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Asbjornson, Karen

From: Gundersen, David
Sent: Monday, May 05, 2003 9:52 AM
To: Asbjornson, Karen
Subject: Program Evaluation Information



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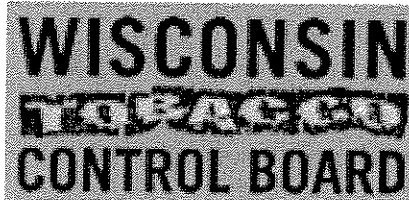
Karen,

We're getting together some final pieces for you and Carol and will send that in the next few minutes, but I also wanted to send you this Program Review document so you had it on hand. It's need and evaluation information for every program funded through our discretionary budget. It provides in depth information in summary form on each program in case you get any questions. As always, please call me or refer people to me if you need any additional details.

I'm meeting with DHFS at 10 AM and will call you after that meeting.

Thanks.

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Program Reviews
February 2003

CTRI Education and Outreach Program

Mission/Objective	To offer training and technical assistance on smoking cessation at a community and clinic level across Wisconsin
Need/Burden of Tobacco	<ul style="list-style-type: none"> • Total Number of Smokers: 1,095,000 • Adults in Wisconsin who smoke 24.1% (940,000) • Youth (High School) who smoke 27% • Youth (Middle School) who smoke 8.7% • Smoking during pregnancy 16% (11,000) compared to 12% nationally • 80% of Wisconsin residents who smoke say they want to quit • 50% of Wisconsin residents who smoke try to quit each year, most unsuccessfully
Reach	<ul style="list-style-type: none"> • Regional Outreach Specialists located in every region to train and assist clinicians, health systems, businesses and community organizations in cessation efforts • Trained over 5,000 health professionals on evidence-based treatment for tobacco dependence • Outreach Specialists are instrumental in promoting the use of the Quit Line
Short-term Impacts	<ul style="list-style-type: none"> • Provide statewide training and technical assistance in cessation efforts • Provide CME training, technical assistance and follow-up to all clinics in WI • Work with health systems or clinics to document, evaluate and expand efforts to implement the Guideline recommendations • Provide cost-effectiveness data and offer inexpensive ways to promote cessation for businesses in order to help employers transition to smoke-free working environments
Long-term Impacts	<ul style="list-style-type: none"> • Education of clinicians on Clinical Guidelines • Establish health care provider systems supporting referrals and support of cessation counseling and services • Establish non-smoking social norms via health systems and providers • Assist workplaces in promoting and supporting smoke-free living
Collaboration	<ul style="list-style-type: none"> • Outreach workers coordinate and support local coalition efforts supporting cessation and smoke-free environments • Regional Outreach Specialists partner with DPH Coalition Contracts and Support Regional Tobacco Control Specialists and UWCCC/UW EX Monitoring and Evaluation Regional Specialists to offer training and technical assistance on cessation to funded programs and coalitions • Regional outreach staff available as resources for all coalitions with cessation-focused objectives • Consultation with WENC in order to address cessation needs in communities of color • Consultation with media firm on cessation media campaign and marketing

CTRI Quitline

Mission/Objective	Provide a free, proactive, telephone counseling service that provides callers anywhere in Wisconsin with individualized help in quitting smoking.
Need/Burden of Tobacco	<ul style="list-style-type: none"> • Total Number of Smokers: 1,095,000 • Adults in Wisconsin who smoke 24.1% (940,000) • Smoking during pregnancy 16% (11,000) compared to 12% nationally • 80% of Wisconsin residents who smoke say they want to quit • 50% of Wisconsin residents who smoke try to quit each year, most unsuccessfully
Reach	<p>From May 2001 – November 2002 (most recent data):</p> <ul style="list-style-type: none"> • Total calls to Quitline – almost 29,000 • Total callers (tobacco users) to the Quitline – over 14,000 • Number of individuals who have quit for at least 7 day – almost 4,000 (this number is calculated based on the Quit Status Survey completed in 2001. Survey showed the median 7-day tobacco abstinence rate for those who received some form of telephone counseling was 28%) • Approximately 260 providers, health departments, coalitions and others have requested Quitline materials from July 1 through December 31, 2002. • 89 % respondents are white • 7.2% African-American • 1.7% Native American • 67% female, 33% male • 41% callers age 41-60 • 35% callers age 26-40 • 12% callers age 18-25 or over the age of 60
Short-term Impact	<ul style="list-style-type: none"> • From May 2001-November 2002. Number of individuals who have quit for at least 7 day – almost 4,000 (this number is calculated based on the Quit Status Survey completed in 2001. Survey showed the median 7-day tobacco abstinence rate for those who received some form of telephone counseling was 28%) • 80% of quitters calling the Quitline made a serious attempt to quit smoking • Focusing on reaching disparate populations in 2003 through clinic network systems in Wisconsin as 71% of their patients are from minority groups in WI • Over 1,000 seniors were served by the Senior Patch program <p>Abstinence rates increase with additional follow-ups:</p> <ul style="list-style-type: none"> • 33% respondents in the intensive program (4 calls) were tobacco free • 29% in the moderate follow-up program (2 calls) were tobacco free • 23% were abstinent using the one-time proactive call • Quit Line has tripled quit rates among callers who use the intensive program • Abstinence rates are significantly higher than those reported by US Dept of Health and Human services for smokers who quit using no form of assistance (5-10%) or self-help materials (12%) <ul style="list-style-type: none"> • A new fax referral program is being implemented and will allow clinic to fax client information to Quit Line. Quit Line will pro-actively contact the client and provide cessation services. Also notifies provider for follow-up. More providers will be enrolled in 2003 • Over 98,000 pieces of Quitline materials have been distributed from July – December 2002 • Quitline reports are published quarterly and county and region-specific data is now provided to assist counties and coalitions in monitoring success of cessation efforts
Long-term Impact	<ul style="list-style-type: none"> • Coordination of counseling with private insurance, provision of pharmacotherapies, and access to local cessation services • Coordination of Quit Line with wellness • Systemic changes to health systems coordinating Clinical Guidelines and outreach efforts with Quit Line activities

	<ul style="list-style-type: none"> • Provides a single access point for cessation support and offers potential vehicle for provision of pharmacotherapies for uninsured and under-insured populations
Collaboration	<ul style="list-style-type: none"> • Quit Line promotional materials and strategies shared with local coalitions for outreach to employers and local clinicians • 83% of coalitions promote the Quit Line to area agencies • 84% of coalitions promote the Quit Line through media • 60% of coalitions have held Quit Line awareness campaigns • Regional outreach staff available as resources for all coalitions with cessation-focused objectives • Consultation with WENC in order to address cessation needs in communities of color • Consultation with media firm on cessation media campaign and marketing • Coordination with First Breath program for cessation counseling for clients and fax referrals

Community Coalitions Grants

Mission/Objective	To provide an existing infrastructure by which community coalition grants can be contracted, negotiated, and awarded to local coalitions
Need/Burden of Tobacco	<ul style="list-style-type: none"> • Total Number of Smokers: 1,095,000 • Adults in Wisconsin who smoke 24.1% (940,000) • Youth (High School) who smoke 27% (approximately 16,000) • Youth (Middle School) who smoke 8.7% • Smoking during pregnancy 16% (11,000) compared to 12% nationally • Burden of tobacco may vary from county to county • DPH does not directly impact the burden of tobacco, the efforts are seen on the local level through the work of the coalitions • Objectives are determined by the coalitions and negotiated with DPH regional staff
Reach	<ul style="list-style-type: none"> • 80 coalitions statewide
Short-term Impact	<ul style="list-style-type: none"> • Review deliverables and complete contracts for all 80 coalitions for 2002 • Develop quality criteria, boundary statements, and sample objectives for community coalition grants • Community coalition contracts with performance based objectives negotiated and issued for 2003 • Each coalition has accomplishments specific to their community
Long-term Impact	<ul style="list-style-type: none"> • Develops a grassroots infrastructure in support of state and local tobacco prevention and control • Supports local policy change efforts establishing smoke-free environments
Intra-program Analysis	<ul style="list-style-type: none"> • Consistent accountability does not exist in the current infrastructure of DPH • Contract negotiations vary from coalition to coalition • DPH Contractors have varying degrees of expertise and support for the tobacco movement <p>Coalition capacity and outcomes vary from community to community as seen in a survey taken between the period of January-June 2002:</p> <ul style="list-style-type: none"> • 85% of coalitions reported they were working towards smoke-free ordinances and municipal buildings. • 38% of coalitions reported working towards 3 of the 4 clean indoor air (CIA) goals • 16% of coalitions reported working on all of the CIA goals <p>Goal: Establish smoke-free restaurant ordinances in 100 or more municipalities</p> <ul style="list-style-type: none"> • 43% of coalitions not working on goal • 31% exhibit minor progress working on goal • 17% exhibit moderate progress working on goal • 8% exhibit major progress working on goal • 1% have already completed goal • 21%-29% of coalitions are engaged in most goal-specific activities (such as discussing ordinance with policy-makers or organizing a local committee in support of an ordinance) while two-thirds were engaged in preparatory activities such as media advocacy and awareness campaigns <p>Fifty-seven percent of coalitions are working on the goal of establishing 100 smoke-free restaurant ordinances. As of January 2003, there are 12 municipalities with restaurant ordinances.</p> <p>Goal: Establish 100% smoke-free municipal government-owned buildings</p> <ul style="list-style-type: none"> • 47% of coalitions not working on goal • 12% exhibit minor progress working on goal • 23% exhibit moderate progress working on goal • 14% exhibit major progress working on goal • 4% have already completed goal

	<p>Over half of all coalitions are working on smoke-free municipal buildings, however only one half of municipal buildings are currently smoke-free and those that allow smoking are in the jurisdiction of nearly every coalition.</p> <p>Goal: Establish smoke-free environments in 90% of all workplaces</p> <ul style="list-style-type: none"> • 36% of coalitions are not working on goal • 44% exhibit minor progress working on goal • 18% exhibit moderate progress working on goal • 1% exhibit major progress working on goal • 1% have already completed goal <p>Approximately two-thirds of coalitions are working on establishing smoke-free workplaces. Level of activity may be sufficient give that 74% of workplaces are smoke-free with a regular incremental increase.</p> <p>Goal: Encourage 70% of all homes to voluntarily establish smoke-free environments</p> <ul style="list-style-type: none"> • 28% of coalitions are not working on goal • 38% exhibit minor progress working on goal • 26% exhibit moderate progress working on goal • 8% exhibit major progress working on goal • Many coalitions have already completed goal <p>As of January 2003, 72% of all homes are smoke-free, therefore there is less need for coalitions to focus on this goal.</p> <p>Four goals focusing on policy change will lead, in part, to the other three Board goals focusing on prevalence and consumption.</p>
Collaboration	<ul style="list-style-type: none"> • Provides regional staff along with UW-Extension and CTRI to form a regional team supporting in training and technical assistance in different areas of tobacco control • Coordinate coalitions and Melvin program activities • Coordinate Youth Tobacco Survey and Behavior Risk Factor Survey data collection • Work with DPI in developing best practice Resource Guide for school-based and school-linked efforts • Coordination with funded programs on topic specific work, including youth prevention, cessation, secondhand smoke, and communities of color

