

Indiana State Department of Health Tobacco Prevention and Cessation Commission

State Fiscal Year 2018 Annual Report



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INTRODUCTION

The Indiana State Department of Health Tobacco Prevention and Cessation Commission's 2018 Report was created to highlight the successes and achievements across the four priority areas of the 2020 Indiana Tobacco Control Strategic Plan. The 2018 report also reviews the areas of change and development in the tobacco control landscape.

Vision

The Tobacco Prevention and Cessation Commission's (TPC) vision is to significantly improve the health of Hoosiers and to reduce the disease and economic burden that tobacco use places on Hoosiers of all ages.

Mission

The Tobacco Prevention and Cessation Commission exists to prevent and reduce the use of all tobacco products in Indiana and to protect citizens from exposure to tobacco smoke. The TPC will coordinate and allocate resources to:

- **Change the cultural perception and social acceptability of tobacco use in Indiana**
- **Prevent initiation of tobacco use by Indiana youth**
- **Assist tobacco users in cessation**
- **Assist in reduction of and protection from secondhand smoke**
- **Eliminate health disparities related to tobacco use and emphasize prevention and reduction of tobacco use by minorities, pregnant women, youth and other at-risk populations**

2020 Indiana Tobacco Control Strategic Plan

The 2020 Indiana Tobacco Control Strategic Plan is a State of Indiana plan for tobacco control that is monitored by the ISDH Tobacco Prevention and Cessation Commission. Partners at the state and local level from many sectors are critical to executing its interventions and achieving success in reducing Indiana's burden from tobacco. The plan is based on the following priority areas:

Indiana's Tobacco Control Priority Areas

- Decrease Indiana youth smoking rates
- Increase the proportion of Hoosiers not exposed to secondhand smoke
- Decrease Indiana adult smoking rates
- Maintain state and local infrastructure necessary to lower tobacco use rates

The Hoosier Model for comprehensive tobacco prevention and cessation is based on the Best Practices model outlined by the Centers for Disease Control and Prevention (CDC). Best Practices describes an integrated program structure for implementing evidence-based interventions. The Hoosier Model also relies on The Guide to Community Preventive Services for Tobacco Control Programs, which provides evidence on the effectiveness of community-based tobacco interventions within three areas of tobacco use prevention and control: 1) Preventing tobacco product use initiation; 2) Increasing cessation; and 3) Reducing exposure to secondhand smoke. In addition to the Community Guide, the Institute of Medicine (IOM) report, *Ending the Tobacco Problem: A Blueprint for the Nation*, the update of the *Clinical Practice Guideline for Treating Tobacco Use and Dependence*, and the 2014 Surgeon General's Report on Tobacco shape the tobacco control interventions being implemented in Indiana.

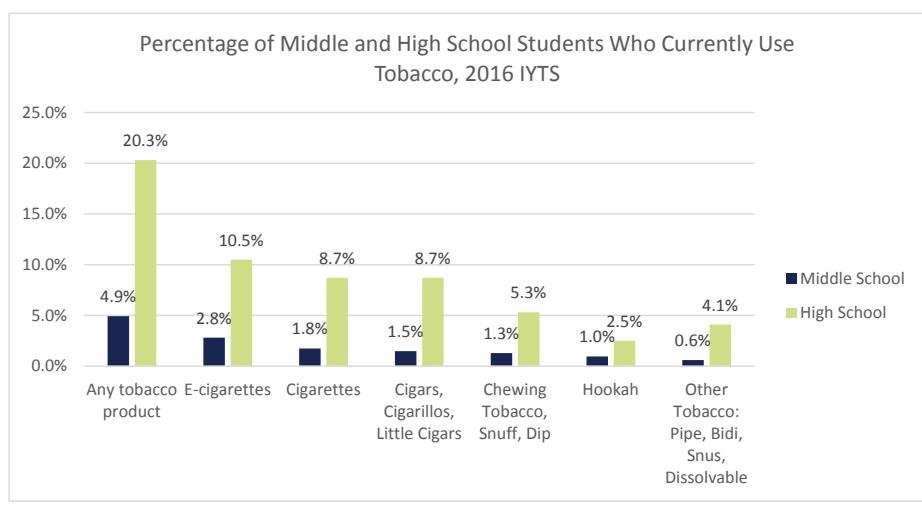
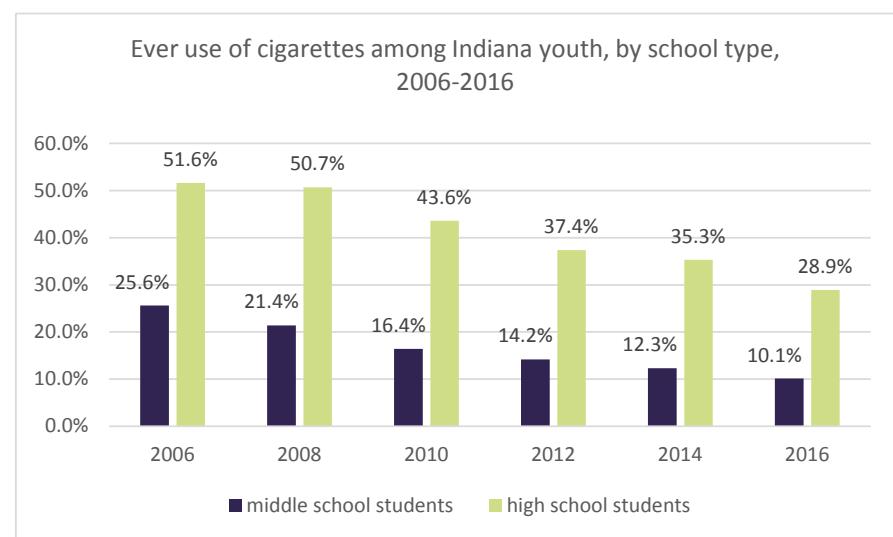
The Tobacco Prevention and Cessation Commission incorporates the program elements recommended by the CDC. It is important to recognize that these individual components must work together to produce the synergistic effects of a comprehensive tobacco control program, which include:

- Community Based Programs
- Cessation Interventions, including the Indiana Tobacco Quitline
- Statewide Public Education Campaign
- Evaluation and Surveillance
- Infrastructure, Administration and Management

Decreasing Youth Tobacco Use Rates

Preventing youth from using tobacco products can save lives and money and improve the future of our state. Each year, approximately 3,700 Hoosier youth become new regular, daily smokers, and an estimated 151,000 Indiana youth currently under age 18 will ultimately die prematurely from smoking.^{1,2} Early tobacco use can lead young people to a lifelong addiction and can cause specific health problems, such as early cardiovascular damage, reduced lung function and decreased lung growth, and a reduced immune function.

Current cigarette smoking among Indiana youth has significantly decreased. Among high school students, the smoking rate declined from a high of 31.6 percent in 2000 to 8.7 percent in 2016. Current (past 30 day) smoking rates among middle school students declined from 9.8 percent in 2000 to just over 1.8 percent in 2016. Dramatic gains have been made in reducing “frequent” smoking (smoking on 20 or more of the last 30 days) among youth. In 2016, an estimated 2.5 percent of high school youth and 0.2 percent of middle school youth were established, frequent smokers who will likely become addicted adult smokers, a significant decline from 17.1 percent and 2.2 percent, respectively, in 2000.³



While cigarette smoking among youth has declined steadily, the rates of use of other tobacco products have not changed as significantly. In 2016, 20.3 percent of Indiana high school students and 4.9 percent of Indiana middle school students reported current (past 30 day) use of any tobacco product. Electronic cigarettes (e-cigarettes) were the most commonly used tobacco product among Hoosier youth, followed by cigarettes, cigars, and smokeless tobacco (including chewing tobacco, snuff, or dip).

Current tobacco use rates were comparable among Indiana youth and youth nationwide in 2016.⁴ Among Indiana high school youth in 2016, 10.5 percent reported past 30 day e-cigarette use. Current e-cigarette use among high school students has declined from 15.1 percent in 2014; however, these products were still the most commonly used tobacco product among Indiana youth. Among those reporting current e-cigarette use in 2016, 46 percent were also current cigarette smokers.⁵ E-cigarette use is strongly associated with use of other tobacco products among youth, including cigarettes and other combustible tobacco products.⁶

A new group of e-cigarette products looks like USB drives. The most popular brand, JUUL (pronounced "jewel"), has grown quickly in popularity since introduction to the market in 2015, fueled by a large following among youth and young adults. Because of their unsuspecting appearance and small size, these devices may not be immediately identified as an e-cigarette, and can be easily concealed. The increased use of these products has become a concern for educators in Indiana. Many report that students are concealing JUUL and using it in schools. Nicotine use can have adverse effects on adolescent brain development. Therefore, nicotine use by youth in any form is unsafe, and efforts are warranted to educate youth about the dangers of use of all forms of tobacco products, regardless of whether they are combustible, noncombustible, or electronic.⁷

Key Outcomes

Indiana's youth engagement model, VOICE, seeks to engage, educate, and empower youth to celebrate a tobacco-free lifestyle. Voice is actively building a network of youth leaders to assist with the design and implementation of initiatives that will educate the community and empower their peers to overcome tobacco companies' influence; a partnership with Indiana Teen Institute (ITI) is reshaping how youth are involved in local community efforts. ITI has been an instrumental partner in reinvigorating VOICE. During state fiscal year 2018, VOICE engaged with Indiana teens through a collection of curated campaigns and initiatives, including:

Waste Tobacco Filters

Focusing on the environmental effects of cigarette litter.

#BeHeard

Campaign empowering teens to share their stories of loss on social media platforms.

Maximum Velocity Tour

Ongoing tour to connect with teens in their communities and/or at regional and statewide events.

Culture Vultures

Campaign focusing on big tobacco's efforts to penetrate youth culture with deceptive tactics to market products and manipulate norms.



By design, the VOICE website - www.voiceindiana.org - is the primary source for VOICE campaigns, resources, and messaging in conjunction with the website, social media platforms are a primary tool for teen engagement. In addition to increasing followers on Instagram, Facebook, Twitter, and Snapchat, VOICE features videos on its YouTube channel including the original VOICE webs series, *What the What*, which attracted more than 47,900 minutes of watch time and over 20,000 views.

VOICE also has developed a dynamic group of teen ambassadors who deliver VOICE messaging in person and throughout Indiana. Ambassadors representing communities in northern, central and southern Indiana were active at events ranging from fairs and festivals, to a rally on Monument Circle, to presentations at high schools, conferences, and summits including the Indiana Black Expo Youth Leadership Summit, Family, Career and Community Leaders of America (FCCLA) Fall Rally, Congressman Carson's Youth Opportunity Fair, The Marion County Minority Health Coalition's Teen Summit, and the Indiana Latino Education Summit. VOICE ambassadors connected with tens of thousands at these events. The first of several VOICE "Meet Ups" (capacity-building events) were held in Hancock County and Marion County to provide advocacy and communication skill building opportunities for teens.



