Vermont Tobacco Control Program

March 2016

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 strategy-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 tobacco burden (i.e., target populations), the VTCP is:
- Implementing evidence-based strategies to strengthening multi-level infrastructure by collaborating with strategic partners, including state-level 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 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 Health Department'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 smoking across the life course of women of childbearing age through training and integrating tobacco systematically through 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.
- 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 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.
- Vermont Refugee Resettlement Program (VRRP) and the Pride Center are community-based organizations that facilitate reach to two of the Program's target populations -- racial and ethnic minorities and 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 Social Change Group (RSCG) and

HMC Advertising (HMC) for mass-reach 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 target populations to focus their strategies and resources based on their disproportionate tobacco burden. The target populations include:
- Medicaid beneficiaries and eligible (i.e. individuals of low socio-economic status)
- Individuals with mental health and/or substance abuse conditions (e.g. depression)
- Racial and ethnic minorities
- LGBT population
- Women of childbearing age, including pregnant women

Logic Model. The VTCP logic model on pages 4-5 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*
• CDC Funding & TA • MSA Funds • VT General Funds • Tobacco Control Evidence Base • VTCP – Staff – Surveillance – 802Quits • Quitline contractor - National Jewish Health (NJH) • Evaluation contractors- JSI • Communication Contractors – RSCG & HMC • Training Contractor- CAI Global • VTERB • Strategic Partners: – Vermont Department of Health – Vermont Agency of Education – Department of Vermont Health Access – Vermont Department of Mental Health – Vermont WIC – Vermont Office of Local Health – Vermont Blueprint for Health – Coalition for a Tobacco-Free Vermont – Community Coalitions – Pride Center – Vermont Refugee Resettlement Program – Vermont Office of Minority Health	**Infrastructure** • Establish & maintain state & community strategic partners • Collect, analyze, & share engaged data w/ staff, partners, and decision-makers • Provide training & TA to strategic partners to build capacity for tobacco control activities • Coordinate tobacco control efforts across state chronic disease programs **State & Community** • Provide funding, training & TA to community coalitions & organizations 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, health care settings, 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 range of channels • Disseminate CDC media campaigns & Surgeon General Reports to raise	**Infrastructure** • VTCP strategic partner network • Public Health Stat • Data briefs on target populations & related chronic diseases • Certified Tobacco Treatment Specialists • State Tobacco Control Plan **State & Community** • 16 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 **Cessation** • Enhanced 802Quits Website • Quitline cost-sharing agreements	• 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 interventions that reach populations w/ disparate tobacco burden	• 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 • Increased cessation among tobacco users • Increased	• Decreased initiation of tobacco use among youth and young adults in VT – 20% among youth by 2020 • Decreased exposure to SHS among Vermonters – 35% among non-smoking Vermonters by 2020 • Decreased tobacco use prevalence in VT among adults and youth – 12% among adults by 2020 – 10% among youth by 2020 • Reduced cigarette smoking-related morbidity and mortality in VT • Decreased tobacco-related disparities, especially among target populations

		awareness on the harms of tobacco use and SHS exposure	w/insurers	• Increased health system changes to support cessation	interventions that target vulnerable populations
			• State funded MH/SA treatment facilities have tobacco-free policy & cessation treatment plans	• Increased use of quitline, especially among target populations	• Increased cost-sharing for quitline services by insurers
		Cessation			
		• Maintain 802Quits & quitline	• Tobacco cessation & referral trainings for health & human service providers	• Increased public awareness of & support for increased access to & utilization of evidence-based cessation treatments	
		• Collaborate w/ health systems & providers to integrate tobacco screening & referral into systems of care			
		• Collaborate w/ ADAP to implement tobacco-free campus policy in state-funded MH/SA treatment centers & integrate tobacco into treatment plans	• Data reports to ACOs; ACO tobacco performance measures		
		• Collaborate w/health insurers to expand coverage for comprehensive tobacco cessation services		• Increased capacity to collect, analyze, & disseminate data on tobacco disparities & health equity	
		• Promote comprehensive tobacco benefits and care standards in state health reform initiatives	**Surveillance & Evaluation**		
			• Surveillance data briefs & reports		
		Surveillance & Evaluation	• Strategic evaluation plan		
		• Maintain tobacco surveillance system	• Evaluation of Medicaid tobacco benefit initiative		
		• Collect, analyze, and disseminate state & community level tobacco data			
		• Monitor & use data to guide program strategies & activities; inform continuous program improvement; identify target populations	• Evaluation of MH/SA tobacco-free policy initiative		
		• Conduct ongoing Program & strategy evaluation to inform program improvement & outcomes			

