



Legislative Fiscal Bureau

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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 preformed 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.

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

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

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

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

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	Copps 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