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

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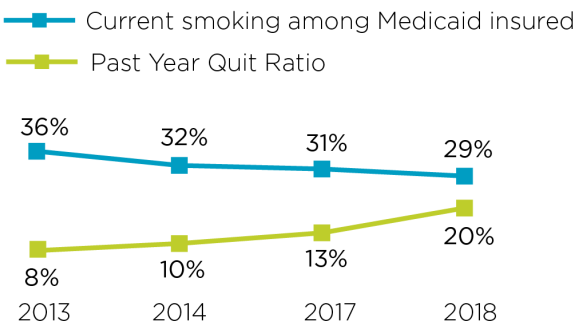
Executive Summary

The Vermont Tobacco Control Program (VTCP) implements best practice population-based environmental, policy, and systems strategies with a health equity lens. Vermont has achieved measurable progress in reducing smoking. In 2018, the adult smoking rate fell to 15%—the largest drop among adults since 2011. Among youth, the smoking rate decreased by over 50% in the last decade. Nevertheless, tobacco use remains a leading cause of death, disability and disease in Vermont and inequities and disparities in tobacco burden persist.[1,2] VTCP priority populations include those with low socio-economic status; mental health conditions and/or substance use disorders (SUD); people of color (POC); lesbian, gay, bisexual, transgender or questioning (LGBTQ); pregnant Vermonters; and youth. Evaluation has guided program planning and development; informed opportunities for quality improvement; assessed implementation, reach and effectiveness of strategies; and demonstrated impact. Additionally, VTCP used evaluation findings to inform decisions on policy priorities and program initiatives and strategies. These have included key findings from: (1) Vermont's Medicaid Cessation Benefit Expansion & Promotion Initiative evaluation; (2) youth prevention initiative evaluations (i.e., Store Audits, CounterBalance campaign, and Unhyped); and (3) cessation services evaluations (i.e., 802Quits engagement reach and the cessation needs assessment).

The Medicaid Cessation Benefit Expansion & Promotion Initiative, a collaborative effort beginning in 2014 between VTCP and the Department of Vermont Health Access (DVHA), endeavors to expand the Medicaid tobacco benefit, remove barriers to accessing cessation treatment, and promote available resources and supports to treat and sustain tobacco cessation among Medicaid members and their providers. Several data sources from the VTCP program, health surveillance, and Medicaid claims are used to monitor the initiative and measure impact. Since 2013, evaluation findings have demonstrated increased utilization of the Medicaid cessation benefit, a 150% increase in the quit ratio of Medicaid members, and a downward trend in the smoking prevalence among Medicaid members. Evaluation findings also show an impact on healthcare costs: in 2019, VT was expected to save $12 million in Medicaid spending as a result of the 2% absolute decline in smoking among Medicaid members from 2017 to 2018. Still, smoking prevalence among Medicaid members was significantly higher (29%) compared to those with private insurance (9%) in VT in 2018. The VTCP continues to monitor and evaluate this initiative as it grows and serves more Vermonters. Current program strategies informed by these data include: (1) creating effective messaging and materials for Medicaid providers; (2) expanding the initiative to other state agencies to reach additional populations that experience tobacco-related disparities; and (3) creating a standing order for pharmacists to prescribe nicotine replacement therapy (NRT).

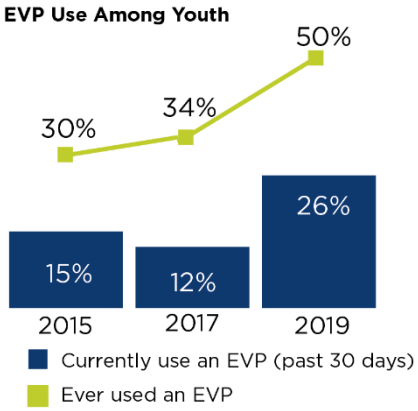
Current Smoking among Medicaid insured vs. Quit Ratios



Despite VT's success in reducing smoking rates, vaping has emerged as the most commonly used tobacco product among youth. Vaping among youth doubled between 2017 and 2019 and half of high school youth reported at least trying an e-cigarette in their lifetime. VTCP has worked to

[1] Vermont Behavioral Risk Factor Surveillance System, 2018.
[2] Vermont Youth Risk Behavior Survey, 2019.

address vaping among youth, including perception of harm, flavored tobacco products, and tobacco industry marketing. Several key evaluation findings are informing VTCP program and policy decisions. Now in its sixth year, the CounterBalance campaign evaluation provides evidence of an increased understanding among youth and adults of the role flavored tobacco products have in youth initiation. Additionally, the 2017 Local Opinion Leaders Survey findings show that almost half (46%) of local opinion leaders support making flavored tobacco products illegal. Still, VT's tobacco Store Audit data show that flavors are easily accessible (86% of VT tobacco retailers sell flavored tobacco products) and the 2019 VT YRBS found increases from 2017 to 2019 in initiation of flavored tobacco products before age 13 (10% to 15%) and lifetime use among youth (21% to 27%). One in 10 youth reported that the primary reason they use e-cigarettes was availability of flavors, and 25% of VT youth who use tobacco believe flavored tobacco products are safer. In order to address some of these misperceptions and increase in prevalence, VTCP launched *Unhyped* in March 2019, a youth education campaign that highlights the health consequences of vaping. To evaluate *Unhyped*, VTCP used a newly developed (2019) youth and young adult cohort study, PACE VT (Policy and Communications Evaluation). PACE results illustrated that as awareness of Unhyped increased, so did youth and young adult perceptions of harm; as a result, VTCP decided to continue the health education marketing strategy for fiscal year 2021. VTCP is also leveraging the engagement with youth and parents through the CounterBalance campaign to further discuss the harms of e-cigarette use and provide cessation resources for youth.



Since 2001, VTCP has funded the state cessation Quitline as an evidence-based intervention to reach tobacco users age 13 and older. In addition to the Quitline (phone-based), services have included Quit Online, Quit In Person, and text support. VTCP has been diligent in its efforts to reduce tobacco-related disparities and promote health equity by collaborating with strategic partners such as DVHA (VT Medicaid agency), VT Coalition of Clinics for the Uninsured, and community-based organizations serving refugees and the LGBTQ population. VTCP implemented evidence-based strategies for priority populations including tailored protocols for Vermonters who are pregnant and Native Americans, and a behavioral health pilot through National Jewish Health (NJH). Additionally, VTCP has created and promoted tailored media campaigns for priority populations including LGBTQ, those with mental health conditions and/or SUD, and pregnant Vermonters. An evaluation of the Quitline and Quit Online engagement reach found that 802Quits is adequately reaching several populations that experience tobacco-related disparities, including POC, LGBTQ, and Medicaid members. However, there is more work to do to increase engagement reach among those with a high school education or less. Furthermore, overall engagement reach is low (1-2%), and there has been a decrease in Quitline volume over the project period. On the other hand, there was a 125% increase in Quit Online registrants and the annual web view to registration conversion rate rose from 25% in 2016 to 41% in 2019. These evaluation findings, in addition to findings from several focus groups with 47 tobacco users throughout the state, have led VTCP to consider using more tailored media campaigns and customized cessation services. Services should emphasize choice, shared-decision making, peer-to-peer support, and should move beyond *why* to quit to more messaging and resources on *how* to quit. Additionally, VTCP is exploring collaborations with partners to focus on additional priority populations, including LGBTQ youth and rural Vermonters.

I. DP15-1509 Evaluation Report

A. Background and Evaluation Priorities

Program Overview. The Vermont Tobacco Control Program (VTCP) implements best practice population-based environmental, policy, and systems strategies with a health equity lens. The program is structured and guided by the CDC components of a comprehensive tobacco control program— (1) state and community interventions, (2) mass-reach health communication interventions, (3) cessation interventions, (4) surveillance and evaluation capacity, and (5) infrastructure, administration, and management capacity—and aims to achieve the national and state tobacco control program goals. The VTCP has worked over past decades to curb tobacco use and guarantee Vermonters the right to healthy lives free from tobacco. Focusing on populations most affected and/or vulnerable to tobacco, VTCP:

- Provides leadership and collaboration with strategic partners to align priorities and implement evidence-based strategies that collectively reduce tobacco burden. Examples include decades of state and local evidence-based policies to mitigate tobacco use and secondhand smoke exposure, and/or limit youth access and exposure.
- Implements proven cessation strategies, including health systems change, expanding insurance coverage and use, and offering 802Quits, VT's suite of Quitline programs.
- Conducts health communication campaigns to educate on the harms of tobacco use, influence social norms on tobacco use, counter tobacco industry marketing, and promote 802Quits.
- Works with state and community partners to conduct counter marketing, reduce exposure and access to tobacco products, and establish tobacco-free environments.
- Employs a surveillance system and conducts evaluation to monitor program progress; demonstrate impact; and inform program priorities, strategy and quality improvement.

VT has achieved measurable progress in reducing smoking. In 2018, the adult smoking rate fell to 15%—the largest drop among adults since 2011. Among youth, the smoking rate decreased by over 50% in the last decade. Nevertheless, tobacco use remains a leading cause of death, disability and disease in Vermont and inequities and disparities in tobacco burden persist.[3] [4] Tobacco use among vulnerable populations, disparities in burden, and the changing landscape beyond cigarettes and combustible products keeps tobacco at the forefront of the public health agenda. VTCP priority populations include low socio-economic status; mental health conditions and/or substance use disorders; people of color (POC); lesbian, gay, bisexual, transgender or questioning (LGBTQ); pregnant Vermonters; and youth.

Evaluation Priorities. Throughout the five-year project period, evaluation has guided program planning and development; informed opportunities for quality improvement; assessed implementation, reach and effectiveness of strategies; and demonstrated impact. Evaluation activities are guided by a strategic evaluation plan (SEP) that is updated regularly to reflect the evolving landscape, VTCP and partner priorities, and program strategies.

Table 1. Key Evaluation Questions by National Tobacco Control Program Goals

Evaluation & Type	Key Evaluation Questions
NTCP Goal: Prevent initiation of tobacco use among youth and young adults	

[3] Vermont Behavioral Risk Factor Surveillance System, 2018.
[4] Vermont Youth Risk Behavior Survey, 2019.

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?
NTCP Goal: Promote quitting among adults and youth	
Cessation needs assessment; Formative	What cessation strategies and resources are most relevant and appealing to Vermonters who use tobacco?
NTCP Goal: Other/Cross-Cutting	
Local opinion leaders survey; Formative	What is the level of support among local opinion leaders for tobacco, alcohol and recreational marijuana use policies?
802Quits evaluation; Process	What impact has VTCP had on cessation among Vermonters and priority populations, including LGBTQ?; What are the barriers to engagement and retention in Quitline participation?
Medicaid cessation benefit expansion & promotion initiative evaluation; Process, outcome	What is the impact of the Medicaid Cessation Benefit Expansion & Promotion Initiative?
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; 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?
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?

The current version of the SEP is included in Appendix A. As VTCP evaluation priorities were determined each year, shifts from the SEP occurred. Evaluations of the VTCP's youth engagement model, and internal program capacity and staffing were not conducted due to competing evaluation priorities. The scope of the substance use and pregnancy evaluation was expanded to include additional substances (tobacco plus alcohol, marijuana, and opioids). Additionally, VTCP prioritized a policy evaluability assessment following passage of three state policies in 2019.

B. Evaluation Findings and Successes

Evaluation Findings

Table 2. Medicaid Tobacco Cessation Benefit Expansion & Promotion Initiative.

Element	Description
Evaluation Questions	Has utilization of cessation resources and supports increased among Medicaid members? What is the impact of VTCP's Medicaid Cessation Benefit Expansion & Promotion Initiative on decreasing tobacco use among Medicaid members and decreasing healthcare costs?
Strategy	**VTCP's Medicaid Cessation Benefit Expansion & Promotion Initiative.** In a multi-year effort beginning in 2014, VTCP has collaborated with the Department of Vermont Health Access (DVHA) to expand the Medicaid tobacco benefit, remove barriers to accessing cessation treatment, and promote available resources and supports to treat and sustain tobacco cessation among Medicaid members and their provider base. Using a health systems approach, efforts have focused on collaboration, data sharing, policy and systems change, and strategic outreach and communication to Medicaid providers and members in VT.
Population Group(s)	Medicaid members and providers
Evaluation Design and Data Sources	Evaluation of the initiative assesses: 1) Access and awareness of the benefit among Medicaid members and providers using surveillance data (VT ATS) and an initial survey of Medicaid providers to assess barriers to utilization. 2) Utilization of the benefit by monitoring quarterly Medicaid claims data (cessation counseling and pharmacotherapy claims) and using the annual VT Medicaid Consumer Assessment of Healthcare Providers and Systems survey (VT CAHPS) to assess provider interaction (Ask, Advise, Refer). 3) Impacts of the benefit on tobacco use among adults insured by Medicaid using surveillance data (VT BRFSS; quit attempts, quit ratio, and smoking prevalence). Descriptive statistics are used to analyze the quantitative data and VTCP meets regularly with DVHA to review the data, assess barriers to utilization among providers, and discuss strategies to increase use of the benefit. VTCP uses several dissemination materials to increase the usefulness of evaluation findings, including a static data dashboard (example in Appendix C) and peer-reviewed manuscript published in Health Promotion Practice in 2020.
Answer to Evaluation Question	**Utilization of the cessation resources and supports**: There has been an increase in the percentage of providers advising those who use tobacco to quit (55% in 2014 to 77% in 2019), discussing medications (33% in 2014 to 58% in 2019), and discussing cessation strategies (30% in 2014 to 52% in 2019). Additionally, from 2014 to 2019 there was a 77% increase in the rate of cessation counseling claims (228.6 to 404.3 per 10,000 Medicaid members) and a small decrease but then increase in pharmacotherapy claims (574 to 1,434 per 10,000 Medicaid members). **Impact on tobacco use**: Since 2013, the year before the initiative began, VT has seen an increase in quit attempts (62% in 2014 to 64% in 2018) and the quit ratio among Medicaid members (8% in 2013 to 20% in 2018). There has been a decline in smoking prevalence (36% in 2013 to 29% in 2018) among Medicaid members. Still, smoking prevalence among Medicaid members was significantly higher (29%) compared to those with private insurance (9%) in VT in 2018. **Impact on healthcare costs**: In 2019, VT was expected to save $12 million in Medicaid spending as a result of the 2% absolute decline in smoking among Medicaid members from 2017 to 2018.[5]

[5] Estimated cost savings are based on total VT Medicaid spending of $1.6 billion in 2018 and research performed by Glantz (2019) (https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2730483).

Impact related to Logic Model Outcomes	Intermediate outcomes: **Increased coverage and use of comprehensive insurance coverage cessation treatments.** Evaluation findings demonstrate increased utilization of the Medicaid cessation benefit over time. **Increased quit attempts.** Evaluation findings demonstrate a slight increase in quit attempts among Medicaid members since the beginning of the initiative. **Increased successful cessation.** Evaluation findings show a 150% increase in the quit ratio among Medicaid members since the beginning of the initiative. Long-term outcomes: **Decrease in tobacco use among adults.** Evaluation findings demonstrate a downward trend in the smoking prevalence among Medicaid insured, although the decrease is not statistically significant.
Impact on Tobacco-related Disparities	As described above, the VT Medicaid Initiative has contributed to an increase in the utilization of cessation services and decreases in smoking prevalence among Medicaid members.
Implications for Future Work	VTCP continues to monitor and evaluate this initiative as it grows and serves more VTers struggling with tobacco use and cessation. Current program strategies include: • Continue to create and refine effective messaging and outreach materials to Medicaid providers. • Expanding the initiative to the VT Department of Mental Health (DMH) to reach an additional population that experiences tobacco-related disparities. • Beginning to discuss with our partners (including DVHA and DMH) the possibility of a standing order for pharmacists to prescribe NRT.

Table 3. Down and Dirty Evaluation

Element	Description
Evaluation Questions	To what extent is the *Down and Dirty* campaign reaching the intended audience of *country* teens in Vermont?; What is the rate of tobacco use among the intended audience of *country* teens in Vermont?; To what extent does the *Down and Dirty* campaign influence tobacco use among *country* teens in Vermont?; What are the recent trends (since 2011) in youth tobacco use prevalence in Vermont?
Strategy	**VTCP's targeted youth tobacco prevention campaign, *Down and Dirty*.** In a multi-year effort from 2013 - 2018, VTCP contracted with Rescue Agency (Rescue) to develop, implement and monitor a highly tailored social marketing tobacco prevention and cessation campaign targeting VT teens that affiliate with the *country* peer crowd. Rescue's formative research suggested that the *country* peer crowd comprised about 25% of youth in VT, of which 22% used tobacco. The higher rate of tobacco use among this peer crowd resulted in the development of Rescue's *Down and Dirty* campaign. The campaign used branded events, social media, local influencers, and video advertisements to reach and engage *country* teens in an authentic way, aiming to disassociate the "country" teen peer crowd culture from tobacco use.
Population Group(s)	VT youth; emphasis on those that affiliate with the *country* peer crowd.
Evaluation Design and Data Sources	A cross-sectional outcome evaluation was designed to inform VTCP on the success of the campaign in preventing and reducing tobacco use among the *country* youth peer crowd. JSI conducted the evaluation using an online survey during spring and summer 2017 to assess campaign impact on select tobacco use outcomes and association with brand awareness, appeal and association. The evaluation involved development and administration of an

	online survey to evaluate tobacco use and campaign awareness among a large convenience sample of VT youth aged 13-19 years, with particular emphasis on *country* teens. A 20-question survey that ascertained peer crowd, youth interests and activities, demographics, tobacco use, and *Down and Dirty* brand awareness was developed. The peer crowd assessment component of the survey utilized the I-Base Survey™, a validated research instrument designed to measure peer crowd affiliation. JSI created a social marketing strategy to recruit VT teens to take the survey. Digital promotion comprised of a variety of Facebook and Instagram ads, about half targeting *country* teens. Digital ads utilized @Mssg, a chatbot tool, which delivered a warm transfer and helped increase the amount of conversion on mobile devices. An option to refer the survey link to friends was included to incorporate snowball sampling into the recruitment methods. Print promotion of the survey included distribution of flyers and palm cards and use of *country* teen survey ambassadors to share the survey with their friends and networks. All survey respondents could opt to receive a $10 digital gift card for completing the survey. 857 teens met survey eligibility criteria, consented to participate, and completed the survey. Of the 857 teens, 687 or 80% of the sample was generated from Facebook or Instagram ads. The survey ambassadors generated 46 or 5% of the eligible respondents. About 390 youth responded they would share the survey link with friends. This process generated 124 valid surveys, 15% of the total sample size. The survey sample represented all 13 counties in the state, 52% were male, and the majority (65%) was high school students. The final analytic sample size was 824 teens. One-third of the sample (264/824) identified with the *country* peer group. The remaining two-thirds of the sample (560/824) identified with non-country peer groups.
Answer to Evaluation Question	Brand awareness, appeal and association for the *Down and Dirty* campaign was favorable. Half of all survey respondents were aware of the brand, including 53% of *country* teens. Most teens who were aware (or unsure) of the brand associated it with living tobacco-free (73% of *country* and non-country teens), an important objective of the campaign. Tobacco use rates among *country* teens and non-county teens in the study were similar. Given that prior to the campaign, *country* youth were thought to use tobacco more than other youth groups, this is an important finding. The prevalence of current tobacco use among *country* teens was 20.2%, (95% confidence interval: 15.3% to 25.0%) which was statistically similar to non-country teens of 19.5% (95% confidence interval: 16.2% to 22.7%). Use of specific tobacco products was also statistically similar for *country* teens as non-country teens. However, tobacco use was similar regardless of whether teens were aware of the *Down and Dirty* campaign or not. With these evaluation findings, VTCP determined the campaign to be successful in its reach and appeal, and that there was no longer need for the youth prevention campaign targeting *country* teens. The campaign ended in 2018.
Impact related to Logic Model Outcomes	Short-term outcomes: **Increased implementation and enforcement of evidence-based interventions.** As a social marketing health communications campaign that helps to change knowledge, beliefs, attitudes, and behaviors affecting tobacco use, *Down and Dirty* is an evidence-based intervention that VTCP implemented in 2014 to 2018. Implementation of the campaign was successful per the favorable evaluation findings on brand awareness, appeal and association. Intermediate outcomes: **Decreased susceptibility to experimentation with tobacco products.** While the campaign was designed to influence social norms and disassociate the *country* peer crowd with tobacco use, the study did not assess susceptibility to experimentation with tobacco. Long-term outcomes: **Decreased initiation of tobacco use among youth and young adults.** The study did not assess initiation of tobacco.

	Decreased tobacco use among adults and youth. The study demonstrated no disparity in tobacco use comparing *country* teens to non-country teens. Because the study involved data from one point in time, pre post comparison is not available.
Impact on Tobacco-related Disparities	Evaluation findings indicate tobacco use rates among *country* teens and non-county teens in VT were similar and therefore no disparity in tobacco use among these groups in 2018. A limitation of the study is its cross-sectional design and it therefore cannot attribute no disparity to the campaign.
Implications for Future Work	Findings from this evaluation informed VTCP's decision to discontinue the *Down and Dirty* campaign and focus efforts on other youth prevention campaigns (i.e., *Unhyped*). The evaluation also contributed to discussion and further prioritization of collecting youth peer crowd affiliation data to examine disparities by peer crowd and tailor strategies accordingly. Peer crowd affiliation is now collected in the VT PACE Study, a collaboration between the Vermont Department of Health and the University of Vermont.

Table 4. Local Opinion Leaders Survey

Element	Description
Evaluation Questions	What is the level of support for select tobacco prevention and control policies and over time? What are local opinion leaders' top of mind concerns about the health of their community and on the importance of tobacco, alcohol, marijuana, and opiate use in their community? What is the level of support for new potential prevention and control policies for tobacco, alcohol, and recreational marijuana use?; Does the level of support for policies vary by local opinion leader role, perceived influence, and/or county population size?; and What are the reasons for local opinion leaders policy stances?
Strategy	VTCP and the Division of Alcohol and Drug Abuse Programs (ADAP) work with strategic partners and community grantees to promote tobacco and substance use prevention and control policies at the state and local levels. To inform program policy priorities, it is helpful to understand knowledge, attitudes, and support for potential policy options among municipal government and other local opinion leaders. In 2014, VTCP sponsored a survey of local opinion leaders in VT to assess knowledge, attitudes, and support on a selection of tobacco control policies options. In 2017, VTCP partnered with ADAP to co-sponsor a second local opinion leader survey (LOLS). The 2017 LOLS was expanded in scope, including policy options for tobacco control and policies addressing alcohol and non-medical marijuana use. The 2017 LOLS sample was also expanded to incorporate additional types of local leaders.
Population Group(s)	VT local opinion leaders: select board chairs, mayors, regional planners, town managers, local planners and chamber of commerce staff.
Evaluation Design and Data Sources	Formative evaluation was conducted using a mixed methods survey design. The 2014 LOLS questions were used as a model for the 2017 LOLS to support comparative analysis over time, to the extent possible. The 2017 LOLS was administered to two samples using phone interviews and an online survey. A core sample consisted of selectboard chairs, mayors, regional planners, and town managers. An expanded sample consisted of local planners and chambers of commerce (CoC) members and staff. The sampling frame came from the Vermont League of Cities & Towns, town websites, and the VT CoC website. The total 2017 LOLS sample size was 299/460, for a response rate of 65%. Among the 299 survey respondents, 164 (55%) were interviewed via phone and 135 (45%) completed the survey online. Questions regarding the importance of substance use in the community, degree of agreement with specific policies, and perceived level of personal influence all had Likert-scaled response options. Results for the policy questions are also stratified by respondent role, level of influence, and geography. Respondents had seven opportunities to provide a

	rationale for their opinions for eight specific policies. The concepts, or themes, embedded in these opinions were derived using an inductive coding process.
Answer to Evaluation Question	The most significant community health issues reported by local opinion leaders included: addiction; obesity, nutrition, and physical activity; and access to health care, aging, mental health, and the impact of poverty on health. Local opinion leaders' support for policy options did not significantly differ by population size of county or leaders' perceived level of influence. 77% of local leaders feel tobacco prevention and control is an equally or more important issue than other health problems in their community. 73% of local opinion leaders support increasing the state tobacco excise tax. Support for this policy was qualified by themes such as: increased cost for tobacco discourages use, motivates tobacco users to quit, and messages that tobacco is not healthy behavior. Some local opinion leaders also stated that additional tax revenue would be beneficial. Favorability for increasing the state tobacco excise tax is often conditional on the tax revenue being used to offset the societal cost of tobacco use (e.g., fund health care costs, education). 52% of local opinion leaders support preventing retailers from accepting tobacco coupons, a slight decline from the 2014 rate of 56%. 47% of local opinion leaders support increasing the minimum age to purchase tobacco products to 21 years, similar to the 2014 rate of 47%. 46% of local opinion leaders support making flavored tobacco products illegal. 21% of local opinion leaders support restricting the number of tobacco retailers.
Impact related to Logic Model Outcomes	Short-term outcomes: **Increased implementation and enforcement of evidence-based interventions.** Findings from the local opinion leaders survey in 2017 were used to inform policy priorities, which include increasing the minimum age of sale to 21 in VT. This policy was enacted in 2019.
Impact on Tobacco-related Disparities	Our evaluation efforts did not assess disparities.
Implications for Future Work	Findings from this evaluation provided information to gain support from VT Health Department leadership to promote a tobacco 21 policy in VT. In 2019, VT passed Act 27, raising the age of tobacco product sales to 21.

Table 5. CounterBalance Campaign Measures of Success.

Element	Description
Evaluation Questions	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?
Strategy	CounterBalance is a multi-phase initiative that involves: (1) mass media and social media campaigns to educate parents about the impact of point of sale (POS) advertising on youth perceptions of tobacco and the likelihood they will eventually use tobacco; and (2) retail mapping to assess VT's tobacco POS landscape and the extent of POS marketing to youth. The CounterBalance campaign aims to: ● Raise awareness on POS tobacco advertising influence on youth tobacco use and expose tobacco industry strategies to attract young smokers and new tobacco users, including price discounts, flavored products and selling tobacco close to schools. ● Mobilize communities to take action against tobacco industry advertising at the POS. ● Implement local and state policy to reduce tobacco marketing and advertising influence on social norms and youth initiation of tobacco. The campaign has a focus on promoting awareness on the role of flavored tobacco products in youth initiation and use, and POS strategies for flavored tobacco products. VTCP's

	CounterBalance initiative and POS strategies are intended to contribute to decreases in youth initiation of tobacco and decreases in prevalence of tobacco use among youth.
Population Group(s)	VT youth, community grantees and policy makers
Evaluation Design and Data Sources	The evaluation monitors progress on priority outcomes per several data sources. Measures and targets were defined for outcomes on campaign reach; knowledge and beliefs on harms of flavored tobacco and tobacco marketing; policy support to restrict youth exposure and access; local and state POS policies; retail POS environment; exposure to tobacco and advertising; and initiation of tobacco. Data sources include: YRBS, LOLS, public opinion polls, training pre post tests, and campaign metrics.
Answer to Evaluation Question	During Phase I, the campaign demonstrated strong reach and engagement (e.g., 2.1 million campaign impressions, 1,544 active engagements, 454,000 video views). Furthermore, the campaign was successful in exceeding targets for community grantees and youth on knowledge and beliefs on flavored tobacco and tobacco marketing (e.g., 89% of youth and 100% adults participating in trainings were knowledgeable on the harms of flavored tobacco; 85% of youth and 100% of adults believed flavored tobacco products promote tobacco use among youth). A 2017 public opinion survey found that 87% of adults reported flavored tobacco products are not safer than regular tobacco. There was traction in public support for policies that restrict youth exposure and access to tobacco with 40% of adults in favor of making flavored tobacco products illegal. Among policymakers, 46% are in favor of banning flavored tobacco. 77% view tobacco as a priority health problem in their community. Store audits conducted in 2014 and 2018 show the percent of tobacco retailers that sell any type of flavored tobacco has remained high at 85% in 2014 and 86% in 2018. However, exterior advertising among tobacco retailers decreased, from 41% to 28%. A detailed overview of the tobacco retail environment is available in VTCP's online StoryMap: Visualizing the Vermont Tobacco Retail Environment. Since 2015, the percentage of students who reported seeing advertisements for tobacco products in convenience stores, supermarkets, or gas stations at least most of the time significantly decreased. This also decreased between 2017 and 2019 (52%, 55% and 50%, respectively). Following a decrease between 2015 (24%) and 2017 (21%), youth lifetime use of flavored tobacco products significantly increased in 2019 to 27%. Additionally, ever trying a flavored tobacco product before age 13 significantly increased from 10% in 2017 to 15% in 2019.
Impact Related to Logic Model Outcomes	Short-term outcomes: **Increased awareness and knowledge of the harms of tobacco use.** Evaluation findings demonstrated improvements in knowledge and beliefs among youth and community grantees on flavored tobacco and tobacco marketing. Intermediate outcomes: **Decreased exposure to pro-tobacco messages and availability of tobacco products.** Evaluation findings demonstrated decreased exposure per a decrease in exterior advertising among tobacco retailers from 2014 to 2018. Additionally, the percentage of students who reported seeing advertisements for tobacco products decreased from 2015 to 2019.
Impact on Tobacco-related Disparities	The evaluation did not assess the impact of the campaign on disparities.

