



Vermont Tobacco Evaluation and Review Board Annual Report

January 15, 2015

PREPARED FOR:

☐ **HON. GOVERNOR PETER SHUMLIN**

☐ **THE VERMONT GENERAL ASSEMBLY**

Vermont Tobacco Evaluation and Review Board Members

Amy Brewer

Chair 2014 – present

Non-profit anti-tobacco organization

Appointed by the Speaker of the House

Term expires: 2016

Scott Connolly

Counter-marketing Expert

Appointed by the Governor

Term expires: 2017

Representative Bill Frank

Vermont House of Representatives

Appointed by Speaker of the House

Dawn Fuller-Ball

K-12 Educator

Appointed by the Governor

Term expires: 2017

Cecile Johnston

Low-Income Community Representative

Appointed by Senate Committee on Committees

Term Expires: 2015

Gregory MacDonald, MD

Health care community representative

Appointed by the Governor

Term expires: 2015

Darlene Peterson

Person under age 30

Appointed by the Speaker of the House

Term expires: 2016

Alexi Potter, PhD

Tobacco use researcher

Appointed by the Governor

Term expires: 2016

Ex Officio Members:

Harry Chen, MD; Commissioner of Health

Rebecca Holcombe; Secretary of Education

Michael J. Hogan; Commissioner of Liquor Control

William H. Sorrell; Vermont Attorney General

Legislation Establishing the Vermont Tobacco Evaluation and Review Board

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 Program.

18 V.S.A. § 9504

Our Purpose

VTERB is dedicated to a statewide Comprehensive Tobacco Control Program that continually and effectively reduces tobacco use prevalence to improve the health and well-being of Vermonters. VTERB ensures fiscal responsibility for the state appropriation dedicated to statewide comprehensive tobacco control, develops funding and programmatic recommendations based on research and science, and works with partner agencies to ensure the overall program is on target toward meeting long-term goals. VTERB oversees the independent evaluation of the Tobacco Control Program, reviews and approves media campaigns, makes local grant funding recommendations, provides annual recommendations for program funding, reviews program components and recommends strategies for improvement.

Utilizing Independent Program Evaluation

RTI International (RTI) currently serves as the independent evaluation contractor for Vermont's Comprehensive Tobacco Control Program. The Vermont Tobacco Evaluation and Review Board (VTERB) works closely with RTI in the comprehensive evaluation of the Vermont Tobacco Control Program.

RTI regularly 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, this evaluation illustrates how Vermont's outcomes compare with other states' experiences. RTI examines changes in Vermont over time in short-, intermediate-, and longer-term outcomes that relate to program goals. An excerpt of RTI's most recent evaluation and recommendations are located on pages 14-17 of this report.

Executive Summary

Investing in Vermont's Tobacco Control Program

Tobacco use imposes significant health and economic burdens on Vermonters.

The State's Comprehensive Tobacco Control Program and tobacco policies have made substantial progress toward reducing these burdens, yet,

- 17% of adult Vermonters smoke (2012 Vermont Adult Tobacco Survey).
- Smoking prevalence among Vermont high school youth has decreased gradually over time, and yet in 2013 smoking prevalence among high school youth was 13% (2013 Vermont Youth Risk Behavior Survey).
- Eight percent of young adults use e-cigarettes (2012 Vermont Adult Tobacco Survey).

The Centers for Disease Control and Prevention recommends approximately \$8.4 million annually for Vermont's Tobacco Control Program. Research demonstrates that effective tobacco control reduces rates of non-communicable diseases and substantially decreases health care costs.

In FY2001 the Legislature established the statewide Comprehensive Tobacco Control Program (VSA 18 Ch. 225) with annual funding appropriation from the Tobacco Master Settlement Agreement payments for media and public education, cessation services, school and community prevention programs, surveillance and evaluation. Since that time appropriations have steadily decreased with the statewide Tobacco Control Program currently receiving far less than the initial appropriation. This impacts statewide efforts to control tobacco use which remains a significant threat to Vermonters' health and well-being.

