2014

The Vermont Tobacco Evaluation and Review Board

Annual Report
January 15, 2014

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

Brian S. Flynn, ScD
Chair 2008– 2014
Counter marketing expert
Appointed by the Governor
Term expires: 2014

Alexi Potter, PhD
Tobacco use researcher
Appointed by the Governor
Term expires: 2016

Gregory MacDonald, MD
Health care community representative
Appointed by the Governor
Term expires: 2015

Gabrielle Ratte Smith
K-12 Educator
Appointed by the Governor
Term expires: 2014

Senator Richard Sears
Vermont Senate
Appointed by Senate Committee on Committees

Cecile Johnston
Low-Income Community Representative
Appointed by Senate Committee on Committees
Term Expires: 2015

Mollie Patrick
Person under Age 30
Appointed by Senate Committee on Committees
Term Expires: 2015

Representative Bill Frank
Vermont House of Representatives
Appointed by Speaker of the House

Amy Brewer
Non-profit anti-tobacco organization
Appointed by the Speaker of the House
Term expires: 2016

Darlene Peterson
Person under age 30
Appointed by the Speaker of the House
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

Table of Contents

Executive Summary

Tobacco use imposes significant health and economic burdens on Vermonters. The State's comprehensive tobacco control program and tobacco policies have made substantial progress towards reducing these burdens, yet 17% of adult Vermonters smoke. Smoking prevalence among Vermont youth (grades 9-12) is 13%. **Further reduction in prevalence rates can be achieved through continued program investment and strong tobacco legislation.**

Investing in Vermont's Tobacco Control Program

The Institute of Medicine and the Centers for Disease Control and Prevention recommend approximately $10 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 2013, Administrative leaders and the Vermont Tobacco Evaluation and Review Board (VTERB) developed a three-year program budget plan that can maintain many of gains already made in preventing and reducing tobacco use. Consistent with that plan, the **Vermont Tobacco Evaluation and Review Board recommends the Tobacco Control Program be AT LEAST level funded for FY15 at $3,971,996.**

Strengthening Vermont's Tobacco Policies

The VTERB recommends legislative action to:

1. Pass effective tobacco tax policies that will reduce and prevent smoking.
2. Protect children under age 18 from secondhand smoke exposure while in a motor vehicle.
3. Strengthen smoke-free restrictions by clarifying definitions for "public places" and/or "workplaces".
4. Assure the longer-term program sustainability by (a) preserving and contributing to the Tobacco Trust Fund, and (b) planning for fiscal stability for when Strategic Contribution Payments to Vermont (about $14 million per year) cease in 2017.

Master Tobacco 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 had 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 recites 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 Payments (SCF) to Vermont

Under the MSA, 10 years of extra payments totaling $861 million annually 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 about $12 million per year (subject to adjustments). Vermont's last Strategic Contribution Fund payment (SCF) will be received in 2017.

On December 16, 2013, the National Association of Attorneys General issued revised payments projections for the Master Settlement Agreement (MSA) and Strategic Contribution Fund (SCF) payments for years 2014-2016. The revised projected payments for Vermont are as follows (projections are subject to revision as the April disbursement date approaches):

	MSA	SCF
2014 Projected Payment:	$22,889,138.39	$12,084,400.19
2015 Projected Payment:	$22,456,188.70	$11,853,827.71
2016 Projected Payment:	$22,246,299.32	$11,743,312.37

Vermont Tobacco Control Program Long-Term Goals

Vermont's comprehensive tobacco control program was established in FY2001 with annual funding appropriated out of the Master Settlement Agreement payments from the tobacco industry (VSA 18 Ch. 225). 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 have 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.

Vermont's Comprehensive Tobacco Control Program

To achieve its long-terms 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:**

  Multiple societal resources working together have the greatest long-term population impact (CDC, 2007).

  - 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. Formula 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**

  Media interventions prevent tobacco use initiation, promote cessation, and shape social norms (CDC, 2007).

  - 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**

  Tobacco use treatment is highly cost-effective (CDC, 2007).