Implications for Future Work	Findings provide evidence of recognition of the role flavored tobacco products have in increasing youth initiation and support for policy to address availability of flavored tobacco products in VT. Additionally, although some progress has been made in the POS retail environment to reduce exposure and access, there is more to do as we see increases in initiation of flavored tobacco products and lifetime use.

Table 6. Unhyped and PACE VT

Element	Description
Evaluation Question	To what extent does the youth prevention campaign, *Unhyped*, reach youth and impact their perception of harm and, ultimately, e-cigarette use?
Strategy	**Unhyped Media Campaign.** In FY2019, to be responsive to school/community vaping concerns, VTCP organized and participated in vaping forums, created presentations/toolkits and implemented a new media campaign - *Unhyped* - to raise awareness of the harms of vaping and reduce use among youth and young adults. Unhyped uses a health communications strategy to deliver educational content that exposes the truth about-cigarettes/vapes, ultimately to discourage use among youth. This digital and social media campaign includes a website with information and resources. Four message packages were delivered from March 2019 to April 2020.
Population Group(s)	VT youth and young adults, 13-21 years of age, who are at risk of vaping
Evaluation Design and Data Sources	The evaluation was designed to monitor campaign implementation, including its reach and engagement with the intended audience, as well as evaluate the campaign's impact on perception of harm and youth/young adult vaping using the newly developed (2019) youth cohort study, **PACE VT (Policy and Communications Evaluation)**. PACE VT is a collaboration between VTCP and Dr. Villanti at the University of Vermont, and assesses substance use beliefs and behaviors among youth and young adults (12-25 years of age) in VT in relation to awareness and appeal of communications campaigns and policy interventions. This agile, longitudinal online survey began baseline data collection in March 2019 and shows changes over time within cohorts. Quantitative analysis of PACE VT data from Waves 2 (July 2019) and 3 (September 2019) assessed campaign awareness, appeal, and association, and their relationship with vaping knowledge, perception of harm, and use.
Answer to Evaluation Question	The four *Unhyped* youth prevention campaign message packages resulted in more than 23.5 million impressions with a 96-99% reach. Preliminary results from Waves 2 & 3 of the PACE-VT survey indicate that awareness of *Unhyped* among VT youth and young adults increased from 8.7% in Wave 2 to 18.4% in Wave 3. During this time, repeated exposure to *Unhyped* messaging (four or more occasions) increased from 54% to 62%. Exposure to the *Unhyped* campaign among VT youth and young adults was associated with increased knowledge of *Unhyped* content and decreased e-cigarette use. In Wave 2 of the PACE VT survey, 65% of those exposed to the *Unhyped* campaign demonstrated knowledge of the campaign messaging (Nicotine in 5% pod equals that in 1 pack of cigarettes) compared to 59% of those not exposed to the campaign. Results from Wave 3 showed increased overall knowledge and higher knowledge of *Unhyped* messaging among those exposed to the *Unhyped* campaign (76%) compared to those not exposed (67%). No significant differences between number of days vaped or perception of harm were found between those exposed or not exposed to *Unhyped*; although only 3% of those exposed to *Unhyped* indicated e-cigarettes posed "no harm" compared to 9% of those not exposed to *Unhyped*. Overall, across Wave 2 and Wave 3 of PACE VT, data suggest that there has been an increase in youth and young adults' decision not to vape and advising a friend to quit in response to the *Unhyped* campaign.

Impact related to Logic Model Outcomes	Short-term outcomes: **Increased implementation and enforcement of evidence-based interventions.** As a digital and social media health communications campaign that helps to change knowledge, beliefs, attitudes, and behaviors affecting tobacco use, *Unhyped* is an evidence-based intervention that VTCP implemented in FY20 and continues in FY21. Intermediate outcomes: **Decreased susceptibility to experimentation with tobacco products.** As illustrated above, preliminary results from PACE VT data suggest that *Unhyped* may be having an impact on increasing perception of harm of e-cigarettes and actions taken by youth/young adults to decrease use as a result of exposure to the campaign.
Impact on Tobacco-related Disparities	Our evaluation efforts did not assess the impact of the campaign on tobacco-related disparities.
Implications for Future Work	VTCP has already used findings from this evaluation to inform program decision-making. Specifically, based on evaluation data and in light of COVID-19 and the recognition of the urgency of communicating the damage vaping can cause to the lungs so that youth and young adults can make more informed decisions, VTCP plans to continue the *Unhyped* campaign in FY21. VTCP will monitor and evaluate the *Unhyped* campaign as it continues. Dr. Villanti and her research group at UVM are continuing analysis with the PACE Waves 1-3 data to evaluate the reach and impact of *Unhyped*. A peer-reviewed manuscript is in development. The VT Department of Health PACE Team continues to meet weekly and (biweekly) with Dr. Villanti and her research group. Dr. Villanti was awarded an R21 DA051943 Perceptions and Problems Associated with Vaping in Youth and Young Adults (5/2020-4/2022). This will fund three additional waves of PACE VT data collection in 2020. They are currently recruiting for participants for the next waves of the study and finalizing the survey questionnaire. Wave 4 began 8/1/2020.

Successes

Table 7. Key Successes Related to DP15-1509 Logic Model Outcomes & Perf. Years 1-5

Logic model outcomes	Policy, systems, and behavioral changes	Description of how program strategies contributed to outcome
Short-Term		
Increased health systems changes to promote and support cessation	VTCP collaborated with the statewide network of free clinics to expand cessation services (e.g., screening, counseling, NRT, referral to 802Quits) for Vermonters with low income and/or no health coverage.	VTCP provides cessation grants to five free clinics serving uninsured Vermonters. Grants enable the clinics to offer onsite tobacco cessation counseling, referrals to the Quitline, and quit medications. The clinics have been successful in engaging tobacco users; in FY19 more than 50% of patients that screened positive for tobacco engaged in a brief intervention.
Increased implementation and enforcement of interventions and strategies to support quitting, reduce exposure to SHS, and decrease access and availability of tobacco products	**Local policies.** VTCP funds community coalitions and youth engagement programs to increase capacity to positively inform social norms on tobacco use, build relationships across sectors, and inform local and state policy on tobacco prevention and treatment.	VTCP funds 20 community coalitions and contractors, and supports the local youth group chapters of Our Voices Xposed (OVX) and Vermont Kids Against Tobacco (VKAT). Through youth leadership opportunities, they educate students, community members, and decision makers on tobacco industry tactics, encourage healthy choices among peers, and work to reduce tobacco use and change social norms. OVX and VKAT also work with the VTCP on media and counter-tobacco marketing campaigns. In FY19, youth rallied at the statehouse to educate legislators on the dangers of flavored tobacco; and 165 youth were trained to promote tobacco prevention in their communities.
	State policies. VTCP engages, educates and informs state leaders, decision-makers, and the public about the burden of tobacco use and evidence-based policy and other strategies to reduce burden. This includes addressing youth exposure, access and availability of tobacco products.	VTCP works across state government to inform policy priorities for tobacco prevention and treatment, and leverage strategic partnerships for multi-component programming. VTCP holds quarterly meetings with the Agency of Education, ADAP, Attorney General's Office, and Department of Liquor and Lottery to identify interventions to reduce initiation, illegal sale of tobacco, counterfeit products, and retailer education. VTCP administered the Local Opinion Leaders Survey in 2014 and 2017 to assess local and state policy priorities for tobacco, alcohol and marijuana. VTCP develops an annual review brief on VT tobacco burden and VTCP strategies and impacts. It is disseminated to the legislature to inform budget and policy making.

Intermediate		
Decreased exposure to pro-tobacco messages and availability of tobacco products	VTCP and partners work to prevent tobacco use by restricting the time, place, and manner in which tobacco is sold at the POS. VTCP worked to address the VT POS landscape through assessment, education and awareness and policy efforts. VTCP prioritized addressing flavored products and their role in youth initiation. The percent of tobacco retailers that sell flavored products has remained high at 85% in 2014 and 86% in 2018. However, exterior advertising among tobacco retailers decreased during this time, from 41% to 28%. Since 2015, the percent of students seeing advertisements for tobacco in convenience stores, supermarkets, or gas stations significantly decreased. This also decreased between 2017 and 2019 (52%, 55% and 50%, respectively).	VTCP implements the CounterBalance campaign at the state and local levels. The campaign involves: (1) mass media and social media to educate about the impact of POS advertising on youth perceptions of tobacco and initiation; and (2) retail mapping to assess the tobacco POS landscape. In FY19, 128 campaign community events were hosted, and 200,000 campaign social media impressions were generated. VTCP conducted retail store audits in 2014 and 2018 to assess the POS landscape, monitor progress in reducing youth exposure and access to tobacco, and inform on policy and program priorities to decrease exposure. In 2019-20, a story map of the VT retail environment was developed and disseminated. Data and products inform community grantees on context and policy opportunities, and are used in tobacco policy and enforcement meetings with VTCP and the state departments that focus on education, liquor control and licensing, taxation, and legal. At the local level, community grantees focused education and policy efforts on content neutral, zoning bylaws to reduce retailer density or location near schools, and local control. At the state level, POS policy efforts included: all tobacco products behind the counter or in locked cabinets, e-cigarettes included in the Clean Indoor Air act, price of products, enforcement, restriction of flavored products, and the minimum age of sale.
Increased coverage and use of comprehensive insurance coverage cessation treatments	In 2012, VTCP began collaborating with DVHA) to implement best practices by making Medicaid benefits for smoking cessation more comprehensive and accessible. VTCP continued and enhanced its collaboration with DVHA throughout the project period and implemented the Tobacco Medicaid Benefit Expansion & Promotion Initiative. Per BRFSS 2018, there are 16,400 Medicaid insured Vermonters who smoke.	By collaborating regularly, VTCP and DVHA focused on promoting the comprehensive cessation benefit to providers and members per a shared goal of increasing cessation activity and reducing prevalence among Medicaid-insured. Strategic promotion of the initiative was research-informed and included re-branding of Quitline programs to 802Quits, digital provider ads, provider and member mailings, and e-blasts to provider lists. Media efforts involved a broadcast campaign with 3 years of digital promotion to raise awareness of the Medicaid benefit and how to access it. VTCP led data monitoring and sharing with DVHA to assess progress and inform strategy. This involved

		assessing benefit use by type of provider, setting annual metrics of success, and sharing a data dashboard of measures to monitor progress (example in Appendix C). Data informed communications on need for removal of prior authorizations and the short/long acting NRT package resulted in Medicaid policy change.
Increased quit attempts and attempts using evidence-based treatment	VTCP promoted their 802Quits programming for youth, which is available for age 13 and older. They also assessed how youth friendly 802Quits was and revised to enhance appeal and acceptability for youth. VT has demonstrated a significant increase in youth quit attempts among high school students using any tobacco product, from 33% in 2017 to 44% in 2019.	VTCP invested in 802Quits market testing and research on guideline-based vaping language. Findings informed the changes to make 802Quits more youth friendly: updated language and reinforced that the Quitline is for youth and young adults, changes to documents to reinforce that Quitlines are available and effective for youth cessation, and a digital campaign to parents on 802Quits resources for youth. VTCP integrated and promoted "This is Quitting" in media and public communications. VTCP created an e-cigarette toolkit for schools with information about 802Quits. VTCP included cessation into CounterBalance as a way to engage with parents and included nicotine and vaping in ADAP's ParentUp campaign.
Increased successful cessation	VT has demonstrated an increase in the quit ratio for smoking among Medicaid members. From 2013 to 2018, the proportion of Medicaid insured ever smokers who became former smokers in the past year (quit ratio) more than doubled from 8% to 20%. This is attributed to the VTCP's Medicaid initiative.	VTCP has established strong collaboration with the state Medicaid agency as part of their Medicaid cessation initiative. The initiative aims to remove barriers to tobacco use and dependence treatment. Key facilitators to this relationship have involved regular communication and prioritization of resources to support collaboration; data sharing to describe and monitor cessation support use among Medicaid members; and strategic outreach and communication to increase awareness of the benefit and use. Outcomes include policy changes to increase access to NRT and counseling, and increased use of counseling and NRT among Medicaid members.
Increased implementation of evidence-based strategies that address vulnerable and underserved populations	VTCP collaborated with community partners to implement innovative pilots and support priority populations in cessation. VTCP funded free clinics to expand cessation services for Vermonters with low income or no health coverage. VTCP has partnered with the Pride Center to improve LGBTQ	With VTCP support, free clinics implemented or expanded SBIRT. In FY19, 486 clients of free clinics screened positive for tobacco use, 286 participated in brief interventions and 67 visits for additional cessation counseling were completed. The Vermont Diversity Health Project trains providers with enhanced skills in working with LGBTQ patients. Since its launch, the project has identified 153 providers committed to being

	access to cessation support. VTCP continued work with VT Medicaid to increase access to and use of cessation supports among Medicaid providers and members. VTCP also worked to customize the Quitline for certain priority populations.	safe and affirming for LGBTQ and trained 140+ health care professionals in LGBTQ care best practices. VTCP improved intake questions on the Quitline to better capture the needs of Vermonters with disabilities. 802Quits provides customized cessation support for pregnant and Native American individuals with tailored protocols for each. In FY19, 26 coaching calls were provided to pregnant through the Quitline and 55 were provided to Native Americans.
Long-Term		
Decreased initiation of tobacco use among youth and young adults	Data on youth initiation are available for 2017 and 2019. During this time, VT demonstrated a significant decrease in lifetime ever use, 24% to 22%; and trying a cigarette before age 13, 8% to 7%. Ever trying a flavored tobacco product before age 13 significantly increased from 10% to 15%.	VTCP focused strategies to reduce youth access, increase perception of harm, increase price, and eliminate flavors. These were pursued through state level policy, media, and grantee education at the local level, culminating in: • Smoke and tobacco free parks, beaches, college campuses and playgrounds; • Smoke free municipal grounds; • Content neutral signage zoning bylaws in 2 towns; • Restriction of any new paraphernalia shops in 1 town; • State policy change in which K-12 tobacco free policy became mandatory including all grounds and events. In FY19 three new statewide policies were passed that limit youth access and exposure: • Prohibition of the sale of e-cigarettes to Vermonters by mail, phone or internet; • Raising the age of tobacco sales to 21; • Taxing tobacco substitutes including e-cigarettes at the rate of 92% of wholesale
Decreased exposure to secondhand smoke (SHS)	Data on SHS exposure indicates 44% of adult non-smokers were exposed to SHS in 2016. Subsequent data are not available. For youth, exposure to cigarette smoke, both in a car and in a room, has decreased: car 36% in 2011, 27% in 2015 and 23% in 2017; room 41% in 2011, 37% in 2015 and 33% in 2017 (data not available for 2019).	VTCP made progress on smoke-free/tobacco-free laws and policies in public housing, college campuses and hospitals. By end of 2019 VT's institutions of higher learning and hospitals had become smoke-free. All but two private college campuses in VT are smoke/ tobacco free and hospital campuses are covered by comprehensive SHS policies. The program's tobacco community grantees are funded to work closely with partners, stakeholders and local experts at Offices of Local Health to provide technical assistance and free signage that can

	In 2014, 8 statewide laws on SHS were in effect. As of 2019, Vermont has implemented 13 of the 16 laws (excluding smoke-free casinos).	help landlords and property managers with creating a smoke-free building or property. In 2019-2020 VTCP tailored Indiana's multi-unit toolkit for VT and digitally promoted it. As of 2020, VT's 10 public housing authorities have comprehensive smoke/tobacco free policies (compared to two in 2015); ongoing enforcement is needed. In 2015, state grant requirements included tobacco-free grounds and integration of tobacco into treatment for substance use treatment centers (Preferred Providers). As of 2020, all but three mental health and substance use treatment (designated agencies) are covered by comprehensive smoke/tobacco free policies.
Decreased tobacco use among adults and youth	**Youth**. VT's high school youth smoking rate significantly decreased over the project period, from 11% in 2015 to 7% in 2019. Additionally, cigar use rates significantly decreased from 10% in 2015 to 6% in 2019; as did smokeless tobacco use from 5% in 2017 to 3% in 2019. While these declines build on decades of policy, systems and environmental strategies, during the project period key contributors included: (1) statewide policies enacted; (2) youth engagement strategies; and (3) communications and media strategies. **Adults.** VT's adult smoking rate significantly decreased from 18% in 2014 to 15% in 2018. VTCP contributes the decline to multiple efforts, including: prioritizing young adults and implementing policy and communication strategies targeting young adults; developing cessation infrastructure and capacity within health systems; enhancing 802Quits through quality improvement processes; and expanding and promoting use of the comprehensive Medicaid cessation benefit.	**Youth.** VTCP policy efforts focused on restricting flavored tobacco and including e-cigarettes in the Clean Indoor Air Act. In 2015, statewide policy was enacted requiring retailers place all tobacco products behind the counter or in locked cabinets. In 2016, VT's Clean Indoor Air Act expanded to include of e-cigarettes. VTCP prioritizes youth engagement strategies, including supporting local level youth groups, providing education, training and skills development on the harms of tobacco, with more recent emphasis on ENDS and tobacco industry tactics to target youth. This has been coupled with well-resourced youth communications campaigns to inform and strengthen social norms on tobacco and nicotine; *Down and Dirty*, aiming to disassociate tobacco use among the country teen peer crowd; *CounterBalance*, aiming to build understanding and awareness of the role that the tobacco industry and flavored tobacco products have in increasing initiation and use; and *Unhyped,* a health information campaign that highlights the consequences of vaping. **Adults.** VTCP's tobacco-free college campus initiative engaged and supported VT colleges and universities with training and technical assistance to become tobacco-free, influence social norms and reduce exposure among young adults. Currently, all but two campuses in the state are tobacco-free. VTCP's Medicaid benefit initiative has been instrumental in developing collaboration with the state Medicaid agency and

		improving the cessation benefit policy to enhance cessation support and use. VTCP has established strategic partnerships to develop the cessation infrastructure in VT, including with the largest ACO in the state, an academic partner conducting research on promising practices for tobacco cessation, and implementation of SBIRT protocols among health care providers. VTCP's quality improvement efforts to enhance 802Quits acceptability, accessibility and usability have resulted in understanding of how 802Quits can better serve adults in their quit journey. These insights inform VTCP cessation strategies, including media and policy priorities.
Decreased tobacco-related disparities	**Medicaid.** VT's adult smoking rate among Medicaid members shows a declining trend (not significant): 36% in 2013, 32% in 2014, 31% in 2017 and 29% in 2018. In 2019, VT was expected to save $12 million in Medicaid spending as a result of the 2% absolute decline in smoking from 2017 to 2018. VTCP's focus on Medicaid and the Medicaid cessation benefit initiative are key contributors to this outcome. **LGBTQ.** VT's adult smoking rate among LGBTQ decreased from 41% in 2016 to 16% in 2018. As of 2017 and continued in 2018, the smoking rate among LGBTQ is statistically similar to non-LGBTQ. LGBTQ have been a priority for VTCP per the disparity in tobacco and as a vulnerable population. They focused communications and health systems strategies to prevent tobacco use and promote cessation. Tobacco use continues to be significantly higher among LGBTQ youth compared to non-LGBTQ. In 2019, any tobacco use among LGBTQ youth was 33% compared to 28% among non-LGBTQ. The smoking prevalence was 13% compared to 6% and EVP use 31% compared to 26%.	VTCP's established collaboration with the state Medicaid agency as part of their Medicaid cessation benefit initiative has yielded success in removing barriers to tobacco use and dependence treatment. Outputs and outcomes from the initiative included policy changes to increase access to NRT and counseling, increased use of cessation counseling and NRT among Medicaid members, and a downward trend in the smoking prevalence among those insured with Medicaid. LGBTQ Vermonters have been a priority. VTCP has worked closely with VT Pride Center on tailoring 802Quits content for the LGBTQ audience, including youth, and promoting Pride Center's VT Diversity Health Project, which trains healthcare to become safe, affirming spaces. Additionally, VTCP has provided grant support to the Pride Center to promote and offer culturally appropriate cessation to adult LGBTQ in the Burlington area and has expanded this to Montpelier. VTCP work also included trainings to clinicians and care teams on LGBTQ awareness, definitions and cultural sensitivity.

C. Lessons Learned

Table 8. Examples of Lessons Learned for DP15-1509

Lessons Learned	Background and Context	Use of Information to Inform TCP Efforts	Population Group
Challenges			
Collaborating with University partners provides an opportunity to collect timely and robust data to better respond to emerging issues and pilot promising practices.	One of the challenges was a lack of state data to use for pivoting and planning with the sudden increase in e-cigarette use from 2017 to 2018. VTCP knew that there was a need to better understand and address e-cigarette use among youth, but faced additional challenges with interfering with YRBS and with survey implementation outside of the school environment. The solution came through a collaboration with Dr. Villanti at UVM. Together with UVM, VTCP created the Policy and Communications Evaluation study (PACE Vermont; explained in more detail in Evaluations Findings section, Table 2, page 14).	PACE VT results from three waves of data collection in 2019 have been helpful in communicating the impact of flavored tobacco use, vaping, and impacts of EVALI. These data were shared with the legislature and used to inform programmatic decisions. VTCP continues collaboration with Dr. Villanti at UVM who was recently awarded an R21 DA051943 Perceptions and Problems Associated with Vaping in Youth and Young Adults (5/2020-4/2022). This will fund three additional waves of PACE VT data collection in 2020. Additionally, VTCP continues to seek collaboration with other partners at UVM to learn more about the population of tobacco users in VT. This includes work on a cessation pilot with UVM Center on Behavior and Health, in which VTCP is implementing contingent management protocols in a community setting with up to 30 participants who are pregnant.	N/A
Despite several years of effort and support at the local and state level, lack of local control (pre-emption) has hindered efforts for broad policy change regarding point of sale.	VTCP sought to be an early adopter of a policy to restrict flavors. Following national and state research, VTCP developed a new campaign, CounterBalance, to increase awareness among parents and engagement at the community level to reduce the impact of flavored tobacco. CounterBalance has resulted in nearly 1,000 concern cards from community and youth about flavors; information and materials disseminated by youth at annual Youth	Movement and support for a ban on all flavored tobacco products is gaining in VT and it was on the agenda for the FY20 legislative session. Unfortunately, the day that the state shut down due to the coronavirus was when the committee vote was scheduled to occur. VTCP will continue to work on this issue as momentum builds at the national level and within the state of Vermont.	N/A

	Statehouse Rallies; and a handful of local meetings and attempts at passing resolutions to support a state ban.		
Without a champion within other state departments such as DMH, it is difficult to form a strong partnership to effectively address tobacco-related disparities.	Despite sharing data and facilitating discussions for several years, there has not been much collaboration with DMH. Dr. Batra, the former Medical Director at DMH, was a champion for this issue and communicated on the research about the benefits of addressing tobacco along with, or in addition to, other substances. However, since his departure VTCP has struggled to find a foothold upon which to build a relationship with DMH.	While VTCP continues to strengthen the relationship with DMH through the Behavioral Health Community of Practice, VTCP has sought other avenues to address tobacco use among this population. For example, VTCP conducted a qualitative evaluation with staff at SUMH facilities to better understand and address the successes and barriers to adopting a tobacco-free campus. Additionally, VTCP contracted with Chad Morris to provide trainings and lead a Culture of Wellness learning collaborative with 6 designated agencies. VTCP created and broadcast our first behavioral health ad, Meet Ana.	Behavioral Health
Disparities			
Three components proved essential to expand access and utilization of cessation benefits among Medicaid members: 1) regular meetings to define goals and targets; 2) data sharing; and 3) data-informed promotion.	Beginning in 2014, VTCP used a health systems approach in collaboration DVHA to increase access and use of tobacco treatment benefits and support among Vermonters insured by Medicaid. Over the time of this collaboration, VT has seen a reduction in the smoking prevalence and increase in the quit ratio among Medicaid members. Furthermore, it was estimated that VT would save $12 million in Medicaid spending in 2019 as a result of the 2% absolute decline in smoking among Medicaid members from 2017 to 2018.	VTCP has initiated a provider workgroup to create more learning from and engagement with the clinical sector and is discussing the inclusion of pharmacists as cessation providers. VTCP continues to meet regularly with DVHA and monitor the claims data. Possible next steps in the evaluation include analyzing use of Chantix and NRT overtime, including course of therapy/adherence rate and qualitative data collection with Medicaid providers to better understand their use of CPT codes, especially among specific provider types including family practitioners, OBGYN, dentists, and pediatricians.	Medicaid members/ adults with low-income

D. Dissemination, Recommendations, and Use

Table 9. Dissemination Plan

Audience	Goals	Key Findings to be Shared	Product/Channel
Tobacco control community coalitions	Share information to support their community work and keep coalition members engaged.	Results from evaluations and updated state and local-level data, especially those that relate to work in the community such as progress towards state plan performance measures, voices of tobacco users from the Cessation Needs Assessment and POS findings from the local opinion leaders survey, store audits, and the StoryMap.	Various webinars and in-person presentations; Local Opinion Leaders Survey Brief; Cessation Needs Assessment Report (Appendix D); StoryMap
Legislature and other local opinion leaders	Gain support for tobacco-related policies and annual budget allocations	Current tobacco burden in the state, successes of VTCP strategies and select evaluation findings that may help in policy decision-making.	Annual VTCP Review Briefs; StoryMap; Local Opinion Leaders Survey
Department of Vermont Health Access (DVHA, Medicaid Agency)	Engage DVHA decision-makers to raise awareness of tobacco burden among Medicaid members and gain support for collaborative work to address tobacco use among Medicaid members; update on results of collaborative efforts.	Quarterly and annual review of Medicaid claims data, 802Quits program data, and health surveillance data (e.g., prevalence, quit attempts) among Medicaid members to set performance targets, determine promotion strategies, and guide policy and health systems changes.	Medicaid Data Dashboard (Appendix C); Medicaid Healthcare Savings Data Brief; Medicaid Measures of Success
Community and state partners, including Department of Liquor & Lottery, Agency of Education, America Cancer Society, and American Heart Association	Engage partners as advisors; provide information to build relationships and elicit action in support of tobacco-related programs and policies.	Relevant surveillance and program data regarding tobacco use and burden in VT to inform development of the 5-year Tobacco State Plan. Regular check-ins to monitor progress in surveillance data and share key evaluation results that may inform stakeholders in their tobacco-related work.	Tobacco State Plan and Midway Report; StoryMap

