Budget Proposal as it relates to the Tobacco and Health Trust Fund. She stated that the Governor's Proposed Budget makes about \$600 million in expenditure reductions to address current services budget gaps and raises about \$600 million in revenue. She noted that the budget transfers \$12 million in FY16 and FY17 from the Tobacco and Health Trust Fund to the General Fund. She also noted there is about \$4 million in unobligated trust funds that may be used for future board disbursement recommendations.</p> <p>Board members requested an update on the Biorepository Project administered by UConn Health Center and information about the legislative proposal for the Tobacco and Health Trust Fund after FY17</p> <p>Board members will hold a public hearing in June 2015. Members asked to change the scope of the public hearing to focus on tobacco needs and issues rather than specific programs.</p> <p>The meeting was adjourned at 3:05 p.m.</p>



STATE OF CONNECTICUT
OFFICE OF POLICY AND MANAGEMENT

July 14, 2015

TO: Anne Foley, Undersecretary

FROM: Joan Soulsby, Principal Budget Specialist

SUBJ: 2015 Legislative Action re: the Tobacco and Health Trust Fund

You asked for a summary of legislation enacted during the General Assembly's 2015 Session as it relates to the Tobacco and Health Trust Fund (THTF). Two changes were made, including:

Policy Change	Enabling Legislation	Impact
Continuation of set asides from the THTF for asthma programs (Dept. of Public Health), and to enhance and improve services and supports for individuals with autism and their families (Dept. of Developmental Services).	Section 39 of PA 15-244 <i>(An Act Concerning the State Budget for the Biennium Ending June 30, 2017, and Making Appropriations Therefor, and Other Provisions Related to Revenue, Deficiency Appropriations and Tax Fairness and Economic Development).</i>	The principal in the THTF will be reduced by \$1.3 million in each of FY 2016 and FY 2017, to reflect: (a) \$550,000 to DPH, to support: Easy Breathing Program – children (\$250,000) Easy Breathing Program – adult (\$150,000), and an asthma outreach and education program operated by the CT Coalition for Environmental Justice (\$150,000). (b) \$750,000 to DDS for autism services and supports.
Suspension of the statutorily defined annual deposit to the THTF from receipts under the Master Settlement Agreement during the FY 2016 - 2017 biennium. Annual deposits are to resume in FY 2018, in an amount of \$6.0 million a year.	Section 90 of PA 15-244.	The principal of the Fund will not be augmented by transfers from the Tobacco Settlement Fund until April, 2018. ¹

¹ Barring unexpected receipts under the Master Settlement Agreement. Pursuant to C.G.S. Sec. 4-28e, any remaining balance in the Tobacco Settlement Fund after other statutorily required transfers are made reverts to the Tobacco and Health Trust Fund.

An accounting of the Fund's status follows:

Balance - as of 6/30/15	\$10,582,826
Prior Year Obligations Not Yet Paid	(\$6,794,491)
Subtotal	\$3,788,336
<u>FY 2016 Budgeted Transfers from Fund:</u>	
Easy Breathing/Pediatric – DPH	(\$250,000)
Easy Breathing/Adult – DPH	(\$150,000)
Asthma Outreach and Education – DPH	(\$150,000)
Autism Services and Supports – DDS	(\$750,000)
Subtotal – 2016 Budgeted Transfers	(\$1,300,000)
<u>FY 2017 Budgeted Transfers from Fund:</u>	
Easy Breathing/Pediatric – DPH	(\$250,000)
Easy Breathing/Adult – DPH	(\$150,000)
Asthma Outreach and Education – DPH	(\$150,000)
Autism Services and Supports – DDS	(\$750,000)
Subtotal – 2017 Budgeted Transfers	(\$1,300,000)
Unobligated Balance (Available to Board) ²	\$1,188,335

Please don't hesitate to contact me if I can provide further assistance.

cc: Pam Trotman, OPM
 Kelly Sinko, OPM

² Amount will be minimally increased by interest earnings, which accrue at the rate earned by the Treasurer's Short Term Investment Fund (or STIF). The annualized daily STIF rate as of 7/12/15 was 0.17%. FY 2015 interest earnings totaled \$23,495.

2015 Legislative Update

Tobacco-Related Provisions

- **Cigarette Tax.** The cigarette tax is increased in two \$0.25 steps over the biennium: (1) from \$3.40 to \$3.65 per pack on October 1, 2015 and (2) \$3.65 to \$3.90 a pack on July 1, 2016. A \$0.25 "floor tax" is also imposed on each pack of cigarettes that dealers and distributors have in their inventories on September 30, 2015 and June 30, 2016. (PA 15-244, §§176-180)
- **Sale and Manufacturing of Electronic Cigarettes.** Beginning March 1, 2016, dealers and manufacturers of electronic nicotine delivery systems and vapor products will have to register with the Department of Consumer Protection (DCP) and annually renew their registration to sell those products. Applicants will pay a \$75 application fee and, once registered, a \$400 annual fee. (PA 15-244, §§108-110)
- **Electronic Cigarette Liquid.** The definition of electronic nicotine delivery system is expanded to include "electronic cigarette liquid¹". Laws related to the sale to minors or use of electronic nicotine delivery systems will now also extend to electronic cigarette liquid. (PA 15-244, §108)
- **Food and Drug Administration (FDA) Ruling on Tobacco Products.** The Public Health Committee is required to hold a public hearing within 30 days after the finalization of the FDA's proposed rule on tobacco products deemed subject to the federal Food, Drug, and Cosmetic Act. The federal act gives FDA the authority to regulate cigarettes, smokeless tobacco, and any other tobacco products that the FDA determines to be subject to law. Part of the proposed FDA rule deems e-cigarettes to be tobacco products, which would subject them to many of the restrictions that currently apply to cigarettes, such as marketing restrictions, requiring the submission of ingredient lists, and reporting harmful or potentially harmful ingredients. (PA 15-244, §111; PA 15-206, §2)
- **Restrictions on the Use of E-Cigarettes.** Similar to existing restrictions on smoking tobacco products, use of electronic nicotine delivery systems and vapor products are banned in certain establishments and public places, including: state buildings; health care institutions; retail food stores; bars; restaurants; school buildings while school is in session or student activities are being conducted; elevators; certain child care facilities; and college dormitories². (PA 15-206; §1)

¹ "Electronic cigarette liquid" is defined as "a liquid that, when use in an electronic nicotine delivery system or vapor product, produces a vapor that may or may not include nicotine and is inhaled by the user of such electronic nicotine delivery system or vapor product".

² Exceptions are similar to those included for smoking in CGS 19a-342 and include: correctional facilities; public housing projects; designated smoking areas in psychiatric facilities; smoking rooms allowed to be provided by certain employers; and classrooms where demonstrations of use are being conducted as part of a medical or scientific experiment or lesson.

SCRIPT - Tobacco Advertising to Teens

TKN LOGO WITH WORDS ON SCREEN: Connecticut Tobacco and Health Trust Fund	REPORTER VO This report is brought to you by a grant from the Connecticut Tobacco & Health Trust Fund
MUSIC ANIMATION Tobacco: Just Not Cool!	MUSIC
REPORTER OC (TO BE RECORDED) ON SCREEN ID: Reporter	REPORTER OC WHILE TV COMMERCIALS FOR CIGARETTES HAVE BEEN BANNED FOR MORE THAN 40 YEARS 1... TOBACCO COMPANIES ARE STILL FINDING WAYS TO ADVERTISE THEIR PRODUCTS. ESPECIALLY TO TEENS.
REPORTER OC (TO BE RECORDED)	JOINING ME TO DISCUSS THIS ARE, GUSTAVO TORREZ, AND MAGI LINSCOTT. THEY DEDICATE THEIR TIME TO KEEPING KIDS AND TEENS TOBACCO FREE. WELCOME.
ALREADY RECORDED	KBD_TeenKidsNews_h264-proxy / 00:00:48 GUSTAVO – HI! THANK YOU SO MUCH FOR HAVING US. MAGI – YES, THANK YOU!
REPORTER OC (TO BE RECORDED)	MAGI, LET’S START WITH HOW TOBACCO COMPANIES ARE ADVERTISING, SINCE THEY’RE NOT ALLOWED TO DO SO ON TV?
ALREADY RECORDED ON SCREEN ID: Magi Linscott Anti-Tobacco Youth Advocate	00:01:00 MAGI – SINCE THEY’RE NOT ALLOWED TO DO SO ON TV, WE SEE THEM ADVERTISING IN OTHER WAYS. EVERY TIME YOU OPEN UP A MAGAZINE OR WALK INTO A CONVENIENCE STORE, UM THOSE MESSAGES, THE TOBACCO ADVERTISEMENTS ARE RIGHT THERE AND THEY’RE REALLY, REALLY UM EYE-CATCHING, ESPECIALLY TO YOUTH AND TEENS. SO IT’S DEFINITELY UM, TEENS ARE DEFINITELY BEING STILL MARKETED TO AND TARGETED IN DIFFERENT WAYS, WE’RE JUST SEEING IT A LITTLE BIT DIFFERENT UM NOWADAYS CURRENTLY.
REPORTER OC (TO BE RECORDED)	OKAY, GUSTAVO, , IN 2009 PRESIDENT

	OBAMA PASSED THE TOBACCO CONTROL ACT, WHICH PUT NEW RESTRICTIONS ON TOBACCO MARKETING TO MINORS. SO HOW ARE THEY GETTING AROUND THOSE RESTRICTIONS?
ALREADY RECORDED ON SCREEN ID: Gustavo Torrez Director, Youth Advocacy For The Campaign For Tobacco-Free Kids	00:01:41 GUSTAVO – WELL AS MAGI STARTED TO ALLUDE TO, UM THEY'RE JUST FINDING NEW WAYS TO MARKET THEIR PRODUCT TOWARDS YOUNG PEOPLE. UM WHEN YOU LOOK AT SPORTS ILLUSTRATED AND YOU LOOK AT GLAMOUR MAGAZINE, THERE'S THE SLICK ADVERTISING, ADVERTISING THEIR PRODUCTS. UH AS MAGI WAS MENTIONING, WHEN YOU GO INTO CONVENIENCE STORES, WE CAN'T GO INTO A CONVENIENCE STORE TODAY WITHOUT SEEING THESE ADVERTISEMENTS ALL OVER THE DOOR, UM AT EYE LEVEL OF YOUTH. THE PRODUCT PLACEMENT, TOBACCO BEING PLACED RIGHT BY KI—UH CANDY, UH RIGHT BY THE COUNTER. UM AND THEN THESE NEW EMERGING PRODUCTS, THE TOBACCO INDUSTRY IS UM ROLLING OUT LIKE E-CIGARETTES AND SWEET AND FLAVORED CIGARS. WE HAVE E-CIGARETTES IN FLAVORS LIKE GUMMY BEAR AND COTTON CANDY. UM OBVIOUSLY, WE KNOW WHO THE TOBACCO INDUSTRY IS MARKETING WITH THOSE PRODUCTS.
REPORTER OC (TO BE RECORDED)	AND THEY SPEND A LOT OF MONEY TO DO SO ON ADVERTISING. CAN YOU GIVE US AN IDEA ON HOW MUCH THEY SPEND
ALREADY RECORDED	00:02:39 GUSTAVO – YEAH, THE TOBACCO INDUSTRY SPENDS 8.8 BILLION DOLLARS A YEAR IN MARKETING THEIR PRODUCTS. UH THAT'S ABOUT 24 MILLION DOLLARS A DAY AND A MILLION DOLLARS EVERY SINGLE

	HOUR. AND OVER THE LAST 20 YEARS, WE'VE DONE A LOT OF REALLY GREAT WORK AND WE'VE BEEN ABLE TO REDUCE YOUTH SMOKING RATES UH OVER HALF, BUT IN CONNECTICUT WE STILL HAVE 13.5 PERCENT OF YOUTH WHO STILL SMOKE, SO THERE'S DEFINITELY A LOT OF WORK WE STILL NEED TO DO.
REPORTER OC (TO BE RECORDED)	YES, THERE IS. AND YOU GUYS REFER TO SOMETHING CALLED A "REPLACEMENT SMOKER." WHAT IS THAT EXACTLY?
ALREADY RECORDED	00:03:23 MAGI – SO THIS MAY SOUND OUTRAGEOUS AND CRAZY, BUT A TOBACCO COMPANY ESSENTIALLY UM COMPARED YOUNG ADULTS, YOUTH TO REPLACEMENT SMOKERS. TO REPLACE THE HALF A MILLION PEOPLE WHO DIE EACH YEAR DUE TO TOBACCO USE. AND SO THAT'S JUST PRETTY OUTRAGEOUS. YOU KNOW CALLING UM A WHOLE GENERATION REPLACEMENT SMOKERS. AND SO THAT'S WHERE THE NOT A REPLACEMENT CAMPAIGN KINDA CAME INTO FRUITION, AND IT ESSENTIALLY, KIND OF HARNESSSES THE POWER OF THE SELFIE AND IT KIND OF GETS YOUTH TO TAKE THEIR OWN SELFIE STATEMENT SAYING THAT THEY ARE NOT REPLACEMENT SMOKERS, THAT THEY'RE SO MUCH MORE THAN THAT, THAT THEY'RE MUSICIANS, AND ATHLETES, AND DANCERS, AND READERS. AND IT REALLY HIGHLIGHTS UM HOW DIVERSE OUR GENERATION IS.
REPORTER OC (TO BE RECORDED)	THAT SOUNDS LIKE A GREAT CAMPAIGN. WHAT ELSE CAN TEENS DO TO HELP STOP THIS?
ALREADY RECORDED	00:04:18 GUSTAVO – WELL THE BIGGEST THING IS SPEAKING UP, HAVING A VOICE. THAT'S THE GREAT PART

	<p>ABOUT THE WORK MAGI WAS DOING IN FLORIDA. SHE SAW AN ISSUE AND SHE, SHE SPOKE UP ABOUT IT. AND SHE'S THE ONE WITH HER GROUP CREATED THIS AMAZING NOT A REPLACEMENT CAMPAIGN, WHICH ANY YOUNG PERSON CAN GET INVOLVED WITH BY GOING TO KICKBUTTSDAY.ORG. UH THEY CAN DOWNLOAD A SELFIE STATEMENT, THEY CAN UPLOAD IT UM THROUGH SOCIAL MEDIA CHANNELS, UM SO JUST BY TAKING A STAND UM IS THE, ONE OF THE FIRST WAYS THAT WE REALLY WANT TO ENCOURAGE YOUNG PEOPLE UM ACROSS THE NATION TO REALLY JOIN IN, UM.</p> <p style="text-align: center;">04:51</p> <p>MAGI – AND JUST TO ADD TO THAT YOU KNOW UM THERE ARE YOUTH WHO ARE CURRENTLY UM YOU KNOW DOING STATE HOUSE RALLIES, AND TALKING TO THEIR LEGISLATORS ABOUT UM TOBACCO FREE ISSUES, BUT ALSO SIMPLY UM, SOMETHING AS SIMPLE AS GOING TO YOUR SCHOOL'S HEALTH CLUB OR TAKING THE TIME OUT OF YOUR DAY TO PRINT OUT A SELFIE STATEMENT. SIMPLY BY JUST CARING ABOUT THE ISSUE, YOUTH ARE DOING A LOT TO MAKE A CHANGE.</p>
REPORTER OC (TO BE RECORDED)	<p>GUSTAVO, MAGI, THIS IS A LOT OF GREAT INFORMATION. THANK YOU SO MUCH FOR JOINING US.</p>
ALREADY RECORDED	<p style="text-align: center;">00:05:23</p> <p>MAGI – THANK YOU SO MUCH. GUSTAVO – THANK YOU SO MUCH.</p>
REPORTER OC (TO BE RECORDED)	<p>STUDIES SHOW THAT 90 PERCENT OF ADULT SMOKERS BEGAN SMOKING WHILE IN THE TEENS, OR YOUNGER. THAT'S WHY IT'S SO IMPORTANT FOR US TO BE AWARE OF THEIR ADVERTISING TACTICS...SO WE NEVER START SMOKING.</p>

	BUT IF YOU DO KNOW SOMEONE WHO DOES, THEY NEED TO STOP. SO SHARE THIS NUMBER 1-800-QUIT-NOW. THEY EVEN HAVE A SPECIAL PROGRAM JUST FOR TEENS.
--	--

¹In April 1970, Congress passed the Public Health Cigarette Smoking Act banning the advertising of cigarettes on television and radio starting on 2 January 1971

(B-roll Notes for Editor)

KBD_TeenKidsNews_h264-proxy

00:05:33 – Teens holding up signs at anti-smoking rally, marching, chanting (no sound), on megaphones

00:05:52 – People smoking (no faces)

00:06:28 – E-cigarette/smoking aisle in store, CU of cigars, CU cigarettes

00:07:05 – Cigars next to candy

00:07:10 – Advertisements on sandwich board outside stores

00:07:27 – Advertisement above ice cream fridge in store, next to slush puppie sign

00:07:38 – CU Cigars with peach and apple flavors, grape, other sweet flavors

00:08:12 – Advertisements in magazine for Blu e-cigs, skoal, cigarettes

00:08:52 – Commercial (with sound) for e-cig, guy hiking, biking, looking cool, with tattoos, in a racecar track suit, getting photographed, in bars

00:09:01 – Blonde woman talking about how she loves Blu e-cigs in commercial, can have one anywhere, doesn't have to go outside in the rain or cold

00:09:23 – Campaign for Tobacco-Free Kids webpage, Kick Butts Day webpage

END

CT TOBACCO: HEALTH RISKS

TKN LOGO WITH WORDS ON SCREEN: Connecticut Tobacco and Health Trust Fund	Anchor VO This report is brought to you by a grant from the Connecticut Tobacco and Health Trust Fund.
MUSIC ANIMATION Tobacco: Just Not Cool!	MUSIC
(TO BE RECORDED) ON SCREEN ID: Anchor	Anchor OC Since long before we were born, movies, TV and magazine ads have been making smoking look cool. Unfortunately, they're not showing the truth. Emily tells us more.
Kate, a 9 th grade, white female (ALREADY RECORDED)	0206 / 01:35:41 "THE HEALTH RISKS ARE LIKE LUNG CANCER, A HEART ATTACK OR A STROKE, AND YOU USUALLY HAVE A HARD TIME BREATHING."
REPORTER OC (TO BE RECORDED) ON SCREEN ID: Reporter	REPORTER OC SURE – WE'VE ALL HEARD HOW SMOKING CAN CAUSE CANCER AND OTHER SERIOUS ILLNESSES. BUT SMOKING CAN HURT US IN MANY OTHER WAYS.
INTERVIEW WITH MITCH ZELLER (ALREADY RECORDED) ON SCREEN ID: Mitch Zeller U.S. Food & Drug Administration	MITCH ZELLER. KIDS NEED TO KNOW, EVEN IF THE CANCER, THE LUNG DISEASE, THE HEART DISEASE, MIGHT BE DECADES AWAY, THERE ARE HEALTH CONSEQUENCES THAT ARE MUCH MORE IMMEDIATE.
REPORTER VO (TO BE RECORDED)	REPORTER VO For example there's what's called "smoker's face"...
INTERVIEW WITH CHRIS CARROLL (ALREADY RECORDED) ON SCREEN ID: Chris Carroll, MD Pediatrician Connecticut Children's Medical Center	C0008 / 01:13:40 "SMOKING DAMAGES YOUR SKIN. IT AFFECTS THE WAY YOUR COLLAGEN IS PRODUCED AND IT MAKES YOUR SKIN LOOK SIGNIFICANTLY OLDER THAN IT SHOULD. YOU SOMETIMES SEE A 20 OR 30 YEAR OLD PERSON WHO HAS BEEN SMOKING SINCE THEY WERE A TEENAGER, THEY HAVE THE SKIN OF A 50 OR 60 YEAR OLD PERSON. AND UH, THAT'S NOT PRETTY."

