

Vermont Tobacco Control Program FY2017 Annual Review

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Vermont Department of Health
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Prepared by JSI Research & Training Institute, Inc.

Vermont Tobacco Control Program

FY2017 Annual Review

THE BURDEN OF TOBACCO IN VERMONT

Tobacco use remains a leading cause of death, disability, and disease in Vermont. It is one of three risk factors that contribute to the most prevalent chronic diseases in the state, leading to significant morbidity, mortality, and health care costs.

TOBACCO USE & SMOKING



1 in 4 adults and high school youth in Vermont use tobacco, including:¹⁻³

18% of adults smoke cigarettes (83,000)

11% of high school youth smoke cigarettes (2,800)

15% of high school youth use e-cigarettes^a (4,100)



HEALTH & ECONOMIC COSTS OF TOBACCO



In Vermont, annual tobacco costs include:⁴⁻⁵

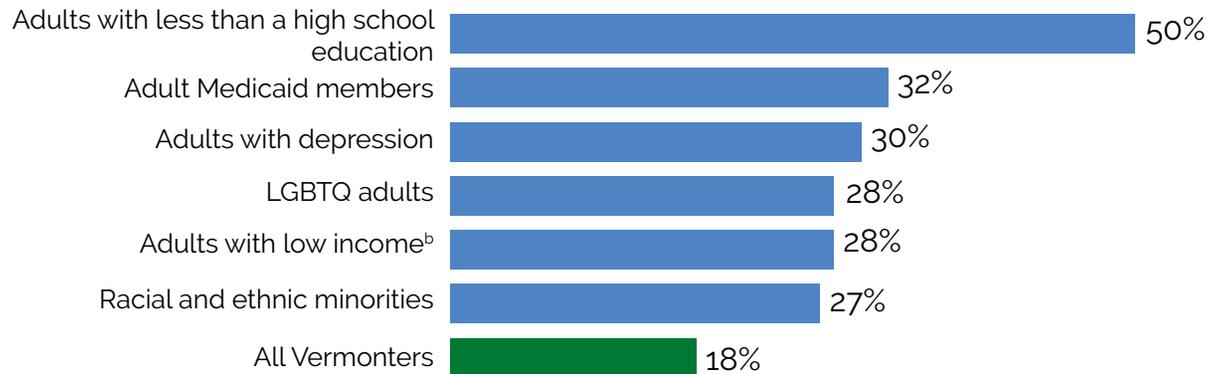
\$87.2M in Medicaid spending to the state

\$3,037 in out-of-pocket costs to smokers

\$897 in tax burden per household

DISPARITIES IN TOBACCO USE

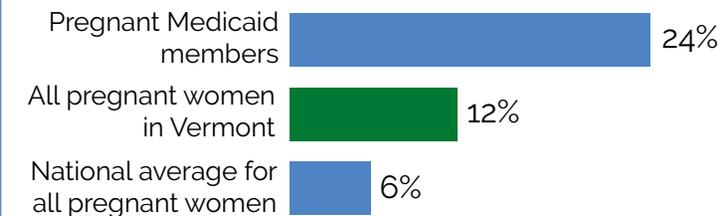
Cigarette smoking is disproportionately higher among certain populations in Vermont.^{1,6}



TOBACCO USE AMONG PREGNANT WOMEN



Vermont's rate of smoking during pregnancy is consistently about twice the national rate, and even higher among Medicaid members.^{7-8,c}



SECONDHAND SMOKE EXPOSURE



There is no safe level of secondhand smoke exposure.^{3,12}

50% of Vermonters report exposure to secondhand smoke

Vulnerable groups report exposure to secondhand smoke at varying rates:^{2,3}

40%

of high school youth

62%

of adult Medicaid members

63%

of low-income adults^b

71%

of racial and ethnic minorities

85%

of adults with less than a high school education

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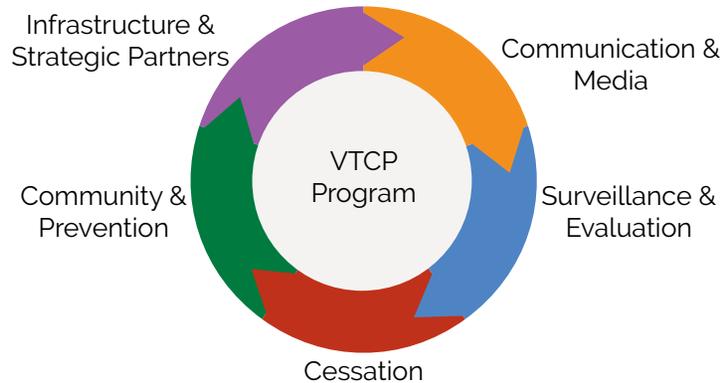
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VTCP INFRASTRUCTURE, LEADERSHIP & PARTNERSHIPS

Providing leadership in tobacco prevention and control, VTCP is a comprehensive, evidence-based program that works with partners throughout the state to implement strategies that collectively reduce tobacco burden in Vermont.

