2011

The Vermont Tobacco Evaluation and Review Board

Annual Report
January 15, 2011

Prepared for:

- **Hon. Governor Peter Shumlin**
- **The Vermont General Assembly**

The Vermont Tobacco Evaluation and Review Board is an independent state board created to work in partnership with the Agency of Human Services and the Department of Health in establishing the annual budget, program criteria and policy development, and review and evaluation of the tobacco prevention and treatment programs. 18 V.S.A. § 9504

Vermont Tobacco Evaluation and Review Board Members

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Appointed by the Governor
Term expires: 2012

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Term expires: 2010

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K-12 Educator
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Term expires: 2011

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Vacant
Low income community representative - Appointed by Senate Committee on Committees

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Burlington
Person under age 30
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Ex officio Members:
Wendy Davis, MD; Commissioner of Health
Armando Vilaseca; Commissioner of Education
Michael J. Hogan; Commissioner of Liquor Control
William H. Sorrell; Vermont Attorney General

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Executive Summary

Tobacco use imposes a significant health and economic burden on Vermont. Each year, an estimated 830 Vermonters die as a result of smoking. The smoking-related health care costs and lost productivity in Vermont add up to over $430 million each year. This significant public health burden can be reduced with evidence-based tobacco control program and policy interventions. Strong evidence shows that state tobacco control program expenditures save money over time. In Vermont, key factors that have contributed to the reduction of tobacco use include:

- A comprehensive set of **programs** supporting tobacco prevention and cessation;
- Above national average cigarette excise **taxes**; and
- Comprehensive statewide smoke-free air **laws.**

FY2012 Budget Recommendations for Tobacco Control Programs
The Vermont Tobacco Evaluation and Review Board (VTERB) notes with concern, that adult and youth smoking rates have not declined over the past two years, a period during which the program experienced substantial budget reductions. VTERB recommends FY2012 appropriations of $4.5 million from Master Settlement Agreement (MSA) payments to support the comprehensive program, an amount equivalent to current year funding. The recommended amount is about 12% of Vermont's current annual MSA payment of $36 million and just 40% of the amount recommended by the Centers for Disease Control and Prevention (CDC). Further reductions in funding could potentially result in increased tobacco use by Vermont adults and children, raising incidence of chronic disease and thereby increasing health care costs.

Support for an Increase in Tobacco Product Excise Taxes
Public policies that increase the unit price of tobacco products through excise taxes are among the most effective methods available to reduce tobacco use. An abundance of evidence has demonstrated that an increase in excise tax decreases initiation of tobacco use by young people, increases cessation of tobacco use by smokers, and decreases the overall consumption of tobacco in the population. These reductions in tobacco use will have a beneficial impact on the health of the public and on health care costs. Based on this evidence, VTERB supports increases in the cigarette excise tax to reduce cigarette smoking initiation and prevalence, and excise taxes that are likely to achieve equivalent effects on use of other tobacco products.

Support for Modernization of Tobacco Enforcement Strategies and Laws
VTERB's Enforcement Committee has evaluated Vermont's laws regulating the retail sales of tobacco products, and as a result has proposed a package of amendments to state tobacco enforcement laws, including for example, a ban on all free samples of tobacco products. VTERB recommends that the Legislature give serious consideration to the adoption of these legislative amendments.

Vermont Tobacco Control Program Long-Term Goals

Vermont's Tobacco Control Program was created in FY2001 to address the serious problem of cigarette smoking through a research-based, comprehensive program. Vermont's program incorporates key components of successful statewide programs identified by the Centers for Disease Control and Prevention (CDC). The goals adopted in 2001 were:

- To reduce the prevalence of smoking among **Vermont adults** from a rate of 22% in 2000 to a rate of 11% in 2010
- To reduce the prevalence of smoking among **Vermont youth** from a rate of 31% in 1999 to a rate of 15% in 2010
- To reduce the exposure of **all Vermonters** to secondhand smoke

In collaboration with multiple Vermont state agencies and input from Vermont's citizens, the VTERB is developing new long-term Tobacco Control Program goals for 2020.

Vermont Tobacco Control Program Strategy

To achieve its long-terms goals, the Vermont Tobacco Control Program (VTCP) incorporates several key CDC-recommended components, implemented by the Department of Health, Department of Education, and the Department of Liquor Control:

- **Tobacco-free communities**: The Vermont Department of Health funds community coalitions and implements a youth coalition program to promote participation in smoking cessation programs, especially among high-risk groups, support youth to reject tobacco use, and support a community environment where smoking is not the norm. Twenty community coalition grantees were funded in FY2010. Vermont Kids Against Tobacco (VKAT) and Our Voices Exposed (OVX) are middle & high school anti-tobacco groups funded though mini-grants offered by the CDC.
- **Tobacco-free schools**: The Vermont Department of Education provides funding, training, and technical assistance to reduce tobacco initiation and use by youth, and to help create school environments where no tobacco use is the norm. Formula grants are made available to all Local Education Agencies serving Vermont students, and funding may support expenditures and strategies that are consistent with local needs assessment data and CDC recommendations to prevent tobacco use and addiction.
- **Helping smokers quit**: The Vermont Department of Health supports multiple activities aimed at helping smokers quit. The Vermont Quit Network program makes cessation services such as counseling and cessation classes, available and easily accessible to anyone who is ready to quit. Free or discounted Nicotine Replacement Therapies (NRT) such as patches, lozenges, or gum is available to smokers enrolled in any of the Quit Network programs. The Department of Health partners with multiple organizations to offer these service free of charge to all Vermonters:
  - "Quit by Phone": free telephone counseling (Free & Clear, Inc.)
  - "Quit in Person": free, face to face, group counseling at all 13 public hospitals (Fletcher Allen Health Care)
  - "Quit Online": free interactive, secure website that provides individual smoking cessation plans, information about quitting and Vermont smoking cessation services (Healthways, Inc.)
  - Not-On-Tobacco Program: teen smoking cessation (American Lung Association of VT).
- **Health care provider training**: The Vermont Department of Health has provided training to health care providers to encourage them to provide their patients with information about cessation and cessation assistance. The program's partners are actively engaged in discussions about the Vermont Blue Print for Health initiative to include smoking cessation resources to health care providers.
- **Media and public education**: The Vermont Department of Health, in partnership with Kelliher Samets Volk, has implemented a series of wide-ranging and effective media campaigns to counter the marketing efforts of the tobacco industry and to educate the public. These messages promote available resources for cessation, correct

misperceptions about smoking among youth, and increase knowledge of the health effects of exposure to secondhand smoke.