Department of Public Instruction School Grants	
Mission/Objective	For all WTCB-funded schools to have policies and programs in place with greater consistency with the CDC Guidelines for School Health Programs to Prevent Tobacco Use and Addiction
Need/Burden of Tobacco	<p style="text-align: center;">High School</p> <ul style="list-style-type: none"> • Youth who smoke 27% (approximately 16,000) • 61 % of those who smoke want to quit • 64% of those who smoke have tried to quit in the past 12 months • 66% of all high school youth have tried tobacco in some form • 41% live in homes where others smoke • 94% think that smoke from other people's cigarettes are harmful to them <p style="text-align: center;">Middle School</p> <ul style="list-style-type: none"> • Youth who smoke 8.7% • 58% of those who smoke want to quit • 62% of those who smoke have tried to quit in the past 12 months • 42% of all middle school youth have tried tobacco in some form • 47% live in homes where others smoke • 93% think that smoke from other people's cigarettes are harmful to them
Reach	<ul style="list-style-type: none"> • Granted 46 projects, serving 55 districts and 161 school buildings
Short-term Impact	<ul style="list-style-type: none"> • 89% of funded schools significantly improved best practices identified in the CDC guidelines. • 400 students have been disciplined under new/revised tobacco policy or procedures. • 400 school staff have been actively involved in local tobacco-free coalition sponsored events – including monthly tobacco free coalition meetings. • 38,500 family members have received information on tobacco issues • 1,700 students have been trained in peer-to-peer tobacco programs • almost 19,000 students have received peer-to-peer services from youth trained in peer tobacco education programs • 700 teachers/school staff have been involved in receiving training or provided tobacco curriculum/instruction that was developed through the school tobacco grant program • 40,000 students have received classroom instruction from curriculum developed or enhanced as a result of the school tobacco grant program • 580 students have been referred/served by new tobacco cessation programs/services within the school districts • Over 90 parents/family members have received tobacco cessation services directly or through referral • Develop a school tobacco policy resource kit and signage campaign which distributed kits and signs to local tobacco-free coalitions statewide. The coalitions have begun to use the policy assessment tools, policy enforcement tips and the four types of high quality tobacco-free school policy signs (22,000 signs in total) to work with schools in their communities to better communicate and enforce tobacco-free policies on school property and at school sponsored events
Long-term Impact	<ul style="list-style-type: none"> • Implement effective tobacco prevention and control programs and policies throughout schools and districts • Coordinate school efforts with broader community efforts to promote community-wide policy and social norm change • Engage youth serving and leadership organizations in tobacco control efforts • Integrate tobacco prevention and control efforts into existing alcohol, tobacco, and other drug abuse programs and activities
Collaboration	<ul style="list-style-type: none"> • Collaboration between School Programs and American Lung Association NOT Program • Collaboration between coalitions and Cooperative Educational Service Agencies (CESA) for training and technical assistance for research-based tobacco prevention and control efforts • Coordination between FACT/Melvin programs and schools • Coordination with the Spit Tobacco Initiative in distribution of curriculum materials • Involvement with local clean indoor air efforts

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| | <ul style="list-style-type: none">• Coordination with many local coalitions• School Tobacco Policy Project developed in partnership with the American Lung Association of Wisconsin, American Heart Association of Wisconsin, DHFS Tobacco Program, Wisconsin Clearinghouse for Prevention Resources, Tobacco-Free Dane County Coalition and Fond du Lac School district |
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FACT	
Mission/Objective	To encourage peer-to-peer education and develop activism initiatives to inform the community of the tobacco industry's tactics through a youth-led, adult-guided movement.
Need/Burden of Tobacco	<p style="text-align: center;">High School</p> <ul style="list-style-type: none"> • Youth who smoke 27% (approximately 16,000) • 61 % of those who smoke want to quit • 64% of those who smoke have tried to quit in the past 12 months • 66% of all high school youth have tried tobacco in some form • 41% live in homes where others smoke • 94% think that smoke from other people's cigarettes are harmful to them
Reach	<ul style="list-style-type: none"> • Over 5,854 registered members • Southeast region – 1481 members • Southern region – 2276 members • Northeast region – 588 members • Northern region – 785 members • Western region – 7284 members • Over 50% of local coalitions have a FACT group
Short-term Impact	<ul style="list-style-type: none"> • Funded 35 mini-grants for youth interested in implementing an activism initiative in their community • Provides coalition updates throughout year • Website is key to supporting the youth movement through constant updates on activism ideas, action highlights, tools, strategies, and current tobacco control events in Wisconsin • Created a statewide branding tour that engaged youth across the state in the FACT message • Held regional summits where FACT teens from each region developed activism initiatives to inform their communities about the tobacco industry's tactics. Activism efforts included: <i>North: Counter P.O.P. (Point of Purchase)</i> FACT members went to convenient stores to expose point of purchase advertising in convenience stores by placing post-it notes on tobacco ads, a human billboard outside the local convenience store, and radical cheerleading outside the store. <i>Northeast: Engineer This Big Tobacco</i> The Northeast FACT members decided to tackle the issue of tobacco engineering. They used their schools to expose the ingredients of tobacco by using a three-day buzz campaign. <i>West: \$160 million Question</i> This was a buzz campaign around the number \$160 million; the amount of money that the tobacco industry spends in Wisconsin on marketing each year. <i>South: Smoke Screening</i> FACT in southern Wisconsin went to local movie theaters to spread the word about tobacco in films. Before each film the FACT members went into the theater and left fliers, quizzes, and information about FACT on the theater seats to inform the people seeing the films about tobacco use in films.
Long-term Impact	<ul style="list-style-type: none"> • Provides infrastructure for the youth anti-industry movement • Engages youth leaders in tobacco prevention and control efforts • Work with local coalitions on community-wide policy change efforts
Collaboration	<ul style="list-style-type: none"> • Work with American Lung Association and coordinate with TATU programs in various communities • Work with numerous youth-serving organizations • Coordinate efforts with local coalitions • Coordinate efforts with Melvin program at the local level • Work with schools to host FACT activities and meetings

First Breath

First Breath	
Mission/Objective	To provide a smoking cessation program for pregnant smokers in Wisconsin
Need/Burden of Tobacco	<ul style="list-style-type: none"> • In 1990, almost 23% of pregnant women smoked, compared to the national average of 18.4% • In 2000, 16.5% of pregnant women smoked, compared to the national average of 12% • 27% of women enrolled in WIC smoked during pregnancy and 30% of women in Medicaid HMOs were smokers • \$13.2 million are spent on births affected by smoking each year in Wisconsin • Wisconsin ranks 15th worst in the nation in smoking rates of pregnant women <p>Survey of 663 pregnant smokers</p> <ul style="list-style-type: none"> • 48% of Wisconsin smokers continued to smoke after learning they were pregnant in 2000-2001 • Pregnant women who continue to smoke during their pregnancy are smoking about 11.5 cigarettes a day • Respondents who smoked during their last pregnancy started smoking at a younger age, were less likely to have a high school education, and had lower annual incomes compared to respondents who did not smoke during their pregnancy • Nearly 40% of those who did not try to quit had less than a high school education
Reach	<ul style="list-style-type: none"> • 15 sites across Wisconsin in 2002 • Program targets primarily low income, mostly Medicaid recipients who are at high risk for poor birth outcomes • 338 women in 11 counties have been enrolled in First Breath through December 31, 2002 (original goal was to recruit 500 pregnant smokers, goal was changed to 350)
Short-term Impact	<ul style="list-style-type: none"> • average number of contacts per enrollee is 4.3 • 70.9% of contacts are in person in the clinic • 34% of enrolled women quit while pregnant • 42% were not smoking 30 days after delivery • 23% were not smoking 6 months after delivery • 7.5% of women who quit had poor birth outcome (miscarriage, stillborn, low birth weight/prematurity) compared to 16.7% of those who continued to smoke. • 52% of infants of mothers who quit smoking during pregnancy had an episode of illness the first 6 months of life compared to 87% of infants of mothers who did not quit smoking.
Long-term Impact	<ul style="list-style-type: none"> • Education of clinicians on best practices for cessation counseling • Linkages of providers to Quit Line and other cessation resources • Dissemination of First Breath model for use with pregnant smokers
Collaboration	<ul style="list-style-type: none"> • Collaboration with CTRI to create a post-partum fax-referral program and to connect pregnant smokers with the Quitline. • Coordination with local coalitions, DPH, and existing WIC and PNCC efforts
Other Information	<ul style="list-style-type: none"> • Original proposal called for the recruitment of 500 clients, however in 2002 the goal was altered to recruit a total of 350 clients • As of January 2003, 50 sites have enrolled statewide

Media and Countermarketing - BVK	
Mission/Objective	To prevent and reduce tobacco use in Wisconsin by using media and counter-marketing strategies.
Need/Burden of Tobacco	<ul style="list-style-type: none"> • Total Number of Smokers: 1,095,000 • Adults in Wisconsin who smoke 24.1% (940,000) • Youth (High School) who smoke 27% (approximately 16,000) • Youth (Middle School) who smoke 8.7% • Smoking during pregnancy 16% (11,000) compared to 12% nationally
Reach	<ul style="list-style-type: none"> • Media effort reached over 90% of WI adults • More than 35,000 responded to television ads by visiting hadenoughwisconsin.com website] • Hadenoughwisconsin.com has averaged 3,459 unique (new, unduplicated) visitors per month • Media relations outreach effort around the Campaign generated 5.8 million impressions (earned media) around the state
Short-term Impact	<ul style="list-style-type: none"> • Designed the Wisconsin Case Study Campaign, which raises awareness of the dangers of secondhand smoke using five "authentic" Wisconsin residents • Produced a guide to smoke-free restaurants • Maintained and updated website where citizens can access information regarding tobacco prevention and control. It also provides an access point for citizens to get involved in local action • BVK media buyers worked cooperatively with WI TV and radio stations to assure that three spots ran for the cost of everyone one spot paid for with WTCB funding • Developed a Packers-Secondhand Smoke Trivia Contest which educated the facts of second hand smoke • Developed the News Bureau, a central distribution center for local and national-related news, announcements, and miscellaneous information • Developed and maintain the Counter-Marketing Resource Center, a password protected site designed for coalitions that offers immediate access to counter-marketing materials and information that can be tailored to the local needs of the community. Materials and information found on the CRC include: customized ads, archived announcements, how to guides, logos, media schedules, statewide marketing campaign. • Developed the Local Physicians Campaign, a series of print advertisement designed to raise awareness and add credibility to the dangers of second-hand smoke. The Campaign featured over 1,000 physicians
Long-term Impact	<ul style="list-style-type: none"> • Campaigns have set the stage for local action and can complement local grassroots policy change campaigns
Collaboration	<ul style="list-style-type: none"> • Collaboration with coalitions and communities to develop local media campaigns • Collaboration with the State Medical Society in implementing the Local Doctor's Campaign

Monitoring and Evaluation Program

Mission/Objective	<p>The purpose of the program is to determine whether the state is achieving its goal to reduce tobacco use in Wisconsin.</p> <p>This will be accomplished by:</p> <ul style="list-style-type: none"> • monitoring trends in tobacco use statewide, • evaluating statewide programs and policies, • assisting local communities in program evaluation, and communicating findings to state and local program leaders.
Need/ Burden of Tobacco	<ul style="list-style-type: none"> • Total Number of Smokers: 1,095,000 • Adults in Wisconsin who smoke 24.1% (940,000) • Youth (High School) who smoke 27% (approximately 16,000) • Youth (Middle School) who smoke 8.7% • Smoking during pregnancy 16% (11,000) compared to 12% nationally • The Board has a statutory responsibility to monitor and evaluate the efficacy of programs and the MEP fulfills this charge
Reach	<ul style="list-style-type: none"> • Information distributed to public, policy makers, tobacco control leaders, and Board
Short-term Impact	<ul style="list-style-type: none"> • Developed a protocol for collecting in-depth case data from a selected subgroup of coalitions and other tobacco control programs – final report underway • Developed Coalition Reporting System to collect coalition data to be used in evaluating coalitions • Created on-going compendium of “Best Practices” of coalition activity as a means of evaluating efficacy • Evaluated the effectiveness of DPI School-based Tobacco Program Grants – Final report will be made in February 2003 • Evaluating media campaign and messages – in process, data to be available in Spring 2003 • Developed a report that analyzed changes in awareness, attitudes, and behaviors in adults due to media messages – published and distributed in September 2002 • Developed a report that analyzed changes in awareness, attitudes, and behaviors in youth due to media messages – will be published January 2003 • Conducting survey to assess tobacco-related knowledge, attitudes and behaviors and the level of involvement and participation in FACT – data collection and analysis through February 2003 • Developed a report showing results of smoke-free government-owned building surveys – published January 2002 • Developed a report showing results of smoke-free workplace surveys – published March 2002 • Assess trends in youth tobacco use for Wisconsin using YTS and YRBS • Assess trends in adult tobacco use for Wisconsin using BRFSS • Assess disparities in tobacco use for Wisconsin using BRFSS – due Spring 2003 • Assess trends in per capita tobacco sales and the price of cigarettes in Wisconsin – report issued to media and coalitions January 2003 • Used existing ETS data to assess trends in exposure to ETS in certain public places and in homes – findings in Spring 2002 Trends report • Assess county-level trends in smoking among pregnant women with Birth Certificate data – data presented at the National Conference on Tobacco and Health submitted for publication to Tobacco Control • Assessing the delivery of cessation advice to patients by providers in Wisconsin managed care organizations – findings to be published in the Wisconsin Medical Journal • Developed a report in conjunction with DPH and ACS on tobacco-related morbidity and mortality • Assess the number of restaurants in Wisconsin with smoke-free policies – technical report of tables to be released January 2003 • Assess extent to which coalition staff and members participate and use evaluation

