A photograph of a young green bean plant (Phaseolus vulgaris) growing from a brown seed. The plant has a central stem with several pairs of green, trifoliate leaves. It is rooted in a dark, granular soil. The background is plain white.

seeds of hope

2007-2008 ITPC ANNUAL REPORT

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Our Vision

The vision of Indiana Tobacco Prevention and Cessation (ITPC) 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.

Our Mission

ITPC exists to prevent and reduce the use of all tobacco products in Indiana and to protect citizens from exposure to tobacco smoke. ITPC will coordinate and allocate resources from the Trust Fund 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 and protection from secondhand smoke
- Support the enforcement of tobacco laws concerning the sale of tobacco to youth and use of tobacco by youth
- Eliminate minority health disparities related tobacco use and emphasize prevention and reduction of tobacco use by minorities, pregnant women, children, youth and other at-risk populations.

ITPC will develop and maintain a process-based and outcomes-based evaluation of funded programs and will keep State government officials, policymakers, and the general public informed. ITPC will work with existing partnerships and may create new ones.

Indiana Tobacco Prevention and Cessation (ITPC) was created by the Indiana General Assembly to oversee funding from Indiana's share of the 1998 Master Settlement Agreement from the tobacco industry. The 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. ITPC implements the State's tobacco prevention campaign, which includes public education, youth empowerment, cessation initiatives and community programs.

ITPC presents this state fiscal year (SFY) annual report on activities from July 1, 2007 to June 30, 2008.

KEY OUTCOMES FOR SFY 2008

Cigarette tax increase leads to cigarette consumption decrease

Indiana has experienced a 20 percent reduction in cigarette consumption from SFY 2007 to SFY 2008. This means Hoosiers are quitting and smoking less than they were a year ago with help from the July 1, 2007, cigarette tax increase from 44 cents to 99.5 cents. Increasing the price of cigarettes is a highly effective intervention that prevents youth from starting to smoke and helps adults quit. A change in consumption is the first sign the prevalence of smoking may decline.

Investment in tobacco control increased means...more services to help Hoosiers quit

Increased revenue through the cigarette tax and additional funding for ITPC in SFY 2008, means more Hoosiers have received additional resources to help them quit smoking. The increase in \$6.2 million dollars has been allocated primarily for cessation services.

Services through the Indiana Tobacco Quitline increased

More Hoosier smokers have been served through the Indiana Tobacco Quitline. For all SFY 2008, over 9,000 Hoosiers have been helped. This is a 260 percent increase in calls from the previous year. The highest numbers of calls to the Quitline was in January 2008 which 1600 Hoosiers called. Calls have remained high during the rest of 2008, averaging 300 calls each week from Hoosiers wanting to quit smoking.

More Hoosiers protected from secondhand smoke

Six effective smoke free air workplace laws were implemented or passed in SFY 2008. Now nearly 30 percent of Hoosiers are protected from secondhand smoke exposure.

Supplemental funding given for recommended cessation interventions

An increase in funding to 21 local ITPC community-based and minority-based partners was provided. Through an application process, current ITPC partners provided a written plan on evidenced based cessation systems interventions for their local communities. These partners are implementing interventions recommended by the 2008 Clinical Practice Guideline for Treating Tobacco Use and Dependence at the local level. ITPC continues its strong commitment to local community tobacco control efforts with 85 of the 92 counties with a community-based coalition and 13 minority-based coalitions. These coalitions are working with more than 2,250 local organizations to address the tobacco burden in their communities.

HOOSIER MODEL FOR COMPREHENSIVE TOBACCO PREVENTION AND CESSATION

The Hoosier Model for comprehensive tobacco prevention and cessation is derived from the Best Practices model outlined by the National Centers for Disease Control and Prevention (CDC) and required by I.C. 4-12-4. Best Practices describes an integrated programmatic structure for implementing interventions proven to be effective and provides the recommended level of annual investment to reduce tobacco use.

The Hoosier Model also relies on The Guide to Community Preventive Services for Tobacco Control Programs issued by the CDC that 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
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 (2007) and the 2008 Update of the Clinical Practice Guideline for Treating Tobacco Use and Dependence have shaped what are the state-of-the-art tobacco control interventions that are being implemented in Indiana. Evidence-based, statewide tobacco control programs that are comprehensive, sustained, and accountable have been shown to reduce smoking rates, tobacco related deaths, and diseases caused by smoking.

Research shows that the more states spend on comprehensive tobacco control programs, the greater the reductions in smoking and the longer states invest in such programs, the greater and faster the impact. If all states sustained their recommended level of investment for five years, there would be an estimated five million fewer smokers in the U.S. As a result, hundreds of thousands of premature tobacco related deaths would be prevented. Longer-term investments would have even greater effects.

In 2007, the CDC released its update of the Best Practices for Comprehensive Tobacco Control Programs. This included a thorough review of evidence based interventions and understanding of how states implemented the 1999 Best Practices recommendations. The 2007 edition recommends an integrated programmatic structure for implementing interventions proven to be effective and provides recommended funding levels to states to achieve those goals in reducing the tobacco burden. Emphasis is placed on individual components working together to achieve maximum results.

Across all states the recommended level of investment is CDC's best approximation of what it would cost, based on each state's specific characteristics, to implement with sufficient intensity the evidence-based components of a comprehensive tobacco control program. The recommended annual funding for Indiana is \$78.8 million.

Incorporating elements recommended by the CDC, the Hoosier Model for Tobacco Control has five major categories for funding. It is important to recognize that these individual components must work together to produce the synergistic effects of a comprehensive tobacco control program.

1. Community Based Programs
2. Cessation Interventions
3. Statewide Public Education Campaign
4. Evaluation and Surveillance
5. Administration and Management

INDIANA TOBACCO CONTROL 2010 STRATEGIC PLAN

The Indiana Tobacco Control 2010 Strategic Plan is implemented through a collaboration of many partners, from state agencies to grassroots community organizations. The strategic plan to reduce Indiana's burden from tobacco includes six priority areas that are achieved through the five intervention areas recommended by CDC Best Practices. Progress on each priority area is outlined in this report.

Program objectives are set from outcome indicators recommended by the CDC. These indicators are specific and measurable characteristics or changes that represent achievement of an outcome. Additional detail on all project objectives can found in the tables at the end of this report.

The six priority areas:

1. Decrease Indiana youth smoking rates
2. Increase the proportion of Hoosiers not exposed to secondhand smoke
3. Decrease Indiana adult smoking rates
4. Increase anti-tobacco knowledge, attitudes and beliefs necessary for smoking behavior change to occur
5. Increase Indiana's tobacco tax to reduce adult smoking and prevent youth smoking
6. Maintain state and local infrastructure necessary to lower tobacco use rates and thus make Indiana competitive on economic fronts.

PRIORITY AREA 1

DECREASE INDIANA YOUTH SMOKING RATES

Preventing youth from smoking can save lives and money and improve the future of our state. The outcome of youth smoking is a public health priority since 80% of adult smokers started smoking before the age of 18.¹ One-third of all smokers had their first cigarette by the age of 14.² Each year more than 10,000 of Hoosier youth become new regular, daily smokers.³ Besides its long-term effects on adults, tobacco use produces specific health problems for youth such as irritated eyes and throat, increased illness, tooth decay, gum disease and a reduced immune function. Youth smokers, ages 12 to 17 year-olds, are five times more likely to drink alcohol and 13 times more likely to use marijuana than nonsmokers. Twice as many youth smokers than nonsmokers suffered from symptoms of depression in the past year. Teens who reported early initiation of smoking were more likely to experience serious feelings of hopelessness, depression and worthlessness in the past year.⁴

The tobacco industry spends nearly \$425 million a year in Indiana to promote its products. Research has found that youth are three times more sensitive to tobacco advertising than adults and more likely to be influenced to smoke by marketing than peer pressure.⁵ This social environment that includes images of smoking that are conveyed through cigarette advertising sets the stage for youth to begin using tobacco. As tobacco products are available and as peers begin to try them, these factors become personalized and relevant, and tobacco use may begin. This process most affects youth who have lower self-esteem and self-images, are less involved with school and academic achievement, have fewer skills to resist the offer of peers, and come from homes with lower socioeconomic status. A study published in the *Journal of the National Cancer Institute* found that this tobacco marketing has a greater influence in spurring kids to take up smoking than exposure to parents or peers who smoke.⁶

The aggressive targeting of youth by the tobacco industry requires an equally aggressive public education campaign to prevent smoking initiation, to encourage smokers to quit, and to change the social acceptability of tobacco use. A well-designed public education campaign that supports community and school-based programs and provides help for smokers who want to quit, can successfully counter tobacco industry marketing. Such integrated programs have been demonstrated to lower smoking among young people by as much as 40 percent.⁷

A study published in the *Archives of Pediatric and Adolescent Medicine* provides powerful evidence that state-sponsored anti-tobacco media campaigns are working to change youth attitudes about tobacco and to reduce youth smoking. The study found strong associations between exposure to state-sponsored TV anti-tobacco advertisements and general recall of anti-tobacco advertising, anti-smoking attitudes and beliefs, and smoking prevalence.

Another study reported a 22 percent of the decline in youth smoking between 1999 and 2002 that was attributable to the truth® campaign. Truth®, is the counter-marketing campaign of the American Legacy Foundation, targeted at youth and includes television and radio advertising, grassroots efforts, and an interactive web site. Furthermore, the study found there were approximately 300,000 fewer youth smokers as a result of truth®.⁸

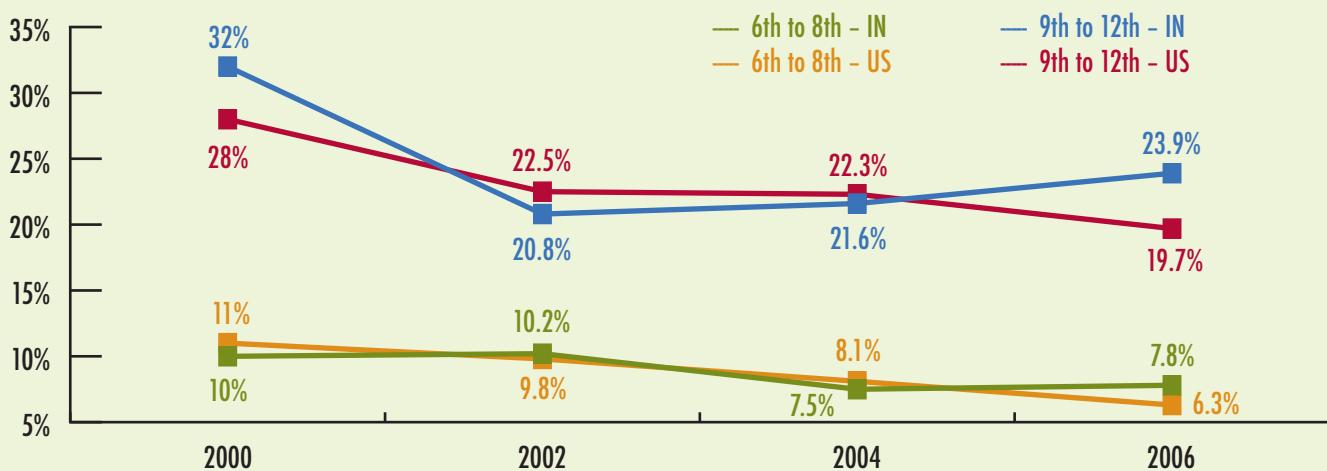
Long Term Objectives for 2010:

- Decrease Indiana smoking rates among middle school youth to 5-7 percent by 2010.
- Decrease Indiana smoking rates among high school youth to 16-18 percent by 2010.

2007-2008 progress:

- Indiana smoking among middle school youth is 7 percent.⁹
- Indiana smoking among high school youth is 23 percent.

Youth Smoking, IN vs US, 2000-2006



Source: Indiana Youth Tobacco Surveys; National Youth Tobacco Surveys

Indiana's strategies for decreasing youth smoking include:

- 1) Increase the proportion of Indiana school districts that support and implement a comprehensive school strategy against tobacco use;
- 2) Increase level of community activism among youth to support community change that includes youth involved in the Voice movement;
- 3) Maintain and enhance compliance with laws prohibiting tobacco sales to minors; and
- 4) Increase the tobacco tax to at least the national average as a price deterrent.

Outcomes achieved:

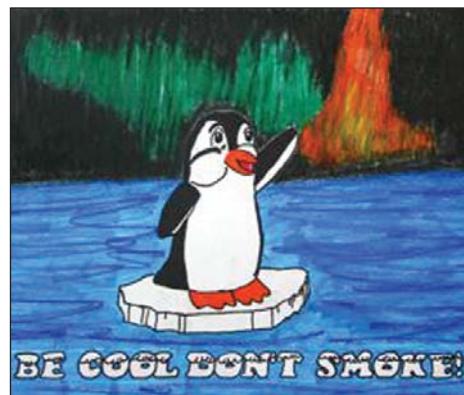
Tobacco Prevention through School Networks

Half of the local ITPC-affiliated coalitions worked with schools to implement a comprehensive approach to tobacco prevention during the SFY 2007-2008 grant period.

- During SFY 2008, 18 school districts implemented a 100 percent tobacco free campus policy.
- Twenty-one school districts in SFY 2008, received the Gary Sandifur Tobacco Free School Award for having a 100 percent tobacco free campus.
- Currently 60 percent of public school districts have a 100 percent tobacco free campus, protecting 64 percent of youth enrolled in public schools from secondhand smoke exposure and smoking culture at school environments.

Student education has been extended through statewide partners including the Ruth Lilly Health Education Center, Alliance of Boys and Girls Clubs, Academy of Family Physicians and the High School Athletic Association.