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*[2] and guided by the CDC's *Developing an Effective Evaluation Plan: Setting the Course for Effective Program Evaluation.*[3] 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 established a Core Evaluation Team comprised of the Chronic Disease Director, Program Manager, Analyst, and Health Systems Specialist. 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 will be 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 will be developed for each project, using the initiative-specific information in the SEP as a starting point. The Core Evaluation Team will be involved in developing and implementing plans and updating the SEP. The SEP will be 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 and Core Evaluation Team will also engage external stakeholder and partner input in updating the evaluation plan annually and prioritizing evaluation activities for the upcoming project year.

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

Program performance measure data will be 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.

As required by the CDC cooperative agreement with the VTCP, a Program evaluation report will be developed and submitted half-way through the project period (around September 2018) and at the end of the project period (March 2020). The evaluation report will include a summary of data and findings for the performance measures, program evaluation questions, and strategy evaluation initiatives. The report will also include related recommendations on program improvement and future evaluation activities.

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	Health Systems Specialist
4. Proportion of public housing tenets that report exposure to SHS at home	Policy Tracking Spreadsheet	Health Systems Specialist
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 target 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 primary evaluation questions the VTCP has identified for the 5-year project period and the proposed timeline for conducting evaluation to address the questions. A VTCP evaluation work plan for project years 1 and 2 is provided in Appendix 2.

Evaluation Question	YR 1	YR 2	YR 3	YR 4	YR 5
CounterBalance Initiative					
1. How well does the VTCP support community coalitions in using Countertools data to inform their education and messaging on tobacco POS strategies?		█			
2. What impact does the CounterBalance Initiative have on community awareness and use of tobacco POS strategies?			█	█	
3. What impact does the CounterBalance initiative have on POS policy change at the local and state levels?			█	█	
E-Cigarette Use in Vermont					
4. What does e-cigarette use look like in VT? To what extent does e-cigarette use influence tobacco use?	█	█	█	█	█
5. What impact does policy implementation to regulate e-cigarette use in Vermont have on e-cigarette prevalence in Vermont?			█	█	█
Down & Dirty Campaign					
6. Does the Down & Dirty campaign reach the target population? What is the impact of the campaign on tobacco use?	█	█			█
Multi-Unit Housing					
7. To what extent has the VTCP expanded access to smoke-free multi-unit housing?			█		
Cessation & Quitline					
8. What impact has the VTCP had on cessation among Vermonters and target populations, e.g., Medicaid, youth, LGBT, REM?				█	
9. What impact has the VTCP had on reducing tobacco burden among the LGBT population in Vermont?				█	
Health Systems					
10. What impact has the VTCP had on expanding health payer coverage of comprehensive cessation services?					█
11. What impact has the VTCP had on promoting health systems change in support of cessation?		█	█		
Medicaid Cessation Benefit Initiative					
12. What is the impact of the VTCP's Medicaid Cessation Benefit Expansion & Promotion Initiative?	█	█	█	█	█
Integrating Tobacco into Agency of Human Services Health & Wellness Policies Initiative					
13. What are the barriers and facilitators, and impact of integrating tobacco into AHS Health and Wellness Policies?	█			█	█

Evaluation Question	YR 1	YR 2	YR 3	YR 4	YR 5
Surveillance					
14. To what extent is the VTCP meeting partner and stakeholder tobacco data and information needs?			■		
Infrastructure & Sustainability					
15. To what extent is the VTCP increasing capacity for tobacco control via collaborations and partnerships?			■		
16. There is an inverse relationship between decreasing VTCP funding and per capita sales. What factors contribute to this?		■	■		

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 10%.

