Vermont Tobacco Control Program Logic Model: 2015 – 2020

Inputs	Strategies & Key Activities	Select Outputs	Outcomes - Impact		
			Short	Intermediate	Long
 CDC Funding & TA MSA Funds VT General Funds Tobacco Control Evidence Base VTCP Staff Surveillance 802Quits Quitline contractor - National Jewish Health (NJH) Evaluation contractors- JSI Communication Contractors RSCG & HMC Training Contractor- CAI	 Infrastructure Establish & maintain state & community strategic partners Collect, analyze, & share engaged data w/ staff, partners, and decision-makers Provide training & TA to strategic partners to build capacity for tobacco control activities Coordinate tobacco control efforts across state chronic disease programs State & Community Provide funding, training & TA to community coalitions & organizations throughout VT to strengthen capacity to inform social norms on tobacco use; promote tobacco control, point of sale (POS) polices, & tobacco enforcement Educate state leaders, policy-makers & communities on tobacco burden, other tobacco product use, protobacco influences, & strategies to reduce use & burden Promote smoke-free environments in outdoor locations, health care settings, college campuses & housing Implement state & local policies to restrict access to tobacco at the POS Media & Communication Implement health media, 	Infrastructure VTCP strategic partner network Public Health Stat Data briefs on target populations & related chronic diseases Certified Tobacco Treatment Specialists State Tobacco Control Plan State & Community 16 community tobacco grantees POS interventions & policies Smoke-free policies Master Policy document Media & Communication Strategic communications plan Media campaigns & communication products 802Quits TV, digital, social media & promotional materials Earned media	 Increased public, state leader, & policy-maker knowledge of the dangers of tobacco use, SHS, & tobacco-disparities Increased public & decision-maker awareness of effective tobacco control strategies & social norm change Increased partnerships w/community organizations & state programs to address tobacco control & tobacco-disparities Increased implementation & enforcement of strategies to support quitting, reduce SHS exposure & access to tobacco products Increased media & Increased media & 	Decreased youth exposure to protobacco messages & access to tobacco products Increased awareness of protobacco influence among communities, parents & youth Decreased youth susceptibility to experimentation with tobacco products Increased public & policy-maker support for smokefree & POS policies Increased public compliance with tobacco control policies Increased coverage & utilization of comprehensive insurance coverage for evidence-based tobacco cessation treatments Increased quit attempts among	Decreased initiation of tobacco use among youth and young adults in VT 16% among youth, by 2020 4% of youth smoke a whole cigarette before age 13, by 2020 Decreased exposure to SHS among Vermonters 35% among nonsmoking Vermonters, by 2020 Decreased tobacco use in VT among adults and youth 12% cigarette use among adults, by 2020 12% e-cigarette use among adults, by 2020 2% smokeless tobacco use among adults, by 2020 12% e-cigarette use among adults, by 2020 12% e-cigarette use among adults, by 2020 12% e-cigarette use among youth, by 2020

- Vermont Refugee
 Resettlement Program
- Vermont Office of Minority
 Health
- communication, & counter-marketing campaigns across a broad range of channels
- Disseminate CDC media campaigns & Surgeon General Reports to raise awareness on the harms of tobacco use and SHS exposure

Cessation

- Maintain 802Quits & quitline
- Collaborate w/ health systems & providers to integrate tobacco screening & referral into systems of care
- Collaborate w/ ADAP to implement tobacco-free campus policy in statefunded MH/SA treatment centers & integrate tobacco into treatment plans
- Collaborate w/health insurers to expand coverage for comprehensive tobacco cessation services
- Promote comprehensive tobacco benefits and care standards in state health reform initiatives

Surveillance & Evaluation

- Maintain tobacco surveillance system
- Collect, analyze, and disseminate state & community level tobacco data
- Monitor & use data to guide program strategies & activities; inform continuous program improvement; identify target populations
- Conduct ongoing Program & strategy evaluation to inform program improvement & outcomes

Cessation

- Enhanced 802Quits Website
- Quitline cost-sharing agreements w/insurers
- State funded MH/SA treatment facilities have tobacco-free policy & cessation treatment plans
- Tobacco cessation & referral trainings for health & human service providers
- Data reports to ACOs; ACO tobacco performance measures

Surveillance & Evaluation

- Surveillance data briefs & reports
- Strategic evaluation plan
- Evaluation of Medicaid tobacco benefit initiative
- Evaluation of MH/SA tobacco-free policy initiative

- communication interventions that reach populations w/ disparate tobacco burden
- Increased health system changes to support cessation
- Increased use of quitline, especially among target populations
- Increased public awareness of & support for increased access to & utilization of evidence-based cessation treatments
- Increased capacity to collect, analyze, & disseminate data on tobacco disparities & health equity

- tobacco usersIncreased cessation among tobacco
- Increased interventions that target vulnerable

users

 Increased costsharing for quitline services by insurers

populations

- 10% cigarette use among youth, by 2020
- 8% cigar, cigarillo, or little cigar use among youth, by 2020
- 5% smokeless tobacco use among youth, by 2020
- Reduced cigarette smoking-related morbidity and mortality in VT
- Decreased tobaccorelated disparities, especially among target populations
- 22% cigarette use among adults <250% FPL, by 2020