  - The Vermont Department of Health supports multiple activities aimed at helping smokers 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 Nicotine Replacement Therapies (NRT) such as patches, 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, especially if they use both. The Department of Health contracts and/or partners with multiple organizations to offer these service free of charge to all Vermonters:
    - "Quit by Phone": telephone counseling; available nearly 24/7 (National Jewish Health)
    - "Quit Partners": face-to-face 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)
    - Not-On-Tobacco Program: a smoking cessation system designed for teens; delivered in community settings. (American Lung Association of VT).

- **Surveillance and Evaluation**

  Publically financed programs should be accountable and demonstrate effectiveness.

  - 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, smoking cessation counseling and medication, statewide provider education, surveillance, media, and public education
- **Agency of Education (AOE)**: 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

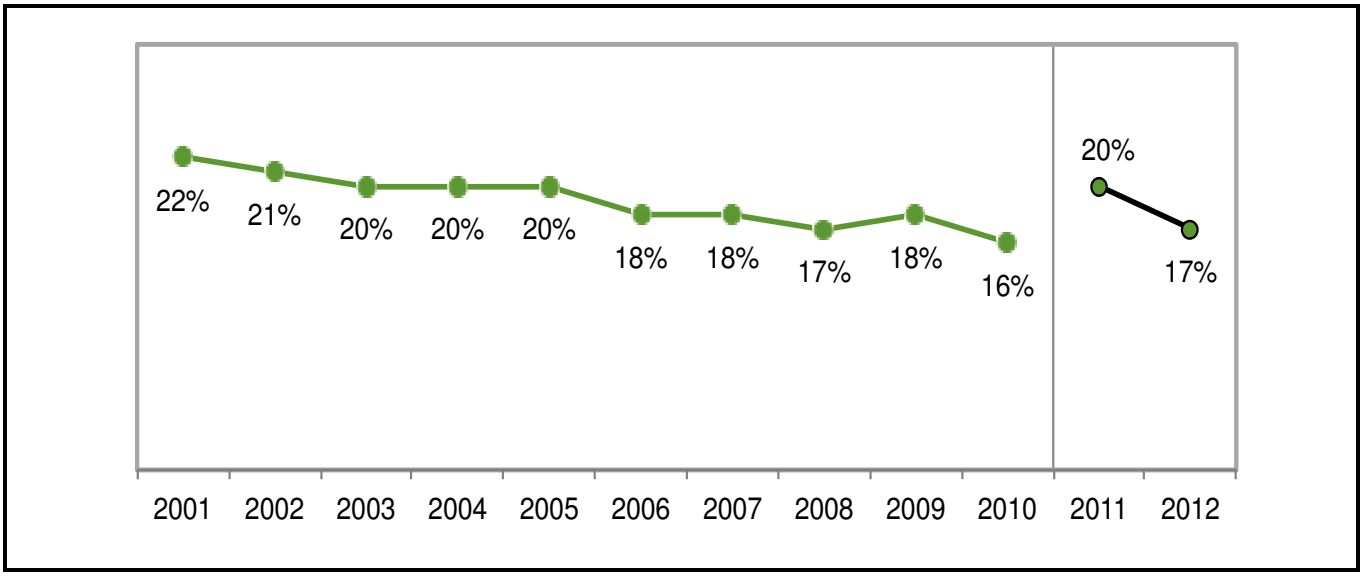
Program Outcomes

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

The statewide prevalence continued its gradual decline to 17%, though this was not significantly different from 20% in 2012. (Data Source: Behavioral Risk Factor Surveillance System, 2012). Nearly half (48%) of Vermont's current smokers attempted to quit in 2012. 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 smoking, the use of 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.

Adult Cigarette Smoking Prevalence, 2001-2012 (BRFSS)



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 (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 (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 (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)

