



# **Vermont Prevention Lead Organizations**

**March 2024**

# Background on Prevention Funding in Vermont

- Before this state funding, DSU funded individual coalitions, schools and health districts via federal SAMHSA Block Grant or PFS/Regional Prevention Partnership (focus on youth/young adults and a menu of evidence-based strategies).
- Lost \$1.4 M a year of PFS/RPP funding from the 2015-2020 grant to Vermont's 2020-2025 grant (went from 12 to 5 health districts) – caused significant gaps and disparities when funding went away.
- Tobacco Control program in different VDH division – CDC vs SAMHSA funded.

# Process for Receiving Cannabis Excise Tax Funding

- January 2018 - Vermont became the first state to **legalize adult** use cannabis through legislation followed by the **establishment the retail market**.
- Vermont imposes a **fourteen percent (14%) excise tax** on the retail sale of cannabis and cannabis products (sales and use tax are also collected at 6%).
- The legislation establishing the retail market states that **30% of Cannabis Excise Tax dollars will go to 'substance misuse prevention programming'** (not to exceed to \$10 million).
- The **Cannabis Control Board was prioritized over the 30% for prevention** in the first three years of the market (sunsets in FY25).
- **In FY23, \$3 million was appropriated in the Governor's Budget** starting with general fund dollars with the intent of yearly funding and replacement with cannabis excise tax as available. This is our 3<sup>rd</sup> year of receiving \$3 million.
- The FY26 VDH budget includes the full 30% as was the intent and is **\$6.7 million dollars for substance misuse prevention**. The \$3 million only funds community prevention and gaps remain in school-based funding and more.

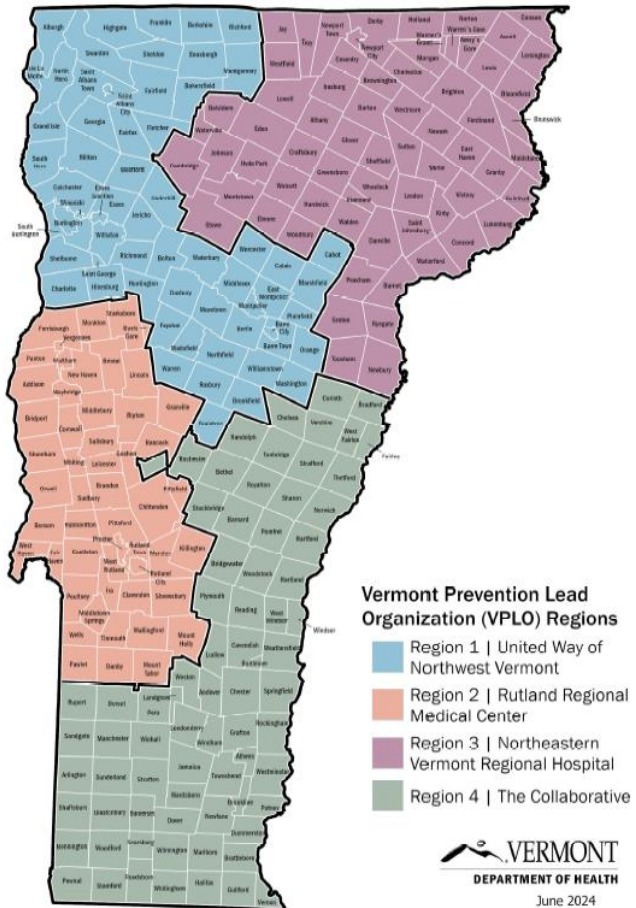
# Key Activities Upon Receipt of \$3 Million in State Funds (FY23)

- Completed **11-month prevention systems enhancement planning process** with state prevention partners and the **Public Consulting Group**.
- Provided **interim prevention bridge funding** to coalitions and other partners during planning.
- With stakeholder input and based on the planning process above, **decision made by DSU to implement a regional funding structure** to keep funding closer to the communities and regional needs, data, and priorities.
- DSU developed **VPLO logic model**.
- **Four regional Vermont Prevention Lead Organizations (VPLOs) established July 2023** to lead prevention efforts and allocating prevention funding within their region.
- **VPLOs conducted regional assessment** (data analysis and capacity) which identified regional priorities and guided funding decisions in Fall of 2023.
- **Subgrants** to prevention partners began January 1, 2024 – **60 total over the four regions**.



# Structural Changes

## Vermont Prevention Lead Organizations



## Previous Structure

- Federal funding only and DSU subgranting to individual coalitions or in specific VDH health districts (through PFS/RPP)

## New Structure

- VPLOs subgrant within a broader region (cover 2 to 4 VDH health districts)

Key elements of the VPLO structure includes **regional assessments/strategic planning and fiscal management/subgranting.**

**Seventy percent of the VPLO award is required to be subgranted** in the region.

Each VPLO must establish a **Regional Advisory Board** to make recommendations on subgranting

- There must be at least two advisory board members from each health district covered by the VPLO

An overarching goal of this funding is **to sustain existing substance misuse prevention coalitions, build additional prevention capacity, and reach gap areas** to ensure statewide prevention coverage of all 12 health districts.

**This is not a traditional DSU grant program and this model is still under development.**

# Benefits of Regional Approach

- Provides a **guiding vision and strategy, supports aligned activities, establishes shared measurement systems, and leverages additional funding** to support prevention.
- **Ties funding directly to a regional strategic plan based on assessment** which allows for progress on both short term and long-term goals.
- Provides funding for **substance misuse prevention coalitions and engages new prevention partners**.
- Funds are closer to communities which **allows for local decision making** at the regional and community-level – **regional advisory boards decide on funding vs the state**;
- **Shifts orientation** from organizations to areas or populations being served.
- Optimizes **regional assets and variability**.
- Is guided by the **Collective Impact approach and the concept of a backbone organization** that coordinates, mobilizes and facilitates prevention in a region.

# Prevention System Enhancement Vision

DSU envisions a substance misuse prevention system in Vermont that is **sustainable, scalable, and equitable**.

A system that uses **evidence-based/informed/best practice programs, policies and innovative approaches** to prevent the onset of substance misuse disorder, delay initiation of use, promote healthy lifestyles and optimize well-being **among individuals, families, and communities across the lifespan**.

