

vermont

# Best Practices

to cut smoking rates in half by 2010

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# Introduction

GOAL: Cut smoking rates in half by 2010

JANUARY 2000

## Tobacco is Public Health Enemy #1.

In Vermont, we are in an excellent position to make the best possible use of funds from the 1998 settlement with the tobacco industry. We have spent years preparing:

- Vermont has some of the nation's toughest anti-smoking laws, and has made reducing illegal sales of cigarettes to minors a priority;
- Improving access to health care continues to be a priority and will help us reduce smoking in Vermont;
- Coalitions across the state are dedicated to making NOT using tobacco and other drugs the norm in their communities.

We have seen much success in Vermont using the public health approach. This approach calls upon the hundreds of existing day-to-day relationships between the Vermont Department of Health and health care professionals, schools, government agencies, hospitals, clinics, consumers, researchers,

legislators and non-profit organizations to focus attention on an issue and design a Vermont-specific plan to improve health. For example, together we have successfully reduced childhood lead poisoning, teen pregnancy and breast cancer deaths.

Most recently, we have seen success in cutting youth smoking rates. Smoking among Vermont 8th-12th graders is down from 38 percent in 1995 to 31 percent in 1999.

Still, we have much work ahead. To succeed, programs and policies must address the needs of Vermonters of all ages, racial, cultural, and ethnic backgrounds.

Every year 1,000 Vermonters die from tobacco-related illness, and too many children start smoking. Many Vermonters who smoke want help quitting. Cigarette smoking during pregnancy is the greatest preventable cause of low birth weight babies born in

Vermont, and 18- to 24-year-olds make up the fastest growing smoking population in the state.

This strategic plan relies heavily on guidelines provided by the federal Centers for Disease Control and Prevention, but tailors that national strategy to Vermont. It expands on the work of the Coalition for a Tobacco Free Vermont and incorporates what we learned from nearly 3,000 Vermonters in a 1999 Vermont Department of Health tobacco control survey, and what nearly 500 more said in forums held by the Tobacco Task Force this fall.

We have set one of the most ambitious goals in the country. We encourage every Vermonter to join us in putting this plan to work to cut smoking rates in half by the year 2010.

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## New Advisory Panels

To further the goal of reducing tobacco use by 50 percent within the next decade, the Department of Health will establish three new advisory groups in addition to our numerous other advisors and partners:

### • COMMUNITY GRANTS ADVISORY BOARD

**PURPOSE:** to review grants and advise on funding proposals most likely to achieve the goal of reducing smoking

**MEMBERS:** researchers, public health experts, state government, youth, medical professionals, minority representatives, community development experts, smokers and non-smokers

### • YOUTH WORKING GROUP

**PURPOSE:** to develop countermarketing ideas, collect information on special projects in the schools and communities, and provide a “youth reality check” on campaigns and programs for youth

**MEMBERS:** early high school students (smokers and non-smokers) trained by the Department of Health in the science behind countermarketing, research and media literacy

### • SCIENTIFIC ADVISORY PANEL

**PURPOSE:** to advise on best practices and most up-to-date science in all areas of tobacco use prevention and cessation

**MEMBERS:** experts in the areas of research, medicine, education, public health and human behavior

## Facts about Tobacco in Vermont

Twenty percent of all deaths in Vermont can be attributed to smoking—about 1,000 each year.<sup>1</sup>

**Smoking cigarettes** causes heart disease, cancers of the lung, larynx, esophagus, pharynx, mouth and bladder, and chronic lung disease. Smoking cigarettes contributes to cancer of the pancreas, kidney, and cervix.<sup>1</sup>

**Smoking during pregnancy** increases the risk of spontaneous abortion, low birth weight, and Sudden Infant Death Syndrome (SIDS).<sup>1</sup>

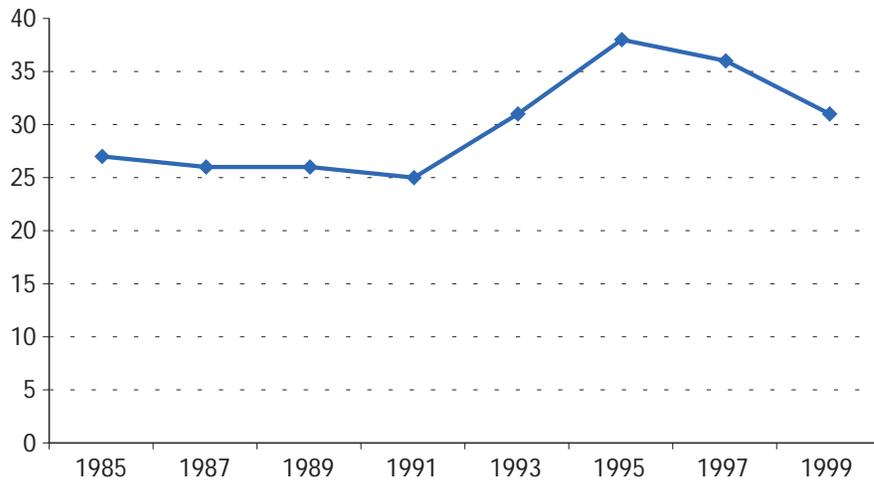
**Smokeless tobacco** causes serious oral health problems, including cancer of the mouth, gum periodontitis and tooth loss.<sup>2</sup>

**Cigar smoking** causes cancer of the larynx, mouth, esophagus and lung.<sup>2</sup>

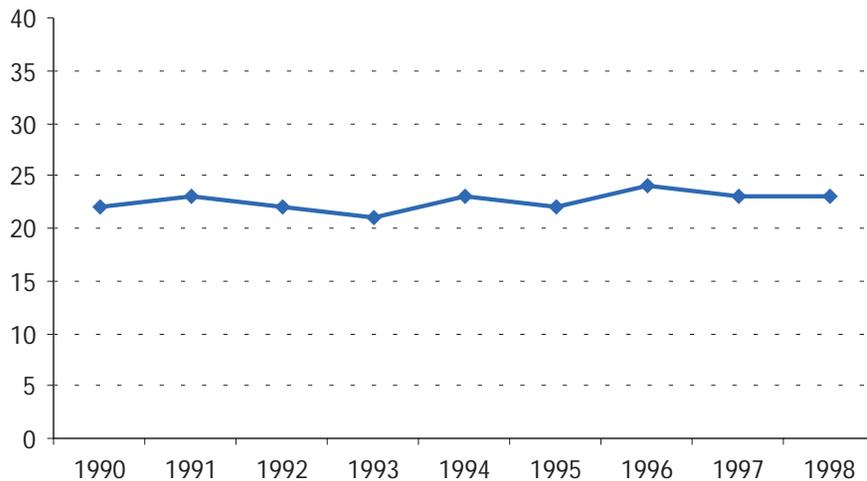
**Exposure to environmental tobacco smoke** is a health hazard for infants and children, especially those with asthma and allergies. Rates of respiratory illness and ear infections are higher in children who are exposed to cigarette smoke, and parental smoking is a risk factor for youth smoking.<sup>1</sup>

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**NOTE:** This plan is not meant to include the traditional use of very small amounts of tobacco by American Indians. Such use is associated with a spiritual heritage that limits use to religious ceremonies and strongly opposes non-spiritual or recreational use.



**YOUTH SMOKING**  
 Percentage of 8th-12th graders who smoked cigarettes on one or more days during the past 30 days



**ADULT SMOKING**  
 Percentage of adults age 18+ who smoked at least 100 cigarettes in their lifetime and who currently smoke

**Estimated Smoking Rates by County**

1994-98 VT Adult Behavioral Risk Factor Survey

1999 VT Youth Risk Behavior Survey

	ADULT %	YOUTH %
Addison	21%	28%
Bennington	22%	34%
Caledonia	24%	40%
Chittenden	22%	27%
Essex	20%	41%
Franklin	27%	36%
Grand Isle	29%	34%
Lamoille	20%	32%
Orange	26%	32%
Orleans	25%	36%
Rutland	24%	36%
Washington	24%	28%
Windham	21%	35%
Windsor	20%	28%

<b>VT</b>	<b>22%</b>	<b>31%</b>
	1998	1999

# Tobacco-Free Communities

Communities are actively engaged in efforts to make NOT smoking the community norm

## STRATEGY

- Increase knowledge among adults and youth that tobacco use is harmful
- Expand the Department of Health community grants program to fund local efforts to reduce tobacco use and promote positive youth development

Grantees will further one or more of CDC's program goals:<sup>1</sup>

- Keep young people from starting to smoke
- Link people who want to quit with the resources to do so
- Promote smoke-free homes, workplaces, etc.
- Provide special services for groups with high smoking rates, e.g. 18- to 24-year-olds or pregnant women participating in WIC
- Regularly evaluate community programs
- Work with the Community Grants Advisory Board to review grants and select for funding proposals that are most likely to achieve the goal of reducing smoking

## WHAT IS A "COMMUNITY NORM"?

Our habits and expectations are shaped by the messages all around us—in homes, schools, workplaces, stores, at social gatherings and community events.