- The Ruth Lilly Health Education Center provided three different tobacco prevention programs in 441 class sessions to 12,039 central Indiana school students and 482 adults from Boone, Brown, Cass, Decatur, Hamilton, Hendricks, Henry, Jefferson, Johnson, Madison, Marion, Morgan and Tippecanoe counties.
- The mission of the Indiana Alliance of Boys & Girls Clubs is to work toward helping the youth of all backgrounds, with special concern for those from disadvantaged circumstances, to develop the qualities needed to become responsible citizens and leaders. Sixty-two (62) Boys & Girls Clubs in 28 counties involved SMART Leaders, a program that supports young people whose skills in education, mentoring and advocacy are used to promote parental involvement and community support. Nearly 830 staff members were involved in 156 local club events reaching more than 11,000 youth, 700 parents and 350 community members throughout the year.
- Tar Wars® is a pro-health tobacco prevention and education program and poster contest for fifth grade students conduct though the Indiana Academy of Family Physicians Foundation. The key elements of the program are its interactive format, community involvement, and education by health care professionals. During the 2007-2008 school year family physicians and other health professionals reached approximately 150 schools and 10,000 students, and the winner of the state tobacco-free art contest was nationally recognized as the sixth place winner in the country.



In 2008, the IAFPF took the tobacco cessation message to its 2,300 members, reminding them to ASK patients about their smoking status at every encounter and then ACT on that information. Family physicians, residents and medical students are being offered tobacco cessation continuing medical education at every educational meeting as well as online, and are encouraged to utilize the Indiana Tobacco Quitline as additional treatment for tobacco-using patients.

- The Indiana High School Athletic Association (IHSAA) is committed to reaching parents, students, and administrators with a tobacco free message. Through the role model program, outstanding athletes from around the state are selected to appear in posters and schedules that promote tobacco free lifestyles. These youth are trained on how to use their athletic skills as well as their communication skills to talk to both teens and adults about the benefits of living, working, and playing in a smoke free environment. This year, the youth speaker's bureau completed over 60 speaking engagements, 39 to youth and 22 to adult audiences.

Community activism among Voice youth

Voice, Indiana's youth movement against tobacco, is a youth-led initiative exposing the deceptive marketing tactics of the tobacco industry. Voice youth work to combat the \$1 million spent everyday in Indiana by the tobacco companies to market their products. The youth communicate with their peers and work to fight back against the tobacco industry, rather than focus solely on the health message and health consequences of tobacco use.

Project Voice

More than 100 youth from all over the state came to Indianapolis to learn about how to get Voice out in their communities through Project Voice. A new training model was implemented in SFY 2008 that focused on intensive training for a small group of activated and inspired youth from across Indiana. A total of 100 youth attended the Voice Summit and put together plans for their local communities.

Project Voice provided youth and adults alike with more advanced training to reach others in their communities and beyond. There were three main sessions: Media Advocacy, Activism, and Recruitment. In Media Advocacy, youth learned the basics of media as well as how to talk to the press. The Activism session taught youth how to plan and execute a good activism event. In Recruitment, youth learned about Voice and the different ways to recruit youth to join the movement.

ITPC statewide partner, Indiana Teen Institute plays a key role in providing youth with the tools they need to mobilize their peers in their communities. ITI supports youth-led, youth-driven advocacy



initiatives that strive to change the cultural perception and social acceptability of tobacco use in Indiana and prevent initiation of tobacco use by youth through Voice. A youth development approach provides youth with meaningful opportunities to participate and learn new skills with support from adults. The ITI camp involved hundreds of Hoosier teens gathering at Vincennes University in July for a week-long training on leadership, activism and the Voice movement in general. These and other tools were looped into sessions and hands-on activities to enable the participants to return to their communities empowered, willing and able to combat the tobacco industry. Program objectives focus on fostering awareness of tobacco issues; developing youth-led advocacy initiatives that correspond to the Voice message; creating action plans for local community events for change; and empowering youth to engage in local efforts to create change.

In addition to the support of ITI, six regional Voice Hubs provide technical assistance for local adults and youth on youth advocacy and how to build and sustain their local Voice movements with 53 partners throughout the state. Voice Hub grants are provided to six local community organizations. The hubs also provide structure for a regionalized, training and capacity building network, which will sustain the momentum of the VOICE movement at the grassroots level and ultimately result in a successful statewide VOICE movement. The hubs strengthen existing communication, marketing and networking systems through earned media, resource development, and weekly contact with all partners.

During SFY 2008, the regional VOICE Hubs provided local hub partners and their voice youth with a combined total of 58 one-on-one technical assistance sessions. Twenty-six (26) regional events were conducted, engaging nearly 7,000 youth from 38 different counties. Throughout the year, over 300 new VOICE youth recruited to the movement at these events.

A total of eight trainings were held, with 107 adults in attendance. These included Adult Ally trainings, capacity-building sessions, the Voice Hub trainings, and trainings with a specialized focus and content such as team-building and school presentations.

The regional VOICE Hub coordinators developed 26 resources to be utilized by local adult allies and voice youth. Some examples include adult ally resource manuals and binders, VOICE recruitment tools, and other resources, such as palm cards, media information sheets, and Kick Butts Day guidelines and resources for partners.

During SFY 2008, local Voice partners supported through ITPC local coalitions have reported over 250 action plans and nearly 300 infrastructure activities. More than 2,700 youth were recruited with 2,200 youth planning events reaching 42,500 statewide.

Youth Advocate of the Year

ITPC honored several VOICE members for their contributions to tobacco prevention. The Parke and Vermillion County VOICE were selected as the State's "Youth Advocate of the Year." They were one of four students and groups, recognized by ITPC as an outstanding youth advocate who has taken the lead in holding the tobacco industry accountable for their efforts to market their products to youth. The other youth who were honored were: Caleb Paul Taylor of Martinsville; Karli Martin of Marion; and Jordan Hamilton of South Bend.

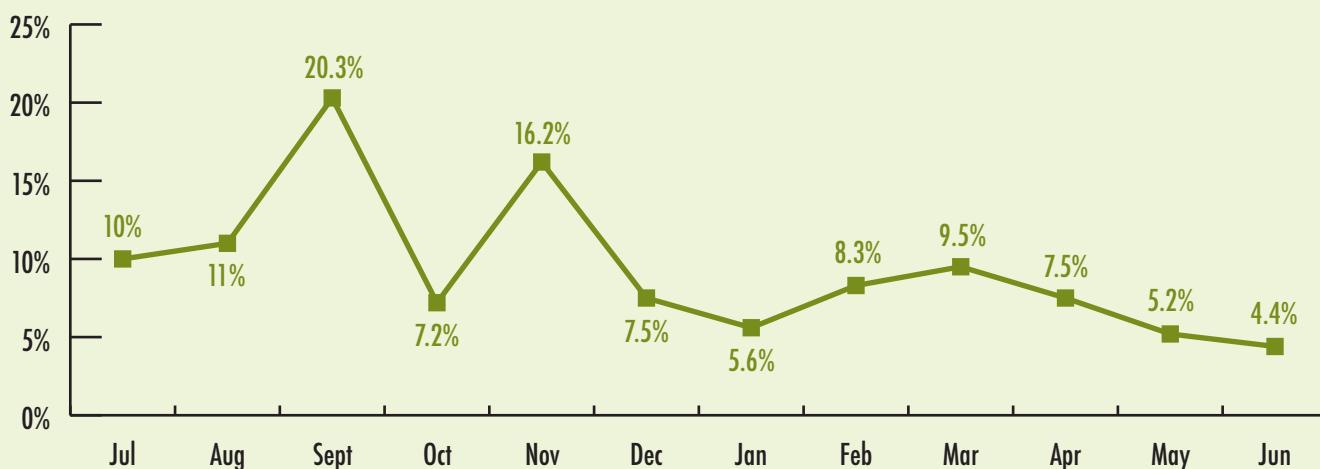
Enforcement of youth access laws

Enforcement of laws prohibiting tobacco sales to youth under age 18 can deter violators and sends a message that community leaders believe these policies are important for protecting Indiana's youth. Youth access laws support an environment in which tobacco use is unacceptable.

Enforcement of Indiana's tobacco laws is a priority for the law enforcement community due to the efforts of Alcohol and Tobacco Commission (ATC).

- Throughout SFY 2008, 11 Tobacco Retailer Inspection Program (TRIP) officers were out in the field conducting inspections.
- In SFY 2008, TRIP officers conducted more than 6,800 random inspections of tobacco retailers.
- TRIP enforcement activities have resulted in an average sales rates to youth of 9.4 percent for SFY 2008. Results of these inspections are posted on the ATC website (www.in.gov/atc/isep/TriplOR.htm) to inform the public those retailers who violate Indiana's tobacco laws.
- In addition, Excise officers worked throughout Indiana conducting nearly 6,400 inspections in SFY 2008 with a noncompliance rate of approximately 1.3 percent.

Monthly Noncompliance Rate of Indiana Tobacco Retailers Inspected by TRIP, SFY 2008



Noncompliance Rate for Indiana Tobacco Retailers, TRIP, SFY 2002-SFY 2008



- Over 450 law enforcement officers received tobacco laws training during the year. Training includes review of all Indiana tobacco laws including signage, retail sales including implications to the clerk and establishment, possession by a minor and vending machines restrictions.
- ATC performed more than 688 trainings for retail owners and clerks to prevent the sales of tobacco to minors reaching over 14,000 people.

The annual noncompliance rate has declined since SFY 2002 and remained stable from SFY 2004-2007, and declined again in SFY 2008. The national Synar study requires Indiana to have a noncompliance rate below 20 percent or risk losing millions of dollars for substance abuse treatment through the Division of Mental Health and Addiction. The 2007 noncompliance rate of Indiana's tobacco retailers through the study was 12.9 percent.

The 2008 legislative session of the Indiana General Assembly passed a law that strengthens the Alcohol and Tobacco Commission's authority to revoke tobacco retailers' certificates if they repeatedly sell tobacco products to minors. In addition, this legislation increases the store and clerk fines for each violation in selling tobacco to minors. This legislation helps to send a message to communities that tobacco sales to young people is not acceptable.¹⁰

Factors impacting progress on youth smoking:

- The amount of tobacco product marketing to young people outweighs tobacco prevention programming 26 to 1. The tobacco companies spend \$425 million dollars in Indiana each year to market its deadly products.
- However, unlike the tobacco companies, ITPC has the opportunity to reach youth through mass media channels, such as tv and radio. The lack of resources for public education campaigns hinders to ability for ITPC to reach Hoosier youth with effective messages regarding tobacco.
- The promotion and introduction of flavored cigarettes, little cigars, cigars, and spit tobacco interest youth.
- Other tobacco products such as little cigars, cigarillos, cigars and smokeless tobacco products are not adequately taxed and their overall price is lower than cigarettes. In addition, cigars may be purchased as singles, and increasing the availability of the product.
- Until the cigarette tax increase at the beginning of SFY 2008, Indiana was lagging behind the national average regarding cigarette tax amounts, thus slowing progress in youth smoking. Data to be collected in the fall of 2008 will help assess the impact of Indiana's cigarette tax increase on youth smoking.

PRIORITY AREA 2

INCREASE PROPORTION OF HOOSIERS NOT EXPOSED TO SECONDHAND SMOKE

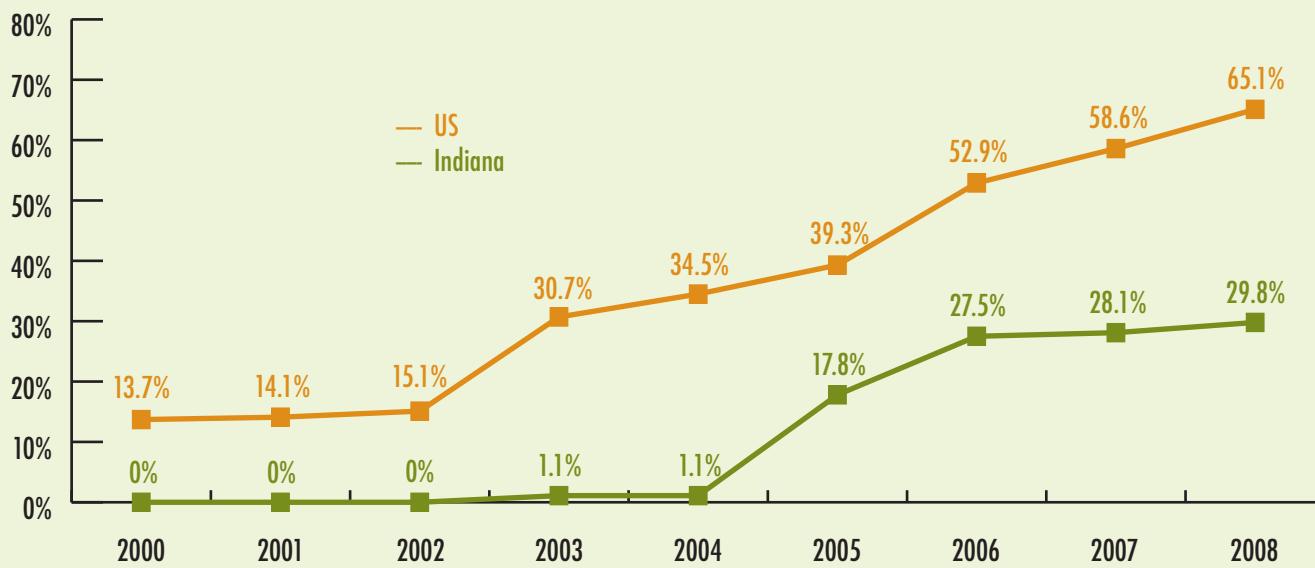
Secondhand smoke is a mixture of sidestream smoke and exhaled smoke in the air. Secondhand smoke has been shown to cause heart disease, cancer, respiratory problems and eye and nasal irritation. Exposure to secondhand smoke takes place in worksites, public places, homes and vehicles. Secondhand smoke is classified as a Group A carcinogen (cancer causing agent) under the Environmental Protection Agency's (EPA) carcinogen assessment guidelines. Secondhand smoke contains over 4,000 compounds, more than 50 carcinogens and other irritants and toxins.¹¹

Exposure to secondhand smoke is one of the leading causes of preventable death. Each year in the United States, an estimated 50,000 deaths are attributable to secondhand smoke breathed by nonsmokers, making it the third leading cause of preventable death.¹² Of these deaths, 3,000 are due to lung cancer each year.¹³

In Indiana each year 620 to 1,750 nonsmoking adults die from exposure to secondhand smoke.¹⁴ Prenatal exposure to secondhand smoke is two to four times more likely to result in low birth weight.¹⁵ Over 900 low birth weight babies in Indiana are born each year as a result of secondhand smoke.¹⁶

The 2006 U.S. Surgeon General's Report: *The Health Consequences of Involuntary Smoking* states there is no safe level of secondhand smoke and the only way to provide protection against secondhand smoke is to eliminate it. The report also states that exposure to secondhand smoke has immediate adverse effects on the cardiovascular system and causes coronary heart disease and lung cancer. Through scientific evidence it is now possible to prove that smoke free policies not only work to protect nonsmokers from the death and disease caused by exposure to secondhand smoke, but also have an immediate impact on public health.