<p>INTERVIEW WITH KARA BAGOT (ALREADY RECORDED) ON SCREEN ID: Kara Bagot, MD Child Psychiatrist Yale Child Study Center</p>	<p>0907 01:16:09 SOME OTHER HEALTH RISKS OF SMOKING INCLUDE GUM DISEASE THAT CAN LEAD TO TOOTH LOSS AND BAD BREATH.</p>
<p>Teen (ALREADY RECORDED)</p>	<p>0206 – 1:36:39 "IT ROTTS YOUR TEETH..."</p>
<p>Teen girls: SJ and Grace (ALREADY RECORDED)</p>	<p>0211 / 01:42:05 ...AND YOUR TEETH CAN TURN LIKE YELLOW</p>
<p>INTERVIEW WITH KARA BAGOT (ALREADY RECORDED)</p>	<p>0907 01:16:15 YOU CAN GET YELLOWING OR DISCOLORATION OF THE SKIN AS WELL.</p>
<p>REPORTER VO (TO BE RECORDED)</p>	<p>Smoking also affects the density and strength of your bones.</p>
<p>INTERVIEW WITH KARA BAGOT (ALREADY RECORDED)</p>	<p>0904 01:13:08 SO YOU (can or might) HAVE WEAKER, THINNER, MORE FRAGILE BONES THAT ARE MORE SUSCEPTIBLE TO FRACTURE. SMOKING ALSO DECREASES BLOOD FLOW AND OXYGEN DELIVERY TO THE TISSUES AND TO THE LIMBS. AND SO IF YOU SUSTAIN A SPORTS INJURY OR A WOUND, IT'LL TAKE MUCH LONGER TO HEAL. IT ALSO LEADS TO MUSCLE FATIGUE AND MUSCLE BREAKDOWN. 01:13:31</p>
<p>REPORTER VO (TO BE RECORDED)</p>	<p>And when it comes to the senses, smoking makes no sense...</p>
<p>INTERVIEW WITH KARA BAGOT (ALREADY RECORDED)</p>	<p>0905 01:14:46 IT CAN DECREASE HEARING, DECREASE EYESIGHT, DECREASE SENSE OF SMELL AND SENSE OF TASTE AS WELL.</p>
<p>Hannah, teen (ALREADY RECORDED)</p>	<p>0215 / 01:51:40 "UM ALSO IT COSTS A LOT OF MONEY, WHICH IS NOT OF COURSE A HEALTH BENEFIT, BUT I MEAN THAT'S REALLY DIFFICULT BECAUSE YOU'RE SPENDING LOTS OF MONEY ON CIGARETTES WHEN YOU SHOULD BE</p>

	SPENDING IT ON OTHER ITEMS.”
REPORTER OC (TO BE RECORDED)	REPORTER OC LET'S PUT IT THIS WAY. IF YOU SPEND A LOT OF MONEY NOW ON SMOKING... NO DOUBT YOU'LL END UP SPENDING A LOT MORE MONEY LATER ON FOR DOCTOR BILLS AND HOSPITAL STAYS. FOR TEEN/KIDS NEWS...I'M (NAME)

CT TOBACCO: It's Not Just Cigarettes

TKN LOGO WITH WORDS ON SCREEN: Connecticut Tobacco and Health Trust Fund	SCOTT VOICEOVER This report is brought to you by a grant from the Connecticut Tobacco and Health Trust Fund...
MUSIC ANIMATION Tobacco: Just Not Cool!	MUSIC ANIMATION
(TO BE RECORDED) ON SCREEN ID: Anchor	ANCHOR OC When it comes to tobacco use, there's a lot of misinformation out there. (Name) separates fact from fiction...
REPORTER OC (TO BE RECORDED) ON SCREEN ID: Reporter	REPORTER OC BY NOW, MOST OF US KNOW THAT CIGARETTES ARE UNHEALTHY. BUT HOW DO CIGARETTES STACK UP AGAINST OTHER FORMS OF TOBACCO? FOR EXAMPLE, WHAT DO YOU THINK IS SAFER – CIGARETTES OR CIGARS?
Caucasian Male Teen (ALREADY RECORDED)	CLIP 2511 01:07:32 PROBABLY CIGARS BECAUSE THERE'S LIKE LESS ADDITIVES AND STUFF I GUESS
"X" covers his face	SOUND EFFECT INDICATING IT'S THE WRONG ANSWER
REPORTER OC (TO BE RECORDED)	REPORTER OC HOW ABOUT CIGARETTES VERSUS PIPES?
Caucasian Female Teen (ALREADY RECORDED)	CLIP 2513 01:08:11 I THINK SMOKING CIGARETTES IS SAFER THAN SMOKING PIPES
"X" covers her face	SOUND EFFECT INDICATING IT'S THE WRONG ANSWER
INTERVIEW WITH KARA BAGOT (ALREADY RECORDED) ON SCREEN ID: Kara Bagot, MD Child Psychiatrist Yale Child Study Center	0909 01:17:15 PIPES AND CIGARS REALLY HAVE THE SAME DANGER AS SMOKING TRADITIONAL CIGARETTES BECAUSE YOU'RE GETTING THE NICOTINE, THE TOBACCO, AND ALL THE TOXINS THAT YOU GET FROM BURNING THE TOBACCO, JUST LIKE CIGARETTES, THAT OCCURS IN CIGARS AND PIPES AS WELL. ...01:17:31
REPORTER OC (TO BE RECORDED)	REPORTER OC ANOTHER WAY TO SMOKE TOBACCO IS WITH A DEVICE CALLED A

	HOOKAH.
INTERVIEW WITH DEEPA CAMENGA (ALREADY RECORDED) SUPER: Deepa Camenga Pediatrician Yale New Haven Hospital	0199 01:22:58 A HOOKAH IS ALSO KNOWN AS A WATER PIPE AND YOU USE IT TO SMOKE A TOBACCO WHICH IS BURNED WITH CHARCOAL AND THE SMOKE GOES THROUGH WATER AND PEOPLE INHALE IT THROUGH A PIPE
Caucasian Female Teen (ALREADY RECORDED)	CLIP 2509 01:05:56 UM I WOULD PROBABLY SAY THAT SMOKING FROM A WATER PIPE IS SAFER.
"X" covers her face	SOUND EFFECT INDICATING IT'S THE WRONG ANSWER
INTERVIEW WITH DEEPA CAMENGA (ALREADY RECORDED)	0199 01:23:10apx A LOT OF PEOPLE THINK IT'S KINDA SAFE TO USE HOOKAH, IT COMES IN DIFFERENT FLAVORS TOO. THE SMOKE FROM HOOKAH THOUGH - SCIENCE SHOWS - CONTAINS A LOT OF THINGS THAT ARE SIMILAR TO CIGARETTES. IT DOES CONTAIN TAR AND IT DOES CONTAIN CHEMICALS WHICH ARE LINKED TO CANCER.
REPORTER OC (TO BE RECORDED) SPLIT SCREEN: Images appear to the reporter's right -Cigarette -Cigar -Pipe	REPORTER OC OKAY, SO WE'VE HEARD THAT HOWEVER YOU SMOKE TOBACCO, IT'S BAD FOR YOU. BUT HOW ABOUT TOBACCO YOU DON'T BURN - LIKE CHEWING TOBACCO?
Hispanic Female Teen (ALREADY RECORDED)	CLIP 2518 01:11:54 I THINK CHEWING TOBACCO IS SAFER BECAUSE WHAT I KNOW FROM IT A LOT OF ATHLETES LIKE BASEBALL PLAYERS DO CHEWING TOBACCO SO I WOULD THINK THAT IF AN ATHLETE CAN DO IT, IT WOULD BE SAFER THAN SMOKING CIGARETTES.
"X" covers her face	SOUND EFFECT INDICATING IT'S THE WRONG ANSWER
INTERVIEW WITH CHRIS CARROLL (ALREADY RECORDED) ON SCREEN ID: Chris Carroll, MD	C0012 / 01:19:54 TOBACCO THAT YOU CHEW, OR SNORT OR SNUFF, THAT ALL CONTAINS NICOTINE, WHICH IS STILL ADDICTIVE. THE CHEWING TOBACCO

<p align="center">Pediatrician Connecticut Children's Medical Center</p>	<p>ACTUALLY CONTAINS LITTLE PIECES OF BROKEN GLASS TO HELP GET THE NICOTINE INTO YOUR SYSTEM A LITTLE BIT FASTER. SO THINK ABOUT THAT BEFORE YOU PUT THE CHEWING TOBACCO IN YOUR MOUTH.</p>
<p>Isa, teen girl (ALREADY RECORDED)</p>	<p align="center">0222 / 02:09:30apx Isa</p> <p>I KNOW CHEWING TOBACCO CAN LEAD TO MOUTH CANCER, AND OTHER SICKNESSES.</p>
<p>INTERVIEW WITH KARA BAGOT (ALREADY RECORDED)</p>	<p align="center">0911 - 01:24:38</p> <p>TOBACCO PRODUCTS LIKE CHEWING TOBACCO, SNUFF, DIP, WHICH ARE ALL SMOKELESS TOBACCO PRODUCTS, TEND TO HAVE GREATER RATES OF ORAL ISSUES SO CAVITIES, GUM DISEASE, TOOTH DECAY LEADING TO TOOTH LOSS AND...</p>
<p>INTERVIEW WITH DEEPA CAMENGA (ALREADY RECORDED)</p>	<p align="center">0199 01:26:19</p> <p>... YOU CAN DEVELOP CANCER IN YOUR MOUTH, YOUR HEAD AND YOUR NECK IN THE FUTURE.</p>
<p>Norvince, AA Male Teen (ALREADY RECORDED)</p>	<p align="center">0921 01:09:40</p> <p>IT'S EQUALLY AS DANGEROUS CAUSE IT'S STILL GOING INTO YOUR SYSTEM AND IT WILL ALSO CAUSE DAMAGE TO YOURSELF AS WELL AS JUST REGULAR SMOKING IT.</p>
<p>REPORTER OC (TO BE RECORDED)</p>	<p align="center">REPORTER OC</p> <p>CORRECT! REMEMBER, IF SOMEONE TELLS YOU ONLY CIGARETTES ARE BAD FOR YOU – DON'T BELIEVE IT. THEY'RE JUST BLOWING SMOKE. FOR TEEN/KIDS NEWS, I'M...</p>

**TOBACCO AND HEALTH TRUST FUND BOARD
FUNDED PROGRAMS**

2015 BOARD DISBURSEMENTS

- In 2015, the Tobacco and Health Trust Fund Board recommended disbursements of \$3,511,833 to be used for anti-tobacco related initiatives. The Board worked with the Department of Public Health (DPH) to solicit proposals through a competitive bidding process for community intervention (\$1.4 million); mass-reach media communications (\$386,650); cessation programs (\$905,678); evaluation (\$351,183). The Board agreed to set aside \$294,322 from the cessation program category to fund the third year of the Department of Correction's smoking cessation education and relapse program. This brings the cessation program category to the recommended funding level of \$1.2 million. Due to the lack of proposals submitted under cessation intervention, there is a balance of \$176,580 (of the \$905,678) in this category. DPH will release another RFP to secure additional cessation services. The Board also agreed to set aside \$175,000 for the administration and management of the trust fund programs. DPH procured administrative services through a contract amendment with the American Cancer Society.
- As a result of the Request for Proposal (RFP) a total of 31 proposals were received. The evaluation committees recommended nine programs for funding. Award letters went out on August 31, 2015. Currently contract negotiations are underway.

CURRENT BOARD FUNDED PROGRAMS

- **Department of Correction Smoking Cessation Program.** The program provides a smoking cessation education and relapse prevention program for inmates under the jurisdiction of the department. DOC received \$447,370 for the first year of the program, \$527,283 for the second year and will receive \$294,322 for the third year of funding. The program is expected to end in September 2016.
- **Quitline (\$1,611,984 FY 2014 and \$1,600,000 FY 2013).** The Quitline provides tobacco use cessation counseling by telephone and web in both English and Spanish to Connecticut residents, and phone services are available in all languages. Services provided include nicotine replacement therapies, text messaging, online web access to self-help worksheets and materials, online registration, referrals to local in-person cessation programs, and provision of other educational materials. Since the number of calls has not been as high as originally anticipated, funding for the current cycle is expected to be available through September 2018.

During the prior funding cycle, a Request for Proposal was released and Alere Wellbeing, Inc. was selected to remain the vendor providing Quitline services in Connecticut for a period of five years. Alere Wellbeing, Inc. is the current vendor providing QuitLine services in Connecticut.

In 2013-2014, there were 5,843 registrations and 5,769 registrations in 2014-2015. Additionally, the number of callers who state that they had Medicaid increased for 50.87% in July 2013 to 64.82% in June 2015. During this time period, the Rewards to Quit Program offered incentives to eligible Medicaid participation in tobacco cessation, including calls to Quitline.

- **Teen Kids News (\$164,000)** is a weekly 30 minute Federal Communications Commission (FCC) approved children's news program airing on 220 major television stations across the country. TKN is producing 12 science-based anti-smoking reports targeted to youth. The program will end in December 2015.
- **Statewide Tobacco Education Program (\$229,384)**. This program provides a statewide tobacco-use prevention program that is culturally and linguistically appropriate for Connecticut youth ages 5-9 in summer camp programs, boys and girls clubs, after school programs, and in library and recreation settings. The program will end on June 30, 2016.
- **Tobacco Retailer Violation Program (\$287,770)**. This program implemented an independent decentralized tobacco inspection program for urban areas in Connecticut including, but not limited to, Hartford, New Haven, Bridgeport and Stamford. The program ended in June 2015 with the exception of New Haven, which will end in April 2016 due to a late start.
- **Smoking Prevention Connecticut Alliance of Boys and Girls Clubs (\$179,579)**. Funding to support a tobacco resistance and awareness program for members of its 16 clubs that serve 39 towns and cities in Connecticut. The program served youth ages 13- 15. The program helped youth develop better decision-making and refusal skills, resistance, assertiveness, and the ability to recognize negative peer and media influences relating to tobacco use. All 16 organizations of the Alliance of Boys and Girls Clubs have implemented the "BE SMART, DON'T START" program. The program ended in June 2015.
- **Community Cessation Programs (\$1,481,630)**. Funding was awarded to nine agencies: CommunicCare, Inc., the City of Meriden Department of Health and Human Services, Community Mental Health Affiliates, Inc., Fair Haven Community Health Clinic, Inc., Hartford Hospital, Ledge Light Health District, Mid-Western Connecticut Council of Alcoholism, Inc.,

Uncas Health District and Wheeler Clinic, Inc. The programs offered an evidence-based cessation curriculum that included problem-solving skills, the importance of support systems, positive behavioral changes, stress management, coping skills, effects of tobacco use and the benefits of quitting, and discussion of medication options. The programs ended in June 2015, with the exception of CommuniCare, Inc. which will end in March 2016. The final evaluation report on the community cessation programs, with the exception of CommuniCare, Inc. is due on September 30, 2015.

