

# Vermont Tobacco Control Program

## FY2018 Annual Review

July 2017 - June 2018



MARCH 2019

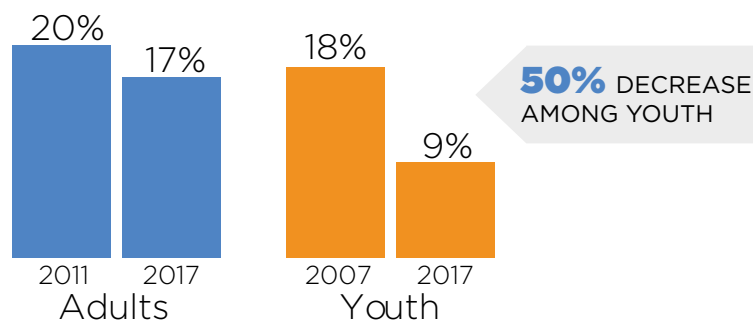
# A Tobacco-Free Vermont for All

The Health Department's Tobacco Control Program is dedicated to curbing tobacco use and supporting all Vermonters in living healthy lives free from tobacco.

## Assessing Vermont's Progress

Vermont has achieved measurable progress in reducing smoking rates in the state, particularly among youth. Since 2007, Vermont has cut its youth smoking rate in half. However, smoking rates among adults<sup>a</sup> have remained relatively unchanged since 2011—a signal that work remains to be done to prevent and reduce tobacco use.<sup>1,2</sup>

Vermont Smoking Rates



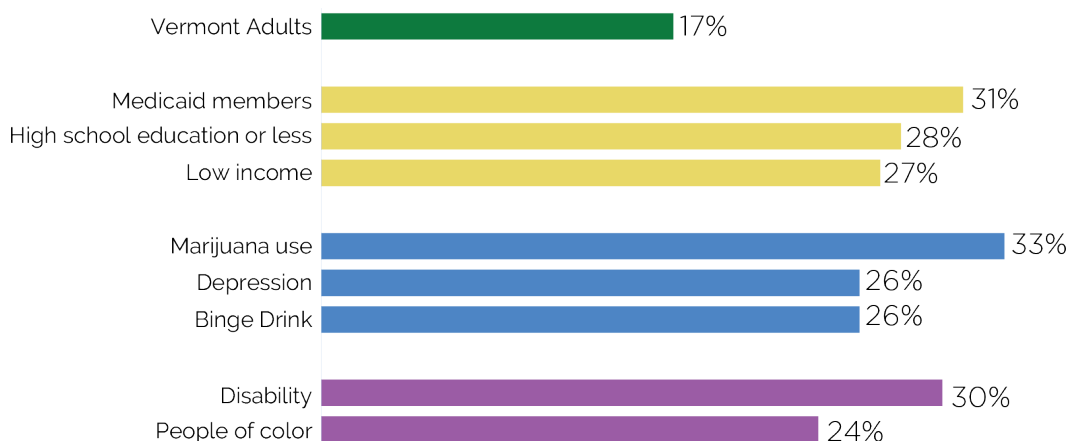
## Disparities in Tobacco Burden

Despite progress in reducing smoking in Vermont, inequities and disparities in tobacco use and burden persist.<sup>2</sup>

In Vermont, you are **more likely** to smoke cigarettes if you:

- » Earn a low-income<sup>b</sup>
- » Have a lower level of education
- » Are insured by Medicaid
- » Have a disability
- » Live with a mental health condition or substance use disorder
- » Are a Person of Color<sup>c</sup>

Current Cigarette Smoking Rates among Adults in Vermont, 2017



## Redoubling Efforts to Achieve Health Equity

Guided by the Health Department's framework for health equity, the Tobacco Control Program works to implement programs that support fair and just opportunities for health, aiming to better serve all Vermonters. We invested FY18 resources to address the tobacco burden among priority populations. Priority populations were determined based on inequities, disparities and/or vulnerabilities to tobacco burden, including:

- » Medicaid members
- » People with mental or behavioral health conditions
- » Vermonters with disabilities
- » LGBTQ Vermonters
- » People of Color
- » Pregnant Vermonters
- » Youth