Percent of Population Protected by Effective Smoke Free Air Laws



Source: ITPC policy tracking – June 30, 2008; Americans for NonSmokers Rights – July 1, 2008

Long Term Objective for 2010:

- Increase the proportion of the population that is protected from secondhand smoke by law to 65 percent by 2010.

2007-2008 progress:

- Proportion of the population that is protected from secondhand smoke by law is 30 percent.

Indiana's strategies for increasing the proportion of Hoosiers not exposed to secondhand smoke are:

- 1) Increase the number of voluntary and legislated smoke free air policies in the community;
- 2) Increase support for smoke free environments;
- 3) Increase awareness that secondhand smoke is a health hazard; and
- 4) Increase the proportion of Hoosier families that have a smoke free home.

Outcomes achieved:

Increase the number of voluntary and legislated smoke free air policies through various venues in the communities

Smoke free communities

As of June 30, 2008, 37 municipalities have passed some local smoke free air law. Nine Indiana communities have implemented 100 percent comprehensive smoke free workplace laws that cover all workers in those communities, including those who work in bars and restaurants. In addition, another 17 laws, making a total of 28 are effective public health policy and follow the guidelines outlined by the U.S. Surgeon General in eliminating exposure to secondhand smoke from the indoor places that the respective ordinances cover, but those ordinances do not cover all types of workplaces. Nine Indiana communities did not pass a policy following the recommended guidelines outlined by the U.S. Surgeon General.

In 2008, 29.8 percent of all Hoosiers are protected by an effective local community laws, an increase from 1.1 percent in 2003. Nationally, 65.1 percent of the country's population now is protected by a state or local smoke free law.¹⁷

In SFY 2008, six Indiana communities and the Indianapolis International Airport implemented or passed local smoke free workplace laws.

- Crown Point: Passed December 2007; Effective April 1, 2008: All public places, workplaces and restaurants are smoke free.
- Cumberland: Passed November 2007; Effective January 1, 2008: All public places, workplaces, restaurants, and bars are smoke free.
- Elkhart: Passed April 2008; Effective May 15, 2008: All public places, workplaces and restaurants are smoke free; free-standing bars will become smoke free on May 15, 2009.
- Greencastle: Passed May 2007; Effective September 1, 2007. All public places, workplaces, restaurants, and bars are smoke free.
- Lafayette passed a law in May 2008. The law making public places, workplaces and restaurants smoke free become effective September 1, 2008.

- West Lafayette implemented its law on July 1st 2007: All public places, workplaces, restaurants, and bars are smoke free.
- The Indianapolis International Airport made indoor areas smoke free on January 1, 2008. Then the IIA removed its designated outdoor smoking areas on July 1, 2008 and became a smoke free campus. The new terminal will open smoke free in November 2008.

One community passed a law that did not meet the criteria for an effective law. Goshen: Passed April 2007; Effective September 1, 2007. Public places, workplaces and bowling alleys are smoke free. Goshen's law allows for smoking rooms in restaurants.

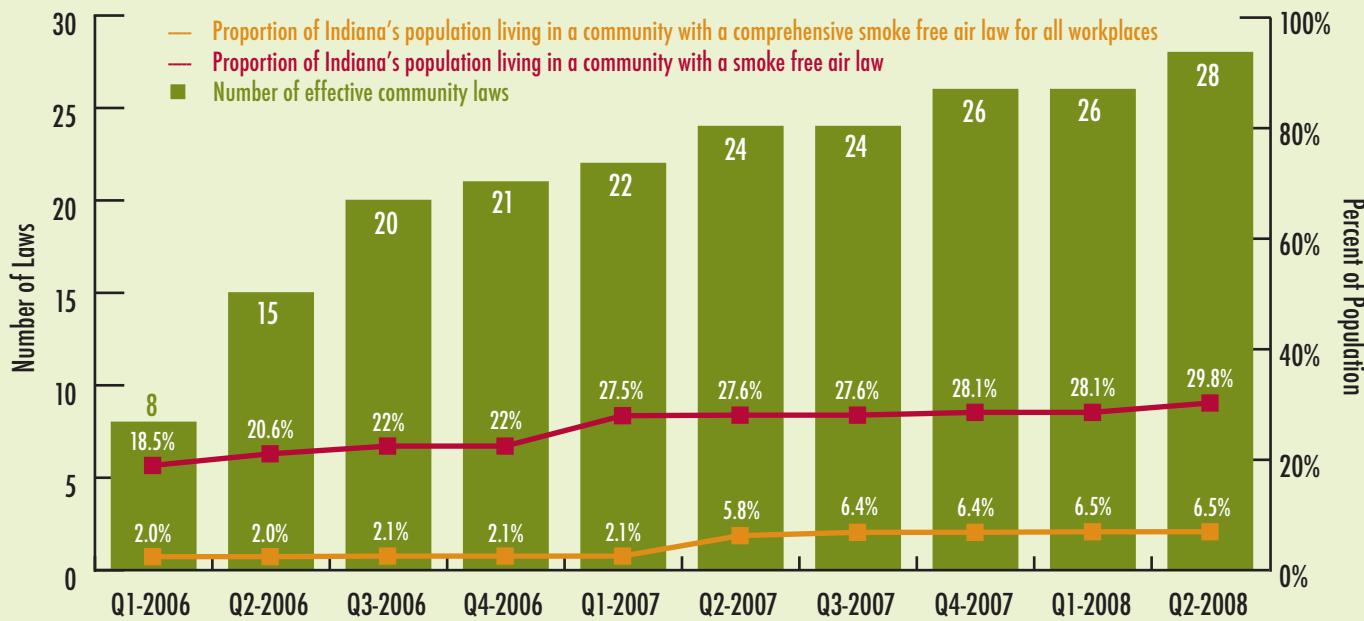
ITPC also helps communities celebrate anniversaries of their strong smoke free air laws. Grant funds from the Americans for Nonsmokers' Rights supported these efforts to demonstrate positive public health impact of these laws.

Demonstrating effectiveness of smoke free air laws

ITPC supports the implementation and evaluation of local smoke free air laws. State and local partners work to demonstrate that there is support for the law, that there is a public health need/impact, and that compliance is high and there is no negative economic impact. While there are a multitude of national studies on this, some Indiana communities have local data on the effectiveness of smoke free air policies:

- Bloomington/Monroe County sees decrease in heart attack admissions from nonsmokers: Compared to a control community with no smoke free workplace law, Monroe County experienced a 59 percent net decrease in hospital admissions for heart attacks in nonsmokers, with no prior cardiac history, during the study period which tracked 22 months prior to and following the law. Monroe County and Bloomington have a comprehensive smoke free workplace law.¹⁷

Protecting Hoosiers from secondhand smoke



- Improved indoor air quality with implementation of comprehensive smoke free air law: Following the implementation of a comprehensive smoke free workplace law, cities such as Fort Wayne, Bloomington and West Lafayette experienced an 89-94 percent drop in harmful indoor air pollution.¹⁹ Before the implementation of these laws, indoor air pollution as measured by PM 2.5, was at extremely unhealthy levels. PM 2.5 is particulate matter smaller than 2.5 microns in diameter. Particles of this size are released in significant amounts from burning cigarettes and are easily inhaled deep into the lungs.
- Other air monitoring studies demonstrate the need for smoke free workplaces. In partnership with University of Kentucky, New Albany and Clarksville workplaces were compared with those in smoke free Louisville. Indoor air pollution levels in Clarksville (88 µg/m³) and New Albany (104 µg/m³) were 9.8 and 11.2 times higher than Louisville's (9 µg/m³) levels after implementing a comprehensive smoke free workplace law. Harmful levels of indoor air pollution was also found in workplaces of Grant County. The average level of fine particle indoor air pollution was 12.6 times higher in places with indoor smoking compared to smoke free places. The mean PM 2.5 concentration in smoking places 113 µg/m³ versus 9 µg/m³ in smoke free places.

A table outlining each of Indiana's smoke free communities can be found at <http://www.in.gov/itpc/2917.htm>.

Hospitals and health care facilities

Since 2004, many hospitals and health care facilities are leading the tobacco free movement in their communities. In the past year, 12 hospitals or health care facilities went smoke free on their grounds, taking the total number of 100 percent smoke free campuses to 124. Out of the 35 critical access hospitals, 30 have implemented 100 percent tobacco free hospital grounds policies.

In June, ITPC again collaborated with the Indiana Rural Health Association (IRHA) to honor health care facilities that provide smoke free locations for Indiana's rural populations through the third annual Rural Indiana Smoke-Free Environment (R.I.S.E.) awards. Thirteen health care providers received this special recognition as part of the IRHA annual meeting.



This honor recognizes smoke free health care facilities serving rural areas of the state for their commitment to lead Hoosiers toward a healthier Indiana. The facility must show evidence of a 100 percent smoke free policy in all buildings, on all grounds and in all organization-operated vehicles. The facility also provides an explanation of the process through which the policy was achieved, in addition to signage or other forms of enforcement.

Colleges and Universities

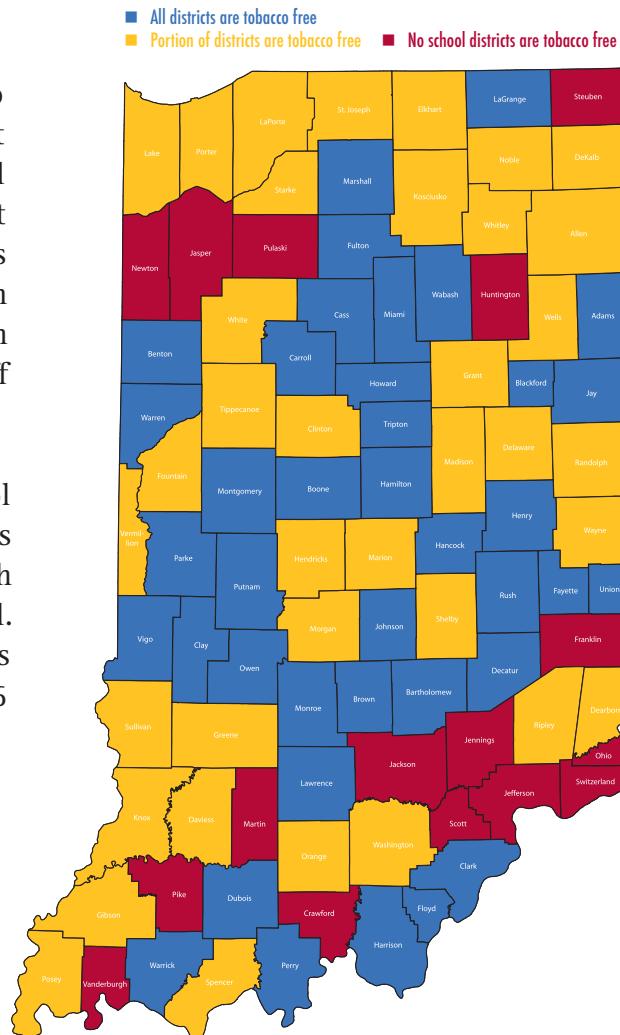
Indiana colleges and universities have also expanded their tobacco use policies on campuses. Currently 34 colleges and universities in Indiana have tobacco free campus policies. The Indiana University system as of January 1, 2008, have individually tailored smoke free policies for each campus. Most Ivy Tech campuses system-wide have implemented smoke free campus grounds policy. Valparaiso University implements a campus-wide smoke free policy on July 1, 2008. This stance against tobacco use shows concern for students and staff, as well as prepares students for a workplace with a tobacco free policy.

Schools

Local tobacco control coalitions continue to work to increase youth protections from secondhand smoke at school. While federal law prohibits smoking within school buildings, local jurisdictions have enacted policies that are more restrictive and encompass all school grounds as recommended by the CDC. Coalitions are working with school districts to ensure tobacco use is not allowed on school campuses anywhere or anytime for students, staff or visitors.

Progress continues to be made with schools as school districts in 39 counties have all tobacco free schools districts providing approximately 64 percent of our youth with protection from secondhand smoke at school. Another 37 counties have a portion of their school districts with tobacco free campuses. However, the remaining 16 counties do not have a 100 percent tobacco free school campus at any of the school districts in their counties.

Up to date smoke free policy lists for schools, colleges, hospitals, and communities can be found on the ITPC website at <http://www.in.gov/itpc/2917.htm>.