A few VOICE teen advocates who attended the "Action Speaks 2018" Summit



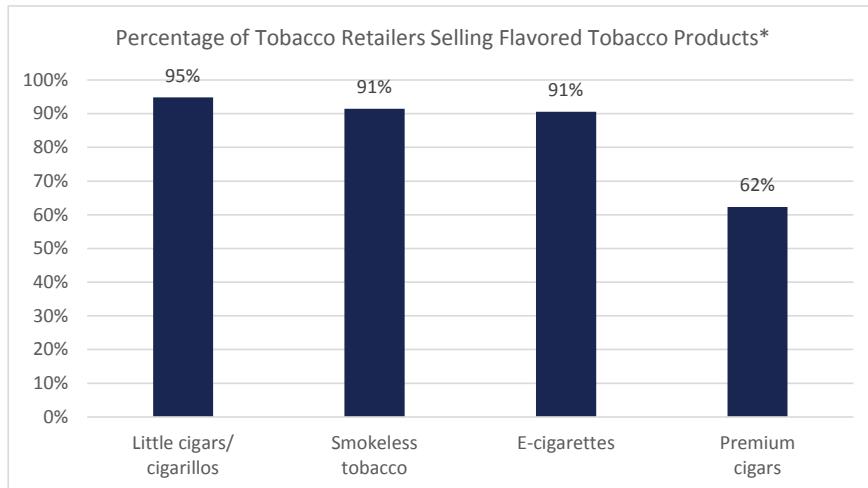
VOICE ambassadors during a rally in downtown Indianapolis to celebrate tobacco-free lifestyles



VOICE Action Squad visiting the Clark County Fair during the Maximum Velocity Tour 2017

The tobacco industry spends nearly \$297 million to market and advertise its products in Indiana each year, the vast majority of which is spent on point-of-sale marketing strategies such as price discounts and in-store advertising.^{8,9,10} Studies have shown that point-of-sale tobacco marketing increases the likelihood that youth will start using tobacco products, makes quitting tobacco more difficult, and targets communities that are already disproportionately impacted by tobacco.^{11,12} TPC has incorporated point-of-sale education as a key component in all of its community partnerships, and Indiana was among the initial state programs to pilot Standardized Tobacco Assessment for Retail Settings (STARS) beginning in 2013. All community and minority based partners completed retail assessments. Local tobacco control coordinators worked with teams of local volunteers, including coalition members, youth, and other community members, to complete these audits using an instrument based on STARS. Over the last three years, local tobacco control coordinators and volunteers collected over 3,400 tobacco retail assessments. Following the completion of systematic tobacco retail audits, TPC provided local partners with presentation slides summarizing tobacco retail assessment results in their county. In FY 2018, partners used these materials to engage in over 240 activities to raise awareness of point-of-sale issues in their communities.

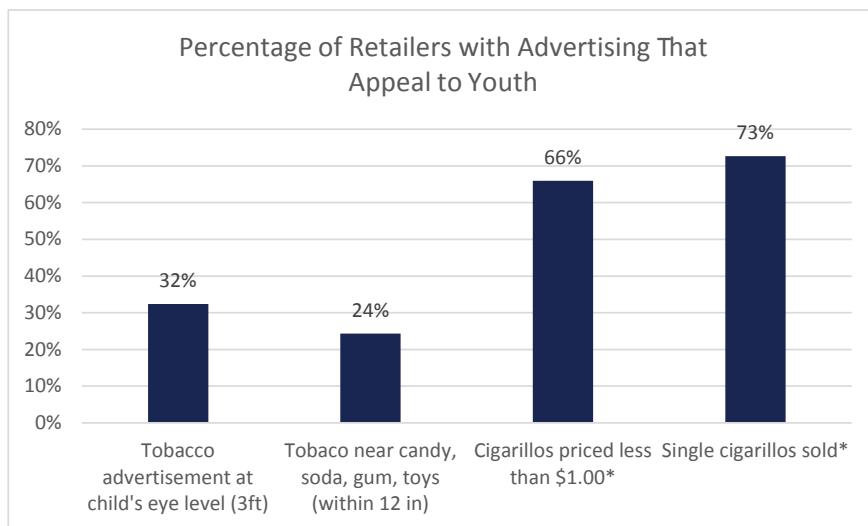
Store audit data collected in 2016 and 2017 suggested that that flavored tobacco products were widely available in Indiana. The vast majority of tobacco retailers surveyed - 91% - sold flavored tobacco products, which appeal to youth. More than half of Hoosier youth who used tobacco in 2016 used flavored tobacco products.¹³



*Among retailers selling each type of tobacco product.

Includes 36 counties with completed store assessments. Data are not representative of Indiana statewide.

In addition to flavored products, tobacco marketing tactics, such as the price and placement of tobacco products, particularly target youth. Often, tobacco products such as little cigars/cigarillos are priced more cheaply than cigarettes and are available in a variety of flavors that appeal to youth. They may also be sold in smaller packaging, such as packs of one, two, or three, which makes them even cheaper. Tobacco products and tobacco ads may also be placed where they are highly visible to kids, such as at child's eye level or near candy, soda or toys. Nearly one-third, or 32%, of retailers had tobacco ads placed within three feet of the floor, or at about child's eye level. Just under 1 in 4 had tobacco placed within 12 inches of products, such as candy, soda, gum, ice cream or toys. In addition, among retailers that sold cigarillos, nearly two-thirds of cigarillo retailers sold cigarillos for less than \$1, and nearly 3 in 4 sold single cigarillos, making them more accessible to youth.



*Among retailers selling each type of tobacco product.

Includes 36 counties with completed store assessments. Data are not representative of Indiana statewide.

Local tobacco control partners held “Community Conversations” on tobacco point-of-sale in FY 2018. Similar to a town hall meeting, the Community Conversation would begin with a presentation of local data on tobacco point-of-sale and include a panel of community leaders to react to the information presented. The Community Conversations raised awareness of how tobacco point-of-sale may be affecting the community, especially youth. To date, 26 Community Conversations have been held, with a total of over 840 attendees.



Clark County



Elkhart County



LaPorte County



Lake County



Washington County



Lawrence County

Increasing the Proportion of Hoosiers Not Exposed to Secondhand Smoke

Exposure to secondhand smoke is one of the leading causes of preventable death. Secondhand smoke has been shown to cause heart disease, cancer, respiratory problems and eye and nasal irritation. Exposure to secondhand smoke takes place in the home, public places, worksites and vehicles. Secondhand smoke is classified as a Group A carcinogen (cancer-causing agent) under the Environmental Protection Agency's (EPA) carcinogen assessment guidelines and contains over 7,000 chemicals, including more than 70 carcinogens and other irritants and toxins.¹⁴

The 2006 U.S. Surgeon General's Report, "The Health Consequences of Involuntary Smoking," stated there is no safe level of secondhand smoke and the only way to provide protection against secondhand smoke is to eliminate it. Smoke-free air policies protect nonsmokers from the death and disease caused by exposure to secondhand smoke and have an immediate impact on public health. By decreasing secondhand smoke exposure, we can prevent coronary heart disease, asthma and lung cancer cases.

Approximately 1,300 Hoosiers die each year from others' smoking, such as exposure to secondhand smoke or smoking during pregnancy.¹⁵ Exposure to secondhand smoke increases the risk of premature birth, low birth weight, pregnancy complications and sudden infant death syndrome (SIDS).¹⁶ Secondhand smoke costs Indiana approximately \$2.1 billion annually in excess medical expenses and premature loss of life, or about \$328 per person each year.¹⁷

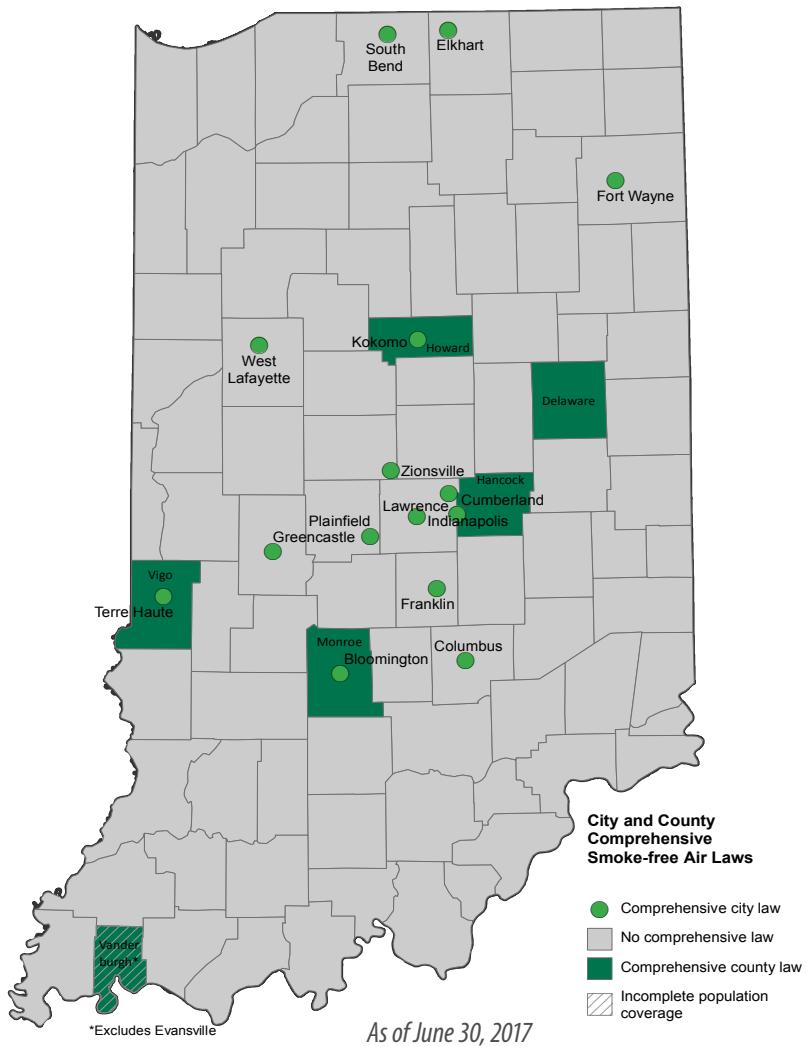
Approximately 1 in 4 nonsmokers in the U.S. is exposed to secondhand smoke (58 million), including 15 million children ages 3 to 11 years. Research shows that although secondhand smoke exposure rates had dropped, some groups continue to be exposed at much higher rates than others. In addition to children, black nonsmokers, people who live below the poverty level, and those who rent housing have higher rates of secondhand smoke exposure.¹⁸

The U.S. Department of Housing and Urban Development's (HUD) Multi-Family Housing Section has increased its support to landlords, owners and public housing authorities to assist with implementing smoke-free air policies. HUD issued a final rule for each Public Housing Agency administering low-income, conventional public housing to initiate a smoke-free policy by August 2018. In addition to protecting residents from secondhand smoke, smoke-free air policies for multi-family housing help landlords and owners reduce maintenance costs of their facilities and save money on cleaning and painting expenses. Multi-family housing owners estimate that it costs an additional \$500 to \$8,000 to restore a housing unit that had a smoking tenant versus a nonsmoking tenant.