	<p>technical assistance and training and assess the effects of training and technical assistance.</p> <ul style="list-style-type: none"> • Third issue of the quarterly newsletter, <i>Evaluation Briefs in Wisconsin Tobacco Control</i>, was distributed in July to 432 subscribers • Web-based evaluation resources continues to be updated with “tip sheets” that cover a range of evaluation topics – 136 visitors each week in the period from 4/1/02 – 6/31/02
Long-term Impact	<ul style="list-style-type: none"> • Ongoing program evaluation, including program outcomes and program improvement recommendations
Collaboration	<ul style="list-style-type: none"> • Coordinate evaluation data collection and implementation activities with DPH regional offices and training and technical assistance program • Collaborating with DPH on the Youth Trends Report • Collaborate with DPH and CTRI to coordinate regional technical assistance and training for coalitions • Provide assessments, feedback and technical assistance to funded programs on evaluation efforts • Work with DPH, ACS, and other state partners in producing reports such as the Burden of Tobacco • Do targeted evaluations of programs, including media, FACT, school grants, and community coalitions

Not On Tobacco (NOT) Youth Cessation Pilot Study	
Mission/Objective	To help high school students quit or reduce tobacco use through facilitated trainings and at the same time increase healthy lifestyle behaviors and improve life management skills
Need/Burden of Tobacco	<p style="text-align: center;">High School</p> <ul style="list-style-type: none"> • Youth who smoke 27% (approximately 16,000) • 61 % of those who smoke want to quit • 64% of those who smoke have tried to quit in the past 12 months • 66% of all high school youth have tried tobacco in some form • 41% live in homes where others smoke • 94% think that smoke from other people's cigarettes are harmful to them • The NOT program has been promoted to local coalitions, youth serving agencies, organizations, and WTCB funded projects that have identified a need for youth cessation <p style="text-align: center;">Middle School</p> <ul style="list-style-type: none"> • Youth who smoke 8.7% • 58% of those who smoke want to quit • 62% of those who smoke have tried to quit in the past 12 months • 42% of all middle school youth have tried tobacco in some form • 47% live in homes where others smoke • 93% think that smoke from other people's cigarettes are harmful to them • The NOT program will promote services for middle schools where demand is indicated by school leaders
Reach	<ul style="list-style-type: none"> • Promoted program to 130 health departments, 480 public and 58 private schools, 12 CESA's, local coalitions and others • Trained 199 facilitators • 103 programs implemented with a total of 409 enrolled students
Short-term Impact	<ul style="list-style-type: none"> • Each program conducts a 10-session curriculum and up to four booster sessions conducted by facilitators • Trained 199 facilitators • Facilitators receive training emphasizing nicotine addiction, curriculum content and implementation, as well as group process <p>Preliminary Study Data of NOT program</p> <ul style="list-style-type: none"> • 22% chemically validated quit rate compared to national NOT program quit rate of 20% • 27% of NOT participants reported they quit compared to 7% of control group • 48.4% reduction of cigarettes smoked on weekdays by NOT participants compared to 11.1% of control group • 44.9% reduction of cigarettes smoked on weekends compared to 7.0% of control group • Both the NOT and Control groups made statistically significant changes in knowledge
Long-term Impact	<ul style="list-style-type: none"> • Establish age appropriate cessation resources and training for school and community personnel
Collaboration	<ul style="list-style-type: none"> • Coordinates trainings with Cooperative Educational Service Agencies, DPI, DPH, and other state and regional partners • Provide training and technical assistance to community coalitions and school grant recipients • Work with the Tobacco Control Resource Center for Wisconsin to promote trainings and distribute resources • Ongoing Partnership with DPI on the School Signage Campaign

Tobacco Control Resource Center for Wisconsin	
Mission/Objective	The Tobacco Control Resource Center for Wisconsin will develop the communication infrastructure through website upgrade and development, distribution of educational materials, and coalition orientation as needed
Need/Burden of Tobacco	<ul style="list-style-type: none"> • There is a need for a central point for tobacco control advocates, communities, coalitions, programs, and the public to learn more about the tobacco control program in Wisconsin and have tools and strategies to take action
Reach	<ul style="list-style-type: none"> • Reaches communities, coalitions, advocates, policy makers, health educators etc., via the web • Provides an e-discussion group for coalitions. Since June 2002, there has been a 16.7% increase in membership with 84 members total • In 2002, total number of page views: 151,792 compared to mid-year: 42,104 • In 2002, average page views per day: 415 compared to mid-year:342 • In 2002, total visits: 58,140 compared to mid-year: 18,637 • In 2002, average visits per day: 159 compared to mid-year 151 • In 2002, total visitors: 15,498 compared to mid-year: 6,657 • In 2002, One-time visitors: 12,790 compared to mid-year: 5,405 • In 2002, Repeat visitors: 2,708 compared to mid-year: 1,252 • In 2002, Average visit length: 45.04 minutes compared to mid-year: 33.14 minutes
Short-term Impact	<ul style="list-style-type: none"> • Developed Catalog of Free Materials which carries 55 educational materials and 27 posters • Developed tobacco specific resource folder which contains samples of free materials and services provided by TCRCW, fact sheets, Free Materials Catalog, website postcard, and information about the newsletter. Packets are distributed by staff through direct outreach or conferences • Provides culturally specific material – 16 available in the Free Materials Catalog and 18 in Lending Library • Contains resources in the following categories: Resources, Research & Data, Tools 4 Coalitions, People & Projects, Tobacco Industry, and Advocacy • Provides capacity-building resources to coalitions and community organizations • Conduct Family and Community Town Suppers orientations for tobacco coalitions • Tobacco-Free Newsletter is sent out each month to 232 subscribers. Membership has increased by 3.5% from July to December 2002
Long-term Impact	<ul style="list-style-type: none"> • Maintains an information and communications infrastructure for coalitions and advocates
Collaboration	<ul style="list-style-type: none"> • Provides links to all funded programs and posts relevant information and resources of those efforts • Provides links to national resources and tools • Maintains a current calendar of events and activities happening within the Wisconsin tobacco movement • Provides an e-discussion group for coalitions.

Spit Tobacco	
Mission/Objective	To increase the awareness of fifth grade students throughout the State of Wisconsin on the health risks associated with spit tobacco and to ultimately decrease spit tobacco experimentation and use by these young people in the future
Need/Burden of Tobacco	<p style="text-align: center;">Middle School</p> <ul style="list-style-type: none"> • 10.01% of all middle school youth have tried chewing tobacco, snuff, or dip • Research shows that most kids initiated spit tobacco use in middle school years (6, 7, and 8th grades). Program targets 5th graders to reach kids before initiation
Reach	<ul style="list-style-type: none"> • Over 85,000 students – all 1,998 fifth grades in Wisconsin, including 756 private and 1,242 public schools • Over 10,000 kids age 16 and under through Milwaukee Brewers game day
Short-term Impact	<ul style="list-style-type: none"> • 88% of students increased their knowledge regarding myths, facts, and dangers of spit tobacco, 5% showed no change in their knowledge, and 7% became more uncertain following the program. • In all, 52% of participants showed an attitude change in the desired direction, 30% showed no change to their original attitude, and 18% felt more positive about spit tobacco. • Results suggest that less economically advantaged children start out with more favorable attitudes toward spit tobacco and come away with more negative attitudes, where as more advantaged children begin and end with negative attitudes toward spit tobacco
Long-term Impact	<ul style="list-style-type: none"> • Engages oral health and education leaders across the state in educating about spit tobacco • Builds a strong partnership between the WDA, DPH, DPI, and Milwaukee Brewers • Provides educational resources to every 5th grade class in Wisconsin and offers essential early education
Collaboration	<ul style="list-style-type: none"> • Distribution of resources via DPI and the Cooperative Educational Service Agencies (CESA) • Leadership and engagement of dentists and oral health care providers through the Wisconsin Dental Association, dentists, dental hygienists, and dental office staff • In-kind contributions from Milwaukee Brewers, including staff time, tickets to ball games, promotion, and player appearances • Coordination with some local coalitions in promoting B-Force curriculum
Other Information	<ul style="list-style-type: none"> • In 2002, Spit Tobacco Program added an evaluation component to their program as per the request of the Board

UW-Oshkosh

Mission/Objective	In 2002, the University of Oshkosh will reduce the number of 18-24 year old tobacco users on campus by 4%
Need/Burden of Tobacco	<ul style="list-style-type: none"> • 40% of smokers are between the ages of 18-24 years old • Smoking rates among 18- to 24-year-olds in Wisconsin increased from 25% in 1995 to 41% in 2001 -- a 64% increase.
Reach	<ul style="list-style-type: none"> • UW Oshkosh student body of approximately 11,000 students • Approximately 7,884 are in the 18-24 year old range
Short-term Impact	<ul style="list-style-type: none"> • Student union board voted unanimously to eliminate smoking lounge and convert the space into a massage room. 86.6% of students thought smoking should not be allowed in the Union • Developed poster series that promoted social norms change; 83% of students reporting seeing posters • Smoking reduced by 29% in one year, from 34% to 24% • Weekly info tables in academic buildings, Student Health, cafeteria and student union seen by 62% of students • 224 students from 6 residence halls participated in educational programs • 85 quit kits distributed • 14 students seen for individual health counseling at Student Health Center • promoted cessation information at every Student Union movie
Long-term Impact	<ul style="list-style-type: none"> • UW O pilot offers a potential model for campus-based tobacco prevention efforts statewide, including smoke-free campuses • Integration of cessation Clinical Guidelines into college health services
Collaboration	<ul style="list-style-type: none"> • Actively involved with city restaurant ordinance committee in Oshkosh • Collaboration with local coalition and American Cancer Society to develop smoke-free worksite guide. • Collaboration with ALA for annual college tobacco summit • Utilization of CTRI Quit Line and Clinical Guideline resources and training
Other information	<ul style="list-style-type: none"> • The outcomes of the UW-Oshkosh pilot exceeded their proposed goal. The original purpose was to reduce smoking in the UW-Oshkosh student population by 4 %, however survey conducted showed a 29% reduction in the number of student tobacco use. • Future plans include expanding the program to 5 other sites

UW Pharmacy

Mission/Objective	To train pharmacists to provide cessation counseling to 18-24 year old tobacco users in participating workplaces
Need/Burden of Tobacco	<ul style="list-style-type: none"> • 40% of smokers are between the ages of 18-24 years old • Smoking rates among 18- to 24-year-olds in Wisconsin increased from 25% in 1995 to 41% in 2001 -- a 64% increase.
Reach	<ul style="list-style-type: none"> • Pilot studies offered to at least 100 18-24 year old employees (original goal called for 100 clients, however a total of 12 clients were recruited) • Participating pharmacies throughout the state including Franklin, Racine, Beloit, Madison, LaCrosse, Appleton, Milwaukee, Green Bay, Boscobel, Manitowoc
Short-term Impact	<ul style="list-style-type: none"> • 27 pharmacists enrolled to train at least five 18-24 year olds in smoking cessation program per site • Cessation program available to employees and supported by employers • Quit rates for participating 18-24 year olds at 3 months is 42%
Long-term Impact	<ul style="list-style-type: none"> • Creates a program which bridges the gap for pharmacists between dispensing pharmacotherapies and pharmaceuticals and educating the client towards improved health • Provides another access point for cessation counseling and support
Collaboration	<ul style="list-style-type: none"> • Pharmacists in towns with active tobacco coalitions had made good connections with these groups such as in Two Rivers, Racine, and LaCrosse. • Potential exists for CTRI initiatives with Aurora system physicians to encourage physician referrals to pharmacists within the Aurora system. • Partnerships with local coalitions and CTRI regional outreach sites to enhance publicity and service synergies for pharmacist in each region • Engagement of UW School of Pharmacy in tobacco cessation education and training <p>Collaborations with employer groups include:</p> <ul style="list-style-type: none"> • Aurora Health Care System, Bohlman Drug Store, DeForest Pharmacy, Medicine Shoppe Pharmacy, Miller Pharmacy, Jewel/Osco Pharmacy, Shopko, Streu's Pharmacy, Target, Walgreens
Other Information	<ul style="list-style-type: none"> • The original objective of the UW Pharmacy Program has changed since its inception. In the original proposal, the object was "to pilot test the feasibility and effectiveness of having Madison and Steven Point East Copps Pharmacy Departments offer a smoking cessation program in-house to fellow employees 18-24 year olds in 2 stores." The original goal was to recruit 100 participants • In 2001, Copps Food stores was bought out by Roundy's which caused the program to redefine its goals and objectives. • The program recruited a total of 12 participants • The commitment to the project by all staff of the UW-Pharm program is seen through all staff contributing to the project pro bono • Future plans of the project include integrating cessation education into 3rd year curriculum of pharmacy students and a practicum requirement where each student goes into the field using trained pharmacists as their preceptors • Future plans include the marketing of the program – showing pharmacists how they can shift the cessation program into more of a business paradigm