Hoosiers know more about the dangers of secondhand smoke

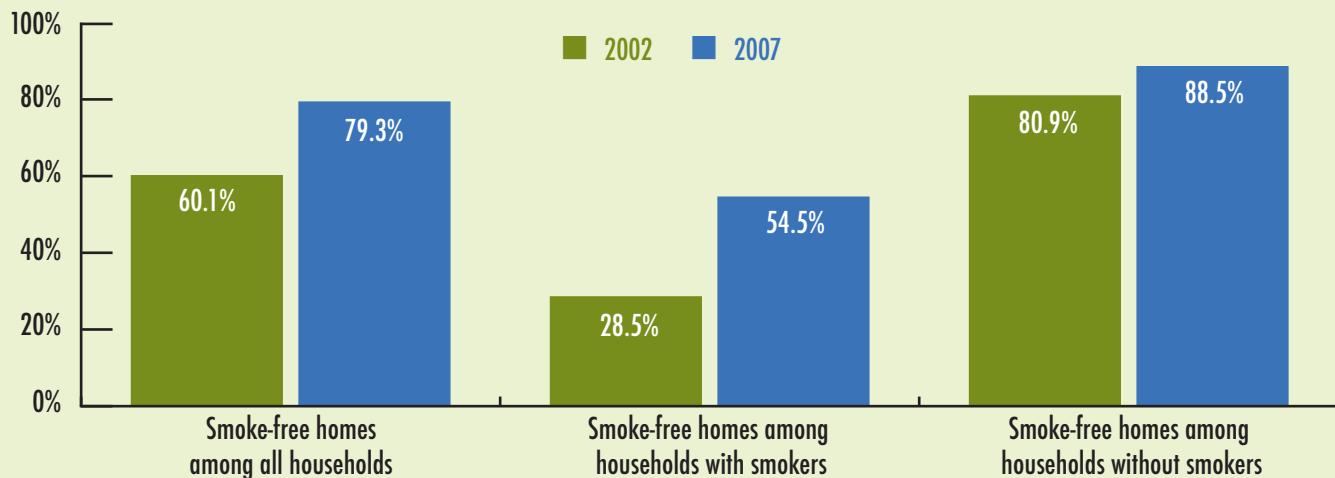
Support for smoke free workplaces continues to increase and Hoosiers are knowledgeable about the dangers of secondhand smoke exposure. Three out of four (76 percent) of adults working indoors have a work policy that prohibits smoking in all work areas.

Support is high among Hoosiers for comprehensive smoke free workplace laws as three out of four (76 percent) Hoosier adults say they support laws that would make all indoor workplaces, including restaurants and bars, smoke free.

Most adults are very (55 percent) or somewhat (31 percent) concerned about the health effects of secondhand smoke. Nine out of ten Hoosier adults believe that secondhand smoke is very harmful. Similarly, many expressed knowledge that exposure to secondhand smoke causes various health problems.

This knowledge is translating into behavior change as more and more Hoosier households are smoke free. The proportion of Hoosier families that have a smoke free home increased to 79 percent in 2007. More importantly is the shift of more households with smokers reporting smoke free homes.

Smoke Free Homes, 2002 and 2007



Source: Indiana Adult Tobacco Surveys

Factors impacting progress on protecting Hoosiers from secondhand smoke:

- 28 states have passed smoke free laws covering all restaurants and bars. Without a baseline of protection from secondhand smoke in the workplace, Indiana will continue to leave significant populations without protection from secondhand smoke. Therefore, many communities are stepping up to protect themselves.
- More than half of the country's population now is protected by a state or local smoke free law that requires all restaurants and bars to be smoke free. This includes comprehensive laws in Ohio and Illinois (including all Illinois casinos). Indiana is falling behind on a critically referenced health measure.

PRIORITY AREA 3

DECREASE INDIANA ADULT SMOKING RATES

Tobacco use costs Hoosiers 9,800 lives and \$2.08 billion each year. With the 6th highest adult smoking rate in the United States, Hoosiers must stay the course in the fight to reduce the tobacco burden and reverse its devastating effects.

Tobacco use screening and brief intervention for treatment is one of most effective clinical preventive services with respect to health impact and cost effectiveness, behind aspirin use among high-risk adults and immunizations for children.²⁰

The high cost of and lack of access to cessation treatment is one of the primary obstacles to reducing smoking in Indiana. Improved access to smoking cessation services is one of the keys to accelerating the decline in adult smoking rates. Nine out of ten (92 percent) of Hoosier smokers want to quit, however, few will succeed without help.²¹ Treating tobacco use doubles the rate of those who successfully quit.²²

Smoking cessation treatments that include counseling, medications, or a combination of both are recommended. Health insurance coverage of medication and counseling increases the use of effective treatments.²³ Providing cessation services to employees through onsite employee assistance programs or through health plans can save businesses money.

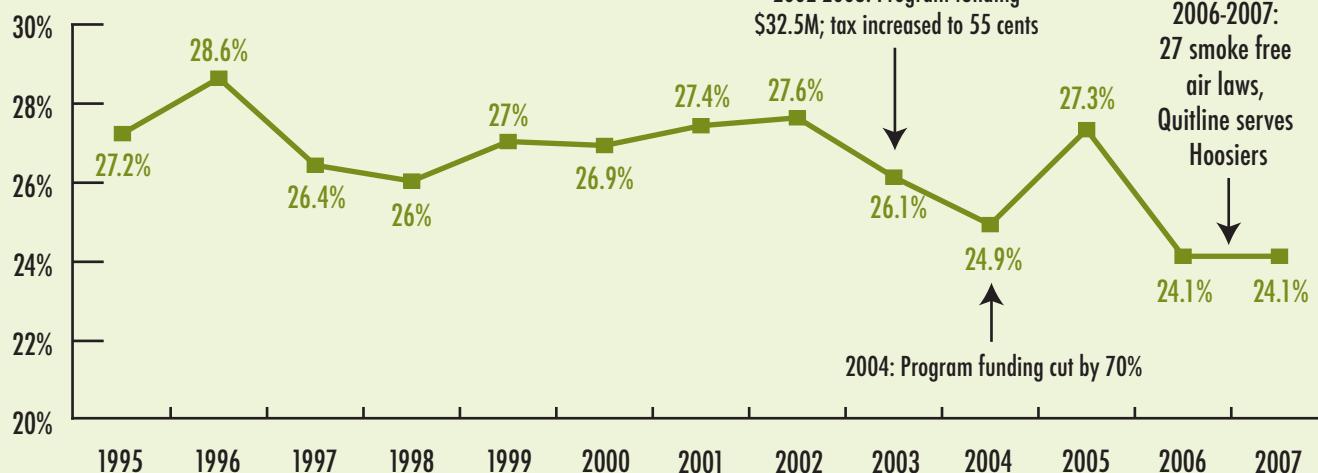
Long Term Objectives for 2010:

- Decrease Indiana smoking rate among all adults to 21-23 percent by 2010.
- Decrease Indiana smoking rate among young adults, ages 18-24, to 26-28 percent by 2010.
- Decrease Indiana smoking rate among pregnant women to 15-16 percent by 2010.
- Decrease Indiana smoking rate among African Americans to 24-26 percent by 2010.
- Decrease Indiana smoking rate among Latinos to 20-22 percent by 2010.

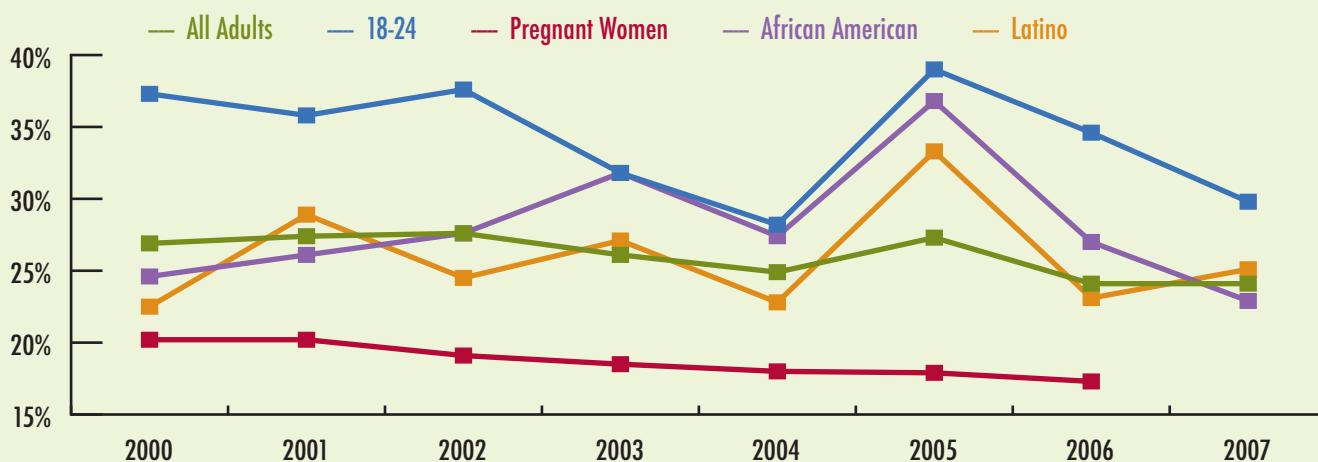
2007-2008 progress:

- Indiana smoking rate among all adults is 24 percent.
- Indiana smoking rate among young adults, ages 18-24, is 30 percent.
- Indiana smoking rate among pregnant women is 17 percent.
- Indiana smoking rate among African Americans is 23 percent.
- Indiana smoking rate among Latinos is 25 percent.

Indiana Adult Smoking Rates: 1995-2007



Smoking Rates among adult priority populations, 2000-2007



	2000	2001	2002	2003	2004	2005	2006	2007
All Adults	26.9%	27.4%	27.6%	26.1%	24.9%	27.3%	24.1%	24.1%
18-24 year olds	37.3%	35.8%	37.6%	32.1%	28.2%	39%	34.6%	29.8%
Pregnant Women	20.2%	20.2%	19.1%	18.5%	18%	17.9%	17.3%	17.3%
African American	24.6%	26.1%	27.6%	31.8%	27.4%	36.8%	27%	22.9%
Latino	22.5%	28.9%	24.5%	27.1%	22.8%	33.3%	23.1%	25.1%

Source: Behavior Risk Factor Surveillance Survey

Indiana's strategies for decreasing Indiana adult smoking rates are:

- 1) Increase the availability of appropriate tobacco cessation services in the community for adults and youth;
- 2) Ensure that health care providers and health care systems are fully implementing the Clinical Practice Guidelines for Treating Tobacco Use and Dependence;
- 3) Increase proportion of worksites that provide employer-sponsored cessation support for employees who use tobacco;
- 4) Maintain and enhance the Indiana Tobacco Quitline and cessation systems infrastructure;
- 5) Promote tobacco cessation as a top health priority in Indiana;
- 6) Build tobacco treatment capacity in Indiana and create an integrated network of treatment resources;
- 7) Conduct surveillance and evaluation of the statewide tobacco control initiative.

Outcomes achieved:

Adult smoking

Indiana reduced adult smoking from 27.3 percent in 2005 to 24.1 percent in 2007. However, over one million adults are still smoking, ranking Indiana 6th among all states.

Young adults (18-24 year olds) smoking rates have declined since 2005, however, these changes are not statistically significant, but are encouraging. This age group has the highest smoking rate and is the most targeted by tobacco advertising and promotion.

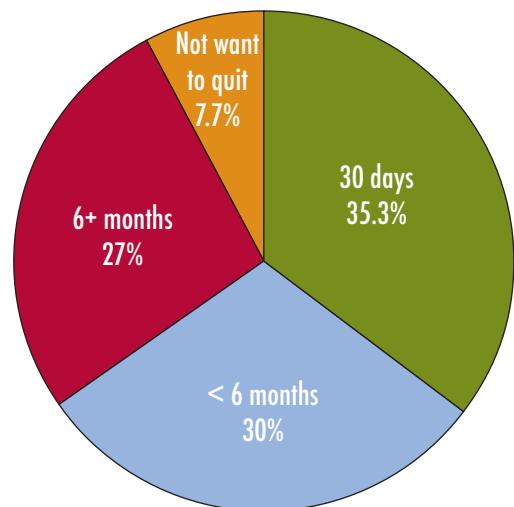
Smoking among women during pregnancy is still disturbing at 17 percent, 50 percent higher than the national rate of 11 percent. One-third, or 34 of Indiana counties have a smoking during pregnancy rate of 25 percent or greater.

Rates for smoking among African Americans declined significantly between 2005 (37 percent) and 2007 (23 percent). Rates among Latinos have also declined since 2005 (2005 at 33 percent to 25 percent in 2007), but not statistically significant. These data trends should continue to be monitored.

Last year, 39 percent of Hoosier adult smokers attempted quit smoking through a variety of methods. When they tried to quit, almost one-fourth used medication (22.9 percent), 3.1 percent used group cessation classes, and 5.9 percent used the Indiana Tobacco Quitline.

Hoosiers want to quit smoking. Data from the 2007 Indiana Adult Tobacco Survey reports that more than nine out of ten (92.3 percent) Hoosier smokers want to quit. Of these, two-thirds (65 percent) of current smokers

Smokers intentions to quit

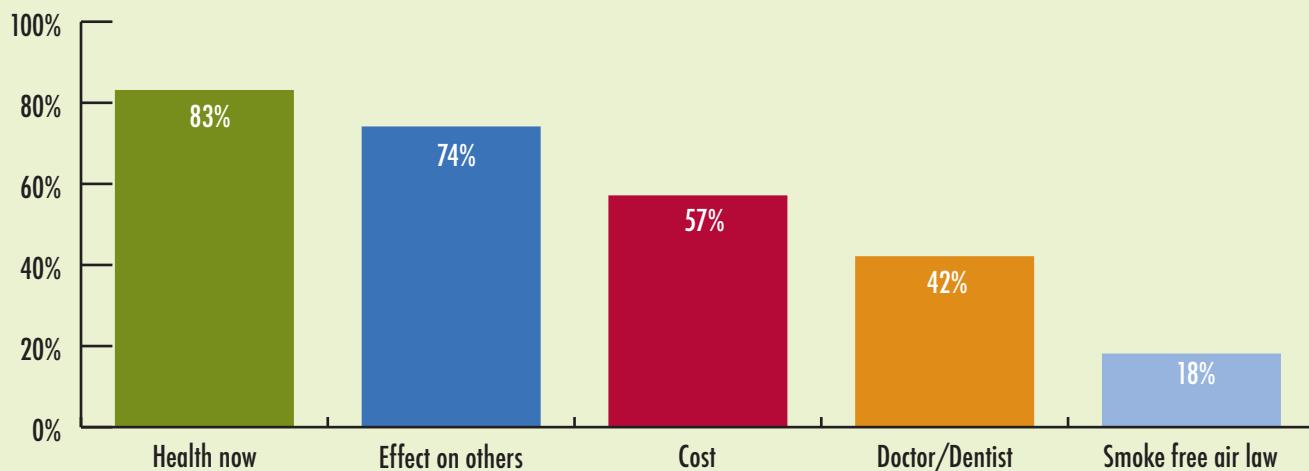


report seriously considering quitting in next 6 months. Approximately 35 percent want to quit in the next 30 days.