Key Outcomes

Indiana's state smoke-free air law (2012) protects workers in restaurants and most worksites. The law protects employees and patrons of these businesses from the health hazards of secondhand smoke. TPC and local partners continue to provide education on this law and distributed more than 3,400 materials, including window clings, table tents and posters, in SFY 2018. In addition, local communities are providing greater protections to workers in their communities by adopting local ordinances. Currently, 31 percent of all Indiana residents are protected by a local community smoke-free air law, which covers workplaces, restaurants, and bars.

Many local voluntary policies are also in effect. Currently, 146 hospitals and healthcare facilities have 100 percent smoke-free campuses, including all 35 critical access hospitals in the state. Among behavioral health and substance use treatment facilities, 117 have a tobacco-free campus. ReThink Tobacco Indiana, a TPC statewide partner, is responsible for providing technical assistance to strengthen behavioral health center grounds policies and eliminate designated smoking areas.



Public school districts throughout the state have implemented comprehensive tobacco-free school campus policies. The school district's buildings, grounds, athletic fields and any campus property must be tobacco-free. The policy must apply to all students, staff and visitors at all times. In 88 of Indiana's 92 counties, all school districts are tobacco-free, protecting approximately 98 percent of public school students in the state from exposure to secondhand smoke at school. In addition, more than 40 college and university campuses in Indiana have implemented tobacco-free campus policies. This stance against tobacco use shows concern for students and staff and also prepares students for a workplace with a tobacco-free policy.

Most Indiana adults believe that breathing secondhand smoke is very or somewhat harmful. In 2017, 78 percent of Hoosier adults reported living in a smoke-free home.¹⁹ Demand for smoke-free multi-family housing is on the rise. As more property managers and owners become aware of the dangers of secondhand smoke and implement smoke-free air policies for their buildings, tenants are becoming increasingly aware of the dangers of living in a building without a smoke-free air policy. In Indiana, 17 public housing authorities have implemented smoke-free housing policies to date, including the public housing authorities that implemented policies in FY 2018: Angola, Decatur, East Chicago, Fremont, Logansport, Mishawaka, Mount Vernon, New Castle, Rockport and Washington. These policies protect approximately 57% of all public housing residents in Indiana from exposure to secondhand smoke in their homes. All public housing authorities were required to enact smoke-free air policies by August 2018, per HUD rule.

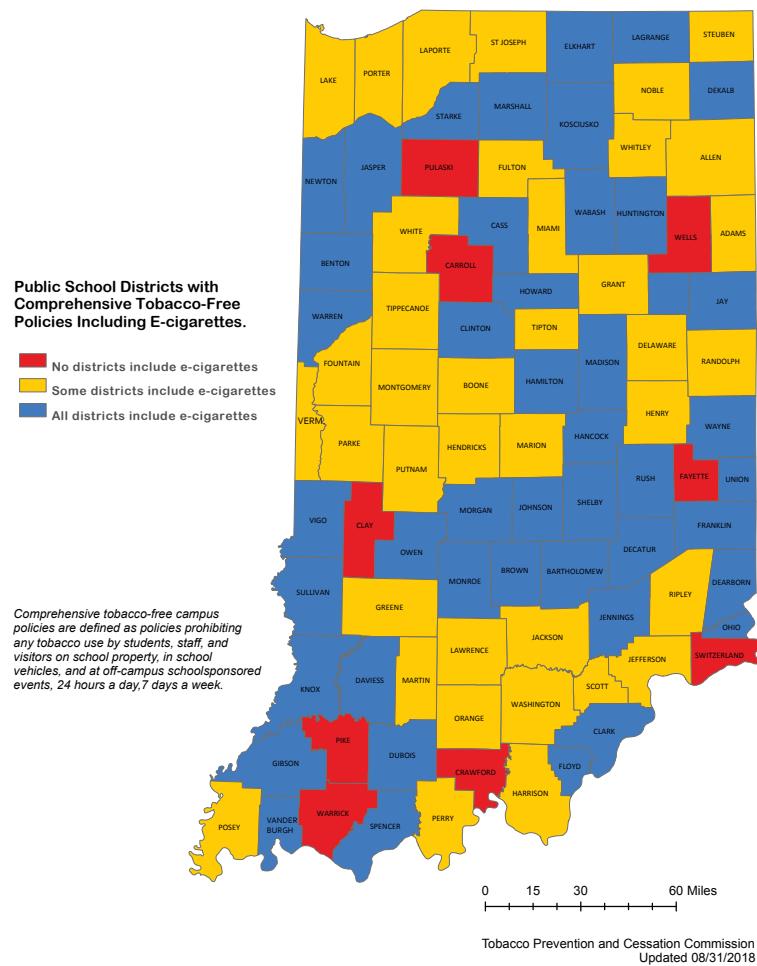
In partnership with the American Lung Association in Indiana (ALA), TPC has been working to increase the number of smoke-free policies in multi-unit housing. ALA provides technical assistance for smoke-free multi-unit housing through developing partnerships with major public and private housing providers in Indiana. ALA released a Public Housing Authority Toolkit in SFY 2018 that includes information regarding the different parts of the HUD smoke-free policy, including facts on secondhand smoke, hookah, e-cigarettes, enforcement, and legality of the policy. The toolkit also provided Public Housing Authorities (PHAs) with sample lease language, as well as policy language from other PHAs that already implemented smoke-free policies. There are also sample handouts and posters about smoking cessation and an order form for those materials, as well as signage in both Spanish and English. The toolkit is available in both hard copy and electronic form at INsmokefreehousing.com.



Addressing Electronic Cigarettes/Electronic Nicotine Delivery Systems (ENDS)

Electronic nicotine delivery systems (ENDS) are battery-powered devices that provide doses of nicotine and other additives to the user in an aerosol. Electronic cigarettes, or e-cigarettes, are one of the many products within the ENDS category. Aerosol from ENDS is a source of pollution and toxins being emitted into the environment.²⁰ Secondhand aerosol is made up of a high concentration of ultrafine particles, and the particle concentration is higher than in conventional tobacco smoke. Exposure to fine and ultrafine particles may exacerbate respiratory ailments, such as asthma, and constrict arteries, which could trigger a heart attack.²¹ Many healthcare facilities, businesses and schools have included ENDS in their tobacco-free policies.

Tobacco control coalitions have made progress working with school districts to amend their tobacco-free schools policies to include ENDS in the definition of tobacco products that are prohibited. Currently, 120 school districts in Indiana, or more than 40 percent, cover ENDS in their district policies. A total of eight communities – Bloomington, Franklin, Greenwood, Indianapolis, Kokomo, Lafayette, South Bend and Zionsville – and two counties – Hancock and Howard – have ordinances that include ENDS.



Decreasing Adult Smoking Rates

Quitting tobacco use is one of the best ways to improve health. Tobacco use screening and brief intervention for treatment are some of the most effective clinical preventive services with respect to health impact and cost effectiveness.²² Tobacco use treatments that include counseling and medications are recommended.²³

Treating tobacco use doubles the rate of successfully quitting.²⁴ Although quitting smoking at any age can improve one's health, smokers who quit by the time they are 35 to 44 years of age avoid most of the risk of dying from a smoking-related disease. Also, supporting consumer education through strong media messages leads to increased quit attempts and increased demand for cessation services and directs tobacco users where to seek help.

Combustible tobacco use causes the most tobacco-related disease and death in the United States.²⁵ However, noncombustible products also pose health risks. Smokeless tobacco is not a safe alternative to combustible tobacco because it causes cancer and nicotine addiction.²⁶

Systems change within healthcare organizations complement interventions in state and community settings by institutionalizing sustainable approaches that support individual behavior change. Systems change leads to improvements or modifications in the way health care systems operate to enhance or improve clinician interventions and to integrate tobacco into health care delivery using various strategies. The U.S. Public Health Service (PHS) Treating Tobacco Use and Dependence Clinical Practice Guideline stresses that healthcare systems changes, including Quitline services and promotion of and referral to services, throughout the healthcare service structure effectively reduce the health burden of tobacco.

Key Outcomes

Indiana Tobacco Quitline

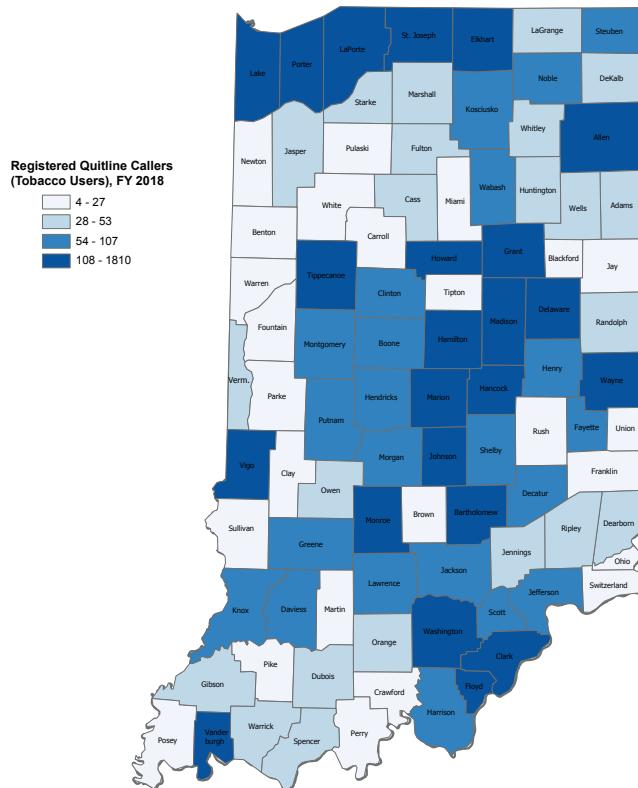
The Indiana Tobacco Quitline provides support for adults who want to stop smoking or using other tobacco products; offers information on tobacco dependence for health professionals and families or friends of tobacco users; and provides information on local or national cessation resources. The Indiana Tobacco Quitline was established in 2006, and since that time, the Quitline has received over 149,000 calls.



