Tobacco and Health Trust Fund Board Meeting

Friday, September 19, 2014
10:00 a.m. – 12:00 p.m.
Legislative Office Building
Room 1B
Hartford, Connecticut

I. Welcome

Introduce New Member
Kelly Leppard, Youth Prevention Coordinator
Town of Southington

II. Approval of July 22, 2014 Meeting Minutes

III. Approval of Teen Kids News First Program Segment Script

IV. Discussion with QuitLine

Mary Kokstis, Vice President-Client Services
Maria Martin, Client Services Manager

V. Development of FY 2015 Funding Recommendations

a. Review Status of Current Community Cessation Programs
b. Review State Agency Tobacco Programs and Services
c. Review Funding Recommendations by Centers of Disease Control
d. Review Tobacco Funding Options in Other States

VI. Next Steps

Next Meeting scheduled for Friday, November 21st from 1:00 p.m.-3:00 p.m. in ROOM 1B at the LOB

Meeting Summary

Tobacco and Health Trust Fund Board
Tuesday, July 22, 2014
Room 2A
450 Capitol Avenue
Hartford, Connecticut

Members Present: Anne Foley-Chair, Katharine Lewis, Diane Becker, Patricia Checko, Robert Leighton, Geralyn Laut, Michael Rell, Ken Ferrucci, Cheryl Resha, Joel Rudikoff, and Fatmata Williams for Robert Zavoski.

Members Absent: Douglas Fishman, Cynthia Adams, Ellen Dornelas, Elaine O'Keefe, Larry Deutsch, and Lisa Hammersley.

Welcome	The chair, Anne Foley, noted the presence of a quorum and began the meeting at 10:10 a.m. She introduced Fatmata Williams from DSS, as the representative for Robert Zavoski at today's meeting. According to the board's adopted procedures members may vote by proxy. Other members introduced themselves.
Approval of November 15, 2013 Meeting Minutes	Katharine Lewis moved approval of the November 15, 2013 meeting minutes. The motion was seconded by Joel Rudikoff. The minutes were approved unanimously on a voice vote.
Review Status of Currently Funded Programs	The chair gave an update on the Teen Kids News (TKN) Program. She stated that the contract has been finalized and the first payment has been made. She noted that TKN submitted preliminary topics for the first six program segments requiring approval by the board. After a brief discussion, Joel Rudikoff made a motion to approve the topics for TKN's program series with one clarification that e-cigarettes are not an approved method of smoking replacement therapy. The motion was seconded by Robert Leighton. The motion was approved unanimously on a voice vote. Additionally, the Department of Public Health will contact TKN to discuss the appropriateness of its tobacco message as it relates to teens.

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Connecticut Alliance of Boys and Girls Clubs Smoking Cessation Program	The chair updated the board on the Smoking Prevention Program administered by the Connecticut Alliance of Boys and Girls Clubs. The program is in the process of finalizing contracts with each of the 16 clubs and the program will begin at the start of the school year.
Department of Correction (DOC) Smoking Cessation Program	Dr. Maurer provided an update on DOC's Smoking Cessation Program. Highlights include: • Prevalence Study showed that 60% and 70% of the males entering the Harford and New Haven Correctional Centers were smokers; between 80% and 85% of the women and youth entering York Correctional Institution and Manson Youth Institution were smokers; and those with serious mental illness smoked at a prevalence level of 90%. • Many of the smoking education, prevention and cessation information has been integrated into DOC's functions such as: the inmate handbook, education curriculum, job centers, orientation process, and addiction services programs. • Although community collaboration is challenging, the program continues its work to develop strong ties with the community health centers. The collaboration with the community health centers assists the inmates as they return to the community. Dr. Maurer also described the department's request for year three funding for the program. The proposed project will develop behavioral and educational programming needed to reduce the risk of habituation for inmates who will be discharged back to their home communities.
Statewide Tobacco Education Program (STEP) and Tobacco Retailer Violation Program	Carol Meredith from the Department of Mental Health and Addiction Services provided an update on the STEP and Tobacco Retailer Violation Program. Highlights include: • **STEP**. East of the River Action for Substance Abuse Elimination (ERASE) is the contractor for the program. Memorandum of Understandings

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	have been executed with 10 of the 12 Regional Advisory Councils (RAC). Programs started in the boys and girls clubs, libraries, YMCAs, Salvation Army Summer Camps, Catholic Schools, 4-H Camps, and early childhood learning center. • **Tobacco Retailer Violation Program.** The Hartford, New Haven, Bridgeport and Stamford Police Departments will participate in the program. Initial project meetings with municipalities were held. Two of the four contracts have been executed. The training for inspection personnel has been completed at one municipality with others scheduled by the end of July.
QuitLine, Community Tobacco Use Program, Counter-Marketing, Evaluation	Katie Shuttleworth from the Department of Public Health provided an update on the QuitLine, Community Tobacco Use Program, Counter- Marketing Campaign and the Evaluation contract. Highlights include: • **QuitLine**. The QuitLine is fully operational. Callers receive telephone counseling, referrals to appropriate tobacco related services, and nicotine replacement therapy. QuitLine is receiving on average 100 callers per week. Board members requested that Quitline attend the September meeting. • **Community Tobacco Use Program**. Nine community agencies were awarded a contract to provide cessation programs. Program participants receive group and individual counseling and nicotine replacement therapy. • **Counter-Marketing Media Campaign**. Pita Communication was awarded a contract to implement the media campaign. The contractor is using the "TIPS FROM FORMER SMOKERS" ads from the Centers of Disease Control Ads are placed on radio, television, printed material, bus stops, twitter, and facebook. • **Evaluation.** The evaluation contract was awarded to the University of North Carolina at Chapel Hill. The contractor is in the planning phase.

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Review of 2014 Legislative Action	The chair reviewed Public Act 14-76, An Act Concerning the Governor's Recommendation Regarding Electronic Nicotine Delivery Systems and Youth Smoking. Section 1 prohibits the sale of electronic nicotine delivery systems (e-cigarettes and other related devices) and vapor products to minors, and prohibits the purchase and possession of such devices by minors; Section 2 implements a new online tobacco prevention program created by DMHAS for first-time violators who sell tobacco products to minors and lengthens the timeline in which higher civil penalties are issued to those who commit subsequent violations; Section 3 makes it a criminal violation for any person to sell "loose" cigarettes, which are cigarettes that are not in an unopened package containing 20 or more cigarettes originating with the manufacturer which bears the health warning required by law; and Section 4 removes a moratorium on the activities of the board during FY 2016; and increases the maximum amount that the board may recommend to be disbursed, which is the total unobligated amount in the fund, after any other transfers have been taken out up to $12 million. The chair reviewed a summary of enacted legislation and budget changes related to the board and trust fund during the last legislative session.
Discussion of FY 15 Funding Recommendations	Review Past Allocations and Evaluations. • The chair reviewed past allocations and evaluation results of the board's programs from 2002-2013. She noted that this information will be helpful as the board plans for FY 15 disbursement recommendations. After a brief discussion, the chair asked the staff of the programs to work closely with the evaluator to ensure that quantifiable data is collected, which will assist the board in determining future funding options. Review Disbursement Recommendation Guidelines. • The chair reviewed the board's Disbursement Recommendation Guidelines and reminded members that the board's disbursement

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	recommendations should be consistent with existing public research and plan documents. She reviewed a summary of the most effective evidence-based program components recommended in the 2014 Best Practices for Comprehensive Tobacco Control Program Guide. The components include: State and Community Interventions, Mass-Reach Health Communication Interventions, Cessation Interventions, Surveillance and Evaluation and Infrastructure Administration and Management. Review Public Hearing Testimony and Recommendations. • The chair reviewed a summary of the disbursement recommendations presented at the May 29th and written recommendations submitted after the public hearing. There were eight (8) funding requests totaling slightly over $2.2 million. After a discussion regarding the recommendations, the board decided to: • Gather information from other states on general strategies and funding levels for tobacco related programs. • Review spending levels and program categories of tobacco related programs recommended by the Centers for Disease Control. • Consider the option to competitively bid for tobacco related programs and services through a Request for Proposal process. • Consider funding some or all of the recommendations presented at the public hearing. • Staff will work with state agencies to develop a matrix of its tobacco programs and services. Information will be gathered and presented at the next board meeting.
Next Steps	The chair asked members to review the proposed dates for the September and November meeting and let Pam Trotman know their availability as soon as possible. The meeting adjourned at 12:15 p.m.