VTCP staff	Data-informed program decision-making	Results of evaluations, especially evaluations of specific interventions, which are used internally to guide development and improvement of program strategies.	Down and Dirty Evaluation Report; Tobacco Prevention Policy Stakeholder Engagement Report

Table 10. Peer-Reviewed Journal Citations

Citation	Web Link
Villanti, A.C., Vallencourt, C.P, West, J.C., Peasley-Miklus, C., LePine, S.E., McCluskey, C., Klemperer, E., Logan, A., Patton, B., Erickson, N., Hicks, J., Horton, K., Livingston, S., Roemhildt, M., Singer, E., Trutor, M. Williams, R. (2020). Recruiting and retaining youth and young adults in online longitudinal research: Lessons from a randomized trial of participant compensation in the PACE Vermont Study. *Journal of Medical Internet Research, 22*(7), e18446.	https://www.jmir.org/2020/7/e18446/PDF
Williams, R.K., Brookes, R.L., Singer, E.R. (2020). A framework for effective promotion of a Medicaid tobacco cessation benefit. *Health Promotion Practice*, 21(4), 624-632.	https://doi.org/10.1177/1524839919829452
R.K. Williams and M.A. Levine, Vermont's comprehensive public health framework for tobacco control and prevention. *Preventive Medicine (2020).*	https://doi.org/10.1016/j.ypmed.2020.106152

Table 11. Recommendations and Use of Findings

Recommendation	Rationale	Planned Steps to Translate into Action
Create and promote tailored cessation supports for those experiencing tobacco-related disparities (beyond 802Quits supports, which are addressed in report DP14-1410). Focus on LGBTQ youth and POC. Ensure involvement of community when designing services. Apply recommendations from the cessation needs assessment, including guiding models of peer support, patient-centered care and a trauma informed framework. Supports should	CDC recommends tailored and targeted cessation resources. Per VTCP's past experience and progress in prioritizing populations with tobacco disparity and developing tailored strategies (e.g., Native American Quitline protocol), the program is positioned to build on this approach and with a health equity lens. Furthermore, VTCP has a strong history of research informed strategy. The recommendation to apply cessation needs assessment findings to guide development of tailored cessation supports builds on an existing	• Conduct scan of other state approaches to tailored cessation supports and approaches to engaging and gaining community input (e.g., MN) • Develop pilot cessation support program for LGBTQ youth - "Quit buddies" mentoring program • Engage community, e.g., Outright VT, youth with lived experience to inform/input the pilot program

emphasize choice, shared-decision making, peer-to-peer support, and should move beyond why to quit to include more messaging and resources on *how* to quit. Additionally, focus on alleviating quit barriers, addressing triggers, and promoting readiness to quit. For example, develop tailored cessation supports, such as a 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. Consider branding tailored cessation supports as part of 802Quits to leverage brand recognition and credibility.	wealth of local research while the recommendation to engage community in the design and development of cessation supports will provide opportunity to "get it right" regarding relevant and acceptable supports. The example priority population of LGBTQ youth is raised per VTCP's success in prioritizing and supporting LGBTQ adults via the Pride Center. POC is raised per the disparity among POC, a noted increase in POC quit attempts and to per national and global focus on racial equity.	• Conduct surveillance analysis of POC and Black Vermonters to examine prevalence and disparity; understand data gaps/limitations • Conduct community-based participatory research to center the voices of POC/Black Vermonters with lived experience with tobacco to gain insight on use, cessation supports, and messaging • Engage community of POC/ Black Vermonters to inform/input.
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) and/or VT Coalition of Clinics for the Uninsured.	Over the past several years, VTCP has developed a strong collaboration with DVHA to address access and use of cessation benefits among Medicaid members, ultimately decreasing prevalence among this population. Another population that experiences tobacco-related disparities are adults with disabilities (30% of adults with a disability smoke cigarettes compared to 11% of those without a disability, 2018 VT BRFSS VTCP has begun to identify this as a priority population. VTCP could leverage their successful collaboration with DVHA to extend this work with another state agency to collaboratively address this disparity.	• Develop data product on tobacco use and burden among DAIL priority populations (i.e., individuals with disabilities, aging) • Engage DAIL leadership in informational meeting to share data, burden, VTCP strategies, and initial opportunities to address tobacco burden among these populations. • Establish regular meetings and data sharing protocols with DAIL. • Define common goals and an annual work plan for VTCP and DAIL.

Conduct a series of evaluations to better understand the implementation and impact of the FY19 suite of prevention policies, including: (1) collection of qualitative data from youth to understand how they are accessing cigarettes and experience with vaping and quitting; (2) implementation evaluation supplementing compliance and sales data with retailer interviews; and (3) outcomes evaluation using YRBS and PACE VT data. Focus on several policy gaps identified in stakeholder discussions, especially point of sale policies such as a ban on flavors, price floors/ban on couponing, and marketing/advertising restrictions. Conducting the Local Opinion Leaders survey will be helpful in assessing knowledge, perception, and support of these policies. Conduct FY21 Store Audits with a focus on how the landscape has changed since 2017-2018 store audits, current price of e-cigarettes, promotions, flavored products, and interior and exterior advertising. Consider using information from store audits to inform retailer interviews for the policy implementation evaluation.	In fiscal year 2019 (FY19), VT enacted three tobacco prevention laws as part of a comprehensive approach to protect young people from starting and using tobacco products, including e-cigarettes. These include: (1) a ban on retail sale of e-cigarettes by mail, phone or internet; (2) increase the legal age for purchase of tobacco products to 21; and (3) 92% wholesale tax on e-cigarettes. VTCP conducted a series of stakeholder (e.g., VT Department of Liquor and Lottery, community coalition grantee, and American Heart Association) discussions in order to ascertain information about anticipated outcomes and policy gaps; stakeholder interest and evaluation needs; and data availability. From these discussions, a series of recommendations for a full-scale policy evaluation emerged. Additionally, future policy areas to focus tobacco prevention and control were suggested.	• Engage independent evaluator in planning for full-scale policy evaluation. • Ensure PACE VT and YRBS include survey questions for 2020 and 2021 to measure key outcomes. • Meet with data analysts at DLL and the VT Tax Department to better understand their data availability. • Keep policy evaluation in consideration when planning for FY21 Local Opinion Leaders Survey and Tobacco Store Audits.

II. DP14-1410 Evaluation Report

A. Background and Evaluation Priorities

Program Overview

Promoting cessation is a core component of the Vermont Tobacco Control Program's (VTCP) efforts to reduce tobacco use. VTCP provides tobacco use cessation assistance through a variety of programs and services and has maintained a state Quitline with proactive telephone cessation support services for over a decade. VTCP's Quitline provides free evidence-based counseling and support services using trained tobacco cessation specialists to help tobacco users who want to quit.

802Quits Priority Populations

- Low Income; Medicaid members
- People of Color
- Lesbian, gay, bisexual, transgender (LGBT)
- Individuals with substance use and/or mental health (SUMH)
- Vermonters who are pregnant

Based on formative research, VT has developed an easily recognized brand identity for its range of cessation services known as 802Quits. 802Quits comprises telephone counseling through the Quit by Phone program (i.e., Quitline), in-person group cessation counseling through the Quit in Person program, and Web-based cessation support through the Quit Online program. VTCP contracts with National Jewish Health (NJH) to administer the Quitline, including implementing the 802Quits Quit-By-Phone and Quit Online programs and providing motivational text messaging to consenting registrants. VTCP provides free nicotine replacement therapy (NRT) for clients interested in quitting. The Quitline and the Quit-in-Person arms of 802Quits offer up to 8 weeks of dual NRT (16 weeks single acting) to all insured and uninsured smokers. Free NRT products include long- and short-acting therapies (patches and gum/lozenges), with Chantix, Wellbutrin, nasal spray, and inhaler accessible via Medicaid and potentially other insurers. Those registering for Quit Online (only) can get a two-week supply of NRT shipped to their homes.

To monitor Quitline and quit-online use, activity, reach, and effectiveness, NJH provides monthly analytical reports to VTCP, which includes data on the Program's target populations. DVHA provides tobacco cessation data via Medicaid claims and NRT prescriptions to supplement the Quitline data. For the past 10 years, the Quitline's quit rate has been monitored. To facilitate quality assurance, reporting requirements, and monitoring and evaluation of the Quitline, VTCP is a member of the North American Quitline Consortium (NAQC) and collects the Minimal Data Set and participates in the National Quitline Data Warehouse.

Evaluation Priorities

VTCP has four overarching goals: (1) decrease initiation of tobacco use among youth and young adults; (2) decrease exposure to secondhand smoke; (3) **decrease tobacco use among adults and youth**; and (4) **decrease tobacco-related disparities**. VTCP goals 3 and 4 are the overarching goals for the state Quitline and the DP14-1410 grant. Evaluation activities have been guided by a strategic evaluation plan (SEP) developed during year 1 of the project period, VTCP and partner priorities, and program strategies (see DP14-1410 SEP and logic model in Appendix B). There have been several changes to the SEP as the needs and priorities of the tobacco program and community stakeholders have evolved throughout the 5-year project period. The following evaluation questions were not assessed:

- To what extent are priority populations using the 802Quits text program?
- To what extent are community coalitions reaching cessation-related earned media targets?
- What are the stages for the program to successfully engage the largest electronic health record system in the state to do an e-referral system with the Quitline? How do e-referral systems influence the number of provider referrals to the Quitline?

- How does the SUMH initiative influence registrants of the Quitline with SUMH disorders?

Furthermore, VTCP aimed to improve sustainability of the Quitline via partnership building and cost sharing strategies. As such, the program defined formative evaluation questions to aid their understanding and strategy development in this area. However, these evaluation questions have not been addressed per competing program and evaluation priorities.

Reflecting on the Quitline capacity evaluation priorities, initiative activities and its' overarching goals, the following key evaluation questions were defined:

Table 12. Key Evaluation Questions

Evaluation Priority	Key evaluation question	Type of Evaluation
Identify & Focus Strategies on Defined Priority Populations	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
Increase Media Efforts	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
Promote Health Systems Changes	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? How many SUMH designated agencies have implemented the tobacco-free campus policy and what were barriers and facilitators to implementation?	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

B. Evaluation Findings and Successes

Evaluation Findings

Table 13. Identify & Focus Strategies on Defined Priority Populations: 802Quits Engagement

Element	Description
Evaluation Questions	• What proportion of Quitline registrants are of priority populations? • To what extent are priority populations making a quit attempt?
Strategy	Since the start of VT's comprehensive tobacco program in 2001, VTCP has funded the state cessation Quitline as an evidence-based intervention to reach tobacco users age 13 and older. In addition to the Quitline (phone-based), services include Quit Online, Quit In Person, and text support. In 2018, VTCP implemented strategies to increase outreach and engagement in the Quitline, including: (1) working with National Jewish Health to modify and shorten the Quitline intake; (2) conducting outreach to health and dental providers to increase understanding, promotion and use or referral to the Quitline; and (3) developing resources for providers and tobacco users on what to expect when engaging with the Quitline. VTCP has been diligent in its efforts to reduce tobacco-related disparities and promote health equity by collaborating with strategic partners such as the Department of Vermont Health Access (DVHA; administers Medicaid), VT Coalition of Clinics for the Uninsured, and community-based organizations serving refugees and the LGBTQ population. Additionally, VTCP has implemented several evidence-based strategies for priority populations including tailored protocols for Vermonters who are pregnant and Native Americans, and a behavioral health pilot through NJH.
Population Group(s)	Vermonters, ages 13 and older, who use tobacco.
Evaluation Design and Data Sources	Evaluation of 802Quits programs uses reports from the VT Quitline vendor (National Jewish Health) to monitor registrants to the Quitline and Quit Online overall, as well as among priority populations. VTCP also monitors completion of services among Medicaid members, specifically. Quit attempts overall and among priority populations are assessed annually using BRFSS data. Data are disseminated via an 802Quits Data Dashboard and annual Cessation Report. VTCP conducted an evaluation of Quitline and Quit Online engagement reach (defined as registrants) among priority populations in 2019-2020. Percentage of registrants to the Quitline/Quit Online in each priority population (using 2018 Quitline vendor reports) was compared to what we would expect to see among the population of adult smokers in VT (using BRFSS 2018). Differences were disseminated among VTCP staff and discussed internally to guide program planning.
Answer to Evaluation Question	**Quitline/Quit Online Registrants:** In the 802Quits engagement reach evaluation, VTCP was able to assess reach based on race, sexual orientation/gender identity (SOGI), educational attainment, and insurance type. Overall, engagement reach increased with educational attainment and was low among those with private insurance. More specifically, while 60% of VT adult smokers have a high school education or less, 52% and 44% registered with the Quitline and Quit Online programs in 2018. In contrast, 14% of smokers in VT have a college education or higher and 19% and 23% registered with the Quitline and Quit Online programs in 2018. The percentage of registrants with the Quitline who have private insurance (19%) is half of what we would expect given the prevalence of those with private insurance among VT smokers (42%). Engagement reach among POC, LGBT, and Medicaid members was what we would expect given their prevalence among VT adult smokers. **Quit Attempts among Priority Populations:** In 2018, 57% of adults who smoke in VT reported a past-year quit attempt. No significant differences were noted by gender, race, education,

	income, insurance, sexual orientation or disability status. The similarity in quit attempts among priority populations has been consistent for several years in VT. However, in exploring trends over time, VTCP found that while POC in VT experience a higher tobacco burden as compared to white Vermonters (26% vs 14% in 2018), quit attempts among POC have significantly increased since 2014 (46% to 64% in 2018). Among white, non-Hispanic Vermonters, quit attempts have remained stable over the same period (60% to 56%).
Impact related to Logic Model Outcomes	Long-term outcomes: **Decrease tobacco-related disparities.** The evaluation findings show that 802Quits is reaching several of the populations that experience tobacco-related disparities. However, this does not provide information about the completion of services nor the impact on actual quit outcomes for these populations, which should be assessed in a future evaluation.
Impact on Tobacco-related Disparities	The 802Quits engagement reach evaluation findings show that the Quitline and Quit Online programs are adequately reaching several populations that experience tobacco-related disparities, including POC, SGM, and Medicaid members. However, VTCP found that there is more work to be done to increase engagement reach among those with a high school education or less. Additionally, while quit attempts have increased over time among POC in VT, there remains a significant disparity in tobacco burden.
Implications for Future Work	VTCP is currently using these findings to inform their plans for future 802Quits program strategies, including collaborating with partners to focus on additional priority populations, including LGBTQ youth and rural Vermonters and working with the QL vendor to ensure counselors and services are sensitive, appropriate, and meeting the needs of diverse populations. VTCP will continue to collect and monitor information regarding 802Quits program reach and utilization, with a focus on populations experiencing tobacco-related disparities.

Table 14. Increase Media Efforts and Effectiveness

Element	Description
Evaluation Question	How is Quitline use changing in relation to media efforts?
Strategy	The success of Vermont's Quitline can be partly attributed to the efficacy of tobacco cessation year-round media campaigns and promotions of 802Quits comprehensive cessation services. 802Quits is promoted through mass reach media and digital media campaigns, social media, trainings and webinars for professionals, provider email campaigns, and the 802Quits website. With tailored messages for priority populations and 802Quits end tags, including free NRT and Medicaid benefits, VTCP provides people with reasons to quit and a strong call to action to Quitline services.
Population Group(s)	The priority audiences for the media campaigns are low income adults, people identified with mental health conditions, LGBTQ+, pregnant Vermonters and American Indians.
Evaluation Design and Data Sources	Media campaigns are measured by several Google Analytics, such as website sessions; video views; impressions, the number of times content is consumed; reach; gross rating points; and social media engagement. VTCP monitors these metrics alongside data about the use of the Quitline and Quit Online programs to answer the evaluation question.
Answer to Evaluation Question	VTCP saw increases in Quitline and Quit Online activity between 2018 and 2019, which can be partly attributed to the integration of tailored quit messages across traditional and digital channels, improved 802quits.org web flow and content, and enhanced search engine optimization (SEO) and outreach to health care providers in 2019. • 5% increase in Quitline callers (2,974 to 3,124) and 5% increase in registrations (989 to 1,041).

	• 110% increase in unique website visitors (3,504 to 7,354, highest since 802Quits brand launch in 2013) and a 74% increase in online registrations (1,721 to 3,003). However, when looking at trends throughout the CDC 5-year project period (2016-2019*), VTCP actually saw a decrease in Quitline activity and an increase in 802Quits web activity. These trends are similar to overall trends for Quitline and Quit Online use across the U.S. • 20% decrease in Quitline callers (3,905 to 3,124) and 15% decrease in registrations (1,224 to 1,041). • 41% increase in unique website visitors (5,233 to 7,354) and a 125% increase in online registrations (1,332 to 3,003). Accordingly, annual web view to registration conversion rate rose from 25% in 2016 to 41% in 2019.
Impact related to Logic Model Outcomes	Short-term outcomes: **Increased Quitline call volume**. Similar to national trends, there was actually a decrease in Quitline volume over the project period, but an increase in website visitors and registrants. Long-term outcomes: **Reduced tobacco prevalence and consumption**. With sustained adult cessation media campaigns, the adult smoking prevalence fell to an all-time low of 15% in 2018.
Impact on Tobacco-related Disparities	VTCP has seen impact from several tailored quit messages for priority populations, including the following: ● VTCP launched a targeted campaign, Amanda's Tip, on social media and transit in March and April 2019 to bring visibility to the tailored resources available for pregnant Vermonters. An estimated 1 million impressions on social media, with an additional estimated 1 million impressions from transit ads, drove 1,283 sessions on 802quits.org/baby during that timeframe. ● Another tailored campaign, Meet Ana, tells the story of a Vermonter living with bipolar disorder who used 802Quits to quit smoking and remain quit. Her testimony resonates with Vermonters of low income and behavioral health communities resulting in January 2020 802Quits Online and Quitline mental health registrants having increased 41% and 30%, respectively, over the same time period in 2019.
Implications for Future Work	Building off of successes in 2019, VTCP will continue to use tailored quit messages, which are informed by formative market testing with priority populations, across traditional and digital channels to reinforce the benefits of using 802Quits. Including such ads as Mike's Story a tailored message for the LGBTQ+ community and The Story of Corn Mother, a video developed in partnership with Abenaki Chief Don Stevens. The VTCP plans to promote this video on social media, marking the beginning of a partnership to address commercial tobacco use. The VTCP also is working with the Native Council in VT to gain their input into future communications.

**Changes in data reporting methodology prohibit comparisons before 2016.*

Table 15. Promote Health Systems Changes: Medicaid Cessation Benefit Expansion & Promotion Initiative

Element	Description
Evaluation Questions	Has the Medicaid initiative increased the percentage of Quitline and Quit Online registrants who are Medicaid members? Has the Medicaid initiative increased the percentage of Medicaid members who are referred by a provider to the Quitline? To what extent are Medicaid members who call the Quitline using and completing services?
Strategy	**VTCP's Medicaid Cessation Benefit Expansion & Promotion Initiative.** To address the disparity in tobacco use and burden, VTCP has identified Medicaid members as a priority population. Although also mentioned as a key evaluation finding for DP15-1509 (Table 2, pg

	8-9), this multi-year collaborative effort with the Department of Vermont Health Access (DVHA) seeks, as one of its primary aims, to increase referrals to the Quitline from Medicaid providers and increase the percentage of Medicaid members who register with the Quitline and Quit Online programs.
Population Group(s)	Medicaid members and providers
Evaluation Design and Data Sources	Evaluation of the initiative uses reports from the VT Quitline vendor (National Jewish Health) to monitor the percentage of Quitline and Quit Online registrants who are Medicaid members. Additionally, we monitor the percentage of Medicaid members who are referred by a provider to the Quitline. Descriptive statistics are used to analyze trends in the data and results are disseminated in a 802Quits Data Dashboard to the VTCP team and relevant community stakeholders.
Answer to Evaluation Question	**% of Quitline registrants who are Medicaid members**. There was an increase in VT Quitline registrants who are Medicaid members from 22% of registrants in 2014 to 26% of registrants in 2018. While there was a decrease to 21% in 2019, VTCP will continue to monitor to see if this is an ongoing trend in the data. **% of Quit Online registrants who are Medicaid members**. There has been a steady decrease in Medicaid members registered with the Quit Online program from 15% in 2016 to 12% in 2019. **Provider Referrals**. The percentage of Medicaid registrants who report referral by a provider increased from 2014 (29%) to 2017 (36%) and has since declined to 30% in 2019. **Completion of Quitline Services among Medicaid members.** The percent of Medicaid Quitline registrants who completed at least 4 calls was 19% in 2015, peaked in 2018 (25%), but returned to 19% in 2019. This is lower than VTCP's target of 35% for all Quitline registrants.
Impact related to Logic Model Outcomes	Short-term outcomes: **Increased number of tobacco users receiving counseling and/or cessation medication via the Quitline.** As noted above, there was an increase in Medicaid members who registered with the Quitline from the beginning of the Medicaid Initiative (2014) to 2018. There was a decrease from 2018 to 2019 that will be monitored. Intermediate outcomes: **Increased public and private partnerships.** The Medicaid Initiative has proven to be a successful collaboration between VTCP and DVHA that has resulted in health systems changes that increase access to comprehensive cessation services. Long-term outcomes: **Increased cessation among current tobacco users.** Since 2013, the year before the initiative began, VT has seen an increase in both quit attempts (62% in 2014 to 64% in 2018) and the quit ratio (defined as the proportion of ever smokers who became former smokers; 8% in 2013 to 20% in 2018) among Medicaid members. **Reduced tobacco prevalence and consumption.** Since 2013, VT has seen a decline in smoking prevalence among Medicaid members (36% in 2013 to 29% in 2018).
Impact on Tobacco-related Disparities	From 2014 to 2018, there was an increase in utilization of the Quitline among Medicaid members, a population experiencing tobacco-related disparities. VTCP is monitoring the decrease in 2019. Still, prevalence among Medicaid members has decreased.
Implications for Future Work	Findings from this evaluation are already informing current and future program strategies. Most relevant is the creation and refinement of effective messaging and outreach materials to Medicaid providers to assist them in providing cessation counseling and referring to 802Quits programs. Additionally, while VTCP has worked with providers on ways to connect their patients to evidence-based services once screening has been completed, VTCP is

	planning to work with health systems to implement eReferrals to the Quitline. VTCP continues its collaboration with Medicaid and is exploring adding varenicline and/or bupropion to the Quitline benefit and removing the limitation on quit attempts and counseling sessions for Medicaid members.

Successes

Table 16. Key Successes Related to DP14-1410 Logic Model Outcomes, Performance Years 1-5

Logic model outcomes	Policy, systems, and behavioral changes	Description of how program strategies contributed to outcome
Short-Term		
Increased referrals to the Quitline from healthcare providers	Both the number of healthcare provider referrals and registrants reporting being referred by a provider has stayed relatively stable over the 5-year period.	VTCP has provided resources, training, technical assistance and education to providers statewide, as well as utilizing mass mailings and media campaigns to increase awareness and referral to the Quitline by healthcare providers. From August – October 2019, VTCP conducted a statewide provider pilot in which they distributed resource bags to providers that included cessation tools and resources. These were intended as a value-added benefit to providers to make it easier to counsel and refer to tobacco cessation services. VTCP continues with a provider engagement workgroup that meets regularly to use findings from this pilot in strategic planning and decision-making.
Increased number of tobacco users receiving counseling and/or cessation medication via Quitline	In 2019, there were about 1,000 registrants to the Quitline and 2,000 to Quit Online. The program has seen a 125% increase in registrations to 802Quits Quit Online services since 2016. The annual call to registration conversion rate has increased slightly from 2016 to 2019 (31% to 33%), while the annual web view to registration conversion rate has almost doubled in that time (25% to 41%). The number of shipments of cessation medication more than doubled over the 5-year project period, from 1,269 shipments in 2013 to 2,667 in 2019.	VTCP contracts with National Jewish Health (NJH) to administer the Quitline, including implementing the 802Quits Quit-By-Phone and Quit Online programs and providing motivational text messaging to consenting registrants. The Quitline and the Quit-in-Person arms of 802Quits offer up to 8 weeks of dual NRT (16 weeks single acting) to all insured and uninsured smokers. Free NRT products include long- and short-acting therapies (patches and gum/lozenges), with Chantix, Wellbutrin, nasal spray, and inhaler. Those registering for Quit Online (only) can get a two-week supply of NRT shipped to their homes. VTCP has done significant messaging statewide to educate the public about the benefits available to all Vermonters.

Intermediate		
Increased public and private partnerships to ensure availability of high quality Quitline services	Through a partnership with DVHA, which administers Medicaid in VT, VTCP has increased access to comprehensive cessation services, including the VT Quitline, for Medicaid members. There was an increase in VT Quitline registrants who are Medicaid members from 22% of registrants in 2014 to 26% of registrants in 2018. There was a decrease to 21% in 2019, which VTCP will continue to monitor to determine if this is an ongoing trend in the data.	As mentioned, the Medicaid Initiative is a successful multi-year collaboration between VTCP and DVHA that has resulted in health systems changes to ensure availability of Quitline services for Medicaid members. Specifically, VTCP found that Quitline registrants insured by Medicaid faced more obstacles accessing nicotine replacement therapy (NRT); VT's Quitline did not ship NRT to Medicaid members due to the perspective that they had a comprehensive benefit through their doctor. This prevented Medicaid members from equitably accessing the same cessation benefit from the 802Quits services. Determining this a barrier to accessing tobacco treatment, the departments worked together to reconcile this discrepancy and established direct ship of NRT via the Quitline to Medicaid members and changed the benefit to include dual NRT concomitantly to increase quit efficacy.
Long-Term		
Increased cessation among current tobacco users	Cessation attempts remained relatively stable over the 5-year period. However, there has been a significant increase in quit attempts among POC (46% in 2014 to 64% in 2018).	VTCP collaborated with groups statewide to promote 802Quits services, including health and dental providers, DVHA (administers Medicaid), VT Coalition of Clinics for the Uninsured, and community-based organizations serving refugees and the LGBTQ population.
Reduced tobacco prevalence and consumption	Reduction from 18% in 2014 to 15% in 2018.	VTCP partnered with groups statewide on health promotion and educating groups on the harms of smoking.
Decreased tobacco-related disparities	By 2019, the gap closed between LGBTQ and the general population to where there is no longer a statistically significant difference. Additionally, although not statistically significant, smoking prevalence among Medicaid members has declined (36% in 2013 to 29% in 2018).	VTCP partnered with the Pride center, ensuring Quitline services are safe and affirming for the LGBTQ community. Multi-year collaboration with DVHA to increase access to cessation benefits and supports for Medicaid members.
Other		

Describe any enhancements to Quitline infrastructure & operations	The Quitline is now available 24/7 to Vermonters, addition of web-based services, and shortened the intake with a warm handoff to a cessation counselor.
Describe any expansion of the number and type of cessation services provided	Added American Indian protocol, participated in Behavioral Health pilot through NJH, and introduced a tailored protocol for pregnant Vermonters.
Describe how the program supported and leveraged the CDC's *Tips From Former Smokers*®	VTCP utilized Tips ads in at least one of the TV/Digital marketing campaigns each year. Ads promoted include Kristy, Rose, Shawn, and Christine. VTCP launched a targeted campaign, Amanda's Tip, on social media and transit in to bring visibility to the tailored resources available for pregnant Vermonters.