- **Program Evaluation \$456,102.** The University of North Carolina at Chapel Hill continues to conduct the independent evaluation of all trust funded programs. They are in the process of preparing the final report for the majority of the community tobacco cessation programs as well as the ongoing evaluation of the Quitline. The current contract will end in September 2016.

CT Department of Correction
Inmate Tobacco Cessation Program Progress Report
THTF Board Meeting - September 23, 2015

The Tobacco and Health Trust Fund (THTF) Board recommended a third year of funding for the Connecticut Department of Correction's (DOC) tobacco cessation program for inmates, that was approved by the legislative committees on Public Health and Appropriations at a joint meeting on 12/23/2014. What follows is an update on the project's activities since receiving third year funding, as well as second year activities not reported to the THTF Board. The last progress report CT-DOC submitted to the THTF Board reflected activities through October 2014.

Focus on Sustainability. The Local Implementation Teams (LIT) continue working to complete implementation of their respective Process Improvement Plans (PIPs), and to sustain their achieved goals through the identification of needed resources and the integration of Stay Quit processes throughout DOC facilities.

Establishing the Prevalence of Cigarette Smoking in our Population. As the Board is aware, in year two of the project, in collaboration with DOC staff the UCONN School of Social Work (SSW/DMHAS research division) conducted a prevalence survey of smoking at two pre-release adult male population facilities - Carl Robinson Correctional Institute (CRCI) and Willard-Cybulski Correctional Institute (WCCI). Data collection at these two facilities (a total of 616 completed surveys) was completed during the month of November 2014. Analysis of the data showed similar trends to the findings from the other DOC facilities previously surveyed in year one; smoking rates of inmates at these two pre-release facilities averaged 75%. Given these rates and the fact that many of these inmates are close to re-entering their communities and 48% of the inmates reported in our survey that they will be returning to homes with children, efforts were redoubled to expand the scope of this project to include programming at re-entry facilities.

Implement Process Improvement Plans (PIPs) and LIT Meetings. Recall that during the first year of project operations, DOC established Local Implementation Teams (LITs) at four correctional facilities: York Correctional Institution (YCI), New Haven Correctional Center (NHCC), Hartford Correctional Center (HCC), and Manson Youth Institution (MYI). Membership of LITs includes DOC facility staff and community health providers (e.g. intake nurses, addiction services counselors, educators, re-entry counselors and community health providers) to develop specific interventions that best fit the needs of their target population and their facility, and to implement and sustain their goals and specific objectives within their specific facility. During year one, the LITs conducted a facility specific needs assessment and information gathered was used to develop Process Implementation Plans (PIPs), of which two were approved at the time of the start of year 2. To date, all four of the PIPs have been submitted, reviewed, and approved by the DOC Tobacco Cessation Work Group. Moreover, DOC negotiated with its main contractor the University of Connecticut (UConn) School of Social Work SSW Research Division to begin an additional 5th LIT for the Bridgeport Correctional

Center (BCC) to cover the jail population in this area of the state; the BCC LIT is currently implementing their PIP.

What follows is a summary of activities at all five of the DOC facilities, as they work to implement and sustain their PIP goals and objectives for tobacco cessation by inmates and former offenders returned to the community. The PIPs are individualized and designed to fit the unique characteristics of each respective team's facility. They focus on developing components of smoking education, prevention, and cessation projects that can be incorporated into existing DOC programming. To date, over 80 LIT meetings have been held bringing staff from otherwise isolated areas of DOC facilities together to address facility needs for smoking cessation, education, and prevention programming.

Given the successful outcome of the first LIT conference meeting, a second in-person meeting of all participating LITs was held on 3/19/2015. The emphasis for this meeting was on connecting discharged inmates with the Community Health Agencies (CHAs). There was participation from all of the five facilities, DOC, Parole, UCONN SSW, and various CHAs with a total attendance of 42 participants. CHA representatives from Fair Haven in New Haven, Charter Oak in Hartford, Staywell in Waterbury, RNP in Bridgeport and Yale University's Forensic Drug Diversion (ForDD) clinic in New Haven presented about their agencies and the services they provide to those inmates who are interested in discontinuing tobacco use, or staying quit once reintegrated into their communities. The last part of this LIT meeting focused on determining ways to strengthen and sustain ties between DOC and CHAs. Those in attendance were divided into four groups and were instructed to brainstorm issues about improving connections and ways to ameliorate any existing barriers.

Facility Based Interventions. The following interventions are taking place across the multiple disciplines found within our institutional infrastructure.

1. **Visual Art:** Murals were painted by inmates in HCC and NHCC. The murals display smoking cessation messages of inspiration for inmates to view in the HCC hallway, with the NHCC murals located in the medical area of the facility. *Please see Appendix A.*
2. **Informational Materials:** Incorporation of tobacco prevention, education, and cessation informational materials; including the Quit Line phone number, into various strategic points including orientation process for entering inmates, job center, school, addiction services, and discharge process where this is feasible. Approximately 1,612 inmates at HCC, MYI, YCI, and BCC have received Smoking Cessation information since the start of year 3, with BCC distributing the most - 1,100 and YCI - 428. In year 2, 889 inmates received information. BCC had the largest distribution - 483 followed by NHCC - 254.
3. **School:** Incorporation of tobacco education, prevention, and cessation information into the formal education curriculum continues at MYI and into the curriculum in Unified School District #1 (USD #1).
4. **Job Center:** Incorporation of tobacco education, prevention, and cessation information into the job center continues at the YCI facility where information regarding employment and smoking behavior is addressed (e.g., increased health insurance costs).

5. **Addiction Services Treatment Groups:** Incorporation of tobacco cessation, education, and prevention curriculum and evidence based treatment protocols into the Addictions Services programs that are currently offered within the DOC targeted facilities is ongoing. Staff and CHA volunteers continue to offer tobacco-specific treatment groups within targeted facilities.
6. **Youth Treatment:** The MYI LIT selected evidence-based treatment methodology designed for the younger age group, *Project X*, continues to be administered by DOC Addiction Services counselors to treat incarcerated youth at MYI. Addiction Services counselors are delivering the Project X curriculum in group sessions. Groups of approximately 10 adolescent offenders are held twice a week for 1-1.5 hours for 8 sessions over the period of 1 to 2 months.
7. **Re-entry to community:** Building a referral process continues at targeted facilities through DOC re-entry planners that provides appointments for releasing inmates who request smoking cessation services to local community health centers.
8. **Trainings:** On 7/10/2015, 9 DOC addictions counselors and staff from CRCI, WCCI, and Osborn facilities attended WISE training, presented by Dr. Jennifer Clarke. An earlier WISE training of 40 participants, including DOC staff, Parole and other special guests was conducted at a facilitator training on 11/7/2014.
9. **Treatment:** Nicotine Replacement Therapy (NRT) is in use for smokers entering HCC. DOC worked with healthcare services provider, Correctional Managed Health Care (CMHC), to implement assessment and treatment protocols. Following strict criteria/screening utilized by CMHC, 6 inmates received nicotine lozenges. The Tobacco Cessation Work Group is presently considering various ideas for dispensing lozenges in the prison commissary or providing them to the department's contracted community providers.

Smoking Cessation Education and Support. While the Inmate Tobacco Cessation project continues to be about creating broader, cultural change and awareness of tobacco dependence within the greater DOC, the following list provides numerical information for the numbers of inmates impacted by our smoking cessation, education, and prevention efforts.

1. A total 430 inmates have attended psychoeducational cessation programs, of which, 336 attended single session "drop-in" cessation support groups (e.g. Smoking Cessation Stress Management Groups) and 94 completed evidence-based cessation treatment programs (e.g., WISE and Project-X). That number is in addition to 309 inmates during the end of year 2, in which 227 attended single session "drop-in" cessation support groups and 82 completed evidence-based cessation treatment programs. Since November, 86 inmates have completed this evidence based, multiple session treatment.
2. USD #1 has integrated updated smoking dependence information into the health curriculum. A total 249 inmates received smoking dependence information, in addition to 101 during the end of year 2.
3. Inmates who voluntarily request Recovery Support Specialist (RSS) assistance to stay quit upon re-entering the community and accept referrals to CHCs upon discharge are 59, in addition to 42 during the end of year 2.

4. Smoking cessation information continues to be integrated with the re-entry process, including information about Quit Line.
5. Incorporation of smoking education, prevention, and cessation information into the job center at the York facility for women: A total 129 inmates received information, in addition to 46 during the end of year 2.
6. Project Coordinator for UCONN/SSW and DOC, Angela Jalbert, participated with USD #1 school administrators in a Smoking Cessation booth at the Correctional Education Association (CEA) Conference on 5/28/2015 at the Mystic Marriott in Mystic, CT. Approximately 50 people stopped by the booth to learn about DOC's program. Materials were distributed to conference attendees.
7. Various bilingual education materials e.g. posters, pamphlets, flyers and "tear offs" acquired by the project still are used in the participating correctional facilities.

Community Based Interventions and Collaborations. ForDD clinic has met with DOC staff within both the YCI and NHCCC facilities, developed a working plan regarding the identification and recruitment of participants who are interested in quitting smoking and returning to the New Haven area. They have sought and received human investigation approval and made modifications to their protocol to adapt to internal changes (e.g., staffing) at the DOC. They have recruited 41 participants who consented and completed baseline measures while incarcerated (9 of whom have not yet been released). For those individuals who engaged in outpatient treatment at ForDD, they have provided a tailored smoking cessation protocol based in motivational interviewing and cognitive-behavioral therapy which seeks to identify participants' concerns regarding staying quit from smoking (e.g., weight gain, inability to cope with stress, etc.). Regardless of engagement in treatment, attempts are made to engage participants in follow up evaluations. To increase the likelihood of engaging participants in outpatient treatment, all participants meet with a clinician while still incarcerated for the consent and initial motivational interviewing session, first outpatient treatment date is set while the participant is still incarcerated, participants provide collateral contacts so that ForDD staff has multiple ways to contact them following their release, and participants are contacted regularly following a missed appointment after release to re-engage.

During the first year of their contract, the ForDD clinic established connections with staff at both YCI and NHCCC, and developed separate plans at each location to integrate the smoking cessation re-entry plan. During that initial contract period, there were 14 individuals who were consented (13 men; 1 woman) within the correctional facilities and whom completed baseline measures at that time. During that initial period one participant completed the entirety of the treatment program and remained abstinent from smoking upon 2 month follow-up. Barriers to the initiation of the project were primarily the establishment of: 1) identifying a primary contact person within the jail/prison; 2) establishing a plan for how to identify individuals close to their release dates who were interested in remaining smoke free and who were returning to the New Haven area; and 3) changes to the approved human subjects review to allow for the use of information forms which was identified as a more streamlined approach by correctional staff. Each of these barriers have been addressed and have led to increased recruitment.

During the time period of 6/1/15 through present, an additional 27 individuals have been consented and completed baseline measures within YCI (21 women) and NHCCC (6 men). The initial barrier of creating and seeking approval for an information form at YCI led to increased rates of recruitment through the discharge planner, hence the much higher levels of recruitment. Of those 27 individuals who have consented 9 participants are not yet released and thus there is no data on their follow through with treatment; 1 participant completed the entire 8 weeks of treatment (2 month follow up is pending); and 3 additional participants have engaged in the outpatient protocol. Current barriers are a change in staff at NHCCC which has decreased access to the facility and ability to identify possible participants. ForDD is continuing to work with staff to find the most feasible implementation plan given the recent staffing change. No current barriers exist with recruitment from YCI.

ForDD will continue to recruit from both YCI and NHCCC. They have engaged new staff members in the project and will continue to work with NHCCC to establish a new recruitment plan. ForDD has also developed new plans to reduce barriers for engaging in outpatient treatment (e.g., meeting participants in the community for sessions, engaging probation and parole) and these changes are currently under review by their institutional review board with a tentative plan to implement in October.

Community Health Agencies (CHAs). Connecticut's CHAs are important partners with DOC in the provision of quality healthcare to inmates as they reenter the community. This key element of the tobacco cessation program, designed to increase referrals upon reentry, has not produced the intended results of direct follow up appointments post release, as envisioned. Instead what has transpired after more than two years working together, is an expanded relationship, and greater opportunities to support incarcerated persons along their journey of smoking cessation.

We continue to strive for a strong "hand off" to CHA as inmates release, but what we have found, and continue to address, is the need for expanded in reach and behavioral health support that prepares them to receive treatment in the community. Each health care partner has provided unique opportunities to expand the ways in which the DOC makes community connections. The education needed to move across motivation levels with nicotine addiction requires various methods, sustained effort, and time. Each partner has been able to bring their unique strengths into DOC facilities to address gaps in community health connections. The best example of this is at NHCC with Fair Haven Community Health Center (FHCHC). FHCHC learned early that they were best performing in reach using the group method to give inmates the motivation to stay quit.

A counselor at FHCHC, who has participated in the NHCC LIT meetings since its inception in June of 2013, has been instrumental in implementing a weekly smoking cessation/stress reduction treatment group at NHCC. One inmate informed her that it was the best 1.5 hours of his incarceration time. There is no need to advertise this group; inmates are requesting to attend. There have been as many as 25 inmates voluntarily requesting to attend these weekly sessions.

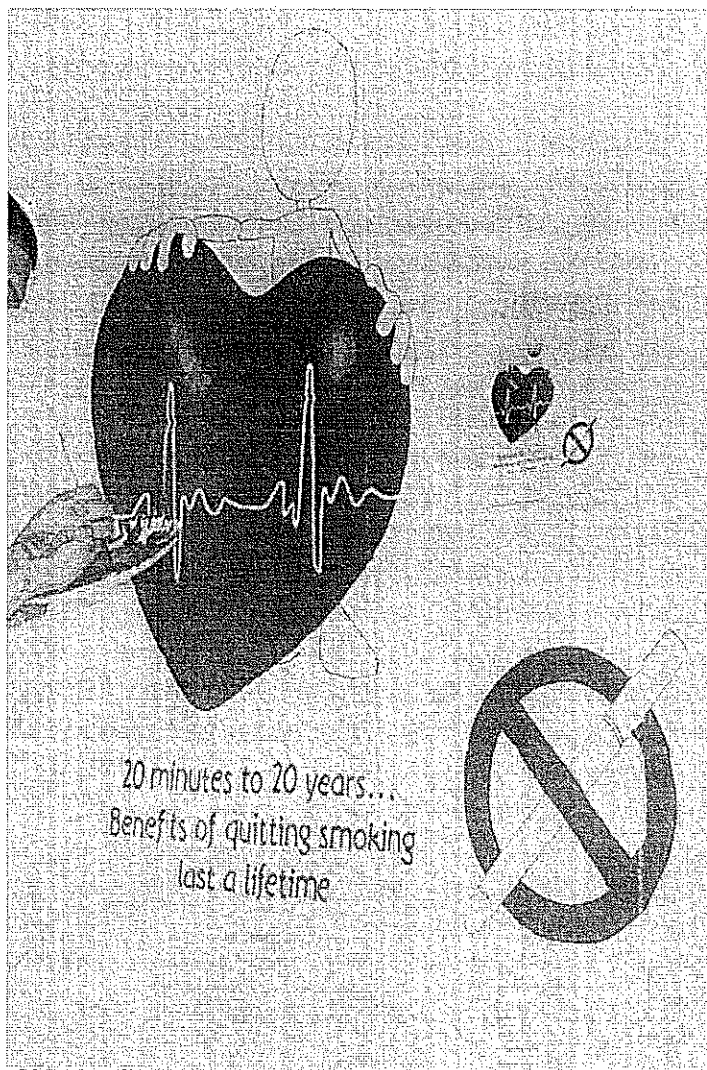
FHCHC is working with ForDD clinic to coordinate the "hand off" from incarceration to community and creating a streamlined approach for referrals and communication clinician-to-clinician. A total of 13 inmates have gone directly from FHCHC's group at NHCC into treatment at the ForDD clinic following release. Recruitment via in reach, both at NHCC and YCI, has resulted in 41 referrals.

Our CHA partners have dedicated staff who participate in planning meetings and work on site at the jails, or at their clinic, to engage inmates reentering the community. They have also participated in training, as part of project. Services offered vary by clinic, but all include the following: in-reach (onsite pre-release for recruitment), on site and post release education, clinical support, behavioral health groups (inside and outside), intake screening, follow up calls, and the provision of incentives for offenders to stay quit.

Each CHA's program works differently with each of the jails. Similar to in New Haven, Hartford's Charter Oak Health Center (COHC) is providing more in reach, and as a result found a responsive group of inmates to receive education, not only about tobacco cessation, but access to healthcare. As an unexpected outcome, COHC has agreed to bring a community health van to the Hartford Parole office as a continuous recruitment strategy for formerly incarcerated people to receive health services. When Bridgeport CC jail was added, RNP went straight to conducting in reach, and has successfully tied group programming in that jail to relapse prevention. Our newest partner, Generations, located in Eastern Connecticut, is very interested in what has been identified as a significant opportunity for transitioning inmates from jail or prison to the community, by offering smoking cessation groups in halfway house. In addition, halfway house residents not yet eligible for Medicaid would receive assistance in completing Medicaid applications.

Dissemination of findings. Our work in Connecticut continues to receive national recognition. We were once again invited to present an update on the project at the American Correctional Association (ACA) conference in February 2015. The ACA is the largest organization of correctional personnel in the world and brings together persons with custody and medical expertise to address issues and concerns in American corrections. More recently, DOC, in collaboration with UConn SSW, is preparing a manuscript on the results of the prevalence survey which will be submitted to a peer-reviewed and nationally respected academic journal. We are excited about sharing our research and project plans with others and to publicly recognize both Connecticut's Tobacco and Health Trust Fund Board and the members of the Public Health and Appropriations Committees.