- Includes all age groups
- Addresses disparities
- Follows the Vermont Prevention Model
- Focuses on all substances
- Built upon the Strategic Prevention Framework and other research-based prevention principles while allowing for flexibility and innovation
- Supports and sustains substance misuse prevention coalitions
- Is embedded in other organizations and systems such as schools, third spaces, higher education
- Engages untapped partners
- Is coordinated and cost effective
- Includes and values primary, secondary, and tertiary prevention
- Is continually evolving

# Prevention System Enhancement Activities

VPLOS are a centerpiece but also includes work to:

- **Update prevention language, approaches, definitions** to meet the current times and needs;
- Enhance how we define, deliver and support **Evidence Based Practices by balancing evaluation rigor with cultural and community fit** to increase equity;
- **Broaden how we evaluate prevention work** by including qualitative data, mapping and more vs. only measuring fidelity to strategies.
- Define and ensure **a blanket of prevention across the state.**
- **Increase innovation** in prevention.
- **Align and integrate funding** - VPLOs, PFS/RPP, school-based in regions
- **Weave prevention further into the SUD Continuum** by funding primary, secondary and tertiary prevention and more
- Bring **new partners** to the prevention table and work.
- **Workforce development.**



## What success looks like

- **Relevant and effective substance misuse prevention** efforts statewide that meet current times, challenges and needs.
- **Prevention funding guided by data and assessment** and reflects regional variability.
- An **increase in substance misuse coalitions and other prevention partners** that are sustained and thriving.
- Inclusion of **innovation and untapped prevention partners** in this work.
- An **expanded and supported prevention workforce**.
- An understanding by communities and stakeholders about **what substance misuse prevention is and its impact**.

# Innovation in the VPLO Model

- Inclusion of **full spectrum of prevention** (primary, secondary, tertiary), all ages and substances, boarder definition and expansion of prevention.
- Implements **evidence-based, evidence informed, promising practice and community-driven strategies and approaches** to increase equity and impact.
- **Capacity-building, project-based and other activities** beyond only strategy implementation.
- **Meets organizations and people where they are** (“nothing about us without us”).
- **Develops new approaches and tools** related to both programming and evaluation.
- Addresses **upstream and environmental factors** that contribute to community health (social determinates of health).
- **Flexibility for both VPLOs and grantees while holding them to a set of regional goals** that they determine based on data – this has led to an increased and diverse number of activities happening related to prevention across the state.
- **Engagement of untapped partners** across sectors to embed prevention in their work.

## Work to Date – VPLOs have:

- Established **regional advisory and coordination structures**.
- Conducted **assessment** to identify strengths and gaps in each health district and region, determined regional priorities that serve as the basis for funding allocation.
  - SPF process - use rates/trend assessment and capacity assessment
- **Established regional priorities** and **completed a strategic plan** based on assessment.
- **Released RFPs** in October; funding began January 1, 2024 and gearing up for FY26 process with RFPs coming out now or in April and for funding beginning 7/1/25.
- Began **tracking and expanding baseline prevention** in gap areas – media messaging, community education, drug disposal promotion, trainings, and events.
- Developed **logic models** and **Health Disparities Impact statements** (a compilation of data sources that outlines trends for different populations in the region).

# Process To Apply for Funding from VPLOs

- Subgrantees applying for VPLO funding **identify a risk and/or protective factor and complete a basic logic model.**
- Training is provided on **the SPF and Prevention 101**(including logic models) as well as Grant Writing, Results Based Accountability, Collective Impact.
- Regional **funding priorities in RFPs** are based on assessment and **determine funding allocations.**
- **Regional Advisory Board** make funding recommendations to VPLO.
- VPLOs provide **office hours, Q&A sessions and more** to support grantees through the process.

# DSU Work to Support the VPLO Structure

- Provide **guidance** (definitions, answering questions, helped to problem-solve, created resources and reference documents, etc.)
- Offer maximum **flexibility** given regional variability and structure.
- **Meet monthly with each VPLO** and monthly **All-VPLO meeting**.
- **Prevention Consultants support VPLOs in teams:** serving on regional coordination teams, assisting with assessment, providing training and technical assistance to advisory boards, subgrantees and communities.
- Communicating and **messaging around new structure**.
- **Reporting, metrics, and evaluation.**



# Partners Funded in Year 1/2

- Substance Misuse Coalitions
- Parent Child Centers
- Domestic and Sexual Violence Organizations
- Recovery Centers
- Health care providers/FQHCs
- Court Diversion/Community Justice Centers
- Refugee Associations
- Recreation Departments
- Hospitals
- LGBTQ+ Organizations
- Community Arts Centers
- Third Spaces
- Older Adult Service Providers
- Regional Planning Commissions
- Schools

# Projects Funded in Year 1/2

- Vermont coalitions implementing evidence-based programs to youth
- A parent child center offering prevention trainings for early childhood educators and other partners serving families with young children
- Services for justice involved youth with substance misuse challenges
- A student Leadership for Social Justice Conference
- Expansion of existing youth asset building and health equity programming
- Trainings and support services for BIPOC and LGBTQ+ Youth
- Substance use prevention case management in primary care settings
- Building a coordinated Community Response Model for those experiencing domestic violence and have a history of substance misuse
- A clinic that provides free healthcare to uninsured people in central VT
- Education and programing for older Vermonters via Area Agencies on Aging

# Successes to Date

- 60 subgrantees.
- Both operating and strategy support for 18 existing substance misuse prevention coalitions.
- Built governance structures and processes that allow prevention partners to access resources (funding, information, data, tools), connect with each other, develop shared understanding, and collaborate toward shared goals.
- Subgrantee activities were differentiated while still coordinated through a mutually reinforcing plan of action.
- Development of a Substance Misuse Employer Toolkit (Region 1).
- Provided Prevention 101 trainings and technical assistance around organizational capacity and development in each region.
- Embedded the Strategic Prevention Framework/RBI/Collective impact in this work.

## Success to Date, continued

- Provided funding and a process for similar coalitions in a region for strategic planning to increase collaboration and efficiencies.
- Created regional data dashboards to collect data and measure results consistently.
- Led transition planning when a prevention coalition no longer became viable.
- Leveraged additional funding streams for evaluation related activities and more.
- Incorporated AmeriCorps Vistas, Public Health Fellows (CDC), Vermont National Guard placements as part of the coordination teams in regions.
- Received funding and support from hospitals or universities for additional special projects specifically focused on priority areas (e.g. UVM Health Network Project focused on medical students working with older adults around substance use prevention).

# Challenges to Date

- Lots of work to build the foundation and continue to grow and sustain the model
- Specific vision needed
- Limited and vulnerable vendors and partners
- Workforce challenges
- Political challenges
- Change



# Lessons Learned/Year 1 Reflections

- This approach represents a significant shift and it will continue to take time to fine-tune the model, structure and more.
- Regional Advisory Boards engage in deep conversations about funding that often challenges their previous thinking – together they push, explore and expand how they think about prevention in a way that couldn't come via the state.
- State money is political.
- Prevention is not well understood – we need to define and show outcomes.
- Partners may not be at a point to be thinking as “innovatively” and upstream as we are – change takes time.
- Having essentially a ‘backbone’ organization in a region is critical to sustainability and building capacity far beyond strategies alone or what the state can do.
- Established with a focus on substance misuse coalitions but this work is about so much more – projects, strategies, capacity, sustainability and true systems enhancement.