Wisconsin Ethnic Network Collaborative

Mission/Objective	To provide an infrastructure and forum for communities of color to develop culturally appropriate tobacco prevention and control strategies that capitalize on unique factors within each community																		
Burden of Tobacco	<p>Percentage of high school seniors who were previous-month smokers, by race/ethnicity and gender</p> <table border="1" style="margin-left: 20px;"> <thead> <tr> <th></th> <th style="text-align: center;">Female (%)</th> <th style="text-align: center;">Male (%)</th> </tr> </thead> <tbody> <tr> <td>Native American</td> <td style="text-align: center;">39.4</td> <td style="text-align: center;">41.1</td> </tr> <tr> <td>African American</td> <td style="text-align: center;">8.6</td> <td style="text-align: center;">11.6</td> </tr> <tr> <td>Hispanic/Latino</td> <td style="text-align: center;">19.2</td> <td style="text-align: center;">28.5</td> </tr> <tr> <td>Asian American</td> <td style="text-align: center;">13.8</td> <td style="text-align: center;">20.6</td> </tr> <tr> <td>White</td> <td style="text-align: center;">33.1</td> <td style="text-align: center;">33.4</td> </tr> </tbody> </table> <ul style="list-style-type: none"> • Statistics from the Indian Health Services states that 3 out of 5 deaths in Indian country are related to or caused by smoking <p>Smoking Prevalence based on Race/Ethnicity</p> <ul style="list-style-type: none"> • 23% of adults who smoke are white • 30% of adults who smoke are African American • 38% of adults who smoke are categorized as other <p>Lack of statewide and national data on the burden of tobacco in communities of color points to the need for increased monitoring and surveillance</p>		Female (%)	Male (%)	Native American	39.4	41.1	African American	8.6	11.6	Hispanic/Latino	19.2	28.5	Asian American	13.8	20.6	White	33.1	33.4
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Asian American	13.8	20.6																	
White	33.1	33.4																	
Reach	<ul style="list-style-type: none"> • The Collaborative is comprised of agencies representing the different ethnic communities of Wisconsin. The agencies include Great Lakes Intertribal Council (Native American), Black Health Coalition (African American), United Migrant Opportunity Services (Hispanic/Latino), and the Wisconsin United Coalition of Mutual Assistance Associations (Southeast Asian) • The Great Lakes Intertribal Council includes membership from 11 tribes throughout Wisconsin. • WENC services communities throughout the state (please see attached) 																		
Short-term Impact	<ul style="list-style-type: none"> • Continue to build and strengthen the network structure to address needs within each community • Currently identifying stakeholders to participate in a statewide advisory committee • Each agency is identifying, prioritizing and implementing culturally and linguistically appropriate local tobacco strategies • WUCMAA – subcontracted with La Crosse Department of Health to implement a plan which supports the Southeast Asian population in cessation efforts. Presenting WENC at the Southeast Asian Conference in La Crosse • UMOS - hosted 2 Family and Community Town Suppers, one in Northern Wisconsin, the other in Milwaukee. Currently working with Urban Hispanics, migrant farm workers, and church-based programs to educate the harmful effects of tobacco on the Hispanic population • GLITC – subcontracts to each of the 11 tribes with different focuses in each community. Currently working on building trust and strengthening the infrastructure to mobilize native American communities in tobacco control efforts. Several cessation specific programs targeting youth and pregnant smokers • BHC – lead agency in the Smokefree Milwaukee Clean Indoor Air Campaign. Currently building support among the partners and constituents in the Milwaukee area. Collaborating with community organizer, Carlos Ruiz to develop timeline. • Working with G Communications to develop ethnic media campaign 																		
Long-term Impact	<ul style="list-style-type: none"> • Establish tobacco as a priority health issue in communities of color • Counter tobacco company advertising and promotional efforts in communities of color • Develop tobacco prevention and control infrastructure in Wisconsin's communities of color 																		

Collaboration	<ul style="list-style-type: none">• Collaboration with DPH through the Minority Health Program• Collaboration with G Communications on ethnic media campaign• Several networks have collaborations with coalitions in various communities
Other Information	<ul style="list-style-type: none">• The overall purpose of the WENC is the same – “To reduce tobacco use among ethnic communities of color in Wisconsin.” However, in the original WENC proposal, the objective included dispersing local grants to communities to implement culturally relevant tobacco control strategies and programs in ethnic communities. Priorities and goals have since shifted to developing a statewide strategic plan, education development, and building and strengthening the coalitions and the Network



Preserving the right to live and breathe tobacco free

Memorandum

TO: Senator Alberta Darling, Co-Chair of Joint Committee on Finance
Representative Dean Kaufert, Co-Chair of Joint Committee on Finance
Members of Joint Committee on Finance

From: Maureen Busalacchi, SmokeFree Wisconsin

RE: Support for Tobacco Prevention funding

Date: May 5, 2003

SmokeFree Wisconsin encourages you to continue to support tobacco prevention funding at its current level of \$15 million. Specifically, in the Finance paper, please support A1, B2, C1 and D2.

The tobacco prevention and control programs are working.

- 5% decrease in overall tobacco consumption last year
- 18% decrease in teen smoking over the last three years
- 29% decrease in UW-Oshkosh campus in one year
- 30,000 calls to the Quitline since May of 2001

Health care costs are escalating, due, in large part, to tobacco consumption. Wisconsin spends \$3 billion per year on medical expenses and lost productivity due to tobacco related disease.

Taxpayers benefit from tobacco control and prevention programs. Last year, Wisconsin spent \$422 million in direct medical expenses related to tobacco. Tobacco control and prevention programs reduce taxpayer expenses related to tobacco consumption.

In addition, no one wants their children to start smoking. These programs are proving effective in dropping teen smoking rates.

Investing in tobacco prevention and control saves lives. We lose 7,300 Wisconsin citizens each year to tobacco. Half who die from tobacco related diseases, die between ages 35 and 64 – cut down in the prime of their most productive years.

Smokers deserve the assistance to quit their deadly habit. An important part of the tobacco prevention and control programs are cessation efforts which have helped thousands of smokers quit already. In tough budget times, the program took a 43% cut. Further cuts would erode efforts to continue to help smokers quit and ensure children don't begin this deadly addiction.

Your continued investment into tobacco prevention will reduce health care costs and as well as suffering. The economic cost of reducing the program that is working is much too high.

Asbjornson, Karen

From: Driedric, Michael
Sent: Tuesday, May 06, 2003 3:38 PM
To: Asbjornson, Karen
Subject: FW: Violent crime, drug use and early tobacco -- Costly Links for Wisconsin



Tobacco and Teens
problems.doc...

CR box...fyi

-----Original Message-----

From: Dennis D. Embry, Ph.D. [mailto:dde@paxis.org]
Sent: Tuesday, May 06, 2003 10:41 AM
To: Helene Nelson; Kenneth Munson; Carol Roessler
Subject: Violent crime, drug use and early tobacco -- Costly Links for Wisconsin

Dear Ms. Nelson, Mr. Munson and Senator Roessler:

In Milwaukee a month ago, when I made the special presentation on the neuroscience of treatment and prevention, effective prevention and treatment and law-enforcement for SCAOD (at the request of Senator Roessler), I outlined some of the serious links between early tobacco, serious substance abuse, violent crime, binge drinking, etc. for young people. This has to do with the unique properties of tobacco that trigger something called "conditioned place preference." That is, children who start smoking develop a deep sense of reward associated for doing bad things. The attachment details this plus has a very powerful data graphic to show the issue.

As the discussion comes up about the Tobacco Control funds in the legislative hearings, an important 25-word message with the graphic is "allowing kids to buy, steal or use tobacco is soft on crime and hard drugs." As you can see by the data graph for some 10,000 kids, letting kids use tobacco will have very high ticket repercussions for the state budget in the very short term without appealing to cancer, strokes, heart disease, etc.

With only \$15 million of tobacco funds available, the state needs to use robust, powerful, effective science-based practices for tobacco access, prevention, and cessation to help hold back the extremely expensive and tragic costs costs hard drug use, alcohol binge drinking an violent crime by kids and teens and, then, young adults. Every program in the state's portfolio of tobacco control needs to be as powerful, robust, and effective science-based practice as Wisconsin Wins.

Economic downturn and related events have historically predicted increases in tobacco use, substance abuse, violent crime, property crime, and higher use of both mental health and health services which can quickly plunge state

and local government into deeper economic and political crisis. The wise use of evidence-based practices whose effects can be modeled on an excel spreadsheet can have huge positive savings on the total budget of the state and local government. In Wyoming, for instances where we are working with multiple state departments and have been able to pull records, preventing just 10 serious multi-problem kids a year who are involved in alcohol, tobacco, drugs and juvenile crime could save the state \$25 million to \$50 million in a decade when one examines the multiple budget "silos." Wyoming is one-tenth the size of Wisconsin.

Wisconsin is going to need every penny it can find to use for strong evidence based practices that prevent or stop the progression of multi-problems in its kids, teens and young adults involving school failure, special education, mental health, alcohol, tobacco, drugs and violent crime. Thank you for the continuing opportunity to help Wisconsin shift to the using cost-effective practices like Wisconsin Wins, Drug Courts, contingency management and other scientifically proven prevention or intervention tools.

Dennis Embry

PS. Many of the best evidence based practices that improve DHFS, regular education, special education or corrections outcomes cost less than current programs and produce better results.

Dr. Dennis D. Embry
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Promoting Productivity Peace Happiness Health
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Wisconsin Tobacco Control Board

Joint Finance Committee Set to Cut Tobacco Prevention Funding

May 6, 2003
FOR IMMEDIATE RELEASE

Contact: David Gundersen
(608) 267-0944

Earnestine Willis

Chair
Physician, Associate Professor
Medical College of Wisconsin

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Gary A. Gonczy

Director of Marketing/Advertising
Kwik Trip, Inc.

Cecelia I. Gore

Program Officer
Jane B. Pettit Foundation

Senator Robert Jauch

25th Senate District
Wisconsin State Senate

Representative Rob Kreibich

93rd Assembly District
Wisconsin State Assembly

Representative MaryAnn Lippert

Health Educator

Jack Lockhart

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Frank M. Sterner

President and CEO
E.R. Wagner Manufacturing Co., Inc.

David Gundersen

Executive Director
Wisconsin Tobacco Control Board

MADISON – The Joint Finance Committee is prepared to make deep cuts to or possibly eliminate Wisconsin's tobacco prevention and control efforts at its Wednesday meeting.

"In 2001, over 7,300 people died in Wisconsin from tobacco-related disease, costing businesses and taxpayers almost \$1.6 billion in health care costs," said David Gundersen, Executive Director of the Wisconsin Tobacco Control Board. "Many of these human and health care costs are almost completely preventable." Smoking causes almost 90 percent of lung cancer and emphysema cases.

"Wisconsin's efforts are working, which means fewer kids are starting, and more smokers are quitting," said Gundersen. Since Wisconsin began its comprehensive tobacco prevention efforts in January of 2001, high school tobacco use has dropped by 18% and overall consumption has decreased by 5%, compared to 1% nationally. "Why would we stop just when these programs are starting to save lives and money?" asked Gundersen. Massachusetts was able to save \$3 for every \$1 spent on its tobacco prevention and control efforts.

In addition to the costs, Gundersen also pointed out that Wisconsin collects significant revenues from tobacco taxes – some of which should be used to prevent initiation and help the 78 percent of smokers who want to quit. "Wisconsin collects over \$350 million every year in tobacco taxes. These are revenues that are paid by smokers. Some of these revenues should be going back to those smokers who want to beat their addictions," stated Gundersen.