In the FY13 Budget Bill, the Tobacco Evaluation and Review Board, Secretary of Administration, Department of Health, and Blueprint for Health were charged with developing a three-year program budget plan for fiscal years 2014 through 2016 (Sec. E.312.1 SUSTAINABILITY OF TOBACCO PROGRAMS). Consistent with that plan,

Vermont Tobacco Evaluation and Review Board recommends the Tobacco Control Program be AT LEAST funded at the agreed upon level for FY2016 at \$3,971,713.

Further reduction in prevalence rates can be achieved through improved program investment and strong tobacco legislation.

*Maintaining the current funding level of \$3,971,713.00 represents **only 47%** of the CDC recommended funding levels for tobacco control in Vermont.*

Executive Summary

Vermont Tobacco Control Program Long-Term Goals

When Vermont's Comprehensive Tobacco Control Program was established in FY2001 the major goals of this legislation were to reduce youth and adult smoking rates by 50% in the following 10 years.

To further the State's interest in protecting and preserving the health of its citizens through reduction of smoking-related disease and disability, program partners completed a strategic planning process for the years 2012-2020. The process resulted in the adoption of four long-term Tobacco Control Program Goals:

Goal A: Reduce adult cigarette smoking prevalence to 12% by 2020.

Goal B: Reduce youth cigarette smoking prevalence to 10% by 2020.

Goal C: Reduce exposure of non-smokers to secondhand smoke.

Goal D: Maintain low prevalence of Other Tobacco Product use.

Strengthening Vermont's Tobacco Policies

VTERB recommends legislative action to implement evidence-based strategies to advance the Tobacco Control Program's long-term goals and support the health and well-being of Vermonters:

1. **Fund the statewide Tobacco Control Program at a level necessary to achieve its long-term goals.**
2. **Implement effective tobacco product price policies that reduce and prevent tobacco use.**
3. **Adopt clean air laws that protect Vermonters against secondhand smoke from tobacco products and aerosol from tobacco substitutes such as e-cigarettes.**
4. **Increase and preserve the Tobacco Trust Fund (18 V.S.A. § 9502) per the original intent of the legislation "creating a self-sustaining, perpetual fund for tobacco cessation and prevention" in order to ensure long-term Tobacco Control Program sustainability and attainment of long-term goals.**
5. **Plan for fiscal stability for when Strategic Contribution Payments* to Vermont cease in 2017.** *see page 6 for definition of Strategic Contribution Payments

According to the 2014 U.S. Surgeon General's Report:

Evidence-based tobacco control interventions that are effective continue to be underused. What we know works to prevent smoking initiation and promote quitting includes hard-hitting media campaigns, tobacco excise taxes at sufficiently high rates to deter youth smoking and promote quitting, easy-to-access cessation treatment and promotion of cessation treatment in clinical settings, smoke-free policies, and comprehensive statewide tobacco control programs funded at CDC-recommended levels.

Tobacco Master Settlement Agreement (MSA) and Program Funding

In 1998, the MSA settled claims by states against the tobacco industry for the companies' conduct in the sales, advertising, and marketing of cigarettes, and health effects and resulting costs to the states. Vermont sued the companies under public health and consumer protection laws. The MSA established the American Legacy Foundation to carry out a nationwide program to counter youth tobacco use. The MSA also limits tobacco companies' marketing strategies. Finally, the MSA requires the participating companies to make annual payments to the states, in perpetuity. The agreement states that these payments are "for the advancement of public health, [and] the implementation of important tobacco-related public health measures." The MSA provides a formula for calculation of each year's payment, based on factors including inflation and the volume of tobacco sales. The Vermont Legislature established two special funds in 1999:

The Tobacco Litigation Settlement Fund

32 VSA §435a was established for the support of tobacco use prevention, cessation and control, and for other health care purposes. All monies received by the state in connection with the MSA, and any interest that accrues on the balance of such monies, must be deposited in this fund.

The Tobacco Trust Fund

18 VSA §9502 was established in the Office of the State Treasurer "for the purposes of creating a self-sustaining, perpetual fund for tobacco cessation and prevention which is not dependent upon tobacco sales volume." It was funded through initial appropriation by the legislature in 1999 of \$19.2 million from the MSA payment which was reserved "for the sole purpose of long-term sustainable tobacco education, prevention, cessation, and control programs." The statute provides for unencumbered balance in the litigation settlement fund to be transferred to the trust fund annually. Appropriations from the trust fund are limited to a maximum of 7 percent of the balance of the fund. Interest earned shall remain in the fund.