Smoking is a community norm when:

- Stores in town prominently display tobacco products or sell to adolescents
- Adults turn a blind eye to youth smoking
- Fans sitting in the bleachers at youth outdoor sporting events are smoking
- Parent-chaperones of school field trips smoke outside the bus
- It is common to see people wearing hats or T-shirts that advertise brands of tobacco

Not smoking is a community norm when:

- Community events are smoke-free
- Local employers provide worksite programs to help people quit smoking
- Health care providers routinely advise their patients not to smoke and help them to quit
- Tobacco advertising is not the most prominent display in the local grocery
- Youth believe it's "cool" NOT to smoke

## PERCEPTION SHAPES BEHAVIOR

The perception of the risk in using alcohol, tobacco or other drugs is an important factor in decreasing use. Use increases as the perception of harmfulness decreases. Therefore it is important for youth and adults to be informed of the risks of using tobacco.<sup>2</sup>

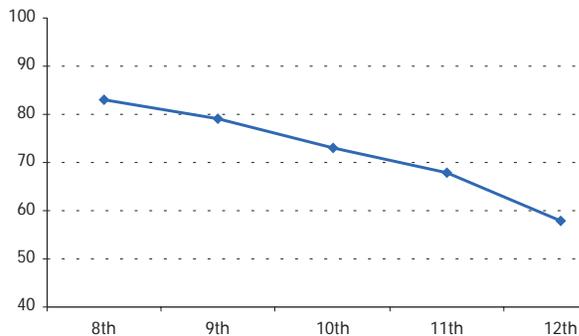
The 1999 Youth Risk Behavior Survey, taken by more than 9,000 Vermont 8th-12th graders, shows the following:<sup>3</sup>

- Only 61 percent of students think that there is great risk of harming themselves from smoking one or more packs of cigarettes a day.
- 73 percent report that the adults in their neighborhood think it is wrong or very wrong for kids their age to smoke.
- 83 percent report that their parents think it is wrong or very wrong for them to smoke.

### THE POWER OF PARENTS

Parents' behaviors and attitudes play a major role in the view their children take of tobacco use. Research shows that a child who has at least one parent who smokes is twice as likely to become a smoker.<sup>4</sup> In Vermont, thousands of children are exposed to smoking parents: Nearly half (45%) of all Vermont smokers have children under age 17 living in their household.<sup>5</sup>

The parent-child relationship may determine the child's relationship with tobacco. A 1994 American Academy of Pediatrics study showed that children whose parents spent more time with them and communicated with them regularly were less likely to start smoking. Parental supervision and positive relations helped children resist peer pressure and choose friends who did not use tobacco and other drugs.<sup>6</sup>

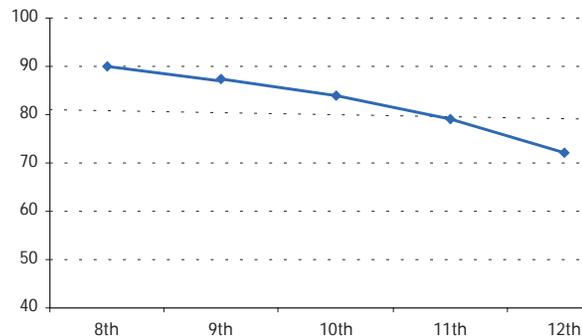


% of students who report that the adults in their community think it is wrong/very wrong for kids their age to smoke • 1999

### PROMOTING POSITIVE YOUTH DEVELOPMENT

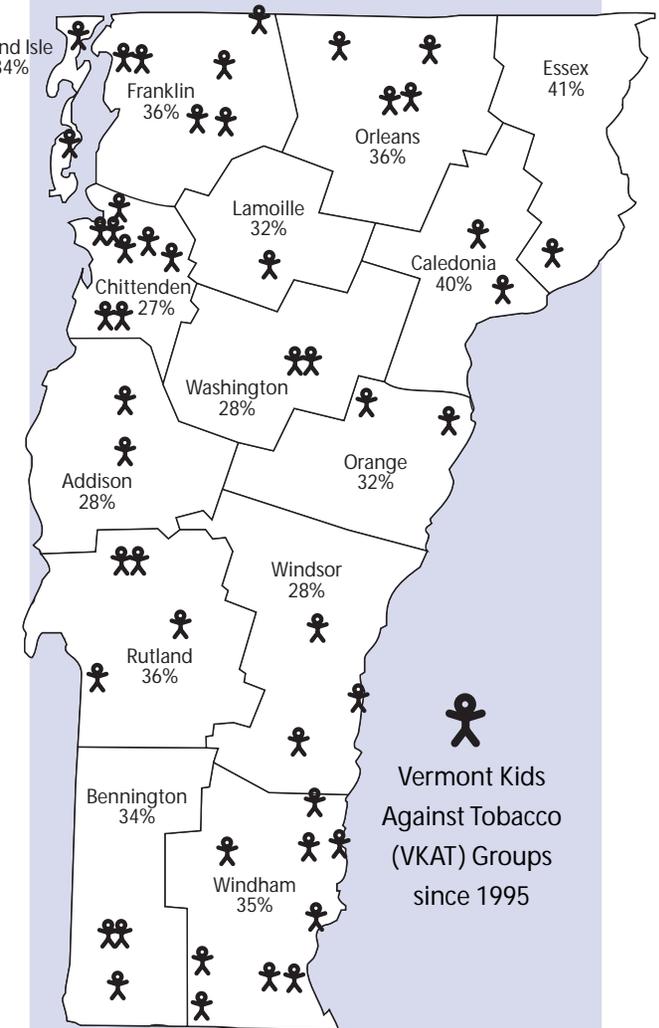
For positive development, youth need:<sup>2</sup>

- strong bonds with adults
- opportunities to have meaningful community involvement
- to be recognized for their community involvement
- skills necessary for becoming a mature adult
- healthy beliefs and clear standards about alcohol, tobacco and other drugs, as communicated and practiced by the adults around them



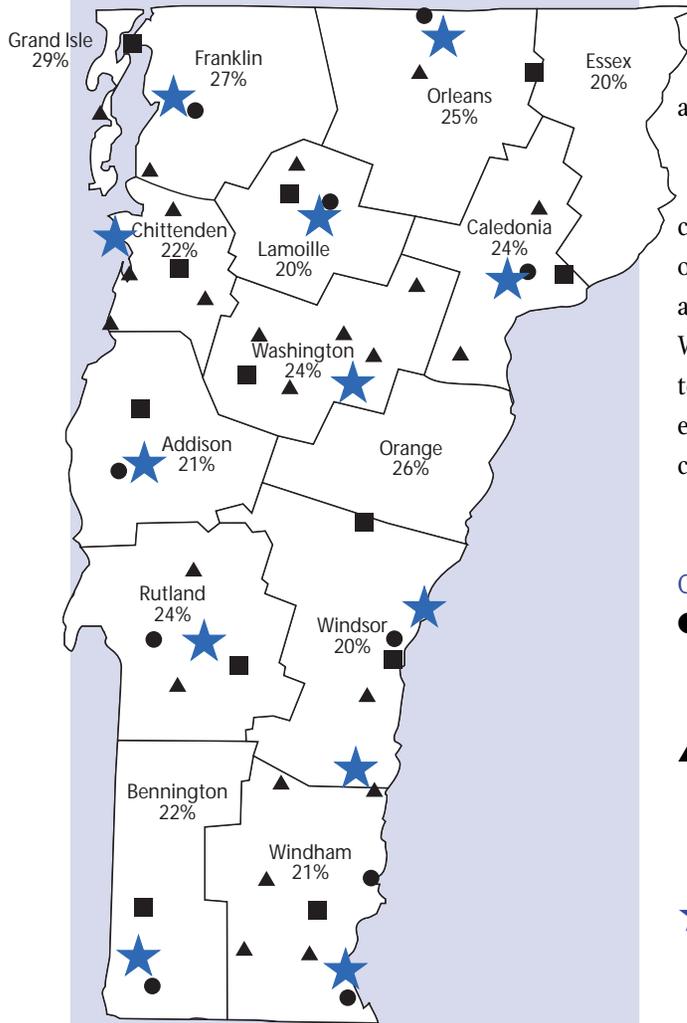
% of students who report that their parents think it is wrong/very wrong for kids their age to smoke • 1999

### YOUTH SMOKING by County • 1999



% students who smoked cigarettes on one or more days during the past 30 days  
VERMONT: 31%

## ADULT SMOKING by County • 1994-1998



% adults age 18+ who smoked at least 100 cigarettes in their lifetime and who currently smoke  
VERMONT 1998: 22%

### COMMUNITIES ARE IN THE BEST POSITION TO MAKE A DIFFERENCE

Community members—experts in the strengths and weaknesses of local tobacco control efforts—are in the best position to cut smoking rates.

For the last several years, many Vermont communities have been building local partnerships and coalitions to work on reducing tobacco, alcohol and other drug use. These efforts have been supported by a combination of federal and foundation grants. With the infusion of resources from the national tobacco settlement, the Health Department will expand its support of community coalitions dedicated to reducing tobacco use locally.

### COALITION/PARTNERSHIP MAP KEY

- **Tobacco Coalitions** • 10 Department of Health funded community coalitions focusing local efforts on preventing and reducing tobacco use
- ▲ **New Directions** • 23 Department of Health funded New Directions community coalitions using research-based prevention to tackle alcohol, tobacco and other drug use among youth
- ★ **Vermont Department of Health** • 12 public health offices working with local citizens, schools, hospitals, health care providers, and community coalitions on tobacco.
- **Regional Partnerships** • 12 groups throughout Vermont working to build healthier communities and improve outcomes

### COMMUNITY GRANTS PROGRAM

The Department of Health will support new and existing anti-tobacco efforts through an expanded community grants program. Funding will go to community groups that make reducing tobacco use a priority and promote positive youth development.

To be eligible for funding, community initiatives must be in line with the CDC's community program goals. Applicants may be existing coalitions or new coalitions ready to tackle the job of reducing tobacco use in their communities.

The Department of Health will provide funding, training and technical assistance to support decisions about how best to reduce smoking locally, and ready access to data about tobacco use in grantee communities. This will enhance, on a more comprehensive scale, the work begun by the Health Department through the *New Directions* and the *Tobacco Use Prevention and Control* community grants programs.