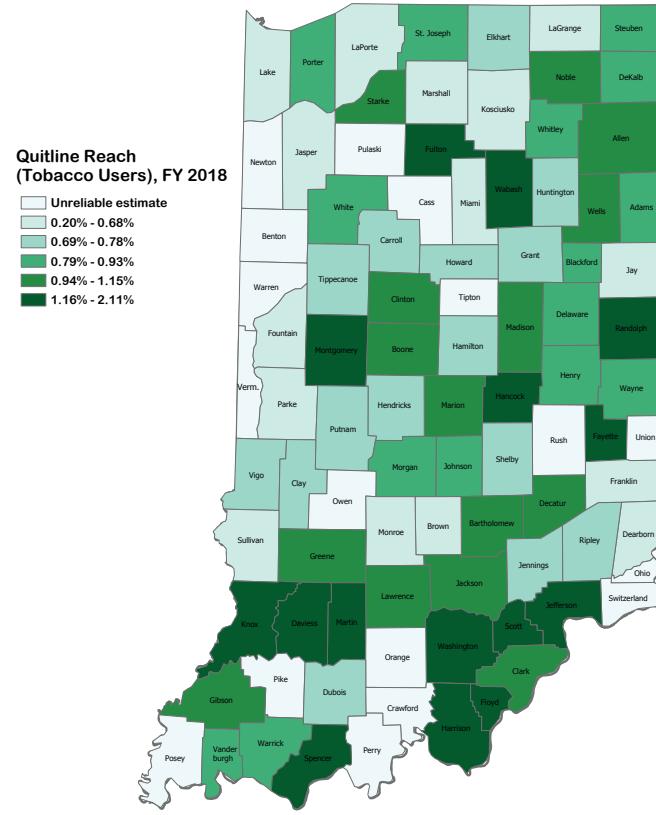
1.800.QUIT.NOW
Indiana's Tobacco Quitline
QuitNowIndiana.com

The Indiana Tobacco Quitline (ITQL) is available to all Hoosiers, offering support in quitting tobacco use through telephone-based counseling. Highly trained quit coaches provide tailored counseling support to help tobacco users quit. The ITQL is central to Indiana's tobacco cessation network of state and local partners. In SFY 2018, the ITQL received over 10,000 calls, an average of over 850 calls per month. The ITQL has a high satisfaction rate of 93 percent, indicating participants would recommend the Quitline to another tobacco user. The 30-day quit rate was 30 percent at a 7-month follow-up study using the North American Quitline Consortium (NAQC) standard calculation method for quit rates. Participants who completed three or more calls reported higher tobacco abstinence rates than participants who completed only one call.

Along with the traditional 1-800-Quit-Now phone-based counseling, the Indiana Tobacco Quitline offers a web-based counseling program called Web Coach®, and the supplementary texting service called Text2Quit®. The Indiana Tobacco Quitline also provides extra support for pregnant smokers by offering up to 10 calls, emphasizing the importance of tobacco-free lifestyle for the mother and baby, and encouraging partners to quit as well. Additionally, the Indiana Tobacco Quitline is available to youth tobacco users. The youth program is designed to help youth ages 13 to 17 quit using tobacco permanently and provides up to five intervention calls.



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Quit Now Indiana Preferred Networks

Community-based and minority-based partners are establishing cessation networks and supporting policies throughout the community. These networks serve as a referral system to the Indiana Tobacco Quitline. TPC and its partners have focused outreach efforts to healthcare providers to implement a system change within their practices. Specifically, they are encouraged to: 1) ASK about tobacco use; 2) ADVISE to quit, and 3) REFER patients to cessation services, specifically the Indiana Tobacco Quitline. As of June 30, 2018 approximately 4,700 healthcare providers were enrolled in the Quit Now Indiana preferred provider network.

Healthcare professionals must be equipped with the skills to provide tobacco cessation counseling. The Indiana Rural Health Association (IRHA), a TPC partner, provides Indiana Tobacco Quitline provider education and ongoing tobacco treatment technical assistance to unfunded Indiana counties. Additionally, IRHA is working with 12 health systems to assess their current procedures for tobacco treatment. Each health system has received tailored feedback and recommendations for improvement based on the assessment which allows IRHA to engage with health systems on a more detailed level to address the provision of tobacco dependence treatment. The assessments allow IRHA to engage with each health system on a more detailed level to address the provision of tobacco dependence treatment. IRHA continues to engage monthly with all 35 critical access hospitals. Based on the foundation IRHA has established with the Rural Health Clinics and Critical Access Hospitals, their work will continue to focus on systems change strategies that integrate the U.S. Public Health Service Clinical Practice Guideline on Treating Tobacco Use and Dependence within targeted locations in Indiana.

This year saw an increase in health care systems integrating Indiana Tobacco Quitline (ITQL) referrals into their electronic health records. Electronic referral improves continuity of care, simplifies the referral process, provides patient outcome reports to referring providers, and is a sustainable method of referral to tobacco quitlines. These efforts include engaging key stakeholders within hospitals, community health centers, and individual practices to discuss ITQL services and strategies to integrate tobacco dependence treatment best practices, including into electronic health records (EHR) utilization. Since approximately 79 percent of adult smokers in Indiana reported seeing a healthcare professional in the past year²⁷, healthcare systems provide many opportunities for motivating and helping smokers to quit. Approximately 5,600 fax referrals and 5,570 electronic referrals were made to the Indiana Tobacco Quitline from healthcare providers in FY 2018. In FY 2017, the Quitline received 3,349 electronic referrals and 6,175 fax referrals from healthcare providers, which indicates that a growing number of health systems are using an electronic referral option.

The newest component of the Indiana Tobacco Quitline's suite of services is the Online Provider Referral Portal, QuitNowReferral.com. Healthcare providers and employers can now quickly and easily refer tobacco users to the Quitline through the web. In FY 2018, 778 referrals have been submitted through the portal by over 70 health care providers.

Systems Change Networks

TPC initiated new partnerships with three organizations in Indiana in SFY 2018, including Community Health, Southwestern Behavioral Health, and the Indiana Hospital Association. The vision for the partnerships is to implement health systems change strategies (U.S. Public Health Service Clinical Practice Guideline, Treating Tobacco Use and Dependence: 2008 Update) that are sustainable, integrated solutions at the organizational level to support clinicians to address tobacco use consistently and effectively. This collective work is targeting the following focus areas:

- Implementing Best Practices for Tobacco Dependence Treatment - Care Coordination
- Quality Improvement
- Utilization of Electronic Health Record (EHR) System

These partnerships were established at the end of SFY 2018; therefore, outcomes can be expected in the next year.

Working with Employers

Employers play an important role in protecting the health and safety of their workforce. The Quit Now Preferred Employer Network is a program that Indiana employers can become involved with to promote the Indiana Tobacco Quitline to their employees. Employers also receive guidance from local tobacco control partners on ways to best address tobacco use in their workplace through tobacco-free policies and tobacco treatment benefits. As of June 30, 2018, approximately 1,450 employers were enrolled in the Preferred Employer Network. TPC and its partners have focused outreach efforts to employers in Indiana to implement changes to their benefits structures and grounds policies. Specifically, they are encouraged to: A) Pass and implement tobacco-free campus or grounds policies; B) Offer robust coverage for tobacco cessation as part of a comprehensive employee benefits package, and C) Promote the Indiana Tobacco Quitline as a resource for employees who use tobacco.

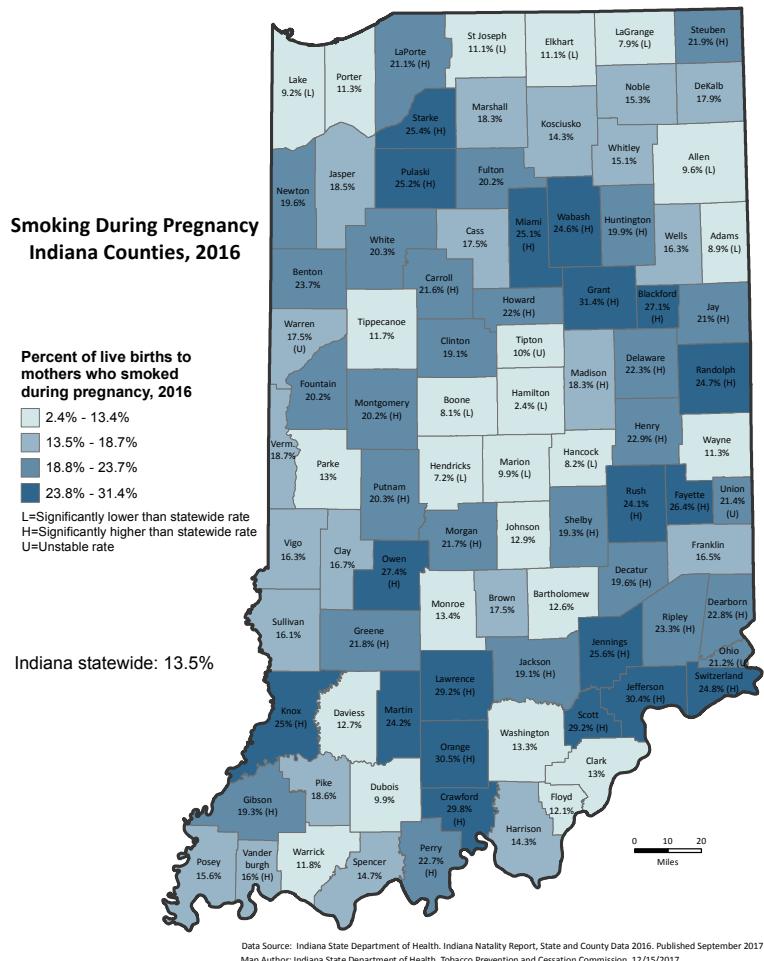
Populations of Focus

Tobacco use directly causes a majority of the chronic diseases, including heart diseases, stroke, respiratory diseases, asthma, type 2 diabetes, and cancer. Every year, 11,100 Hoosiers die from tobacco use. For every one of those deaths, another 30 Hoosiers are living with a tobacco-related illness inhibiting their quality of life.

As smoking rates in the general population have declined, the gaps in rates among some sub-populations have widened. The 2014 "The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General" states, "Although cigarette smoking has declined significantly since 1964, very large disparities in tobacco use remain across groups defined by race, ethnicity, educational level, and socioeconomic status and across regions of the country." Therefore, specific emphasis is needed on addressing the high rates of smoking among these populations.