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. How well does the VTCP support community partners in using Countertools data to inform their education and messaging on tobacco point of sale strategies (e.g., campaign manager, tools, etc.)?	# trainings and TA opportunities provided by VTCP -Resources & supports provided by VTCP (e.g., tools, guides) -Education/information products/outputs from community partners	VTCP Coalition Reports Community Coalitions (focus group or interview)	VTCP Evaluator Community Specialist	Evaluate in project year 2	Inform future VTCP support to community partners. Inform future evaluation on impact of the initiative.
2. What impact does the CounterBalance Initiative have on community awareness and use of tobacco point-of-sale (POS) strategies?	Level of awareness and support for POS policies, and enforcement of policies to decrease availability of tobacco to young people	ATS LOLS CounterTools Survey	VTCP Evaluator	Evaluate in project years 3 – 4	-Inform program need for continued or additional strategies on increasing awareness and support for restricting youth access to tobacco at the POS
3. What impact does the	Proportion of jurisdictions	ATS	VTCP	Evaluate in	Inform program need for

Evaluation Question	Select Indicators	Data Sources	Person Responsible	Timing	Use of Evaluation Findings
CounterBalance initiative have on POS policy change at the local and state levels?	with strong policies that regulate the extent and type of merchant-focused industry promotions; Statewide POS laws	LOLS CounterTools Survey VTCP Policy Tracking Spreadsheet	Evaluator	project years 3 –4	continued or additional strategies to increase reach and/or impact of POS policy on restricting youth exposure and access to tobacco products
E-Cigarette Use in Vermont					
4. 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
5. What impact does policy implementation to regulate e-cigarette use in Vermont have on e-cigarette prevalence in Vermont? *Need to specify which policies (.e.g., future incorporation into Clean Indoor Air Act)*	Adult e-cigarette prevalence Youth e-cigarette prevalence	BRFSS YRBSS ATS	VTCP Evaluator	Evaluate impact in project years 3-5	Inform program and partner/ stakeholder strategies and policies to curtail e-cigarette use among youth and adults in Vermont
Notes: [1] VTCP to provide regular presentation of data, policies, and programming on e-cigarettes to VTCP staff, partners and other stakeholders. [2] There is possible opportunity for cross-division collaboration with ADAP to assess / evaluate impacts policies to regular e-cigarettes and marijuana, as they are a common concern of the VTCP and ADAP.					
Down & Dirty Campaign					
6. To what extent does the Down and Dirty campaign reach target populations? ▪ How have social norms on tobacco use changed among	Youth attitudes on tobacco use Youth tobacco prevalence	ATS YRBS Down & Dirty campaign data	VTCP Evaluator	Evaluate in years 1-2; again in year 5	Inform program on ongoing or additional strategies to reach and impact tobacco use among target population

Evaluation Question	Select Indicators	Data Sources	Person Responsible	Timing	Use of Evaluation Findings
the target population? ▪ What is the impact on tobacco use?					
Notes: Appendix I, Down & Dirty evaluation profile details					

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					
7. 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	Evaluate in project year 3	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.					

Cessation

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 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 Evaluation Priorities

Evaluation Question	Select Indicators	Data Sources	Person Responsible	Timing	Use of Evaluation Findings
Cessation & Quitline					
8. What impact has the VTCP had on cessation among Vermonters and among target populations, e.g., Medicaid, youth, LGBT, racial and ethnic minorities? – What is the reach of 802Quits among target populations? – Are target populations successful and satisfied with 802Quits	Proportion of adult smokers who have made a quit attempt, and # of quit attempts Proportion of young smokers who have made a quit attempt YRBS Distribution of quitline registrants by age, education, gender, pregnancy status, health insurance, mental health condition, sexual orientation	BRFSS YRBS 802Quits reports	VTCP, Analyst Cessation Specialist	Monitor annually; Assess in project year 4	Inform VTCP need for continued or additional strategies to better reach and support cessation among target populations, including need for culturally responsive information and services.

