

Tobacco Prevention Policy Quasi-Evaluability Assessment: Stakeholder Engagement Report

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Introduction

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 (12% to 26%) and half of high school youth in VT reported at least trying an e-cigarette in their lifetime.¹ In fiscal year 2019 (FY19), Vermont enacted three tobacco prevention laws as part of a comprehensive approach to protect young people from starting and using tobacco products, including e-cigarettes.

- Act 22: Effective July 1, 2019, prohibits anyone from selling e-cigarettes, liquid containing nicotine, or other tobacco substitutes without a Vermont seller license - effectively prohibiting retail sale by mail, phone or internet.
- Act 27: Effective September 1, 2019, increases the legal age from 18 to 21 for possessing and purchasing tobacco products, tobacco substitutes (which includes e-cigarettes), and tobacco paraphernalia.
- Act 28: Effective July 1, 2019, taxes tobacco substitutes, including e-cigarettes, at the rate of 92% of their wholesale price.

After about a year of implementation, the Vermont Tobacco Control Program (VTCP) would like to conduct an evaluation to better understand the implementation and impact of these policies. Reliable and meaningful policy evaluations often depend on a clear conception of the policy stage of development, a logical theory of change, data availability, stakeholder interest, and contextual factors. Therefore, as a first step, VTCP contracted with JSI Research & Training Institute (JSI) to conduct a quasi-evaluability assessment via a series of stakeholder discussions. The focus of these discussions were to understand the following:

- Is it plausible to expect either intermediate or long-term outcomes?
- Are there logical links from policy implementation and activities to intended impacts?
- How can expected outcomes be measured?
- Are data and resources available to measure these outcomes?
- Is there stakeholder interest and need for a policy evaluation?

JSI facilitated three, 1-hour long virtual stakeholder discussions in July 2020 with a total of six stakeholders. Participants represented various sectors and experiences with the FY19 tobacco prevention policies, including the VT Department of Liquor and Lottery (DLL), the VT Attorney General's Office (AGO), the VT Department of Taxes, American Heart Association, American Cancer Society, and a community tobacco coalition. Within these discussions, JSI gleaned information about policy implementation and intended outcomes; stakeholder interest and evaluation needs; and data availability. Additionally, future policy areas to focus tobacco prevention and control were suggested. From these stakeholder discussions, a series of recommendations for a full-scale policy evaluation emerged.

¹ https://www.healthvermont.gov/sites/default/files/documents/pdf/CHS_YRBS_statewide_report.pdf

Implementation

The Department of Liquor and Lottery (DLL) was primarily responsible for the implementation of all three policies. The DLL Office of Education provided outreach to retailers to explain the new laws and updated signage and posters. For the implementation of Act 22 (delivery sales ban), DLL set up a pilot program funded through a grant with the Vermont Department of Health to check compliance with the purchase of prohibited substances via the internet, with a focus on e-cigarettes. Within this complex program, DLL organized the logistics of payment from a state agency to an online distributor to check if they would refuse the sale and therefore comply with state laws or engage in a sale, violating the state law. If in violation, this information would be shared with the AGO for potential action by the state. This has led to increased communication and collaboration between these two agencies, an unintended systemic benefit of this policy. While this seems to have been a successful pilot in terms of getting the program set up and operating effectively, a major challenge is the lack of ongoing funding to help sustain the program and ensure enforcement of Act 22.

For the implementation of Act 27 (tobacco 21), DLL conducted underage compliance checks at licensed establishments throughout the state until they had to temporarily halt all in-person checks with the rise of COVID-19. Still, in the time they were able to conduct these compliance checks, data show an increase in retailers refusing sales to minors. Post-Act 27 compliance rate for tobacco was 93.5% compared to the rolling average for the 10 months prior at 90.7%. Several retailers have anecdotally reported that a reason for the increase in compliance is the ease in calculating just one age of majority for alcohol and tobacco products. An unanticipated challenge came from the increase in the age of minors who are able to conduct compliance checks (went from ages 16-17 to ages 17-20). Recruitment was much more difficult as a result of this change, mostly because DLL was now competing with traditional employment opportunities that many youth who are 17 and older have already begun to establish.

For the implementation of Act 28 (tax on e-cigarettes), DLL partnered with the VT Tax Department to spot-check compliance to ensure proper taxation is occurring. While collaboration between the two departments has worked well, there have been some challenges with separate agencies regulating and enforcing this policy (e.g., data sharing).

Anticipated Policy Outcomes

Participants were asked about the hopeful successes from these comprehensive prevention policies. Most spoke about limiting access to tobacco products, especially e-cigarettes, as a short-term goal. Intermediate goals included decreasing youth initiation and increasing cessation, with an ultimate long-term goal of significantly decreasing prevalence of tobacco use among youth. Some participants mentioned the benefit of creating clarity and consistency across products (cigarettes, e-cigarettes, and alcohol) and limiting the online sale of “black market” vaping products.

