Vermont Tobacco Evaluation and Review Board

Briefing prepared for Vermont House of Representatives
Committee on Human Services

March 11, 2015

Tobacco Use in Vermont

Tobacco use continues to be the leading cause of preventable death in Vermont, claiming the lives of 800 Vermont residents every year.

Each year, 400 Vermont youth become addicted to deadly tobacco products.

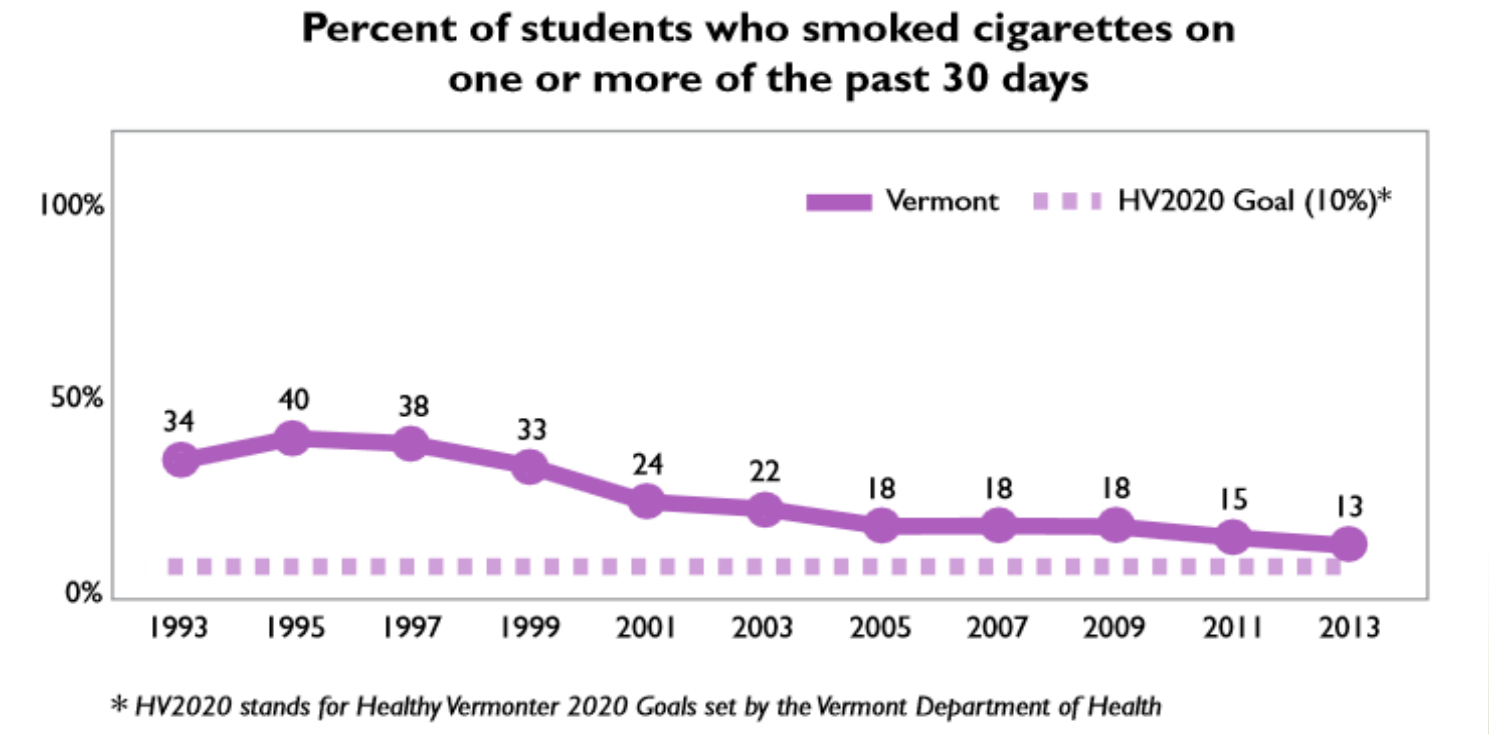
Tobacco use is a primary driver of healthcare costs, creating a significant burden on the economy.

Investing in tobacco control is a significant cost saving measure.