# Future Vision

- Started with \$3 million general fund/Cannabis Excise Tax, now 30% of Cannabis Excise Tax not to exceed \$10 million as in Vermont statute.
- Multi-year VPLO grant cycles to allow for stable and predictable funding in regions and continue to grow and sustain the model.
- All funding aligns with the regional structure to coordinate, leverage, and meet prevention needs based on assessment and strengthen impact.
  - PFS/RPP
  - School funding via SUPTRS Block Grant
  - Other

# VPLO Metrics

- Who the subgrantees are
- How subgrantee work fits into regional priorities
- Number served and how that number was determined
- Demographics of those served
- Baseline prevention coverage
- Capturing work across Vermont Prevention Model
- Capturing work at each prevention level
- Capacity within region to do prevention work
- Summary of work at the VPLO and subgrantee level

# Grant Requirements – First two years

Table 4 – Primary Responsibilities	
Fiscal Agent	Lead Prevention Entity
<ul style="list-style-type: none"><li>i. Provide subgrants to organizations/projects in the region – this includes substance misuse coalitions and other prevention partners</li><li>ii. Identify a coordinator or regional coordination team</li><li>iii. Manage subgrantee funds and contracts</li><li>iv. Perform credible oversight and accountability for funds</li><li>v. Establish monitoring systems for workplans and budgets</li><li>vi. Develop corrective action plans to address issues</li><li>vii. Process payments</li></ul>	<ul style="list-style-type: none"><li>i. Establish an advisory structure to guide work and approve funding allocations and decisions</li><li>ii. Ensure regional coordination</li><li>iii. Facilitate cooperation and collaborative action, including needs assessment and strategic planning to guide regional funding decisions</li><li>iv. In partnership with DSU and other PLOs, lead workforce development and evaluation activities in the region</li><li>v. Use data to drive investments in community developed solutions</li><li>vi. Ensure full coverage of each VDH Health District area</li></ul>

# Grant Requirements – First two years continued

- b. Grantee must include the following components in its PLO structure and work plan:
  - Fiscal management and sub-granting plans;
  - Regional assessment and strategic planning;
  - Establishment or identification of an advisory structure to oversee funding allocations;
  - Establishing a coordinator or coordination team; and
  - Plans to collaborate with DSU Prevention Consultants (PC).
- c. The Grantee must provide baseline prevention support to all areas of the region covered. This also includes but is not limited to media messaging, promoting prescription drug disposal activities, outreach to school partners and community engagement, and education.



# Grant Requirements – First two years continued

In addition, the Grantee will:

- Develop a work plan and budget outlining the PLO approach and activities to be completed during the two-year grant period (due by July 31st of each grant year);
- Use assessment to determine need, capacity, readiness and priorities and therefore funding allocation;
- Ensure the Strategic Prevention Framework process guides this work;
- Ensure substance misuse prevention coverage in the entire region;
- Use, at minimum, 40% of funds in Year 1 (7/1/2023 – 6/30/2024) and 70% in Year 2 (7/1/2024 – 6/30/2025) for community-based prevention, mainly through subgrants and subcontracts;
- Complete a health disparity impact statement and plan in the first six (6) months;
- Continually demonstrate strong fiscal expertise and management;
- Take part in all evaluation and data collection activities;
- Report quarterly on progress including activities, subgrantees, successes and challenges.
  - Please note that a DSU site visit will replace Q3 Alchemer reporting;
- Meet regularly (monthly or more) with DSU and other PLOs in the first six (6) months. After this time, monthly or quarterly meetings will be required;
- Maintain strong coordination and partnership with regional and community partners as well as DSU PCs, other DSU staff, the state prevention team (DSU, Division of Health Promotion and Disease Prevention, the Governor's Office and others), Prevention Works!, and other PLOs.
- Participate in workforce development activities related to substance misuse prevention in the region via Prevention Works!;
- Disseminate information to the region on progress and accomplishments routinely as outlined within the workplan – this includes developing a communication plan outlining who will be included in routine communication, what will be communicated and how often communication will occur;
- Adhere to additional guidance developed by DSU.

# Performance Measures

Table 1 – Performance Measures		
Quality Indicators	Means of Performance Verification	Measure Type
Facilitate a discussion on coalition needs assessment, strategic planning or health equity plan per health district per year in coordination with the prevention consultant	Quarterly Reporting	How Well
At least one (1) activity implemented in the region to reduce use of the substances identified in this grant per each of the five (5) levels of the Vermont Prevention Model by the end of the grant period	Quarterly Report and Annual Site Visit	How Much
Recruit at least two (2) advisory board member from each health district covered per year	Quarterly Reporting	How Much

