

suggested by the CDC. Table 16 shows the amounts appropriated by seven midwestern states. However, examining Master Settlement Agreement appropriation levels provides an incomplete understanding of tobacco control efforts because some states use other funding sources. For example, Ohio used a \$310 million endowment to initiate approximately \$21 million in tobacco control projects from July through October 2002. Michigan supports all of its projects from a tobacco tax, its general fund, and federal funds.

Table 16

**Master Settlement Agreement Funds Appropriated to Tobacco Control Projects by Midwestern States**  
 FY 2002-03  
 (in millions)

	CDC-Recommended Minimum Allocation	Master Settlement Agreement Funds Appropriated	Percentage of Recommended Allocation
Illinois	\$64.9	\$18.5	28.5%
Indiana	34.8	25.0	71.8
Iowa	19.3	5.1	26.4
Michigan	54.8	0.0	0.0
Minnesota	28.6	21.2	74.1
Ohio	61.7	0.0	0.0
Wisconsin	31.2	15.3	49.0

Source: National Conference of State Legislatures

As noted, 2001 Wisconsin Act 109 provides that the Joint Committee on Finance will annually transfer \$25.0 million in GPR 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 Governor's 2003-05 biennial budget bill recommends eliminating the Tobacco Control Board and consolidating its functions within DHFS. In addition to considering this or other organizational changes, the Legislature will have to decide the amount of funding for tobacco control efforts. For example, it could decide to allocate:

- \$25.0 million annually, which is the amount specified in 2001 Wisconsin Act 109;
- \$15.0 million annually, which is what the Governor has proposed; or
- an amount less than the FY 2002-03 allocation of \$15.3 million, if it believes that budget deficit priorities supercede funding tobacco control programs at current levels.

### Coordination of Tobacco Control Activities

**The Board is concerned about a lack of formal coordination among tobacco control efforts.**

The Board has financial and programmatic control over the tobacco control projects that are funded through its competitive grant process. Although it has no authority to direct the activities of the three programs that statutes require it to fund, it has attempted to coordinate tobacco control efforts. Nevertheless, the Board is concerned about the lack of formal coordination among the various tobacco control programs.

Some members of the Board believe that the Melvin Program, which is operated by DHFS, and the Youth-Led Movement project, which the Board funds with a competitive grant, are duplicating their efforts to a certain extent. Both target a youth audience and focus on marketing efforts to counter tobacco industry advertising. However, the Melvin Program has indicated that targeted age groups and, consequently, implementation strategies and activities differ somewhat. The Melvin Program (\$3.0 million in expenditures through FY 2001-02) targets youth ages 11 through 14. It spends most of its funds to purchase print and television media spots, and it sponsors school-based activities such as dances and education initiatives. The Youth-Led Movement project (\$1.0 million in expenditures through FY 2001-02) targets youth ages 12 through 17 and provides funding to local coalitions to develop advocacy campaigns and recruit teenagers for local initiatives.

A statutorily funded grant recipient may have duplicated, in part, another project that does not receive funding from the Board. The UW Comprehensive Cancer Center has conducted annual surveys of tobacco usage. However, the Center for Tobacco Research and Intervention's adult tobacco use survey also measured tobacco usage (28.0 percent of the survey's questions were general tobacco use questions) and obtained information that could be used to design effective tobacco control projects. As noted, the Center's

survey resulted in data with limited usefulness, in part because the survey respondents differed from the respondents to the UW Comprehensive Cancer Center's survey.

In a December 2002 publication, the Legislative Reference Bureau cited 12 Web sites that included information about tobacco use in Wisconsin, including the Board's Web site (*www.wtcb.state.wi.us*). It also mentioned Web sites maintained by the Melvin Program, the Center, the Medical College, and projects that received competitive grants from the Board.

The Board is attempting to informally coordinate its competitive grant projects with the three programs it is statutorily required to fund. For example, it worked with the Center to vary the amount of advertising for the Quit Line and to decide which of the Center's programs should continue to receive the Board's funds. However, it is concerned about the effectiveness of this informal approach.

The Board has also asked whether the statutorily funded programs should be required to return unspent funds at the end of each fiscal year, so that these funds can be reallocated by the Board, or whether the programs should retain unspent funds to support future anti-tobacco activities.

To address the Board's authority to coordinate the work of the three statutorily funded programs, the Legislature could:

- maintain current law, which would require the Board to continue to coordinate its competitive grant projects with the three statutorily funded programs to the extent possible;
- appropriate funds directly to the three statutorily funded programs instead of channeling the funds through the Board, which would not solve the coordination issue but would clearly indicate that the Legislature did not intend the Board to influence how the three programs spent their funds; or
- give the Board explicit authority to determine how the three statutorily funded programs spend the funds they receive through the Board's appropriation.

The Board does not control a number of other state programs that fund tobacco control activities. For example, DHFS's Division of Supportive Living operates the WI Wins program, which seeks to prevent youth access to tobacco products at retail outlets; the Division of Children and Family Services operates the Substance

Abuse Prevention and Treatment program, which is a federal block grant program to implement prevention, treatment, and rehabilitation activities related to substance abuse; and the Division of Public Health uses CDC funds to operate a number of tobacco control programs. The Department of Public Instruction operates several programs that have tobacco control elements, including the Safe and Drug-Free Schools and Communities, the CDC School Health, and the Alcohol and Other Drug Addiction programs.

**A joint strategic plan could help facilitate coordination among programs.**

The Board could consider working with the Center for Tobacco Research and Intervention, the Medical College, the Melvin Program, and the other tobacco control programs that are operated by state agencies in order to develop a joint strategic plan that would help facilitate a coordinated statewide tobacco control program. The Board and the programs could decide how best to complement their tobacco control activities and avoid unnecessary duplication of effort.

**Monitoring and Evaluation**

As noted, the Board decided in August 2002 to continue funding all existing projects through 2003. We question whether such an approach is warranted, given that available information suggests some projects have not achieved their stated objectives.

The Board requires the projects it funds through the competitive grant process to collect information about results, submit quarterly progress reports, and conduct end-of-project evaluations. It has used this information to make grant funding decisions. The Board's staff and members also visited staff of each Board-funded project in fall 2002 in order to obtain more information about the effectiveness of the projects.

**The Board budgeted \$1.9 million through FY 2001-02 for monitoring and evaluation services.**

In addition, the Board budgeted \$1.9 million through FY 2001-02 for the services of the Monitoring and Evaluation Program, which tracks and analyzes trends in tobacco use and consumption. The program also helps Board-funded projects identify outcomes, analyze results, and improve operations, and it was expected to independently evaluate the effectiveness of Board-funded projects. The results of these efforts were intended to provide the information the Board needed for future project planning and development. The program includes three organizations:

- UW Comprehensive Cancer Center, which is the lead agency for the contract and is responsible for monitoring statewide trends in tobacco use;

- UW-Extension, which provides technical assistance and training regarding program evaluation to local anti-tobacco coalitions; and
- UW-Madison Center for Health Policy and Program Evaluation, which evaluates and compares efforts to reduce tobacco use throughout the state, focusing on increasing understanding about best practices in tobacco control.

The Monitoring and Evaluation Program originally intended to evaluate several Board-funded projects in 2001, but many of the projects had not been in operation long enough to achieve their objectives, or their activities were limited because too few individuals participated. Instead, the majority of the Monitoring and Evaluation Program's efforts through FY 2001-02 were focused on monitoring rather than on evaluation. For example, the program released several reports on trends in tobacco attitudes, behaviors, and use and on local ordinances throughout the state, but through December 2002 it had produced only one evaluation of the effectiveness of Board-funded projects.

In August 2002, the Monitoring and Evaluation Program released an evaluation of the Board's statewide media and counter-marketing campaign. The firm responsible for the campaign had surveyed Wisconsin residents twice in 2001. Using data from these surveys, the Monitoring and Evaluation Program concluded that awareness of the campaign's messages and of the tobacco industry's advertising had increased, as did agreement about the harmfulness of secondhand smoke. However, support for smoke-free restaurants and workplaces did not increase, and the prevalence of smoking did not change. The Monitoring and Evaluation Program concluded that future media and counter-marketing campaigns should encourage people to support smoke-free restaurants and workplaces and should target smokers with positive cessation messages that include contact information for the Wisconsin Tobacco Quit Line.

In March 2003, the Monitoring and Evaluation Program plans to provide the Board with an evaluation report of competitive grant programs. In April 2003, it plans to provide an evaluation report of community coalition activities.

In the future, the Board will have to choose which projects it will continue to fund and which have not shown enough positive outcomes to justify additional funding. In some cases, the Board may wish to continue its financial support but require that a project

alter its approach or target audience in order to complement other projects more effectively or to increase the likelihood that the project will help the Board achieve its statewide goals.

