



2023-2027

VERMONT'S PLAN TO ELIMINATE

Tobacco Use and Vaping

A framework for action and sustainability through 2027

VERMONT

State of Vermont
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Agency of Human Services

April 12, 2023

My fellow Vermonters:

Tobacco and nicotine harm everyone. Yet, we know that certain populations in Vermont have higher rates of tobacco use than the state average. These populations include adults with mental health and substance use disorders, Indigenous people, Vermonters with lower incomes, those with Medicaid and uninsured, pregnant Vermonters, Vermonters with disabilities, and youth and young adults. The use of tobacco contributes to four of the top five causes of death in Vermont and remains the leading cause of preventable death in the United States. Countless other lives, including those of friends and family members, are negatively impacted by tobacco use and exposure to secondhand smoke and vape emissions.

This Tobacco State Plan serves as a roadmap, working across sectors and partnerships for the benefit of Vermonters, on how to address the challenges of tobacco use and secondhand smoke exposure. The strategies identified in the Tobacco State Plan are part of a comprehensive Tobacco Control Program and align with CDC best practices. Our team at the Vermont Tobacco Control Program is dedicated to reducing the burden of tobacco use through work at the individual, community, and policy levels.

The Department of Health and partners are committed to the goal of all Vermonters obtaining their best health. Yet, despite our long history of working with state and national partners to address tobacco use, Vermont continues to have tobacco use rates above the national average of 14%.

Among youth, rates of vaping continued to climb. In 2015, 15% of high school youth reported using an electronic vapor product and in 2019, that percentage grew to 26%. We must act now to prevent yet another generation of Vermonters from using tobacco and nicotine. The continual shift of tobacco industry tactics and new, flavored products is a major challenge in preventing use and assisting those in quitting.

Providing Vermonters with access to tobacco treatment services is a critical piece of our Tobacco Control Program. The 802Quits program served nearly 4,000 Vermonters in 2022 through tailored protocols and incentive programs. In 2021, pharmacists were authorized to deliver tobacco cessation counseling and nicotine replacement therapy, which increased access to resources for Vermonters. We will continue to work alongside pharmacists and other healthcare providers to help Vermonters quit using tobacco.

Through early education and intervention, strong prevention policies, accessible treatment services and robust countermarketing campaigns, we can protect Vermonters from the harms of tobacco and nicotine.

Thank you in advance for your support and involvement in this state plan, which was written with in-depth partner engagement and highlights those shared interests and needs.

Sincerely,

Mark A. Levine, MD
Commissioner

Misty Burns of Barre, 37, is battling chronic obstructive pulmonary disease (COPD) resulting from cigarette smoking.

Smoking was the norm when Misty was young. She began smoking at school with peers at the age of 14. “My parents let me,” said Misty. **“Seeing my parents do it made us kids smoke too. I thought it was the cool thing.”**

Misty, whose mother died at the age of 50 to smoking-related illness, developed COPD four years ago. “I wish I had known that smoking does this,” she said. “I have shortness of breath walking upstairs. I have a lot of pain.”

COPD prevents Misty from fully enjoying some of her favorite activities, such as swimming, but quitting smoking is hard. She’s tried the nicotine patch, an inhaler, and 802Quits counseling and support. “They are very helpful,” Misty said of free 802Quits tobacco treatment services. “They sent quit tools and motivational quotes. A coach called to check in once a week.”

Although Misty, who is diagnosed with post-traumatic stress disorder (PTSD), was smoke-free for almost one year, she resumed smoking due to stress and anxiety. “The cravings are the hardest,” she said. “I’m highly addicted to smoking.”

Misty received a coupon in the mail for a free vape product and decided to give it a try as a substitute for combustible cigarettes. To Misty, vapes did not provide the same effect or pleasure of smoking. Now Misty is practicing a reduced harm strategy by cutting down on cigarettes, from three packs a day to one and a half. “There are good days that I can go awhile without and other days that I smoke too much,” Misty said.

At the advice of her health care provider, Misty is contemplating quitting. For now, distracting herself and delaying smoking by taking a walk or watching TV or napping is working. She says she is feeling better, with less tightness in her chest.

Another motivation for Misty to quit is family. She wants to be around to spend time with her father, sisters and their families. “I worry they may start,” said Misty, regarding her six nieces and nephews. “They have parents who smoke. They see us smoking. It’s the same cycle as with my parents.” She continued, “We thought it was okay because our parents were doing it.”

Misty has a message for anyone who’s considering initiating smoking, **“Don’t start because it’s hard to quit. It messes up your life, your health and your finances, too.”**

MISSION, VISION, AND GUIDING PRINCIPLES

This Plan reflects decades of tobacco prevention and control work in Vermont, and in the United States. Feedback from the Substance Misuse Prevention Council (SMPC), community, state and national partners was also collected between March 2021 and March 2023 and informed the priorities and strategies in this strategic plan. More details about the partner engagement are on page 32.

State Plan *Vision*

Healthy Vermonters living in healthy communities free from tobacco-related death and disease.

State Plan *Mission*

Collaborating to reduce tobacco use for a healthier Vermont. Our goal is a society free from tobacco-related death and disease, achieved by Vermonters joining efforts to implement proven and equity-based tobacco prevention and control strategies, working toward a tobacco-free generation. This work is guided by evidence-based frameworks and research from international experts and national partners, in particular the World Health Organization, Centers for Disease Control and Prevention (CDC), Campaign for Tobacco-free Kids, Truth Initiative and the U.S. Surgeon General.

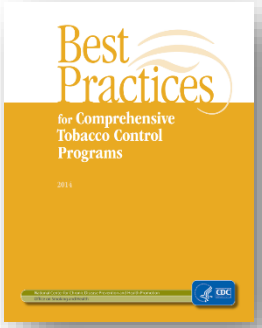
State Plan G*uiding Principles*

The guiding principles were developed based on the guidance from Healthy People 2030, Vermont's State Health Improvement Plan (SHIP) and the CDC's Office of Smoking and Health, including Best Practices in Tobacco Control.

1. Align and build upon national and state initiatives and strategic plans.
2. Develop a coordinated response to the increasing use and dependence of tobacco and nicotine products by youth and young adults.
3. Plan and implement evidence-based policy, systems and environmental strategies.
4. Use an engaged data approach to collaborate with multiple stakeholders for the purposes of program planning, implementing and evaluating.
5. Identify processes and benchmarks for closing gaps for populations disproportionally impacted by tobacco and improve health equity.

HOW TO USE THIS PLAN

This Plan was written to be easy to pick up and use for anyone interested in or working in prevention or treatment of tobacco use and vaping. The strategic actions are grounded in a strong evidence base and framework from the CDC, [1, 2] the U.S. Preventive Services Task Force,[3] the North American Quitline Consortium and the U.S. Surgeon General.



