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Hispanic Initiative Program Statement

As the Director of the UMOS Health Promotion Program, under which the Hispanic component of the Wisconsin Ethnic Network Coalition (WENC) is housed, I am particularly concerned with the statements made in the Use of Tobacco Control Funds Evaluation published by the Legislative Audit Bureau. The grant we submitted was to develop and implement tobacco control strategies which involved the formation and utilization of local community run and directed Tobacco Prevention Advisory Committees and Coalitions. This objective was clearly part of a strategic planning process that is an accepted and valid cultural concept in strategic planning for communities of color. Without the "buy-in" for communities in which the strategies are to be implemented, the strategies themselves have no context. The process involved in coalition building is the first step in the development of the entire strategic plan.

In addition, several of the individual coalitions, within each ethnic component such as ours for example, were involved in implementing the strategic planning process developed in the first half of the program year, during the second half of the year.

I would urge the Committee to review the individual reports submitted by the WENC Coalition members for the specifics of the implementation activities. For example, UMOS held several focus groups in the migrant community to determine attitudes, knowledge and behaviors related to smoking and to assist us in development of culturally appropriate messages. Thirty adult and youth community volunteers statewide were trained in tobacco prevention methodology and provided prevention outreach to over 1,000 Hispanics, migrants and settled out migrants during the first year. Three separate community strategic plans were developed for each of the targeted regions and a comprehensive survey of Hispanic youth on smoking habits and patterns was developed and implemented in Southeastern Wisconsin.

We feel that the above represent significant measurable accomplishments during our first year.

Mary Ann Borman, Director
UMOS, Inc. Health Promotion/Disease Prevention
Hispanic Tobacco Initiative Program

African American Tobacco Free Network (AATFN)
2001

Activities

1. Provided funding to staff the Milwaukee Tobacco Free Task Force (MTFTF) which has been in existence for 10 years, but did not have funding for the last 18 months. The Black Health Coalition of Wisconsin continued to have the meetings, but without staff it was difficult to conduct tobacco control activities.

2. MTFTF conducted focus groups which involved 92 African American persons from the Milwaukee area to determine their understanding and strategies to deal with tobacco control issues.

3. Developed Tobacco Control coalitions in the African American Communities of Madison and Beloit.

4. Conducted focus groups and key informant interviews in the cities of Racine and Kenosha to determine the best strategies for tobacco control in the African American communities of those cities.

5. AATFN conducted focus groups which involved 75 African American persons from the cities of Racine, Kenosha, Beloit and Madison.

6. The information gained from focus groups were used in 2002 to develop the AATFN Strategic Plan.

2001 WUCMAA Tobacco Project Outcomes:

1. Establish tobacco infrastructure in 13 Southeast Asian communities in Wisconsin: Eau Claire, Stevens Point, Menomonie, Appleton, Green Bay, Wisconsin Rapids, Milwaukee, La Crosse, Manitowoc, Oshkosh, Sheboygan, Madison, Wausau

2. Developed 2 tobacco survey tools: one for youth age 14-17 years old and one for adult 18 years old and over

3. Surveyed 1460 youth on tobacco use

4. Surveyed 1396 adults on tobacco use

5. Provided tobacco risk education to 942 people

6. Hosted 8 radio talk show on ex-smoking experience in 8 communities in Wisconsin: Milwaukee, Wisconsin Rapids, Manitowoc, Sheboygan, Madison, La Crosse, Oshkosh, Eau Claire

7. Worked with G Communication on media messages in 13 communities in Wisconsin

Use of Tobacco Control Board Funds

Legislative Audit Bureau
April 2003

1

Tobacco Control Board

- Created in 1999 to administer a statewide tobacco control program
- 17 members appointed by Governor
- Board organized and developed strategic plan during 2000; first competitive grants awarded in December 2000

2

History of Master Settlement Payments

- State was to receive $5.9 billion over 25 years
- State will receive an estimated $598 million prior to securitization; deposited in general fund
- Payments starting in 2003-04 were securitized for $1.3 billion which was spent during the 2001-03 biennium

3

Tobacco Control Board Funding

FY 1999-00	$ 2.3 million
FY 2000-01	12.1 million
FY 2001-02	15.3 million
FY 2002-03	15.3 million
TOTAL	$45.0 million

4

Projects Funded by Board

- Statutorily required projects
  - -Thomas T. Melvin program--DHFS
  - -Center for Tobacco Research and Intervention--UW-Madison
  - -Medical College of Wisconsin
- Board-awarded competitive grants

5

Thomas T. Melvin Program

- $2 million annually in statutorily enumerated funding from the Board
- DHFS program created in 1997
- Targets 11- to 14-year-olds
- Funds a media campaign and in-school activities

6

Center for Tobacco Research and Intervention–UW-Madison

- $1 million annually in statutorily enumerated funding from the Board
- Board funding used for a variety of research projects, outreach services and various mini-grants

7

Medical College of Wisconsin

- $500,000 annually in statutorily enumerated funding from the Board
- Board funding used to support 19 projects in FY 2000-01 and 13 projects in FY 2001-02
- Projects included a mix of research, clinical, and educational activities

8

Board Competitive Grants

- Approximately $21.2 million was available for competitive grants through FY 2001-02
- Largest grants have been for anti-smoking media campaigns and grants to local communities to develop local programs
- Quit Line costs were $1.5 million through FY 2001-02

9

Effectiveness of Programs?

- All projects are required to include objectives in their grant applications
- Results among projects have been mixed

10

Future Considerations

- Coordination among various state programs could be improved
- The State maintains or funds at least 10 different websites on tobacco use and control

11

Future of the Board

- Governor's budget proposal would eliminate the Board and move its activities to DHFS
- Board's administrative costs have totaled $724,000 through FY 2001-02

12

Funding Level

- FY 2002-03 allocation is $15.3 million
- 2001 Wisconsin Act 109 specified $25 million annually
- Governor's budget proposal is $15.1 million

13

Use of Tobacco Control Board Funds

Legislative Audit Bureau
April 2003

14

SMOKE FREE WISCONSIN

Preserving the right to live and breathe tobacco free

Memorandum

To: **Co-Chairs, Representative Suzanne Jeskewitz and Senator Carol A. Roessler**
Members, Legislative Audit Committee

From: **Maureen Busalacchi, Deputy Director, SmokeFree Wisconsin**

RE: **Legislative Audit Report**

Date: **April 1, 2003**

Thank you for hearing testimony today. The Tobacco Control Board produced and began implementing a strong plan for reducing tobacco use in Wisconsin. While we felt the Board was making good progress, we understand the tight budget times that the state is under and the need to consolidate where possible.

With consolidation, it's critical that the key parts of the tobacco control program remain intact. We can point to many successes, several of which have been recently realized and not described in the audit report because they were announced after the Audit study period.

For example, until 2000, Wisconsin consumption and prevalence was fairly consistent with national averages. But since the program has been in place:

- Overall tobacco consumption declined by 5% in 2002.
- Smoking prevalence among 8th graders declined 30% in the period 2000-02.
- Smoking prevalence among 10th graders declined 22% in the period 2000-02.

The recent reductions in tobacco use among Wisconsin citizens shows the success of the tobacco control and prevention programs and the strong public/private partnership. The citizen involvement in program development and implementation has been critical to not only goal setting but also the ability to achieve those goals since significant private dollars and resources are expended. **In any new structure or organization, we whole heartedly recommend an advisory committee in order to continue to strong public-private partnership.**

We specifically agree that a central problem of tobacco control intervention is the lack of coordination between programs and even within specific agencies. Many of these programs have been subject to limited evaluation or oversight. If the Governor's recommendations are

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approved by the legislature, we recommend that all programs have strong oversight and evaluation services. This ensures that our investment in tobacco control is well spent and that program success can be documented as well as needs for changes, elimination or consolidation within the program.

Tobacco control remains a high priority for the state as Wisconsin recently adopted a State Health Plan called "Healthiest Wisconsin, 2010" which details all the public health issues that Wisconsin should focus on over the next ten years. In the plan, reducing tobacco use is a priority with its focus on youth prevention, adult cessation, and reducing exposure to secondhand smoke.

To accomplish this goal, we have identified the following programmatic principles for the tobacco control program:

1. Since tobacco use is the leading cause of preventable death in Wisconsin, tobacco control and prevention programs should be visible, flexible and produce tangible, measurable outcomes.
2. It is critical that programs are accountable to taxpayers since tobacco use is such a large health care expense borne by the taxpayers. Programs and evidence-based interventions that are most effective should be supported and those that are, over time, not proven to be successful should be eliminated.
3. It is also critical to bring to bear the substantial public-private partnership that exists on tobacco control issues today to continue to address the tobacco crisis in Wisconsin. There are literally thousands of people involved in reducing tobacco use in Wisconsin; volunteers and staff in public and private agencies, all working to reduce the great burden of tobacco in our society.

When the report compiled, Wisconsin's tax was 14th highest in the nation, but relatively mid-level once eight tobacco manufacturing and/or growing states are excluded. Since this report, Wisconsin has dropped to 21st in the nation for tobacco taxes.

While the program has some modifications necessary to make it stronger, it has made incredible progress towards its stated goals in a very short time. Since health care costs are skyrocketing and we know tobacco use cost $3 billion per year, this investment is paying dividends to the citizens of our state. To SmokeFree Wisconsin, it's critical that the program principles remain intact regardless of the structure, that the plan developed by the tobacco control board continue to be a living document and the public-private partnership stays a high priority.

