Evaluation Plan for the Vermont Tobacco Control Program’s Point of Sale Initiative

Prepared for

Kate O’Neill
Board Administrator
Vermont Tobacco Evaluation and Review Board
208 Hurricane Lane,
Williston, VT 05495

Prepared by

Brett Loomis
Suzanne Dolina
RTI International
3040 E. Cornwallis Road
Research Triangle Park, NC 27709

RTI Project Number 0213510.003
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June 2016

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Table 1. Evaluation Planning Matrix for Vermont Point of Sale Initiative ..........................3-1
1. INTRODUCTION

Point of sale advertising of tobacco products provides an opportunity for the tobacco industry to communicate with former, current, and potential smokers. The 2009 US Family Smoking Prevention and Tobacco Control Act allows states to regulate the time, manner, and place of tobacco advertising. A meta-analysis of 48 econometric studies concludes that there is a statistically significant relationship between advertising and cigarette consumption among adults, (Andrews & Franke, 1991) and other studies show a positive and significant effect of tobacco advertising on market share (Chaloupka & Warner, 1999).

Until 1980, tobacco companies reached consumers primarily through traditional mass media advertising: television, magazines, billboards, and newspapers. Since the 1998 Master Settlement Agreement between the major tobacco companies and 46 states, the tobacco industry has shifted away from traditional advertising to focus almost entirely on point of sale advertising and promotion (National Cancer Institute, 2008). As channels for advertising tobacco are diminished or eliminated as a result of national and regional regulation, the industry increasingly relies on the retail environment to communicate with consumers. Tobacco companies use substantial financial incentives to store owners to control the way tobacco is presented (Federal Trade Commission, 2016; Paynter & Edwards, 2009)—and experienced by the public—in the retail environment. Efforts in this area include product displays, which enable packaging to function as advertisements (Bansal-Travers et al., 2011a,b; Paynter & Edwards, 2009; Slade, 1997; Wakefield et al., 2002), and a focus on placement and visibility of advertising and products (Feighery et al., 2003; Lavack & Toth, 2006). In 2013, the tobacco industry spent a total of $8.9 billion on advertising and promotion, of which 85.4% ($7.6 billion) was spend on price discounts paid to cigarette retailers or wholesalers to reduce the price of cigarettes to consumers (Federal Trade Commission, 2016). Additional amounts were spent on coupons, point of sale advertising, and other advertising.

Numerous studies link exposure to point of sale tobacco advertising and promotion with tobacco use. Among youth, point of sale exposure is associated with tobacco brand recall and perceived availability of cigarettes (Wakefield et al., 2006), susceptibility to smoking (Mackintosh, Moodie, & Hastings, 2012; Weiss et al., 2006), greater likelihood of experimentation (Schooler, Feighery, & Flora, 1996), greater likelihood of initiation (Henriksen et al., 2010; Slater et al., 2007), and higher odds of smoking (Henriksen et al., 2004; Paynter & Edwards, 2009). Studies conducted among adults show that POS tobacco advertising is linked with unplanned or impulse purchases (Carter, Mills, & Donovan, 2009; Clattenburg, Elf, & Apelberg, 2012; Scheffels & Lavik, 2013; Wakefield, Germain, & Henriksen, 2008) and—among former smokers—with the urge to start smoking again (Germain, McCarthy, & Wakefield, 2010; Paynter & Edwards, 2009). Lower-income and minority individuals are more likely to take advantage of promotional offers, such as
cigarette price discounts, compared with higher-income and white adults (White et al., 2006). Recent studies that examine the independent effects of the point of sale tobacco displays suggest that eliminating these powerwall displays would reduce youth and adult tobacco purchases (Kim et al., 2013, 2014; Li et al., 2013).