CDC Best Practices Guides

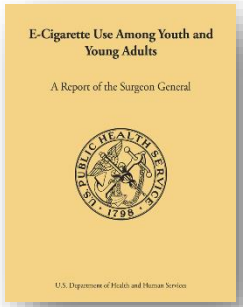
Million Hearts Tobacco Cessation Change Package

U.S. Preventive Services TASK FORCE

Behavioral and pharmacotherapy interventions, adults and children

NORTH AMERICAN QUITLINE CONSORTIUM

North American Quitline Consortium



U.S. Surgeon General's Report on Youth Vaping

Want to learn more about youth and young adult tobacco and vaping prevention efforts in Vermont?		Want to reduce exposure to secondhand smoke or electronic vapor product emissions?
See page 12		See page 22
Want to learn more about adult cessation and substance coordination efforts in Vermont?		**Interested in the sustainability of tobacco prevention and control?**
See page 20		See page 25

CONTENTS

PUTTING THE PLAN INTO ACTION

REDUCING THE BURDEN OF TOBACCO TAKES ALL OF US

The landscape of tobacco prevention and control has changed dramatically since the last Plan was released in 2017. It will continue to be dynamic over the next five years, particularly as we navigate the evolving impact of a global pandemic and a shifting substance use landscape in Vermont specifically, and in the United States more broadly. The Vermont Tobacco Control Program (VTCP) is committed to working closely with a wide spectrum of partners to annually review and update the Plan.

Therefore, this document is intended to serve as a roadmap to navigate this new and shifting terrain by outlining Vermont priorities through 2027 in reducing tobacco and vaping use among Vermonters. It reflects input from more than 50 organization and 100 partners across the state, region and country. Making progress on eliminating the harms of tobacco and vaping use to Vermonters will take the coordinated work of partners across the state, and nationally. We acknowledge and thank partners for their ongoing collaborations – we look forward to making progress together over the upcoming five years!

Questions about the VTCP, or inquiries about how you can be involved in putting this Plan into action, can be directed to tobacco@vermont.gov.

A VISION OF HEALTH EQUITY

Advancing and achieving health equity is a Vermont priority.

The Vermont 2019-2023 State Health Improvement Plan (SHIP) outlines its vision of *Health Equity* where ***All people in Vermont have a fair and just opportunity to be healthy and to live in healthy communities.*** It is imperative to center equity in tobacco control efforts.

Vermont's Health Equity Definition

Health equity exists when **all people have a fair and just opportunity to be healthy** – especially those who have experienced socioeconomic disadvantage, historical injustice and other avoidable systemic inequalities that are often associated with categories of race, gender, ethnicity, social position, sexual orientation and disability.

When it comes to tobacco use and vaping, **the impacts on some populations are disparate.** Vermont is impacted by high rates of industry advertising, retailer density, price discounting and polysubstance use that compounds tobacco-related disparities and health impacts among specific populations in the state. Consider, for example, that:

- Vermonters living in rural areas smoke at a higher rate than urban Vermonters.[5] Rurality increases isolation, decreases job opportunities and reduces medical access.[6]
- Adults who currently smoke are more than two times as likely to report poor mental health.[5] The World Health Organization (WHO) found that mental illness makes it twice as likely this group will use tobacco or other nicotine products.[7]
- Current and daily vaping use among youth are statistically higher among those who currently smoke cigarettes, binge drink, use cannabis or who have mental health issues.[8]
- Vermont has one of the highest rates of smoking during pregnancy in the nation.[9]
- Vermont adults with income below 250% of the FPL, those with any disability, and those who use cannabis smoke at a statistically higher rate.[5]
- Indigenous Vermonters, who have faced colonization, price discounts, targeted promotion and racism, smoke at rates substantially higher than non-Hispanic white Vermonters.

Priority Populations

The following populations have higher rates of tobacco use.

Adults with mental health and substance use disorders

Indigenous peoples

Lesbian, Gay, Bisexual, Trans and Queer (LGBTQ+) youth

Low-income Vermonters

Medicaid-insured and uninsured adults

Pregnant Vermonters

Vermonters with disabilities

Youth and young adults

*Unless otherwise noted, references to tobacco throughout this Plan refer to commercial forms and not sacred or ceremonial use or practices.

Communities experiencing higher rates of tobacco use are not to blame. Tobacco-related health disparities exist and endure due to unequal social and economic conditions that lead to disproportionate exposure to, use of and health harms from addictive tobacco products like cigarettes and e-cigarettes.[10, 11] Factors contributing to these disparities include:

- The tobacco industry uses **tailored marketing and advertising** to target some groups and communities – and works to keep products cheap.
- Density of tobacco retailers are often higher in low-income neighborhoods.[12]
- Tobacco companies use **coupons, price discounts, flavors and promotion** to entice youth and Black, Indigenous and people of color to try and sustain use of harmful products. [13]
- The pressures of **discrimination, poverty, systemic racism and other social conditions** can increase tobacco use and make health problems worse.
- There is no safe exposure to secondhand smoke; VTCP continues to field complaints about exposure from Vermont residents indicating **more protections** are needed.
- Some groups **encounter barriers to health care and treatment** for tobacco use and dependence.[14] It is imperative to prioritize reducing barriers and increasing access of Vermonters who are experiencing barriers to health care access.

The Vermont State Plan intends to center health equity efforts by:

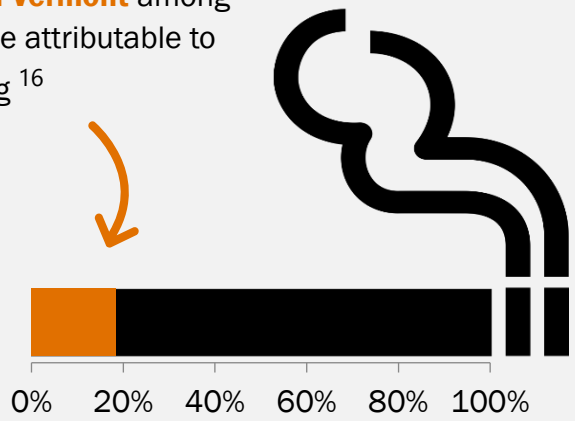
1. Aligning with state health equity initiatives, including:
    a. The 2019-2023 Vermont State Health Improvement Plan
    b. The Vermont Department of Health's Vision and Mission, including its health equity principles and efforts.
2. Implementing upstream measures, as well as from the comprehensive CDC best practices.
3. Embedding health equity in Vermont's VTCP activities through intentional strategies and practices.

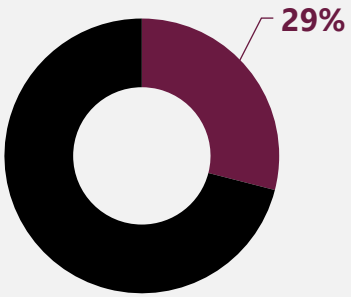
> Equity is incorporated throughout each of the four goal areas. An equity icon is placed after strategies that specifically address the disproportionate burden of tobacco in Vermont.