Federal Synar Regulation
Key Requirements

- Have in effect a law prohibiting any manufacturer, retailer, or distributor of tobacco products from selling or distributing such products to any individual under the age of 18. (Sec. 134.66, Wis. Stats.)
- Enforce such laws in a manner that can reasonably be expected to reduce the extent to which tobacco products are available to individuals under the age of 18.
- Conduct annual random, unannounced inspections to ensure compliance with the law. These inspections are to be conducted in such a way as to provide a valid sample of outlets accessible to youth.
- Develop a strategy and timeframe for achieving an inspection failure rate of less than 20% of outlets accessible to youth.
- Submit an annual report detailing the State's activities to enforce their law, the overall success the State has achieved during the previous fiscal year (FY) in reducing tobacco availability to youth, describing how inspections were conducted and the methods to identify outlets, and plans for enforcing the law in the coming fiscal year.
- **Failure to comply with any requirement of the Regulation, or to meet the target inspection failure rate, will result in a reduction of 40% of the State's Substance Abuse Prevention and Treatment Block Grant (SAPTBG) allocation. (For Wisconsin, this amounts to approximately $10 million of a $25 million allocation.)**

Wisconsin Wins (WI Wins) Campaign

- In 2001, the Synar survey conducted by DHFS indicated a rate of 33.7% of retailers who illegally sold tobacco products to minors.
- This rate exceeded the target rate of 22.0% that was required by the State to meet the goals of the federal Synar Regulation.
- Because of the State's failure to meet its target rate, Wisconsin was at risk of being penalized 40% of its SAPTBG, or approximately $10 million.
- To avoid a penalty, Wisconsin was required to invest State dollars in a program designed to reduce the rate at which retailers sell tobacco to minors.
- In April 2002, Governor Scott McCallum signed a certification letter to the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration committing $3,012,165 of State dollars to address this issue. The funds are available through September 30, 2003 (to cover program activities for 2002 and 2003).
- In June 2002, DHFS announced the Wisconsin Wins (WI Wins) program. The program was kicked off with a press conference on June 7th, 2002. WI Wins is a research-based program that utilizes a positive reinforcement protocol to effect a change in retailer behavior. The program has broad support from health organizations, community leaders, law enforcement, and retailers.
- **RESULTS – To date, the WI Wins campaign has demonstrated significant results. The Synar survey conducted during the summer of 2002 indicated a reduction in the rate of illegal sales from 33.7% to 20.4%, bringing the State into compliance with the target Synar rate. This result not only demonstrates a meaningful change in retailer behavior that can ultimately help protect young people from tobacco, but also protects critical substance abuse funding.**

ISSUE: The success of the WI Wins program protected Wisconsin from the loss of $10 million that goes to county human service agencies for local alcohol and drug abuse treatment programs. Failure to continue funding for this program will once again put the State at risk for failure to meet the Synar requirements and loss of critical substance abuse funding.

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Tobacco Questions

For any of the agencies:

- What is your opinion on the Governor's proposal to eliminate the Tobacco Control Board and transfer its responsibilities to DHFS?
- How exactly can we eliminate the duplication the auditors found? (Be specific.)
- I am concerned that the auditors found mixed results for a number of Board-funded projects. What specific steps do you plan to take to increase our project success rate?

For Dr. Fiore:

- Please tell us how you spent $47,305 in travel and training in FY 2001-02. What is your travel and training budget for this year? (see table 8, page 27).

Questions:

DHFS:

1. What is your opinion on the Governor's proposal to eliminate the Tobacco Control Board and transfer its responsibilities to DHFS?
2. How will DHFS ensure accountability for plans and programs given there will be 1 fulltime employee compared with 4 full time employees on the Board?
3. Expanding on the number of individuals to run and oversee the grant process, where will the funding and staff be housed? In its own division?
   Concern about being many divisions or units away from the secretary for coordination, financial accountability, and message.
4. Do you plan to continue to use the long-term plan/vision the Board put into place?
   Page 10 of the audit gives the 7 statewide anti-tobacco goals they want to achieve by 2005.
5. How do you think duplication and coordination can be improved?
   Page 48 says some members of the Board believe the Melvin Program (DHFS) and Youth-Led movement project (board grant recipient) are both targeting a youth audience and could be duplicating efforts.
6. The auditors found mixed results for a number of Board-funded projects. What specific steps do you plan to take to increase project success rate?
7. Do you think an oversight committee would be a good idea? If so, what do you envision this committee to look like?
8. How regularly will someone be monitoring grant expenditures?

Bottom line – how will DHFS ensure the grant process is efficient and accountable with one person? One person for $15 million

Each group:

1. What is your opinion on the Governor's proposal to eliminate the Tobacco Control Board and transfer its responsibilities to DHFS?
2. How do you think work can be coordinated better between the three statutorily funded programs and the board? (Page 49 gives 3 ideas for better coordination)
   a.
3. What specific steps do you plan to take to increase project success rate?
4. There are two recommendations found on page 7 what are your thoughts on each of these recommendations?

a. use the monitoring and evaluation program's reports to assist it in making decisions about which projects should receive continued funding
b. revise administrative rules to allow grant recipients to purchase medication for cessation or ensure the grant funds do not pay for medications?

5. Do you think an oversight committee would be a good idea? If so, what do you envision this committee to look like? (Joint strategic plan)

TCB:

1. Regarding how grants funded
   a. What do you think of requiring the statutorily funded programs to return unspent funds at the end of each fiscal year or retain for future anti-tobacco activities? (page 49)
   b. Are grants awarded at the same time and same duration? Whatever the current grant process is, is this best for efficiencies, monitoring and staff work load?
2. There is concern about the lack of formal coordination among the various tobacco control programs? What are your thoughts on improving coordination?

Medical College:

1. 19 research projects and 10 accomplished at least some of their objectives?
   Although not all projects reached their objectives do you feel valuable research was obtained even without total objective success? Can you give me an example of where a research project may or may not have met all its objectives but was successful in regards to research?

CTRI – Dr. Fiori:

1. Good things to highlight not questions:
   1. Tobacco quit line success
   2. Commend them on the UW-Oshkosh social norms campaign to decrease tobacco use on campus. Between December of 2000 and 2001 reported a 29% reduction in student smoking rates. (page 32)
   3. Training more than 5,000 WI health care providers in cessation strategies and more than 3,000 primary care doctors.

1,000 –
16,000
47,000
Travel
+R.

2. This may be touchy but it is in the audit: Please tell us how you spent $47,305 in travel and training in FY 2001-02. What is your travel and training budget for this year? (Page 27 table 8 this number is over double FY 2000-01)
3. How do you think duplication and coordination can be improved? Mention page 48 talks about the UW Comprehensive Cancer Center and the Center for Tobacco Research and Intervention have both used surveys to measure tobacco usage. This appears to be a duplication of efforts?
4. 2 of 5 projects achieved goals and 3 met some of the objectives (page 5). And 2 of 9 research projects funded with mini-grants met all of their stated objectives? What specific steps do you plan to take to increase project success rate? (page 32)

Recommendations:

- Recommend that after the legislature determines the Board's funding levels for 2003-05 the WI Tobacco Control Board use the evaluation reports that the Monitoring and Evaluation Program will provide in March and April 2003 to assist in making decisions about which competitive grant projects should receive funding.

- We recommend Wisconsin Tobacco Control Board either revise administrative rules to allow competitive grant recipients to purchase medication for the cessation of tobacco use, or ensure that no further medication expenses are paid for with competitive grant funds.

- Recommend the WI Tobacco Control Board use consistent grant periods and monitor grant recipients' expenditures on a regular basis so that unspent funds can be reallocated to other tobacco control projects when necessary.

- Use the monitoring and evaluation program's report to assist it in making decisions about which projects should receive continued funding.

    - Revise administrative rules to either allow competitive grant recipients to purchase medication for the cessation of tobacco use or ensure that grant funds do not pay for medication expenses.
    - Use consistent grant periods and monitor grant recipients' expenditures on a regular basis so that unspent funds can be reallocated to other tobacco control projects.
- Decide funding levels:
    - $25 million annually amount stipulated in 2001 Act 109
    - <$15.3 million the board received in each year of the current biennium
    - $15 million annually as proposed by the Governor

- Coordination improvements
    - Maintain current law, require the board to continue coordination
    - Appropriate funds directly to the 3 statutorily funded programs instead of channeling the funds through the Board
    - Give the board explicit authority to determine how the Melvin Program, the Center and Medical College spend the funds, or consider the Governor's proposal to eliminate the Board and consolidate efforts within DHFS.

SMOKE FREE WISCONSIN

Preserving the right to live and breathe tobacco free

Memorandum

To: **Co-Chairs, Representative Suzanne Jeskewitz and Senator Carol A. Roessler**
Members, Legislative Audit Committee

From: **Maureen Busalacchi, Deputy Director, SmokeFree Wisconsin**

RE: **Legislative Audit Report**

Date: **April 1, 2003**

Thank you for hearing testimony today. The Tobacco Control Board produced and began implementing a strong plan for reducing tobacco use in Wisconsin. While we felt the Board was making good progress, we understand the tight budget times that the state is under and the need to consolidate where possible.

With consolidation, it's critical that the key parts of the tobacco control program remain intact. We can point to many successes, several of which have been recently realized and not described in the audit report because they were announced after the Audit study period.

For example, until 2000, Wisconsin consumption and prevalence was fairly consistent with national averages. But since the program has been in place:

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We specifically agree that a central problem of tobacco control intervention is the lack of coordination between programs and even within specific agencies. Many of these programs have been subject to limited evaluation or oversight. If the Governor's recommendations are

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To accomplish this goal, we have identified the following programmatic principles for the tobacco control program:

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2. It is critical that programs are accountable to taxpayers since tobacco use is such a large health care expense borne by the taxpayers. Programs and evidence-based interventions that are most effective should be supported and those that are, over time, not proven to be successful should be eliminated.
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While the program has some modifications necessary to make it stronger, it has made incredible progress towards its stated goals in a very short time. Since health care costs are skyrocketing and we know tobacco use cost $3 billion per year, this investment is paying dividends to the citizens of our state. To SmokeFree Wisconsin, it's critical that the program principles remain intact regardless of the structure, that the plan developed by the tobacco control board continue to be a living document and the public-private partnership stays a high priority.

Wisconsin Tobacco Control Board

Joint Audit Committee
April 1, 2003
Hearing on the Use of Tobacco Control Board Funds

Comments, David F. Gundersen, Executive Director

Thank you Madam chair for the opportunity to respond and provide input on the Legislative Audit Bureau report on Wisconsin's tobacco prevention and control efforts.

First, I'd like to thank the Legislative Audit Bureau for their professionalism and objectivity. We are confident these findings will improve Wisconsin's tobacco prevention and control efforts, and help reduce the death, disease, and health care costs caused by tobacco.

