

An Evaluation

Use of Tobacco Control Board Funds

2003-2004 Joint Legislative Audit Committee Members

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Appendix

Appendix 1—Programs Funded by the Tobacco Control Board

Responses

From the Tobacco Control Board

From UW-Madison Center for Tobacco Research and Intervention

From the Medical College of Wisconsin



State of Wisconsin \ LEGISLATIVE AUDIT BUREAU

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February 27, 2003

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

Dear Senator Roessler and Representative Jeskewitz:

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

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

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

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

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

Respectfully submitted,

A handwritten signature in cursive script that reads 'Janice Mueller'.

Janice Mueller
State Auditor

JM/DB/ss

Report Highlights ■

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

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

Tobacco control projects statewide sometimes duplicate efforts.

The Board should ensure it funds effective tobacco control projects.

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

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

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

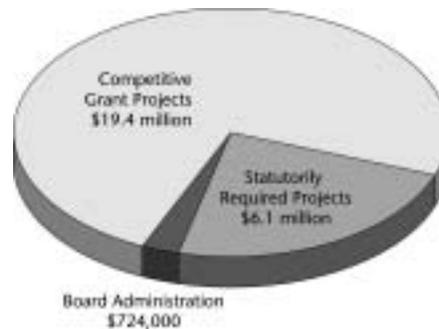
Board Expenditures

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

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

Figure 1

Board Expenditures



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

Figure 2

Focus of Expenditures**Project Outcomes**

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

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

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

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

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

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

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

Project Coordination

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

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

Project Evaluations

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

Recommendations

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

- use the Monitoring and Evaluation Program's reports to assist it in making decisions about which projects should receive continued funding (*p. 52*);
- revise administrative rules to either allow competitive grant recipients to purchase medication for the cessation of tobacco use or ensure that grant funds do not pay for medication expenses (*p. 52*); and

- use consistent grant periods and monitor grant recipients' expenditures on a regular basis so that unspent funds can be reallocated to other tobacco control projects (*p. 53*).

Matters for Legislative Consideration

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

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

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

■ ■ ■ ■

Introduction ■

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

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

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

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

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

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

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

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

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

Table 1

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

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

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

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

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

Board Funding Sources

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

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

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

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

Tobacco Use in Wisconsin

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

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

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

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

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

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

Table 2
Smoking Rates and Cigarette Taxes in Midwestern States
2000

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

* As of October 2002.

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

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

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

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

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

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

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

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

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

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

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

Tobacco Control Program Models

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

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

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

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

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

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

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

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

California Model

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

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

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

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Tobacco Control Board Budget and Expenditures ■

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

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

Budget

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

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

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

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

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

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

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

- other projects for the cessation of tobacco use;
- surveillance of indicators of tobacco use and evaluation of grant activities; and
- development of policies that restrict access to tobacco products and reduce exposure to secondhand smoke.

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

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

Table 3
Tobacco Control Board Appropriations

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

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

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

Expenditures

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

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

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

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

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

From FY 1999-2000 through FY 2001-02, the Board budgeted \$30.1 million for statutorily required projects, competitive grant projects, and its own administration. As shown in Table 4, the Board's expenditures during this period totaled \$26.2 million and included \$6.1 million for statutorily required projects, \$19.4 million for competitive grants, and almost \$724,000 for administration. As a result, \$3.9 million was unspent, but most of these funds were encumbered and will be spent by the projects in the future.

Four competitive grant projects—Community Coalition Grants, Wisconsin Tobacco Quit Line, Department of Public Instruction School Grants, and Youth-Led Movement—spent all of their funds.

Table 4

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

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

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

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

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

Table 5

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

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

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

CDC-Recommended Funding Levels

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

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

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

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

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

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

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

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

Table 6
**Tobacco Control Board Expenditure Percentages,
 by Centers for Disease Control and Prevention Program Element
 FY 1999-2000 through FY 2001-02**

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

Program Outcomes ■

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

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

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

UW-Madison Center for Tobacco Research and Intervention

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

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

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

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

Table 7

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

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

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

- spent \$357,410 on one adult tobacco use survey of 6,000 adults and then decided to conduct one survey every two years, rather than the planned annual surveys;
- spent \$159,486 on the mini-grants project over the three-year period, rather than the planned \$150,000 in the first year and additional amounts in subsequent years; and
- provided \$50,000 annually to the Wisconsin Women’s Health Foundation, rather than \$100,000 as originally planned.