- **Enforcement of laws**: Federal law requires that states conduct retailer compliance checks to determine the rate of illegal tobacco sales to minors, and set an annual goal to reach 80% compliance. In 1997, Vermont set a higher standard of 90% compliance by retailers. The Department of Liquor Control enforces the laws against sales of tobacco to minors, conducts retailer compliance checks on randomly selected tobacco licensees, conducts training of retailers, and maintains training and compliance databases to monitor results. The Governor's Youth Leadership Conference, hosted by DLC, includes various tobacco related topics.
- **Surveillance and evaluation:** The Vermont Tobacco Evaluation and Review Board oversees a comprehensive evaluation of the overall program and its individual components in collaboration with the Department of Health and an independent evaluation contractor, RTI International.

The Vermont Tobacco Control Program is funded with Master Settlement Agreement (MSA) funds appropriated to the following:

- **Department of Health (VDH)**: community coalitions, smoking cessation services, statewide provider education, surveillance, media, and public education
- **Department of Education (DOE)**: school-based tobacco use prevention program
- **Department of Liquor Control (DLC)**: enforcement and training programs to educate retailers about tobacco sales laws and conduct compliance checks to assess adherence to the laws
- **Vermont Tobacco Evaluation & Review Board (VTERB)**: oversees the independent evaluation of the program, reviews and approves media campaigns, reviews community coalition applications and recommends grants to fund, holds annual public meetings, provides annual recommendations for program funding, reviews program components and recommends strategies for increased collaboration.

Outcomes: Youth Smoking

Tobacco Control Program Goal	Results
Reduce the prevalence of smoking among Vermont youth from a rate of 31% in 1999 to 15% in 2010.	The prevalence of smoking among students in grades 8 through 12 in Vermont has declined from 31% in 1999 to 16% in 2009. *(Data Source: Vermont Youth Risk Behavior Survey)*
2010 & 2011 Work Plan Objectives	**Results**
Decrease the percentage of 11th and 12th graders who smoke from 22 percent in 2007 to 20 percent in 2011.	The percentage of 11th and 12th graders in Vermont who smoke declined from 22% in 2007 to 20% in 2009. *(Data Source: Vermont Youth Risk Behavior Survey)*
Increase the percentage of students in funded supervisory unions receiving one of the five evidence-based curricula from 33 percent in FY08 to 38 percent in FY11.	The percentage of students in funded local education agencies receiving one of the five evidence-based curricula increased from 33% in FY 2008 to 38% in FY 2010. *(Data Source: Vermont Department of Education School-Based Tobacco Prevention Database)*
Decrease the proportion of middle school youth who think that most (56% or more) high school students smoke from 16 percent in 2008 to 15 percent in 2010.	The percentage of middle school students who think that most (56% or more) high school students smoke decreased from 27% in 2006 to 16% in 2008. *(Data Source: Vermont Youth Health Survey)*
By June 30, 2011 a system will be developed to link the 8th grade Vermont Kids Against Tobacco (VKAT) members to a high school leadership prevention program like Our Voices Xposed.	Seventeen percent of VKAT youth joined OVX in high school and 54% of OVX members were once VKAT members. *(Data Source: Vermont Department of Health)*
The Department of Liquor Control (DLC) will continue to offer annual education seminars for approximately 3,000 retail clerks who sell tobacco products.	DLC continues to offer education seminars and online training for retail clerks who sell tobacco products. DLC trained 50 more clerks in 2010 (2,694) compared to 2009 (2,642). *(Data Source: Vermont Department of Liquor Control)*
Increase the number of implementers who have received training on the curriculum they teach by 5% in FY11, from the FY10 baseline.	Data for FY 2010 are not currently available. We will monitor and assess progress toward this objective as data become available. *(Data Source: Vermont Department of Education School-Based Tobacco Prevention Database)*

Outcomes: Adult Smoking

Tobacco Control Program Goal	Results
Reduce the prevalence of smoking among Vermont adults from a rate of 22% in 2000 to a rate of 11% in 2010.	The prevalence of smoking among Vermont adults was 17% in 2009. *(Data Source: Vermont Behavioral Risk Factor Surveillance System)*
2010 & 2011 Work Plan Objectives	**Results**
Increase the percent of adult smokers that have made a quit attempt in the last 12 months from 62 percent in 2008 to 65 percent in 2010.	The most recent data available for this measure are from the 2008 Vermont ATS. We will continue to monitor and evaluate the progress toward this objective as the 2010 Vermont ATS data become available. *(Data Source: Vermont Adult Tobacco Survey)*
Increase the percent of adult smokers who enroll in the Vermont Quit Network from 4 percent in FY08 to 6 percent in FY11.	In FY 2010, the percentage of adult smokers who enrolled in the Vermont Quit Network could have been as high as 5.1%. The available data do not allow us to identify clients who used more than one program in FY 2010. As a result, the Vermont Quit Network actually served somewhere between 1.5% and 5.1% of Vermont's adult smokers in FY 2010, depending on how many clients used more than one program during the year. *(Data Source: Vermont Quit Network Data Tracking Systems)*
Increase the percent of current smokers that used medication in their last quit attempt from 51 percent in 2008 to 60 percent in 2010.	The most recent data available for this measure are from the 2008 Vermont ATS. We will continue to monitor and evaluate the progress toward this objective as the 2010 Vermont ATS data become available. *(Data Source: Vermont Adult Tobacco Survey)*
Increase the percent of adult smokers age 18-24 that enroll in the Vermont Quit Network from 2 percent in FY08 to 3 in FY 11.	In FY 2010, the percentage of adult smokers aged 18 to 24 who enrolled in the Vermont Quit Network could have been as high as 3.3%. The available data do not allow us to identify clients who used more than one program in FY 2010. As a result, the Vermont Quit Network actually served somewhere between 0.6% and 3.3% of Vermont's adult smokers aged 18 to 24 in FY 2010, depending on how many clients used more than one program during the year. *(Data Source: Vermont Quit Network Data Tracking Systems)*

Outcomes: Adult Smoking (Continued)