I'm going to offer a few background comments and then ask Dr. Earnestine Willis, the Chair of the Board, to offer some of her insights. We'll use our time to discuss the history of the Board, the context of the report, and the Board's response to the findings. We will then be available to answer any questions you have.

The Board is a 17-member volunteer Board comprised of business, education, health care, academic, and youth leaders. The Board was statutorily charged with establishing a plan to reduce the death and disease caused by tobacco. Since the Board's first meeting on May 1, 2000, the State of Wisconsin benefited from 5 to 6 thousand hours of donated expertise and commitment from individual Board members. Conservatively, this translates to around two hundred thousand dollars of in-kind contributions from their employers and from members donating vacation or personal time. Their commitment has been phenomenal.

The reason these Board members were willing to dedicate their time is simple: tobacco is killing our citizens and threatening the economic and physical health of Wisconsin residents. Tobacco is the number one preventable cause of death and disease in Wisconsin. In 2001, tobacco-related disease killed over 7,300 Wisconsin residents. It also cost residents almost $1.6 billion in health care costs, $422 million to the Medicaid program alone. The human and economic toll of tobacco cannot be ignored.

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Tobacco is a killer and a drain on public and private resources in Wisconsin.

While the Board programs have been up and running for a little over two years, the Legislative Audit Bureau report covered only the first 18 months or our work, through June of 2002. Even with significant barriers, such as an over 40% cut in 2001 and limited staffing, the Board realized early successes. Since they're in the report, I won't recount them all, but I want to note a few:

- Over 24,000 people called the Quit Line, with over 90 percent of those callers expressing satisfaction with the counseling support. That number is now over 30,000.
- The Board funded a pilot project at the University of Wisconsin Oshkosh that decreased smoking from 34% to 24% in just one year.
- Despite recruiting fewer participants and control group members as we wanted, the Not on Tobacco (NOT) and First Breath pilot programs helped over 200 youth and pregnant women in their efforts to quit smoking.

In addition, since the Audit Bureau report finished its evaluation half-way through our 2002 calendar year grants, additional end-of-contract evaluation and monitoring reports have shown even more encouraging results. These outcomes include:

- Smoking among high school students has decreased from 33% in 2001 to 27% in 2002, meaning almost one-in-five fewer high school smokers.
- Overall consumption in the state dropped by 5%, compared to 1% nationally.
- In the third quarter of 2002, a program targeted at seniors and run of CTRI, called the Senior Patch Program, provided cessation services and nicotine patches to over 1,000 Wisconsin seniors through the Quit Line.
- Finally, our school-based efforts resulted in a litany of results including over 400 students disciplined under new or revised tobacco policy or procedures, 1,700 students trained in peer-to-peer tobacco programs with almost 19,000 students receiving peer-to-peer services, over 700 teachers and school staff received training and provided tobacco instruction to over 40,000 students, over 580 students referred or served by new tobacco cessation programs, and over 90 family members received tobacco cessation services directly or through referral.

Beyond these specific programs, there has been an incredible ripple effect in communities across the state. There is at least one tobacco prevention and control coalition in every county in the State, with over 1,600 adult and youth volunteers involved with these coalitions. In addition, the Board's youth movement has engaged over 5,800 youth in peer-to-peer education and community activism. These adult and youth volunteers are driving local prevention and cessation efforts, and changing social norms around tobacco use.

Maybe more important than the outcomes is what the Board did when programs did not achieve their goals. As identified in the report, if programs didn't achieve their performance objectives, those efforts were either discontinued, restructured, or reduced. While all the efforts funded by the Board have merit and have realized outcomes, we have continually pushed for "more" and "better." The Board took seriously its stewardship of Wisconsin's tobacco control efforts. Ineffective programs

mean precious resources are not being maximized. In a very real sense, if the Board didn't hold its programs to the highest standards, more people would die from tobacco use. That was a consequence the Board was not willing to accept.

In closing, this has been the value of the Board. The Board members have worked with one interest and one interest only. Reducing the death and disease caused by tobacco. They have been an independent voice that has been able to unify state and local partners under a common plan. Given its independence, Board pushed itself and worked with our partners to go beyond just doing the "good work." If we were to be effective, we had to so the good work as well as it could be done. The clear challenge now is to continue the early outcomes and maintain these high standards.

Before I turn it over to Dr. Willis, I want to say that it's been challenging and rewarding to work with this Board, and to work with our many partners across the state. We are confident the foundations we've built can continue to reduce the death, disease, and health care costs. I also firmly believe that the insights provided by the audit report, and the commitment we've heard from Secretary Nelson and others in the Department, have the potential to improve on what the Board has done as these programs transition to the Department of Health and Family Services.

With that, I'd like to turn it over to Dr. Willis.

Wisconsin Tobacco Control Board

Joint Audit Committee
April 1, 2003
Hearing on the Use of Tobacco Control Board Funds

Comments, Earnestine Willis, MD, MPH, Chair

Thank you Madam Chair for the opportunity to respond and provide input on the Legislative Audit Bureau report on Wisconsin's tobacco prevention and control efforts.

First, I would like to express my sincere gratitude for being allowed the privilege to serve the citizens of Wisconsin in such a worthwhile manner as Chair of the Tobacco Control Board. I am equally sure that I can speak for many of my fellow colleagues on the Board, who feel proud to have served this State through such an opportunity. As you review the membership on this letterhead, you'll get a sense of the quality of persons serving on this Board and the diversity of their interest. This Board consists of an invigorating body of talents from across this State, who rapidly developed an anti-tobacco strategic plan and implemented it over the last three years. This Board stayed true to its principles, strategic plan and its vision of Wisconsin residents living tobacco-free. By staying on course, we are proud of building inclusive structures and processes to put us well on our way to correcting the tobacco burden realized by Wisconsin for decades prior to our efforts.

In addition, I'd like to thank and commend you for your contribution to this cause. Many of you have been long-time supporters, and you can share credit for the thousands of smokers we've helped quit, and the tens of thousands of kids we kept from starting to smoke. I am sure that the ripple of many leaders like yourself and the scrutiny of others will outlast many of us here, today.

While the future for tobacco prevention and control is far from certain, I want to take a few minutes to respond to several recommendations and issues raised in the Audit report.

As a representative for the Board, we fully embrace and support the three recommendations offered in this report. As indicated in our written response, the Board has already either taken

action or is in the process of implementing all three of the recommendations:

- Evaluation;
- Coordination of Program; and
- Long-term Funding.

Evaluation

I want to particularly emphasize the importance of continued monitoring and evaluation of program for outcomes. From the start, the Board has made program evaluation a high priority, and has required continual progress reports to assess the short-term measures of the Board-funded programs. Our Monitoring and Evaluation Program, which is funded through the University of Wisconsin Comprehensive Cancer Center, is currently compiling an interim evaluation report on all of our programs. Of course, we will give this information to DHFS for its use in future decision-making, priority setting and continuous program improvements.

You will gather from this report that there are important trends that the legislators and the department should monitor. As noted earlier, since 2001, youth smoking rates have gone down annually. Overall consumption of cigarettes has decreased at rates higher than the national average. These trends should be held by the legislator as standard of success for tobacco prevention and control. If these downward trends don't continue, the department and legislators should revisit the strategic processes of Wisconsin's tobacco control efforts.

Given Secretary Nelson's leadership and expertise in evaluation, we know that the Department is committed to effective oversight and evaluation. However, the Board realized right away that good evaluation requires an up-front commitment by all partners and programs. While the Board is proud of its early ability to evaluate Wisconsin's anti-tobacco activities, there is still much that should be done to strengthen programs' accountability. We sincerely hope that the Department will build upon the strong foundations initiated by this Board to even greater outcomes than stated in our five-year Strategic Plan. .

Coordination

The Audit Bureau report also repeatedly identifies that the Board did not have statutory authority over many tobacco control efforts in the State. Programs outside the Board's oversight include efforts within the Department of Health and Family Services, Department of Public Instruction, and legislatively directed grants to Thomas T. Melvin, Medical College of Wisconsin, and the Center for Tobacco Research and Intervention. As a result, Wisconsin's tobacco prevention and control efforts are not as well coordinated as they could and should be. Although we voluntarily made every effort to coordinate activities with several of the programs, the Board shares your coordination concerns.

There are a few issues related to consolidation that need to be discussed. The Department of Health and Family Services will have the prime opportunity to look across all of its Divisions and create synergies among programs. Adequate and appropriate staffing to accomplish effective consolidation should be given serious

consideration for sustaining the momentum of positive progress. The citizens of Wisconsin cannot afford regression in anti-tobacco activities.

At the program level, overlaps need to be addressed. For example, the Melvin and Wisconsin WINS Programs currently run media campaigns, which are not coordinated with the Board media plan. The strength of the Board's media plan is that public input takes a high priority through the Media Advisory Group into the media development and an evaluation of impact of messages are repeatedly emphasized. To coordinate media messages more efficiently and effectively allows DHFS to place value on public input and to implement a rigor evaluation of all campaigns.

In short, the Legislature needs to assure that there are both organizational and programmatic consolidations. The Board supports any action that improves coordination of the programmatic activities across agencies and organizations. As mentioned in the Audit Bureau report, a formal requirement for joint strategic planning between all programs funded by the state could be a strong addition.

Funding

A final point is one of funding stream for tobacco prevention and control. As we discussed in our written response, there are revenues and costs other than tobacco prevention funding that should be considered by the Legislature in assessing allocations for anti-tobacco efforts.

Tobacco revenues and costs eclipse current prevention and cessation funding. In fact, the State of Wisconsin currently collects over $350 million in tobacco tax revenues. Beyond the revenues, Wisconsin taxpayers spend over $422 million treating tobacco-related health care costs through the Medicaid program. Taxpayers, business, insurance companies, and average citizens spend almost $1.6 billion for tobacco-related disease. In addition, businesses lose over $1.4 billion in productivity because of breaks, illness, and death associated with tobacco use.