Strategic Contribution Fund (SCF) Payments to Vermont

Under the MSA, 10 years of extra payments annually totaling \$861 million from April 2008 to April 2017, are to recognize individual states for their strategic contributions to the litigation, settlement negotiations, and tobacco control efforts. Vermont was awarded a large share in recognition of its leadership in these areas. Vermont's share is approximately \$12 million per year (subject to adjustments). Vermont's final Strategic Contribution Fund payment (SCF) will be received in 2017.

In May 2014, the National Association of Attorneys General issued revised payments projections for the Master Settlement Agreement (MSA) and Strategic Contribution Fund (SCF) payments for years 2016-2017. The revised projected payments for Vermont are as follows (projections are subject to revision as the April disbursement date approaches):

	<u>MSA</u>	<u>SCF</u>
2015 Payment:	\$22,236,904.02	\$11,743,605.67
2016 Projected Payment:	\$21,890,276.98	\$11,558,953.83
2017 Projected Payment:	\$21,427,067.40	\$11,328,567.08
2018 Projected Payment:	<i>(to be determined)</i>	\$0.00

***2017 is the
last year
Vermont will
receive a
Strategic
Contribution
Fund
payment.***

Vermont's Comprehensive Tobacco Control Program

To achieve its long-term goals, the Vermont Tobacco Control Program (VTCP) incorporates several key Centers for Disease Control and Prevention (CDC) recommended components, implemented by the VTERB, Office of the Attorney General, Department of Health, Agency of Education, and the Department of Liquor Control:

State and Community Interventions

The history of successful public health practice has demonstrated that the active and coordinated involvement of a wide range of societal and community resources must be the foundation of sustained solutions to pervasive problems like tobacco use. (CDC, 2014).

- The Vermont Department of Health funds community and youth coalitions to educate on the dangers associated with tobacco use and advertising in order to build demand for tobacco control policy and social norm change. Coalitions also 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. Youth Coalitions, Vermont Kids Against Tobacco (VKAT) and Our Voices Xposed (OVX), are middle & high school anti-tobacco groups funded through mini-grants offered by VDH and made possible with CDC funding.
- The Vermont Agency 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. Grants are made available to 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.
- 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 (DLC) 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 DLC is under a tobacco enforcement contract with the FDA to monitor and enforce provisions under the Family Smoking Prevention and Tobacco Control Act.
- The Office of the Vermont Attorney General ensures diligent enforcement of Vermont's tobacco statutes, monitors Master Settlement Agreement receipts, and recommends tobacco legislation.

Health Communication Interventions

Mass-reach health communication interventions can be powerful tools for preventing the initiation of tobacco use, promoting and facilitating cessation, and shaping social norms related to tobacco use. (CDC, 2014).

- The Vermont Department of Health in partnership with contractors, Rescue Social Change Group and HMC, implements 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; encourage a tobacco-free environment among youth through culturally relevant topics; and increase knowledge of the health effects of exposure to secondhand smoke.

Cessation Interventions

Promoting cessation is a core component of a comprehensive state Tobacco Control Program's efforts to reduce tobacco use. (CDC, 2014).

- The Vermont Department of Health supports multiple activities aimed at helping tobacco users quit. The Vermont Quit Network, recently rebranded to "802Quits," makes cessation services such as one-on-one counseling and cessation classes, available and easily accessible to anyone who is ready to quit. Free combination Nicotine Replacement Therapies (NRT), such as patches and lozenges or gum, are available to smokers enrolled in any of the 802Quits programs. Research shows that smokers who use NRT and/or counseling are more likely to succeed at a quit attempt; when used concurrently chance of cessation success doubles. The Department of Health contracts and/or partners with multiple organizations to offer these services free of charge to all Vermonters:
 - "Quit by Phone": telephone counseling (1-800-QUIT-NOW); available 24/7, with text support available (National Jewish Health)
 - "VT Quit Partners": In-person group or individual counseling (Vermont Blueprint for Health)
 - "Quit Online": interactive, secure website that provides individual smoking cessation plans, information about quitting and Vermont smoking cessation services (National Jewish Health)
 - "Quit Your Way" – Tips, tools and advice to help tobacco users quit on their own
 - Not-On-Tobacco Program: a smoking cessation system designed for teens; delivered in schools and community settings. (American Lung Association of VT).