THE DATA PICTURE OF TOBACCO USE IN VERMONT

Tobacco use is the #1 preventable cause of death. [15]

18% of deaths in Vermont among adults over 35 are attributable to cigarette smoking [16]





More than **a quarter of cancer deaths** can be attributed to cigarette smoking in Vermont [17]

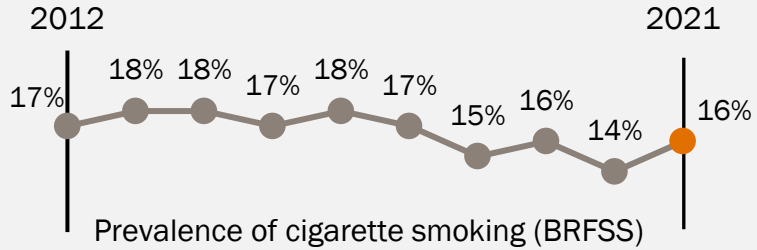
Tobacco use is expensive for all Vermonters, even those who don't smoke. [18, 19, 20]

Annual health care costs in Vermont directly caused by smoking, with **$93.7 million in Medicaid costs**

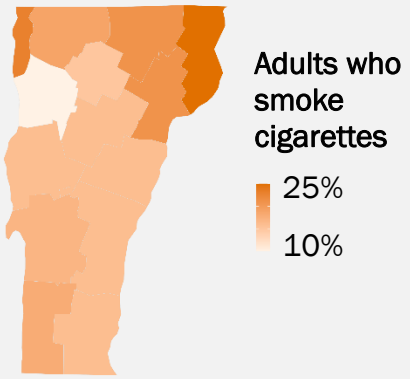
$326 million in cigarette smoking-attributable morbidity-related productivity losses in Vermont

$1,037 per household = Vermonters' state & federal tax burden from smoking-caused government expenditures

Cigarette use among Vermont adults has been difficult to lower.

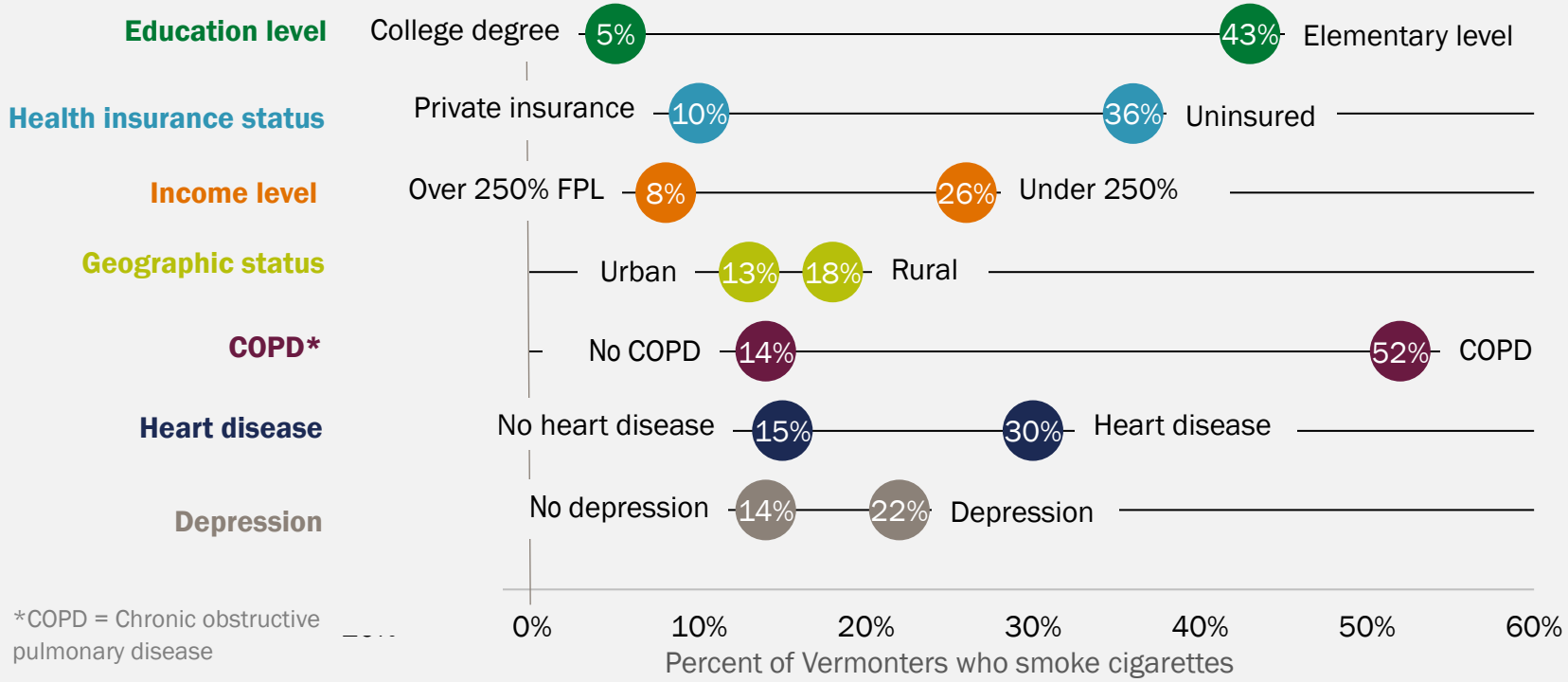


Cigarette use is more difficult to decrease in rural areas.[5]



Overall, 16% of Vermont adults smoke, but this differs across populations.[5]

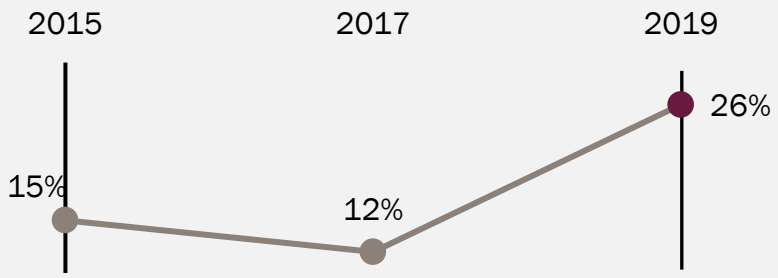
This figure shows differences in the prevalence of cigarette smoking among groups (e.g., among Vermonters with a college degree, 5% smoke and among those with elementary education level, 43% smoke).



*COPD = Chronic obstructive pulmonary disease

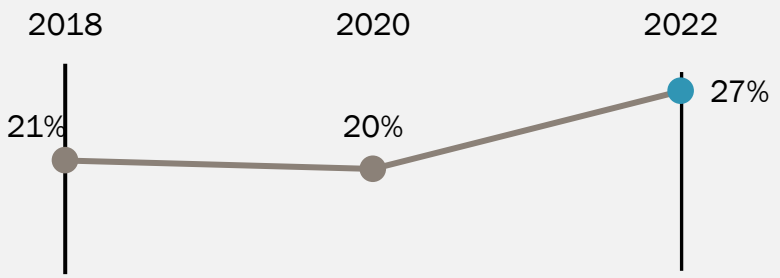
Use of electronic vapor products (EVP) is rising among youth and young adults.

Youth



Current EVP use among Vermont high school youth (2019 YRBS)

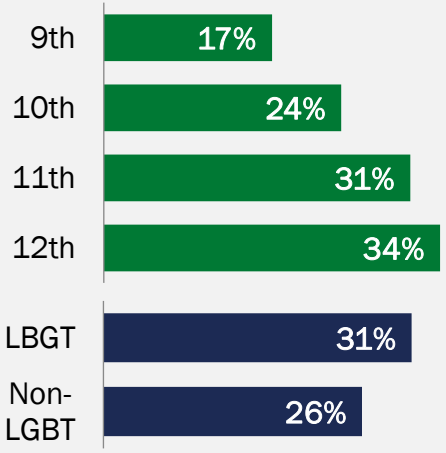
Young Adults



EVP use in last 30 days among Vermont young adults, 18-25 years (2022 YAS)

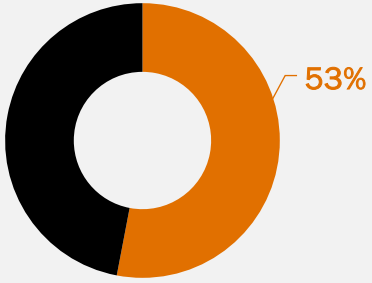
EVP use differs in some youth populations.

