

## **An Evaluation**

# **Use of Tobacco Control Board Funds**

### **2003-2004 Joint Legislative Audit Committee Members**

#### **Senate Members:**

Carol A. Roessler, Co-chairperson  
Robert Cowles  
Alberta Darling  
Gary George  
Dave Hansen

#### **Assembly Members:**

Suzanne Jeskewitz, Co-chairperson  
Samantha Kerkman  
Dean Kaufert  
David Cullen  
Mark Pocan

---

## LEGISLATIVE AUDIT BUREAU

The Bureau is a nonpartisan legislative service agency responsible for conducting financial and program evaluation audits of state agencies. The Bureau's purpose is to provide assurance to the Legislature that financial transactions and management decisions are made effectively, efficiently, and in compliance with state law and that state agencies carry out the policies of the Legislature and the Governor. Audit Bureau reports typically contain reviews of financial transactions, analyses of agency performance or public policy issues, conclusions regarding the causes of problems found, and recommendations for improvement.

Reports are submitted to the Joint Legislative Audit Committee and made available to other committees of the Legislature and to the public. The Audit Committee may arrange public hearings on the issues identified in a report and may introduce legislation in response to the audit recommendations. However, the findings, conclusions, and recommendations in the report are those of the Legislative Audit Bureau. For more information, write the Bureau at 22 E. Mifflin Street, Suite 500, Madison, WI 53703, call (608) 266-2818, or send e-mail to [Leg.Audit.Info@legis.state.wi.us](mailto:Leg.Audit.Info@legis.state.wi.us). Electronic copies of current reports are available on line at [www.legis.state.wi.us/lab/windex.htm](http://www.legis.state.wi.us/lab/windex.htm).

---

State Auditor - Janice Mueller

### Audit Prepared by

Don Bezruki, Director and Contact Person  
Dean Swenson  
Joanna Balsamo-Lilien  
Tim Coulthart  
David Miller  
Kellie Monroe  
Jeffrey Ripp  
Conor Smyth

# CONTENTS

---

<b>Letter of Transmittal</b>	<b>1</b>
<b>Report Highlights</b>	<b>3</b>
<b>Introduction</b>	<b>9</b>
Board Funding Sources	11
Tobacco Use in Wisconsin	12
Tobacco Control Program Models	14
California Model	16
<b>Tobacco Control Board Budget and Expenditures</b>	<b>17</b>
Budget	17
Expenditures	20
CDC-Recommended Funding Levels	23
<b>Program Outcomes</b>	<b>25</b>
UW-Madison Center for Tobacco Research and Intervention	25
Wisconsin Tobacco Quit Line	29
Regional Outreach	31
Mini-Grants	32
Wisconsin Women's Health Foundation	34
Adult Tobacco Use Survey	35
Medical College of Wisconsin	36
Expenditures	36
Project Outcomes	38
Board Projects	41
<b>Future Considerations</b>	<b>45</b>
Determination of Funding	46
Coordination of Tobacco Control Activities	48
Monitoring and Evaluation	50
Balancing Prevention and Cessation Efforts	52
Fiscal Oversight	53

## Appendix

### Appendix 1—Programs Funded by the Tobacco Control Board

#### Responses

From the Tobacco Control Board

From UW-Madison Center for Tobacco Research and Intervention

From the Medical College of Wisconsin



State of Wisconsin \ LEGISLATIVE AUDIT BUREAU

JANICE MUELLER  
STATE AUDITOR

22 E. MIFFLIN ST., STE. 500  
MADISON, WISCONSIN 53703  
(608) 266-2818  
FAX (608) 267-0410  
Leg.Audit.Info@legis.state.wi.us

February 27, 2003

Senator Carol A. Roessler and  
Representative Suzanne Jeskewitz, Co-chairpersons  
Joint Legislative Audit Committee  
State Capitol  
Madison, Wisconsin 53702

Dear Senator Roessler and Representative Jeskewitz:

We have completed an evaluation of the University of Wisconsin-Madison Center for Tobacco Research and Intervention and the Medical College of Wisconsin, as required by 1999 Wisconsin Act 9, and of the Wisconsin Tobacco Control Board. The Board was created in fiscal year (FY) 1999-2000 and is responsible for administering a statewide tobacco control program. It does so by providing grants to fund anti-tobacco projects, including its own and those operated by the Center and the Medical College.

There has been considerable debate about what the appropriate funding level for the Board should be. From FY 1999-2000 through FY 2002-03, the Legislature appropriated \$45.0 million. When considering the 2003-05 biennial budget, we suggest the Legislature take into account all ongoing tobacco control activities in Wisconsin, including those not controlled by the Board, and decide how best to coordinate the State's tobacco control activities.

In recent years, Wisconsin has experienced decreases in smoking rates, which some believe have been influenced by the Board's tobacco control efforts. Nevertheless, Wisconsin's rates remain above national averages. Furthermore, when outcomes are measured against individual program goals, the results of the projects have been mixed. Two of the Center's five projects report that they achieved all of their stated objectives, but three others achieved only some. Similarly, 10 of the Medical College's 19 research projects funded in FY 2000-01 were at least partially successful, but 8 were not, and data were incomplete for the remaining project.

In August 2002, the Board approved \$15.9 million in anti-tobacco grants for calendar year 2003. We include a recommendation that the Board restrict future funding to projects that have achieved their goals as determined by objective analyses.

We appreciate the courtesy and cooperation extended to us by the Board, the Center, and the Medical College. Their responses follow Appendix 1.

Respectfully submitted,

Janice Mueller  
State Auditor

JM/DB/ss

## Report Highlights ■

**The Board spent  
\$26.2 million from  
FY 1999-2000 through  
FY 2001-02.**

**Some tobacco control  
projects have been  
successful, others  
less so.**

**Tobacco control  
projects statewide  
sometimes duplicate  
efforts.**

**The Board should  
ensure it funds  
effective tobacco  
control projects.**

1999 Wisconsin Act 9 created the Wisconsin Tobacco Control Board in October 1999 to administer a statewide tobacco control program. The Legislature appropriated a total of \$45.0 million to the Board for the four-year period from fiscal year (FY) 1999-2000 through FY 2002-03. The Board funds various statewide and local tobacco control projects. Most projects are funded through a competitive grant process, but the Board is required by statutes to annually distribute \$2.0 million to the Thomas T. Melvin Youth Tobacco Prevention and Education Program within the Department of Health and Family Services (DHFS), \$1.0 million to the University of Wisconsin (UW) Madison Center for Tobacco Research and Intervention, and \$500,000 to the Medical College of Wisconsin. The Board does not control how these three entities spend the funds.

1999 Wisconsin Act 9 required the Legislative Audit Bureau to review how the Center and the Medical College used the Board's funds. In addition, we examined other Board-funded tobacco control projects. We analyzed:

- the Board's expenditures from FY 1999-2000 through FY 2001-02;
- the types of projects that the Board supported; and
- the success that Board-funded projects have had in achieving their stated goals.

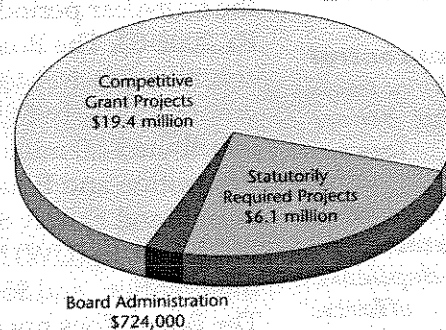
## Board Expenditures

Currently, the Board is supported by funds the State received from the November 1998 Master Settlement Agreement with tobacco manufacturers. In May 2002, the State securitized its annual tobacco settlement payments and spent the resulting \$1.3 billion. Therefore, beginning in FY 2003-04, tobacco funds will no longer be available to fund the Board.

As shown in Figure 1, the Board spent \$26.2 million from FY 1999-2000 through FY 2001-02, including \$19.4 million on competitive grant projects, \$6.1 million on the three statutorily required programs, and \$724,000 on administration. Grant projects included an anti-tobacco media and counter-marketing campaign, and community coalitions organized by local public health departments.

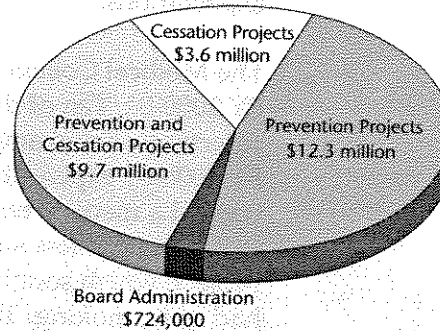
Figure 1

### Board Expenditures



The Board's FY 1999-2000 through FY 2001-02 expenditures focused on prevention projects, cessation projects, and a combination of prevention and cessation projects, as shown in Figure 2.

Figure 2

**Focus of Expenditures****Project Outcomes**

When measured against their individual program goals, the outcomes of projects have been mixed. Two of the Center for Tobacco Research and Intervention's five projects achieved their objectives. One of these successful projects is the Wisconsin Tobacco Quit Line, a toll-free telephone service that provides cessation information and counseling. The Quit Line is the most expensive of the Center's Board-funded projects, with expenditures of \$1.5 million from FY 1999-2000 through FY 2001-02. From May 2001 through June 2002, the Quit Line received more than 24,000 calls.