According to Gundersen, the \$15 million proposed for tobacco prevention and cessation will create immediate and long-term reductions in the health and economic burden placed on taxpayers, businesses, and smokers. This appropriation represents less than 5% of the total revenues currently generated from tobacco taxes, and less than 1% of tobacco-related health care costs.

The Legislature also faces an ongoing ethical dilemma. "Unless the State of Wisconsin makes a good faith effort to reduce the death, disease, and health care costs caused by tobacco, the Legislature will be guilty of profiting from the death of Wisconsin citizens," said Gundersen. "That seems unconscionable."

MAY 07 2003



Wisconsin Tobacco Control Board

May 6, 2003

Dear Legislators:

Given its elimination in the current budget, the Tobacco Control Board has no vested interest in future funding for tobacco control besides in their roles as citizens of this state. It has come to our attention that the Joint Finance Committee is considering deep cuts or even the elimination of Wisconsin's tobacco prevention and cessation efforts. On behalf of the Board, I encourage you to support efforts to prevent and reduce the death, disease, and health care costs caused by tobacco.

In 2001, over 7,300 people died in Wisconsin from tobacco-related disease, costing businesses and taxpayers almost \$1.6 billion in health care costs. These are human and health care costs that are paid by taxpayers and businesses through both public and private health insurance. They are also costs that are almost completely preventable.

However, just as there are costs associated with tobacco, there are revenues. Wisconsin collects over \$350 million every year in tobacco taxes and in recent years collected \$1.6 billion by selling the rights to our portion of the national Master Settlement Agreement. These are revenues that are paid by smokers, who pay the tobacco taxes but also pay the settlement costs through increased cigarettes prices.

This tragic equation means that while taxpayers, businesses, and smokers pay the health and health care costs of tobacco, the State and tobacco companies collect hundreds of millions in profits and revenues. Not only is this equation unjust to those paying the costs, but if we do not fund tobacco prevention and cessation, we are allowing more citizens to die and benefiting from the arrangement. The \$15 million proposed for tobacco prevention and cessation will create immediate and long-term reductions in the health and economic burden placed on taxpayers, businesses, and smokers. This appropriation represents less than 5% of the total revenues currently generated from tobacco taxes and less than 1% of the tobacco-related health care costs.

Unless the State of Wisconsin makes a good faith effort to reduce the death, disease, and health care costs caused by tobacco, the Legislature will be guilty of profiting from the death of Wisconsin citizens.

If you have questions please do not hesitate to call me.

Sincerely,

A handwritten signature in black ink, appearing to read "D. F. Gundersen".

David F. Gundersen

Earnestine Willis
Chair
Physician, Associate Professor
Medical College of Wisconsin

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

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David Gundersen
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Wisconsin Tobacco Control Board



Legislative Fiscal Bureau

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May 7, 2003

Joint Committee on Finance

Paper #720

Tobacco Control and Prevention (Tobacco Control Board and Health and Family Services -- Health)

[LFB 2003-05 Budget Summary: Page 248, #5 and Page 404, #1]

CURRENT LAW

Tobacco Control Board. 1999 Wisconsin Act 9 (the 1999-01 biennial budget act) created the Tobacco Control Board to support activities related to a statewide, comprehensive tobacco control program, and established a segregated fund, the tobacco control fund, to support the Board's activities. The Board is authorized 4.0 SEG positions, including: (a) 1.0 staff coordinator position that serves as the Executive Director; (b) 1.0 public health educator position; (c) 1.0 contract specialist position; and (d) 1.0 program assistant position. In 2002-03, \$15,345,100 SEG was initially budgeted to support grants distributed by the Board (\$15 million) and the Board's operations (\$345,100). [The Joint Committee on Finance modified these funding allocations, under its s. 13.10 authority, in December, 2002, to address a projected shortfall in the Board's operations funding.]

All of the revenue to the tobacco control fund is revenue that is transferred from the general fund under a statutory allocation. The interest earned on the fund's cash balance is retained in the segregated fund.

Of the \$15 million that was initially budgeted for grants in each year of the 2001-03 biennium, \$3.5 million is statutorily earmarked for: (a) research, prevention, and cessation activities conducted by the University of Wisconsin-Madison Center for Tobacco Research and Intervention (\$1.0 million); (b) the Thomas T. Melvin youth tobacco prevention and education program (\$2.0 million); and (c) tobacco use prevention and cessation activities at the Medical College of Wisconsin (\$500,000). The remaining funding is available for discretionary grants for a variety of tobacco control activities.

Under current law, the annual amount of funding that will be transferred from the general fund to the tobacco control fund will be \$25 million, beginning in the 2003-04 fiscal year. However, the Board's total adjusted base funding is \$15,345,100 SEG.

Department of Health and Family Services. The Department of Health and Family Services (DHFS) administers several tobacco control and prevention programs, which are funded from a variety of sources. DHFS received approximately \$6,102,600 in calendar year 2003 from: (a) the Board (\$4,541,700); (b) the Centers for Disease Control and Prevention (CDC) (\$1,166,300); and (c) GPR budgeted for DHFS programs (\$394,600). DHFS also received \$2,000,000 from the Board during fiscal year 2002-03.

The funding DHFS receives from the Board supports: (a) the Thomas T. Melvin youth tobacco prevention and education program (\$2 million); (b) the distribution of funding, on behalf of the Board, for community coalitions (\$4,345,600); and (c) training and technical assistance to local coalitions (\$196,100). Funding from CDC supports: (a) one-time funding for a smoke-free sports facilities program (\$25,000); (b) 10.4 positions in the Division of Public Health that assist with tobacco prevention and cessation activities; (c) local programs; (d) strategic planning; and (e) the statewide tobacco conference. DHFS also uses GPR funding to support local grants.

GOVERNOR

Transfer to the Tobacco Control Fund. Modify the statutory provision that specifies the amount of general fund revenue that is transferred to the tobacco control fund so that \$15,054,500 in 2003-04 and \$15,062,000 in 2004-05 and each subsequent year would be transferred, rather than \$25 million annually, beginning in 2003-04, as provided under current law.

Tobacco Control Board. Delete \$15,345,100 SEG annually and 4.0 positions, beginning in 2003-04, to reflect the Governor's proposal to eliminate the Board and transfer the Board's responsibilities to DHFS.

DHFS. Provide \$15,054,500 SEG in 2003-04, \$15,062,000 SEG in 2004-05, and 1.0 position, beginning in 2003-04, to DHFS to support tobacco prevention and cessation activities previously performed by the Board. This funding would be budgeted to support grants (\$15 million annually) and operations (\$54,500 in 2003-04 and \$62,000 in 2004-05).

Specify that: (a) the Board's assets and liabilities would become the assets and liabilities of DHFS; (b) the Board's contracts would be transferred to DHFS and remain in effect until DHFS modifies or rescinds the contracts to the extent allowed under the contract; (c) DHFS contracts relating to the Board's functions would remain in effect until DHFS modifies or rescinds the contract to the extent allowed under the contract; (d) all rules promulgated by the Board would remain in effect until their specified expiration date or until DHFS amends or repeals them; and (e) all orders issued by the Board would remain in effect until their specified expiration date or until DHFS modifies or rescinds them.

DISCUSSION POINTS

Elimination of Agency and Transfer of Responsibilities

1. This provision is part of the administration's intent to consolidate and decrease the size of state government by: (a) eliminating a state agency and its governing board by transferring its responsibilities to another state agency that currently administers similar programs; and (b) reducing the number of positions in state government. The bill would delete the Board's 4.0 positions and provide DHFS with 1.0 position to address the increase in workload. None of the Board's current positions would be transferred to DHFS.

2. The Governor's proposal would result in a net savings of \$573,700 (\$290,600 in 2003-04 and \$283,100 in 2004-05) and a reduction of 3.0 positions, beginning in 2003-04. The bill would maintain base funding for grants (\$15 million annually).

3. Several arguments could be made in support of the Governor's recommendations. First, the Board has completed much of the work in establishing the grant program, including the development of funding priorities based on a review of CDC best practices. The Board's Executive Director has indicated that, now that the state has created a comprehensive tobacco control program, it is no longer necessary to continue to administer the program with a separate state agency. Other states have successful tobacco control programs administered by their public health departments.

4. Second, transferring the Board to DHFS could improve the coordination of state tobacco prevention and cessation programs and activities. For example, the administration believes that some of the workload associated with the distribution and monitoring of grants could be performed by the current 10.4 FED positions in DHFS supported by the CDC grant. The CDC grant supports 100% of the following positions: (a) tobacco program director; (b) two tobacco program policy analysts; (c) tobacco program epidemiologist; (d) two regional tobacco program specialists; (e) administrative coordinator; and (f) program support position. The CDC grant supports 50% of the following positions: (a) three regional tobacco program specialists; and (b) a regional program support position. The CDC grant supports 25% of the bureau fiscal manager position. Finally, the CDC grant supports 5% of the following positions: (a) chief medical officer; (b) bureau section chief; and (c) section supervisor.

In addition, in calendar year 2003, DHFS staff administered approximately \$6,345,600 of the Board's grant funding, or approximately 42.3 % of the Board's funds, including the Thomas T. Melvin program. Also, DHFS staff provide technical training and assistance to local communities and award and monitor their own grants.

DHFS staff expressed an interest in maintaining an advisory group to assist in establishing priorities and goals, as well as deciding grant awards, to make the transition proceed smoothly.

5. Third, the Governor's bill would maintain base support for tobacco control grants. Consequently, agencies that receive the grant funding would not be adversely affected by the Governor's proposal.

6. Others would argue that continuing to conduct these activities through an independent Tobacco Control Board would maintain a high profile for the state's tobacco prevention efforts. Further, the current Board provides broad representation. Board members include legislators, public health advocates, health care providers, county officials, youth members, and representatives of the business community. Input from a variety of sources may assist in the development and implementation of a comprehensive approach to tobacco prevention and cessation activities.

In addition, while current DHFS staff have experience with the Board's activities, the staff would have to assume additional responsibilities, especially with respect to awarding grants and monitoring the performance of grant applicants. Maintaining the Board with 4.0 positions could provide more oversight of the funds and programs than DHFS staff with 1.0 additional position.

Evaluation

7. It is difficult to draw conclusions about the effect the Board's programs have had on tobacco use in the state because the Board's programs represent only one component of Wisconsin's tobacco control efforts. For example, local governments, which rely on state and federal resources outside of the Board's control, enforce state laws and local ordinances that are intended to prevent underage tobacco use. DHFS and the Department of Public Instruction administer some programs that address tobacco use. The University of Wisconsin-Madison Center for Tobacco Research and Intervention (UW-CTRI) received federal research grants to support various laboratory and clinical research projects related to tobacco cessation efforts. Other nonprofit organizations, such as the American Lung Association and Smoke-Free Wisconsin, also receive private funds to support tobacco control activities. Finally, changes in the cost of cigarettes, including increases in the cigarette tax, may affect demand.

8. In February, 2003, the Legislative Audit Bureau (LAB) completed an evaluation of the use of the Board's funds. The attachment summarizes LAB's evaluation of programs funded by the Board from Appendix 1 in the report. The attachment shows the programs funded by the Board, the amount of funding each program has received since the Board's inception, the purpose of the program, and the programs' outcomes. The results are mixed. For example, the Board funded a program at the University of Wisconsin-Oshkosh that had a goal of reducing student smoking by 4%. The results exceeded the goals. The reduction in the number of students using tobacco actually reached 29%. However, another young adult pilot study at the University of Wisconsin-Madison School of Pharmacy was unable to attract sufficient employees to develop and test a work-based cessation program due, in part, to the sale of some of the pharmacies involved.

9. LAB made several recommendations regarding the use of the Board's funds, including: (a) the use of evaluation reports provided by the monitoring and evaluation program to assist in making decisions about which competitive grant projects should receive funding; (b) revision of 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; and (c) the use of consistent grant periods and monitor of grant recipients' expenditures on a regular basis, so unspent funds could be reallocated to other tobacco control

projects when necessary. To address the medication issue, the Board has submitted a rule change with the DHFS omnibus revisions to include language specifying that cessation medication can be purchased only with written permission of the grant manager.

