



Summary
of the
Tobacco and Health
Trust Funded Programs
2003-2018



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I. Executive Summary

In 1999, a Tobacco and Health Trust Fund was established in Connecticut to create a continuing significant source of funds to support and encourage the development of programs to prevent or reduce the prevalence of tobacco use among Connecticut's residents. A Board of Trustees (Board) was established in 2000 to administer the Tobacco and Health Trust Fund. The statutory purpose of the Board is to select programs to receive money from the Trust Fund.

Since the inception of the Tobacco and Health Trust Fund, the Board has made considerable investments in anti-tobacco efforts. The Board has disbursed \$29.2 million from 2003 to 2016 to support tobacco counter-marketing efforts, smoking cessation programs, QuitLine and tobacco prevention initiatives. Other efforts, such as evaluation, a lung cancer pilot, innovative programs, tobacco enforcement, and website development have been funded to a lesser extent.

Since the inception of the Trust Fund in 1999, Connecticut's adult cigarette use declined sharply from 22.8% to 13.3% in 2016, representing a significant decrease of 41%. Connecticut's youth cigarette use declined sharply from 25.6% to 3.5% in 2017, among high school students, representing a significant decrease of 86.3%.

During the period of 2003 - 2016, the Board distributed \$6.6 million to support tobacco counter-marketing efforts. Trust Funds were used to support adult and youth media campaigns. For example, from 2003-2004, funds were used to buy television ads, which ran 409 times over a two-month period, two radio ads, which ran 1,546 times over a two-month period, thirteen bus panels, two interstate billboards, a full-page ad in Hartford magazine, and a sign for one month at the Hartford Civic Center. Several youth and young adult prevention campaigns were conducted between the period of 2009-2013.

Between the period of 2003-2016, the Board distributed \$8.7 million to support cessation programs. The Board disbursed funds for a variety of evidence-based approaches to tobacco cessation targeting populations disproportionately burdened by the negative health effects of tobacco use. During this time period, 7,355 individuals received cessation services.

For the period of 2003-2016, the Board has disbursed \$7.1 million to support the QuitLine that provided a free stop-smoking service to Connecticut residents through telephone cessation counseling and nicotine replacement therapy (NRT). During this time period the QuitLine helped 67,228 Connecticut callers in their efforts to quit smoking and use of other tobacco products.

The Board disbursed \$3.4 million to support tobacco prevention programs among youth from 2003 – 2016. Over 27,000 youth were served through these prevention programs.

Below are some examples of the Board's successes and lessons learned through the administration of its programs:

Successes

- Community cessation programs and the QuitLine have estimated aggregate quit rates that range from 12.4% - 30.6%¹.
- Media campaigns have increased exposure to the CT QuitLine by increased tagging of ads with the CT QuitLine information²
- The Board adopted the Centers for Disease Control and Prevention (CDC) Best Practices for Comprehensive Tobacco Control Programs. The 'Best Practices' is an evidence-based guide describing integrated programmatic structure to establish a comprehensive tobacco control program.

Lessons Learned:

- The combination of programs funded and policy changes (increase cost of tobacco products and smoke free policies) in Connecticut has reduced the rate of tobacco use, however, certain subpopulations and age groups still show a high rate of use. For example: the overall rate of cigarette smoking in Connecticut adults was 13.5%, however data reveal that adults in households with an annual income less than \$25,000 smoke cigarettes at a rate of 24.1%, and adults aged 25-34 years smoke cigarettes at a rate of 20.6%³
- Quit rate data collection faces certain challenges. The community-based cessation program report difficulty collecting follow up data from participants, making it hard to define absolute quit rates⁴
- Cost analysis data and qualitative focus group data suggest that television and online ad placements are the most cost-effective advertising strategies and may be more effective in reaching target populations.⁵

This report is intended to summarize the accomplishments and, when feasible, the impact of tobacco counter-marketing efforts, cessation programs, QuitLine and tobacco prevention initiatives funded by the Board. The report also provides an overview of tobacco use trends among youth and adults in Connecticut, program descriptions and outcomes by funding year and funding category.

¹ Independent Program Evaluators, 2008-2015. (The Consultation Center, Professional Data Analysts, and The University of North Carolina, Tobacco Prevention and Evaluation Program) Cessation Program and QuitLine Evaluation Reports prepared for projects funded from 2008 to 2015.

² Professional Data Analysts, 'Adult Cessation Media Evaluation: FY-CY 2012', 2013

³ Data Source: 2015 CT Behavioral Risk Factor Surveillance System

⁴ Independent Program Evaluation Reports, Cessation Programs, 2008-2016

⁵ The University of North Carolina at Chapel Hill, 'CT Media Campaign Final Evaluation Report 2013-2014', 2015.

II. Introduction

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

The Tobacco and Health Trust Fund Board (Board) was created in 2000 as the administrative entity to oversee the Trust Fund. Since 2003, the Board has made considerable investments in anti-tobacco efforts. The Board has disbursed \$29.2 million from 2003 to 2016 to support tobacco counter-marketing efforts, smoking cessation programs, QuitLine and tobacco prevention initiatives. Other efforts, such as evaluation, a lung cancer pilot, innovative programs, tobacco enforcement, and website development have been funded to a lesser extent.

