

Agenda

Tobacco and Health Trust Fund Board

Monday, June 18, 2012

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

Conference Room 2A

Office of Policy and Management

450 Capitol Avenue

Hartford, Connecticut

- I. Welcome and Introductions
- II. Approval of December 2010, March 2012, April 2012, and May 2012 Minutes
- III. CommuniCare Update
- IV. Discussion of FY 12 Funding Recommendations
 - a. Discussion of Funding Options- \$6,015,000
 - DOC Proposal
 - Media Campaign
 - Quitline
 - Cessation Program-Community Health Centers
 - Innovative Programs
- V. Next Meeting

D R A F T Meeting Summary

Tobacco and Health Trust Fund Board

Friday, December 17, 2010

10:00 a.m. – 12:00 Noon

Room 410

State Capitol

Hartford, Connecticut

Members Present: Anne Foley (Chair), Cheryl Resha, Elaine O'Keefe, Patricia Checko, Cindy Adams, Geralyn Laut, Norma Gyle, Larry Deutsch, Ellen Dornelas and Dianne Harnad.

Members Absent: Nancy Bafundo, Ken Ferrucci, Diane Becker, Doug Fishman, Rob Zavoski, Steve Papadakos, and Andy Salner.

| Item | Discussion/Action |
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| Welcome | The meeting was convened at 10:10 a.m. |
| Approval of November 2010 Minutes | Cindy Adams moved approval of the November minutes and the motion was seconded by Patricia Checko. The minutes were approved on a voice vote with one abstention by Ellen Dornelas. |
| Brief Interventions | Judith Cooney, Director of Smoking Cessation and Substance Abuse Day Programs for CT Veterans Affairs (VA) presented on brief intervention and cessation strategies. A summary of the discussion is as follows: <ul style="list-style-type: none"><li data-bbox="711 1776 1323 1950">• Brief interventions for tobacco treatment typically consist of clinician guided intervention strategies that last for ten minutes or less. |

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| | <ul style="list-style-type: none"> • Brief Interventions can be used to encourage people to participate in more intensive treatment. • Brief interventions are cost effective strategies that improve smoking cessation rates. Program outcomes are doubled. • Brief intervention programs must include follow-up services. • VA Tobacco Cessation Program is based on the "5 A Model": <ul style="list-style-type: none"> ○ Ask about smoking status ○ Advice to quit ○ Assess Dependence ○ Assist to find appropriate treatment such as medication and counseling ○ Arrange for follow up services. <p>Judith Cooney agreed to submit a written summary on brief intervention strategies presented at the meeting.</p> |
| Alternative Incarceration (AIC) | <p>Julie Revaz, Manager of Juvenile Programs and Services, and Jim Rushkowski, Court Planner from the Judicial Branch presented on the Alternative In the Communities (AIC) programs. Summary of the presentation is as follows:</p> <ul style="list-style-type: none"> • Alternatives in the Communities Incarceration Program serve approximately 3,000 adults, 700 youth in the Youth Equipped for Success Program (YES) and an additional 225 high risk children through the home base intervention program. • The demographic breakdown of the YES program participants include: 80% male; 20% female; 50% of the clients are |

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| | <p>African American; 25% are Latino and 25% are White.</p> <ul style="list-style-type: none"> • Contingency Management techniques such as giving rewards and incentives for positive behavior should be part of a smoking cessation program. • Institutionalize brief interventions should cross all systems in which the tobacco users congregate and should not only be administered by health professionals. • Brief intervention strategies followed by more intensive treatment including nicotine replacement therapy (NRT) and counseling increases smoking cessation rates. • Providers must receive training on brief interventions. • Brief intervention program must include an evaluation component to report results. |
| <p>Discussion of FY11 Funding Recommendations</p> | <p>After a lengthy discussion on possible disbursement recommendations for FY11, the board voted to explore developing a brief intervention program for adults and youth involved in AIC programs. The Judicial Branch was asked to develop and submit a proposal including program components such as, but not limited to:</p> <ul style="list-style-type: none"> • Brief interventions strategies and referrals to more intense treatment such as counseling, nicotine replacement therapy and contingency management services. • Strategies to institutionalize brief interventions beyond health |

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| | <p>professionals.</p> <ul style="list-style-type: none">• Determine the feasibility and cost effectiveness of providing carbon testing.• Plan to train judicial staff.• Describe how judicial will connect with the health care providers.• Provide demographic data such as gender, ethnicity, number covered by Medicaid and those uninsured. Also include the number of case managers. |
| Next Meeting | The next board meeting will be on Friday, January 21 from 10:00 a.m. to 12:00 noon. |

DRAFT

DRAFT Meeting Summary

Tobacco and Health Trust Fund Board

Wednesday, March 28, 2012

3:00 p.m.

Room 410

State Capitol

Hartford, Connecticut

Members Present: Anne Foley (Chair), Cheryl Resha, Elaine O'Keefe, Patricia Checko, Geralyn Laut, Ellen Dornelas, Diane Becker, and Robert Zavoski.