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CT TOBACCO: INTRODUCTION

VISUALS	AUDIO
LOGO or WORDS ON SCREEN: Connecticut Tobacco and Health Trust Fund	**EMILY VOICEOVER / TO BE RECORDED** **This report is brought to you by the Connecticut Tobacco and Health Trust Fund.**
ANIMATION (Created by Teen Kids News): ***Tobacco – Just not cool!***	MUSIC
ANCHOR ON SCREEN ID: **Siena**	**SIENA (ALREADY RECORDED)** **Teen/Kids News is working on a special series for the Connecticut Tobacco & Heath Trust Fund. In this, our first report, Emily takes a look at teens and tobacco products.**
Connecticut teens responding to question	(TO BE RECORDED) *DO YOU THINK SMOKING IS COOL… OR NOT COOL – AND WHY?* *(i.e. - Not cool)*
Teens walking out of middle school/high school in Connecticut	**EMILY VOICEOVER / TO BE RECORDED** **And while most teens seem to agree that smoking is bad for you…a surprising number still light up.**
Unidentified teens lighting up	**EMILY VOICEOVER / TO BE RECORDED** **In fact, according to the federal government, every single day, about 32-hundred kids will try smoking for the first time.**
Emily standing next to the "Welcome to Goshen" sign	**EMILY ON CAMERA – TO BE RECORDED** **TO GIVE YOU AN IDEA OF JUST HOW MANY THAT IS. 32-HUNDRED IS THE ENTIRE POPULATION OF THE TOWN OF GOSHEN, CONNECTICUT.**
Music Full	MUSIC MONTAGE GOSHEN SCENES
Connecticut teens responding to question	(TO BE RECORDED) DO YOU KNOW OTHER TEENS WHO SMOKE? (i.e. Yes – my best friend)
Freeze frame of: Mitch Zeller Exterior shot of FDA building	**EMILY VOICEOVER / TO BE RECORDED** **Mitch Zeller works for the U.S. Food & Drug Administration. That's the government agency that regulates tobacco products.**

ON SCREEN ID: **Mitch Zeller** **U.S. Food & Drug Administration**	MITCH / MVI 0300 00:07:15 (ALREADY RECORDED) "WHAT WE'VE LEARNED IS IF YOU TALK TO KIDS ABOUT THE LONG TERM HEALTH EFFECTS OF CIGARETTE SMOKING – CANCER, LUNG DISEASE, HEART DISEASE, ADDICTION, THEY TUNE IT OUT."
Interview with spokesperson from the Connecticut Tobacco and Health Trust Fund ON SCREEN ID: (Anne Foley)	(TO BE RECORDED) SPOKESPERSON SOT ((i.e. - *THAT'S WHY IT'S SO IMPORTANT TO TELL TEENS ABOUT THE IMMEDIATE DANGERS OF SMOKING – BAD SKIN, TEETH CAN FALL OUT… THESE ARE PROBLEMS THAT CAN HAPPEN NOW…IN YOUR TEEN YEARS.))*
Teens doing healthy activities like sports	**EMILY VOICEOVER / TO BE RECORDED** **And that strategy seems to be working. Over the past 20 years, there's been a decline in the number of teens who smoke.**
Interview with spokesperson from the Connecticut Tobacco and Health Trust Fund (ANNE FOLEY)	(TO BE RECORDED) SPOKESPERSON SOT ((i.e. – BUT OUR MISSION IS TO GET THAT NUMBER ALL THE WAY DOWN TO ZERO. NOTHING GOOD COMES FROM SMOKING.))
Connecticut teens responding to question	(TO BE RECORDED) WHAT WOULD YOU TELL OTHER TEENS TO CONVINCE THEM NOT TO SMOKE? (i.e. I'd tell them…)
Emily ON CAMERA	**EMILY ON CAMERA / TO BE RECORDED** **THOSE ARE ALL GOOD SUGGESTIONS. AND THROUGHOUT THIS SEASON OF TEEN/KIDS NEWS, WE'LL BE GIVING YOU EVEN MORE REASONS WHY TO AVOID CIGARETTES …AS WELL AS ALL TOBACCO PRODUCTS. FOR TEEN/KIDS NEWS, I'M EMILY.**

Tobacco and Health Trust Fund
CT DPH Tobacco Use Cessation Program Contracts-Current
As of August 1, 2014

Contractor	Service Area	Contract Amount	RFP funding #	Contract Period	Revised Contract Period - pending approval of amendments in process
CommuniCare, Inc.	Greater New Haven, Bridgeport and Stamford Areas	$2,163,287	#2009-0925 and #2011-0917	9/1/2009 - 12/31/2014	Developing new contract to start 1/1/2015 using funds awarded thru #2013-0906. (Contract not developed at that time due to unexpended funds in current contract.)
Community Mental Health Affiliates, Inc.	DHMAS Catchment Area 19 (New Britain, Berlin, Bristol, Burlington, Plymouth, Southington,) and greater Torrington Area	$175,008	#2013-0906	11/1/2013 -10/31/2014	End date extend to 4/30/2015
Fair Haven Community Health Center	Greater New Haven Area, Health Center patients and community residents	$57,154	#2013-0906	11/1/2013 - 6/30/2015	
Hartford Hospital	Cancer Center patients and Hartford area community residents	$119, 603	#2013-0906	11/1/2013 - 10/31/2014	End date extend to 4/30/2015
Ledge Light Health District	Southern New London County – East Lyme, Groton, Ledyard, New London and Waterford	$26,390	#2013-0906	11/1/2013 - 10/31/2014	End date extend to 6/30/2015 And i*ncreases funding to $63,258 to serve 50 additional people*
City of Meriden Department of Health and Human Services	Greater Meriden Area	$61,509	#2013-0906	11/1/2013 -10/31/2014	
Middlesex Hospital	Middlesex County	$81,950	#2011-0917	11/1/2011 - 12/31/2014	
Mid-Western Connecticut Council of Alcoholism, Inc.	Danbury, Ridgefield, New Milford, Derby, Waterbury, Torrington, New haven, Sharon, Kent	$221,425	#2013-0906	11/1/2013 - 10/31/2014	End date extend to 6/30/2015
Northwest Regional Mental Health Board, Inc	Greater Waterbury, Danbury and Torrington Areas (DMHAS Catchment Areas 20,21, & 22)	$163,600	#2011-0917	3/1/2012 – 8/31/2014	
Uncas Health District	Northern New London County including Bozrah, Griswold, Lisbon, Montville, Norwich, Sprague, and Voluntown	$102,392	#2013-0906	11/1/2013 - 10/31/2014	End date extend to 04/30/2015
Wheeler Clinic	Greater Bristol area including Burlington, Bristol, Farmington, Plainville, Plymouth	$93,630	#2013-0906	11/1/2013 - 6/30/2015	

Tobacco Programs
Administered by
Connecticut State Agencies

Department	Funding Level	Program Description
Social Services	Up to $10 million in federal funding granted from the Centers for Medicare and Medicaid Service's Center for Medicare and Medicaid Innovation (CMS' CMMI)	Rewards to Quit (R2Q) is a tobacco cessation program for adult Medicaid members over 18 with a specific focus on people with serious mental illness, pregnant women, and mothers of newborns. As part of Connecticut's person-centered medical home program, the program targets Medicaid recipients over the age of 18 who smoke and provides smoking cessation counseling (both individual and group), access to a QuitLine, NRT, other medications, and peer coaches. Incentives for participants for counseling and using the QuitLine range from $5 for each counseling visit or call to the QuitLine, to $15 for a negative CO (carbon monoxide) Breathalyzer test and for attending five counseling sessions. The program period is September 13, 2011 through September 12, 2016.
Public Health	$1,076,597 in federal funding $3,093,584 Tobacco and Health Trust Fund	Tobacco Use Prevention and Control Program- Statewide tobacco use prevention and control program funded by the Centers for Disease Control and Prevention. Programs include: • Policy Initiatives: Promote adoption of voluntary policies among various entities: including workplaces, multi-unit housing, college campuses, school districts, and outside spaces such as public parks and beaches. • Infrastructure Development: Workforce development including training; educate and inform via list serv, articles, newsletters; and work with partners on various initiatives. • Health Care Provider education/outreach regarding the availability of tobacco use cessation services in CT including referral systems. • Surveillance activities include assistance with the administration of the Youth Tobacco Survey and the Connecticut School Health Survey, preparation and printing of the bi-annual report and preparation of the Youth Risk Behavior Report; data collection and analysis for the tobacco use cessation programs, data analysis for the tobacco use telephone QuitLine, and program evaluation activities. Oversight of community tobacco use cessation programs, tobacco use cessation media campaign and tobacco use cessation telephone QuitLine.

Mental Health and Addiction Services	$393,575 State General Fund	*Synar Tobacco Compliance Initiative*- Unannounced inspections conducted on a statistically drawn sample of establishments to specifically determine Connecticut's Non-compliance Rate as required under the federally mandated Synar Amendment. *Police Partnership Inspections* – Unannounced inspections conducted in concert with State and local law enforcement authorities occurring throughout the year. *Merchant Education Inspections* – Providing information to tobacco retailers about Connecticut laws, provide merchant education materials, and review and updated license information.
	$3,428,858 federal funds	Food and Drug Administration (FDA) Tobacco Compliance Initiative- Conduct inspections of state tobacco merchants for compliance with provisions of the FDA 2010 Tobacco Control Act pertaining to: age and photo identification requirements; and advertising and labeling provisions. Program period is from June 2014 to June 2017.
	$287,770 funded by the Tobacco and Health Trust Fund	Urban Tobacco Prevention and Enforcement Program- Provide direct funding to 4 urban municipalities (the police departments in Hartford, New Haven, Bridgeport and Stamford) located in CT to conduct compliance inspections and provide education/awareness to licensed tobacco retailers concerning youth tobacco use prevention. Program period is from June 2014 to April 2015.
	$100,000- federal funds	Merchant Campaign and Community Education Initiative- This initiative consists of: *The Tobacco Merchant Education Campaign* - provides awareness materials for licensed tobacco retailers throughout Connecticut to inform them of youth access laws, provide specific strategies for compliance with such laws, and emphasize the health effects of tobacco use. *Free Online Retailer Training Tobacco Sales: Do the Right Thing* offers free interactive to retailers and their employees how to comply with state and federal tobacco laws.
	$229,384 Tobacco and Health Trust Fund (two year contract)	Oversight of the Statewide Tobacco Education Program (STEP) administered by the Regional Advisory Councils (RAC).