No two communities are exactly alike and there is no such thing as a “cook book” for success that can be followed exactly the same way in every community. Likewise, no single strategy used in isolation will reduce smoking. Community programs should link to cessation, youth and school programs and be supported by countermarketing and consistent enforcement of policies. Communities that have succeeded in reducing tobacco and other drug use have brought together a wide range of local partners, and have used a number of specific, research-based strategies in a variety of settings, geared to a variety of groups.<sup>7,8</sup>

## What Communities Can Do • EXAMPLES

Community coalitions will be encouraged to work with a broad spectrum of people, such as:

- hospital CEO's and staff
- school principals, teachers and staff
- local law enforcement officials: police officers, liquor inspectors, sheriffs
- youth and youth groups
- racial, cultural or ethnic groups
- elected officials
- faith groups
- employers
- parents
- doctors, nurses, dentists and other health care professionals
- elders
- civic organizations
- social service providers
- voluntary health agencies
- members of other local coalitions already dedicated to improving health or reducing tobacco or other substance use

### "BEST PRACTICES" IN VERMONT

Evaluation is a critical component of learning what works best in Vermont communities. The only way to show that something is working, or to identify areas that need improvement, is to look at outcomes. The Department of Health will provide timely local data and assist community coalitions in evaluating their efforts. Evaluation results will help refine a statewide blueprint for "best practices" in reducing tobacco use in Vermont communities.

- Operation Storefront—conduct youth-led community assessment of tobacco advertising
- Work with community organizations to reduce tobacco sponsorship of festivals, sports and cultural events (for example, the Vermont Expos baseball team does NOT accept any tobacco sponsorship)
- Work with schools to enforce the ban on smoking on school grounds, for adults as well as youth
- Provide ongoing "media literacy" training for community members of all ages about the manipulative power of advertising
- Participate in statewide "take it outside" campaign urging people to stop smoking in their homes and cars
- Partner with local hospitals to provide access to cessation services, support groups, and medications like "the patch"
- Send letters of appreciation to local retailers for not selling tobacco to minors
- Promote tobacco-free lifestyles through participation in community celebrations like parades and festivals
- Monitor compliance with Clean Indoor Air Act—check to ensure that local restaurants are smoke-free
- Work with selectboards to strengthen local tobacco ordinances

# Tobacco-Free Schools

Schools are actively engaged in the effort to keep young people from smoking

## STRATEGY

- Ensure that schools provide effective tobacco use prevention education
- Create school climate where NOT smoking is the norm
- Develop and enforce clear anti-tobacco policies in all schools
- Provide training for teachers in effective, research-based K-12 health curricula
- Involve parents and youth in program planning and policy development
- Make quit-smoking help available for students and staff
- Seek input from Youth Working Group and Vermont Kids Against Tobacco
- Work with Scientific Advisory Panel to use current research-based school programs and evaluate their effectiveness in Vermont school settings

## LESSONS ABOUT TOBACCO MUST START EARLY

Nearly all first use of tobacco occurs before high school graduation.<sup>1</sup> Among Vermont students who smoke, 56 percent started before they were 13 years old.<sup>2</sup> But perception and attitudes about tobacco, even the decision to smoke, can be formed as early as the elementary school years.<sup>1</sup>

A comprehensive school program with lessons about tobacco that begin in kindergarten, intensify during the middle school years, and are reinforced during high school, can keep kids from taking up the habit—especially when school efforts are closely connected to community efforts and counter-marketing (see page 15). Such programs contribute to a school climate where NOT smoking is the norm.<sup>3</sup>

## WELL UNDERSTOOD POLICIES, CONSISTENTLY ENFORCED

A comprehensive school policy on tobacco use, developed with students, parents, school staff, law enforcement, and health professionals, will:<sup>4</sup>

- Explain the health reasons for a No Tobacco Use policy
- Specify how the policy will be communicated
- Prohibit students, parents, staff and visitors from using tobacco on school grounds,

in school vehicles and at school events, even when they take place away from school

- Prohibit tobacco advertising (such as on signs, T-shirts, and caps or through sponsorship of school events) in school buildings, at school functions and in school publications
- Require that all students are instructed on the skills needed to reject tobacco use
- Help students and staff who use tobacco to quit

## CURRICULUM & TEACHER TRAINING

Tobacco use prevention education should include instruction about both short-term and long-term health consequences of using tobacco, building skills to resist social pressures to smoke, and learning to recognize industry manipulation. Programs that focus only on tobacco's harmful effects or try to use fear as a deterrent do not prevent tobacco use.<sup>4</sup>

Programs have better results when teachers are trained to deliver curricula as designed, carefully and completely. As with any subject, teachers need to be familiar with theory, concepts and content.<sup>4</sup>

The Department of Health, in collaboration with the Department of Education, will ensure effective prevention education in every Vermont school.

Curriculum and instruction cannot stand alone. Lessons should be integrated into regular classroom work, health classes and school sports and extra-curricular programs. They should be closely linked to family and community activities, and be supported with effective countermarketing (see page 15).<sup>3</sup>

#### PEER LEADERSHIP & FAMILY INVOLVEMENT

As with all aspects of a child’s development, families play a major role in a child’s attitudes about tobacco. School programs should seek to involve parents in program planning and in reinforcing educational messages at home. School programs can include homework assignments that involve the entire family, thereby stimulating discussion of these issues at home.<sup>4</sup>

To keep young people involved, the Department of Health will continue to support *Vermont Kids*

*Against Tobacco* (VKAT) and other elementary, middle and high school groups. Over the past five years, VKAT groups in schools and other sites around the state have been devoted to keeping themselves and their peers tobacco-free (see map on page 5).

#### HELP SMOKING KIDS QUIT

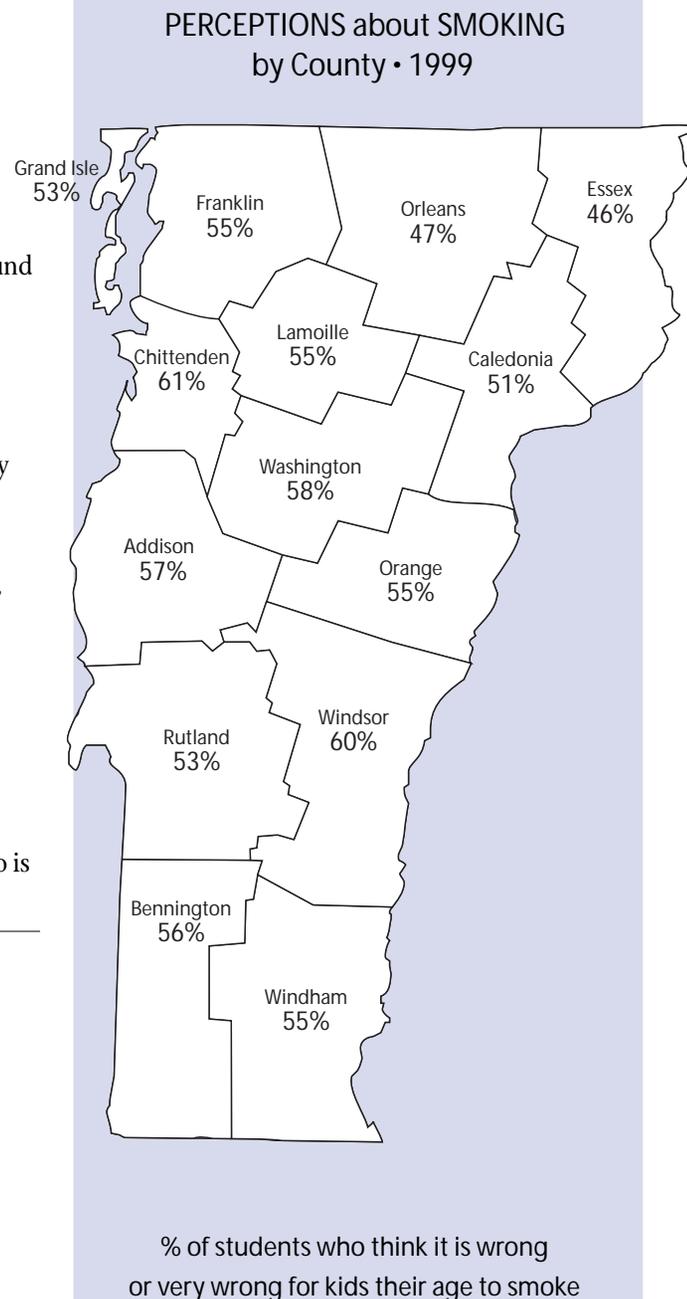
Although many young people think it will be easy to quit, that is not the case. In one study of daily smokers, high school seniors thought they would quit within five years. In fact, after five or six years, 73 percent remained daily smokers.<sup>5</sup>

Although more research into “best practices” is needed for helping young smokers quit, the programs that seem to be most effective have specific attainable goals. They stress the immediate consequences of tobacco use, strengthen avoidance and refusal skills, offer some support to the person who is quitting, and make use of contracts and rewards.<sup>4</sup>

#### VERMONT’S TOBACCO USE ON PUBLIC SCHOOL GROUNDS LAW

“No person shall be permitted to use tobacco on public school grounds and no student shall be permitted to use tobacco at public school sponsored functions. Each public school board shall adopt policies prohibiting the possession and use of tobacco products by students at all times while under the supervision of school staff. These policies shall include confiscation and appropriate referrals to law enforcement authorities.”

(16 VSA, Section 140)



## Two Programs that Work

According to the Centers for Disease Control and Prevention, these programs work to reduce tobacco use among adolescents. Both are designed for middle school/junior high students.