Members Absent: Nancy Bafundo, Ken Ferrucci, Doug Fishman, Steve Papadakos, Larry Deutsch, Cindy Adams, and Andy Salner.

| Item | Discussion/Action |
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| Welcome | The meeting was convened at 3:10 p.m. Members and other attendees introduced themselves. |
| Approval of December 2010 Minutes | Due to the lack of a quorum, the December 2011 draft meeting minutes will be reviewed and approved at the next meeting. |
| Review Status of Trust Funds | The Chair reported that \$6,015,000 will be available for disbursement in both fiscal year 2012 and 2013. Upon completion of its recommendations, the Chair suggested that the board share with the Appropriations and Public Health Committees as soon as possible. This may not take place until after the current legislative session. |
| Review of Current Trust Fund Programs | The Department of Public Health provided a brief update on the current tobacco programs. Highlights include: <ul data-bbox="711 1877 1295 1953" style="list-style-type: none">• Quitline: remaining funds are available for approximately 7 months at an |

average monthly cost of \$150,000-\$180,000. DPH is working with DSS to develop and implement a memorandum of understanding for reimbursement for tobacco cessation treatment rendered to Medicaid clients.

- Cessation Media Campaign: contract with Cronin and Company began advertisement of anti-tobacco efforts. The media campaign is starting the "Tobacco, It's a Waste" Youth Campaign including a video contest to create a 30 second TV commercial. For 19-24 year old age group, a casting call will take place in September or October to produce a series of webisodes to air through social media.
- Community Based Cessation Programs: currently six sites are administering tobacco cessation program throughout the state. One of the sites, Communicare, Inc. is providing specialized tobacco cessation services to patients with severe mental health issues.
- Brief Intervention Counseling: Windham Community Memorial Hospital is offering brief interventions to emergency room patients, visitors, and their family members.
- Innovative Prevention Programs for School-Aged Youth: contracts up and running providing tobacco use prevention and cessation programs to youth.
- Evaluation: continue evaluation on the funded programs.

Board members requested additional information on the programs listed above, including, but not limited to:

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| | <ul style="list-style-type: none"> • Report on the Statewide Tumor Biorepository Feasibility Study • Executive Summary of the CHC Pregnant Women Program • The cost per program, identify successful programs and services, and report on quit rates. • Status report on the Cessation Program for individuals with serious mental illness. • Information regarding school based anti-tobacco efforts in Massachusetts. • Detail proposal from the Judicial Branch regarding tobacco cessation programs targeted to AIC program participants, both adults and children. • The impact of increases in state cigarette excise taxes versus cessation programs resulting in reduced tobacco use. • CT's spending level on anti-tobacco efforts as compared to other states. • Information on grassroots prevention and cessation activities under the countermarketing media campaign. |
| Discussion of FY12 Funding Recommendations | Members discussed recommendations for the 2012 disbursement of \$6,015,000. Members suggested funding for: cessation programs, Quitline and a brief intervention program targeting the AIC population. Members agreed to hold a public hearing in April. |
| Next Meeting | The next meeting will be in April prior to the public hearing. |

D R A F T Meeting Summary

Tobacco and Health Trust Fund Board

Monday, April 16 2012

9:30 a.m. – 10:00 a.m.

Room 1C

Legislative Office Building

Hartford, Connecticut

Members Present: Anne Foley (Chair), Patricia Checko, Ken Ferrucci, Geralyn Laut, Leonard Lee, Ellen Dornelas and Diane Becker.

Members Absent: Cindy Adams, Cheryl Resha, Elaine O'Keefe, Doug Fishman, Larry Deutsch, Rob Zavoski, Steve Papadacos, and Andy Salner.

| Item | Discussion/Action |
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| Welcome | <p>The meeting was convened at 9:35 a.m. Leonard Lee, Department of Public Health was introduced as a new member of the board. Mr. Lee will replace, Norma Gyle as an appointee of the Governor. Joseph Burleson, University of Connecticut Health Center was also introduced as a potential new member, appointment letter is pending. Mr. Burleson will replace Steve Papadacos, as an appointee of the Senate Minority Leader. Board members introduced themselves.</p> <ul style="list-style-type: none">• The Department of Mental Health and Addiction Services reported on the Tobacco Regulation Awareness Communication and Education Program (TRACE) funding opportunity. The U.S. Department of Health & Human Services/ Food & Drug |

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| | <p>Administration is making \$10.5 million available for 4 years to support tobacco health education programs; increase capacity at the community level in the areas of health communication and education that address federal tobacco regulations and the public health goals of the Tobacco Control Act; and implement innovative, evidence-based, and collaborative programs that educate the public about tobacco products. The department will submit an application for funding.</p> |
| <p>Approval of December 2010 and March 2012 Minutes</p> | <p>Due to the lack of a quorum, the December 2011 and March 2012 draft meeting minutes will be reviewed and approved at the next meeting.</p> |
| <p>Follow-Up on Board Requests</p> | <p>The Chair reported that the following board requests are pending and will be e-mailed to them prior to the next meeting:</p> <ul style="list-style-type: none"> • Report on the Statewide Tumor Biorepository Feasibility Study • Executive Summary of the CHC Pregnant Women Program • Report on the Cessation Program for Individuals with Serious Mental Illness • School Based Anti-Tobacco Programs in Massachusetts • Summary on Cost Per Services, Successful Programs and Quit Rates • Proposal- AIC Adults and Youth • Report on Grassroots Prevention and Cessation Activities <p>The Chair asked Pamela Trotman to review the State Cigarette Excise Taxes versus Cessation Programs and State Tobacco Prevention Spending Level documents included in the</p> |