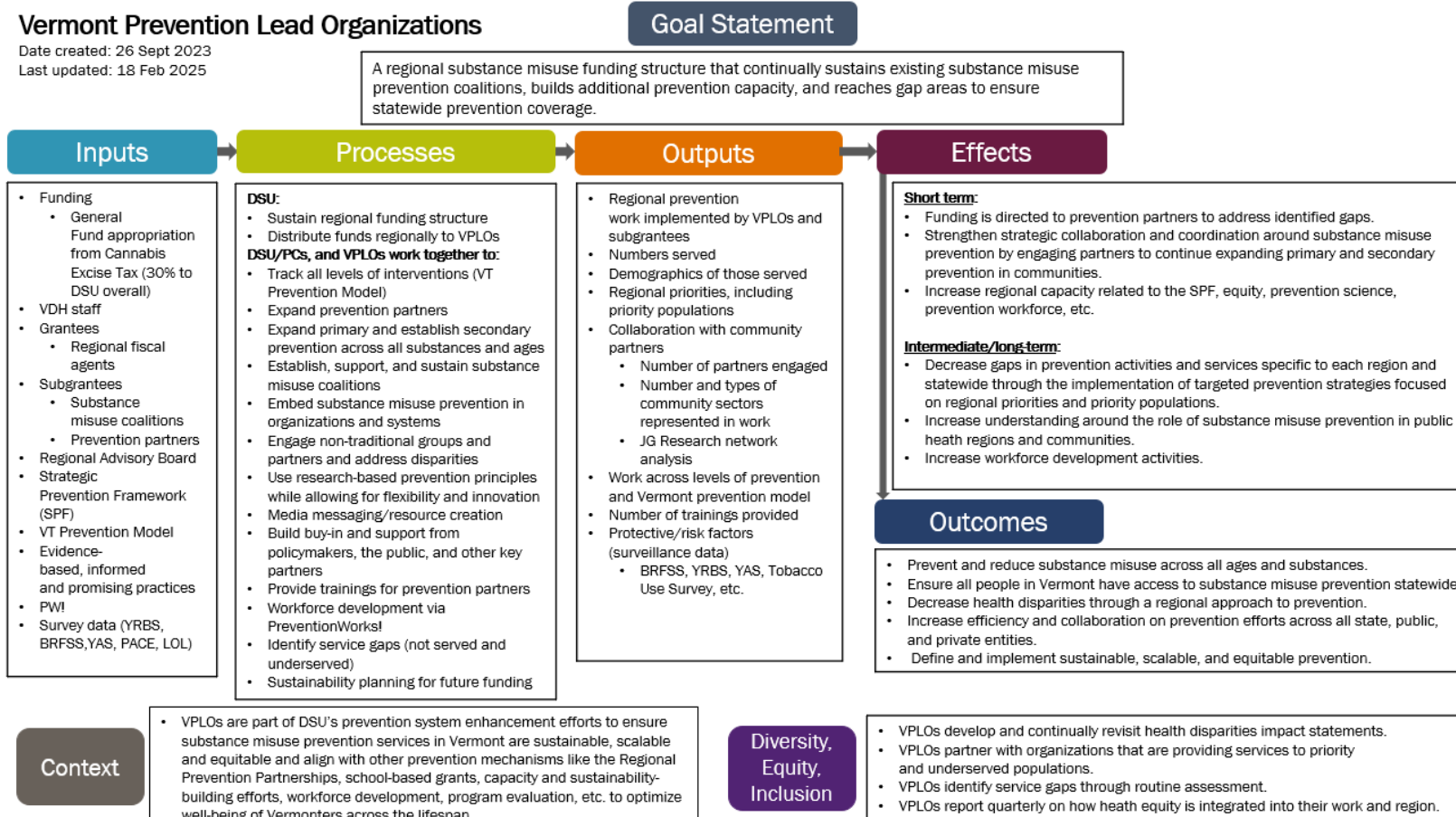
# Individual VPLO evaluations

- Within the grant there was not a requirement for VPLOs to do an evaluation, but it was encouraged to help them assess their work and determine future work needs
- Three of the VPLOs have outside evaluators

# DSU VPLO evaluation

- An internal evaluation is currently being worked on looking at the first two years of the grants
- The focus is on evaluating foundation building and work done towards sustainability so that prevention work can continue and expand

# VPLO Logic Model – Currently being reviewed and revised





# Vermont Tobacco and Nicotine Prevention

March 24, 2025

Vermont Department of Health



# Tobacco Control Program

Since 2000, we have been working to create change at the environmental, policy and systems levels.

These efforts have prevented youth and adults from becoming tobacco users, supported those looking to quit, and changed the overall acceptance of tobacco use.

Our work is guided by the Centers for Disease Control & Prevention [Best Practice Guidelines](#) and formative research with the goals of:

- 1) Prevent initiation of commercial tobacco use among youth and young adults;
- 2) Eliminate exposure to secondhand smoke (SHS);
- 3) Promote quitting among adults and youth; and
- 4) Identify and eliminate tobacco-related disparities.



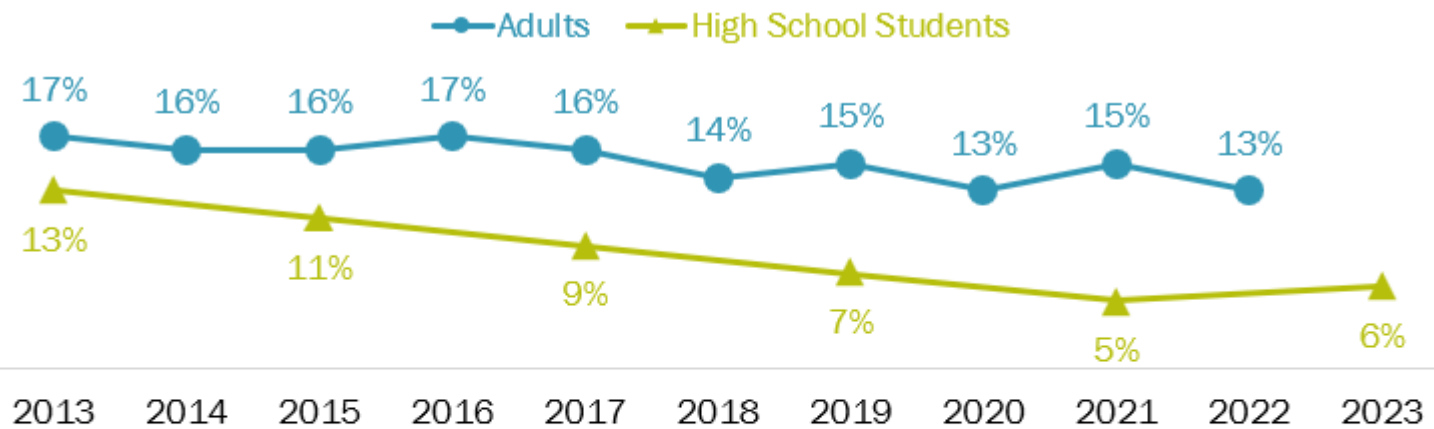
# Comprehensive Tobacco Control

## Comprehensive Tobacco Control Works

Since 2000, the Vermont Department of Health's multi-component Tobacco Control Program, funded by federal and state investment, has been working to improve health outcomes by collecting data and monitoring impact, conducting public health communications, media and marketing to increase perception of harm, providing treatment for teen and adult nicotine dependence, and supporting community and state prevention policy.

Over the past ten years, the state, legislature, health advocates and community partners have made tremendous progress in reducing Vermont's youth and adult smoking rates. From 2013 to 2023, the youth smoking rate saw a 54% decrease from 13% to 6%. During a similar timeframe from 2013 to 2022, Vermont's adult smoking rate decreased by 24% from 17% to 13%.

**Cigarette smoking among Vermont adults and high school students declined over past decade.**



Source: 2013-2022 BRFSS, 2013-2023 YRBS; 2023 BRFSS data not yet available.