A tobacco powerwall is the cigarette-lined wall behind the registers in a retail setting (California Department of Public Health, 2012; Center for Public Health and Tobacco Policy, 2012; Dewhirst, 2004; Greaves, 2003). Interviews conducted with retailers across the United States indicate that many have contracts with tobacco companies, outlining payments in exchange for product displays that meet very specific requirements in terms of space allocation and placement (Feighery et al., 2003). Investigators within the tobacco control community point out that powerwalls function as point of sale advertising and that this is likely their intended purpose, given that the quantity of cigarettes stocked in the powerwall exceeds consumer demand (Dewhirst, 2004; Greaves, 2003). However, it is likely that the conception of “powerwall as advertisement” undervalues the true influence of the powerwall. Powerwalls dominate the visual field as the consumer stands at the register, ensuring exposure—among smokers and nonsmokers, adults and youth alike—to well-established tobacco brands that instantly communicate a world of meaning about the benefits of smoking a particular brand of cigarette.

A number of regulatory and programmatic approaches are available to state tobacco control programs to address point of sale tobacco advertising, product displays, and price promotions (Tobacco Control Legal Consortium, 2014). The potential impact of these strategies include reducing tobacco use and impulse purchases of tobacco products, reducing tobacco use disparities, countering the huge sums of money spent by the tobacco industry in the retail channel, increasing community awareness of tobacco industry practices, communicating health information to the public, and improving compliance with other tobacco control strategies and policies.

Mechanisms used to implement point of sale strategies include:

- Reducing or restricting the number, location, density, and type of tobacco retail outlets.
  - This can be accomplished through tobacco retailer licensing or zoning restrictions.
  - Prohibit the sale of tobacco products at certain locations, such as pharmacies or within a certain distance from a school.

- Increasing the cost of tobacco products through non-tax approaches
  - Methods include strict minimum price laws and banning the retailer redemption of coupons and other price-reducing promotions.
Introduction

- Require minimum package size, for example, no fewer than 4 cigars per package.

- Implementing prevention and cessation messaging at the point of sale.
  - Require posting of quitline information in retail stores.
  - Require posting of health warnings.

- Restricting point of sale advertising
  - Implement content neutral advertising laws
  - Limit advertising placement outside of certain store locations

- Restricting product placement

- Prohibiting open product displays

The remainder of this report provides an overview of point of sale initiatives undertaken by the Vermont Department of Health and its partners and summarizes the data available to evaluate those initiatives.
2. OVERVIEW OF VERMONT’S POINT-OF-SALE INITIATIVES

The goal of Vermont’s POS policy initiative is to reduce the social acceptability of tobacco use by reducing the impact of retail tobacco product marketing on youth. Point-of-sale policy goals are intended to reduce the level of tobacco product marketing and include policies that prohibit the display of tobacco products in establishments open to youth, limit the number of retailers that can sell tobacco products in a community, prohibit the sale of tobacco products in stores that are near schools, and/or prohibit the sale of tobacco products in pharmacies. In Vermont, the POS policy efforts are at the town level. The intent is that the efforts of the coalitions will lead to local POS policies as well as public support for POS policies, which would in turn lead to a comprehensive state policy for Vermont.

Historically, the VTCP’s POS activities focused on strengthening licensing with the Department of Liquor Control (DLC), along with encouraging voluntary changes in retailer behavior through the Healthy Retailer initiative. Specifically, the VTCP conducted a variety of activities including retailer audits, community opinion surveys, and education for retailers and the community, later expanding into policy education. Currently, the VTCP’s POS activities focus primarily on mass media and community engagement, as well as training and TA. Mass media and community engagement activities have included media efforts and campaigns (TV, website, social media and community coalition toolkits), as well as community and stakeholder education to increase community awareness and support for policies to address POS marketing on youth tobacco initiation. Training and TA has included training from Cicatelli Associates Inc (CAI) and Policy Center reports and model language.