EVP use differs by **grade** and **sexual orientation** among high school students (2019 YRBS)



Current EVP use

Access to tobacco and EVP products needs to continue to be reduced.



Over half of young adults in Vermont believe it is **very easy** for underage persons to buy e-cigarettes or electronic vaping products (2022 YAS).

OVERVIEW OF GOAL AREAS

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

We use an equity icon throughout the Plan

Objectives and strategic actions have been identified to achieve each of these four goal areas. While all actions of the Plan are intended to advance health equity within tobacco control and prevention efforts in Vermont, at times strategic actions with specific and explicit health equity intentions will be noted per each of the goal areas. In such cases you will see the following symbol. This is intended to serve as another way in which the Plan can center health equity and translate aspirations into action.

For example:

Goal: Prioritize youth and young adult prevention, cessation, and vaping

Objective: Engage youth and young adults to empower and elevate their role in educating their peers and community on the dangers of vaping and tobacco use.

Strategic Action: Engage with the Health Department Health Equity team to expand communication and collaboration with populations most impacted by the targeting performed by the tobacco industry.

INCREASE COORDINATION OF YOUTH AND YOUNG ADULT PREVENTION, CESSATION, AND VAPING

The use of tobacco products *in any form* is unsafe for youth and young adults.

Prevention of tobacco use and vaping among youth and young adults is a critical component to eliminating the harm of tobacco and nicotine dependence. In Vermont, the majority of adults (six in 10) who have ever smoked at least 100 cigarettes in their lifetime started smoking regularly before adulthood, compared to the minority of adults (only one in 10) who initiated at age 21 or later.

Objectives and Strategies

1.1 Engage and empower youth and young adults in educating their peers and community on the dangers of vaping and tobacco use.

- Use data to support the prioritization of strategies to engage youth and young adults disproportionately impacted by commercial tobacco use.
- Expand communications with youth and adult populations most impacted by tobacco industry marketing through collaboration with the Health Department Health Equity team.
- Support collaboration of community-based organizations, state agencies and others to promote youth and young adult engagement.
- Empower youth to bring youth voice to vaping and tobacco prevention through funding from state agencies to youth-led engagement programs and to provide technical and administrative support to programming.
- Fund and support youth-serving, community-based organizations to further inform programming and engage youth in inclusive ways.
- Keep apprised of industry tactics and share new research with youth-serving organizations and youth groups to continue to educate youth groups and tobacco grantees on the harms of vaping.
- Hold events (e.g., Youth Rally, Town Hall Forum) and use technology to engage youth and young adults, and to provide opportunities to share youth perspectives with media, legislators and other decision makers.
- Educate and engage with youth and young adult representatives on the Substance Misuse Prevention Council (SMPC) and state and local level youth councils on tobacco prevention issues.

1.2 Support policies preventing vaping and tobacco use initiation and that limit access to vaping and tobacco products among youth and young adults.

- Fund community coalition grantees to:
  - participate in statewide policy education efforts (e.g., flavored tobacco restriction, price promotion bans, restriction of smoking and vaping around commercial businesses aligned with state-owned buildings and smoke-free state parks) and to conduct retailer education with Department of Liquor & Lottery (DLL).
  - provide education and technical assistance on local authority surrounding tobacco licensing and zoning bylaws around restricting the number and location of tobacco retailers (e.g., restrict tobacco sales in health care settings like pharmacies or near schools).
  - conduct tobacco retailer education, using data for online and brick and mortar youth compliance checks, and address other gaps identified through the compliance data system to reduce youth and young adult access to tobacco.
- Work regularly with state and community partners to:
  - successfully implement evidence-based interventions to reduce youth access to and community impact from tobacco through local and state interventions including zoning ordinances, rulemaking and state statute changes, including local content neutral ordinances or zoning bylaws.
  - educate policymakers on the impact of tobacco retailer density and ways to address through licensing, zoning and ordinances.
  - support and strengthen the state's tobacco control and enforcement infrastructure in partnership with DLL, the Office of the Attorney General and Department of Taxes.
- Partner with workplaces that employ young adults in sectors that have employees with historic high rates of tobacco use (e.g., transportation, food & hospitality, corrections) to promote policies and education to address vaping and tobacco use.
- Hold monthly Coalition for Tobacco Free Vermont meetings to encourage collaboration, educational efforts and sharing of resources around policy-related tobacco control strategies.
- Use current program data to educate youth and policy decisionmakers on the impact of tobacco price and price promotions on young people who use tobacco products.
- Provide technical assistance and trainings to help facilitate successful policy change in Vermont communities of need and at the state level to establish health equity.
- Establish case studies of a successful ordinance and/or bylaws to address density and document the processes used to do so.
- Hold quarterly meetings with state agency partners to share resources, data and strategies around policies that affect youth tobacco and nicotine use.

1.3 Educate and engage individual and community partners, as well as decision-makers, on evidence-based strategies to prevent initiation of vaping and tobacco use among youth and young adults.

- Work with youth and young adult prevention experts (e.g., Rutgers Center for Tobacco Studies and University of Vermont) to collect data from youth, schools, school nurses and others to identify needs, progress and challenges to prevent initiation of vaping.
- Share surveillance and tobacco control program data with partners on flavors and menthol, access, price, use, quit attempts, co-occurring substance use, etc. to educate decision-makers and promote evidence-based strategies to reduce initiation.
- Collaborate with Division of Substance Use Programs (DSU), grantees, other state agencies and partners on a coordinated vaping and tobacco use prevention effort through state and Health Department vaping prevention committees.
- Develop and disseminate resources for schools and community partners on vaping and tobacco prevention resources for youth and young adults, including:
  - coordination and implementation of vaping education and prevention for youth and adults in community-based settings.
  - promotion of evidence-based curriculum on vaping and tobacco prevention for elementary, middle and high school settings.
- Implement evidence-based, mass-reach health communication interventions to prevent initiation of tobacco product use, such as the Unhyped youth vaping prevention education campaign.
- Partner with supporting and collaborating with youth and young adult-serving organizations, including those that provide “third space” activities and programs that address upstream protective factors.

1.4 Promote awareness and use of evidence-based cessation treatment, including Vermont’s 802Quits (18+) and *My Life, My Quit* (12-17) and digital-based technologies.

- Gather data on youth and young adult vaping and tobacco use to continually inform programming and priorities and assess.
- Collect data on youth and young adult tobacco use and utilize best practices from colleges/universities and other sources (e.g., other tobacco program work in food service, transportation and construction sectors) to put in place tobacco-free policies and treatment interventions in these settings.
- Promote 802Quits and My Life, My Quit (MYMQ) programs:
  - through distribution of materials, social media posts, newsletters, paid promotion and earned media.
  - by marketing new offerings, and monitoring and increasing utilization of 802Quits by priority populations using evaluation results for increasing reach.
  - funding community coalition grantees to promote technology-based programs for youth and young adult vaping cessation.
- Increase referrals and cessation services of 802Quits and MLMQ programs by:

- implementing evidence-based, mass-reach health communication interventions to increase use of cessation treatment.
- collaborating with state partners and medical associations to increase tobacco cessation referrals, including school and provider partnerships.