**2014:** Tax to \$2.75; tax parity for most tobacco products; Act 135 secondhand smoke protections

**2015:** Tax to \$3.08; Tobacco-free MHSA facilities

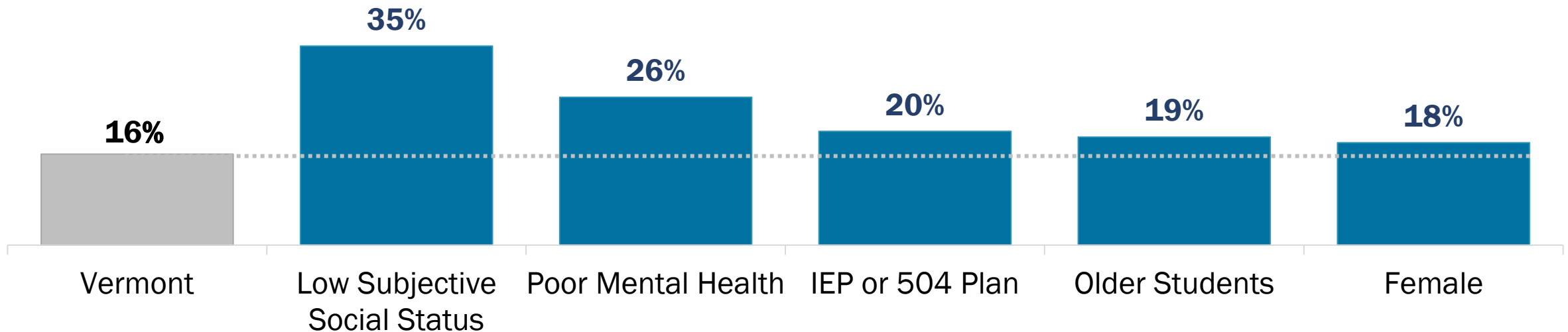
**2016:** FDA gains & expands regulatory authority; VT adds e-cigarettes to Clean Indoor Air Act

**2019:** Prohibit sales < 21-years-old

# Disparities in tobacco use exist among Vermont high schoolers.

- About one in six (16%) Vermont high school students currently use EVPs.
- Female students, older students, students with an IEP, students with poor mental health, and students with low subjective social status are statistically more likely to use EVPs.

Current EVP Prevalence Among High School Students

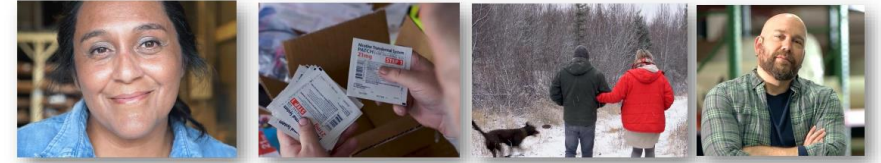


Source: VT YRBS 2023

Data Note: Subjective Social Status is a proxy measure for socioeconomic status. IEP or 504 Plan = Individualized Education Plan or supports and services for students with disabilities.



# State and Sustainability Plan



2023-2027

VERMONT'S PLAN TO ELIMINATE

## **Tobacco Use and Vaping**

A framework for action and sustainability through 2027

### OVERVIEW OF GOAL AREAS

- 1 Increase coordination of youth and young adult prevention, cessation, and vaping
- 2 Increase adult cessation of combustible and other tobacco products and integrate tobacco into substance use treatment
- 3 Eliminate exposure to secondhand smoke (SHS) and EVP emissions
- 4 Increase sustainability to contribute to substance use prevention and successful recovery

## Measuring Progress

### Immediate and short-term indicators

- Number of individuals engaged per quarter (coalition quarterly data)
- Number of events held (trainings, etc.)
- Number of meetings held with state partners, including DLL, AGO, AOE, SMPC
- Number and quality of policy efforts with community grantees (e.g., partnership with ChangeLab Solutions, Tobacco Control Network and Tobacco Control Legal Consortium)
- Number and quality of Coalition for Tobacco Free Vermont meetings
- Monitor and supply data on youth enforcement checks, number of compliance checks/compliance data on T21
- Number of MLMQ registrations
- Number of media key performance indicators (e.g., impressions, reach)
- Community coalition grantees' workplan cessation strategy: Promote technology-based programs for youth and young adult vaping cessation
- Number of OVX/VKAT chapters
  - Number of new OVX/VKAT chapters established
- Number of students in OVX/VKAT chapters
  - Number of new OVX/VKAT students
- Number of OVX/VKAT events
- Number social media engagements with the CounterBalance campaign

### Desired outcomes by 2027 - the collective impact of efforts

- ✓ Fewer Vermont youth and young adults vape and use tobacco products.
- ✓ More Vermont youth and young adults who currently vape and/or use tobacco products quit or attempt to quit.

## 2027 performance targets

*YRBS data, middle school grades 6-8, 2019 baseline*

	Baseline	Goal
Reduce the percent of youth who used any tobacco product (cigarettes, cigars, smokeless tobacco or EVP) in the past 30 days ( <i>data point also in Vermont Healthy People 2030</i> )	9%	7%
Reduce lifetime flavored tobacco use among middle school youth	8%	6%
Reduce lifetime flavored tobacco use among LGBTQ+ youth <sup>‡</sup>	16%	14%
Reduce lifetime flavored tobacco use among Black, Indigenous, and people of color	11%	9%

*YRBS data, high school grades 9-12, 2019 baseline unless otherwise noted*

Reduce the percent of youth who used any tobacco product (cigarettes, cigars, smokeless tobacco or EVP) in the past 30 days ( <i>data point also in Vermont's Cancer Plan and Vermont Healthy People 2030</i> )	28%	25%
Reduce percent of youth who ever tried a cigarette, even one or two puffs	22%	19%
Reduce percent of youth who ever tried an EVP	50%	45%
Reduce the percent of EVP use among youth	26%	23%
Reduce youth cigarette smoking prevalence (past 30 days use)	7%	5%
Increase the percent of youth who used any tobacco product in past year and made a quit attempt	44%	50%
Reduce the percent of current EVP users who used a flavored product in past 30 days ( <i>this item will be added to the YRBS in 2023 and a baseline will be established</i> )	n/a	n/a
Reduce the percent of youth who are LGBTQ+ and who used any tobacco product (cigarettes, cigars, smokeless tobacco or EVP) in the past 30 days <sup>‡</sup>	33%	28%
Reduce the percent of students identifying as Black, Indigenous or a person of color who smoke on 20 or more days	47%	40%

*Young Adult Survey (YAS), Ages 18-25, 2022 baseline*

Reduce the use of cigarettes	17%	15%
Reduce the use of cigars, cigarillos or little cigars	4%	2%
Reduce the use of chewing tobacco, snuff, dip, snus, nicotine pouches or dissolvable tobacco products	5%	3%
Reduce the use of EVPs containing nicotine	27%	20%