Since the inception of the Trust Fund in 1999, Connecticut's adult cigarette use declined sharply from 22.8% to 13.3% in 2016, representing a significant decrease of 41%.⁶ Connecticut's youth cigarette use declined sharply from 25.6% to 3.5% in 2017, among high school students, representing a significant decrease of 86.3%.⁷ While it is not feasible to determine the precise impact of Connecticut's tobacco use prevention and control programming on the decline in smoking rates, evaluation analysis suggest that the mix of the trust funded programs has likely contributed to reduced smoking rates.⁸

During the period of 2003-2016, the Board distributed \$6.6 million to support tobacco counter-marketing efforts. Counter-marketing uses the influence of the media to curtail tobacco use. Counter-marketing campaigns reaches large numbers of people to make meaningful changes in awareness, knowledge, attitudes, and behaviors toward the use of tobacco. Trust Funds were used to support adult and youth media campaigns. For example, funds were used to buy television ads, which ran 409 times over a two-month period, two radio ads, which ran 1,546 times over a two-month period, thirteen bus panels, two interstate billboards, a full-page ad in Hartford magazine, and a sign for one month at the Hartford Civic Center. Between 2010 and 2017, four distinct periods of adult cessation media campaigns were conducted, all designed to encourage tobacco cessation and drive users to connect with the CT QuitLine.

Between the period of 2003-2016, the Board distributed \$8.7 million to support cessation programs. The cessation programs provided evidence-based tobacco cessation assistance to individuals who wanted to quit by discouraging the use of tobacco products through education, skills building, one-on-one or group counseling and pharmacotherapy. The Board disbursed funds for a variety of evidence-based approaches to tobacco cessation targeting populations disproportionately burdened by the negative health effects of tobacco use. During this time period, 7,355 individuals received cessation services.

For the period of 2003-2016, the Board has disbursed \$ 7.1 million to support the QuitLine that provided a free stop-smoking service to Connecticut residents through telephone cessation counseling and

⁶ 2016 Connecticut Behavioral Risk Factor Surveillance System-Department of Public Health Prevalence of Tobacco Use Among Connecticut

⁷ CT Youth Survey 2013 and 2017

⁸ Independent Evaluator, The University of North Carolina at Chapel Hill

nicotine replacement therapy (NRT) such as patches, gums, and lozenges for callers who register for the multiple call program. During this time period the QuitLine helped 67,228 Connecticut callers in their efforts to quit smoking and use of tobacco products.

The community cessation programs and the QuitLine have estimated aggregate quit rates that range between 12.4% to 30.6%⁹

The Board supported tobacco prevention programs that provide evidence-based interventions to reduce, eliminate, and/or prevent the initiation of tobacco use among youth. Programs have focused primarily on preventing youth initiation, largely through tobacco prevention education efforts targeted to school-aged youth and based in both school and community settings. The programs provided information about the short- and long-term negative physiologic and social consequences of tobacco use. The Board disbursed \$3.4 million to support tobacco prevention programs. Over 27,000 youth were served through the prevention programs.

III. Key Findings

Tobacco prevention and control efforts funded through the Board have utilized a variety of approaches to reduce the prevalence and impact of tobacco use. Evaluation data suggest that these efforts have generally been well implemented, and have likely helped to reduce tobacco use in Connecticut. By one recent point in time analysis, the tobacco use prevention programs have resulted in savings of \$2.48 for every \$1 invested.¹⁰

The community-based cessation programs consistently reached tobacco users from disparate populations who face multiple barriers to quitting, especially those who have low incomes and/or co-occurring mental health or substance abuse conditions. The community-based cessation programs cost per client enrollment from 2012-2016 ranged from a low of \$106 to a high of \$1,593. Community based cessation program implemented between November, 2013 and June, 2015 were estimated to result in a return on investment of up to \$3.64 for every \$1 invested in the program¹¹.

The QuitLine evaluation results from 2011-2016 demonstrate that the QuitLine has consistently reached callers from groups with disparities in smoking and smoking related disease (e.g., low education, low income, and people with mental health conditions). Reported 30-day quit rates, measured at 7 months after QuitLine registration have remained fairly consistent across years and evaluation studies. The responder quit rates have ranged from 19.5% (2005-2006) to 30.5% (2015-2016).¹²

The tobacco prevention programs reached a high number of communities across the state serving 27,000 youth over the past 15 years. Program participants engaged in community outreach events to promote tobacco-free living and tobacco cessation. Among the programs using pre/post surveys, data

⁹ Independent Program Evaluators, 2008-2015. The Consultant Center, Professional Data Analyst, and the University of North Carolina, Tobacco Prevention Programs

¹⁰ The University of North Carolina at Chapel Hill, "Connecticut Tobacco Control Programs are Good Investments". 2015

¹¹ The University of North Carolina at Chapel Hill Tobacco at Chapel Hill

¹² IBID

indicate that participating youth increased knowledge about the risks of tobacco use. Survey and interview data suggest that program participants were satisfied with the programs.

Successes:

- Community cessation programs and the QuitLine have estimated aggregate quit rates that range from 12.4% - 30.6%¹³.
- Media campaigns have increased exposure to the CT QuitLine by increased tagging of ads with the CT QuitLine information.¹⁴
- The CT QuitLine and community-based cessation programs have consistently shown success with helping tobacco users in Connecticut reduce or quit their tobacco use.¹⁵
- Given the demographic characteristics of enrollees, grantees have served a substantial number of tobacco users from populations disproportionately burdened by the negative health effects of tobacco use.¹⁶
- The Board adopted CDC's Best Practices for Comprehensive Tobacco Control Programs. The 'Best Practices' is an evidence-based guide describing integrated programmatic structure to establish a comprehensive tobacco control program.

Lessons Learned:

- The combination of programs funded and policy changes (increase cost of tobacco products and tobacco free policies) in Connecticut has reduced the rate of tobacco use: the rate of cigarette smoking has at least been reduced in the overall population, although certain subpopulations and age groups still show a high rate of use. For example: in 2015, the overall rate of cigarette smoking in Connecticut adults 13.5%, however data reveal that adults in households with an annual income less than \$25,000 smoke cigarettes at a rate of 24.1%, and adults aged 25-34 years smoke cigarettes at a rate of 20.6%¹⁷.
- Quit rate data collection faces certain challenges. The community cessation programs report difficulty collecting follow up data from program participants, making it hard to define absolute quit rates.¹⁸

¹³ Independent Program Evaluators, 2008-2015. (The Consultation Center, Professional Data Analysts, and The University of North Carolina, Tobacco Prevention and Evaluation Program) Cessation Program and QuitLine Evaluation Reports prepared for projects funded from 2008 to 2015.