The main focus of the VTCP’s POS efforts in the past year has centered on the Counter Balance initiative, a campaign designed to educate and increase awareness of the tobacco industry’s POS strategies and to increase community and stakeholder support reducing the impact of tobacco advertising in Vermont communities. The VTCP aims to reach parents ages 25-45 years old through the Counter Balance Initiative to increase awareness of the negative impact of POS advertising on children’s perceptions of tobacco and to increase knowledge of how POS works, along with effective counter-interventions. The Initiative also includes partners, stakeholders, and opinion leaders, with the goal of increasing support for changing the POS environment. The Counter Balance Initiative will be implemented in three stages with distinct goals, starting in Fall 2014 and ending in Summer 2017:

- Stage 1 (Fall 2014-2015): Educate Vermont parents about the impact point of sale tobacco advertising has on children’s perceptions of tobacco and likelihood that they will eventually use tobacco.

- Stage 2 (Fall 2015 - Spring 2016): Build on the awareness and education-related outcomes achieved during phase one and shift the strategy to encourage social action and audience engagement.
• Stage 3 (Fall 2016-Summer 2017): Heighten awareness and engagement around the need for POS intervention(s) while continuing to build public support for the changes in communities across Vermont.

The VTCP is working with the nonprofit organization Counter Tools to conduct a comprehensive assessment of Vermont’s tobacco retail environment. Goals of the retail assessments include:

• In-depth data to increase understanding of how the tobacco industry markets its products in Vermont.

• Engage community groups and youth in retail assessments and development of potential interventions.

• Establish a baseline to evaluate the impact of the Counter Balance initiative.

In August 2013, the VTCP piloted Counter Tools in Chittenden County with the Health Department Burlington district office and five local community coalitions. Based on this pilot, statewide audits were initiated in fall 2014.
3. EVALUATION PLANNING FOR VERMONT’S POINT OF SALE INITIATIVES

This section presents the logic model and evaluation planning matrix developed by RTI to describe the VTCPs point of sale initiative and evaluation resources. The logic model is a visual representation of the causal path by which program inputs and activities affect short, intermediate, and long term outcomes. The components of the logic model describe the connections between the planned work and the expected results of the program. The evaluation logic model for point of sale initiative developed by RTI is based on the program logic model developed by the Vermont Department of Health (VDH). The evaluation logic model that RTI developed includes outcomes presented in the program logic model developed by VDH to illustrate the overlap between the two models. The logic model is presented in a separate document (Logic Model for VT Point of Sale Evaluation_FINAL.pdf).

The left most column of the logic model, labeled “Inputs” presents the various stakeholders in tobacco control in Vermont. These include the Vermont Tobacco Evaluation and Review Board (VTERB), the Agency of Education, the Vermont Department of Health, the Department of Liquor Control and other stakeholders including Center for Public Health and Tobacco Policy, CAI Global and CounterTools. The second column from the left, labeled “Activities” lists the components of the tobacco control program, including training and technical assistance, media, education and outreach, and surveillance.

The three rightmost columns describe the short and intermediate outcomes related to point of sale activities and illustrate how these outcomes are related to long term outcomes affecting smoking and health in Vermont. The black arrows describe the hypothesized causal pathways through which program impacts flow through the population. The gray boxes show how the outcome is listed in the VDH logic model, while the orange boxes contain the terminology adopted by RTI. In a few cases, we collapsed two boxes from the VDH logic model into a single box for reasons of brevity.

Short term outcomes expected to change as a results of VTCPs point of sale initiatives include an increase in knowledge, attitudes, and behaviors regarding the influence of point of sale marketing on the initiation of youth smoking, leading to an increase support in the community for new policies to address point of sale marketing in stores. Increased community receptivity would then be expected to lead to increased support for point of sale policies among elected officials and other policy makers.

Intermediate term outcomes that follow from increased support for policies among the community and policy makers include an increase in the number of state and local policies that are introduced and adopted. These policies would be expected to lead to tangible changes in the point of sale environment, leading to decreased exposure to point of sale marketing among youth and adults. Less exposure to point of sale advertising would result
in fewer youth susceptible to tobacco use and increased intentions to quit smoking among established tobacco users, both youth and adult.