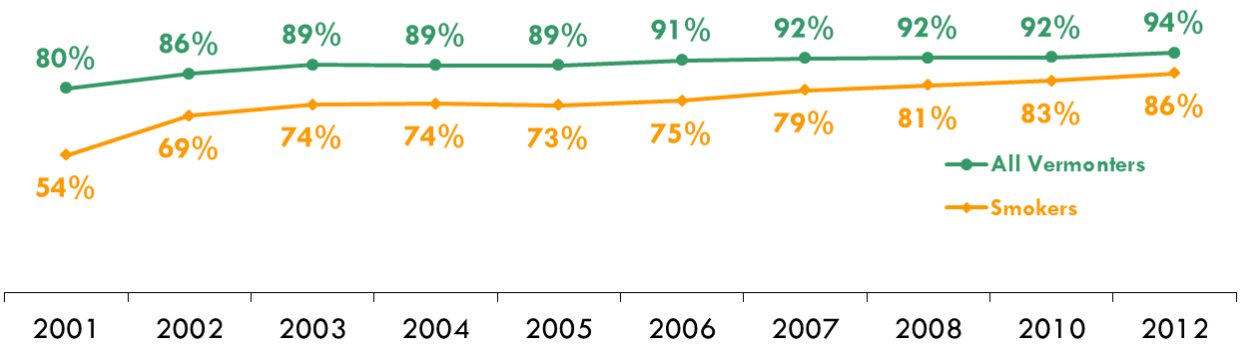
Secondhand Smoke Exposure in Homes and Vehicles

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.

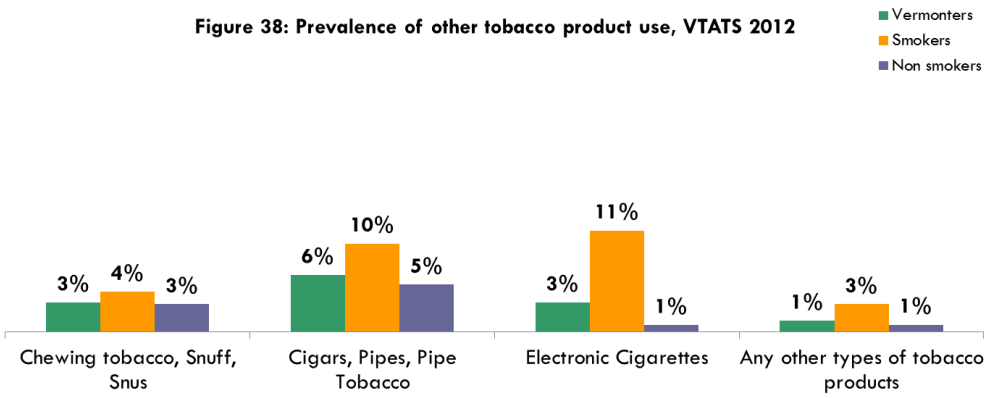
Goal D: Maintain low prevalence of Other Tobacco Product (OTP) use

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).

Figure 38: Prevalence of other tobacco product use, VTATS 2012



Youth

Of all High School 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 (Youth Risk Behavior Survey, 2013): **Males: 19% Females: 7%**

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 then 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 (Youth Risk Behavior Survey, 2013): **Males: 13% Females: 2%**

Of all students, 7% ever used snus. Males were significantly more likely than females to use snus. Use of snus increased significantly with each grade.

- High School Students who ever used snus, such as Camel or Marlboro Snus (Youth Risk Behavior Survey, 2013): **Males: 10% Females: 3%**

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.