Correction	$598,443 Tobacco and Health Trust Fund	Tobacco education, cessation, and prevention for inmates at Hartford, New Haven, and Bridgeport Jails, Manson Youth Institution, and York Correctional Institution, followed by reentry smoking cessation and healthcare services from Community Health Centers. Local Implementation Teams (LITs) in each facility implement process improvement plans (PIPs) for facility-based interventions that include DOC's school district, job centers, and Addiction Services programs incorporating smoking education, prevention and cessation information into the education curriculum and tobacco-treatment groups, using anti-smoking literature, DVDs/videos, and curriculum *Working Inside for Smoking Elimination (WISE)*, and promoting the 1-800-Quit Line. The evidence-based treatment methodology, *Project X*, designed for a younger age group is in use at MYI. Nicotine replacement therapy (NRT) is offered to inmates who are smokers.
Education	$179,579 Tobacco and Health Trust Fund	Oversight of the Smoking Prevention Connecticut Alliance of Boys and Girls Clubs program which provides the knowledge, skills self-esteem and peer support to help youth make healthy choices.
Office of Policy and Management	$164,000 Tobacco and Health Trust Fund	Oversight of the Teen Kids News program which will produce a series of 12 science-based anti-smoking reports targeted to youth.
Attorney General Office	Funds from the Tobacco Master Settlement Funds [1]	Assurances of Voluntary Compliance: agreements made between the State and various companies such as Walgreens, Walmart, Rite Aid, CVS and Shell Gas Stations, whereby the company agrees to adhere to certain standards and practices to help reduce the number of tobacco sales to minors.
Revenue Services	Funds from the Tobacco Master Settlement[2]	Enforces the law with the violators and the State Police assist the Department of Mental Health and Addiction Services with conducting compliance checks.

[1] *Public Act 13-247 Sec 43 - up to $13M from the Tobacco Master Settlement Agreement will fund activities by the Office of the Attorney General and the Department of Revenue Services related to enforcement.*

[2] *IBID*

Summary

Best Practices for Comprehensive Tobacco Control Program 2014

U.S. Department of Health and Human Services, Centers for Disease Control and Prevention

The table below shows the annual minimum and recommended budget levels for specific program interventions recommended by the Centers of Disease Control (CDC). The minimum budget level reflect the lowest annual investment for a comprehensive tobacco control program and recommended budget level represents the annual amount of investment for a fully funded comprehensive tobacco control program.

	Annual Total (Millions)			
	Minimum	% of Minimum	Recommended	% of Recommended
State and Community Interventions	$9.1	40%	$11.4	35%
Mass-Reach Health Communication Intervention	$2.6	11%	$3.7	11%
Cessation Interventions	$8.0	34%	$12.7	39%
Surveillance and Evaluation	$2.0	10%	$2.8	10%
Infrastructure, Administration, and Management	$1.0	5%	$1.4	5%
Total	**$22.7**		**$32.0**	

The chart below shows how funding available to the board ($3.5M) may be distributed by program interventions as recommended by the CDC.

	Annual Total (Millions)			
	% of Minimum	Minimum	% of Recommended	Recommended
State and Community Interventions	40%	$1.4	35%	$1.2
Mass-Reach Health Communication Intervention	11%	$385,000	11%	$385,000
Cessation Interventions	34%	$1.2	39%	$1.4
Surveillance and Evaluation	10%	$350,000	10%	$350,000
Infrastructure, Administration, and Management	5%	$175,000	5%	$175,000
Total		**$3.5**		**$3.5**

According the "Best Practices Comprehensive Tobacco Control Program 2014" developed by the U.S. Department of Health and Human Services, Centers for Disease Control (CDC) and Prevention, the following are evidence-based program components that are most effective, when they work together to produce a comprehensive statewide tobacco control program.

The Best Practice guide states that comprehensive tobacco control programs should:

- Prevent initiation among youth and young adults
- Promote quitting among adults and youth
- Eliminate exposure to secondhand smoke
- Identify and eliminate tobacco-related disparities among population groups

CDC recommends that states establish and sustain comprehensive tobacco control programs that consist of the following components:

I. **State and Community Interventions.** State and community interventions with specific strategies for promoting tobacco cessation, preventing tobacco use initiation, and eliminating exposure to secondhand smoke combined with mass-reach health communication interventions and other initiatives to mobilize communities.

Comprehensive tobacco control programs can use community engagement to shape the environments and social norms that influence people's daily lives. State and community intervention activities can include:

- Developing partnerships and coalitions
- Establishing a strategic plan for comprehensive tobacco control
- Educating on evidence-based policy change (e.g., promoting smoke-free air laws)
- Engaging stakeholders to address disparities
- Collecting, disseminating, and analyzing data
- Sponsoring training and technical assistance
- Monitoring pro-tobacco influences to facilitate public discussion

II. **Mass-Reach Health Communication Interventions.** An effective state-level, mass-reach health communication intervention delivers strategic, culturally appropriate, and high impact messages through sustained and adequately funded campaigns that are integrated into a comprehensive state tobacco control program. Mass-reach health communication interventions can prevent initiation, promote cessation, and shape social norms about tobacco use. These interventions are effective in countering pro-tobacco advertising and promotion, especially among youth and young adults. State programs can boost efficiency by using existing resources, such as CDC's Media Campaign Resource Center, to find effective, existing advertisements. Major content areas for mass-reach health communication messaging include:

- Motivate tobacco users to try to quit
- Protect people from the harms of secondhand smoke
- Transform social norms to prevent tobacco use initiation

III. **Cessation Interventions.** Quitting smoking has immediate and long-term health benefits. Encouraging tobacco users to quit—and supporting them as they quit tobacco—is the fastest way to reduce tobacco-related disease, death, and health care costs. While tobacco control programs should provide cessation treatment services to certain vulnerable populations, programs should focus on large-scale strategic efforts to normalize quitting and encourage or require health care systems, insurers, and employers to provide cessation services. Cessation interventions should: promote health systems change to fully integrate tobacco dependence treatment into clinical care; expand public and private insurance coverage for proven cessation treatments; and support state QuitLine capacity. Cessation interventions should:

- Provide all callers with counseling by trained cessation counselors
- Seek sustainable sources of funding, including partnerships with health plans and employers and the federal Medicaid match
- Promote referrals from health care providers
- Conduct targeted outreach to underserved populations

IV. **Surveillance and Evaluation.** A critical infrastructure component of any comprehensive tobacco control program is a surveillance and evaluation system that can be monitored and document short-term, intermediate, and long –term outcomes within populations. Strong surveillance and evaluation systems are essential for comprehensive tobacco control programs to understand program effectiveness, make decisions, and be held accountable. These systems can also inform the public about the rapidly changing tobacco control environment, including the impact of federal product regulation and new products in the marketplace. CDC also recommends that tobacco control programs establish and maintain the infrastructure they need to ensure surveillance and evaluation systems are responsive and flexible to the rapidly changing tobacco control environment. Additional funds may be necessary for more complex surveillance and evaluation activities (e.g., evaluating innovative, experimental activities).

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

tobacco control programs. An adequate number of skilled staff is also needed. Comprehensive tobacco control programs need strong infrastructures to implement effective interventions. Program infrastructure, administration, and management support program capacity, implementation, and sustainability. Maintaining program infrastructure and capacity increases health impact—and helps achieve the health benefits of tobacco control faster. Infrastructure, Administration, and Management activities can include:

Strategic planning to guide program efforts:

- Recruiting and developing staff
- Awarding and monitoring program contracts and grants
- Coordinating implementation across program areas
- Assessing grantee performance
- Providing training and technical assistance
- Educating the public and decision makers about the health effects of tobacco

Tobacco Programs Funding Options in

Other States

Total in Millions % of Total Amount							
	Community Interventions	Mass-Reach Health Communication	Cessation Programs	Surveillance, Research & Evaluation	Infrastructure, Administration & Management	Other	Total State/Federal Funding
California	$41.0 **43%**	$15.0 **16%**	$7.2 **8%**	$21.1 **22%**	$10.1 **11%**		$94.6
Florida	$16.5 **25%**	$22.1 **33%**	$20.6 **31%**	$5.9 **9%**	$1.3 **2%**		$66.4
Maine	$2.4 **27%**	$1.3 **14%**	$2.9 **32%**	$413,558 **5%**	$1.0 **11%**	$1.0[1] **11%**	$9.0
Massachusetts	$1.5 **43%**		$2.0 **57%**				$3.5
New York	$20.2 **35%**	$17.7 **31%**	$16.7 **29%**	716,000 **1%**	$2.2 **4%**		$57.0
Rhode Island	$1.0 **26%**	$642,000 **17%**	$710,000 **19%**	$340,000 **9%**	$1.1 **29%**		$3.8
Vermont	$937,892 **24%**	$969,000 **25%**	$689,772 **17%**	$243,177 **6%**	$1.1 **28%**		$3.9

[1] Other related Chronic Disease

Tobacco and Health Trust Fund Board
Disbursement Recommendations
Presented by the Public

		Original Request	Revised Request
1.	QuitLine		
2.	Southern Connecticut State University Tobacco-Free College Campus Initiative	$100,000	
3.	Connecticut Alliance of Boys and Girls Clubs	$329,000	
4.	Connecticut Prevention Network	$500,000	$750,000
5.	Hartford Hospital Certified Tobacco Treatment Specialist	$4,000	
6.	DOC Smoking Cessation Program	$294,322	
7.	The Courage to Speak Foundation	$58,000	
8.	Department of Mental Health and Addiction Services	$925,670	
Total		**$2,210,992**	**$2,460,992**
Balance		**$1,289,008**	**$1,039,008**

Total Available Funds Available $3.5M

Tobacco and Health Trust Fund Board
Summary of the
Disbursement Recommendations
Presented at the
May 29, 2014 Public Hearing

1. QuitLine
   Continued support of the QuitLine to maintain a comprehensive, proactive, statewide toll-free tobacco cessation telephone counseling service available to all of the State's residents.

2. Southern Connecticut State University Tobacco-Free College Campus Initiative
   Requesting $100,000 to support the university's efforts to join the national Tobacco-Free College Campus Initiative. Implementation of this initiative will require a multi-facet plan including tasks such as: developing new regulations relating to the use of tobacco product on campus; purchasing and posting signs across the 171 acre campus; creating education and smoking cessation programs designed to help students and staff stop smoking; enforcing the ban on tobacco, smoking and related activities throughout the campus; and marketing the initiative to the campus community and the general public.