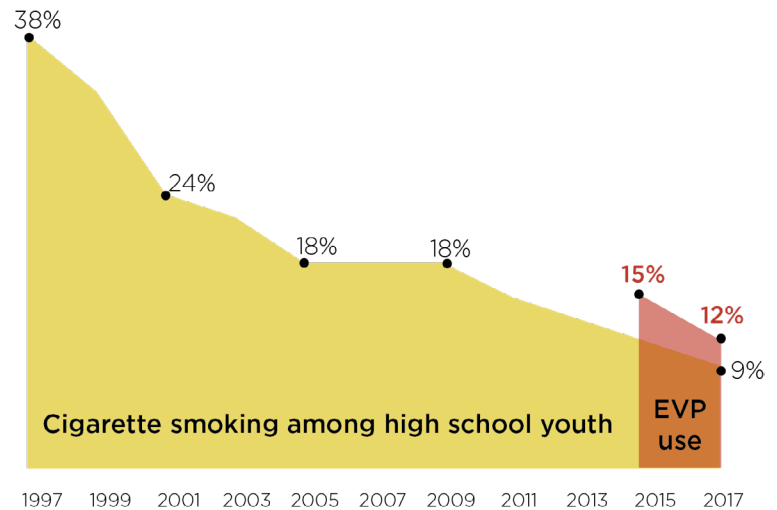


# Preventing a New Generation of Addiction

We partnered with state agencies and community organizations to prevent tobacco use among Vermont youth through education, communication and mobilizing communities.

## Electronic Vapor Products (EVPs) Emerged as an Epidemic

Despite Vermont's successes in reducing smoking rates, EVPs have emerged as the most commonly used tobacco product among youth. In 2017, 12% of high school youth in Vermont used EVPs. EVP use increases the risk of transitioning to cigarette smoking and lifetime addiction among a new and growing population, threatening gains made in tobacco prevention among youth. It is as important as ever to continue statewide efforts to curb tobacco use in all forms.




## Generating Awareness of EVP Use

In May 2018, we held *JUUL in Vermont Schools*, a presentation to community members and partners to address the rise in youth EVP use. The presentation was broadcast using [Facebook Live](#) and was covered by local media outlets.

## Youth Speak Out Against Tobacco

With our support, young Vermonters expressed their opposition to tobacco and fought to secure a tobacco-free future for their generation.

 **49** YOUTH PROTESTED THE DANGERS OF TOBACCO AT A RALLY AT THE VERMONT STATE HOUSE

 **152** YOUTH WERE TRAINED TO PROMOTE TOBACCO PREVENTION IN THEIR COMMUNITIES

## Reducing Access and Exposure to Tobacco

Tobacco outlets put young Vermonters at greater risk for using tobacco by increasing access and exposure to tobacco. Tobacco outlets are twice as likely to be within 1,000 feet of schools than alcohol outlets.<sup>3</sup> Vermont has made gains in restricting access and exposure to tobacco products in the retail setting.



**1 in 3 (29%)**

SCHOOLS ARE WITHIN 1,000 FEET OF A TOBACCO OUTLET<sup>3</sup>



**28%** OF TOBACCO OUTLETS HAVE EXTERIOR ADVERTISING FOR TOBACCO (COMPARED TO 41% IN 2014)<sup>3</sup>



**44%** OF TOBACCO OUTLETS SELL EVPs (COMPARED TO 63% IN 2014)<sup>3</sup>



**859** RETAILERS IN VERMONT SELL TOBACCO PRODUCTS (COMPARED TO 952 RETAILERS IN 2014)<sup>3</sup>

## Countermarketing the Tobacco Industry

The CounterBalance campaign continued to build understanding and awareness of the role flavored tobacco products have in increasing youth initiation and use through these activities:



**27**  
community  
events

**957**  
concern cards sent  
to the FDA

**2.1 million**  
social media  
impressions<sup>d</sup>

# Helping Vermonters Quit

We help Vermonters on their path to quitting smoking or other tobacco use by making support and treatment available and accessible.

## Quitting by the Numbers: 802Quits

The Health Department administers 802Quits, an evidence-based statewide program that offers Vermonters 24/7 cessation support through: Quitline, Quit Online and Vermont Quit Partners (in-person). 802Quits served 3,353 Vermonters:<sup>5</sup>



**983**

registered with  
the Quitline



**1,757**

registered with  
Quit Online



**613**

registered with  
Quit Partners



**3 in 5 people who smoke**  
made a quit attempt in 2017<sup>2</sup>



**4 in 5 People of Color who smoke**  
made a quit attempt in 2017<sup>2</sup>

## Promoting Cessation Among Priority Populations

In addition to 802Quits, we worked with community partners to implement innovative pilots and support priority populations in cessation.

### Rutland Quit Smoking in Pregnancy Pilot

The smoking rate among pregnant Vermonters is more than 2x the national rate.<sup>6</sup> This pilot aims to reduce the use of tobacco products during and immediately after pregnancy and builds capacity among providers to address tobacco use and cessation with pregnant clients.