C. Lessons Learned

Table 17. Examples of Lessons Learned for DP14-1410

Lessons Learned	Background and Context	How do you intend to use this information to inform changes to the QL?	Population Group (if applicable)
Challenges			
It is important to customize and humanize cessation resources based on primary research.	From 2012 – 2017, VTCP conducted primary research through focus groups and in-depth interviews with consumers and providers to better understand brand awareness and the usability of 802Quits.org. Findings showed that paid ads were the largest driver of traffic to the site. The majority of visitors to 802Quits.org came for one visit. When a visitor was engaged, they spent one minute or more on the website and visited two to three pages. On the homepage, Free Gum, Patches & Lozenges and Quitting Resources were clicked the most. Overall, tobacco user participants were uniformly satisfied with the look, feel and flow of the website. Participants found it very easy to find information to increase their chances of quitting. Provider user participants	As a result of this research, VTCP re-branded Vermont Quit Network to 802Quits, created 802Quits.org with easy navigation and quit tools, real stories of Vermonters, and language to encourage choice and shared decision-making such as "Quit Your Way", which helps tobacco users find the path that's right for them in their quit journey. VTCP also created the 802Quits.org/providers page that included downloadable resources, tailored cessation support for specific populations, and peer-to-peer testimonials. VTCP is monitoring growth in 802Quits.org following these	N/A

	indicated the landing page had too much information, but the content felt relevant, and found it somewhat or very easy to find information they were interested in.	changes and found that from 2016 to 2019, there was a 41% increase in unique website visitors to 802Quits.org (5,233 to 7,354) and a 125% increase in online registrations (1,332 to 3,003). The annual web view to registration conversion rate rose from 25% in 2016 to 41% in 2019.	
Promising Practices			
Youth are more likely to engage with services that are tailored to their age group, and to support that population there must be services available and marketed to them directly.	The program did not have youth specific cessation services to offer when it was clear there was a need for youth who had become addicted to nicotine through vaping. State partners were promoting "This is Quitting", and saw much better engagement than 802Quits, even though the Quitline could serve youth 13 and older. However services and marketing were not tailored for that demographic, and the program continued to see low engagement with youth despite attempts to drive youth to the Quitline.	VTCP is working with their Quitline vendor to implement their youth specific protocol. Although this protocol is fairly new, the vendor has had good engagement since it was rolled out. VTCP will modify their promotion efforts accordingly to ensure youth know that there are services available to help them quit that are tailored to their specific needs. The program is also working locally to educate school nurses and pediatricians about how to serve youth newly addicted to nicotine through vaping, including referring them to the Quitline to participate in the program.	Youth and Young adults.
Disparities			
Listening to the community to hear about their needs can help both strengthen partnerships and ensure the tactics a program takes are more effective.	Historically, VTCP's work in the LGBTQ community was around offering cessation group classes at the Pride Center in Burlington. However, the community was more focused on holistic wellness and healthcare access than tobacco. The program heard this and switched gears, instead supporting the Pride Center in creating a safe and affirming provider database as well as conducting LGBTQ Best Practices	Along with connecting LGBTQ folks with safe and affirming providers, the program will ensure providers are well educated about the value of a referral to the Quitline for their patients generally, and that they feel confident that it is a safe and affirming resource for the LGBTQ patients. Ultimately, this will increase	LGBTQ

	trainings with healthcare providers of all types around the state – ensuring that when LGBTQ folks want to quit there will be providers they will be comfortable with to help them.	the number of quit attempts made by LGBTQ folks.	

D. Dissemination, Recommendations, and Use

Table 18. Dissemination Plan

Audience	Goals	Key Findings to be Shared	Product/Channel
Department of Vermont Health Access	Engage stakeholders for support of future collaborative work to address tobacco use among Medicaid members; update partners on results of collaborative efforts.	Quarterly and annual review of 802Quits program data and health surveillance data (e.g., prevalence, quit attempts among Medicaid members).	Medicaid Data Dashboard (Appendix C); 802Quits Data Dashboard
Healthcare Providers (focus on primary care physicians and dentists)	Increase awareness and accessibility of 802Quits and increase referrals from healthcare providers	Findings from a year-long provider engagement initiative to gain insights in how best to assist providers in offering cessation support to patients. Generally positive feedback about patient resources and suggestion to decrease educational materials about tobacco use on provider page and increase more directed resources in *how to help* patients with quitting (e.g., "you are the #1 motivator", immediate referral information, and tailored assistance for specific populations).	Provider Engagement Report; patient resources to distribute and display in practice setting; 802Quits.org/providers that includes easily accessible information and resources such as Tips and Talking Points and a downloadable toolkit.
Private Insurance Medical Providers	Gain support for insurance coverage of NRT to increase sustainability of VT Quitline.	Data related to those served by VT Quitline/Quit Online that are privately insured.	Report emailed annually
Tobacco Control Program staff	Data-informed program decision-making; monitoring use of VT Quitline/Quit Online in relation to promotion/media campaigns.	Utilization of VT Quitline/Quit Online, including by priority population, trends overtime, and during media campaigns.	Annual Cessation Report; 802Quits Data Dashboard

Table 19. Recommendation and Use of Findings

Recommendations	Rationale	Planned Steps to Use Findings
• Conduct a 7-month follow-up outcomes analysis of VT's 802Quits services. • Consider measuring short and long-term outcomes such as intensity of program use, participant satisfaction, change in confidence and readiness to quit, long-term quit success, additional cessation supports used, and cost-effectiveness. Assess all outcomes by factors related to disparities in tobacco use. • Consider using a mixed-methods approach that combines VT 802Quits intake and administrative data with survey data collected by an independent evaluator conducting or a comparative analysis with similar states using the National Quitline Data Warehouse (NQDW).	VTCP was not able to collect 7-month quit rate outcomes because of budgetary constraints and limited data availability. Several of the data limitations related to small sample sizes for the follow-up interviews with those who used the Quitline. VTCP realizes the gap in data availability and benefits of an outcomes analysis for continuous quality improvement; to link outcomes to specific services and modalities, overall and among populations experiencing tobacco-related disparities; and to measure incremental cost effectiveness of providing enhanced services (e.g., digital-based technologies or tailored protocols) to standard Quitline services.	• Engage stakeholders to begin work on an evaluation plan, including the selection of specific evaluation questions, the evaluation methods, and the timing of evaluation activities. • Review available resources to assist with planning and designing the Quitline outcomes evaluation, including the CDC workbook on Conducting Quitline Evaluations and a more recent Surveillance & Evaluation webinars offered through the OSH Evaluator's Network on evaluating Quitlines.
• Building off of past successes, create and promote more tailored cessation services for those experiencing tobacco-related disparities through customized Quitline protocols, population-specific online tools/resources, and tailored media campaigns. • 802Quits promotion and services should emphasize choice, shared-decision making, and should move beyond *why* to quit to include more messaging about resources available through 802Quits on *how* to quit. • For example, consider training TTS providers within Native American tribal communities and/or offering live chat on 802Quits.org for	Evaluation findings from the tailored media campaigns and 802Quits engagement reach among priority populations, in addition to findings from the cessation needs assessment, demonstrate that tailored and more customized approaches are effective at increasing reach and engagement among those experiencing tobacco-related disparities.	• Map existing tailored cessation supports available through the Quitline (e.g., protocols and tools, for whom) and tailored media campaigns. • Define populations to prioritize for additional tailored cessation supports via the Quitline and identify the cessation support to develop (e.g., live chat). • Develop cessation support with community input to guide acceptability, use and promotion.

additional choices in how to engage with TTS providers.		
• Consider greater 802Quits outreach to those with a high school education or less. Before increasing outreach, however, further explore *why* those with a high school education or less are using the QL and QO at lower rates than we would expect.	Findings from the 802Quits engagement reach evaluation demonstrated that those with a high school education or less make up a high percentage of smokers, but are using the QL at lower rates. This is a large population of adult smokers in VT that experiences tobacco related disparities: 25% of those with a HS education or less smoke compared to 14% with some college, and 6% of those with a college degree or higher. Those with a high school education or less that smoke represent an estimated 40,400 Vermonters.	• Explore methods to gather information about why those with a HS education or less are not using 802Quit resources, including: (1) focus groups with this subgroup of smokers (model from cessation needs assessments); (2) subgroup analysis using 2016 ATS data; or (3) BRFSS call-back survey, similar to the Asthma call-back. • Meet with media campaign contractor to develop messages and message testing for this population.

Appendix A: DP15-1509 Strategic Evaluation Plan

Vermont Tobacco Control Program

October 2018

Strategic Evaluation & Performance Measurement Plan, 2015 – 2020

Developed by JSI Research & Training Institute, Inc. for the Vermont Department of Health Tobacco Control Program

Table of Contents

I. Introduction

The Vermont Tobacco Control Program's (VTCP) strategic evaluation and performance measurement plan (SEP) serves as the evaluation and monitoring portfolio for the 5-year project period, 2015-2020, laying out the rationale, general content, scope, and sequence of the evaluations the Program plans to conduct. The VTCP's evaluation activities will assess overall progress and impact of the VTCP to demonstrate the impact and efficacy of the Program and its strategies. Evaluation will also inform recommendations on Program funding, state and community interventions, media, cessation, policy, and tobacco disparities. The VTCP is particularly interested in understanding how well it is addressing tobacco use and cessation disparity among target populations (e.g., low income/Medicaid). Evaluation of specific initiatives have been prioritized by the Program to assess implementation and/or impact. A reporting plan of the Program's CDC performance measures are also incorporated in the SEP.

II. Program Description & Logic Model

Figure 1. Comprehensive Tobacco Control Program Goals

- Prevent initiation of tobacco use among youth and young adults.
- Promote quitting among adults and youth.
- Eliminate exposure to secondhand smoke.
- Identify and eliminate tobacco-related disparities among

Smoking costs the state of Vermont approximately $348 million in medical expenses and results in about 1,000 smoking-attributable deaths each year.[6] In 2001, with funding support from the Master Settlement Agreement and the Centers for Disease Control and Prevention (CDC) National Tobacco Control Program, the Vermont Department of Health (Health Department) Vermont Tobacco Control Program (VTCP) was established as a comprehensive statewide program that uses best practice population-based environmental, policy, and systems approaches to address tobacco prevention and control in the state. These approaches align with the CDC recommended components of a comprehensive tobacco control program— [1] state and community interventions, [2] mass-reach health communication interventions, [3] cessation interventions, [4] surveillance and evaluation capacity, and [5] infrastructure, administration, and management capacity—and aim to achieve the National and State Tobacco Control Program goals (**Figure 1**).

With support from CDC and strategic partners, the VTCP is implementing a multi-component approach to advance tobacco control in Vermont over the next 5 years (2015-2020). Focusing on populations most affected by or vulnerable to tobacco and its burden (i.e., priority populations), the VTCP is:

- Implementing multi-level evidence-based strategies in collaboration with strategic partners, including state and community organizations, for-profits and businesses, and chronic disease programs to align priorities and maximize efforts that address tobacco prevention and cessation;
- Conducting mass-reach media and communication campaigns that are culturally responsive, prevent tobacco use, promote cessation, and influence social norms on use; and
- Implementing tobacco cessation through health systems change including behavioral health centers, expanded access and utilization of proven treatments, and enhancing Vermont's Quitline and 802Quits.

[6] Centers for Disease Control and Prevention. Best Practices for Comprehensive Tobacco Control Programs—2014.

Strategic Partners. To conduct this work, the VTCP collaborates with CDC and a variety of internal (i.e., state programs and agencies) and external partners. Strategic partnerships include:

- Vermont Department of Health chronic disease programs, including asthma, cancer control, diabetes, oral health, heart disease and Ladies First programs. The VTCP coordinates with these programs to establish common work plan objectives to raise awareness of tobacco's role in chronic disease and the cessation resources available to programs in addressing tobacco and cessation among their target populations.
- The Vermont Department of Health's a) Communications Division to coordinate effective dissemination of cross-chronic disease products and activities; b) Environmental Health Division to highlight tobacco within the context of environmental public health tracking and lung cancer/radon programming; c) Maternal and Child Health Division to focus on tobacco use across the life course of women of childbearing age through training and integrating tobacco systematically into home visiting programs; and d) Office of Local Health and WIC to strengthen tobacco control at the regional level by promoting cessation, referral, and facilitating community mobilization.
- The Vermont Tobacco Evaluation Review Board to provide and receive input from the Comprehensive Tobacco Control Program.
- Agency of Education (AOE) to address community disparity, youth engagement, policy, and cessation.
- Department of Mental Health (DMH) and the Division of Alcohol and Drug Abuse (ADAP) to promote adoption and implementation of tobacco-free policies, and integrating cessation into treatment plans within DMH and ADAP agencies and centers. Also, to address substance use collaboratively across state and community level strategies.
- The state Medicaid office (Department of Vermont Health Access or DVHA) and its programs – Blueprint for Health, Vermont Chronic Care Initiative (VCCI), and Support and Services at Home (SASH)-- to promote use of cessation resources such as 802Quits and the Medicaid cessation benefit, coordinate data sharing to inform VTCP strategies targeting the Medicaid population, and increase public and decision maker awareness of effective tobacco control interventions. Blueprint administers Quit Partner services with the Program providing tobacco treatment training for Blueprint's tobacco counselors and training on cessation efforts in other health systems.
- The Coalition for Tobacco-Free Vermont (CTFV), which serves as a resource and a driver for initiatives such as increasing the state excise tax on cigarettes and sustainable funding mechanisms to ensure the tobacco control infrastructure in Vermont.
- Community partners and coalitions in the state receive funding, technical assistance and training from the VTCP to implement evidence-based strategies in the community to positively shift social norms and behavior change on tobacco use and secondhand smoke.
- The Pride Center to reach one of the Program's priority populations -- lesbian, gay, bisexual, transgender, and queer (LGBTQ). The VTCP is also supported by the Office of Minority Health.

The VTCP also works with media, training, cessation, and evaluation contractors to expand program capacity, reach, and efficacy. These include Rescue Agency (Rescue) and HMC Advertising (HMC) for communications; CAI Global (CAI) for skill building and training enhancing local and state interventions; National Jewish Health (NJH) for provision of Quitline and Quit Online services, 802Quits; and JSI Research & Training Institute, Inc. (JSI) for program evaluation and technical assistance services.

Target Populations: The VTCP has prioritized several populations to focus their strategies and resources based on their disproportionate tobacco burden. The priority populations include:

- Medicaid beneficiaries and eligible (i.e. individuals of low socio-economic status)
- Individuals with mental health and/or substance use conditions (e.g. depression)
- LGBTQ population
- Women of childbearing age, including pregnant women
- Youth
- People with disabilities

Logic Model. The VTCP logic model on pages 5-6 provides a high level overview of the Program's resources (*inputs)*, efforts (*strategies & activities)*, resulting progress and products (*select outputs),* and the intended effects represented as *short-term*, *intermediate*, and *long-term outcomes* over the 2015 to 2020 period. The logic model provides a program description that is used to inform and guide strategic evaluation planning.

Vermont Tobacco Control Program Logic Model: 2015 – 2020

Inputs	Strategies & Key Activities	Select Outputs	Outcomes - Impact		
			Short	*Intermediate*	*Long (By 2020)*
• CDC Funding & TA • MSA Funds • VT General Funds • Tobacco Control Evidence Base • VTCP – Staff – Surveillance – 802Quits • Quitline contractor • Evaluation contractors • Communication Contractors • Training Contractors • VTERB • 3-4-50 Framework • Strategic Partners: – Agency of Human Services Leadership – Vermont Department of Health Divisions – Vermont Agency of Education – Department of Vermont Health Access – Vermont Department of Mental Health – Vermont WIC – Vermont Offices of Local Health – Attorney General's Office – Department of Liquor Control – Vermont Blueprint for Health – Coalition for a Tobacco-Free Vermont	**Infrastructure** • Establish & maintain state & community strategic partners • Collect, analyze, share engaged data w/ staff, partners, decision-makers • Provide training & TA to strategic partners to build capacity for tobacco control activities • Coordinate tobacco control efforts across state programs **Prevention** • Provide funding, training & TA to community grantees 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, pro-tobacco influences, & strategies to reduce use & burden • Promote smoke-free environments in outdoor locations, healthcare, college campuses & housing • Implement state & local policies to restrict access to tobacco at the POS **Media & Communication** • Implement health media, communication, & counter-	**Infrastructure** • VTCP strategic partner network • Public Health Stat • Data briefs on priority populations & related chronic diseases • Certified Tobacco Treatment Specialists • State Tobacco Control Plan **Prevention** • 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	• Decreased youth exposure to pro-tobacco messages & access to tobacco products • Increased awareness of pro-tobacco influence among communities, parents & youth • Decreased youth susceptibility to experimentation with tobacco products • Increased public & policy-maker support for smoke-free & POS policies • Increased public compliance with tobacco control policies • Increased coverage & utilization of comprehensive insurance coverage for evidence-based tobacco cessation treatments	• **Decreased initiation of tobacco among youth and young adults**[7] – 20% any tobacco product use among youth – 12% e-vapor product use among youth – 21% ever use of flavored tobacco product among youth • **Decreased exposure to SHS** – 35% among non-smoking adults • **Decreased tobacco use among adults and youth** – 12% cigarette use among adults – 12% e-cigarette use among adults – 2% smokeless tobacco use among adults – 20% any tobacco use among youth – 12% e-vapor use among youth

[7] Youth initiation measures and targets set in 2015 were revised in 2018 per changes in 2017 YRBS; YRBS data are no longer comparable to baseline and target values.

– Community grantees – Pride Center	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 in care systems • Collaborate w/ ADAP to implement tobacco-free campus policy in state-funded MH/SA treatment centers & integrate tobacco in treatment plans • Collaborate w/health insurers to expand coverage for comprehensive tobacco cessation services • Promote health systems change for tobacco treatment ○ Practice improvement/QI for providers and practices ○ Pilot pregnancy & smoking cessation project • 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 program improvement; identify priority populations • Conduct ongoing Program & strategy evaluation to inform program improvement & outcomes	**Cessation** • 802Quits registrants • MH/SA treatment facilities have tobacco-free policy & treatment plans • Tobacco cessation & referral provider outreach and trainings • SCRIPT trainings to health systems and practices • Rutland pregnancy pilot program registrants • Blueprint for Health, BCBS, Medicaid data reports **Surveillance & Evaluation** • Surveillance data briefs & reports • Strategic evaluation plan & annual reports • Evaluation of Medicaid tobacco benefit initiative • Evaluation of MH/SA tobacco-free policy initiative • Evaluation of POS strategies • Evaluation of health communication strategies	• Increased media & communication interventions that reach populations w/ disparate tobacco burden • Increased health system changes to support cessation • Increased use of Quitline, especially among priority 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	• Increased quit attempts among tobacco users • Increased cessation among tobacco users • Increased interventions that target priority populations • Increased cost-sharing for Quitline services by insurers	– 10% cigarette use among youth – 8% cigar, cigarillo, or little cigar use among youth – 5% smokeless tobacco use among youth • **Reduced smoking-related morbidity and mortality** • **Decreased tobacco-related disparities in priority populations** – 18% cigarette use among young adults – 22% cigarette use among adults <250% FPL – 10% cigarette use during pregnancy – 20% cigarette use among adults with depression – 26% cigarette use among adults with arthritis – 20% cigarette use among adults with asthma – 48% cigarette use among adults with COPD – 24% cigarette use among adults with CVD – 18% cigarette use among adults with diabetes

						– 20% cigarette use among adults with non-skin cancer

III. Methods for Developing and Updating the Strategic Evaluation Plan

The VTCP contracted with JSI Research & Training Institute, Inc. (JSI) to lead the development of the 5-year SEP. The framework for the Plan is based on the *CDC Framework for Program Evaluation in Public Health*[8] and guided by the CDC's *Developing an Effective Evaluation Plan: Setting the Course for Effective Program Evaluation.*[9] The SEP is intended to be used by Program staff to guide monitoring, evaluation, and reporting activities related to the work plan and the overall VTCP. Performance measures and evaluation findings will also be used to inform program improvement and planning.

Stakeholder Engagement. The VTCP works with many partners to facilitate their work. To establish dedicated time to discuss evaluation planning, implementation, and reporting, the VTCP and JSI convene a Core Evaluation Team comprised of the Chronic Disease Director, Program Manager, and Analyst. The team meets monthly to provide input to guide and support evaluation initiatives and activities, including development of the SEP. Ad hoc members will be engaged in the Core Evaluation Team or select strategy evaluation meetings as needed to include additional expertise and perspectives to evaluation activities (e.g., regular meetings with DVHA to inform planning and evaluation of the Medicaid cessation benefit initiative). Furthermore, as the VTCP works to enhance their stakeholder engagement processes during project years 1 and 2, they anticipate broader stakeholder involvement in future evaluation activities, including annual updates to the SEP and annual stakeholder meetings to review Program initiatives and progress.

The SEP was developed by the Core Evaluation team by: [1] identifying priority strategies for evaluation, [2] determining broad evaluation questions intended to assess program impact and inform program development, and [3] defining a performance measurement plan. JSI and the Core Evaluation Team developed iterative drafts of the plan, and sought input to inform evaluation questions and priorities from all VTCP staff, the Vermont Tobacco Evaluation Review Board (VTERB) Evaluation Committee, and the Vermont Department of Health's Health Promotion Disease Prevention Chief and Evaluator. The final draft of the SEP and questions were reviewed with a group of external partners to solicit their input on what is of interest and meaningful for VTCP evaluation relative to their program or organization and which VTCP initiatives should be prioritized for evaluation to demonstrate impact on tobacco control in Vermont.

SEP Updates & Reporting. The strategic evaluation plan is a living document that is reviewed and updated regularly to ensure continued alignment and relevance with the priorities and initiatives of the VTCP, and its partners and stakeholders. As the VTCP evaluations are implemented, evaluation plans are developed for each project, using the initiative-specific information in the SEP as a starting point. JSI leads development and implementation of evaluation plans and updating the SEP. The SEP is formally reviewed on an annual basis by the evaluator and Core Evaluation Team to determine whether it still aligns with the priorities of the VTCP and their work, reflects a realistic timeline for planning and conducting evaluation activities, and includes relevant evaluation objectives and questions per changing contextual factors or modifications to Program strategies and activities. The Evaluator engages program stakeholders and partners as opportunities are

[8] CDC. A Framework for Program Evaluation. September 2012.
[9] Developing an Effective Evaluation Plan: Setting the Course for Effective Program Evaluation. CDC, 2011.

identified to provide updates on evaluation activities and findings, and for input to evaluation priorities and initiatives.

As required by the CDC cooperative agreement with the VTCP, a Program evaluation report was developed and submitted half-way through the project period (April 2018). Annual evaluation reports are provided in interim years, and a final evaluation report for the 5-year project period will be provided in March 2020. Evaluation reports include a summary of program initiatives prioritized for evaluation, the focus of evaluation activities, methods, data and findings, and program considerations and recommendations related to opportunities for improvement and future evaluation. Program evaluation data are reviewed to assess whether the VTCP should consider changes to the SEP priorities, timeline, and evaluation objectives to ensure the Program invests their evaluation resources and time efficiently and effectively.

IV. VTCP Performance Measure Plan

The table below lists the VTCP's CDC required performance measures, the data source for the measure, and the staff responsible for providing the data or information for the measure. All performance measures will be reported to CDC annually (November/December). To prepare for the annual reporting to CDC, VTCP staff will provide their performance measure data in October and share during a regular staff meeting. This will allow opportunity to review progress, reflect on programmatic gains and challenges, identify opportunities and strategies to improve on performance measures, and inform the subsequent project year work plan.

Performance Measure	Data Source	VTCP Staff
Infrastructure, Administration & Management		
1. Percentage of funding (state, CDC and other) used to meet CDC-recommended funding levels per *Best Practices -- 2014*	Annual Progress Report	Program Manager
2. Number and type of staff positions maintained throughout the entire funding year to support the VTCP	Annual Progress Report	Program Manager
State & Community Interventions		
3. Proportion of interventions and strategies implemented by VTCP to address disparate populations	Annual Progress Report	Program Manager
4. Proportion of public housing *tenants* that report exposure to SHS at home	Policy Tracking Spreadsheet	Prevention Team
Mass-Reach Health Communication Interventions		
5. Number of monthly speaking opportunities by trained tobacco control spokespersons to educate decision-makers, stakeholders, and public	Annual Progress Report	Chronic Disease Director, Program Manager
6. Number of paid and earned media efforts targeting populations or areas with high concentrations of smoking prevalence, SHS exposure, and chronic disease	Media tracking spreadsheet	Chronic Disease Information Dir., Community Specialist
7. Types of social media activities used to complement traditional paid & earned media efforts and the reach of social media activities by social media site used	HMC Advertising (Media contractor)	Chronic Disease Information Dir., Community Specialist
Cessation Interventions		
8. Total Quitline call volume by quarter	NJH Quitline reports	Cessation Specialist
9. Total number of Quitline tobacco users who receive a service	NJH Quitline reports	Cessation Specialist
Surveillance & Evaluation		
10. Number and type of tobacco-related surveys implemented during the funding year (e.g., ATS), and type of tobacco-related modules implemented (BRFSS, YRBSS)	Annual Progress Report	Analyst
11. Number and type of tobacco related indicators developed and implemented in sate surveillance systems during the funding year (e.g., ATS, BRFSS, YRBSS)	Annual Progress Report	Analyst

V. VTCP Priority Evaluation Questions & Initiatives

The VTCP has developed priority evaluation questions and initiatives per program and stakeholder interest in demonstrating effectiveness of the VTCP on the impact tobacco burden in the state, particularly among priority populations such as individuals of low socioeconomic status (e.g. Medicaid members). The priority evaluation questions are organized by program component—*Prevention*; *Secondhand Smoke*; *Cessation; Mass Reach Communications*; *Surveillance and Evaluation*; *and Infrastructure & Sustainability.* The table that follows provides a summary of the priority evaluation questions the VTCP has identified for the 5-year project period and the proposed timeline for conducting evaluation to address the questions. VTCP evaluation work plans for project years 1-5 are provided in Appendix 2.

VTCP Priority Evaluation & Monitoring Questions, 2014 – 2019

=Monitoring **=Evaluation**

	Evaluation Question	YR 1	YR 2	YR 3	YR 4	YR 5
	Prevention					
1.	To what extent do VTCP resources and supports help community grantees effectively implement tobacco POS strategies?		✓			
2.	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?		✓	✓	✓	
3.	Is the non-competitive community grantee model an efficient and effective model (compared to competitive) for community level tobacco prevention and control efforts? *Question to be refined*					
4.	How effective is the VTCP' youth engagement model and youth groups (OVX and VKATs)? *Question to be refined*					
5.	What does e-cigarette use look like in VT? To what extent does e-cigarette use influence tobacco use?	✓	✓	✓		
6.	~~To what extent has the VTCP expanded access to smoke-free multi-unit housing?~~					
	Media and Communications					
7.	To what extent does the Down & Dirty social marketing campaign impact youth tobacco use?	✓	✓	✓		
8.	To what extent does the youth prevention campaign, Breakdown, reach youth and impact their tobacco use?				✓	
9.	To what extent does VTCP provider engagement and 802Quits media promote cessation activity among providers and Vermont tobacco users?				✓	
	Cessation & Quitline					

VTCP Priority Evaluation & Monitoring Questions, 2014 – 2019 =Monitoring =Evaluation					
Evaluation Question	**YR 1**	**YR 2**	**YR 3**	**YR 4**	**YR 5**
10. 802Quits Evaluation: *Questions to be determined* • What impact has the VTCP had on cessation among Vermonters and priority populations (e.g., Medicaid, LGBT, REM)? • What impact has the VTCP had on reducing tobacco burden among LGBTQ in Vermont? • What are the barriers to engagement and retention in Quitline participation?				✓	
11. What cessation strategies and resources are most relevant and appealing to Vermonters who use tobacco? *Question to be refined*				✓	
12. What is the reach and impact of the program's smoking and pregnancy incentive pilot project?				✓	✓
13. What are the contributing factors to the high prevalence of smoking during pregnancy in Vermont?					
14. ~~What impact has the VTCP had on expanding health payer coverage of comprehensive cessation services?~~					
15. ~~What impact has the VTCP had on promoting health systems change in support of cessation?~~					
16. What is the impact of the VTCP's Medicaid Cessation Benefit Expansion & Promotion Initiative?	✓	✓	✓	✓	
17. What are the barriers and facilitators, and impact of integrating tobacco into AHS Health and Wellness Policies?	✓				
Surveillance & Evaluation					
18. ~~To what extent is the VTCP meeting partner and stakeholder tobacco data and information needs?~~					
Infrastructure & Sustainability					
19. ~~To what extent is the VTCP increasing capacity for tobacco control via collaborations and partnerships?~~					
20. ~~There is an inverse relationship between decreasing VTCP funding and per capita sales. What factors contribute to this?~~					
21. How can the non-competitive community grantmaking process and grant structure be improved?			✓		

VTCP Priority Evaluation & Monitoring Questions, 2014 – 2019					
=Monitoring =Evaluation					
Evaluation Question	**YR 1**	**YR 2**	**YR 3**	**YR 4**	**YR 5**
22. How can the VTCP team, capacity and staffing model be strengthened or improved? How effective is the program? *Question to be refined*					

In addition to the priority questions included in the preceding table, VTCP has identified other evaluation priorities to inform improvement and effectiveness of their strategies. In project year 2 -3 VTCP worked with their communications contractor to conduct usability assessment of 802Quits and provider research on communication and information dissemination to health care providers in Vermont. Findings from these activities are being used to inform direction and improvements to strategies.

