

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. Investment in tobacco control is a significant cost-saving measure.
- Youth and adult smoking rates in Vermont have declined significantly in the last fifteen years. These successes can be attributed to Vermont's comprehensive tobacco control program and the implementation of tobacco control policies. But there is still much more work to do as we set our sights on reaching our 2020 goals.

Vermont's Comprehensive Tobacco Control Program

- Vermont's Tobacco Control Program is multi-faceted. It includes:
 - programs and services paid for by Master Settlement Agreement dollars to The Vermont Department of Health, The Vermont Agency of Education, The Vermont Department of Liquor Control and The Office of the Attorney General.
 - prevention, cessation, enforcement, public education and mass communication strategies.
 - oversight from VTERB and a comprehensive evaluation of all programs and services from our external evaluator.

The Early Days

- November 1998, tobacco companies settled lawsuit resulting in the Master Settlement Agreement which brings millions of dollars into Vermont annually for tobacco control and health care expenses.
- Spring 1999, the Tobacco Control, Prevention, and Cessation Task Force was appointed and charged with developing a comprehensive plan for the Settlement payments. The Task Force plan established two parts:
 - One: comprehensive prevention and cessation program including public education, counter-marketing, prevention programs in schools and communities, cessation services, enforcement of tobacco laws and monitoring and evaluation activities.
 - Two: independent board to administer the tobacco programs. Task Force members agreed that an independent Board, 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 (VTERB)

- 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.
- Ensures fiscal responsibility for the state appropriation dedicated to statewide comprehensive tobacco control, develops funding and programmatic recommendations based on research and science, and works with partner agencies to ensure the overall program is on target toward meeting long-term goals.
- VTERB consists of 14 members including:

Counter-marketing expert	Members from the House and Senate
Health care provider	State agency leaders
K-12 educator	Tobacco prevention expert
Low income community representative	Tobacco use researcher
Persons under 30	
- There are five active committees as part of Board functions:
cessation, community and school programs, enforcement, evaluation, and media.

Vermont's Comprehensive Tobacco Control Program Goals

- To further the State's interest in protecting and preserving the health of its citizens through reduction of smoking-related disease and disability, program partners completed a strategic planning process for the years 2012-2020. The process resulted in the adoption of four long-term Tobacco Control Program Goals:
 - Goal A: Reduce adult cigarette smoking prevalence to 12% by 2020.
 - Goal B: Reduce youth cigarette smoking prevalence to 10% by 2020.
 - Goal C: Reduce exposure of non-smokers to secondhand smoke.
 - Goal D: Maintain low prevalence of Other Tobacco Product use.

FY16 Proposed Changes Hurt the Comprehensiveness of Tobacco Control

- Legislative language change to VTERB which reduces the independent Board to advisory and only to the health department, removes all powers and duties of the current Board, eliminates all committees.
- Budget proposal cuts \$199,000 from the Tobacco Control Program in the AHS budget which eliminates independent evaluation and eliminates Board administration as well as \$45,000 from the Vermont Department of Health Budget, which will affect critical counter-marketing efforts.
- Funding cuts and administrative changes eliminate the "comprehensiveness" of the program – which is what all of the decades of tobacco control research says is necessary to successfully reduce tobacco use and the harms and costs it causes.
- The independent Board employs expertise and data to present an objective case when proposals are presented which impact the Comprehensive Tobacco Control Program. what is necessary to successfully reduce tobacco use and the harms and costs it causes.
- Stripping the Board of its authority eliminates its oversight of the comprehensive program. In the current proposal, the Board becomes advisory to only the VDH Commissioner and all committees are eliminated.