Appendix A



Mural being painted by inmates in Hartford Correctional Center.

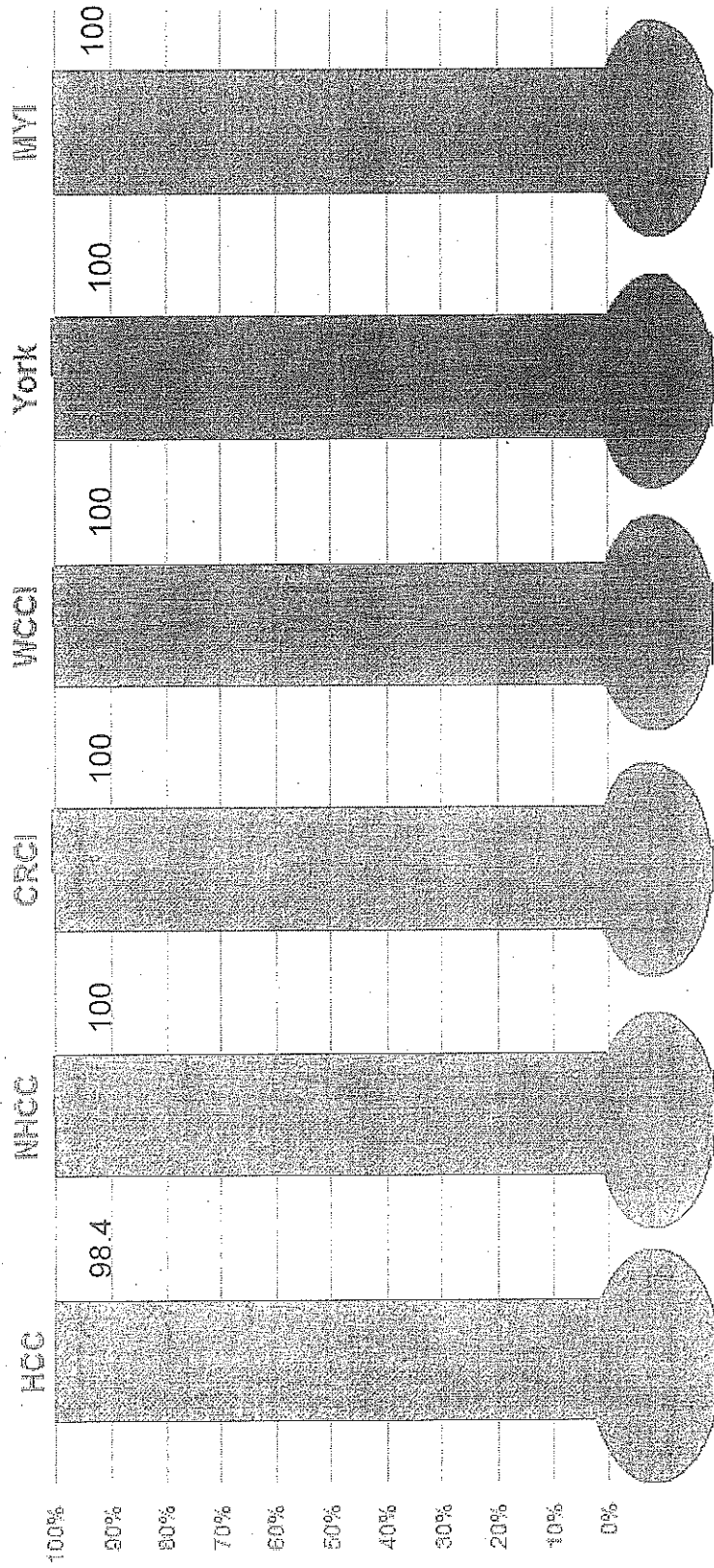
CT-DOC Smoking Prevalence Survey

March 31, 2015

Preliminary Data

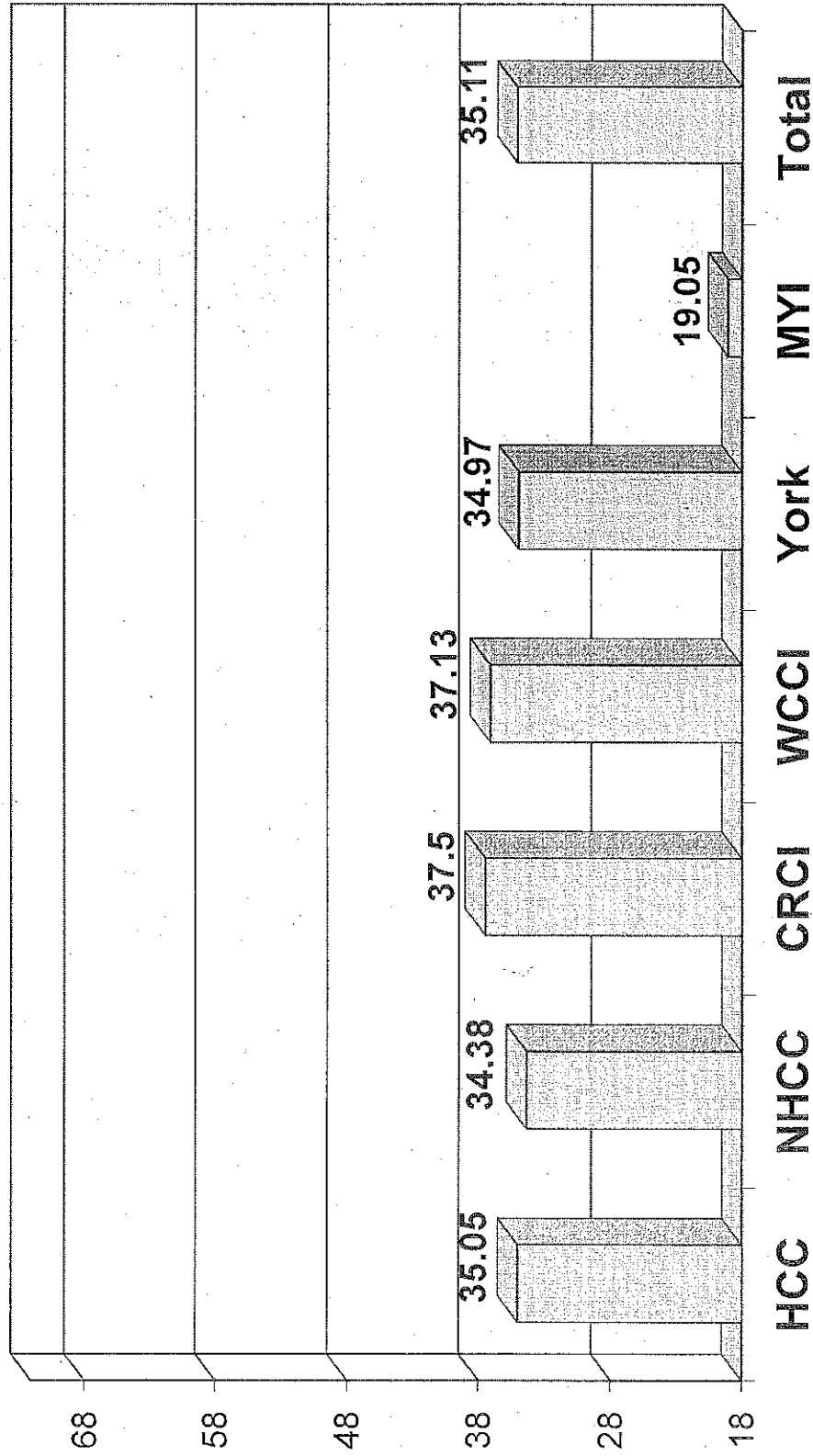
Submitted by the University of
Connecticut School of Social Work

Data Collection by DOC Facility



Completed	264	251	367	353	263	82
Refusals	55	16	8	33	17	0
Invalid	4	0	6	6	6	1

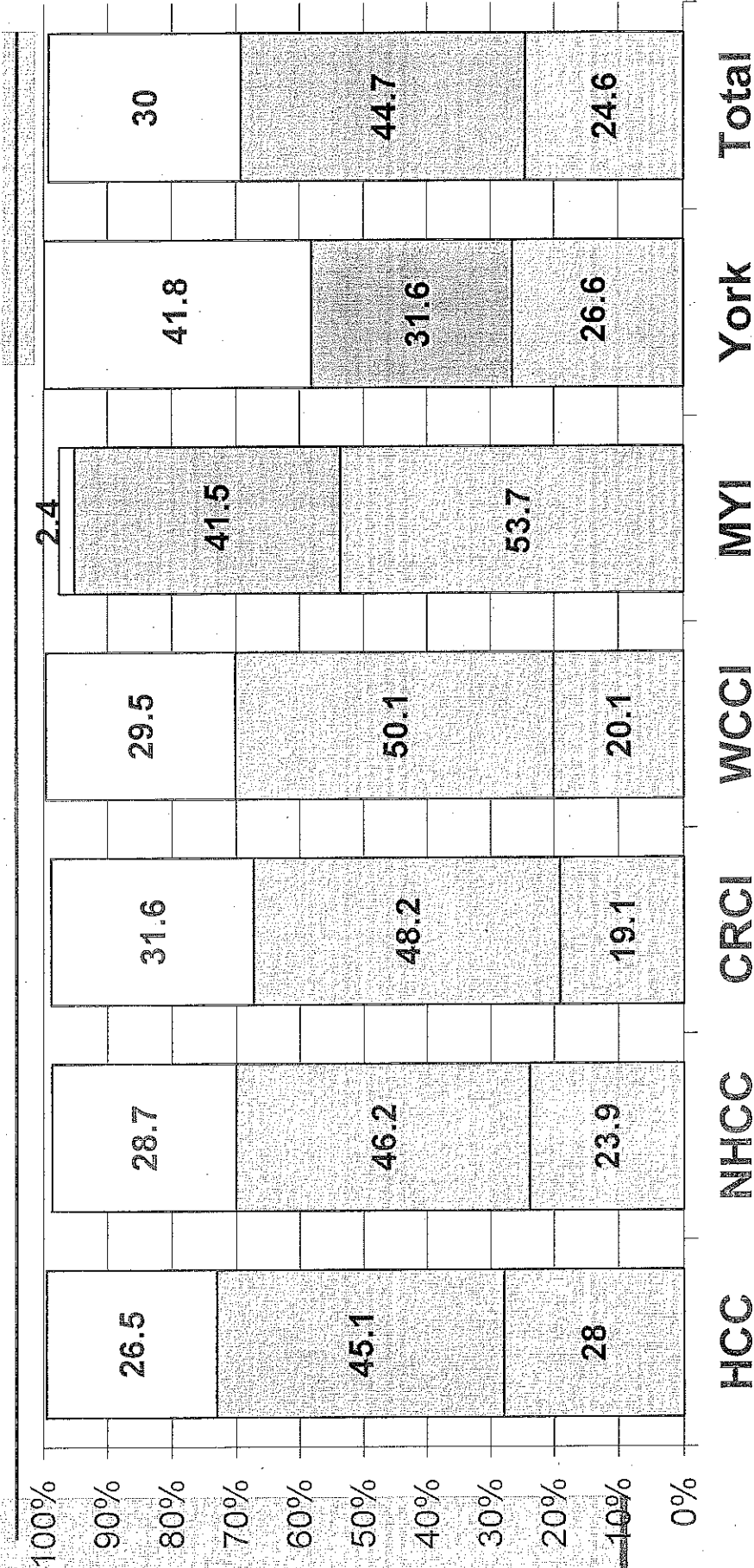
Average Age by Facility



Range 18 - 64 18 - 72 19 - 69 19 - 75 18 - 66 18 - 20 19 - 75

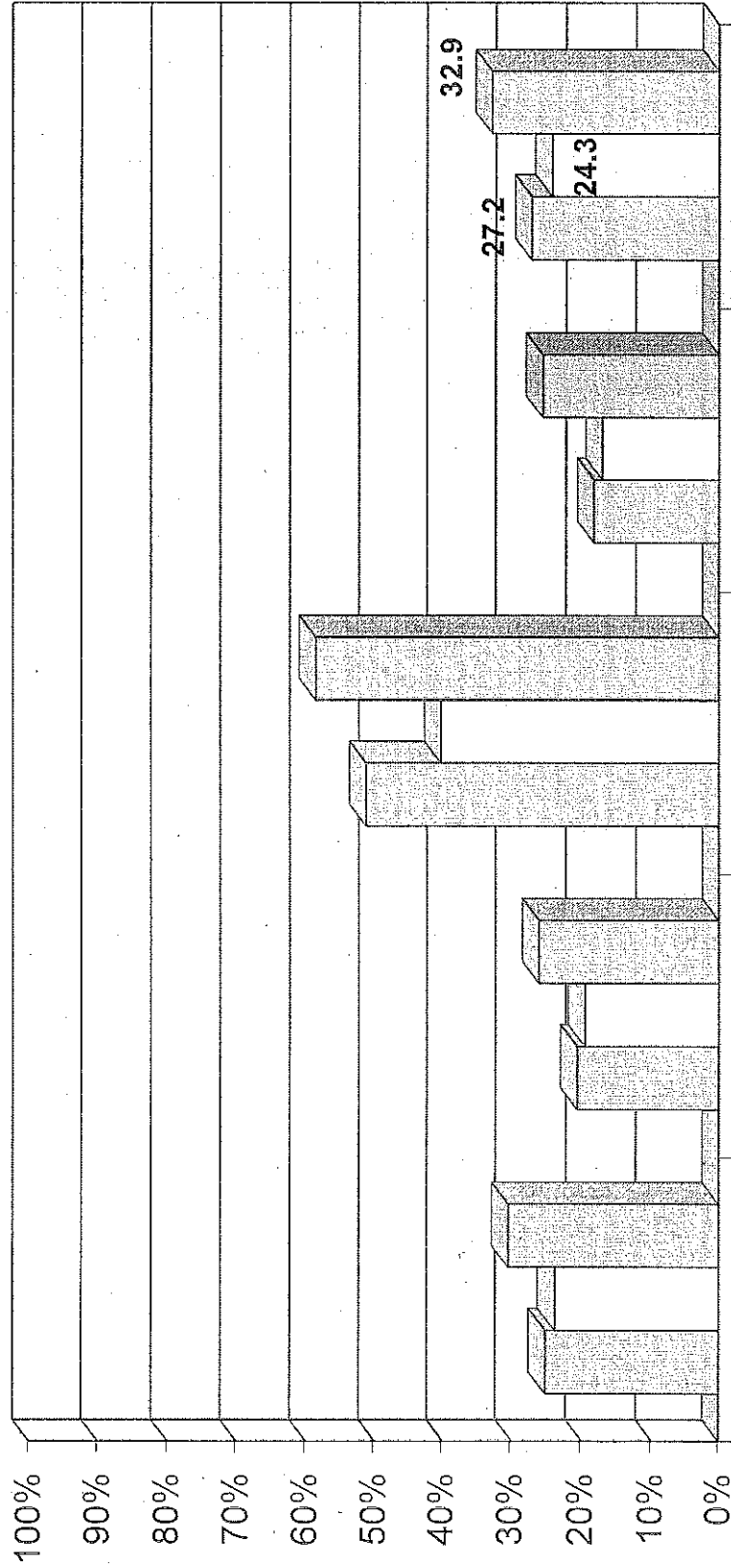
Years

Education Level by Facility



Less Than High School
 High School/GED
 Some College or More

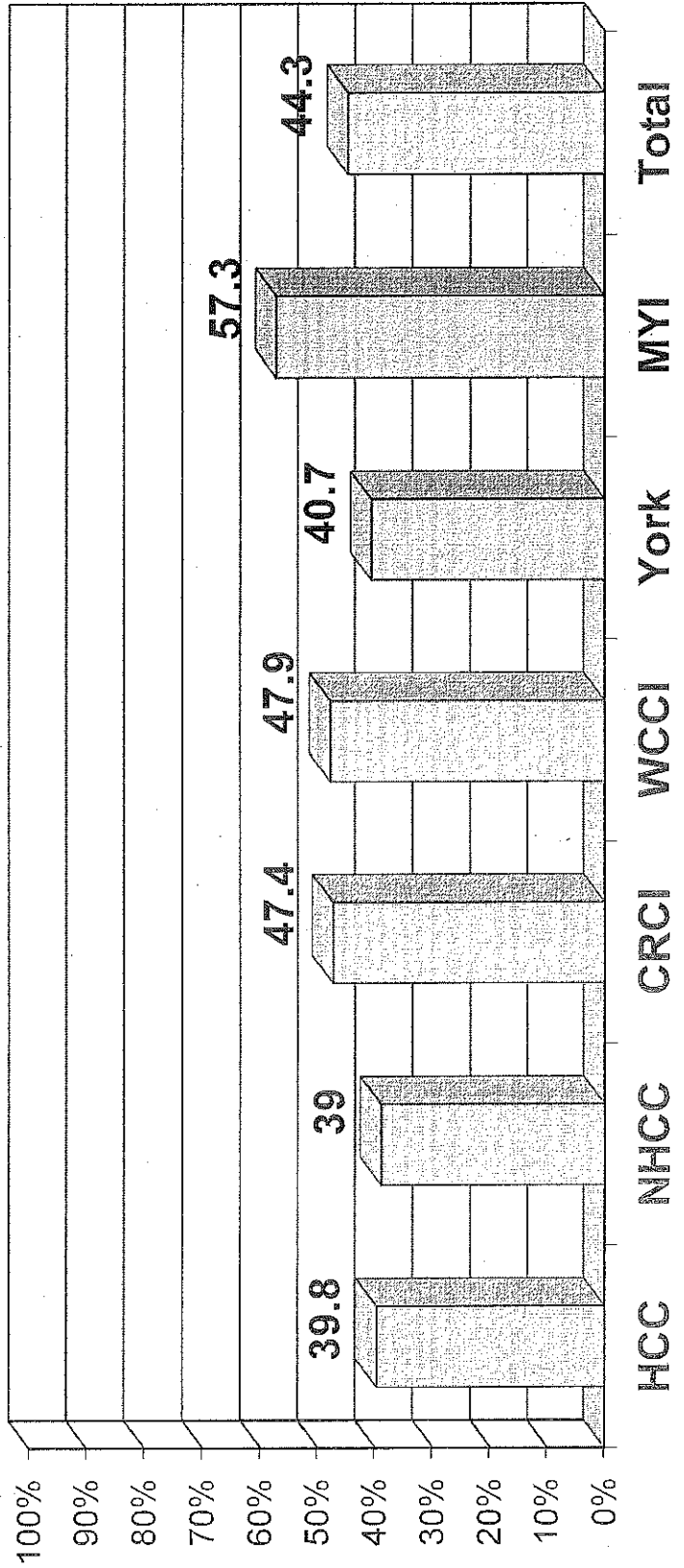
% with Serious Mental Illness by Facility Type