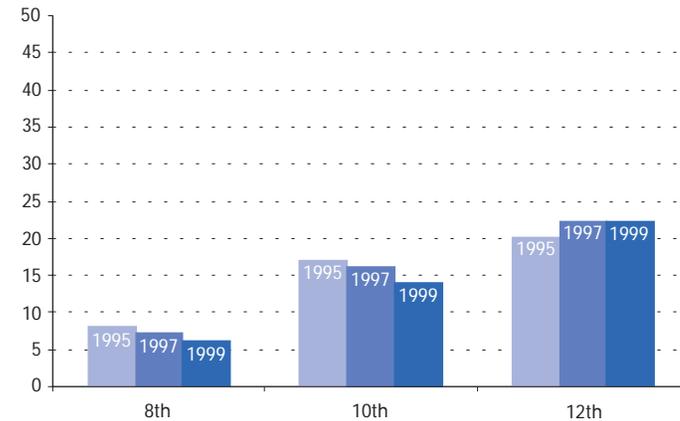
### LIFE SKILLS TRAINING

- 12 units to be covered in 15 classroom periods in the first year, with booster sessions in years two and three
- addresses the causes of tobacco, alcohol and other drug use
- teaches health information, general life skills and drug resistance skills
- uses group discussion, worksheets, brainstorming, skill practice, demonstrations of the physical effects of smoking, analyzing tobacco and alcohol ads, role playing

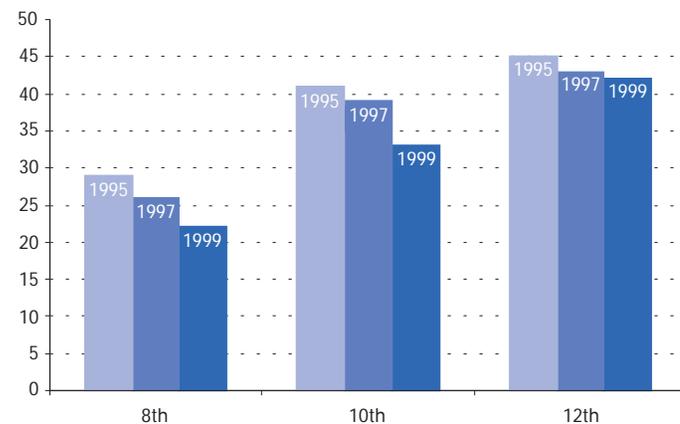
### PROJECT NO TOBACCO USE (Project TNT)

- 10 sessions of approximately 45-50 minutes each, with a two-session booster one year later
- addresses the causes of cigarette smoking, smokeless tobacco, cigar and pipe smoking among teens
- teaches the health consequences of tobacco, builds self-confidence via communication, analysis, decision-making, coping and refusal skills
- uses group discussion, games, role playing, videos, worksheets, questioning, and analysis of media influences
- classes produce a news show on videotape to present what they've learned

## Youth Risk Behavior Survey Highlights • 1999



REGULAR SMOKERS - % of students who smoked cigarettes every day during the past 30 days



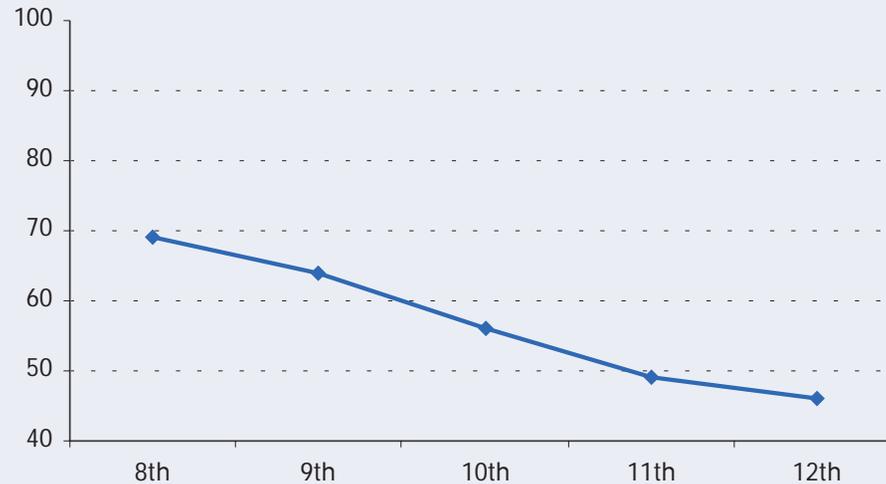
SMOKERS - % of students who smoked cigarettes on one or more days during the past 30 days

Cessation programs should be available for both students and staff. Schools can help smokers quit by referring them to quit-smoking services and supporting them in remaining tobacco-free.

#### CHECKLIST FOR SCHOOLS<sup>4</sup>

- Does the school have a comprehensive policy on tobacco use, and is it implemented and enforced as written?
- Does the tobacco education program foster the necessary knowledge, attitudes, and skills to prevent tobacco use?
- Is education to prevent tobacco use provided, in kindergarten through 12th grade, with special emphasis during junior high or middle school?
- Is training provided for educators responsible for implementing tobacco-use prevention?
- Are parents, families, teachers, students, school health personnel, school administrators, and appropriate community representatives involved in planning, implementing, and assessing programs and policies to prevent tobacco use?
- Does the tobacco-use prevention program encourage and support cessation efforts by students and all school staff who use tobacco?

### Youth Risk Behavior Survey Highlights • 1999



PERCEPTION OF SMOKING • 1999  
% of students who think it is wrong or very wrong for kids their age to smoke, by grade

Students are more likely to talk with friends than with adults about a tobacco or drug problem.

	friend	parent	adult/relative	other
GIRLS would talk to	67%	7%	6%	10%
BOYS would talk to	52%	21%	6%	21%

# Help for Smokers to Quit

Any smoker who wants to quit has access to cessation services

## STRATEGY

- Make state-of-the-art cessation services widely available and affordable
- Promote quit-smoking messages through a statewide countermarketing campaign
- Train health care professionals and others in latest techniques to help smokers quit
- Establish smokers' help line
- Tailor cessation services to special populations

### EXAMPLES:

- 18- to 24-year-olds
  - pregnant women
  - adults with low literacy
  - youth
- Work with Scientific Advisory Panel and health care professionals to incorporate state-of-the-art tobacco use cessation methods into the health care and public health system

## NOT EASY, BUT WORTH IT

Nicotine is addictive. Most smokers want to quit, but quitting isn't easy. Most people must try several times before they succeed. Even people who stop smoking for a year or more may relapse. Nearly half of Vermonters age 18 and older who smoke report that they have tried to quit for a day or longer in the past year.<sup>1</sup>

Quitting isn't easy, but the health benefits are almost immediate. After quitting for one year, the risk of heart disease from smoking-related causes is reduced by half. After 15 years, the risk of death among surviving ex-smokers is nearly the same as that for non-smokers.<sup>2</sup>

## NEW THERAPIES SHOW RESULTS

Smokers succeed in quitting in a variety of ways, including "cold turkey." However, compelling new research shows that the combination of brief counseling, nicotine replacement, or other drug therapy and follow-up can be effective in helping adults quit. University of Vermont researchers found that people who used pharmacotherapy (drugs) to help them quit had twice the success rate of those who did not use medication.<sup>3</sup> All currently available therapies—nicotine nasal spray, nicotine inhalers, bupropion hydrochloride, nicotine gum and patch—were found to be equally effective.<sup>3</sup>

## WHEN YOU'RE READY TO QUIT

Cessation services, from brief counseling to the patch, need to be available and easily accessible to anyone who is ready to quit. This means that whatever door you open for health care services—student health center, dental office, physician's office, Planned Parenthood clinic, local hospital, school nurse's office—there is someone there who can help. Help can be a five-minute consultation about where to get nicotine gum and how to contact a support group. Help can be a prescription for a nicotine inhaler. Help can be a call to a toll-free helpline for referral to a cessation program run by a local non-profit health organization.

## REMOVING BARRIERS

**Location** is a barrier for some people. For instance, many 18- to 24- year-olds, the fastest growing population of smokers in Vermont, do not regularly see a doctor. They need a way to access cessation services outside the traditional health care system. This might include websites, telephone support, worksites, colleges, laundromats or adult basic education centers.

**Cost** is a barrier for many smokers. People with limited income, while having higher smoking rates than the general population, often cannot afford cessation medications and quit-smoking classes. Health insurance plans—Medicaid and Vermont Health Access Plan (VHAP)—have been expanding their coverage, making cessation treatment free or low-cost.

**Low literacy** is an additional barrier to cessation services. Partnering with adult basic education groups to design easy-to-read materials on cessation will benefit everyone.

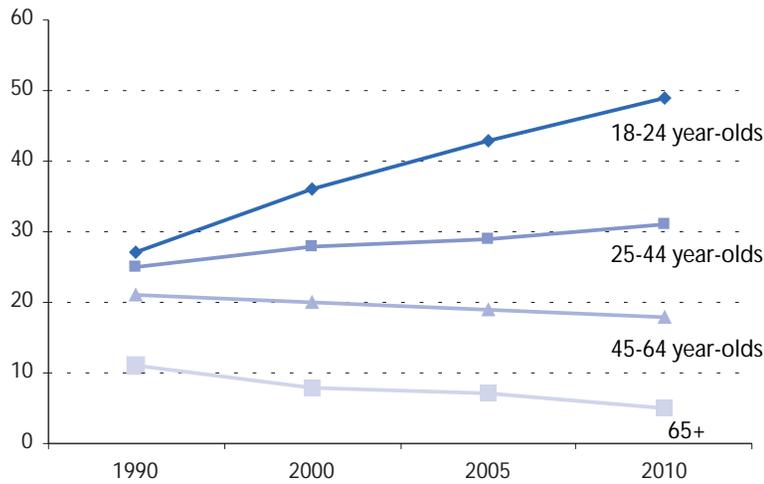
**Lack of age-appropriate services** is a barrier for young smokers. Adult-oriented smoking cessation programs may not be the answer for helping adolescents quit. Emerging research is giving a clearer picture of the best way to reach teens but, to date, few programs have been developed specifically for youth. The Department of Health will work with researchers and cessation professionals to develop and implement effective programs.