Surveillance and Evaluation

Publicly financed programs need to have accountability and demonstrate effectiveness, as well as have access to timely data that can be used for program improvement and decision making. (CDC, 2014)

- The Vermont Tobacco Evaluation and Review Board oversees a comprehensive evaluation of the Tobacco Control 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 through MSA funds appropriated to the following:

○ Vermont Department of Health (VDH):

community coalitions, cessation programming including NRT, statewide provider education, surveillance, and mass reach health communication interventions

○ Vermont Agency of Education (AOE):

school-based tobacco use prevention education

○ Vermont 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 and 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 improvement.

Program Outcomes

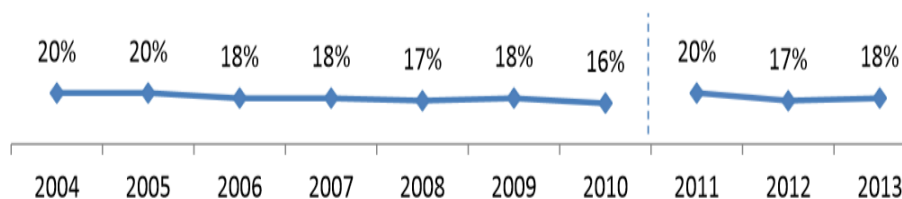
Goal A: Reduce adult cigarette smoking prevalence to 12% by 2020

The statewide prevalence of 18% in 2013, indicates a slowing of declines particularly since this was not significantly different from 20% in 2011. More than half (56%) of Vermont's current smokers attempted to quit smoking in 2013. (Data Source: Behavioral Risk Factor Surveillance System, 2014). Since 2002, there has been a significant increase in the proportion of smokers who report ever using medication to aid in their quit attempt; up from 43% in 2002 to 68% in 2012. Nearly three-quarters of current smokers had heard of the Quit by Phone service in 2012. In their most recent quit attempt, 8% of smokers used the Quit by Phone service and 8% of smokers used the Quit in Person service (Data Source: Vermont Adult Tobacco Survey, 2012).

For Vermont adults who try to quit, the use of nicotine replacement therapy (NRT) or other medications is suggested. A majority of current smokers (68%) had ever used NRT, Zyban, Wellbutrin, or Chantix in an attempt to stop smoking. Vermonters were asked about their support for tobacco policies including policies that could affect smoking in the entrance ways of public buildings. Over sixty percent (62%) of Vermonters were strongly in favor of banning smoking in entrance ways of public buildings. (Data Source: Vermont Adult Tobacco Survey, 2012).

Adult Cigarette Smoking Prevalence, 2001-2012 (BRFSS)

Current Smoking*
Vermont Adult Residents 2004-2013



*All data on this page are age adjusted to the U.S. 2000 population, except that broken down by age.

[Note: This measure is a Healthy Vermonters 2020 goal.]

In the 2014 legislative session, VTERB supported H.217 which became Act 135 limiting smoking in cars, lodging establishments, hospitals, and child care facilities, and near State-owned buildings. This legislation supports the efforts of the Tobacco Control Program toward its long-term goals.

Notes: To align with Healthy People 2020, VDH reports age-adjusted smoking prevalence rates. The 2011 BRFSS prevalence data should be considered a baseline year for data analysis because those data are not directly comparable to previous years because of changes in BRFSS weighting methodology and the addition of cell phones to the sampling frame in 2011. Percentages shown are age-adjusted to standard U.S. 2000 population.

Goal B: Reduce youth cigarette smoking prevalence to 10% by 2020

The prevalence of youth smoking in Vermont was 13% in 2013. This is a significant decrease from the 33% prevalence in 1999. Overall, 5% of all students smoked on 20 or more of the past 30 days. Only 1% of all students smoked a pack or more a day on days smoked in the past 30 days. Males were more likely than females to smoke 11 or more cigarettes on days they smoked, to smoke on 20 or more days, and to smoke on 30 or more days (Data Source: Vermont High School Youth Risk Behavior Survey, 2013).