# Grants and Contracts

Grant or Contract	FY20	
	Amount	Category
SOPHE	\$ 99,999	Cessation Services/Training
National Jewish Health	\$ 985,052	Quit line vendor/Cessation Services
Blueprint MOU	\$ 35,000	Cessation Services/Training
VCCU - Free Clinics	\$ 59,675	Cessation Services
Pride Center	\$ 26,111	LGBTQ Community Organization
UVMHC- DOGRS	\$ 53,263	Cessation Services/Training
UVM- VCHIP	\$ 50,000	Cessation Services/Training
UVM Center on Behavior and Health - Pregnancy	\$ 74,128	Cessation Services
Rescue	\$ 2,537,488	Media
Central Vermont New Directions	\$ 58,500	Community Coaliton
Deerfield Valley	\$ 58,500	Community Coaliton
Franklin Grand Isle	\$ 58,500	Community Coaliton
Healthy Lamoille Valley	\$ 58,500	Community Coaliton
Mt. Ascutney Prevention Partnership	\$ 58,500	Community Coaliton
Northeastern Vermont Regional Hospital	\$ 45,000	Community Coaliton
Winooski Partnership for Prevention	\$ 58,500	Community Coaliton
Youth Services	\$ 45,000	Community Coaliton
Milton Community Youth Coalition	\$ 63,500	Community Coaliton
The Collaborative	\$ 63,500	Community Coaliton
Burlington Partnership for a Healthy Community	\$ 63,500	Community Coaliton
Greater Falls Connections	\$ 63,500	Community Coaliton
Northeast Kingdom Learning Services	\$ 50,000	Community Coaliton
RRMC	\$ 57,000	Community Coaliton
Human Impact Partners	\$ 41,343	Health Equity Training
Governor's Insitutes of Vermont	\$ 15,000	Youth Engagement
Essex Chips	\$ 4,950	Youth Engagement
DLL MOU	\$ 65,917	MOU



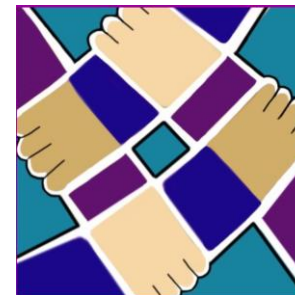
# Grants and Contracts

FY25		
Grant or Contract	Amount	Category
VCCU- Free Clinics	\$ 65,000	Cessation Services
UVM - Pregnancy	\$ 140,000	Cessation
Vermont Care Partners	\$ 5,000	Cessation Services/Training
NJH - Quitline	\$ 500,000	Quitline vendor/Cessation Services
Rinck	\$ 800,000	Media
Franklin Grand Isle	\$ 75,000	Community Coalition
Healthy Lamoille Valley	\$ 75,000	Community Coalition
Winooski Partnership for Prevention	\$ 75,000	Community Coalition
Building a Positive Community	\$ 75,000	Community Coalition
The Collaborative	\$ 98,000	Community Coalition
Burlington Partnership for a Healthy Community	\$ 75,000	Community Coalition
Abenaki of Mississquoi Valley	\$ 60,500	Equity partner
Outright Vermont	\$ 25,000	LGBTQ Community Organization
Vermont Afterschool	\$ 30,000	Third Space and Youth
Windham County NAACP	\$ 50,000	CBDP project
DLL MOU	\$ 30,000	MOU
Public Health Response to Research	\$ 97,918	Industry watch

# Tobacco Prevention Coalition Scope of Work

- **Required Strategies:**
  - Cessation
  - Local Policy
  - Secondhand smoke
  - Equity
  - Media Engagement
  - Youth Engagement

Participation in the local  
policy workgroup  
required for all coalitions.





# Coalition Success Stories

## INCREASING YOUTH ENGAGEMENT THROUGH COMMUNITY BEAUTIFICATION

### Summary

West River Valley Thrives and Building A Positive Community has been addressing the problem of butt litter and using it as a way to build new partnerships with new groups of youth and engaging with existing youth council groups in a tangible way that revitalizes the groups activities. Coalition staff put together butt litter clean up kits, incentives, and organized events with the Leland and Gray Middle and High School Project based Learning Green Up Day planning group and the Brattleboro Youth Council. Together they facilitated butt litter clean up and motivated the community to use a clean up kit and return it to coalition members to track where it was collected and recycled.



*"It's nice to have something tangible that really has an immediate impact on the community, and it was a blast to hang out with our friends while doing it!" – BAPC Youth Council member*

### Challenge

Each year West River Valley participates in a Butt litter clean up activity around Green up day and found the need to raise awareness within the community to extend participation not only to more youth but to other community members. Building A Positive Community coalition staff found that their existing group had projects that were more long term, and they wanted a tangible project to provide instant gratification that could revitalize motivation within the group. According to the 2021 YRBS in Windham County, 22% of students have smoked cigarettes or cigars or used smokeless tobacco or electronic vapor products, and 53% of students in Windham County have tried to quit all tobacco products within the past year. These stats support the importance of doing community inventories/scans of the environments that those who are trying to quit are exposed to.



### Solution

WRVT has an annual butt litter clean up project where students, 5 school staff promoted the activity to 74 community members who participated in Green Up Day and raffled off some prizes while collecting



## Partners Unite to Protect Youth in Burlington

### Summary

The Burlington Partnership for a Healthy Community (BPHC) established the Healthy Burlington Policy Workgroup to address challenges with youth substance use and promotion of use in the city of Burlington. There was particular concern about the growing use of youth vaping and availability of tobacco products. They brought together diverse partners for regular meetings examine risk factors contributing to youth use and discuss community readiness for improving policy to reduce use. The group met for more than 6 months to develop a plan of action and build momentum for change.



### Challenge

The Burlington Partnership for a Healthy Community (BPHC), a community coalition, has been working for many years to reduce youth substance use in the Burlington, Vermont community through programs for youth, caregiver education, and support for improvements to policy and practice. However, in recent years, they noticed a plateauing of impact, while at the same the number of stores in the city where tobacco products are available and promoted has increased and tobacco product litter continues to proliferate the areas around schools, parks, and some youth serving organizations.

In particular, they were concerned about the increase in youth use of vaping and community normalization of vape products in community spaces that they had seen in data from surveys and conversations with educators, parents, service providers, and youth.