While we recognize the difficult budget situation that we currently face, we hope the Audit Bureau report supports one thing – the WTCB-funded programs have shown early successes, and with continued support, monitoring and evaluation, they can show even greater outcomes. We request that the Legislature continue to invest and commit to reducing the burden of tobacco. If you do, you will not only save money, but you will save lives.

In closing, the Board would like to thank the thousands of state and local leaders who have built the foundations of Wisconsin's tobacco prevention and control efforts. Any success the Board has had is due to the thousands of people working across this State to fight death, disease, and health care costs caused by tobacco.

Thank you once again for the opportunity to comment on this audit. We believe the Legislative Audit Bureau report is a strong catalyst for further improvements in Wisconsin's tobacco prevention and control activities. We welcome your discussion to continue the vision of Wisconsin residents living tobacco-free.

MEDICAL COLLEGE OF WISCONSIN

Date: April 1, 2003

To: The Honorable Members of the Joint Audit Committee of the State of Wisconsin

From: Bruce Campbell, MD, FACS
Interim Director, Cancer Center
Professor, Otolaryngology & Communication Science

Subject: **Medical College of Wisconsin's Response to the Evaluation of The Use of Tobacco Control Board Funds**

The funds the Legislature appropriated to the Medical College of Wisconsin through Act 9 beginning in fiscal year 2000/2001 have allowed our faculty to improve the health of Wisconsin citizens by:

- establishing smoking cessation programs,
- opening new lines of clinical research in the prevention and cessation of tobacco use
- expanding smoking cessation curriculum for medical students, residents, faculty and allied health professionals
- developing new community outreach efforts focused on the prevention and/or cessation of smoking in medically underserved areas

We are grateful to have this partnership with the State in the fight against tobacco. The tobacco money we received has allowed several of our researchers to gather adequate data to pursue a grant from the National Institutes of Health.

During the past three years, the Medical College's work has furthered the goals established by the Wisconsin Tobacco Control Board in the following ways:

Adult Prevention and Cessation Efforts

- campus smoking cessation clinic
- outreach cessation programs
- clinical research programs on various smoking cessation methods
- fMRI (functional magnetic resonance imaging) studies to determine nicotine's impact on the human brain
- education of medical students, residents, faculty and allied health professionals in smoking cessation interventions
- development of a mathematical model to predict the success of smoking cessation methods

Smoke-free Workplaces

- development of workplace programs to reduce employee tobacco use

Smoke-free Homes

- interventions in households with asthmatic children and adults who smoke

8701 Watertown Plank Road
P.O. Box 26509
Milwaukee, Wisconsin 53226-0509

Middle and High School Youth Prevention and Cessation Efforts

- community outreach cessation and education programs
- education of medical students, residents, faculty and allied health professionals in smoking cessation interventions for youth
- anti-tobacco high school science curriculum

Through these efforts, we have created linkages with a number of community organizations such as the Boys & Girls Clubs of Milwaukee, central city health clinics, Milwaukee Public Schools, CTRI's Quit Line, Fight Asthma Milwaukee, Marquette University, and Cardinal Stritch College. These relationships allow each organization to leverage their strengths in the battle against tobacco use.

Summary of Programs Funded in Fiscal Year 2000/2001

Projects were placed into one of four categories: Education, Community Outreach, Tobacco Cessation Resources, and Clinical Research. They are summarized by category.

Education

- 4 programs for medical students and residents in smoking cessation techniques

The tobacco funds allowed us to create additional modules the following two years.

Community Outreach

- 3 programs, each focusing on a different medically underserved population (inner-city youth, patients of several inner-city clinics and inner-city pregnant women receiving public assistance)

The youth and adult cessation programs were continued the following two years with the tobacco funds.

Tobacco Cessation Resources

- a smoking cessation clinic for the general public and patients involved in our clinical research projects
- recruitment of an outcomes methodologist in tobacco control to assist clinicians in developing and implementing research projects in smoking cessation or prevention

Both programs were funded the following two years with the tobacco funds.

Clinical Research

- 4 small smoking cessation programs geared at specific patient populations: patients suffering from diabetes, asthma, head and neck cancer, or adults aged 50 years or more
- a gender-tailored intervention to reduce relapse in adult female smokers (Stress Kit)
- an analysis of data from the Zablocki Veteran's Center's smoking cessation
- 4 fMRI studies to determine how nicotine impacts the brain

Two projects from the first year, including the Stress Kit, were funded by the College in subsequent years. The tobacco funds continued our fMRI research, several of the small cessation programs and new interventions the following two years. The Medical College has carved out two niches in tobacco prevention and cessation. The College:

- developed a comprehensive curriculum in smoking cessation throughout the four years of medical school. Pre and post-test results found that medical students move from the initial category of being unsure of their skills in discussing smoking cessation with patients to "skilled" after completing the curriculum.

- is one of the few sites in the nation using fMRI technology to investigate the impact of nicotine on the human brain. fMRI is a non-invasive imaging technique that locates and displays regional physical changes in the brain associated with brain activity. Researchers are studying the impact of nicotine on the brain in order to develop improved strategies to diminish nicotine dependence and recidivism.

Audit Findings

The audit provided the Medical College with a constructive tool to review the administration of our tobacco efforts which will strengthen both our programs in tobacco prevention and cessation. The audit found:

- **three projects attained all of their objectives**
- **seven projects attained some of their objectives**
- **8 projects did not attain their objectives.** Seven of the eight projects were launched, evaluated patients, performed interventions, and produced results. They fell short of attaining their objectives solely because the researcher was unable to recruit the planned number of participants. Nevertheless, the majority of these projects were scientifically successful. The eighth project was unable to recruit an outcomes researcher in the fiscal year. A recruit from the home office of the American Cancer Society filled this position the following year.
- **1 project was classified as having "insufficient data to evaluate the project"** because we were unable to produce a copy of the final report. The researcher left the College prior to the request for the final report. The project, development of a problem-based learning program for family medicine residents, later adopted by another faculty member, was completed and is in use today.
- **several projects spent their entire budget yet failed to achieve their stated objectives and/or had less tangible outcomes, in part because of delays in obtaining necessary approval for research protocols.** Significant work must occur in each clinical research study *after* the project is approved and funded, and *before* the researcher can apply for protocol approval from the Institutional Review Board (IRB):
  - clinical protocols must be prepared
  - a recruitment plan must be developed
  - case report forms must be created
  - a data management system must be developed

  Once the IRB has approved the consent forms and protocol, staff must be trained. Then, the project is at the mercy of the good-heartedness of patients and their willingness to serve as research subjects in an endeavor that may benefit future patients but is unlikely to benefit them personally.

  The College learned from its first year's clinical studies that researchers:
  - failed to define a realistic sample size
  - defined inclusion and exclusion criteria too rigidly
  - lacked adequate time to obtain protocol approval
  - did not understand the difficulties associated in working with a highly mobile, medically disadvantaged population

Operational Improvements
Based on our experience and the findings of the Legislative Audit Bureau's report, the following features have been incorporated in our program beginning with fiscal year 2003/2004:

- proposals must include a realistic timetable for meeting patient accrual rates
- award notices will be distributed by May 15th to allow researchers to obtain protocol approval prior to July 1st
- proposals must include a plan on how the researcher will retain subjects throughout the study
- researchers will be asked to review their research goals to accommodate a delay in the receipt of funds
- researchers will be asked to have plans in place in anticipation of hiring delays
- a part-time Tobacco Liaison position will be created to coordinate the College's smoking cessation and prevention programs with community programs and coalitions, and serve as a resource for information on the College's programs

Additionally, the College will work with the State to develop a longer funding period for clinical research.

Coordination of Future Efforts in Tobacco Control
The Audit Bureau expressed concern of the seemingly lack of coordination between the statutorily funded tobacco programs and those under the Tobacco Control Board. The College is bound by a commitment of stewardship and a sense of collaboration with the State's other tobacco programs to maximize the strength of all efforts.

The Medical College believes that the creation of a joint strategic plan in community outreach efforts will leverage the State's tobacco interventions. We have included a request for a part-time liaison position, to be funded through our State tobacco funds, in our request for tobacco proposals for fiscal year 2003/2004. This position will coordinate the College's smoking cessation and prevention programs with community programs and coalitions and serve as a resource for information on the College's programs.

We firmly believe that the College's tobacco funds should remain a line item in the State budget and not be co-mingled with the funds dispersed through the Department of Health and Family Services (DHFS). We have developed unique programs. Our work has complimented the State's tobacco control goals and we have effectively self-administered our program. The Audit Bureau identified no weaknesses in our oversight and stewardship activities. Placing our funds under DHFS would only serve to add an unnecessary level of bureaucracy and oversight.

At no time in human history has the potential been greater for translating biological knowledge and technological capability into powerful tools to educate healthcare providers and provide them with effective techniques in the prevention and cessation of tobacco use. The Tobacco Settlement has allowed the Medical College of Wisconsin to develop a research program in tobacco control that would not have otherwise been possible. As our projects mature, additional researchers will submit their projects to the National Institutes of Health for funding. We are grateful for this opportunity.

Asbjornson, Karen

From: Eric Englund [eenglund@tds.net]
Sent: Wednesday, April 02, 2003 5:04 PM
To: Roessler Sen (E-mail); Jeskewitz Rep (E-mail)
Cc: karen.asbjornson@legis.state.wi.us; erin.bilot@legis.state.wi.us
Subject: tobacco control

Audit Committee Letter.doc

Hello

I sat thru your hearing yesterday. I've served as a member of the tobacco control board and share many of the concerns you raised regarding the details surrounding the transfer of authority over tobacco control from the Tobacco Control Board to DHFS.

I've attached the draft of a letter which attempts to capture some of the concerns raised and get some more substantive answers from DHFS. My personal commitment is to effective coordinated tobacco control and I KNOW it can be done IF resources are properly directed, monitored, and reviewed. As there are ways I can help achieve that goal please feel free to call on me.

Eric Englund
Wisconsin Insurance Alliance

DRAFT

Secretary Helene Nelson
Department of Health & Family Services
1 West Wilson Street, Room 650
Madison, Wisconsin 53701

Dear Secretary Nelson:

Thank you for sending Deputy Secretary Munson to the Joint Legislative Audit Committee hearing on the *Use of Tobacco Control Board Funds*. We appreciate his appearance before the Committee.