2010 & 2011 Work Plan Objectives	Results
Increase quit attempts made in the last 30 days among current smokers who report poor mental health from 54% in 2007 to 56% in 2010.	The most recent data available for this measure are from the 2007 Vermont ATS. Mental health was not included in the 2008 ATS. We will continue to monitor and evaluate the progress toward this objective as the 2010 Vermont ATS data become available. *(Data Source: Vermont Adult Tobacco Survey)*
Increase the number of high school aged smokers who enroll in Vermont Quit Network phone or N-O-T (Not-On-Tobacco), a cessation treatment program, from 300 smokers in 2008 to 320 in 2011.	In FY 2010, 9 smokers under age 18 enrolled in the Vermont Quit Network phone counseling program and 193 students enrolled in the N-O-T program. *(Data Source: Vermont Quit Network Data Tracking Systems and Vermont Department of Health)*
Increase the percent of awareness of at least one Vermont Quit Network radio or TV ad among smokers with a high school education or less from 76 percent in 2008 to 80 percent in 2010.	The most recent data available for this measure are from the 2008 VT ATS. We will continue to monitor and evaluate the progress toward this objective as the 2010 VT ATS data become available. *(Data Source: Vermont Adult Tobacco Survey)*
Increase the percent of current smokers who will be advised by their health care provider to quit from 66 percent in 2008 to 70 percent in 2010.	The most recent data available for this measure are from the 2008 Vermont ATS. We will continue to monitor and evaluate the progress toward this objective as the 2010 Vermont ATS data become available. *(Data Source: Vermont Adult Tobacco Survey)*
Increase the percent of current smokers with a high school education or less who report they were advised by their health care provider to quit from 69 percent in 2008 to 73 percent in 2010.	The most recent data available for this measure are from the 2008 Vermont ATS. We will continue to monitor and evaluate the progress toward this objective as the 2010 Vermont ATS data become available. *(Data Source: Vermont Adult Tobacco Survey)*
Increase the percent of current smokers that reported in the previous year, seeing a health care provider who specifically recommended a quit program from 34 percent in 2008 to 38 percent in 2010.	The most recent data available for this measure are from the 2008 Vermont ATS. We will continue to monitor and evaluate the progress toward this objective as the 2010 Vermont ATS data become available. *(Data Source: Vermont Adult Tobacco Survey)*

Outcomes: Exposure to Secondhand Smoke

2010 & 2011 Work Plan Objectives	Results
Increase the percent of smokers with children and a high school education or less, who ban smoking in their home from 63 percent in 2008 to 65 percent in 2010.	The most recent data available for this measure are from the 2008 Vermont ATS. We will continue to monitor and evaluate the progress toward this objective as the 2010 Vermont ATS data become available. *(Data Source: Vermont Adult Tobacco Survey)*
Increase the percentage of smokers with children and a high school education or less, who ban smoking in the car when children are present from 71 percent in 2008 to 74 percent in 2010.	The most recent data available for this measure are from the 2008 Vermont ATS. We will continue to monitor and evaluate the progress toward this objective as the 2010 Vermont ATS data become available. *(Data Source: Vermont Adult Tobacco Survey)*
Increase the proportion of smokers who believe that breathing smoke from other people's cigarettes is very harmful from 49 percent in 2008 to 55 percent in 2010.	The most recent data available for this measure are from the 2008 Vermont ATS. We will continue to monitor and evaluate the progress toward this objective as the 2010 Vermont ATS data become available. *(Data Source: Vermont Adult Tobacco Survey)*

Outcomes: Policy & Environmental Change

2010 & 2011 Work Plan Objectives	Results
By June 30, 2011, all tobacco community coalitions will assess, mobilize, and develop a plan that supports local change such as smoke free outdoor community events or parks, smoke free work places, reducing point of purchase advertising of tobacco products, and smoke free housing.	In FY 2009 and FY 2010 all community coalitions worked on one or more local policy efforts. *(Data Source: Vermont Department of Health)*
By June 30, 2011 the Department of Education will develop a comprehensive ATOD (Alcohol, Tobacco and Other Drugs) policy assessment toolkit for schools, school districts and supervisory unions.	The Vermont Department of Education is in the process of developing a strategy for the ATOD policy assessment toolkit. *(Data Source: Vermont Department of Education)*
By June 30, 2011, all OVX (Our Voices Xposed) groups will assess, mobilize, and develop a plan that supports local change in their community like smoke free parks and outdoor areas, creating smoke-free zones around teen centers or supporting tobacco free policies in their schools.	All OVX youth coalitions attended a Policy Action & Planning Training in November of 2010. All OVX coalition scholarships include a requirement to submit and begin work on a policy action plan by December 15, 2010. Progress will be assessed in required end of year reporting. *(Data Source: Vermont Department of Health)*

Results of the Independent Program Evaluation - Introduction

The Vermont Tobacco Evaluation and Review Board (VTERB) establishes jointly with the Department of Health an application process and criteria for an independent evaluation contractor. The board selects the contractor and oversees the contractor's evaluation of the Vermont Tobacco Control Program (VTCP). RTI International (RTI) currently serves as the independent evaluation contractor.

In their Annual Report, RTI assesses program progress by examining trends in key programmatic and outcome indicators in Vermont over time and in comparison with national data. By comparing key indicators in Vermont and the United States as a whole, the report illustrates how Vermont's outcomes compare with other states' experiences. RTI examines changes over time in short-, intermediate-, and longer-term outcomes that relate to stated VTCP goals and objectives. The full RTI report can be found on the Board's website:
http://humanservices.vermont.gov/boards-committees/tobacco-board

The following pages summarize assessments of the Vermont Tobacco Control Program components contained within RTI's 2010 Annual Report. The statements do not necessarily convey VTERB policies or recommendations.

Independent Evaluation of the Vermont Tobacco Control Program 2010 (RTI International)

******BEGIN EXCERPT FROM THE RTI INTERNATIONAL 2010 ANNUAL REPORT******

Summarizing Trends in Key Outcome Indicators

Across the full range of key outcome indicators (i.e., smoking prevalence, cessation, and exposure to secondhand smoke), Vermont has made significant progress since 2001. Smoking prevalence declined by 48% from 1999 to 2009 among 8th to 12th grade students and by 69% from 2000 to 2006 among 6th to 8th grade students. Over this period, youth perception of smoking prevalence among their peers declined. The percentage of middle school students in Vermont who think that 56% or more of Vermont high school students smoke dropped significantly from 46.5% in 2000 to 15.6% in 2008. This is consistent with the "8 out of 10" campaign that has been aimed at correcting youth's misperceptions of the prevalence of smoking. Evidence suggests that media campaigns can correct student misperceptions of the level of adolescent smoking (Davis et al., 2007) and that youth are more likely to smoke if they perceive that smoking is common among their peers (Botvin et al., 1992; Chassin et al., 1984). Thus, it is plausible that correcting youth's perceptions of the true prevalence of smoking among their peers likely contributed to the declines in youth smoking. The declines in youth smoking outpaced the national declines.