# Coalition Success Stories

## HEALTH CARE USES QUIT KITS TO HELP PATIENTS QUIT

Amy Brewer, Coalition Coordinator

### Summary

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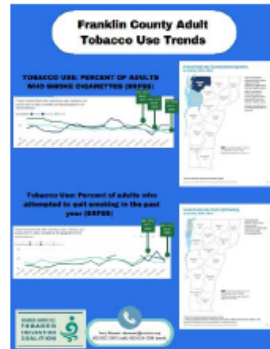
As of June 2024, the Franklin Grand Isle Tobacco Prevention Coalition and its partner, MyHealthyVT Regional Coordinator, have implemented system changes within Northwestern Medical Center that help those who use tobacco/nicotine to be effectively referred to quit resources. Although every change has not yet been identified or fully implemented, movement toward improvements have occurred. Staff will continue to work towards improved cessation referrals in FY25. Staff members and their initiatives are funded through various VT Department of Health grant funds.



*"We're continually working to implement all the changes needed so that the health care system and its providers can help all who use tobacco and nicotine effectively along their quit journey." Amy*

### Challenge

The most recent BRFSS Data for Franklin County documents an INCREASE in adult tobacco use rate (19%) which is now highest in the state and a DECREASE in quit attempts in the past year (43%) down from a high of 68% in 2017-2018. Nearly a fifth of our adults are smoking and fewer are trying to quit! With limited cessation systems within NMC, patients are not receiving universal messages about quitting or connections to resources to quit from their health care providers making that quit attempt less likely.



### Solution

Building on a strong partnership with the MyHealthyVT Regional Program Coordinator, Nichole Cunningham, we partnered with the Emergency Department to develop a Quit Kit that would contain quit resource information, quit tools, and a sample of NRT that providers could give to ED patients to encourage and support their quit attempt.

Through that process, we began to see additional opportunities to utilize the Quit Kit to help health care

providers engage with their patients in a meaningful way. Quit Kits are being



## BUILDING SCHOOL-BASED YOUTH COALITION IN LAMOILLE VALLEY

Brian Duda, HLV Youth Coordinator

### Summary

...

There has been a significant decrease in school-based youth prevention leadership groups over the past 5-10 years due to much fewer SAP counselors and the impacts of the COVID pandemic on schools. This 2023/2024 school year we increased our efforts to grow, support, and start-up youth coalition work at the school level. We supported, provided training, opportunities and resources to existing and emerging prevention and equity leadership groups. Through our efforts, we helped grow the OVX/VKAT groups from one to four this past year. Our most direct efforts was starting and developing the Lamoille North Youth Coalition (seen in picture) in collaboration with Lamoille Union Middle Health teacher, Amy Whitlock, and Lamoille Area Youth Coalition leader, Arlo.



collaboratively with assistance from Lamoille Area Youth Coalition ambassador, Arlo Bickford to promote, recruit, develop, and engage a thriving school-based youth coalition, called Lamoille North Youth Coalition. Through these collaborative efforts and supports from state and local partners, we were able to achieve the group goals of helping youth gain and enhance presentation,

*"I had a really good time and I think that [Youth] Coalition should continue for years to come. It allows kids to learn more about the troubles of drug use and how it effects our community" – LNYC member*

Deliverable 4: Success Story

### Challenge

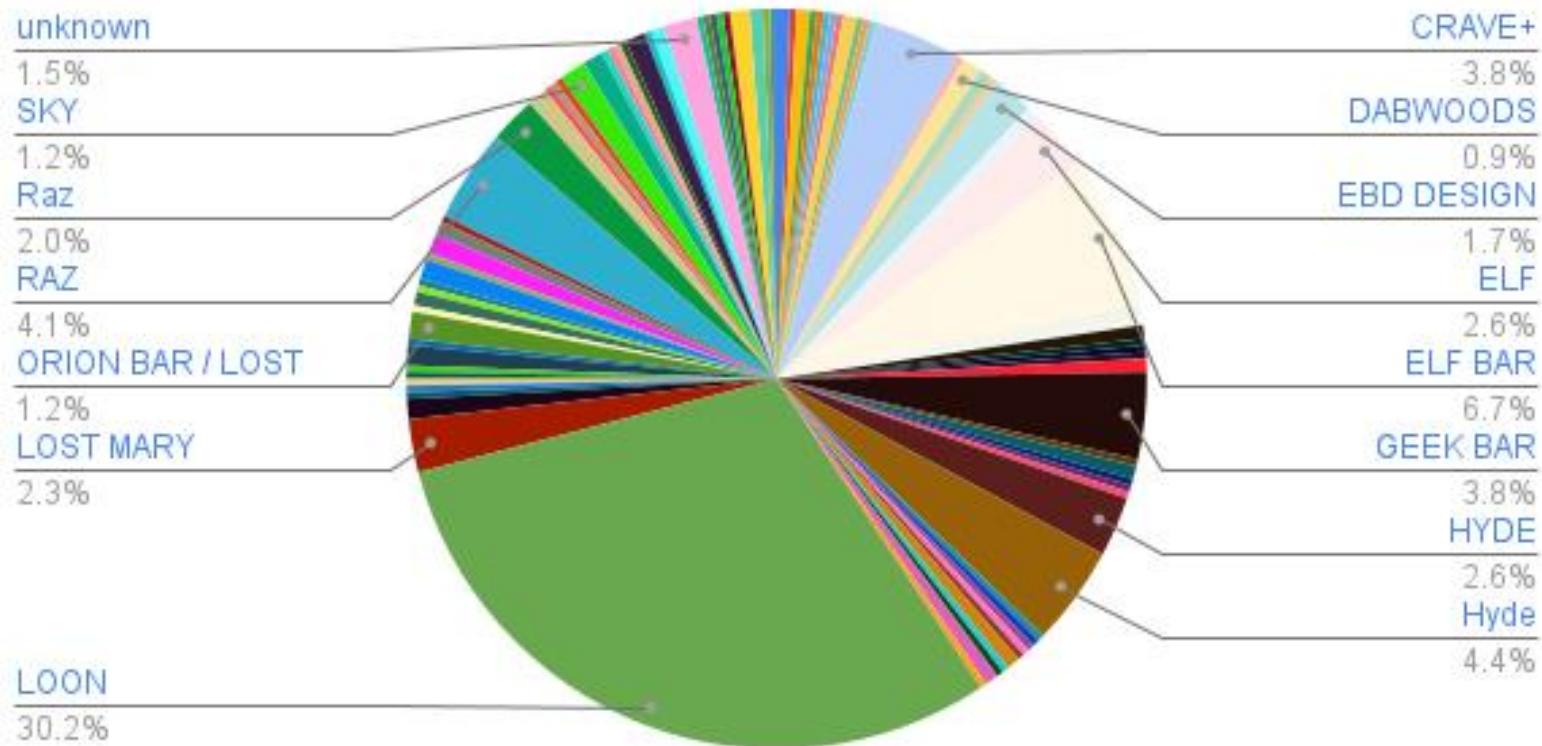
Just over a decade ago, Lamoille Valley used to have SAP counselors in every school and several active and large school-based youth substance prevention and leadership groups. In the past several years, the region has lost all but one SAP counselor who runs two active VKAT and OVX groups. The impact of COVID pandemic, school staff changeovers and shortages also made it difficult to start up and maintain school-based youth prevention leadership groups. We saw the need for more school-based youth prevention leadership groups knowing that youth have the potential to be powerful change agents and leaders in their schools and community in reducing youth tobacco use.