Smoking among pregnant women

Approximately 13.5 percent of women in Indiana smoked during pregnancy in 2016.²⁸ While this is a significant decline from 18.5 percent in 2007²⁹, The national average rate of smoking during pregnancy was 7.8 percent in 2015.³⁰ Smoking during pregnancy is associated with poor health outcomes, including low birth weight, sudden infant death syndrome (SIDS) and miscarriage. Prenatal exposure to secondhand smoke is also harmful to a child's mental development. Children of mothers who were exposed to secondhand smoke when pregnant have lower scores on cognitive development tests at age 2 compared to children of mothers living in smoke-free homes during pregnancy. The Indiana Tobacco Quitline offers pregnant smokers greater support. The treatment plan is tailored to meet their needs and offers additional postpartum contact to prevent relapse. Encouraging smoke-free pregnancies can support reducing Indiana's infant mortality rate, a top priority of the Indiana State Department of Health.



In SFY 2018, 286 pregnant women enrolled in services. However, 2,456 women of childbearing age were served, representing 25 percent of all Quitline callers, including 10 percent who were currently pregnant, 2 percent who were planning pregnancy, and 1 percent currently breastfeeding. The Indiana Tobacco Quitline is a referral partner for the 26 Baby and Me-Tobacco Free sites in Indiana, as well as all 145 Indiana Women, Infants and Children (WIC) clinics. Baby and Me-Tobacco Free and WIC sites refer participants to the Indiana Tobacco Quitline, and the Quitline Quit Coaches refer interested callers to local programs where applicable.

Individuals with any mental illnesses and substance use disorders

Smoking prevalence remains significantly higher among individuals with mental illness and substance use disorders. Individuals with mental illness or substance use disorder smoke nearly 40 percent of all cigarettes smoked in the United States.³¹ About 1 in 5 adults in the U.S. (19.9 percent) and in Indiana (22.3 percent) have any mental illness.³² Additionally, nearly 39 percent of Indiana adults with any mental illness smoke.³³

The use of heroin and prescription opioid painkillers has increased across the U.S. in the past decade. Indiana has taken steps to improve prevention, treatment and recovery efforts for this growing epidemic. Opioid use is part of a larger substance abuse problem, including tobacco use and dependence. Smoking rates tend to be very high among patients receiving treatment for opioid addiction – upwards of 95 percent or more.³⁴ In addition, tobacco users may be more prone to long-term opioid use. Research has shown that patients with a history of tobacco use are more likely to be given longer-term or more frequent opioid prescriptions than patients without a history of tobacco use.³⁵ Treating tobacco use along with other addictions can increase abstinence rates. Conversely, continued tobacco use can increase the odds of substance use disorder relapse.^{36,37}

Although research shows that tobacco users with mental illness and substance use disorders want to quit and can quit, tobacco treatment may not always be considered a priority in mental health treatment settings.³⁸ To help reduce tobacco use among individuals with mental illness, mental health providers and facilities should be educated to integrate tobacco treatment into overall mental health treatment strategies, as well as refer patients to an evidence-based tobacco treatment resource for extra support, such as the Indiana Tobacco Quitline. Tobacco-free environments in treatment facilities also support recovery.

A statewide partnership with Purdue University's College of Pharmacy, supports the project ReThink Tobacco Indiana (formerly Bringing Indiana Along), which provides technical assistance and policy implementation for community mental health centers, addiction treatment centers, and substance abuse treatment programs. The educational components include information on Clinical Practice Guideline for Treating Tobacco Use and Dependence (successfully infusing tobacco treatment into mental health, addiction treatment, and substance misuse treatment programs), and instituting and enforcing tobacco-free campus policies. During SFY 2018, ReThink Tobacco Indiana worked with over 16 systems that reach across the entire state.

Rethink Tobacco Indiana provides technical assistance to behavioral healthcare providers to address tobacco use, including:

- **Webinars for employee/staff, consumer and administration presentations**
- **Policy development & implementation technical assistance**
- **Tobacco treatment integration technical assistance**
- **Trainings for behavioral health professionals**
- **Model policies, timelines and implementation plans**



Those enrolled in Medicaid health plan

Individuals primarily insured through Medicaid smoked at a higher rate (47 percent) than the general population (22.9 percent) in 2014.³⁹ The positive news is that Indiana Medicaid has a comprehensive set of benefits for tobacco treatment. This coverage includes all seven FDA-approved medications for smoking cessation and individual, group and phone counseling. Increasing awareness among Indiana Medicaid providers and members of the services available to help in quitting tobacco is important to ensure that those who need services receive them.

TPC works with the Indiana Medicaid health plans to train staff on tobacco treatment intervention and referrals to the Indiana Tobacco Quitline. In SFY 2018, over 40 percent of callers to the Indiana Tobacco Quitline indicated they were Medicaid members. TPC staff shares resources and provides data to each health plan, including the dental plan providers. Eight trainings to the health plans' provider relations and case management staff were given in SFY 2018.

Those who identify as lesbian, gay, bisexual and transgender

Tobacco use is higher among lesbian, gay, bisexual and transgender (LGBT) individuals compared with the general population, substantially affecting the health of LGBT communities, nationally and in Indiana.^{40,41} A number of factors may contribute to the higher prevalence of tobacco use among LGBT communities, including direct targeting by tobacco companies and indirect media advertising and sponsorship of LGBT events.⁴² Other factors include discrimination, violence and stress experienced by LGBT communities, as well as barriers to accessing health care and cessation treatment services.⁴³

TPC partnered with Indy Pride, Inc. in SFY 2018 in an effort to reduce the tobacco burden in the LGBT community. As part of the partnership, the 2018 Indy Pride Fest became smoke-free for the first time, and will continue to be smoke-free for future festivals. TPC was able to have a hands-on presence at Indy Pride Fest 2018 through this partnership by promoting the free Indiana Tobacco Quitline (1-800-Quiet-Now).



Quit Now Indiana's booth at Indy Pride Fest 2018



Quit Now Indiana's banners on the
Indy Pride Fest main stage

Maintaining State and Local Infrastructure to Reduce Indiana's Tobacco Burden

Indiana's tobacco control program implements the Centers for Disease Control and Prevention (CDC) best practices for tobacco control programs. Critical components of best practices are state- and community-based programs. These programs are central to TPC's work through supporting community coalitions to implement policy change and other population-based, evidence-based strategies that encourage tobacco users to quit at the local level. Effective community programs involve people in their homes, worksites, schools, places of worship, entertainment venues, civic organizations, and other public places. Funding local programs produces measurable progress toward statewide tobacco control objectives.

Key Outcomes

In SFY 2018, TPC funded coalitions in 43 counties, with eight state and local minority-based partners, reaching 77 percent of Indiana's population. Their work in the local communities is key to the success of the statewide program. TPC supports the local community programs by providing training, technical assistance and resources.

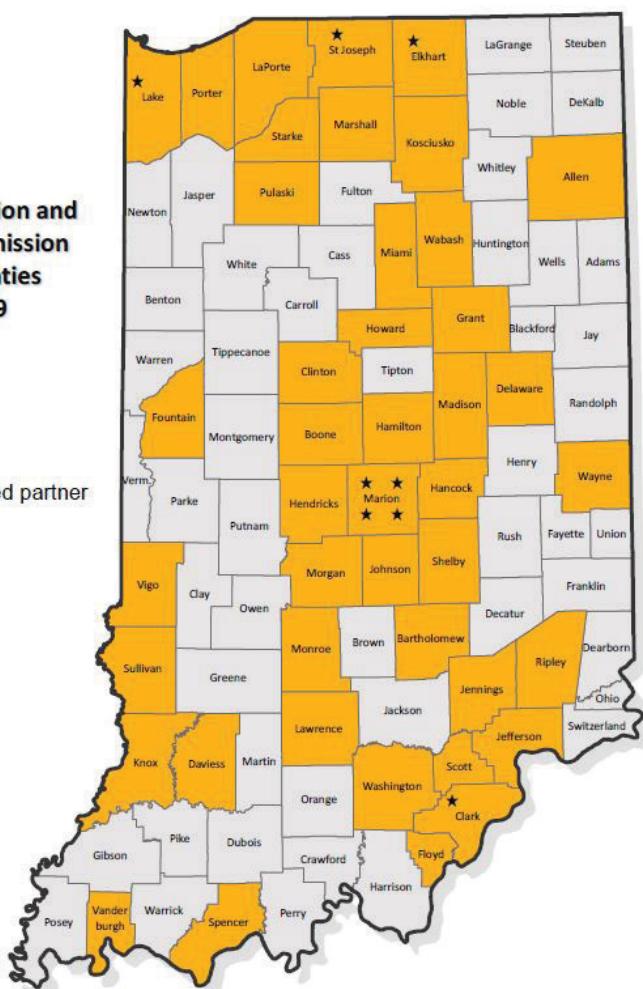
To raise awareness of the impact of tobacco use at the local level, communities must maintain coalition efforts through the priority area of maintaining a state and local infrastructure. These activities include training adult and youth coalition and community members; developing relationships with key stakeholders and decision makers; and building diverse coalitions in their community. TPC funding provides the resources to hire staff, purchase educational materials and resources, conduct training programs, and recruit and maintain local coalitions. The formation of coalitions has been a powerful and effective tool to mobilize communities to make changes that support tobacco control efforts.

Coalitions implemented over 3,700 program activities during SFY 2018, ranging from Quitline outreach to community presentations to delivery of training. This included:

- Over 500 activities providing education on tobacco point-of-sale marketing and advertising
- Nearly 900 activities in communities working on decreasing exposure to secondhand smoke
- Over 1,000 activities helping Hoosier adults to quit tobacco use

**Tobacco Prevention and Cessation Commission
Funded Counties
2017-2019**

- Funded
- Unfunded
- ★ Minority-based partner



Community program progress is tracked through a variety of mechanisms. This includes monitoring the implementation of activities, as well as evaluating their effectiveness in working toward program objectives. TPC staff tracks how local coalitions implement activities through a program reporting system. In addition, local grantees submit fiscal reports to ensure appropriate use of funds. TPC staff communicates regularly with grantees to ensure the local activities support and advance the goals and objectives of a tobacco control plan. TPC staff reviews the program and fiscal reports submitted for timeliness, accuracy and appropriate use of resources as described in the work plan. When questions arise, staff follow up with grantees by delivering technical assistance to the grantee and attending local grantee events. Regional program directors, as well as other staff, work with grantees each month to provide tailored technical assistance.