Ninth graders were less likely to smoke 11 or more cigarettes on days they smoked compared to other students. Eleventh and twelfth graders were more likely to smoke on 20 or more days and to smoke on 30 or more days compared to ninth and tenth graders. Smoking on 20 out of the past 30 days, and every day in the past month both decreased significantly from 2011 to 2013 (Data Source: Vermont High School Youth Risk Behavior Survey, 2013).

Among students who smoked in the past 30 days, 25% had someone else buy cigarettes, 36% borrowed or “bummed” cigarettes and 20% bought cigarettes at a store (Data Source: Vermont High School Youth Risk Behavior Survey, 2013).

High school students who smoked in the past 30 days reported their usual source of cigarettes (Youth Risk Behavior Survey, 2013):

Borrowed/bummed them	36%
Someone else bought them	25%
Store or gas station	20%
Took them from store/family	5%
Vending machine	1%
Some other way	12%

Goal C: Reduce exposure of non-smokers to secondhand smoke (SHS)

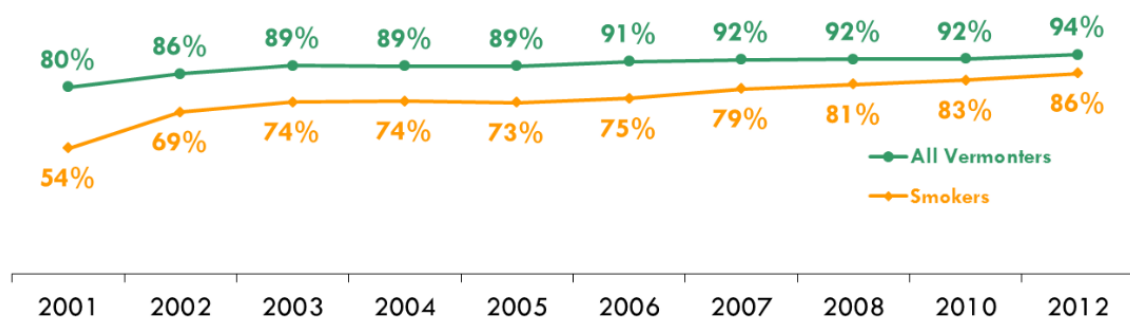
Secondhand Smoke Exposure in Homes and Vehicles

Exposure to secondhand smoke in the home or vehicle was rare among non-smokers. The proportion of non-smokers that reported no exposure to secondhand smoke in these places was 96% and 83%, respectively. Conversely, only 64% reported no exposure in a public place. The proportion of Vermonters reporting exposure to secondhand smoke in the home and in vehicles during the last seven-days was low among non-smokers with children (3% and 6%, respectively). The proportion of smokers with children reporting home exposure was 16% while car exposure among this group was 44%. (Data Source: Vermont Adult Tobacco Survey, 2012)

Smoking Bans in Homes and Vehicles

The proportion of Vermonters reporting a home smoking ban was high among both smokers (81%) and non-smokers (94%) with children. The proportion reporting car smoking bans was similarly high (smokers – 85%; non-smokers – 99%). In 2012, 94% of Vermonters said they did not allow smoking in their car or truck when children are present; 86% of smokers said the same. Figure 28 (extracted from the Vermont Adult Tobacco Survey Report, 2013) shows the increasing proportion of Vermonters overall and of smokers, who have smoking bans in vehicles when children are present. Between 2001 and 2012, the increase was statistically significant for all Vermonters (up 14%), and smokers (up 32%). (Data Source: Vermont Adult Tobacco Survey, 2012)