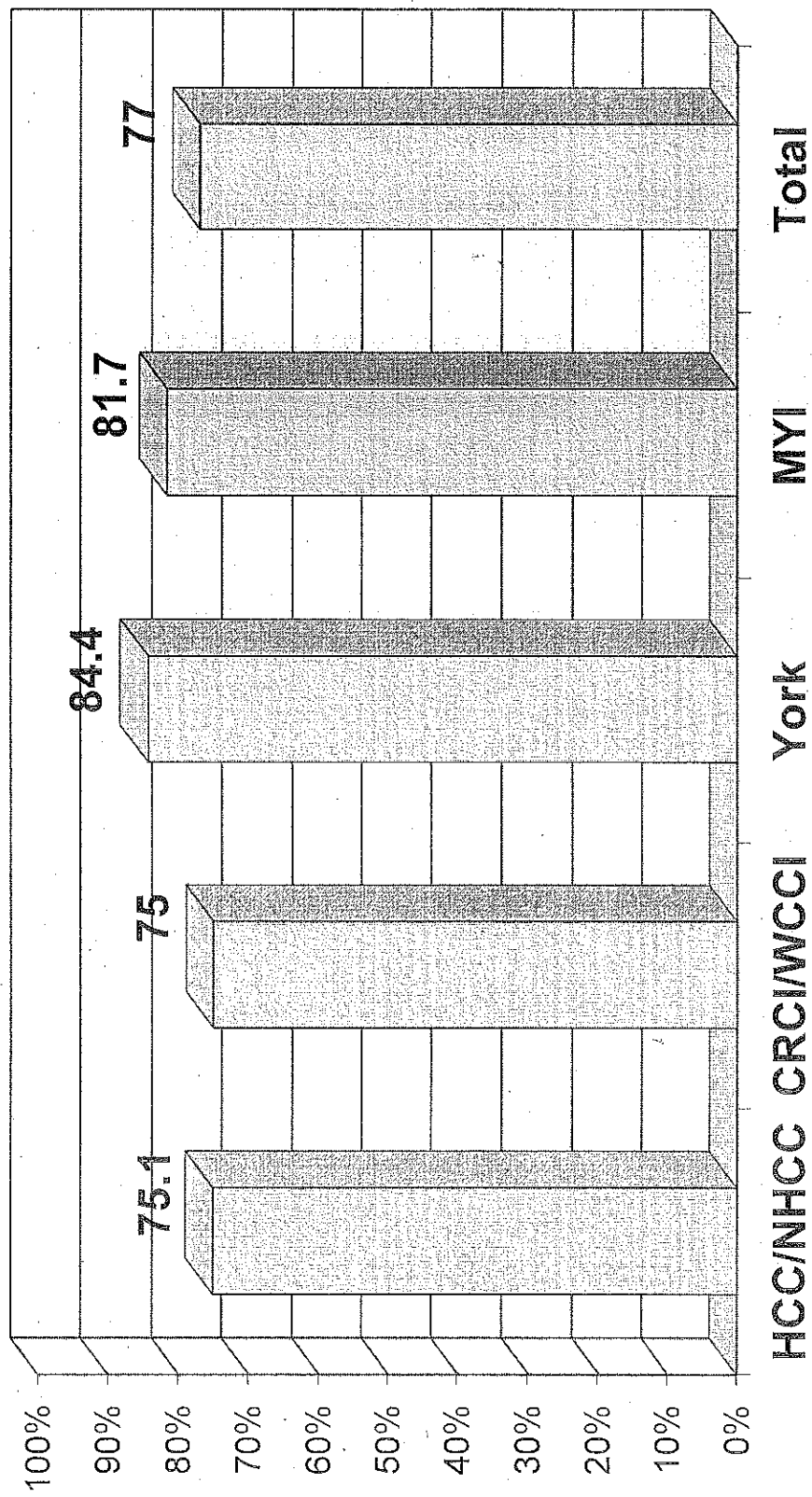
HCC/NHCC CRCI/WCCI York MYI Total

SMI
 MHER
 SM/ER

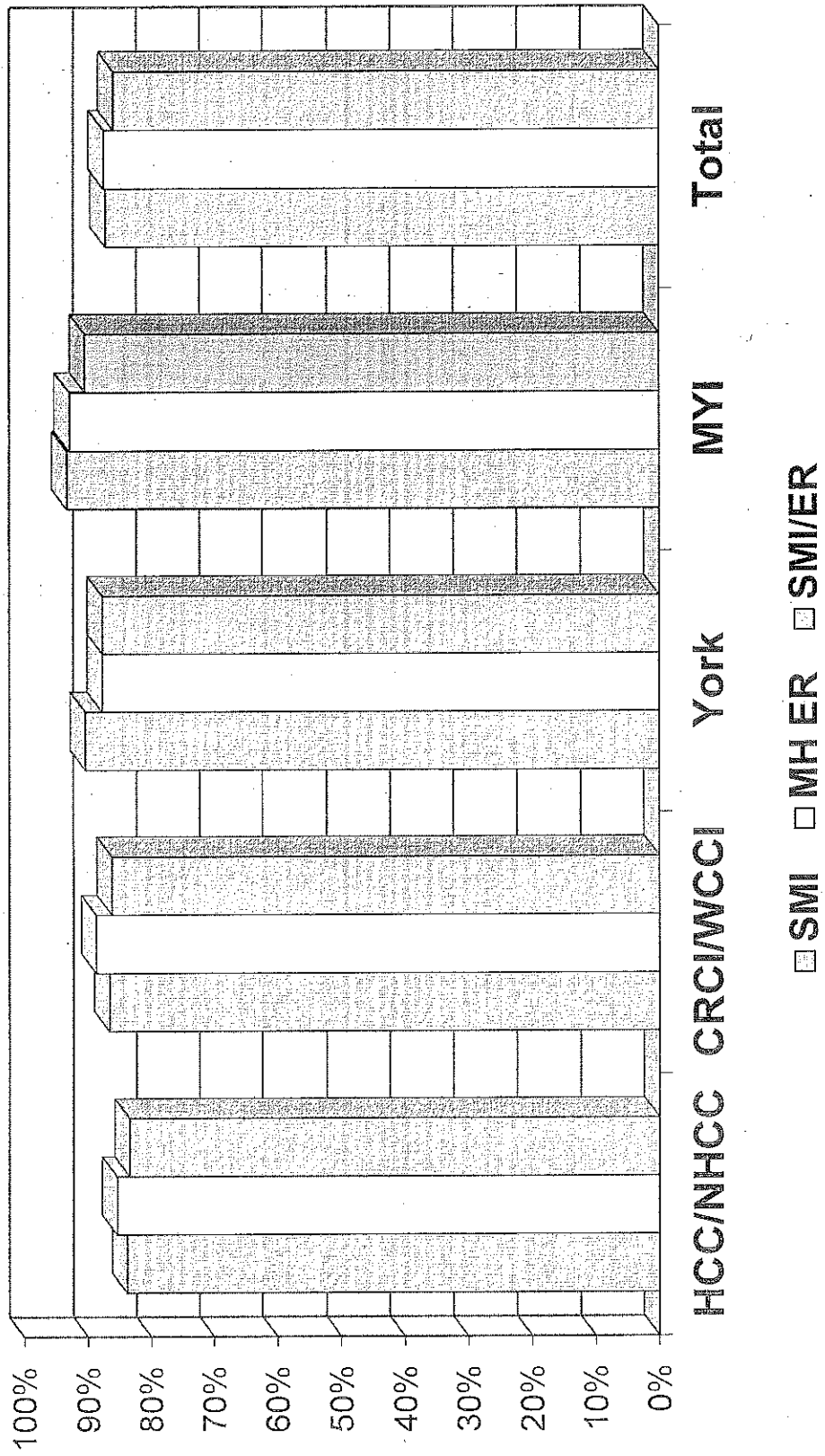
After release, will be living in a home with children