The launch of a new two-year grant cycle for local coalitions began July 1, 2017. TPC released a capacity-building grant application, along with the application for community, and minority-based partners. The overarching goals of the capacity-building opportunity were to ensure that as many counties as possible conduct tobacco control programs in Indiana, and to build capacity in counties with the intention that the lead agencies would apply for the community- and minority-based grant in the next two-year cycle. The capacity-building grant opportunity was open to any county that had not received TPC funding in the past grant cycle. TPC funded 10 capacity-building grantees and 43 community-based and 8 minority-based partners for the 2017-2019 grant cycle.

Training Reach Among TPC Staff

Maintaining tobacco prevention and cessation expertise is critical to our state program's infrastructure. In SFY 2018, TPC staff were featured speakers on a webinar sponsored by the CDC's Office on Smoking and Health on Tobacco Treatment in Rural Communities, as well as two webinars for state surveillance and evaluation staff on changes to the Youth Tobacco Survey and Adult Tobacco Survey, and its impact on states.

TPC staff are sought out to speak and participate at national events. The following summarizes some of these opportunities for our staff development.

- 2017 Infant Mortality Conference and the 2018 Public Health Nurses Conference, where staff presented on the Getting a Head Start on Living Tobacco Free train-the-trainer curriculum and tobacco point-of sale marketing.
- Indiana Association of Service Coordinators (INASC) Regional Meeting for service coordinators who work with multi-unit housing residents across the state
- St. Vincent-sponsored Rx for Change trainings, sharing information on the Indiana Tobacco Quitline and brief interventions for tobacco users in a healthcare setting.

Surveillance and Evaluation

A comprehensive tobacco control program needs to have a strong evaluation component in order to measure program achievement, improve program operations, manage program resources, ensure funds are utilized effectively, and demonstrate accountability to stakeholders.

Program evaluation is conducted in two ways: surveillance and evaluation research. Surveillance is the monitoring of tobacco-related behaviors, attitudes, and health outcomes in which data is collected on a routine basis. Evaluation research employs surveys or data collection systems specifically designed to measure specific program activities. Program evaluation builds upon surveillance systems by linking statewide and local program efforts to progress in achieving intermediate and primary outcome objectives.

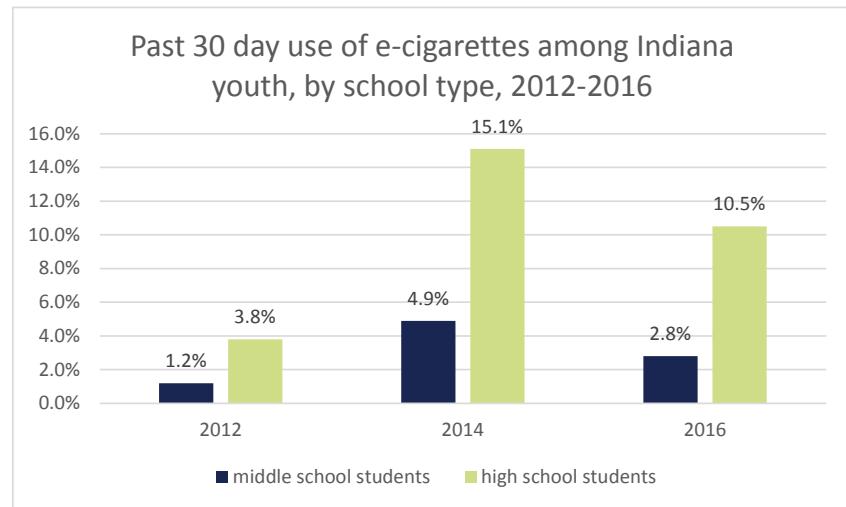
TPC uses measures outlined in the CDC Key Outcome Indicators of Evaluating Comprehensive Tobacco Control Programs. The 2020 Indiana Tobacco Control Strategic Plan included objectives for each of the priority areas and data sources. TPC monitors population level changes through the Indiana Adult Tobacco Survey and Indiana Youth Tobacco Survey, as well as the Behavioral Risk Factor Surveillance Survey. TPC tracks tobacco control policies throughout Indiana. In addition, TPC grantees submit reports on progress measures that are used by staff to ensure adherence to work plans and modify activity as needed.

Indiana Youth Tobacco Survey

The Indiana Youth Tobacco Survey has been administered biennially since 2000 and collects data on youth tobacco use, access to tobacco, exposure to tobacco advertising, secondhand smoke exposure, social influences, and attitudes and beliefs related to tobacco. The 2016 IYTS was administered in the fall of 2016 to over 4,700 students enrolled in Indiana public middle and high schools. An analysis of the 2016 Indiana Youth Tobacco Survey indicated some progress in reducing youth tobacco use and secondhand smoke exposure but also revealed ongoing challenges in protecting youth from the harmful effects of tobacco.

Positive Trends

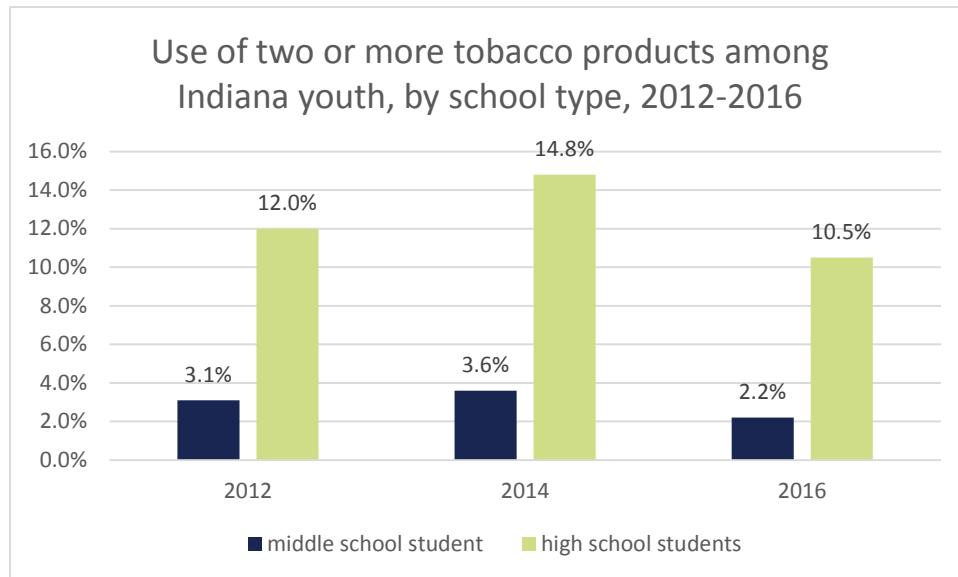
- **Declines in youth smoking:** Between 2014 and 2016, the prevalence of past-30-day cigarette smoking declined from 12.0 percent to 8.7 percent among high school students and from 2.9 percent to 1.8 percent among middle school students. Overall, between 2000 and 2014, youth smoking declined 72 percent among high school students and 82 percent among middle school students.
- **Decline in youth electronic cigarette (e-cigarette) use:** After increasing four-fold between 2012 and 2014, the prevalence of past-30-day e-cigarette use declined from 15.1 percent in 2014 to 10.5 percent in 2016 among high school students, and from 4.9 percent in 2014 to 2.8 percent in 2016 among middle school students. Declines in both groups were statistically significant.



- **Increased protections from secondhand smoke:** Between 2014 and 2016, the percentage of students who report that smoking is never allowed inside their home increased from 74.6 percent to 77 percent among high school students and from 77.7 percent to 81.5 percent among middle school students.

Ongoing challenges in youth tobacco prevention:

- **Electronic cigarettes:** In spite of the decline in past-30-day e-cigarette use, e-cigarettes remained the most commonly used tobacco product among both middle and high school students in 2016.
- **Concurrent use of multiple tobacco products:** In 2016, approximately 10.5 percent of high school students (52 percent of tobacco users) and 2.2 percent of middle school students (44 percent of tobacco users) reported past-30-day use of two or more tobacco products.



- **No significant change in smokeless tobacco use among high school students:** While use of cigarettes and cigars has declined among youth, use of smokeless tobacco (chewing tobacco, snuff or dip) has not significantly changed since 2000. In 2016, 5.3 percent of high school students reported past-30-day use of smokeless tobacco, a slight decrease from 8.0 percent in 2014 (the decline was not statistically significant).
- **Exposure to secondhand smoke:** In 2016, 27.6 percent of high school students and 23.7 percent of middle school students reported being exposed to secondhand smoke at home at least once in the seven days preceding the survey. Among students who live with smokers, 59.1 percent of high school students and 57.2 percent of middle school students reported past-7-day secondhand smoke exposure at home.
- **Exposure to tobacco marketing:** Youth continue to be exposed to tobacco marketing through a variety of channels, including the retail environment, internet, print media, and television or movies. In 2016, the retail environment and television and/or movies were the most common source of exposure. Approximately 73.9 percent of high school students and 70.7 percent of middle school students reported seeing advertising or promotions for tobacco products at least some of the time while in convenience stores, gas stations, or grocery stores. Additionally, 72.3 percent of high school students and 67.2 percent of middle school students reported seeing actors using tobacco products at least some of the time when watching television or movies.

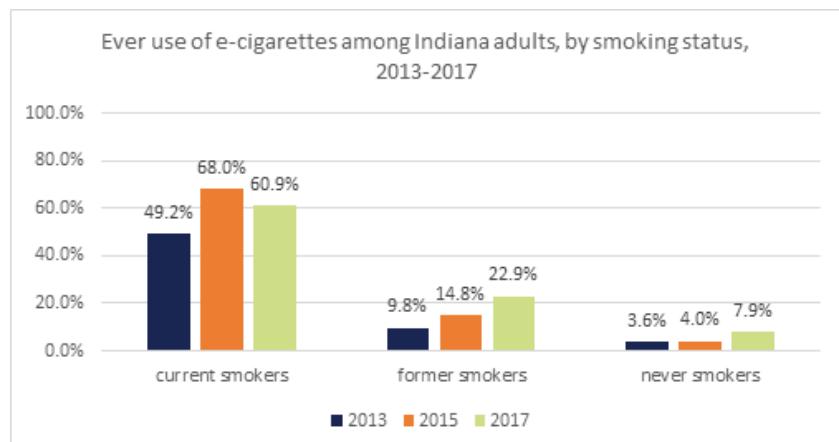
Indiana Adult Tobacco Survey

The Indiana Adult Tobacco Survey is administered biennially and provides detailed data on adult tobacco use, secondhand smoke exposure, attitudes and beliefs related to tobacco and tobacco cessation. The 2017 ATS was administered January through April of 2017 to 2,102 Indiana residents 18 years and older.