Several stakeholders attributed the successful passage of the FY19 comprehensive prevention policies to the large increase in youth vaping from 2017 to 2018 (78% increase among high school youth) reported nationally at the start of the legislative session². Attention and momentum for change were gaining as more people became aware of the accessibility, affordability, and attractiveness of these products to youth. Therefore, success really became about decreasing youth vaping rates by increasing the cost, moving the social source out of high schools, and eliminating access to online retailers. Many stakeholders feel that, since the passage of these policies, it is more difficult for youth to access e-cigarettes. However, there is anecdotal evidence that youth are still purchasing products through apps and meetups in the neighborhood where one person with a large quantity of products sells to several youth.

Policy Gaps

Stakeholders mentioned several policy gaps and recommendations for next steps to help accomplish the ultimate goal of decreasing prevalence of vaping among youth. Top of the list was banning flavored tobacco products, along with point of sale policies such as price floors, a ban on couponing and promotional discounts, and marketing/advertising restrictions. Some voiced a need for federal regulations on e-cigarettes, ample financial resources for compliance and enforcement, and the need to be more proactive with policies to ensure that limiting one is not just pushing sales into a different sector (e.g., from brick and mortar to non-compliant online retailers) or different products (i.e., JUUL to disposable products such as puff bars³). One stakeholder felt that having a more significant financial penalty for non-compliance would be beneficial. As they noted, “policing a global [largely unregulated] marketplace of online retailers...is like playing whack-a-mole.... [you] may often be able to shut one retailer down for non-compliance, [but you then] often find that retailer may have multiple subsidiaries. Even with wide and comprehensive compliance checks, we still need a significant financial penalty so that retailers are weighing the risks of selling in VT”. Several stakeholders mentioned the need for a well-funded tobacco program, and a desire for the tax revenue to help support tobacco programming in VT. Finally, participants mentioned a need to expand and promote cessation services for youth and adults, as they have seen an increase in seeking this support in recent months.

Evaluation Recommendations

Vermont Policy Evaluation

As noted above, the Vermont Tobacco Control Program 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. Based on these

² <https://www.cdc.gov/mmwr/volumes/68/wr/pdfs/mm6806e1-H.pdf>

³ <https://truthinitiative.org/research-resources/emerging-tobacco-products/dangerous-loopholes-young-e-cigarette-users-report>

stakeholder discussions, it seems appropriate to move forward with a full evaluation of the FY19 tobacco prevention policies. The degree of control and clear “boundaries” may be more challenging with policy evaluation, however stakeholders felt there are links to explore from the policy implementation and activities which support the anticipated policy outcomes.

The scale and scope of data collection is greater with policy evaluation. In particular, the evaluation of the FY19 tobacco prevention policies may require increased emphasis on the use of tax and other economic surveillance and administrative data, as well as compliance data. Given that much of the scope of data is not collected by the VTCP directly, the primary challenge in the evaluation of these policies center around ensuring data and resources to measure the policy implementation, outcomes and intended impacts. In order to ensure the required data is available, it would be important for the VTCP to identify key data partners early in the evaluation process so that data agreements and a full understanding of data availability is in place.

Why Is Policy Evaluation Important?

Developing and implementing policy strategies is important in addressing tobacco prevention at the population level. Although policy has been used effectively and is considered evidence-based in some areas of tobacco prevention and control, in other domains such as e-cigarette taxes and online delivery bans, there is a lack of sufficient research and evaluation. Policy evaluation, like all evaluation, can serve important purposes along the entire chain of the policy process, including⁴:

- Documenting policy development.
- Documenting and informing implementation.
- Assessing support and compliance with existing policies.
- Demonstrating impacts and value of a policy.
- Informing future policies.

Common Policy Evaluation Challenges

While all evaluations encounter challenges, some are particularly relevant to policy evaluation, and some of these are listed below. Many of these challenges can be easily addressed by using an appropriate design, indicators, and methods.

- Lack of clear responsibility for evaluation
- Lack of “control” over policy implementation
- Lack of strong evidence base to support policy
- External and contextual factors such as economic conditions or public awareness
- Lack of appropriate measures
- Access to appropriate data
- Difficulty in identifying appropriate comparison communities

⁴ CDC, Office of the Associate Director for Policy. (2011). Definition of policy. PDF available upon request; please contact ADpolicy@cdc.gov

Best Practices for Policy Evaluation

It is important to understand how policy evaluation fits into the larger policy process. Understanding this context provides an increased understanding of why policy evaluation is critical to advancing the understanding of a policy's outcomes and impacts. Although there are many theories regarding the policy process and mechanisms of policy change, the policy change process is often conceptualized in several key stages as depicted on the top row of Figure 1 below. Evaluation is an integral part of each step in the policy process. The three main types of evaluation, shown in the bottom row of the figure, each focus on a different phase of the policy process⁵: policy content evaluation, policy implementation evaluation, and policy impact evaluation. The figure below illustrates the relationship between the main stages of the policy process and the three types of evaluation.