From 2001 to 2009, adult smoking prevalence declined by 24% in Vermont, compared with only 10% nationally. In addition, the percentage of smokers who made a quit attempt increased from 50.1% to 62.2% from 2004 to 2008 and was significantly higher in Vermont than in the United States (44.4%) in 2008.

There have been significant increases in the percentage of Vermont residents who prohibit smoking in their homes. From 2001 to 2008, the percentage of Vermonters who do not allow smoking anywhere inside their homes increased by 16.0% (from 73.1% in 2001 to 84.8% in 2008) among households with children and 22.8% (from 63.5% in 2001 to 78.0% in 2008) among households without children. Among smokers, the increase in home smoking bans has been even greater. From 2001 to 2008, the percentage of smokers who do not allow smoking anywhere inside their homes increased by nearly 53.5% (from 43.0% in 2001 to 66.0% in 2008) among households with children and 65.1% (from 29.8% in 2001 to 49.2% in 2008) among households without children.

The percentage of Vermonters who prohibit smoking inside their vehicles has also increased significantly from 2001 to 2008. Among households with children, the percentage of Vermonters who do not allow smoking inside their vehicle when children are present increased by 15.9% (from 79.7% in 2001 to 91.8% in 2008) among all Vermonters and nearly 41.7% (from 53.2% in 2001 to 75.4% in 2008) among smokers.

In addition, exposure to secondhand smoke in homes has been significantly reduced. From 2002 to 2008, the percentage of Vermonters who reported that no one smoked in the home in the past 7 days increased by 17.5% (from 75.8% in 2002 to 89.1% in 2008) among households with children and 15.2% (from 74.1% in 2002 to 85.4% in 2008) among

households without children. Reductions in exposure to secondhand smoke in the home have been greater among smokers. From 2002 to 2008, the percentage of smokers who reported that no one smoked in the home in the past 7 days increased by 34.3% (from 51.6% in 2002 to 69.3% in 2008) among households with children and 39.0% (from 36.4% in 2002 to 50.6% in 2008) among households without children. Exposure to secondhand smoke in vehicles has also decreased. From 2002 to 2008, the percentage of Vermonters who were exposed to secondhand smoke in a vehicle in the past 7 days decreased by 30.2% (from 26.2% in 2002 to 18.3% in 2008) among all Vermonters and by 6.5% (from 63.0% in 2002 to 58.9% in 2008) among smokers.

Taken as a whole, these trends in key outcome indicators and differences with national averages strongly suggest that factors in Vermont are driving these differences. It is difficult to isolate what percentage of these differences is due to the taxes, programmatic effects, and smoke-free air law. Part of this difficulty is that tobacco control activities, such as media campaigns, create an environment that is more supportive of higher taxes and strong smoke-free air laws. As noted above, results from national studies suggest that expenditures on tobacco control programs have an independent effect above and beyond the influence of taxes and smoking bans (Farrelly, 2009).

Assessing Program Implementation

In this section, we comment on VTCP's programmatic approach, goals, objectives, and implementation based on our understanding and interpretation of available evidence, national guidelines, and our collective experience in evaluating state tobacco control programs over the past 10 years in several states.

Tobacco-Free Communities

The Centers for Disease Control and Prevention's (CDC's) (2007b) Best Practices calls for community-based programs focused on approaches that have the greatest span of influence, specifically policy and regulatory approaches. Based on our understanding of VTCP's coalition activities, we believe that the coalitions are well-integrated in their communities and have developed broad-based coalitions with like-minded organizations in the community. This approach puts the coalitions in a position to effectively advocate for policy changes within their communities. However, we believe that there should be a greater emphasis on advocating for policy changes (e.g., media advocacy, educating policy makers) and less of a focus on broad-based community education (e.g., community events). In addition, we encourage community coalitions to continue to decrease their efforts on youth prevention, noting however that many policy initiatives will likely benefit youth and adults (e.g., limits on point-of-sale advertising). We note that only one of the four programmatic objectives for the community coalitions focuses on concrete policy objectives. In addition, we recommend tracking the percentage of the state population covered by a policy as a more meaningful measure of potential impact (not just the number of policies). With the passage of the Family Smoking Prevention and Tobacco Control Act of 2009 that gives the Food and Drug Administration authority over tobacco, there will be increased opportunities at the state level to pass laws and ordinances that restrict the sale and advertising of tobacco. Therefore, it is important for VTCP to invest in planning and training of community coalitions to take advantage of these opportunities as they become clearer in the coming months and years.

We recognize that advocacy for policy changes is substantially more challenging than community education, but we feel that community education can largely be done more effectively and cost-effectively with mass media efforts. That said, we encourage VTCP to continue to coordinate statewide media campaigns with community-based efforts.
With respect to Vermont Kids Against Tobacco (VKAT) and Our Voices Xposed (OVX), the programmatic objectives are focused on membership size rather than discrete outcomes like policy changes. Florida's Students Working Against Tobacco (SWAT) was successful in promoting local ordinances that put tobacco products out of reach of children (Niederdeppe, Farrelly, and Wenter, 2007). As with the coalitions, we believe it is important for OVX to focus more on policy change than on peer education, because there is not a strong evidence base for the latter (Harden et al., 2001). In addition, OVX membership is rather small and has decreased substantially. By focusing on policy change, it might be possible to increase participation by giving youth the opportunity to get involved in an effort to make policy change. In addition, policy changes have the potential to impact (reach) a larger number of youth than efforts focused on individuals (peer education).

Tobacco-Free Schools
The programmatic objectives for the school-based initiatives appear to be comprehensive and appropriate. A recent review (Flay, 2009) critiques previous reviews of the effectiveness of school-based tobacco prevention education and concludes that school-based smoking prevention programs can have significant long-term effects if they are interactive social influences or social skills programs that involve 15 or more sessions. Given that the combination of state and federal laws prohibit tobacco use in schools and on school grounds and student tobacco use at school-sponsored functions, the existing policies cover the most essential elements of a comprehensive tobacco-free policy. Although included in CDC's model policy, there is no evidence that the inclusion of additional elements, such as prohibiting tobacco use at school-sponsored events and banning tobacco advertising on school grounds or at school-sponsored events, will influence youth or adult smoking in the community. As such, it is not clear that dedicating resources to promoting more comprehensive policies is a wise use of scarce resources. Focusing on effective implementation of appropriate tobacco prevention education curricula may be a better use of available resources. An additional component of the school-based initiatives includes allocating Department of Education (DOE) funding to address the goal of involving families and communities in supporting school-based tobacco prevention initiatives. This is largely accomplished through partnering with community coalitions and supporting community-based activities conducted by Vermont's youth empowerment programs: VKAT, OVX, and Vermont Teen Leadership Safety Program/Students Against Destructive Decisions (VTLSP/SADD). More data on how DOE grant funds are allocated to community-based action may be needed so that VTCP can evaluate the distribution of DOE funds across initiatives.