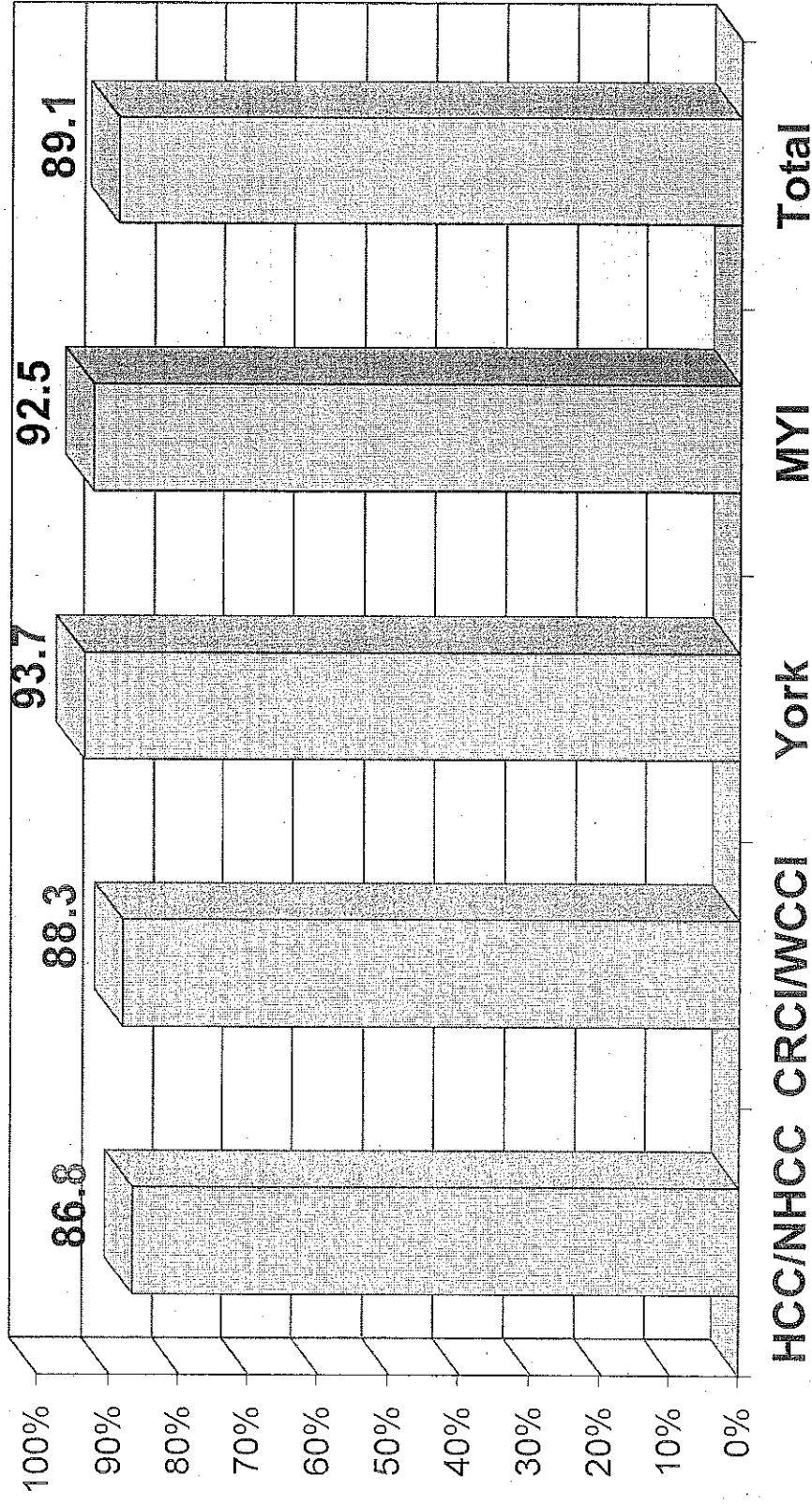
% Smoking (lifetime) by Facility Type



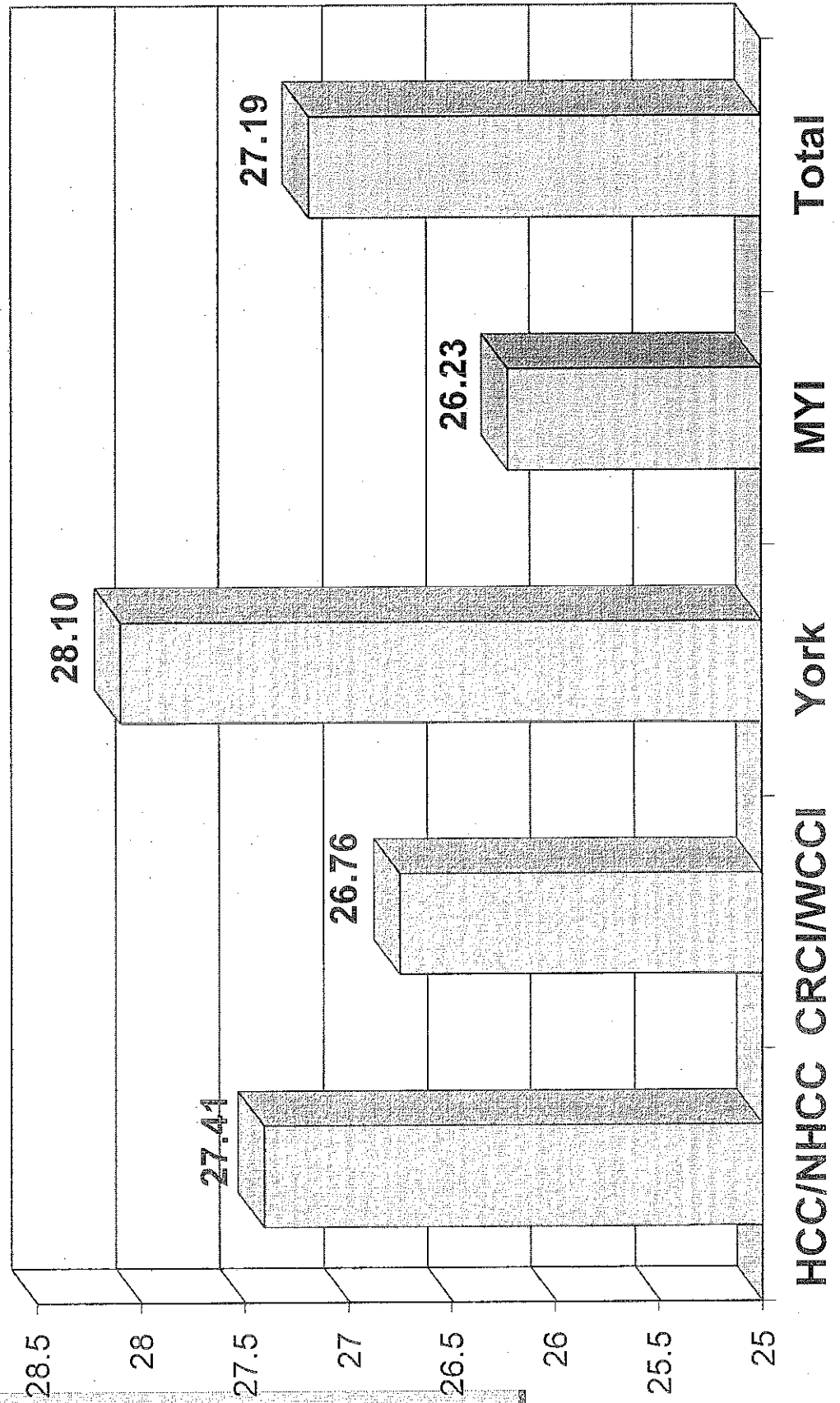
% Smokers (lifetime) among SMI



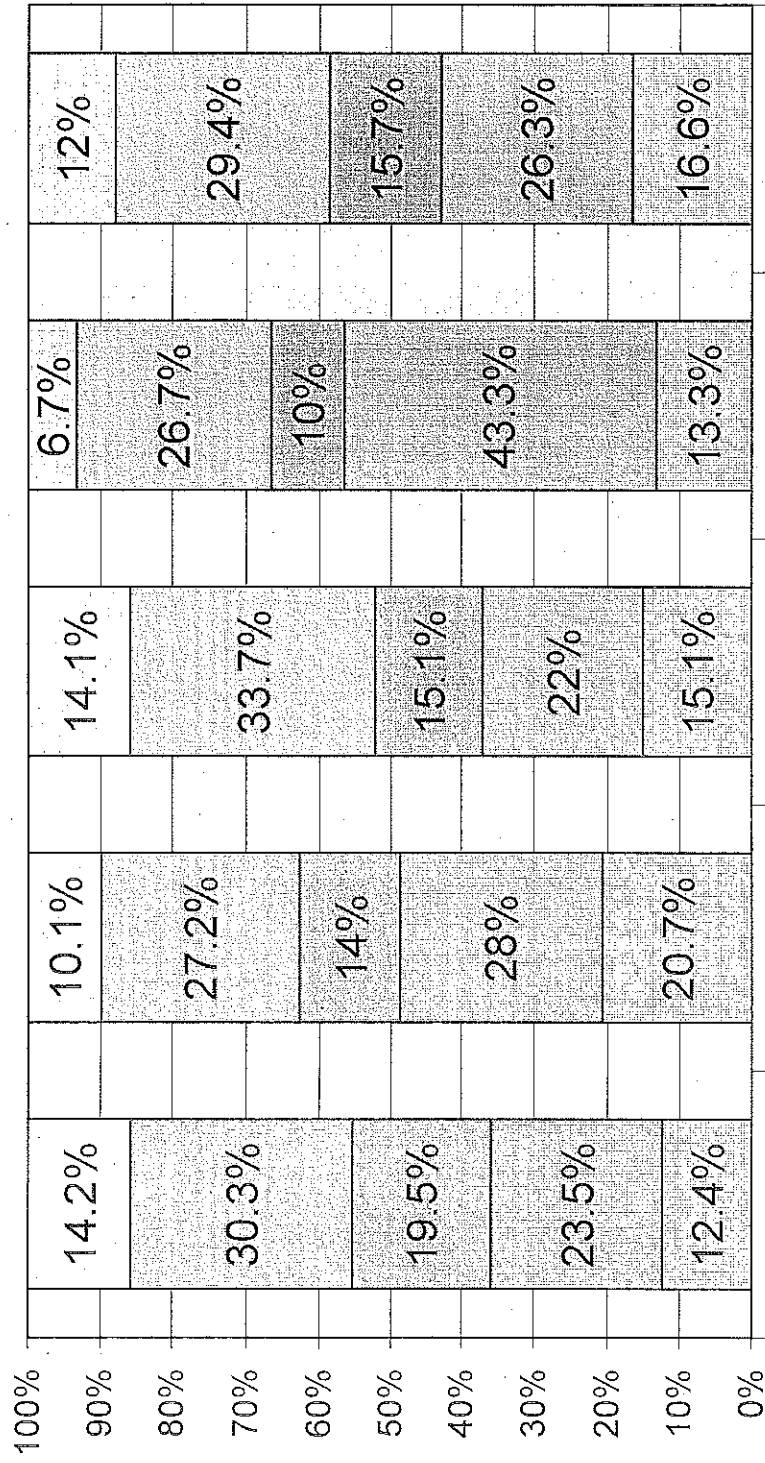
% Smoked in 30 days prior to Current Incarceration



Days Smoked in 30 days prior to incarceration?

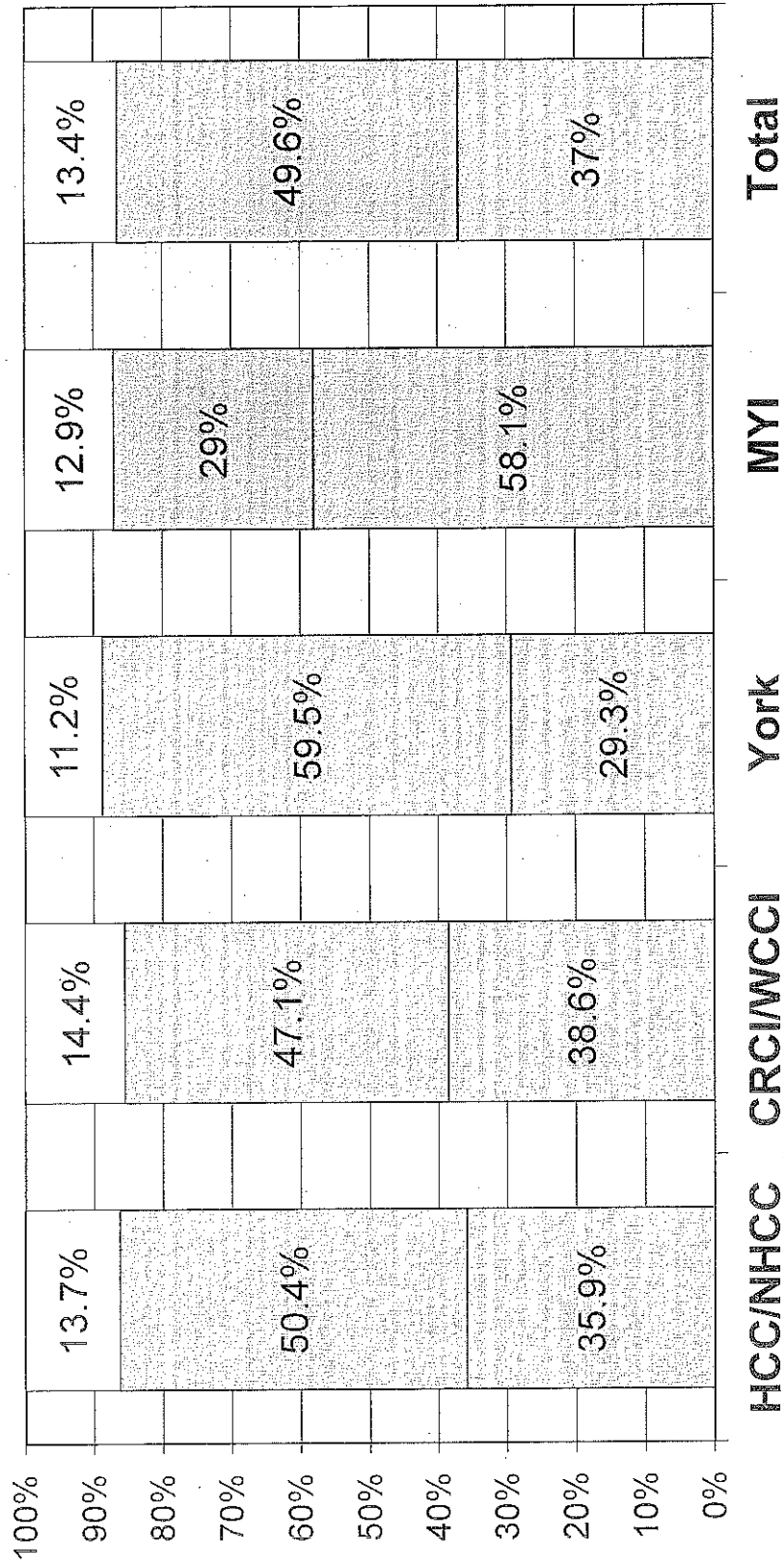


Nicotine Dependence by Facility Type



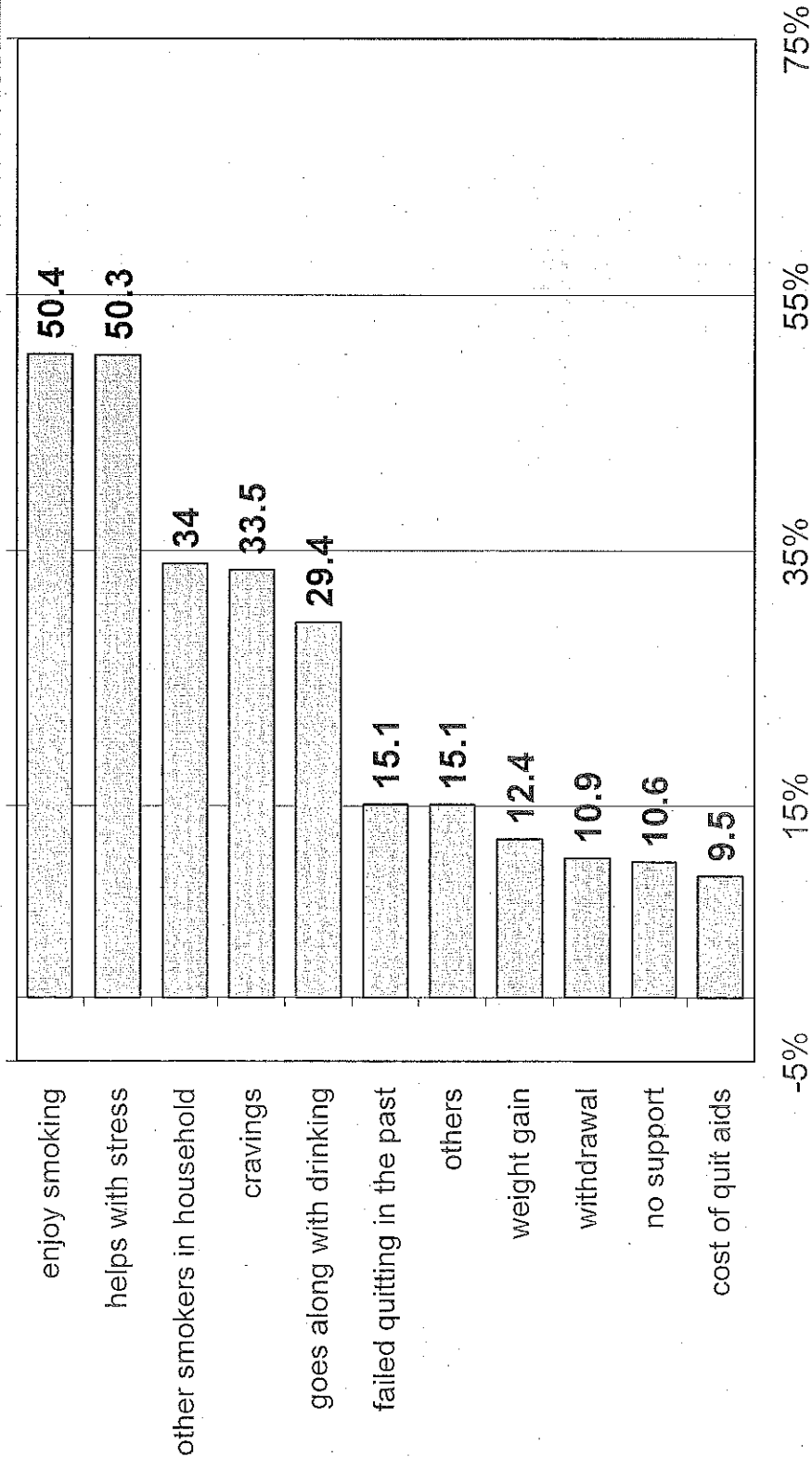
very low
 low
 medium
 high
 very high

Attempts at Quitting

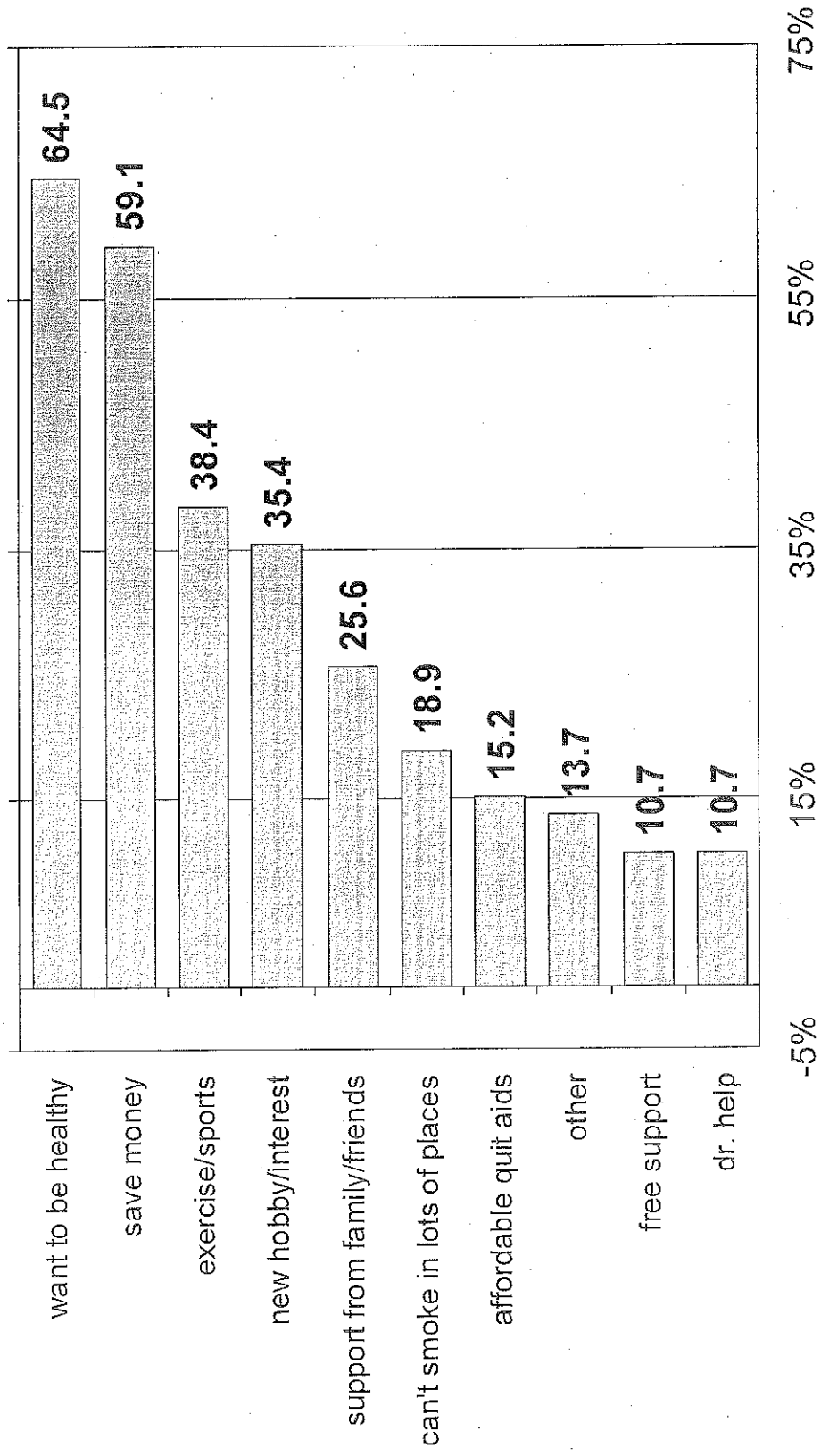


0
 1 - 5
 > 5

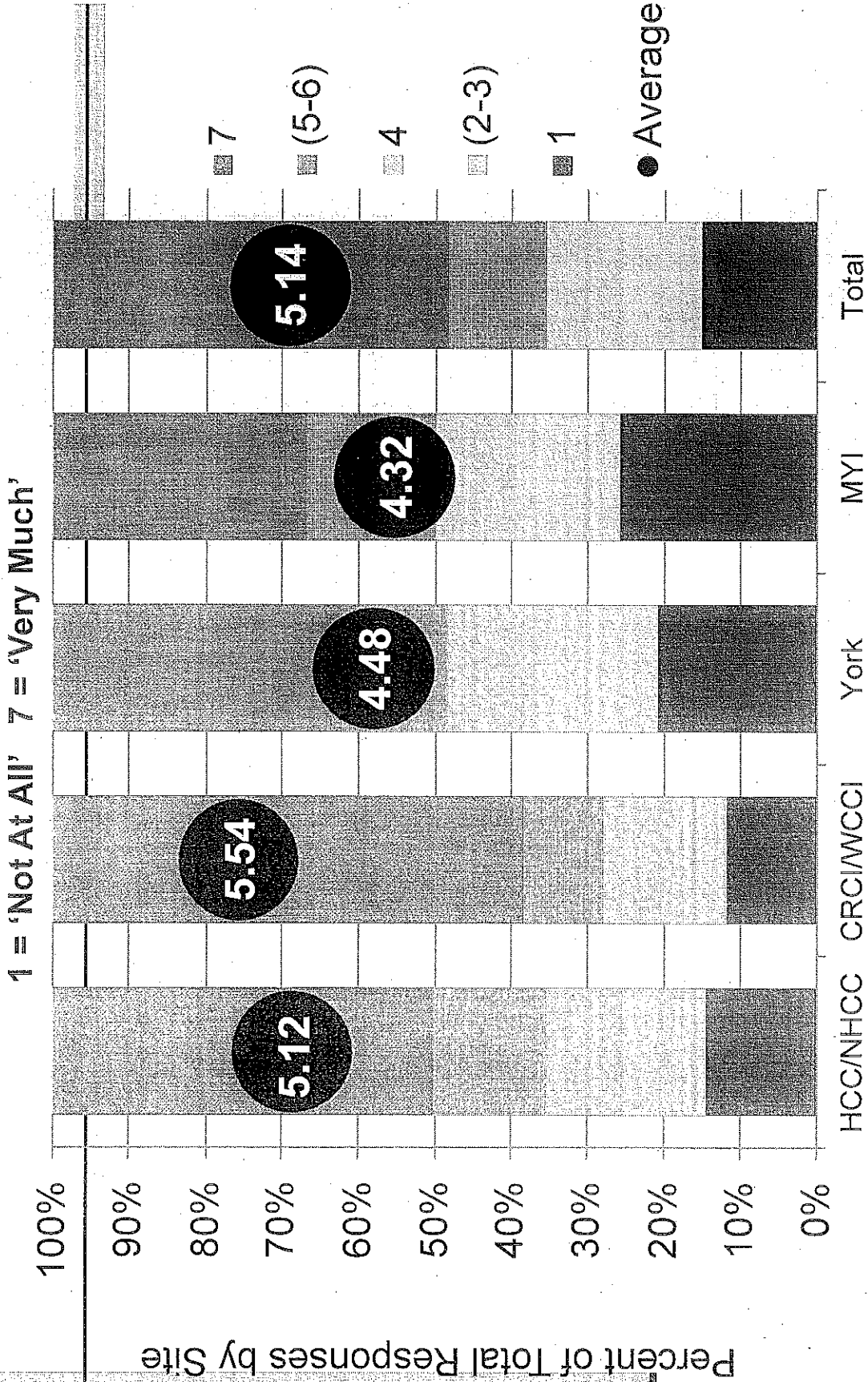
Barriers to Smoking Cessation: Why is it hard to stay quit?