Evaluation Question	Select Indicators	Data Sources	Person Responsible	Timing	Use of Evaluation Findings
	802Quits quit rates and cessation status by target population 802Quits satisfaction rates by target population				
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.					
9. What impact has the VTCP had on reducing tobacco burden among the LGBT population in Vermont?	Smoking prevalence among LGBT Program initiatives targeting LGBT 802Quits use via LGBT	BRFSS VTCP 802Quits reports	VTCP, Analyst Health Systems Specialist	Monitor annually; Assess in project year 4	Inform program strategies to address gaps in resources or services to support prevention and cessation among LGBT
Health Systems					
10. 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	Assess 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.
11. What impact has the VTCP had on promoting health systems change in support of cessation? ▪ What is the reach and impact of the VTCP –	Established partnerships with health systems & payers Proportion of smokers who have been advised to quit	VTCP BRFSS Health Systems	VTCP Health Systems Specialist & Evaluator	Document partnerships and program efforts in year 2 Evaluate Quit	Inform partners and stakeholders on health systems change and impact Inform continued or additional program

Evaluation Question	Select Indicators	Data Sources	Person Responsible	Timing	Use of Evaluation Findings
Blueprint Quit Partners initiative? ■ To what extent has cost-sharing been established with health systems?	smoking by a health care professional Tobacco screening and referral practice and rates among health systems Barriers & facilitators of cost sharing			Partner initiative in year 2 Evaluate in project year 3	strategies to further health systems changes that integrate tobacco screening, counseling, referral, and cessation supports into standard of care Inform program cost-sharing opportunities
Medicaid Cessation Benefit Initiative					
12. 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 Return on investment	Medicaid claims BRFSS ATS Providers Administrative data	VTCP, DVHA, VTCP Evaluator	-Monitor utilization project years 1—5, -Evaluate provider awareness year 1 -Evaluate ROI year 2 -3 -Evaluate impact 3-5	Inform ongoing promotion efforts to increase awareness and use of the benefit. Inform leadership, policymakers, and decision makers on the ROI for this prevention effort.
Notes: Appendix I, Medicaid Tobacco Benefit Initiative Evaluation profile and evaluation plan.					
Integrating Tobacco into Agency of Human Services Health & Wellness Policies Initiative					
13. 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	Year 1will focus on ADAP Assess progress and impact in year 4-5	Inform VTCP programming and supports for AHS departments and divisions implementing tobacco-free policy.
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.					

Mass Reach 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

No Evaluation Questions in this Component

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
14. To what extent is the VTCP meeting partner and stakeholder tobacco data and information needs?		VTCP partners and stakeholders	VTCP Evaluator	Year 3	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					
15. 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?					
16. 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 years 2 and 3	Inform VTERB, leadership and legislature regarding program funding decisions

VI. Communicating & Disseminating Evaluation Findings

To ensure sustained engagement of VTCP partners and stakeholders and use of evaluation findings, the VAP will provide regular updates on evaluation activities, discuss preliminary evaluation findings and recommendations with primary stakeholders of the evaluation, and strategically disseminate and communicate evaluation findings.

The VTCP will continue to provide regular 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 Evaluation Committee apprised of evaluation activities and priorities to allow for alignment in evaluation efforts and 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 Board and Committee; 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

CounterBalance Initiative (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 CounterBalance strategy.