¹⁴ Professional Data Analyst, Adult Cessation Media Evaluations: 2012-2013

¹⁵ IBID

¹⁶ Professional Data Analysts, Connecticut Community & SMI/SUD Tobacco Cessation Final Report

¹⁷ Data Source: 2015 CT Behavioral Risk Factor Surveillance System

¹⁸ Independent Program Evaluation Reports, Cessation Programs, 2008-2016, Professional Data Analyst and The University of North Carolina at Chapel Hill.

- QuitLine data show increases in QuitLine reach and/or monthly call volume during most periods during which state-sponsored media has run.¹⁹
- QuitLine positively effects the number of participants enrolled in other cessations services through referrals.
- Cost analysis data and qualitative focus group data suggest that television and online ad placements are the most cost-effective advertising strategies and may be more effective in reaching target populations.²⁰
- Cessation programs and the QuitLine have consistently reached populations with disparities in tobacco use and related disease; by design, several cessation programs have focused services on clients with behavioral health disorders. Life stressors faced by these populations have been identified in evaluations as barriers to longer term program engagement, and contribute to challenges with consistent data collection, especially with regards to assessing accurate program quit rates.²¹
- Using existing national media campaigns to increase QuitLine use has shown some impact, focus group data suggest that Connecticut specific ads using a positive tone and featuring information about how the QuitLine works may be more effective. Preliminary evaluation data suggest that the current cessation focused media campaign using this approach has been associated with QuitLine call volume increases.²²
- School and community-based prevention programs have typically been well implemented, and work to secure buy in from key school and community partners was noted as being critical to implementation success²³.
- Evaluations reported that programs that provided free cessation medications and offered incentives to attend sessions increased client engagement and program completion.²⁴

Recommendations:

- In order to continue the progress the state has made by implementing evidence-based policies and programs, funding coordinated, multi-component interventions is recommended. These interventions are effective in reducing the initiation, prevalence, and intensity of tobacco use, especially among youth and young adults.²⁵ Fully funded tobacco control programming would keep

¹⁹ IBID

²⁰ The University of North Carolina at Chapel Hill, 'CT Media Campaign Final Evaluation Report 2013-2014', 2015.

²¹ University of North Carolina at Chapel Hill, Retrospective Report: Overview of Programming and Impact from 2000 - 2017

²² Professional Data Analyst: Adult Cessation Media Impact on QuitLine Call Volume and Websites – 2010-2011

²³ The University of North Carolina at Chapel Hill, Retrospective Report: Overview of Programming and Impact from 2000 - 2017

²⁴ Independent Evaluator, The University of North Carolina at Chapel Hill

²⁵ The University of North Carolina at Chapel Hill

more than 25,000 youth from becoming tobacco users over a 10-year period, saving more than \$3.4 billion in averted tobacco related healthcare costs²⁶.

- Continue to use the CDC Best Practices guidelines as a framework for funding decisions, aiming for increased coordination across program areas when possible.
- Continue directing funds to programs serving disparate populations with evidence-based interventions, bearing in mind that clients from high risk populations face multiple barriers to quitting and thus these programs may demonstrate lower overall quit rates.
- Ensure that media campaigns are adequately funded to achieve the reach, frequency, and duration needed to be effective. In the absence of sufficient funding, media campaigns should focus on strategic placement.
- Program and policy initiatives need to immediately address emerging products, especially e-cigarettes, in order to ensure that rates of overall tobacco use among Connecticut youth do not continue to increase.

IV. Tobacco Trust Fund Disbursements

As a major part of its efforts to support and encourage the development and implementation of programs to reduce tobacco use through prevention, education and cessation programs, the Board has disbursed \$29.2 million from 2003 to 2016. During this period, Trust Fund dollars have been dedicated to tobacco counter-marketing efforts (\$6.6 million), smoking cessation programs (\$8.7 million), QuitLine (\$7.1 million) and tobacco prevention initiatives (\$3.4 million). Other efforts, such as evaluation, a lung cancer pilot, innovative programs, tobacco enforcement, and website development have been funded to a lesser extent.

Since the operations of the Board were statutorily suspended during 2004-2005, no activities and funds were distributed for the period of July 1, 2003 – June 30, 2005. Although the moratorium was lifted as of June 30, 2005, the Board did not begin meeting again until the summer of 2006 because the earnings of the trust fund were not enough to recommend disbursements. In addition, the Board did not disburse funds in 2001 due to lack of available funds.

In accordance with Public Act 18-81, deposits to the Trust Fund from the Tobacco Settlement Fund were eliminated from FY 16 to FY 20. P.A. 18- 81 also eliminates any further deposits to the Trust Fund beyond FY 2020. In the past, the Board was required to meet twice a year and submit an annual report to the General Assembly's Appropriations and Public Health Committees on the Board's activities, accomplishments, disbursements, expenditures, and an evaluation of the performance and impact of each program receiving funds from the Trust Fund. Effective October 1, 2018, Section 56 of Public Act 18-166 eliminates the statutory requirement that the Board meet biannually and suspends reporting requirements in any fiscal year following a fiscal year in which no funds are transferred into the Trust Fund.

²⁶ The University of North Carolina at Chapel Hill, "Connecticut Tobacco Control Programs are Good Investments". 2015

V. Board Accomplishments by Funding Year and Category

This section of the report documents the accomplishments made by the Board since it began to receive funding from the trust fund in 2002.

The trust funded programs varied in setting, scope, target population, and successes. Quit rates and the cost per clients served are not consistent among programs and cannot be directly compared with one another. Subsequently, this report describes each program and funding level by the year in which they were funded, and program outcomes, when available.