#### Recommendation

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*We recommend that after the Legislature has determined the Board's funding levels for the 2003-05 biennium, the Wisconsin Tobacco Control Board use the evaluation reports that the Monitoring and Evaluation Program will provide in March and April 2003 to assist it in making decisions about which competitive grant projects should receive funding.*

### **Balancing Prevention and Cessation Efforts**

At its April 2002 annual meeting, the Board discussed the advantages and disadvantages of focusing on youth prevention projects and providing cessation services. The Board indicated that potential future funding decreases have caused it to reassess its long-term goals and potentially increase its emphasis on projects that are focused on prevention.

***The Board should determine whether competitive grant recipients may purchase cessation medication.***

If the Board continues to fund cessation projects, it will need to clarify whether grant funds may be used to purchase medication for the cessation of tobacco use. Administrative code allows the three statutorily funded programs to purchase cessation medication, and several of the Medical College's research projects used grant funds for this purpose. The Board's administrative code, however, prohibits competitive grant recipients from purchasing cessation medication. Nevertheless, the Board approved the Young Adult Pilot Study project operated by the UW-Madison School of Pharmacy, which budgeted \$40,000 for cessation medication in its grant proposal. Through March 2002, the project had spent \$1,757 for cessation medication, and more purchases were anticipated.

The Board is considering whether to modify administrative code to allow competitive grant recipients to purchase cessation medication. If it decides not to modify its administrative rules, it needs to ensure grant recipients adhere to the code's provisions.

#### Recommendation

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*We recommend the 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.*

## Fiscal Oversight

As noted, the Board did not spend all of its available funding through FY 2001-02, and its contracts with competitive grant recipients have been for varying periods. In April 2002, the Board hired a staff person to monitor recipients' compliance with the provisions of their contracts. The Board indicated that more timely information on unspent grant funds is becoming available, and as a result of the additional staff, it is increasingly able to determine when funds can be redistributed to other projects or awarded to new projects. We suggest the Board continue these efforts in the future to ensure its funds are being spent effectively.

Many of the Board's initial contracts with competitive grant recipients were intended to be in effect from January through December 2001, but a number of the contracts were not signed and funds were not available until March 2001. As a result, projects experienced delays, and many contracts were extended through June 2002. The Board stated that the change to an 18-month contract period was advised by DHFS, which structures its contracts in this way to provide new grant recipients a transition period from the first to the second year of funding. More recently, beginning with its 2003 competitive grants, the Board has used a standard calendar year grant period.

***The Board should use consistent grant periods and monitor grant expenditures regularly.***

Because differing grant periods make it difficult for the Board to determine the amount of unspent funds available at any given time, worthwhile projects that require additional funding to accomplish their objectives, as well as promising new projects, may not receive that funding.

### Recommendation

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*We recommend the Wisconsin 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.*

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## **Programs Funded by the Tobacco Control Board Through FY 2001-02**

The Tobacco Control Board supported three organizations that statutes require to be funded:

- the Thomas T. Melvin Youth Tobacco Prevention and Education Program;
- the University of Wisconsin-Madison Center for Tobacco Research and Intervention; and
- the Medical College of Wisconsin.

In addition, the Board funded the following programs through a competitive grant process:

- Statewide Media and Counter-marketing Campaign;
- Community Coalition Grants;
- Monitoring and Evaluation Program;
- Wisconsin Tobacco Quit Line;
- Department of Public Instruction School Grants;
- Youth-Led Movement: Fighting Against Corporate Tobacco (FACT);
- Training and Technical Assistance for Community Coalitions;
- Wisconsin Ethnic Network;
- Young Adult Pilot Study: An Innovative and Comprehensive Plan for Tobacco Reduction;
- Young Adult Pilot Study: Pharmacy-Based Smoking Cessation Program for Young Adults;
- Youth Cessation Pilot Study: Not On Tobacco (N-O-T);
- Pregnant Smokers Pilot Study: First Breath;
- Tobacco Control Resource Center for Wisconsin; and
- Spit Tobacco Initiative.



**Thomas T. Melvin Youth Tobacco Prevention and Education Program  
Through FY 2001-02**

**Granting Agency:** Tobacco Control Board (statutorily required grant)

**Principal Grantee:** Thomas T. Melvin Program, operated by the Department of Health and Family Services' Division of Public Health

**Partner Grantees:** None

**Funding:** \$4,000,000

**Expenditures:** \$2,977,328

**Area Served:** Statewide

**Population Served:** 11- to 14-year-old youth

**Number of Participants:** Not applicable

**Primary Purpose:** To reduce youth tobacco use

**Program Description:**

The program spreads an anti-tobacco message to its target population through print ads in yearbooks and school newspapers, radio announcements, and a 30-minute television spot created by youth and broadcast during the day throughout a wide area of the state. Youth are encouraged to join the B-FREE team, which can be done by signing an on-line pledge not to use tobacco products, and to become active in writing anti-tobacco articles for a newsletter distributed four times a year to those who join the team.

Local B-FREE groups meet, conduct presentations at schools, and hold special events such as dances. Schools may receive grants to fund tobacco education initiatives that are intended to provide youth with the knowledge to abstain from tobacco use.

**Outcomes:**

Early evaluation efforts indicated that students exposed to the media campaign had greater awareness of tobacco-related issues and recognized themselves as targets of tobacco advertising. Statewide surveys conducted by the Department of Health and Family Services found that overall smoking rates among students dropped from 12 percent in 2000 to 9 percent in 2001, and use of any tobacco product fell from 16 percent to 13 percent. The percentage of students who had ever smoked also declined. Researchers attributed some of the decline to efforts such as the Melvin Program.

**Current Funding:**

\$2,000,000 in FY 2002-03

**UW-Madison Center for Tobacco Research and Intervention:  
Regional Outreach  
Through FY 2001-02**

**Granting Agency:** Tobacco Control Board (statutorily required grant)

**Principal Grantee:** UW-Madison Center for Tobacco Research and Intervention

**Partner Grantees:** None

**Funding:** \$1,050,000

**Expenditures:** \$1,027,181

**Area Served:** Statewide

**Population Served:** Tobacco users, health care providers, and others

**Number of Participants:** Unknown

**Primary Purpose:** To provide current methods to health care providers for discussing tobacco use and cessation strategies with tobacco users

**Program Description:**

Six cessation specialists work in the Department of Health and Family Services' five health regions (two specialists work in Milwaukee) with physicians and other health care providers, schools, and community organizations to provide current strategies for discussing tobacco use and cessation with tobacco users. The cessation specialists also provide links to local cessation resources.

**Outcomes:**

The cessation specialists trained more than 5,000 health care providers in effective cessation strategies; sent cessation information to over 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 Wisconsin Tobacco Quit Line and local cessation resources. Cessation specialists are also beginning to work with employers to provide workplace-based cessation programs.

**Current Funding:**

\$638,188 in FY 2002-03

**UW-Madison Center for Tobacco Research and Intervention:  
Adult Tobacco Use Survey  
Through FY 2001-02**

**Granting Agency:** Wisconsin Tobacco Control Board (statutorily required grant)

**Principal Grantee:** UW-Madison Center for Tobacco Research and Intervention

**Partner Grantees:** None

**Funding:** \$600,000

**Expenditures:** \$357,410

**Area Served:** Statewide

**Population Served:** Clinicians and policymakers directly, tobacco users indirectly

**Number of Participants:** Not applicable

**Primary Purpose:** To assist clinicians and policymakers in effectively planning prevention and cessation programs and to quantify the prevalence of adult tobacco use in Wisconsin

**Program Description:**

The Center originally intended to conduct a survey annually, but it funded only one survey. The 2001 telephone survey involved a random sample of 6,000 Wisconsin adults—with a survey instrument prepared by the Center—to determine current tobacco usage, attitudes toward tobacco regulation, tobacco cessation attempt patterns, and other tobacco-related issues. Survey results were to be reported to the Tobacco Control Board, the Governor, the Legislature, and the public in June 2001.

**Outcomes:**

Mixed objectives and difficulties with the survey instrument resulted in data with limited usefulness. As of January 2003, the Center had prepared and released three of six planned papers that will be based on survey findings and will address individual topics, such as why people smoke, how smokers are quitting, and attitudes toward secondhand smoke. The Center plans to conduct a second survey in FY 2002-03.

**Current Funding:**

\$200,000 in FY 2002-03

**UW-Madison Center for Tobacco Research and Intervention:  
Mini-Grants  
Through FY 2001-02**

**Granting Agency:** Wisconsin Tobacco Control Board (statutorily required grant)

**Principal Grantee:** UW-Madison Center for Tobacco Research and Intervention

**Partner Grantees:** None

**Funding:** \$159,486

**Actual Expenditures:** \$159,486

**Area Served:** Statewide

**Population Served:** Various

**Number of Participants:** Unknown

**Primary Purpose:** To distribute competitively a portion of the Tobacco Control Board's funds throughout the state for innovative projects and studies

**Program Description:**

The Center originally intended to budget \$150,000 annually for mini-grants but has funded less than that amount. From FY 1999-2000 through FY 2001-02, the Center received 19 grant proposals, 9 of which were funded. Projects typically combined delivery of a program or service with an evaluation of its effectiveness.