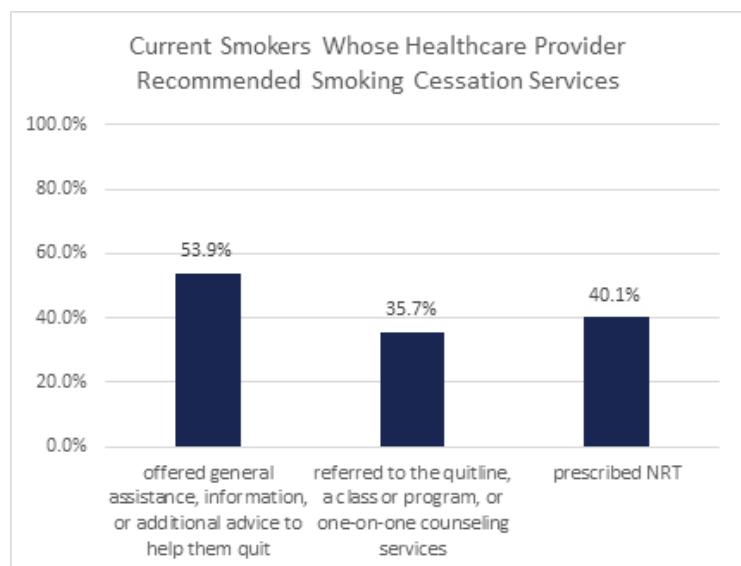
Key findings from the 2017 Indiana Adult Tobacco survey:

- **Rise in ever use of e-cigarettes:**

Between 2015 and 2017, the percentage of Hoosier adults who reported ever trying an e-cigarette rose from 16.4 percent to 23.7 percent. In 2017, ever use of e-cigarettes was significantly higher among current smokers (60.9 percent) than among former smokers (22.9 percent) and never smokers (7.9 percent). However, the proportion of former and never smokers who ever tried e-cigarettes increased slightly between 2015 and 2017.



- **Increased protections from secondhand smoke exposure:** In 2017, 94.3 percent of Indiana adults reported having a smoke-free indoor work environment, an increase from 85 percent in 2013. The overwhelming majority of adults, 84 percent, think that smoking in indoor workplaces should never be allowed.
- **Tobacco cessation:** In 2017, about 72 percent of Hoosier adults who reported currently smoking cigarettes wanted to quit, and 21.7 percent indicated that they intended to quit in the next 30 days. Among current tobacco users, approximately 73.4 percent indicated that they were aware of the Indiana Tobacco Quitline, an increase from 65.4 percent in 2015. Additionally, 67.9 percent of current smokers indicated that the provider advised them to quit smoking



Public Education Campaigns

Media communications play a key role in shaping tobacco-related knowledge, opinions, attitudes and behaviors among individuals and within communities. Cigarettes are one of the most heavily marketed products in Indiana. Changing smoking behavior is an incredibly tough job that requires hard-hitting messages that motivate tobacco users to take action to address their nicotine addiction. The CDC Best Practices for Comprehensive Tobacco Control program recommends that states deliver "strategic, culturally appropriate, and high-impact messages in sustained and adequately funded campaigns. . ."

Quit Now Indiana

Quit Now Indiana is Indiana's anti-tobacco brand that promotes the 1-800-QUIT-NOW Indiana Tobacco Quitline and encourages tobacco users to quit, now. Promotion of the Indiana Tobacco Quitline is executed on an ongoing basis with grassroots outreach, provider education and community engagement. During SFY 2018, two paid media campaigns through the mediums of radio, print, and digital marketing were implemented—one occurring from December 2017 to February 2018 and one occurring from April to May 2018.



Digital creative used during Quit Now Indiana's winter cessation campaign - "Make Someday Today" December 2017-February 2018.

Tobacco Use Costs Employers \$193 Billion.

There's no better way to lower costs and improve the health of your employees than by helping them quit tobacco. Now is the perfect time to promote Quit4Life.

The Quit4Life campaign is effective and easy to implement. To participate in this free turnkey promotion, visit QuitNowIndiana.com and click on healthy workplace.

A great reason to help people quit. **1.800.QUIT.NOW**
Indiana's Tobacco Quitline
QuitNowIndiana.com

Tobacco kills 1 in 5 smokers.

Print creative used during Quit Now Indiana's employer-targeted campaign featured in Indianapolis business-centric outlets.

April-May 2018



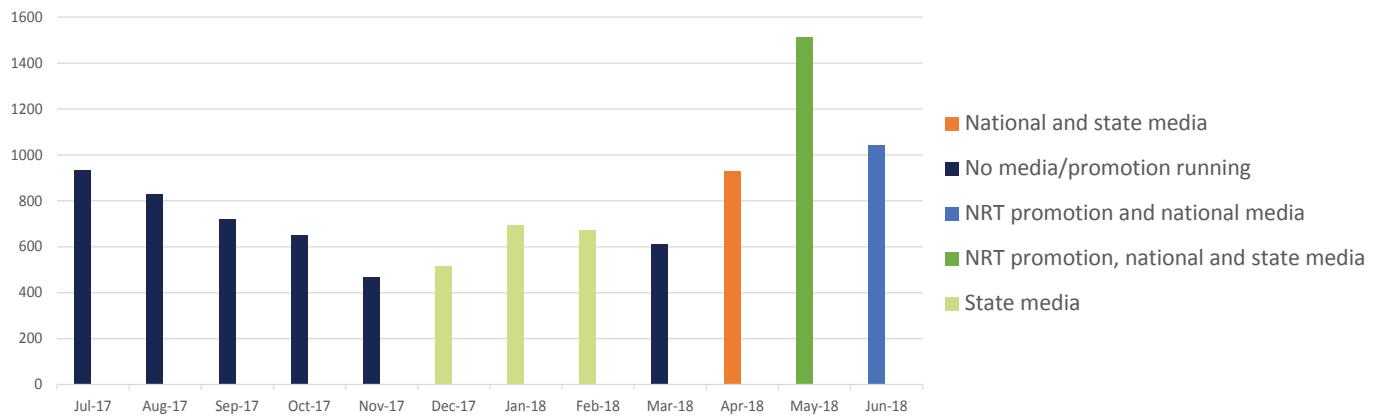
Local sportscaster Dan Dakich, featured in targeted campaign through a partnership with his radio station to reach business leaders.

April-May 2018

Promotion of the ITQL as a service supports all Hoosiers trying to break their addiction to tobacco. Whether the tobacco user calls the quitline for help or uses other resources, media promotion of the ITQL and the overall messaging of quitting tobacco are important in creating a supportive environment to end the tobacco burden.

ITQL calls are directly correlated to media campaigns and promotions. When call volume started to dip towards the end of 2017, the state media presence helped boost calls. The addition of the Centers for Disease Control's *Tips From Former Smokers*® national campaign in April further increased call volume. The highest call volume month for SFY 2018 occurred in May, when the Indiana State Department of Health sent out a news release statewide about the ITQL's nicotine replacement therapy (NRT) promotion. The ITQL made two weeks of free NRT available to anyone who enrolled in the Quitline, and this promotion, with the addition of state and national campaigns, helped increase call volume substantially.

Indiana Tobacco Quitline Monthly Call Volume July 2017 - June 2018



Refresh of Quit Now Indiana Promotional Materials

Quit Now Indiana's print promotional pieces were updated in SFY 2018. These materials are used by TPC grantees, partners, health care providers, businesses and various organizations across the state. Materials focus on a variety of priority populations and chronic disease areas.

What You Should Know About E-Cigarettes

Electronic nicotine delivery systems (ENDS), such as e-cigarettes, are smoking devices that are designed to simulate the sensation of smoking. e-liquids contain nicotine, the addictive substance found in tobacco.

Here are some associated risks of e-cigarette use:

- Vapor from e-cigarettes is not harmless – it is actually an aerosol.
- Aerosols can contain nicotine, heavy metals, and cancer-causing agents.
- Aerosols have high concentrations of ultrafine particles, which may worsen heart conditions and constrict arteries.
- Nicotine. Nicotine is highly addictive.
- Impaired youth brain development.
- E-cigarettes are the most commonly used tobacco product among Hoosier youth.
- The concentration of nicotine in e-liquid solutions can cause overdosing or poisoning.

Popular e-device styles.

1.800.QUIT.NOW | Quitting tobacco is hard, but you can do it. Visit [QuitNowIndiana.com](#) to learn more.

MAKE SOMEDAY TODAY.

You dream of having a healthy baby. You know smoking could put your baby at risk. Don't let tobacco steal your dream. It's never too late to quit. Call a professional Quit Coach[®]; they are ready to help. Quit for your baby. Quit for your health. Call 1.800.Quit.Now.

#QUIT2DAY

1.800.QUIT.NOW | Quitting tobacco is hard, but you can do it. Visit [QuitNowIndiana.com](#) to learn more.

MAKE SOMEDAY TODAY.

Living without tobacco is possible. One call can change your life. Stop waiting for someday. Call a professional Quit Coach[®]; they are ready to help you quit for life. You can do it. Call 1.800.Quit.Now.

#QUIT2DAY

Ed's Diner
EMPLOYEES ONLY
EXCLUSIVELY SMOKING AREA

1.800.QUIT.NOW | Quitting tobacco is hard, but you can do it. Visit [QuitNowIndiana.com](#).

MAKE SOMEDAY TODAY.

Over one million Hoosiers smoke, and most of them smoke together—today. You are in an influential position to help change that. If you discuss the benefits of quitting, it can increase their success.

Now, you have a new tool for referring tobacco users to the Indiana Tobacco Quitline—QuitNowReferral.com. You can help.

#QUIT2DAY

1.800.QUIT.NOW | Quitting tobacco will save lives and save money. Visit [QuitNowIndiana.com](#) to learn more.

MAKE SOMEDAY TODAY.

Addiction to tobacco affects your overall addiction treatment. Recovery is possible. Ask your health care provider for help to quit today. Call 1.800.Quit.Now.

#QUIT2DAY

1.800.QUIT.NOW | Quitting tobacco is hard, but you can do it. Visit [QuitNowIndiana.com](#) to learn more.

Smoking, Asthma and Your Kids.

Does your child have frequent ear infections, colds, or respiratory illnesses? Exposure to cigarette smoke can make your child sick.

How Secondhand Smoke Hurts Your Child.

Secondhand smoke is the smoke from a lit cigarette, cigar, or pipe, or the smoke left in the air after the person has smoked. It also includes the smoke from burning tobacco in your home. Secondhand smoke causes many health problems in children. It makes other health problems, like asthma, worse.

1.800.QUIT.NOW | To learn more about secondhand smoke, visit [QuitNowIndiana.com](#).