2003-2004 Programs

I. *Tobacco Counter-Marketing* **\$350,000**

Program Description:

Television ads targeting adult males ran during April and May 2003. Two radio ads were designed and ran during April and May of 2004. Connecticut Transit bus panels and interstate billboards ran during June 2003. A full-page print ad ran in the Hartford Magazine. Signage was posted at the Hartford Civic Center through April 2004; radio commercials aired during hockey game telecasts through the 2003 season and first 10 games of 2004.

Program Outcomes:

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.

II. *Community-Based Cessation Programs* **\$700,000**

Program Description:

During the period of 2003-2004, the Board funded seven community- based smoking cessation programs through the state. These programs provided evidence-based tobacco cessations assistance to individuals who want to quit by discouraging the use of tobacco products through education, skill building, one-on-one or group counseling and pharmacotherapy.

The programs included: American Lung Association of Connecticut, Hill Health Center for Greater New Haven, ERASE for Greater Glastonbury, Ledgelight Health District for Greater New London and Groton, Middlesex Hospital for Greater Middletown RYASAP for Greater Bridgeport and St Raphael Hospital/ Haelen Center. The programs provided education, behavioral modification, strategies for quitting and nicotine replacement therapy such as the patch or gum.

Program Outcomes:

In 2003- 2004, 1,190 participants were served at an average cost of \$587 per participant. Sixty-six percent (66%) of the participants who graduated from this program quit smoking and 80% of those

that were still smoking at graduation stated that they had quit for some length of time during the program.

III. Website Development **\$50,000**
The Tobacco Free Connecticut website was initiated in 2003 with one-time funding of \$50,000. The website averaged 47,921 hits per month. The typical viewer browsed the site for approximately 14 minutes and explored different sections of the site.

IV. QuitLine **\$287,100**

Program Description:

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.

Program Outcomes: 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.

2003-2004 Total Funding **\$1,387,100**

2007 Programs

I. Counter-Marketing and Prevention Campaign **\$100,000**
The Board funded a statewide campaign targeting 18-24-year-old non-college students through web-based social networking sites and television ads. The Department of Public Health (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 advertisements were selected based on viewer demographics. The television ads ran for eight weeks beginning in February 2008 on WTIC Fox 61. In addition, an online component utilizing messaging banners ran on MySpace for ten weeks.

2007 Total Funding **\$100,000**

2008 Programs

I. Community Health Center Cessation Program **\$800,000**

Program Description:

The Board funded six community health centers that 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. Community Health Centers included: Fair Haven Community Health Clinic for

service in New Haven; Community Health Center for service in Middletown, New Britain, Danbury, Enfield, New London and Meriden; Stay Well Health Care for service in Greater Waterbury; Hill Health Corporation for service in Greater New Haven; Generation Family Health Center for service in Greater Willimantic and Optimus Health Care for service in Stratford, Bridgeport, and Stamford.

Program Outcomes:

A total of 2,045 patients were referred to a Tobacco Cessation Program across the six grantee sites from November 2008 through June 2010. A total of 1,607 persons enrolled across the six grantees. 15.1% of those served quit smoking, at a cost per quit of \$3,751 without Nicotine Replacement Therapy (NRT) or \$4,155 with NRT. 40% were currently smoking at the 3 month follow up and 55.4% at the 9 month follow up.

2008 Total Funding **\$800,000**

2009 Programs

I. Counter-Marketing **\$2,000,000**

Program Description:

A tobacco control counter-marketing campaign having as its goals increasing tobacco cessation among adults, and preventing use among youth and young adults was conducted. The campaign utilized website, social media and media components. A youth video contest was used to develop ads in English and Spanish that were used in a television campaign the following year.

Program Outcomes:

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 Connecticut registered with the QuitLine, up from 0.86% the prior year.

II. Community-Based Tobacco Cessation Programs **\$1,612,456**

Program Description:

Six organizations provided community and specialized tobacco cessation treatment programming. Each program provided services to provided cessation services to underserved populations having high rates of tobacco use. The following community-based organizations provided service to Aids Project New Haven, Community Health Centers, Fair Haven Community Health Center, Generations Family Health Center, Hartford Gay and Lesbian Health Collective, Hartford of St. Raphael and Ledge Light Health District.

Program Outcomes:

The community cessation programs served a total of 1,314 participants with a 23.8% average quit rate²⁷ and a cost per quit of \$807.

²⁷ All quit rates represent no tobacco use for the past 30 days.

Funding was also awarded to CommuniCare, Inc. to provide specialized tobacco use cessation services to patients with severe mental illness and to those with co-occurring substance use disorder and mental illness. The program served a total of 576 clients with a quit rate of 17.8%. The cost per enrollment was \$1,256. Usage reduced from an average of 15.05 cigarettes per day to 7.76 per day at program completion for those who completed the program. For dropouts, usage decreased from 19.66 to 16.23 per day at drop out.

III. *QuitLine* \$2,000,000

Program Description:

Tobacco cessation telephone service included relevant materials, referrals, counseling and NRT. Two weeks' worth of NRT was made available to residents with private insurance, eight weeks for uninsured, Medicare and Medicaid beneficiaries for any caller that registered for the multiple-call program.

Program Outcomes:

During State Fiscal Year 7,154 callers registered with QuitLine, up from 4,552 the previous fiscal year. Of survey respondents, at 13-month follow up: 28.2% were tobacco free for 7 days or more, 23.2% were tobacco free for 30 days or longer.

IV. *Prevention Programs* \$500,000

Program Description:

The Board funded a School Based Tobacco Prevention program with school districts and other entities serving youth to implement 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. Awards were made to the Capitol Region Education Council (CREC), CT Technical High School System, Norwich Public Schools, Bridges...A Community Health System, Easter Seals – Goodwill Industries, Living in Safe Alternatives, Inc. (LISA), and the Business Industry Foundation of Middlesex County.

