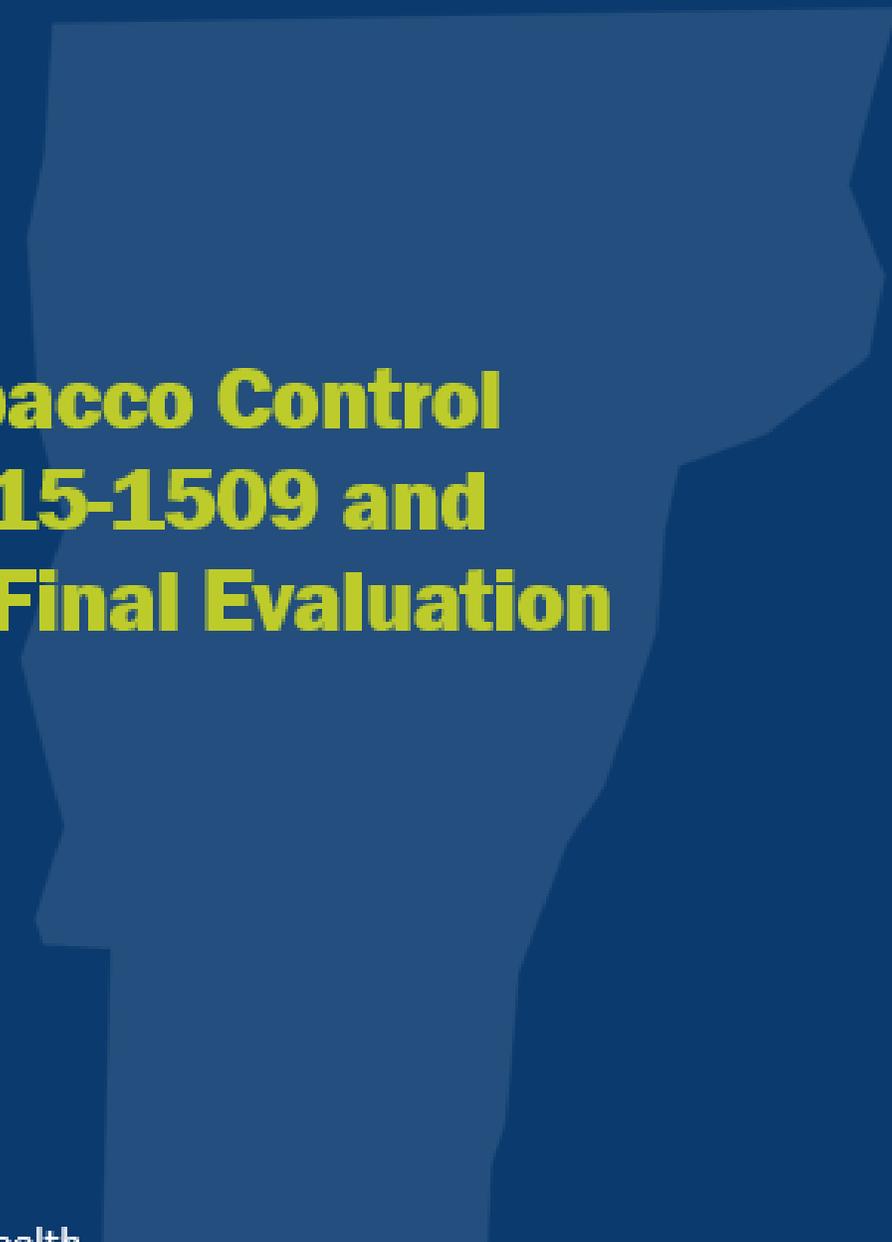


# Vermont Tobacco Control Program DP15- 1509 and DP14-1410 Final Evaluation Report

VTCP Team Meeting  
July 31, 2020

Presented by Erin Singer & Fonda Ripley



# **Vermont Tobacco Control Program DP15-1509 and DP14-1410 Final Evaluation Report**

July 31, 2020

Rhonda Williams  
Vermont Department of Health

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# Report Structure & Organization

- I. Executive Summary
- II. DP15-1509 Evaluation Report
  - I. Background and Evaluation Priorities
  - II. Evaluation Findings and Successes
  - III. Lessons Learned
  - IV. Dissemination, Recommendations, and Use
- III. DP14-1410 Evaluation Report
  - I. Background and Evaluation Priorities
  - II. Evaluation Findings and Successes
  - III. Lessons Learned
  - IV. Dissemination, Recommendations, and Use

Evaluation & Type	Key evaluation questions
<b>NTCP Goal: Prevent initiation of tobacco use among youth and young adults</b>	
CounterBalance evaluation; Process, outcome	What is the impact of the CounterBalance Initiative on community and decision-maker awareness and use of tobacco POS strategies?; What is the impact on POS policy change?
Down and Dirty campaign evaluation; Outcome	To what extent does the Down and Dirty social marketing campaign impact youth tobacco use?
UnHyped campaign evaluation; Process, outcome	To what extent does the youth prevention campaign, UnHyped, reach youth and impact their tobacco use?
<b>NTCP Goal: Promote quitting among adults and youth</b>	
Cessation needs assessment; Formative	What cessation strategies and resources are most relevant and appealing to Vermonters who use tobacco?