- Provide education, trainings or technical assistance to:
  - adults engaging with youth in various settings, including health care settings, to increase LGBTQ+ inclusivity in tobacco and vaping resources.
  - Vermont schools serving 5th through 12th graders around vaping and tobacco use and quitting resources available to them.
  - pediatric primary care and family physicians to further support and treat youth who are addicted to nicotine, including evaluation and screening, follow up planning and quitting resources.
  - promote MLMQ and 802Quits provider resources and provider training and continuing education opportunities.
- Use partnerships to promote awareness and use of substance use treatment resources for youth and young adults, including Vermont Help Link, American Academy of Pediatrics, Bi-State Primary Care and Vermont Free and Referral Clinics.

1.5 Engage health care providers and health systems to expand vaping and tobacco screening and delivery of vaping and tobacco education and treatment for youth and young adults.

- Increase and strengthen community partnerships and capacity by:
  - working with and supporting community and clinical partners on use of insurer tobacco benefit and those offered through use of Quitline resources, including, but not limited to: pharmacy, dentistry, primary care, pediatrics, urgent care, hospitals, etc.
  - exploring opportunities for organizations such as Outright Vermont to work with pediatric offices.
  - assessing impact of policy and media interventions addressing youth vaping, such as VTCP's Unhyped youth vaping education campaign, the 2019 prevention policies, and a school-based integrated approach for providing vaping curriculum and resources.
  - partnering with entities, such as the UVM Center on Behavior and Health and Rutgers Center on Tobacco Studies, to understand and increase reach and cessation activity among youth and young adults.
  - meeting with the Center for Behavioral Health Integration of *Youth Screening, Brief Intervention and Referral to Treatment* (YSBIRT) and Truth Initiative's *This is Quitting*; share data on youth reached/served; and coordinate promotion and implementation of youth e-cigarette treatment services between clinic, quitline and online options.

Measuring Progress

Immediate and short-term indicators

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

Desired outcomes by 2027 - the collective impact of efforts

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

2027 performance targets

	Baseline	Goal
YRBS data, middle school grades 6-8, 2019 baseline		
Reduce the percent of youth who used any tobacco product (cigarettes, cigars, smokeless tobacco or EVP) in the past 30 days (*data point also in Vermont Healthy People 2030)*	9%	7%
Reduce lifetime flavored tobacco use among middle school youth	8%	6%
Reduce lifetime flavored tobacco use among LGBTQ+ youth‡	16%	14%
Reduce lifetime flavored tobacco use among Black, Indigenous, and people of color	11%	9%
YRBS data, high school grades 9-12, 2019 baseline unless otherwise noted		
Reduce the percent of youth who used any tobacco product (cigarettes, cigars, smokeless tobacco or EVP) in the past 30 days (*data point also in Vermont's Cancer Plan and Vermont Healthy People 2030)*	28%	25%
Reduce percent of youth who ever tried a cigarette, even one or two puffs	22%	19%
Reduce percent of youth who ever tried an EVP	50%	45%
Reduce the percent of EVP use among youth	26%	23%
Reduce youth cigarette smoking prevalence (past 30 days use)	7%	5%
Increase the percent of youth who used any tobacco product in past year and made a quit attempt	44%	50%
Reduce the percent of current EVP users who used a flavored product in past 30 days *(this item will be added to the YRBS in 2023 and a baseline will be established)*	n/a	n/a
Reduce the percent of youth who are LGBTQ+ and who used any tobacco product (cigarettes, cigars, smokeless tobacco or EVP) in the past 30 days‡	33%	28%
Reduce the percent of students identifying as Black, Indigenous or a person of color who smoke on 20 or more days	47%	40%
Young Adult Survey (YAS), Ages 18-25, 2022 baseline		
Reduce the use of cigarettes	17%	15%
Reduce the use of cigars, cigarillos or little cigars	4%	2%
Reduce the use of chewing tobacco, snuff, dip, snus, nicotine pouches or dissolvable tobacco products	5%	3%
Reduce the use of EVPs containing nicotine	27%	20%

Reduce the use of EVPs containing nicotine (18-20 only)	27%	20%
BRFSS, Ages 18+, baseline 2019 (question next asked in 2022, then every even year afterward)		
Reduce the percent of adults who currently smoke who started smoking before age 18	70%	60%

‡Note: In 2019 the definition of sexual orientation/gender identity on the YRBS was limited to LGBT; from 2021 onward, the term LGBTQ+ can be used due to a change to the survey.

INCREASE ADULT CESSATION OF COMBUSTIBLE AND OTHER TOBACCO PRODUCTS AND INTEGRATE INTO SUBSTANCE USE

Disparities elevate the urgent need to reach those most impacted by the harms of tobacco.

Among Vermont adults, smoking rates differ significantly by age, education, income, insurance type, geography, home ownership, disability status, cannabis use, binge drinking and e-cigarette use. Vaping among Vermont adults differs significantly by age, sexual orientation and gender identity, education, income, home ownership, cannabis use, binge drinking and smoking status. (More data available in the 2021 BRFSS Adult Tobacco Use Data Brief)

Objectives and Strategies

2.1 Promote health systems changes to increase screening for and treatment of tobacco use and dependence.

- Provide tobacco resources to health care professional groups on implementing changes to increase tobacco screening, treatment and referral practices.
- Support collaborative work between state agencies and departments on making tobacco treatment and tobacco-free policy a consistent benefit for all Vermonters. This includes:
    - continuing Medicaid collaboration to increase cessation support for providers and cessation activity by Medicaid members to decrease smoking prevalence over time.
    - partnering with DSU and Department of Mental Health on integration of tobacco and substance use treatment and recovery efforts.
- Expand delivery of evidence-based cessation treatment, including the Million Hearts toolkit, as well as referrals to 802Quits and utilization of its incentive programs.
- Coordinate with policy makers and health care providers to address dual and poly use of substances, including education on the benefit of treating tobacco as part of substance use recovery and successful abstinence, including alcohol and opioid dependence treatment.
- Implement tools and practices to increase screening, counseling and use of NRT and quit medications for tobacco treatment in health care settings to exceed CDC benchmarks.

- Increase coordination and capacity of efforts to support education and cessation attempts for Vermonters with behavioral health conditions by:
    - partnering with state and national organizations for their expertise to increase tobacco tobacco screening, treatment and implementation of tobacco free policies that support recovery in behavioral health settings and transitional and state-funded housing.
    - supporting regular collaboration of state agencies, community partners and behavioral health-servicing organizations, including its designated agencies, to facilitate health system changes in behavioral health settings.
- Drive adoption of opt-out tobacco treatment protocols by partnering with medical societies, academia and health systems.
- Explore the implementation of automated cessation referral systems through health networks to increase tobacco screening.
- Promote cessation treatment (e.g., brief intervention) at time of screening for those who screen positive for tobacco use.