**Outcomes:**

Two of the nine projects met all of their objectives, while the other seven met some of their objectives or could not collect sufficient data to allow researchers to measure project effectiveness. The Center does not intend to continue the mini-grants program in FY 2002-03.

**Current Funding:**

None

**UW-Madison Center for Tobacco Research and Intervention:  
Wisconsin Women's Health Foundation  
Through FY 2001-02**

**Granting Agency:** Tobacco Control Board (statutorily required grant)

**Principal Grantee:** UW-Madison Center for Tobacco Research and Intervention

**Partner Grantees:** Wisconsin Women's Health Foundation

**Funding:** \$150,000

**Expenditures:** \$150,000

**Area Served:** Statewide

**Population Served:** Girls in grades 6-8 and their mothers

**Number of Participants:** 940

**Primary Purpose:** To provide information on high-risk behaviors, including smoking

**Program Description:**

The Center originally intended to budget \$100,000 annually for this program, but it funded half that amount. The Foundation agreed to provide 15 one-day health fairs for adolescent girls and their mothers, at a cost of \$10,000 per program. The focus of the health fairs, which the Foundation called Health for Mothers and Daughters, was high-risk behaviors such as teen sex, substance abuse, eating disorders, and tobacco use. The Foundation's budget assumed that each health fair would attract 500 participants.

**Outcomes:**

Through July 2002, the Foundation presented nine one-day health fairs to 940 participants, or an average of 104 participants per health fair. CTRI does not intend to fund this program in FY 2002-03.

**Current Funding:**

None

**Medical College of Wisconsin: Tobacco Prevention Research and Education Project  
Through FY 2001-02**

**Granting Agency:** Tobacco Control Board (statutorily required grant)

**Principal Grantee:** Medical College of Wisconsin

**Partner Grantees:** None

**Funding:** \$1,000,000

**Expenditures:** \$980,389

**Area Served:** Metropolitan Milwaukee

**Population Served:** Smokers, medical students, medical residents, and medical professionals

**Number of Participants:** Unknown

**Primary Purpose:** To support tobacco prevention and cessation efforts at the Medical College of Wisconsin

**Program Description:**

In FY 2000-01, the Medical College awarded 19 grants to researchers at the Medical College who focused on clinical research on nicotine and tobacco (10 projects); community initiatives (3 projects); educational initiatives targeting medical students, residents, and professionals (4 projects); and establishing core tobacco cessation efforts at the Medical College (2 projects). In FY 2001-02, the Medical College awarded grants to six clinical research projects, three community outreach projects, two educational initiatives projects, and two core tobacco cessation projects.

**Outcomes:**

Three FY 2000-01 projects were successful in achieving their goals; seven projects had mixed results with respect to their stated goals; eight projects were not successful in achieving their goals within grant period established by the Medical College; and no determination could be made for one project due to a lack of information.

**Current Funding:**

\$500,000 in FY 2002-03

**Statewide Media and Counter-marketing Campaign  
Through FY 2001-02**

**Granting Agency:** Tobacco Control Board (competitive grant)

**Principal Grantee:** BVK/McDonald, Inc.

**Partner Grantees:** Burrell Communications Group, BVK/Meka, The Nixon Group, Strive Media Institute, and Market Strategies

**Funding:** \$7,000,000

**Expenditures:** \$6,751,719

**Area Served:** Statewide

**Population Served:** General population

**Number of Participants:** Not applicable

**Primary Purpose:** To operate a statewide media campaign

**Program Description:**

The statewide media and counter-marketing campaign is aimed at changing attitudes about tobacco use, making people aware of deceptive tobacco industry practices, publicizing the dangers of secondhand smoke exposure, and encouraging smokers to quit.

**Outcomes:**

BVK/McDonald, Inc., contracted with a Washington, DC, healthcare research firm to conduct surveys that measured advertisement recall, message awareness, and tobacco-related attitudes and behaviors. The surveys were conducted in February and March 2001, and again in December 2001. After seven months of advertising, the statewide media and counter-marketing campaign resulted in increased recall of anti-tobacco messages and increased knowledge about tobacco industry advertising practices. Before the media campaign, 53 percent of young adults who were surveyed indicated they would like to quit. Afterwards, 85 percent expressed a desire to do so.

While increases in advertisement recall and knowledge were achieved, tobacco-related behaviors had not changed at the time of the post-campaign survey. Additional surveys are planned so that any subsequent changes in behavior can be measured.

**Current Funding:**

\$2,100,000 for July through December 2002; \$4,350,000 in 2003

**Community Coalition Grants**  
Through FY 2001-02

**Granting Agency:** Oregon Tobacco Control Board (competitive grant)

**Principal Grantee:** Oregon Department of Health and Family Services' Division of Public Health

**Partner Grantees:** Local public health departments

**Funding:** \$5,570,852

**Expenditures:** \$5,570,852

**Area Served:** Statewide

**Population Served:** General population

**Number of Participants:** Unknown

**Primary Purpose:** To provide funding to local public health departments to establish community coalitions, decrease exposure to secondhand smoke, prevent youth initiation, and promote quitting among youth and adults

**Program Description:**

Local public health departments facilitate the distribution of anti-tobacco grants to community coalitions. Funding is allocated based on population, tobacco use, the percentage of residents living in poverty, and the size of the geographic area.

In the program's first year, each agency was given a base funding allocation of \$18,072, with the option of increased funding if viable coalitions were already in place and the community had the capacity to initiate school-based and linked activities, as well as additional awareness campaigns and policy efforts. Contracts between local public health departments and the Division of Public Health were performance-based, and the desired outcomes are determined by each community. Local coalitions were required to return funding for outcomes that were not achieved, but they were eligible for incentive payments as a reward for achieving the outcomes.

**Outcomes:**

Because grant periods were extended, final reports and evaluations had not yet been collected as of June 2002. Regional coordinators indicated that communities worked to establish coalitions in the first year and that progress has been made toward completing objectives.

**Current Funding:**

\$2,229,148 for July through December 2002; \$4,500,000 in 2003



## Monitoring and Evaluation Program Through FY 2001-02

**Granting Agency:** Tobacco Control Board (competitive grant)

**Principal Grantees:** UW-Madison Comprehensive Cancer Center

**Partner Grantees:** University of Wisconsin Extension, University of Wisconsin-Madison Department of Preventive Medicine

**Funding:** \$1,900,000

**Expenditures:** \$1,227,065

**Area Served:** Statewide

**Population Served:** General population

**Number of Participants:** Not applicable

**Primary Purpose:** To monitor smoking rates and attitudes toward tobacco and to evaluate the work of Board-funded projects and local coalitions

### Program Description:

The Monitoring and Evaluation Program:

- monitors youth and adult tobacco use;
- assists local communities in evaluating their programs;
- evaluates statewide programs and policies; and
- communicates findings to state and local program leaders.

### Outcomes:

The Monitoring and Evaluation Program produced several reports on youth and adult tobacco use and attitudes during 2001 and 2002. In addition, the program is analyzing the results of the statewide media campaign, and it is compiling information on municipal smoking ordinances and worksite smoking policies.

### Current Funding:

\$715,000 for July through December 2002; \$1,500,000 in 2003

**Wisconsin Tobacco Quit Line**  
Through FY 2001-02

**Granting Agency:** Tobacco Control Board (competitive grant)

**Principal Grantee:** UW-Madison Center for Tobacco Research and Intervention

**Partner Grantees:** None

**Funding:** \$1,337,351

**Expenditures:** \$1,337,351 for the contract and \$176,893 for other costs

**Area Served:** Statewide

**Population Served:** Tobacco users, health care providers, and other interested parties

**Number of Participants:** 15,397 callers during Quit Line business hours

**Primary Purpose:** To provide toll-free cessation counseling and referral to local resources

**Program Description:**

The Quit Line provides live call intake during business hours and a 24-hour automated message with general information about the Quit Line at other times. Quit Line staff are cessation specialists who are aware of available cessation resources in Wisconsin. All callers may request information that encourages cessation and directs them to local cessation resources. A caller who will not set a quit date or who recently quit using tobacco receives brief motivational encouragement from the cessation specialists. A caller who is motivated to quit and willing to set a quit date is assigned to a specific cessation specialist, who mails the individual cessation information and telephones the individual five times over the course of a year. The first call measures the individual's level of addiction, while the remaining four calls are intended to be motivational and to help the individual solve cessation-related issues and personal problems. The Quit Line can be called at any time throughout the year.

**Outcomes:**

A February 2002 report and two recent surveys conducted by the vendor indicate the Quit Line has operated effectively and has assisted individuals in their attempts to quit smoking.