The Center's successful regional outreach project employed six regional outreach specialists to help health care providers, schools, and community organizations implement tobacco cessation strategies. In December 2001, the Center reported that its regional outreach specialists had trained more than 5,000 Wisconsin health care providers in cessation strategies; sent cessation information to more than 3,000 primary care physicians in cooperation with the State Medical Society; clarified cessation benefits with each of the health maintenance organizations participating in the Medical Assistance and BadgerCare programs; and promoted the Quit Line and other local resources. Project expenditures were \$1.0 million from FY 1999-2000 through FY 2001-02.



The Center's three other projects, for which expenditures totaled \$667,000, achieved only some of their objectives. For example, through FY 2001-02, the Center spent \$357,400 for a survey to measure adult tobacco use. Because of difficulties with the survey instrument and unexpected results, data did not meet initial expectations.

The Medical College spent \$500,000 for 19 research projects in FY 2000-01. Ten of these projects accomplished at least some of their objectives. For example, the Smoking Cessation Clinic, for which FY 2000-01 expenditures were \$106,000, assessed 155 patients and trained a medical resident and an intern in smoking cessation techniques. A less successful project was the \$9,000 Stress Kit project, which sought to reduce relapse rates among women who had quit smoking. This project planned to recruit 100 women but enrolled only 12.

Outcomes of the Board's competitive grant projects, for which expenditures totaled \$19.4 million over the past two fiscal years, have been similarly mixed. For example, the Media and Counter-marketing project, which spent \$6.8 million through FY 2001-02, resulted in greater recall of anti-tobacco messages and knowledge about tobacco industry advertising practices. Another project, which is one of two Young Adult Pilot studies, aimed to reduce smoking rates among UW-Oshkosh students by 4.0 percent but reported achieving a reduction rate of 29.0 percent. That project's expenditures were \$216,000 through FY 2001-02.

In contrast, several competitive grant projects encountered difficulties in meeting their objectives because they were unable to recruit enough participants. For example, a second Young Adult Pilot study project to serve 18- to 24-year olds in the workplace anticipated 75 to 100 participants; however, only 12 participants stayed in the study for the six-month period intended to measure cessation rates. Six of these 12 participants were not smoking when the evaluation ended. The program's expenditures through FY 2001-02 were \$94,000.

The number of participants in the Wisconsin Ethnic Network project is unknown, and this competitive grant project did not accomplish its goal to implement tobacco control strategies during the first year of its contract with the Board, which ended in March 2002. Instead, efforts and expenditures were related to building coalitions and developing culturally appropriate advertising materials. The project had expenditures of \$551,300 through FY 2001-02.

## Project Coordination

The Board has no authority to direct the activities of the Center, the Melvin Program, or the Medical College. In addition, other state programs that are not funded or controlled by the Board, including programs in DHFS and the Department of Public Instruction, have tobacco control elements. Although the Board has attempted to informally coordinate tobacco control activities, some projects have duplicated efforts. We provide suggestions for improving project coordination.

The Board has not always acted consistently in determining grant periods, monitoring expenditures, and allowing competitive grant recipients to purchase cessation medication. We provide two recommendations for improving the Board's management of its competitive grants.

## Project Evaluations

The Board requires the projects it funds through the competitive grant process to collect information about project effectiveness. For 2003, it approved additional funding for all competitive grant projects that had previously received funding, as well as for three new projects. The Board has contracted with the UW Comprehensive Cancer Center to monitor and evaluate tobacco control efforts and statewide smoking rates and attitudes, and to assist local coalitions in evaluating their programs. Through December 2002, the Monitoring and Evaluation Program established under this contract has focused on monitoring activities rather than on evaluating results. The UW Comprehensive Cancer Center plans to complete evaluation reports for the Board's projects in spring 2003.

## Recommendations

Our recommendations address the need for the Wisconsin Tobacco Control Board to:

- use the Monitoring and Evaluation Program's reports to assist it in making decisions about which projects should receive continued funding (*p. 52*);
- 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 (*p. 52*); and

- 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 (p. 53).

## Matters for Legislative Consideration

The Legislature will need to decide funding for the 2003-05 biennium. For example, it could allocate:

- \$25.0 million annually, the amount stipulated in 2001 Wisconsin Act 109;
- less than the \$15.3 million the Board received in each year of the current biennium; or
- \$15.0 million annually, as proposed by the Governor.

The Legislature could also consider ways to improve coordination among the State's anti-tobacco efforts. For example, it could give the Board explicit authority to determine how the Melvin Program, the Center, and the Medical College spend the Board's funds, or consider the Governor's proposal to eliminate the Board and consolidate efforts within DHFS.

■■■■

## Introduction ■

**The Legislature created  
the Tobacco Control  
Board to administer a  
statewide program.**

1999 Wisconsin Act 9 created the Wisconsin Tobacco Control Board to:

- administer a statewide tobacco control program;
- provide a forum for the discussion, development, and recommendation of public policy alternatives related to smoking cessation and prevention; and
- serve as a clearinghouse for information on tobacco issues.

The Board's \$45.0 million appropriation for the four-year period from FY 1999-2000 through FY 2002-03 has been funded by the State's November 1998 Master Settlement Agreement with tobacco manufacturers. For the three-year period from FY 1999-2000 through FY 2001-02, the Board spent \$26.2 million on anti-tobacco projects. As noted, the Board is statutorily required to distribute funds to the UW-Madison Center for Tobacco Research and Intervention, the Thomas T. Melvin Youth Tobacco Prevention and Education Program within DHFS, and the Medical College of Wisconsin. In addition, statutes provide that the Board may distribute competitive grants to projects that support its own tobacco control efforts.

Board members are appointed by the Governor and currently number 17: 6 medical professionals, 2 legislators, 3 businesspeople, 2 local government officials, the State Superintendent of Public Instruction, a high school student, an academician, and a private foundation staff member. The Board is attached to DHFS for administrative purposes. It is authorized four full-time equivalent

staff positions and currently employs an executive director, a contract specialist, a public health educator, and two part-time program assistants. Prior to 2002, it employed two staff.

In September 2000, the Board adopted seven statewide anti-tobacco goals that it wants to achieve by 2005. Using 2000 information as a baseline, its goals are to:

- reduce tobacco use among middle and high school youth by 20 percent;
- reduce tobacco use among adults by 20 percent;
- reduce tobacco consumption by 20 percent;
- have 100 municipalities establish smoke-free restaurant ordinances;
- have 100 percent of municipalities establish smoke-free government-owned buildings;
- have 90 percent of workplaces establish smoke-free environments; and
- have 70 percent of homes establish smoke-free environments.

The Board's members were appointed and an executive director was hired during 2000. In January 2001, the Board implemented its tobacco control program, as required by statutes, principally by funding a variety of competitive grants for anti-tobacco projects throughout the state. A time line of major events in the creation of the Board is shown in Table 1.

Table 1

#### Time Line of Major Events in the Creation of the Tobacco Control Board

October 1999	Board created by 1999 Wisconsin Act 9
March 2000	Board members appointed by the Governor
March 2000	Executive director hired
May 2000	Board members met for the first time
September 2000	Board completed its 2001 Strategic Plan
December 2000	Contract negotiations completed for competitive grants
January 2001	Tobacco control program implemented

Nonstatutory language in 1999 Wisconsin Act 9, s. 9131(b), required the Legislative Audit Bureau to conduct financial reviews that examine the use of tobacco control funds that the Board provided to the Center and the Medical College. Therefore, we analyzed:

- the Board's expenditures from FY 1999-2000 through FY 2001-02, including expenditures provided to the Center and the Medical College;
- the types of projects that the Board supported; and
- the success that Board-funded projects had in achieving their stated goals.

In conducting our current review, we spoke with staff of the Board, the Center, and the Medical College, as well as others who are responsible for the State's tobacco control projects; reviewed tobacco control models developed by the Centers for Disease Control and Prevention (CDC) and other states; analyzed tobacco control expenditures in Wisconsin; and reviewed reports and other information that indicate the results attained by Board-funded projects.

## **Board Funding Sources**

In November 1998, six tobacco companies signed a Master Settlement Agreement with Wisconsin and 45 other states, 5 United States territories, and the District of Columbia. Under terms of the agreement, tobacco product manufacturers are required to pay states approximately \$206.0 billion over 25 years. Funds were allocated to states based on estimated Medical Assistance expenditures for tobacco-related health problems and the number of smokers in each state. Wisconsin was scheduled to receive approximately \$5.9 billion over a 25-year period. From FY 1999-2000 through FY 2002-03, Wisconsin received a total of \$605.0 million under the agreement, and these funds were deposited in the State's General Fund.

In May 2002, the State created the Badger Tobacco Asset Securitization Corporation, a nonstock public corporation. The corporation purchased the rights to the State's tobacco settlement payments from FY 2003-04 through FY 2031-32 and issued bonds that are backed by those payments. As a result of this securitization of future annual payments, the State received \$1.3 billion, which was deposited in the Permanent Endowment Fund that had been created for this purpose by 2001 Wisconsin Act 16.

The State subsequently spent the \$1.3 billion in the Permanent Endowment Fund: \$681.0 million in FY 2001-02, which was transferred to the General Fund, and \$598.0 million in FY 2002-03, which was used to fund a portion of the State's shared revenue program for local governments. The Department of Administration estimates that the bonds will be repaid by 2017, allowing the State to again receive annual settlement payments.