Smokers are confident in their ability to quit, with 81 percent feeling very or somewhat likely to succeed. Of smokers who tried to quit in the past year, over half (57 percent) said cost was an important motivating factor. Four out of five (83 percent) cited current and future health concerns as important reasons to quit. One in five (18 percent) said a community smoke free law encouraged them to quit.

Data from the 2007 Indiana Adult Tobacco Survey indicates that nearly two-thirds (63 percent) of Hoosiers who saw a doctor or other health professional report being asked if they smoked. Among current smokers who visited a health professional in the past year, 78 percent say that health professional advised them not to smoke. Indiana tobacco control partners statewide are working with health care providers to increase this, and give them the tools they need to help patients.

Important Reasons to Quit



Source: 2007 Indiana Adult Tobacco Survey

"There's never been a better time to quit."

In the summer of 2007, Governor Mitch Daniels, with State Health Commissioner Judy Monroe, M.D. and Karla Sneegas, ITPC executive director launched a new campaign entitled "There's never been a better time to quit," encouraging people to quit by getting help one of three ways:

1. Seeing their health care provider for medical advice on quitting;
2. Calling the state's toll-free tobacco quit line – 1-800-QUIT-NOW (784-8669) and seeking help from a trained tobacco cessation coach, or
3. Contacting their local ITPC-affiliated community coalition for resources.

As part of the campaign, Indiana's first quit smoking contest Quit 2 Win 2007 was launched. Hoosiers who pledged to stop using tobacco between September 15 and October 15 were entered in a random drawing for prizes. This contest was in collaboration with INShape Indiana with participants signing

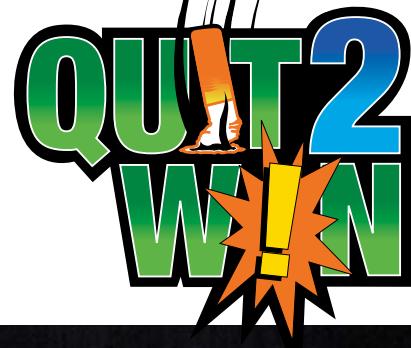
up online as well as at events around the state. Over 5,000 entries were submitted statewide. There were 550 entry boxes placed throughout the state by 88 local tobacco control coalitions.

Zachary Joley of Fort Wayne was the top prize winner. Six other prize winners were announced on January 2 in Fort Wayne.

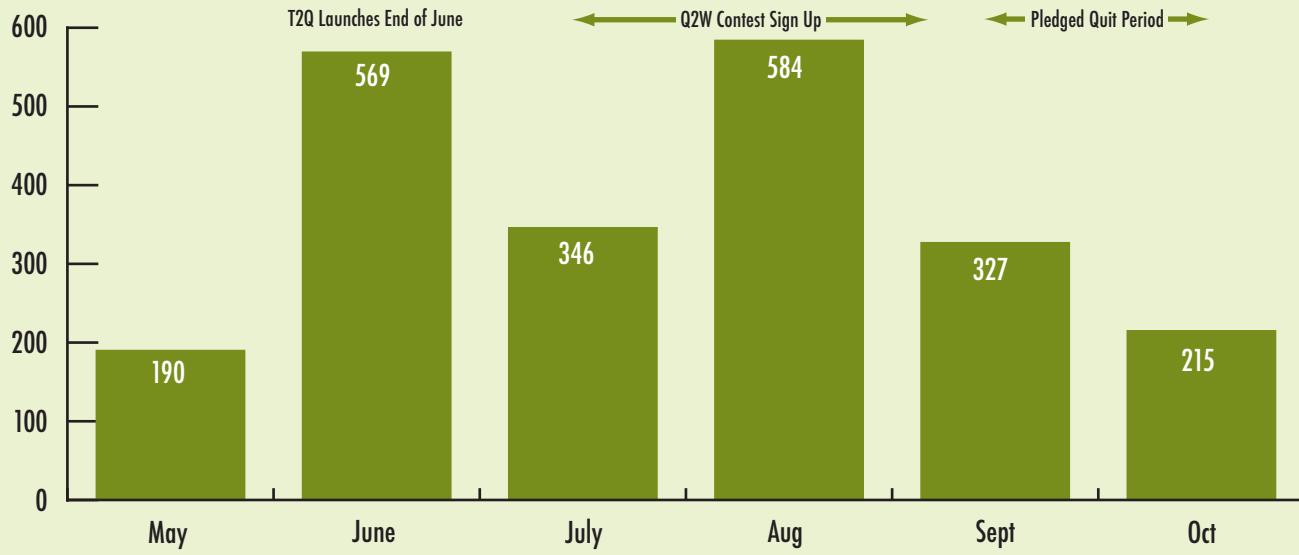
A follow up survey from email participants showed that of the 320 contestants who responded to the survey, 84 percent indicated they were successful and that 76 percent remained smoke free during contest.

The official kickoff of the contest had a notable effect on the number of calls to the Indiana Tobacco Quitline during the campaign and contest quit period with over 2,100 calls. This compares to the previous 6 months (Nov 2006–Apr 2007) of nearly 1,000 calls.

On June 4, 2008, ITPC kicked off Quit 2 Win 2008. Again, state and local partners will be signing up smokers to quit for 30 days for the chance to win prizes. Smokers can sign up at the INShape Indiana website, county fairs and festivals, and other events such as The Lawn concerts, IBE Summer Celebration and the Indiana State Fair. Getting smokers to try to quit is the first step in helping them become smoke free for life.



Monthly Quitline Call Volume – Time 2 Quit Campaign 2007



Indiana Tobacco Quitline – 1-800-QUIT-NOW

The Indiana Tobacco Quitline is a free service available for all Hoosiers for help in quitting tobacco through telephone-based counseling. The Quitline is one part of Indiana's comprehensive tobacco cessation network of services and provides referrals to cessation services offered by ITPC local partners when appropriate.

INDIANA TOBACCO QUITLINE

1-800-QUIT-NOW

WE'LL SHOW YOU HOW

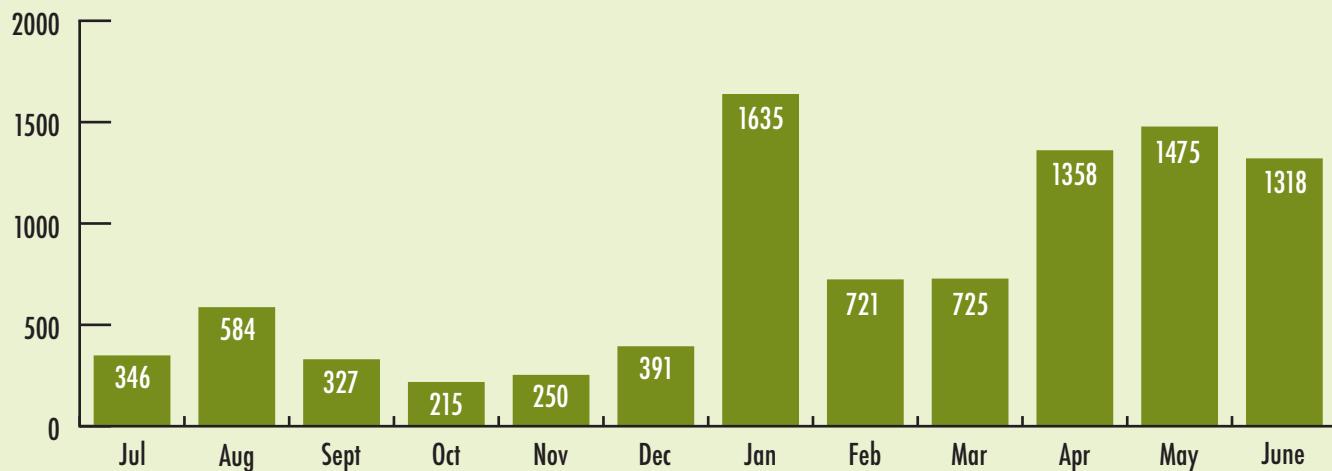
Scientific reviews have established that proactive telephone counseling through the quitline is an effective cessation method. The U.S. Public Health Service Clinical Practice Guideline and the Guide to Community Preventive Services both recommend the quitline as an effective method to help people stop smoking or using tobacco.

One of the goals of a quitline is to increase the number of people who attempt to stop using tobacco, and increase the number of people who are tobacco free.

Any Indiana resident can call the Indiana Tobacco Quitline. The 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 community or national cessation resources. All calls are confidential.

In SFY 2008, ITPC received \$1.2 million from the increase in the cigarette tax. This funding was dedicated to services provided by the Indiana Tobacco Quitline, which received over 9,000 calls during this year. Call volume during SFY 2008 has increased significantly due to several factors that include the July cigarette tax increase, the Time 2 Quit campaign and Quit 2 Win contest, and a 2-week supply of expanding services to include nicotine replacement therapy beginning in late November. In addition, ITPC local coalitions have been very active promoting the quitline to health care providers, employers, and various places in their communities.

Monthly Quitline Call Volume – SFY 2008





Monthly quitline call volume reached a new record in January 2008 with over 1,600 calls for one month. During the last quarter of SFY 2008, the quitline was averaging 300 calls per week. Approximately one in three smokers (37 percent) are aware of the Indiana Tobacco Quitline.

Who is calling the Indiana Tobacco Quitline:

- 60 percent of tobacco users were female
- The majority of callers were between the ages of 31 and 60:
 - 22 percent ages 31-40,
 - 26 percent ages 41-50, and 17 percent ages 51-60.
 - Approximately 13 percent were ages 18-24 years old.
- One-third of callers had a high school diploma (33 percent), another 28 percent have some college or university education, and 17 percent without a high school education.
- 38 percent of tobacco users were uninsured and 15 percent of tobacco users were covered by Medicaid.

Outcome data from the Indiana Tobacco Quitline indicated high satisfaction rates and strong quit rates. Evaluation surveys were conducted in SFY 2008 for a 7-month follow up and a 3-month follow up for those receiving a 2-week supply of patches or gum through the Indiana Tobacco Quitline.

In the 7-month follow up study, respondents reported a high satisfaction rate (89.7 percent) with services provided by the Indiana Tobacco Quitline. Twenty-nine (29) percent of quitline callers reported being tobacco abstinent for seven days or more. The 30-day quit rate was 23.5 percent. The majority of respondents reported quit attempts that lasted 24 hours or more and a little over 60 percent reduced the amount of tobacco used.

Beginning in late November 2007, a 2-week supply of nicotine replacement medication (NRT) in the form of patches or gum was available. A 3-month evaluation study indicated higher satisfaction and higher quit rates among participants who received NRT from the Indiana Tobacco Quitline compared to those who did not receive the medication. Fifty-nine (59) percent of the participants received the NRT benefit.

From the sample of smokers that were followed up with a survey, the quit rates were strong. Forty-three percent reported being smoke free for the past 7 days and 34.5 percent reported being smoke free for the past 30 days. The 7-day and 30-day quit rates are standards for tracking cessation outcomes.

The results demonstrate the effectiveness of the Indiana Tobacco Quitline and the nicotine replacement benefit in combination with the intensive tobacco cessation program, especially considering only 3 percent of smokers successfully quit “cold turkey.”

Of those still smoking at follow up, 62 percent in both studies had reduced their smoking since beginning quitline services, and had reduced their smoking by 14-15 cigarettes per day.

Evaluation Study	Indiana Tobacco Quitline Outcomes		
	7-day quit rate	30-day quit rate	Satisfaction with services
7-month overall (Jan-Sept 2007)	29.3%	23.5%	89.7%
3-month NRT (Nov 2007-Feb 2008)	47.1%	38.0%	98.8%
3-month no NRT (Nov 2007-Feb 2008)	40.0%	25.6%	93.3%

Promotional efforts are effective in driving tobacco users to call the Indiana Tobacco Quitline for assistance. Primary ways people heard about the quitline included tagged radio ads with the Indiana Tobacco Quitline phone number (21 percent), television ads (13 percent), newspaper or magazine (9 percent) and health professionals (7 percent). Family/friends are also a strong way to get information out about the quitline with 15 percent of callers noting this method.

Beginning in SFY 2009, additional promotion of the 1-800-QUIT-NOW number will be at tobacco retailers throughout Indiana. As a result of the 2008 legislative session, House Enrolled Act 1118 puts into law a signage provision for point of sale or point of entry for tobacco retailers. The sign must read, “Smoking by Pregnant Women May Result in Fetal Injury, Premature Birth, and Low Birth Weight. For help in quitting smoking, 1-800-QUIT-NOW.”

Local Cessation Networks

Community-based and minority-based grantees are implementing strategies based on the Clinical Practice Guideline for Treating Tobacco Use and Dependence, such as establishing cessation networks and changing policies throughout the community. These local networks are key to meeting the demand for tobacco users who are ready to quit smoking. These networks will serve as the referral system for the Indiana Tobacco Quitline.

Supplemental funding for cessation interventions

As a result of the increased funding to ITPC for SFY 2008-2009, additional dollars were provided to 21 local ITPC community-based and minority-based partners. These 21 coalitions were selected through an application process. Current ITPC partners provided a written plan based on evidenced based cessation systems interventions for their communities. These partners are implementing interventions recommended by the 2008 U.S. Public Health Services Clinical Practice Guideline for Tobacco Treatment at the local level. One of these recommendations is to increase call volume to the Indiana Tobacco Quitline. Early results from the second quarter of 2008 show that the 20 counties with the supplemental funding for cessation interventions net 1,742 calls compared to all other counties without additional funding with 1,537 calls.

Outreach to health care providers

To help Hoosiers quit, health care professionals must be equipped with the skills to provide state-of-the-art tobacco cessation counseling. The Best Practices in Tobacco Cessation Counseling online educational curriculum is designed to educate the health care professional about managing the care of the highly-dependent tobacco user. The course helps the health care professional gain knowledge and develop skills in how to assess, diagnose, develop treatment plans and deliver effective tobacco cessation interventions. To date, approximately 300 individuals have completed the certification.