Figure 28: Trend in vehicle smoking bans, VTATS 2001-2012



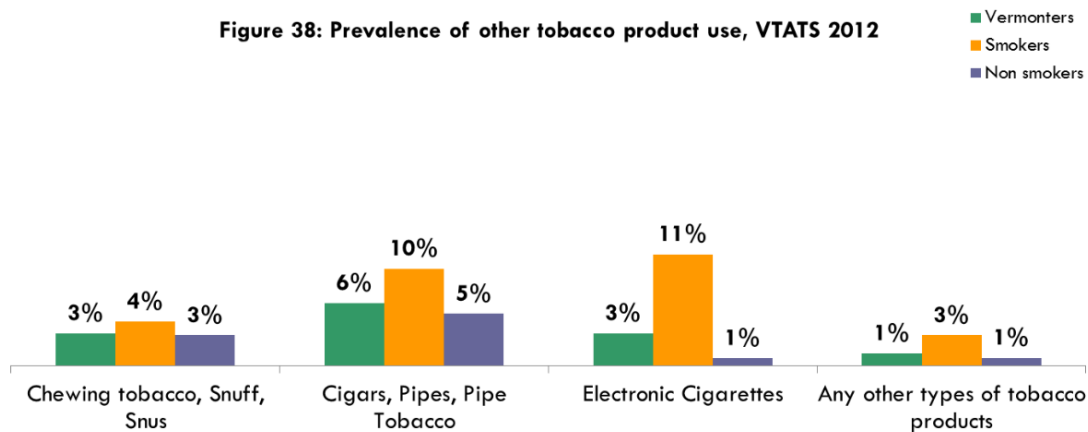
Note: Respondents were considered to have a vehicle smoking ban if they did not allow smoking in their vehicle when children were present. They were considered to allow smoking if smoking was permitted at some times in their vehicle when children were present or if there were no rules about smoking in their vehicle.

Goal D: Maintain low prevalence of Other Tobacco Product (OTP) use

Adults

Prevalence of other tobacco product use was low among adults, ranging from 1% to 11%. Overall, the prevalence of electronic cigarette use was highest among all categories of other tobacco products (11%). The prevalence of certain products like chew and cigars was higher when results were restricted to adults aged 18 – 24 years old (10% - 15%) (Data Source: Vermont Adult Tobacco Survey, 2012).

Overall, the proportion of adult Vermonters using other tobacco products some days or every day was low. The category with the highest proportion (6%) was use of cigars, pipes and pipe tobacco. For each category, smokers had a higher proportion of users. (See Figure 38 as extracted from the Vermont Adult Tobacco Survey Report, 2013).



Youth

Overall, 8% of students reported using chewing tobacco, snuff, or dip during the past 30 days. Males were significantly more likely than females to use smokeless tobacco. Twelfth graders were more likely than ninth and tenth graders, and tenth graders were more likely than ninth graders to use smokeless tobacco.

High school students who used chewing tobacco, snuff, or dip...on one or more of the past 30 days (Vermont High School Youth Risk Behavior Survey, 2013):

Males: 13% Females: 2%

Of all students, 13% smoked cigars, cigarillos, or little cigars in the past 30 days. Males were significantly more likely than females to smoke cigars. Smoking cigars increased significantly with each grade.

High school students who smoked cigars, cigarillos, or little cigars on one or more of the past 30 days (Vermont High School Youth Risk Behavior Survey, 2013):

Males: 19% Females: 7%

Independent Evaluation of the Vermont Tobacco Control Program

The following pages summarize assessments of the Vermont Tobacco Control Program components contained within the RTI FY2013 Annual Report. The statements do not necessarily convey VTERB policies or recommendations.

Begin Excerpt from the Independent Evaluation of the Vermont Tobacco Control Program (VTCP): Fiscal Year 2013 Annual Report Summary and Recommendations

*RTI International
3040 E. Cornwallis Road
Research Triangle Park, NC 27709*

Prepared: February 2014

Recommendations

In this section, we offer recommendations to VTCP. Some of the recommendations that we included in the previous annual report (Mann, Farrelly, & Dolina, 2013) are still applicable; we present those below in italicized text. For more detailed descriptions of the new recommendations that we are making in this report, along with our rationale for each recommendation, please refer to the PowerPoint slides that accompany this report.

Programmatic Recommendations

The following are specific overarching programmatic recommendations:

Increase VTCP funding to a minimum of one-half of CDC's recommended funding level for Vermont to \$5.2 million per year for FY 2014 and subsequent years. This represents less than 5% of Vermont's total tobacco tax and Master Settlement Agreement (MSA) revenue annually.

Begin sustainability planning and preparation for upcoming period of funding reductions associated with the ending of the strategic funding component of the MSA and the shifting of some of the Affordable Care Act (ACA) expenditures for Medicaid from the federal government back to the states.