- Evaluating Policy Content: Does the content clearly articulate the goals of the policy, its implementation and the underlying logic for why the policy will produce intended change?
 - Evaluating the development of a policy helps to understand the context, content, and implementation.
- Evaluating Policy Implementation: Was the policy implemented as intended? The implementation of a policy is a critical component in understanding its effectiveness.
 - Evaluation of policy implementation can provide important information about the barriers to and facilitators of implementation and a comparison between different components or intensities of implementation.
- Evaluating Policy Impact: Did the policy produce the intended outcomes and impact?
 - While the intended impact may be a reduction in the prevalence of tobacco use, it is important to evaluate short-term and intermediate outcomes as well.

Figure 1: Policy Development Phases and Types of Evaluation⁶



The type of evaluation selected depends on many factors, and often more than one type of evaluation will be needed. Each type of evaluation can provide valuable information for the planning and interpretation of the other types of evaluation (content, implementation, and impact) in addition to uncovering unintentional consequences.⁷

⁵Brownson, R. C., Royer, C., Chiqui, J. F., & Stamatakis, K. A. (2009). Understanding evidence-based public health policy. *American Journal of Public Health, 99*, 1576–1583

⁶Ibid

⁷ MacDonald, G., Starr, G., Schooley, M., Yee, S. L., Klimowksi, K., & Turner, K. (2001). Introduction to program evaluation for comprehensive tobacco control programs. Atlanta, GA: Centers for Disease Control and Prevention. Retrieved from

Recommended Evaluation Approach for Vermont Policies

Based on Figure 1 above, the Vermont policy evaluation would be at the implementation stage moving into the impact stage. Moving forward, it would benefit the program to work closely with those who are drafting policy and working toward passage and implementation so that evaluation can be built in from the initiation phase.

For this potential evaluation, JSI suggests the following questions to guide the evaluation plan, as well as recommendations and planned steps to translate the recommendations into action.

Key evaluation questions might include:

- Is there compliance with the policies?
- Is there continued or increased public support for the policies?
- Are there any major exemptions, loopholes, or unexpected consequences from the policies that may be having an impact on outcomes?
- Have there been changes in intermediate outcomes since policy implementation, such as decreases in perceived access, decreases in the sales of tobacco products, and increases in quit attempts?
- Are there additional partners needed to support continued implementation of the policies?
- What are the health impacts of the policies, such as decreases in initiation and use of e-cigarettes?
- What is the economic impact of the policies?

Suggested recommendations:

Given all of the above information, JSI recommends conducting a series of evaluations to better understand the implementation and impact of the FY19 suite of prevention policies, including:

- A formative evaluation of youth voices. Qualitative data from youth will assist in better understanding how they are accessing e-cigarettes, if it has changed since policies took effect, their experiences with vaping and quitting, and any effects of COVID or EVALI.
- An implementation evaluation focusing on retailer interviews and compliance data. It would be informative to supplement compliance and sales data with qualitative data from retailers to gain contextual information about their awareness, support, and experiences with implementation of the prevention policies. Additionally, this will provide an opportunity to learn from retailers about the impact of COVID as it relates to tobacco sales.
- An outcomes evaluation to measure health impacts and outcomes. There is a rich resource of quantitative data available, including VT sales data, VT YRBS, and/or PACE VT. This will help in demonstrating short, intermediate, and long-term outcomes and health impacts related to the FY19 tobacco prevention policies. These might include perceived access, sources of tobacco products, perceived harm, self-reported measures of addiction, and youth use and cessation behavior.

http://www.cdc.gov/tobacco/tobacco_control_programs/surveillance_evaluation/evaluation_manual/pdfs/evaluation.pdf

Another possible data source is the FY21 Tobacco Store Audits. This provides an opportunity to assess how the landscape has changed since the 2017-2018 store audits (before FY19 policy implementation), including such areas as the current price of e-cigarettes, in-store promotions, availability of flavored products, and interior and exterior advertising. Additionally, the VTCP may want to consider using information from FY21 Tobacco Store Audits to inform retailer interviews for the policy implementation evaluation.

It will be essential to keep contextual factors in mind when completing this evaluation, such as changes nationally to increase the age to 21 to purchase tobacco products in December 2019 and federal regulations on e-cigarettes in February 2020. Additionally, the EVALI/e-cigarette epidemic and the COVID-19 pandemic will have far-reaching impacts on implementation and outcomes related to the FY19 tobacco prevention policies. For example, there has been a lot of education around the harms of e-cigarettes and attention on lung health that may be having an effect on youth initiation and cessation. The decreased social interaction with peers experienced during COVID-19 may have affected youth access and ability to use tobacco products. Could this have successfully interrupted addiction by either being forced to quit or by pushing those to quit that may already have been considering cessation because of EVALI? Are store owners more likely to accept promotional discounts from the tobacco industry since feeling the economic impact of COVID-19? It will be important to ask these questions and listen for stories from youth and retailers when conducting the full-scale policy evaluation.

Looking towards the future, JSI recommends focusing 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.

Suggested next steps for translating into action:

- Engage an 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.