VTCP PROGRAM COMPONENTS

A multi-component structure facilitates VTCP's coordination of a range of tobacco control strategies in Vermont.



Healthy Vermonter 2020 Goals

- » **12%** adult cigarette smoking prevalence
- » **10%** youth cigarette smoking prevalence
- » **80%** rate of adult smokers who attempted to quit in the past year
- » **12** statewide laws to prohibit smoking in public places

VTCP FUNDING

Funding tobacco control pays off. The Vermont Legislature appropriated \$73M from 2001 to 2014 to fund tobacco control programs, resulting in \$1.43B in smoking-related healthcare cost savings. In FY17, VTCP was funded at 58% of the CDC recommended funding level for a comprehensive program.^{11,12}

KEY PARTNERS & STRATEGIES

Reducing tobacco use in Vermont requires a multi-pronged approach. VTCP utilizes best practice state and community-level interventions and works with state agencies, programs, and community-based organizations to address tobacco burden among priority populations.^d

Department for Vermont Health Access (DVHA)

- » Collaborates with Blueprint for Health on 802Quits Quit Partners, an in-person group cessation counseling program.
- » Collaborates with DVHA leadership to expand and promote cessation benefits for Medicaid members



Medicaid Members

Vermont Department of Mental Health

- » Promotes integration of tobacco treatment into provider systems of care
- » Conducts cessation treatment training for providers
- » Offers wellness activities for staff and clients to promote cessation treatment



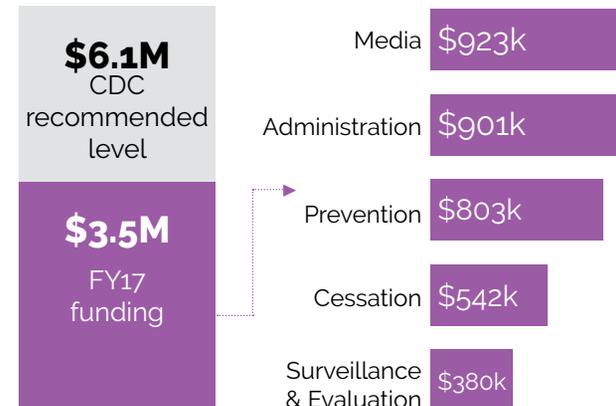
Adults with Mental Health and Substance Use Conditions

Pride Center

- » Provides a free cessation class including nicotine replacement therapy
- » Educates the community on the tobacco burden for LGBTQ Vermonters and available cessation resources



LGBTQ Vermonters



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TOBACCO CESSATION

VTCP implements a variety of cessation strategies to encourage and help tobacco users quit. These cessation strategies work at multiple levels of care, including at the state, provider, and patient levels.

802QUITS CESSATION PROGRAM



VTCP administers 802Quits, an evidence-based, statewide program that offers Vermonters 24/7 cessation support through:

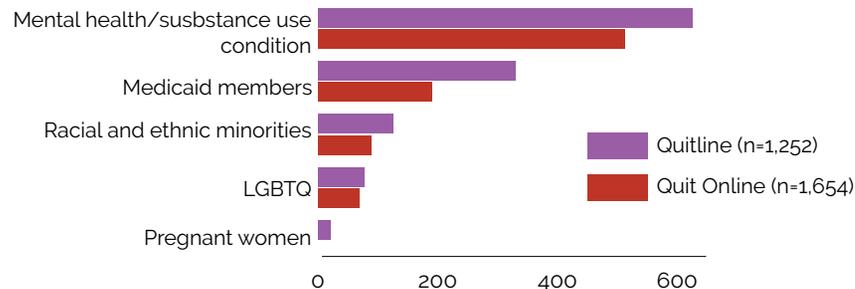
Quitline
phone-based support

Quit Online
web-based support

Quit Partners
in-person group coaching program

802Quits also provides: complimentary nicotine replacement therapy (NRT), text messages, pregnancy-dedicated coaches, and quit toolkits.