2.2 Promote awareness and use of evidence-based cessation treatment, including the quitline and digital-based technologies

- Expand reach of cessation services to populations experiencing tobacco-related disparities by reducing barriers and offering accessible, targeted services. 
- Market new cessation treatment offerings to include emerging products.
- Offer incentives to priority populations to increase reach, cessation activity and the likelihood of a quit attempt. 
- Monitor and increase utilization of 802Quits by priority populations using evaluation recommendations. 
- Promote cessation services in community-based organizations that serve populations disproportionately affected by tobacco use. 
- Explore opportunities to lower barriers to access to nicotine replacement therapy.
- Research the efficacy of harm reduction messaging as a potential strategy for cessation treatment.
- Research and investigate emerging technologies for cessation and nicotine dependence treatment.
- Promote CDC *Tips from Former Smokers*, Food and Drug Administration's *The Real Cost* campaign and Truth Initiative ads in Vermont markets to raise awareness and motivate quitting.

2.3 Implement tailored and culturally appropriate evidence-based, mass-reach health communications and digital strategies to reach populations experiencing tobacco-related disparities

- Create and distribute materials for social media, website, print and other communication platforms to reach priority populations to encourage cessation. 
- Conduct outreach to health care providers to increase awareness and utilization of tobacco benefits available to their patients through insurance and the state quitline.
- License or develop and market creative campaigns across traditional and digital media, cable access TV and other evolving communication platforms.

2.4 Advance evidence-based, population level policies, systems and environmental changes to reduce tobacco use and promote cessation

- Examine and address statewide and local tobacco and nicotine policies for discrepancies in health equity or actions that would widen health disparities. 
- Support initiatives to educate state leaders, decision-makers and the public about the impact of tobacco products, utilizing evidence-based policies, systems and environmental changes to reduce use and promote cessation.

Measuring Progress

Immediate and short-term indicators

- Number of providers with referrals to 802Quits
- Number and type of Current Procedural Terminology (CPT) codes used by providers for patient cessation, including for NRT, brief counseling sessions (99406) and intensive counseling (99407)
- Number of tobacco patients screened and offered treatment (National Quality Forum (NQF) 0028)
- Behavioral health metrics (percent of behavioral health facilities with screenings)
- Number and type of 802Quits referrals (fax, online)
- Percent of 802Quits enrollees from priority populations
- Proportion of 802Quits enrollees who receive evidence-based treatment (NRT and/or at least one counseling call)
- Percent of 802Quits enrollees who receive incentives for completing at least one call
- Percent of 802Quits enrollees who receive incentives for completing four or more calls
- Engagement with communications and marketing strategies

Desired outcomes by 2027 - the collective impact of efforts

- ✓ Fewer Vermont adults are regularly smoking.
- ✓ More Vermont adults are making a quit attempt.

2027 performance targets

BRFSS data, 2021 baseline	**Baseline**	**Goal**
Reduce adult use of any tobacco product (cigarette smoking, smokeless tobacco, vaping) *(data point in Vermont's Cancer Plan and Vermont Healthy People 2030)*	21%	18%
Reduce adult cigarette smoking prevalence	16%	12%
Increase the percent of adults who currently smoke who have made a quit attempt *(data point in Vermont's Cancer Plan)*	47%	55%
Reduce cigarette smoking prevalence among adults ages 25-34	25%	15%

Reduce cigarette smoking prevalence among adults who are uninsured	36%	32%
Reduce cigarette smoking prevalence among adults who are Medicaid members	28%	23%
Reduce the adult current EVP use prevalence	5%	3%
Vermont Vital Statistics data, 2021 baseline Reduce cigarette smoking prevalence during pregnancy	9%	8%
Pregnancy Risk Assessment Monitoring System (PRAMS) data, 2021 baseline Reduce vaping during the first three months prior to pregnancy from 8% to 7%	8%	7%

ELIMINATE EXPOSURE TO SHS AND EVP EMISSIONS

SHS exposure increases the risk of some cancers by up to 30%;[21] emerging research indicates EVP emit vapor that contains nicotine, ultrafine particles and low levels of cancer-causing toxins.[22, 23]

More than 50 years of research indicates that there is no safe amount of SHS exposure; SHS contains more than 7,000[24] chemicals, many of which are toxic and increase cancer risk. Exposure to SHS also increases the risk of asthma exacerbations and heart disease, and is particularly harmful to pregnant people, older adults, children and people with breathing conditions. or individuals with heart disease. Further, 26 states restrict e-cigarette use in 100% smoke-free venues, including Vermont.

Objectives and Strategies

3.1 Sustain and increase education about the current policies in place to protect Vermonters from SHS and vaping emissions.

- Provide education to landlords, renters and other Vermonters about indoor areas covered by the current laws and specific aspects of the law, including the inclusion of vaping emissions and buffer zones.
- Provide education on Act 135, and the subsequent Act 108, which protects workplaces, motor vehicles, public places, school grounds and childcare settings from SHS. This includes restricting the use of e-cigarettes or other vaping devices wherever smoking is prohibited.
- Provide signage and resources to retailers, landlords and others using the online signage order form. Distribute and use the smoke-free/vape-free housing toolkit.
- Promote use of the Smoke- and Vape-Free Housing Toolkit, as well as the Year After Guide for landlords.

3.2 Increase and enhance comprehensive smoke-free indoor air policies, including in areas not covered by current state laws.

- Identify housing where residents are not currently protected by U.S. Department of Housing and Urban Development (HUD) or other multi-unit housing (MUH) smoke-free policies, and work on education of the landlord/property owner on the importance of smoke- and vape-free housing.

- Increase the number of outdoor spaces that are smoke- and vape-free.
- Utilize the Vermont Tobacco Retail Audit data (2014, 2018, 2022) to create shareable document (e.g., dashboards) to communicate with local stakeholders and/or policymakers to support tobacco control policies.
- Continue point-of-sale strategies to reduce youth access, promote cessation activities and reduce local promotion, particularly in locations that are likely to be more heavily marketed by the tobacco industry.

3.3 Coordinate efforts to reduce tobacco-related disparities with groups who are most affected by tobacco use, secondhand smoke exposure and vaping emissions.

- Integrate the HPDP Health Equity lead into discussions, planning and clean indoor air policy efforts.
- Identify and collaborate with strategic partners to reach young adults who enter the workforce immediately after high school to assist in connecting to cessation resources and putting in smoke-free protections on the groups of non-traditional workplaces.
- Identify and encourage potential community partners to apply for the Health Equity Capacity Building Grants through 2024; learn from the successes and challenges of these grants to inform future efforts.

3.4 Collaborate and coordinate with other Health programs, divisions and organizations to enhance and expand education.

- Collaborate with the Vermont Asthma Program (VAP) to enhance SHS messaging and education through coordinated media campaigns.
- Collaborate with the Family and Child Health Division and Environmental Health Division to reach childcare providers and families to educate on the importance of smoke- and vape-free homes and vehicles, including in high radon zones.
- Ensure there is representation of tobacco prevention and control partners on other key coalitions, such as Vermonters Taking Action Against Cancer (VTAAC), as SHS and vaping can increase cancer risk.
- Hold key meetings with select chronic disease programs to drive collective action on integrating tobacco screening, treatment and education into health systems, policy and campaign efforts.
- Collaborate with other programs within HPDP (e.g., diabetes, hypertension, oral health) as well as the DSU to enhance education on the dangers of SHS and EVP emissions.
- Integrate education on the dangers of SHS into self-management courses, through partnership with self-management within the MyHealthyVT umbrella.