Prevention

VTCP Goal: Prevent initiation of tobacco use among youth and young adults

Objectives

- By March 29, 2020, decrease proportion of high school youth who have reported ever having smoked a whole cigarette from 24% to 20%.
- By March 29, 2020, decrease proportion of high school youth who have reported using cigars, cigarillos, or little cigars in the past 30 days from 13% to 8%.
- By March 29, 2020, decrease any tobacco product use among high school youth in the past 30 days from 25% to 20%.
- By March 29, 2020, decrease flavored tobacco product use among high school youth from 24% to 21%.

VTCP Program Strategies

- Restrict location, number, density of tobacco outlets
- Restrict and enforce minors' access to tobacco products
- Educate and inform stakeholders and decision-makers about evidence-based policies and programs to prevent initiation of tobacco use

Prevention Evaluation Priorities

Evaluation Question	Select Indicators	Data Sources	Person Responsible	Timing	Use of Evaluation Findings
VTCP CounterBalance POS Initiative * Appendix I, CounterBalance Initiative evaluation profile details					
1. To what extent do VTCP resources and supports help community grantees effectively implement tobacco POS strategies?	-Trainings and TA opportunities provided by VTCP -Resources & supports provided by VTCP -Education/information products/outputs from community partners	VTCP grantee Reports Community Coalitions (focus groups)	VTCP Evaluator	Evaluate in project year 2	Inform future VTCP support to community partners.
2. What is the impact of the CounterBalance Initiative on public & decision-maker awareness and use of tobacco point-of-sale (POS) strategies? What is	Level of awareness and support for POS policies to decrease availability of tobacco to young people	ATS LOLS Counter Tools Survey	VTCP Evaluator	Monitor in years 2– 5; LOL survey in year 3	-Inform program need for continued or additional strategies on increasing awareness and support for restricting youth access to tobacco at the POS; and increasing reach and/or

	Evaluation Question	Select Indicators	Data Sources	Person Responsible	Timing	Use of Evaluation Findings
	the impact on POS policy change?	Local and state level POS policies adopted and implemented	VTCP Policy Tracking Spreadsheet			impact of POS policy on restricting youth exposure and access to tobacco
3.	Is the non-competitive community grantee model an efficient and effective model (compared to competitive) for community level tobacco prevention and control efforts? Question to be refined	TBD per final evaluation question and planning	Grantees, grantee reports, policy tracking spreadsheet	VTCP Evaluator	Evaluate in year 5	Inform FY21 community grantmaking and grants; provide justification to scale-up non-competitive grant approach.
4.	How effective is the VTCP' youth engagement model and youth groups (OVX and VKATs)? *Question to be refined*	TBD per final evaluation question and planning	VTCP, youth group coordinators	VTCP Evaluator	Evaluate in year 5	Inform improvements, restructuring, and/or continuation of youth engagement and youth groups.
5.	What does e-cigarette use look like in VT? To what extent does e-cigarette use influence tobacco use?	Adult e-cigarette prevalence Youth e-cigarette prevalence	BRFSS YRBSS ATS	VTCP Analyst	Monitor surveillance data annually;	Inform program on what other data is needed to better understand e-cigarette use and in relation to tobacco use; inform program strategies to mitigate e-cigarette use
	Notes: [1] VTCP to provide regular presentation of data, policies, and programming on e-cigarettes to VTCP staff, partners and other stakeholders.					

Secondhand Smoke

VTCP Goal: Eliminate exposure to secondhand smoke

Objectives

- By March 29, 2020, decrease the percentage of non-smoking Vermonters who report exposure to SHS in the past 7 days from 39% to 35%.
- By March 29, 2020, increase the proportion of the population that thinks secondhand smoke is very harmful from 62% to 75%.

VTCP Program Strategies

- Increase policies for smoke-free multi-unit housing
- Expand and/or strengthen tobacco-free schools and college/university campuses
- Educate and inform stakeholders and decision-makers about evidence-based policies and programs to reduce exposure to SHS
- Increase tobacco-free vehicle policies
- Implement and enforce policies for tobacco-free public places

Secondhand Smoke Evaluation Priorities

Evaluation Question	Select Indicators	Data Sources	Person Responsible	Timing	Use of Evaluation Findings
Multi-Unit Housing					
~~6. To what extent has the VTCP expanded access to smoke-free multi-unit housing?~~	~~Number of smoke-free policies in multi-unit housing~~ ~~Proportion of VT population in multi-unit housing covered by smoke-free policies~~	~~VTCP Masters & Measures~~	~~VTCP Evaluator~~	~~Monitor in project year 4~~	~~Inform program and partner/ stakeholder strategies to expand smoke-free housing policies~~
Notes: [1] Further specify the evaluation question based on the VTCP strategies and target. That is, state subsidized multi-unit housing and/or private multi-unit housing. Also, can the ATS question on SHS exposure in the home setting be stratified by multi-unit housing? **[2]** Smoke-free housing is often a concern for those in recovery and living in residential treatment homes. As the VTCP continues work to address tobacco burden among the MHSA population, there may be interest in evaluation in this area.					

Media and Communications

Objectives

- By March 29, 2020, increase the percentage of smokers using the Quitline from 2.1% to 8%.
- By March 29, 2020, increase the number of point of sale policies from 4 to 25; and secondhand smoke policies from 343 to 500.

VTCP Program Strategies

- Implement evidence-based, mass-reach health communication interventions to reduce exposure to SHS
- Implement evidence-based, mass-reach health communication interventions to prevent initiation
- Implement evidence-based, mass-reach health communication interventions to increase cessation and/or promote the Quitline

Evaluation Question	Select Indicators	Data Sources	Person Responsible	Timing	Use of Evaluation Findings
7. To what extent does the Down & Dirty social marketing campaign impact youth tobacco use?	Any tobacco use among country youth Chew use among country youth Cigarette use among country youth	RSCG Down & Dirty evaluation data JSI online survey	VTCP Evaluator	Evaluate in years 2-3	Inform on ongoing or additional strategies to reach and impact tobacco use among target population; determine continuation or improvement of campaign
Notes: Appendix I, Down & Dirty evaluation profile details					
8. To what extent does the youth prevention campaign, Breakdown, reach youth and impact their tobacco use?	Campaign reach, engagement, brand awareness, appeal, and association; ENDS knowledge, attitudes, beliefs, use TBD per evaluation planning	Campaign data: e.g., website and social media analytics	VTCP Evaluator for planning and monitoring Rescue Agency for data collection and reporting	Measures of success defined in year 4 Monitor in years 4-5	Inform whether campaign is achieving intended outputs and outcomes; adjust as needed

9. To what extent does VTCP provider engagement and 802Quits media promote cessation activity among providers and Vermont tobacco users?	Promotion reach Quitline callers, registrants 802quits.org visitors, provider page Cessation counseling and NRT utilization TBD per evaluation planning	Quitline and online reports, Medicaid claims data	VTCP Evaluator	Measures of success defined in year 4 Monitor in years 4-5	Inform improvements, restructuring, and/or continuation of youth engagement and youth groups.

Cessation & Quitline

VTCP Goal: Promote quitting among adults and youth

Objectives

- ❖ By March 29, 2020, reduce adult smoking prevalence from 18% to 12%; and reduce youth smoking prevalence from 13% to 10%.
- ❖ By March 29, 2020, reduce cigarette smoking prevalence among adults with income <250% FPL from 28% to 22%.
- ❖ By March 29, 2020 increase the percent of current smokers recommended by a provider to a specific cessation program from 40% to 50%.

VTCP Program Strategies

- ➢ Increase engagement of health care providers and systems to expand utilization of proven cessation services
- ➢ Educate and inform stakeholders and decision-makers about evidence-based policies and programs to increase cessation
- ➢ Support state Quitline capacity
- ➢ Promote health systems changes to support tobacco cessation

Cessation & Quitline Evaluation Priorities

Evaluation Question	Select Indicators	Data Sources	Person Responsible	Timing	Use of Evaluation Findings
Cessation & Quitline					
10. 802Quits Evaluation: Questions to be determined – What impact has the VTCP had on cessation among Vermonters and priority populations*?* – What impact has the VTCP had on reducing tobacco burden among LGBTQ in Vermont? – What are the barriers to engagement and retention in Quitline participation?	TBD per final evaluation question and planning Distribution of Quitline registrants by age, education, gender, pregnancy status, health insurance, mental health condition, sexual orientation 802Quits quit rates and cessation status by priority population	BRFSS 802Quits reports Quitline users	VTCP Evaluator, Analyst Cessation Specialist	Evaluation planning in year 4, evaluate in year 5	Inform VTCP need for continued or additional strategies to better reach and support cessation among priority populations, including need for culturally responsive information and services. Inform program strategies to address gaps in resources or services to support prevention and cessation among priority populations

Evaluation Question	Select Indicators	Data Sources	Person Responsible	Timing	Use of Evaluation Findings
					Inform program strategies to outreach to tobacco users to call the Quitline, maintain engagement in services, support cessation.
Notes: [1] Appendix I, CDC Quitline Capacity Grant Evaluation profile and the VTCP's Quitline Capacity Grant evaluation plan. **[2]** Consider including the evaluation question: what is the most important element for an 802Quits registrant to sustain participation? Review literature of known success factors and refine evaluation accordingly.					
11. What cessation strategies and resources are most relevant and appealing to Vermonters who use tobacco? Question to be refined	TBD per final evaluation question and planning	802Quits reports ATS BRFSS Vermont tobacco users	VTCP Evaluator	Evaluate Year 4	Inform program strategies on cessation resources, supports, and outreach to tobacco users
12. What is the reach and impact of the program's smoking and pregnancy cessation incentive pilot project?	Providers trained Participants enrolled Participants completed Participant cessation activity	Pilot program administrative data	MCH evaluator (CDC fellow)	Evaluate in years 4-5	Inform improvements to implementation, effectiveness on outcomes, and replication
13. What are the contributing factors to the high prevalence of smoking during pregnancy in Vermont?	TBD per evaluation planning and analytic plan	PRAMS Vital statistics	TBD	Evaluate in year 4	Inform VTCP and MCH strategies to address prevalence of smoking during pregnancy
~~14. What impact has the VTCP had on expanding health payer coverage of comprehensive cessation services?~~	~~Covered cessation services by health payer~~	~~Health payers~~	~~VTCP Health Systems Specialist & Evaluator~~	~~Monitor in project year 5~~	~~Demonstrate progress in cessation coverage, remaining gaps, and opportunities for health payers to increase cessation among members~~ ~~Inform program on targeting payers and strategies based~~

Evaluation Question	Select Indicators	Data Sources	Person Responsible	Timing	Use of Evaluation Findings
					~~on the identified gaps in covered services.~~
~~15. What impact has the VTCP had on promoting health systems change in support of cessation?~~ ~~▪ What is the reach and impact of the VTCP – Blueprint Quit Partners initiative?~~ ~~▪ To what extent has cost sharing been established with health systems?~~	~~Established partnerships with health systems & payers~~ ~~Proportion of smokers who have been advised to quit smoking by a health care professional~~ ~~Tobacco screening and referral practice and rates among health systems~~ ~~Barriers & facilitators of cost sharing~~	~~VTCP~~ ~~BRFSS~~ ~~Health Systems~~	~~VTCP Health Systems Specialist & Evaluator~~	~~Document partnerships and program efforts in year 2~~ ~~Evaluate Quit Partner initiative in year 2~~ ~~Evaluate in project year 3~~	~~Inform partners and stakeholders on health systems change and impact~~ ~~Inform continued or additional program strategies to further health systems changes that integrate tobacco screening, counseling, referral, and cessation supports into standard of care~~ ~~Inform program cost-sharing opportunities~~
16. What is the impact of the VTCP's Medicaid Cessation Benefit Expansion & Promotion Initiative (i.e., use of benefit, cessation and tobacco use, and cost savings to Medicaid)?	# of times CPT codes used by Medicaid providers Description of health care utilization relative to cessation benefit Cost differential	Medicaid claims BRFSS ATS Providers Administrative data	VTCP, DVHA, VTCP Evaluator	-Monitor utilization project years 1—5, -Evaluate provider awareness year 1-2 -Descriptive analysis years 2 -3	Inform ongoing promotion efforts to increase awareness and use of the benefit. Inform leadership, policymakers, and decision makers on the cost impact for this prevention effort.
Notes: Appendix I, Medicaid Tobacco Benefit Initiative Evaluation profile and evaluation plan.					
17. What are the barriers and facilitators, and impact of integrating tobacco into Agency of Human Services Health and Wellness Policies?	List of barriers and facilitators to successful implementation of the AHS tobacco-free campus and tobacco treatment policy	Clinical directors & staff of behavioral health centers	VTCP Evaluator	Evaluate in year 1	Inform VTCP programming and supports for AHS departments and divisions implementing tobacco-free policy.

Evaluation Question	Select Indicators	Data Sources	Person Responsible	Timing	Use of Evaluation Findings
	for state funded behavioral health center	Department leadership			
Notes: Appendix I, Integrating Tobacco into Agency of Human Services Health & Wellness Policies Evaluation profile and the VTCP's Behavioral Health Tobacco-Free Campus Policy Initiative evaluation plan.					

Surveillance & Evaluation

Objectives

- By March 29, 2020, maintain at least 3 surveillance systems (ATS, BRFSS, and YRBS) to monitor the burden of tobacco use in Vermont.
- By March 29, 2020, evaluate at least 3 initiatives (Medicaid Benefit, MH/SA smoke free campuses, CounterBalance) that address the burden of tobacco use in Vermont.

VTCP Program Strategies

- Develop and /or enhance surveillance systems to collect population-specific data
- Disseminate and use of surveillance data to inform planning and program implementation
- Implement evaluation planning and execution, including convening stakeholders
- Disseminate and use evaluation to inform program planning

Surveillance & Evaluation Priorities

Evaluation Question	Select Indicators	Data Sources	Person Responsible	Timing	Use of Evaluation Findings
~~18. To what extent is the VTCP meeting partner and stakeholder tobacco data and information needs?~~		~~VTCP partners and stakeholders~~	~~VTCP Evaluator~~	~~Year 3-5 monitor for continuous quality improvement; TBD whether evaluation is needed~~	~~Inform surveillance and data dissemination priorities and activities.~~

Infrastructure & Sustainability

Objectives

- ❖ By March 29, 2020 maintain one comprehensive tobacco control program.

VTCP Program Strategies

- ➢ Develop and maintain responsive planning
- ➢ Develop and maintain networked partnerships including state, local and chronic disease coordination
- ➢ Develop and maintain managed resources including adequate staffing, funding, sub-recipient grants and contracts
- ➢ Develop and maintain a fiscal management system
- ➢ Provide ongoing training and technical assistance

Infrastructure & Sustainability Evaluation Priorities

Evaluation Question	Indicators	Data Sources	Person Responsible	Timing	Use of Evaluation Findings
Partnership Evaluation					
~~19. To what extent is the VTCP increasing capacity for tobacco control via collaborations and partnerships?~~ ~~– To what extent is the VTCP successfully engaging and collaborating with partners and stakeholder to strengthen and sustain the reach and impact of tobacco prevention and control efforts in Vermont?~~ ~~– How are partnerships with other VDH chronic disease programs advancing tobacco control initiatives?~~	~~List and composition of partners and key stakeholders engaged in planning, programming, evaluation, etc.~~ ~~Description of collaborations between VTCP and chronic disease programs; and between VTCP and Pride Center and VRRP~~ ~~List of partnerships with cost-sharing to support the VTCP~~	~~VTCP staff and partners~~	~~VTCP Evaluator~~	~~Year 3~~	~~Inform engagement and communication strategies with partners and stakeholders to improve the strength and quality of relationships.~~

Evaluation Question	Indicators	Data Sources	Person Responsible	Timing	Use of Evaluation Findings
~~– How are partnerships with community-based organizations advancing tobacco control initiatives?~~ ~~– Where are the gaps and how can the VTCP enhance strategic communications to better engage stakeholders and magnify reach?~~					
~~20. There is an inverse relationship between decreasing VTCP funding and per capita sales. What factors contribute to this relationship?~~ ~~– How did funding program components and initiatives change over time relative to per capita sales?~~ ~~– Is the VTCP allocated as well as it can be to maximize return on investment?~~	~~Map of program initiatives by VTCP funding and per capita sales over time~~	~~VTCP staff~~	~~VTCP, Analyst, Evaluator~~	~~Evaluate in year and 3~~	~~Inform VTERB, leadership and legislature regarding program funding decisions~~
21. How can the non-competitive community grantmaking process and grant structure be improved? • To what extent do community tobacco grantees that are part of the Regional Prevention Partnership	-Grantee capacity & infrastructure -Local level POS policies adopted	Community grantee focus groups; reports Interviews with VTCP and ADAP staff, VDH Business Manager	VTCP Evaluator	Evaluate in project year 3	Inform program on facilitating infrastructure and capacity, and role of integrating with other substances, on extent of impact on tobacco control; whether to continue with this approach

Evaluation Question	Indicators	Data Sources	Person Responsible	Timing	Use of Evaluation Findings
model impact tobacco prevention and control?					
22. How can the VTCP team, capacity and staffing model be strengthened or improved? How effective is the program? *Question to be refined*					

VI. Communicating & Disseminating Evaluation Findings

To ensure sustained engagement of VTCP partners and stakeholders and use of evaluation findings, the VTCP provides updates on evaluation activities, discusses preliminary evaluation findings and recommendations with primary stakeholders of the evaluation, and strategically disseminates and communicates evaluation findings.

The VTCP will continue to provide updates to their partners on relevant evaluation activities. For example, evaluation updates will continue as a regular agenda item during recurring meetings with DVHA. The VTCP will also keep the VTERB apprised of evaluation activities and priorities to allow for input to the VTCP's evaluation planning, implementation, and analysis of findings. Regular updates to primary users and primary stakeholders will also include sharing of preliminary evaluation findings and considerations/recommendations. In doing so, the VTCP will obtain input on the interpretation of evaluation findings, validity and feasibility of recommendations, and action steps to move recommendations forward and ensure use of evaluation findings to improve programmatic initiatives.

The Core Evaluation Team will determine specific audiences and channels for communication of final evaluation findings and recommendations. Audiences will include VTCP partners and stakeholders, such as CDC; DVHA; VTERB; community grantees, MCH, Public Health Stat, DMH and ADAP. The VTCP will also strategically communicate evaluation findings with legislators and other policy makers and will work with their partners, such as the Coalition for Tobacco Free Vermont and the network of community coalitions to do so.

As evaluation plans are developed for each priority evaluation initiative, more detailed communication plans will be developed accordingly. The communication plans will identify the audience, purpose of communication, possible formats, timing, and responsible party.

Appendix I: VTCP Evaluation Initiative Profiles

POS & CounterBalance Initiatives (State & Community Intervention)

It is important for the Program to assess and realize change in knowledge and attitudes among the public and decision makers on tobacco POS marketing and advertising to continue investment of resources in the Programs POS and CounterBalance strategies.

Evaluation Timeline: Project Years 2--5; 2016 – 2020
Evaluator: VTCP Evaluator
VTCP Lead: Chronic Disease Director, Communications Specialist and Community Specialists
Evaluation Rationale & Scope: The VTCP will evaluate the impact of this initiative on increased knowledge of tobacco industry influence on tobacco use via Point of Sale (POS) marketing and advertising and whether the initiative influences the tobacco POS retail landscape and policy restrictions in Vermont.
Evaluation Approach: The evaluation will be a process and outcome evaluation.
Evaluation Questions:

- To what extent do VTCP resources and supports help community grantees effectively implement tobacco POS strategies?
- What impact do POS strategies and the CounterBalance initiative have on public and decisionmaker awareness and use of tobacco POS strategies?
- What impact do POS strategies and the CounterBalance initiative have on POS policy change at the local and state levels?

Evaluation Data: Data sources will include qualitative data from coalition reports and discussion groups; quantitative data from the annual retailer audits; Adult Tobacco Survey; media metrics; the Local Opinion Leaders Survey, and the CounterBalance survey.
Evaluation Use: The evaluation findings will inform the VTCP on the efficacy of these multi-component strategies to address tobacco use among youth and next steps for the CounterBalance initiative, including identifying feasible policy and/or regulations to restrict tobacco POS.

Down & Dirty Initiative (Media Interventions)

Evaluation Timeline: Project Years 1 – 3; 2015 – 2017
Evaluator: VTCP Evaluator
VTCP Lead: Chronic Disease Director, Analyst, and Media Specialist
Evaluation Rationale & Scope: The VTCP will develop and implement an evaluation to assess the impact of the initiative on awareness of the campaign, attitudes on tobacco use, and behavior change regarding tobacco use among country youth in Vermont.
Evaluation Approach: The evaluation will be an outcome evaluation to assess the extent to which the campaign influenced tobacco use rates among youth that identify with the country peer crowd.
Evaluation Questions:

- To what extent does the Down and Dirty campaign reach target populations?
    - To what extent are country youth in Vermont aware of the Down & Dirty campaign?
    - To what extent has the initiative changed attitudes and norms towards smoking and tobacco use among country youth in Vermont?
    - To what extent has the initiative led to a decrease in tobacco use among country youth in Vermont?

Evaluation Data: Data sources will include RSCG evaluation data and JSI online survey data

Evaluation Use: The evaluation findings will inform the VTCP on the efficacy of this initiative on tobacco use among country youth in Vermont and inform whether and how the Program will continue to implement this initiative.

CDC Quitline Capacity Grant Evaluation (Cessation Intervention)

Evaluation Timeline: Project Years 1 – 5; 2015 – 2020, annual monitoring, evaluation planning in year 4

Evaluator: VTCP

VTCP Lead: Cessation Specialist

Evaluation Rationale & Scope: To monitor and evaluate VTCP Quitline-related strategies on identifying and targeting disparate populations, improving sustainability of the Quitline; increasing media efforts; and promoting health systems changes.

Evaluation Approach: Process and outcome evaluation.

Evaluation Questions (select):

- What proportion of Quitline registrants are of target populations?
- To what extent are individuals of target populations who call the Quitline using and completing services?
- To what extent are target populations using the 802Quits text program? Of those using text support, is it increasing completion of Quitline services?
- What impact have established cost sharing strategies had on offsetting costs and support sustainability of the Quitline?
- How is Quitline use changing in relation to media efforts? Are the media efforts aligned with promoting use of the Quitline among targeted populations?
- To what extent are community coalitions reaching cessation-related earned media targets?
- How do e-referral systems influence the number of provider referrals to the Quitline?
- How are the 802Quits Provider Page and its promotion influencing provider utilization of the Quitline?

Evaluation Data: Data sources include surveillance data (BRFSS, ATS), Quitline data, Program data, media data, community coalition data, and Medicaid claims data.

Evaluation Use: Evaluation findings will generally be used internally to inform VTCP strategies and work plan to improve Quitline referrals among target populations

Medicaid Tobacco Benefit Expansion & Promotion Initiative (Cessation Intervention)

Evaluation Timeline: Project Years 1 – 5; 2015 – 2020

Evaluator: JSI Research & Training Institute, Inc.; VTCP Analyst

Evaluation Rationale & Scope: The VTCP worked with the Department of Vermont Health Access (DVHA) to activate CPT codes that support Medicaid reimbursement to providers for delivering tobacco cessation counseling. The initiative is statewide and specific to Medicaid providers, pharmacists and dentists. The codes were activated on January 1, 2014. To increase use of this benefit and other tobacco cessation supports, the VTCP is promoting the benefit using strategic communications. Evaluation will determine the initiative's impact on (1) Medicaid provider use of the Medicaid tobacco counselling benefit; (2) Medicaid member awareness and use of the Medicaid tobacco counselling benefit; and impact on Medicaid tobacco use among Medicaid eligible adults. The evaluation will be conducted over 5 years, with ongoing monitoring of select VTCP surveillance data. The evaluation will initially focus on use of the Medicaid cessation benefit among providers. A descriptive analysis of Medicaid beneficiary use of the

comprehensive cessation benefit and related health care utilization is planned for year 3. Subsequent economic evaluation will be considered per findings from the descriptive analysis.

Evaluation Approach: Process and outcome evaluation.

Evaluation Questions:

- To what extent are Medicaid members who smoke aware of the Medicaid cessation counselling benefit and other cessation resources available?
- To what extent do VTCP promotion efforts articulate the Medicaid counselling benefit?
- To what extent do promotion efforts target providers, dentists, and pharmacists?
- How do promotion activities influence use of the Medicaid counselling benefit?
- To what extent are providers aware of the Medicaid counselling benefit? Do they understand how to use the counselling benefit? Are counseling processes integrated into clinical workflow?
- To what extent are providers using the Medicaid counselling benefit? What provider characteristics are associated with use of the Medicaid counselling benefit?
- What is the impact of the Medicaid counselling benefit on tobacco treatment and use among Medicaid eligibles?
- What are the costs of the expanded benefit to Medicaid and the savings attributable?

Evaluation Data: Evaluation data will include Adult Tobacco Survey, BRFSS, Quitline data, Medicaid claims data, Program data on promotion activities, Uniform Data System, qualitative data from providers and potentially survey data from Medicaid providers and beneficiaries.

Evaluation Use: The evaluation findings will inform ongoing Program promotion efforts, success in utilization by providers, and impact on tobacco use and cost savings related to the initiative. Findings will be shared with DVHA.

Integrating Tobacco into Agency of Human Services Health & Wellness Policies (State & Community Intervention)

❖ **Mental Health/Substance Abuse Tobacco-Free Campus Policy Initiative**

Evaluation Timeline: Project Years 1; 2015 – 2016 (i.e., ADAP focus years 1)

Evaluator: JSI Research & Training Institute, Inc.

Evaluation Rationale & Scope: The VTCP is working with the Department of Mental Health (DMH) and the Alcohol and Drug Abuse Program (ADAP) to implement tobacco-free campus policies throughout state-funded mental health treatment centers. The evaluation is designed to determine the barriers and facilitators to successful Behavioral Health Tobacco-free Campus Policy implementation with an emphasis on improving project implementation design. The evaluation will determine the barriers and facilitators to successful Behavioral Health Tobacco-free Campus Policy implementation with an emphasis on improving project implementation design. The evaluation will examine clinical leader perceptions of the policy and policy implementation process and explore the organizational culture and context which facilitates or discourages policy adoption.

Evaluation Approach: Interactive formative evaluation and process evaluation.

Evaluation Questions:

- What is the perception of the policy and policy implementation process?
- What causal, mitigating or confounding events were occurring within the organization that may have contributed to easier or more difficult implementation?
- To what extent was the fidelity of the policy implementation adhered?
- Were there any unintended consequences as a result of the policy implementation?
- What are the critical success factors to policy implementation?