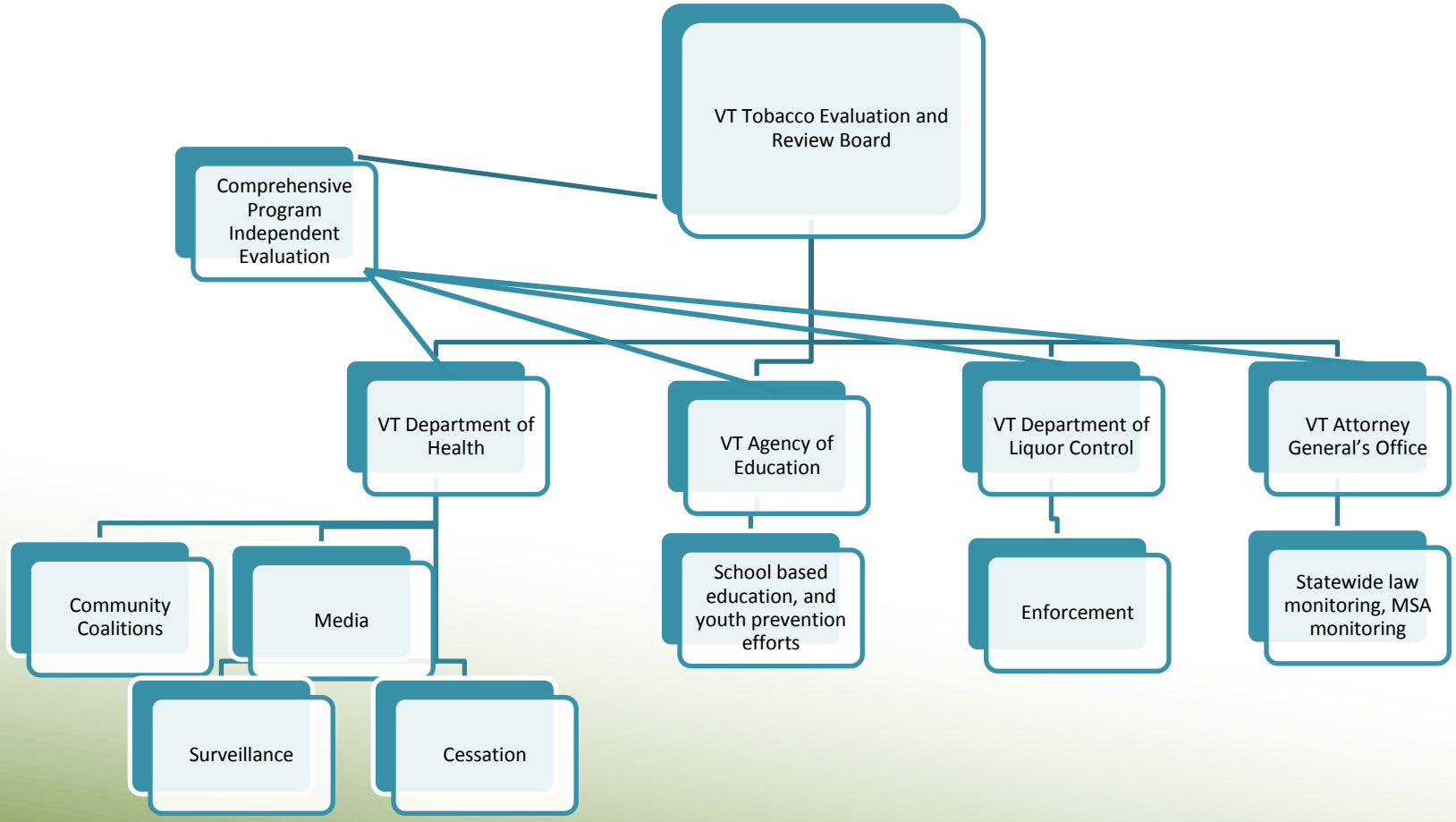
Tobacco Use in Vermont

Youth and adult smoking rates in Vermont have declined significantly in the last fifteen years.

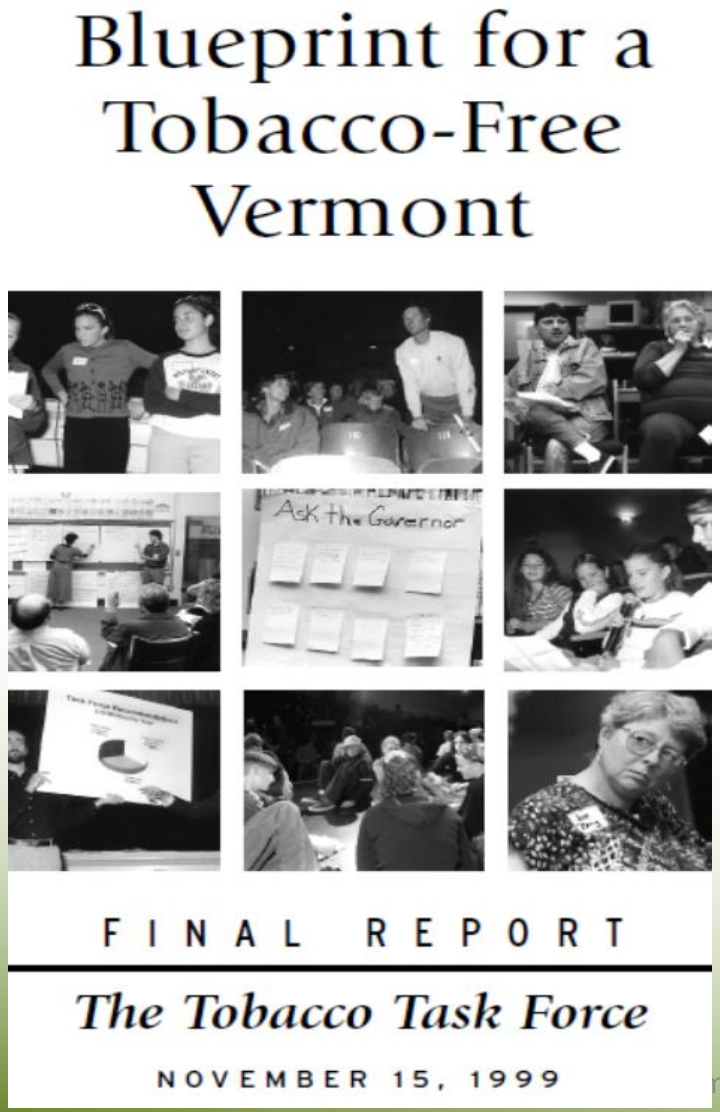
But there is still much work to do.