Until the bonds are repaid, no payments under the terms of the agreement will be available to the Tobacco Control Fund, which supports the Board. 2001 Wisconsin Act 109, the 2001-03 Budget Adjustment Act, provides that \$25.0 million in general purpose revenue (GPR) will be transferred annually to the Tobacco Control Fund beginning in FY 2003-04, less any interest income earned on funds in the Permanent Endowment Fund. Earned interest income would be provided to the Board, but the Permanent Endowment Fund does not contain a significant balance. The \$25.0 million represents an increase from the \$15.3 million that was provided to the Board annually during the 2001-03 biennium, but this provision is not binding on future legislatures.

## Tobacco Use in Wisconsin

### **Smoking-related illnesses killed 7,350 Wisconsin residents in 2000.**

Tobacco use has significant effects on public health and medical expenditures. Smoking-related illnesses caused 7,350 deaths and resulted in an estimated \$1.58 billion in health care costs in Wisconsin in 2000. According to reports from the CDC:

- tobacco use caused approximately 442,000 deaths annually between 1995 and 1999, making one in five deaths in the United States attributable to tobacco use;
- tobacco use costs the nation approximately \$75 billion annually in direct medical expenditures, including 14 percent of total Medical Assistance expenditures;
- approximately 5,000 youth try cigarettes for the first time each day; and
- nearly 70 percent of smokers want to quit, but only 2.5 percent are able to do so annually.

### **Wisconsin ranked fourth among seven midwestern states in adult smoking rates.**

All 50 states and the District of Columbia track adult smoking rates using a survey developed by the CDC. As shown in Table 2, the CDC reported that in 2000, adult smoking rates in midwestern states ranged from 19.8 percent in Minnesota to 27.0 percent in Indiana.

Wisconsin ranked fourth among the seven midwestern states in adult smoking, with a rate of 24.1 percent. However, Wisconsin had the second-highest youth smoking rate among the seven states.

Table 2

**Smoking Rates and Cigarette Taxes in Midwestern States  
2000**

State	Adult Smoking Rate	Youth (Grades 6-8) Smoking Rate	Annual per Capita Pack Cigarette Sales	Cigarette Tax per Pack*
Illinois	22.3%	—	70.0	\$0.980
Indiana	27.0	9.8%	125.5	0.555
Iowa	23.3	11.8	88.9	0.360
Michigan	24.2	9.3	83.7	1.250
Minnesota	19.8	9.1	76.0	0.480
Ohio	26.3	13.7	99.9	0.550
<b>Wisconsin</b>	<b>24.1</b>	<b>12.2</b>	<b>80.1</b>	<b>0.770</b>
National median	23.3	11.0	—	0.480

\* As of October 2002.

Sources: Centers for Disease Control and Prevention; Federation of Tax Administrators

**Wisconsin's cigarette tax is relatively high, and per capita cigarette sales are relatively low.**

In 2000, Wisconsin's annual per capita pack cigarette sales rate, including sales on tribal lands, was third-lowest among the seven midwestern states. This may be due, in part, to Wisconsin's cigarette tax: at 77 cents per pack, it was the third-highest among the seven states as of October 2002, and fourteenth-highest in the nation. The Department of Revenue reported that cigarette sales in Wisconsin declined 3.0 percent from 2000 to 2001, compared to a 1.7 percent decline nationwide.

Wisconsin's youth smoking rate is high compared to other midwestern states'. However, data from a survey conducted by DHFS in 2001 show a decline in tobacco use among Wisconsin youth:

- 33 percent of youth in grades 9 through 12 reported smoking in the 30 days before they were surveyed, a decrease from 38 percent in 1999 and 36 percent in 1997; and



■ 9 percent of youth in grades 7 through 8 reported smoking in the 30 days before they were surveyed, a decrease from 12 percent in 2000.

***In 2001, youth were able to purchase tobacco products in 33.7 percent of inspections.***

Federal law requires states to have laws prohibiting tobacco sales to minors and to estimate compliance levels by conducting random inspections of retail outlets that sell tobacco. Local governments enforce the laws, but DHFS contracts with the University of Wisconsin to determine compliance by annually surveying 850 randomly selected retail outlets. Youth, accompanied by adult supervisors, attempt to purchase tobacco products at the retail outlets. In 2001, youth were able to purchase tobacco products in 33.7 percent of the random inspections; the target rate was 22.0 percent. Consequently, the State risked losing up to \$10.3 million, or 40 percent, of the \$25.7 million Substance Abuse Prevention and Treatment federal block grant that provides funding to implement prevention, treatment, and rehabilitation activities related to substance abuse. Federal law allows the State to avoid the block grant penalty if additional funds are committed to underage tobacco enforcement.

***In FY 2002-03, the State allocated an additional \$3.0 million in GPR for underage tobacco enforcement activities.***

To avoid the federal funding loss, 2001 Wisconsin Act 109 allocated \$3.0 million in additional GPR, on a one-time basis, to DHFS in FY 2002-03 for the support of underage tobacco enforcement activities, including \$1.3 million for a statewide media campaign, \$1.2 million to local health departments for compliance activities, \$300,000 to design the underage tobacco enforcement activities, \$71,430 for equipment purchases and administrative expenses, \$70,735 for training and technical assistance to local health departments, and \$70,000 for outreach to law enforcement personnel. In 2002, youth were able to purchase tobacco products during 20.4 percent of inspections, which was slightly higher than the 20.0 percent target rate for that year but within the allowable margin of error needed to avoid a reduction in the federal block grant amount. Another survey will be conducted in 2003.

Thirteen Wisconsin municipalities currently ban smoking in restaurants: Ashland, Eau Claire, Fond du Lac, Holmen, Janesville, Kenosha, La Crosse, Madison, Middleton, Neenah, Onalaska, Shorewood Hills, and West Salem. However, attempts to prohibit smoking in restaurants have failed in Beloit, Dodgeville, Green Bay, Marshfield, Sheboygan, and West Bend.

## **Tobacco Control Program Models**

***The CDC has recommended a nine-point tobacco control program to states.***

The CDC has developed guidelines and best practices to discourage nonsmokers from starting to smoke and to help smokers break their addiction. It recommends that states establish comprehensive, sustainable, and accountable tobacco control programs that reduce

tobacco-related disease, disability, and death. In 1999, the CDC published guidelines for tobacco control efforts and recommended that states include nine components, based on minimum funding levels and suggested best practices and the experiences of states that were already developing tobacco control programs and reducing smoking rates:

- community-based programs to reduce tobacco use;
- chronic disease programs to reduce the effects of tobacco-related diseases;
- school programs to educate youth about the effects of tobacco and the manner in which they have been targeted by the tobacco industry;
- enforcement of existing tobacco laws, including prevention of youth access to tobacco;
- statewide programs that provide technical assistance to communities' anti-smoking efforts, promote media advocacy, and award grants to local efforts;
- marketing efforts to counter tobacco industry advertising and educate the public about the effects of tobacco and the messages used by the tobacco industry;
- tobacco use cessation programs;
- surveillance of tobacco use rates and evaluation of tobacco control efforts; and
- administration and management of the overall tobacco control program.

In June 2000, the CDC released a report based on its analysis of scientific research on tobacco use and dependence treatments. The report concluded that:

- tobacco dependence is a chronic condition that often requires repeated interventions, but effective treatment options exist that can produce long-term or permanent abstinence;
- brief cessation services are effective and should be offered to all smokers;

- there is a strong relationship between the intensity of tobacco dependence counseling and its effectiveness, with person-to-person treatments being consistently effective;
- cessation medication should be provided to all individuals attempting to stop smoking; and
- tobacco dependence treatments are clinically effective and cost-effective compared to other medical and disease prevention interventions.

### California Model

**California focuses on tobacco use prevention and on reducing exposure to secondhand smoke.**

California was one of the first states to develop a comprehensive tobacco control program. In 1988, California voters passed a ballot initiative that established a tobacco control program funded with excise taxes on tobacco products. California subsequently gained a reputation as an innovator in statewide tobacco control efforts. California's program has focused largely on tobacco use prevention and on reducing exposure to secondhand smoke. Efforts were developed to address smoking in workplaces, government buildings, schools, and businesses such as restaurants and bars. It is believed that by making smoking less socially acceptable, the health of nonsmokers will be protected and youth will be less likely to start using tobacco products.

Evidence suggests that California's tobacco control methods have been successful. For example, in California:

- the adult smoking rate was 17.2 percent in 2000, the second-lowest in the nation;
- the smoking rate for youth in grades 6 through 8 was 6.7 percent in 2000, the lowest among the 37 states for which information about youth smoking rates is available;
- annual cigarette sales dropped from 121.7 packs per capita in 1988 to 41.6 in 2000, or by 65.8 percent; and
- most places of employment, including restaurants and bars, are smoke-free.

■ ■ ■ ■ ■

## Tobacco Control Board Budget and Expenditures ■

As noted, the Board is statutorily required to fund three tobacco control programs, and it also awards competitive grants to projects that focus on the prevention and cessation of tobacco use. The Board's funds, other than those that are intended to cover its own administrative and operational expenditures, are provided by a continuing appropriation that allows unspent funds to be carried over to subsequent fiscal years. In FY 2001-02 and FY 2002-03, the Legislature appropriated \$15.3 million to the Board annually. To date, the Board's appropriations have been supported by Master Settlement Agreement funds.