3. Connecticut Alliance of Boys and Girls Clubs
   Requesting $329,000 to expand the current tobacco resistance and awareness program funded by the Tobacco and Health Trust Fund Board. Currently the program serves club members ages 13-15. Funds will allow the program to serve an additional 400 club members ages 10-12 and build an online infrastructure to promote the Boys and Girls Clubs anti-smoking efforts. Funds will also be used to hire an independent evaluator to determine the effectiveness and efficiency of the program.

4. Connecticut Prevention Network
   Requesting $500,000 for the development and implementation of an on-going statewide counter-marketing prevention campaign with emphasis on e-cigarettes. The initiative will target young people ages 17-25. Each of the 13 Regional Action Councils (RAC) will have its own budget to implement their local prevention efforts. UConn Athletics, WFSB-TV3 and CBS Radio have agreed to work with the RACs on this initiative.

5. Hartford Hospital - Certified Tobacco Treatment Specialist[5]

[5] Disbursement recommendation submitted after the May 2014 Public Hearing

Hartford Hospital is requesting $4,000. Funds will be used to train and certify six individuals as Tobacco Specialist ($1,500); pay for bus fare for patients who have problems getting transportation to cessation counseling sessions ($500); purchase and offer free medications for those without means ($1,000); and ($1,000) for salary support to cover the RCPs group counseling (patients and family) sessions for one year, which will be above and beyond their current responsibilities.

6. DOC Smoking Cessation Program
   Requesting $294,322 for year 3 of the Department's smoking cessation program. The proposed program will develop behavioral and educational programming needed to reduce the risk of habituation for inmates who are discharging back to their home communities. The program will serve adult males in Carl Robinson Correctional Institution and Willard Cybulski Correctional Institution, as well as continued work at the York Correctional Institution, that houses women.

   Funds will be used to expand the program to serve inmates in pre-lease facilities.

7. The Courage To Speak Foundation[6]
   Requesting $58,000 to extent The Courage to Speak Foundation substance abuse prevention program to 28 schools in Connecticut. Funds will be used to support the foundation's efforts to empower youth to be drug free by avoiding tobacco, alcohol and other drugs. Presentations sharing first hand experiences and knowledge of addiction and how an addiction impacts individuals and their families will be conducted for youth in grades 4-12. The foundation will also make available the Courage to Speak Drug Prevention Education Program Curriculum including a teacher's manual for Elementary, Middle and High schools. The drug prevention curriculum will be implemented by teachers in schools and support children in avoiding drugs by giving them a toolbox of knowledge and refusal skills.

8. Department of Mental Health and Addiction Services[7]
   Requesting a two year grant totaling $925,670 ($475,370 Year 1 and $450,300 Year 2) to provide smoking cessation training and certification for staff working with individuals with serious mental illness who live in supportive housing throughout the state. This two year plan will train a total of 100 (50 each year) Peer Recovery Support Specialists and Case Managers in an evidence based peer led 6 session treatment program. In addition 100 (50 each year) masters level clinicians will complete an on-line tobacco training course created by the University of Massachusetts School of Medicine. A team

[6] Disbursement recommendation submitted after the May 2014 Public Hearing
[7] IBID

of 12 (6 each year) visiting nurses will complete an intensive 4 day certification program that will enable them to bring tobacco reduction and cessation clients who must have health care services provided within their homes.

9. General Recommendations

   a. Support evidence-based practices
   b. Incentives to motivate smokers such as membership to local gyms or YMCA's
   c. Pharmacotherapy (NRT)
   d. Follow-up services with trained facilitators to monitor the progress of individuals who recently quit smoking
   e. Additional community-based group tobacco prevention and cessation programs
   f. Purchase breath carbon monoxide monitors to be placed in agencies providing tobacco treatment
   g. Peer support groups
   h. Cessation Programs serving at risk populations such as:
      Individuals with mental illness
      Individuals with substance abuse
      Criminal Offenders
      Individuals wwith COPD

Connecticut Prevention Network

Local partnerships promoting wellness by addressing substance abuse statewide.

"Don't Play Their Game"

A statewide counter-marketing media and grassroots campaign intended to reduce and prevent the use of electronic nicotine delivery systems.

Submitted to:
State of Connecticut Tobacco and Health Trust Fund

Submitted by:
Betsey Chadwick
Middlesex County Substance Abuse Action Council (MCSAAC)
on behalf of the State of Connecticut's Thirteen Regional Action Councils

Date:
September 11, 2014

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Connecticut Prevention Network

Local partnerships promoting wellness
by addressing substance abuse statewide.

September 11, 2014

Dear Esteemed Members of the Tobacco and Health Trust Fund:

Thank you for the opportunity to submit a proposal on behalf of the Connecticut Prevention Network (CPN). Our initiative, **"Don't Play Their Game,"** is a statewide counter-marketing campaign intended to reduce and prevent the use of electronic nicotine delivery systems (ENDS). We have prepared a problem statement, proposed approach, timeframe, anticipated outcomes, and evaluation. Budget and background information are included as attachments.

With your support, we intend to make **"Don't Play Their Game"** a model campaign, one of the first (if not *the* first) ENDS counter-marketing initiatives in the nation.

Based on comments and questions voiced at the May 28th Trust Fund hearing, the CPN has focused its program entirely on e-cigarettes, vaping pens and other ENDS paraphernalia. The working title has changed from "Kicking Butts...On and Off the Court" (referencing cigarettes) to **"Don't Play Their Game"** (referencing the tobacco industry's hypocritical attempt to separate vaping from smoking). While the title will probably change again it will remain sports-themed: UConn Athletics/IMG College is a major partner in this venture.

Also in response to Trust Fund concerns we developed an additional marketing strategy to increase our impact on Connecticut youth and families. The program is now budgeted at $750,000. This more comprehensive approach will put Connecticut on the map as a national leader in ENDS counter-marketing. (By way of comparison we have included the original $500,000 budget and what it can deliver.)

The five collaborating talents on the project are the Connecticut Prevention Network, the marketing firm of Elkinson & Sloves, the design firm Gener8or, the Regional Action Council MCSAAC (project coordinator and fiscal agent), and University of Connecticut Athletics through IMG College, the exclusive marketing agent for UConn Athletics. Additionally, we are fortunate to have the Yale Tobacco Center on Regulatory Science (New Haven) serving as a research and technical assistance resource. Partner qualifications, job descriptions and anticipated work products can be found at the end of this document.

Problem Statement

Connecticut youth are doubling their rate of e-cigarette use every year, according to data from the Yale Tobacco Center. Regional Action Councils report the same findings. In greater New London, for example, 21.5% of high school seniors have tried e-cigarettes and 10.7% report smoking them in the past month (2012, SERAC).

There is some evidence that Connecticut teens use ENDS products at a significantly higher than national rate. The *National Tobacco Survey of Youths* (2012) reports that 14% of high school seniors have tried e-cigarettes; our 2012 New London figure is **sixty percent higher**.

Statewide, there is a steady stream of anecdotal evidence. A Middlesex County high school principal recently called e-cigs "the bane of my life." The boys' bathroom at his high school "reeks of fruity candy smell." A 15-year-old girl who had never smoked bought an e-cig thinking it was safe. Now she reports, "I can't live without it." Another teen attended a sports meet where "three of my teammates were smoking e-cigarettes and offered to share. They seemed to think, 'since these aren't real cigarettes it's okay'." Last May, a rural town in Connecticut suffered break-ins at two convenience stores. Only one item was stolen: fruit flavored disposable hookahs. The thief was a juvenile who planned to sell them to his peers.

While tobacco companies argue that they are offering a healthier alternative to adult smokers, virtually no ads are pitched that way. ENDS products are sold as sexy, fun, safe, clean, and flavorful. And it's effective. The majority of teens and adults we've spoken with believe that e-cigs produce water vapor. (It is burnt propylene glycol.) They think that e-cigarettes, vaping pens, and disposable hookahs are fundamentally different. (They aren't.) They don't know that these products contain nicotine. (It can be twice that of cigarettes.) They are unaware that tobacco companies are producing them. (They are.)

The entire ENDS product line is so confusing, in fact, that a pharmacist in Portland, Connecticut inquired, "So what exactly is harmful about these things?" When told the facts he replied, "Wow, the public really *does* need more information."

R. J. Reynolds is banking on the public's continued ignorance. After testing the market and finding it lucrative, Reynolds established *Reynolds Vapor*, a division "committed to innovative digital tobacco product technology." The company is attempting to buy out Lorillard and its "Blu" e-cigarettes.

Before the mega-company of Reynolds/Lorillard brings a tsunami of new advertising into Connecticut aimed at our youth, we want to be ready. We want to get ahead of the wave.

Proposed Approach

Tobacco companies spend millions of dollars and enlist celebrities to promote e-cigarettes (see recent example from Sports Illustrated to the right). The CPN doesn't have millions to counter-

market. We need to be creative and strategic. We need the right teammates.

The Message and the Messenger. The messenger is just as important as the message itself. Young people listen to their peer group and role models. UConn sports teams will be a key component in our effort to spread a counter-marketing message to hundreds of thousands of young people.

The proposed campaign will mix factual information, humor, and the emotional appeal of admired sports figures. Imagine Geno Auriemma or Kevin Ollie with a star basketball player, or Bob Diaco with one of his quarterbacks, and what they might do with a "blueberry blast" disposable hookah. For the non-sports crowd we might use a different angle: a large brown tobacco leaf, for example, with a sleek metal e-cigarette on top plugged into an electrical charger. The tagline: *"Nicotine for the e-Generation."*

Athletic playing fields and courts provide an opportunity to display short, powerful messages. Imagine courtside signs viewed by thousands of fans and TV broadcast viewers with the simple equation everyone should learn: "E-cigs = Nicotine X 2"

Messaging for **"Don't Play Their Game"** will be based on current research conducted in Connecticut. We are pleased to have professionals from the Yale Tobacco Center on Regulatory Science advising us on the most effective messaging for youth. The Yale Tobacco Center began conducting ENDS focus groups in greater New Haven schools in 2013. RAC leaders will use a survey instrument similar to Yale's to implement youth focus groups throughout the state. (Preliminary research indicates that young adults use ENDS to feel sociable, appear desirable, and to relieve stress.) Additionally, the RACs will pool their tobacco survey data from 100+ middle and high schools throughout Connecticut. Analyzing this data constitutes the first step of our project.