Vermont's Comprehensive Tobacco Control Program



The Early Days



- 1998 Master Settlement Agreement
- 1999 Tobacco Task Force
- Blueprint for a Tobacco-Free Vermont established comprehensive prevention and cessation program
  - Public Education
  - Counter-advertising to Tobacco Marketing
  - Community-based Programs
  - Treatment of Tobacco Addiction
  - School-based Programs
  - Enforcement of Tobacco Laws
  - Monitoring and Evaluation

An independent Board, consisting of members of the public and private sectors, is the most effective way to ensure:

- **Program investments are appropriately monitored and evaluated**
- **Partnerships with other states, federal government and the business community are maximized**
- **State expenditures are leveraged to the greatest extent possible**
- **Critical sectors of Vermont have a voice in the development of the tobacco control program**
- **Program decisions should not come from the legislature, or from one state agency**

The Vermont Tobacco Evaluation and Review Board

an independent board *established by* and *accountable to* the Legislature for evaluation, review and recommendation of funding levels for tobacco prevention, cessation, and control programs supported by the State of Vermont.

VTERB Purpose Statement

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.

The Board's Membership

VTERB consists of 14 members including:

- **Counter-marketing expert**
- **Health care provider**
- **K-12 educator**
- **Low income community representative**
- **Members from the House and Senate**
- **Persons under 30**
- **State agency leaders**
- **Tobacco prevention expert**
- **Tobacco use researcher**

The Board's Committees

- Cessation
- Community and School Programs
- Enforcement
- Evaluation
- Media

Purpose: To make content-specific recommendations to the Board for statewide Tobacco Control Program improvements ensuring these five elements of the comprehensive Tobacco Control Program are well-functioning and on target toward overall goals.

Broad Membership and Participation

Each of the five committees has additional membership beyond Board representation. In all,

More than 25 Vermonters are involved in decisions that shape funding, programs and services of the Vermont Tobacco Control Program

FY16 Proposed Changes

The Vermont Tobacco Control Program faces a significant step backwards with the proposed cuts in the governor's FY16 budget recommendations

- **Legislative language change to VTERB**
  - **Reduces independent Board to advisory and only to the health department Commissioner**
  - **Removes all powers and duties of the current Board**
  - **Eliminates all committees**
- **$199,000 cut from the Tobacco Control Program in the AHS budget**
  - **Eliminates independent evaluation**
  - **Eliminates Board administrator position**
- **$45,000 from the Vermont Department of Health Budget**
  - **Affects critical counter-marketing efforts**

Vermont's Comprehensive Tobacco Control Program Goals

Program partners completed a strategic planning process for the years 2012-2020 resulting in the adoption of four long-term Tobacco Control Program Goals

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

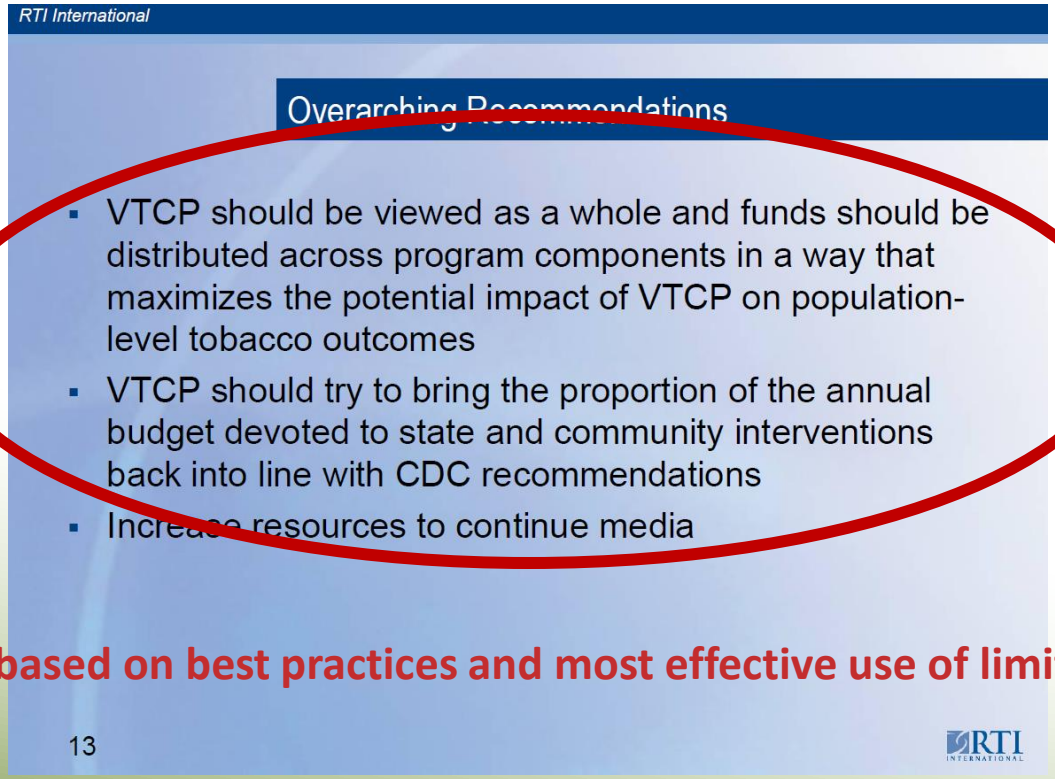
Goal B: Reduce youth cigarette smoking prevalence to 10% by 2020.