Program Outcomes:

The program severed a total of 133 total participants in cessation programs. One district reported 50% quit rate at program completion. Three districts reported aggregate participation in prevention services of 10,500.

V. *Lung Cancer Pilot* \$250,000

The Board provided funds 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. Biorepository Feasibility Study: Surveys of hospital Institutional Research Board (IRB) chairs and pathology departments were undertaken in January 2011. Surveys were mailed to 29 hospitals; 72.4% (21/29) of the hospitals returned one or both of the surveys.

VI. Evaluation	\$500,000
Professional Data Analyst, the independent evaluation firm, performed formative, process, outcome and/or meta-evaluations of all of the 2009 projects funded by the Board, provided guidance on project data collection, and prepared reports summarizing their findings and project results.	
2009 Total Funding	\$6,862,456

2010 Programs

I. Counter-Marketing	\$1,650,000
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Program Description:

A tobacco control counter-marketing campaign with the goal of preventing tobacco use among youth and young adults ran from April 2010 through August 2011. The “Tobacco: It’s a Waste” prevention campaign used a contest format to solicit self-produced anti-tobacco advertisements from youth and young adults ages 13-24. Winning ads were chosen through a combination of expert panel selection and public voting. The four winning spots were placed on-line and on broadcast and cable television as 30-second commercials in English and Spanish from May through August 2011.

Other cessation campaign activities included using the “Become An Ex” campaign series ads targeting adults. Those ads were aired over a one-week on, one-week-off cycle over the course of several months through the summer of 2011. Grassroots prevention and cessation activities included staffing at events such as Riverfest and the New London Sailfest and targeted African Americans (e.g. the Gospel Fest in New Haven) and Hispanics (e.g. the Latino Expo).

Program Outcomes:

During the period of the campaign, calls to the QuitLine increased from 4,552 in 2009 to 7,204 in 2010 and then 11,249 as the media levels were maintained. Evaluation results of the youth counter-marketing campaign showed that exposure to the campaign significantly impacted attitudes about smoking.²⁸ Survey participants who were exposed to campaign messages had significantly stronger anti-tobacco attitudes than those not exposed²⁹.

II. Community-Based Generalized and Specialized Tobacco Use Cessation Programs	\$1,550,000
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Program Description:

Community-Based Cessation Programs. Funding was awarded to five contractors for community-based generalized tobacco use cessation programs: Meriden Department of Health, Middlesex Hospital, Hospital of Saint Raphael, CommuniCare, and Northwest Regional Mental Health Board.

Program Outcomes:

For the programs funded during 2009 and 2010, 1,986 residents were served with more than one half realizing at least a reduction in their rate of tobacco use by an average of 70%. Funding was

²⁸ Professional Data Analysts, Connecticut Youth Prevention Media Campaign Final Evaluation Report, October 2011

²⁹ IBID

awarded to CommuniCare, Inc. to provide specialized tobacco use cessation services to patients with severe mental illness and to those with co-occurring substance use disorder and mental illness. The CommuniCare contract included the following facilities: Birmingham Group Health ...A Community Support System, Fellowship Place, Harbor Health Services, Community Health Resources, Hartford Behavioral Health, Rushford Center, Inter- Community Mental Health Group, Inc. and United Services, Inc. During 2009 and 2010, services were provided to 1,868 clients treated with behavioral health client services.

III. *QuitLine* \$1,650,000

Program Description:

The QuitLine provided a free stop smoking service to Connecticut residents through telephone cessation counseling and NRT such as patches, gums, and lozenges for callers who register for the multiple call program. QuitLine services were provided under a contract with Alere Inc., formerly Free & Clear, Inc.

Program Outcomes:

A total of 4,599 callers registered with the Connecticut QuitLine in State Fiscal Year 2011. This represents a large increase over the number of registrations in the previous fiscal year (4,552). The majority of callers, 93%, were tobacco users calling for help with quitting. Others were proxies, providers, or the general public calling for information. Calls to the QuitLine were proportionately higher among women, those who did not graduate from high school, African-Americans, Hispanics, uninsured, and Medicaid recipients. At a follow-up, seven months after completing the program, 28% of respondents were abstinent for the past 30 days.

IV. *Prevention Programs* \$500,000

Program Description:

Seven organizations undertook 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.

Program Outcome:

In the aggregate, programs provided prevention services to 13,725 individuals and cessation services to 300 individuals.

V. *Lung Cancer Pilot* \$250,000

During the first year of operation, the focus of the project changed from one that supported the development of physical biorepositories to the development of a virtual biorepository (i.e. where the biospecimens remain in their current locations, but their details are catalogued centrally and access to them is facilitated through a streamlined mechanism).

VI. *Innovative Programs* \$477,745

Program Description:

Three organizations, American Lung Association, East of the River Action for Substance Abuse Elimination (ERASE) and Education Connection, implemented varied programs, including: (1) a pilot

prevention program for 5-14 year olds in summer camps and youth programs outside of school; (2) tobacco use prevention programming for K-8th grade via curriculum enhancement development, after-school clubs and outreach campaigns/activities; and (3) training high school aged youth to develop leadership skills, presentation skills and knowledge of the dangers of tobacco use – and then these youth became trainers and spokespersons against tobacco use. Services were provided to 1,773 youth.

- VII. Evaluation** **\$300,000**
 Professional Data Analysts (PDA) was under contract to evaluate all tobacco trust funded projects. This includes formative, process and outcome evaluations on all tobacco use cessation and prevention programs, quitline services, media campaigns, biorepository feasibility and demonstration projects, as well as a third- party review of the evaluations performed on the Innovative Tobacco Use Prevention programs by the contractor hired by each of the three programs.