Independent Evaluation is Critical to Success

- Independent evaluation is the most rigorous means of measuring impact and is at the heart of:
 - Results-Based Accountability
 - Program Effectiveness
 - Transparency
 - Evidence-based decision making
- Accountability is best practice. According to the Centers for Disease Control and Prevention, “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*)
- VTERB administers a comprehensive evaluation of the Tobacco Control Program. VTERB works closely with the independent evaluator in the comprehensive evaluation of the Vermont Tobacco Control Program assessing progress toward goals through examination of trends in key programmatic and outcome indicators in Vermont over time and in comparison with national data examining changes in Vermont over time in short-, intermediate-, and long-term outcomes
- Without independent oversight and comprehensive evaluation, agencies are not held rigorously accountable for the ways in which their state allocation of Master Settlement Agreement dollars are spent and there is no independent authority to ensure fiscal responsibility or program effectiveness.

An independent Board and comprehensive program evaluation must remain the standard.



Changes Proposed to the Vermont Tobacco Evaluation and Review Board Authority, Structure and Function

Yellow highlights represent difference between current (left column) and proposed (right column)

<p>Current legislative language pertaining to VTERB</p> <p>http://legislature.vermont.gov/statutes/fullchapter/18/225</p>	<p>Proposed legislative changes as found in FY16 Big Bill Language Adjustments (pages 11-13)</p> <p>http://finance.vermont.gov/sites/finance/files/pdf/state%20budget/FY16/FY%202016%20Big%20Bill%20words%20at%20end%20-%20FINAL%20Gov%20Rec.pdf</p>
<p>• § 9503. Vermont tobacco prevention and treatment</p> <p>(a) Except as otherwise specifically provided, the Tobacco Prevention and Treatment Program shall be administered and coordinated statewide by the Department of Health and the Vermont Tobacco Evaluation and Review Board, pursuant to the provisions of this chapter. The Program shall be comprehensive and research-based, and shall include the following components:</p> <ul style="list-style-type: none"> (1) community-based programs; (2) school-based programs; (3) tobacco cessation programs; (4) countermarketing activities; (5) enforcement activities; (6) surveillance and evaluation activities; 	<p>Sec. 9503. Vermont tobacco prevention and treatment</p> <p>(a) Except as otherwise specifically provided, the Tobacco Prevention and Treatment Program shall be administered and coordinated statewide by the Department of Health with the advice of the Vermont Tobacco Evaluation and Review Board, pursuant to the provisions of this chapter. The Program shall be comprehensive and research-based, and shall include the following components:</p> <ul style="list-style-type: none"> (1) community-based programs; (2) school-based programs; (3) tobacco cessation programs; (4) countermarketing activities; (5) enforcement activities; (6) surveillance and evaluation activities;



<p>(7) policy initiatives; and</p> <p>(8) any other activities determined by the Commissioner or the Board to be necessary to implement the provisions of this section.</p> <p>(b) By June 1, 2001, the Department and the Board shall jointly establish a plan that includes goals for each Program component listed in subsection (a) of this section, for reducing adult and youth smoking rates by 50 percent in the following 10 years. By June 1 of each year, the Department and the Board shall jointly establish goals for reducing adult and youth smoking rates in the following two years, including goals for each Program component listed in subsection (a) of this section. The services provided by a quitline approved by the Department of Health shall be offered and made available to any minor, upon his or her consent, who is a smoker or user of tobacco products as defined in 7 V.S.A. § 1001.</p> <p>(c) The Department of Liquor Control shall administer the component of the Program that relates to enforcement activities.</p> <p>(d) The Agency of Education shall administer school-based programs.</p> <p>(e) The Department shall pay all fees and costs of the surveillance and evaluation activities, including the costs associated with hiring a contractor to conduct an independent evaluation of the Program.</p> <p>(f) The Board shall be represented on all Tobacco Program Advisory Committees, including, but not limited to, the youth working group, Community Grants Advisory Board, and the Scientific Advisory Board. The Board's representative on any such Advisory Committee shall include at least one member other than the Commissioner of Health. (Added 1999, No. 152 (Adj. Sess.), § 271, eff. May 29, 2000; amended 2007, No. 26, § 1; 2013, No.</p>	<p>(7) policy initiatives; and</p> <p>(8) any other activities determined by the Commissioner to be necessary to implement the provisions of this section.</p> <p>(b) By June 1 of each year, the Department with the advice of the Board, shall establish goals for reducing adult and youth smoking rates in the following two years, including goals for each Program component listed in subsection</p> <p>(a) of this section. The services provided by a quitline approved by the Department of Health shall be offered and made available to any minor, upon his or her consent, who is a smoker or user of tobacco products as defined in 7 V.S.A. § 1001.</p> <p>(c) The Department of Liquor Control shall administer the component of the Program that relates to enforcement activities.</p> <p>(d) The Agency of Education shall administer school-based programs.</p> <p>(e) The Department shall pay all costs of the surveillance and evaluation activities.</p>
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92 (Adj. Sess.), § 258, eff. Feb. 14, 2014.)