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

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

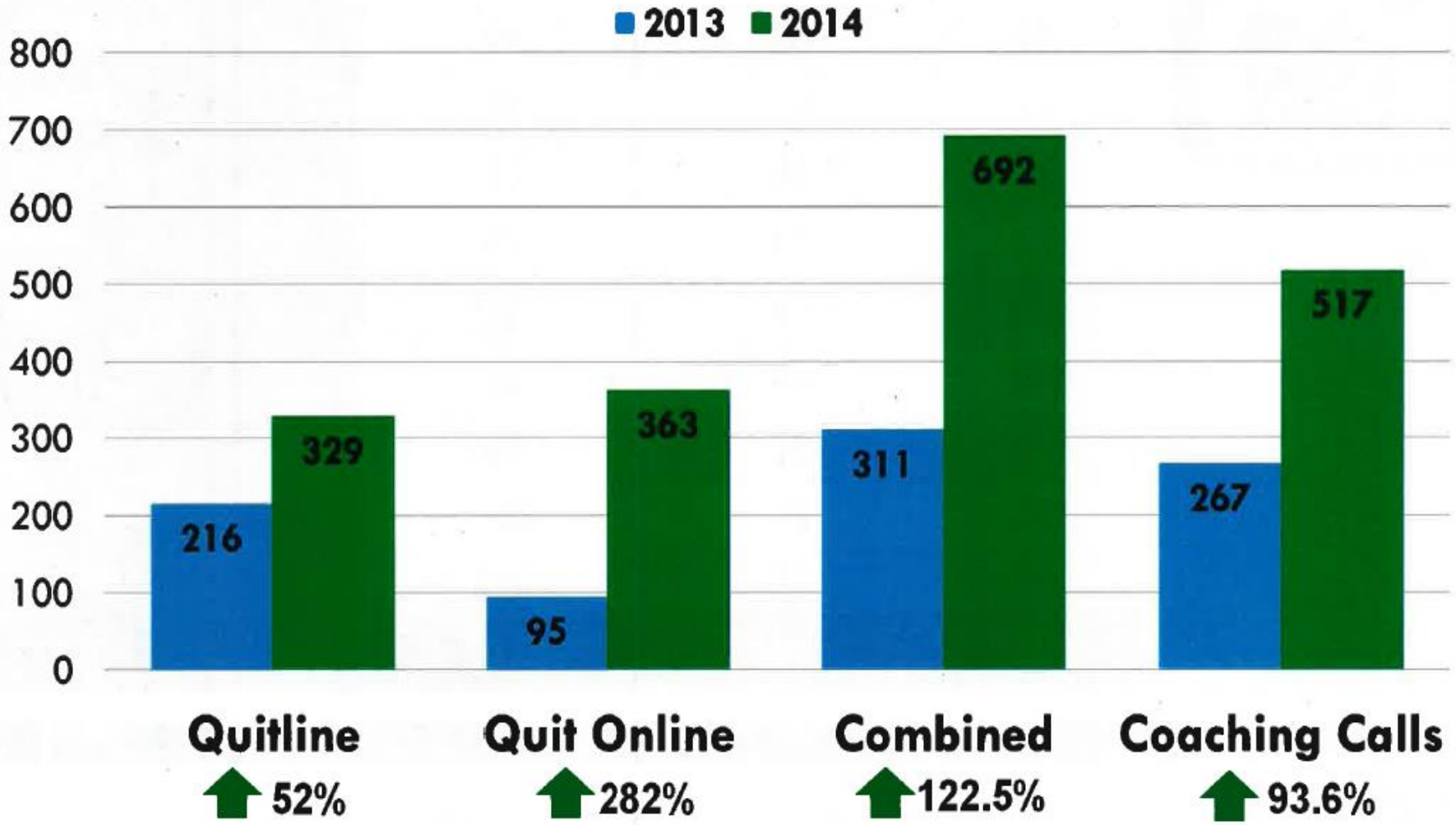
Example…

In 2014, VTERB recommended funding and program components align with CDC's 2014 guidance, *Best Practices in Comprehensive Tobacco Control* resulting in a shift of funds from the Agency of Education to the Vermont Department of Health.



This decision was based on best practices and most effective use of limited funding.

Results – Record Medicaid Participation



Methods of an Innovative Social Branding® Program to Reach Rural Teens in Vermont and Virginia and Mississippi

Down and Dirty: A Social Branding Intervention

Social Branding® A behavior change marketing strategy that utilizes peer-crowd-targeted Social Brands to associate healthy behaviors with certain desirable lifestyles through interactive and highly-stylized marketing tactics.