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| | <p>board packet. Highlights include:</p> <ul style="list-style-type: none"> • Economic studies indicate that every 10% increase in the real price of cigarettes reduces overall cigarette consumption by approximately 3%-5%, reduces the number of young adult smokers by 3.5%, and reduces the number of kids who smoke by 6% or 7%. • Cigarette price and tax increases work even more effectively to reduce smoking among males, Blacks, Hispanics and lower income smokers. • A cigarette tax increase that raises prices by 10% will reduce smoking among pregnant women by 7% • The evidence links the increased costs of tobacco products to (1) reduced tobacco use, (2) reduced initiation of tobacco use, and (3) increased tobacco cessation. • 23 states and the District of Columbia, including Connecticut, are spending less than 10% of the CDC recommended funding level. The CDC recommended spending level for Connecticut is \$43.9 million. • Connecticut is one of five states that rank 50th among other states in tobacco prevention spending. |
| <p>Next Meeting</p> | <p>The next board meeting will be on Wednesday, May 16 from 10:00 a.m. to 12:00 noon.</p> <p>The Chair adjourned the meeting and began the public hearing at 10:00 a.m.</p> |

D R A F T Meeting Summary

Tobacco and Health Trust Fund Board

Wednesday, May 16, 2012

10:00 a.m.

Room 2A

Office of Policy and Management

Hartford, Connecticut

Members Present: Anne Foley (Chair), Ellen Dornelas, Diane Becker, Elaine O'Keefe, Robert Zavoski, Renee Coleman-Mitchell for Leonard Lee,

Members Absent: Cindy Adams, Cheryl Resha, Doug Fishman, Larry Deutsch, Ken Ferrucci, Patricia Checko, Geralyn Laut, and Andy Salner.

| Item | Discussion/Action |
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| Welcome and Introductions | <p>The meeting was convened at 10:10 a.m. Ann Kloter, Epidemiologist from the Department of Public Health (DPH) was introduced as a staff member assigned to work with Barbara Walsh on responsibilities related to the Tobacco and Health Trust Fund Board. Ms. Kloter provided members with state data on smoking cessation and prevention services. After review of the data, board members requested clarification regarding which services are funded by the board. DPH will provide the data at the next meeting.</p> <p>The chair reported that Joel Rudikoff is the new board appointee of Senator Looney and Lisa Hammersley will replace Steve Papadakos as the appointee of Senator McKinney. Both were unable to attend the meeting.</p> |

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| <p>Approval of December 2010, March 2012 and April 2012 Minutes</p> | <p>Due to the lack of a quorum, the December 2011 March 2012, April 2012 and May 21012 meeting minutes will be reviewed and approved at the next meeting.</p> |
| <p>Review of Board Request</p> | <p>The Chair reported that all of the information requested by the board is included in the board packet.</p> <p>The chair informed members that the Court Support Services Division (CSSD) of the Judicial Branch will not submit a proposal on brief intervention for adults and youth involved in their Alternative In the Community (AIC) program. At this time, it is difficult for the CSSD's contractors to retain staff who are adequately trained to deliver the interventions that have been identified as central to recidivism reduction and to add new agendas will potentially distract from their ability to focus on their primary mission.</p> <p>The board discussed other options to reach individuals involved in the judicial system. It was agreed that the chair would contact the Department of Correction (DOC) to identify options.</p> |
| <p>Discussion on FY 12 Funding Recommendations</p> | <p>After discussion, the board identified the following program areas for FY12 disbursement of \$6,015,000. They are:</p> <ul style="list-style-type: none"> • Cessation Programs for individuals in the custody of DOC. The chair will contact DOC to discuss the development of a proposal for smoking cessation services for individuals in the custody of DOC. |

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| | <ul style="list-style-type: none"> • Quitline – DPH will complete an assessment of the current program to determine the cost needed for continued services. In its assessment DPH will take into consideration a potential increase in call volume as a result of the recommended media campaign. • High Impact Media Campaign- DPH will project the cost of a media campaign to promote smoking cessation and prevention to the general public for a one year period. • Cessation Programs- Fund cessation services to be delivered by the Community Health Centers (CHC) to individuals served by the centers other than Medicaid recipients and individuals with private insurance that cover cessation services. • Innovative programs –Set aside funds for innovative projects to address concerns such as the lack of data, electronic cigarettes, hookah lounges and any other innovative ideas. Set aside funds for innovative projects must be redistributed to other program areas if no innovative projects are selected by the board. |
| Next Meeting | <p>Pamela Trotman will set up the next meeting through doodle. Every effort will be made to work with the members to ensure there is a quorum at the next meeting.</p> <p>The meeting was adjourned at 11:15 a.m.</p> |

Since October 2009, CommuniCare, Inc. (CCI) has been implementing tobacco use cessation services that has **over 1300 enrollments** in numerous behavioral health settings in Connecticut with funding from The Department of Public Health (DPH). CCI has contracted with nine agencies and provided services and training to 4 other agencies across the state to integrate tobacco cessation counseling, nicotine replacement (NRT's) and medicine as a core component of their behavioral health services to a population that has historically been underserved.