10. The use of consistent grant periods and reallocation of unspent funds could be addressed by eliminating the statutorily required grants. Currently, the discretionary grants are awarded on a calendar year basis. However, the earmarked grants are awarded on a fiscal year basis. In addition, the Board has no authority require any surplus in funding for the earmarked grants to be lapsed back to the Board for other programs. For example, the Board provided UW-CTRI with \$3,000,000 during fiscal years 1999-00 thru 2001-02 with earmarked funds. However, UW-CTRI expended \$2,119,000 during this same time period. Therefore, \$881,000 could have reverted to the Board for use in other programs.

11. In addition, eliminating the statutorily required grants could enhance consistent use of evaluation reports. By eliminating the earmarked grants, the Thomas T. Melvin program, UW-CTRI, and MCW would be required to compete for discretionary grants and to be evaluated for success. For example, the LAB report indicates that, of MCW's projects funded by the Board, three projects attained their goals, seven projects attained some of their objectives, eight projects did not attain their objectives, and data was insufficient for one project. The Board, or DHFS if the Board's responsibilities are transferred, would have no ability to reduce funding to MCW to eliminate unsuccessful projects. Also, of \$980,400 expended during fiscal years 2000-01 and 2001-02, MCW expended \$663,000 for staff salaries and fringe benefits. Competition and evaluation could make the programs more accountable for expenditures. The Committee could eliminate the earmarked grants to coordinate services and optimize funding.

12. On the other hand, continuing the earmarking of these grants would ensure funding for research institutions. Researchers need sufficient time to obtain approval for any research protocols that involve human subjects, which would be limited if they had to provide immediate results. Also, the Thomas T. Melvin program targets children in the middle school ages, when they may start to smoke. Prevention at an early age could be the most cost effective way to reduce costs associated with tobacco-related illnesses. The Committee could consider these programs sufficiently important to maintain the current statutory allocations.

13. In addition to considering the Governor's proposal to eliminate the Board and whether to continue to earmark grants for specific programs, the Committee could consider other issues, including: (a) the amount of funding that should be budgeted for grants; and (b) the continuation of the segregated fund.

Grant Funding

14. Under 1999 Act 9, the Board was authorized to award \$18,308,000 in competitive grants for activities to reduce and prevent tobacco use in the state, beginning July 1, 2000. The Board began awarding competitive grants on a calendar year basis, beginning January 1, 2001. Therefore, half of the funding budgeted for competitive grants in 2000-01, or a one-time surplus of \$9,154,000, was carried forward to support grants in the 2001-03 biennium. Table 1 summarizes

Tobacco Control Board funding since its inception.

TABLE 1

**Tobacco Control Board Authorized Funding Levels
Fiscal Years 1999-00 thru 2002-03**

	<u>1999-00</u>	<u>2000-01</u>	<u>2001-02</u>	<u>2002-03</u>
Earmarked Grants				
Thomas T. Melvin Youth Prevention and Education Program	\$1,000,000	\$1,000,000	\$2,000,000	\$2,000,000
University of Wisconsin-Madison Center for Tobacco Research and Intervention	1,000,000	1,000,000	1,000,000	1,000,000
Medical College of Wisconsin	0	500,000	500,000	500,000
Youth Smokeless Tobacco Campaign	92,000	0	0	0
Competitive Grants*	<u>0</u>	<u>18,308,000</u>	<u>11,500,000</u>	<u>11,500,000</u>
Subtotal Grant Funding	\$2,092,000	\$20,808,000	\$15,000,000	\$15,000,000
Program Support/Administration	<u>200,000</u>	<u>400,000</u>	<u>336,300</u>	<u>345,100</u>
Total Funding	\$2,292,000	\$21,208,000	\$15,336,300	\$15,345,100

*Funding for competitive grants for 2001-02 includes \$9,154,000 that was carried forward from the amount budgeted for 2000-01 competitive grants.

15. Under current law, the Board may distribute the competitive grants for the following purposes: (a) community-based programs to reduce tobacco use; (b) chronic disease programs to reduce the burden of tobacco-related diseases; (c) school-based programs relating to tobacco use cessation and prevention; (d) enforcement of local laws aimed at reducing exposure to secondhand smoke and restricting underage access to tobacco; (e) grants for partnerships among statewide organizations and businesses that support activities related to tobacco use cessation and prevention; (f) marketing activities that promote tobacco use cessation and prevention; (g) projects designed to reduce tobacco use among minorities and pregnant women; (h) other tobacco use cessation programs; (i) surveillance of indicators of tobacco use and evaluation of activities funded by the Board; and (j) development of policies that restrict access to tobacco products and reduce exposure to environmental tobacco smoke. Table 2 shows the Board approved funding for discretionary grants in calendar year 2003.

TABLE 2

**Tobacco Control Board Contract Expenditures
Calendar Year 2003**

<u>Program</u>	<u>Amount</u>
Community Coalitions	\$4,500,000
Media and Countermarketing Campaign	4,350,000
Monitoring & Evaluation	1,500,000
Wisconsin Quit Line	1,300,000
Youth-Led Movement	850,000
Ethnic Network	650,000
School Grants	625,000
Technical Assistance and Training	600,000
Young Adult Pilot Studies-UW Oshkosh	550,000
Resource Center	200,000
Spit Tobacco	150,000
Youth Cessation Pilot Studies	150,000
Pregnant Smokers Pilot Studies	125,000
Insurer Cessation Coverage Initiative	125,000
Employer Cessation Coverage Initiative	125,000
Young Adult Pilot Studies-UW Pharmacy	25,000
Uninsured Coverage Viability Study	<u>25,000</u>
Total	\$15,850,000

16. The statutory uses for the tobacco control funds are based on the CDC recommended components for a comprehensive tobacco control program. According to the CDC, in order to be successful, programs must be comprehensive, sustained over time, and utilize community partnerships. The CDC estimates a range of funding each state must provide to have a successful comprehensive tobacco control program. The CDC calculations use base level and per capita amounts that are the same for each state. Therefore, the main difference among states' recommended funding levels is the population of the state.

17. The CDC indicates in its report, "Investment in Tobacco Control: State Highlights 2002," that Wisconsin funds its program at a level that represents 24% of the recommended lowest funding level, and currently ranks 32nd among states for tobacco control funding, as measured as a percentage of the CDC recommended funding ranges. This analysis takes into consideration funds for tobacco control from all funding sources. However, the analysis did not consider \$9,304,000 carried over from 2001-02 or Medical College of Wisconsin's \$500,000 grant. Taking these amounts into consideration, Wisconsin funds its program at a level that represents 55% of the recommended lowest funding level, and ranks approximately 21st among states for tobacco control funding as measured as a percentage of the CDC recommended funding ranges.

18. At least six states meet or exceed the CDC recommended lower levels. The average level of investment among states in comprehensive tobacco control programs is at approximately 53% of the CDC lower level recommendations for 2002.

19. For 2002, the CDC recommended that Wisconsin spend between \$31,158,000 and \$82,381,000 for tobacco control activities.

20. Under current law, \$25 million annually would be transferred from the general fund to the tobacco control fund beginning June 15, 2004. Although \$15 million annually was provided in grant funds during the 2001-03 biennium, the Legislature indicated its intent, through this statutory provision, to increase the total funding amount to \$25 million annually, beginning in the 2003-05 biennium. The Committee could increase funding for grants to \$25 million per year to meet the intent of the current statutory commitment. This would increase efforts to reduce smoking rates and to reduce the number of young people who start smoking. Reducing smoking rates and preventing young people from initiating smoking would benefit the state in future years through reduced medical costs from the adverse medical conditions associated with tobacco.

21. The Governor's bill would maintain \$15,000,000 in grant funding, which is the same level provided in 2001-02 and 2002-03. A University of Wisconsin-Madison Comprehensive Cancer Center (UW-CCC) press release dated January 7, 2003, suggests that cigarette smoking in Wisconsin declined by nearly 5% in 2002, compared to 1% nationally. This analysis is based on the 5% decline in the sales of cigarettes during 2002. In addition, awareness of the harmfulness of secondhand smoke and of the tobacco industry's advertising has increased. Because the current level of funding has shown some success in tobacco cessation and prevention, the Committee could continue funding at the current level of \$15,000,000 annually.

22. On the other hand, many states have determined that while tobacco control is a high priority, other priorities must be met. The LAB report compared the amounts appropriated by seven Midwestern states from tobacco settlement funds in fiscal year 2002-03. Table 3 shows these amounts, along with the CDC recommended amounts, and the percentage of the CDC recommended amounts. The amounts appropriated do not include funds used for tobacco control efforts from any source other than the settlement proceeds. The average percentage of the CDC recommended allocations among these seven states is 35.7%.

TABLE 3

**Amounts of Tobacco Settlement Payments Used to Fund Tobacco Control Projects
Fiscal Year 2002-03
(\$ in Millions)**

	<u>CDC Recommended Minimum Allocation</u>	<u>Settlement Funds Appropriated</u>	<u>Percentage of Recommended Allocation</u>
Illinois	\$64.9	\$18.5	28.5%
Indiana	34.8	25.0	71.8
Iowa	19.3	51.0	26.4
Michigan	54.3	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

23. In Wisconsin, the amount of funding deposited to the tobacco control fund has a dollar-for-dollar effect on the general fund, and as such, should be reviewed in the same manner as all other GPR expenditures. Given other priorities for GPR funds, the Committee could choose to fund tobacco control activities at a level closer to the average of the seven Midwestern states. The Committee could provide \$10 million annually to fund tobacco prevention and cessation activities, which is approximately 32% of the CDC-recommended minimum allocation.

24. However, the tobacco control program is one of the few state-funded health programs focused exclusively on prevention and cessation. Table 4 compares the seven Midwestern states with smoking rates for adults, grades 6 thru 8 (any use), and grades 9 thru 12 (any use).

TABLE 4
Comparison of Smoking Rates for 2000
(Percent of Population)

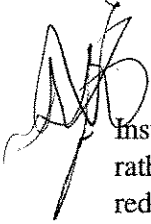
<u>State</u>	<u>Adults</u>	<u>Grades 6 thru 8</u>	<u>Grades 9 thru 12</u>
Illinois	22.3%	*	*
Indiana	27.0	15.3%	36.9%
Iowa	23.3	16.4	39.0
Michigan	24.2	14.2	34.1
Minnesota	19.8	12.6	38.7
Ohio	26.3	18.7	41.1
Wisconsin	24.1	16.1	39.4
National	23.3%	15.1%	34.5%


*Data are not available.

Wisconsin's smoking rates are above the national average and rank 4th in comparison to the seven Midwestern states in smoking rates for adults and grades 6 thru 8 (any use). Wisconsin ranks 5th in comparison to the seven Midwestern states in smoking rates for grades 9 thru 12 (any use). Given that Wisconsin's smoking rates in 2000 were above the national rates, it could be argued that more funding is needed to reduce smoking prevalence and, therefore, reduce smoking-related medical expenditures.

25. The CDC reports that, in 1999, Wisconsin's smoking-attributable death rate was 278.2 per 100,000. In 1998, smoking-attributable direct medical expenditures totaled \$1.58 billion in Wisconsin. Also in 1998, CDC reported that Wisconsin's smoking-attributable medical assistance (MA) expenditures totaled \$375 million, which equates to approximately \$723 per MA recipient. Table 5 shows each grant-funding alternative as a percentage of smoking-attributable direct medical expenditures and MA expenditures.

D. Eliminate Tobacco Control Fund

 1. Eliminate the segregated tobacco control fund to support tobacco control efforts. Instead, transfer budget all funding for the tobacco control and prevention program with GPR, rather than SEG. This alternative would increase GPR revenues, increase GPR expenditures and reduce SEG expenditures by amounts that equal the total funding that would be provided for grants and operations.

 2. Maintain the segregated tobacco control fund to support tobacco control funds. Authorized funding would be transferred from the general fund to the tobacco control fund annually.