Facilitators for Smoking Cessation: What motivates or helps to stay quit?

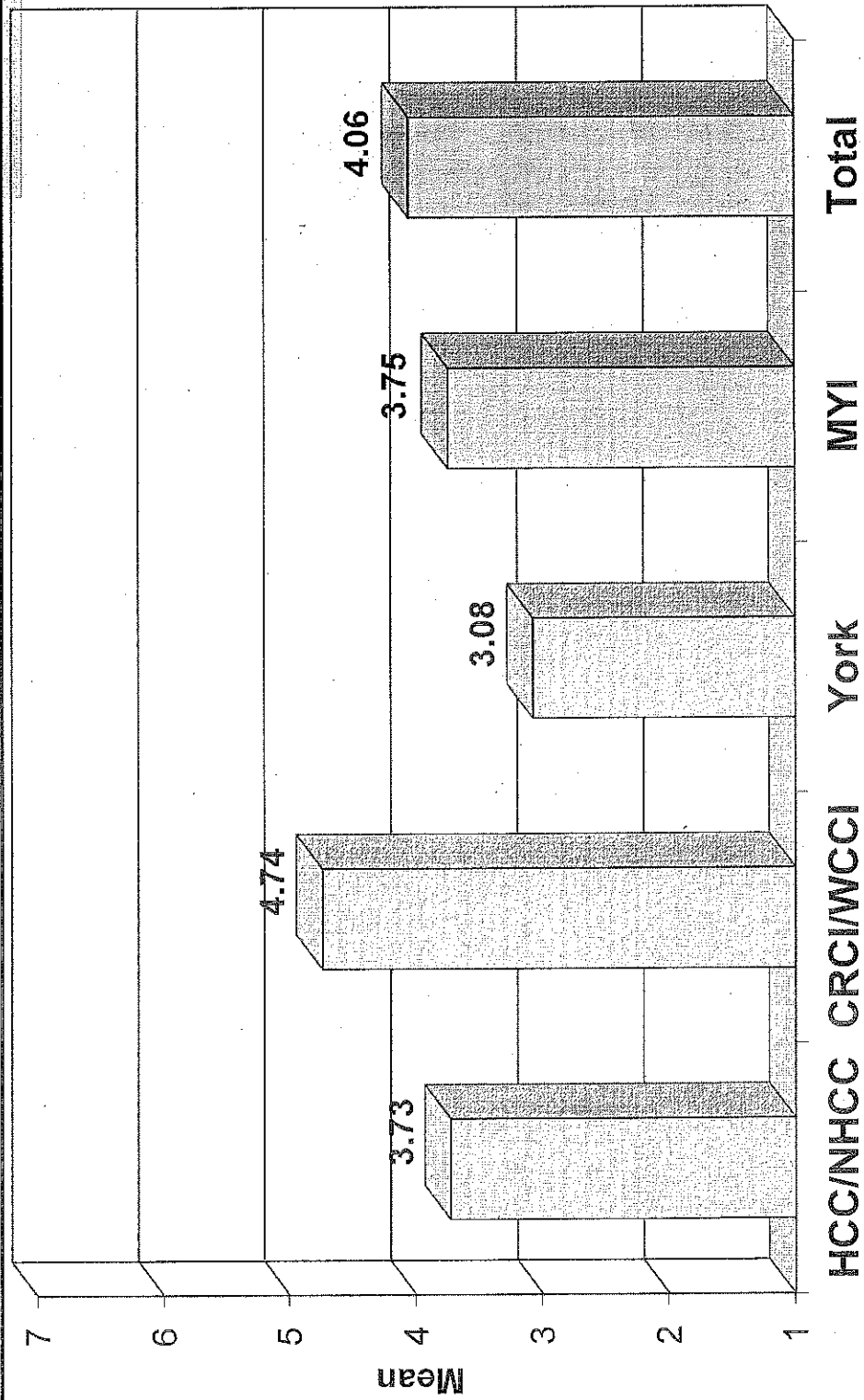


“How Much Do You Want to Quit Smoking?”



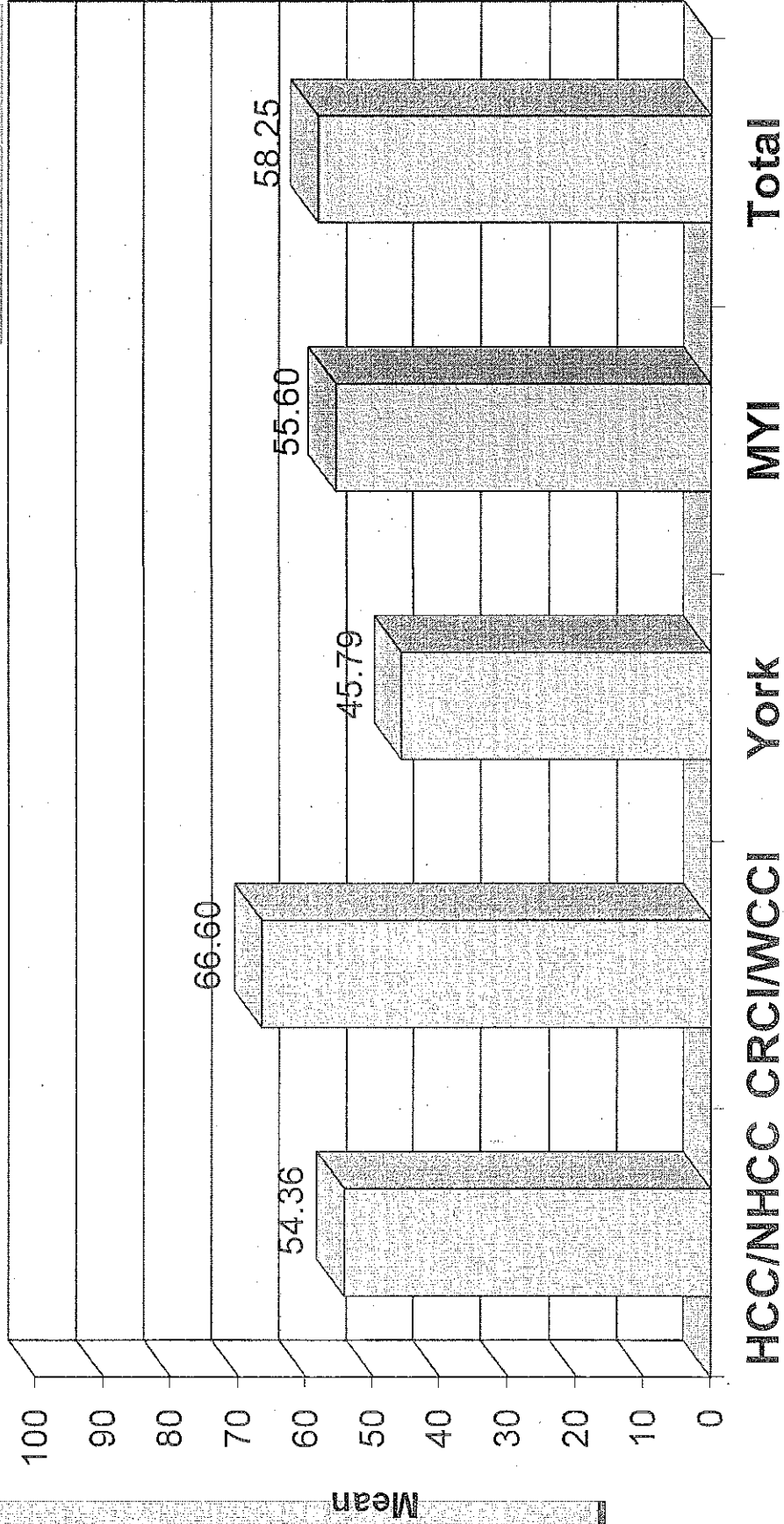
How likely is it that you will stay off cigarettes after release?

1='Extremely Unlikely' 7='Extremely Likely'



"Please rate your confidence about quitting"

0='No Chance of Quitting' 100='Confident about successfully quitting within 6 months after release'





Connecticut Tobacco & Health Trust Fund on Teen Kids News

As Teen Kids News begins its 13th season we are completing our series on Tobacco & Teens which is funded by a grant from the Connecticut Tobacco & Health Trust Fund.

There are three stories from the original series of 12, which have yet to air on Teen Kids News.

The three remaining stories will be reviewed/approved at the Board meeting on September 23rd and are then scheduled to air before the end of 2015 on Teen Kids News.

These stories are:

1. **Tobacco Advertising to Teens**
2. **Health Risks for Tobacco That You May Not Know About**
3. **Tobacco Use: It's Not Just Cigarettes**

These stories will be incorporated into three different Teen Kids News shows which will air on the full TKN Station Network and on the Educational Network & American Forces Network, as well as the following stations with specific reach in Connecticut...

WTNH-ABC (New Haven, CT) at 1:00 pm on Saturdays
WNYW Fox-5 (New York) at 9:30 am on Saturdays
WCVB-ABC (Boston, MA) at 12:00 pm on Saturdays
WGGB-FOX(Springfield, MA) at 12:00 pm on Saturdays
WLNE-ABC (Providence, RI) at 12:00 pm on Saturdays
WMUR (Manchester, NH) at 10:30 am on Sundays

Once the series is complete, we will create a compilation DVD.

Summary of the STEP-State-wide Tobacco Education Program's 2014-2015

Process and Evaluation Key Findings

STEP-State-Wide Tobacco Education Program was established in 2010 by the Connecticut Prevention Network to reduce and prevent youth tobacco use in non-typical settings, utilizing activity-based education. STEP includes 5, 1 hour modules which focus on; Introduction to Tobacco; Environment and the Media; Healthy vs. Unhealthy Behaviors; Cost and Choices; and Dealing with Peer Pressure.

The original "pilot" program was launched in 2011, with approximately 1,700 youth ages 5-14 served. The initial evaluation indicated that youth age 5-9 increased their knowledge and perceptions of risk or harm regarding tobacco use at a greater rate than youth age 10-14. As a result for the 2014-2016 STEP Contract, The Connecticut Prevention Network staff, aimed to reach 1,500 youth ages 5-9 in non-traditional settings (after school, library, Parks and Recreation programs, Boys and Girls Clubs etc.).

Having concluded year one of the 2014-2016 contract, CPN staff have served over 1,500 youth and have 1,466 matching pre and post tests that were included for program evaluation. Of these 1,466 youth included in the evaluation, 130 were ages 10 or 11 as a result of how the community programs structured the groups they included in the STEP programs. For example if the after school program was offered in a community for youth ages 5-11, the program staff are not always able to separate participating youth by age group so all youth are included in STEP, however this is assessed in evaluation. STEP Phase II outcomes are consistent with Phase I findings, youth age 10+ to not increase knowledge, attitudes or skills, as a result of STEP, at the same rate as participants age 5-9.

In 2014-2015, 10 of the 13 Regional Action Councils that make up the CT Prevention Network implemented STEP across the state. The sex distribution of participants was exactly 50% female and 50% male. 60% of youth spoke exclusively English at home, while 31% spoke English and another language. The majority of youth were 9 years old (37%), followed by 8 years old (24%). Five and 6 year olds made up about 12% of participants, while 7 year olds represented 15% of the group.

The learning objectives/evaluation measures included; identification of a cigarette, knowledge of what tobacco is, living with a smoker (yes or no), understanding smoking is risky to ones' health, second hand smoke as a risk to health, difficulties in quitting smoking, perception of parental concern over children smoking, perception of peers concern over smoking, fiscal cost of smoking, parents or family members communication about smoking, advertisements influence over youth initiation of smoking, smoking and its impact on sports performance, cigarettes and chemicals within them, resisting peer pressure, talking to someone at home about what has been learned in STEP about smoking.

Preliminary Key Findings of the 2014-2015 evaluation are as follows:

(these measures have been selected because of their relationship to risk and protective factors for youth substance use)

Smoking is risky because it hurts your body

Smoking Risky	Pre test		Post test	
	True	%	True	%
5-6 years	128	74%	155	89%
7-9 years	1019	89%	1108	96%
10-11 years	128	99%	127	98%

If you're in the same room as someone who is smoking, their smoke can hurt you

Secondhand Smoke	Pre test		Post test	
	True	%	True	%
5-6 years	104	60%	141	81%
7-9 years	817	71%	1037	90%
10-11 years	106	82%	123	95%

My parents or someone in my family would care if I smoked

Someone care	Pre test		Post test	
	True	%	True	%
5-6 years	98	56%	132	76%
7-9 years	780	68%	878	76%
10-11 years	103	79%	103	79%

Advertisements in magazines and commercials make kids want to smoke

Smoking Risky	Pre test		Post test	
	True	%	True	%
5-6 years	32	18%	73	42%
7-9 years	239	21%	583	51%
10-11 years	29	22%	72	55%

Urban Tobacco Inspection Program Summary

City	Number of Retailers in the City Jurisdiction	Inspection Period	Funding Amount	Education and Awareness Visits	2013 RVR	2016 Synar RVR	Total Infractions Assessed	Total RVR for 2015***
Bridgeport*	247	10/11/14 to 1/26/15	\$65,050.00	170	29.20%	8%	\$1,250.00	12.85%
New Haven**	236	3/24/15 to 4/29/16**	\$62,160.00	160	24.50%	2.70%	\$6,800.00	22.80%
Hartford	319	8/6/14 to 4/29/15	\$76,560.00	300	23.60%	7.32%	\$30,600.00	23.19%
Stamford	140	11/20/14 to 6/17/15	\$50,160.00	125	15.40%	7.70%	\$5,800.00	11.15%
Totals	942		\$253,930.00	755	24.00%	6.43%	\$44,450.00	19.33%

Since 8/6/14, 1,774 independent tobacco compliance inspections have been conducted by the police departments in Bridgeport, Hartford, New Haven and Stamford.

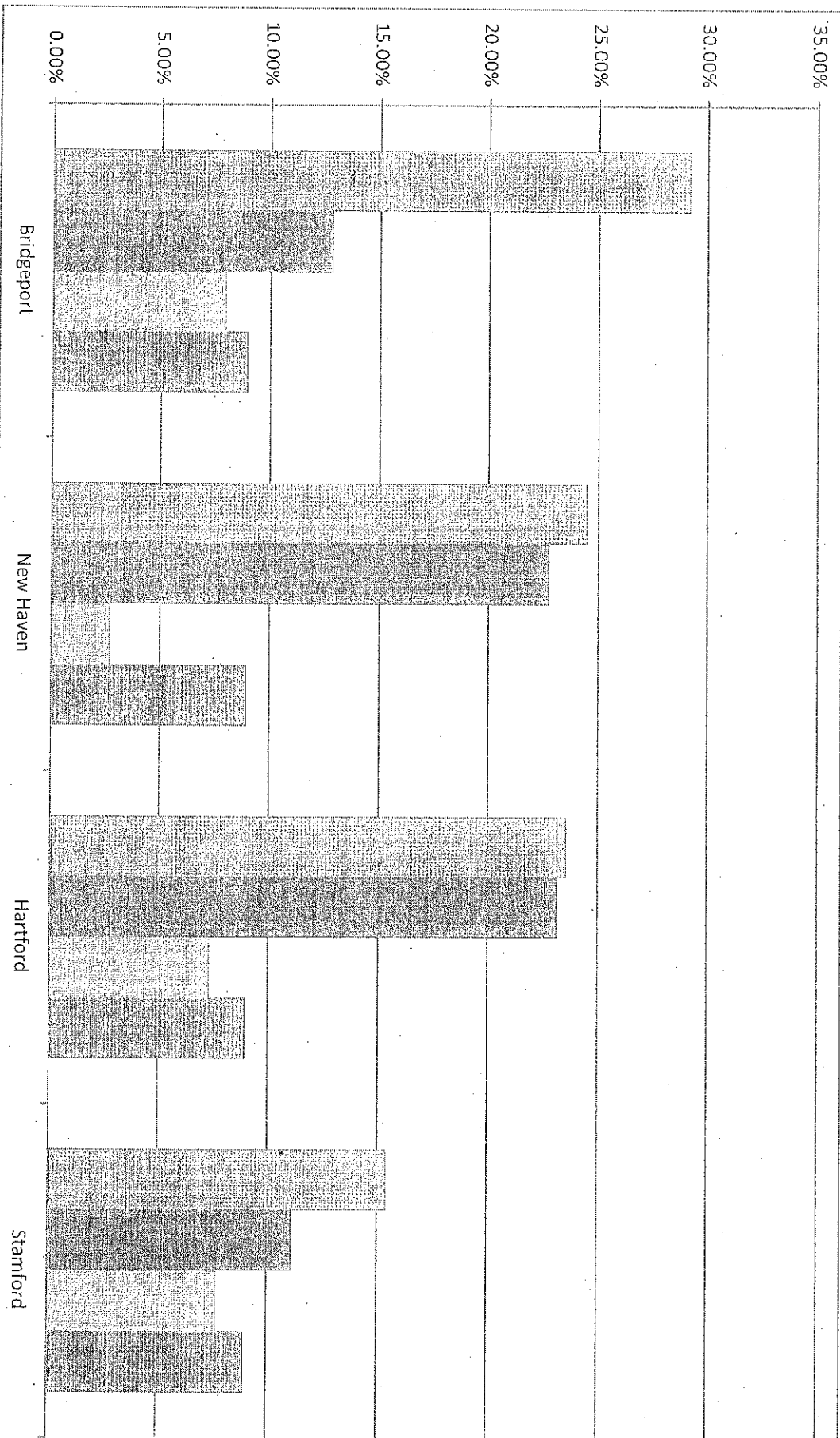
*The Bridgeport Police assessed a \$50.00 first-time infraction in most cases rather than the \$200.00 amount as prescribed by Connecticut Statute in Section 53-344. This affected the total amount of infractions assessed in Bridgeport. The infraction total for Bridgeport would have been \$5200.00 if the full penalty was enforced at the time of inspection. Bridgeport is the only city that decided to deviate from the fine structure established in the statute. (Cities were given full latitude as to the specific enforcement strategy used to complete the compliance inspections).