As a newly created entity, the Board needed time to hire staff and identify worthwhile tobacco control projects to fund. Until it was able to complete this work, the Board carried over unused funds from one fiscal year to the next. All available funds were not spent through FY 2001-02, but most of these funds were encumbered and will be spent by the projects in the future.

### Budget

**Statutes require the Board to provide grants to three anti-tobacco programs.**

In FY 2001-02 and FY 2002-03, s. 255.15(3)(a), Wis. Stats., required the Board to provide:

- \$2.0 million to the Thomas T. Melvin Youth Tobacco Prevention and Education Program operated by the Division of Public Health in DHFS, which funds print, radio, and television anti-tobacco advertising targeted to youth in middle school;

## 18 ■ ■ ■ ■ ■ TOBACCO CONTROL BOARD BUDGET AND EXPENDITURES

- \$1.0 million to the UW-Madison Center for Tobacco Research and Intervention, which supports a variety of tobacco control programs, such as regional outreach activities and grants for tobacco cessation research; and
- \$500,000 to the Medical College of Wisconsin, which funds smoking cessation and prevention projects conducted by Medical College researchers.

In FY 1999-2000, statutes also required the Board to provide \$92,000 to the Youth Smokeless Tobacco Campaign, which is coordinated by DHFS's Division of Public Health, the Department of Public Instruction, the Wisconsin Dental Association, and the Milwaukee Brewers Baseball Club. The project educates fifth-grade students about the dangers of chewing tobacco and funds related prevention activities. After FY 1999-2000, the program was renamed the Spit Tobacco Initiative, and the Board continued to support it through competitive grants.

Section 255.15(3)(b), Wis. Stats., states that the Board may award competitive grants for:

- community-based programs to reduce tobacco use;
- community-based programs to reduce the burden of tobacco-related diseases;
- school-based programs relating to the cessation and prevention of tobacco use;
- enforcement of local laws aimed at reducing exposure to secondhand smoke and restricting underage access to tobacco;
- partnerships among statewide organizations and businesses that support activities related to the cessation and prevention of tobacco use;
- marketing activities that promote the cessation and prevention of tobacco use;
- projects designed to reduce tobacco use by minorities and pregnant women;

other projects for the cessation of tobacco use;

surveillance of indicators of tobacco use and evaluation of grant activities; and

development of policies that restrict access to tobacco products and reduce exposure to secondhand smoke.

**The Board's appropriations from FY 1999-2000 through FY 2002-03 totaled \$45.0 million.**

The Board's appropriations from FY 1999-2000 through FY 2002-03 totaled \$45.0 million and are shown in Table 3. It should be noted that the amount budgeted for FY 2001-02 competitive grants included \$9.2 million in unspent funds carried over from the prior fiscal year, as well as \$2.3 million in new funding.

Table 3

**Tobacco Control Board Appropriations**

	FY 1999-2000	FY 2000-01	FY 2001-02	FY 2002-03
<b>Statutorily Required Grants</b>				
Center for Tobacco Research and Intervention	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
Thomas T. Melvin Program	1,000,000	1,000,000	2,000,000	2,000,000
Youth Smokeless Tobacco Campaign	92,000	0	0	0
Medical College of Wisconsin	0	500,000	500,000	500,000
<b>Competitive Grants</b>	0	9,154,000*	11,500,000**	11,500,000
<b>Board Administration</b>	200,000	400,000	336,300	345,100
<b>Total</b>	<b>\$2,292,000</b>	<b>\$12,054,000</b>	<b>\$15,336,300</b>	<b>\$15,345,100</b>

\* \$18.3 million was appropriated, but \$9.2 million in unspent funds were carried over to FY 2001-02.

\*\* Includes \$9.2 million that was carried over from FY 2000-01.

## Expenditures

The Board supports a variety of cessation and prevention initiatives throughout the state, especially those that target populations most at risk for tobacco usage, including youth, young adults, and minorities. Through FY 2001-02, it awarded 13 competitive grants totaling \$21.2 million, including:

- \$7.0 million for a statewide anti-tobacco media and counter-marketing campaign that is coordinated by a private advertising and public relations firm located in Milwaukee;
- \$5.6 million for anti-tobacco community coalitions that are organized by local public health departments throughout the state; and
- \$1.3 million for the Wisconsin Tobacco Quit Line, a telephone counseling service that tobacco users and their families can call to obtain free information about cessation resources.

Appendix 1 provides information about the activities funded by each competitive grant and statutorily required project through FY 2001-02.

Through FY 2001-02, the Board typically did not award competitive grants on a state fiscal year basis, nor did it award grants for consistent time periods. Thus, we examined overall expenditures in the three fiscal years since the Board was created.

***From FY 1999-2000 through FY 2001-02, the Board's expenditures totaled \$26.2 million.***

From FY 1999-2000 through FY 2001-02, the Board budgeted \$30.1 million for statutorily required projects, competitive grant projects, and its own administration. As shown in Table 4, the Board's expenditures during this period totaled \$26.2 million and included \$6.1 million for statutorily required projects, \$19.4 million for competitive grants, and almost \$724,000 for administration. As a result, \$3.9 million was unspent, but most of these funds were encumbered and will be spent by the projects in the future. Four competitive grant projects—Community Coalition Grants, Wisconsin Tobacco Quit Line, Department of Public Instruction School Grants, and Youth-Led Movement—spent all of their funds.

Table 4

**Tobacco Control Board Expenditures**  
FY 1999-2000 through FY 2001-02

	Budgeted	Expenditures	Unspent*
<b>Statutorily Required Projects</b>			
Thomas T. Melvin Program	\$ 4,000,000	\$ 2,977,328	\$1,022,672
Center for Tobacco Research and Intervention	3,000,000	2,119,006	880,994
Medical College of Wisconsin	1,000,000	980,389	19,611
Subtotal	8,000,000	6,076,723	1,923,277
<b>Board-Awarded Competitive Grant Projects</b>			
Media and Counter-marketing	7,000,000	6,751,719	248,281
Community Coalition Grants	5,570,852	5,570,852	0
Monitoring and Evaluation	1,900,000	1,227,065	672,935
Wisconsin Tobacco Quit Line	1,337,351	1,337,351	0
Department of Public Instruction School Grants	1,250,000	1,250,000	0
Youth-Led Movement	1,048,752	1,048,752	0
Training and Technical Assistance	900,000	532,080	367,920
Wisconsin Ethnic Network	650,000	551,269	98,731
Young Adult Pilot Studies	431,084	309,991	121,093
Youth Cessation Pilot Study	373,918	257,261	116,657
Pregnant Smokers Pilot Study	319,242	288,904	30,338
Resource Center	275,000	197,339	77,661
Spit Tobacco	138,000	92,000	46,000
Subtotal	21,194,199	19,414,583	1,779,616
<b>Board Administration</b>	<b>936,300</b>	<b>723,932</b>	<b>212,368</b>
<b>Total</b>	<b>\$30,130,499</b>	<b>\$26,215,238</b>	<b>\$3,915,261</b>

\* Most of these funds were encumbered and will be spent by the projects in the future.

**Board-funded projects  
focused on prevention or  
cessation activities, or a  
combination of both.**

We categorized Board-funded projects based on whether they focused primarily on prevention or cessation activities, or a combination of both. As shown in Table 5, projects that focused on prevention activities spent \$12.3 million from FY 1999-2000 through FY 2001-02, projects that focused on cessation activities spent \$3.6 million, and projects that focused on both prevention and cessation activities spent \$9.7 million. As noted, the Board spent almost \$724,000 on administration, which represented 2.8 percent of total expenditures.



Table 5

**Tobacco Control Board Expenditures, by Project Focus**  
FY 1999-2000 through FY 2001-02

Project Focus	Expenditures
<b>Prevention</b>	
Media and Counter-marketing	\$ 6,751,719
Thomas T. Melvin Program	2,977,328
Department of Public Instruction School Grants	1,250,000
Youth-Led Movement	1,048,752
CTRI-Wisconsin Women's Health Foundation	150,000
Spit Tobacco	92,000
Subtotal	12,269,799
<b>Cessation</b>	
Wisconsin Tobacco Quit Line	1,337,351
CTRI-Regional Outreach	1,027,181
Young Adult Pilot Studies	309,991
Pregnant Smokers Pilot Study	288,904
Youth Cessation Pilot Study	257,261
CTRI-Wisconsin Tobacco Quit Line oversight	176,893
CTRI-Mini-Grants	159,486
Subtotal	3,557,067
<b>Prevention and Cessation</b>	
Community Coalition Grants	5,570,852
Monitoring and Evaluation	1,227,065
Medical College of Wisconsin	980,389
Wisconsin Ethnic Network	551,269
Training and Technical Assistance	532,080
CTRI-Adult Tobacco Use Survey	357,410
CTRI-Grant oversight	248,036
Resource Center	197,339
Subtotal	9,664,440
<b>Board Administration</b>	723,932
<b>Total</b>	<b>\$26,215,238</b>

CTRI is the UW-Madison Center for Tobacco Research and Intervention.

### CDC-Recommended Funding Levels

The CDC has established recommended ranges of spending for each state's tobacco control program, based partly on population. Most states, however, appropriate less than the recommended amounts. For example, while the CDC recommends that Wisconsin spend at least \$31.2 million annually, the Board's appropriation was \$15.3 million in both FY 2001-02 and FY 2002-03. The reported successes of some states that have had longstanding statewide tobacco control programs funded at less than the CDC's recommended ranges suggests factors other than funding levels may play a role in determining program effectiveness.