- To what extent are tobacco-related assessment, treatment and discharge planning occurring and what do they look like?
- What additional supports are provided by the site or other entities which support cessation?
- To what extent is tobacco prevention and cessation addressed at the Agency of Human Services level and among other Departments and Programs within AHS (beyond VDH)? What opportunities exist promote/integrate tobacco control within AHS-level systems and goals?

Evaluation Data: Qualitative data collection through key informant interviews with clinical leaders. During key informant interviews JSI will explore the availability of quantitative data to conduct the process evaluation.

Evaluation Use: The evaluation will result in a final report and Case Study Brief used to articulate the role that organizational contexts plays in policy adoption and implementation.

Appendix II: VTCP Evaluation Work Plan, Years 1-5

Project Year 1 Evaluation Work Plan: March 30, 2015 – March 29, 2016

1. 5-Year Strategic Evaluation & Performance Measurement Plan (Years 1-5)		
Activities	**Timeline**	**Person Responsible**
1.1 Convene monthly VTCP Core Evaluation Team meetings	3/30/2015 – 3/29/2016, *continue yr. 2*	JSI
1.2 Develop VTCP Program logic model	4/1/2015 – 9/30/2015	JSI
1.3 Identify VTCP program-level evaluation questions and priority individual evaluation initiatives	5/1/2015 – 9/30/2015	JSI
1.4 Develop summary profiles for each evaluation initiative	5/15/2015 – 6/30/2015	JSI
1.5 Participate in VTERB Evaluation Committee meetings to engage VTCP stakeholders in evaluation activities.	3/30/2015 – 3/29/2016	JSI, Chronic Disease Prevention Chief, Analyst
1.6 Develop final draft of strategic evaluation plan incorporating stakeholder input	12/1/2015 – 1/31/2016	JSI
1.7 Develop final strategic evaluation plan; submit to CDC	2/1/2016 – 3/28/2016	JSI
1.8 Report CDC performance measures	3/1/2016 – 3/29/2016, *continue yr. 2*	Program Manager
1.9 Review performance measures internally with Core Evaluation Team/all VTCP staff to inform continuous program improvement	4/1/2016 – 4/30/2016 *continue yr. 2*	Chronic Disease Prevention Chief, Program Manager
2. E-Cigarette Use in Vermont		
2.1 Monitor adult and youth e-cigarette data; interpret and share with VTCP staff; develop data brief	11/1/2015 – 3/29/2016, *continue yr. 2*	Analyst
3. Down & Dirty Campaign		
3.1 Analyze campaign data	3/1/2016 – 4/30/2016	UVM/VTCP Analyst
3.2 Interpret data and develop summary report of findings	4/1/2016 – 5/15/2016	JSI
4. Cessation & Quitline		
4.1 Monitor adult and youth prevalence and Quitline data for target populations.	3/1/2016 – 3/29/2016, *continue yr. 2*	Cessation specialist Analyst
4.2 Share data with VTCP annually to inform programmatic efforts on target populations.	Year 2	Analyst
5. Medicaid Cessation Benefit Initiative		

5.1 Develop evaluation plan	3/1/2015 – 8/31/2015	JSI
5.2 Monitor utilization data and promotion activities; assess and provide summary report of findings and considerations	9/1/2015 – 12/30/2015	JSI
5.3 Share findings and considerations with DVHA for input on recommendations	1/1/2016 – 1/30/2016	JSI
5.4 Review recommendations with VTCP and develop action steps	1/1/2016 – 1/30/2016	JSI
5.5 Develop Medicaid provider survey with DVHA input	11/1/2015 – 1/30/2016	JSI
5.6 Administer Medicaid provider survey	2/1/2016 – 2/28/2016	JSI
5.7 Analyze data from survey and share preliminary findings with VTCP and DVHA to inform provider engagement and beneficiary promotion	3/1/2016 – 3/30/2016	JSI, VTCP & DVHA Medicaid Benefit & Promotion Initiative Team
5.8 Develop approaches and cost quote to support economic evaluation and return on investment analysis; review with CDC for input and guidance.	11/1/2015 – 3/30/2016, *continue yr. 2*	JSI, Chronic Disease Prevention Chief, Analyst, CDC
6. Integrating Tobacco into Agency of Human Services Health & Wellness Policies Initiative		
Activities	**Timeline**	**Person Responsible**
6.1 Define evaluation purpose and evaluation questions	3/25/2015 – 3/31/2015	JSI, Chronic Disease Prevention Chief
6.2 Develop and finalize evaluation plan	4/1/2015 – 8/30/2015	JSI
6.3 Develop data collection tools	9/1/2015 – 9/30/2015	JSI
6.4 Conduct evaluation: Key informant interviews with clinical leaders and staff of designated agencies and other leading states (OR, OK, IN)	10/1 /2015 – 12/31/2015	JSI
6.5 Analyze qualitative data from key informant interviews and relative to findings in the literature	1/1/2016 – 1/30/2016	JSI
6.6 Share findings with VTCP, discuss considerations, and determine next steps	1/1/2016 – 2/28/2016	JSI
6.7 Develop priority areas for continued work to promote tobacco-free campuses in behavioral health centers / DMH	2/1/2016 – 2/28/2016	JSI
6.8 Develop a strategic work plan for VTCP to implement in project year 2 to support DMH in facilitating tobacco free campuses/centers	3/1/2016 – 3/30/2016, *continue yr. 2*	JSI
7. Quitline Capacity Evaluation (Years 1-3)		

Activities	Timeline	Person Responsible
7.1 Develop Quitline capacity logic model	4/1/2015 – 4/30/2015	JSI, Cessation Specialist, Analyst
7.2 Define evaluation questions	4/1/2015 – 4/30/2015	JSI, Cessation Specialist, Analyst
7.3 Develop evaluation plan	4/1/2015 – 4/30/2015	JSI, Cessation Specialist, Analyst
7.4 Conduct evaluation	5/1/2015 – 3/29/2016, *continue yr. 2*	VTCP
7.5 Develop annual summary reports on evaluation activities and findings	1/1/2016 – 1/30/2016, *continue yr. 2*	Cessation Specialist

Project Year 2 Evaluation Work Plan: March 30, 2016 – March 29, 2017

1. 5-Year Strategic Evaluation & Performance Measurement Plan (Years 1-5)		
Activities	**Timeline**	**Person Responsible**
1.1 Convene monthly VTCP Core Evaluation Team meetings, discuss evaluation plans and findings, identify action steps per findings	3/30/2016 – 3/29/2017	VTCP Evaluator (JSI); Chronic Disease Prevention Chief; Program Manager
1.2 Participate in VTERB Evaluation Committee meetings to update and/or gain input from VTCP stakeholders in evaluation activities. – JSI to participate in Evaluation Committee meetings 2x/year, providing agenda and facilitating to update on VTCP evaluation activities and solicit input/guidance.	3/30/2016 – 3/29/2017 -Wait to see how VTCP can be involved with VTERB evaluation considering changes in VTERB structure and new administrator -Consider engaging State Plan work group (which includes VTERB members) to review and provide input to VTCP year 3 evaluation work plan; March – April 2017	Chronic Disease Prevention Chief, JSI
1.3 Coordinate and facilitate annual VTCP stakeholder/partner meeting; solicit input on evaluation activities (e.g., strategic evaluation plan). – JSI to coordinate and facilitate; combine with ½ day state plan meeting that includes key note and surveillance review	9/1/2016- 10/31/2016	VTCP Evaluator Chronic Disease Prevention Chief, Program Manager
1.4 Review and update strategic evaluation plan	9/1/2016- ~~11/30/2016~~ 3/2017	VTCP Evaluator
1.5 Develop outline and preliminary content (evaluation activities, data, findings) for VTCP Evaluation Report	1/1/2017 – 3/29/2017	VTCP Evaluator
1.6 Report CDC defined performance measures	3/1/2017 – 3/29/2017	Program Manager
1.7 Review evaluation findings, and CDC and Dashboard performance measures internally with Core Evaluation Team/all VTCP staff to inform continuous program improvement and year 3 work plan	4/1/2017 – 4/30/2017	Chronic Disease Prevention Chief, Program Manager
2. VTCP CounterBalance POS Initiative		
Activities	**Timeline**	**Person Responsible**
2.1 Update POS logic model	6/1/2016 – 6/30/2016	VTCP Evaluator

		Chronic Disease Prevention Chief, Analyst
2.1 Refine evaluation purpose and question(s) to assess support for community coalitions in using Counter Tools data (e.g. ,supports include campaign manager, Counter Tools data, etc.)	6/1/2016 – 6/30/2016	VTCP Evaluator, CounterBalance Team
2.2 Develop focus group guide or key informant interview guide	7/1/2016 – 7/30/2016	VTCP Evaluator
2.3 Conduct focus group or key informant interviews with community coalitions, community and/or regional partners, local decisionmakers	8/1/2016 – 8/30/2016	VTCP Evaluator
2.4 Assess findings, draft summary report with recommendations; ; discuss with CounterBalance team and make revision(s) to work plan if/as needed	9/1/2016 – 9/30/2016	VTCP Evaluator, Chronic Disease Prevention Chief
3. E-Cigarette Use in Vermont		
Activities	**Timeline**	**Person Responsible**
3.1 Monitor adult and youth e-cigarette data using questions from stakeholders and VTCP, interpret and share with VTCP staff, disseminate broadly ~~– Will align with VDH grand rounds on e-cigarettes to be presented by Analyst in Fall 2016; consider as a data brief topic~~ – VTCP decided not to do grand rounds on this topic at this time; Analyst is developing an engaged data brief for Fall 2016 and will incorporate e-cigarette data in this. Additionally, Analyst will develop a canned presentation on e-cigarette data to share with stakeholders; base on the Truth Campaign's national data format.	10/1/2016 – 10/31/2016 Analyst monitors and shared data during 9.29 stakeholder meeting	Analyst
4. Down & Dirty Campaign		
Activities	**Timeline**	**Person Responsible**
4.1 Identify and collaborate with academic partner to assist in analyzing data and developing report for publication	3/1/2016 – 4/30/2016	Chronic Disease Prevention Chief, Analyst JSI UVM

4.2 Refine focus of analysis and conduct analysis	4/1/2016 – 7/30/2016	Chronic Disease Prevention Chief, Analyst, UVM, JSI
4.3 Interpret data and develop report of findings to publish (case study, intervention as promising practice to reduce youth initiation)	8/1/2016 – 9/30/2016	Chronic Disease Prevention Chief, Analyst, UVM, JSI
4.4 Share findings from analysis with VTCP and VTERB; Develop recommendations based on findings	10/1/2016 – 12/31/2016	Chronic Disease Prevention Chief, Analyst, UVM, JSI
5. Cessation & Quitline		
Activities	**Timeline**	**Person Responsible**
5.1 Share adult and youth prevalence and Quitline data for target populations with VTCP to inform programmatic efforts on target populations. VTCP monitors this data regularly. Analyst and VTCP have proposed a data brief on cessation activity by demographics using primarily ATS data.	~~4/1/2016 – 5/30/2016~~ Ongoing and year 3	Cessation specialist Analyst
6. Health Systems		
Activities	**Timeline**	**Person Responsible**
6.~~1 Develop profiles of VTCP health system initiative partners and their collaborations (e.g., purpose, timeline, status)~~ – ~~Map partners and strategies; consider sharing during PH Stat~~ VTCP determined this activity is no longer a priority	9/1/2016 – 12/31/2016	Health Systems Specialist
6.2 Plan and evaluate Blueprint Quit Partners Initiative Consider for year 3	Pending priority for year 2 evaluation/JSI contract	JSI
7. Integrating Tobacco into Agency of Human Services Health & Wellness Policies Initiative		
Activities	**Timeline**	**Person Responsible**

7.1 Develop a strategic work plan, considering evaluation findings, for VTCP to implement in project year 2 to support DMH and other departments in facilitating tobacco free campuses/centers adopting tobacco-related policies, and treating tobacco use as applicable.	3/1/2016 – 5/15/2016	JSI
7.2 Develop a communication brief of the program initiative, evaluation findings, and next steps per the work plan; disseminate to designated agencies and preferred providers	3/1/2016 – 5/15/2016	JSI
8. Medicaid Cessation Benefit Initiative		
8.1 Participate in bi-monthly meetings with VTCP/DVHA to inform evaluation	3/30/2016 – 3/29/2017	VTCP Evaluator, Chronic Disease Prevention Chief, Program Manager, Analyst, Health Systems Specialist
8.2 Review provider survey findings with DVHA and VTCP	3/30/2016 – 4/30/2016	JSI
8.3 Continue monitoring of benefit utilization via Medicaid claims	3/30/2016 – 3/29/2017	Analyst; VTCP Evaluator
8.4 Update evaluation report with additional utilization data and provider survey findings; develop preliminary considerations and recommendations	4/1/2016 – 5/1/2016	JSI
8.5 Share findings, considerations, and draft recommendations with VTCP and DVHA; incorporate input to recommendations and develop action items.	5/1/2016 – 5/15/2016	JSI
8.6 Develop analytic plan for economic evaluation, phase 1 and phase 2	4/1/2016 – 4/30/2016	VTCP and JSI
8.7 Conduct economic evaluation analysis	~~5/1/2016 – 8/31/2016~~ 2/1/2017 – 6/30/2017	~~JSI~~ VTCP
8.8 Develop summary report of findings, considerations and recommendations	8/1/2016 – 9/30/2016	JSI
8.9 Review findings with VTCP and DVHA; update recommendations and report; determine action items.	10/1/2016 – 11/30/2016	JSI, VTCP
8.10 Update Medicaid utilization evaluation report; incorporate findings from economic evaluation. Develop considerations and recommendations. Support development of publication.	12/1/2016 – 1/30/2017	JSI
8.11 Share findings, considerations, and draft recommendations with VTCP and	2/1/2017 – 3/29/2017	JSI

DVHA; incorporate input to recommendations and develop action items.		
9. Infrastructure & Sustainability		
9.1 Refine evaluation questions for assessing inverse relationship between VTCP funding and per capita sales (engage VTCP staff, VTERB, Coalition for Tobacco Free VT, others).	~~7/1/2016 – 8/30/2016~~ VTCP will hold on this; consider for year 3 or potential for VTERB to address via their evaluation	VTCP Evaluator Analyst
9.2 Develop evaluation plan	~~9/1/2016 – 9/30/2016~~	VTCP Evaluator Analyst
9.3 Conduct analyses	~~10/1/2016 – 11/30/2016~~	Analyst
9.4 Share findings and considerations with VTCP and other stakeholders (e.g., VTERB, CTFV, Public Health Stat); develop recommendations or action items per input	~~12/1/2016 – 12/31/2016~~	VTCP Evaluator, Analyst, Chronic Disease Prevention Chief
9.5 Develop communication product based on findings	~~1/1/2017 – 1/31/2017~~	Communication Specialist
10. Quitline Capacity Evaluation (Years 1-3)		
10.1 Conduct evaluation	3/30/2016 – 3/29/2017	VTCP
10.2 Review and update evaluation plan as needed	6/1/2016 – 6/30/2016	Cessation Specialist, Analyst
10.3 Develop annual summary reports on evaluation activities and findings—annual cessation report on 802Quits	1/1/2017 – 1/30/2017	Cessation Specialist

Project Year 3 Evaluation Work Plan: March 30, 2017 – March 29, 2018

1. Strategic Evaluation & Performance Measurement Plan Project Management		
Activities	**Timeline**	**Person Responsible**
1.1 Convene monthly VTCP Core Evaluation Team meetings, discuss evaluation plans and findings, identify action steps per findings	3/30/2017 – 3/29/2018	VTCP Evaluator (JSI); Chronic Disease Prevention Chief; Analyst;
1.2 Develop year 2 annual evaluation report • Present findings to VTCP team • Share findings with stakeholders (e.g., Community grantees) • Solicit input on future evaluation priorities, questions, and activities	3/1/2017 – 7/30/2017	JSI
1.3 Update strategic evaluation plan; define year 3 evaluation work plan	5/1/2017 – 5/31/2017	JSI
1.4 Coordinate and facilitate annual VTCP stakeholder/partner meeting – Review progress on state plan objectives – Review program evaluation initiatives and findings	9/1/2017- 10/31/2017	Chronic Disease Prevention Chief, Program Manager, JSI, Analyst
1.5 Develop year 3 annual evaluation report • Present findings to VTCP team • Share findings with stakeholders (e.g., Community grantees) • Solicit input on future evaluation priorities, questions, and activities	3/1/2018 – 5/30/2018	JSI
1.6 Report CDC defined performance measures	3/1/2018 – 3/29/2018	Program Manager
1.7 Review evaluation findings, and CDC and Dashboard performance measures internally with Core Evaluation Team/all VTCP staff to inform continuous program improvement	4/1/2018 – 4/30/2018	Chronic Disease Prevention Chief, Program Manager
2. VTCP CounterBalance & POS Initiatives		
Activities	**Timeline**	**Person Responsible**
2.1 Finalize POS & CounterBalance measures of success	3/1/2017– 5/31/2017	JSI
2.2 Monitor progress in initiatives per measures of success as data becomes available	4/1/2017 – 3/29/2018	JSI, VTCP Team
2.2 Conduct 2017 Local Opinion Leaders Survey, in collaboration with ADAP, to inform	6/1/2017 – 1/30/2018	JSI

POS & CounterBalance, and other program policy initiatives		
2.3 Conduct community grantee evaluation for the non-competitive model; defined evaluation purpose, questions, and use; logic model; collect data, analyze and report	7/1/2017 – 3/29/2018	JSI
2.4 Convene VTCP CounterBalance Team to review relevant data and measures to inform program planning/improvement	10/1/2017 – 10/31/2017 4/1/2018 – 4/30/2018	JSI
3. E-Cigarette Use in Vermont		
Activities	**Timeline**	**Person Responsible**
3.1 Monitor adult and youth e-cigarette data, interpret and share with VTCP staff, disseminate broadly • Develop data briefs on e-cigarette use	4/1/2017 – 6/30/2017	Analyst
4. Down & Dirty Campaign		
Activities	**Timeline**	**Person Responsible**
4.1 Refine outcome evaluation plan, measures of success, and analytic plan	3/1/2017 – 4/30/2017	JSI
4.2 Implement outcome evaluation using online survey targeting country youth	4/1/2017 – 6/30/2017	JSI
4.3 Analyze data; coordinate with Rescue to analyze I-Base data	7/1/2017 – 7/30/2017	JSI
4.4 Develop summary report of findings and share with VTCP	7/1/2017 – 8/30/2017	JSI
5. Cessation & Quitline		
Activities	**Timeline**	**Person Responsible**
5.1 Develop a data brief on cessation activity by demographics	9/1/2017 – 1/30/2018	Analyst
5.2 Conduct Quitline engagement evaluation	9/1/2017 – 4/30/2018	JSI
6. Medicaid Cessation Benefit Initiative		
Activities	**Timeline**	**Person Responsible**
8.1 Participate in bi-monthly meetings with VTCP/DVHA to inform evaluation	3/30/2017 – 3/29/2018	JSI, Chronic Disease Prevention Chief, Program Manager, Analyst

8.2 Continue monitoring of benefit utilization via Medicaid claims; summarize claims data quarterly as available	3/30/2017 – 3/29/2018	Analyst; JSI
8.3 Define measures of success for the VTCP Medicaid initiative	5/1/2017 – 8/30/2017	JSI, Chronic Disease Prevention Chief, Analyst
8.4 Conduct bi-monthly VTCP-Medicaid initiative team meetings to review data, monitor measures of success, and inform program planning (e.g., communication efforts)	3/30/2017 – 3/29/2018	JSI
8.7 Conduct Medicaid claims descriptive analysis per analytic plan	7/1/2017 – 10/31/2017	Analyst
8.8 Develop summary report of findings, considerations and recommendations	11/1/2017 – 12/31/2017	Analyst
8.9 Review findings with VTCP and DVHA; update recommendations and report; determine action items.	1/1/2018 – 3/29/2018	Analyst, VTCP, JSI

Project Year 4 Evaluation Work Plan: March 30, 2018 – March 29, 2019

1. VTCP Evaluation Planning, Reporting, Review		
Activities	**Timeline**	**Person Responsible**
1.1 Convene monthly VTCP Core Evaluation Team meetings, discuss evaluation plans and findings, identify action steps per findings	3/30/2018 – 3/29/2019, ongoing	VTCP Evaluator (JSI); Chronic Disease Prevention Chief; Analyst; Program Manager
1.2 Develop program evaluation report • Year 3 report; present to VTCP team • Solicit input on future evaluation priorities, questions, and activities • Year 4 report, present to VTCP team	3/1/2018 – 7/31/2018 11/2018 3/2019 – 5/2019	JSI
1.3 Continue development and finalize Quitline capacity grant evaluation progress report	6/1/2018 – 7/31/2018	JSI
1.4 Update strategic evaluation plan; define year 4 evaluation work plan	5/1/2018 – 9/31/2018	JSI
1.5 Coordinate and facilitate VTCP evaluation review meeting with stakeholders/partners	9/1/2018- 11/30/2018	JSI, Chronic Disease Prevention Chief; Program Manager
1.6 Develop state plan midway report and disseminate	6/1/2018 – 9/31/2018	JSI, Chronic Disease Prevention Chief; Analyst; Program Manager
1.7 Report CDC defined performance measures	3/1/2019 – 3/29/2019	Program Manager
1.8 Convene quarterly evaluation meetings with VTCP team	9/1/2018 – 3/29/2019, ongoing	JSI, Program Manager
1.9 FY18 VTCP Annual Review Brief	11/1/2018 – 1/31/2019	JSI
2. Cessation & Quitline		
Activities	**Timeline**	**Person Responsible**
2.1 Medicaid initiative monitoring and reporting; dashboard	3/30/2018 – 3/29/2019, ongoing	JSI, Analyst
2.2 Quarterly meetings with VTCP-DVHA; data sharing	3/30/2018 – 3/29/2019, ongoing	Chronic Disease Prevention Chief; Analyst; JSI

2.3 Bi-monthly Medicaid initiative evaluation meetings	3/30/2018 – 3/29/2019, ongoing	JSI, Chief, Analyst, Information Director
2.4 Needs assessment of Vermont tobacco users	9/1/2018 – 5/31/2019	JSI
2.5 802Quits evaluation planning	1/1/2019 – 4/30/2019	JSI
2.6 Rutland pregnancy cessation incentive pilot evaluation	Ongoing	MCH Division
2.7 Smoking and pregnancy infographic	6/1/2018 – 9/1/2018	JSI, Chief, Analyst, Information Director, MCH Division
2.8 Pregnancy and smoking surveillance analysis	TBD	TBD
3. Prevention		
Activities	**Timeline**	**Person Responsible**
3.1 CounterBalance measures of success planning FY19 and monitoring	9/1/2018 – 3/29/2019, ongoing	JSI, Program Manager, Community Specialist
3.2 Community grantee policy tracking data monitoring, analysis and reporting re: POS	9/1/2018 – 11/30/2018	JSI, Program Manager, Community Specialist
4. Media		
Activities	**Timeline**	**Person Responsible**
4.1 Youth prevention campaign, Breakdown, evaluation planning	12/1/2018 – 4/30/2019	JSI, Program Manager, Information Director, Rescue
4.2 Media and cessation measures of success development and monitoring	9/1/2018 – 10/31/2018	JSI, Cessation Team, Information Director

Project Year 5 DRAFT Evaluation Work Plan: March 30, 2019 – March 29, 2020

1. Infrastructure + VTCP Evaluation Planning, Reporting, Review

Activities	Timeline	Person Responsible
1.1 Convene monthly VTCP Core Evaluation Team meetings, discuss evaluation plans and findings, identify action steps per findings	3/30/2019 – 3/29/2020, ongoing	VTCP Evaluator (JSI); Chronic Disease Prevention Chief; Analyst; Program Manager
1.2 Develop year 5 evaluation report • Present findings to VTCP team • Solicit input on future evaluation priorities, questions, and activities	1/1/2020 – 3/29/2020	JSI
1.3 Update strategic evaluation plan; define year 5 evaluation work plan	4/1/2019 – 5/31/2019	JSI
1.4 Coordinate and facilitate VTCP evaluation review meeting with stakeholders/partners	9/1/2019- 11/30/2019	JSI, Chronic Disease Prevention Chief; Program Manager
1.5 Report CDC defined performance measures	3/1/2020 – 3/29/2020	Program Manager
1.6 Convene quarterly evaluation meetings with VTCP team	9/1/2019 – 3/29/2020, ongoing	JSI, Program Manager
1.7 FY19 VTCP Annual Review Brief	11/1/2019 – 1/31/2020	JSI
1.8 State Plan Report Update	TBD	Analyst
1.9 Program infrastructure evaluation	TBD	TBD (not JSI)
2. Cessation & Quitline		
Activities	**Timeline**	**Person Responsible**
2.1 Medicaid initiative monitoring and reporting; dashboard	3/30/2019– 3/29/2020, ongoing	JSI, Analyst
2.2 Quarterly meetings with VTCP-DVHA; data sharing	3/30/2019 – 3/29/2020, ongoing	Chronic Disease Prevention Chief; Analyst; JSI
2.3 Bi-monthly Medicaid initiative evaluation meetings	3/30/2019 – 3/29/2020, ongoing	JSI, Chief, Analyst, Information Director
2.3 802Quits evaluation – conduct evaluation	5/2019 - TBD	JSI
2.4 Rutland pregnancy cessation incentive pilot evaluation	Ongoing	MCH Division
2.5 Pregnancy and smoking surveillance analysis	TBD, continued from year 4?	TBD

3. Prevention		
Activities	**Timeline**	**Person Responsible**
3.1 CounterBalance measures of success planning FY20 and monitoring	4/1/2019 – 3/29/2020, ongoing	JSI, Program Manager, Community Specialist
3.2 Community grantee FY19 non-competitive model efficiency and effectiveness evaluation	TBD	JSI, Program Manager, Community Specialist
3.3 Youth engagement model effectiveness	TBD	JSI, Program Manager, Community Specialist
4. Media		
Activities	**Timeline**	**Person Responsible**
4.1 Youth prevention campaign, Breakdown, monitoring	5/1/2019 – 3/29/2020	JSI, Program Manager, Information Director, Rescue
4.2 Media and cessation measures of success monitoring	3/30/2019 – 3/29/2020, ongoing	JSI, Cessation Team, Information Director

Appendix B: DP14-1410 Strategic Evaluation Plan

Vermont Tobacco Control Program

Tobacco Use Prevention -Public Health Approaches for Ensuring Quitline Capacity

April 2015

Evaluation & Performance Measurement Plan, 2015 – 2018

Prepared by JSI Research & Training Institute, Inc.

In collaboration with the Vermont Department of Health Tobacco Control Program

Table of Contents

I. Introduction

The Vermont Tobacco Control Program (VTCP) is a comprehensive statewide program that uses best practice population-based environmental, policy, and systems approaches to address tobacco prevention and control in the state. These approaches align with the Centers for Disease Control and Prevention's (CDC's) recommended components of a comprehensive tobacco control program—state and community interventions, mass-reach health communication interventions, cessation interventions, surveillance and evaluation capacity, and infrastructure, administration, and management capacity—and aim to achieve the National and State Tobacco Control Program goals (**Figure 1**).

Figure 1. Comprehensive Tobacco Control Program Goals

- Prevent initiation of tobacco use among youth and young adults.
- Promote quitting among adults and youth.
- Eliminate exposure to secondhand smoke.
- Identify and eliminate tobacco-related disparities

Since 2001, the VTCP has funded the state cessation Quitline as an evidence-based strategy to reach tobacco users and promote quitting. In 2014, the VTCP was awarded a new four-year cooperative agreement from the CDC with a focus on ensuring and expanding Quitline capacity via the following strategies: 1) ensuring infrastructure for the state Quitline; 2) improving Quitline capacity; 3) participating in surveillance and evaluation efforts; 4) identifying and targeting disparate populations; 5) improving sustainability; 6) increasing media efforts; and 7) promoting health systems changes.