Decreased susceptibility to tobacco use among youth would lead to a long term decrease in youth tobacco initiation rates. Increased intentions to quit smoking would lead to a long term increase in tobacco cessation, both quit attempts and successes. Eventually, decreased initiation and increased cessation would lead to population level reductions in tobacco prevalence and consumption and reduced smoking related morbidity and mortality.

Based on the logic model described above, RTI created an Evaluation Planning Matrix (EPM) to help VDH understand the data currently available to evaluate the VTCPs various point of sale activities. The EPM reveals where data is available to measure each outcome listed in the logic model, as well as where there are data gaps. The EPM has been structured so that it relates directly to the evaluation logic model for VDH’s point of sale activities. Each outcome included in the logic model is contained in a row of the EPM and includes information on the corresponding indicator, available measures, data sources, responsible party (RP) and data collection timing. Definitions for each field of the EPM are included after the main body of the table. Also included is a field for relevant notes and recommendations. These are recommendations from RTI and may include alternative wordings for measures, as well as suggestions for measures and data sources in cases where there are no existing data sources.
Table 1. Evaluation Planning Matrix for Vermont Point of Sale Initiative

<table>
<thead>
<tr>
<th>Construct/Logic Model Box</th>
<th>Indicator</th>
<th>Measures</th>
<th>Data Source</th>
<th>RP and Data Collection Timing</th>
<th>Notes and Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Short-Term Outcomes</strong></td>
<td></td>
<td><strong>Changes in knowledge, attitude and beliefs among community members regarding the influence of POS marketing on youth initiation</strong></td>
<td></td>
<td></td>
<td>Possible alternative question to consider adding:</td>
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<tr>
<td></td>
<td></td>
<td>For each of the following statements, please tell me if you agree or disagree:</td>
<td></td>
<td></td>
<td>This is a question that Carol Schmitt has used for both obesity and tobacco use, and it has been included on the NY ATS and LOLS. She says “When we put it in the model with other factors that predict policy support (gender, political philosophy [if we have this info], and smoking status) it is usually the only significant predictor that remains.”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Tobacco advertising encourages young people to start smoking.</td>
<td></td>
<td></td>
<td>How much effect do you think seeing tobacco products displayed and advertised in retail stores has on whether or not a child becomes a smoker? Would you say they make a child...</td>
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<tr>
<td></td>
<td></td>
<td>- Tobacco advertising targets certain groups such as young adults, low income groups, and specific ethnic groups.</td>
<td></td>
<td></td>
<td>• Much more likely to be a smoker</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- What is your opinion about the following statements…</td>
<td></td>
<td></td>
<td>• Somewhat more likely to be a smoker</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Tobacco advertising encourages young people to start smoking.</td>
<td></td>
<td></td>
<td>• Does not have any effect on whether or not a child becomes a smoker</td>
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<td>- The ban on cigarette advertising should be extended to all print and electronic media.</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>- Tobacco advertising targets certain groups such as young adults, low income groups, and specific ethnic groups.</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>- All tobacco advertising should be removed from stores.</td>
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## Evaluation Plan for Vermont’s Point of Sale Initiative