• **§ 9504. Creation of the Vermont Tobacco Evaluation and Review Board**

(a) There is created and established, within the Office of the **Secretary**, a body to be known as the Vermont Tobacco Evaluation and Review Board, **an independent State Board** created to work in partnership with the Agency of Human Services and the Department of Health in establishing the annual **budget**, Program criteria and policy development, and review **and evaluation** of the Tobacco Prevention and Treatment Program.

(b) The Board shall consist of 14 members, including ex officio the Commissioner of Health and the Secretary of Education, or their designees; the Commissioner of Liquor Control or designee; the Attorney General or designee; a member of the House of Representatives appointed by the Speaker of the House; a member of the Senate appointed by the Committee on Committees; a member representing a nonprofit organization qualifying under Section 501(c)(3) of the Internal Revenue Code and dedicated to anti-tobacco activities appointed by the Speaker of the House; a member representing the low income community appointed by the Senate Committee on Committees; two persons under the age of 30, one appointed by the Speaker of the House and one appointed by the Committee on Committees; and four members appointed by the Governor with the advice and consent of the Senate, including: one K-12 educator involved in prevention education; one tobacco use researcher; one member representing the health care community; and one tobacco industry countermarketing expert. The public members shall serve for three-year terms, beginning on July 1 of the year in which the appointment is made, except that the first members appointed by the Governor to the Board shall be appointed, two for a term of two years, one for a term of three years and one for a term of four years. Vacancies shall be filled in the same manner as the original appointment for the unexpired

Sec. 9504. Creation of the Vermont Tobacco Evaluation and Review Board

(a) There is created and established, with in the Office of the Commissioner, **an advisory** body to be known as the Vermont Tobacco Evaluation and Review Board, created to **provide advice to the Commissioner of Health** in establishing Program criteria and policy development, and review of the Tobacco Prevention and Treatment Program.

(b) The Board shall consist of 14 members, including ex officio the Commissioner of Health and the Secretary of Education, or their designees; the Commissioner of Liquor Control or designee; the Attorney General or designee; a member of the House of Representatives appointed by the Speaker of the House; a member of the Senate appointed by the Committee on Committees; a member representing a nonprofit organization qualifying under Section 501(c)(3) of the Internal Revenue Code and dedicated to anti-tobacco activities appointed by the Speaker of the House; a member representing the low income community appointed by the Senate Committee on Committees; two persons under the age of 30, one appointed by the Speaker of the House and one appointed by the Committee on Committees; and four members appointed by the Governor with the advice and consent of the Senate, including: one K-12 educator involved in prevention education; one tobacco use researcher; one member representing the health care community; and one tobacco industry countermarketing expert. The public members shall serve for three-year terms, beginning on July 1 of the year in which the appointment is made, except



portion of the term vacated.