**22 PROVIDERS HAVE BEEN TRAINED**  
IN THE EVIDENCE-BASED SMOKING  
CESSATION AND REDUCTION IN  
PREGNANCY TREATMENT (SCRIPT®)  
PROGRAM



**20 HEALTH AND HUMAN SERVICE  
PROFESSIONALS WERE TRAINED**  
TO USE THE 5A'S BRIEF TOBACCO  
INTERVENTION

### Funding Free Clinics to Provide Screening and Brief Intervention for Tobacco Use

We funded two free clinics to expand cessation services for Vermonters with low income or no health coverage. Clinics established designated staff with the training, skills and time to support clients with cessation. Tobacco treatment specialists engaged with:

**82%** OF CLIENTS AT THE RUTLAND FREE  
CLINIC WHO SCREENED POSITIVE FOR  
TOBACCO USE

**74%** OF CLIENTS AT THE PEOPLE'S HEALTH  
AND WELLNESS CLINIC WHO SCREENED  
POSITIVE FOR TOBACCO USE

### Partnership with the PRIDE Center

We work with the Pride Center in Burlington to promote cessation among LGBTQ Vermonters through cessation classes and provider trainings to promote LGBTQ inclusivity in hospitals and practices.

**50%** OF PARTICIPANTS  
IN THE PRIDE CENTER'S  
CESSATION CLASSES QUIT  
TOBACCO USE

**2** PRESENTATIONS FOR  
PROVIDERS ON LGBTQ  
INCLUSIVITY WERE  
CONDUCTED

### Strengthening Medicaid to Support Cessation

We continue our work with Vermont Medicaid to increase access to and use of cessation supports among Medicaid providers and members.



**1,549** MEDICAID MEMBERS  
RECEIVED CESSATION  
COUNSELING<sup>7</sup>



**4,627** MEDICAID MEMBERS  
RECEIVED NRT OR CESSATION  
MEDICATION<sup>7</sup>



THE **PRIDE FESTIVAL** IS NOW  
A SMOKE-FREE EVENT

# Successes, Challenges and Tobacco Program Funding

We contributed to statewide successes in reducing smoking and creating tobacco-free environments, but our work is far from over.

## FY18 Successes

### Success Among Youth

- ✓ Reduced rate of any tobacco product use
- ✓ Reduced smoking rate and surpassed Healthy Vermonters 2020 goal

**9%**

YOUTH SMOKING RATE IN 2017

**10%**

HEALTHY VERMONTERS 2020 GOAL

### Policy Successes

Vermont established various policies for tobacco-free and smoke-free environments.



**20** COMMUNITIES PASSED NEW SECONDHAND SMOKE POLICIES



**1** UNIVERSITY WENT TOBACCO-FREE (FOR A TOTAL OF 9 THROUGHOUT THE STATE)



**7 out of 7** PUBLIC HOUSING AUTHORITIES BECAME SMOKE-FREE



**1 in 3** OF VERMONT ADULTS RESIDING IN MULTI-UNIT HOUSING REPORT INDOOR SMOKE-FREE POLICIES.<sup>8</sup>

## Remaining Challenges for Vermont

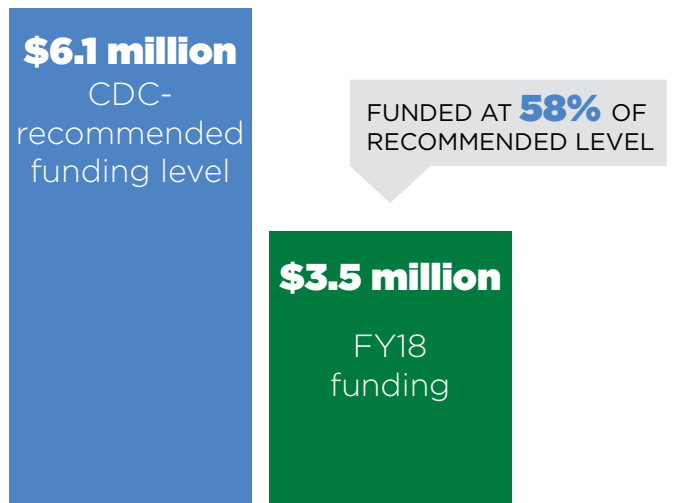
- » Smoking and tobacco use rates among adults remain steady.
- » Smoking and tobacco use rates among adults with mental health conditions remain significantly higher than the state average.
- » Smoking rates among pregnant Vermonters remain significantly higher than the national average.
- » Disparities in smoking and tobacco use rates persist between LGBTQ and non-LGBTQ Vermonters.

There has been considerable progress in reducing statewide tobacco use, but additional efforts are required to address inequities in tobacco burden and the evolving tobacco product landscape.

## Vermont Tobacco Control Program Funding

The Health Department's Tobacco Control Program is a comprehensive program that works with partners throughout the state to collectively reduce the tobacco burden in Vermont. Funding tobacco control has produced demonstrable impact on Vermont's tobacco burden and reduced smoking-related health care costs by \$1.43B from 2001 to 2014.<sup>9</sup>

A well-funded tobacco control program is essential to our continued success. In FY18, the program was funded at 58% of the CDC-recommended funding level for a comprehensive program.<sup>9</sup> Programs funded at the CDC-recommended level see the greatest return on investment.