Policy
Vermont's tobacco control environment compares favorably with the national average—cigarette taxes and per capita funding for tobacco control programs are higher in Vermont than the national average, and Vermont has had a comprehensive smoke-free air law since 2005 compared with the United States where only 39% of the population is covered by such comprehensive laws. With the passage of the Family Smoking Prevention and Tobacco Control Act of 2009 that gives the Food and Drug Administration authority over tobacco,

there will be increased opportunities at the state level to pass laws and ordinances that restrict the sale and advertising of tobacco. Therefore, it is important for VTCP to invest in planning and training of community coalitions and state tobacco control partners to take advantage of these opportunities as they become clearer in the coming months and years.

Enforcement

As previously noted, enforcement of youth access laws is controversial in tobacco control. Although higher rates of tobacco retailer compliance with youth access laws increase the chances that a youth is asked to show proof of age and refused a sale, it is not clear that it is associated with reduced youth smoking. This is plausible because most youth obtain cigarettes through social sources and can identify a tobacco retailer in their community where they can obtain cigarettes. Despite these mixed findings, 6% of the fiscal year (FY) 2010 VTCP budget is dedicated to youth access enforcement. Alternative strategies exist to reduce youth access to cigarettes that do not involve increased resources for enforcement. These include higher fees for tobacco licenses to reduce the number of tobacco retailers as the density of tobacco retailers has been shown to be associated with higher youth smoking rates (Novak et al., 2006). In addition, Vermont could increase the penalties for noncompliance because higher fees have been shown to be associated with higher compliance rates. These strategies could be implemented to increase or maintain the current statewide compliance rate while reducing resources dedicated to enforcement.

Chronic Disease Prevention and Health Care Provider Training

As a result of budget reductions for FY 2010, the provider education program has been eliminated. If the Blueprint for Health initiative is implemented successfully, it will lead to system-level changes (e.g., provider reminder systems, electronic medical records) as part of statewide reform. At that time, it would be beneficial to offer training to health care providers. The available literature indicates that health care provider training is only effective when paired with system-level change.

Disparity Reduction Activities

Activities to reach adults with lower socioeconomic status and clients of mental health and substance abuse services are integrated into community coalition objectives, media targets, and through collaborations with mental health partners and the Blueprint for Health.

Health Communications

Confirmed awareness of specific media messages, as measured by the Vermont Adult Tobacco Survey (VT ATS), has not surpassed 40% and has begun to decline in recent years. However, the timing of the VT ATS and Vermont's media campaigns has not typically coincided well and the resulting confirmed awareness data may understate Vermonters' awareness of media messages. In FY 2009, VTCP launched the Your Quit. Your Way cessation media campaign, which was targeted at reaching independent quitters and promoting the services offered by the Vermont Quit Network. Data from the campaign indicate that it was successful at driving Vermonters to use the Quit Network services. The Your Quit. Your Way campaign will be continued in FY 2010 and represents a shift in VTCP thinking about the role of media in promoting cessation. Historically, cessation media has been focused primarily on promoting driving calls to the Quitline. This new campaign acknowledges that most smokers will not use any of the Quit Network services and aims to

promote smoking cessation more broadly. We believe this is a productive change in strategy. Current and past campaigns have avoided high sensation value messages that include graphic illustrations of the health consequences of smoking (e.g., Australia's "Every Cigarette Does You Damage," New York City's "Cigarettes Are Eating You Alive") and strong negative emotions (Massachusetts' series on Pam Laffin, a woman who died at age 31 from emphysema, leaving behind two young girls). There is some evidence that high sensation value messages are effective in promoting cessation (Biener, McCallum, and Nyman, 2000; Durkin, Biener, and Wakefield, 2009) and may be worth exploring in Vermont.

Since the program began in 2001, there have been significant decreases in the percentage of Vermont middle school students who believe that 56% or more of Vermont high school students smoke. The change in the perceived prevalence of smoking among Vermont youth suggests that the "8 out of 10" campaign has been successful at correcting misperceptions of youth tobacco prevalence among Vermont youth. It is also possible that the "8 out of 10" campaign has had an impact on youth smoking and contributed to the dramatic declines in youth smoking in Vermont.

Help for Smokers to Quit

In addition to the stated programmatic goals and objectives for cessation, we recommend including a goal for the percentage of Vermont smokers who have made a quit attempt in the past year. Given the relatively high quit rate compared with the national average, an appropriate goal may be to maintain the current high level. With respect to adult cessation, VTCP has a comprehensive and complementary suite of cessation programs with Quit in Person, Quit by Phone, and Quit Online. At this stage in the development of cessation programs, the critical questions have more to do with striking the most cost-effective mix of services than with adding more programs. The available evaluation data suggest that the effectiveness of Quit by Phone and Quit in Person may be similar. However, the cost per client for Quit in Person ($568) is more than four times that of Quit by Phone ($130). In response to the striking costs differences across programs, VTCP restructured the Quit in Person program during FY 2010. Starting in January 2010, the Quit in Person program will only offer group counseling sessions. In addition, both of these programs offer up to 8 weeks of free NRT. A recent study from New York State suggests that fewer weeks of NRT may be more cost-effective (Cummings et al., 2010). Therefore, VTCP's recent decision to reduce the amount of NRT provided in FY 2010 was a reasonable cost-cutting strategy.

Several studies suggest that youth cessation programs can be effective (e.g., Horn et al., 2005, assessing the Not-On-Tobacco [NOT] program; Coleman-Wallace et al., 1999, assessing Tobacco Awareness Program/Tobacco Education Group [TAP/TEG]). However, the evidence is not conclusive given methodological concerns with some of the studies (Grimshaw and Stanton, 2006). Recently, the use of telephone quit lines for adolescent smokers has been explored with promising results (Kealey et al., 2009; Peterson et al., 2009). In light of the fact that the Quit Line can now serve youth, consideration should be given to increasing reliance on the Quit Line to serve this population. If the Quit Line is as effective for youth as for adults, it may be more cost-effective to provide cessation services to youth via the Quit Line than through programs like NOT or TAP/TEG.