Measuring Progress

Immediate and short-term indicators

- Number of recorded complaints about exposure to SHS from rental properties.
- Number of recorded complaints about exposure to SHS in locations covered by the state clean indoor air laws.
- Number of rental properties that are tobacco free.
- Number of coalitions providing signage to businesses.
- Number, type of SHS education integrated into MyHealthyVT workshops.
- Utilization of the retailer audit map and smoke-free map.

Desired outcomes by 2027 - the collective impact of efforts

✓ Fewer Vermont adults that are exposed to SHS and EVP emissions.

2027 performance targets

Adult Tobacco Survey (ATS) data, 2016 baseline	**Baseline**	**Goal**
Reduce exposure to secondhand smoke for adults who do not currently smoke	44%	40%
Increase the proportion of voluntary tobacco-free home policies for adults who do not currently smoke	69%	75%
Increase the proportion of adults who think SHS is very harmful among adults who do not currently smoke	57%	65%
Increase the proportion of adults that think EVP emissions are harmful *(data source to be identified)*	n/a	n/a

INCREASE SUSTAINABILITY OF SUBSTANCE USE PREVENTION AND RECOVERY EFFORTS

Tobacco impacts *all* Vermonters; each household pays $1,037 in state and federal tax burden for smoking-caused expenditures annually.

A census of local leaders in Vermont, the Local Opinion Leaders Survey, indicated that 77% thought tobacco is among the most important health problems in the state. Further, use of tobacco contributes to four of the top five causes of death in the state, including heart disease, chronic lower respiratory diseases, Alzheimer's disease and cancer. To achieve this, the CDC's Component Model of Infrastructure will be used, which is focused on building sustainable programs through networked partnerships, multi-level leadership, engaged data, managed resources and responsive planning. Of particular importance is multi-level leadership. CDC's guidance is that leaders and champions of tobacco control need to be identified and fostered at all levels: "Leadership at all levels is necessary to develop relationships and to ensure functioning program infrastructure and progress toward health goals."

Objectives and Strategies

4.1 Increase and enhance use of the Heath Promotion and Disease Prevention 3-4-50 initiative and other Health priorities to strategically plan and communicate VTCP efforts, successes and ongoing needs.

- Review and align annually on 3-4-50 efforts with Offices of Local Health and the Division of Health Promotion and Disease Prevention work.
- Co-lead initiative to increase lung cancer screening and tobacco treatment among current smokers and cancer survivors.
- Collaborate with the Vermont Oral Health Program to increase the use of Medicaid codes for tobacco cessation counseling.
- Partner with DSU on substance use treatment and recovery that integrates tobacco treatment.
- Coordination of vaping prevention and treatment at the local, school, ocmmunity and state level.
- Collaborate with the Vermont Asthma Program to enhance and expand social messaging around the dangers of secondhand smoke exposure and EVP emissions.
- Partner with the Department of Mental Health on increasing tobacco treatment outcomes that improve behavioral health outcomes.

- Partner with the 1815 Heart Health Program on the use and monitoring of the Million Hearts resources to prevent and treat hypertension among Vermonters.
- Partner with other HPDP programs to further develop strategies for provider engagement across the state.

4.2 Bolster cessation support for Medicaid Vermonters in collaboration with the Department of Vermont Health Access.

- Annual update and maintenance of the Medicaid dashboard to partners at Department of Vermont Health Access (DVHA).
- Use available data sources through entities such as DVHA and the Consumer Assessment of Healthcare Providers and Systems (CAHPS) to regularly update and report on the use of cessation benefits.
- Promote and track use of the cessation codes by pharmacists, based on the pharmacist-as-provider legislation.
- Educate providers on use of Medicaid counseling codes and on reimbursement methods.

4.3 Engage with partners (such as councils, divisions and organizations) addressing substance misuse to develop and maintain managed resources (e.g., staffing, funding, grants and contracts).

- Issue, award and monitor grants with community coalitions and other key program partners in the state.
- Expand diversity of engagement and participation in state and local tobacco coalitions.
- Grant and engage with contractors to provide training, media, quitline and evaluation services.
- Support the Coalition for Tobacco Free Vermont in regular meetings, communications and other activities.
- Build coordination among organizations that serve youth and young adults to optimize synergies and reduce duplication in strategies that support youth and young adult prevention and cessation of vaping and tobacco.
- Provide regular opportunities for examining data and data-sharing through health equity lens across Department of Health to coordinate vaping-related prevention efforts among priority populations.
- Strengthen collaboration, logic model and shared strategies and data between DSU and VTCP to address vaping, including cannabis use.

Measuring Progress

Immediate and short-term indicators

- Number of oral health providers educated on how to refer and use Medicaid codes for tobacco cessation.
- Number of tobacco cessation Medicaid codes used by oral health providers.
- Number of tobacco cessation Medicaid codes used by pharmacists.
- Number of Vermonters who enroll in 802Quits who have a chronic condition (asthma, cancer, diabetes, heart disease)
- Integration of evidence-based tobacco control strategies within the Vermont Cancer Plan priorities and strategies.
- Number of grantees educated on vaping prevention and cessation resources.
- Quarterly engagements with the SMPC.

Desired outcomes (by 2027) - the collective impact of efforts

- ✓ Increase funding for the VTCP collective efforts.
- ✓ Increase the number and quality of partnerships.
- ✓ Increase coordination and collaboration within and outside of Health around vaping prevention and cessation, and substance coordination.

2027 performance targets

YRBS, 2019 baseline	**Baseline**	**Goal**
Increase the percent of high school students who perceive there is a moderate or great risk of harm using EVP regularly	68%	75%
Increase the percent of middle school students who perceive there is a moderate or great risk of harm using EVP regularly	79%	85%
Increase the percent of high school students who believe they matter to their community	58%	65%
Increase the percent of middle school students who believe they matter to their community	59%	68%
BRFSS, 2021 baseline		
Reduce smoking prevalence among adults who have depression	22%	20%
Reduce smoking prevalence among adults who have asthma	22%	20%

Reduce smoking prevalence among adults who have COPD	52%	50%
Reduce smoking prevalence among adults who have cardiovascular disease	30%	28%
Reduce smoking prevalence among adults who have diabetes	23%	21%

Vermont Cancer Registry, baseline 2014-2018 data

Reduce incidence rate of tobacco-associated cancers (per 100,000 persons)	182	173

Suzi Auclair of Dummerston shares her tobacco journey, which started at age 11 and persisted for 5 decades.

I started smoking around 11 years old. The smell of combustible smoke was always appealing. Cigarettes were easily accessible from vending machines and most retailers sold them without question. I enjoyed the taste, smell, feeling of smoke in my lungs and being part of the trend. But in my early 50s, I decided to try quitting, not that I wanted to.

I didn't have any have any personal supports. I enrolled in the Chantix program, following it to the letter, even though the drug made me feel ill. After six weeks of being smoke-free, life-changing stressors arose and I began smoking again.

Several years later, I often *thought* of quitting … or was it procrastination? In full procrastination mode, I decided to reduce the number of cigarettes I smoked each day but could not get below seven. I had 15 cigarettes left and figured I'd stop on May 11, 2021, the day I'd run out of them anyway. On May 9, 2021, however, I put my clean ashtray on the mantle with my remaining 15 cigarettes and lighter in it.