2010 Total Funding **\$6,377,745**

2012-2013 Programs

- I. Counter-Marketing** **\$2,000,000**

Programs Description:

The Board funded PITA COMMUNICATIONS to place high-impact messages designed to prevent smoking initiation, facilitate cessation, and shape social norms related to tobacco use by using “TIPS FROM FORMER SMOKERS” ads from the Centers for Disease Control and Prevention. Advertisements began running in November 2013, in concert with the Great American Smoke-out sponsored by the American Cancer Society. The counter-marketing media campaigns included advertisements on television, radio, and on-line. Advertisements were also placed in various shopping malls, bus stations, sporting events, shows and other media events.

Program Outcome:

The campaign was mainly targeted to 18-24-year olds, and contained 7,201.9 total paid Gross Ratings Points, 31,175,031 impressions throughout nine different platforms.

- II. Cessation Programs** **\$1,929,000**

Program Description:

Funding was awarded to nine agencies: CommuniCare, Inc., the City of Meriden Department of Health and Human Services, Community Mental Health Affiliates, Inc., Fair Haven Community Health Clinic, Inc., Hartford Hospital, Ledge Light Health District, Mid-Western Connecticut Council of Alcoholism, Inc., Uncas Health District and Wheeler Clinic, Inc. The programs offered an evidence-based cessation curriculum that included problem-solving skills, the importance of support systems, positive behavioral changes, stress management, coping skills, effects of tobacco use and the benefits of quitting, and discussion of medication options.

Program Outcome:

Between 2013-2015, programs provided evidence-based cessation treatment to 1,149 clients at a cost per client with NRT of \$606 and cost per client without NRT of \$482. Responder quit rates were

estimated at 25.7% and the potential number of clients who quit was 295. The cost per quit was \$2,357 with NRT and \$1,876 for the cost per quit rate without NRT.

The Board funded the Department of Correction (DOC) to administer a smoking cessation program for inmates under the jurisdiction of the Department. Initial work was to complete a study on the prevalence of smoking within the facilities. The results of the study showed that the prevalence of smoking among the four sites was about 70%, approximately four times the prevalence rate in the general population in Connecticut.

III. *QuitLine* \$1,600,000

The contract with Alere Wellbeing, Inc. was expanded to provide services to additional Connecticut residents seeking help with quitting their tobacco use. Between 2013-2015 the cost per registrant reached was \$219; and the cost per caller based on treatment reach (number of callers who completed at least one coaching call) was \$283. The responder quit rate was 30.5% and the Intent-to-treat quit rate was 11.4%. 3,409 of the 4,161 callers who enrolled participated in the multi-call program.

IV. *Evaluation* \$486,000

The University of North Carolina at Chapel Hill was awarded a contract to provide evaluation services in September 2013. The contractor was responsible for the design and implementation of a process and outcome evaluation that would determine whether programs and activities are effective, determine if the desired results are being obtained, and identify any areas that need improvement.

2012-2013 Total Funding \$6,015,000

2014 Programs

I. *Cessation Programs* \$527,283

The Board funded a second year to support DOC's smoking cessation programs for inmates under its jurisdiction. The program continued to provide smoking cessation education and relapse prevention services to inmates in identified, high-risk correctional facilities

Facility Based Intervention: 6,496 male inmates at Hartford Correctional Center and 2,529 female inmates at York Correctional Institution received DOC's handbooks with general information on tobacco use. More specific smoking cessation materials were distributed to 2,479 inmates in various facilities; 35 inmates received NRT – nicotine lozenges.

York Correction Institute and Manson Youth –11 inmates completed the Behavioral Treatment Program started in June 2014. Smoking Cessation Education and Support - 503 inmates attended sessions of the WISE behavioral treatment or the modified "Freedom from Smoking" (American Lung Association) stress reduction curriculums; and 40 inmates voluntarily requested Recovery Support Specialist (RSS) assistance to stay quit upon re-entering the community.

II. QuitLine **\$1,611,984**

The Board continued to support the QuitLine. For the period of 2003 – 2016, the QuitLine helped 67,228 Connecticut callers in their efforts to quit smoking. QuitLine callers achieved a responder quit rate of 29.1% with an intent-to-treat quit rate of 10.6% in 2016, similar to that observed in State Fiscal Year 2014 (30.5%). The average cost per quit in 2016 was \$724 with NRT and \$557 without.

III. Prevention Programs **\$860,733**

The Board funded the following prevention programs in 2014:

Teen Kids News (TKN): to produce a series of 12 science-based antismoking reports targeted to youth. The series of reports will be between one- and two-minute segments that aired on TKN once a month.

Statewide Tobacco Education Program (STEP): to support the continuation and expansion of the STEP for a two-year period. The program offered five, one-hour sessions providing an innovative, activity-based curriculum covering tobacco education topics for youth ages 5-9. Sessions were held in various settings including summer camps, positive youth development programs, and traditional classroom locations. 10 of the 13 Regional Action Councils participated as subcontractors; total number of youth participants was 2,935.

Connecticut Alliance of Boys and Girls Clubs: to support a tobacco resistance and awareness program for members of its 16 clubs that serve 39 towns and cities in Connecticut. The program served youth ages 13- 15. This program helped youth develop better decision-making and refusal skills, resistance, assertiveness, and the ability to recognize negative peer and media influences relating to tobacco use. Connecticut Alliance of Boys and Girls Club –303 youth ages 13-15 participated in the program.

Tobacco Enforcement Program: the Department of Mental Health and Addiction Services administered a Community Enforcement Pilot Program to prevent the sale of tobacco products to minors. Funds were used to conduct, track and report random, unannounced inspections of tobacco merchants to assess the rate of tobacco sales to minors. Inspections were conducted in large urban areas in Connecticut, including, but not limited, to Hartford, New Haven, Bridgeport, Danbury, and Waterbury. Initial inspection were conducted at 32% of tobacco outlets. The retailer violation rate (RVR or failure rate) at the outlets inspected as of September 4, 2014 was 28.8%; \$10,000 in criminal infractions had been issued as of September 4, 2014.