The Committee listened to testimony from the Legislative Audit Bureau; Tobacco Control Board members, Board staff, funded programs, and DHFS. This hearing was very informative and provided the Committee with several recommendations for making Tobacco Control and Prevention programs less duplicative and more accountable for program outcomes.

As a result of the hearing the Committee has several questions for DHFS for which we would like more specific answers:

1. What is DHFS's plan for the placement and organization of Tobacco Control and Prevention Programs within your Department?
2. What classified position in DHFS will have primary responsibility for the transition, oversight, and implementation of these programs?
3. How does DHFS plan to organize and staff a Tobacco Control and Prevention advisory body?
4. How will DHFS ensure that the Comprehensive Strategic Plan the Tobacco Control Board has developed will continue to be implemented after these programs are transferred to DHFS?

In order for the Joint Legislative Audit Committee to complete the report and finalize our recommendations please provide these answers to the Committee by May 1, 2003

Sincerely,

Senator Carol A. Roessler
Co-chairperson
Joint Legislative Audit Committee

Representative Suzanne Jeskewitz
Co-chairperson
Joint Legislative Audit Committee

Tobacco Control Board

In statutes create a tobacco control advisory group to assure tobacco control resources are allocated effectively and to develop public-private partnerships on priority tobacco control issues and initiatives.

1. Review and monitor Wisconsin's annual tobacco prevention and control plan and outcomes.
2. Identify external resources and action steps in support of the plan and related state and local policy initiatives.
3. Provide input on future tobacco prevention and control plans and strategies

To the greatest extent possible, representatives should be authorized to commit the human and material resources of their organizations. Members should have the capacity to influence those organizational processes in support of Wisconsin's tobacco control efforts.

Wisconsin Tobacco Control Board

April 2, 2003

TO: Senator Carol A. Roessler, Co-chairperson, Joint Audit Committee
Representative Suzanne Jeskewitz, Co-chairperson, Joint Audit Committee

FR: David F. Gundersen, Executive Director, Tobacco Control Board

RE: Recommendations on Secretary's Advisory Committee on Tobacco Control

---

The Department of Health and Family Services (DHFS), various advocacy groups, and several members of the Legislature have recommended the creation of a tobacco control advisory group to assure tobacco control resources are allocated effectively and to develop public-private partnerships on priority tobacco control issues and initiatives. The following provides recommendations on both the role and composition of such an advisory committee.

Role of the Secretary's Advisory Committee

First, the Committee should not be a re-creation of the Wisconsin Tobacco Control Board. The Board's charge was to establish, implement, and monitor a comprehensive tobacco prevention and control plan. The responsibility for continuing the plan established by the Board should be with the leadership and staff of DHFS. In addition, there are existing programmatic advisory and work groups with broad stakeholder participation (i.e. Media Advisory Group, Cessation Advisory Group, Local Coalition Advisory Group, etc). The Secretary's Advisory Group does not need to duplicate these programmatic processes.

However, the Secretary's Advisory Group does have the opportunity to perform three essential functions:

1) ***Review and monitor Wisconsin's annual tobacco prevention and control plan and outcomes.***

The Advisory Committee should hold Wisconsin's efforts accountable for annual plans and outcomes. The existing Monitoring and Evaluation Program, housed at the UW Comprehensive Cancer Center, can provide ongoing monitoring and evaluation information on all state programs to assure independent assessment of Wisconsin's programmatic efforts. The Advisory Committee should continue the Board function of assuring the plan is in place and outcomes are achieved, without taking on the Board's primary role in the planning, management and administration of tobacco control efforts. These functions should be the job of DHFS leadership and staff.

2) ***Identify external resources and action steps in support of the plan and related state and local policy initiatives.***

Wisconsin's programmatic and policy change efforts are most effective when done collaboratively with non-governmental partners. In addition, tobacco impacts employers, insurers, health care providers, law enforcement, and numerous other sectors. All of these groups have an interest in reducing the

1 West Wilson Street, Room B158 *P.O. Box 1190* *Madison, WI 53701-1190* *(608) 267-0944* phone *(608) 267-2832* fax

death and disease caused by tobacco. They also have access to human and material resources that could improve Wisconsin's state and local tobacco control efforts. The Advisory Committee should draw on leadership from key state partners in order to secure organizational and individual authorization and support for Wisconsin's efforts to reduce tobacco use.

*3) **Provide input on future tobacco prevention and control plans and strategies.***
External partners offer valuable recommendations and insights into the issues and interests of non-governmental sectors. The Secretary's Advisory Committee should offer questions and recommendations on emerging tobacco control strategies. These recommendations then can be filtered to and implemented by tobacco control program and policy leaders.

These collaborative functions will assure program accountability, but also foster greater organizational collaboration and ownership of Wisconsin's tobacco control efforts. This offers the potential of escalating the effectiveness and reach of Wisconsin's tobacco prevention work.

Composition of the Secretary's Advisory Committee
Recommendations on composition are meant to provide broad sector recommendations with a few guiding principles. First, the Department should carefully consider participation by any individuals or organizations funded by the State. This assures Wisconsin avoids any conflict of interest concerns that have plagued tobacco advisory boards in other states. In addition, the Department should keep Committee participation to no more than 15 members. This fosters more effective organization, dialogue, and decision-making. Finally, the Committee should have cultural, regional, and demographic diversity.

The Committee should have representation from the following sectors or institutions:
- At least one representative of a statewide health care provider association or organization;
- At least one representative of a statewide or regional hospital association or organization;
- At least one representative of a statewide or regional insurance association or organization;
- At least one representative of a state or local chamber of commerce or other business association or organization;
- At least one majority and one minority party member from the legislature;
- At least three representatives of organizations that have as their primary organizational mission reducing the health and economic impacts of tobacco use;
- The secretary of the department of health and family services or his or her designee;
- The superintendent of schools or his or her designee; and
- The attorney general or his or her designee.

This proposed membership should be considered a minimum composition, with the Department given authority to add members up to a maximum of 15 members total.

Beyond the organizational or sector representation on this Advisory Committee, the individuals on the Committee should be executive or leadership figures within their organizations. In addition, to the greatest extent possible, representatives should be authorized to commit the human and material resources of their organizations. While each organization will have internal decision-making processes and organizational parameters, the members should have the capacity to influence those organizational processes in support of Wisconsin's tobacco control efforts.

Please let me know if you have additional questions or needs.

Asbjornson, Karen

From: Joe Abhold [abhold@vaxa.cis.uwosh.edu]
Sent: Thursday, April 03, 2003 4:17 PM
To: Sen.Roessler@legis.state.wi.us
Subject: Tobacco Control in Wisconsin

Joseph J. Abhold, Ph.D.
Director, University Counseling Center
Dempsey Hall 201
University of Wisconsin Oshkosh
800 Algoma Boulevard
Oshkosh, WI 54901-8613
Phone: (920) 424-2061
Fax: (920) 424-1066

Senator Roessler,

I attended the Joint Audit Committee Hearing earlier this week. As a co-principle investigator of the UW Oshkosh smoking reduction campaign and a long time tobacco control advocate and one of your constituents, I appreciate your clear understanding of the issues and your commitment to continued effective tobacco control in the state. Although, I chose not to testify, I would like to share a couple of thoughts.

I share your concerns that DHFS must be vigilant to avoid losing the momentum that the Tobacco Control Board has generated. Wisconsin has implemented more excellent programs more quickly than most other states that received master settlement dollars. For example, at UW Oshkosh we have been contacted for consultation by many states who are *still in the planning phase* of their more comprehensive programs. I am not advocating the maintenance of the WTCB, I am attempting to outline some of the challenges faced in the transition.

Effective comprehensive tobacco control is more akin to catalyzing a social movement than managing a bureaucracy. I was concerned to hear that DHFS plans to use the one fte this new

responsibility will generate as a "media specialist", not as a specialist dedicated to carrying the totality of this effort forward. Although some efficiencies will likely be gained by the consolidation of grant oversight and program assistant functions, I cannot imagine that existing staff will be able to replace the long passionate hours the WTCB folks have been putting in. I know efficiency and a lack of duplication are valued in these difficult times, but it is important not to lose sight of *vision* and *synergy* as well. It is vital to avoid being penny rich and pound foolish - an "under-administered/under-led" 15 million dollar program is a far greater waste than $50,000 in administrative costs. I would encourage you to ensure that DHFS has the resources to manage this program, not just efficiently, but exceptionally.

I have no reason to doubt the capability or commitment of DHFS. The individual who testified seemed genuine and apprised of the importance of the task ahead - I look forward to working with them. I simply want to encourage you to help them constitute an effective board, avoid the temptation to be *too* efficient in program management and maintain the progress the state is making with this difficult challenge.

Respectfully,

Asbjornson, Karen

From: Joe Cherner [Joe@smokefree.org]
Sent: Thursday, April 03, 2003 3:42 PM
To: Joe Cherner announce list
Subject: [JoeCherner-announce]Good News: Illinois Senate nixes Philip Morris bond cap bill

****
Having watched Philip Morris for 15 years, rest assured this case isn't over yet.
To send a letter to the Illinois legislature, go to www.smokefree.org/IL
****

Good News: Illinois Senate nixes Philip Morris bond cap bill

Excerpted from Reuters, Thursday April 3, 3:49 pm ET

CHICAGO, April 3 (Reuters) - The Illinois Senate Executive Committee voted 7-3 on Thursday to reject a Philip Morris backed bill aimed at capping the amount of money Philip Morris USA must post as bond to appeal a $10.1 billion verdict in a class-action lawsuit, a spokeswoman for the Senate president said.

Without such relief, Philip Morris would have to post $12 billion to appeal the award.

Cindy Davidsmeyer, spokeswoman for Senate President Emil Jones, a Democrat from Chicago, said the measure failed in a bipartisan vote after some lawmakers made it clear they did not want to let the cigarette maker off the hook.