Develop logic models for each program component. Review, update, and share overall program, policy, and program component logic models with program partners and key stakeholders.

Clearly communicate program goals, objectives, implementation strategies, and evaluation objectives across all areas of the program and coordinate program activities with program partners and stakeholders.

- *Consider collaborating with federal partners, such as research initiatives funded by the National Cancer Institute, or other state tobacco control programs to develop and fund interventions to address disparities in smoking rates, particularly for those with low income, limited education, and mental illness.*
- *Develop and implement systems for collecting and evaluating data about intra- and inter-agency collaboration efforts.*

Policy Change Recommendations

Use available data from the 2012 Vermont ATS and the forthcoming Vermont LOLS to measure and evaluate baseline support for tobacco control policies.

Cessation Interventions Recommendations

- *Continue investing in evidence-based approaches for providing tobacco use cessation assistance and NRT through the Vermont Quit Network.*
- *Develop and implement cessation interventions that have a high reach and are effective among tobacco users with low income, limited education, and mental illness.*
- *Continue to invest in health care provider media campaigns to increase awareness of statewide cessation resources and prompt a greater percentage of providers to encourage smokers to quit.*
- *Continue to work with Medicaid to expand coverage for tobacco cessation counseling and pharmacotherapy.*

Evaluate the impact of the FY 2013 cessation services vendor change from Alere Wellbeing to National Jewish Health, the FY 2013 re-branding of the Quit in Person program as Vermont Quit Partners, and the FY 2014 rebranding of the entire Vermont Quit Network as 802Quits on awareness and perceptions, reach, utilization, and effectiveness of VTCP's cessation services.

Evaluate the reach, utilization, and effectiveness of VTCP's cessation services among priority populations, such as Medicaid smokers, pregnant smokers, low SES smokers, and smokers with mental illness.

Evaluate the impact of the provision of free NRT through the Vermont Quit Network on the reach, utilization, and effectiveness of the Quit Network programs.

School-Based Programs Recommendations

- *Continue to fund efforts and resources dedicated to tobacco prevention curricula.*
- *Continue offering training to implementers of school-based tobacco prevention education, especially to those who have not had it.*

Conduct a systematic review of LEA activities and outcomes using data from LEA grant applications, the existing AOE database, and an online survey of LEA staff to provide VTCP with a better understanding of the approaches LEAs in Vermont are taking and their intended outcomes.

Continue to improve the AOE Tobacco-Free Schools Database by ensuring that the process and evaluation measures collected are appropriate and useful to VTCP and AOE and that the data being collected are accurate.

Conduct a school climate survey to understand students' perceptions of policy-related school climate issues, such as student perceptions of tobacco-related policy and enforcement at school and in the community; students' exposure to, and perceptions of, tobacco prevention curricula; influences on students regarding tobacco (e.g., coaches, teachers, administrators, health care providers, dentists, parents, peers); and perceptions and use of e-cigarettes and other tobacco products among students.

Re-administer the 2009 Vermont Tobacco Prevention Education Fidelity Study to understand the extent to which curriculum implementers are administering the curricula as intended, whether curriculum adaptations are being made, and whether, and how, new technology is being incorporated.

Conduct a review of other tobacco prevention and health education curricula being used by tobacco grantees to assess the extent to which tobacco grantees are implementing curricula other than those approved by VTERB, determine why other curricula are being selected, and understand the barriers that LEAs and schools face in selecting tobacco prevention curricula. (Note: This could be included as a component of the Fidelity Study recommended above if VTCP would like to re-administer the 2009 Fidelity Study.)

Community and Youth Coalitions Recommendations

- *Continue to work with the Policy Center to develop additional model policies for local communities that can withstand legal challenges by the tobacco industry.*
- *Continue to work with CAI and the Policy Center to provide training to support policy advocacy and facilitate community and youth coalition capacity to do policy work.*
- *Work with community and youth coalitions to identify and build collaborations with organizations and individuals representing groups disproportionately affected by retail tobacco marketing and tobacco use in their areas. Ensure that coalitions actively engage these organizations in community education, government policy-maker education, and decision-maker advocacy activities.*

Implement a study to measure and assess the effectiveness of Vermont's community coalitions.