**Current Funding:**

\$462,649 for July through December 2002; \$1,300,000 in 2003

**Department of Public Instruction School Grants  
Through FY 2001-02**

**Granting Agency:** Tobacco Control Board (competitive grant)

**Principal Grantee:** Department of Public Instruction

**Partner Grantees:** None

**Funding:** \$1,250,000

**Expenditures:** \$1,250,000

**Area Served:** Statewide

**Population Served:** K-12 students

**Number of Participants:** 55 school districts and 161 individual schools

**Primary Purpose:** To distribute funds to school districts and Cooperative Educational Service Agencies for school-based anti-smoking activities

**Program Description:**

This program seeks to increase the number of schools that operate anti-tobacco programs using the Centers for Disease Control and Prevention's *School Health Guidelines for Preventing Tobacco Use and Addiction*. In the first year, the Department of Public Instruction sponsored grant-writing workshops, provided school district officials with technical assistance, and created a set of resources that school district officials could use for program planning.

The Department retained 10 percent of grant funds to cover administrative costs, including salaries and fringe benefits for a 0.75 full-time equivalent position responsible for grant oversight and data collection, as well as a 0.25 full-time equivalent position responsible for clerical duties.

**Outcomes:**

A total of 46 grant proposals to serve 55 school districts and 161 individual schools were funded during the 2001-02 school year. Other states have used the Department as a model and for advice on implementing this type of program, particularly as a result of the technical assistance and the set of resources that the Department created. Evaluation of the program is ongoing.

**Current Funding:**

\$625,000 for FY 2002-03

**Youth-Led Movement: Fighting Against Corporate Tobacco (FACT)  
Through FY 2001-02**

**Granting Agency:** Tobacco Control Board (competitive grant)

**Principal Grantee:** The Nixon Group, Inc.

**Partner Grantees:** Strive Media Institute

**Funding:** \$1,048,752

**Expenditures:** \$1,048,752

**Area Served:** Statewide

**Population Served:** 12- to 17-year-old Wisconsin youth

**Number of Participants:** Unknown

**Primary Purpose:** To launch a statewide youth-led movement that will provide teenagers with the appropriate knowledge to make informed decisions about tobacco use

**Program Description:**

The program provides teenagers with knowledge about media advocacy and the skills to produce media materials appropriate for their peers. Youth helped name the campaign, developed its focus, and serve on the board of directors. A total of 300 youth and 50 adults were trained to be facilitators.

A mini-grant program provides funding to local coalitions to develop advocacy campaigns and recruit teens for local FACT initiatives. In addition, training was provided at a summit meeting in 2001 in order to sustain the movement and recruit new members.

**Outcomes:**

The mini-grant program funded 14 proposals in 2001. High levels of interest in the program have prompted discussion about expanding the initiatives undertaken.

**Current Funding:**

\$412,768 for July through December 2002; \$850,000 in 2003

**Training and Technical Assistance for Community Coalitions**  
Through FY 2001-02

**Granting Agency:** Tobacco Control Board (competitive grant)

**Principal Grantees:** Department of Health and Family Services' Division of Public Health

**Partner Grantees:** None

**Funding:** \$900,000

**Expenditures:** \$532,080

**Area Served:** Statewide

**Population Served:** Local anti-tobacco coalitions throughout the state

**Number of Participants:** Not applicable

**Primary Purpose:** To provide training and technical assistance to local anti-tobacco coalitions

**Program Description:**

The program provides information, training, and technical assistance to local anti-tobacco coalitions throughout the state. Training topics have included developing coalitions, evaluating and monitoring coalition efforts, developing policy initiatives, handling media and public relations, and developing youth-led activities. Additional sessions were held on legal issues related to tobacco, the development of school-based and school-linked activities, and enforcement strategies. Regional coalition coordinators continue to meet to maintain contact, monitor progress, and define future training needs.

The program also organized and presented the Statewide Tobacco Control Conference in April 2002.

**Outcomes:**

Not applicable

**Current Funding:**

\$150,000 for July through December 2002; \$600,000 in 2003

## Wisconsin Ethnic Network

Through FY 2001-02

**Granting Agency:** Tobacco Control Board (competitive grant)

**Principal Grantee:** Great Lakes Intertribal Council

**Partner Grantees:** Black Health Coalition of Wisconsin, United Migrant Opportunity Service, Wisconsin United Coalition of Mutual Aid Associations

**Funding:** \$650,000

**Expenditures:** \$551,269

**Area Served:** Nearly statewide

**Population Served:** Native American, African American, Hispanic, and Southeast Asian (Hmong, Vietnamese, Laotian, and Cambodian) populations

**Number of Participants:** Unknown

**Primary Purpose:** To reduce tobacco use among ethnic communities of color in Wisconsin

### Program Description:

The program is intended to implement culturally relevant tobacco control strategies and programs in ethnic communities. The network provides a means for the participating ethnic groups to collectively monitor tobacco control policies and programs affecting their communities, facilitate training, and share culturally appropriate ideas for tobacco control.

### Outcomes:

The four member organizations each established community-based networks to serve their target populations. Funding delays hindered the completion of strategic plans, and thus delayed the implementation of tobacco control programs. However, the groups reported progress toward building coalitions and completing the strategic plans, and they anticipate implementing tobacco control strategies during 2002. All four groups met with a media firm to develop culturally appropriate media campaigns for tobacco awareness. The network held its first annual statewide meeting from February 27 to March 1, 2002, and it reported a variety of outreach activities at local cultural events, schools, and conferences.

### Current Funding:

\$368,000 for July through December 2002; \$650,000 in 2003

**Young Adult Pilot Study: An Innovative and Comprehensive Plan  
for Tobacco Reduction  
Through FY 2001-02**

**Granting Agency:** Tobacco Control Board (competitive grant)

**Principal Grantee:** UW-Oshkosh

**Partner Grantees:** None

**Funding:** \$231,000

**Expenditures:** \$215,836

**Area Served:** UW-Oshkosh

**Population Served:** 18- to 24-year-old students enrolled at UW-Oshkosh

**Number of Participants:** Approximately 7,884 students were in the target age group, but the pilot study intended to change the smoking behavior of 500 students

**Primary Purpose:** To reduce smoking in the UW-Oshkosh student population by 4 percent by December 2001

**Program Description:**

The program provided complete smoking cessation services and implemented a campaign to change tobacco attitudes and behaviors on campus. The counter-marketing campaign included peer educational components, special events, and an educational Web page. In addition, efforts were made to promote smoke-free residence halls and a smoke-free student union, as well as to expand existing no-smoking policies on campus. The program will eventually expand to include collaboration with the Tobacco Free Coalition and with American Cancer Society branches in the Oshkosh community.

**Outcomes:**

The UW-Oshkosh Tobacco Use Survey that the project administered in December 2000 and December 2001 showed a 29 percent reduction in the number of students using tobacco.

**Current Funding:**

\$90,000 for July through December 2002; \$550,000 in 2003

**Young Adult Pilot Study:  
Pharmacy-Based Smoking Cessation Program for Young Adults  
Through FY 2001-02**

**Granting Agency:** Tobacco Control Board (competitive grant)

**Principal Grantee:** UW-Madison School of Pharmacy

**Partner Grantees:** Copps Food Stores

**Funding:** \$200,084

**Expenditures:** \$94,155

**Area Served:** Madison and Stevens Point

**Population Served:** 18- to 24-year-old employees of Copps Food Stores

**Number of Participants:** 12

**Primary Purpose:** To develop and test an accessible, work-based smoking cessation program to employed young adults

**Program Description:**

Using recent clinical guidelines, the program aimed to provide smoking cessation support addressing habit change, relapse prevention, group support, and stress management. Extensive training, through workshops and self-study materials, was offered to pharmacists who implemented the program in individual Copps Food Stores that contained pharmacies. Program participants received one individual session and four group sessions over an eight-week period and were offered tobacco cessation medication that was purchased with program funds. They were monitored for three months to evaluate the program's success and received an exit evaluation.

**Outcomes:**

The program encountered problems when Copps Food Stores and the internal pharmacies were sold in October 2001. In addition, fewer employees than expected participated. The project is continuing using pharmacists employed by the new owner of the pharmacies.

**Current Funding:**

\$25,000 for July through December 2002; \$25,000 in 2003



## Youth Cessation Pilot Study: Not On Tobacco (N-O-T)

Through FY 2001-02

**Granting Agency:** Tobacco Control Board (competitive grant)

**Principal Grantee:** American Lung Association of Wisconsin

**Partner Grantee(s):** Pacific Institute for Research and Evaluation

**Funding:** \$373,918

**Expenditures:** \$257,261

**Area Served:** Statewide

**Population Served:** High school-aged smokers

**Number of Participants:** 174

**Primary Purpose:** To reduce youth smoking rates

### Program Description:

Two project coordinators were hired and trained to implement this program, which has previously been successful in Florida and West Virginia, where 20 percent cessation rates were sustained and the number of cigarettes smoked by high school students declined. In addition, 100 volunteer counselors (including counselors, teachers, and other school officials) were trained in counseling strategies based on Centers for Disease Control and Prevention guidelines and best practices for comprehensive tobacco control programs.