Evaluation & Type	Key evaluation questions
NTCP Goal: Other/Cross-Cutting	
802Quits evaluation; Process	What impact has the VTCP had on cessation among Vermonters and priority populations, including LGBTQ?; What are the barriers to engagement and retention in quitline participation?
Rutland Home Visiting Pregnancy Pilot; Process, outcome	What is the reach and impact of the program's smoking and pregnancy incentive pilot project?
Substance Use and Pregnancy Evaluation; Formative	What is the knowledge, perceptions, and practices of SU during pregnancy?; What do women need to motivate or support in discontinuing SU during pregnancy?; What is the knowledge, perceptions, and practices of providers and SU during pregnancy and what do they need to address SU during pregnancy?

Evaluation & Type	Key evaluation questions
NTCP Goal: Other/Cross-Cutting	
Medicaid cessation benefit expansion & promotion initiative evaluation; Process, outcome	What is the impact of the VTCP's Medicaid Cessation Benefit Expansion & Promotion Initiative?
Local opinion leaders survey; Formative	What is the level of support among local opinion leaders for tobacco, alcohol and recreational marijuana use policies?
Tobacco-free MHSU initiative evaluation; Process	What are the barriers and facilitators, and impact of integrating tobacco into State Health and Wellness Policies?
Tobacco Prevention Policy Stakeholder Engagement Assessment (Quasi-Evaluability Assessment); Process	What are the strengths, challenges, and gaps in the passage and implementation of the FY19 tobacco prevention policies? How can a full-scale evaluation of the FY19 tobacco prevention policies be most useful to key stakeholders, and can the evaluation be designed to meet those needs?

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# Key Evaluation Findings: DP 15-1509

- Medicaid Tobacco Cessation Benefit Expansion and Promotion Initiative
- Unhyped and PACE VT
- Down and Dirty Evaluation
- Local Opinion Leaders Survey
- CounterBalance Campaign Measures of Success

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# Medicaid Tobacco Cessation Benefit Expansion and Promotion Initiative

- Increase in utilization of services and provider interactions
- Impact on tobacco use
  - 150% increase in quit ratio (8% to 20%)
  - Downward trend in prevalence (36% to 29%)
- Impact on healthcare costs
  - Estimated \$12 million savings in Medicaid spending in 2019

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# Unhyped and PACE VT

- PRELIMINARY results from PACE VT
  - Campaign awareness increased
  - Exposure associated with increased knowledge and decreased e-cigarette use
  - No sig. difference between exposure and vaping frequency
  - No sig. difference between exposure and perception of harm; although indication of relationship

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# Down and Dirty Evaluation

- Implementation of campaign was successful – high brand awareness, appeal, and association
- Study demonstrated no disparity in tobacco use comparing “country” teens to “non-country” teens (both about 20%)
  - Similar regardless of campaign awareness

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# 2017 Local Opinion Leaders Survey

- 77% view tobacco is as priority health problem in their community
- 73% support increasing state tobacco excise tax
- 52% support a ban on coupons
- 47% support Tobacco 21
- 46% support ban on flavors
- 21% support restrictions on # of retailers

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# CounterBalance Campaign Measures of Success

- Increase in knowledge and beliefs about harms of flavored tobacco and tobacco marketing
- Decreased exposure to pro-tobacco messages
  - Exterior advertising decreased from 41% (2014) to 28% (2018)
  - Decrease in % of students who report seeing advertisements from 52% in 2015 and 50% in 2019
- Sale of flavored products remains high: 86% of tobacco retailers in 2018.