The App. The campaign includes an App for smartphones and ipads. The App will be designed to address the needs of youth most likely to smoke or vape. For example, a user might click on the "symptoms" he or she's feeling when wanting nicotine. Stress, anxiety, excitement, worry, boredom, tiredness, pressure, loneliness? The App would remind the user of healthier responses: relaxation techniques, exercise, music, talking with friends, getting some sun, assessing your diet, getting more sleep, etc. We'd also include quick facts about e-cigs and other nicotine products.

The Marketing Team. Gener8or, Inc. and Elkinson & Sloves, Inc. are both state-approved vendors and on the State of Connecticut "Set Aside" lists. Gener8or (Middletown) will execute television and radio PSA production. Elkinson & Sloves (Farmington) will guide our overall media/advertising strategy, with a centralized state-level marketing campaign that includes UConn Athletics marketing integration. Elkinson & Sloves has much experience in this area. **"Don't Play Their Game"** will leverage statewide cable, radio, social media and grassroots media: both WFSB TV 3 and CRN, one of the state's largest media placement companies, have already agreed to team up with us. Their combined assets will allow the THTF to more than double its outreach based on the dollars budgeted.

Thirteen RAC directors will implement community-level marketing with direct support from our centralized marketing campaign. There will be total marketing integration: all parties will use the same logo, graphics, and messaging. Spanish language products will be integral to the campaign as young Latino men are, according to federal reports, among the highest users of ENDS. (Elkinson & Sloves is a multi-cultural agency and one of the Founding Partners of CT Latino News.)

We want to emphasize that media / environmental saturation is most effective when state-level and town-level messaging is synchronous. Television, radio, and major print and Web venues will be handled at the state level, helping to keep costs low and market impact evenly distributed. Social media, live events, and direct contact with schools and health organizations are best handled by the CPN through Regional Action Councils. The RACs work in partnership with Local Prevention Council volunteers.

Work Schedule. The CPN and its partners will begin work on **"Don't Play Their Game"** on April 1, 2015. We will conclude the project eighteen months later, on September 30, 2016. An estimated five-month R&D Phase (Apr-Aug 2015) will be followed by a nine-month Active Campaign Phase (Sept 2015-May 2016), followed by a four-month Evaluation Phase (Jun-Sept 2016). Reports in professional publications will probably appear after September 30, 2016.

A desirable alternate plan – should funding allow – has the project beginning on January 1, 2015. (UConn Athletics / IMG College is eager to partner with us for their Spring 2015 basketball season.) In this scenario, the Active Campaign Phase ends on December 31, 2015 and the entire project concludes on April 30, 2016. Such an early start would help ensure that Connecticut maintains national leadership in ENDS counter-marketing.

Evaluation

"Don't Play Their Game" has multiple levels of evaluation embedded in its design. School survey data, random household survey data, and youth focus group outcomes collected at the start of the project – during the Development Phase – will provide baseline figures against which we can measure change. For example, while we can "guesstimate" from preliminary inquiries that a majority of youth believe ENDS contain little or no nicotine, by the conclusion of the Development Phase we will have a scientifically valid sample from which we can extrapolate (1) the percentage of Connecticut teenagers believing that ENDS gives off water vapor, (2) has no nicotine, (3) is not addictive, etc. We will also have a reliable estimate of how many youth purchase ENDS products, procure them from friends, etc.

At the conclusion of the nine-month counter-marketing campaign, the Regional Action Councils will implement another round of youth focus groups, send out another round of random household surveys, and collect 2016-2017 school survey data. MCSAAC will serve as the repository of all data. With the input of Yale Tobacco Center professionals, we will compare pre- and post-campaign data sets. Project evaluation will include (but not be limited to) measuring:

- Awareness of the counter-marketing campaign
- Comprehension of ENDS harm
- Youth attitude toward e-cigarettes and other ENDS product
- Youth behavior re: purchase, use, sharing of ENDS products
- Revenue from ENDS point-of-purchase sales in Connecticut

Access to the Yale Tobacco Center gives us another valuable way to measure program success. How does Connecticut measure up to other states? Has our counter-marketing campaign reduced the trend of e-cigarette use compared to other states? Are our young people less likely to pick up this habit than young people in other states?

We have a unique opportunity to find out. Nationally, there are thirteen tobacco study centers funded by the FDA. Yale Tobacco Center is one of them. Like Yale, Tobacco Centers in other states collect data on youth use of ENDS products. They will provide the scientific "control" against which Connecticut can be compared.

If Connecticut moves quickly and becomes the first state to implement a counter-marketing campaign, we will be in the enviable position of contributing to federal policies that affect the protection of all American youth. We will serve as a model for other statewide counter-marketing campaigns. To achieve this cutting edge position, we are prepared to begin the project on January 1, 2015, should funding allow.

Thank you for giving **"Don't Play Their Game"** your most serious consideration.

Sincerely,

Betsey S. Chadwick

Betsey S. Chadwick
Director, MCSAAC

Marketing & Media Strategy

Our goal is to create a persuasive counter-marketing prevention campaign targeting all Electronic Nicotine Delivery System (ENDS) devices, with an emphasis on young people age 12-24.

Research shows that most young people smoke for three reasons: to feel more adult, to appear hip and cool, and to relieve stress. Yes, stress. As young people leave home and make their own way in the world – whether it's the competition of college achievement or the competition of the workplace – they are countering stress by taking up a deadly habit. Tobacco use among in the age-group skyrockets. *This* is the time for prevention. *This* is life stage where we can make a difference.

Our counter-marketing campaign will expose the realities of vaping pens, disposable hookahs and other ENDS products, while promoting fun and healthy alternatives to relieve stress.

Working with IMG College, the exclusive rights holder for UConn Athletics, UConn Athletics is committed to partnering with the Regional Action Councils. As a "Proud Partner," UConn IMG Athletics will leverage its resources and assets to promote our cause in-games and in broadcasts, and help engage their coaches to participate in an exciting new counter-marketing educational campaign.

UConn Athletics is but one component of the proposed campaign. WFSB TV3, the Connecticut Radio Network, and CBS Radio in Connecticut, which includes the powerhouse stations of WTIC 1080 and 96 TIC FM, have also agreed to help. Together, this media network represents two dozen media outlets throughout our state. Return for investment will be at least two-to-one. That is, for every one thousand dollars of grant money spent on media buys, we will get more than two thousand dollars' worth of exposure.

In addition, we will provide the PSAs for all college radio stations in the state.

Marketing & Media Partnerships

The messenger is just as important as the message. Young people listen to their peer group and role models. UConn will be a key component in our counter-marketing education efforts. UConn has confirmed that they will recognize **"Don't Play Their Game"** as an official program of UConn Athletics.

With an "Official Partner" relationship to UConn Athletics, the project will have multi-media, PR, in-arena and out in the community exposure.

UConn Athletics will integrate the campaign into radio and TV broadcasts, multi-venues including Hartford and Bridgeport and the use of key UConn coaches in PSAs for all television and radio spots (not just UConn broadcasts).

UConn Athletics has agreed to split the campaign over two seasons.

UConn Partnership Features (based on a $204,000 package value)

IP Rights

- Use of Marks and Logos

PR Event Announcing:

- The Anti E-Cigarette Campaign is an Official Program of UCONN Athletic-IMG

Use of Coaches PSA on television partner stations

Men's Basketball

- LED End Line Rotational Signs TV Viewable
- Youth Non E-Cigarette Contest Winner "Star Of The Game"
- Bridgeport Engagement Tabling (2) Event
- XL Center Engagement Tabling () Event
- PSA access to Coach Ollie
- PA Announcements With Video Logo (S)
- Coaches Show Radio Spot 1 (30 sec.) (S)
- PSA Radio Spot Game Day 1 per half

Women's Basketball

- LED End Line Rotational Signs TV Viewable
- XL Center Engagement Tabling (2) Events
- PA Announcements with Video Logo
- PSA Geno Auriemma,
- Coaches Show Radio Spot 1 (30 sec.)
- PSA Radio Spot Game Day 1 per half

Football

- PA Announcements With Video Logo (2) Game
- PSA Radio Spot Game Day 1 per half

Soccer

- Game Engagement Tabling (6) Games TBD
- PA Announcements

Package Value: **$204,400 (Represents 100% match to cash investment)**

The WFSB Component

Elkinson & Sloves has teamed up with WFSB on successful State campaigns for Underage Drinking (2012 & 2013). Targeted to Hartford-New Haven corridor and Fairfield markets. WFSB will deliver integrated multi-platform campaign (see Case Studies section on Underage Drinking deliverables) on WFSB TV 3, WFSB TV/Fairfield, the use of WFSB TV talent in PSAs and digital (wfsb.com, Facebook), Better Homes & Gardens (based on availability) and news coverage and special show on Better CT. WFSB will deliver more than $125,000 in media value, a 3:1 return on investment.

WFSB delivered 3:1 investment.

The CRN Component

CRN provides the buying power of one of the state's biggest radio and TV/Cable buyers, hence, significant added value (based on the enclosed budget CRN can provide $350,000 in bonus media). CRN managed the successful TobaccoFree CT program for the State and has teamed up with Elkinson & Sloves on campaigns for Quitline, Underage Drinking and, currently, Connecticut Housing Finance Authority's emergency mortgage program.