The program was promoted to 130 local health departments, 480 public schools, 58 private schools, and 12 CESAs. The study planned to pair 12 control group schools (in which only minimal treatment was provided to student smokers) with 12 schools in which the program was implemented. Self-selected student smokers were provided with counselors who offered ten weeks of treatment and four booster sessions. The study design was intended to measure the effect of the program on student cessation rates, and the goal was to achieve a 20 percent quit rate among participants.

### Outcomes:

The program had difficulty recruiting enough participants; only 4 of the 18 schools that expressed interest in acting as control sites were able to recruit enough students for the program. However, 117 youth completed the program and provided information afterwards. Of the 117, 23.1 percent had quit smoking and 79.5 percent of those still smoking reported that they were smoking less on weekdays. A total of 75.9 percent of those still smoking reported reductions in their weekend smoking rates.

### Current Funding:

\$88,179 from July through December 2002; \$150,000 in 2003

**Pregnant Smokers Pilot Study: First Breath**  
Through FY 2001-02

**Granting Agency:** Wisconsin Tobacco Control Board (competitive grant)

**Principal Grantee:** Wisconsin Women's Health Foundation

**Partner Grantees:** Department of Health and Family Services' Division of Health Care Financing, Bureau of Family and Community Health; Health Care Education and Training, Inc.; Innovative Resource Group

**Funding:** \$319,242

**Expenditures:** \$288,904

**Area Served:** City of Beloit; Fond du Lac, Price, Washburn, and Waukesha counties; Oneida Tribe

**Population Served:** Pregnant smokers receiving Medical Assistance services

**Number of Participants:** 90

**Primary Purpose:** To decrease smoking in the low-income pregnant population

**Program Description:**

The program delivered interventions based on Public Health Service recommendations to women receiving prenatal care through Wisconsin's Prenatal Care Coordination program and the Women, Infants and Children supplemental nutritional program. Staff of these two programs received training on motivating pregnant smokers to quit and counseling those who wish to quit. With participant approval, primary physicians were contacted and asked to recommend appropriate tobacco cessation medication for those unable to quit.

**Outcomes:**

The program was unable to recruit the expected 500 clinic participants and 500 control group participants; as of May 2002, 90 women had participated in the program and were 30 days post-partum (52 in the study group and 38 in the control group). In the clinic group, 23.1 percent of the participants had quit smoking; in the control group, only 7.9 percent of participants had quit. In addition, 61.5 percent of the clinic participants reported reductions in their smoking rates, while only 42.1 percent of the control group reported reductions.

**Current Funding:**

\$103,646 from July through December 2002; \$125,000 in 2003

**Tobacco Control Resource Center for Wisconsin  
Through FY 2001-02**

**Granting Agency:** Tobacco Control Board (competitive grant)

**Principal Grantees:** UW-Madison Clearinghouse for Prevention

**Partner Grantees:** None

**Funding:** \$275,000

**Expenditures:** \$197,339

**Area Served:** Statewide

**Population Served:** Local tobacco control coalitions and Wisconsin residents

**Number of Participants:** Not applicable

**Primary Purpose:** To provide a central repository of tobacco control-related literature, brochures, videotapes, and other resources

**Program Description:**

The Tobacco Control Resource Center for Wisconsin is the central repository of tobacco control information for Wisconsin. In particular, it:

- collects and distributes educational materials for the general population and specific ethnic groups, using a referral center with a toll-free number;
- assists state agencies, such as the Department of Public Instruction and Department of Health and Family Services, with tobacco control efforts;
- maintains a Web site for local tobacco control organizations and the general public;
- assists the Department of Health and Family Services' Division of Public Health in training local anti-tobacco coalition members; and
- provides fund-raising and grant-writing assistance for tobacco use prevention organizations.

**Outcomes:**

Not applicable

**Current Funding:**

\$125,000 for July through December 2002; \$200,000 in 2003

**Spit Tobacco Initiative**  
Through FY 2001-02

**Granting Agency:** Tobacco Control Board (statutorily required grant in FY 1999-2000; competitive grant in FY 2001-02)

**Principal Grantees:** Wisconsin Dental Association, Milwaukee Brewers Baseball Club

**Partner Grantees:** Department of Public Instruction, Department of Health and Family Services' Division of Public Health

**Funding:** \$138,000

**Expenditures:** \$92,000

**Area Served:** Statewide

**Population Served:** 5<sup>th</sup>-grade students

**Number of Participants:** 80,000

**Primary Purpose:** To increase youth awareness of the risks of spit tobacco and decrease the level of use and experimentation

**Program Description:**

Participants from the dental health profession created lesson plans outlining the dangers of spit tobacco to be implemented in each fifth-grade classroom in the state. Educational materials were provided in a comic book format in order to capture the attention of the young audience. At a Milwaukee Brewers game-day event, commemorative comic books were distributed to all youth under the age of 14. This is the only Tobacco Control Board-funded program that specifically addresses spit tobacco use.

**Outcomes:**

Pre- and post-tests were administered to students to gauge their attitudes about and knowledge of spit tobacco. Program success could not be determined because of a low survey response rate: only 5 of 200 randomly surveyed schools responded. Results from the respondents indicated that nearly 80 percent of students exhibited the highest degree of negative attitude toward spit tobacco before the program, and nearly 55 percent of students had a very high degree of knowledge about spit tobacco before the program.

**Current Funding:**

\$46,000 for July through December 2002; \$150,000 in 2003



# Wisconsin Tobacco Control Board

**Earnestine Willis**  
Chair  
Physician, Associate Professor  
Medical College of Wisconsin

**Stuart Berger**  
Medical Director  
Pediatric Heart Transplant Program  
Children's Hospital of Wisconsin

**Elizabeth Burmaster**  
Superintendent  
Wisconsin Department of Public  
Instruction

**William J. Domina**  
Corporation Counsel  
Milwaukee County

**William Elliott**  
Dean, College of Communication  
Marquette University

**Eric Englund**  
President  
Wisconsin Insurance Alliance

**Patricia A. Finder-Stone**  
Registered Nurse/Community Volunteer  
De Pere

**Gary A. Gonczy**  
Director of Marketing/Advertising  
Kwik Trip, Inc.

**Cecelia I. Gore**  
Program Officer  
Jane B. Pettit Foundation

**Senator Robert Jauch**  
25<sup>th</sup> Senate District  
Wisconsin State Senate

**Representative Rob Kreibich**  
93<sup>rd</sup> Assembly District  
Wisconsin State Assembly

**MaryAnn Lippert**  
Health Educator

**Jack Lockhart**  
Past President  
State Medical Society

**Stephanie Martin**  
Student  
Stoughton High School

**John E. Mielke**  
Cardiologist  
Appleton

**Marian L. Sheridan**  
Supervisor, School Health Programs  
Fond du Lac School District

**Frank M. Sterner**  
President and CEO  
E.R. Wagner Manufacturing Co., Inc.

**David Gundersen**  
Executive Director  
Wisconsin Tobacco Control Board

February 17, 2003

Ms. Janice Mueller  
State Auditor  
Legislative Audit Bureau  
22 East Mifflin Suite 500  
Madison, WI 53703

Dear Ms. Mueller:

The Wisconsin Tobacco Control Board and its funded programs have been working with the Legislative Audit Bureau since early 2002 to prepare this report. During this period we have appreciated the professionalism of the auditors. They have been objective and thorough, and have provided all partners opportunity to respond to and inform their findings. We thank the entire team for their work. 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.

## Background

The Legislative Audit Bureau report covers the first 18 months of Wisconsin's comprehensive effort to prevent and reduce the death and disease caused by tobacco. While the legislatively-directed grants to the Center for Tobacco Research and Intervention, Medical College of Wisconsin, and Thomas T. Melvin Program began in 1999-2000, the Board was not appointed until 2000 and its plan not implemented until January of 2001. However, because of the commitment of our state and local partners, the comprehensive plan established by the Board is already significantly changing tobacco use in Wisconsin.

The reason these state and local partners embraced the Board's plan and acted so quickly is simple – 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. Tobacco is a killer and a drain on public and private resources in Wisconsin.

### Barriers to Success

In the first 18 months covered by the Audit Bureau report, Wisconsin's tobacco control efforts have faced significant barriers. Our work was done despite a 43% budget cut between 2001 and 2002, and the complete securitization of the tobacco settlement in the Budget Repair Bill of 2002. These changes in funding have required continual program redefinition, which often means reducing or eliminating program components. In addition, when faced with proposed cuts, many programs could not recruit or maintain either clients or staff. Through countless reports from our programs, the uncertainty of looming cuts discouraged working for and enrolling in initiatives supported by Board-funded organizations.

