Good Morning Senator Gerratana, Senator Bye, Representative Johnson, Representative Walker, and distinguished members of the Public Health and Appropriations Committees. I am Anne Foley, the Chair of the Tobacco and Health Trust Fund Board of Trustees. On behalf of the Tobacco Board, I am here to ask for your support of the board’s recommendations for disbursement as provided in our 2014 report. As required by statute, the report contains: 1) the board’s 2014 activities and accomplishments; 2) a summary of all disbursements and other expenditures from the trust fund; and 3) recommendations for authorization of disbursement from the trust fund.

As you know, Public Act 99-2 (JSU) established a Tobacco and Health Trust Fund. The Trust Fund is a separate non-lapsing fund that accepts transfers from the Tobacco Settlement Fund. The Board of Trustees was established by Public Act 00-216 to administer the Tobacco and Health Trust Fund. The board has been before the committees of cognizance to seek approval for disbursement of trust funds on eight previous occasions and disbursements as a result of our board recommendations have totaled $24.5 million.

In January 2014, the board received the committee’s approval to disburse $3 million; including $527,283 for smoking cessation programs, $1,611,984 million for QuitLine, $572,963 for prevention programs, and $287,770 for tobacco enforcement.
In developing our new recommendations for disbursement, the Board began by convening a hearing in May 2014 to receive public input. At board meetings during the summer and fall, the board reviewed statutory mandates, guiding principles, past disbursements, recommendations from various organizations and individuals and the Center for Disease Control and Prevention’s (CDC) Best Practices for Comprehensive Tobacco Control Programs, 2014. The Board’s analysis and deliberations have resulted in the proposal you have before your today.

Under current law, the Board is able to recommend disbursement of $3,511,833 for fiscal year 2015. For the 2015 disbursement recommendations the Board agreed to use a different approach from the one used in 2014. For the 2014 recommendations, the Board distributed funds through sole source contracts. Contracts were developed and implemented in the areas of smoking cessation, prevention and tobacco enforcement, which supported the Board’s anti-tobacco efforts.

In planning the 2015 disbursement recommendations, the Board reviewed CDC’s Best Practices for Comprehensive Tobacco Control Programs 2014. This is an evidence-based guide designed to assist States in developing effective tobacco programs. CDC offers recommendations for tobacco programs based on scientific research and best practices determined by evidence-based analysis of state tobacco programs determined to be effective in preventing and reducing tobacco use.

The Board has aligned its 2015 disbursements with CDC recommended program categories and funding levels. They are:

**Community Interventions $1.4 million**
The Tobacco and Health Trust Fund Board recommends disbursement of $1.4 million to support a wide range of community interventions. Funds will be used to support new or existing community coalitions and partnerships designed to mobilize communities around tobacco control efforts; encourage community partners to create and support existing local tobacco policy initiatives; support and develop programs and services that will increase awareness, knowledge and understanding of evidence-based tobacco strategies to allow individuals to make behavior choices consistent with tobacco-free norms; engage and educate health professionals in evidence-based approaches to prevention and cessation; and provide youth tobacco prevention services to deter the initiation of tobacco use.

**Mass-Reach Health Communication Intervention $385,650**
The Tobacco and Health Trust Fund Board recommends disbursement of $385,650 to support a statewide media campaign delivering messages designed to encourage smokers to quit, prevent youth and young adult tobacco use initiation, shape social
norms related to tobacco use, facilitate cessation and educate Connecticut residents on the harms of smoking and other tobacco use. A variety of media can be used including television, radio, print, and digital advertising at the state and local levels; outdoor advertisement including materials placed in various shopping malls, and bus stations; mobile marketing including messaging at venues such as concerts, sporting events, shows and other media events; and social media and marketing of strategy development and public relation activities.

**Cessation Interventions $1.2 million**
The Tobacco and Health Trust Fund Board recommends disbursement of $1.2 million to support programs that provide tobacco cessation services to youth, individuals with serious mental illness, patients with chronic illnesses caused by smoking, and individuals under the jurisdiction of the criminal justice system.

A total of $294,322 is set aside from the $1.2 million cessation intervention category to fund the third year of the Department of Correction’s smoking cessation education and relapse prevention program.

**Evaluation $351,183**
The Tobacco and Health Trust Fund Board recommends disbursement of $351,183 to provide a comprehensive and independent evaluation of the above proposed programs and services. The evaluation will assure accountability and demonstrate effectiveness of the programs. The evaluation will monitor program progress, assess the implementation and outcomes of the programs, including quit rates, determine whether the programs and activities are effective, determine if the desired results are being obtained, identify any areas that need improvement, and inform policy and program directions.

**Administration $175,000**
The Tobacco and Health Trust Fund Board recommends disbursement of $175,000 for the administration and management of the board's 2015 recommended disbursements for anti-tobacco programs and services. Federally funded staff at the Department of Public Health (DPH) has worked with the Board in the past to develop request for proposals, develop and award contracts, modify existing contracts and monitor programs. In 2014, in addition to DPH, DMHAS and OPM administered board programs. As the number of board funded programs increase, it is becoming more difficult for DPH to manage their federal funded programs and the board's programs with the current staff. As such, in order to assure there is adequate capacity to oversee the board's programs, it is essential to secure additional administration support. This is
the first time the Board will allocate funds for administrative services as recommended by CDC.

The Board will work with the Department of Public Health to solicit proposals through a competitive bidding process.

The board believes this disbursement proposal is the most effective use of trust funds for the following major reasons:

- While the state expends significant funding on programs for health, mental health, and substance use prevention and treatment, anti-tobacco programs have minimal funding to support prevention, intervention, and enforcement efforts. These programs often rely solely on trust funds.
- Aligns disbursement proposal with CDC recommended programming and funding levels. CDC's recommendations are based on scientific research and best practices determined by evidence-based analysis of state tobacco programs determined to be effective in preventing and reducing tobacco use.
- Uses competitive bidding through a Request for Proposal to ensure that open competitive practices are followed and allows for a comprehensive, transparent approach to distribute trust funds. This approach assures a fair and effective approach to select the most qualified bidders.
- Supports administration funding, which will provide resources necessary to assure adequate oversight of the trust fund programs. Administrative staff solely dedicated to trust fund programs is essential for program efficacy and efficiency.
- Supports our commitment for the continuation of the Department of Correction's (DOC) smoking cessation education and relapse prevention program. As part of a multiyear approach, the Board is setting aside a small portion of the cessation funding for this program. Upon admission, the inmate population has a significant higher prevalence and greater intensity of cigarette smoking than the general population, and is likely to return to that behavior upon release without intervention.

In summary, this proposal represents an opportunity for Connecticut to continue its progress toward achieving long term reductions in tobacco use and tobacco-related illnesses and deaths. We believe our past efforts have contributed to the decline in smoking among both adults and youth in Connecticut over the past twelve years.

Thank you for your consideration and I would be happy to answer any questions you may have.