Behavior Change Process

Exposure to Intervention: Social Brand ▶ Associates Social Brand with Rural Culture ▶ Believes Social Brand is Trendsetting Among Country Youth ▶ Associates Social Brand with Anti-Tobacco Attitudes as Part of Social Brand's Own Cultural Identity ▶ Decreased Perceived Smoking Among Peers and Socially Influential Peers: Increasing Desire to Quit ▶ Decreased Smoking Behavior

Background and Formative Research

Rather than look at all rural teens as one homogenous group, a subgroup known as the Country Peer Crowd with significantly higher tobacco use risk than their peers was identified. Focus groups in VT and VA focused on Country peer crowd teens. A majority of participants were tobacco users.

Example…

In 2003, the Governor proposed cutting the Tobacco Control Program by 40%.

VTERB strongly opposed it.

As a result, a small group of lawmakers in the House and the Senate worked to restore it.

In the current proposal, the Board becomes advisory and only to the VDH Commissioner; all committees are eliminated. Stripping the Board of its authority eliminates its oversight of the comprehensive program.

Independent Program Evaluation

The most rigorous means of assessing impact

- **Evidence-based decision making – Design effective programs**
- **Results-Based Accountability – Modifications based on data**
- **Program Improvement –Implemented in real time**
- **Program Transparency - data-driven decision making**

"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; Best Practices for Comprehensive Tobacco Control Program; 2014)

The CDC noted VTERB as a strength in their review of this years VDH grant application.

VTERB Oversees Independent Evaluation of the Vermont Comprehensive Tobacco Control Program

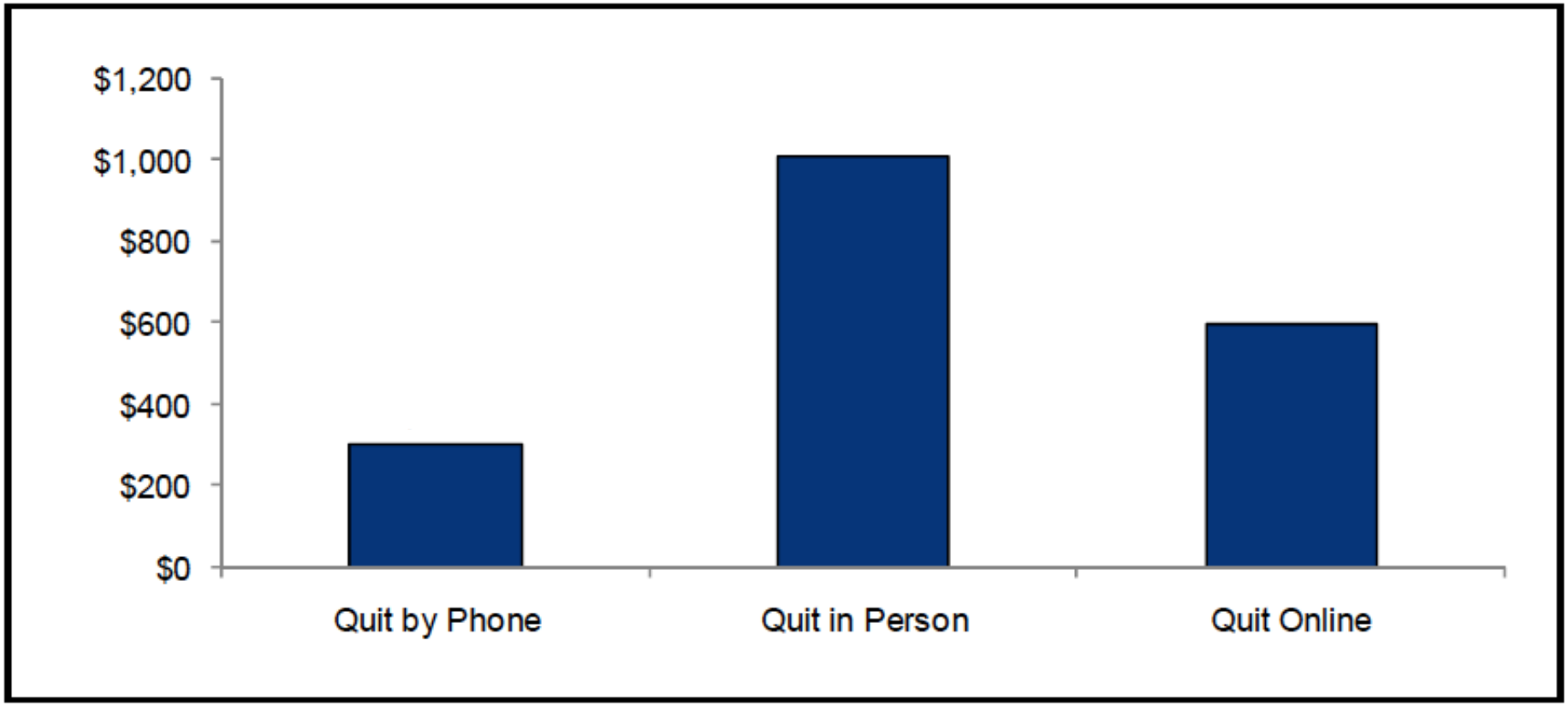
- **VTERB contracts with an external evaluator using a competitive bid process (current evaluator is RTI International).**