(c) The Governor shall appoint a Chair from among the Board's public members. The Chair shall serve for a term of two years. The Chair may be removed for good cause by a two-thirds voting majority of the Board. The Board may elect such other officers as it may determine. The Board may appoint committees or subcommittees for the purpose of providing advice on community-based programs, countermarketing activities, and independent program evaluations. Meetings shall be held at the call of the Chair or at the request of three members; however, the Board shall meet no less than four times a year. A majority of the sitting members shall constitute a quorum, and action taken by the Board under the provisions of this chapter may be authorized by a majority of the members present and voting at any regular or special meeting. Actions taken by the Board to approve, authorize, award, grant, or otherwise expend money appropriated to the Board or the Department shall require authorization from a majority of members of the entire Board.

(d) Public members other than ex officio members shall be entitled to per diem compensation authorized under 32 V.S.A. § 1010 for each day spent in the performance of their duties, and members shall be reimbursed from the fund for reasonable expenses incurred in carrying out their duties under this chapter. Legislative members shall be entitled to per diem compensation and reimbursement for expenses in accordance with 2 V.S.A. § 406.

(e) The Board may employ staff, through the Agency of Human Services, to assist the Board in planning, administering, and executing its functions under this chapter, subject to the policies, control, and direction of its members and the powers and duties of the Board under this chapter. The Board may employ technical experts and contractors as necessary to effect the purposes of this chapter. The Board shall use the Office of the Attorney General for legal services. The Board shall receive additional staff assistance from the Department of Health, the Office of Legislative Council, and the

that the first members appointed by the Governor to the Board shall be appointed, two for a term of two years, one for a term of three years and one for a term of four years. Vacancies shall be filled in the same manner as the original appointment for the unexpired portion of the term vacated.

(c) The Governor shall appoint a Chair from among the Board's public members. The Chair shall serve for a term of two years. The Chair may be removed for good cause by a two-thirds voting majority of the Board. The Board may elect such other officers as it may determine. Meetings shall be held at the call of the Commissioner of Health; however, the Board shall meet no more than four times a year.

(d) Public members other than ex officio members shall be entitled to per diem compensation authorized under 32 V.S.A. § 1010 for each day spent in the performance of their duties, and members shall be reimbursed from the fund for reasonable expenses incurred in carrying out their duties under this chapter. Legislative members shall be entitled to per diem compensation and reimbursement for expenses in accordance with 2 V.S.A. § 406.

(f) The Department of Health shall provide administrative support to the Board for the purposes of this chapter.

(g) No member of the Board shall have any direct or knowing affiliation or contractual relationship with any tobacco company, its affiliates, its subsidiaries, or its parent company. Each Board member shall file a conflict of interest statement, stating that he or she has no such affiliation or contractual



Joint Fiscal Office.

(f) The **Agency of Human Services** shall provide administrative support to the Board for the purposes of this chapter.

(g) No member of the Board shall have any direct or knowing affiliation or contractual relationship with any tobacco company, its affiliates, its subsidiaries, or its parent company. Each Board member shall file a conflict of interest statement, stating that he or she has no such affiliation or contractual relationship. (Added 1999, No. 152 (Adj. Sess.), § 271, eff. May 29, 2000; amended 2005, No. 215 (Adj. Sess.), § 276; 2007, No. 91 (Adj. Sess.), § 1, eff. March 19, 2008; 2013, No. 92 (Adj. Sess.), §§ 259, 302, eff. Feb. 14, 2014; 2013, No. 131 (Adj. Sess.), § 121.)

• § 9505. General powers and duties

The Board shall have all the powers necessary and convenient to carry out and effectuate the purposes and provisions of this section, and shall:

(1) Establish jointly with the Department of Health the selection criteria for community grants and review and recommend the grants to be funded.

(2) Select, upon the advice of the Commissioner, a contractor responsible for countermarketing activities. The Department shall pay the fees and costs of any such contractor. The Board and Commissioner shall jointly approve any final countermarketing campaign.

(3) Review and advise the Department selection criteria for grantees and contracts funded by the Program in conformity with the goals established by the Department and Board.