The program's philosophy is based on research that found that rates of tobacco use among those with mental illness and addiction are far greater than those of the general population. This increased rate of tobacco use relates to a shorter life expectancy among people with mental illness and addiction. Providing tobacco cessation services catered to their needs will work to improve their health and wellness.

CCI partnered with Dr. Douglas Ziedonis of the University of Massachusetts, an expert in the field and he has developed a model proven effective to address tobacco use in mental health populations and impact the organization ensuring a tobacco free culture. His model, Addressing Tobacco Through Organizational Change (ATTOC) pushes for agencies to not only provide tobacco treatment services, but also to change their culture on tobacco use and establish and work toward goals to overcome barriers in order to move to a culture that better supports tobacco cessation for both clients and staff. Organizational change is needed due to barriers in mental health agencies related to the past culture where it has always been considered "normal" to smoke. The goal is to not only provide services but integrate tobacco cessation into the culture and into all of the services provided by the agency. This includes changing policies, assessments and other practices to ensure it is embedded throughout the organization. This way the program impacts clients both in the program as well as others (clients and staff) in the agency not directly involved in the program.

As part of the model, services are designed for this challenging population to both motivate clients to address their tobacco use and also provide them with all of the necessary tools to quit smoking. The counseling curricula are provided in both group and individual formats, and participants are offered access to tobacco treatment medications and nicotine replacement therapies (NRTs) at no cost to the participant as medically appropriate.

In addition, through the CCI initiative, **five local mental health authorities (LMHAs) have become tobacco-free** on their clinical and administrative campuses. Two more agencies plan to do the same within the next six months.

Through this program, over 1,300 enrollees living with mental illness have already received tobacco use cessation services and nonprofit LMHAs in the state have changed their culture to better support their clients and address tobacco use.

Across programming, CCI has seen the following successes and outcomes to date since program inception:

- **546 enrollees attempt to quit while in program.**

- To date, CCI had **218 enrollees quit while in program**. This represents a successful quit rate of 24% of enrollments into the high motivated curriculum.
- **For those that completed the program (attended all sessions), CCI had a 42% successful quit rate and a 94% success rate of change in habit to improve the health of those around them.**

Although CCI has not met all the anticipated outcomes of numbers served and quit/reduction rates, we do feel that the program has been quite a success. It has had a broad reach throughout the state and within all involved agencies/programming. This program has had a strong impact on the organizations' staff and clients through awareness, actual cessation (clients and staff), effects of secondhand smoke (clients, staff and visitors) and an integration into all agency programs.

In addition, CCI provides numerous events throughout the state on education and training to both staff and clients. CCI provided a statewide conference in 2010 (150 attendees) and planning another in 2012. In addition, CCI has provided services and presentations at health fairs for clients and staff and have presented at conferences specific to adults living with mental illness in CT outside of the contracted agencies in an effort to make more of a statewide impact.

CommuniCare, Inc. is committed to working toward improving and increasing the tobacco treatment opportunities in Connecticut, and specifically to those that serve people living with a serious mental illness. As such, CCI is reaching out to other entities who look to address tobacco in their communities as well as develop additional resources in areas that otherwise would have gone underserved.

CCI has sent over two participant testimonies that speak to the impact we are seeing with the participants in all programming.

CommuniCare Tobacco Cessation Programming Client Testimonials

Testimonial from a participant at Community Health Resources

My name is Dave, I used to spend all my extra money on 2 cartons of cigarettes a week. I knew that smoking was crazy (Hell, I was crazy too). I tried to stop smoking back in August 2010 trying the method of cold turkey however found that very difficult and went back to smoking after two weeks. In October I tried Chantix. It worked but when I stopped using Chantix, the urge came back, I was hooked again. In January I called Connecticut Quit Line for assistance, they were helpful. After 30 attempts at trying to quit and having six or seven cigarettes a day for months I got hooked up with the CHR clubhouse. I started the Smoking Cessation Group in February 2011. I have good counseling and the NRT is free which has helped me a lot with remaining tobacco free. I have been smoke free for 34 days in a row using the patches and lozenges. This eight week program has been what I needed I get the proper support and the group is fantastic. My confidence in myself has increased as well as my motivation. I am so happy and proud of myself to have accomplished such a hard addiction. I started smoking at the age of 21 years old and at that time only smoke Marlboro now I have 34 days free from all tobacco products.

Testimonial from a participant at BHcare – Valley (formerly Birmingham Group Health Services)

Hurray!! I can't believe it. I finally quit.