**Lack of information** is a barrier for some people. Smoking during pregnancy was reported by 18 percent of women who gave birth in Vermont in 1998.<sup>4</sup> The Department of Health and University of

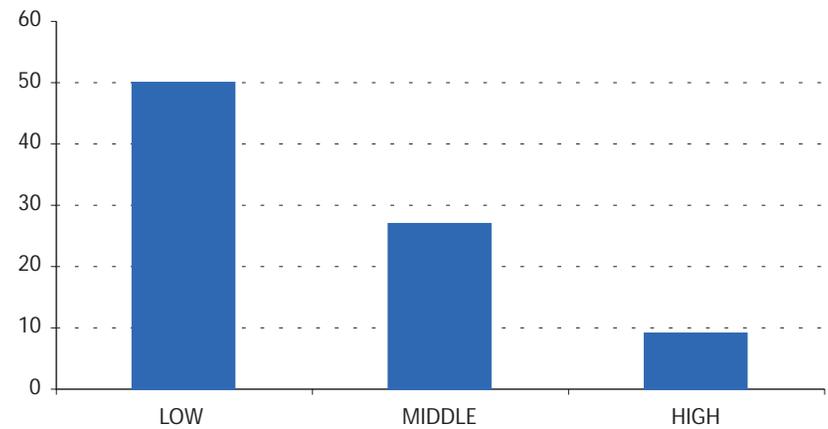
Vermont’s Office of Health Promotion Research are working together to provide education, peer counseling and quit-smoking services for pregnant and post-partum women.

### INSURANCE COVERAGE

Private insurance companies doing business in Vermont are evaluating and expanding their coverage of smoking cessation therapies. However, there is still great variability in coverage from one company to another.<sup>5</sup> Making state-of-the-art cessation services widely available and affordable will improve our chances of helping Vermonters overcome their addiction.

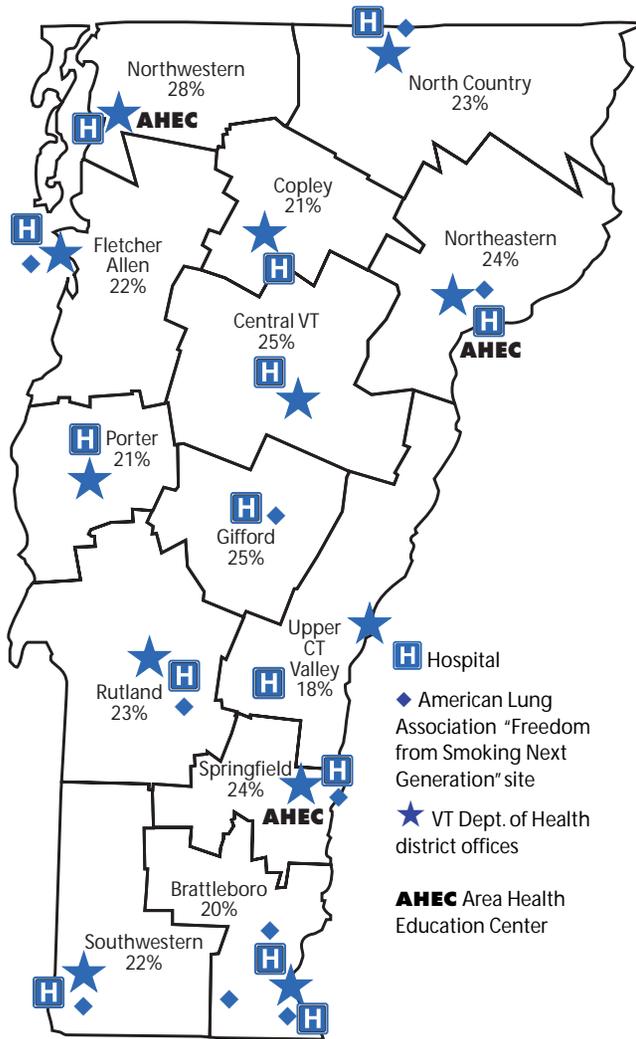


SMOKING PROJECTIONS  
% of Vermont adults who will smoke if current smoking trends continue



ADULT SMOKING BY INCOME/EDUCATION<sup>8</sup> • 1993-97  
% of adults age 25-64 who smoke

### ADULT SMOKING by Health Care Area • 1994-98



Percentage of adults who smoke  
(Adults age 18+ who smoked at least 100 cigarettes  
in their lifetime and who currently smoke)

### THE HEALTH CARE/PUBLIC HEALTH SYSTEM

Our existing health care system is a natural network for supporting people who decide they want to quit. Vermont hospitals have identified smoking cessation as their top community health initiative for 2000, and have been working with the Department of Health to put their plans into action. Most smokers are seen by at least one health care professional each year, making doctors, nurses, dentists and other providers our best allies in linking smokers to cessation information and services.

Other partners who are critical in linking people ready to quit with the services they need include:

- VT Association of Hospitals & Health Systems
- VT Medical Society
- VT State Nurses Association
- VT State Dental Society
- VT Dental Hygienists Association
- Area Health Education Centers (AHECs)
- American Lung Association of VT
- American Cancer Society, New England Div.
- American Heart Association, VT Affiliate Inc.
- UVM College of Medicine
- American Academy of Pediatrics, VT Chapter
- Planned Parenthood of Northern New England
- VT Department of Health district offices
- VT Low Income Advocacy Council
- Adult Basic Education Centers
- VT Coalition of Free Clinics
- racial, ethnic & cultural minority organizations
- schools and universities

### TRAINING HEALTH CARE PROFESSIONALS

Training health care professionals is key to their continuing to be the best possible resource for smokers. The UVM College of Medicine Area Health Education Centers—three regional centers devoted to training health care professionals—will take a lead role in providing up-to-date information on assessing, counseling and referring patients.

A 1996 Department of Health survey showed that most physicians asked their patients whether or not they smoked, but not enough counseled or made referrals to quit-smoking services. About half of Vermont's primary care physicians wanted more training to help their adult patients quit.<sup>6</sup>

#### Physicians who routinely ask patients age 12+ about smoking and other tobacco use:

VT 1996 <sup>6</sup>	US 1992 <sup>7</sup>
75%	63%

#### Physicians who routinely refer or advise patients age 12+ about strategies to quit:

VT 1996 <sup>6</sup>	US 1992 <sup>7</sup>
44%	39%

# Countermarketing

Directly counter the advertising and promotion of tobacco products and promote the benefits of not smoking

## WHY IS COUNTERMARKETING NEEDED?

The tobacco industry spends approximately \$12 million every year in Vermont to market tobacco products.<sup>1</sup> This tobacco advertising and promotion stimulates consumption and increases the likelihood that young people will take up smoking.

According to a recent Centers for Disease Control and Prevention report, today's average 14-year-old has already been exposed to more than \$20 billion in imagery advertising and promotions since age 6. This has created an environment in which smoking is seen as glamorous, social and normal, and leads people to feel what some experts call a "friendly familiarity" with tobacco products.<sup>2</sup>

## WHAT IS COUNTERMARKETING?

### HOW DOES IT WORK?

Countermarketing is essentially the "unselling" of a product, in this case, cigarettes and other tobacco products. It uses the tools and techniques of marketing to decrease demand and promote a smoke-free lifestyle.

Successful countermarketing is based on a thorough understanding of what influences individuals' decisions about tobacco use. Focus groups, interviews, published research and surveys are just a few of the tools used to gain information about specific audiences.

Along with learning as much as possible about a group's habits, interests, likes and dislikes, this basic research helps to determine the type of messages that will appeal to the group, and the best ways to introduce those messages.

Continued evaluation and updating of countermarketing strategies is essential to keep materials fresh and to measure effectiveness.

## REACHING YOUR TARGET GROUP

A cornerstone of the marketing approach is "market segmentation." This means identifying very specific target groups within the population so that proven communication techniques can be adapted to fit the group's unique characteristics. For example, in trying to reach 10- to 13-year-olds, you might use the same humor and language that permeates their everyday culture. If you want to reach pregnant women, you may focus on their concern for the health of their baby. Placement for messages to this group might be near the home pregnancy tests in local pharmacies.

This targeted approach conserves dollars by focusing efforts to reach the intended audience. It also increases the likelihood of success because programs and messages are designed to reflect the culture and motivations of the particular group.

## STRATEGY

- Develop an effective statewide countermarketing campaign that targets specific groups with appropriate messages

### EXAMPLES:

- children age 10-13
  - smokers age 18-24
  - pregnant women who smoke
  - parents who smoke
- Anticipate and counter the tobacco industry's next marketing moves
  - Promote the message that most people don't smoke
  - Work with media advisors, the Youth Working Group and *Vermont Kids Against Tobacco* groups to develop campaign ideas, test market strategy and collect data

**MAJOR TARGET GROUPS**

**Children age 10-13** • According to tobacco researchers, the decision to try smoking is usually made between age 12 and 13. Children who decide to smoke at this age almost always believe that the dangers of smoking do not apply to them, and that they will not become addicted.<sup>3</sup>

**Smokers age 18-24** • The tobacco industry aggressively targets this age group, which is the fastest growing population of smokers in Vermont.<sup>4</sup> Convincing young adults not to smoke will prevent long-term health problems experienced by many lifelong smokers.

**Pregnant women who smoke** • Pregnant women who smoke are about twice as likely as non-smokers to have low birth weight babies (a leading cause of infant death).<sup>5</sup> In Vermont, smoking is the most important preventable risk for low birthweight. And nationally, smoking has been proven to be the most preventable risk for Sudden Infant Death Syndrome (SIDS) as well.<sup>6</sup>

**Parents who smoke** • Parents’ smoking can harm their child’s health and influence a child’s decision to smoke. Children exposed to environmental tobacco smoke (secondhand smoke) have higher rates of ear infections and respiratory illness.<sup>7</sup> Research shows that a child who has at least one parent who smokes is twice as likely to become a smoker.<sup>3</sup>

**Other target groups** • may include children in state custody, distinct cultural, racial or ethnic groups, certain occupational groups where smoking puts them at greater risk for health problems, and adults with less income and education.

**MORE THAN TV**

Countermarketing includes traditional media like television, radio and newspapers. But it also goes beyond the use of mass media to counter tobacco industry marketing through websites, chat lines, posters, news coverage, direct mail, promotions, giveaways and events, for example.

Another aspect of countermarketing is “media literacy,” or understanding how paid advertising, movies, television shows and magazines convey messages and images about smoking and other tobacco use. Media literacy training can help young

people, as well as adults, better understand the subtle ways in which tobacco is marketed in our society.