Prepared by: Kim Swissdorf
Attachment

ATTACHMENT

Summary of Programs and Outcomes from February, 2003 LAB Evaluation

Program	Funding	Purpose	Outcome
Thomas T. Melvin	\$4,000,000	To reduce youth tobacco use	Students exposed to the media campaign had greater awareness of tobacco-related issues and recognized themselves as targets of tobacco advertising; overall smoking rates among students dropped 12% in 2000 to 9% in 2001, and use of any tobacco product fell from 16% to 13%; percentage of students who had ever smoked declined
UW-CTRI: Regional Outreach	1,050,000	To provide current methods to health care providers for discussing tobacco use and cessation strategies with tobacco users	Cessation specialists trained more than 5,000 health care providers in effective cessation strategies, sent information to over 3,000 primary care physicians, clarified cessation benefits with each of the health maintenance organizations participating in MA and BadgerCare, 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
UW-CTRI: Adult Tobacco Use Survey	600,000	To assist clinicians and policymakers in effectively planning prevention and cessation programs and to quantify the prevalence of adult tobacco use in Wisconsin	Data had limited usefulness; UW-CTRI prepared and released three of six planned papers based on survey findings, such as why people smoke, how smokers are quitting, and attitudes toward secondhand smoke
UW-CTRI: Mini-grants	159,486	To distribute competitively a portion of the Tobacco Control Board's funds throughout the state for innovative projects and studies	Two of nine projects met all of their objectives; seven others met some of their objectives or could not collect sufficient data to allow researchers to measure project effectiveness
UW-CTRI: Wisconsin Women's Health Foundation	150,000	To provide information on high-risk behaviors, including smoking	Foundation presented nine one-day health fairs to 940 participants

Program	Funding	Purpose	Outcome
MCW: Tobacco Prevention Research and Education Project	1,000,000	To support tobacco prevention and cessation efforts at MCW	Three projects were successful in achieving their goals; seven projects had mixed results, eight projects were not successful in achieving their goals; lack of information for one project
Statewide Media and Countermarketing Campaign	\$7,000,000	To operate a statewide media campaign	Increase in advertisement recall and knowledge, tobacco-related behaviors had not changed
Community Coalition Grants	5,570,852	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	Final reports and evaluations were not available
Monitoring and Evaluation Program	1,900,000	To monitor smoking rates and attitudes toward tobacco and to evaluate the work of Board-funded projects and local coalitions	Several reports on youth and adult tobacco use and attitudes were produced during 2001 and 2002; program is analyzing results of the statewide media campaign and is compiling information on municipal smoking ordinances and worksite smoking policies
Wisconsin Tobacco Quit Line	1,337,351	To provide toll-free cessation counseling and referral to local resources	February 2002 report and two recent surveys indicate Quit Line has operated effectively and has assisted individuals in their attempts to quit smoking
DPI School Grants	1,250,000	To distribute funds to school districts and Cooperative Educational Service Agencies for school-based anti-smoking activities	Evaluation is ongoing
Youth Led Movement	1,048,752	To launch a statewide youth-led movement that will provide teenagers with the appropriate knowledge to make informed decisions about tobacco use	High levels of interest have prompted discussion about expanding the initiatives undertaken

Program	Funding	Purpose	Outcome
Training and Technical Assistance	900,000	To provide training and technical assistance to local anti-tobacco coalitions	Not applicable
Wisconsin Ethnic Network	650,000	To reduce tobacco use among ethnic communities of color in Wisconsin	Four member organizations each established community-based networks to serve their target populations; four groups met with a media firm to develop culturally appropriate media campaigns for tobacco awareness; held first annual statewide meeting and reported a variety of outreach activities at local cultural events, schools, and conferences
Young Adult Pilot Study: UW Oshkosh	\$231,000	To reduce smoking in the UW-Oshkosh student population by 4% by December, 2001	29% reduction in the number of students using tobacco
Young Adult Pilot Study: UW-Madison School of Pharmacy	200,084	To develop and test an accessible, work-based smoking cessation program to employed young adults	Copp's Food Stores and internal pharmacies were sold in October, 2001; fewer employees than expected participated; project will continue using pharmacists employed by the new owner of the pharmacies
Youth Cessation Pilot Study: Not On Tobacco	373,918	To reduce youth smoking rates	Only 4 of 18 schools that expressed interest recruited enough students for the program; 117 youth completed the program; 23.1% quit smoking; 79.5% still smoking, but smoking less on weekdays; 75.9% still smoking, but reduced weekend smoking rates
Pregnant Smokers Pilot Study: First Breath	319,242	To decrease smoking in the low-income pregnant population	Unable to recruit the expected 500 clinic participants and 500 control group participants; 90 women had participated and were 30 days post-partum; 23.1% had quit smoking compared to 7.9% in control group; 61.5% reduced smoking compared to 42.1 in control group
Tobacco Control Resource Center for Wisconsin	275,000	To provide a central repository of tobacco control-related literature, brochures, videotapes, and other resources	Not applicable
Spit Tobacco Initiative	138,000	To increase youth awareness of the risks of spit tobacco and decrease the level of use and experimentation	Program success could not be determined because of a low survey response

Motion 401

The Wheeler Report - Joint Finance Committee - 2003-2005 Budget Bill
ROLL CALL

This Roll Call is Not Official. The Vote Taken by the Clerk is the Official Roll Call.

Date: May 7, 2003
Agency: Tobacco Control Board
Topic: Advisory Board
Motion By: Welch
Second By: Darling
TO: Adopt Motion 401
Vote:
Link To: [Motion 401, Paper 720.](#)

Changes to Motion:

b15-1

lf6720

motion401

Member	Yes	No
Rep. Kaufert	Y	
Rep. Huebsch	Y	
Rep. Ward	Y	
Rep. Stone	Y	
Rep. Rhoades	Y	
Rep. Meyer	Y	
Rep. Coggs	Y	
Rep. Schooff	Y	
Sen. Darling	Y	
Sen. Welch	Y	
Sen. Fitzgerald	Y	
Sen. Lazich	Y	
Sen. Harsdorf	Y	
Sen. Kanavas	Y	
Sen. Decker		N
Sen. Moore	Y	
Total	15	1

TABLE 5

Grant Funding as a Percent of Tobacco-Related Direct Medical Expenditures and MA Expenditures

<u>Alternative</u>	<u>Percent of Direct Medical Expenditures</u>	<u>Percent of MA Expenditures</u>
C2 (\$25 million)	1.6	6.7%
C1 (\$15 million)	0.9	4.0
C3 (\$10 million)	0.6	2.7

The state has an interest in reducing smoking rates to reduce the medical expenses associated with tobacco because the state contributes funds to the costs of treating tobacco-related illnesses. Funding for tobacco prevention and cessation programs is only a small fraction of the costs of treating tobacco-related illnesses. However, if the tobacco control program is successful in prevention and cessation activities, public and private costs for tobacco-related illnesses could significantly decrease.

Eliminate Tobacco Control Fund

26. 1999 Act 9 created a segregated, nonlapsible trust fund to support the Board's activities. In 1999-00, the fund consisted of the first \$23.5 million of the moneys received under the master settlement agreement (MSA) with the tobacco companies. The fund was to receive funds annually as a result of the MSA. However, under 2001 Act 16, the administration was authorized to securitize the state's rights to its tobacco settlement payments. In 2002, the state securitized its tobacco settlement payments. As a result, there are no annual settlement payments from which to deposit funds into the tobacco control fund. Therefore, funds are now transferred from the general fund to the tobacco control fund. The segregated tobacco control fund consists entirely of GPR funding and interest earned on the GPR funding.

27. The Committee could eliminate the tobacco control fund. If the Committee chooses to continue to support tobacco prevention and cessation activities, the Committee could budget funding for the tobacco control program, whether through the Board or in DHFS, with GPR funds directly, rather than transferring GPR funds to the tobacco control fund. The general fund would then earn the interest associated with these funds, rather than having the interest accumulating on a smaller amount of money in a separate fund.

ALTERNATIVES

A. Eliminate Agency and Transfer Responsibilities

16-00 (1)

1. Adopt the Governor's recommendations to eliminate the Board, transfer the Board's

responsibilities, and provide 1.0 SEG position to DHFS.

2. Delete the provisions relating to the elimination of the Board and the transfer of its responsibilities to DHFS. Retain 4.0 SEG positions to staff the Board.

<u>Alternative A2: Board</u>	<u>GPR</u>	<u>SEG</u>	<u>TOTAL</u>
2003-05 REVENUE (Change to Bill)	- \$573,700	\$573,200	\$0
2003-05 FUNDING (Change to Bill)	\$0	\$30,690,200	\$30,690,200
2004-05 POSITIONS (Change to Bill)	0	4.00	4.00

<u>Alternative A2: DHFS</u>	<u>SEG</u>
2003-05 FUNDING (Change to Bill)	- \$30,116,500
2004-05 POSITIONS (Change to Bill)	- 1.0

B. Earmarked Grants

- 14-2 (1) Modify the Governor's recommendation to delete current statutory provisions that earmark grant funding for the Thomas T. Melvin program, UW-CTRI, and MCW.
2. Maintain current law.

C. Grant Funding

1. Adopt the Governor's recommendation to maintain base funding grants of \$15,000,000 SEG annually.
2. Increase funding for grants by \$10,000,000 annually.

<u>Alternative C2</u>	<u>GPR</u>	<u>SEG</u>	<u>TOTAL</u>
2003-05 REVENUE (Change to Bill)	- \$20,000,000	\$20,000,000	\$0
2003-05 FUNDING (Change to Bill)	\$0	\$20,000,000	\$20,000,000

- 12-4 (3) Reduce funding for grants by \$5,000,000 annually.

<u>Alternative C3</u>	<u>GPR</u>	<u>SEG</u>	<u>TOTAL</u>
2003-05 REVENUE (Change to Bill)	\$10,000,000	- \$10,000,000	\$0
2003-05 FUNDING (Change to Bill)	\$0	- \$10,000,000	- \$10,000,000

D. Eliminate Tobacco Control Fund

12-4

1.

Eliminate the segregated tobacco control fund to support tobacco control efforts. Instead, transfer budget all funding for the tobacco control and prevention program with GPR, rather than SEG. This alternative would increase GPR revenues, increase GPR expenditures and reduce SEG expenditures by amounts that equal the total funding that would be provided for grants and operations.

2.

Maintain the segregated tobacco control fund to support tobacco control funds. Authorized funding would be transferred from the general fund to the tobacco control fund annually.

* motion 401 adv. brd 15-1

Prepared by: Kim Swissdorf
Attachment



2003-05 BIENNIAL BUDGET



Summary of Joint Finance Proceedings

May 7, 2003

Budget papers prepared by the Legislative Fiscal Bureau can be found online at:
http://www.legis.state.wi.us/lfb/LFBPublications_ButtonPages/Publications_BudgetPapers.htm

Copies of motions can be obtained from the Joint Finance section of the Wheeler Report's web site:
<http://wheeler-jointfinance03.com/budget/Front/front.htm>

Running Totals:

Net improvement to the general fund: \$ 103,930,600

JCF-approved GPR spending reductions: \$109,781,700

JCF-approved GPR spending increases: \$ 5,851,100

Daily Totals: Wednesday, May 7, 2003

Net improvement to the general fund: \$ 12,165,100

JCF-approved GPR spending reductions/revenue increases: \$ 13,715,100

\$10,000,000 GPR-REV (LFB Paper 720, Alt. C3)

-\$1,435,700 GPR (LFB Paper 430, Modification)

-\$1,096,500 GPR (LFB Paper 431, Modification)

-\$402,200 GPR (LFB Paper 432, Alt. 2)

-\$537,400 GPR (LFB Paper 433, Alt. 2)

-\$108,200 GPR (LFB Paper 416, Alt. A1)

-\$21,000 GPR (LFB Paper 416, Alt. B3)

-\$114,100 GPR (LFB Paper 416, Alt. C4)

JCF-approved GPR revenue reductions/spending increases: \$ 1,550,000

\$50,000 GPR (Motion 417)

\$1,500,000 GPR (LFB Paper 450, Alt. 4)

Department of Agriculture, Trade and Consumer Protection

- Motion (Kaufert) - reconsider the vote on Motion 388 ["No-call list"] (Approved by unanimous consent)
- Motion to lay Motion 388 on table (Approved by voice vote)

Tobacco Control Board

- Tobacco Control and Prevention (LFB Paper 720)
Alternative C1 – approve Governor's recommendation to maintain base funding for grants (Failed 4-12)
Change to bill if approved: none
- Tobacco Control and Prevention (LFB Paper 720)
Alternative A1 – approve the Governor's recommendation to eliminate the Board (Passed 16-0)
- Tobacco Control and Prevention (LFB Paper 720)
Alternative B1 – delete statutory provisions that earmark grant funding (Passed 14-2)
- Tobacco Control and Prevention (LFB Paper 720)
Alternative C3 – reduce funding for grants by \$5 million annually (Passed 12-4)
Change to bill: \$10,000,000 GPR-REV; -\$10,000,000 SEG-REV; -\$10,000,000 SEG

