

February 2014

Independent Evaluation of the Vermont Tobacco Control Program: Fiscal Year 2013 Annual Report Summary and Recommendations

Draft Report

Prepared for

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ANNUAL REPORT SUMMARY

Tobacco use imposes a significant health and economic burden on Vermont. Each year, an estimated 1,412 Vermonters die as a result of smoking, resulting in 10,781 years of potential life lost (CDC, 2007). The smoking-related health care costs and lost productivity in Vermont total more than \$430 million each year (CDC, 2007). However, this significant burden can be reduced with evidence-based tobacco control program and policy interventions. An extensive evidence base for tobacco control has demonstrated that state tobacco control programs are effective in reducing youth and adult smoking prevalence and overall cigarette consumption (Chattopadhyay & Pieper, 2011; Farrelly, 2009; Farrelly et al., 2008b; Farrelly, Pechacek, & Chaloupka, 2003; Tauras et al., 2005; USDHHS, 2000). Specifically, a wide range of effective interventions are available, including mass media campaigns (Farrelly, Crankshaw, & Davis, 2008), smoke-free air laws (USDHHS, 2006), cigarette excise taxes (Chaloupka & Warner, 2000; Farrelly et al., 2008), health care provider reminder systems, telephone-based smoking cessation counseling (Hopkins, Briss, & Ricard, 2001; Zhu et al., 2002), reductions in out-of-pocket costs for nicotine replacement therapy (NRT) (Hopkins, Briss, & Ricard, 2001), and well-implemented tobacco use prevention education in schools (Flay, 2009). A study by Farrelly (2009) shows that expenditures on state tobacco control programs reduce adult smoking and cigarette sales, controlling for smoke-free air laws and taxes. The study suggests that the effects of tobacco control programs are robust as expenditures on tobacco control programs is a fairly crude measure of tobacco control efforts. Another recent study found significant evidence of sustained and steadily increasing long-term impacts of tobacco control program spending on cigarette demand (Chattopadhyay & Pieper, 2011). The study also showed that if states follow Centers for Disease Control and Prevention's (CDC's) *Best Practices* funding guidelines for tobacco control, potential future annual benefits associated with the tobacco control program could be as high as 14 to 20 times the cost of program implementation. A large and growing body of evidence clearly indicates that tobacco control programs are effective and a great investment in public health. Declines in the prevalence of smoking also bring substantial reductions in smoking-related health care costs—another of the many rationales for investing in tobacco control in Vermont.

The Vermont Tobacco Control Program (VTCP) is a comprehensive program that aims to reduce cigarette smoking prevalence among Vermont adults and youth, reduce exposure of nonsmokers to secondhand smoke (SHS), and maintain low prevalence of other tobacco product use. Vermont has implemented strong traditional tobacco control policies at the state level, and Vermont's tobacco control environment compares favorably with the national average—cigarette taxes and per capita funding for tobacco control programs are higher in

Key Outcome Indicators

- Adult cigarette smoking prevalence declined from 20% in 2011 to 17% in 2012 (BRFSS).
- Quit attempts in the past 6 months increased from 55% in 2011 to 62% in 2012 (BRFSS).
- Youth cigarette smoking prevalence declined from 24% in 2000 to 13% in 2011 (YRBS).
- Adult nonsmoker exposure to secondhand smoke in the past 7 days declined from 49% in 2008 to 43% in 2010 (ATS).
- Adult prevalence of smokeless tobacco product use (chew, snuff, or snus) was 3.3% in 2012 (BRFSS).
- Youth prevalence of smokeless tobacco product use (chew, snuff, or dip) was 7% in 2011 (YRBS).
- Cigar, cigarillo, or little cigar use among Vermont youth was 13% in 2011 (YRBS).
- Lifetime use of snus among Vermont youth was 9% in 2011 (YRBS).

Vermont than the national average, and Vermont has had comprehensive smoke-free air laws since 2005 compared with the United States where less than half (49%) of the population is covered by such comprehensive laws. VTCP has been built on a solid foundation of evidence-based approaches to tobacco control that have been shown to promote cessation and reduce cigarette consumption, if properly funded. VTCP is currently being funded at only 38% of the amount recommended by CDC. Insufficient funding will limit VTCP's ability to reach Vermonters with the wide range of evidence-based interventions that have been developed over many years. Without sufficient funding for tobacco control in Vermont, continued declines in smoking prevalence and desired changes in other population-level outcomes may not be attainable. Significant disparities in smoking prevalence also exist in Vermont. Adults with lower education, lower income, and poor mental health smoke at substantially higher levels. Over the next decade, it will be important for VTCP to implement evidence-based interventions that are effective at reaching high-prevalence populations and reducing tobacco use among those populations. Without sufficient funding for tobacco control in Vermont, it may be challenging for Vermont to continue to reduce tobacco use and address the high rates of smoking among adults with relatively little education and/or financial resources and those with mental illness.