There is considerable evidence that paid anti-smoking advertisements are effective in reducing smoking. Such media are most effective when used as part of a comprehensive approach which includes community programs, policy initiatives including raising tobacco taxes, and programs in the schools.<sup>2</sup>

For youth, a combination of school curriculum and mass media has been shown to significantly reduce cigarette smoking throughout adolescence. University of Vermont researchers found that media and school interventions that are well-targeted and intensive, and that are provided throughout the years when young people are most likely to try smoking resulted in long-term prevention of smoking.<sup>8,9</sup>

**Youth Risk Behavior Survey Highlights • 1999**

**OTHER TOBACCO PRODUCTS** • Percentage of students who used tobacco products other than cigarettes on one or more days during the past 30 days:

	snuff/ chewing tobacco	cigars/ cigarillos/ little cigars
GIRLS	3%	6%
BOYS	12%	20%
All Students	8%	14%

**ANOTHER KIND OF COUNTERMARKETING:  
OPERATION STOREFRONT**

Vermont Kids Against Tobacco (VKAT) groups around the state (see map on page 5) have been working to keep kids tobacco-free by getting involved in community work, promoting enforcement of the law that bans the sale of tobacco to kids under age 18, and raising awareness about tobacco advertising.

For the past three years, *Vermont Kids Against Tobacco* have been conducting a survey of local stores called “Operation Storefront.” These surveys document the amount of point-of-purchase tobacco promotions and advertising aimed at young people. Data were collected by VKAT groups and analyzed by the Department of Health.

**ANTICIPATING THE INDUSTRY’S NEXT MOVE**

While the tobacco industry agreed to stop marketing cigarettes directly to children, marketing efforts are being re-directed to young adults. Current industry schemes include marketing of cigars, co-marketing of tobacco and alcohol in bars and clubs, the “underground” marketing of the Camel Reds brand, the Winston “No Bull” image, retro-style magazine ads that poke fun at authority and the All-American images of the early 1960s, and the “Find Your Voice” ad campaign designed to appeal to young African American, Asian American and Latina women.

It is no coincidence that during this time, while smoking rates are declining in other age groups, smoking among 18- to 24-year-olds is on the rise, and cigar smoking is becoming more popular among youth and adults.<sup>4,10</sup>

**CHANGING THE PERCEPTION THAT  
MOST PEOPLE SMOKE**

Most Vermonters overestimate the percentage of people who smoke, according to a 1999 Health Department survey. Survey participants thought 46 percent of adults and 45 percent of young people smoked. This contrasts sharply with the actual smoking rates of 22 percent for adults and 31 percent for youth.<sup>11</sup> This misperception contributes to the belief that cigarette smoking is normal, and that young people will naturally take it up. Studies have found that children who believe that most adults smoke are more likely to try smoking.<sup>3</sup>

In the survey, the differences in perception were greatest among smokers and young people. Smokers believed that 50 percent of adults and 48 percent of youth smoke. People under age 18 estimated that about 55 percent of adults and 51 percent of youth smoke.<sup>11</sup>

Correcting these misperceptions will have a significant impact on the decision to live a tobacco-free lifestyle and on reducing smoking rates.

Operation Storefront RESULTS			
	1997	1998	1999
NUMBER OF SURVEYS RETURNED:			
	109	102	63
PERCENTAGE OF STORES THAT HAD:			
Ads outside	70%	61%	70%
Ads inside	93%	83%	79%
Self-Service Displays	81%	67%	28%
Display next to Candy	57%	42%	24%
Display below 3'	44%	31%	38%

# Policy

State and local laws and policies work to reduce tobacco use

## STRATEGY

- Continue to maintain Vermont's strong tobacco policies and counter efforts to weaken Vermont laws
- Protect the rights of local governments to address community issues through local tobacco ordinances
- Ban the sale of single cigarettes and "mini-packs"
- Raise the cigarette tax
- Evaluate cabaret licensing requirements

## MORE THAN A DECADE OF PROGRESS

The Vermont Legislature has built a strong foundation of laws and policies that protect health and discourage tobacco use, beginning with the Smoking in the Workplace law in 1987.

In 1992, the Coalition for Clean Indoor Air (now known as the *Coalition for a Tobacco Free Vermont*) was organized with legislators, researchers, public health experts, health organizations and private citizens among its members. In 1993, Vermont's Clean Indoor Air Act was passed. This is still one of the most comprehensive clean indoor air laws in the country, and one of the few making restaurants smoke-free.<sup>1</sup>

Nationally, Vermont has continued to lead the way in restricting youth access to tobacco. In the past five years, Vermont has passed laws that increased tobacco taxes to fund health insurance initiatives, outlawed smoking on public school grounds, put cigarettes behind the counter in retail stores, and banned vending machines that sell cigarettes.

## PRESERVE LOCAL CONTROL

To date in 30 states, cities and towns have lost the authority to enact tobacco-related ordinances and regulations that are stricter than their state's laws.<sup>1</sup> Passing some type of state law that preempts communities from taking action has been a tobacco industry priority in every state. This was attempted in Vermont in 1997.

Discussion of local tobacco initiatives and ordinances allows public debate, focuses public attention, and often is the first step to statewide policy change. In Vermont, towns and cities must maintain their right to develop ordinances that address community-specific tobacco issues.

## TOBACCO ADVERTISING: STILL A \$5 BILLION INDUSTRY

The November 1998 settlement between the tobacco industry and 46 states included several restrictions on advertising.

## Vermont's Tobacco Laws

1987 • **SMOKING IN THE WORKPLACE LAW**  
Restricts smoking in the workplace  
(18 VSA Chapter 28, Subchapter 2)

1991 • **YOUTH ACCESS ACT**  
Prohibits sale to people under 18,  
establishes a tobacco license for retailers,  
and sets penalties for illegal sales  
(7 VSA, Chapter 40)

1993 • **CLEAN INDOOR AIR ACT**  
Prohibits smoking in the common areas  
of all enclosed indoor places of public  
access, including restaurants  
(18 VSA, Chapter 37)

The settlement contained the following:<sup>1</sup>

- A ban on tobacco product billboards (Vermont banned all billboards in 1962)
- A ban on tobacco advertising on public transportation
- A ban on merchandise bearing tobacco company logos
- A ban on use of cartoon characters in tobacco advertising (an advertising technique already abandoned by the industry)
- Tobacco companies can continue to market their products in stores with print ads and signs as large as 14 square feet
- Tobacco companies can continue to sponsor sporting events such as NASCAR races, tennis tournaments and music festivals

A number of states and the federal Food and Drug Administration are working to enact tighter restrictions. However, because of legal challenges and First Amendment protections, further restrictions on the advertising of tobacco products are far from decided. While these issues are being debated, the Centers for Disease Control and Prevention recommends strong countermarketing as the most effective way to counter the effects of tobacco advertising.<sup>2</sup>

#### BAN THE SALE OF SINGLES AND MINI-PACKS

The tobacco settlement includes an agreement that the industry will not sell packs of less than 20 cigarettes for two years. After that time, it is up to each state to regulate the sale of mini-packs or single cigarettes. Currently, Vermont has no state law establishing the number of cigarettes that must be contained in a pack for sale, or requiring that cigarettes be sold in packs of 20 or more. Because of their lower price, single cigarettes or mini-packs may be more attractive to teens and young adults.

#### KEEP AN EYE ON CABARETS

While requiring that all restaurants prohibit smoking, Vermont's Clean Indoor Air Act provided an exemption for cabarets. A cabaret is a licensed establishment that makes more than 50 percent of its income from entertainment, dancing and the sale of alcoholic beverages.

Prior to this law, there were 84 licensed cabarets in Vermont. Today there are more than 400.<sup>3</sup>

Bartenders, food service workers, waiters and waitresses in cabarets are not protected from exposure to environmental tobacco smoke. To protect these workers, one state (California) passed a law that requires bars and taverns to be smoke-free. In Vermont, compliance with cabaret license regulations must be monitored, evaluated and adequately enforced.

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#### 1995 • TOBACCO USE ON SCHOOL GROUNDS

Prohibits use of tobacco on public school grounds and prohibits students from using tobacco at public school-sponsored events  
(16 VSA, Section 140)

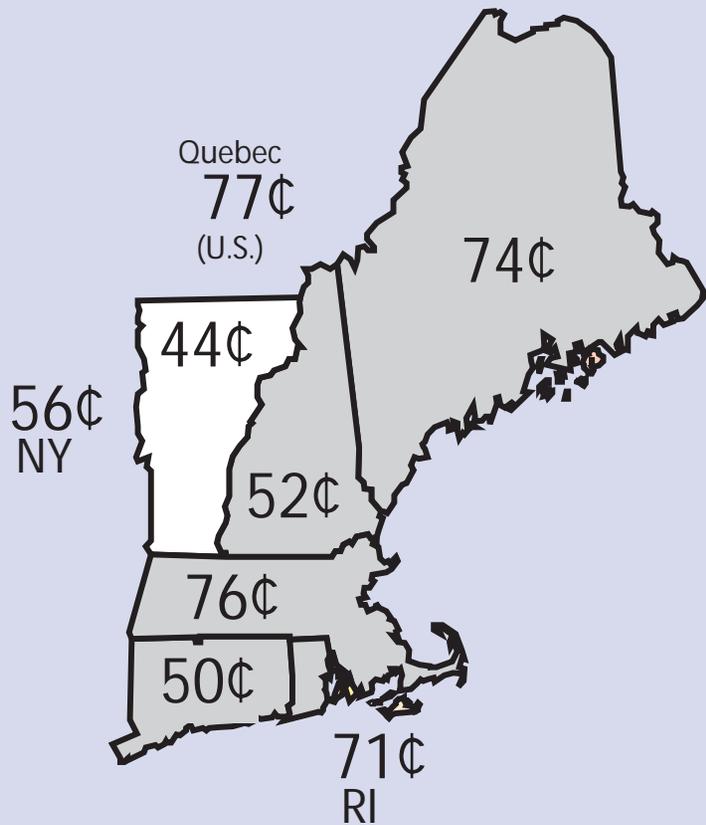
#### 1995 • TOBACCO TAX

Increased state tax on cigarettes from 24¢ to 44¢ per pack  
(32 VSA, Section 7771)