802Quits successfully engaged 2,906 Vermonters in cessation services, including priority populations:



4,947 orders of free NRT shipped by 802Quits

MEDICAID'S CESSATION BENEFIT



VTCP collaborates with Vermont Medicaid to increase the availability, accessibility, awareness, and utilization of tobacco treatment for Medicaid members.⁹

6,044 Medicaid members received NRT from a healthcare provider

1,541 Medicaid members received cessation counseling from a healthcare provider



QUIT ATTEMPTS

Half (49%) of Vermont smokers reported a quit attempt and 16% successfully quit.^{1,3,e}

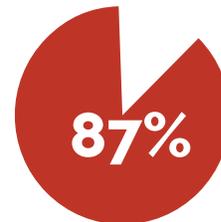
HEALTH SYSTEMS CHANGE



VTCP promotes integration of tobacco treatment into systems of care. This includes capacity building and support to providers in treating tobacco use among patients with mental health and/or substance use conditions.

6 of 10 mental health agencies participated in a VTCP-led learning collaborative to integrate tobacco treatment and wellness activities into treatment services

205 providers participated in training on tobacco treatment



Of the 550 people who registered for Quit Partners, 87% (479 people) participated in the program.

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MEDIA & COMMUNICATIONS

Vermont's strategies to counter tobacco industry marketing included promoting 802Quits services and conducting two statewide social marketing and behavior change campaigns, CounterBalance and Down and Dirty.

TOBACCO INDUSTRY MARKETING



1,000
tobacco
retailers in
Vermont

\$17 million
spent by the
tobacco industry
on marketing in
Vermont⁴

52% of high school
youth report seeing an ad
for tobacco products at a
Vermont retailer most or all of
the time²

CESSATION MARKETING



VTCP promotes 802Quits cessation programs using television, digital media, social media, video, print, and radio ads.

Priority audiences include:

- » Healthcare providers
- » Pregnant women
- » Individuals with asthma



FY17 results:



3,923 callers to the quitline



9.1M impressions^f across radio, TV and digital channels



2,669 Facebook likes

COUNTERBALANCE CAMPAIGN

CounterBalance is a statewide campaign to raise awareness of the role of tobacco industry marketing and flavored tobacco products in promoting tobacco use among youth and young adults. The campaign includes digital and social media, video PSAs, community engagement, outreach events, and education and training for community partners.



FY17 results:

1.6M
impressions

26k
engagements

196k
video views

827
Facebook likes

DOWN AND DIRTY CAMPAIGN

Down and Dirty is a tobacco prevention social marketing campaign tailored to "country" teens in Vermont. The campaign aims to reduce tobacco use among teens through event-based promotions, social media, video, and local influencers.



Since the campaign began:

4.7M
impressions

460
youth engaged

102k
video views

10,887
Facebook likes

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COMMUNITY & PREVENTION

VTCP coordinates with partners at the state and community levels to conduct countermarketing, reduce exposure and access to tobacco products, and establish tobacco-free environments.



1 in 4 (24%)

high school youth in Vermont have tried a flavored tobacco product²



2 in 3 (65%)

adults in Vermont support making candy/fruit-flavored tobacco products illegal¹⁰

COMMUNITY PREVENTION & COUNTERBALANCE CAMPAIGN STRATEGIES

Key Accomplishments include:

Working with 16 community grantees and youth to raise awareness about the dangers of flavored tobacco through 36 CounterBalance events:

- » **Annual Youth Summit** where 150 youth attended workshops
- » **Youth Rally** where 35 youth and 14 advisors from across the state marched and engaged with 13 state legislators to discuss the dangers of flavored tobacco for youth

Promoting tobacco prevention and secondhand smoke prevention policies in local communities:

- » **Manchester Commerce Ordinance** prohibits the sale of drug paraphernalia near schools and childcare facilities
- » **Milton Combustible and Non-Combustible Values Free Based Resolution** states that Milton values a community free from substance abuse and secondhand smoke exposure

**COUNTER
BALANCE**



OUR VOICES EXPOSED



OVX Rally

SECONDHAND SMOKE PREVENTION STRATEGIES

VTCP worked with community grantees, college leadership, and public housing authorities to promote adoption of tobacco-free and smoke-free policies.