Today, I celebrated one year smoke free. One and a half years ago I joined the Smoke Ender's program at Birmingham Group Health Services and embarked on a journey to become a non-smoker and have a smoke free life style. I struggled with multiple quit attempts and eventually went on Chantix and decided to take advantage of the opportunity to quit with the Smoke Ender program. Having this program available was truly a gift.

I continued to struggle and smoked on and off. Then I decided to stop being foolish and take full advantage of the program offered. I took the Chantix as recommended and followed the instructions which helped me to become the non-smoker I am today. For me, the Chantix really worked and I was able to abstain from the habit of Smoking. I was able to eat some sugar free hard candy if I got a craving and learned to talk myself out of the habit.

I was able to tell myself to move a muscle and change a thought if the craving came on. After one month on the Chantix it alleviated my desires and cravings. I found out that I had the strength and I no longer needed the nicotine and the crutch of smoking a cigarette.

The group program laid a foundation for me and my counselor was able to provide one on one counseling to help me achieve this victory. **The cigarette is a liar, it doesn't taste good, it doesn't alter my mood. It only makes me sick and broke.**

This quit attempt and success has taught me that my 12 Steps, sanity and strength can help me to solve my problems not a cigarette!!

I am now able to treat myself to a manicure and to spend my money on other things that make me happy for example going to lunch with a friend. My health improved and now I need less medication for the asthma. I feel blessed and delighted with this wonderful victory!!

I would strongly recommend joining the Smoke Ender's program and caring about yourself enough to start the journey to become a non-smoker.

Charlotte

TOBACCO and HEALTH TRUST FUNDS BOARD DISBURSEMENTS 2002-2010

SUMMARY

| | FY02 | FY03 | FY07 | FY08 | FY09 | FY10 | Total |
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| Website Development | \$50,000 | | | | | | \$50,000 |
| Cessation Programs | \$400,000 | \$298,215 | | \$800,000 | \$1,569,693 | \$1,400,000 | \$4,467,908 |
| Counter-Marketing | \$350,000 | | \$100,000 | | \$1,999,820 | \$1,550,000 | \$3,999,820 |
| Quitline | | \$287,100 | | | \$2,000,000 | \$1,650,000 | \$3,937,100 |
| School Based Programs | | | | | \$378,475 | \$487,461 | \$865,936 |
| Lung Cancer and Genetic Research | | | | | \$250,000 | \$125,000 | \$375,000 |
| Program Evaluation | | | | | \$499,428 | \$300,000 | \$799,428 |
| Innovative Programs | | | | | | \$477,745 | \$477,745 |
| Total Funds Awarded | \$800,000 | \$585,315 | \$100,000 | \$800,000 | \$6,697,416 | \$5,990,206 | \$14,972,937 |
| Pending Allocations | | | | | | | \$375,000 |
| Unallocated Funds | | | | | | | \$179,364 |
| Total | | | | | | | \$15,527,301 |

Tobacco and Health Trust Fund Board Disbursements 2002-2010

| Year | Recommended Disbursement | Actual Award(s) | Unallocated Funds | Description | Measures |
|---|--------------------------|-----------------|-------------------|---|--|
| 2002 | \$ 50,000 | \$ 50,000 | \$ 0 | The Tobacco Free Connecticut website was initiated in FY 2002 with one-time funding. The Board's recommended disbursement annualized this funding stream. | Website averaged 47,921 hits per month; typical viewer browsed the site for approximately 14 minutes and explored multiple different sections of the site. |
| Smoking Cessation - New & Expanded Programs | \$ 400,000 | \$ 400,000 | \$ 0 | Seven program grants were awarded - six to local cessation programs, of which most made available free or reduced cost NRT. An additional award was made to the American Lung Association of Connecticut, which trained facilitators, coordinated the provision of cessation services and provided NRT plus the added option of prescription Zyban to twelve additional communities. The Association also coordinated with local health authorities and included local administration and medical oversight for prescription services through small subcontracts. | 1,190 participants were served at an average cost of \$587 per participant. For activities conducted through March 31, 2003, 66% of the participants who graduated from these programs quit smoking. 80% of those that were still smoking at graduation stated they had quit for some length of time during the program. |

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| Tobacco Counter-Marketing | \$ 350,000 | \$ 350,000 | \$0 | <p>Television ads targeting adult males ran during April and May 2003. Two radio ads were designed and ran during April and May of 2004. Connecticut Transit bus panels ran during June 2003. Interstate billboards ran during June 2003. A full-page print ad ran in Hartford Magazine. Signage was posted at Hartford Civic Center through April 2004; radio commercial aired during hockey game telecasts through 2003 season and first 10 games of 2004.</p> | <p>409 television spots were purchased - 9,066,060 gross impressions (total number of exposures to message); 1,546 radio spots - 4,464,400 gross impressions; Thirteen bus panels - 2,424,300 gross impressions; 2 billboards - 104,500 gross impressions; one full page magazine ad - 110,000 gross impressions.</p> |
| SUBTOTAL - 2002 | \$ 800,000 | \$ 800,000 | \$0 | | |
| 2003 | | | | | |
| Continue Prior Year's Smoking Cessation Initiatives | \$ 300,000 | \$ 298,215 | \$1,785 | See description above | See description above |
| Quitline | \$ 287,100 | \$ 287,100 | \$0 | <p>Connecticut's Quitline became operational in November 2001. During FY 03 and FY 04, when the Quitline received funding from the trust fund, callers were offered three 45-minute proactive (counselor initiated) telephone sessions and additional (caller-initiated) counseling sessions as needed.</p> | <p>Approximately 3,000 callers received educational materials and referrals to community resources. Of the callers, approximately 25% participated in the one-on-one counseling services. At 12 month follow-up, 22.3% of those interviewed had been abstinent for the past 7 days, with 19.6% stating they had been abstinent for the past 3 months.</p> |
| SUBTOTAL - 2003 | \$ 587,100 | \$ 585,315 | \$1,785 | | |