### Solution

Over the past years we have built the groundwork for this year's success by creating connections, building relationships, and providing support and resources for schools and educators. We started off this school year intentionally hosting our tobacco strategic planning event at the local tech center so that it would be more accessible for students. This event helped ignite a passion for this work and the two groups that attended became OVX groups. We continued to support and provide trainings, opportunities, and resources those groups, as well as the already established VKAT group. During this year, we also actively supported and provided opportunities for two of the district-based equity leadership groups. Our primary direct efforts this year was starting and developing a youth leadership prevention group based on the OVX/VKAT and Dover Youth2Youth empowerment models. Lamoille Union Middle School health teacher, Amy Whitlock, HLV's youth coordinator Brian Duda worked

# Vape School Confiscation program

84 VAPE BRANDS AS PERCENTAGES OF 341 DEVICES  
CONFISCATED FROM 14 COUNTIES IN VT in 2023-2024





# Youth Engagement – Our Voices Exposed (OVX)





# OVX Youth Leadership Council



Vermont Department of Health

## OVX CHAPTERS

SCHOOL	ADVISOR	CHAPTER LEVELS
Allen Street Campus (Rutland)	Betty Hughes	High
Barnet	Ruth Vaal	Middle
Barre City Middle School	Dawn Poitras	Middle
Barre Town Middle School	PJ LaPerle	Middle
Bellows Falls Middle & High School	Keri Newton	Middle and High
Brattleboro Middle and High School	Nancy Goodhue & Cassandra Holloway	Middle and High
Burlington High School	Heather Washburn & Mariah Flynn	High
Cabot	Dana Nelson	Middle
Danville Schools	Spencer Morse	Middle and High
Edmunds Middle School	Angela Halstad	Middle
Green Mountain Technical Center	Heidi Richard	High
Hartford Memorial School	Janet Potter	Middle and High
Harwood Union		Middle and High
Hinesburg Community School	Amy Sayre	Middle
Hunt Middle School	Mariah Flynn	Middle
Lamoille Union Middle School (Lamoille North)	Carrie Patterson	Middle
Leland & Grey	Heather Berry	Middle and High
Missisquoi Valley Union	Allison Roy	High
People's Academy	Margo Warden	Middle and High
Rutland Middle School	Jon Walleit	Middle
Rutland Senior High School		High
Spaulding Union High School	Dawn Poitras	High
St. Johnsbury School	Melissa Many	Middle
Twin Valley Middle & High School	Jen Nilsen	Middle and High
Waterford	Roxanne Roberts	Middle
Williston Central School	Lynn Camara	Middle
Woodstock Middle & High School	Annie Luke	Middle and High

# UnHypedVT.com

The UnhypedVT campaign is a Vermont Department of Health initiative aimed at educating teens about the dangers of vaping substances like nicotine, THC (cannabis), and flavored e-liquids. The campaign's messaging covers several key areas:

- **Health Risks:** Vaping any substance introduces dangerous chemicals and toxins into the body, leading to potential long-term harm.
- **Mental Health:** Use of nicotine or cannabis through vaping has been linked to issues such as depression, anxiety, and mood swings.
- **Misleading "Nicotine-Free" Labels:** Some products marketed as nicotine-free may still contain addictive substances, posing health risks similar to those with nicotine.

The campaign collaborates with Our Voices Xposed (OVX) to empower Vermont youth in tobacco prevention efforts, encouraging them to educate peers and advocate for a tobacco-free community.

UnhypedVT strives to provide accurate information and resources to help Vermont teens make informed decisions about vaping and their health.



# VAPING

—

# DON'T GET SUCKED IN

## NO VAPE IS SAFE

Vaping THC, weed, nicotine or flavorings produces harmful chemicals, and when inhaled, damage your lungs, brain and body. Vaping any substance is harmful. Get the facts and take control of your health.

DON'T GET SUCKED IN.

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**READY TO QUIT?**

**FREE & CONFIDENTIAL SUPPORT FOR TEENS.**

Non-judgmental support, 1:1 help to quit, and easy-to-follow tips from friendly coaches. Start now.

Text START to 36072

Enroll Online

# IGNITE YOUR FUTURE

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## JOIN THE MOVEMENT FOR A TOBACCO-FREE VERMONT

### WHO IS OVX?

OVX (Our Voices Xposed) is all about empowering Vermont youth to lead the way in tobacco prevention – making each voice heard. We focus on strengths and help you build the skills you need to become a leader. With support from adult advisors and community partners, OVX members educate school peers, community members, and local state decision makers about how tobacco and vape companies try to target (and hook) young people.

### WHAT WE DO

- **Make a difference:** help improve the health of their communities.
- **Spread the word:** educate others about the sneaky tactics tobacco & vape companies use to hook young customers.
- **Share the facts:** talk about the health risks and social downsides of smoking, vaping, and nicotine use.
- **Speak up:** inform local and state decision makers on tobacco and nicotine related issues from a teen's perspective.

# EDUCATIONAL AND ACTION-ORIENTED MODULES FOR YOUTH

Tobacco Has a Web of Influence  
and SO DO YOU!



04

## Introduction

05

## Universal Introductory Lesson

- Tobacco Has a Web of Influence and So Do You!

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## Mental Health Modules

- Brain Development and Mental Health
- Experiences, Mental Health, and Wellness
- Relationships, Resiliency, and Positive Coping Strategies

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## Social Justice Modules

- Tobacco as a Social Justice Issue
- Tobacco Use in Special Populations

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## Public Health Module

- Tobacco and Our Community

21

## Environmental Justice Modules

- Impacts of Tobacco on Our Environment
- Sharing What We Learned

25

## Universal Closing Lesson

- Informed and Empowered Voices are Louder Than Big Tobacco: Conversations With Friends

26

## References

# Challenges/Opportunities

- Coalition and Community Capacity
- State Coordination
  - One Time funds, shared tax revenue funds, MSA
  - Grant management: PACE, Vaping grants
  - Communications: One More Conversation, UnHyped
  - Data/Surveillance:
    - Retail Audit, Young Adult Survey, PACE, Local Opinion Leader, Synar, School Health Profiles

# Thank you!