(4) Establish jointly with the Department an application process, criteria, and components for an independent evaluation. The Board shall

relationship.

Sec. 9505 (general powers and duties of the Vermont Tobacco Evaluation and Review Board) is repealed.



select an independent contractor to perform an independent evaluation, and oversee the independent contractor's evaluation of the Tobacco Prevention, Treatment, and Control Program.

(5) Review and make recommendations regarding the overall plan and any memorandum of understanding developed jointly by the Department of Health and Agency of Education for school-based programs funded through the Tobacco Program Fund.

(6) Review and make recommendations regarding enforcement activities administered by the Department of Liquor Control in accordance with the provisions of this chapter.

(7) Review and advise any State agency on applications for funds contributed from any outside sources that are designated for purposes of reducing tobacco use.

(8) In collaboration with the Agency and Department, organize a minimum of two public meetings by September 15 of each year, to receive public input and advice for setting Program priorities and establishing an annual Program budget.

(9) Conduct jointly with the Secretary a review of the Department's proposed annual budget for the Program, including funds contributed from any outside sources that are designated for purposes of reducing tobacco use, and submit independent recommendations to the Governor, Joint Fiscal Committee, and House and Senate Committees on Appropriations by October 1 of each year.

(10) Propose to the Department strategies for program coordination and collaboration with other State agencies, health care providers and organizations, community and school groups, nonprofit organizations



dedicated to anti-tobacco activities, and other nonprofit organizations.

(11) Adopt a conflict of interest policy within 30 days of the appointment of the full Board and include this policy in the annual report required under this chapter. (Added 1999, No. 152 (Adj. Sess.), § 271, eff. May 29, 2000; amended 2013, No. 92 (Adj. Sess.), § 260, eff. Feb. 14, 2014; 2013, No. 131 (Adj. Sess.), § 122.)

• § 9506. Allocation system

(a) In determining the allocation of funds available for the purposes of this chapter, the Department and the Board shall consider all relevant factors, including:

- (1) the level of funding or other participation by private or public sources in the activity being considered for funding;
- (2) what resources will be required in the future to sustain the Program;
- (3) geographic distribution of funds; and
- (4) the extent to which the outcomes of the project can be measured by reductions in adult or youth smoking rates.

(b) The Department's and Board's allocation system shall include a method, developed jointly, that evaluates the need for and impact and quality of the activities proposed by eligible applicants, including, if appropriate, measuring the outcomes of the project through reductions in adult and youth smoking rates. (Added 1999, No. 152 (Adj. Sess.), § 271, eff. May 29, 2000; amended 2013, No. 131 (Adj. Sess.), § 123.)

Sec. 9506. Allocation system

(a) In determining the allocation of funds available for the purposes of this chapter, the Commissioner, with the advice of the Board, shall consider all relevant factors, including:

- (1) the level of funding or other participation by private or public sources in the activity being considered for funding;
- (2) what resources will be required in the future to sustain the Program;
- (3) geographic distribution of funds; and
- (4) the extent to which the outcomes of the project can be measured by reductions in adult or youth smoking rates.

(b) The Commissioner's allocation system shall include a method, developed with the advice of the Board, that evaluates the need for and impact and quality of the activities proposed by eligible applicants, including, if appropriate, measuring the outcomes of the project through reductions in adult and youth smoking rates.



• § 9507. Annual report

(a) On or before January 15 of each year, the Board shall submit a report concerning its activities under this chapter to the Governor and the General Assembly. The report 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, and Liquor Control, the Agency of Education, 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.

Sec. 9507. Annual report

(a) On or before January 15 of each year, the Department of Health shall, in consultation with the Department of Liquor Control, and the Agency of Education, provide a joint report accounting for all activities from July 1 through December 31 of the year preceding the legislative session during which the report is submitted; and an explanation of the outcomes of approved programs, measured through reductions in adult and youth smoking rates.