**The New Haven contract was granted a one year extension and does not expire until April 29 of 2016. It is expected that New Haven will meet or exceed the contracted amount of compliance inspection by that time.

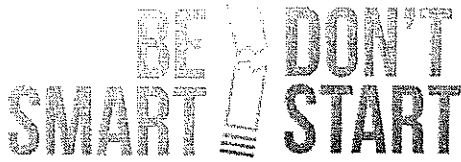
***Total RVR for 2015 – Include all enforcement compliance inspection data recorded starting January 1, 2015. This includes FDA compliance data, enforcement, Synar Sample done by DMHAS and UTIP inspections that were completed as of the first of the year.

The overall statewide 2016 Synar Retailer Violation Rate that will be recorded as 8.97% in this year's report.

Urban Tobacco Inspection Program Summary



20
20
20
20



Be Smart, Don't Start is part of an integrated issue-based strategy of the Alliance of Boys & Girls Clubs in Connecticut. Be Smart, Don't Start specifically seeks to:

- prevent youth from use of cigarettes, e-cigarettes and other tobacco related products;
- find common ground with organizations and corporations in Connecticut to support broader advocacy on behalf of at-risk youth in the state;
- provide opportunities for teen leadership development through issue advocacy with the Clubs, in their communities, and across Connecticut.

During its first cycle (2014/2015), Be Smart, Don't Start made progress toward each of these objectives. Efforts are now underway to expand Be Smart, Don't Start through 2017.

Elements of Be Smart, Don't Start First Cycle

The program included four components; 1) Stay smart programs, 2) Informational hubs 3) Community forums and 4) Social and traditional media outreach.

Outcomes

First cycle, of the ongoing Be Smart, Don't Start Program.

Impact on Our Youth Success with smoking prevention requires ongoing reinforcements. In its first year, Be Smart, Don't Start elevated these issues among our members. 303 teen members between the ages of 13-15 participated in the Stay Smart curriculum designed to teach the members the skills necessary to avoid risky behavior. Pre and Post tests were administered and completed by 203 participants whom completed the program. Participant scores were mixed and a significant increase in knowledge gained could not be established. This realization coupled with the recommendations from the CDC "Best Practices for Comprehensive Tobacco Control Programs has led the Boys and Girls Club to elevate their strategies to most effectively reach their teen members.

As smoking within a family is an important factor leading to teen smoking, outreach efforts also were made to the families. This included the Be Smart, Don't Start community forums. It also provided the information on where family members could find support for cessations. For CVS, this component proved very attractive. CVS has invested in its pharmacists to provide cessation support.

Community Outreach

The 16 Be Smart, Don't Start community forums received press coverage across the state. In a number of cases, state and local elected officials, state agency representatives, and community health providers participated. Participants in community forums included representatives from Greenwich Hospital, Hartford Hospital, Aetna, Yale University, Norwalk Hospital, Ridgefield Youth Prevention Council, Lower Fairfield Country Regional Action Council, Saint Vincent's Medical Center, Sacred Heart University and the American Cancer Society.

Teen Leadership

Through Torch or Keystone, Club teens led a Be Smart, Don't Start video contest. A gallery of videos was created online. Cash awards were provided to the teen clubs that submitted the best and greatest number of videos.

Coalition & Network Building

As a result of Be Smart, Don't Start, the Connecticut Alliance has developed formal and informal relationships with other organizations, including the Connecticut Prevention Network, CVS Health, News 8 and the American Cancer Society.

Launched alongside CVS' decision to ban tobacco products in its stores, Be Smart, Don't Start proved an ideal initiative for its sponsorship. CVS became the lead corporate sponsor for Be Smart, Don't Start. They received lead recognition in Be Smart, Don't Start materials, online and offline. CVS representatives joined us in media interviews. CVS also keyed on the opportunity to promote its smoking cessation initiatives among Boys and Girls Clubs in Connecticut families.

Program enhancements 2016

The teen leadership and advocacy component are designed to develop the teen leadership groups within the 16 Boys & Girls Clubs in order to begin the dialogue on the issue of tobacco use in their communities. Be Smart, Don't Start develops 350 teen youth leaders directly working in the program as ambassadors for healthy living in their community. The teen youth leaders are charged with organizing activities within their local Boys & Girls Club that will impact an additional five thousand members. The teen leaders work directly in their communities developing activities that impact thousands of citizens statewide. Groups develop a comprehensive tool kit to assist them in their youth leadership and advocacy activities, point of sale/merchants and retailer access, developing anti-tobacco industry resources and messaging, and tobacco sponsorship/tobacco use in movies/entertainment. Teens make a one-year commitment.

to develop an effective strategy that influences policy change at the local level, conduct environmental scans and increases community involvement through locally developed community events. This involvement of Club teen advocates reinforces the messages of the inherent dangers of smoking and inspires other teens to stop smoking. Staff leading the youth groups receives a two-day training and follow up support to ensure the ongoing success of the program. Clubs join "Youth Activism in Tobacco Control: A Toolkit for Action, Legacy, 2012" to use best practices established by a leading agency in the fight against tobacco use.

The Training of Trainers component of the program is designed to educate the Boys & Girls Club staff who work directly with members to implement strategies for youth leadership, advocacy and environmental strategies. The training is conducted for two days and each Club is required to send the project coordinator and teen leadership advisor who are assigned to the program. The staff members attending those trainings become adult advocates in their communities through their leadership of the youth groups.

Each Club organizes a youth led special event that brings local partners together from their community to discuss tobacco related topics selected by the youth advocates. These forums receive additional support from the Alliance partnership with CVS Health.



Carole and Ray Neag Comprehensive Cancer Center
UConn School of Medicine
Pramod K. Srivastava, PhD, MD
Professor of Immunology and Medicine
Northeast Utilities Chair in Experimental Oncology
Director, Carole and Ray Neag Comprehensive Cancer Center

June 25 2015

Progress Report for UConn Health's Biorepository Tobacco and Health Trust Fund project: 11/1/14-10/31/2015

Following steps have been accomplished towards establishment of a biorepository at the Uconn Health under the direction Dr. Pramod Srivastava (Director, Neag Comprehensive Cancer Center at the UConn Health):

1. Establishment of a smoking cessation clinic called "Wellness Clinic" in the cancer center at UConn Health- As stated in the work plan of the original grant, one of the first objectives was to create a smoking cessation clinic to provide comprehensive smoking cessation intervention and as a primary place of recruitment for the biorepository. Consistent with that work plan, a smoking cessation clinic has been established under the direction of Drs. Cheryl Oncken (Professor of Medicine & Director, Cancer Control and Prevention Program) and Jayesh Kamath (Associate Professor of Psychiatry & Immunology). It is well known that success with smoking cessation depends on both physical and psychological nicotine dependence in these individuals. Furthermore, evidence suggests that patients with psychological and substance use vulnerabilities have some of the lowest quit rates. Keeping this in mind, a team of experts has been assembled to provide comprehensive smoking cessation in this clinic. This team includes Diahann Wilcox APRN (Pulmonary Medicine), Dr. Kamath (Psychiatry) and Dr. Oncken (Medicine). Diahann Wilcox has expertise in providing both pharmacotherapy and psychotherapy (individual and group) for smoking cessation. Dr. Kamath runs a cancer supportive program at Uconn health and assists in addressing mental health aspects of smoking cessation in individual patients. Drs. Oncken and Kamath provide overall supervision and coordinate clinical service and research (biorepository) in this program.
2. A comprehensive database has been created for this clinic to investigate smoking history and assess medical, psychological and substance use aspects to individualize treatment. The assessments conducted at the initial and follow up visits include validated questionnaires relevant to smoking behavior and past quit attempts as well as questionnaires evaluating physical, psychological and substance use comorbidities. The smoking cessation interventions provided in the clinic include pharmacotherapy and psychotherapy with monitoring of success. The interventions are personalized based on the needs of the individual patient. Service is billed to patients insurance, however patients are not charged if their insurance does not cover individual visits. Assistance is also provided when necessary

(by providing pharmacotherapeutic agents) if patients are unable to afford the agents for smoking cessation. This clinical service runs on Tuesdays and is located in the cancer center at UConn Health.

3. A parallel biorepository of genetic samples has been established in this clinic. The biorepository has received UConn Institutional Review Board (IRB) approval after a careful review process over the past 5-6 months. The delay in initiation of the overall project is partially due to extended IRB approval process. The workings of the biorepository project are as follows: Patients receiving care in the clinic are offered to participate in the biorepository with appropriate informed consent. Individuals agreeing to participate in the biorepository provide blood and saliva samples. The informed consent document also request permission to access their medical records related to the smoking cessation care and assessments individuals receive in the clinic and their other medical records. These records are deidentified with the assistance of a honest broker and correlated with the patient's genetic samples. Coordination of collection and storage of samples and de-identified medical records is being done by a research assistant specifically designated to carry out these tasks.

Additionally, the following steps have been taken towards establishment of a virtual tumor bio-repository. We have begun this using bladder cancer as a test case, but aim to expand to other cancers as well. In 2015, there will be an estimated 1,140 cases of bladder cancer diagnosed in the state of Connecticut (American Cancer Society Cancer Facts & Figures). When all cases diagnosed, both superficial and muscle-invasive, are included in the evaluation, the overall survival is 79% at 5 years. For those patients diagnosed with muscle-invasive tumors, the 5-year survival is 69%. Survival rapidly drops for patients with regional spread of disease and distant disease, with 5-year survivals of 34% and 6% respectively.

The current standard of care for treatment of muscle-invasive bladder cancer (MIBC) is neoadjuvant cisplatin-based chemotherapy followed by cystectomy or concurrent chemotherapy with curative intent radiation for a select population (NCCN Clinical Practice Guidelines). Yet there is evidence clearly demonstrating that the vast majority of patients with MIBC are not receiving standard of care treatment. In 2010, utilizing the SEER database, Gore et al. published in the Journal of the National Cancer Institute that only 21% of patients with this diagnosis underwent radical cystectomy. They identified factors that impacted rates of cystectomy, including long distances to urologists, patient age and other comorbidities. More importantly, after adjusting for differences in subjects, those who did not undergo cystectomy had worse survival. Furthermore, the US National Cancer Database registered that only 9% of patients with MIBC who received cystectomy received neoadjuvant chemotherapy. Clearly, these are alarming findings, but these studies using large databases are limited by the lack of patient-level details.

Treatment for MIBC, in conjunction with clinical research, has remained stagnant in the last decade, which parallels the lack of improvement in 5-year survival rates. It will be

impossible to move the field forward without understanding why patients are currently not receiving what has been defined as standard of care.

4. The primary goal of this collaborative project is to understand the patterns of care for MIBC in the state of Connecticut. More specifically, this project uses the Connecticut Tumor Registry (CTR) data (which is a contributor to SEER) on 1200 cases, and then delve into a subset of cases to perform an in depth case review to gather patient-level information not typically collected in large scale database studies, such as patient preferences, physician preferences, a deeper look into comorbidities, smoking history and specific treatment details that may shed light on the low rates of cystectomy and even lower rates of neoadjuvant chemotherapy. This important information is being collected and managed by the Rapid Case Ascertainment (RCA) staff as agents of the CTR. Once there is an understanding of the patterns of care in CT and possible barriers to providing evidence-based treatment for MIBC, this database when linked to patient samples in the biorepository may be used to further to understand factors impacting patient outcomes via translational research.
5. At present, this project has received IRB approval from the Department of Public Health, John Dempsey Hospital, Yale and St. Raphael's. The CTR data is available, and 300 CTR cases for in depth chart review have been identified. Thus far RCA staff has abstracted 90 cases. This project is unique and an important beginning for understanding treatment for MIBC in the state of Connecticut. The Connecticut Tumor Registry and its RCA unit are invaluable resources for researchers and patients of the state and allows for much needed reflection on how care is provided. This detailed database will also provide the baseline outcome data for future clinical and translational research.

Furthermore, this project on MIBC may provide a framework for investigations in care provided for other malignancies allowing the state of CT to be on the frontline for understanding cancer treatment on a patient-level, identifying statewide barriers to care, or conversely, areas that are models for others, and the creation of a statewide resource to facilitate research to improve outcomes for citizens of CT.

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH



Jewel Mullen, M.D., M.P.H., M.P.A.
Commissioner

Dannel P. Malloy
Governor
Nancy Wyman
Lt. Governor

Public Health Initiatives Branch
Community, Family, and Health Equity Section
Tobacco Control Program

The Tobacco Control Program at the Department of Public Health would like to invite you to attend two Forums that we are sponsoring this fall.

The first Forum entitled "Youth in Action! Engaging Youth as Leaders in Tobacco Control Policy" is on Wednesday, October 14 from 8:30 am to 1:00pm. This free workshop will give participants a better understanding of engaging and supporting youth as effective tobacco control policy advocates and leaders. Speakers include staff from the American Legacy Foundation and Yale School of Medicine.....Presentations will include a snapshot of tobacco use among CT youth, highlights of new research on youth tobacco issues in CT, strategies for keeping youth engaged, supporting them to effectively use their strengths for tobacco control advocacy, and involving youth who use or are at risk of using tobacco.

The second Forum is on Tuesday, November 10 from 8:30 am- 4:00pm and is entitled "Changing the Norm- Tobacco Free Strategies for your Community". This free one day interactive workshop will give participants a better understanding of how to implement effective tobacco control policies in their communities. Best practice tobacco control strategies including limiting sale and promotion of tobacco products to youth, and reducing exposure to secondhand smoke will be discussed. Speakers will be staff from ChangeLab Solutions.

Both forums will be held at the Central Connecticut State University Institute of Technology and Business Development in New Britain.

Registration is available at www.ct.train.org. The 'Youth in Action' Course ID# is 1059116, and the 'Changing the Norm' course ID# is 1059119. Should you have questions, please contact our program at 860-509-8251 or via dph tobacco@ct.gov.

We hope you will join us for these informative and exciting training opportunities.



Phone: (860) 509-8000 • Fax: (860) 509-7184 • VP: (860) 899-1611
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph

Affirmative Action/Equal Opportunity Employer

Youth in Action!

Engaging Youth as Leaders in Tobacco Control Policy

Wednesday, October 14, 2015

8:30 AM – 1:00 PM

Central Connecticut State University
Institute of Technology and Business Development
185 Main Street
New Britain, Connecticut

This free workshop will give participants a better understanding of engaging and supporting youth as effective tobacco control policy advocates and leaders.

Presentations will include a snapshot of tobacco use among CT youth, highlights of new research on youth tobacco issues in CT, strategies for keeping youth engaged, supporting them to effectively use their strengths for tobacco control advocacy, and involving youth who use or are at risk of using tobacco.

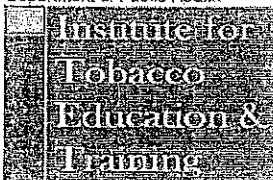
Registration is now open through TRAIN-CT

To register go to www.ct.train.org and follow the directions to create a student account, then register for course ID# 1059116

Registration deadline: October 7, 2015

If you have questions please contact Marian or Katie at 860-509-8251

Connecticut
Department of Public Health



Sponsored by the CT Department of Public Health Tobacco Control Program

SAVE THE DATE

**Changing the Norm
Tobacco Free Strategies for Your
Community**

Tuesday, November 10, 2015

8:30 AM – 4:00 PM

Central Connecticut State University
Institute of Technology and Business Development
185 Main Street
New Britain, Connecticut

This free one day interactive workshop will give participants a better understanding of how to implement effective tobacco control policies in their communities. Best practice tobacco control strategies including limiting sale and promotion of tobacco products to youth, and reducing exposure to second hand smoke will be discussed.

Please mark your calendars—Registration information will follow soon

Sponsored by the CT Department of Public Health Tobacco Control Program with funding from the Centers for Disease Control and Prevention and the Tobacco and Health Trust Fund

Connecticut
Department of Public Health