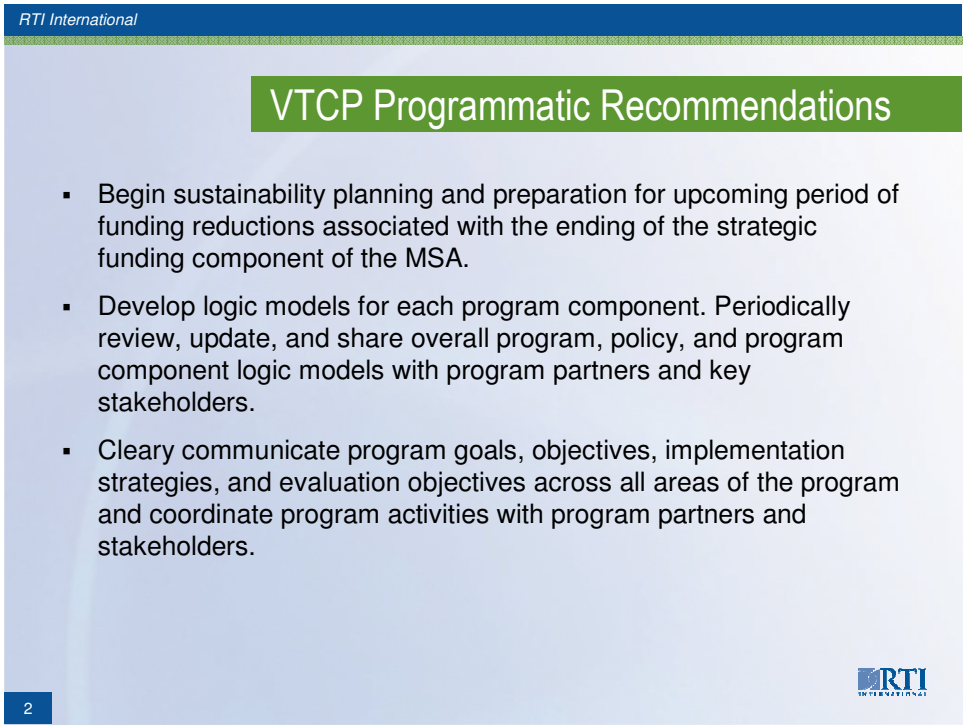
In its Annual Report, RTI assesses program progress by examining trends in key programmatic and outcome indicators in Vermont over time and in comparison with national data. By comparing key indicators in Vermont and the United States as a whole, the report illustrates how Vermont's outcomes compare with other states' experiences. RTI examines changes over time in short-, intermediate-, and longer-term outcomes that relate to stated VTCP goals and objectives. Various RTI reports 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 the RTI FY2013 Annual Report. The statements do not necessarily convey VTERB policies or recommendations.

Independent Evaluation of the Vermont Tobacco Control Program FY2013 (RTI International)

******BEGIN EXCERPT FROM THE RTI INTERNATIONAL FY2013 ANNUAL REPORT******



RTI International

Cessation Services Recommendations

- Evaluate the impact of FY 2013 and FY 2014 cessation services vendor and programmatic changes on the awareness and perceptions of, reach, utilization, and effectiveness of VTCP's cessation services.
- Evaluate the reach, utilization, and effectiveness of VTCP's cessation services among priority populations.
- Evaluate the Provision of Free Nicotine Replacement Therapy (NRT) through the Vermont Quit Network.

3

RTI International

School-Based Programs Recommendations

- 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.
- Continue to improve the AOE Tobacco-Free Schools Database by ensuring that the measures collected are the appropriate process and evaluation measures and the data being collected are accurate.
- Conduct a school climate survey to understand students' perceptions of tobacco-related policy issues, tobacco curricula, influences on students regarding tobacco use, and perceptions and use of e-cigarettes and other tobacco products among students.

4

RTI International

School-Based Programs Recommendations

- Re-administer the 2009 Vermont Tobacco Prevention Education Fidelity Study to understand to what extent curriculum implementers are administering the curricula as intended.
- 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, if the Program would like to re-administer the 2009 Fidelity Study)

5

RTI International

Community and Youth Coalition 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, as well as to assess the barriers to collaboration and missed opportunities.

6

RTI International

Community and Youth Coalition Recommendations

- Continue tracking earned media for community and youth coalition policy efforts and ensure that the data being collected fills program and evaluation needs. VDH is currently collecting data on earned media for community and youth coalitions. VDH should review the data collection system and the reported data for potential gaps and opportunities. To ensure that key measures are being collected, data collection should include:
  - Topic of earned media and type of media
  - Recruitment methods and barriers encountered
  - Media source
  - Value of news coverage done on the program and policy efforts
  - Other partners or organizations that garner earned media on behalf of the VTCP

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RTI International

Health Communication Recommendations

- VTCP should assess and evaluate media campaigns using the media campaign metrics collected by Rescue Social Change Group (RSCG) and available media campaign data from HMC.