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| 2007 | Counter-Marketing and Prevention Campaign - Aimed at reducing tobacco use among youth | \$ 100,000 | \$ 100,000 | \$ 100,000 | \$ 0 | Statewide campaign targeting 18-24 year old non-college students through web-based social networking sites and television ads. DPH purchased the rights to two advertisements - one prevention message and one cessation message - created and maintained by the Centers for Disease Control and Prevention. | The television ads ran for eight weeks. In addition, an online component utilizing messaging banners ran on MySpace for ten weeks. |
| SUBTOTAL - 2007 | | \$ 100,000 | \$ 100,000 | \$ 100,000 | \$ 0 | | |
| 2008 | Smoking Cessation - Grants to community health centers for programming targeting pregnant women and women of childbearing age | \$ 800,000 | \$ 800,000 | \$ 800,000 | \$ 0 | Six community health centers provided tobacco cessation treatment services to low-income pregnant women and women of child bearing age (13 - 44 years) in an effort to reduce, eliminate, and/or prevent tobacco use among this population. An evaluation component was also funded. | 1,607 persons enrolled, and 308 completed the program. 15.1% of those served quit, at a cost per quit/patient served of \$3,751 (without NRT) or \$4,155 (with NRT). 40% were currently smoking at 3 month follow up; 55.4% at 9 month follow up. |
| SUBTOTAL - 2008 | | \$ 800,000 | \$ 800,000 | \$ 800,000 | \$ 0 | | |

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| <p>2009 Countermarketing Media Campaign</p> | <p>\$ 2,000,000</p> | <p>\$ 1,999,820</p> | <p>\$180</p> | <p>A tobacco control countermarketing campaign having as its goals increasing tobacco cessation among adults, and preventing use among youth and young adults was conducted. The campaign utilized website, social media and media components. A youth video contest was used to develop ads in English and Spanish that were used in a television campaign the following year.</p> | <p>Prevention: More "anti-tobacco" views; ad and slogan recognition and awareness increased; participants less likely to use tobacco. Cessation: Quitline calls increased from 3,611 during FY 10 to 6,040 during FY 11; 1.67% of all cigarette smokers in CT registered with the Quitline, up from 0.86% the prior year.</p> |
| <p>Community-Based Generalized Tobacco Use Cessation Programs</p> | <p>\$ 412,456</p> | <p>\$ 370,006</p> | <p>\$42,450</p> | <p>Six organizations provided community and specialized tobacco cessation treatment programming. Each program provided services to underserved populations having high rates of tobacco use.</p> | <p>1,314 total/1,174 unique participants. 23.8% average quit rate. Cost per quit of \$807.45.</p> |
| <p>Specialized Tobacco Use Cessation Programs for Individuals with Serious Mental Illness.</p> | <p>\$ 1,200,000</p> | <p>\$ 1,199,687</p> | <p>\$313</p> | <p>Tobacco cessation programming targeting individuals with serious mental illness who receive publicly-funded mental health services through the private, nonprofit sector.</p> | <p>Usage reduced from average 15.05 cigarettes per day to 7.76 per day at program completion for those who completed. For dropouts, usage decreased from 19.66 to 16.23 per day at drop out.</p> |

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|----------------------------------|--------------|--------------|-----------|--|---|
| Quitline | \$ 2,000,000 | \$ 2,000,000 | \$ 0 | Tobacco cessation telephone service including relevant materials, referrals, counseling and NRT. Two week's worth of NRT is available to residents with private insurance, eight weeks for uninsured, Medicare and Medicaid beneficiaries for any caller that registers for the multiple-call program. | During FY 11, 7,154 callers registered with Quitline, up from 4,552 the previous fiscal year. Of survey respondents, at 7 month follow up: 33.2% were tobacco free for 7 or more days; 28.4% were tobacco free for 30 days or longer. (Intent to treat rates: 11.3% and 8.9%). At 13-month follow up: 28.2% tobacco free for 7 days or more, 23.2% tobacco free for 30 days or longer (Intent to treat rates: 9.7% and 7.3%). |
| School Based Tobacco Prevention | \$ 500,000 | \$ 378,475 | \$121,525 | Four school districts implemented tobacco use prevention and cessation programs. Activities included review of current tobacco free policies; work conducted in area of tobacco free policies; purchase and posting of additional tobacco free school signage; and activities for the Great American Smoke Out and Kick Butts Day. | 133 total/108 unique participants in cessation programs. One district reported 50% quit rate at program completion. Three districts reported aggregate participation in prevention services of 10,500. |
| Lung Cancer and Genetic Research | \$ 250,000 | \$ 250,000 | \$ 0 | To support a feasibility study of the development of a statewide biorepository for tumor tissue, and a demonstration project for a lung tissue and serum biorepository. | Executive Team and Advisory Panel were assembled. Important stakeholder groups and subject experts participated. A statewide survey of hospital pathology departments and institutional research boards (IRB) was conducted. 14 hospital pathology labs responded. 11 of the 29 general acute care hospitals responded to the IRB survey. |