- CRN provides daily programming to 40 top-rated radio stations throughout the state: news, weather, sports, entertainment features, as well as seasonal programs resulting in value-added content in Beach and Ski Reports, station websites and more.
- CRN is wired to all radio stations for instant trafficking.

Cable, Radio and Social Media Plan

Media Budget:
Based on total $750,000 budget

On-air Dates:
Monday, January 5 – Sunday, March 29, 2015
Monday, September 7-December 31, 2015

Primary Target Demographic:
People 12-24

Secondary Target Demographic:
Adults 25-54 (parents of primary target)

Media Elements:

- Terrestrial Radio
- Satellite Radio
- Cable Television
- Social Media

Summary:
In an effort to create public awareness of the dangers of using e-cigarettes, particularly among young people, CRN recommends the use of several different marketing vehicles to reach the primary and secondary demographics. Below is the suggested media plan.

Terrestrial Radio

A total of 3,770 educational announcements will air statewide network of key radio stations that reach the primary secondary targeted demographics. CRN recommends using creative customized to the target.

Top Primary Target Stations: Persons 12-24

Bridgeport	WEBE-FM	Adult Contemporary
	WEZN-FM	Adult Contemporary
Danbury	WDAQ-FM	Hot Adult Contemporary
	WRKI-FM	Classic Rock
Hartford	WKSS-FM	Contemporary Hits
	WMRD-FM	Alternative Rock

	WTIC-FM	Contemporary Hits
	WWYZ-FM	Country
	WZMX-FM	Urban Contemporary
New Haven	WKCI-FM	Contemporary Hits
	WPLR-FM	Classic Rock
New London	WCTY-AM	Country
	WQGN-FM	Contemporary Hits
	WWRX-FM	Urban Contemporary
Stamford	WFOX-FM	Classic Rock

Additional Stations will also be used to targeting the secondary Demo of Adults 25-54. Please note that many of the stations listed above, are also top performing stations for the Primary target audience. Additional stations include:

Danbury	WLAD-AM
Hartford	WRCH-FM and WTIC-AM
Litchfield	WZBG-FM
New Haven	WELI-AM and WQUN-AM
New London	WBMW-FM, WICH-AM and WJFF-FM
Waterbury	WATR-AM
Willimantic	WILI-A

Additionally, Spanish language stations will be incorporated into the plan to ensure reach among that key population segment:

Bridgeport	Bomba 97.1 FM, and WCUM-AM
Hartford	Bomba 104.5 FM, WLAT-AM and WRYM-AM
Waterbury	Bomba 99.5FM

Total Paid Radio Units:	1,885
Total **Bonus** Radio Units:	1,885
Total Radio Units:	**3,770**

Satellite Radio

CRN will secure Audio, Video, and display banner advertising on Pandora. With the ability to geo and demo target Connecticut listeners, this exposure will provide over 4,900,000 audience impressions among the Persons 12-24 target demographic.

Total Paid Impressions:	2,450,000
Total Bonus Impressions:	2,450,000
Total Impressions:	**4,900,000**

Cable Television

A total of 860 educational announcements will air on cable over the course of the campaign. This includes both paid and bonus commercials. All bonus will air within flight.

The negotiated schedules will use a combination of key programming and dayparts to ensure maximum statewide reach and frequency among the targeted demographics. Cable stations will include but not be limited to channels like ESPN, MTV, Comedy Central, TNT, Spike, Nick, and Toon.

Recommended Cable systems:
Hartford/New Haven Interconnect: a network of cable systems covering the state with the exception of Fairfield County. Southern Connecticut Cablevision covers Fairfield County.

Total Paid Cable Units:	430
Total Bonus Cable Units:	430
Total Cable Units:	**860**

Web and Social Media

CRN will place tile ads on key web and social media outlets that target the primary and secondary demographic. Web sites will include participating radio station home pages, as well as on YouTube, and Facebook. All ads will be linked to a designated campaign web site connecting viewers to further information about the topic.

Total Paid Impressions:	1,250,000
Total Bonus Impressions:	1,250,000
Total Impressions:	**2,500,000**

Proposed Budget

We reviewed three budget levels for this proposal: $500,000/$750,000 and $1,000,000. Based on feedback from THTF and an evaluation of media value, **we are proposing $750,000 for the optimal use of funding and statewide media penetration.** Breakdowns for a $500K and $750K budget are below. With the prospect of Yale Tobacco Center research lowering the cost of R&D, we may be able to channel additional funds to media buys.

With our media and grassroots partnerships we have secured more than 100% match on our media buy.

Proposed grant budget:	**$750,000**	**$500,000**
Research Conduct research including focus groups to refine message; develop benchmark and post-campaign research to measure effectiveness.	$30,000	$30,000
Centralized Statewide advertising/grassroots marketing/App Includes media PSA campaign – TV, radio, Social media, in-market grassroots direct to youth and UConn integration. Also, includes the creation of "Don't Play Their Game" App.	$542,000	$300,000
RAC's grassroots and satellite support. marketing and support Thirteen RACs each receive $5,000 for community outreach to schools, colleges, health organizations, etc. using core campaign images/messaging.	$65,000	$65,000
Additional Grassroots efforts	$8,000	--
Campaign Coordination/Management (MCSAAC) Coordinate RACs, marketing, research	$40,000	$40,000
Production- TV, radio, marketing materials (printing), design	$65,000	$65,000
Total Media Value (cash, bonus and sponsorship)	**$1.09 million**	
Media Statewide Value (cable, radio, social media)	$700,000	$500,000
UConn Partnership Value	$204,000	$105,000
WFSB TV 3 Value	$125,000	$100,000
Community marketing	$65,000	$65,000
College Stations	TBD	
Public Relations	TBD	
TOTAL SPOTS/IMPRESSIONS	**17.4 million**	**13 mil**
Total Radio Spots	3,770	2,570
Total TV network/Cable Spots	1,960	1,600
Total TV & Radio Spots	**5,730**	**4,170**
Total Satellite Radio Impressions	4.9 million	3.4 mil
Total Social Media Impressions	2.5 million	1.8 mill
Total WFSB.com Impressions	900,000	750,000
Total WFSB.com Facebook impressions	8.5 million	7 million
Total UConn Impressions in-game	600,000	--
Total UConn Impressions via game broadcasts	TBD	
Total Social Media Impressions	16.8 million	12.9 mil

NOTE: THE KEY DIFFERENCE BETWEEN $750,000 AND $500,000 BUDGET

a) Less in-game exposure at UConn games (no rotating signage for TV broadcasts); b) Limited use of UConn coaches in PSAs (UConn broadcasts only); c) 26% less media spots/impressions. **Bottom-line**: while the fixed costs remained static there is less funding for media buys. Conversely, $1 million budget has 100% of additional funding —or upwards of 25% more media— that would go directly into media buys including additional game broadcasts.

The Marketing Team

gener8or communications / the studios of Moving Pictures
Overview

Incorporated in 1989 under the original name Moving Pictures, our multi-faceted media communications company has an award-winning history of destination marketing, broadcast advertising, e-learning and interactive media, and high visibility communications initiatives. A growing client demand for expanded creative services led to a rebranding as gener8or communications, a full service content strategy, development, design, and production collaborative. Working with State agencies, educational institutions, TV networks, nonprofit organizations and leading corporations, our work has been seen by millions of people around the globe. And for digital communications, we combine our storytelling techniques with our knowledge across multiple mediums – from interactive and print to video and broadcast.

The collective team at g8/MP has significant combined experience on both sides of the lens. Everything we do seeks to educate, entertain, and engage. Our body of work includes experiential communications and visual-based storytelling for advertising, learning, training, consumer and patient awareness, and fundraising. Our expertise extends most heavily into the worlds of non-profit healthcare, corporate and educational sectors.

gener8or communications / the studios of Moving Pictures
Selected Client Roster

ABC Sports
American Diabetes Association
Carrier Corporation
Cigna
Connecticut DOT
CT Public Television – PBS
Deloitte
Edible Arrangements
ESPN
Hartford Hospital
Honeywell
ING
Kingswood-Oxford School
Loctite
Masonicare
McDonald's
National Kidney Foundation
Opticare
Pez Candy
Prudential
Timex
University of Connecticut
United Way
Yale Smilow Cancer Center
Aetna
Bose
Charter Oak State College
Connecticut State Lottery
CT Dept. of Tourism
CT Children's Medical Center
CT Dept. of Children & Families
Epilepsy Foundation
Gerber Scientific
Hartford Courant
The Hartford
Juvenile Diabetes Foundation
Kaman Corporation
Lincoln Financial Advisors
MassMutual
Middlesex Hospital
Northeast Utilities
PriceWaterhouseCoopers
Phoenix Insurance / Investments
Pace University
Thermospas
United Technologies
Yale Children's Hospital
Yankee Candle Company

Elkinson & Sloves, Inc.

Elkinson & Sloves is one of the state's most experienced marketing and PR firms. The two people who founded the firm 33 years ago are still running the agency, namely, Donna Elkinson Miller and Jay Sloves. We help create ideas that matter—from business recruitment for the Governor's Office, to helping children impacted by the horrors of Chornobyl and September 11th; from community-based marketing programs like the Presidential Debate to the risky behavior of today's teens; and marketing projects for the world's leading companies like ESPN and LEGO.

E&S specializes in community-based marketing, business-to-business and strategic alliance marketing, and public relations. The E&S approach is collaborative. E&S helped perfect "multi-platform" marketing—it's not just about ads or a billboard. We effectively use grassroots and strategic alliance marketing, media cross-promotions, and public relations to deliver messages effectively and cost-effectively.

E&S has experience in both the private and public sectors: E&S was the agency of record for the 2-1-1 roll-out, CT Department of Children & Families, Connecticut Department of Social Services, Connecticut State Medical Society, Connecticut Development Authority, American Association of University Professors (UConn, CCSU and all state community colleges), and the CT Department of Public Health. We developed the state's first statewide HMO (M.D. Health Plan with the Connecticut State Medical Society) and worked with the Offices of The Governor for business development.