******END EXCERPT FROM THE RTI INTERNATIONAL 2010 ANNUAL REPORT******

Vermont Tobacco Evaluation and Review Board Budget Recommendation

Total FY2012 Recommendation: $4,515,039

Department of Health
FY2012 Recommendation: $2,896,507

Tobacco Cessation Programs
Provides nicotine replacement therapy and free quit smoking programs in-person, by telephone, and on the internet.

Community-Based Programs
Community coalitions provide prevention, cessation, and messaging activities for youth and adults geographically across the state.

Tobacco Reduction Marketing and Public Education
Provides state and local communication campaigns to help youth avoid smoking, help smokers to quit, and reduce exposure to second-hand smoke.

Surveillance
Administration of surveys required for program evaluation.

Department of Education
FY2012 Recommendation: $988,917

Grants and Technical Assistance
Provides grants and technical assistance to Local Educational Agencies to implement model tobacco prevention programs.

Department of Liquor Control
FY2012 Recommendation: $296,306

Retailer Training and Compliance Checks
Provides training to retail tobacco licensees and their employees and implements compliance checks for underage tobacco sales as required by statute.

Tobacco Evaluation and Review Board (AHS Central Office)
FY2012 Recommendation: $333,309

Board Support
Continue funding one full-time staff and additional administrative support, and meeting expenses for staff and board members, as directed by statute.

Independent Evaluation Contract
Continue independent program evaluation as mandated by statute.

Appendix I: Financial Accounts
Financial Account: VTERB

Expenditures July 1, 2010 - December 31, 2010	
Exempt	$31,488.00
FICA - Exempt	$2,288.71
Health Ins - Exempt	$6,281.66
Retirement - Exempt	$3,104.93
Dental - Exempt	$139.68
Life Ins - Exempt	$135.84
LTD - Exempt	$80.30
EAP - Exempt	$14.98
Per Diem	$650.00
Other Contr and 3rd Pty Serv	$47,583.63
Fee For Space Charge	$2,529.18
Telecom-Other Telecom Services	$11.55
Telecom-Telephone Service	$0.17
Telecom-Conf Calling Services	$16.78
Telecom-Wireless Phone Service	$248.63
IT Inter Svc Cost DII Telephon	$81.99
Advertising - Print	$423.73
Registration for Meetings&Conf	$150.00
Postage-BGS Postal Svcs Only	$6.40
Travel-Inst-Auto Mileage-Emp	$126.00
Travel-Inst-Auto Mileage-Emp	$139.50
Travel-Inst-Other Transp-Emp	$5.00
Travel-Inst-Meals-Emp	$162.00
Travel-Inst-Lodging-Emp	$132.68
Hardware-Desktop & Laptop PCs	$191.20
Total	**$95,992.54**

Financial Account: Vermont Department of Health

Expenditures July 1, 2010 - December 31, 2010

Tobacco Cessation	$147,145
Tobacco Community-Based	$222,748
Tobacco Countermarketing	$495,085
Tobacco Surveillance & Evaluation	$1,000
Total*	**$865,978**

*This includes Global Commitment, MSA, and one time funds.

Financial Account: Vermont Department of Education

Expenditures July 1, 2010 - December 31, 2010

Personal Services	$62,254.62
Operating Expenses	$13,675.85
Grants	$280,473.81
Total	**$356,404.28**

Financial Account: Vermont Department of Liquor Control

Expenditures July 1, 2010 - December 31, 2010

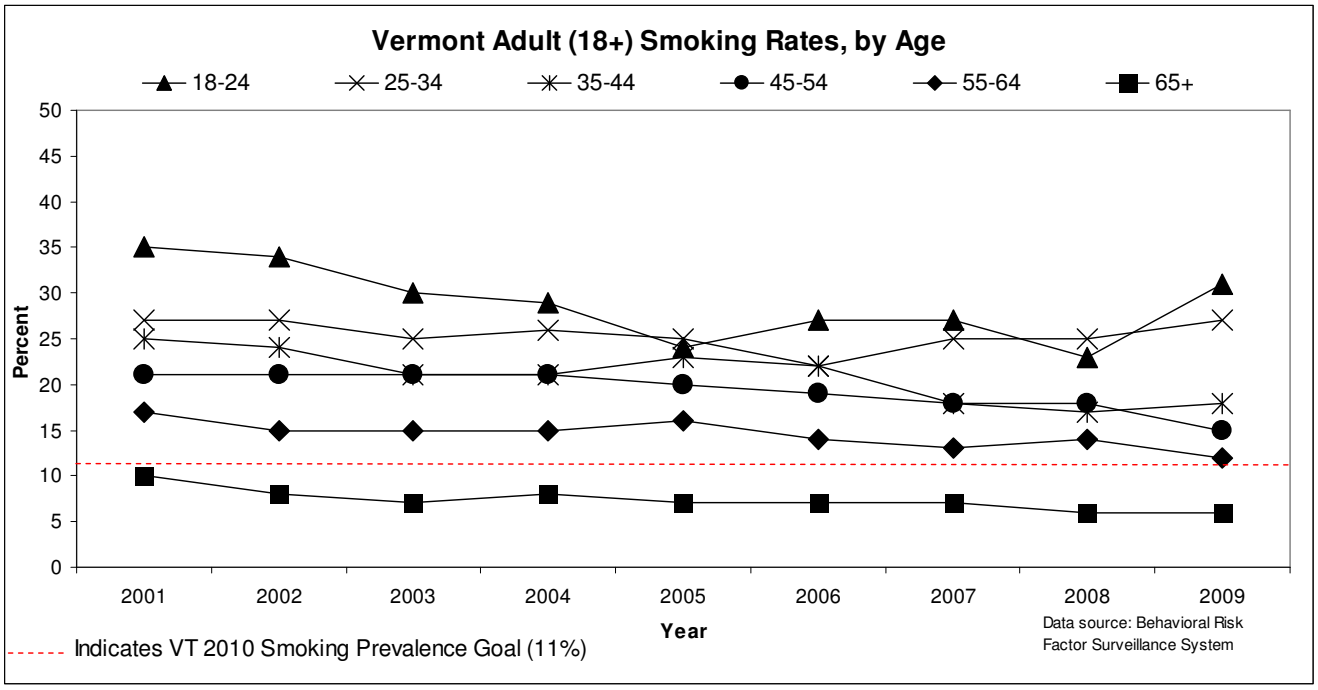
			Total
Education			
	Personal Services	$138,960.02	
	Operating Expenses	$ 14,969.23	
			$ 153,929.25
Tobacco Compliance			
	Personal Services	$ 10,825.12	
	Operating Expenses	$ 882.82	
			$ 11,707.94
Total			**$ 165,637.19**