The Board's programs are only one component of Wisconsin's tobacco control efforts. For example, prevention of underage tobacco use is enforced by local governments, which rely on state and federal resources outside of the Board's control, and a number of prevention programs in DHFS and the Department of Public Instruction address tobacco use. We were not always able to quantify the precise amounts allocated to these programs. Nevertheless, we have identified an estimated \$1.9 million in FY 2001-02—including \$1.5 million in federal tobacco control funding and \$381,000 in state funding—that was not controlled by the Board, including:

- \$1.4 million at DHFS for tobacco and chronic disease prevention programs, including approximately \$74,000 for surveillance efforts related to local enforcement of state laws that prohibit the purchase of tobacco products by minors; and
- \$469,000 at the Department of Public Instruction as part of programs that focus on the prevention of drug use, violence, and chronic disease.

In addition, the Center for Tobacco Research and Intervention received \$2.4 million in FY 2001-02 from research grants to support various laboratory and clinical research projects related to tobacco cessation efforts. As noted, the Legislature also appropriated \$3.0 million in GPR to DHFS for the support of underage tobacco enforcement activities in FY 2002-03.

In addition to federal and state funding, some entities rely on tobacco control funds provided by private foundations and other sources. For example, the Wisconsin chapter of the American Lung Association indicated that in FY 2001-02, it received \$507,400 from individuals, corporations, and foundations. Smoke Free Wisconsin, an organization that was created in 2000 to promote effective tobacco control activities, indicated that it received \$500,000 from a private foundation.

**The Board developed its tobacco control program based on the CDC's and other states' models.**

While the CDC has established a comprehensive tobacco control model, many states have developed their own models, based on assessments of states' needs. The Board reviewed the CDC's and several other states' tobacco control models and subsequently funded specific projects to address Wisconsin's own particular needs.

We compared the Board's expenditures with the CDC model. As shown in Table 6, the Board funded a larger percentage of expenditures than the CDC recommends on counter-marketing, community programs, school programs, and statewide programs, and it funded a smaller percentage on other program elements. The Board did not fund enforcement projects, which are supported by other entities at the state and local level. The CDC model does not include a research element, but the Center for Tobacco Research and Intervention and the Medical College funded research.

Table 6

**Tobacco Control Board Expenditure Percentages,  
by Centers for Disease Control and Prevention Program Element  
FY 1999-2000 through FY 2001-02**

Program Element	Board-Funded Projects		CDC-Recommended Expenditure Percentages
	Expenditures	Expenditure Percentages	
Recommended by the Centers for Disease Control and Prevention			
Counter-marketing	\$ 7,800,471	29.7%	16.6%
Community programs	6,122,121	23.4	14.3
School programs	4,387,190	16.7	14.6
Cessation programs	3,141,806	12.0	18.1
Statewide programs	1,906,600	7.3	6.6
Surveillance and evaluation	1,227,065	4.7	8.7
Administration and management	1,081,342	4.1	4.3
Chronic disease programs	115,734	0.4	9.2
Enforcement	0	0.0	7.6
Research	432,909	1.7	0.0
Total	\$26,215,238	100.0%	100.0%

## Program Outcomes ■

### ***Outcomes of Board-funded tobacco control projects have been mixed.***

Outcomes of Board-funded tobacco control projects have been mixed. Some projects have achieved quantifiable objectives, and available information indicates that tobacco usage has declined in the populations that those projects have targeted. Other projects, however, have had less tangible outcomes or have not recruited enough participants for meaningful evaluation results. We reviewed all projects that received funding, but we conducted a more detailed analysis of the Center for Tobacco Research and Intervention and the Medical College in order to comply with our statutory evaluation requirements.

Determining the success of a particular project can be difficult because a variety of factors may affect the rates of tobacco usage. For example, a counter-marketing media campaign may stress the dangers of smoking to teenagers, and teenage smoking rates may subsequently decline. However, other factors, such as school-based programs, also influence teenage smoking rates, making it difficult to isolate and measure the effects of a counter-marketing campaign.

### **UW-Madison Center for Tobacco Research and Intervention**

The Board is statutorily required to pay the Center \$1.0 million annually. The Center originally planned to operate four projects with these funds:

## 26 ■ ■ ■ PROGRAM OUTCOMES

- \$400,000 for a survey of adult tobacco use in Wisconsin;
- \$350,000 for a regional outreach project;
- \$150,000 for a mini-grants program for tobacco research and intervention projects; and
- \$100,000 for health fairs presented by the Wisconsin Women's Health Foundation.

**Through FY 2001-02, the Center has spent \$1.5 million on the Quit Line.**

In addition, the Center received a competitive grant from the Board to operate the Wisconsin Tobacco Quit Line. As shown in Table 7, the Center spent more on the Quit Line than it did on other Board-funded projects. From FY 1999-2000 through FY 2001-02, it spent \$1.5 million on the Quit Line, including \$1.3 million in competitive grants for the Quit Line contract, and an additional \$176,893 of its statutorily required appropriation for other Quit Line costs, such as contract management and promotional materials. The Center spent \$248,036 on grant administration, such as planning and oversight of Board-funded projects.

**Table 7**  
**UW-Madison Center for Tobacco Research and Intervention Expenditures, by Project (Tobacco Control Board Funds)**

	FY 1999-2000	FY 2000-01	FY 2001-02	Total
Wisconsin Tobacco Quit Line contract	\$ 0	\$ 0	\$1,337,351	\$1,337,351
Regional outreach	80,812	382,568	563,801	1,027,181
Adult tobacco use survey	0	324,410	33,000	357,410
Grant administration	29,408	144,917	73,711	248,036
Other Wisconsin Tobacco Quit Line costs	10,535	35,251	131,107	176,893
Mini-grants	4,352	76,090	79,044	159,486
Wisconsin Women's Health Foundation	50,000	50,000	50,000	150,000
<b>Total</b>	<b>\$175,107</b>	<b>\$1,013,236</b>	<b>\$2,268,014</b>	<b>\$3,456,357</b>

The Center spent less than anticipated on three of its five Board-funded projects. For example, it:

■ spent \$357,410 on one adult tobacco use survey of 6,000 adults and then decided to conduct one survey every two years, rather than the planned annual surveys;

■ spent \$159,486 on the mini-grants project over the three-year period, rather than the planned \$150,000 in the first year and additional amounts in subsequent years; and

■ provided \$50,000 annually to the Wisconsin Women's Health Foundation, rather than \$100,000 as originally planned.

As the Center's programs and priorities evolved, it directed more funding to its regional outreach and Quit Line efforts, in consultation with the Tobacco Control Board.

As shown in Table 8, the Center spent \$2.0 million, or 57.1 percent, of the Board's funds for professional services through FY 2001-02. That amount includes payments to vendors for operation of the Quit Line and completion of the adult tobacco use survey, as well as mini-grants project expenditures.

Table 8

**UW-Madison Center for Tobacco Research and Intervention Expenditures, by Type  
(Tobacco Control Board Funds)**

	FY 1999-2000	FY 2000-01	FY 2001-02	Total
Professional services	\$ 56,740	\$ 446,072	\$1,517,893	\$2,020,705
Staff salaries and fringe benefits	109,998	349,700	617,873	1,077,571
Equipment and supplies	6,190	94,755	54,037	154,982
Lease of space	0	92,121	3,001	95,122
Travel and training	1,616	14,648	47,305	63,569
Other administration	563	15,940	27,905	44,408
<b>Total</b>	<b>\$175,107</b>	<b>\$1,013,236</b>	<b>\$2,268,014</b>	<b>\$3,456,357</b>

In FY 2001-02, the Center spent \$617,873 of the Board's funds on salaries and fringe benefits for 19 of its staff. As shown in Table 9, the Board's funds covered all salary and fringe benefit costs for ten

positions, a portion of the costs for seven positions, and two limited-term employee positions. Staff in these positions were involved with several of the Center's Board-funded projects, including regional outreach and the Quit Line, and they provided administrative support.

Table 9

**Board-Funded Staff of UW-Madison Center for Tobacco Research and Intervention  
FY 2001-02**

Position	Number of Staff	Projects on Which Staff Worked	Percent of Salaries and Fringe Benefits Paid for with the Board's Funds
Outreach specialists	6	Regional cessation	100.0%
Director of education and outreach	1	Administration	100.0
Statewide training and program coordinator	1	Regional cessation	100.0
Program assistant	1	Regional cessation	100.0
Special projects coordinator	1	Quit Line	100.0
Subtotal	10		
Program assistant	1	Administration	20.0
Assistant director for research administration	1	Administration	20.0
Association research specialist	1	Administration	20.0
Financial specialist	1	Administration	20.0
Director of the Center	1	Administration	10.0
Director of clinical services	1	Regional cessation	10.0
Assistant director for finance	1	Administration	10.0
Subtotal	7		
Limited-term employee	1	Regional cessation; Quit Line	100.0
Limited-term employee	1	Regional cessation	50.0
Subtotal	2		
<b>Total</b>	<b>19</b>		

### Wisconsin Tobacco Quit Line

Research indicates that one effective way to help an individual quit using tobacco is to provide repeated one-on-one counseling and link the individual to anti-tobacco resources that are available in the community. The Board awarded an \$800,000 competitive grant to the Center in December 2000 to operate the Wisconsin Tobacco Quit Line from May 2001 through June 2002. The grant was later modified and extended, and the Center budgeted to spend an additional \$1.0 million from January through December 2002. As noted, Quit Line expenditures totaled \$1.5 million through FY 2001-02, including \$1.3 million paid under the contract and approximately \$177,000 for the Center's contract management.