2014 Total Funds **\$3,000,000**

2015 Programs

I. Counter-Marketing **\$385,650**

Rescue Social Change Group, LLC (RSCG) RESCUE has developed the new ‘brand’ for the CT QuitLine and cessation services called “Commit to Quit”, and developed a landing page for all cessation services to link over to the CT QuitLine as well as providing other options. “Live Better”, the second ad campaign launched Thanksgiving week and included a digital media buy and social media

components; this advertisement ran through February of 2018. The program ended on June 30, 2018.

II. Cessation Programs

\$1,200,000

The Board supported the third year of program operations of DOC's Smoking Cessation Program with inmates under its jurisdiction. Intervention Outcomes 2013-2016: 13,583 internal referral and assessment; 445 Evidence –Based Cessation Treatment programs; 1,639 Psychoeducational Cessation Curriculum; 5,544 Informational materials disseminated; 698 Re-entry/Discharge Continuity of Care.

Hartford Behavioral Health (HBH) provides services with a focus on Hispanic and African Americans tobacco users in the Greater Hartford area, consisting of the following towns and cities; Andover, Avon, Berlin, Bloomfield, Bolton, Bristol, Burlington, Canton, East Granby, East Hartford, East Windsor, Ellington, Enfield, Farmington, Glastonbury, Granby, Hartford, Hebron, Kensington, Manchester, Marlborough, New Britain, Newington, Plainville, Plymouth, Rocky Hill, Simsbury, Somers, South Windsor, Southington, Stafford, Suffield, Tolland, Vernon, West Hartford, Wethersfield, Windsor, Windsor Locks.

The Program has served over 60 clients to date in group or individual cessation services. HBH maintains regular contact with the property managers of the Hartford Housing Authority (HHA) to offer technical assistance as they implement their smoke free housing policy as required by the US Department of Housing and Urban Development (HUD). HHA's policy was rolled out to residents in January 2018 with enforcement beginning in July 2018. HBH has been working with residents and staff who smoke to enroll in cessation services which they are offering right on-site. The program will end on December 31, 2018.

Midwestern Connecticut Council of Alcoholism, (MCCA) Inc. delivered direct cessation services at their nine sites, including relapse prevention. Referrals from their partners received a 30-minute initial intensive counseling session, group or one-on-one counseling sessions and NTR when medically appropriate. Outreach targeted individuals who were uninsured, as well as those whose insurance does not cover tobacco use cessation. MCCA had a total of 478 enrollments with 453 unique clients receiving cessation services in either individual or group settings. MCCA trained and has maintained eight Tobacco Treatment Specialists on site at its treatment locations. (Several smaller residential programs were served by one counselor). The program ended on December 31, 2017.

City of Meriden, Department of Health and Human Services targeted populations including those who live and/or work in Meriden, Plainville, Southington, and Wallingford, and those who were uninsured or whose insurance does not cover cessation services or medications. Meriden had a total of 193 enrollments with 159 unique clients receiving cessation services. Meriden provided at least 11 trainings on tobacco use screening and referral for internal and external provider groups and conducted Quit Clinics at 16 local worksites, housing complexes and other community sites. The program was instrumental in two major tobacco policy changes in the city of Meriden: 1) a tobacco free municipal property ordinance which prohibited the use of any tobacco product within 25 feet of doors, windows and air intakes of any city building and 2) a tobacco free park ordinance which prohibited use of any tobacco product in any municipal recreational area. They also assisted several other organizations in working towards tobacco free campus policies. The program ended on December 31, 2017.

These programs served 612 participants with a 26.2% quit rate at program completion or dropout and a quit rate of 31.6% at the 4 month follow-up. The quit rates are comparable with quit rates observed for community-based cessation programs funded with the 2013 funding cycle of 25.7%.

III. Prevention

\$1,400,000

Southern Connecticut State University SCSU was funded to train, support and empower Tobacco-Free Ambassadors (TFAs). The university trained eight (8) TFAs who have conducted 66 tobacco free campus events which were attended by over 1,700 students, faculty and staff. They have fully implemented the 100% Tobacco Free campus policy with very limited enforcement necessary by TFA's for those using tobacco products on campus grounds.

The program held two previous conferences and the third Tobacco-Free Campus Partners conference was held on January 11, 2018 at Central Connecticut State University with over 30 faculty, staff, and administrators in attendance from several higher education institutions throughout the state, as well as representatives from youth-based organizations. The conference included a panel discussion with the campus Tobacco Free Ambassadors on their experiences, successes, and challenges faced while implementing the Tobacco Free campus policy; and two researchers and a doctor from Yale New-Haven Hospital that presented on the use of alternative tobacco products. SCSU will be focusing on providing technical assistance to other colleges and universities on their efforts for establishing a tobacco free policy. The program will end on December 31, 2019.

EdAdvance provides leadership and training of youth and teen advocates to implement digital and social media and marketing tobacco use prevention campaigns. EdAdvance has convened an Advisory Council, the Northwest CT Partnership and Advisory Council, that consisted of partner agencies that provide youth-based services in the northwest area of the state that assisted in executing the program. Thirty-six youth from the Northwestern CT Partnership for Tobacco Free Communities were also trained in how to write an "elevator speech" about key messages for supporting policy changes. Over 25 youth attended an Advocacy Day at the State Capitol in March 2018. The Northwestern CT Partnership for Tobacco Free Communities trained 85 youth on Store Assessment Scans and completed 20 store assessments. About 80 youth were trained on conducting public opinion and leadership surveys and conducted a combined 502 surveys. 31 youth were trained on becoming Tobacco Free Advocates. The program will end on June 30, 2019.