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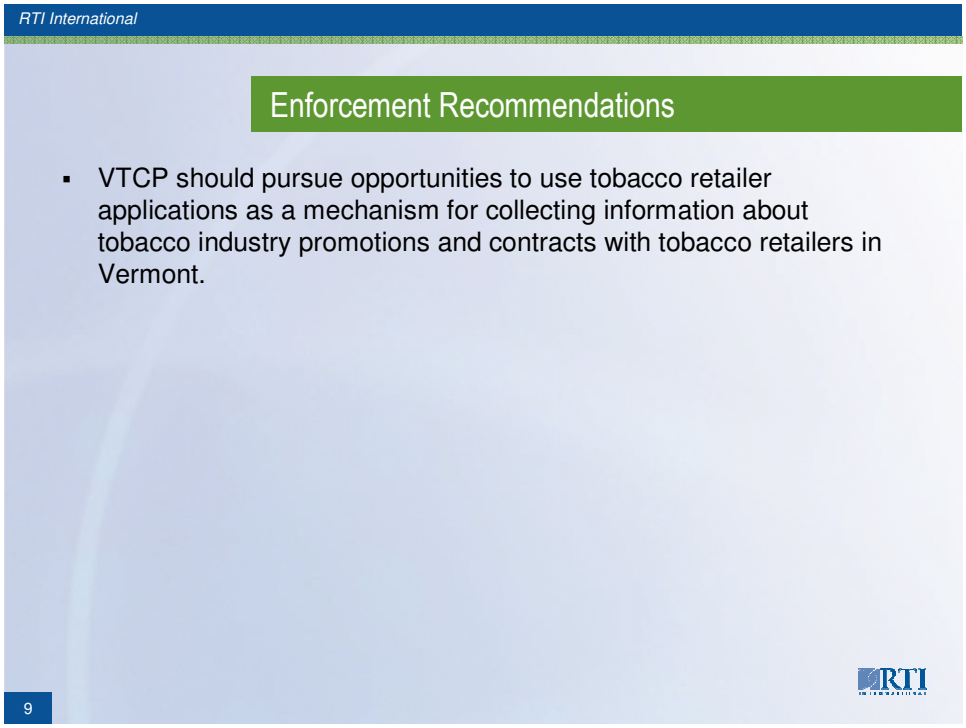

******END EXCERPT FROM THE RTI INTERNATIONAL FY2013 ANNUAL REPORT******

Appendix I: Financial Accounts

Financial Account: VTERB

Expenditures July 1, 2013 - December 31, 2013

Description	Amounts
Salaries Total	$ 33,220.80
FICA Total	$ 2,541.55
Retirement Total	$ 3,322.08
Dental Insurance Total	$ 160.42
Life Insurance Total	$ 143.23
Long Term Disability Total	$ 77.00
Employee Assistance Program Total	$ 16.12
Per Diem Total	$ 550.00
Other Contr and 3rd Pty Serv Total	$ 61,684.04
Telecom-Conf Calling Services Total	$ 21.98
IT Inter Svc Cost DII Telephone Total	$ 156.62
Photocopying Total	$ 3.50
Catering/Meals Cost Total	$ 78.00
Travel-Inst-Auto Mileage-Emp. Total	$ 804.56
Travel-Inst-Meals-Emp. Total	$ 36.00
Travl Inst-Auto MileageNonemp. Total	$ 680.26
Travel-Inst-Meals-Nonemp. Total	$ 42.00
Grand Total	**$ 103,538.16**

Financial Account: Vermont Department of Health

Expenditures July 1, 2013 - December 31, 2013

Description	Amounts			
	CDC	Tobacco MSA	Global Commitment	Grand Total
Tobacco Cessation	$ 24,246	$ 5,361	$ -	$119,607
Tobacco Countermarketing	$165,191	$164,769	$ -	$329,960
Tobacco Prevention	$105,656	$390,718	$ -	$496,374
Tobacco Surveillance & Evaluation	$ -	$ -	$ -	$ -
Grand Total	**$295,093**	**$650,848**	**$ -**	**$945,941**

Financial Account: Vermont Agency of Education

Expenditures July 1, 2013 - December 31, 2013

Description	Amount
Personal Services	$ 37,908.09
Operating Expenses	$ 10,007.68
Grants	$233,566.29
Total	**$281,482.06**

Financial Account: Vermont Department of Liquor Control

Expenditures July 1, 2013 - December 31, 2013

Description	Amount
Education	
Personal Services	$131,443.28
Operating Expenses	-
Total	$131,443.28
Tobacco Compliance	
Personal Services	$22,181.33
Operating Expenses	$442.86
Total	$22,624.19
Grand Total	**$154,067.47**

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: 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.)

NOTES

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Vermont Tobacco Evaluation and Review Board

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