Some of Indiana's health care professionals may be the ones who need help in quitting tobacco use and breaking from this addiction. ITPC statewide partner Clarian Tobacco Control Center: Nurse-to-Nurse program helped reach clinical health professional nurses and supported quit attempts for both nurses and patients of nurses using tobacco. A critical objective of the project is for nurses and clinical health professionals to increase use and implementation of Clinical Practice Guideline in patient care uniformly throughout their health care service. Finally, the project plans to increase involvement of nurses and other health care professionals in community efforts to reduce tobacco use.

EX® Campaign

The American Legacy Foundation brought together several national organizations and 13 states, including Indiana, to form the National Alliance for Tobacco Cessation (NATC). The NATC is a growing group of states, non-profit organizations, foundations and corporations, all dedicated to helping people quit smoking.

All of these organizations agree that while smokers may know why they should quit, many just do not know how. A new public health campaign called EX®, was created to change the way smokers feel about the difficult process of quitting and guide them to valuable resources to build a successful quit attempt. The campaign steers away from focusing solely on the reasons for quitting and instead empowers smokers to use free resources and methods that have been proven to increase smokers' chances of quitting successfully.

This public education effort encourages the adults who smoke to approach quitting smoking as “re-learning life without cigarettes.” EX® provides smokers with information that can help them prepare for a quit attempt by 1) “Re-learning” their thinking on the behavioral aspects of smoking and how different smoking triggers can be overcome with practice and preparation; 2) “Re-learning” their knowledge of addiction and how medications can increase their chances for quitting success; and 3) “Re-learning” their ideas of how support from friends and family members can play a critical role in quitting.

Nationally, EX® is educating smokers through advertisements on television, radio and online and via out-of-home promotions. The program also offers smokers a new Web site, www.BecomeAnEX.org, which features action-oriented tools and information to help smokers prepare for quitting by developing a personalized plan, as well as a virtual community, where smokers can share stories about their quit attempt.

Indiana has been able to purchase additional media based on the EX campaign for targeted communities and events. The EX® coffee truck made several stops in Indianapolis and Fort Wayne during one week in June.

Factors impacting progress on adult smoking:

- There are over one million smokers in Indiana.
- Through the current funding capacity of the Indiana Tobacco Quitline, we can provide intensive services to < 1 percent of the smoking population. It is recommended that quitlines serve 8 percent of smokers.
- ITPC is restricted on the amount of dollars it may spend on the public education and promotion efforts, due to a clause in appropriation bill language that restricts the amount of dollars spent in statewide media efforts. Media drives call volume and supports all smokers' intentions to quit, regardless of how they quit. Additional media is needed to communicate this message.
- The Quit 2 Win contest was successful in getting more Hoosier to try to quit. The more smokers try to quit, the more likely they will succeed.
- Increasing service availability and the offering of stop smoking medication to all smokers has increased the use of the quitline; giving more Hoosiers the opportunity to try to quit and be successful in quitting.
- Indiana's smoking rate remained steady in 2007 and we were able to maintain gains made in previous years.

PRIORITY AREA 4

INCREASE ANTI-TOBACCO KNOWLEDGE, ATTITUDES AND BELIEFS NECESSARY FOR SMOKING BEHAVIOR CHANGE TO OCCUR

The ITPC public education campaign focuses on changing tobacco-related knowledge, attitudes, and beliefs and is based on extensive research indicating that attitudes and beliefs influence behavior. If people hold positive attitudes toward an activity such as smoking, they will have a greater likelihood of engaging in that activity than if they hold negative attitudes toward the activity. Conversely, if they hold negative attitudes toward engaging in an activity, they will be less likely to engage in it.²⁴ Research supports these theories as they pertain to tobacco-related knowledge and attitudes, and subsequent influences on smoking and other tobacco use behaviors.²⁵

ITPC works to educate individuals and organizations about the devastating effects of tobacco use on our society and empower them to take action and adopt a tobacco free philosophy. This work is much more than advertisements, and expands to communicating a tobacco free message to help Hoosiers live healthier lives.

Mass media campaigns are effective in reducing initiation of tobacco use and increasing cessation when combined with other actions, such as increasing the cigarette tax, smoke free air laws, and program funding.²⁶



Indiana's statewide public education campaign is a combination of paid and earned media messages designed to counter pro-tobacco influences and increase pro-health messages and influences throughout the state. Counter-marketing consists of a wide range of efforts, including paid television, radio, billboard, and print counter-advertising at the state and local level; ethnic marketing; media advocacy and other public relations techniques. Counter-marketing activities can have a powerful influence on public support for tobacco control interventions and set a supportive climate for school and community efforts.

The power of media and marketing to influence behavior and drive demand for products and services is well-known. According to the 2005 Report from the Federal Trade Commission (FTC), the tobacco industry spent more than \$13 billion on advertising, nearly \$425 million in Indiana. The tobacco companies are spending 26 times the amount that Indiana spends in tobacco prevention. Counter-marketing and public relations campaigns can break through the industry's clutter and communicate the truth about tobacco and the industry's deceptive marketing practices.

Objectives for 2010:

- Increase proportion of youth reporting "not open to smoking."
 - Middle school youth to 70 percent by 2010.
 - High school youth to 50 percent by 2010.
- Increase proportion of youth who think smoking does not make people look cool and fit in.
 - Middle school youth to 90 percent by 2010.
 - High school youth to 85 percent by 2010.
- Increase proportion of adult smokers with intentions to quit smoking in the next 30 days to 35 percent by 2010.
- Increase proportion of adults that strongly believe that exposure to secondhand smoke is a health hazard to 90 percent by 2010.
- Increase support for secondhand smoke worksite policies among adults to 85 percent by 2010.

2007-2008 progress:

- Proportion of youth reporting "not open to smoking":
 - Middle school youth is 61 percent.
 - High school youth is 40 percent.
- Proportion of youth who think smoking does not make people look cool and fit in:
 - Middle school youth is 90 percent.
 - High school youth is 88 percent.
- Proportion of adult smokers with intentions to quit smoking in the next 30 days is 35 percent.
- Proportion of adults that strongly believe that exposure to secondhand smoke is a health hazard is 55 percent.
- Support for secondhand smoke worksite policies among adults is 78 percent.

Indiana's strategies for increasing anti-tobacco knowledge, attitudes and beliefs necessary for smoking behavior change to occur are to:

- 1) Implement a statewide public education campaign; and
- 2) Increase level of community activism among youth to support community change that includes youth involved in the Voice movement.

Outcomes achieved:

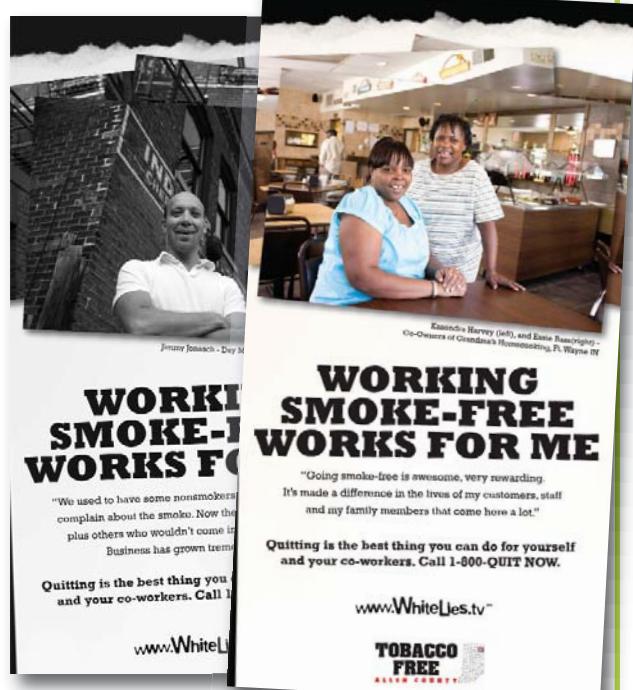
WHITELIES.TV

Educating Hoosiers on the dangers associated with secondhand smoke remains a primary focus of ITPC's statewide public education campaigns. Public education is key as many communities continue to build foundations of support for smoke free workplaces and public places, and to motivate tobacco users to seek resources to quit.

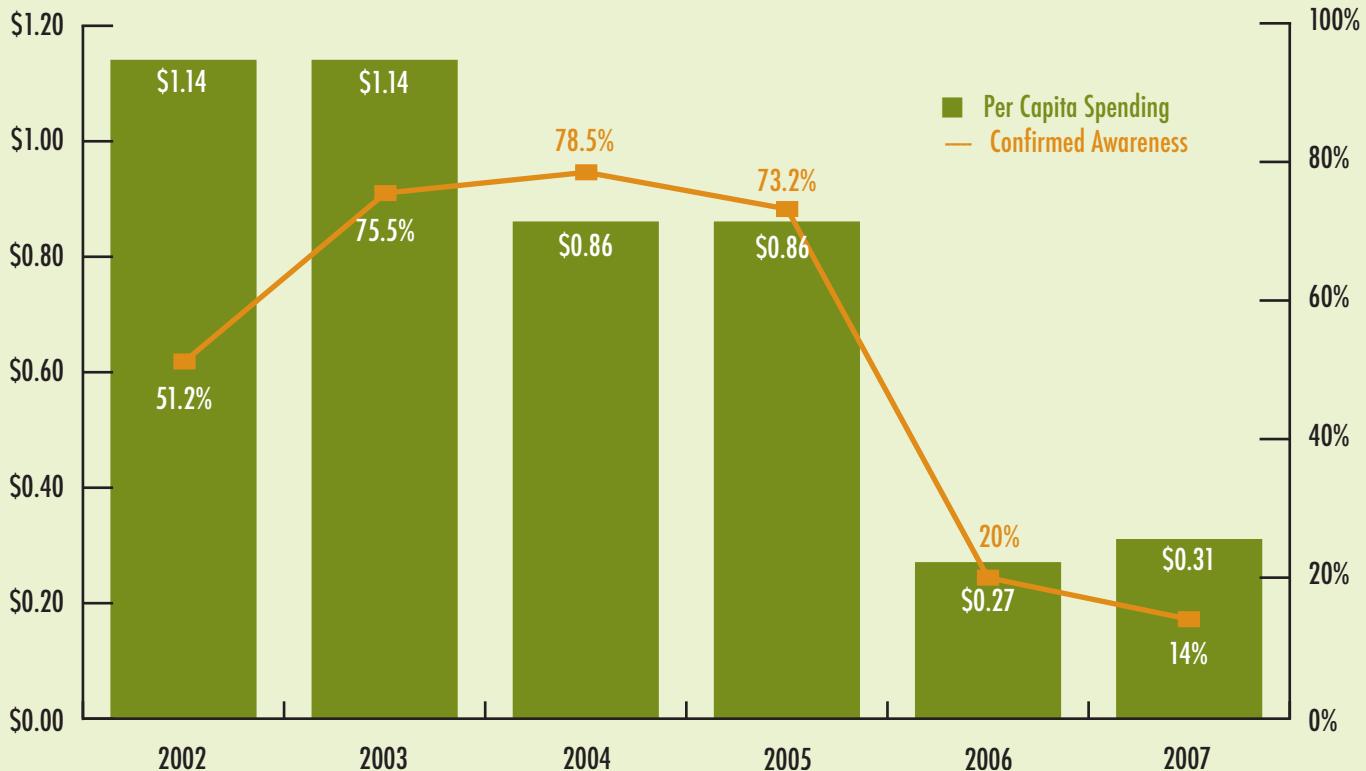
Two WhiteLies.tv television advertisements were featured during this year. The Rene Hicks series called "SHS Is Dangerous" and "This Is Real" focused on secondhand smoke in public places. The ITPC "Right to Breathe" ad featured a mother smoking with a child in a car. These are ads previously produced for the Whitelies.tv campaign, with the Indiana Tobacco Quitline number added.

Research data on specific ad effectiveness show that Hoosiers are aware of the ads and find them convincing

www.WhiteLies.tv



Public education campaign awareness compared to per capita campaign spending



and make them think about tobacco use issues. However, overall confirmed awareness among adults of any part of the ITPC public education campaign has fallen to 14 percent in 2007. This is a dramatic decline from previous years of 70 percent in 2005. Measures of confirmed awareness of media messages are highly dependent on funding to run enough messages at the reach and frequency necessary to change attitudes. In SFY 2007-2008, per capita spending on public education campaigns was at 31 cents, down from 86 cents in 2004, when confirmed awareness measures were over 70 percent. In order for Hoosiers to be aware of anti-tobacco messages, they must be able to see them.

In 2007-2008, a WhiteLies.tv advertising campaign called “Working Smoke Free Works For Me,” featured workers and employers in communities with effective smoke free workplace laws. Several Hoosier workers and employers were featured in this series of local “WhiteLies.tv” newspaper advertisements. A supplemental grant from the Americans for Nonsmokers Rights provided funds to assist with this campaign.

VOICE.TV

A trio of television ads encouraging youth to fight back against the tobacco industry focused on the statewide youth advocacy movement known as VOICE. Ads were filmed at ACTION SPEAKS, an event that kicked off 2007 local VOICE events. These ads support local youth activism in more than 50 communities throughout the state.