The bill, which would have been applied retroactively, would have given the judge in the Illinois lawsuit the ability to reduce the amount of money the company must post to appeal the verdict to 10 percent of the $10.1 billion, or about $1 billion, according to Davidsmeyer.

The Madison County Circuit Court judge had set a $12 billion appeal bond for the company.

To send a letter to the Illinois legislature, go to www.smokefree.org/IL

Joseph W. Cherner, President
SmokeFree Educational Services, Inc.
http://www.smokefree.org

"Never doubt that a small group of thoughtful citizens can change the world. Indeed, it's the only thing that ever has." Margaret Mead

To search the JoeCherner-announce archives, go to:
http://smokefree.net/JoeCherner-announce/messages

Sent to 32541 JoeCherner-announce Subscribers http://smokefree.net/JoeCherner-announce/subscribers

To unsubscribe **karen.asbjornson@legis.state.wi.us**, send any email to uns-102-124054-@smokefree.net

If you would like to help prevent another generation of tobacco addiction and disease,
go to www.SmokefreeAir.org and send a smokefree EZ-letter to a key decision maker.

Sent to **karen.asbjornson@legis.state.wi.us**

Wisconsin Medical Society

Your Doctor. Your Health.

April 7, 2003

TO: Representative Suzanne Jeskewitz
Chair, Joint Committee on Audit

Senator Carol Roessler
Chair, Joint Committee on Audit

FROM: Elizabeth Schumacher, Legislative Counsel

RE: Audit Report 03-3, An Evaluation of the Use of Tobacco Control Board Funds

Thank you for this opportunity to provide our recommendations regarding the Tobacco Control Board. The Society has been a longtime partner in tobacco control and prevention, with physicians serving on both the Smokefree Wisconsin Board and the Tobacco Control Board. On behalf of nearly 10,000 physicians, we support for the recent Tobacco Control Board audit recommendations. The Society also supports the Budget provision to transfer $15,000,000 from the Tobacco Control Board to DHFS, solely for future tobacco prevention activities.

The Society agrees that there has been unnecessary overlap in tobacco prevention and control activities in the past. DHFS has an excellent opportunity to examine what tobacco prevention programs are a priority for Wisconsin.

To promote future tobacco prevention activities, the Society offers the following recommendations which could be included in a budget amendment to support future tobacco control and prevention funding at DHFS:

1. Require by statute that DHFS have a tobacco prevention and control point person. This person must be a focal point for coordination, and have an ongoing, active relationship between the private and public sector. Allowing all parties to take part in decision-making and program implementation would make this person an excellent collaborative partner and communicator with all key stakeholders.

2. Establish, by statute, an advisory committee that oversees all tobacco prevention and control efforts under DHFS. The Department might consider including representatives from the American Cancer Society, SmokeFree Wisconsin, the Wisconsin Center for Tobacco Research Institute, the American Lung Association, the American Heart Association and the Society on the statutorily required advisory committee. We also recommend that, at minimum, one public member be appointed to this committee. We hope that the advisory committee, like the DHFS tobacco point person, will have an ongoing, active relationship between the private and public sector with groups like the Society, allowing all parties to take an equal part in prioritizing and program implementation.

3. Although many tobacco prevention activities have merit, we recognize that during these difficult times it is even more important to prioritize. The Society urges DHFS to establish youth tobacco prevention as the top priority in tobacco prevention and control. Tobacco use among youth is growing dramatically. In 2002 alone, 27% of Wisconsin middle school and high school students admitted to smoking.

330 East Lakeside Street • PO Box 1109 • Madison, WI 53701-1109 • wisconsinmedicalsociety.org • Phone 608.442.3800 • Toll Free 866.442.3800 • Fax 608.442.3802

We look forward to working with you to prevent tobacco use, decrease tobacco related illnesses, and promote the health of Wisconsin. If we can assist you in any way, please feel free to contact Alice O'Connor, Vice President at aliceo@wismed.org or Liz Schumacher, Legislative Counsel, at lizs@wismed.org. You can reach Alice or Liz at 442-3800.

Thank you in advance for your consideration.

CTRI
Center for
Tobacco Research and Intervention
University of Wisconsin Medical School

APR 11 2003

April 8, 2003

Senator Carol Roessler
Co-chairperson, Joint Legislative Audit Committee
Room 8 South
State Capitol
PO Box 7882
Madison WI 53707-7882

Representative Suzanne Jeskewitz
Co-chairperson, Joint Legislative Audit Committee
Room 314 North
State Capitol
PO Box 8952
Madison WI 53708

Dear Senator Roessler and Representative Jeskewitz:

Thank you so much for giving us the opportunity to testify at the Joint Legislative Audit Committee public hearing on Legislative Audit Bureau report 03-03, *Use of Tobacco Control Board Funds.* We appreciate the recognition by the Audit Bureau of our contributions to the comprehensive tobacco control effort in Wisconsin.

Per your request we are enclosing a copy of the report on the women's patch project entitled *Helping Wisconsin Women Quit Smoking: A Successful Collaboration*, published in the Wisconsin Medical Journal, April 2000.

Please do not hesitate to contact us if you need any further information.

Sincerely,

Michael C. Fiore, MD
Director
Center for Tobacco Research and Intervention

Lezli Redmond, MPH
Director, Education and Outreach Programs
Center for Tobacco Research and Intervention

Enclosure

1930 Monroe Street, Suite 200 • Madison, Wisconsin 53711-2027 • PHONE: 608-262-8673 • FAX: 608-265-3102 • www.ctri.wisc.edu

WISCONSIN MEDICAL JOURNAL

Helping Wisconsin Women Quit Smoking: A Successful Collaboration

Michael C. Fiore, MD, MPH, Sue Ann Thompson, Daniel L. Lawrence, PhD, Samuel Welsch, MS, Kristine Andrews, Meg Ziamik, Barbara Korberly, PharmD, Eric Englund, Ann E. Schensky, Timothy Baker, PhD

ABSTRACT

The cost of treatments for tobacco dependence frequently presents a financial barrier to their use. To overcome such barriers, the Wisconsin Women's Health Foundation, the Wisconsin Bureau of Public Health, the McNeil Consumer Healthcare, and the University of Wisconsin Center for Tobacco Research and Intervention collaborated in an initiative to distribute nicotine patches to Wisconsin women at no cost. As a result of this collaborative effort, approximately 19,000 women received a 6-week course of Nicotrol Patches. To evaluate the effectiveness of this initiative, a sample of 500 recipients were contacted and surveyed by telephone 6 months after receiving their patches. Approximately 22% of these women reported total abstinence at 6 months, and another 77% reported they had reduced their smoking. At follow-up, women who had successfully quit rated their health status significantly better than women who were still smoking. More than 99% of respondents recommended that the program be repeated. Extrapolating the observed abstinence rate to the 19,000 patch recipients, an estimated 4000 Wisconsin women successfully quit smoking as a result of this program.

INTRODUCTION

The deleterious health effects resulting from tobacco use were first widely reported over 35 years ago in the first *Surgeon General's Report on the Health Consequences of Smoking*.[1] Since that time, smoking prevalence among adults in the State of Wisconsin has declined, falling from about 45% in the early 1960s to about 25% today. This decline has varied, however, based on demographic characteristics. In particular, smoking among women has declined at a rate only about one-fourth of that observed among men.[2] As a result, an estimated 440,000 women in our state currently smoke (22% of adult women), and lung cancer mortality rates, which are declining among men, will continue to rise among Wisconsin women over the next decade.[3] In Wisconsin, more women now die from lung cancer caused by smoking each year than die from breast cancer.

More than 70% of Wisconsin smokers have expressed a desire to quit, and over one-third attempt to quit each year.[4] Unfortunately, only about 6% of those who attempt to quit each year do so successfully, in part because they try to quit on their own (i.e., "self-quit"). In contrast, recent federal guidelines[5] urge smokers to utilize brief counseling and FDA-approved pharmacotherapy such as nicotine replacement therapy (NRT) or bupropion SR in their quit attempts. Cost has been cited as one reason that smokers don't utilize these more effective treatments.[6]

To confront these barriers and help Wisconsin women quit smoking, the Wisconsin Women's Health Foundation, the Wisconsin Bureau of Public Health, McNeil Consumer Healthcare, and the University of Wisconsin Center for Tobacco Research and Intervention (UW-CTRI), collaborated on an initiative designed to distribute nicotine patches at no cost to women in Wisconsin who were motivated to quit. This paper describes the results of that initiative.

METHODS

In December 1998, approximately 800,000 Nicotrol Patches were donated by McNeil Consumer Healthcare as a non-restricted grant to the UW-CTRI. The patches were then bundled into approximately 19,000 nicotine patch kits, each consisting of a 6-week course of patch therapy consistent with FDA approved labeling. In collaboration with the Wisconsin Women's Health Foundation and the Wisconsin Bureau of Public Health, UW-CTRI embarked on an effort to distribute these kits free of charge to Wisconsin women.

Each patch kit contained forty-two 15 mg nicotine patches, a 6-week course of treatment. This included a starter kit consisting of 2 weeks of patches packaged with an informational audio cassette and 2 refill kits containing patches for the remaining 4 weeks. In addition to the package insert instruction sheet, a pamphlet entitled "You can stop smoking," published by the United States Agency for Health Care Policy and Research (AHCPR),[7] was provided to recipients.

Authors are with the Center for Tobacco Research and Intervention, Department of Medicine, University of Wisconsin Medical School. Reprint requests to Michael Fiore, MD, MPH, Center for Tobacco Research and Intervention, University of Wisconsin Medical School, 7278 Medical Sciences Center, 1300 University Ave, Madison, WI 53706-1532; 608.262.8673

Finally, information on other women's health issues including breast cancer, osteoporosis, domestic violence, depression and cardiovascular disease, was provided by the Wisconsin Women's Health Foundation.