Evaluation Priority	Key evaluation questions	Type of Evaluation
Quitline Capacity Grant (DPI4-1410)		
<b>Identify &amp; Focus Strategies on Defined Priority Populations</b>	To what extent are priority populations aware of the 802Quits brand?	Process
	What proportion of quitline registrants are of priority populations? To what extent are priority populations making a quit attempt?	Outcome
<b>Increase Media Efforts</b>	Are the media efforts aligned with promoting use of the quitline among priority populations?	Process
	How is quitline use changing in relation to media efforts?	Outcome

Evaluation Priority	Key evaluation questions	Type of Evaluation
Quitline Capacity Grant (DPI4-1410)		
<b>Promote Health Systems Changes</b>	How are the 802Quits Provider Page and its promotion influencing provider utilization of the quitline? To what extent are Medicaid providers using the Medicaid tobacco cessation counseling CPT codes and referring to the Quitline?	Process
	Has the Medicaid initiative increased the number of Quitline registrants who are on Medicaid? To what extent are Medicaid members who call the quitline using and completing services?	Outcome

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# Key Evaluation Findings: DPI 4-1410

- 802Quit Engagement and Reach among Priority Populations
- Cessation Media Efforts and Effectiveness
- Medicaid Tobacco Cessation Benefit Expansion and Promotion Initiative

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# 802Quit Engagement and Reach & Quit Attempts among Priority Populations

- Adequately reaching POC, LGBTQ, and Medicaid members
- Not adequately reaching those with a high school education or less
  - 60% of VT smokers have  $\leq$  HS education, but...
  - 52% registered with QL and 44% registered with QO
- Quit attempts increased sig. over time for POC (46% in 2014 to 64% in 2018), but sig. disparity remains between POC to WNH (26% vs.14% in 2018).

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# Cessation Media Efforts and Effectiveness

- In last year, several tailored media campaigns for priority populations, traditional and digital media, improved 802quits.org, and outreach to providers.
- Increase in QL callers in past year, but 20% decrease since 2016
- 41% increase in unique web visitors and 125% increase in QO registrants since 2016

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# Medicaid Tobacco Cessation Benefit Expansion and Promotion Initiative

- Increase in QL Medicaid registrants from 2014 to 2018 (22% to 26%); decrease to 21% in 2019
- Steady decrease in QO Medicaid registrants overtime (15% in 2016 to 12% in 2019).
- Provider referrals increased from 2014 to 2017, but have since decreased.
- Completion of services (at least 4 calls) is low (19% in 2019) compared to VTCP overall target of 35%.

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# Recommendations & Use of Findings

1

Create and promote tailored cessation services beyond 802Quits, with a focus on LGBTQ youth and POC. Ensure involvement of community when designing services.

- For example, LGBTQ youth “quit buddy” mentor program. This could include linking a youth mentee with a mentor with lived experience, shared decision-making on a customized cessation treatment plan, cessation goals, and overall wellness plans.

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# Recommendations & Use of Findings

- 2 Apply model of collaboration with DVHA for the Medicaid initiative -- convening, data sharing, policy and systems change, and strategic communications -- to other state agencies serving populations experiencing tobacco-related disparities.
- For example, Department of Disabilities, Aging, and Independent Living (DAIL)

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# Recommendations & Use of Findings

3

## Evaluation for FY19 suite of prevention policies:

- Youth voice and experience
- Retailer interviews
- Outcomes evaluation using YRBS and PACE VT data.

**FY21 LOLS:** policy gaps identified - a ban on flavors, price floors/ban on couponing, and marketing/advertising restrictions.

**FY21 Store Audits:** current price of e-cigarettes, promotions, flavored products, and interior and exterior advertising.

- Use of store audits to inform retailer interviews

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# Recommendations & Use of Findings

4

## Conduct 7-month follow-up outcomes analysis

- Short and long-term outcomes: intensity of program use, participant satisfaction, change in confidence and readiness to quit, long-term quit success, additional cessation supports used, and cost-effectiveness
- Asses all outcomes by factors related to disparities in tobacco use
- Comparative Analysis or Mixed-methods approach – VT 802Quits intake and administrative data + survey data

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# Recommendations & Use of Findings

5

Create and promote tailored 802Quits cessation services

- Tailored media campaigns
- Customized QL protocols
- Populations-specific (and culturally appropriate) online tools/resources

In light of cessation needs assessment findings and increase in QO use, consider offering live chat on 802quits.org

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# Recommendations & Use of Findings

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## Greater 802Quits outreach to those with $\leq$ HS education.

- First explore *why* those with  $\leq$  HS education are using the QL and QO at lower rates than we would expect
  - Focus groups modeled from cessation needs assessment
  - Subgroup analysis from 2016 ATS
  - BRFSS call-back survey

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# Thank You!

## Questions?

## Discussion...

1. Tailored cessation services beyond 802Quits
2. Apply model of collaboration with DVHA to other state agencies
3. Policy evaluation, including FY19 prevention policies, LOLS, and Store Audits
4. 7-month follow-up outcomes analysis for QL
5. Tailored 802Quits services & live chat
6. Greater 802Quits outreach to those with a HS education or less