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

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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

Smoking costs the state of Vermont approximately $348 million in medical expenses and results in about 1,000 smoking-attributable deaths each year.[1] 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**).

> **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 population groups.

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.

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[1] 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
  – Community grantees
  – Pride Center
	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-marketing campaigns across a broad
		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
			• Increased media & communication
				• 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
				• Increased quit attempts among tobacco users
					• **Decreased initiation of tobacco among youth and young adults[2]**
					  – 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
					  – 10% cigarette use among youth

[2] 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.

			interventions that reach populations w/ disparate tobacco burden	• Increased cessation among tobacco users	− 8% cigar, cigarillo, or little cigar use among youth

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

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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

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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

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- Increased cessation among tobacco users
- Increased interventions that target priority populations
- Increased cost-sharing for quitline services by insurers

− 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*[3] and guided by the CDC's *Developing an Effective Evaluation Plan: Setting the Course for Effective Program Evaluation.*[4] 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 identified to provide updates on evaluation activities and findings, and for input to evaluation priorities and initiatives.

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

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	?
4. Proportion of public housing tenets that report exposure to SHS at home	Policy Tracking Spreadsheet	?
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					
☐ =Evaluation ☐ =Monitoring					
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					
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?				✓	✓

VTCP Priority Evaluation & Monitoring Questions, 2014 – 2019					
=Evaluation =Monitoring					
Evaluation Question	**YR 1**	**YR 2**	**YR 3**	**YR 4**	**YR 5**
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?			✓		
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 the impact on POS policy	Level of awareness and support for POS policies to decrease availability of tobacco to young people Local and state level POS policies adopted and	ATS LOLS CounterTools Survey VTCP Policy Tracking	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
change?	implemented	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	Promotion reach	Quitline and online reports,	VTCP Evaluator	Measures of success defined in	Inform improvements, restructuring, and/or

| engagement and 802Quits media promote cessation activity among providers and Vermont tobacco users? | Quitline callers, registrants 802quits.org visitors, provider page Cessation counseling and NRT utilization TBD per evaluation planning | Medicaid claims data | | year 4

Monitor in years 4-5 | 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 Inform program strategies to outreach to tobacco users to call the quitline, maintain

Evaluation Question	Select Indicators	Data Sources	Person Responsible	Timing	Use of Evaluation Findings
					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 on the identified gaps in covered services.~~
15. ~~What impact has the~~	~~Established partnerships~~	~~VTCP~~	~~VTCP Health~~	~~Document~~	~~Inform partners and~~

Evaluation Question	Select Indicators	Data Sources	Person Responsible	Timing	Use of Evaluation Findings
~~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?~~	~~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~~	~~BRFSS~~ ~~Health Systems~~	~~Systems Specialist & Evaluator~~	~~partnerships and program efforts in year 2~~ ~~Evaluate Quit Partner initiative in year 2~~ ~~Evaluate in project year 3~~	~~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 for state funded behavioral health center	Clinical directors & staff of behavioral health centers Department leadership	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

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	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
~~control initiatives?~~ ~~— 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?	-Grantee capacity & infrastructure -Local level POS policies adopted	Community grantee focus groups; reports Interviews	VTCP Evaluator	Evaluate in project year 3	Inform program on facilitating infrastructure and capacity, and role of integrating with other substances, on extent of

Evaluation Question	Indicators	Data Sources	Person Responsible	Timing	Use of Evaluation Findings
• To what extent do community tobacco grantees that are part of the Regional Prevention Partnership model impact tobacco prevention and control?		with VTCP and ADAP staff, VDH Business Manager			impact on tobacco control; whether to continue with this approach
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 <u>aware</u> 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 <u>aware</u> 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 <u>using</u> 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	9/1/2015 – 12/30/2015	JSI

provide summary report of findings and considerations		
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 CounterTools 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 CounterBlance 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	3/1/2016 – 5/15/2016	JSI

departments in facilitating tobacco free campuses/centers adopting tobacco-related policies, and treating tobacco use as applicable.		
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 DVHA; incorporate input to recommendations and develop action items.	2/1/2017 – 3/29/2017	JSI
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 POS & CounterBalance, and other program policy initiatives	6/1/2017 – 1/30/2018	JSI
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