Evaluation Timeline: Project Years 2--4; 2016 – 2018
Evaluator: VTCP Analyst; VTCP Evaluator
VTCP Lead: Chronic Disease Director, year 1; Communications Specialist and Media Specialist, Year 2
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:
- How well does the VTCP support community coalitions in using Countertools data to inform their education and messaging on tobacco POS strategies?
- What impact does the CounterBalance Initiative have on community awareness and use of tobacco POS strategies?
- What impact does 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 this strategy 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 – 2; 2015 – 2016
Evaluator: VTCP Analyst
VTCP Lead: Media Specialist
Evaluation Rationale & Scope: The VTCP will develop and implement an evaluation to assess the reach and impact of the initiative on social norm change and behavior change regarding tobacco use among rural youth in Vermont. Measures monitored by Rescue Social Change Group will supplement the evaluation. These measures include gross rating points, social media metrics, attendance at events, and brand ambassador engagement.
Evaluation Approach: The evaluation will be an outcome evaluation to assess the extent to which goals and objectives of the initiative were met.
Evaluation Questions:
- To what extent does the Down and Dirty campaign reach target populations?
  - To what extent are rural 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 rural youth in Vermont?
  - To what extent has the initiative led to a decrease in tobacco use among rural youth in Vermont?

Evaluation Data: Data sources will likely include the Youth Behavior Risk Survey and evaluation-specific surveys.

Evaluation Use: The evaluation findings will inform the VTCP on the efficacy of this initiative on tobacco use among rural 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 – 3; 2015 – 2018
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.
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. Medicaid member awareness will be evaluated in later years of the 5-

year evaluation. An economic evaluation to assess cost savings or cost benefit may be conducted later during the project period as well.

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 – 2; 2015 – 2016 (i.e., ADAP focus years 1; DAIL year 3)

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 1-2

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	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
1.4 Review and update strategic evaluation plan	9/1/2016- 11/30/2016	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	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	6/1/2016 – 6/30/2016	VTCP Evaluator, CounterBalance

include campaign manager, Counter Tools data, etc.)		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	10/1/2016 – 10/31/2016	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.	4/1/2016 – 5/30/2016	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	9/1/2016 – 12/31/2016	Health Systems Specialist
6.2 Plan and evaluate Blueprint Quit Partners Initiative	Pending priority for year 2 evaluation/JSI contract	JSI

7. Integrating Tobacco into Agency of Human Services Health & Wellness Policies Initiative		
Activities	**Timeline**	**Person Responsible**
7.1 Develop a strategic work plan, considering evaluation findings, for VTCP to implement in project year 2 to support DMH and other departments in facilitating tobacco free campuses/centers adopting tobacco-related policies, and treating tobacco use as applicable.	3/1/2016 – 5/15/2016	JSI
7.2 Develop a communication brief of the program initiative, evaluation findings, and next steps per the work plan; disseminate to designated agencies and preferred providers	3/1/2016 – 5/15/2016	JSI

8. Medicaid Cessation Benefit Initiative		
8.1 Participate in bi-monthly meetings with VTCP/DVHA to inform evaluation	3/30/2016 – 3/29/2017	VTCP Evaluator, Chronic Disease Prevention Chief, Program Manager, Analyst, Health Systems Specialist
8.2 Review provider survey findings with DVHA and VTCP	3/30/2016 – 4/30/2016	JSI
8.3 Continue monitoring of benefit utilization via Medicaid claims	3/30/2016 – 3/29/2017	Analyst; VTCP Evaluator

8.4 Update evaluation report with additional utilization data and provider survey findings; develop preliminary considerations and recommendations	4/1/2016 – 5/1/2016	JSI
8.5 Share findings, considerations, and draft recommendations with VTCP and DVHA; incorporate input to recommendations and develop action items.	5/1/2016 – 5/15/2016	JSI
8.6 Develop analytic plan for economic evaluation, phase 1 and phase 2	4/1/2016 – 4/30/2016	VTCP and JSI
8.7 Conduct economic evaluation analysis	5/1/2016 – 8/31/2016	JSI
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 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