The Voice Road Tour began at the end of SFY 2008, with youth planning to reach out to other youth at outdoor events, fairs and festivals. Voice youth are spreading the word about too much smoking in the movies, with their pledge campaign called, “Don’t Glam Tobacco.” They want the movie industry to stop glamorizing the use and overuse of tobacco in their films and to put an R rating on movies that portray smoking. Thirty-five (35) percent of new smokers ages 9-12 can be attributed to exposure to smoking in movies. Exposure to such tobacco imagery predicts established smoking behavior in adolescents.²⁷

TAKE NOTE

Take Note is a movement of entertainers, musicians, and bar workers joining the fight to eliminate disparities regarding worker exposure to secondhand smoke. These entertainment workers are taking a personal interest in eliminating smoking from their work environment and are willing to take action to change the status quo. Workers whose office happens to be a bar should not have to choose between unhealthy smoke-filled environments or changing jobs. ITPC is supporting this movement through a grant from the American Legacy Foundation. Key activities have taken place this year including:



- **Website Development:** The website is a key point of entry in which people are getting signed up for the movement. The website was launched in January 2008 and there have been over 5,500 hits through June. The most frequently viewed page features an on-line smoke free entertainment venues guide.
- **Data collection for entertainment guide:** Twenty-six counties and 150 venues are listed in the guide by county. Detailed venue information obtained from the entertainment guide survey provided a baseline for this project.
- **Monthly E-blasts:** These provide a bit of information about what is going on with Take Note

- and the music scene. They include a fact about secondhand smoke exposure as well as what is happening locally in music. These serve as a continuous way to communicate with the movement.
- **Sponsorships at major events:** Take Note, through its supportive sister movement ‘WhiteLies.tv’ had a presence at the Indy Jazz Fest in June. The music event was an outdoor smoke free event for the first time in its ten year history (designated areas only). This allowed Take Note to get some interviews and footage of jazz musicians and their views on smoke free clubs. Earlier in the fall, Take Note launched its efforts at the Penrod Arts Festival where Take Note co-sponsored one of the many music stages and began recruiting musicians and supporters.
 - **Local Events:** Take Note has sponsored several concerts during late 2007 and the first quarter of 2008. Events were held in late November at Radio Radio and later at The Music Mill. The first quarter of 2008 brought events at Chateau Thomas Winery and Boulevard Place Café. Many more events are planned for the summer and fall of 2008 with an event scheduled nearly every month.

Partnerships

In addition, to the EX® campaign and the National Alliance for Tobacco Cessation, other partnerships have expanded the WhiteLies.tv and Voice.tv brands this year.

Indy Jazz Fest

For the first time in its 10 year history the Indy Jazz Fest was a smoke free event. This allowed WhiteLies.tv and the Take Note movement to give a louder voice to musicians and entertainers and their desire for a smoke free workplace.

The Lawn

Promoting a smoke free message continued this summer with a partnership with The Lawn concert series at White River State Park. The WhiteLies.tv sponsorship of an outdoor concert venue has been a great place to promote quitting smoking to all concert goers and outreach to youth through Voice. These events have been a nice complement to all the work happening with Take Note.

Steve Simpson-WIBC-93.9

After more than 25 years as a smoker, WIBC broadcaster Steve Simpson successfully broke his addiction with nicotine. Since doing so, he has been using his professionally-trained voice to extol the virtues of being smoke-free with his thousands of loyal listeners, friends and colleagues. On his show, he offers advice to those interested in quitting and discusses with some of his guests issues related to tobacco. Steve is also writing and maintaining a daily blog that highlights all types of issues related to tobacco use and, more importantly, quitting. It is within this blog that ITPC has been featured.

Deuce-WRZX-X103

Amid the rockin’ backdrop of X-103’s “May Day” concert earlier this year, Deuce – a popular afternoon drive-time DJ – promised to himself and to his listeners that he was quitting smoking. He made the pledge in front of thousands gathered at the annual event at the Verizon Wireless Music Center and, months later, he’s still going. He also enlisted the pledges of three listeners to quit with him. Since then, X-103 has profiled the trials and tribulations of these people as they make an effort to improve their quality of life by quitting smoking. Deuce and the station is also staging a contest – set to climax at its X-Fest Concert event in September, with prizes for those listeners who have successfully

quit. Hundreds of additional listeners have also pledged along the way to quit as well, making it an all-out effort. Throughout the promotion, the brand WhiteLies.tv and Quit 2 Win has been heavily promoted.

IBE Summer Celebration

Event sponsorship was of particular value in expanding the messages to ethnic audiences around the state. A primary example was the Indiana Black Expo's Summer Celebration in July. WhiteLies.tv and the Voice movement had a significant presence throughout the ten-day event. ITPC used the platform to speak about the dangers of smoking and secondhand smoke. WhiteLies.tv had a large exhibit at the Indiana Black Expo information center, with the Quit 2 Win contest and the Smoke Free VIP Membership card registration. People were very excited and were responsive to the materials and the opportunities being presented.

Both campaigns proved to be huge successes. The 2007 Quit 2 Win contest was launched at Summer Celebration and was a successful strategy in getting the attention of smokers that are really serious about quitting. Over 120 smokers registered for the contest at this event. The overall response from the smokers was one of honesty and gratefulness for this type of support. For non-smokers, the VIP smoke-free membership card was an even bigger success: Over 350 non-smokers registered for the membership card. Non-smokers were excited about helping to support a smoke free Indiana. The campaign was welcomed and the overall response was positive. People seemed to be well educated and definitely more aware of the WhiteLies campaign, at times were quoting lines from their favorite commercials.

Indiana State Fair

In August 2007, the annual Tobacco Free Day took place as part of the sixth year of ITPC's sponsorship of the Indiana State Fair. The impact of this twelve-day partnership continues to grow each year, particularly as the Fairgrounds extends its non-smoking policy to new areas each year. Employees were provided with a training session, including information and updates on the no smoking policy. ITPC's message covered the grounds as its informational brochures were displayed in fair venues year-round and banners were posted on Tobacco Free Day. Fairgoers were encouraged to sign up for the Quit 2 Win contest or support others in their attempts to quit smoking. A press conference was held on opening day to promote Quit 2 Win progress.

Voice sponsored the evening concert featuring the popular group, the Jonas Brothers. Voice youth participated in the daily parade and hosted a variety of activities to engage visitors at their booth. Many of the visitors were previously exposed to the Voice and/or WhiteLies.tv messages during the county fairs, when partners educated local crowds on tobacco use. Partners utilized ITPC's newspaper ads, public service announcements, banners, t-shirts and promotional items to extend the WhiteLies.tv brand locally.

Indianapolis Woman

As a result of the 2007 Influence Health Forum, the *Indianapolis Woman* magazine has partnered with ITPC and the Indiana State Department of Health (ISDH) to produce several monthly inserts focusing on a different health topic. The first special insert focused on tobacco cessation and supported "There's never been a better time to quit" campaign. Inspirational stories of Indiana women who quit smoking were gathered by the magazine. Quit tips and state and local resources were provided. These inserts have been a resource for health care providers and circulated throughout Indiana. In the Spring of 2008, *Indianapolis Woman* did an insert on The Power of Addiction. Again, tobacco was highlighted with the message that tobacco use is an addiction and should be treated as a chronic disease.

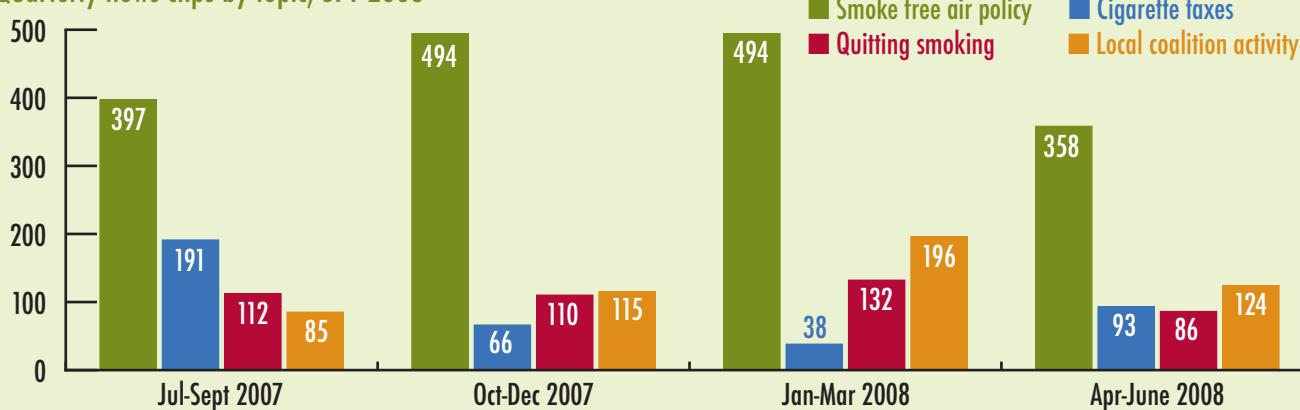
Media Advocacy

With an emphasis on media advocacy, ITPC worked to keep the issue of tobacco control in the public dialogue. National, state and local news provided a strong foundation for ITPC and its partners to generate news. Additional tools, such as the weekly e-mailed Facts for Life statistic, monthly articles in the Indiana State Personnel Department newsletter and the monthly IN Breathe newsletter allowed various audiences to keep abreast of tobacco control issues.

Hosting press conferences afforded ITPC the chance to speak directly with the media at various times throughout the year. ITPC also issued nearly 80 news releases, opinion editorial pieces and letters to the editor on a variety of topics, including the implementation of the cigarette tax increase; speaking out against new tobacco products marketed to Hoosiers; awards such as RISE and the Youth Advocate of the Year; praise for 100 percent tobacco free school campuses and local smoke free workplace ordinances, especially support for smoke free policies, including air monitoring studies and public opinion surveys; promoting the quitline and “there’s never been a better time to quit” campaign, the Quit 2 Win contest and other community and state events.

In SFY 2008, over 3,500 news clips were generated on a variety of tobacco control topics throughout Indiana.²⁸ As in previous years, the key topics were local smoke free air policy and secondhand smoke with more than 50 percent of the newsclips were about these topics. Counties with a high number of clips are those that have engaged in local discussions on smoke free air policy. Other topics include quitting smoking and coverage of local coalition activity. Approximately 64 percent were hard news items and 35 percent opinion items. Of those opinion items, two-thirds (67 percent) were anti-tobacco in nature.

Quarterly news clips by topic, SFY 2008



Factors impacting progress on changing Hoosier attitudes on tobacco use:

- The lack of adequate funding for a strong media campaign is inhibiting progress in Indiana. Due to the restrictions on how funds are spent, not enough resources are put into paid media efforts.
- Indiana has been recognized nationally for its public education campaign and the effectiveness of the ads. However, in order for Hoosiers to change attitudes, messages must be run at adequate levels to make a difference.
- The increase in partnerships is one way that more Hoosiers and organizations statewide are stepping up to take on tobacco. The increase in smoke free events and empowered organizations to do their part show that tobacco use among Hoosiers is becoming less socially acceptable.

PRIORITY AREA 5

INCREASE INDIANA'S TOBACCO TAX TO REDUCE ADULT SMOKING AND PREVENT YOUTH SMOKING

High cigarette taxes are among the most effective tools to reduce smoking. Health economists have shown that increasing the price of cigarettes causes a reduction in smoking. Numerous U.S. Surgeon General Reports have concluded that an optimal level of excise taxation on tobacco products will reduce smoking rates, tobacco consumption, and the long-term health consequences of tobacco use. The Task Force on Community Preventive Services found that interventions to increase the unit price of tobacco products are effective both in reducing the number of people who start using tobacco and in increasing the number who quit and issue a strong recommendation that these strategies be implemented.²⁹

Economic research concludes that every 10 percent increase in the real price of cigarettes reduces adult smoking by about 4 percent and teen smoking by roughly 7 percent.³⁰ Youth are up to three times more sensitive to price than adults while younger adults (18-24) are about twice as sensitive to price than older adults.³¹ Studies also conclude that the greatest impact of price increases is in preventing the transition from youth experimental smoking to regular (daily) smoking. Considering 90 percent of smokers start as teenagers, a group highly sensitive to price, higher taxes can sharply reduce youth smoking. A reduction in youth smoking will influence a long-term decrease in adult smoking.

Long Term Objective for 2010:

- Decrease cigarette consumption
- Increase Indiana's tobacco tax to \$1.50 by 2010.

STATE CIGARETTE EXCISE TAXES CENTS PER PACK

Overall All States' Average: \$1.184 per pack

Rank	State	Tax
1	New York	275
2	New Jersey	258
3	Massachusetts	251
4	Rhode Island	246
5	Washington	202.5
6	Alaska	200
6	Arizona	200
6	Maine	200
6	Michigan	200
6	Connecticut	200
6	Maryland	200
6	Hawaii**	200
13	District of Columbia*	200
14	Vermont	199
15	Wisconsin	177
16	Montana	170
17	South Dakota	153
18	Minnesota	149
19	Texas	141
20	Iowa	136
21	Pennsylvania	135
22	Ohio	125
23	Oregon	118
24	Delaware	115
25	New Hampshire	108
26	Oklahoma	103
27	Indiana	99.5
28	Illinois	98
29	New Mexico	91
30	California	87
31	Colorado	84
32	Nevada	80
33	Kansas	79
34	Utah	69.5
35	Nebraska	64
36	Tennessee	62
37	Wyoming	60
38	Arkansas	59
39	Idaho	57
40	West Virginia	55
41	North Dakota	44
42	Alabama	42.5
43	Georgia	37
44	Louisiana	36
45	North Carolina	35
46	Florida	33.9
47	Kentucky	30
47	Virginia	30
49	Mississippi	18
50	Missouri	17
51	South Carolina	7

*Effective October 1, 2008

** Effective September 30, 2008

Updated 07.08.08

Source: Campaign for Tobacco Free Kids <http://www.tobaccofreekids.org/research/factsheets/pdf/0097.pdf>

2007-2008 progress:

- Cigarette consumption decreased 20 percent between SFY 2007 and SFY 2008.
- Indiana cigarette tax increased to 99.5 cents on July 1, 2007.
- \$1.2 million from cigarette tax revenue was invested in the Indiana Tobacco Quitline.

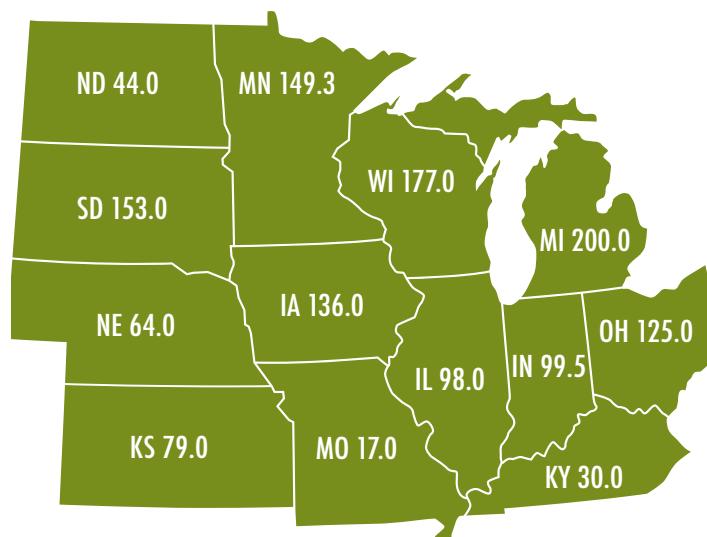
Key strategies for increasing Indiana's tobacco tax to reduce adult smoking and prevent youth smoking are:

- 1) Generate interest from organizations and the public to support increasing tobacco taxes as a strategy for reducing adult and youth smoking rates; and
- 2) Educate key decision makers on the health and economic benefits of increasing tobacco taxes.