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

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

Table 8
UW-Madison Center for Tobacco Research and Intervention Expenditures, by Type (Tobacco Control Board Funds)

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

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

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

Table 9

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

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

Wisconsin Tobacco Quit Line

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

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

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

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

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

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

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

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

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

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

Table 10

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

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

Regional Outreach

Regional outreach specialists help implement local tobacco cessation strategies.

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

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

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

Mini-Grants

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

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

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

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

Table 11

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

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

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

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

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

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

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

Wisconsin Women's Health Foundation

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

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

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

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

Adult Tobacco Use Survey

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

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

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

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

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

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

Medical College of Wisconsin

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

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

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

Expenditures

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

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

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

Table 12

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

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

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

Table 13

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

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

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

Table 14

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

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

Project Outcomes

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

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

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

Among projects that achieved their stated objectives:

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

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

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

Projects that partially succeeded in achieving their objectives included:

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

- Promoting Adolescent Health Through Smoking Cessation (\$18,000 in expenditures in FY 2000-01), which sought to create a smoking cessation clinic for youth 18 and younger, to promote smoking cessation among teenagers, to determine the effectiveness of a youth smoking cessation program, and to establish baseline smoking data that could be used for future research. Although the clinic was established and outreach activities were conducted in area high schools, the project recruited only 22 of the 140 teenagers it needed to test the smoking cessation program's effectiveness. The researchers concluded that teenagers appear to be less motivated than adults to quit smoking.
- Clinic Based Interventions to Reduce Tobacco Use by Adult Diabetic Patients (\$15,000 in expenditures in FY 2000-01), which sought to train medical professionals at five Milwaukee family practice clinics in appropriate cessation interventions when treating diabetic patients. The researchers trained 75 medical professionals in tobacco cessation techniques, but they did not enroll enough individuals in a study to evaluate the effectiveness of intervention, and the study

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

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

- the Stress Kit project (\$9,000 in expenditures in FY 2000-01), which sought to reduce relapse rates among women who had quit smoking by using new techniques to reduce stress, which contributes to relapse. The project aimed to provide women with a kit that contained various items intended to help overcome smoking urges. Despite having spent its entire budget, the project enrolled only 12 of the 100 women needed to complete the study. The project is ongoing and continues to recruit additional women, and the Medical College intends to support continuing costs.
- Neural Systems Underlying Cue-Induced Craving for Cigarettes (\$26,000 in expenditures in FY 2000-01), which sought to determine, among other things, how behavioral therapy might alter neural responses to cigarette cravings. Researchers wanted to recruit 36 individuals—12 for a control group and 24 for two treatment groups—but they succeeded in recruiting only 15. Although researchers could not complete the project by the June 2001 deadline, they spent their entire budget.

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

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

- researchers needed to obtain approval from the Medical College for research protocols involving human subjects, which resulted in project delays; and
- many projects had difficulty in recruiting enough research subjects.

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

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

Board Projects

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

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

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

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

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

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

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

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

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

- As noted, a Young Adult Pilot Study project (\$216,000 in expenditures through FY 2001-02) at UW-Oshkosh aimed to reduce student smoking rates by 4.0 percent but achieved a 29.0 percent reduction, according to the project.
- After seven months of advertising, the statewide media and counter-marketing campaign (\$6.8 million in expenditures through FY 2001-02) resulted in greater recall of anti-tobacco messages and knowledge about tobacco industry advertising practices. Before the media campaign, 53 percent of young adults surveyed indicated they would like to quit; afterwards, 85 percent indicated they would like to quit.

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

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

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

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

- A Young Adult Pilot Study project (\$94,000 in expenditures through FY 2001-02) coordinated by the UW-Madison School of Pharmacy intended to develop and test a work-based smoking cessation program for young adults. While the project anticipated 75 to 100 participants, only 12 were recruited and stayed in the study for the six-month period intended to measure cessation rates. Six of the 12 participants were not smoking when the evaluation ended.
- The Youth Cessation Pilot Study (\$257,300 in expenditures through FY 2001-02), a project to lower youth smoking rates, encountered evaluation difficulties when only 4 of 18 schools interested in acting as control sites were able to recruit enough participants. Of the 117 youth who completed the project, 27 reported that they had quit smoking.
- The Pregnant Smokers Pilot Study (\$288,900 in expenditures through FY 2001-02), a project to reduce smoking among pregnant women receiving Medical Assistance services, planned to enroll 500 participants and 500 control group participants. As of May 2002, 52 participants and 38 control group participants had been recruited and were 30 days post-partum, the date at which the study measures smoking behavior to determine if changes have occurred. Nevertheless, results in this small group are encouraging: 84.6 percent of participants reported they had either quit smoking or reduced their smoking rate, compared to 50.0 percent of women in the control group.