In addition to inconsistent funding, the Tobacco Control Board itself has operated on minimal staffing levels. While the Board believes in streamlined administration and staffing, and has functioned on an operating budget of only 2.8% of total expenditures, inadequate staffing levels have jeopardized program successes. The Board had only 2.0 FTE in its first three years of existence, and reached minimal staffing levels of 4.0 FTE only in the autumn of 2002. These staffing levels are compared to over 30 staff in comparably sized states and programs in Minnesota and Massachusetts. While the Board prides itself on its efficiency, there must be basic staffing support if the Board is to effectively administer, monitor and evaluate grant programs of this complexity.

### Successes to Date

Despite inconsistent funding and limited staffing, the Audit Bureau report makes clear our efforts have shown positive early outcomes. The report includes appendices on all Board programs, and identifies the following outcomes from the first 18 months of the Board's work:

#### *Cessation Quit Line*

Through June 2002, over 24,000 people had called the Quit Line, with over 90 percent of those callers expressing satisfaction with the counseling support.

#### *UW Oshkosh*

The UW Oshkosh launched a campus-wide effort that decreased smoking from 34% to 24% in just one year. The effort included a marketing campaign, increased promotion of cessation resources, and the establishment of smoke-free dorms and facilities.

#### *Media*

In addition to providing media support and driving call volume to the Quit Line, the media campaign increased the number of young adults intending to quit from 53 percent in the pre-campaign survey to 85 percent in the post-campaign survey. In addition, the media resulted in significant attitude and knowledge changes about the dangers of secondhand smoke.

### *Ethnic Network Collaborative*

Diverse populations including Wisconsin's African American, Native American, Latino, and Southeast Asian populations have come together and formed the Wisconsin Ethnic Network Collaborative to combat tobacco use and influence of the tobacco industry in their communities.

### *NOT and First Breath*

Despite difficulties in recruiting participants and control groups, the Not on Tobacco (NOT) and First Breath programs helped over 200 youth and pregnant women in their efforts to quit smoking. Through the NOT program, over 23 percent of youth quit and of those who continued smoking, almost 80 percent reduced their smoking. In First Breath, 23 percent of recipient quit or 62 percent reduced their smoking. These rates are two to three times higher than control groups either within the state or from other national research.

The report also makes clear that programs failing to realize their original outcomes were either discontinued, restructured, or funding reduced (pp. 32, 34, 44). While all the efforts funded by the Board have merit and have realized outcomes, the Board's monitoring and evaluation contributed to maximizing these successes. The Board takes seriously its stewardship of Wisconsin's tobacco control efforts, and ineffective programs mean precious resources are not being maximized. In a very real sense, if the Board does not hold its programs to the highest standards, more people will die from tobacco use. That is a consequence the Board is not willing to accept without diligent efforts to assure program success and accountability.

Regardless of short-term successes, reducing tobacco use requires a long-term commitment, and significant outcomes can only be realized over time. The pervasiveness of smoking and tobacco use occurred over centuries, and reducing their presence will take more than 18 months. With a commitment of a decade, states like Massachusetts and California have been able to realize \$3 in health care savings for every dollar spent. Wisconsin is on its way to realizing these savings if we continue the effort. The Audit Bureau report details early outcomes and directions from the first 18 months of the Board's work. However, in just the six additional months since the Audit Bureau stopped its research, evaluation reports indicate several emerging outcomes that can be attributed to the programmatic successes detailed in the report. These outcomes include:

### *Youth Smoking Decreases*

Smoking among high school students has decreased from 33% in 2001 to 27% in 2002, meaning almost one-in-five fewer high school smokers.

### *Consumption Decreases*

From 2001 to 2002, cigarette consumption decreased by 5% in Wisconsin, compared to 1% nationally.

### *Senior Patch Program*

In the third quarter of 2002, using the Quit Line as an access point and for counseling, the Senior Patch Program provided cessation services to over 1000 Wisconsin seniors.

This effort was necessitated because Medicare does not cover cessation pharmacotherapies and many seniors cannot afford to pay for patches or other medications.

### *School Programs*

With the completion of our evaluation in the fall of 2002, it's clear Wisconsin's first year of school-based tobacco control efforts produced significant results. Results include:

- Over 400 students disciplined under new or revised tobacco policy or procedures;
- Almost 1,700 students trained in peer-to-peer tobacco programs with almost 19,000 students receiving peer-to-peer services;
- Over 700 teachers/school staff received training and provided tobacco instruction developed through the school tobacco grant program to over 40,000 students;
- Over 580 students referred or served by new tobacco cessation programs or services within the school district; and
- Over 90 parents/family members have received tobacco cessation services directly or through referral.

### *Community and Youth Leadership*

There is at least one tobacco prevention and control coalition in every county in the State, with over 1,600 adult and youth anti-tobacco advocates. In addition, the Board's youth movement, FACT, has engaged over 5,800 youth in peer-to-peer education and community activism. These local leaders are driving local prevention and cessation efforts, and changing social norms around tobacco use.

As indicated by these outcomes, and despite cuts to Wisconsin's tobacco control efforts, the Board was able to sustain an effective comprehensive plan. While many programs functioned with minimal staffing levels, the commitment of state and local partners allowed for significant impacts.

However, results in tobacco control are directly related to investment. Fewer resources mean fewer calls to the Quit Line. Reduced funding means more women smoking during pregnancy and more kids starting. All of these consequences to reduced funding mean more health care costs and death in both the short and long term.

### Response to Audit Bureau Recommendations to the Board

The Audit Bureau report contains three recommendations for the Board, all of which the Board agrees. The Board has already either taken action or is in the process of implementing all three of the recommendations.

*Recommendation 1:* Use the Monitoring and Evaluation Program's reports to assist in making decisions about which projects should receive continued funding (p. 52).

From its start, the Board has made program evaluation a high priority, and has required continual progress reports and evaluation of Board programs. The Board currently uses evaluation results from programs and the Monitoring and Evaluation Program to make funding decisions and program improvements. For example, results from the media campaign evaluation resulted in greater media support for the cessation and a clearer



focus on clean indoor air policy change efforts. In addition, inadequate program results from several programs resulted in the elimination, restructuring, or reduction in funding to those programs (pp. 32, 34, 44). The Monitoring and Evaluation Program is currently compiling a report on the evaluation results from all funded programs. In addition to identifying specific results, the report will identify programs that should receive additional evaluation support to assure program quality and outcomes.

*Recommendation 2:* Revise administrative rules to either allow competitive grant programs to purchase medication for the cessation of tobacco use or ensure that grant funds do not pay for medication expenses (p. 52).

The administrative rule change has been submitted with the Department of Health and Family Services Omnibus revisions and will include language specifying that cessation medication can be purchased only with written permission of the grant manager. This order will allow for the limited purchase of cessation medications and will prevent programs from expending excessive amounts on cessation pharmacotherapies.

*Recommendation 3:* 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).

With the hiring of a contracts and fiscal manager in early 2002, the Board's contracts are on consistent calendar year or state fiscal year periods. Expenditures for all programs are now monitored weekly and reported to the Board on a monthly basis (p. 53). However, the Board does not have statutory authority to redistribute funds unspent by the legislatively directed grants (Thomas T. Melvin Program, Center for Tobacco Research and Intervention, and Medical College of Wisconsin). Therefore, while we now have the capacity to track unspent dollars, the Board does not have the authority to assure those funds are reapplied effectively.

#### Response to Audit Bureau Future Considerations

The Audit Bureau report frames two main issues for future consideration by the Legislature. The Board offers the following responses on those issues.

#### *Funding*

The Audit Bureau report identifies that 2001 Wisconsin Act 109 stipulates \$25 million in annual allocations to Wisconsin's tobacco prevention and control efforts, and then offers two other options that would maintain current funding of \$15.3 million or some lesser amount. There are other revenues and costs that should be considered by the Legislature in assessing allocations to the Board.

Tobacco revenues and costs eclipse current prevention and cessation expenditures. The State of Wisconsin currently collects over \$350 million in tobacco tax revenues. Prior to its securitization, Wisconsin was scheduled to receive between \$150 and \$200 million annually from the tobacco settlement. In addition to revenues, Wisconsin taxpayers spend over \$422 million treating tobacco-related health care costs through the Medicaid program. Taxpayers, business, insurance companies spend almost \$1.6

billion in total for tobacco-related disease. In addition, business loses over \$1.4 billion in productivity because of breaks, illness, and death associated with tobacco use.

As an example of the pervasive costs of tobacco use, a single premature baby can cost as much as \$190,000 in its first year of life. Through the early and limited efforts of the First Breath Program and the Wisconsin Tobacco Quit Line, almost 900 pregnant smokers received cessation support. If these or similar efforts prevent 50 premature births, these services could save as much as \$9.5 million dollars, not to mention future tobacco-related health care costs to the mother.