#### 1997 • TOBACCO PRODUCTS & YOUTH

Prohibits cigarette vending machines, puts cigarette packs behind the counter in retail stores, and increases penalties for selling tobacco to minors  
(7 VSA, Chapter 40)

## Cigarette Tax per pack • January 2000



NOTE: In March 2000, New York's tax per pack goes up to \$1.11

#### VERMONT'S CIGARETTE TAX IS THE LOWEST IN THE REGION

At 44¢ a pack, Vermont's tax on cigarettes is well below all other New England states, New York<sup>1</sup> and Quebec, and the tax has not been increased since 1995. Increasing the price of tobacco products is the single most effective way to decrease tobacco use, especially among youth and young adults (18- to 24-year-olds). Not only do price increases motivate current smokers to quit or cut down, a high price also discourages youth and young adults from taking up the habit.<sup>2</sup>

The same holds true for smokeless tobacco. Studies have shown that increases in the tax on smokeless tobacco reduce use among both adult and adolescent males. However, if prices go up on cigarettes alone, many smokers turn to smokeless tobacco as a cheaper substitute.<sup>2</sup>

# Enforcement

Full compliance with all tobacco laws and policies

Prevent all tobacco sales to minors

## PREVENT SALE OF TOBACCO PRODUCTS TO MINORS

Despite state laws that prohibit sale of cigarettes, cigars and chewing tobacco to anyone under age 18, young people continue to get and use tobacco. Some underage smokers get cigarettes from friends, family members or other adults. However, many young smokers are still able to buy their own cigarettes in stores. According to the 1999 Vermont Youth Risk Behavior Survey, 20 percent of 8th through 12th grade smokers bought cigarettes in a store and 32 percent had someone else buy cigarettes for them.<sup>1</sup>

National studies show that, when minors' access laws are actively enforced, sales to minors are reduced. The best results have been shown in programs that included compliance checks, in which an enforcement agency works with minors to attempt to buy cigarettes.<sup>3</sup>

## PREVENT ILLEGAL SALES WITH COMPLIANCE CHECKS

The Vermont Department of Liquor Control has made this a high priority and has been very aggressive in its enforcement of the Youth Access Law. There are 1,200 licensed tobacco retail outlets in Vermont. Between May and November 1999, the department carried out 1,177 compliance checks.<sup>3</sup>

## How the compliance checks work:

Department of Liquor Control inspectors work with 15-, 16- and 17-year-old “decoys” who go to selected stores to try to buy cigarettes. These young people never lie about their age and always tell their real age, if asked. If the decoy is able to buy, the Department of Liquor Control inspector serves notice of violation to the seller within 24 hours. The seller is then subject to a civil penalty of \$100 for a first offense, and up to \$500 for any subsequent offense. The licensed retailer is also subject to an administrative fine levied by the Liquor Control Board. A second violation within six months brings mandatory license suspension.<sup>3</sup>

## PREVENT ILLEGAL SALES BY EDUCATING MERCHANTS

Combining education of merchants with enforcement of youth access laws has been shown to be a successful strategy for reducing illegal sales to minors.<sup>3</sup> In 1999, the Department of Liquor Control set up an education and training unit. Together with the Department of Health, this unit is expanding training for clerks and retailers to include information on the health effects of tobacco and how best to check IDs, in addition to the basic information about the law and the responsibilities of retail storeowners and clerks.

## STRATEGY

- Increase awareness about Vermont's Clean Indoor Air law
- Continue compliance checks at retail stores statewide
- Train tobacco licensees and retail clerks about the health consequences of tobacco use
- Raise awareness that it is illegal not only to sell, but also to give cigarettes to minors
- Work with schools and towns to enforce no tobacco use on school grounds law

**Compliance Checks • 1999**  
**Department of Liquor Control**

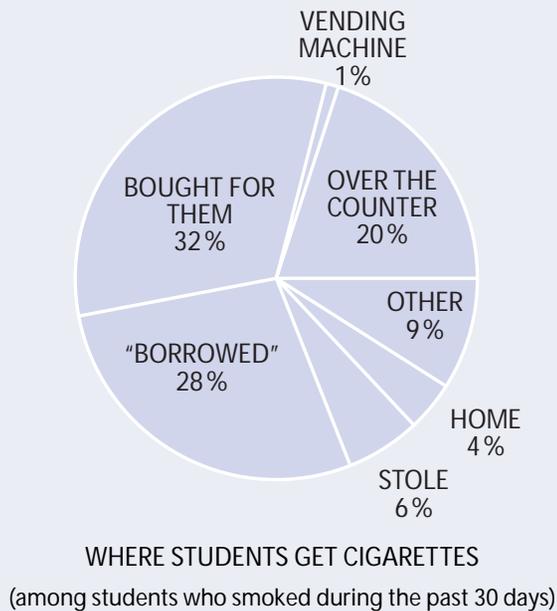
	# of checks	% that did NOT sell
MAY	133	85%
JUNE	158	92%
JULY	190	81%
AUG	183	77%
SEPT	229	70%
OCT	166	77%
NOV	118	84%

**STORES AREN'T THE ONLY SOURCE OF ILLEGAL CIGARETTES**

As Vermont is more and more successful in reducing illegal commercial sales of tobacco products, underage smokers may increasingly turn to other non-commercial or “social” sources (for example, family members or older friends) for tobacco products.<sup>3</sup> According to state law, anyone who furnishes a tobacco product to a minor is subject to a civil penalty, similar to a traffic ticket, of not more than \$100 for a first offense and not more than \$500 for any subsequent offense.

Many people may not be aware of this provision of the law. It is important that enforcement of tobacco access laws be carried out in combination with public education, community and school programs that reduce the availability of cigarettes from social sources, and countermarketing to limit tobacco’s appeal.

**Youth Risk Behavior Survey Highlights • 1999**



**SCHOOL ENFORCEMENT**  
 % of students who report they smoked on school property during the past 30 days

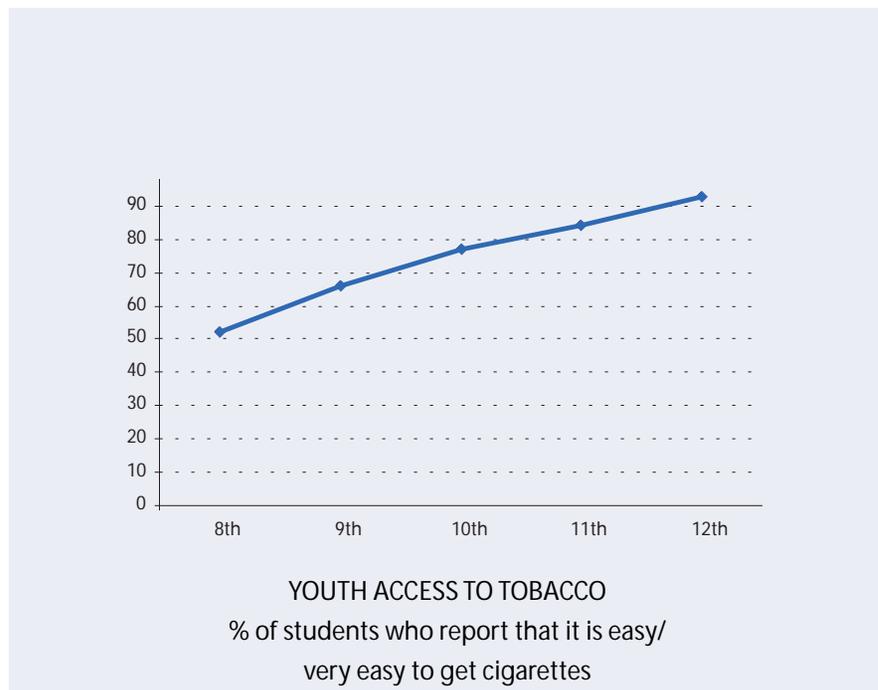
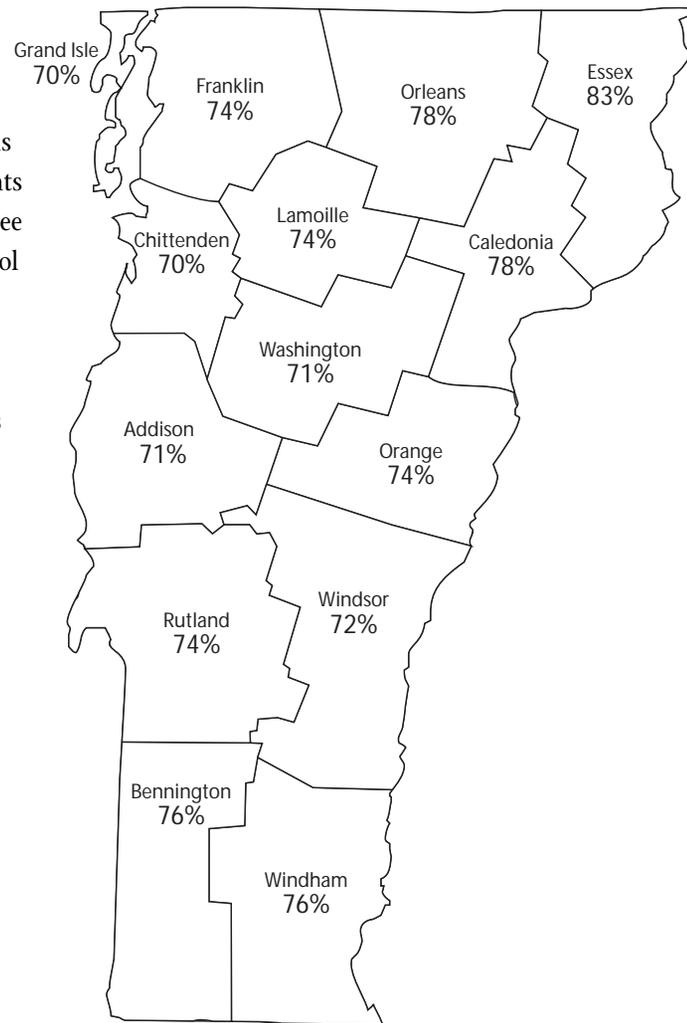
**CLEAN INDOOR AIR**

Vermonters generally obey tobacco use restrictions at worksites, restaurants and other public places. However, local selectboards, local boards of health and the Vermont Department of Health all have the authority to bring enforcement actions if needed. Department of Health restaurant inspectors have integrated no-smoking checks into their routine inspections of restaurants and lodging establishments, and provide consultation for worksites on enforcing worksite smoking restrictions. Each year, the department receives complaints that are successfully addressed without further legal action.