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



Future Considerations ■

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

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

Table 15

**Tobacco Control Board Competitive Grant Projects
2003**

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

* For the 2003-04 school year.

Determination of Funding

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

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

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

Table 16

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

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

Source: National Conference of State Legislatures

As noted, 2001 Wisconsin Act 109 provides that the Joint Committee on Finance will annually transfer \$25.0 million in GPR to the Tobacco Control Fund beginning in FY 2003-04, less any interest income earned on funds in the Permanent Endowment Fund. Earned interest income would be provided to the Board, but the Permanent Endowment Fund does not contain a significant balance.

The Governor’s 2003-05 biennial budget bill recommends eliminating the Tobacco Control Board and consolidating its functions within DHFS. In addition to considering this or other organizational changes, the Legislature will have to decide the amount of funding for tobacco control efforts. For example, it could decide to allocate:

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

Coordination of Tobacco Control Activities

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

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

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

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

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

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

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

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

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

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

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

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

A joint strategic plan could help facilitate coordination among programs.

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

Monitoring and Evaluation

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

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

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

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

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

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

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

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

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

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

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

Recommendation

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

Balancing Prevention and Cessation Efforts

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

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

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

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

Recommendation

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

Fiscal Oversight

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

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

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

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

Recommendation

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

■ ■ ■ ■

Appendix 1

Programs Funded by the Tobacco Control Board

Through FY 2001-02

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

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

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

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

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

Granting Agency:	Tobacco Control Board (statutorily required grant)
Principal Grantee:	Thomas T. Melvin Program, operated by the Department of Health and Family Services' Division of Public Health
Partner Grantees:	None
Funding:	\$4,000,000
Expenditures:	\$2,977,328
Area Served:	Statewide
Population Served:	11- to 14-year-old youth
Number of Participants:	Not applicable
Primary Purpose:	To reduce youth tobacco use

Program Description:

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

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

Outcomes:

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

Current Funding:

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

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

Granting Agency:	Tobacco Control Board (statutorily required grant)
Principal Grantee:	UW-Madison Center for Tobacco Research and Intervention
Partner Grantees:	None
Funding:	\$1,050,000
Expenditures:	\$1,027,181
Area Served:	Statewide
Population Served:	Tobacco users, health care providers, and others
Number of Participants:	Unknown
Primary Purpose:	To provide current methods to health care providers for discussing tobacco use and cessation strategies with tobacco users

Program Description:

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

Outcomes:

The cessation specialists trained more than 5,000 health care providers in effective cessation strategies; sent cessation information to over 3,000 primary care physicians in cooperation with the State Medical Society; clarified cessation benefits with each of the health maintenance organizations participating in the Medical Assistance and BadgerCare programs; and promoted the Wisconsin Tobacco Quit Line and local cessation resources. Cessation specialists are also beginning to work with employers to provide workplace-based cessation programs.

Current Funding:

\$638,188 in FY 2002-03

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

Granting Agency:	Tobacco Control Board (statutorily required grant)
Principal Grantee:	UW-Madison Center for Tobacco Research and Intervention
Partner Grantees:	None
Funding:	\$600,000
Expenditures:	\$357,410
Area Served:	Statewide
Population Served:	Clinicians and policymakers directly, tobacco users indirectly
Number of Participants:	Not applicable
Primary Purpose:	To assist clinicians and policymakers in effectively planning prevention and cessation programs and to quantify the prevalence of adult tobacco use in Wisconsin

Program Description:

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

Outcomes:

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

Current Funding:

\$200,000 in FY 2002-03

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

Granting Agency: Tobacco Control Board (statutorily required grant)

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

Partner Grantees: None

Funding: \$159,486

Actual Expenditures: \$159,486

Area Served: Statewide

Population Served: Various

Number of Participants: Unknown

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

Program Description:

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

Outcomes:

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

Current Funding:

None

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

Granting Agency: Tobacco Control Board (statutorily required grant)