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| Increased community support for policies to address POS marketing on youth tobacco use initiation | Percentage of adults (community members) who support POS policies | What is your opinion about policies that...  
  - Require warning labels on cigarette packs that show graphic images of damage caused by smoking, such as black lungs?  
  - Ban the sale of all tobacco products in pharmacies?  
  - Ban the display of tobacco products such as packs of cigarettes or cigars from stores?  
  - Limit the number of stores that sell tobacco in your community?  
  - Ban the sale of tobacco products in stores that are located near schools?  
For each of the following statements, please tell me if you agree or disagree:  
  - All tobacco advertising should be removed from stores.  
  - Tobacco advertising on the outside of a store should not be allowed. | ATS | VDH  
Every two years | For the question about “ban the display of tobacco products such as packs of cigarettes or cigars from stores?”, you may want to consider an alternative such as:  
  - “…prohibit the open display of tobacco products, such as packs of cigarettes or cigars, in stores.”  
  - “…require stores that sell tobacco to keep all tobacco products hidden from view, such as behind a curtain or in a cabinet.”  
These questions may be more easily understood by respondents. |
| Increased receptivity and support for POS policies among policy makers | Percentage of local opinion leaders who support tobacco- | What is your opinion about a policy that would require people to be 21 years old before they could purchase cigarettes and other tobacco products?  
What is your opinion about a policy that would prevent retailers from | VT LOLS | RTI  
Every two years | |
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<th>Notes and Recommendations</th>
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</table>
| related policies         |          | accepting coupons that reduce the price of cigarettes and other tobacco products?  
• What is your opinion about a policy that would ban the display of cigarettes and other tobacco products from stores?  
• What is your opinion about a policy that would ban the sale of cigarettes and other tobacco products in pharmacies?  
• What is your opinion about a policy that would ban the sale of cigarettes and other tobacco products in stores that are located in close proximity to a school?  
• What is your opinion about a policy that would ban the sale only of e-cigarettes in stores that are located in close proximity to a school? | | | |

### Intermediate-Term Outcomes

| Increased number of local or state policies and ordinances introduced | Number of local and/or state policies and ordinances introduced | Community Coalition reports  
State policy tracking | VDH  
Quarterly – local  
Yearly - state | If you don’t have other measures you are currently using, we would suggest measures such as the following ones that could be collected through legislative records.  
• Number of ordinances or laws proposed by state or local governments  
• Number of ordinances or laws passed by state or local governments |
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| Increased adoption, implementation, and enforcement of local and state POS policies | Number of localities adopting, implementing and enforcing POS policies | Community Coalition reports | VDH | If you don’t have other measures you are currently using, we would suggest measures such as the following collected through a survey or focus group of store managers and owners. Some data could also be collected by looking at funding for enforcement efforts.  
1. Percent of store owners/managers who are aware of state/local laws  
2. Percent of stores that make changes to the point of sale in response to laws, and percent that don’t  
3. Enforcement activities by government agency responsible for enforcing point of sale laws, including funding, inspections, educational outreach, and media. |
|                           | Number of state POS policies adopted, implemented, and enforced | State policy tracking | Yearly - state | |
| Changes in retail environment regarding POS | Number of stores that are compliant with POS policies | STARS does not include compliance items. The VTCP adopted version does not include compliance items other than posted sales to minor signs. | VDH | If you don’t have other measures you are currently using, we would suggest the following measures. The state agency responsible for enforcement should also have records of citations and penalties to retailers, just like they do with illegal sales to youth.  
1. Percent of stores that are compliant during an unofficial retail assessment |
|                           | | Counter-Tools Store Audit  
Department of Liquor Control Inspections (state) | Every two years | |
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| Decreased youth exposure to tobacco products and advertising in the retail environment | Percentage of Vermont youth exposed to tobacco products and advertising in the retail environment | YRBS<br>When you go to a convenience store, supermarket, or gas station, how often do you see ads for cigarettes or other tobacco products? **ATS:**<br>In the last 6 months, have you noticed any of the following types of tobacco advertisements in stores?  
  - Free samples of tobacco?  
  - Tobacco at sale prices?  
  - Coupons for tobacco?  
  - Special promotions for tobacco products, such as Buy One Get One Free offers? |