**FEWER STUDENTS ARE SMOKING ON SCHOOL GROUNDS**

The Vermont Youth Risk Behavior Survey shows that 12 percent of students smoked cigarettes on school grounds in 1999, down from 16 percent in 1997 and 19 percent in 1995.<sup>1</sup> While the decrease is encouraging, these results show that not all students are getting the message that schools are tobacco-free environments. To further reduce smoking on school grounds, staff, students and community members must step up efforts to make sure that policies are consistently enforced, and that students, faculty and parents know what the policy says and what is expected of them.

**YOUTH ACCESS to Tobacco • 1999**



% of students who say it is easy or very easy to get cigarettes

# Surveillance & Evaluation

Continuously track and assess progress toward meeting goal of cutting smoking rates by half

## STRATEGY

- Use public health surveillance systems to track and report on tobacco-related attitudes and behaviors, health outcomes and progress toward specific goals
- Develop, where needed, additional data sources
- Use Department of Liquor Control licensing data to track illegal sales to minors, cabaret exemptions and number of outlets licensed to sell tobacco
- Use Department of Taxes data to track per capita sales
- Work with Scientific Advisory Panel to review research from other states and develop specific program evaluation measures for cessation, school programs, community efforts, enforcement and countermarketing

## KEEPING AN EYE ON THE BOTTOM LINE

Surveillance and evaluation are needed to assure that programs are effective and produce the desired results—reducing smoking and other tobacco use.<sup>1</sup>

This means that Vermont must actively collect and evaluate data about Vermonters' attitudes, behaviors and beliefs relating to tobacco use, as well as health outcomes. Such data will be used to measure progress over time, compare Vermont and national smoking rates, help communities focus their efforts, and determine what is, and what is not, working.

The Department of Health already has in place many of the data systems needed to measure tobacco-related health indicators. In addition, the department's public health nurses interviewed nearly 3,000 people about what their different communities need most to cut smoking rates, and will continue to do special surveys as needed. In other areas of

concern, such as adult smokers' attitudes and readiness to kick the habit, data collection methods need to be developed and integrated into current systems.

## SUCCESSFUL PREVENTION, CESSATION AND COUNTERMARKETING PROGRAMS

Beyond the bottom line goal of cutting tobacco use by half, specific programs will require ongoing collection of information. For example, as a campaign is put into place to promote use of a Quit Smoking Helpline, routine information such as number of calls, age and gender of caller, and caller's town of residence will be collected. This information will be used to evaluate whether the number of calls increased during promotion and whether the campaign had stronger appeal to certain population groups.

## Vermont Department of Health • MAJOR DATA SYSTEMS

### Behavioral Risk Factor Surveillance Survey

Measures attitudes and behaviors of adults on a variety of health issues, including tobacco use.

Survey is done every year since 1990.

Part of a national surveillance system.

### Youth Risk Behavior Survey

Measures attitudes and behaviors of students in grades 8 through 12 on a variety of health and social issues, including tobacco use.

Survey is done every two years since 1985.

Part of a national surveillance system.

Ongoing evaluation can help improve efforts and detect unforeseen outcomes. For example, a website may be designed to help teenagers quit smoking, but evaluation may show that it is being used more frequently by 20- to 30-year-olds. This could result in changing the website to be more appealing to younger people or broadening promotion to attract more adults to the site, or both.

#### COMMUNITY AND SCHOOL PROGRAMS

Evaluation is a critical component of learning what works best in Vermont communities and Vermont schools. The only way to show whether a program is working, or to identify areas that need improvement, is to build in ongoing assessments.

The Department of Health will provide timely local data and assist community coalitions and schools in evaluating their efforts. And, as with the Health Department's *New Directions* substance use preven-

tion community grants program,<sup>2</sup> the department will provide technical assistance to assist coalitions in measuring the success of their efforts. Evaluation can address questions such as did a community see a reduction in smoking among 8th graders, relative to other communities? Or, what effect does size and location of a community have on the success a school-based prevention program?

#### TRACKING TOBACCO SALES

The Department of Liquor Control and the Department of Taxes both collect data that are relevant in the effort to reduce tobacco use. These include data on licensed retail outlets, compliance checks, sales to minors, cabaret licenses, and tobacco tax revenues. These data thus provide another means of evaluating effectiveness of prevention and enforcement programs.

#### KEEPING A YOUTHFUL EYE ON PROGRESS

Among youth, styles and attitudes are changing on an almost daily basis. To keep up with trends in this area, adults cannot rely solely on market data or statewide youth surveys. Success in changing youth attitudes and habits will require that youth themselves be centrally involved.

One of the jobs of the new Youth Working Group will be to help in collecting and evaluating local data. This group of early high school students will receive training in skills such as surveying peers, monitoring reaction to countermarketing campaigns, and collecting data on community norms. Their work will be critical to evaluating efforts geared toward tobacco use prevention and cessation among youth.

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#### Youth Tobacco Survey

A new survey to measure tobacco use attitudes and behaviors of students in grades 6 through 12. Survey is done every two years since 1999. Part of a national surveillance system.

#### Pregnancy Risk Assessment Monitoring System (PRAMS)

Measures maternal behaviors and experiences including tobacco use that occur before, during and shortly after pregnancy. Part of a national surveillance system.

#### WIC (Supplemental Nutrition Program for Women, Infants, and Children) Program Data

The Health Department continuously collects a broad range of health-related information, including tobacco use, from WIC participants. Part of a national surveillance system.

## CALLING ON EXPERTS

The Department of Health will continue to call on experts in other states, the Centers for Disease Control and Prevention, the University of Vermont, the National Institutes of Health, and other state and national organizations to aid in developing new data collection methods and evaluation tools. Examples include attitudes about quitting, whether smokers are ready to quit, and what methods of quitting are preferred by certain groups and why.

Currently underway is a five-year collaborative project designed by researchers at UVM. In this project, pregnant women who receive Department of Health WIC benefits are offered quit smoking telephone support from women who have successfully quit smoking themselves. This type of research will help further understanding of what works best for helping pregnant women to quit smoking and findings can be integrated into other cessation efforts.

**TOBACCO COALITIONS** O.N.E. (Orleans-Northern Essex Counties) Health & Safety Coalition - Newport • RAP (Rutland Area Prevention) Coalition - Rutland • Windsor Tobacco Control Coalition - Windsor • CAT (Communities Against Tobacco) Coalition - Brattleboro • Windham Northeast Tobacco Control Coalition - Bellows Falls • PACT (People of Addison County Together) - Middlebury • Stamp Out Tobacco - Bennington • St. Johnsbury Region Tobacco Coalition - St. Johnsbury • Franklin Grand Isle Community Partnership - St. Albans • Lamoille Valley Cessation/Prevention Task Force - Morrisville **TOBACCO SPECIAL OPPORTUNITY GRANTS** Fletcher Allen Health Care - Burlington • Green Mountain Lao Association - Irasburg • Dawnland Center - Montpelier • Green Mountain Prevention Projects - Burlington • Burlington Boys & Girls Club • Vermont Academy of Family Physicians - Williston • Champlain Valley Kids on the Block - Burlington • Spectrum Youth Services - Burlington **NEW DIRECTIONS COALITIONS** Lamoille Valley Coalition of Supervisory Unions • Orleans County Prevention Partnership, Inc. • Community Coordinating Council • Cabot Coalition • Blue Mountain Coalition • Montpelier/Washington Central Substance Abuse Prevention Coalition • New Directions for Barre • Greater Northfield Collaboration Council • Neighborhood Connections/Otter Creek Safe & Drug Free Communities Coalition • Windsor Area Community Partnership • Springfield Community Partnership • Youth Resiliency Project • West River Valley Partnership • Brattleboro Area Prevention Coalition • Deerfield Valley Community Prevention Partnership • Rutland Area Prevention Coalition • Harwood Community Network • Chittenden Community Partnership • Chittenden South Partnership for Youth • South Burlington New Directions Coalition for Alcohol & Drug Prevention • Essex Community Wellness Committee • Milton New Directions Coalition • Grand Isle County Prevention Partnership **REGIONAL PARTNERSHIPS** Orleans/Northern Essex Board • Community Coordinating Council of Caledonia & Southern Essex Counties • Central Vermont Community Partnership • Community Partnership of Orange/Windsor (CPOW) • River Connection • Alliance for Building Community • Catamount Partnership for Community Health • Rutland Regional Board for Family Services • People of Addison County Together (PACT) • Champlain Initiative • People in Partnership • Franklin/Grand Isle Partnership

## Vermont Department of Health • MAJOR DATA SYSTEMS

### Primary Care Preventive Practices Survey

A 1996 survey of Vermont's primary care providers about their preventive care practices, including asking patients about their tobacco use and helping them to quit.

### Vermont Vital Statistics

Collects data on all vital events in Vermont, including smoking status of mother from birth certificates and tobacco-related causes of death from death certificates. Vital Statistics is part of a national data system.

### Vermont Hospital Discharge Data

Collects hospital data on tobacco-related illnesses.

### Smoking Attributable Mortality, Morbidity, and Economic Costs (SAMMEC)

CDC tool used by states to estimate the economic impact of tobacco use.

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