As part of the activities of this cooperative agreement and the Program's evaluation work, the VTCP will conduct performance monitoring and evaluation, guided by an evaluation and performance measurement plan, to demonstrate the impact and efficacy of their Quitline capacity strategies. Performance measures and evaluation findings will also be used to inform program improvement and planning. The evaluation and performance measurement plan provides an overview of the VTCP's Quitline-related evaluation portfolio for the four-year cooperative agreement from 2014 to 2018, addressing required performance measures per the CDC. The Plan is intended to be used by Program staff, such as the Program Manager, Cessation Specialist, and Analyst, to guide monitoring, evaluation, and reporting activities related to the Quitline capacity work plan and the overall cessation component of the VTCP. In year one of the cooperative agreement, the VTCP contracted with JSI Research and Training Institute, Inc. (JSI) to develop the four-year evaluation and performance measurement plan for the Program's Quitline capacity grant. The framework for the plan is based on the *CDC*

Framework for Program Evaluation in Public Health[10] and guided by the CDC's *Developing an Effective Evaluation Plan: Setting the Course for Effective Program Evaluation.*[11]

The VTCP's Quitline capacity evaluation and performance measurement plan includes an overview of the Quitline; target populations defined for the Quitline; goals and objectives of the Quitline capacity grant; and a logic model describing the strategies and outcomes of the Quitline capacity grant.

II. Background

Vermont Quitline Description

Promoting cessation is a core component of the Vermont Tobacco Control Program's (VTCP) efforts to reduce tobacco use. The VTCP provides tobacco use cessation assistance through a variety of programs and services and has maintained a state Quitline with proactive telephone cessation support services for over a decade. The VTCP's Quitline, a component of 802Quits, provides free evidence-based counseling and support services using trained tobacco cessation specialists to help tobacco users who want to quit. Based on formative research, Vermont has developed an easily recognized brand identity for its range of cessation services known as 802Quits. 802Quits comprises telephone counseling through the Quit by Phone program (i.e., Quitline), in-person group cessation counseling through the Quit in Person program, and Web-based cessation support through the Quit Online program. The VTCP contracts with National Jewish Health (NJH) to administer the Quitline, including implementing the 802Quits Quit-By-Phone and Quit Online programs and providing motivational text messaging to consenting registrants. Each of the 802Quits programs also directly ships free or discounted nicotine replacement therapy (NRT) to tobacco users who register with the program and meet eligibility requirements.

802Quits, including the Quitline, is promoted through media campaigns, social media, trainings and webinars for professionals, direct mailings (e.g., annual mailings to Medicaid providers), and the 802Quits website. The VTCP collaborates with many partners to provide tobacco cessation referrals to 802Quits, including the Department for Vermont Health Access (DVHA), which administers Medicaid in Vermont, to promote Quitline referrals among Medicaid providers and use of 802Quits among Medicaid beneficiaries. Furthermore, the VTCP works with community based organizations to promote 802Quits services to target populations, such as refugees and the lesbian, gay, bisexual, transgender, and queer (LGBTQ) population.

[10] CDC. A Framework for Program Evaluation. September 2012. http://www.cdc.gov/EVAL/framework/ Accessed May 9, 2014.

[11] Developing an Effective Evaluation Plan: Setting the Course for Effective Program Evaluation. Atlanta, Georgia: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; Division of Nutrition, Physical Activity and Obesity, 2011.

The VTCP provides free NRT for clients interested in quitting. The Quitline and the Quit-in-Person arms of 802Quits offer up to 8 weeks of dual NRT; Medicaid beneficiaries may receive an additional 16 weeks per year with a provider prescription. Those registering for Quit Online (only) can get a two-week supply of NRT shipped to their homes.

To monitor Quitline and quit-online use, activity, reach, and effectiveness, NJH provides monthly analytical reports to the VTCP, which includes data on the Program's target populations. DVHA provides tobacco cessation data via Medicaid claims and NRT prescriptions to supplement the Quitline data. For the past 10 years, the Quitline's quit rate has been monitored. To facilitate quality assurance, reporting requirements, and monitoring and evaluation of the Quitline, the VTCP is a member of the North American Quitline Consortium (NAQC) and collects the Minimal Data Set and participates in the National Quitline Data Warehouse.

VTCP – Quitline Capacity Target Population

The VTCP has been diligent in its efforts to reduce tobacco-related disparities and promote health equity by collaborating with strategic partners and implementing evidence-based strategies targeting populations in Vermont with disparate tobacco burden. The Program's target populations for the Quitline capacity grant include:

- Vermonters of Low Socioeconomic Status (SES) – Vermonters of low SES including Medicaid eligible and Medicaid beneficiaries, and individuals with low education status (high school diploma, GED, or less). Individuals of low SES are more likely to use tobacco compared to the smoking prevalence among all adults in Vermont (18%). The smoking prevalence is 36% among adults with an annual household income of less than $25,000 and 28% for adults with a high school education, GED, or less.[12]
- Individuals with Mental Health/Substance Abuse (MH/SA) Issues – Tobacco use among people with MH/SA issues is high with a smoking prevalence of 29% among adults with depressive symptoms, 38% among adults who use marijuana, and 23% among those who binge drink.[3]
- Racial and Ethnic Minorities – The proportion of racial and ethnic minorities in Vermont is relatively small, but growing, particularly among the recent immigrant and refugee population. In 2010, they were 5.7% (35,518 people) of Vermonters - an increase of 52% since 2000.[13] The prevalence of smoking among adults in this population is 26%.[3]
- LGBTQ Population -- Smoking prevalence among those who identify as LGBTQ, last estimated in the 2005 BRFSS, and was 31%.[14] Current smoking prevalence among LGBTQ is being assessed in the 2014 BRFSS.
- Women of Childbearing Age, Including Pregnant women –Vermont has the second highest smoking rate among pregnant women. During the 3 months before pregnancy, 31.8%

[12] Vermont Behavioral Risk Factor Surveillance Survey 2013.
[13] Vermont Department of Health. Minority Health Data Pages. April 2013.
[14] Vermont Behavioral Risk Factor Surveillance Survey 2005.

of women who delivered a live birth between 2009 and 2011 smoked cigarettes, 18.2% smoked in the last 3 months of pregnancy, and 22.1% smoked after delivery.[15]

VTCP –Quitline Capacity Goals and Objectives

The VTCP has four overarching goals: 1) decrease initiation of tobacco use among youth and young adults; 2) decrease exposure to secondhand smoke; 3) **decrease tobacco use among adults and youth**; and 4) **decrease tobacco-related disparities**. VTCP goals 3 and 4 are the overarching goals for the state Quitline and the Quitline capacity cooperative agreement. The VTCP has defined five project period objectives relevant to these goals (**Table 1**).

Table 1. VTCP – Quitline Capacity Project Period Objectives: 2014 – 2018	
I.	**Decrease the adult smoking prevalence in Vermont from 17% to 13.5%, by July 2018**
II.	**Decrease the percent of smoking among those who are in a low SES group or have mental health co-morbidity from 25% and 24% respectively to 24% and 22%, by July 2018**
III.	**Increase public-private partnerships with affordable care organizations from 0 to 2, by July 2018**
IV.	**Increase information exchange with Vermont's Quitline contractor by increasing monthly calls from 4 to 5 to address enhancing Quitline services and maintaining infrastructure and capacity through July 2018**
V.	**Increase the number of earned media placements annually by 5%, by July 2018**

Logic Model

To ensure a comprehensive understanding of the VTCP's Quitline capacity initiative, strategies, and intended outcomes, JSI worked with the VTCP staff to develop a logic model specific to the VTCP's Quitline capacity cooperative agreement (page 7). The logic model describes the Quitline capacity initiative at-a-glance, depicting the relationships between the initiative resources (*inputs)*, efforts (*activities)*, resulting progress and products (*outputs),* and the intended effects represented as *short-term*, *intermediate*, and *long-term outcomes*.

[15] Tobacco Use Before, During & After Pregnancy: Vermont PRAMS 2009-2011, Part I. Data Brief. 2014.

Vermont Tobacco Control Program Quitline Capacity Logic Model: 2014 – 2018

Inputs	Strategies & Key Activities	Select Outputs	Outcomes - Impact		
			Short	*Intermediate*	*Long*
• Evidence-Base → State Quitlines • CDC funding, consultation, & national media campaigns • VTCP – Staff – Surveillance – Evaluation – Cessation Media Campaigns • 802Quits • National Jewish Health (NJH) • RTI International • Strategic Partners: – VTERB – DVHA – DMH – ADAP – WIC – OLH – Blueprint for Health – BCBS – MVP – VT Health Connect – NAQC	• **Ensure infrastructure for Quitline** – Contract w/ NJH to administer Quitline & referral system & evaluation – Regular communication w/ NJH • **Improve Quitline capacity** – Monitor Quitline call volume & answer speed monthly, satisfaction surveys; troubleshoot – Expand Quitline text message program – Explore opportunities for e-referral • **Participate in surveillance & evaluation efforts** – Monitor surveillance & Quitline data; disseminate to partners/ stakeholders – Collect NAQC MDS – Evaluate VTCP cessation initiatives – Track earned media • **Identify & target disparate populations** – Analyze BRFSS & Quitline data to identify & monitor target populations – Outreach to target populations – Align media buys & communication efforts to reach target populations • **Improve sustainability** – Explore cost sharing w/DVHA & VT insurers – Promote comprehensive tobacco cessation benefits in VT Essential Health Benefits – Integrate brief cessation intervention into provider workflow & referral systems • **Increase media efforts** – Implement cessation media campaigns – Coordinate w/community coalitions to extend reach of media campaigns • **Promote health systems changes** – *Medicaid Benefit Initiative* – *MH/SA Tobacco-Free Initiative* – Train & educate health providers & insurers on Quitline & cessation resources	• Monthly calls w/ NJH • Enhanced 802Quits Website; Provider section • Regular data reports from NJH & DVHA • Member of NAQC e-referral group • Tailored text messages to target populations • Meetings w/insurer & ACOs on Quitline & ROI • Quitline cost-sharing agreements w/insurers • Community Coalition work plans address tobacco use in target populations • 802Quits TV, digital, & social media ads & promotional materials • Medicaid providers receive annual mailing on Quitline & cessation resources • Earned media tracking tool • Success stories posted on 802Quits website • Medicaid members receive information & education resources • State funded MH/SA treatment facilities have tobacco-free policy & cessation integrated into treatment plans • Tobacco cessation & referral trainings for health & human service providers	• Increased awareness of Quitline by tobacco users • Increased use of Quitline, especially among target populations • Increased intention to quit among current tobacco users • Increased referrals to Quitline from health care providers • Increased earned media garnered to promote cessation activities • Increased provider utilization of Medicaid tobacco cessation counseling CPT codes	• Increased public and private partnerships (e.g., w/ ACOs, Medicaid, & private insurers) to ensure availability of Quitline services • Increased cost-sharing for Quitline services by insurers • Increased quit attempts by current tobacco users, especially among target populations	• Reduced tobacco use prevalence in Vermont among the adult population & target populations • Reduced cigarette smoking-related morbidity and mortality • Reduced tobacco-related disparities, especially among target populations

III. Methods

The development of the VTCP's Quitline Capacity Evaluation & Performance Measurement Plan was guided by the *CDC Framework for Program Evaluation in Public Health*[16] and the CDC's *Developing an Effective Evaluation Plan: Setting the Course for Effective Program Evaluation.*[17] The approach involved a participatory process to ensure a utilization-focused evaluation plan that accurately addresses the defined evaluation questions, is feasible to implement, is aligned with CDC evaluation requirements for the initiative, and prioritizes continuous quality improvement.

JSI used a collaborative approach to developing the Plan, working closely with the VTCP Program Manager, Cessation Specialist, and Public Health Analyst to determine the priority evaluation areas and define the most important evaluation questions to address for the Quitline capacity initiative. Specifically, the VTCP 1) identified existing or planned monitoring and evaluation initiatives of the VTCP to include or build upon to address evaluation questions for the Quitline capacity initiative; and 2) identified what information within Quitline capacity strategies *will be most used* by the program and stakeholders to inform decisions and improve the Quitline reach and efficacy, specifically for target populations. As the VTCP implements the evaluation and analyzes findings, they will strategically engage and inform stakeholders to disseminate evaluation findings.

Building on the Quitline capacity initiative activities, outputs and outcomes defined in the logic model, and the CDC evaluation requirements, the following evaluation questions were defined:

I. Identify & Target Disparate Populations

Evaluation Questions

i. To what extent are target populations aware of the 802Quits brand? For those unaware, how can we better reach them?
ii. What proportion of Quitline registrants are of target populations?
iii. To what extent are individuals of target populations who call the Quitline using and completing services?
iv. To what extent are target populations making a quit attempt?
v. To what extent are target populations using the 802Quits text program? Of those using text support in addition to their Quitline participation, is it increasing completion of Quitline services?

[16] CDC. A Framework for Program Evaluation. September 2012. http://www.cdc.gov/EVAL/framework/ Accessed May 9, 2014.

[17] Developing an Effective Evaluation Plan: Setting the Course for Effective Program Evaluation. Atlanta, Georgia: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; Division of Nutrition, Physical Activity and Obesity, 2011.

II. Improve Sustainability

Evaluation Questions

i. To what extent does Vermont insurers' tobacco cessation benefit align with the Affordable Care Act (ACA) requirements?

ii. Medicaid and BCBS are the payers with the largest share of tobacco users. What are the most effective strategies – those with the most exchange value – that would interest and/or be feasible for these two insurers to cost share on tobacco? How effective are cost sharing strategies implemented in offsetting costs of the Quitline and contributing to sustainability of the Quitline?

III. Increase Media Efforts

Evaluation Questions

i. How is Quitline use changing in relation to media efforts? Are the media efforts aligned with promoting use of the Quitline among targeted populations?

ii. To what extent are community coalitions reaching cessation-related earned media targets?

IV. Promote Health Systems Changes

Evaluation Questions

i. What are the stages for the program to successfully engage the largest electronic health record system in the state to do an e-referral system with the Quitline? How do e-referral systems influence the number of provider referrals to the Quitline?

ii. How are the 802Quits Provider Page and its promotion influencing provider utilization of the Quitline?

a. Medicaid Initiative

iii. To what extent are Medicaid providers using the Medicaid tobacco cessation counseling CPT codes?

iv. Has the Medicaid initiative increased the number of Quitline registrants who are on Medicaid?

b. MH/SA Initiative

v. How many designated agencies have implemented the tobacco-free campus policy?

vi. How does this initiative influence registrants of the Quitline with MH/SA disorders?

As outlined in the following tables, the evaluation and performance measurement plan includes process and outcome measures. Considering the Quitline capacity strategy and questions defined for the evaluation, JSI aligned performance measures and identified appropriate indicators, working with VTCP staff to identify data sources and data collection methods, and a time line for implementing the evaluation activities. The plan lists in columns the evaluation questions for each strategy, and corresponding performance

measures, indicators, data collection methods, timing, and use and dissemination of evaluation findings.

Evaluation Questions related to each Quitline capacity strategy are listed and define specifically what components and issues will be addressed by this evaluation.

Indicators are defined to answer each evaluation question by providing a measure or information that will be used to document the Quitline capacity activities and outputs, and to gauge progress towards achieving outcomes.

Data Collection Processes are described to provide information on what data will be collected for each indicator/measure, how, and when.

- **Data Sources** are defined for each indicator; the data source column indicates who or what will provide the data/information of interest.
- **Method & Person Responsible** indicates how the data will be collected (i.e., what activity will be conducted to collect the data) and who will be responsible for collecting the data.
- **Timing** refers to the general timeframe during the cooperative agreement period when the evaluation and data collection activity will occur.

Use & Dissemination Describes general plans for use of evaluation results and dissemination of evaluation findings.

IV. Evaluation & Performance Measurement Plan

Quitline Capacity Strategy: Ensure infrastructure for Quitline; Improve Quitline capacity
Related Performance Measures
Project Period Objective PPO4: Increase information exchange with Vermont's Quitline contractor by increasing monthly calls from 4 to 5 to address enhancing Quitline services and maintaining infrastructure and capacity through July 2018.
Annual Objective AO4.1: Maintain the systems that monitor the percent of calls related to the speed in which calls are answered during a CDC tobacco education campaign from 1 to 1 by July 2016.
Annual Objective AO4.2: Increase tailored outreach to target populations from 1 to 2 by July 2016.

I. Quitline Capacity Strategy: Identify & Target Disparate Populations
Related Performance Measures
Project Period Objective PPO1: Decrease the number of adult smoking prevalence from 17% to 13.5% by July 2018.
Annual Objective AO 1.1: Increase the percent of smokers that were recommended by a provider to a specific cessation program from 36% to 38% by July 2016.
Annual Objective AO1.2: Increase the percent of smokers who have made a quit attempt in the last 12 months from 62% to 65% by July 2016.
Annual Objective AO1.3: Increase the percent of smokers living at or below 250% of the Federal Poverty Level (low SES) with a quit attempt from 60% to 64% by July 2016.
Annual Objective AO1.4: Increase the percent of smokers who report poor mental health with a quit attempt from 62% to 64% by July 2016.
Project Period Objective PPO2: Decrease the percent of smoking among those who are in a low SES group or have mental health comorbidity from 25% and 24% respectively, to 24% and 22% by July 2018.
Annual Objective AO2.1: Decrease the percent of smoking among those who have mental health disorder from 29% to 22% by July 2016.
Annual Objective AO2.2: Decrease the percent of smoking among those who are in a low SES group from 25% to 24% by July 2016.
Annual Objective AO2.3: Increase the percent of smokers who have a high school/GED education or less who were advised to quit by their healthcare provider from 73% to 79% by July 2016.

Evaluation Questions	Indicator(s)	Data Collection			Use & Dissemination
		Data Source(s)	Method & Person Responsible	Timing	
I.i. To what extent are target populations aware of the 802Quits brand?	– % of current smokers that have heard of 802Quits, by age, education, income, mental health status, health insurance, and gender	Adult Tobacco Survey (ATS) 2014, 2016, 2018	VDH Health Surveillance administers ATS; VTCP Analyst analyzes and reports on data	Biennially	Use internally to inform program strategies to promote 802Quits among target populations and related stakeholders
I.i.a. For those unaware of 802Quits, how can we better reach them?	– Plan to increase reach and awareness of Quitline among target populations	Research base, Other States, CDC	VTCP Cessation Manger to conduct secondary source review of literature and other state Quitline strategies to reach target populations; Consult with CDC on potential strategies. *Also consider audience research or focus groups depending on resources available* [New Work]	Project years 3-4	Use findings and plan to guide the VTCP's strategies and plans, such as stakeholder engagement plans, annual work plan, communications plan.
I.ii. What proportion of Quitline registrants are of target populations?	– Distribution of Quitline registrants by age, education, gender, pregnancy status, health insurance, mental health condition, sexual orientation	Quitline Intake Demographic Report	National Jewish Health collects and provides reports; VTCP Analyst & Program Cessation Technician summarize evaluation indicators	Bi-annually	-Use internally to inform program strategies and work plan to improve Quitline referrals among target populations -Use findings to engage stakeholders of target populations

					to promote Quitline referrals among target populations
I.iii. To what extent are individuals of target populations who call the Quitline using and completing services?	– Distribution of Quitline registrants who completed 3+ counseling sessions by age, education, gender, pregnancy status, health insurance, mental health condition, sexual orientation	Quitline Intake Demographic Report & Enrollment Report	National Jewish Health collects and provides reports; VTCP Analyst & Program Cessation Technician summarize evaluation indicators [New Work]	Annually	-Use internally to inform program strategies and work plan to improve Quitline reach among target populations; promote continued use of Quitline services -Use findings to engage stakeholders of target populations to promote Quitline reach among target populations and continued use of services

I.iv. To what extent are target populations making a quit attempt?	– % of smokers with a quit attempt, by age, education, income, mental health status, health insurance, and gender [BRFSS] – % of smokers with a quit attempt in the past 12 months, by age, education, income, mental health status, health insurance, and gender [ATS]	BRFSS ATS	VDH Health Surveillance administers BRFSS & ATS; VTCP Analyst analyzes and reports on data	Annually Biennially	-Use to inform work plan strategies and NJH Quitline strategies to better support/promote quit attempts and successful quitting
I.v. To what extent are target populations using the 802Quits text program?	– Distribution of Quitline registrants who enrolled in the text program by age, education, gender, pregnancy status, health insurance, mental health condition, sexual orientation	Intake Demographic Report	National Jewish Health collects and provides reports; VTCP Analyst & Program Cessation Technician summarize evaluation indicators [New Work]	Annually	-Use to inform work plan strategies to better engage select target populations in text program; engage select stakeholders to promote 802Quits referrals and text program
I.v.a. Of those using text support in addition to their Quitline participation, is it increasing completion of Quitline services?	– % of Quitline registrants enrolled in the text program who completed 3+ counseling sessions	NJH	National Jewish Health collects and provides reports; VTCP Analyst & Program Cessation Technician summarize evaluation indicators [New Work]	Annually	-Use to inform effectiveness of text program in promoting use of Quitline and inform future VTCP work plan to promote text program and resource allocation for text program

II. Quitline Capacity Strategy: Improve Sustainability					
Related Performance Measures					
Project Period Objective PPO3: Increase public-private partnerships with accountable care organizations from 0 to 2 by July 2018.					
Annual Objective AO3.1: Increase collaboration with Vermont Health Connect insurers from 0 to 1 by July 2016.					
Annual Objective AO3.2: Promote the benefits of identification of tobacco users and comprehensive best-practice cessation treatment with 100% of Vermont Health Connect Insurers (3) by July 2016.					
Evaluation Questions	**Indicator(s)**	**Data Collection**			**Use & Dissemination**
		Data Source(s)	**Method & Person Responsible**	**Timing**	
II.i. To what extent does Vermont insurers' tobacco cessation benefit align with the Affordable Care Act (ACA) requirements?	– # of insurers in Vermont meeting ACA requirements for tobacco cessation benefit	Medicaid, BCBS, MVP	Secondary source review (review of ACA requirements) by Cessation Manager and Chronic Disease Prevention Chief [New Work]	2015 - 2016, project years 2 - 3	Use findings to inform the Program and insurers on gaps in coverage, and opportunities for cost-sharing
II.ii. Medicaid and BCBS are the payers with the largest share of tobacco users. What are the most effective strategies – those with the most exchange value – that would interest and/or be feasible for these two insurers to cost share on tobacco?	– Defined tobacco cost-sharing strategy for Medicaid & BCBS	VTCP, Medicaid, BCBS	Secondary source review of literature and other state strategies/models on cost-sharing with payers; Cessation Manager and Chronic Disease Prevention Chief VTCP has regular meetings/work group with Medicaid and BCBS to obtain input and determine feasible strategies [New Work]	2015 - 2017 project years 2 -4	Use findings to inform Quitline budget and sustainability planning
II.ii.a. How effective are cost sharing strategies implemented in offsetting	– % of state costs to support Quitline recouped via cost-	VTCP reimbursements from insurers	Cessation Manager compiles and reports	Annually	Use findings to inform Quitline budget and sustainability planning

costs of the Quitline and contributing to sustainability of the Quitline?	sharing agreements, by Medicaid and by BCBS				

III. Quitline Capacity Strategy: Increase Media Efforts					
Related Performance Measures					
Project Period Objective PPO5: Increase the number of earned media placements annually by 5% by July 2018.					
Annual Objective AO5.1: Maintain a system to track earned media for the 3 annual campaigns; adult cessation, dangers of tobacco use, youth initiation from 1 to 1 by July 2016.					
Annual Objective AO5.2: Increase the number of success stories posted to www.802Quits.org by 50% by July 2016.					
Evaluation Questions	**Indicator(s)**	**Data Collection**			**Use & Dissemination**
		Data Source(s)	**Method & Person Responsible**	**Timing**	
III.i. How is Quitline use changing in relation to media efforts?	– Annual Quitline-related media flighting and distribution of monthly Quitline registrants	HMC Quitline Intake Demographic Report	HMC and NJH collects and provides reports; VTCP Analyst & Program Cessation Technician summarize evaluation indicators [New Work]	Annually	Use to inform how media efforts promote the Quitline, especially among target populations; inform future media efforts
III.i.a. Are the media efforts aligned with promoting use of the Quitline among targeted populations?	– % of Vermont smokers calling the Quitline (**Promotional Reach**) and plot of media and promotional efforts	NJH monthly activity report; BRFSS	NJH collects and provide reports on callers; VTCP Cessation Manager uses report and BRFSS # of tobacco users to calculate promotional reach [New Work]	Annually	Use to inform impact of media campaigns on Quitline use; inform future media efforts
III.ii. To what extent are community coalitions	– # and % of coalitions reaching	Community coalitions; VTCP earned	VTCP Community & Policy Specialist monitors earned	Annually	Use to inform efforts to gain targeted earned media by coalitions and

reaching cessation-related earned media targets?	their earned media targets	media tracking tool	media; Cessation Manager reports on indicator [New Work]		inform technical assistance to coalitions to garner earned media

IV. Quitline Capacity Strategy: Promote Health Systems Change					
Evaluation Questions	**Indicator(s)**	**Data Collection**			**Use & Dissemination**
		Data Source(s)	**Method & Person Responsible**	**Timing**	
IV.i. What are the stages for the program to successfully engage the largest electronic health record system in the state to do an e-referral system with the Quitline?	– Plan of stages and tasks to implement an e-referral system to the Quitline	VTCP, health systems, CDC	Cessation Manager and Chronic Disease Prevention Chief conduct secondary source review of other state approaches to implementing e-referral systems to their Quitline; receive guidance from CDC [New Work]	2015-2017; Project years 2-3	Use to inform and guide work to pilot and/or implement e-referral systems to the Quitline
IV.i.a. How do e-referral systems influence the number of provider referrals to the Quitline?	– # and % of e-referrals to the Quitline	NJH Enrollment Report	NJH collects and provides reports; VTCP Analyst & Program Cessation Technician summarize evaluation indicators [New Work]	2018; Annually starting in project year 4	Use to monitor provider use of the e-referral systems and inform future training and implementation of e-referral systems
IV.ii. How are the 802Quits Provider Page and its promotion influencing provider utilization of the Quitline?	– % of Quitline registrants who report referral by a healthcare provider and timeline of Provider Page implementation and subsequent promotion activities	Quitline Intake Demographic Report & VTCP	VTCP and NJH collect and provide reports; VTCP Analyst & Program Cessation Technician summarize evaluation indicators [New Work]	Annually	Use to inform how media efforts promote the Quitline and Provider Page to providers; inform future media efforts

a. Medicaid Initiative					
IV.iii. To what extent are Medicaid providers using the Medicaid tobacco cessation counseling CPT codes?	– # of CPT reimbursement codes used by Medicaid providers for tobacco cessation	DVHA – Medicaid Claims	DVHA collects and provides reports; VTCP Analyst & Program Cessation Technician summarize evaluation indicators	Quarterly	Use to monitor provider use of the Medicaid tobacco cessation benefit. Share findings with DVHA quarterly to inform future outreach efforts to providers on Medicaid tobacco benefit
IV.iv. Has the Medicaid initiative increased the number of Quitline registrants who are on Medicaid?	– # of Medicaid beneficiaries who register for Quitline services	NJH	NJH collects and provides reports; VTCP Analyst & Program Cessation Technician summarize evaluation indicators [New Work]	Annually	Use to inform whether use of expanded Medicaid benefit is increasing provider referrals to the Quitline. Share findings with DVHA to demonstrate implications of the policy change
b. MH/SA Initiative					
IV.v. How many designated agencies have implemented the tobacco-free campus policy?	– # of designated agencies in the state that have implemented the tobacco-free campus policy	ADAP & JSI MH/SA Evaluation	JSI provides data from evaluation; VTCP Analyst & Program Cessation Technician summarize evaluation indicators	Project year 3, 2016	Use to inform progress on implementing tobacco-free policy; share with ADAP and designated agencies
IV.vi. How does this initiative influence registrants of the Quitline with MH/SA disorders?	– # and % of Quitline registrants with mental health condition and # of designated agencies with policy in place	ADAP & JSI MH/SA Evaluation Quitline Intake Demographic Report	JSI provides data from evaluation; National Jewish Health collects and provides reports; VTCP Analyst & Program Cessation Technician summarize evaluation indicators	Annually	Use to demonstrate impact of tobacco free policy on Quitline use among MH/SA population