Over a 2-day period in February, 1999, Sue Ann Thompson, First Lady of the State of Wisconsin and President of the Wisconsin Women's Health Foundation, and Dr. Michael Fiore, Director of the UW Center for Tobacco Research and Intervention, traveled to the five health regions of Wisconsin (Northern-Rhinelander, Northeastern-Green Bay, Southeastern-Milwaukee, Central-Madison, and Western-La Crosse) to promote the availability of the nicotine patch program at no cost to women who wanted to stop smoking. These announcements were made in concert with local health officials. In each health region, a news conference was held, resulting in extensive television, radio, and local print media coverage of the program. These news conferences also provided information regarding locations where patches were available for pick-up. The patch kits were available at the county health offices of each region and at other health-care settings. Prior to accepting the nicotine patches, the women were asked to read and sign a data sheet that included demographic information, confirmation of being at least 18 years of age, a recommendation to use the patches only as described in the instructions included in the patch boxes, specific instructions to not use the patches if pregnant and to not smoke while using the patches, and permission to contact them 6 months later for a follow-up survey.

About 19,000 Nicotrol Nicotine Patch kits were distributed and approximately 5000 participants returned data forms to the UW-CTRI where the information was entered into a data base including health region information based on address zip codes. This low return rate of the data forms was primarily a result of the forms not being available at many patch distribution sites and incomplete mailing of the data forms to the UW - CTRI. A random sampling procedure was then used to obtain 100 successful telephone follow-up contacts per region. A total of 500 surveys were completed statewide.

Follow-up contact was made by telephone. Five unsuccessful attempts at telephone contact were made before selecting another participant. To obtain 500 successfully completed surveys, contact with 727 randomized individuals was attempted. From those attempts, 227 individuals were not successfully contacted because of no answer after 5 attempts (42%), disconnected service (22%), moved (15%), or refusal (14%). Participants were queried regarding their past and current tobacco use. They also were asked about their use of the free nicotine patches and their perception of their usefulness in promoting smoking cessation.

Table 1. Sociodemographic data.

Age (years)	N	(%)
< 20	4	(0.8)
20-29	73	(14.6)
30-39	137	(27.4)
40-49	149	(29.8)
50-59	84	(16.8)
60-69	40	(8.0)
70+	13	(2.6)
Total	500	(100)
Race/Ethnicity	**N**	**(%)**
White	484	(97.0)
Hispanic	1	(0.2)
Native American	5	(1.0)
African American	8	(1.6)
Asian	0	(0)
Other	499	(100)
Education	**N**	**(%)**
< High School	34	(6.8)
High School Degree	255	(51.2)
Some College	163	(32.7)
College Degree	46	(9.2)
Total	498	(100)

Means, standard deviations, and percentages were computed for the overall sample. For selected comparisons involving continuous-level variables, two-sided t-tests were computed to test for differences between groups. When an independent sample t-test was used, equal variances were not assumed. Significance was considered to be achieved at $p<0.01$.

RESULTS

There was a high response rate to the statewide announcements of the patch program. Ultimately, more than 19,000 nicotine patch kits were distributed to Wisconsin women, with about 90% of those kits picked-up within 30 days of the initial announcements. Data forms were received from 5162 recipients (27%), giving UW-CTRI permission to obtain follow-up information. Of these women, 500 (100 from each of the five health regions) were then surveyed by telephone at 6 months.

Sociodemographic data for the 500 respondents is presented in Table 1. Most respondents were between age 20 and 59 with the average age of 43 years. Ninety-seven percent of respondents were white and almost 60% had a high school education or less. Over 50% lived in households where children resided.

The average number of years participants had smoked was 23 (Table 2). Most women smoked between 10 and 20 cigarettes per day, (mean = 22 cigarettes per day). Over 85% of the women had previously attempted to quit smoking, with almost half reporting 3 or more previous quit attempts. Prior to

Table 2. Smoking History

Year Smoked (years)	years	(%)
< 10	62	(12.4)
10-19	115	(23.0)
20-29	167	(33.4)
30-39	91	(18.2)
40-49	50	(10.0)
50-59	13	(2.0)
60-69	2	(0.4)
Total	500	(100)
No. of Cigarettes Per Day, Prior to Receiving Patches	**cigs/day**	**(%)**
< 10	23	(4.6)
10-20	347	(69.4)
21-30	72	(14.4)
31-40	45	(9.0)
> 40	13	(2.6)
Total	500	(100)
Previous Quit Attempts	**attempts**	**(%)**
0	66	(13.2)
1	94	(18.8)
2	96	(19.2)
3	98	(19.6)
4	44	(8.8)
5	33	(6.6)
6-9	23	(4.6)
10+	46	(9.2)
Total	500	(100)
Urged by Healthcare Provider to Quit	**N**	**(%)**
Yes	282	(56.7)
No	215	(43.3)
Total	497	(100)

Table 3. Utilization of Nicotine Patches, Remaining Patches, and Counseling

ALL SUBJECTS		
Utilized Patches	**N**	**(%)**
Yes	417	(83.4)
No	83	(16.6)
Total	500	(100)
Abstinent at Follow-Up	**N**	**(%)**
Yes	109	(21.8)
No	388	(78.1)
Total	497	(100)
SUBJECTS STILL SMOKING		
Any Patches Left	**N**	**(%)**
Yes	283	(73.1)
No	104	(26.9)
Total	387	(100)
Planned to Use Remaining Patches for a Later Quit Attempt	**N**	**(%)**
Yes	253	(90.0)
No	28	(10.0)
Total	281	(100)
Would Free Counseling be Important in Making Another Quit Attempt	**N**	**(%)**
Yes	166	(44.5)
No	207	(55.5)
Total	373	(100)

picking up the patches, only 56.7% of the women reported that they had been urged by a health care provider to stop smoking.

Of the 500 women surveyed, 83.4% reported that they had used the nicotine patch kit patches; 21.8% (109 women) reported that they were totally abstinent from smoking at 6 months.

Of the 387 women surveyed who were still smoking, 283 (73.1%) reported having some nicotine patches left. Among these, 253 women (90%) stated they planned to use the remaining patches during a future quit attempt. Of the 373 women who responded to this query, free counseling was considered important by 144 women (44.5%).

A number of factors were associated with successful cessation. Individuals who successfully quit used the patch for a longer period of time than women who were smoking at 6 months (means = 4.8 versus 3.4 wks, respectively, $p<0.001$) (Table 4). In addition, successful quitting was associated with improved self-reported health status. At follow-up, women who had successfully quit rated their health significantly better than did women who were still smoking (7.4 versus 8.0, respectively, on a scale where 1 is poor and 10 is excellent, $p<.001$). Both groups had reported similar health ratings at baseline. Finally, women who were still using tobacco at 6 months reported that their smoking had declined significantly since the program had begun (from mean of 22.2 at baseline to 16.4 at 6 months, $p<.001$).

Participant satisfaction with the program is shown in Table 5. Overall satisfaction was high with a large majority of recipients reporting that the free nicotine patch program helped them make a quit attempt (87.6%). Almost everyone indicated that she would recommend the program to friends and that the free nicotine patch program should be repeated in the future (99.0% and 98.8% respectively).

DISCUSSION

In an innovative program designed to encourage smoking cessation among women, the Wisconsin Women's Health Foundation, the Wisconsin Bureau of Public Health, McNeil Consumer Healthcare, and the University of Wisconsin Medical School's Center for Tobacco Research and Intervention collaborated in an effort to distribute 19,000 Nicotrol Patch treatment kits at no cost to Wisconsin women who wanted to quit smoking. Among a sample of 500 of these women contacted 6 months later, approximately 22% reported they had successfully quit smoking. Extrapolating this cessation rate to the total population of program participants, approximated 4,000 Wisconsin women quit smoking as a result of this program. The 21.8% cessation rate achieved by these women compares very favorably

with nicotine patch success rates reported in the literature [8] and is markedly better than success rates achieved when individuals attempt to quit on their own. Another notable finding was that women who had not successfully quit reported that they had decreased the number of cigarettes they smoked each day (from an average of 22.2 to 16.4 cigarettes per day). If sustained, this decrease might be beneficial in two ways; first, it might decrease the health risks from tobacco use that are related to smoking rate; second, this decrease may increase women's success in subsequent quit attempts.

The program particularly targeted socioeconomically disadvantaged women for whom cost barriers may prevent the purchase of effective therapies such as the nicotine patch. While we did not collect data on the economic status of participants, most patch recipients had a high school education or less, a factor correlated with lower income. Moreover, 50% of patch recipients had at least one child in their household, suggesting that the health benefits of such a program may extend to the smoker's family.

This program also provides population-based experience regarding interest in adjuvant counseling as well as the effectiveness of the nicotine patch when used without formal counseling. While it has been documented that intensive counseling improves cessation outcomes when used with nicotine patches, many smokers have been unwilling to participate in such counseling.[8] In this program, about half of Wisconsin women reported that they would be receptive to cessation counseling if it was readily available.

Survey data also documented that women who successfully quit were more likely to have used the patches for a longer period of time. This dose-response finding was observed for this population of women who were given enough patches to last 6 weeks. Previous data suggest that no increased therapeutic benefit is observed when patch treatment is extended beyond 8 weeks.[8]

Over 85% of the women surveyed had made at least 1 and almost 50% had made at least 3 quit attempts prior to participating in this program. A history of frequent unsuccessful smoking cessation attempts has been commonly reported in the literature.[9,10] These data attest to the nicotine dependence of the women who participated in this research.

The results also highlight a previously reported lost opportunity–the lack of universal intervention by health care providers with smokers during their health care visits. It has been well documented that even brief counseling from a health-care provider can increase smoking cessation rates significantly.[11] It was disappointing to note in this survey that only 56.7% of patch recipients reported ever being urged to stop smoking by a health-care provider. Research suggests that both clinician education as well as institutional changes (such as recording smoking status with the vital signs[5]) can increase clinician intervention rates.