Local Secondhand Smoke Ordinances Passed

- » Barre Smoke-free Parks, Playgrounds, and Recreational Areas
- » Barre Smoke-free Outdoor Public Events



Vermont State Colleges

chancellors committed to making all state college campuses tobacco-free or smoke-free by August 2019



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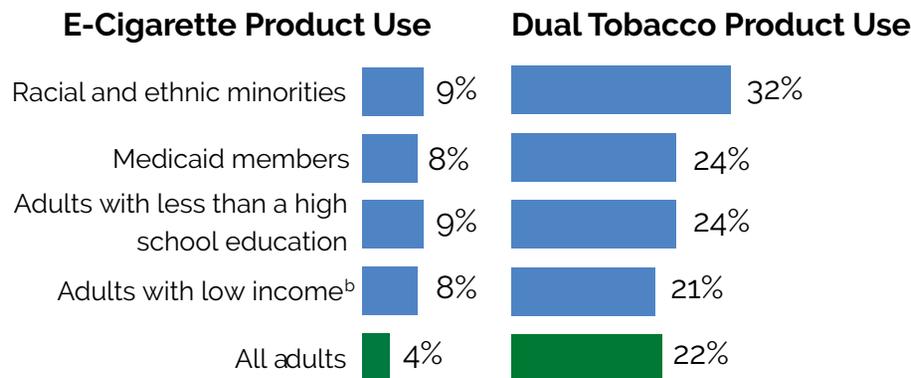
public housing authorities in Vermont have smoke-free policies

SURVEILLANCE & EVALUATION

VTCP uses data to inform program development, improvement, and decision-making. The program's surveillance system and use of independent evaluation are integral to monitoring progress and demonstrating impact on outcomes to shape program and policy direction, and ensure accountability.

PRIORITY SURVEILLANCE INITIATIVES

VTCP monitors tobacco burden among the program's priority populations. In FY17, VTCP assessed e-cigarette and dual tobacco product use.^a Although rates of use varied among priority populations, rates were not statistically different compared to all adults in Vermont:³



Youth use e-cigarette products at a higher rate than any other group of Vermonters.²

30% of high school youth have ever used e-cigarettes
15% of high school youth (4,100) currently use e-cigarettes

PRIORITY EVALUATION INITIATIVES

VTCP evaluated several priority initiatives to inform opportunities to improve and strengthen strategies, and to inform impact and decision-making.



» An outcome evaluation of Down and Dirty, a youth tobacco prevention social marketing campaign



» Formative research with Vermont health care providers to understand how to best reach and support providers in treating tobacco addiction



» An evaluation of community grantee capacity and VTCP supports to aid community-based point-of-sale strategies

VTCP conducted the Adult Tobacco Survey in 2016.

The survey provides data for several key tobacco measures, including information on tobacco burden in Vermont, non-cigarette tobacco product use, secondhand smoke exposure, awareness and utilization of cessation services, risk perception and social influences, and tobacco-related disparities. The survey can be found at: <http://www.healthvermont.gov/stats/surveys/adult-tobacco-survey>



REFERENCES

1. Vermont Behavioral Risk Factor Surveillance System 2016.
2. Vermont Youth Risk Behavior Survey 2015.
3. Vermont Adult Tobacco Survey 2016.
4. Campaign for Tobacco-Free Kids. The Toll of Tobacco in Vermont. Updated November 2017.
5. WalletHub. The Real Cost of Smoking by State. WalletHub. Updated January 2017
6. Vermont Behavioral Risk Factor Surveillance System 2014.
7. National Vital Statistics System 2016.
8. Vermont Vital Statistics System 2016.
9. Vermont Medicaid Claims, July 1, 2016 - June 30, 2017.
10. Vermont CounterBalance Survey Report. May 2017.
11. Vermont Tobacco Evaluation and Review Board (VTERB) 2017 Annual Report. January 2017.
12. Centers for Disease Control and Prevention. *Best Practices for Comprehensive Tobacco Control Programs* – 2014.

ENDNOTES

- a. Youth e-cigarette data are based on a question from the Youth Risk Factor Surveillance System that inquired on electronic vapor products, including e-cigarettes. Adult e-cigarette data are based on a question from the 2016 Vermont Adult Tobacco Survey that inquired on e-cigarette use specifically.
- b. Low-income is measured as adults living at less than 250% of the Federal Poverty Level.
- c. Data reported refer to smoking during the third trimester of pregnancy.
- d. Priority populations are population groups the VTCP has identified for targeting tobacco prevention and control strategies based on their disparate tobacco burden and/or as a vulnerable population.
- e. The successful quit rate is calculated among individuals who reported having smoked cigarettes at any time during the past year (denominator) and reported to be a "recent quitter" (numerator); the percentage of those who smoked within the last year and were no longer smoking at the time of the survey.
- f. Impressions represent the number of times media content was displayed and are non-unique (i.e., that individuals could see an ad multiple times).