That evening at supper, I told my partner, Bill, that I had not smoked that day. He was happily surprised and congratulated me. Those 15 cigarettes remained on the mantle until I was ready to throw them away, which I did months later!

I think what happened to me was unique. It was like a switch went on. I wanted to see what it would be like, feel like. It wasn't an actual stab at quitting. **I would advise others to try it and see how you do. And don't be afraid to visit 802Quits.**

In the first weeks of cessation, I visited a website that guided me through what to expect as time passed, and I looked at that site every day. I obtained nicotine patches from my doctor but didn't find I needed them. Bill pointed out the milestones and was supportive, but not to a fault. He truly cared and was aware, being a former cigarette smoker himself. He was also shocked at how I made it look so easy.

Bill occasionally smoked a pipe or cigar. I loved the smell and a year after being smoke-free, handled the exposure well. I wanted to taste the pipe, though, thinking it harmless, as the smoke isn't traditionally inhaled. I began puffing on a pipe but found myself beginning to inhale. Pipes are not easily portable and need care, unlike cigarettes, so I smoked only occasionally at home. The pipe moved from within reach to the mantle … waiting for the "switch to turn on."

Tobacco was in our faces all the time; marketing and advertising practices encouraged smoking. You know you're killing yourself from smoking. The switch must turn on, hopefully before you get really sick.

Acknowledgements

The work of addressing and eliminating the harms of tobacco use and vaping take many sectors; the revision of this Plan would not have been possible without the engagement and input of many organizations and people across Vermont, New England, as well as national partners. We look forward to implementing, monitoring and revising this Plan in partnership with you all, to realize a healthier and more prosperous Vermont for all of us!

LOCAL

Building a Positive Community (BAPC)	Essex CHIPS	Clara Martin Center
Healthy Lamoille Valley	The Collaborative (Bennington/part of Winsor County)	Burlington Partnership for a Healthy Community
Central Vermont New Directions	Milton Community Youth Coalition	Greater Falls Connections
Deerfield Valley Community Partnership	Franklin Grand Isle Tobacco Prevention	Hartford Middle School
Hartford Community Coalition	Gifford Health Care	Rutland Regional Medical Center
Middlebury/Rutland local office	Mt. Ascutney Prevention Partnership	Northeastern Vermont Regional Hospital
Winooski Partnership for Prevention		

STATE

Agency of Education	Blueprint for Health	Coalition for a Tobacco Free Vermont
Clara Martin Center	Department of Corrections	Department of Liquor and Lottery (DLL)
Department of Vermont Health Access (DVHA)	Department of Mental Health	Department of Taxes
Outright Vermont	Our Voices Exposed (OVX) and Vermont Kids Against Tobacco (VKAT)	Pride Center of Vermont

School Health Liaisons (at District Offices, Vermont Department of Health	Support and Services at Home – SASH	Vermont Afterschool
Vermont Attorney General's Office (AGO)	Vermont Care Partners (VCP)	Vermont Child Health Improvement Program (VCHIP)
Vermont Department of Health – District Office Directors	Vermont Department of Health – Drug and Substance Use (DSU) Division	Vermont Department of Health – Family and Child Health
Vermont Department of Health – Asthma Program	Vermont Department of Health – Oral Health Program	Vermont Medical Society
University of Vermont	University of Vermont Center on Behavior and Health	University of Vermont University Medical Center
	Northern Vermont University	Vermont Cooperative for Practice Improvement & Innovation

REGIONAL

American Cancer Society – Cancer Action Network	American Heart Association	American Lung Association
NE States (collaborative)	Rutgers University	

NATIONAL

Campaign for Tobacco Free Kids	Centers for Disease Control and Prevention – Office of Smoking and Health	Tobacco Control Network (TCN)

Strategic Plan Development and Partner Engagement

This Plan was developed between March 2021 and March 2023 and is built upon multiple iterations of input and feedback, outlined in the following table.

Stakeholders	*Engagement strategy*	*Topics/questions discussed*
The external evaluator (Professional Data Analysts) conducted 29 interviews with strategically sampled partners in the state and region. *Timeline: Spring 2021*	Key Informant Interviews	• Nature of tobacco control work and collaboration with VTCP • Involvement in the development and/or use of the 2015 – 2020 Plan • Priorities for making the revised Plan successful. • Potential barriers to reaching tobacco control goals.
A brief, electronic survey was administered to partners identified by VTCP to better understand how partners want to be involved in update the State Plan. *Timeline: Spring 2021*	Partner survey	• Familiarity with the 2015 – 2020 Plan • Use of the 2015 – 2020 Plan • Most critical topics to include in the revised Plan • Interest in contributing to the revision of the Plan
Local, state, and regional partners convene monthly to discuss legislative priorities, updates, and the like. *Timeline: Spring 2021 – Fall 2022*	Coalition for Tobacco Free Vermont	• PDA shared selected results from the interview study • PDA provided updates on the State Plan revision process, next steps
A brief survey was widely disseminated to prioritize topics for inclusion in the Plan. *Timeline: March 2022*	Partner survey + invite to engage	• A list of topics identified by stakeholders in fiscal year 2021 as critical topics were listed, and survey respondents were asked to weigh in on what was missing from that list (if anything). • Listed topics were prioritized by respondents
A core planning team was convened for approximately seven months to help shape	VTCP leads, PDA, Amy Brewer (Franklin Grand	• State Plan mission, vision, and principles were developed

partner input into a framework, and to plan future partner engagement strategies. *Timeline: December 2021 – June 2022*	Isle), Tina Zuk (AHA)	• Substance use integration strategies were discussed, including how to reflect substance coordination in the revised Plan
PDA planned and facilitated a two-hour session with partners to share progress on the revision and facilitate small group discussions to gather input to inform objectives and strategic actions. *Timeline: June 24, 2022*	Partner strategy session	• The purpose and parameters of the Plan were presented (what is the Plan, timeline for revision) • Mapping activities and initiatives to the drafted topics and priorities (in small groups)
The full VTCP team engaged in multiple two-hour sessions to review and revise drafted objectives. Following these sessions, the team used SharePoint to revise the strategic actions and PDA incorporated all edits into the final document. *Timeline: Fall 2022*	Health engagement	• Drafted objectives were shared, and PDA facilitated discussions with the VTCP team about what is missing or needs to be revised, as well as what resonated. Input informed revisions. • Drafted strategic actions were shared by PDA with the VTCP team, who provided asynchronous feedback using SharePoint.
PDA collaborated with VTCP and other key partners to plan and present on four occasions to the SMPC; input was gathered on multiple occasions using Mentimeter. *Timeline: January 2022 – November 2022*	SMPC	• PDA shared key results on substance coordination challenges and priorities that were identified by partners through PDA's key informant interviews and surveys. • PDA gathered input on Plan priorities, barriers, and substance coordination goals from the SMPC.

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VERMONT DEPARTMENT OF HEALTH

Professional Data Analysts

The Vermont Department of Health's Tobacco Control Program is partially funded and receives technical support from the Centers for Disease Control and Prevention's National Tobacco Control Program. This work is partially supported by cooperative agreement DP20-2001 from the Centers for Disease Control and Prevention. The VTCP contracted with Professional Data Analysts (PDA), a public health external evaluation B corporation, to engage partners and to revise this Plan.