MAKE SOMEDAY TODAY.

Research shows 70% of Hoosier smokers want to quit someday. If you have diabetes and use tobacco, you can't wait for someday. It's a race against time before you develop serious or even life-threatening complications. The sooner you quit, the better. Call 1.800.Quit.Now.

#QUIT2DAY

1.800.QUIT.NOW | Quitting tobacco is hard, but you can do it. Visit [QuitNowIndiana.com](#) to learn more.

1.800.QUIT.NOW
The writing is on the wall.

MAKE SOMEDAY TODAY. | #QUIT2DAY

Conclusion

Tobacco use continues to be the single-most-preventable cause of death and disease in Indiana. A diverse network of organizations and individuals at the state and local levels works collaboratively each day to reduce this burden and improve the health of Hoosiers.

Youth use of tobacco products, especially emerging products, continues to be a concern and must be monitored. More community smoke-free air laws that protect workers on the job and Hoosiers in their communities from secondhand smoke exposure and secondhand aerosol are needed. Increasing smoke-free housing for all Hoosiers has made great strides, and demand is expected to increase. Indiana has more than 1 million adults who still smoke cigarettes, so we must continue to implement best practices to impact vulnerable populations across the state.

As we work toward a tobacco-free Indiana, multiple components must continue to work together in order to reach all Hoosiers. The Tobacco Prevention and Cessation Commission provides the leadership for this work that can be accomplished with many partners. Every organization, business, school, healthcare provider and citizen has a role to play in creating a healthier Indiana. Our success depends on our collective ability to come together to impact this critical public health challenge.

State Fiscal Year 2018 Budget

Budget Item	SFY 18 State	CDC Grant National State Based Tobacco Control Program	CDC Grant - Quitline	TOTAL
	July 1, 2017 to June 30, 2018	March 30, 2017 to March 29, 2018	August 1, 2017 to July 31, 2018	

STATE AND COMMUNITY INTERVENTIONS				
Local Community Based & Minority Based Partnership Grants	\$3,718,417			\$3,718,417
Supplemental community partnerships	\$180,000			\$180,000
Statewide Partnership Grants	\$708,500			\$708,500
Training and Technical Assistance	\$222,405			\$222,405
				\$4,829,322

CESSATION INTERVENTIONS				
Indiana Tobacco Quitline	\$1,400,000		\$217,564	\$1,617,564
Cessation systems partnerships	\$200,000			\$200,000
				\$1,817,564

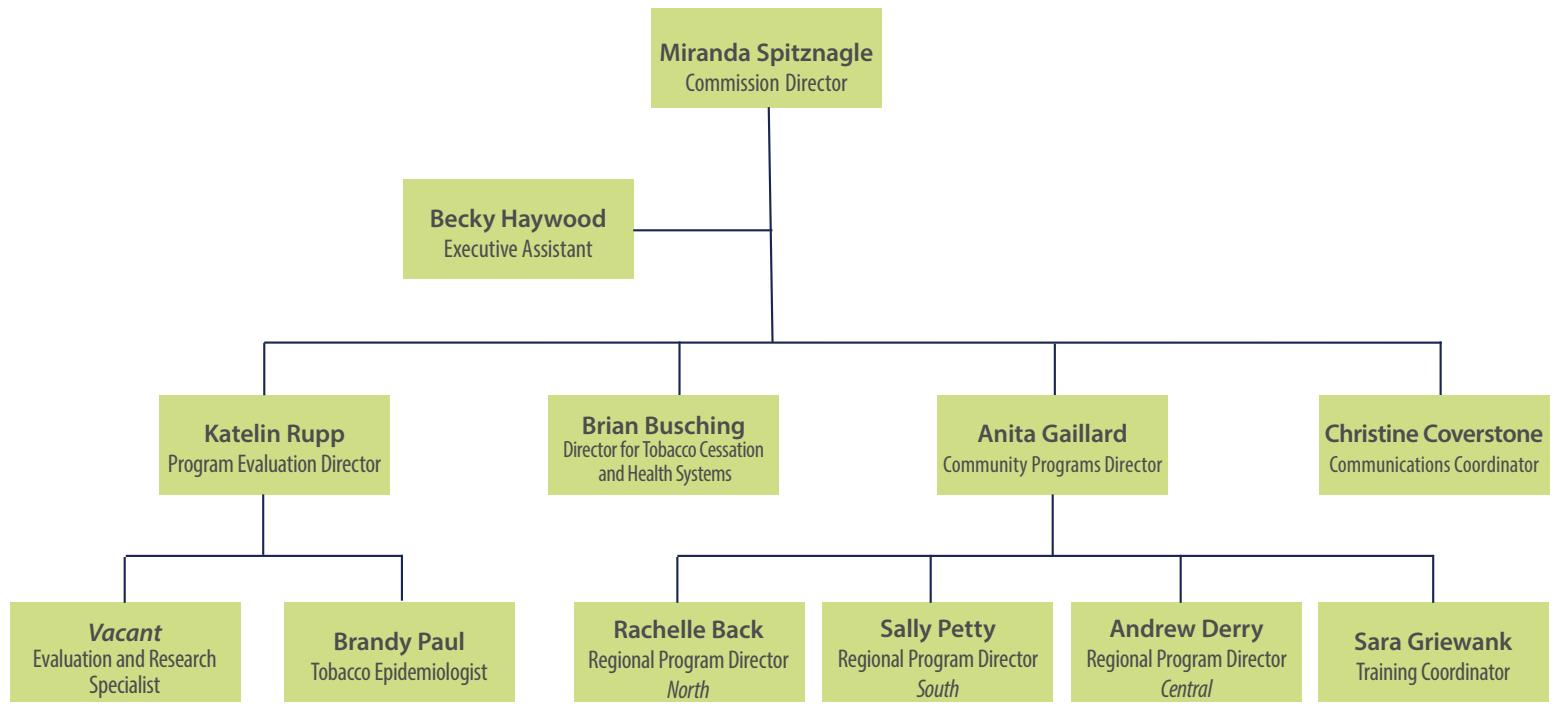
HEALTH COMMUNICATIONS INTERVENTIONS				
Public Education Campaign	\$300,000	\$300,822		\$600,822
Outreach and Education Materials	\$75,000			\$75,000
				\$675,822

SURVEILLANCE AND EVALUATION				
Surveillance and Evaluation	\$219,089	\$146,859		\$365,948

INFRASTRUCTURE, ADMINISTRATION AND MANAGEMENT				
Infrastructure, Administration and Management	\$476,589	\$470,637	\$198,364	\$1,145,590

TOTAL	\$7,500,000	\$918,318	\$415,928	\$8,834,246
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Tobacco Prevention and Cessation Staff



Tobacco Prevention and Cessation Partnership Grants Community and Minority Partnerships

County	Lead Agency	SFY 2018-2019 Budget
Allen	Parkview Health System	\$350,000.00
Bartholomew	Columbus Regional Hospital Foundation	\$122,834.00
Boone	Boone Co. Health Dept.	\$100,000.00
Clark	Clark Memorial Hospital	\$220,000.00
Clinton	Healthy Communities of Clinton County	\$80,000.00
Daviess	Hoosier Uplands Economic Development Corp	\$90,000.00
Delaware	Meridian Health Services/Little Red Door	\$262,000.00
Elkhart	Elkhart Co. Health Dept.	\$220,000.00
	Elkhart Minority Health Coalition	\$88,000.00
Floyd	Our Place Drug and Alcohol Education Services	\$90,000.00
Fountain	Community Action Program, Inc. of Western IN	\$89,000.00
Hamilton	Good Samaritan Network	\$200,000.00
Hancock	Hancock Regional Hospital	\$120,000.00
Hendricks	Hendricks Regional Health	\$190,000.00
Howard	Kokomo YMCA	\$114,000.00
Jefferson	King's Daughter's Hospital and Health Svcs	\$116,000.00
Jennings	St. Vincent Jennings Hospital	\$70,000.00
Johnson	Johnson Memorial Hospital	\$100,000.00
Knox	Hoosier Uplands Economic Development Corp.	\$107,000.00
Kosciusko	Healthy Community Coalition of Kosciusko County, Inc	\$100,000.00
Lake	Franciscan Alliance Foundation	\$275,000.00
	Northwest Indiana Health Department Corp	\$275,000.00
LaPorte	Healthy Communities of LaPorte County	\$188,000.00
Lawrence	Hoosier Uplands Economic Development Corp.	\$90,000.00
Madison	Intersect, Inc.	\$200,000.00
Marion	Indiana Black Expo Inc.	\$250,000.00
	Indiana Latino Institute Inc.	\$400,000.00
	Marion County Public Health Department	\$531,000.00
	Minority Health Coalition of Marion Co.	\$200,000.00
Morgan	Community Foundation of Morgan Co.	\$90,000.00
Porter	Valparaiso University	\$225,000.00
Scott	Scott County Partnership Inc.	\$100,000.00
Spencer	North Spencer County Community School Corp.	\$55,000.00
St. Joseph	St. Joseph Regional Medical Center	\$310,000.00
	Community Wellness Partners	\$105,000.00
Starke	Drug and Tobacco Free Starke Co., Inc.	\$60,000.00
Vanderburgh	University of Evansville	\$280,000.00
Vigo	Chances and Services for Youth	\$200,000.00
Wabash	Dargo LLC	\$105,000.00
Washington	Hoosier Hills Pact	\$114,000.00
Wayne	Reid Hospital and Health Care Services	\$100,000.00

Tobacco Prevention and Cessation Partnership Grants Capacity Building Partnerships

County	Lead Agency	SFY 2018-2019 Budget
Marion	Latino Health Organization	\$100,000
Marshall	St. Joseph RMC	\$70,000
Miami	ACESPlus	\$80,000
Monroe	IU Bloomington Hospital	\$90,000
Pulaski	Healthy Communities LaPorte	\$60,000
Ripley	Ripley County Health Department	\$75,000
Shelby	Shelby County Drug Free Coalition	\$100,000
Sullivan	Chances and Services for Youth	\$55,000

Tobacco Prevention and Cessation Partnership Grants Statewide Partnerships

Statewide: Lead Agency	SFY 2018-2019 Budget
Vincennes University - Indiana Teen Institute	\$260,000
American Lung Association	\$447,000
Indiana Rural Health Association	\$160,000
Purdue University, College of Pharmacy	\$250,000
Health Ed Pros, LLC	\$200,000
Indy Pride, Inc.	\$100,000
Cessation Systems Partnerships: Lead Agency	SFY 2018-2019 Budget
Community Health Network Foundation	\$200,000
Indiana Hospital Association	\$200,000
Southwestern Behavioral Health	\$200,000

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