Appendix C: Medicaid Data Dashboard Example

Tobacco Medicaid Initiative Annual Data Dashboard

Updated July 2020

This dashboard displays annual data regarding our Tobacco Medicaid Initiative. We're tracking Medicaid claims for cessation counseling (CPT codes 99406 and 99407), pharmacotherapy prescriptions (Bupropion HCL, Chantix, and NRT*), and Vermont Quitline/Quit Online registrants. Progress towards goals for the current year and historical patterns are presented. For questions about the dashboard, please contact Erin Singer, erin_singer@jsi.com

Cessation Counseling

	Progress Towards Our Year End Goals			Historical Patterns							
	Progress-to-Date	2019 Goal	% of goal achieved	2013	2014	2015	2016	2017	2018	2019	Trend
Total # Paid Claims	2,864	4,000	72%	171	1,602	2,468	3,578	2,903	3,816	2,864	
Pregnant Smokers	22			11	103	107	134	80	66	22	
Family + General Practice	1,377	1,150	120%		909	1,376	1,450	1,053	1,547	1,377	
OB/GYN	112	300	37%		155	216	154	293	289	112	
Cost of Paid Claims	$33,726					$ 29,782	$ 42,709	$ 34,603	$ 45,270	$ 33,726	
# of Unique Users**	1,258	1,800	70%	154	1,173	1,622	1,722	1,549	1,667	1,258	
Rate of Unique Users per 10,000**	177.6	250		24.4	167.3	179.8	188.6	191.1	217.9	177.6	
Average Cost/Claim	$11.78					$ 12.07	$ 11.94	$ 11.92	$ 11.86	$11.78	
Avg. # Claims/User	2.3			1.1	1.4	1.5	2.1	1.9	2.3	2.3	
Average Cost/User	$26.81					$ 18.36	$ 24.80	$ 22.34	$ 27.16	$26.81	

Pharmacotherapy

	Progress Towards Our Year End Goals			Historical Patterns							
	Progress-to-Date	2019 Goal	% of goal achieved	2013	2014	2015	2016	2017	2018	2019	Trend
Total # Paid Claims	10,153	11,000	92%	7,734	7,514	9,851	10,068	10,113	10,624	10,153	
Bupropion HCL	121			68	68	122	225	225	121	121	
Chantix	2,344			2,148	2,229	2,418	2,226	2,276	2,266	2,344	
NRT*	7,688			5,518	5,217	7,311	7,617	7,612	8,237	7,688	
Pregnant Smokers	2,057					1,477	1,354	1,302	1,377	2,057	
Cost of Paid Claims	$ 1,336,929			$ 690,296	$ 751,182	$ 967,925	$ 1,080,650	$ 1,206,503	$ 1,320,622	1,336,929	
# Unique Users**	–		5,000	4,077	4,022	4,876	4,820	4,627	4,693	–	
Rate of Unique Users per 10,000**	–		650	645	574	540	528	570.73	613.30	–	
Average Cost/Claim	$ 131.68			$ 89.25	$ 99.97	$ 98.26	$ 107.34	$ 119.30	$ 124.31	132	
Avg. # Claims/User	–			1.9	1.9	2.0	2.1	2.2	2.3	–	
Average Cost/User	–			$ 169.31	$ 186.77	$ 198.51	$ 224.20	$ 260.75	$ 281.40	–	

Quitline/Quit Online***

	Progress Towards Our Year End Goals			Historical Patterns							
	Progress-to-Date	2019 Goal	% of goal achieved	2013	2014	2015	2016	2017	2018	2019	Trend
% of QL Registrants - Medicaid Members	21%	28%	75%	16%	22%	27%	27%	28%	26%	21%	
% of QO Registrants - Medicaid Members	12%	14%	86%				15%	11%	13%	12%	
% of Medicaid Referred by Provider to QL	30%			32%	29%	33%	32%	36%	23%	30%	

*NRT inlcudes Nicotine Gum, Lozenge, Patch, Nicotrol Inhaler, Nasal Spray

**Not available until reconciled data with unduplicated calendar year count is run in beginning of July (6 months past end of calendar year). Avg. annual Medicaid enrollment as reported in DVHA Enrollment & Expenditure Reports (ABD adult, general adult, VHAP, and new adults).

Appendix D: Vermont Tobacco Cessation: Needs Assessment Report

Vermont Tobacco Cessation: Needs Assessment Report

October 2019

Introduction

As part of their comprehensive multi-component program, the Vermont Tobacco Control Program (VTCP) implements a variety of best practice cessation strategies to encourage and help tobacco users quit. Cessation strategies work at multiple levels of care, and include administering the 802Quits Programs, collaborating with Vermont Medicaid to expand and promote use of the Medicaid cessation benefit, and promoting integration of tobacco treatment into systems of care. The VTCP targets cessation strategies and resources to priority populations with disparate tobacco burden in an effort to promote health equity. Furthermore, the VTCP uses multiple communication strategies to counter pro-tobacco messaging and to promote awareness and use of cessation resources.

Despite progress made in reducing tobacco burden in Vermont over past decades and recent years, the current smoking prevalence among adults in Vermont has remained unchanged at 17-18% from 2012 to 2017. The proportion of adult smokers in Vermont who made a quit attempt has fluctuated some during 2011 to 2017, however the current rate of 59% (2017) is unchanged from the rate in 2011.[18]

The VTCP makes significant investments in administering, improving, and promoting their 802Quits Programs – Quitline, Quit Online, Quit In-Person, and text support—per established best practice for comprehensive tobacco control programs.[19] Despite the evidence base for the relative effectiveness of these practices, the relatively low reach of these programs as demonstrated by annual registrants to the programs[20] has spurred discussion among VTCP team members on the relevance of these cessation supports offered by the VTCP and need to rethink approaches to cessation to better support Vermonters in their cessation efforts.

The VTCP had particular interest in what would be most valuable to Vermont tobacco users from their perspective, and there is little published research on this topic to date. Placing tobacco users at the center of research to inform program improvements is distinct from the research informing current best practices, which is based largely on comparisons of relative effectiveness at a population-level. Research focusing on tobacco users' lived experiences and desires in relation to cessation support could yield new insights to inform a tobacco cessation program and strategies that would be more useful, usable, and appealing to Vermont tobacco users.

[18] Vermont Behavioral Risk Factor Surveillance System.
[19] CDC. Best Practices for Comprehensive Tobacco Control Programs—2014.
[20] Vermont Department of Health. 2017 Cessation Report. July 2018.

Toward this end, the VTCP contracted JSI Research & Training Institute, Inc. (JSI) to conduct a needs assessment to inform future efforts to identify, design, and provide relevant approaches to support cessation. The needs assessment examined the following research question:

What are the perceptions, experiences, and needs of tobacco users in Vermont related to tobacco use and cessation?

The needs assessment included four research tasks:

1) A quantitative data review of VTCP surveillance data examining Vermont cessation strategy trends and combinations with "quit on my own";
2) An environmental scan of research examining the factors that influence tobacco users to become former tobacco users;
3) Key informant interviews with a selection of programs that have conducted cessation research and evaluation; and
4) Focus groups with Vermont adults throughout the state who have experience using tobacco to gain understanding on the perceptions, experiences, and needs related to tobacco use and cessation.

Each of the research tasks focused on what would be most valuable to tobacco users. Additionally, JSI engaged Tobacco Advisors (adults living in Vermont with current or former experience using tobacco) in the research process to ensure relevance and accuracy of the focus group study. Each task and its findings are documented and described in individual reports, and available in the appendices. This needs assessment report summarizes the main research findings across the four tasks. The findings from the focus groups serve as the primary findings of this needs assessment, considering the user-centered approach to this study. Findings from the additional tasks supplement the primary findings from the focus groups. The overall needs assessment findings and recommendations are intended to inform and guide the VTCP in ideation and planning to define relevant cessation approaches to reach tobacco users in Vermont and engage and support them in cessation.

Methods

To inform how to provide useful, usable, and desirable forms of cessation support to Vermont tobacco users, the VTCP sponsored a needs assessment to examine the perceptions, experiences, and needs of tobacco users in Vermont related to tobacco use and cessation from tobacco users' perspectives. JSI used a participatory approach to develop and conduct the needs assessment, working closely with the VTCP Cessation Team to inform the focus of the study, final research question, and the respective tasks and activities. Four tasks were conducted to address the research question—a quantitative data review, environmental scan, key informant interviews and focus groups. The quantitative data review, environmental scan and key informant interviews were conducted prior to the focus groups with the findings used in part to inform the focus of the focus groups, including the data collection tools (survey and semi-structured discussion guide).

1. **Quantitative Data Review on Cessation Strategies Among Vermont Adults.** This task was led and conducted by the VTCP analyst during December 2018 – January 2019. The analyst examined cessation-related data from the Vermont Adult Tobacco Surveys conducted from 2008-2016, with a focus on examining trends in cessation methods used among current and former smokers. The analysis also examined the self-reported cessation strategy "quit on my own" and the combination of methods used with "quit on my own" to gain understanding of what this concept means. The data review, analysis and findings were published in a Vermont Department of Health data brief titled *Cessation Strategies Among Vermont Adults: Current & Recently Quit Former Smokers.*[21] This task of the needs assessment helped to inform a population- and program-level understanding of cessation strategy trends, variation in methods used by demographic characteristics, and shed light on the cessation strategies used in combination with "quit on my own". The data brief from this task is available in Appendix I.
2. **Environmental Scan on Tobacco Cessation.** This task was led by JSI and conducted during December 2018 – January 2019. JSI synthesized findings from a selection of peer-reviewed literature and unpublished Vermont-specific research to understand factors that influence smokers to become former smokers and tobacco user-centered approaches to promoting cessation. The environmental scan report is available in Appendix II.
3. **Key Informant Interviews.** This task was led by JSI and conducted during April – May 2019. The VTCP director identified experts from other programs that have conducted research or evaluation on cessation strategies relative to reach, appeal, and/or effectiveness. JSI contacted and conducted semi-structured interviews with leadership from three programs: (1) the director of the New York State Tobacco Control Program; (2) the vice president of Clearway Minnesota and the director of their tobacco treatment programs; and (3) the director of the Vermont Center for Behavior and Health. These interviews provided information on cessation strategies currently employed in the field to reach, engage, motivate, and support tobacco users, with a focus on approaches that are distinct from current best practice and/or tailored and/or targeted with the aim of improving acceptability and relevance to tobacco users. The key informant interview report is available in Appendix III.
4. **Focus Groups with Current Tobacco Users.** This task was led by JSI and conducted during May – August 2019. JSI conducted five focus groups throughout the state with 47 adults in Vermont who were current tobacco users (defined as using a tobacco product every day or some days, and have used tobacco regularly for the past 2 years or more). Two Tobacco Advisors were engaged individually at two points during this task. First, to provide input to the focus group tools (i.e., survey and discussion guide), the location of the focus groups, and recruitment strategies. Second, to provide input on the findings and their interpretation. The focus group data provides in-depth quantitative and qualitative information on tobacco users' perceptions, experiences, and needs related to tobacco use and cessation. The focus group report is available in Appendix IV.

JSI then synthesized the findings across these four research activities to identify crosscutting themes for VTCP's consideration in ideation and planning of future cessation support efforts.

[21] Vermont Department of Health. Cessation Strategies Among Vermont Adults: Current & Recently Quit Former Smokers. June 2019.

Key Findings

A summary of the key findings and themes from the focus groups are provided, with key findings from the additional three tasks selected to supplement the focus group findings.

1. **Primary reasons people use tobacco include stress relief followed by habit or addiction.** Stress is a predominant recurring reason for smoking per studies reviewed as part of the environmental scan. The focus group data endorse this. Stress and/or anxiety reduction, mood regulation and/or relaxation were primary reasons for smoking or tobacco use among focus group participants. Smoking or tobacco use is reported to be a valuable stress management strategy. Stress is also a common reason for returning to smoking or tobacco use after a quit attempt. In addition to stress, addiction and habit are indicated as motivations or reasons for smoking or tobacco use, both per the environmental scan and focus group findings. Other reported main reasons for smoking or tobacco use include boredom, the reward provided, and the opportunity to take a break. These reasons for using tobacco outweigh the dislikes and drawbacks of using tobacco and of quitting.

2. **Primary reasons people do not like using tobacco include the smell, financial cost, judgment, and health implications.** The smell from smoking cigarettes was frequently one of the first things noted among focus group participants when asked what people do not like about using tobacco or smoking. Other dislikes included the cost associated with smoking or tobacco use; health implications, particularly respiratory and lung health issues; and perceived judgement and stigma associated with using tobacco or smoking.

3. **Smoking-related judgment and stigma contribute to perceived discrimination and social rejection.** Feeling judged by former smokers, never smokers, and society in general is a prevailing theme in the focus group data. Participants remarked on the change in social norms on smoking over time and how it is now socially unacceptable to smoke or use tobacco. This along with laws and policies restricting tobacco use contribute to people feeling stigmatized, discriminated against, and outcast from society due to tobacco use.

4. **Addiction to nicotine (i.e., smoking, tobacco use) and tobacco use disorder are perceived to be under-recognized and undervalued.** Participants of the focus groups recognize addiction is driving their tobacco use and some referred to themselves as an addict. They also shared the perception of tobacco addiction being undervalued and/or less prioritized compared to other substance use disorders, addictions, or health issues. There was also shared sentiment from focus group participants on need to give tobacco addiction equitable support and resources as other addictions such as opioid use disorder.

5. **Primary motivations for quitting tobacco use include health implications, financial costs of tobacco use and current or future children. However, motivations for quitting are insufficient in and of themselves to lead to quit attempts.** Both the environmental scan and participants of focus groups identified common motivations for quitting tobacco use, primary among them are health implications or consequences, financial costs of tobacco use, and current or future children. The participants of the focus groups generally described the same motivations for past and future quit attempts. Furthermore, many participants shared that they have witnessed health consequences of smoking or using tobacco, either personally and/or among people close to them, and want to quit, but have not

been able to do so successfully. Therefore, other factors may be critical to influencing the decision to quit (e.g. fewer stressors, immediate health issue). This is supported by findings from the environmental scan, including reducing barriers to quit such as stress and lack of support from one's immediate network (e.g., partner, family).

6. **Beyond motivation and intention, there is a desire to remove significant barriers to be "ready to quit".** Survey data from the focus groups indicate a majority of participants want to quit using tobacco, but are at different stages of readiness. From the focus group discussions, participants recognize the need to be 'ready to quit'; they need to feel prepared (e.g., have a plan, be organized, have fewer stressors present or have stressors managed). Additionally, participants find setting a quit date to be stressful and feel there should be more acceptance for approaching quitting by reducing use versus completely quitting all at once.

7. **Various barriers make it difficult to quit tobacco use, with primary barriers including stress and lack of support from family or peers.** Findings from the environmental scan and focus groups indicate primary barriers to quitting include stress, lack of support from family or peers and/or being around family or peers that use tobacco, lack of self-efficacy, and cost of cessation supports. The focus group data also indicate smoking or tobacco-use triggers pose a barrier to quitting, for example, smoking after eating or when drinking coffee, and/or easy access to tobacco products and marketing. Furthermore, the focus group data suggests a lack of desirable cessation supports or accessibility of the supports at the time they are wanted.

8. **Personal choice and having control over when and how to quit is important.** From the focus groups, participants expressed they do not want to feel like they are being coerced into quitting and that setting a quit date can be more stress-inducing and backfire. Some participants voiced need for personal choice in determining what is appropriate for them, rather than a one size fits all approach. Some participants indicated they feel an urge to smoke in response to people nagging them to quit and/or anti-smoking commercials. From the environmental scan, the literature suggests there is heterogeneity with regard to preferred approach to quitting, potentially by sociodemographic and number of quit attempts. From the quantitative data review, cessation methods used by current smokers varies by gender and age; females are more likely than males to talk with a healthcare provider and young adults are more likely to report quit on my own and less likely to talk with a health care provider compared to adults 45 years of age and older. ClearWay Minnesota's research-informed quit plan services endorses an approach that provides participant choice by offering a suite of cessation supports to meet individual readiness and preferences. ClearWay Minnesota reported their cessation treatment program greatly increased their reach after introducing this tailored program.

9. **The concept of "quit on my own" is a preferred approach to cessation, but varies in what it means.** Per the quantitative data review, "quit on my own" is the most commonly reported cessation strategy among former and current smokers. Half of current smokers (49%) and more than half of former smokers (61%) exclusively used "quit on my own" during their last quit attempt. Others used a combination of "quit on my own" plus either talking with a healthcare provider, using an e-cigarette, or using NRT. From the focus groups, about half of the participants preferred "quit on my own" as a cessation strategy versus quit with help. However, participants varied in their definition of "quit on my own" versus with help. Most often, "quit on my own" is associated with "cold turkey" or without counseling or assistance (i.e. no help). Some suggest obtaining NRT such as patches, gum, lozenges, or getting support from family or friends is also quit on my own. Quit with help is most

often associated with counseling support, group meetings, and/or help from a healthcare provider. Opinions varied on the use of NRT being quit on my own or quit with help. Some indicated it is not quit on my own because it involves the use of nicotine. Others indicated one could use NRT, but no other services such as the Quitline. From the environmental scan, the majority of quit attempts are unassisted (without pharmacotherapy or behavioral assistance). Personal and societal views of independence, strength, autonomy and self-control were found to link to beliefs and decision-making about quitting unassisted.

Notably, the preference for "quit on my own: does not jibe with focus group participants' expressed need for tobacco addiction support that is on par with support and resources offered for treating other addictions.

10. **Desired forms of cessation support for future quit attempts varies and having lived experience is important for being a credible source of cessation support.** From the focus groups, participants have experience with a variety of cessation strategies and are open to different cessation strategies; preferences depend on personal characteristics, needs and tolerance. They indicated a suite of choices for cessation support is preferable to meet variation in readiness, preference, acceptability, need, etc. This is supported by the environmental scan as well as Minnesota's participant research on cessation preferences.[22] This also aligns with the importance of choice in one's path to cessation. Focus group participants expressed that credible sources for cessation support include a healthcare provider and/or someone with experience using tobacco. Those who do not use tobacco are not credible sources of information or support for cessation because it is perceived that they do not understand tobacco use, the addiction and the "struggle" or challenge of quitting.

Interest in peer support for cessation was mixed among focus group participants. It was agreed that a person who provides peer support needs to have experience using tobacco to be credible. Those who liked the idea of peer support in a group setting expressed the need for encouragement from others, especially from those who share experience with tobacco. Some participants expressed interest in peer counseling or support but preferred a one-to-one context. Another suggested option for peer support involved an informal group without counseling and instead organized social events or connections for people who use tobacco and are considering quitting; for example, meetups coordinated by VTCP or its partners.

11. **There is interest and value in quitting together, but variation with partner readiness and commitment may pose challenges.** Several participants attending the focus group came as a pair, either husband and wife or partners; parent and adult child; or friends. Some couples shared they had tried to quit together as a motivation to one another. Participants expressed that quitting together has its challenges, for example, stress levels during a quit attempt contributing to disputes. There were comments about both people being irritable at the same time due to not using tobacco. Pairs of people approaching a quit attempt together may be at different stages of readiness or commitment; one participant shared that a failed quit attempt of their partner affected their quit attempt, resulting in their failed quit attempt. Another example of quitting together was using a quit buddy. One pair of participants referred to themselves as quit buddies and expressed the importance of having this person readily available to reach out to as needed to talk to when challenged by quitting, and to offer motivation and support.

[22] Dreher M., Schillo B.A., Hull M., Esqueda V., Mowery A. A case study for redesigning tobacco cessation services: gaining critical insights from current and former smokers. Social Marketing Quarterly. 2015. Vol. 21(4) 200-13.

Discussion & Recommendations

The user-centered focus of the cessation needs assessment with engagement of people who currently use tobacco provides an important contribution of information to guide cessation supports and strategies that are useful, usable, and used. The findings of this study are limited in generalizability. For example, the environmental scan was not exhaustive, focus group participants and therefore the findings may not fully represent people who use tobacco and are not interested in quitting (e.g., the majority of focus group participants expressed interest in quitting), and the study did not capture insights from former tobacco users and therefore lacks information on what people have found to be helpful and/or supportive in their quit journey. There are many opportunities for additional research to expand on the findings of this needs assessment. Additional areas of research and/or research questions are included in the key informant interview report and focus group report.

The following recommendations are offered to the VTCP to inform ideation and identify opportunities and solutions to optimize cessation support. The recommendations are based on the key findings from within and across the needs assessment tasks. Recommendations are also informed by JSI knowledge and experience in public health, public health programs, and substance use disorders. Per the exploratory nature of this study, recommendations are elements to consider when developing or enhancing cessation support strategies. Additionally, a selection of models are recommended for VTCP consideration in guiding program approach to cessation.

- **Focus on alleviating quit barriers, addressing triggers, and promoting readiness to quit.**
  - Despite strong interest and motivators to quit, tobacco use often trumps quitting. In addition to addiction to tobacco, tobacco use is an important part of people's lives for a variety of reasons, including: stress, mood and anxiety management; providing a "break"; instituted within daily activities and routines; and shared by, in many cases, the majority of people's immediate network of family and friends.
  - Simply removing tobacco from one's life is not a feasible nor sustainable option to quitting without attending to the causes of tobacco use, primarily stress and triggers (e.g., eating, being around others who use tobacco).
  - Consider opportunities to support people in planning to address or tend to their triggers and personal challenges; identify stress relief strategies and support strategies when stressors and triggers present.
  - Build support and awareness about how smoking is often a response to personal challenges (e.g., stress, trauma) and offer alternative strategies for growth, healing, and wellness. Support a range of outcomes other than cessation, including tobacco reduction and improvements to other aspects of health, such as nutrition, stress, and social support.
  - Support people in progressing from being motivated to quit to being ready to quit. Assist in moving from beyond motivation to further along the spectrum of readiness. This includes managing stress or having a stress management plan, and having supports and support systems

in place. Supports might include family and/or peer support, as well as support with basic needs (e.g., food, transportation) to mitigate stress.

- Consider tobacco use treatment within the context of need for behavioral health support relative to anxiety, mental health, trauma, and stress.

❖ **Connect people to resources and supports to aid cessation.**

- Partner and/or family support is an influential factor in quitting, including approval and encouragement to quit, and/or reducing exposure to tobacco during a quit attempt.
- Peer support is a desirable option for some people interested in quitting. Explore models of peer support that could be applied in VTCP cessation strategies.
- Explore coordination of meetups for tobacco users interested in quitting as a strategy for connecting people with shared experience and community building.
- Consider the importance of having lived experience with tobacco use when providing cessation counseling or support.
- Explore opportunities to assist people interested in quitting tobacco use with support for basic needs, such as transportation, housing, and food with the intent of reducing stress and promoting stability and readiness to quit.

❖ **Provide choice in quitting and promote shared-decision making.**

- Support people in quitting *my own way* versus *on my own*. For example, consider offering a suite of approaches to quitting from which people could choose some or all, per their preferences, needs, and values.
- Promote active-collaboration and shared decision-making between people who use tobacco and their providers to customize cessation supports and/or a cessation plan. Consider cessation timing, pace, and method, and ensure the values, needs, and preferences of individuals are honored.
- Identify opportunities to assess the needs of individuals who present for cessation support and refer and tailor support accordingly per one's preferences, values, needs, motivations, readiness, and goals.

❖ **Advance the narrative of tobacco use as an addiction and chronic condition, and promote *how* to quit instead of *why* to quit.**

- Promote communications and messaging on tobacco use as an addiction and substance use disorder like other substance use disorders such as opioid use disorder. Consider this framing in media campaigns and communications and training to providers.
- Promote tobacco use disorder as an endpoint or chronic condition versus a behavior or risk factor. Consider it as a recurring and remitting behavior.[23] Consider then addressing risk and protective factors of tobacco use disorder (per a chronic disease model for tobacco use and as is done for substance use disorders).

[23] Bernstein SL. and Toll BA. Ask about smoking, not quitting: a chronic disease approach to assessing and treating tobacco use. Addiction Science & Clinical Practice. 2019. 14.29.

- Re-evaluate messaging that uses a behavior change approach to ensure that it avoids a focus on individual weaknesses, which can be stigmatizing and potentially lead to victim blaming.
- Look to substance use (e.g., opioid use) media campaigns and messaging approaches to inform tobacco use campaigns and messaging.
- Instead of giving attention to the health consequences of tobacco use, explore promotion of the benefits of not using tobacco and how to quit. Consider messaging on helping individuals identify what they want to see changed in their lives and/or what they will gain as a result of quitting.
- Decouple communications and messaging on *how to quit* and *why to quit or not use.* While promoting why to quit or not use remains relevant (e.g., youth prevention, emerging products such as electronic nicotine delivery systems), it can also be perceived as unhelpful, condescending, and/or lacking credibility or relevance (e.g., extreme health consequences of smoking). This may have unintended consequences on the 802Quits brand (e.g., discredit the brand). Consider communications and messaging that promotes the 802Quits brand in conjunction with tactics on how to quit and resources to support quitting.

Considering the needs assessment findings and recommended elements for cessation strategies, the following are offered to guide the VTCP approaches to cessation treatment, support and resources.

❖ Consider existing **peer support models** used for other substance use disorder treatment to guide peer support for tobacco addiction. Select models include Alcoholics Anonymous and the Vermont Recovery Network's Peer-to-Peer Support Services. Explore Vermont's Kindred Connections, a volunteer network of cancer survivors that provide peer support to cancer patients and caregivers.

❖ Consider promoting a **patient-centered care model** for cessation treatment services to include active-collaboration, shared decision-making and customized cessation treatment plans that incorporate patient preferences, values and needs. The National Academy of Medicine defines patient-centered care as: "Providing care that is respectful of, and responsive to, individual patient preferences, needs and values, and ensuring that patient values guide all clinical decisions."

❖ Consider a **trauma-informed framework.** Trauma is a common experience among people who use tobacco. Research has documented the relationship between exposure to traumatic events, impaired neurodevelopmental and immune systems responses, and subsequent health risk behaviors resulting in chronic physical or behavioral health disorders. Explore existing strategies and elements of trauma-informed care for tobacco cessation; review the body of literature on trauma-informed approach to tobacco use. This includes *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*[24] and the recommendations from *Tobacco Free Register Nurses'*

[24] Substance Abuse and Mental Health Services Administration. *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach.* HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

Association of Ontario on integrating trauma-informed care[25]. These are summarized below as a starting point:

- Emphasize physical and emotional safety, understanding that safety is defined by those being served.
- Prioritize developing trust and transparency in services and programs. Recognize that building trust takes time and is an essential first step.
- Create opportunities for people to build a sense of control and empowerment by maximizing choices, focusing on growth and skills-development, and assisting people with identifying their own strengths.
- Establish systems of collaboration and shared power, recognizing people as experts in their own lives.
- Recognize the importance of peer support and lived experience.
- Incorporate policies and processes that are responsive to the racial, ethnic, and cultural needs of the individuals served, and recognize and address historical trauma.

[25] www.tobaccofreeRNAO.ca