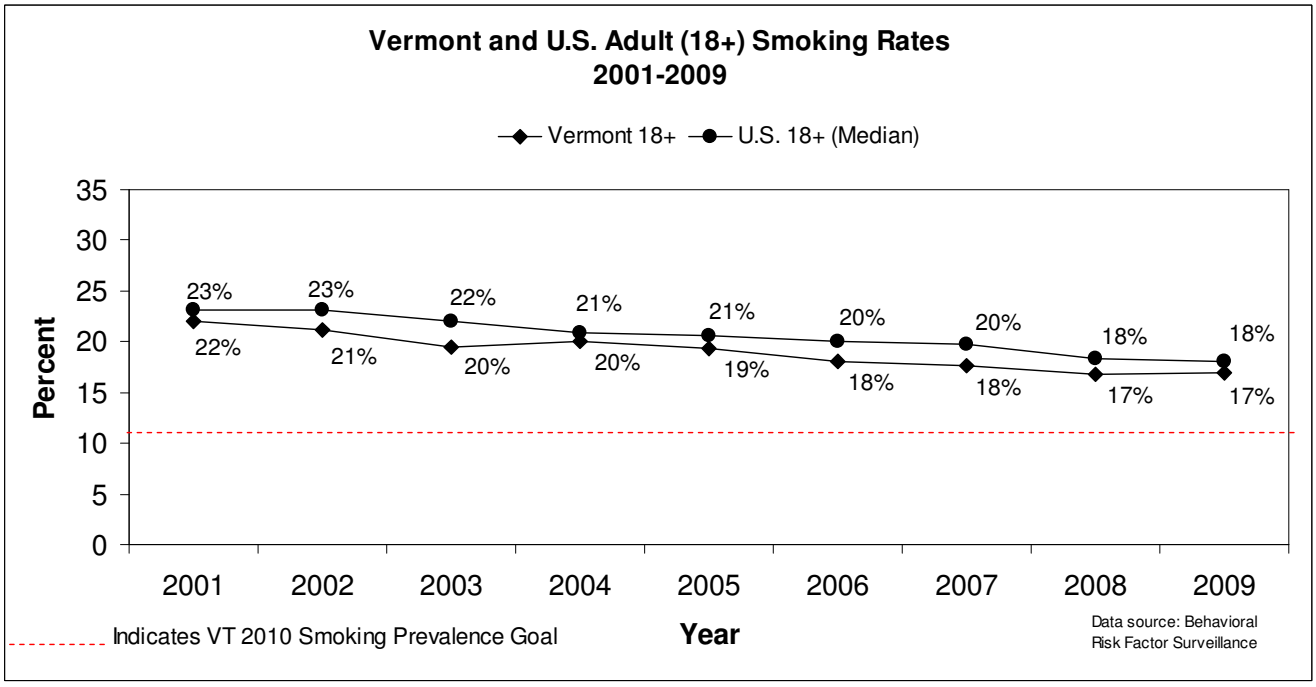
Appendix 2: Conflict of Interest Policy

The legislation creating the Vermont Tobacco Evaluation and Review Board prohibits Board members from having affiliations with any tobacco company, and requires members to file conflict of interest statements. The Board opted in August 2000, for convenience, to use the general Code of Ethics developed by the Executive Department for gubernatorial appointments to state boards. Board members also sign an additional form providing certification of non-affiliation with any tobacco company. Board members, as required by statute, certify that they have no direct or knowing affiliation or contractual relationship with any tobacco company, its affiliates, its subsidiaries or its parent company.