To accomplish its goals, VTCP employs key evidence-based strategies: cessation interventions, school-based programs, community and youth coalitions, health communication, and enforcement. VTCP's strategies and interventions are aimed at

effecting policy, systems, and environmental changes at the state and local levels that result in changing social norms and reducing tobacco use and exposure to SHS.

Cessation Interventions

VTCP uses multiple strategies to promote tobacco use cessation: health communications to prompt more tobacco users to quit; the Vermont Quit Network to provide direct support to those interested in quitting; and social norm changes, such as smoke-free indoor and outdoor places and higher cigarette prices, which are largely driven by cigarette excise taxes to create environments where tobacco users are more likely to quit. In FY 2013, 1.1% of the estimated 81,000 current adult cigarette smokers in Vermont registered to receive services from the **Quit by Phone** program, and 1.0% registered to receive services from the **Quit in Person** program. VTCP is also working with Medicaid and the Blueprint for Health to create systems-level change for tobacco control in Vermont. VDH has been working with Medicaid to expand coverage for tobacco use cessation counseling and pharmacotherapy. Promoting systems-level change is a gradual, time-intensive process, but one that can yield long-lasting benefits. Systems-level change is required to reach a greater proportion of smokers statewide. Providing health care providers with guidance, training, and assistance on systems-level changes that support the assessment and treatment of tobacco dependence is critical to the success of these efforts. This strategy could benefit from increased resources dedicated to media campaigns that target health care providers and prompt them to do more to support tobacco use cessation. The second wave of CDC's highly successful *Tips From Former Smokers* campaign in 2013 featured a national call to action for health care providers. Vermont implemented a number of similar efforts and timed those with CDC's national health care provider call to action to leverage those national efforts and strengthen the message.

School-Based Programs

The programmatic objectives for the school-based initiatives primarily address prevention-focused curricula. 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. Currently, Vermont Agency of Education (AOE) funding to Local Education Agencies (LEAs) in Vermont allows each LEA to prioritize local needs based on local data. Assessing which objectives are selected by each LEA, what activities LEAs are doing to address those objectives, and assessing and evaluating outcomes from those activities will be important for AOE and VTCP. An additional component of the school-based initiative includes allocating AOE funding to address the goal of involving families and communities in supporting school-based tobacco prevention initiatives. This is largely accomplished by partnering with community coalitions and supporting community-based activities conducted by Vermont's youth coalitions (Our Voices

Xposed and Vermont Kids Against Tobacco) and the Vermont Teen Leadership Safety Program/Students Against Destructive Decisions. More data on how AOE grant funds are allocated to community-based action may be needed so that VTCP can evaluate the distribution of AOE funds across initiatives.

Community and Youth Coalitions

Consistent with past successes in tobacco control policy change, where statewide support must be built community by community, VTCP spends a high proportion of its funding (54%) on interventions that are delivered primarily at the community level. It is at this level where Vermont's community and youth coalitions are raising awareness of and building support for the next generation of tobacco control policies. Community and youth coalitions are actively working on SHS and POS policy initiatives.

The goal of the SHS policy initiative is to reduce the social acceptability of tobacco use by decreasing the number of public locations where it is allowed. In FY 2013, community coalition efforts resulted in the enactment of 62 SHS policies, and youth coalition efforts resulted in the enactment of 2 SHS policies. Since 2009, 14 municipalities in Vermont have adopted smoke-free outdoor air laws. In FY 2013, 5 smoke-free outdoor air ordinances were introduced, and 3 were passed. VDH also conducted efforts to encourage and assist affordable housing communities in becoming smoke-free and providing cessation referrals to residents.