- **VTERB administrator is the contract manager supporting RTI in the evaluation of all program components and coordinating formative evaluation for new initiatives.**
  - **Assess progress towards program goals**
  - **Compare VTCP with national outcomes and initiatives**
  - **Monitor outcomes over multiple time-scales (short term, intermediate, long-term)**
  - **Focused evaluation projects to address program specific needs**

Results-Based Accountability

VTERB helps manage limited resources

Figure 4-11. Average Cost Per Quit, FY 2008

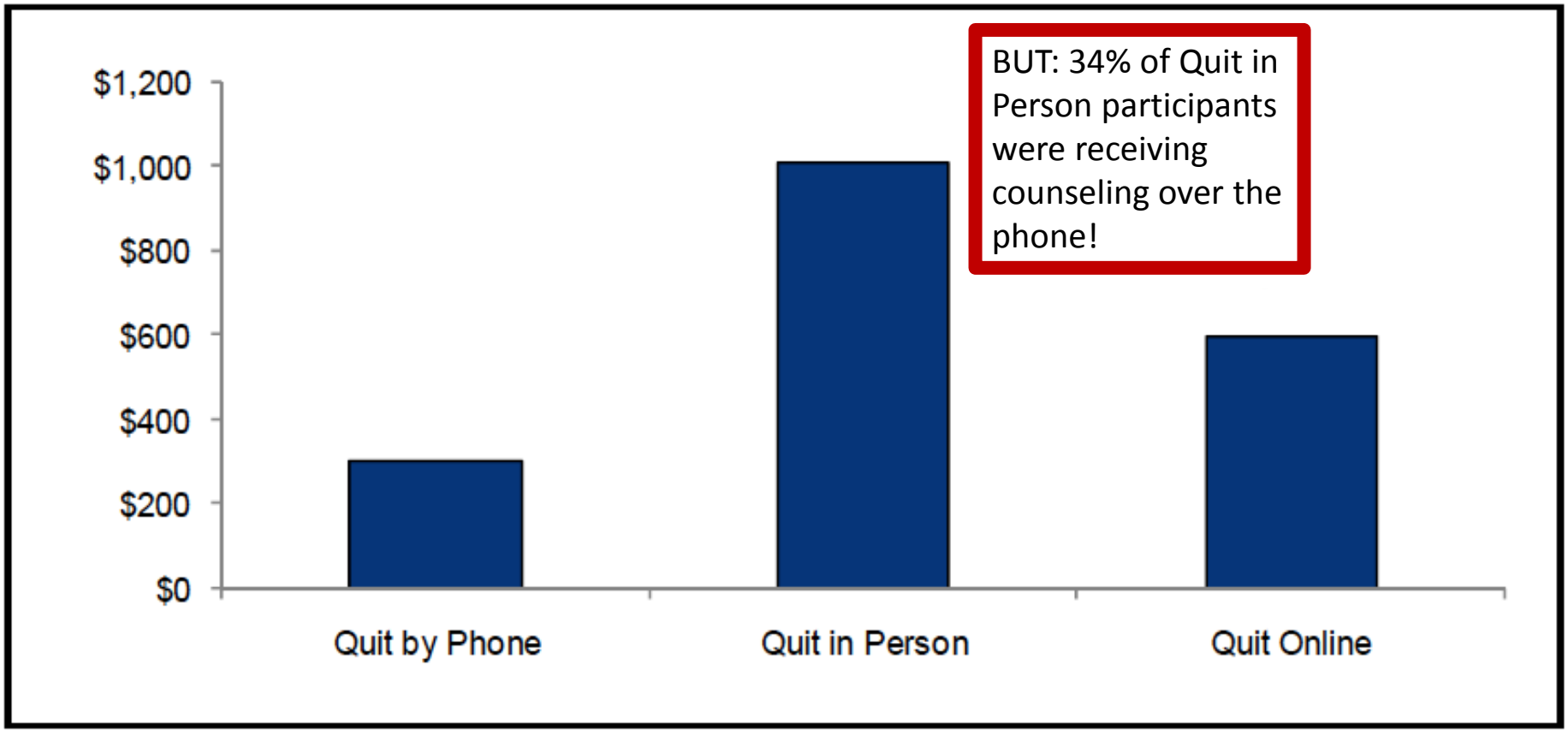


FY10: program changes informed by cost-effectiveness

Results-Based Accountability

VTERB helps manage limited resources

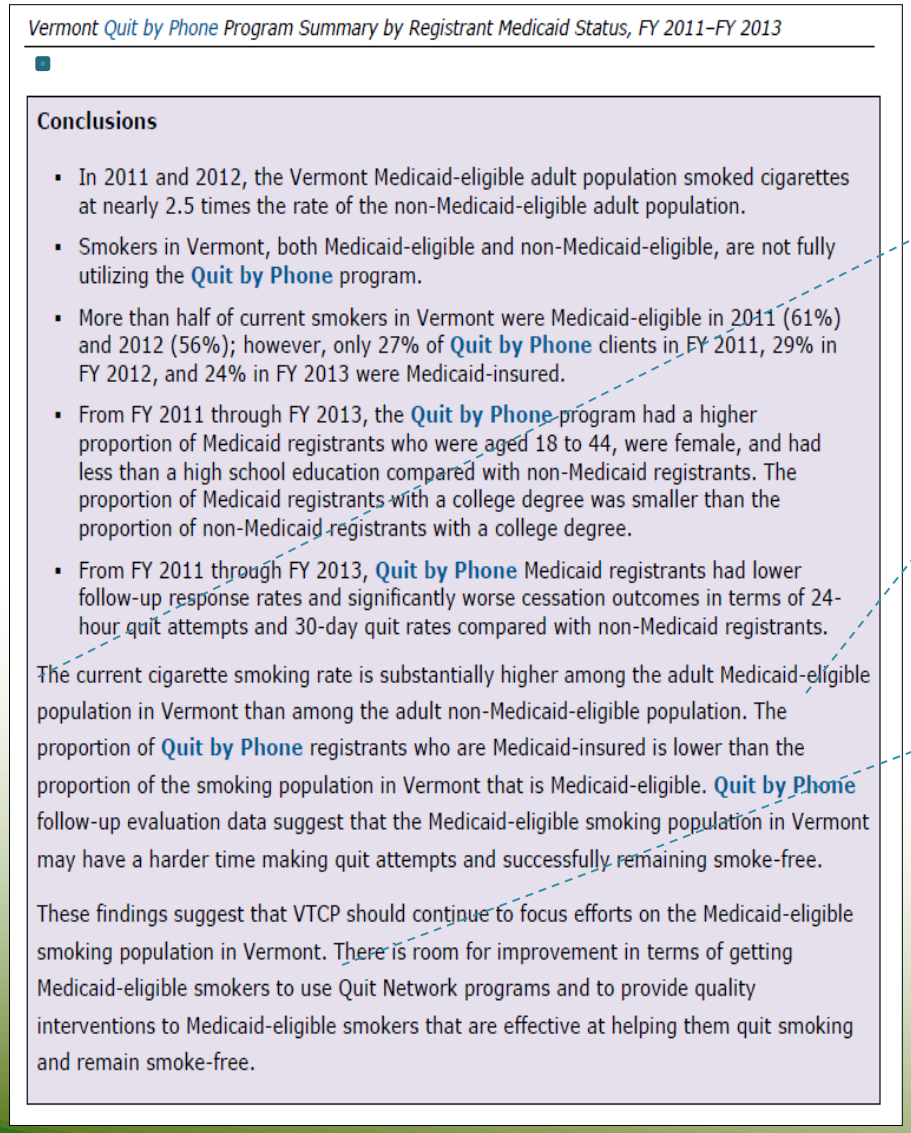
Figure 4-11. Average Cost Per Quit, FY 2008



Quit in person is now a group format only.

VTERB Results-Based Accountability

Independent Evaluation helps target program resources



Vermont Quit by Phone Program Summary by Registrant Medicaid Status, FY 2011–FY 2013

Conclusions

- In 2011 and 2012, the Vermont Medicaid-eligible adult population smoked cigarettes at nearly 2.5 times the rate of the non-Medicaid-eligible adult population.
- Smokers in Vermont, both Medicaid-eligible and non-Medicaid-eligible, are not fully utilizing the **Quit by Phone** program.
- More than half of current smokers in Vermont were Medicaid-eligible in 2011 (61%) and 2012 (56%); however, only 27% of **Quit by Phone** clients in FY 2011, 29% in FY 2012, and 24% in FY 2013 were Medicaid-insured.