In February 2001, the Center contracted with a Seattle firm to operate the Quit Line, a toll-free telephone cessation counseling service that became operational in May 2001. Quit Line staff are trained in Wisconsin referral resources, including cessation services provided by major health plans. Tobacco users who will not set a quit date or who have recently quit may receive a brief motivational intervention. Those who are motivated to quit and will set a quit date are assigned to a counselor and receive five calls over the course of one year. Cessation medications are not typically provided, but callers are encouraged to use them and are referred to local resources.

Quit Line staff answer calls Monday through Thursday from 9:00 a.m. to 8:00 p.m., Friday from 9:00 a.m. to 5:00 p.m., and Saturday from 9:00 a.m. to 1:00 p.m. In addition, a 24-hour automated message with general information about the Quit Line and available cessation services is available in English and Spanish. All callers may request printed information that encourages cessation and directs callers to local cessation resources. The vendor and the Center collaboratively maintain a computer-based referral resource system.

The Center's contract with the Quit Line vendor did not specify the number or percentage of callers expected to quit using tobacco after calling the Quit Line. Instead, the contract addressed the informational resources the vendor was expected to make available to callers. It also provided various standards: 90 percent of calls should receive a live response by trained staff, and the average time to answer calls should not exceed 30 seconds. The vendor was required to document its performance in these areas in monthly reports to the Center. The June 2002 report indicated that the vendor had met these call standards from May 2001 through June 2002.



**Many callers are satisfied with the Quit Line and have tried to quit using tobacco.**

An independent assessment of the Quit Line's effectiveness has not been conducted and is not planned. It is difficult to determine the extent to which the Quit Line may have played a decisive role in helping individuals quit using tobacco. However, available information indicates that many callers are satisfied with the Quit Line and have attempted to quit using tobacco. A marketing research firm under contract to the Quit Line vendor surveyed:

- 641 callers to the Quit Line from August through December 2001 and found that 90.5 percent were satisfied with their Quit Line counselor, 85.2 percent were satisfied with the Quit Line's services, and 76.1 percent reported that the Quit Line was helpful to them in their attempts to quit using tobacco; and
- 540 callers to the Quit Line from July through September 2001 and found that 79.4 percent had made a serious attempt to quit using tobacco, 15.2 percent had quit using tobacco, and the quit rate increased with the amount of counseling an individual received. In addition, 41.1 percent of the survey respondents had subsequently talked to their health care provider about stopping their use of tobacco, and about half of them had developed a plan to quit and had been prescribed cessation medications.

**Through June 2002, the Quit Line received a total of 24,062 calls.**

The Center's contract stipulated that the Quit Line firm was responsible for responding to up to 19,800 calls from May 2001 through June 2002. As shown in Table 10, the Quit Line answered 15,397 calls during business hours in that period. It received a total of 24,062 calls, including calls made outside of business hours, which received an automated message. Quit Line staff responded to 1,445 messages left by callers outside of business hours.

The number of monthly calls to the Quit Line declined in the first half of 2002, compared to the prior year. Many individuals likely called the Quit Line during the first few months it was in operation because it was a new cessation resource. In addition, the Center tries to control the number of callers by varying the amount of television advertising and other publicity for the Quit Line. As the number of callers approached the maximum number specified in the contract, the Center reduced the amount of advertising.

Table 10

**Monthly Calls to the Wisconsin Tobacco Quit Line**  
May 2001 through June 2002

	Number of Calls Answered During Business Hours	Total Calls
May	2,546	4,263
June	1,746	2,957
July	2,010	3,538
August	1,554	2,452
September	717	1,093
October	832	1,172
November	1,188	1,977
December	645	1,087
January	495	707
February	377	565
March	361	473
April	388	510
May	1,837	2,374
June	701	894
<b>Total</b>	<b>15,397</b>	<b>24,062</b>

### Regional Outreach

**Regional outreach  
specialists help  
implement local tobacco  
cessation strategies.**

Beginning in January 2001, the Center hired and placed six regional outreach specialists in DHFS's five regions, including two in the Milwaukee Region. The cessation specialists help health care providers, schools, and community organizations implement tobacco cessation strategies. They also work with the Quit Line to provide links to local cessation resources. Through FY 2001-02, the Center spent approximately \$1.0 million on regional outreach efforts.

In December 2001, the Center reported that its regional outreach specialists trained more than 5,000 Wisconsin health care providers in cessation strategies; sent cessation information to more than 3,000 primary care physicians in cooperation with the State Medical Society; clarified cessation benefits with each of the health maintenance organizations participating in the Medical Assistance

and BadgerCare programs; and promoted the Quit Line and other local resources. In addition, regional outreach specialists worked with employers to provide cessation programs in workplaces. The Board is satisfied with the regional outreach project and believes it is an effective part of its overall program. The Center plans to continue funding the project.

### Mini-Grants

***Two of nine research projects funded with mini-grants met all of their stated objectives.***

The mini-grants project funded nine research projects on smoking prevention and cessation, with spending of up to \$25,000 each. From FY 1999-2000 through FY 2001-02, the Center spent a total of approximately \$159,500 on the mini-grants project. While two research projects met all of their stated objectives, the other seven accomplished some of their objectives or did not collect sufficient data to measure project effectiveness. However, the Center asserts that even projects that did not accomplish their objectives can provide researchers with useful information about how to structure future projects. The Center discontinued the mini-grants project and has not funded any new projects in FY 2002-03.

From FY 1999-2000 through FY 2001-02, the Center received 19 project proposals and funded 9, including partial funding of a doctoral dissertation written by a UW-Madison student. As shown in Table 11, the nine funded projects had expenditures of \$147,399 through FY 2001-02. Six of the nine projects were completed in FY 2001-02, and three others—those conducted by the American Lung Association, UW-Milwaukee, and UW-Stevens Point—were completed in FY 2002-03. The Center also spent \$12,087 for grant administration, such as reviewing grant proposals and overseeing the activities of grant recipients.

Two projects met all of their stated objectives. One project, a social norms campaign to decrease tobacco use on the UW-Oshkosh campus, was designed with a mini-grant from the Center and delivered with a subsequent competitive grant from the Board. The project's marketing campaign promoted the message that most students do not smoke, and those who do smoke want to quit. The project surveyed 437 students in December 2000 and December 2001 and reported a 29.0 percent reduction in student smoking rates. Another project, conducted by UW-Milwaukee, determined that the survey that was used to measure changes in smoking behavior at UW-Oshkosh was reliable and could be transferred to other campuses.

Table 11

**UW-Madison Center for Tobacco Research and Intervention's Mini-Grants Expenditures  
FY 1999-2000 through FY 2001-02**

Grant Recipient	Expenditures
American Lung Association	\$ 25,000
Marathon County Health Department	24,852
UW-Oshkosh	23,584
UW-Milwaukee	23,393
Eau Claire City-County Health Department	19,286
Caledonia-Mt. Pleasant Health Department	18,860
La Crosse County Health Department	10,600
UW-Madison dissertation	1,824
UW-Stevens Point*	0
Subtotal	147,399
Center administration	12,087
<b>Total</b>	<b>\$159,486</b>

\* From July through September 2002, the Center paid UW-Stevens Point \$23,340 for a project.

The other seven projects completed some of their objectives or did not collect sufficient data to measure project effectiveness. For example:

- The Caledonia-Mt. Pleasant Health Department's project planned to provide participants with three smoking cessation aids: an eight-week program taught by clinic facilitators, the use of cessation medications, and testing at planned intervals to measure changes in lung capacity. However, only 20 of 67 participants completed the eight-week program.
- The Marathon County Health Department's project set up a tobacco education program for Wausau youth who had been cited for underage tobacco possession and who voluntarily attended the program in lieu of paying a \$50 fine. The project surveyed participants to measure their attitudes and behavior after attending the

program. Three months after the project ended, 36.9 percent of participants completed the surveys; after nine months, the completion rate fell to 3.6 percent. Most survey respondents indicated the program had little or no effect on their smoking habits.

- The La Crosse County Health Department's project held two tobacco use cessation contests for students at three universities and colleges in La Crosse. The contests required participants to quit smoking for seven weeks, and carbon monoxide testing was conducted to verify participants' smoke-free status. Only 36 percent of participants in the first contest completed follow-up surveys. Researchers found the program was ineffective and have no plans to replicate it.

### Wisconsin Women's Health Foundation

#### ***The Center paid for more health fairs than were actually presented.***

The Center and the Wisconsin Women's Health Foundation entered into agreements under which the foundation would provide 15 one-day health fairs for girls in grades 6 through 8 and their mothers, at a cost of \$10,000 per program. However, while the Center's grants appear to have financially supported most of the costs of the health fairs, discussion of cessation and prevention was a relatively minor component of a broader program that was focused on a variety of high-risk behaviors, such as teen sex, substance abuse, and eating disorders. In addition, the Center paid for more health fairs than were actually presented.