Given the large economic and human resource costs associated with tobacco, there is a strong argument for funding tobacco prevention at levels consistent with the Centers for Disease Control and Prevention recommendation of \$31 million. Given the existence of an effective program, adequate and long-term funding for tobacco prevention and control efforts will mean reducing the death, disease and health care costs caused by smoking. The Board strongly recommends adhering to the commitment in Act 109 and funding the Board at \$25.0 million.

#### *Coordination*

The Audit Bureau report repeatedly identifies that the Board does not have statutory authority over many tobacco control efforts in the State, including 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 (pp. 48-50). As a result, Wisconsin's tobacco prevention and control efforts are not as well coordinated as they could and should be. As indicated in the report, the Board shares this concern (p. 48).

The Audit Bureau report suggests several options, including (1) maintaining current law, (2) appropriating funds directly to those programs and clearly indicating that the Legislature does not want the Board to influence those efforts, or (3) giving the Board greater control over program activities and budgets for all legislatively directed grants. The Board supports any legislative action that assures greater accountability and coordination for tobacco prevention and control efforts throughout the State of Wisconsin. Given that separating out funding would likely serve to create even less coordination, and that the status quo would continue the identified problem, the Board would support statutory language giving the Board greater oversight and coordination for the programmatic and budgetary activities of the legislatively directed grants.

In the event that the Legislature is interested in exploring consolidation of programs not funded through the Tobacco Control Board, the Board suggests the Legislature convene a Special Study Committee. This committee should be charged with recommending administrative and budget reforms that will assure optimal coordination between tobacco prevention and control efforts in Wisconsin. While there are strong foundations in many areas, it is clear that without statutorily defined relationships and accountability, Wisconsin's tobacco control efforts will not maximize their efficiency.

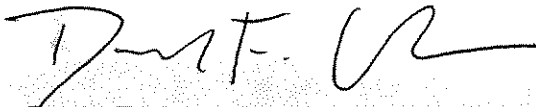
Although there is a clear need for improved coordination, it should be noted that there are many examples of existing coordination and the state has made great progress in

unifying our efforts. While there are no formal statutory requirements for coordination between the Board and the programs identified in the Audit Bureau report, extensive coordination does exist. As an example, the Wisconsin WINS program has worked collaboratively with many local coalitions funded by the Board to implement their compliance checks. In addition, the Quit Line and cessation outreach specialists at the Center for Tobacco Research and Intervention work closely with the Board media campaign, coalitions, and several of our funded programs. The work of the middle school focused Thomas T. Melvin Program is linked with local coalitions and their efforts often act as a direct feeder program for the Board's high school youth movement, FACT. The deficits identified in the Audit Bureau report should not be taken to mean that no coordination exists right now. The discussion of program coordination should be focused on formalizing and improving existing coordination to ensure greater efficiency.

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. This work will save lives and money in Wisconsin for years to come, and we congratulate you on your early successes.

Thank you once again for the opportunity to comment on this audit. We believe the Legislative Audit Bureau report could be a catalyst for improving Wisconsin's tobacco prevention and control efforts and reducing the death, disease, and health care costs caused by tobacco.

Sincerely,



David F. Gundersen  
Executive Director, Wisconsin Tobacco Control Board



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

February 17, 2003

Janice Mueller, State Auditor  
 22 E. Mifflin St., Suite 500  
 Madison, WI 53703

Dear Ms. Mueller:

Thank you for the opportunity to be involved in this Legislative Audit Bureau process and resulting report. I appreciate the efforts of the audit team to gather the data and report on the programs as accurately and fairly as possible.

I would like to open our response to the Legislative Audit Committee with a brief overview of some of the accomplishments we have made over the last three years through the generous support of the Legislature and the Wisconsin Tobacco Control Board (WTCB). It is so easy to get immersed in the detail of the audit, losing track of the larger picture. We have come a long way in a short time; this said, we also have many challenges ahead before we can say that we have eliminated the financial and human costs of tobacco use and dependence.

The University of Wisconsin Center for Tobacco Research and Intervention (UW-CTRI) is a national leader in smoking cessation research and has been recognized by the United States Public Health Service and the Surgeon General. It is one of seven major national research Centers on tobacco and is the primary Center focusing on improving our understanding of tobacco dependence and its treatment. The UW-CTRI's mission focuses both on research and effective intervention based on the research evidence. It was not until legislatively directed dollars were appropriated to UW-CTRI, however, that we were able to provide direct service to Wisconsin residents. These dollars have also allowed us to effectively link new findings about "what works" on the population basis with Wisconsin programs. Without these dollars, UW-CTRI's state programs would not be possible.

The UW-CTRI has a unique role within the overall tobacco control program. In 2001 the UW-CTRI created a statewide initiative to expand and improve the treatment of tobacco dependence throughout the state through evidence-based practices. Since then, we have both helped over 12,000 smokers through the Wisconsin Tobacco Quit Line and trained thousands of healthcare professionals to help smokers quit.

The overall health care costs of tobacco use in our state are staggering. We know that smoking causes 7000 deaths each year in Wisconsin and results in huge economic costs—over \$1.6 billion each year in added healthcare costs including extensive costs to the Wisconsin Medicaid system and BadgerCare. We believe the \$1 million appropriation to the UW-CTRI to reduce tobacco use provides an excellent return on investment to the state. The additional appropriation of \$1 million from the WTCB strictly pays for Quit Line counseling services. This service has expanded the impact of our outreach program as well as supported the efforts of coalitions, health departments and clinics in every part of the state. Below is summary of the three key ongoing, statewide programs sponsored by UW-CTRI:

### **The Statewide Education and Outreach Program**

UW-CTRI professionals, located in five regional health districts—Rhineland, Eau Claire, Madison, Green Bay and Milwaukee—are bringing state-of-the-art evidence-based cessation strategies to clinics and hospitals. These outreach specialists provide training and technical assistance using the “gold standard” for treatment; the U.S. Public Health Service Clinical Practice Guideline: *Treating Tobacco Use and Dependence*. To date UW-CTRI’s outreach specialists have conducted nearly 2,000 training sessions with more than 8,000 healthcare providers. Large healthcare systems—Aurora, Dean, UW Health as well as others—have initiated coverage and/or cessation programs as a result of our intervention. In this way, Wisconsin residents benefit directly by having access to services that improve health and save lives. We have also worked extensively with Medicaid to ensure that enrollees who smoke receive help to quit.

With proposed funding for new initiatives in 2003, UW-CTRI Outreach staff will be able to assist worksites and insurers across the state in implementing policies that support and expand cessation benefits and services.

### **Action Papers: Smoking in Wisconsin (Wisconsin Tobacco Survey results)**

This fall the UW-CTRI began releasing action papers based on more than 6,000 interviews conducted by Wisconsin Tobacco Survey. The first three action papers were “Why People Smoke,” “Smoking and Pregnancy” and “How Smokers are Quitting.” All three papers contain recommendations for action based on the information gleaned in the survey. These papers have all received statewide attention. They provide detailed information that is being used to target future efforts to prevent and intervene in tobacco use and dependence.

### **The Wisconsin Tobacco Quit Line**

The Wisconsin Tobacco Quit Line has been a huge success, providing counseling and support to Wisconsin smokers, their families and clinicians who care for them. Quit rates for smokers using the Quit Line are more than triple those resulting from unaided quit attempts. The Quit Line also provided counseling and nicotine patches to 1000

Wisconsin senior citizens in the spring of 2002 through the Senior Patch Program. Senior smokers who had never tried to quit before were able to succeed. The basic Quit Line services are being funded by the Wisconsin Tobacco Control Board. A portion of the GPR appropriation to the UW-CTRI, funds Quit Line support services including the coordinator and the fax referral program, in addition to communication and promotional materials. The Senior Patch Program was possible only because of direct donations to UW-CTRI of both medications and administrative costs. With donated medications, and through established statewide partnerships, UW-CTRI has the capacity to undertake similar programs for the uninsured that could serve thousands more and potentially save lives and dollars.

With this broad context in mind, we would like to bring to the attention of the Legislative Audit Committee three areas where we feel the report does not reflect a complete or precise description of the overall scope or the individual projects overseen by the UW-CTRI. These efforts are unique in scope within the overall statewide tobacco control effort. For clarity, we have grouped the concerns we have by project, including page numbers from the audit referencing where the information is presented.

**1. Wisconsin Tobacco Quit Line funding and scope**

First, we are concerned about the information provided regarding the overall funding picture, and especially how this relates to the Wisconsin Tobacco Quit Line. UW-CTRI has utilized all of the funding granted from the Board (\$1.337 million during the audit period, referenced on the first line of Table 7, page 26) on direct services from the contractor. UW-CTRI has supported the Quit Line through development of materials designed to let people know about the service and has hired a staff person both to oversee the contract and to help link the service to other tobacco control efforts. This additional support, roughly \$177,000 during the audit period, came from the \$1 million per year directed to UW-CTRI by the legislature.