- Tobacco Control and Prevention (LFB Paper 720)
Alternative D1 – eliminate the segregated tobacco control fund (Passed 12-4)
- Tobacco Control and Prevention (LFB Paper 720)
Motion 401 (Welch) create an advisory board for awarding of grants (Passed 15-1)

Department of Health & Family Services Children and Families

- Foster Care and Adoption Assistance Reestimate (LFB Paper 430)
Modification – reduce funding to reflect reestimates of state costs (Approved by unanimous consent)
Change to bill: -\$1,435,700 GPR; -\$1,152,600 FED
- Milwaukee Child Welfare Aids (LFB Paper 431)
Modification – reduce funding to reflect reestimates of state costs (Approved by unanimous consent)
Change to bill: -\$1,096,500 GPR; -\$2,493,400 FED; -\$1,817,800 PR
- Milwaukee Child Welfare Operations (LFB Paper 432)
Alternative 2 – reduce funding to reflect revised estimates and delete funding for supplies and services (Passed 14-2)
Change to bill: -\$402,200 GPR; \$121,000 FED
- Wisconsin Statewide Automated Child Welfare Information System (LFB Paper 433)
Alternative 2 – require counties to support 50% of the non-federal costs of WISACWIS (Passed 12-4)
Change to bill: -\$537,400 GPR; \$537,400 PR
- Child Care Licensing (LFB Paper 434)
Modification – reduce funding and positions to reflect the administration's intent (Approved by unanimous consent)
Change to bill: -\$209,600 FED
- Special Needs Adoption Program (LFB Paper 435)
Alternative 1 – approve the Governor's recommendation (No vote required)
- Summary items – approved by unanimous consent
#6 Centralized Eligibility Unit
- Summary Items to be Addressed in a Subsequent Paper:
#4 Kinship Care

Department of Health & Family Services Health

- Health Insurance Risk-Sharing Plan (LFB Paper 415)
Motion 408 (Rhoades/Lazich) – adopt alternatives A2, B1, C5, D1 & E1, modified to require a request-for-proposal within six months, and subject to 14-day passive review by Joint Finance (Passed 14-2)
Change to bill: -\$37,784,900 SEG
- Wisconsin Chronic Disease Program (LFB Paper 416)
Alternative A1 – funding reestimate (approved by unanimous consent)
Change to bill: -\$108,200 GPR; -\$215,600 PR
- Wisconsin Chronic Disease Program (LFB Paper 416)
Alternative B3 – require a \$7.50 copayment for generic drugs and \$15 for brands name drugs (Passed 12-4)

Change to bill: -\$21,000 GPR

- Wisconsin Chronic Disease Program (LFB Paper 416)
Motion 396 (Decker) – eliminate the requirement that enrollees with income from 200%-300% of FPL spend a portion of their income before receiving benefits (Failed 4-12)
- Wisconsin Chronic Disease Program (LFB Paper 416)
Alternative C4 – modify the required deductibles as a percentage of income, on a sliding scale (Passed 12-4)
Change to bill: -\$114,100 GPR
- Wisconsin Chronic Disease Program (LFB Paper 416)
Alternative D2 – require reimbursement at the lower of Medicare rates or MA rate (Passed 16-0)
- Wisconsin Chronic Disease Program (LFB Paper 416)
Alternatives E1 & F1 – approve the Governor's recommendation on payer of last resort and managed care methods (No vote required)
- Wisconsin Chronic Disease Program (LFB Paper 416)
Motion 395 (Huebsch) – exempt hemophiliacs from the requirement to apply to other health care programs before receiving assistance under the chronic disease program (Passed 15-1)
- Milk Certification Program (LFB Paper 417)
Modification – delete positions to reflect the administration's intent (Approved by unanimous consent)
Change to bill: 0.20 GPR positions
- Motion 421 (Rhoades) – require DHFS to expend \$60,000 annually from the Well-Woman program to conduct multiple sclerosis screening as a component of the program (Passed 16-0)
- Summary Item #9 (Health Care Information)
Motion 419 (Kanavas/Schoof/Huebsch) – transfer the responsibilities regarding the collection and dissemination of data related to hospitals and ambulatory surgery centers from DHFS to the Wisconsin Hospital Association [Motion to table failed 5-11] (Passed 12-4)
Change to bill: -\$1,300,000 PR-REV (DHFS); -18.0 PR positions (DHFS); \$750,000 PR (DOA)
- Motion 417 (Kaufert) – provide \$50,000 GPR in one-time funding for start-up costs of the Tri-County Dental Clinic in Appleton to serve low-income residents (Passed 16-0)
Change to bill: \$50,000 GPR
- Summary items – approved by unanimous consent
 - #7 Regulation of Radioactive Materials
 - #8 Eliminate Base Funding for Discontinued Programs
 - #10 Immunizations
 - #11 Rural Health Dental Clinics

Historical Society

- Budget Reductions (LFB Paper 450)
Alternative 4 – modify the Governor's recommendation by providing \$750,000 annually and 15.0 GPR positions (Passed 16-0)
Change to bill: \$1,500,000 GPR; 15.00 GPR positions
- Summary items – approved by unanimous consent
 - #1 Standard Budget Adjustments
 - #4 Fuel and Utilities Funding
 - #5 Funding Adjustments

FOR IMMEDIATE RELEASE
Contact: Senator Carol Roessler, 888-736-8720

May 7, 2003

Funding Saved for Tobacco Control and Prevention

Senator Roessler convinces colleagues to continue funding life-saving programs

Madison...The Joint Finance Committee voted today to continue funding Wisconsin's tobacco control and prevention efforts for the next biennium. Ten million dollars will now be available annually to continue to support programs that have proven to be successful in smoking cessation and prevention. Governor Doyle's budget proposed \$15 million annually.

"While I am disappointed we couldn't save the whole \$15 million per year, we were on the brink of possibly losing all money for tobacco control activities," said Senator Carol Roessler (R-Oshkosh). "However, with the \$10 million annual appropriation, valuable programs that have proven to be successful in preventing and ending tobacco use will still be able to continue."

Last year there was a 5% decrease in overall tobacco consumption in the state, compared to a 1% decrease nationally. Teen smoking has decreased 18% over the last three years. UW-Oshkosh received a tobacco control grant to launch a campus-wide anti-tobacco campaign which successfully decreased smoking from 34% to 24% in one year. The First Breath Program provides cessation support for over 320 pregnant smokers.

“Just in the last year, these programs have contributed to a significant decline in tobacco use. Given the escalating health care costs, any decrease in smoking is crucial,” said Roessler.

Tobacco use claims the lives of 7300 Wisconsin citizens a year, half of which are between the ages of 35 and 64. Tobacco related diseases cost the state \$3 billion per year due to medical expenses and lost productivity.

“Considering the hard economic times the state is currently facing and the difficult decisions that must be made, I am pleased that my colleagues on the Joint Finance Committee in the end agreed to continue funding for anti-smoking programs,” said Roessler. “I want to personally thank Senator Welch, Senator Darling and Representative Kaufert for their leadership and efforts to save the valuable tobacco control and prevention programs.”

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THE WHEELER REPORT
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Wednesday, May 07, 2003 - Joint Finance

SUBSCRIBERS PLEASE NOTE:

Motion 388, Do No Call List Program changes. The motion was adopted May 1. Rep. Kaufert asked for reconsideration of the adoption. The adoption was reconsidered by unanimous consent. The motion was tabled by unanimous consent.

SUBSCRIBERS PLEASE NOTE

The Committee did not take action on Department of Veterans Affairs, Circuit Courts, Court of Appeals, Supreme Court and Arts Board items on the Wednesday agenda. Those items are expected to be taken up at Thursday's meeting

SUBSCRIBERS PLEASE NOTE

The Thursday executive session has been reschedule to begin at 10:30 a.m. (Previously, 10 am)

ACTION BY THE JOINT COMMITTEE ON FINANCE ON WEDNESDAY

Tobacco Control Board

- Paper 720. Tobacco Control and Prevention. Alternative A1, adopted, 16-0. Alternative C1, failed, 4-12. Alternative B1, adopted, 14-2. Alternative C3 adopted, 12-4. Alternative D1 adopted, 12-4. Motion 401, advisory board, adopted, 15-1.

Department of Health and Family Services - Children and Families

- Paper 430. Foster care and adoption assistance reestimate. Modification approved by unanimous consent.
- Paper 431. Milwaukee child welfare aids. Modification approved by unanimous consent.
- Paper 432. Milwaukee child welfare operations. Alternative 2 adopted, 14-2.
- Paper 433. Wisconsin Statewide Automated Child Welfare Information System. Alternative 2 adopted, 12-4.
- Paper 434. Child care licensing. Modification approved by unanimous consent.
- Paper 435. Special Needs Adoption Program. No action taken; Governor's Recommendation approved.

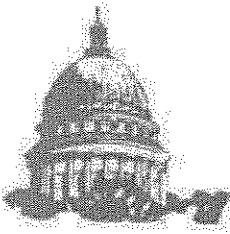
Department of Health and Family Services - Health

- Paper 415. HIRSP. Motion 408 adopted, 14-2.
- Paper 416. Wisconsin chronic disease program. Alternative A1 adopted by unanimous consent. Alternative B3 adopted 12-4. Motion 396 not adopted 4-12. Alternative C4 adopted 12-4. Alternatives E1 and F1, governor's recommendations, adopted in the absence of any other motion. Motion 395 adopted 15-1.
- Paper 417. Milk certification program. Modification adopted by unanimous consent.
- Motion 421. Well Woman Program and multiple sclerosis education, adopted 16-0.
- Motion 419. Hospital and ambulatory surgery center data collection, adopted 12-4. (Motion to table failed 5-11.)
- Motion 417. Tri-County Dental Clinic. Adopted 16-0.

Historical Society

- Paper 450. Budget reductions. Alternative 4 adopted 16-0.

(END)



WISCONSIN STATE SENATE
DAVE HANSEN
SENATOR – 30TH DISTRICT

State Capitol P.O. Box 7882 Madison, Wisconsin 53707-7882 Phone: (608) 266-5670

May 7, 2003
For Immediate Release

Contact: Dave Hansen
(608) 266-5670

Republicans Slash Funding for Tobacco Control Efforts

Short-term savings could result in long-term increase in smoking-related deaths and cost to taxpayers

(Madison) – Today, Republican members of the Joint Finance Committee took one step forward in the budgeting process but two steps back in the fight against tobacco-related illnesses and deaths according to State Senator Dave Hansen (D-Green Bay). On a 12-4 party-line vote, the Joint Finance Committee slashed funding for tobacco control efforts by one third, from \$15 million to \$10 million per year.

“Tobacco control efforts have been tremendously successful in saving lives and taxpayer money by reducing the number of Wisconsin smokers, and in turn, decreasing healthcare costs associated with tobacco abuse,” said Hansen noting that cigarette smoking in Wisconsin declined by nearly 5% in 2002, compared to 2001, according to an analysis by the UW Comprehensive Cancer Center’s Tobacco Monitoring and Evaluation Program.

According to the study released in April 2002 by the UW-CCC and the state Division of Public Health direct state health care costs from smoking were estimated at \$1.58 billion per year.

“The health-related costs to taxpayers are nearly half the state’s budget deficit. Clearly one of the best ways to eventually reduce state spending and bring down taxes is to significantly reduce the number of people who smoke. And no sooner do we start making progress than the Joint Finance Committee approves an inexplicable 33% funding reduction that will undoubtedly hamstring tobacco use prevention and cessation efforts, resulting in the loss of more lives and costing state taxpayers millions all for the benefit of minimal short-term savings.”

In January, Patrick L. Remington, MD, Associate Director of the UW Comprehensive Cancer Center noted that the five percent reduction in sales means over 300 fewer people will die from smoking related diseases each year and potentially thousands will be free of serious illness. Among the factors attributed to leading the reduction is an awareness and education campaign that discourages teens from starting to smoke and the state Quitline that helps smokers quit.

“It is very unfortunate that at a time when we have begun to make real progress in saving lives and tax dollars, a few members of the legislature have decided to sacrifice that progress in the name of what must be considered minimal and very short term savings. Penny-wise and pound-foolish comes to mind.”

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