Connecticut Alliance of Boys and Girls Clubs. This youth prevention program is training 350 teen youth leaders to be ambassadors for healthy living and to impact policy in their communities. The youth leadership clubs continue to meet to plan and conduct community events. Adult staff members of the local clubs provided training on conducting store assessments for their youth participants. Youth leadership club members and adult leaders from 11 clubs conducted 49 store assessments. Several of the clubs used the store assessment experience as a springboard for discussions on the impact of tobacco advertising, availability, and accessibility in their neighborhoods.

Club members have participated in and provided anti-tobacco messaging at over 25 events in their communities and clubs. Several of the Clubs are working on tobacco free policies for the properties where their club buildings are located and/or getting signs posted that the property is tobacco free. The program will end on January 31, 2019.

Community Mental Health Affiliates (CMHA). CMHA held a kick-off event with youth and adult advisors to restart the project on January 20, 2018 after staff turnover. CMHA groups shared their views about Tobacco 21, other prevention policies, and experiences about tobacco use (especially vaping) in their schools/communities. Youth from three local prevention councils participated in a Tobacco 21 event at the state capitol on March 28th and met with state representatives to discuss their thoughts about the benefits of increasing the age for the sale of tobacco products to age 21. Three of the groups have developed public service announcements, which will be used for campaigns and presentations in their communities. These ads were also submitted to the Department of Mental Health and Addiction Services' National Prevention Week contest. The programs will end on December 31, 2018.

IV. Evaluation	\$351,183
The University of North Carolina at Chapel Hill was awarded the contract for Independent Evaluation Services, and will assist all of the above contractors with program planning, establishing and measuring program outcomes, providing technical assistance on data collection needs, and providing reports on each of the funded programs.	
V. Infrastructure	\$175,000
The Board funded the Hispanic Health Council for the administration and management of the Board's 2015-2016 anti-tobacco programs and services and to prepare a Retrospective Report on the activities and accomplishment of the board since its inception.	
2015 Total Funds	\$3,511,833

2016 Program – contracts are still in place for the majority of the 2016 programs and results will not be available until the end of the contract periods.

I. Counter-Marketing	\$130,717
Rescue Agency. This funding will allow the Rescue Agency to extend their contract for an additional two-year period to provide ongoing media services to community contractors and partners. The contract was recently executed and program staff are reviewing upcoming deliverables, revising completion dates and activities for better statewide results.	
II. Cessation Programs	\$404,034

Uncas Health District continues to provide tobacco use cessation treatment services within their service area, perform outreach and train health care providers on implementing tobacco use screening and referral into their systems processes, providing technical assistance to workplaces and multi-unit housing complexes in their area to discuss adoption of tobacco free policies and practices. The program will end on June 30, 2019.

The University of Connecticut School of Pharmacy (UConn) is in the process of developing and implementing an evidence-based tobacco use cessation treatment training curriculum for pharmacists and pharmacy technicians that will include a 15-hour Accreditation Council for Pharmacy Education certificate program. The program will end on December 31, 2019.

Department of Correction. The Board funded a fourth year to support DOC’s smoking cessation programs for inmates under its jurisdiction as well as clients in the Department’s half-way houses. Between 2013 and 2016, a total of 13,583 tobacco dependence assistance request forms have been submitted; 445 individuals participated in evidence-based cessation treatment programs such as “Working Inside for Smoking Elimination” (WISE), Project Ex for Youth, and Medical NRT; 1,639 individuals participated in the psycho-educational cessation, 5,544 pieces of tobacco related information were distributed; and 698 inmates were impacted by the Re-entry/Discharge and Continuity of Care programs.

III. Prevention Programs \$475,334

EdAdvance. This award provides funding for EdAdvance to expand their current efforts and activities into an additional six towns in Northwest Connecticut: Bethel, Brookfield, Danbury, New Fairfield, New Milford, and Newtown. These six towns will be doing activities similar to the current contract in place for the Northwest Initiative. This program will end on December 31, 2019.

Rescue Social Change Group, LLC (RSCG). This funding will allow RSCG to continue to host events that incorporate role models and spokespersons with alternative teens in Connecticut at various venues and concerts. Alternative teens will be recruited and trained to support the Blacklist anti-industry and cessation support messaging and will be onsite for additional events and promotions. These teens will also share information through social media that will include Facebook, Twitter and Instagram. The program will end on December 31, 2019.

IV. Evaluation \$118,834

University of North Carolina at Chapel Hill will continue to provide qualitative and quantitative independent evaluation of the trust-funded programs.

V. Infrastructure \$59,416

Development of the Board’s Retrospective Report and updates to the Board on the current trust funded programs.

2016 Total Funds \$1,188,335

2003-2016 Total Funds \$29,242,469

VI. Conclusion

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

Since the inception of the Board, progress has been made on both adult and youth smoking rates in Connecticut. The trust funded programs in the areas of prevention, cessation and telephone-based cessation services have likely contributed to this success. Overall, programs have been successfully implemented and reached residents across the state. The cessation focused programs including the QuitLine have been especially successful in reaching tobacco users from populations that experience disparities in tobacco use and related disease. Additionally, school and community-based prevention programs have typically been well implemented, and work to secure buy in from key school and community partners was noted as being critical to implementation success.

Deposits to the Trust Fund from the Tobacco Settlement Fund were eliminated from FY 16 to FY 20 and no further funds will be deposited to the Trust Fund beyond FY 2020. In the past, the Board was required to meet twice a year and submit an annual report to the General Assembly's Appropriations and Public Health Committees on the Board's activities, accomplishments, disbursements, expenditures, and an evaluation of the performance and impact of each program receiving funds from the Trust Fund. Effective October 1, 2018, the statutory requirement was eliminated that the Board meet biannually and suspends reporting requirements in any fiscal year following a fiscal year which no funds are transferred into the Trust Fund.