Table 4. Comparison of Time of Patch Use, Quit Time, Cigarettes Per Day, and Ratings of Current Health. (* p< .001; Non-Smokers compared to Smokers for - Time of Patch Use, Quit Time, and Rating of Current Health; Past Week compared to Prior To Program for - Cigarettes Per Day of Smokers)

	Non-Smokers	Smokers
Time of Patch Use (wks)	4.8* wks	3.4 wks
(Respondants: Non-smk 103, Smk 311)		
Quit Time (wks)	18.5* wks	4.6 wks
(Respondants: Non-smk 103, Smk 312)		
Cigarettes Per Day		
Past Week	0 cig/ day	16.4* cig/day
Prior To Program	22.0 cig/ day	22.2 cig/day
(Respondants: Non-smk 109, Smk 388)		
Rating of Current Health		
10 pt. scale; 1=poor, 10=good	8.0*	7.4
(Respondants: Non-smk 109, Smk 388)		

Table 5. Participant Satisfaction

Do You Feel the Free Patches Helped You Make a Quit Attempt	N	(%)
Yes	366	(87.6)
No	52	(12.4)
Total	418	(100)
Did the Free Patches Help Reduce Your Smoking	**N**	**(%)**
Yes	364	(87.5)
No	52	(12.5)
Total	416	(100)
Would You Recommend the Program to Your Friends	**N**	**(%)**
Yes	495	(99.0)
No	5	(1.0)
Total	500	(100)
Should We Run the Program Again	**N**	**(%)**
Yes	494	(98.8)
No	6	(1.2)
Total	500	(100)

Overall, the participants expressed strong satisfaction with this free nicotine patch program. Greater than 97% indicated they would recommend the program to their friends and that the program should be repeated in the future. In addition, over 85% indicated that the program had helped them to make a quit attempt or reduce their previous level of smoking.

Certain limitations of the study should be highlighted. First, the population surveyed was homogeneous from a racial and ethnic perspective; more than 95% were white. Therefore, it would be inappropriate to generalize these findings to non-white populations. Second, data forms providing demographic information

and permission to follow-up were received only from about 27% of the 19,000 women who picked up free patches. This may have resulted in a selection bias as this group of patch recipients may have differed in a systematic way from other patch recipients or smokers in general. Third, follow-up was possible only among those patch recipients who had access to a home telephone. However, this impact would be modest as over 97% of the occupied housing units in Wisconsin has one or more telephones. In addition, the women who were available for the phone follow-up surveys may have differed from women who could not be contacted. Finally, no biochemical verification of abstinence was used in this study. Research suggests that people may modestly over-report abstinence in the absence of biochemical verification.

In summary, a collaborative effort between the Wisconsin Women's Health Foundation, the Wisconsin Bureau of Public Health, McNeil Consumer Healthcare, and the University of Wisconsin Medical School's Center for Tobacco Research and Intervention resulted in the distribution of Nicotrol Patch kits at no cost to over 19,000 women in Wisconsin. As a result, an estimated 4000 women successfully quit smoking. In addition, women who were not abstinent had significantly reduced the amount that they smoked. The vast majority of women were very satisfied with this initiative and wanted the program repeated.

ACKNOWLEDGMENTS

The co-authors would like to acknowledge the important contributions to this project provided by Jane Algiers, Project Manager, and the five Wisconsin Regional Health Office Directors: Yvonne Eide (Madison-Central), Larry Gilbertson (Eau Claire-Western), Dennis Hibray (Green Bay-Northeastern), Robert Harris (Milwaukee-Southeastern), and Terri Timmers (Rhinelander-Northern).

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State of Wisconsin
Department of Health and Family Services

Jim Doyle, Governor
Helene Nelson, Secretary

April 10, 2003

The Honorable Robert L. Cowles
Wisconsin State Senator
Room 123 South, State Capitol
P.O. Box 7882
Madison, WI 53707-7882

Dear Senator Cowles:

Thank you for your letter regarding the State's tobacco prevention and control efforts. As you know, the Governor's budget proposal consolidates administration of a wide range of prevention and cessation programs in the Department of Health and Family Services to ensure effectiveness, efficiency, and accountability. I welcome the opportunity to bring together the efforts of the Department and the Tobacco Control Board in this vital task.

Our decisions in this area will be guided by a number of important principles. First, we will seek to use our resources efficiently by eliminating overlapping or conflicting activities. Second, tobacco control activities will be given a high priority and high profile within the Department. Third, we will establish an advisory body representing a range of stakeholders. Fourth, we will strive to coordinate the legislatively directed grants such as Thomas Melvin with our other tobacco control activity. Finally, we will regularly evaluate the effectiveness of all program activity.

I appreciate your interest and welcome your recommendations regarding the future of tobacco control in Wisconsin.

Sincerely,

Helene Nelson
Secretary

Seaquist, Sara

From: Asbjornson, Karen
Sent: Tuesday, April 15, 2003 8:40 AM
To: Driedric, Michael; Jermstad, Sara; Seaquist, Sara
Subject: FW: Wisconsin Wins and Saving $10 million in Precious TreatmentDollars

Karen Asbjornson
Office of Senator Carol Roessler
(608) 266-5300/1-888-736-8720
Karen.Asbjornson@legis.state.wi.us

-----Original Message-----
From: Kenneth Baldwin [mailto:baldwk@dhfs.state.wi.us]
Sent: Monday, April 14, 2003 3:46 PM
To: dde@paxis.org
Cc: Keith Lang; Sinikka McCabe; Gary Nelson; Miriam Willmann; sen.roessler@legis.state.wi.us
Subject: Re: Wisconsin Wins and Saving $10 million in Precious TreatmentDollars

Sinikka, I certainly am available to meet.

>>> "Dennis D. Embry" <dde@paxis.org> 04/10/03 02:07PM >>>
Dear Mr. Munson:

Several weeks, ago we were to meet in Madison at the request of Sinnika McCabe to talk about Wisconsin Wins*the evidence based practice that saved the state $10 million in treatment funds by bringing the state back into compliance with lower illegal sales of tobacco. Unfortunately, the scheduling got crossed between offices at DHFS, and we did not have the pleasure of meeting. The next day, Senator Roessler had scheduled me to present for the whole day for the state council in Milwaukee to completely full room on the scientific advances that could save the state very large amounts of money.

You may recall the Synar problem in which the state had to spend $3 million because of the illegal tobacco sales rates, and that the Wisconsin Wins effort (using evidence based practices) brought that down very rapidly (two months) so that the $10 million loss of treatment dollars was stopped. Thank God. The loss of 40% of the treatment dollars in Wisconsin could have been catastrophic.

This problem of Synar happened essentially because no money was put into to it other than the federally mandated survey and one staff member*only some

$74K (which is federal money). The Tobacco Control Board (based on the legislative audit) put in NO money for youth access. Illegal sales of tobacco skyrocketed.

In Wisconsin, we are about to repeat history in some sort of very bad instant replay.

The new budget pegs tobacco access efforts back to the $74k. Now some very good scientists have studied this issue of youth access; without the Wisconsin Wins, the rates of illegal sales will bounce back up again to over 20%. Then, the state will face again the very bad choice from the Feds of spending $3 million or loosing $10 million, just when there is even less money to change light bulbs in Wisconsin. The pain will be very bad, with a lot of finger pointing. Since a large percentage of the money goes for treatment in the greater Milwaukee area, a great deal of noise will happen*and, there will be more crime, sexual violence, more narcotics, etc.
All this can be predicted quite well based on reputable science. The net outcome could be quite adverse for the Governor and DHFS. One can imagine the headlines.

There are two ironies here. First, Wisconsin Wins (using the Legislative Audit as a guidepost) is the most evidence-based, performing tobacco control strategy*which wasn't even supported by the Tobacco Control Board funds.
Second, it is a piece of cake to support the continuation of Wisconsin Wins.

The ongoing costs of Wisconsin Wins (which is mostly community coalition contracts) is about $600K (plus some yet to be determined media, say about $500)*which helps assure the $10 million. The cost of operation of Wisconsin Wins can virtually be paid for by the savings in administrative costs from bringing the Tobacco Control Board back into DHFS. Even better, Wisconsin Wins is extremely efficient in producing results. It only takes about $600K + $500K for media to maintain versus the recommended $2.3 to $4.5 million using a more standard enforcement option in the CDC guidelines.

Another concern. There is some discussion moving the the tobacco access enforcement efforts out of the division in charge of treatment. This could present a problem. Tobacco access is not likely to be an administrative priority because alternative agencies have nothing to lose and have no constituency for reduced access. The treatment side is the entity at risk*$10 million on the betting line. It makes sense to keep the Synar activities linked to the entities at risk, or to make the other agency completely accountable for the loss of the money (e.g., the $3 million

or
$10 million) is transferred out of their budget to cover the loss to Sinika's shop. This would be a sort
of performance bond.

DHFS has paid us to advise the Department on a plan to save the $10 million
very quickly. We prepared the plan and the strategies. The plan worked.
Knowing the research on these issues quite well and the creeping serious
indicators of drug use in Wisconsin, I would be remise in my responsibility
to you (our client) in failing to advise you and the Secretary about about a
course of action that could be extremely hazardous. The state has more than
sufficient resources to implement the the scientifically validated, Wisconsin proven strategy in Wisconsin Wins. The funds can be utilized from
the re-incorporation of the Tobacco Control Board funds*certainly a prudent
course based on the Legislative Audit, certain adverse outcomes for not
doing so, good science and political sense.

I am happy to share the information with you about the results or strategies. My cell phone is 520-907-0067. I have taken the liberty of
copying the email to DHFS folks who know about this effort in detail and
Senator Roessler in her capacity of chair of the state advisory board on
substance abuse.

Sincerely,

Dennis Embry

Dr. Dennis D. Embry
President/CEO
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Seaquist, Sara

From: Asbjornson, Karen
Sent: Thursday, April 10, 2003 2:12 PM
To: Seaquist, Sara; Jermstad, Sara; Driedric, Michael
Subject: FW: Wisconsin Wins and Saving $10 million in Precious Treatment Dollars
Importance: High

CR email

Karen Asbjornson
Office of Senator Carol Roessler
(608) 266-5300/1-888-736-8720
Karen.Asbjornson@legis.state.wi.us

-----Original Message-----
From: Dennis D. Embry [mailto:dde@paxis.org]
Sent: Thursday, April 10, 2003 2:07 PM
To: Kenneth Munson
Cc: Carol Roessler; Sinikka McCabe; Gary Nelson Gary Nelson; Miriam Willmann; Keith Lang
Subject: Wisconsin Wins and Saving $10 million in Precious Treatment Dollars
Importance: High

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