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| | | | | | | Project outcomes limited to cost estimates, planning and design considerations, and development of general protocols, procedures, and clearance documents. Components of a Common Agreement White Paper for a Statewide Virtual Biorepository were largely completed. |
| Program Evaluation | \$ 500,000 | \$ 499,428 | \$ 572 | | | The independent evaluation firm performs formative, process, outcome and/or meta-evaluations of all projects funded by the Tobacco and Health Trust Fund Board of Trustees, provides guidance on project data collection, and prepares reports summarizing their findings and project results. |
| SUBTOTAL - 2009 | \$ 6,862,456 | \$ 6,697,416 | \$ 165,040 | | | |
| 2010 | | | | | | |
| Countermarketing Media Campaign | \$ 1,650,000 | \$ 1,550,000 | \$ 100,000 | | | Youth video contest is underway - campaign winners will be used in statewide television media buy. Fall campaign for 18-24 year olds will start with casting call for directors to develop a series of webisodes to be used on social media sites. |

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| Community-Based Generalized Tobacco Use Cessation Programs | \$ 750,000 | \$ 600,000 | \$150,000 | Awards to five organizations for fee-for-service tobacco use cessation services following U.S. Public Health Services clinical guidelines. | In Process |
| Specialized Tobacco Use Cessation Programs for Individuals with Serious Mental Illness. | \$ 800,000 | \$ 800,000 | \$0 | Tobacco cessation programming targeting individuals with serious mental illness who receive publicly-funded mental health services through the private, nonprofit sector. | In Process |
| Quitline | \$ 1,650,000 | \$ 1,650,000 | \$0 | See description above. | In Process |
| Tobacco Prevention Programs for School Aged Youth. | \$ 500,000 | \$ 487,461 | \$12,539 | Seven organizations are undertaking a variety of initiatives in the areas of prevention curriculum, cessation counseling, tobacco free school policies, building collaborations with youth and family-serving community organizations, and conducting activities for Kick Butts Day and World No Tobacco Activity Day. | In process. In aggregate, programs are contracted to provide prevention services to 13,725 individuals and cessation services to 300 individuals. |
| Lung Cancer and Genetic Research | \$ 250,000 | \$ 125,000 | \$125,000 | See description above | In process |

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|---------------------------|-----------|-------------------|-----------|-------------------|------------------|---|-------------------------------|
| Innovative Programs | \$ | 477,745 | \$ | 477,745 | \$0 | Three organizations are undertaking varied programming, including: (1) a pilot prevention program for 5-14 year olds in summer camps and youth programs outside of school; (2) tobacco use prevention programming for K-8th grade via curriculum enhancement development, after-school clubs and outreach campaigns/activities; and (3) training high school aged youth to develop leadership skills, presentation skills and knowledge of the dangers of tobacco use - these trained youth will be trainers and spokespersons against tobacco use. Other youth advocacy and health career promotion training will also be conducted. | In process. 308 participants. |
| Program Evaluation | \$ | 300,000 | \$ | 300,000 | \$0 | | |
| SUBTOTAL - 2010 | \$ | 6,377,745 | \$ | 5,990,206 | \$387,539 | | |
| GRAND TOTAL | \$ | 15,527,301 | \$ | 14,972,937 | \$554,364 | | |
| TOTAL | | | | | | | |
| PENDING ALLOCATION | | | \$ | 375,000 | | | |
| UNALLOCATED | | | \$ | 179,364 | | | |
| TOTAL | | | \$ | 15,527,301 | | | |

A Proposed Smoking Cessation Program
For
The Connecticut Department of Correction Inmates
Submitted June 15, 2012
By
Division of Health Services
Connecticut Department of Correction

Project Summary

Although the Connecticut Department of Correction enforces smoke free policies for both staff and inmates in all of our facilities, the Department does not currently offer smoking cessation information, medication or programming for either entering offender smokers or inmates who are reentering the community. There is evidence that offender populations have a higher prevalence of cigarette smoking than the general population. This is especially true for a subset of our population, the severely mentally ill. Smoking cessation represents a public health need for our inmates. This proposal is designed to address this need by developing an ongoing program to address both the tobacco withdrawal issues for inmates entering our facilities as well as medically appropriate programming, medication, and related mechanisms for reducing the risk of habituation for inmates who are discharging back to their home communities.