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<tr>
<th>Data Source</th>
<th>RP and Data Collection Timing</th>
<th>Notes and Recommendations</th>
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<tbody>
<tr>
<td>FDA Inspections (federal)</td>
<td>Every two years</td>
<td>• Percent of stores that are cited by regulatory enforcement agency for violation of the law. Self-reported perceived exposure to advertising is a less than ideal measure to assess actual exposure to advertising. Perceived exposure measures a different underlying construct—something other than mere exposure to cigarette ads in stores. Perceived exposure is a more cognitive measure than self-reported shopping frequency and relies on respondents’ ability to both recall and quantify the amount of tobacco advertising seen in stores where they shop. It is conceivable that adolescents who visit the same convenience, liquor, and small grocery stores with equal frequency perceive different levels of exposure to cigarette ads. As such, perceived exposure may be indicative of an attentional bias toward cigarette advertising or characterize adolescents for whom such messages are more salient. Other measures that can be used to measure exposure to point of sale tobacco advertising include (a) shopping frequency in types of stores known to carry more cigarette</td>
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<td>Construct/Logic Model Box</td>
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<tr>
<td>Decreased susceptibility to tobacco use among youth</td>
<td>Percentage of Vermont residents that indicate they are open to tobacco use</td>
<td>How wrong do you think it is for someone your age to smoke cigarettes? How wrong do your parents or guardians feel it would be for you to smoke cigarettes?</td>
</tr>
<tr>
<td>Increased intentions to quit among tobacco users</td>
<td>Percentage of Vermont residents that are planning to quit tobacco use</td>
<td>Are you seriously thinking of quitting smoking cigarettes in the next 30 days?</td>
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<tr>
<td>Construct/Logic Model Box</td>
<td>Indicator</td>
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<td>in the next 30 days</td>
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<tr>
<td><strong>Long-Term Outcomes</strong></td>
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<tr>
<td>Decreased youth initiation</td>
<td>Percentage of Vermont youth that use tobacco products</td>
<td>During the past 30 days, on how many days did you smoke cigarettes?</td>
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<td>During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?</td>
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<tr>
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<td></td>
<td>During the past 30 days, on how many days did you use chewing tobacco, snuff, or dip, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?</td>
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<td>During your life, have you ever used Snus, such as Camel Snus or Marlboro Snus?</td>
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<td>Have you ever used an electronic vapor product?</td>
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<td>During the past 30 days, on how many days did you use an electronic vapor product?</td>
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<td>Construct/Logic Model Box</td>
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<td></td>
<td>HIGH SCHOOL ONLY: 39. How old were you when you first tried a tobacco product flavored to taste like menthol (mint), clove, spice, alcohol (wine or cognac), candy, fruit, chocolate, or other sweets?</td>
<td></td>
</tr>
<tr>
<td>Increased cessation attempts</td>
<td>Percentage of Vermont residents that have made quit attempts</td>
<td>During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (BRFSS)</td>
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<td>How long has it been since you last smoked a cigarette, even one or two puffs? (BRFSS)</td>
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<td>How many times in the past 12 months have you made a serious attempt to quit smoking cigarettes? (ATS)</td>
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<td>During the past 12 months, did you ever try to quit smoking cigarettes? (YRBS)</td>
</tr>
<tr>
<td>Reduced tobacco prevalence and consumption</td>
<td>Percentage of Vermont residents that use tobacco products</td>
<td>Do you now smoke cigarettes every day, some days, or not at all? (BRFSS)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all? (BRFSS)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>During the past 30 days, on how many days did you smoke cigarettes? (YRBS)</td>
</tr>
<tr>
<td>Construct/Logic Model Box</td>
<td>Indicator</td>
<td>Measures</td>
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<tr>
<td></td>
<td></td>
<td>During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day? (YRBS)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>During the past 30 days, on how many days did you use chewing tobacco, snuff, or dip, such as Redman, Levi Garrett, Beechut, Skoal, Skoal Bandits, or Copenhagen? (YRBS)</td>
</tr>
<tr>
<td>Reduced tobacco- and SHS-related morbidity/mortality</td>
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4. REFERENCES