The grassroots programs we developed through the CT Association of Non-profits, Boys & Girls Clubs, Race For The Cure, Connecticut Children Medical Center and other social and health organizations have helped E&S build and retain effective community and state relationships. We can effectively market to demographic groups from teens to seniors, bi-lingual, urban and rual, etc. We have built up a network of marketing allies to help leverage messages and groups. As noted, E&S is a founding partner of CT Latino News.

Making the State a better place drives us. We're attracted to business development and people-development projects. So don't ever be surprised if we team up a rock star like Bon Jovi with guys in gray flannel suits. It's how we get things done.

References: Mary Kate Mason, Connecticut Department of Mental Health and Addiction Services/Contact: 860-418-6839; CT Cancer Partnership, Lucinda H. Hogarty, Director, 203-379-4860, lucinda@ctcancerpartnership.org

SetTheRulesCT.org

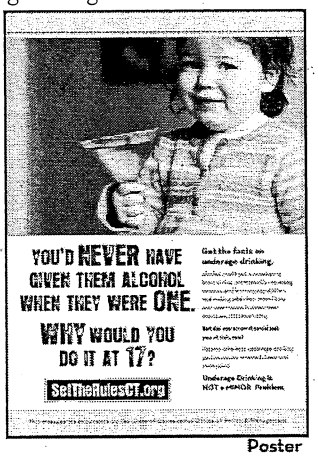
What:

Working with the Subcommittee for Underage Drinking Prevention of the Juvenile Justice Advisory Committee we revitalized the SetTheRulesCT social marketing campaign. This campaign, geared to parents/guardians of youth age 12 to 20, was a two-year multi-media campaign running on TV, radio, and social media (746,000 adults, ages 35-54 are on Facebook) digital and on the grassroots level. The campaign asked all parents to simply say "No" to underage drinking. The campaign included Parent-Student pledge. The campaign ran during the Prom and Graduation season sand had both the health message (the impact on brain development in underage drinkers) and the Responsible Hosting message (parents who host underage drinking parties can be arrested, fined and even jailed).

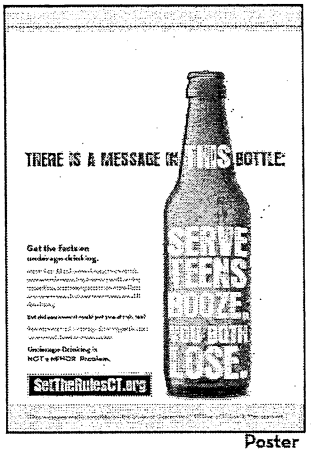
Grassroots:

At the state level the campaign included grassroots partnerships, WFSB station integration and social media:

- Connecticut Association of Schools (CAS) reached out to parents
- CT Food Association promotion of Responsible Hosting message via their member supermarkets/convenience stores throughout Connecticut—in-store posters and PA announcements. Underwrote "Alcohol-free" Graduation Party Contest generated via social media.
- Marketing tool kits were created for local coalitions that included posters, radio and TV PSAs, transit (local poster boards) templates, press release and more. Teamed up with coalition members take part in supporting the campaign over the Spring of 2012.



Poster



Poster

Media:

- PSA campaign ran on 19 radio stations in all six (6) Connecticut counties; "Better Homes & Gardens" Connecticut edition (70,000 households); social media campaign; WFSB TV 3 multi-media campaign (WFSB, WFSB Fairfield, WFSB.com) and TV 12 in Stamford.
- Selected radio stations provided value-added "Parent Pledge" campaign.
- Campaign launched at State Capitol press conference in early May
- WFSB TV 3 created statewide, media integration PSA campaign featuring news anchors Dennis House and Kara Sundlun (husband & wife and parents):

WFSB & WFSB Fairfield/Paid: 388 spots (:30's)
WFSB/PSA: 268 spots (:30's and :15's)
WFSB Fairfield/PSA: 745 spots
WFSB.com: over 931,000 impressions with 1,266 clicks to website (news section sponsorship. display ads. pre-roll & Facebook)
Better Homes & Gardens Magazine: 1 full page insertion (78,000 circulation)
"Better Connecticut" Integration
Talent integration (PSA tag)

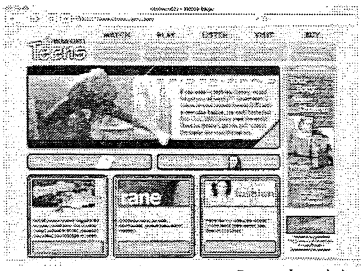
Connecticut Department of Public Health Teen Risky Behavior Project (E + S)

What: "Teens Sing Out" was a comprehensive public health campaign addressing the issues of risky behavior facing today's teens and rock stars. The core elements of "Teens Sing Out" are essential to the tobacco counter-marketing campaign—research, diverse teen populations statewide, on-line web survey, in-class programming—so in effect, a campaign created by teens for teens.

Results: We teamed up Connecticut Association of Schools with the Connecticut Department of Public Health "risky behavior" marketing campaign. CT Radio Network (that delivered more than 100% on cash outlay), ctnow.com (which created a teens-only website). Middle schools participated in statewide lyrics writing contest sponsored. Members from the rock groups Chicago and Rascal Flatts helped judge the lyrics. The winning lyrics were the basis of a radio PSA campaign. Campaign involved research, on-line surveys (with built-in incentive program to encourage kids to participate), in-class component, DJ involvement, media events at state capitol and sound studio. UConn legend Donny Marshall participated with the winning schools in the recording session. The campaign was bi-lingual. Most intriguing of all—the creation of a teens-only website based on input from the students.

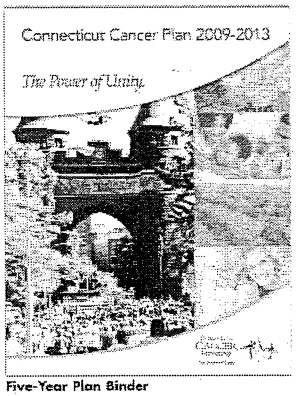
Bi-lingual in school posters

Radio Jingle

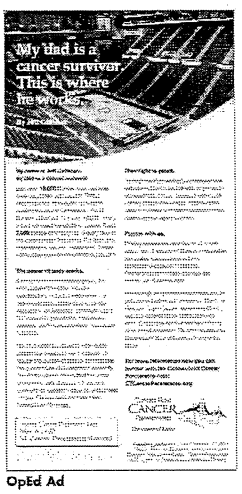

Teen-only website

Connecticut Cancer Partnership Marketing

What: Elkinson + Sloves, Inc. consulted with the Connecticut Cancer Partnership to improve its communication tools, including launching the Partnership's new newsletter and website. Through the Partnership's comprehensive website health professionals, cancer survivors and those fighting cancer have direct access to the latest in national and state resources and protocol in the shared assault against cancer. In addition, E+S is supported the launch of the new Connecticut State Cancer Plan through a PSA campaign, and outreach efforts with legislators.

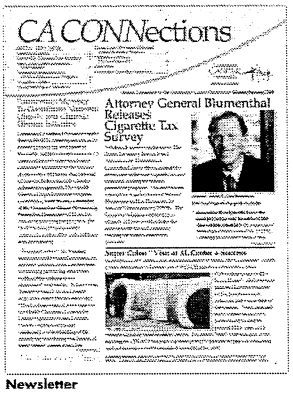


Five-Year Plan Binder

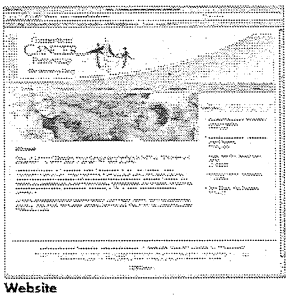


OpEd Ad

Who: With more than 300 members, the Partnership empowers both public and private groups to work together to reduce the burden of cancer and improve the quality of life of Connecticut residents. Members include Connecticut Department of Public Health, the American Cancer Society (New England Division), Yale Cancer Center, University of Connecticut Health Center, and the Connecticut State Medical Society.



Newsletter


Website

Connecticut CANCER Partnership
The Power of Unity

Results: The TV PSA campaign utilizes the empty seats in XL Center in Hartford, CT as a powerful metaphor of the number of state residents (19,000) who were diagnosed with cancer last year.

CT Cancer Partnership Televison

Second Hand Smoke 2011-2012

What: Create second hand smoke media campaign targeting urban markets efforts with legislators. Although the campaign was split into two unusually separated flights we exceeded media expectations.

CONNECTICUT QUITLINE
1-800-QUIT-NOW

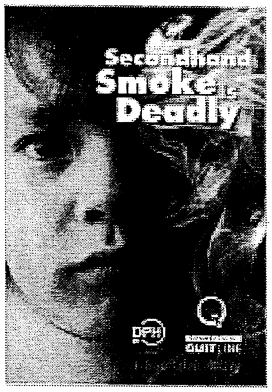
Demographic breakdown (18+ including near or below poverty level):

Hispanic	35%
Urban/African American	35%
General population	30%

Media Results: Per bonus on radio/TV, we usually do well so we expect similar results. For flight #1 we had planned for 607 radio spots and delivered 994; planned on 910 TV spots and delivered 1,019.