Description of our Corrections System & Unique Populations

The Connecticut Department of Correction houses 17,000 inmates at any given time in 15 separate facilities. During a given year, approximately 30,000 inmates pass through our facilities. Because we are a unified system approximately 50% of our intake is released from our jails within 30 days. Smokers within that group detox "cold turkey" from nicotine upon admission. This institutional cessation offers an unusual opportunity for a potential long term health care intervention.

There are distinct inmate subpopulations for which smoking cessation is an especially significant medical intervention. The DOC houses male and female individuals with chronic medical conditions such as hypertension, COPD, heart disease, etc. whose prevalence exceed that found in the community at large. There are also 450 severely mentally ill inmates who typically have a higher prevalence and intensity of smoking which contributes to life expectancies 20 years less than the non mentally ill population. Juvenile and young adult offenders are important groups with whom to intervene as well.

Although we do not have definitive data on the prevalence of smoking among our incarcerated population, we conservatively estimate that it is above the 25% overall Connecticut population estimates. According to DMHAS the prevalence of smoking in the population of severely mentally ill patients is between 40 and 50%. Data is not available on the smoking history of our youthful offenders.

Proposed Program Approach

Whenever possible, the DOC will utilize existing cessation programs that are evidence based and meet the needs of our various subpopulations. This would include the use of smoking cessation brochures, pamphlets, posters, and video to inmates in all our facilities.

Smoking cessation information and programming will need to be integrated with existing curricula particularly those involving addictions and behavioral health. This will require curricula development, staff training, supervision and monitoring.

Linkages to community healthcare providers and community health centers that provide ongoing smoking cessation services in the context of overall health care for releasing inmates particularly for those with medical comorbidities will need to be developed, nurtured and maintained.

In collaboration with community health care providers and experts in the field the DOC will identify effective evidence-based cessation methods and mechanisms for a large number of inmates who are both substance abusers and smokers and utilize them where appropriate. Examples of these methods may include hypnosis and acupuncture.

Incorporating medication to reduce nicotine craving can be incorporated into a DOC Medication Assisted Therapy addictions initiative

The DOC will develop a series of metrics to measure the efficacy and efficiency of this program as we build and implement it. As the program develops, we will build in to the extent possible concepts and measure of results based accountability

Staffing and other Budgetary Needs

The Department of Correction will seek smoking cessation instructional materials and posters that are appropriate for the incarcerated inmate and offender from sources such as the Department of Public Health, the Centers for Disease Control and Prevention, and other states that have already developed written materials and video materials.

The smoking cessation programming, prescriber intervention, discharge planning and follow-up will require extra staffing commitment that can be more accurately estimated when the details of the program are better understood.

The basic organization of the program will require two program health care coordinators. These positions would be required to develop the infrastructure of the program and to manage the program going forward. The coordinators will also be service providers within the facilities.

Funding from the Tobacco and Health Trust Fund for media campaigns has been utilized for several campaign components under both the prevention and cessation media campaigns. Components utilized includes: Hispanic media (television, radio, print, and grassroots), African American grassroots events, youth television, social media and grassroots events, and adult television, radio, social media, and grassroots events to try to better reach the target population for each campaign element, and both network and cable television stations are utilized to assure coverage statewide. Print media, press releases, and radio have been utilized to a lesser degree. The cost for these components has varied widely based on the target population (what channels/stations are utilized), the period of time, the amount of lead time, and the overall campaign value. Average costs incurred or anticipated for various campaign components are as follows:

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|--|---|--|---|
| General Television Market: Adults Major network targeting adults over 18 Rate varies widely depending on station, show & time of day | \$ 48,000 for 400 spots | Cable Television Market: Adult Focus on Fairfield, (only way to reach Fairfield market via television) (with 1,000 paid received 1,000 bonus) | \$50,000 for 1,000 units |
| Radio Rate varies from \$20 to \$175 depending on station & time of day | \$15,000 for 750 spots over 4 weeks, variety of stations | Annual Social Media and Website Maintenance | \$65,000 |
| Hispanic Television Spots run from \$30 - \$50 apiece depending on program, time of day selected | \$ 12,000 for 250 spots over 4 week period | Digital Billboards | \$25,000 for two locations per flight |
| Transit Posters: Bus Stop Shelter Ads 167,000 DEC's over 4 week period | \$15,000 for one month, including production and printing costs, multiple locations such as Hartford, New Haven, and Bridgeport | Online Paid Search | \$15,000 estimated for one year (However actual cost depends on number of clicks) |
| Cost for Ads: Utilizing ads already developed: talent fees, usage rights fees, and tagging expenses | \$ 55,000 for up to three ads | Cost for Developing New Ads: Estimated \$ | \$ 250,000 |
| Quitline average billing prior to media campaign | \$ 94,000 per month | Quitline average billing during media campaign | \$ 185,000 per month Includes 2 weeks of nicotine replacement therapy for insured, 8 weeks for uninsured |
| Tobacco Use Cessation Programs are now operated on a fee for service basis. Do not have a true baseline yet, but average billing per client served is expected to be up to \$900 per client with medications | \$45,000 per 50 clients served | | |