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

Partner Grantees: Wisconsin Women's Health Foundation

Funding: \$150,000

Expenditures: \$150,000

Area Served: Statewide

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

Number of Participants: 940

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

Program Description:

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

Outcomes:

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

Current Funding:

None

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

Granting Agency:	Tobacco Control Board (statutorily required grant)
Principal Grantee:	Medical College of Wisconsin
Partner Grantees:	None
Funding:	\$1,000,000
Expenditures:	\$980,389
Area Served:	Metropolitan Milwaukee
Population Served:	Smokers, medical students, medical residents, and medical professionals
Number of Participants:	Unknown
Primary Purpose:	To support tobacco prevention and cessation efforts at the Medical College of Wisconsin

Program Description:

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

Outcomes:

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

Current Funding:

\$500,000 in FY 2002-03

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

Granting Agency:	Tobacco Control Board (competitive grant)
Principal Grantee:	BVK/McDonald, Inc.
Partner Grantees:	Burrell Communications Group, BVK/Meka, The Nixon Group, Strive Media Institute, and Market Strategies
Funding:	\$7,000,000
Expenditures:	\$6,751,719
Area Served:	Statewide
Population Served:	General population
Number of Participants:	Not applicable
Primary Purpose:	To operate a statewide media campaign

Program Description:

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

Outcomes:

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

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

Current Funding:

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

Community Coalition Grants
Through FY 2001-02

Granting Agency:	Tobacco Control Board (competitive grant)
Principal Grantee:	Department of Health and Family Services' Division of Public Health
Partner Grantees:	Local public health departments
Funding:	\$5,570,852
Expenditures:	\$5,570,852
Area Served:	Statewide
Population Served:	General population
Number of Participants:	Unknown
Primary Purpose:	To provide funding to local public health departments to establish community coalitions, decrease exposure to secondhand smoke, prevent youth initiation, and promote quitting among youth and adults

Program Description:

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

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

Outcomes:

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

Current Funding:

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

Monitoring and Evaluation Program Through FY 2001-02

Granting Agency:	Tobacco Control Board (competitive grant)
Principal Grantees:	UW-Madison Comprehensive Cancer Center
Partner Grantees:	University of Wisconsin Extension, University of Wisconsin-Madison Department of Preventive Medicine
Funding:	\$1,900,000
Expenditures:	\$1,227,065
Area Served:	Statewide
Population Served:	General population
Number of Participants:	Not applicable
Primary Purpose:	To monitor smoking rates and attitudes toward tobacco and to evaluate the work of Board-funded projects and local coalitions

Program Description:

The Monitoring and Evaluation Program:

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

Outcomes:

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

Current Funding:

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

Wisconsin Tobacco Quit Line
Through FY 2001-02

Granting Agency:	Tobacco Control Board (competitive grant)
Principal Grantee:	UW-Madison Center for Tobacco Research and Intervention
Partner Grantees:	None
Funding:	\$1,337,351
Expenditures:	\$1,337,351 for the contract and \$176,893 for other costs
Area Served:	Statewide
Population Served:	Tobacco users, health care providers, and other interested parties
Number of Participants:	15,397 callers during Quit Line business hours
Primary Purpose:	To provide toll-free cessation counseling and referral to local resources

Program Description:

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

Outcomes:

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

Current Funding:

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

Department of Public Instruction School Grants
Through FY 2001-02

Granting Agency:	Tobacco Control Board (competitive grant)
Principal Grantee:	Department of Public Instruction
Partner Grantees:	None
Funding:	\$1,250,000
Expenditures:	\$1,250,000
Area Served:	Statewide
Population Served:	K-12 students
Number of Participants:	55 school districts and 161 individual schools
Primary Purpose:	To distribute funds to school districts and Cooperative Educational Service Agencies for school-based anti-smoking activities

Program Description:

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

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

Outcomes:

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

Current Funding:

\$625,000 for FY 2002-03

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

Granting Agency:	Tobacco Control Board (competitive grant)
Principal Grantee:	The Nixon Group, Inc.
Partner Grantees:	Strive Media Institute
Funding:	\$1,048,752
Expenditures:	\$1,048,752
Area Served:	Statewide
Population Served:	12- to 17-year-old Wisconsin youth
Number of Participants:	Unknown
Primary Purpose:	To launch a statewide youth-led movement that will provide teenagers with the appropriate knowledge to make informed decisions about tobacco use

Program Description:

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

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

Outcomes:

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

Current Funding:

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

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

Granting Agency:	Tobacco Control Board (competitive grant)
Principal Grantees:	Department of Health and Family Services' Division of Public Health
Partner Grantees:	None
Funding:	\$900,000
Expenditures:	\$532,080
Area Served:	Statewide
Population Served:	Local anti-tobacco coalitions throughout the state
Number of Participants:	Not applicable
Primary Purpose:	To provide training and technical assistance to local anti-tobacco coalitions

Program Description:

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

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

Outcomes:

Not applicable

Current Funding:

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

Wisconsin Ethnic Network
Through FY 2001-02

Granting Agency:	Tobacco Control Board (competitive grant)
Principal Grantee:	Great Lakes Intertribal Council
Partner Grantees:	Black Health Coalition of Wisconsin, United Migrant Opportunity Service, Wisconsin United Coalition of Mutual Aid Associations
Funding:	\$650,000
Expenditures:	\$551,269
Area Served:	Nearly statewide
Population Served:	Native American, African American, Hispanic, and Southeast Asian (Hmong, Vietnamese, Laotian, and Cambodian) populations
Number of Participants:	Unknown
Primary Purpose:	To reduce tobacco use among ethnic communities of color in Wisconsin

Program Description:

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

Outcomes:

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

Current Funding:

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

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

Granting Agency:	Tobacco Control Board (competitive grant)
Principal Grantee:	UW-Oshkosh
Partner Grantees:	None
Funding:	\$231,000
Expenditures:	\$215,836
Area Served:	UW-Oshkosh
Population Served:	18- to 24-year-old students enrolled at UW-Oshkosh
Number of Participants:	Approximately 7,884 students were in the target age group, but the pilot study intended to change the smoking behavior of 500 students
Primary Purpose:	To reduce smoking in the UW-Oshkosh student population by 4 percent by December 2001

Program Description:

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

Outcomes:

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

Current Funding:

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

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

Granting Agency:	Tobacco Control Board (competitive grant)
Principal Grantee:	UW-Madison School of Pharmacy
Partner Grantees:	Copps Food Stores
Funding:	\$200,084
Expenditures:	\$94,155
Area Served:	Madison and Stevens Point
Population Served:	18- to 24-year-old employees of Copps Food Stores
Number of Participants:	12
Primary Purpose:	To develop and test an accessible, work-based smoking cessation program to employed young adults

Program Description:

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

Outcomes:

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

Current Funding:

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

Youth Cessation Pilot Study: Not On Tobacco (N-O-T)
Through FY 2001-02

Granting Agency:	Tobacco Control Board (competitive grant)
Principal Grantee:	American Lung Association of Wisconsin
Partner Grantee(s):	Pacific Institute for Research and Evaluation
Funding:	\$373,918
Expenditures:	\$257,261
Area Served:	Statewide
Population Served:	High school-aged smokers
Number of Participants:	174
Primary Purpose:	To reduce youth smoking rates

Program Description:

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

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

Outcomes:

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

Current Funding:

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

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

Granting Agency:	Tobacco Control Board (competitive grant)
Principal Grantee:	Wisconsin Women's Health Foundation
Partner Grantees:	Department of Health and Family Services' Division of Health Care Financing, Bureau of Family and Community Health; Health Care Education and Training, Inc.; Innovative Resource Group
Funding:	\$319,242
Expenditures:	\$288,904
Area Served:	City of Beloit; Fond du Lac, Price, Washburn, and Waukesha counties; Oneida Tribe
Population Served:	Pregnant smokers receiving Medical Assistance services
Number of Participants:	90
Primary Purpose:	To decrease smoking in the low-income pregnant population

Program Description:

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

Outcomes:

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

Current Funding:

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

Tobacco Control Resource Center for Wisconsin
Through FY 2001-02

Granting Agency:	Tobacco Control Board (competitive grant)
Principal Grantees:	UW-Madison Clearinghouse for Prevention
Partner Grantees:	None
Funding:	\$275,000
Expenditures:	\$197,339
Area Served:	Statewide
Population Served:	Local tobacco control coalitions and Wisconsin residents
Number of Participants:	Not applicable
Primary Purpose:	To provide a central repository of tobacco control-related literature, brochures, videotapes, and other resources

Program Description:

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

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

Outcomes:

Not applicable

Current Funding:

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

Spit Tobacco Initiative
Through FY 2001-02

Granting Agency:	Tobacco Control Board (statutorily required grant in FY 1999-2000; competitive grant in FY 2001-02)
Principal Grantees:	Wisconsin Dental Association, Milwaukee Brewers Baseball Club
Partner Grantees:	Department of Public Instruction, Department of Health and Family Services' Division of Public Health
Funding:	\$138,000
Expenditures:	\$92,000
Area Served:	Statewide
Population Served:	5 th -grade students
Number of Participants:	80,000
Primary Purpose:	To increase youth awareness of the risks of spit tobacco and decrease the level of use and experimentation

Program Description:

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

Outcomes:

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

Current Funding:

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



Wisconsin Tobacco Control Board

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Medical College of Wisconsin

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Executive Director
Wisconsin Tobacco Control Board

February 17, 2003

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

Dear Ms. Mueller:

The Wisconsin Tobacco Control Board and its funded programs have been working with the Legislative Audit Bureau since early 2002 to prepare this report. During this period we have appreciated the professionalism of the auditors. They have been objective and thorough, and have provided all partners opportunity to respond to and inform their findings. We thank the entire team for their work. We are confident these findings will improve Wisconsin's tobacco prevention and control efforts, and help reduce the death, disease, and health care costs caused by tobacco.

Background

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

The reason these state and local partners embraced the Board's plan and acted so quickly is simple – tobacco is the number one preventable cause of death and disease in Wisconsin. In 2001, tobacco-related disease killed over 7,300 Wisconsin residents. It also cost residents almost \$1.6 billion in health care costs, \$422 million to the Medicaid program alone. The human and economic toll of tobacco cannot be ignored. Tobacco is a killer and a drain on public and private resources in Wisconsin.

Barriers to Success

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

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

Successes to Date

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

Cessation Quit Line

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

UW Oshkosh

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

Media

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

Ethnic Network Collaborative

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

NOT and First Breath

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

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

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

Youth Smoking Decreases

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

Consumption Decreases

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

Senior Patch Program

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

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

School Programs

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

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

Community and Youth Leadership

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

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

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

Response to Audit Bureau Recommendations to the Board

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

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

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

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

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

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

Recommendation 3: Use consistent grant periods and monitor grant recipients' expenditures on a regular basis so that unspent funds can be reallocated to other tobacco control projects (p. 53).

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

Response to Audit Bureau Future Considerations

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

Funding

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

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

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

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

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

Coordination

The Audit Bureau report repeatedly identifies that the Board does not have statutory authority over many tobacco control efforts in the State, including efforts within the Department of Health and Family Services, Department of Public Instruction, and legislatively directed grants to Thomas T. Melvin, Medical College of Wisconsin, and the Center for Tobacco Research and Intervention (pp. 48-50). As a result, Wisconsin's tobacco prevention and control efforts are not as well coordinated as they could and should be. As indicated in the report, the Board shares this concern (p. 48).

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

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

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

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

In closing, the Board would like to thank the thousands of state and local leaders who have built the foundations of Wisconsin's tobacco prevention and control efforts. This work will save lives and money in Wisconsin for years to come, and we congratulate you on your early successes.

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

Sincerely,

A handwritten signature in black ink, appearing to read "David F. Gundersen". The signature is fluid and cursive, with a long horizontal stroke at the end.

David F. Gundersen
Executive Director, Wisconsin Tobacco Control Board



Center for
Tobacco Research and Intervention
University of Wisconsin Medical School

February 17, 2003

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

Dear Ms. Mueller:

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

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

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

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

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

The Statewide Education and Outreach Program

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

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

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

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

The Wisconsin Tobacco Quit Line

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

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

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

1. Wisconsin Tobacco Quit Line funding and scope

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

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

2. Wisconsin Tobacco Survey

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

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

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

Response to Audit Bureau Recommendations

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

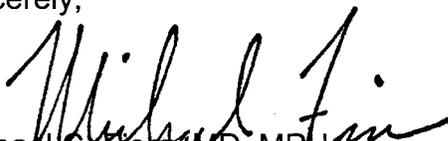
Response to Audit Bureau Matters for Legislative Considerations (page 8)

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

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

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

Sincerely,



Michael C. Fiore, MD, MPH

Director

Center for Tobacco Research and Intervention



February 14, 2003

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

Dear Ms. Mueller:

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

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

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

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

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

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

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

Sincerely,



T. Michael Bolger, JD
President and CEO