Through July 2002, the foundation presented 9 health fairs, rather than the 15 for which it received funding. Presuming each health fair cost \$10,000, which was the original budgeted amount, total expenditures for the nine health fairs should have been \$90,000, not the \$150,000 that the Center paid.

The number of health fair participants was also considerably lower than originally anticipated. The foundation's budget assumed that each health fair would attract 500 participants. However, average attendance at each health fair was 104, and total attendance at all nine was 940. The Center does not plan to fund the foundation in the future.

## Adult Tobacco Use Survey

### **The Center completed an adult tobacco use survey in FY 2001-02.**

Although the Center originally budgeted \$400,000 each year to conduct annual adult tobacco use surveys, it changed plans and conducted only one survey during the first three years it received the Board's funding. That survey was completed in FY 2001-02, at a cost of approximately \$357,400. Survey results were expected to assist clinicians and policymakers in effectively planning prevention and cessation programs and to quantify the prevalence of adult tobacco use in Wisconsin. However, mixed outcomes and difficulties with the survey instrument resulted in data that did not meet initial expectations. In addition, similar surveys have been conducted by the UW Comprehensive Cancer Center.

In April and May 2001, a Massachusetts firm with a Madison office surveyed 6,000 Wisconsin adults by telephone to obtain information about tobacco usage, attitudes toward tobacco regulation, attempts to quit using tobacco, and other tobacco-related issues. Based on previous surveys in Wisconsin and other states, the Center had anticipated that 50 percent of the survey respondents would be individuals who had never smoked, 25 percent would be individuals who had previously smoked, and 25 percent would currently smoke. However, the actual percentage of respondents who had never smoked was approximately 64 percent, while the percentages of those who had previously smoked and who currently smoked were each approximately 18 percent.

The survey firm had difficulty getting a sufficient number of smokers and former smokers to complete the survey, in part because of the survey's length. Respondents were asked up to 162 questions, including 16 multi-part questions. Current and previous smokers were required to answer a greater number of questions than those who had never smoked. Although potential respondents were told the survey would take 10 to 30 minutes to complete, the Center's request for proposals indicated it would take about 25 minutes for non-smokers to complete, 40 minutes for former smokers, and 55 minutes for current smokers. The Center anticipates that any future surveys will have fewer questions.

### **The Center asked the survey firm not to prepare a formal report of the survey's findings.**

As a result of the unexpected composition of respondents, the Center asked the survey firm not to prepare a formal report of the survey's findings, although the firm's contract with the Center included a \$25,000 payment for such a report. As of January 2003, the Center had prepared and released three of six planned papers that will be based on the survey's findings and will address individual topics, such as why people smoke, how smokers are quitting, and attitudes toward secondhand smoke.

## Medical College of Wisconsin

Statutes require the Board to grant \$500,000 annually to the Medical College beginning in FY 2000-01. In FY 2000-01, the Medical College used the funds to support 19 projects. In FY 2001-02, 13 projects were supported. Projects in both years involved clinical research, education, and outreach activities related to the prevention and cessation of tobacco use.

The outcomes of the FY 2000-01 projects were mixed. Some projects achieved their stated goals and expected outcomes within the fiscal year. Others, however, had less tangible outcomes, in part because of delays in securing project funding, delays in obtaining the necessary approval for research protocols, and difficulty in recruiting a sufficient number of research subjects.

In May 2000, the Medical College created a committee of faculty and administrators to recommend which projects could be funded from its annual \$500,000 tobacco control appropriation. Funded projects focused on clinical research, community outreach for under-served areas or groups, educational initiatives to train medical students and others in smoking cessation and prevention techniques, and the development of a core group of tobacco cessation resources at the Medical College.

### Expenditures

#### **The Medical College spent \$500,000 in FY 2000-01 and \$480,389 in FY 2001-02.**

As shown in Table 12, the Medical College spent all \$500,000 it received in FY 2000-01, and \$480,389 in FY 2001-02. Most funds were spent on staff salaries and fringe benefits.

Table 13 shows the initial budget and total expenditures for the 19 research projects funded in FY 2000-01, according to each project's primary focus: clinical research, community initiatives, developing core cessation resources at the Medical College, or educational initiatives. Although total initial grant awards exceeded \$500,000, the Medical College had expected that some projects would not spend all of their budgeted funds, and it made budget reallocations among projects during the fiscal year.

Table 12

**Medical College of Wisconsin Expenditures  
(Tobacco Control Board Funds)**

	FY 2000-01	FY 2001-02	Total
Staff salaries and fringe benefits	\$336,155	\$326,925	\$663,080
Equipment and supplies	86,862	120,055	206,917
Professional services*	67,520	17,248	84,768
Other administration	5,885	15,717	21,602
Travel and training	3,578	444	4,022
<b>Total</b>	<b>\$500,000</b>	<b>\$480,389</b>	<b>\$980,389</b>

\* Includes contracts with five area hospitals, such as for clinic services and research subject fees.

Table 13

**Allocation of Tobacco Control Board Funds at the Medical College of Wisconsin  
FY 2000-01**

Project Category	Initial Budget	Total Expenditures
Clinical research (10 projects)	\$190,265	\$192,321
Community initiatives (3 projects)	152,366	134,008
Core cessation resources (2 projects)	116,000	106,937
Educational initiatives (4 projects)	83,000	66,734
<b>Total</b>	<b>\$541,631</b>	<b>\$500,000</b>

Table 14 shows the budgeted amounts and total expenditures for the 13 research projects funded in FY 2001-02. Although the Medical College budgeted \$517,889, the projects spent \$480,389. The Medical College spent \$7,968 to fund a portion of the salary and fringe benefits for an official who helped administer the grant program.



Table 14

**Allocation of Tobacco Control Board Funds at the Medical College of Wisconsin  
FY 2001-02**

Project Category	Initial Budget	Total Expenditures
Clinical research (6 projects)	\$171,235	\$145,148
Community initiatives (3 projects)	131,054	132,240
Core cessation resources (2 projects)	171,400	146,845
Educational initiatives (2 projects)	44,200	48,188
Grant administration	0	7,968
<b>Total</b>	<b>\$517,889</b>	<b>\$480,389</b>

### Project Outcomes

***In FY 2000-01, 10 of 19 projects achieved at least some of their objectives.***

Some of the 19 Medical College projects funded in FY 2000-01 achieved their stated objectives by the end of the fiscal year; others did not. We reviewed project proposals, budgets, expenditures, and progress reports and found that:

- three projects attained their objectives;
- seven projects attained some of their objectives;
- eight projects did not attain their objectives; and
- data were insufficient for the evaluation of one project.

Among projects that achieved their stated objectives:

- the Smoking Cessation Clinic at the Medical College (\$106,000 in expenditures in FY 2000-01) provided low-cost or free smoking cessation services; identified potential research subjects for other tobacco-related projects at the Medical College; and provided an opportunity for medical residents to develop smoking cessation treatment skills. During its first year of operation, the clinic assessed 155 patients, including 26 patients who had completed treatment and 32 patients who

were still in treatment at the end of the year. One medical resident and one medical intern received training in smoking cessation techniques, and more were expected to receive training during the 2001-02 academic year.

■ Using Standardized Patients to Teach and Assess Smoking Cessation Skills to Medical Students and Medicine Houseofficers (\$24,000 in expenditures in FY 2000-01) developed a standardized curriculum to teach smoking cessation intervention techniques to third-year medical students. The project trained individuals to pose as patients with symptoms of smoking-related illnesses. After the medical students assessed them and provided health advice related to tobacco usage, the individuals provided feedback. The project enrolled and trained 175 third-year medical students in the tobacco cessation curriculum.

Projects that partially succeeded in achieving their objectives included:

**One project recruited only 22 of the 140 teenagers it needed to test the project's effectiveness.**

■ Promoting Adolescent Health Through Smoking Cessation (\$18,000 in expenditures in FY 2000-01), which sought to create a smoking cessation clinic for youth 18 and younger, to promote smoking cessation among teenagers, to determine the effectiveness of a youth smoking cessation program, and to establish baseline smoking data that could be used for future research. Although the clinic was established and outreach activities were conducted in area high schools, the project recruited only 22 of the 140 teenagers it needed to test the smoking cessation program's effectiveness. The researchers concluded that teenagers appear to be less motivated than adults to quit smoking.

■ Clinic Based Interventions to Reduce Tobacco Use by Adult Diabetic Patients (\$15,000 in expenditures in FY 2000-01), which sought to train medical professionals at five Milwaukee family practice clinics in appropriate cessation interventions when treating diabetic patients. The researchers trained 75 medical professionals in tobacco cessation techniques, but they did not enroll enough individuals in a study to evaluate the effectiveness of intervention, and the study

suffered from a low response rate during post-treatment follow-up. Although the researchers did not have sufficient data and could not produce significant findings by the grant deadline, they spent their entire budget.

Projects that did not accomplish their stated objectives in FY 2000-01 include:

- the Stress Kit project (\$9,000 in expenditures in FY 2000-01), which sought to reduce relapse rates among women who had quit smoking by using new techniques to reduce stress, which contributes to relapse. The project aimed to provide women with a kit that contained various items intended to help overcome smoking urges. Despite having spent its entire budget, the project enrolled only 12 of the 100 women needed to complete the study. The project is ongoing and continues to recruit additional women, and the Medical College intends to support continuing costs.