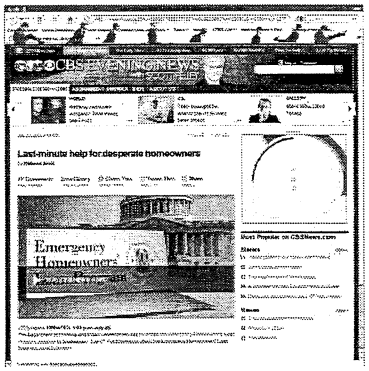
On-line

Bus Shelters



Billboard

Emergency Homeowners' Loan Program:



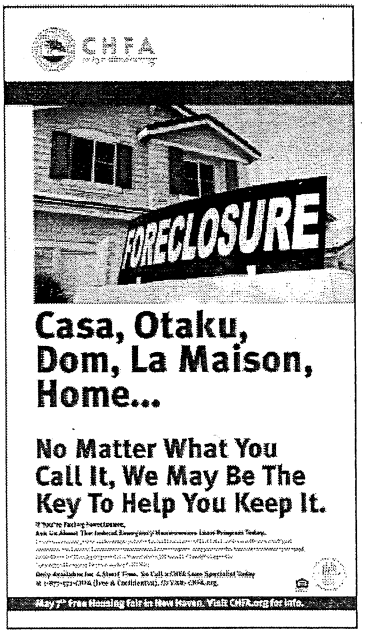
Client: Connecticut Housing Finance Authority

What: Create integrated advertising, public relations and grassroots bi-lingual campaign to target state homeowners at risk of losing their homes due to delinquent mortgage payments (Spring 2011 – August 2011)

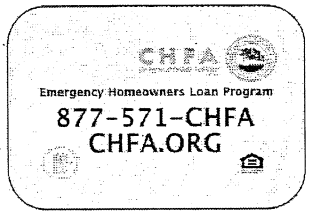
When: **April - August 2011 and May-August 2013**

Action: Within three weeks of being green-lighted We rolled out multi-media integrated marketing program that included TV and radio spots with Governor Malloy, set up more than dozen radio, television and newspaper interviews statewide and negotiated and set up and marketed five housing fairs in Hartford, Bridgeport, New Haven, New London and Waterbury.

Results: Goal was to generate 3,000 calls monthly and disburse mortgage loans for 600 families. The marketing campaign generated 20,000 calls over 3 months and disbursed $55 million to more than 1,100 Connecticut residents. In addition, the campaign generated national news with a CBS EVENING NEWS story.



CHFA the key to affordable housing



Attachment

- Please see letter of support and agreement from Mr. Tom Murphy, General Manager of IMG College / University of Connecticut Athletics. It is included as a PDF attachment to this email, labelled "UConn Athletics confirmation letter."

UCONN
UCONN IMG SPORTS MARKETING

Betsey S. Chadwick, Director
Middlesex Cty. Substance Abuse Action Council
393 Main Street
Middletown, CT 06457

August 25, 2014

Re: Connecticut Anti-E-cigarettes Counter-marketing Campaign

Dear Betsey:

Upon approval of the State of Connecticut of your e-cigarettes counter-marketing program, the University of Connecticut Athletics Department through IMG College is committed to team up with the State of Connecticut's thirteen Regional Action Councils (RACS) to create a persuasive and on-going statewide counter-marketing prevention campaign, with an emphasis on e-cigarettes, targeting young people age 12-24.

Tobacco companies spend millions in our state to attract and keep young smokers. They are enlisting celebrities to champion "e-cigarettes." The RACs need the right teammates and the right messengers to counter-market. Studies show UConn is viewed as top brand in our state...believable, cool...the same attributes that make youth trust the message and the messenger.

Working with IMG College, the exclusive rights holder for UConn Athletics, UConn Athletics is committed to partnering with the Regional Action Councils. As an Official Partner, UConn IMG Athletics would leverage its marketing resources and assets in-games, in broadcasts, through grassroots marketing and engaging UConn coaches to participate in an exciting new integrated counter-marketing educational campaign.

With a fourteen year old son this is both a personal and professional commitment! We look forward to working together.

Thank you,

Tom Murphy
General Manager
IMG College/University of Connecticut Athletics

100 Allyn Street, 2nd Floor, Hartford, CT 06103 O: 860.904.7752 F: 860.904.7751

Tobacco and Health Trust Fund Board

Allocations and Evaluation Results

2002-2013

The following chart is a list of programs that have received funding from the Tobacco and Health Trust fund since 2003 including a summary of the key evaluation findings.

Cessation Programs			
Year	Program	Disbursement	Evaluation
2003-2004	Local community based cessation programs.	$700,000	N/A
2008	Community health centers cessation programs for pregnant women and women of childbearing age.	$700,000 program $100,000 evaluation	A total of 1,607 persons enrolled and 308 completed the programs. 15.1% of those served quit at a cost per quit of $4,155 with NRT and $3,751 without NRT.
2009-2010	Community and specialized tobacco treatment programs and individuals with serious mental illness.	$3,162,456	The average quit rate was 23.8% and the cost per quit was $807 for all programs. The evaluation showed that the majority of the enrollees were female, aged 45, had a high school diploma or less, and very low annual incomes, with some form of government-sponsored insurance. Most of the enrollees (80%) were referred by a physical or mental health care provider. Approximately two-thirds of enrollees attended three or more counseling sessions. Community-Based Tobacco Cessation Programs served a total of 3,327. Programs for Individuals with Serious Mental Illness served a total of 1,868 clients with behavioral health issues.
2012	Community Cessation Programs.	$1,481,630	Pending
2012-2013	Department of Correction smoking cessation program for inmates under the jurisdiction of the department.	$974,653	Pending
Total		**$7,118,739**	

Quit Line			
2003-2013	Quit Line services and web-based tobacco use cessation coaching that assist resident in their efforts to quit tobacco use through individualized counseling, information, self-help materials and nicotine replacement therapy.	$7,149,084	From 2002-2013 a total of 49,941 residents were served through the QuitLine. The quit rate at the 7 month follow-up was 27% (13,484 residents) at a cost per quit of $475. The actual cost per quit for 2011-2012 was $1,147. The latest evaluation of the QuitLine (March 2013) showed that registrations have increased steadily over the past three years (20010-2012). In 2012 a new high was reached with over 11,000 QuitLine registrants. The QuitLine served 11,187 residents in 2012, as compared with 7,154 in 20122. More than 9 out of 10 callers who registered were tobacco users seeking help to quit. The increase in enrollment numbers may in part be a reflection of the successful outreach and media efforts.
Total		**$7,149,630**	
Counter-Marketing			
2002	Update Tobacco Free Connecticut Website and television ads targeting adult males	$400,000	N/A
2007-2012	Campaign aimed at reducing tobacco use among youth and adults	$6,100,000	Evaluation results of the youth counter-marketing campaign showed that exposure to the campaign significantly impacted attitudes about smoking. Participants who were exposed to campaign messages had significantly stronger anti-tobacco attitudes than those not exposed. **Adult Cessation Media Impact on QuitLine Call Volume** The evaluation showed that residents exposed to cessation ads at a higher frequency and for a longer amount of time, resulted in an increase in registrations numbers to the QuitLine. As a result of the media campaign QuitLine achieved a promotional reach of 2.02% (cigarette users), which is higher than the average reach of other state QuitLines.
Total		**$6,100,000**	
Prevention Programs			
2009	School Based Tobacco Prevention and Tobacco	$500,000	The evaluation showed that revising the curriculum to include tobacco prevention activities was a long and difficult process. There was more success incorporating tobacco prevention activities into after-school programs such as school enhancement, life skills and leadership. Also, offering tobacco cessation services to students and

			staff was not well received, with the exception of on-line cessation programs. A total of 2,869 youth participated in the tobacco prevention program.
2010	Tobacco Prevention For School Aged Children	$500,000	The evaluation showed that programs implemented the tobacco prevention programs relatively quickly. Programs took a broad approach, focusing on tobacco prevention as one aspect of an overall wellness and health program. Many of the youth reached were already smoking and or using other drugs. Several programs showed an increase in tobacco knowledge and attitudes against tobacco use and increased numbers of youth reported that they did not intent to smoke.
2013	Prevention Programs include: Teen Kids News; Statewide Tobacco Education Program; and Smoking Prevention Connecticut Alliance of Boys and Girls Clubs	$572,963	N/A
Total		**$1,572,963**	
Innovative Programs			
2010	Innovative Projects including programs for: 5-14 year olds in summer camp and youth programs outside of school; K-8th graders and high school aged youth	$477,745	Individual program evaluation results: **ERASE-STEP**-the majority of children of all ages came to the program knowing that smoking was risky. The younger children were more likely not to know the dangers of smoking, and therefore showed a greater difference between the pre and post survey results. **Education Connection Kids Can Program**- Pre-post comparisons of elementary and middle school students indicated that, for both groups, students perceived themselves as knowing more about a number of tobacco related topics after completion of the program. **American Lung Association Teens Against Tobacco Use**- Post test results indicated a generally greater understanding than pre-test results of the importance of not using tobacco and the addictiveness of tobacco.
Total		**$477,745**	
Lung Cancer Pilot			
2010 -2013	Support a feasibility study of the development if a statewide bio-repository for tumor tissue and a demonstration project for lung tissue and serum bio-repository.	$500,000	The evaluation of the Feasibility Study found that the study largely accomplished its objectives, despite its delayed implementation and reporting. The evaluation of the Demonstration Project concludes that essentially, none of the three components was fully implemented. All projects fell short of securing participation and Institutional Review Board (IRB) approvals of other hospitals. The components of the Common Agreement White Paper for a Statewide Virtual

			Biorepository were largely completed, but the process deviated substantially from the proposed work plan. Further implementation of the project was delayed until 2013. Funding will be used to further the progress of the virtual biorepository demonstration project and the development of a biorepository of specimens for smoking cessation studies. Program is in process, no evaluation results at this time.
Total		**$500,000**	
Tobacco Enforcement Program			
2013	Community Enforcement Project to prevent the sale of tobacco products to minors.	$287,770	N/A
Total		**$287,770**	
Evaluation			
Year	Program	Disbursement	Evaluation
2009-2012	Independent Evaluation on the Tobacco and Health Trust funded programs.	$1,286,00	N/A
Total		**$1,286,000**	