- From FY 2011 through FY 2013, the **Quit by Phone** program had a higher proportion of Medicaid registrants who were aged 18 to 44, were female, and had less than a high school education compared with non-Medicaid registrants. The proportion of Medicaid registrants with a college degree was smaller than the proportion of non-Medicaid registrants with a college degree.
- From FY 2011 through FY 2013, **Quit by Phone** Medicaid registrants had lower follow-up response rates and significantly worse cessation outcomes in terms of 24-hour quit attempts and 30-day quit rates compared with non-Medicaid registrants.

The current cigarette smoking rate is substantially higher among the adult Medicaid-eligible population in Vermont than among the adult non-Medicaid-eligible population. The proportion of **Quit by Phone** registrants who are Medicaid-insured is lower than the proportion of the smoking population in Vermont that is Medicaid-eligible. **Quit by Phone** follow-up evaluation data suggest that the Medicaid-eligible smoking population in Vermont may have a harder time making quit attempts and successfully remaining smoke-free.

These findings suggest that VTCP should continue to focus efforts on the Medicaid-eligible smoking population in Vermont. There is room for improvement in terms of getting Medicaid-eligible smokers to use Quit Network programs and to provide quality interventions to Medicaid-eligible smokers that are effective at helping them quit smoking and remain smoke-free.