Develop and track measures of policy reach to quantify the proportion of Vermonters covered by key tobacco-related policies.

Assess collaboration between community and youth coalition grantees to gain an understanding of the existing relationships between community and youth coalitions, and to assess the barriers to collaboration and missed opportunities.

Continue tracking earned media for community and youth coalition policy efforts and ensure that the data being collected fill program and evaluation needs.

Health Communication Recommendations

- *Continue to invest in advertising to promote tobacco use cessation, available resources for cessation assistance, and tobacco use cessation benefits available to Medicaid beneficiaries.*
- *Continue to invest in media campaigns encouraging health care providers to do more with their patients to promote and encourage tobacco use cessation.*
- *Invest additional funds in media campaigns to support policy change efforts implemented by community and youth coalitions.*
- *Assess and evaluate Vermont's media campaigns, such as Down and Dirty, Commune, and Free My Ride, using available campaign metrics collected by RSCG and available media campaign data from HMC and other sources.*
- *Identify gaps in available data needed to effectively evaluate VTCP's media campaign efforts.*
- *Consider developing and implementing a statewide media campaign to educate the public about youth smoking and the need to address it. Such a campaign could also include messaging support for the POS initiative, such as information about how tobacco product marketing at the POS increases youth smoking.*

Enforcement Recommendations

- *Pursue opportunities to use tobacco retailer applications as a mechanism for collecting information about tobacco industry promotions and contracts with tobacco retailers in Vermont.*

Financial Accounts

Financial Account: VTERB

Expenditures July 1, 2014 - December 31, 2014

Description	Amounts
Personal Services	\$27,301.00
Operating Expenses	\$2,830.00
Contracts	\$33,628.00
Grand Total	\$63,759.00

Financial Account: Vermont Department of Health

Expenditures July 1, 2014 - December 31, 2014

Description	Amounts			
	Federal (CDC)	Tobacco MSA	Global Commitment	Grand Total
Administration	\$220,973.95	\$75,402.92	\$0.00	\$296,376.87
Tobacco Cessation	\$29,075.50	\$176,256.84	\$0.00	\$205,332.34
Tobacco Countermarketing	\$96,064.54	\$1,524.21	\$94,018.22	\$191,606.97
Tobacco Prevention	\$61,191.61	\$379,554.19	\$0.00	\$440,745.80
Tobacco Surveillance & Evaluation	\$600.00	\$50,200.00	\$0.00	\$50,800.00
Grand Total	\$407,905.60	\$682,938.16	\$94,018.22	

Financial Account: Vermont Agency of Education**Expenditures July 1, 2014 - December 31, 2014**

Description	Amount
Personal Services	\$42,289.61
Operating Expenses	\$12,809.99
Grants	\$222,233.51
Total	\$ 277,333.11

Financial Account: Vermont Department of Liquor Control**Expenditures July 1, 2014 - December 31, 2014**

Description	Amount
Education	
Personal Services	\$ 153,320.84
Operating Expenses	\$ 22,622.63
Total	\$ 175,943.47
Tobacco Compliance (Federal)	
Personal Services	\$ 51,323.00
Operating Expenses	\$ 3,977.27
Total	\$ 55,300.27
Grand Total	\$ 231,243.74

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.

Requirements of this Report

18 V.S.A. § 9507. Annual report

(a) By January 15 of each year, the board shall submit a report concerning its activities under this chapter to the governor and the general assembly which shall include, to the extent possible, the following:

(1) the results of the independent program evaluation, beginning with the report filed on January 15, 2003, and then each year thereafter;

(2) a full financial report of the activities of the departments of health, education, liquor control, and the board, including a special accounting of all activities from July 1 through December 31 of the year preceding the legislative session during which the report is submitted;

(3) a recommended budget for the program; and

(4) an explanation of the outcomes of approved programs, measured through reductions in adult and youth smoking rates.

(b) [Repealed.]Â (Added 1999, No. 152 (Adj. Sess.), § 271, eff. May 29, 2000; amended 2009, No. 33, § 83.)

Vermont Tobacco Evaluation and Review Board

Kathryn O'Neill, Administrator

Agency of Human Services

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<http://humanservices.vermont.gov/tobacco>