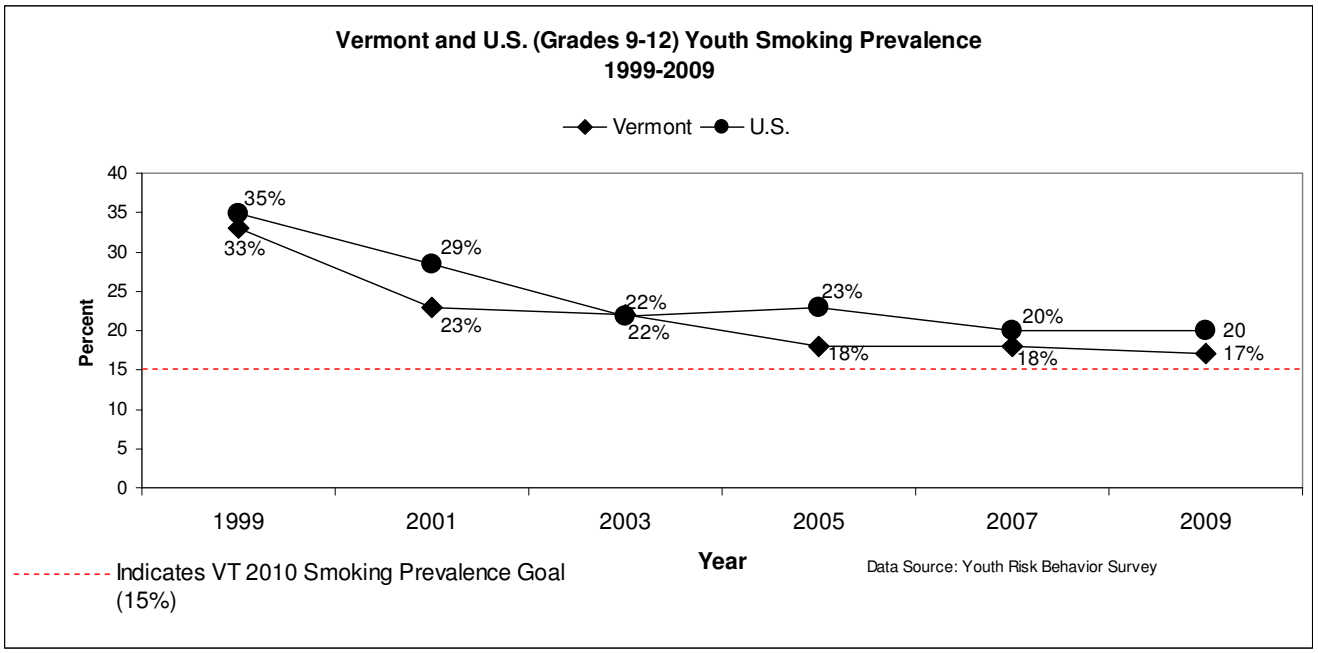
Appendix 3: Smoking Rates in Vermont

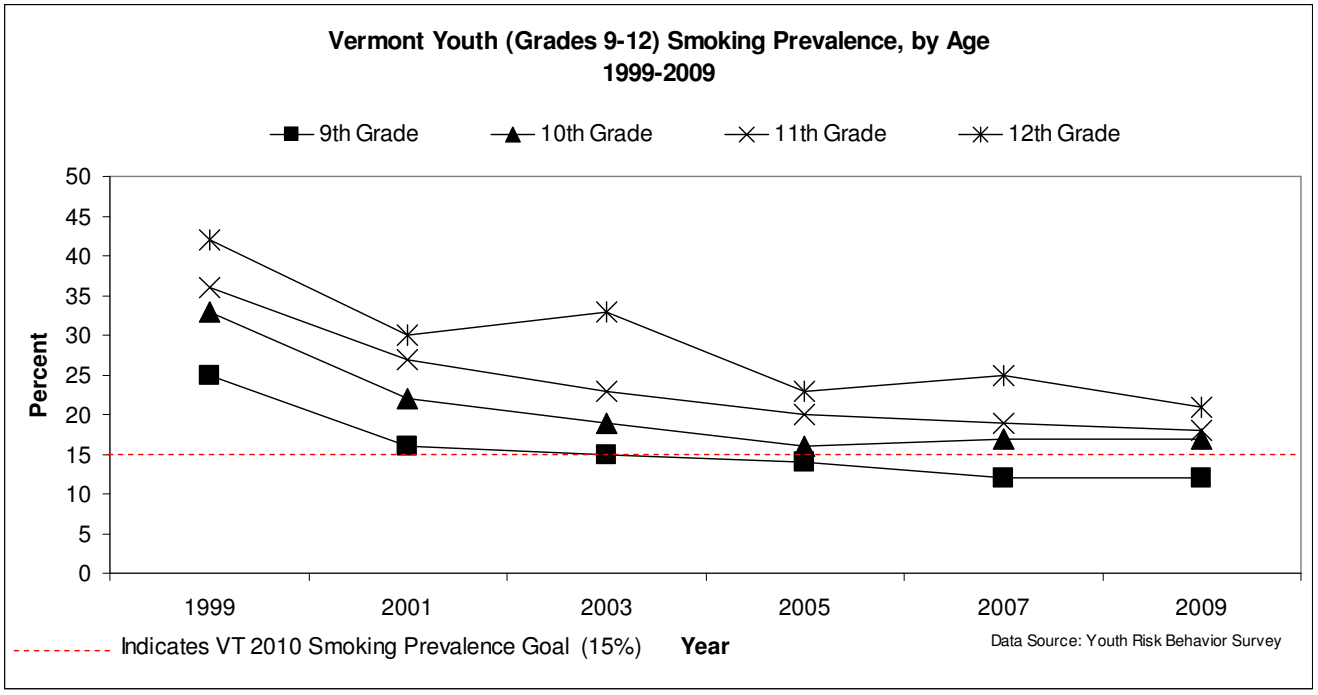
Adults



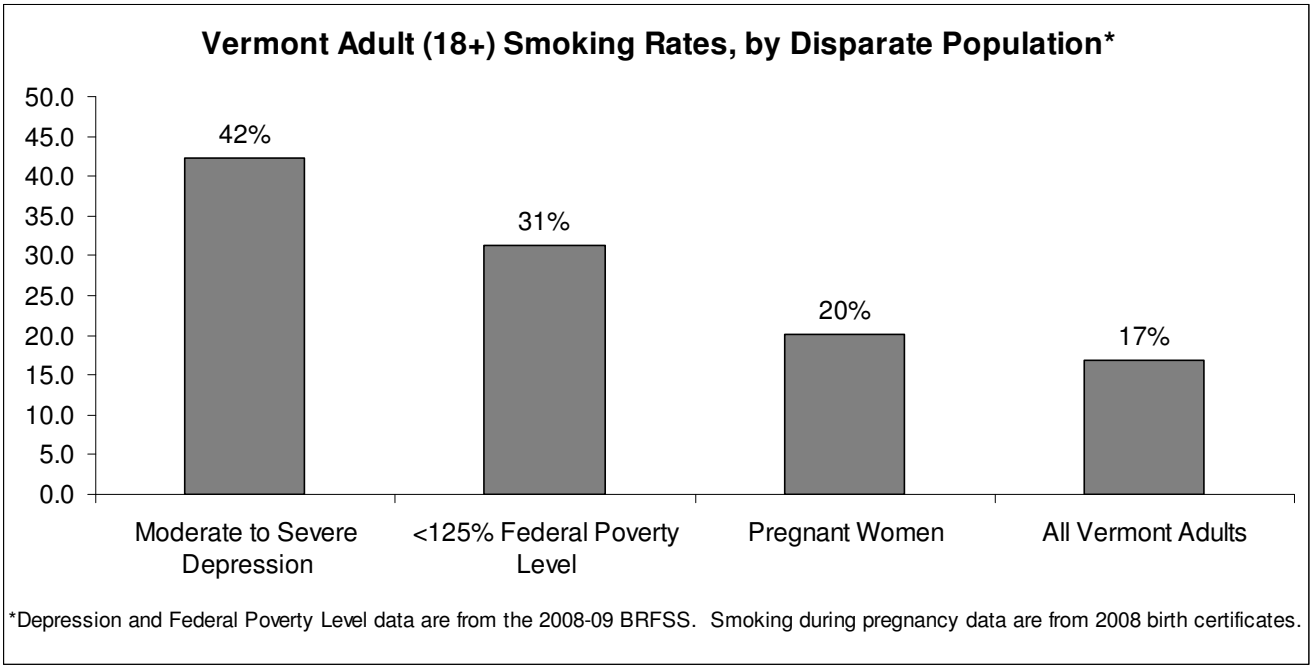


Youth


Vermont and U.S. (Grades 9-12) Youth Smoking Prevalence
1999-2009
Vermont
U.S.
Percent
Year
1999
2001
2003
2005
2007
2009
35%
33%
29%
23%
22%
22%
23%
18%
20%
18%
20
17%
Indicates VT 2010 Smoking Prevalence Goal (15%)
Data Source: Youth Risk Behavior Survey


Vermont Youth (Grades 9-12) Smoking Prevalence, by Age
1999-2009
9th Grade
10th Grade
11th Grade
12th Grade
Percent
Year
1999
2001
2003
2005
2007
2009
Indicates VT 2010 Smoking Prevalence Goal (15%)
Data Source: Youth Risk Behavior Survey

Special Vermont Populations



*Depression and Federal Poverty Level data are from the 2008-09 BRFSS. Smoking during pregnancy data are from 2008 birth certificates.

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Vermont Tobacco Evaluation and Review Board

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