This "partnering" of two streams of funding has insured the success of the Wisconsin Tobacco Quit Line. Decision Data, an independent outside evaluation firm hired by the Quit Line vendor as a requirement of the Center's contract with them, show that smokers quit smoking at a rate 3 times higher as those who try to quit without assistance and is significantly better than other quit lines. An early reference to the Quit Line in the Audit report (page 20) refers to the Quit Line in terms that imply that it is just an information and referral service. What the Quit Line actually provides is a free telephone cessation counseling service available to all Wisconsin residents. The Quit Line counselors use an evidence-based protocol to help smokers quit which includes written materials, proactive support calls and referrals to local cessation programs. For some urban and rural residents, it is the only accessible counseling service available. The results show that this design is both useful and cost-effective for the residents of Wisconsin. Nationally, over 30 other states have implemented similar quit lines. They work and there is no more cost-effective way to provide help to people quitting.

## **2. Wisconsin Tobacco Survey**

Our second area of concern is how the audit report interpreted the information gleaned from the Wisconsin Tobacco Survey. While in some respects the data collected did vary from our initial expectations (referenced on pages 6 and 35), the survey has produced very useful, in-depth data about Wisconsin smokers and non-smokers that was not available from any other source. To date three reports—"Why People Smoke," "Smoking and Pregnancy" and "How Smokers are Quitting"—have been produced and distributed widely. Three more papers addressing physician involvement in smoking cessation treatment, insurance coverage and other health concerns, are being drafted for release in the next few months. In addition, the data form a baseline to be able to judge the impact of the state's efforts in tobacco control and smoking cessation, since key questions will be repeated bi-annually. This kind of in-depth information about what is happening for smokers and their families in Wisconsin is not available from any other source. In fact, the survey design for this year is being cooperatively developed with the UW Comprehensive Cancer Center Monitoring and Evaluation Program, in order to include assessment information to meet the requirements under their contract with the WTCB. We feel that the results of this first survey have met the initial goals and that the description in the report does not adequately reflect the quality of the usable information that is being produced. In summary, the fact that the data varied somewhat from initial expectations, which was emphasized in the audit, is not particularly important. Data from 6,000 Wisconsin residents relating to smoking and tobacco control are a very powerful tool for our future efforts.

## **3. Mini-grant program and Women's Health Foundation**

Our third area of concern is the report's description of the outcomes of the mini-grant and Wisconsin Women's Health Foundation research and seed funding efforts. While these were both start-up, rather than ongoing activities, the report makes some broad statements about their success (pages 6, 33 and 34) that are less than complete. In the case of the mini-grants, the primary purpose was to research the possible efficacy of some small (less than \$25,000 each) pilot projects funded by UW-CTRI in advance of the WTCB's grant funds becoming available. The research shown from the individual mini-grants provided a good insight about what works and what is not successful. While only 2 of the 9 projects continue to be implemented after their initial start-up funding without significant modifications based on the research and evaluation results, most of the others were modified and did continue. We would view this as a success. The Wisconsin Women's Health Foundation, while not continuing the program originally envisioned under the pilot funding, did use some of the lessons learned from this project in designing the First Breath program, and has achieved significant success working with pregnant women.

### Response to Audit Bureau Recommendations

We support and agree with all recommendations (page 7).

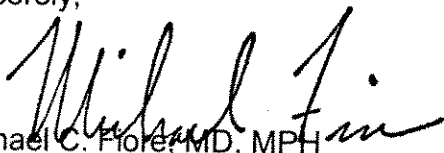
### Response to Audit Bureau Matters for Legislative Considerations (page 8)

Although the Wisconsin Tobacco Control Board does not have formal authority to direct UW-CTRI's Outreach Programs, we have worked closely with the WTCB every step of the way and look to them for direction. We submit work plans, budgets, monthly meetings, countless conference calls and written progress reports identical to those submitted for WTCB directed dollars. In fact, the monitoring is even more complex and detailed for the legislatively mandated programs because the \$1 million for the Quit Line is only to pay for the contract services. We have also worked closely with nearly all the funded programs, sharing expertise and best practices, collaborating and eliminating possible duplication. This is in addition to partnering with private and public health systems all across the state.

We urge you to maintain the legislative appropriation to UW-CTRI. Our programs are well evaluated, outcomes-based, and show tremendous results. Our programs are unique statewide efforts that are requirements for tobacco control. An outreach program focusing on smoking cessation, a quit line resource and a regular survey of smoking behavior are essential core elements of the State's effort not optional, discretionary programs. Also, separate funding of these initiatives is a way to ensure more direct accountability of both UW-CTRI and the entire tobacco control effort.

In summary, we recognize that auditing a set of programs at their very early, formative stage is not an easy task and are pleased with the Bureau's general willingness to take an open look at the accomplishments of these efforts. However, we feel that the report didn't capture the broader context of the tobacco control field in general and the evolving role of UW-CTRI and these projects within the state's overall effort. Despite it's short existence, our state's Wisconsin Tobacco Quit Line has achieved success beyond others that have been in existence far longer. Our research efforts, both survey research and pilot project research, have produced information that is helping the overall tobacco control effort to focus on areas where money spent will be wisely invested in the health of Wisconsin's citizens. We look forward to continuing to apply best practices knowledge in the field in order to produce the most effective outcomes for our state.

Sincerely,



Michael C. Fiore, MD, MPH

Director

Center for Tobacco Research and Intervention





Office of the President

February 14, 2003

Ms. Janice Mueller  
State Auditor  
22 E. Mifflin Street, Suite 500  
Madison, WI 53703

Dear Ms. Mueller:

The Medical College of Wisconsin is providing this reply in response to the audit of the College's tobacco programs required by 1999 Wisconsin Act 9, conducted by the Legislative Audit Bureau. The Medical College of Wisconsin appreciates the opportunity to collaborate with the State in the development of new and innovative smoking cessation and prevention approaches through research. The College is bound by a commitment of stewardship and a sense of collaboration with the State's other tobacco programs, so the strength of all efforts is maximized.

Research is a complex process, unpredictable in its results. The College's investigators have developed successful educational programs in smoking cessation for its medical students, residents and faculty; and made exciting discoveries in the area of developing individualized smoking cessation therapies. Several of these early studies are being developed for submittal to the National Institutes of Health for continued funding. Additionally, the College has brought smoking cessation and prevention programs into Milwaukee's medically underserved community.

Our researchers have learned much during the past three years of State funding and are continually striving to strengthen the College's tobacco interventions. In its first year of funding (FY 2000/01), the College funded 19 projects, 13 with a primary focus on clinical research, four in the development of educational programs for medical students and residents, and two projects to support the College's clinical research in smoking cessation and prevention. Three of the 13 clinical research projects were community outreach initiatives.

Seven of the eight projects that did not accomplish their stated objectives were clinical research studies. Although they were unable to achieve their objectives because they could not accrue the necessary number of subjects, the projects resulted in scientific discoveries that were incorporated into our clinical practice and other research endeavors. The eighth project involved the recruitment of an Outcomes Methodologist in Tobacco Control. The recruitment was successful in Spring 2002. The audit also referenced one educational project the Bureau was unable to assess because the final report was missing. The work product was completed and used in our curriculum. The department will complete the project's final report.

Clinical research is a diverse and complex endeavor. By its nature, it poses a number of challenges not present in bench research, as it requires human subjects. The recruitment of subjects meeting the protocols may be much slower than expected, possibly because of the inclusion/ exclusion criteria, difficulty in identifying subjects, or difficulty in obtaining consent. For these reasons, studies involving human subjects require at least 12 months. The College will work with the State Tobacco Control Board to investigate options to create multi-year funding of these projects.

The Medical College appreciates the opportunity to investigate effective smoking prevention and cessation interventions the State has provided. Our initial work has planted the seeds to capture federal funding. The College has carved out two niches in smoking prevention and cessation: (1) the creation of medical student and resident curriculum and (2) groundwork for the creation of individualized smoking cessation therapies. These tobacco efforts are unique to the College and compliment the Board's strategic goals. We believe our work contributes to the improved health of Wisconsin's citizens and look forward to stronger collaborative efforts with the State and it's community outreach tobacco programs in the future. We believe the creation of a joint strategic plan in community outreach efforts will leverage the State's tobacco interventions.

The Medical College of Wisconsin appreciates the opportunity to work with the Legislative Audit Bureau. The audit provided us with a constructive tool to review our administration of our tobacco efforts and will strengthen both our and the State's efforts in tobacco prevention and cessation.

Sincerely,



T. Michael Bolger, JD  
President and CEO