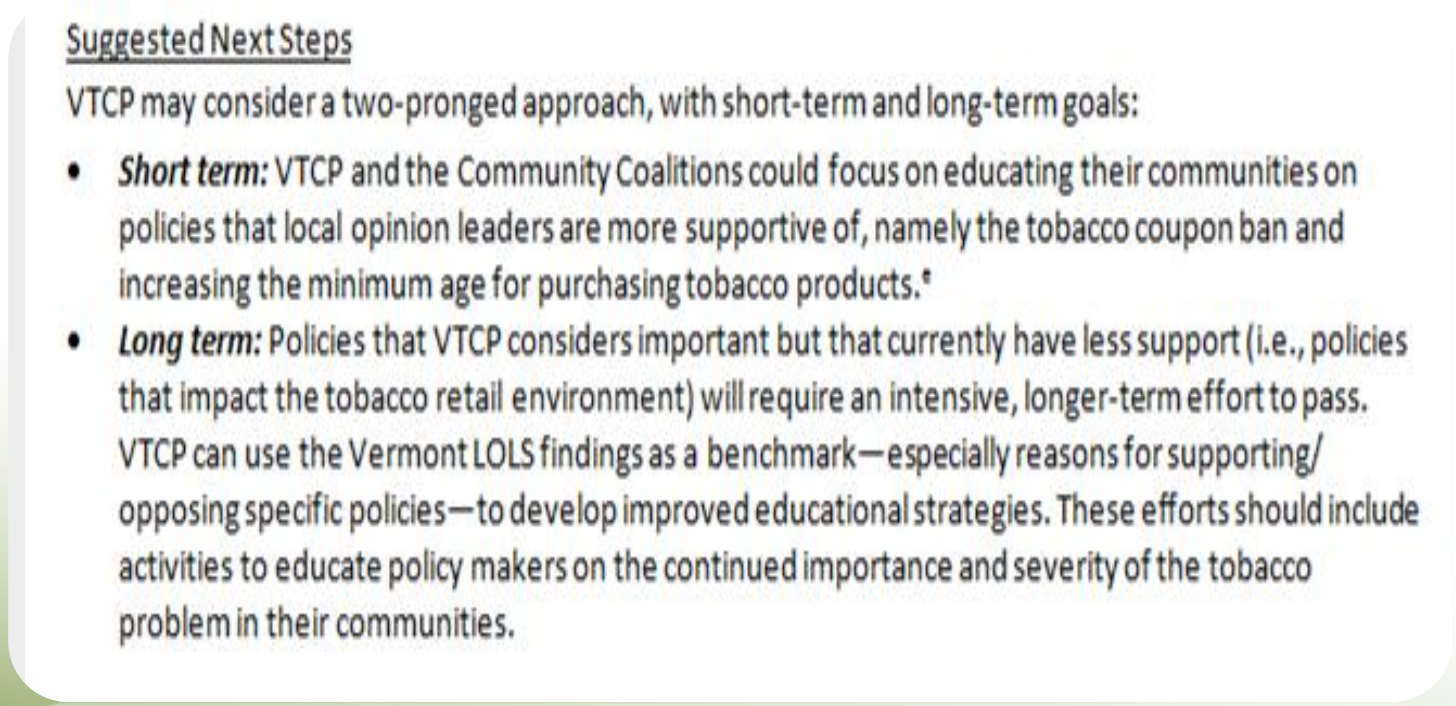
The current cigarette smoking rate is substantially higher among the adult Medicaid-eligible population.

The proportion of Quit by Phone registrants who are Medicaid insured is lower than the proportion of the smoking population in Vermont that Is Medicaid eligible

“There is room for improvement in terms of getting Medicaid-eligible smokers to use Quit Network programs and to provide quality interventions to Medicaid-eligible smoker that are effective in helping them quit smoking and remain smoke free.”

Evaluation for Program Planning

- **VCTCP sought to understand which tobacco prevention and control policies might be most feasible and effective in Vermont in the next few years.**
- **In 2014, RTI conducted a Local Opinion Leader Survey of Vermont mayors, town managers, select board chairs, and planning commission directors to answer this question.**
- **Summary data and recommendations from RTI are current being used by the VTCP to focus our policy change efforts.**



Suggested Next Steps

VTCP may consider a two-pronged approach, with short-term and long-term goals:

- ***Short term:*** VTCP and the Community Coalitions could focus on educating their communities on policies that local opinion leaders are more supportive of, namely the tobacco coupon ban and increasing the minimum age for purchasing tobacco products.[a]
- ***Long term:*** Policies that VTCP considers important but that currently have less support (i.e., policies that impact the tobacco retail environment) will require an intensive, longer-term effort to pass. VTCP can use the Vermont LOLS findings as a benchmark—especially reasons for supporting/opposing specific policies—to develop improved educational strategies. These efforts should include activities to educate policy makers on the continued importance and severity of the tobacco problem in their communities.

VTERB's independent authority and external evaluation ensure that..

- **Program investments are monitored and evaluated**
- **Program decisions are based upon data and best practices**
- **Partnerships among funded state agencies are maintained**
- **State expenditures are leveraged to the greatest extent possible**

In Summary

- **Our current program is making progress towards our 4 program goals by using research-based interventions, and effectively using independent evaluation to continuously improve our programs.**

- **Stakeholders from both inside and outside of the VCTCP are dedicated to guiding the work of our programs. We do this because through the independence of VTERB we can meaningfully contribute to having the strongest tobacco control program possible.**

- **The proposed changes eliminate independent evaluation, board authority, and coordination of these efforts.**