- Neural Systems Underlying Cue-Induced Craving for Cigarettes (\$26,000 in expenditures in FY 2000-01), which sought to determine, among other things, how behavioral therapy might alter neural responses to cigarette cravings. Researchers wanted to recruit 36 individuals—12 for a control group and 24 for two treatment groups—but they succeeded in recruiting only 15. Although researchers could not complete the project by the June 2001 deadline, they spent their entire budget.

Several factors may have contributed to some of the projects not achieving all of their stated objectives within FY 2000-01. First, some researchers with whom we spoke said that 12 months was not enough time to finish an entire project. In addition:

- some projects were not expected to be completed in FY 2000-01;
- project budgets were approved in September 2000, three months into the Medical College's fiscal year, so that the start of many projects was delayed;

- researchers needed to obtain approval from the Medical College for research protocols involving human subjects, which resulted in project delays; and

- many projects had difficulty in recruiting enough research subjects.

We note that even projects that did not accomplish their planned objectives can provide researchers with useful information about how to structure future projects.

The Medical College is implementing changes to its procedures for awarding and monitoring projects. It plans to award grants for FY 2003-04 projects in May 2003, which it anticipates will allow researchers sufficient time to obtain approval for any research protocols that involve human subjects and allow these projects to begin at the start of the fiscal year. In addition, the Medical College will require researchers to provide a timetable for obtaining the number of research subjects that their studies require. Finally, the Medical College plans to use a portion of its tobacco control funds to support 15.0 percent of an existing staff member's salary. This individual will coordinate smoking cessation and prevention programs with community coalitions and serve as a liaison with legislators and other interested individuals.

## Board Projects

### ***Competitive grant projects support the Board's statewide anti-tobacco goals.***

From FY 1999-2000 through FY 2001-02, the Board budgeted \$21.2 million for projects funded through a competitive grant process under which it contracts with nonprofit agencies, local anti-tobacco coalitions, public health departments, and private businesses to provide services and administer projects. Through FY 2001-02, the outcomes of these competitive grant projects were mixed.

The competitive grant projects focus on meeting one or more of the Board's seven statewide anti-tobacco goals by 2005:

- reducing tobacco use among middle and high school youth by 20 percent—addressed by eight projects;
- reducing tobacco use among adults by 20 percent—addressed by six projects;

- reducing tobacco consumption by 20 percent—addressed by ten projects;
- having 100 municipalities establish smoke-free restaurant ordinances—addressed by two projects;
- having 100 percent of municipalities establish smoke-free government-owned buildings—addressed by two projects;
- having 90 percent of workplaces establish smoke-free environments—addressed by two projects; and
- having 70 percent of homes establish smoke-free environments—addressed by two projects.

In addition to the competitive grants directly targeted to the Board's specific goals, three grants were awarded to support the Board and other grant recipients. Under these grants:

- DHFS's Division of Public Health provides training and technical assistance to local anti-tobacco coalitions;
- the UW-Madison Clearinghouse for Prevention operates a central repository for tobacco control literature and other materials, and it maintains tobacco-related Web sites for the public, local coalitions, and the Board; and
- the UW Comprehensive Cancer Center provides the Board, local coalitions, and competitive grant recipients with monitoring and evaluation services, including technical assistance in designing evaluative components, information on trends in tobacco use and attitudes, and evaluation of local coalitions' efforts.

***Some Board-funded projects have been successful at achieving their goals.***

Most competitive grant projects completed their second year of operation in December 2002 and presented comprehensive final reports to the Board at that time. Consequently, information on their results was not available during our audit period. However, based on interim reports, some grant projects have reported successes. For example:

As noted, a Young Adult Pilot Study project (\$216,000 in expenditures through FY 2001-02) at UW-Oshkosh aimed to reduce student smoking rates by 4.0 percent but achieved a 29.0 percent reduction, according to the project.

After seven months of advertising, the statewide media and counter-marketing campaign (\$6.8 million in expenditures through FY 2001-02) resulted in greater recall of anti-tobacco messages and knowledge about tobacco industry advertising practices. Before the media campaign, 53 percent of young adults surveyed indicated they would like to quit; afterwards, 85 percent indicated they would like to quit.

Other projects have had less tangible results. For example, the Wisconsin Ethnic Network—a coalition of Native American, African American, Hispanic, and Southeast Asian groups that spent \$551,300 through FY 2001-02—did not accomplish its goal to implement tobacco control strategies during the first year of its contract with the Board, which ended in March 2002. Instead, efforts and expenditures were related to building coalitions, developing culturally appropriate advertising materials in conjunction with the statewide media campaign, and conducting a three-day statewide meeting in Madison in February 2002 that included staff of the coalition, the Board, and DHFS.

***The success of some projects could not be determined because of difficulty in recruiting participants.***

Several competitive grant projects encountered difficulties in meeting their objectives through FY 2001-02, typically because they were unable to recruit enough participants. For example:

■ The Spit Tobacco initiative (\$92,000 in expenditures through FY 2001-02), a project to increase youth awareness of the risks of chewing tobacco and decrease the level of use, planned to evaluate its effectiveness by surveying a random sample of 200 participating schools. Only five schools responded to the survey, and all were private schools. However, attitudes toward spit tobacco became more negative among those students responding.

■ A Young Adult Pilot Study project (\$94,000 in expenditures through FY 2001-02) coordinated by the UW-Madison School of Pharmacy intended to develop and test a work-based smoking cessation program for young adults. While the project anticipated 75 to 100 participants, only 12 were recruited and stayed in the study for the six-month period intended to measure cessation rates. Six of the 12 participants were not smoking when the evaluation ended.

■ The Youth Cessation Pilot Study (\$257,300 in expenditures through FY 2001-02), a project to lower youth smoking rates, encountered evaluation difficulties when only 4 of 18 schools interested in acting as control sites were able to recruit enough participants. Of the 117 youth who completed the project, 27 reported that they had quit smoking.

■ The Pregnant Smokers Pilot Study (\$288,900 in expenditures through FY 2001-02), a project to reduce smoking among pregnant women receiving Medical Assistance services, planned to enroll 500 participants and 500 control group participants. As of May 2002, 52 participants and 38 control group participants had been recruited and were 30 days post-partum, the date at which the study measures smoking behavior to determine if changes have occurred. Nevertheless, results in this small group are encouraging: 84.6 percent of participants reported they had either quit smoking or reduced their smoking rate, compared to 50.0 percent of women in the control group.

The Board has made changes in project funding levels based on the results of these projects through FY 2001-02. For example, it subsequently reduced funding for the Young Adult Pilot Study project that was coordinated by the UW-Madison School of Pharmacy.

■ ■ ■ ■

Determination of Funding  
 Coordination of Tobacco Control Activities  
 Monitoring and Evaluation  
 Balancing Prevention and Cessation Efforts  
 Fiscal Oversight

## Future Considerations ■

The level of funding for Wisconsin's tobacco control activities has been debated since the Board's creation and is likely to be the focus of discussions during 2003-05 biennial budget deliberations. The monitoring and evaluation services for which the Board contracts may be helpful in justifying its funding needs to the Legislature and directing funding to the most effective projects. The Board also faces several operational and management challenges, including ensuring that the tobacco control projects it funds are coordinated and effective; determining whether to focus its funding primarily on prevention or cessation activities or to continue to fund both; and providing effective fiscal oversight of the projects it funds.

At its August 2002 meeting, the Board approved funding in 2003 for the competitive grant projects shown in Table 15. Along with all existing projects, three new projects were funded for 2003: the Insurer Cessation Coverage Initiative and the Employer Cessation Coverage Initiative will provide assistance and outreach to insurers and employers on the inclusion of cessation coverage in workers' benefits packages, and the Uninsured Coverage Viability Study will provide the Board with recommendations about the best strategies for supporting cessation among uninsured individuals.



Table 15

**Tobacco Control Board Competitive Grant Projects  
2003**

	Grant Amount
Community Coalition Grants	\$ 4,500,000
Media and Counter-marketing	4,350,000
Monitoring and Evaluation	1,500,000
Wisconsin Tobacco Quit Line	1,300,000
Youth-Led Movement	850,000
Wisconsin Ethnic Network	650,000
Department of Public Instruction School Grants*	625,000
Training and Technical Assistance	600,000
Young Adult Pilot Study: UW-Oshkosh	550,000
Resource Center	200,000
Spit Tobacco	150,000
Youth Cessation Pilot Study	150,000
Pregnant Smokers Pilot Study	125,000
Insurer Cessation Coverage Initiative	125,000
Employer Cessation Coverage Initiative	125,000
Young Adult Pilot Study: UW-Madison Pharmacy School	25,000
Uninsured Coverage Viability Study	25,000
<b>Total</b>	<b>\$15,850,000</b>

\* For the 2003-04 school year.

### Determination of Funding

The Board has requested \$25.5 million for FY 2003-04 and \$25.5 million for FY 2004-05. In determining appropriate funding levels for the Board during the 2003-05 biennium, the Legislature may want to take into account all ongoing tobacco control efforts in Wisconsin, including those not controlled by the Board. As noted, an estimated \$1.9 million in state and federal funding available in FY 2001-02 was not controlled by the Board.

Although the CDC suggested funding ranges for each state's tobacco control projects, all other midwestern states we reviewed have appropriated fewer Master Settlement Agreement funds for tobacco control projects in FY 2002-03 than the minimum amounts