The goal of the POS policy initiative is to reduce the social acceptability of tobacco use by reducing the impact of retail tobacco product marketing on youth. POS policy change counters current norms in the retail environment where tobacco product marketing is disproportionate to tobacco use prevalence and excessive compared with other product marketing. Tobacco product marketing at the POS remains the most influential factor in youth tobacco use initiation without a widely implemented tobacco control intervention to counter it. The federal Family Smoking Prevention and Tobacco Control Act of 2009 gives states and communities the authority to change the time, place, and manner of cigarette advertising at the POS. While policies to reduce exposure to tobacco product marketing at the POS have always been included in tobacco control goals, the majority of the public and policy makers are unfamiliar with the research literature and the policy solutions. VTCP's sustained messaging and efforts in this area will be important to ensure the continued decline of tobacco use in the state. However, without investment in a media campaign to better educate the public about youth tobacco use and tobacco industry marketing at the POS, VTCP's current and future POS policy efforts may lack sufficient reach to build the required public support for POS policies.

Health Communication

In FY 2013, Vermont used cessation ads from CDC's highly successful *Tips From Former Smokers* national tobacco education campaign to promote cessation and use of cessation services. In FY 2013, VTCP also switched media contractors and overhauled the focus and strategies for its health communication efforts. VTCP is now strategically focusing a large portion of its health communication efforts on individuals with low socioeconomic status (SES): those with incomes less than 250% of the Federal Poverty Level and those with a high school education or less. VTCP's health communication efforts are aimed at changing tobacco social norms among teens and young adults through social branding and social media, promoting awareness and use of tobacco cessation services, promoting the Medicaid benefits for tobacco use cessation, and addressing misperceptions about the dangers and adverse health effects associated with SHS exposure. VTCP's health communication approach blends traditional media for teens, young adults, and adults along with two pilot initiatives using Rescue Social Change Group's (RSCG's) new Social Branding® for tobacco prevention for high-risk teens and young adults. In FY 2013, VTCP implemented the Down and Dirty and Commune media campaigns and the Free My Ride youth engagement campaign promoting smoke-free vehicles. As VTCP moves forward with these new health communication approaches, it will be important to identify measures and develop evaluations to monitor the effectiveness of those efforts.

Enforcement

Several locations, such as Buffalo, New York, have been successful at using the tobacco retailer licensing application process as a mechanism for collecting data about tobacco industry promotions and contracts. This type of mandatory data reporting allows tobacco control programs to collect valuable information about the tobacco industry's presence and efforts in the retail environment and at the POS that the tobacco industry and tobacco retailers would not otherwise be willing, or able, to report. Currently, Vermont state legislation regulates what information the Vermont Department of Liquor Control (DLC) can request from tobacco licensees on the tobacco retailer license application. VTCP should work on promoting legislation that would allow DLC to use the tobacco retail license as a mechanism for data collection.

Policy Change

Continued progress toward a tobacco-free Vermont requires investing in and focusing on creating durable policy change. Progress toward policy change in Vermont is still in the early stages. VTCP has recently made policy change a key component of the program. VTCP is working to enact policy change through efforts funded by DLC, the Vermont Department of Health (VDH), and AOE. Program efforts focus on policy changes in a variety of settings, with policy initiatives working to limit exposure to SHS and exposure to tobacco advertising at the retail point of sale (POS).

The potential reach of policies that are implemented is an important indicator of their potential effectiveness (Frieden, 2010). Expanding VDH's existing policy tracking data to include approximations of the percentage of Vermont's population covered by policies—particularly local policies that are successfully enacted as a result of community and youth coalition action—will be very useful for evaluating progress toward policy change in Vermont. VDH policy tracking data contain information about the number and type of policies worked on by community and youth coalitions and the number of those policies that were successfully completed. During fiscal year (FY) 2013, VDH began taking steps to add measures of policy reach to its policy tracking data. Data from the 2012 Vermont Adult Tobacco Survey (ATS) provide VTCP with baseline data for public awareness, beliefs, attitudes, and policy support relevant to Vermont's SHS and POS policy initiatives. At this time, VTCP does not have any data on policy-maker awareness, attitudes, beliefs, or support for policy initiatives. However, VTCP plans to field a Local Opinion Leaders Survey (LOLS) in FY 2014. Data from this survey will be used to measure and evaluate baseline support for a variety of tobacco control policies of interest to VTCP among local opinion leaders, such as Selectboard members, members of planning commissions, town managers, mayors, regional managers, and zoning administrators.

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 blue 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 (\$10.4 million) 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

- 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.
- *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.*

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.

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