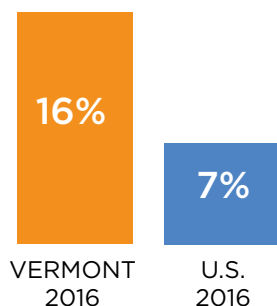
# Data-Driven Programming and Decision Making

We rely on surveillance and evaluation to inform strategy. Understanding the tobacco burden, attitudes and behaviors among different Vermont populations is key to developing responsive programming that can reach all Vermonters.

## Understanding Tobacco Burden Among Priority Populations

### Smoking During Pregnancy

Smoking prevalence among pregnant Vermonters remains high compared to the national average.<sup>6</sup>



**3 in 4** VERMONTERS WHO SMOKED BEFORE PREGNANCY MADE A QUIT ATTEMPT DURING PREGNANCY<sup>6</sup>

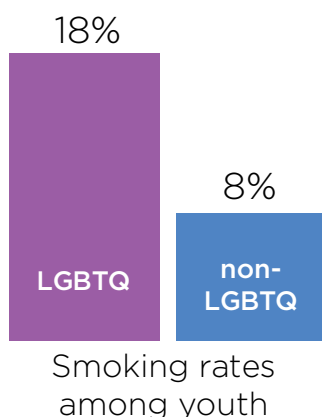


**1 in 2** VERMONTERS QUIT SMOKING BEFORE THE LAST TRIMESTER OF PREGNANCY



### Tobacco Use Among LGBTQ Vermonters

While smoking rates among LGBTQ and non-LGBTQ adults were statistically similar in 2017 (17% for non-LGBTQ vs. 18% for non-LGBTQ), disparities persisted between LGBTQ and non-LGBTQ youth.<sup>2</sup>



### Smoking and Tobacco Use Among Medicaid Members

Smoking prevalence among Medicaid members remains significantly higher than average (31% Medicaid members vs. 17% state average).<sup>2</sup> Health care providers are increasingly advising cessation or referring Medicaid members to cessation support.<sup>10</sup>

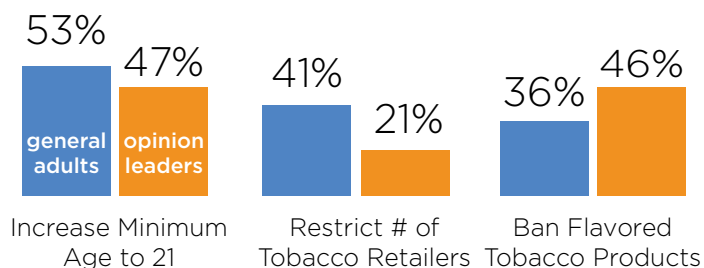


**74%** OF PROVIDERS ADVISED CESSATION (COMPARED TO 55% IN 2014)

## Assessing Support for Tobacco Policies

We surveyed local opinion leaders<sup>e</sup> and the general adult population in Vermont on tobacco point-of-sale policy options to reduce tobacco promotion and access in communities. One in two opinion leaders and adults support increasing the minimum age of sale for tobacco products to 21.<sup>4,11</sup>

### Support for Tobacco Policy Options



## References

1. Vermont Youth Behavior Surveillance System.
2. Vermont Behavioral Risk Factor Surveillance System.
3. Vermont Store Assessment Data Highlights & How-To. Counter Tools. April 2018.
4. Vermont Local Opinion Leaders Survey. 2017.
5. Vermont Quitline vendor reports. Data for July 2017–June 2018. Internal communication with Vermont Tobacco Control Program.
6. Vermont PRAMS (Pregnancy Risk Assessment Monitoring System). 2016.
7. Vermont Medicaid Claims, January 2017–December 2017.
8. Vermont Department of Health. Smoke-Free Multi-Unit Housing. Policy Coverage and Support Among Adults. August 2018.
9. Vermont Tobacco Evaluation and Review Board (VTERB) 2017 Annual Report. January 2017.
10. Vermont Consumer Assessment of Healthcare Providers and Systems Survey, 2014 and 2018.
11. Vermont Department of Health. Support for Tobacco-Related Point of Sale Policies. Local Opinion Leaders & Adults in Vermont. June 2018.

### Endnotes

- a. Data prior to 2011 cannot be compared to data after 2011 due to methodological changes made to BRFSS that year.
- b. Low-income is measured as adults living at less than 250% of the Federal Poverty Level.
- c. Vermont Behavioral Risk Factor Surveillance Survey 2017; prevalence for people of color combines two years of data (2016-2017) due to small sample size.
- d. Impressions represent the number of times media content was displayed and are non-unique (i.e., individuals could see an ad multiple times).
- e. Local opinion leaders included a sample of select board chairs, mayors, town managers, planners and chamber of commerce representatives.