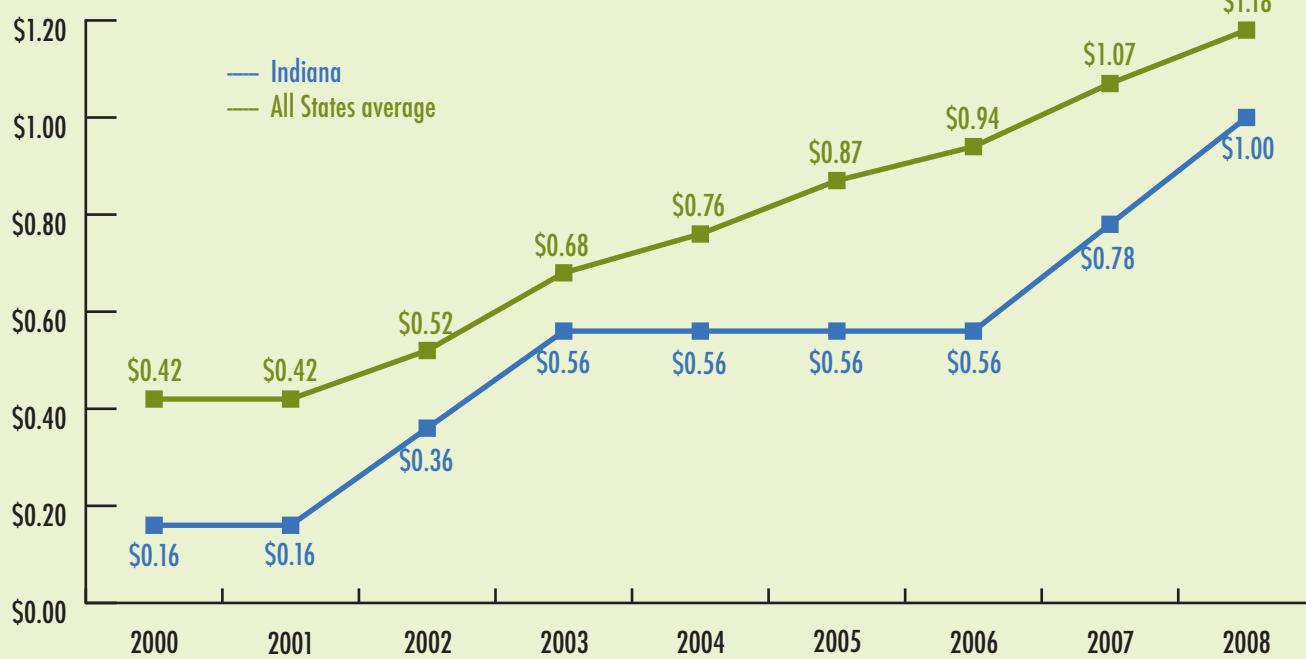
Outcomes achieved:

Increasing Indiana's cigarette tax

The July 1, 2007 Indiana's cigarette tax increased 44 cents to 99.5 cents. This increase brings Indiana's tax just under the national average of \$1.18.³² Indiana's tax puts it at the 27th highest tax in the country. In 2007-2008, 16 states have passed 17 separate cigarette tax increases. Indiana's tax still remains lower than all of its border states, except Kentucky and Illinois.



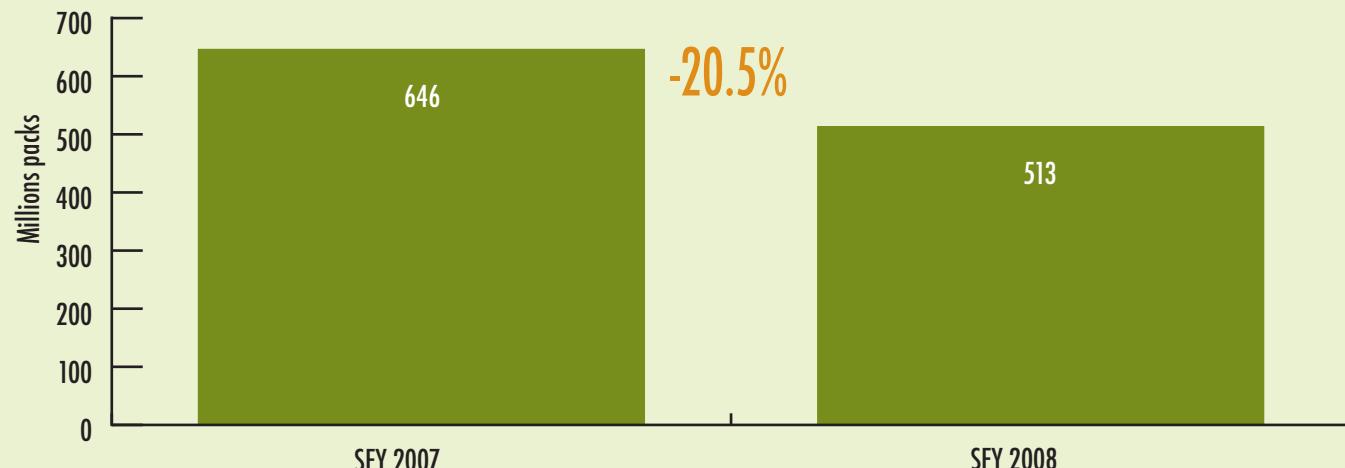
Cigarette Tax - Indiana vs. All States



Cigarette Consumption Declined

Cigarettes smoked by Hoosiers can be estimated through the number cigarette tax stamps sold to tobacco retailer distributors. Data on tax stamp sales are collected through the Indiana Department of Revenue. Since last year, cigarette consumption has dropped by 20.5 percent. In SFY 2008, 513 million cigarette stamps were sold in Indiana. This decline in consumption is greater than the 16.9 percent decline experienced in SFY 2002-2003 when Indiana tripled its cigarette tax from 15.5 cents to 55.5 cents. The established tobacco cessation infrastructure at the state and local levels has enhanced worked with the tax increase intervention to help more Hoosiers quit smoking. With last year's decline in consumption, came a 43 percent increase in revenue due to the 44 cents increase in the cigarette tax. A decline in cigarette consumption is an early indicator that the smoking rate will soon decline.

Cigarette Consumption, SFY 2007 vs SFY 2008



Factors impacting progress on the price of tobacco products:

- The 20 percent decrease in cigarette consumption is an indication that smoking among Hoosiers is going down as more quit and are cutting down their cigarette use.
- Indiana must monitor consumption to maintain gains it has experienced in the first year of the cigarette tax increase. Additional tax increases may be needed, coupled with program funding, to maintain the impact of the intervention. Other states continue to make cigarette tax increases causing Indiana to fall further behind.
- Other tobacco products are taxed at very different rates creating a variety of inequities. Indiana's tax on "other tobacco products" (OTP) is 24 percent of the wholesale price. This tax is collected on a self-reporting basis through the retailer rather than the wholesaler.
- A lower tax on OTP gives price-sensitive smokers an alternative to quitting, lowering the cessation incentive of the recent cigarette tax increase. The low cost of these products means they become the tobacco product of initiation for youth.

Indiana continues to be a test market for new tobacco products

Beginning in July 2007, R.J Reynolds introduced Camel Snus in Central Indiana as one of seven cities to receive the product. Philip Morris followed in March 2008 and released Marlboro Snus into the Indianapolis market. Turney Snus (Vector Group Ltd of Liggett) and Grand Prix (Vector Group Ltd of Liggett) are also being marketed here. Aggressive marketing tactics for Snus have included: attaching a free slide pack of Snus to a pack of cigarettes; attaching a free pack of cigarettes to a slide pack of Snus (the avg. retail price for cigarettes is higher than the avg. price of Snus, thus making it a tempting offer to purchase Snus in order to get free cigarettes); prominently displayed brochures with coupons for a free slide pack; offering Snus for purchase in airports for a higher price; and full page ads in free newspapers.

Analysis of Indiana data indicates that 30 percent of adults in Central Indiana were aware of these snus products. While Central Indiana has been the focus of these test markets, ongoing surveillance of the marketing and sales of the products indicate these products are moving further out into the state. Males, smokers, and adults receiving direct mail from the tobacco companies are more likely to try snus. Specifically male smokers in Central Indiana were highly likely to try these products, as 20 percent indicated they did so.³³

The introduction of snus products is of particular concern for Indiana employers who have spent considerable resources to get smokers to quit. This new product is marketed as an alternative for smokers when they cannot smoke, thus leading to dual tobacco use. Therefore the effort of employers to reduce the percentage of tobacco using workers is undermined.

Fire Safe Cigarettes coming to Indiana

The 2008 Indiana General Assembly passed legislation regulating the type of cigarettes to be sold in Indiana. Senate Enrolled Act 28 requires fire safe cigarettes to be sold in Indiana. Indiana becomes the 22nd state to pass this legislation that will affect the number of cigarette-related fires. Smoking fires are the nation's number one cause of fire death, annually responsible for 500 deaths and 1,300 injuries.³⁴ Many of these fire injuries and deaths occur in innocent children and adults who do not smoke. In addition to lost lives these fires cause \$4 billion in property damage.³⁵

PRIORITY AREA 6

MAINTAIN STATE AND LOCAL INFRASTRUCTURE NECESSARY TO LOWER TOBACCO USE RATES AND THUS MAKE INDIANA COMPETITIVE ON ECONOMIC FRONTS.

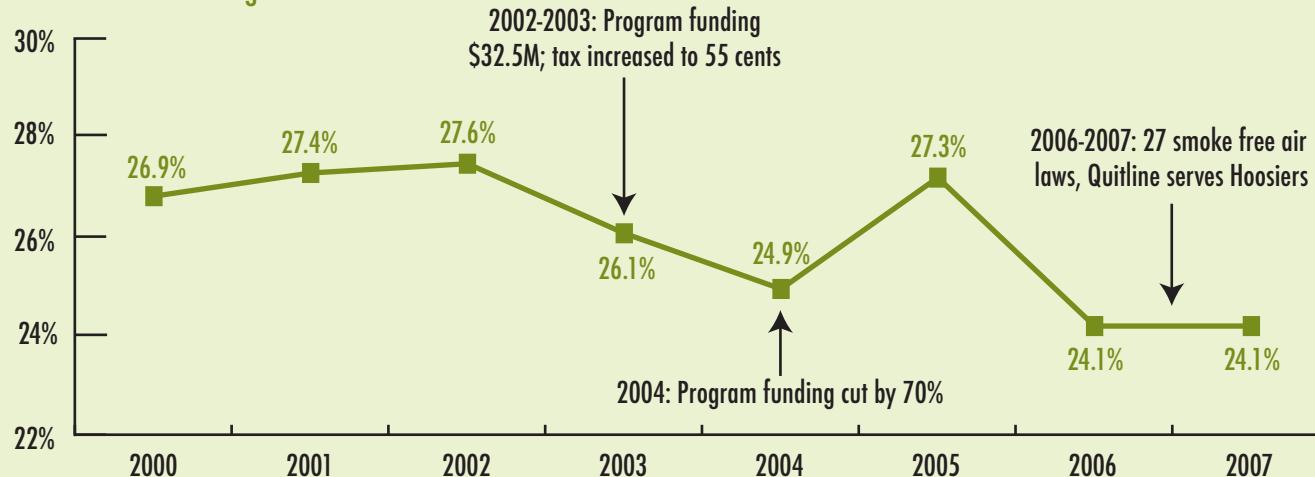
Adequate funding is necessary to carry out a comprehensive tobacco control program to improve on Hoosiers' health that is impacted by the State's alarming tobacco use rates. States that have implemented well-funded, comprehensive tobacco prevention and cessation programs have achieved sustained reductions in youth and adult smoking. Achieving declines in youth smoking and in adult smoking are indications of this investment. However, inconsistent funding has made maintaining this progress and preventing regression a challenge. Indiana saw how reduced funding impacts progress as adult smoking rates stalled following dramatic funding cuts. Data in 2005 showed that Indiana's adult smoking rate had increased from 24.9 percent in 2004 to 27.3 percent. This was a reversal from just two years prior when the smoking rate had declined from 27.7 percent in 2002 to 24.9 percent in 2004.

There is strong evidence for the effectiveness of comprehensive tobacco prevention programs. If every state had spent the minimum amount recommended by the CDC, youth smoking rates nationally would have been between 3-14 percent lower during the study period, from 1991 to 2000. The study found that states would have prevented nearly two million youth alive today from becoming smokers, saving more than 600,000 from premature, smoking-caused deaths, and saving \$23.4 billion long term, smoking related health care costs.³⁶

A recent study examined state tobacco prevention and cessation funding levels from 1995 to 2003 and found that the more states spent on these programs, the larger the declines they achieved in adult smoking, even when controlling for other factors such as increased tobacco prices. If every state had funded their programs at the levels recommended by the CDC, there would have been between 2.2 million and 7.1 million fewer smokers in the United States by 2003.³⁷

In October 2007, CDC revised all states' recommended level of investment to provide the best approximation of what it would cost, based on each state's specific characteristics, to implement with

Indiana Adult Smoking - 2000-2007



sufficient intensity the evidence-based components of a comprehensive tobacco control program. The recommended funding for Indiana is \$78.8 million.

Research also suggests that well-funded tobacco control programs combined with strong tobacco control policies increase cessation rates. Quit rates in communities that experienced both policy and programmatic interventions were higher than quit rates in communities that had only experienced policy interventions, such as high cigarette taxes and smoke free air policies. Therefore, state tobacco control programs have an effect beyond strong policy.³⁸

Objective for 2010:

- Annual funding for Indiana comprehensive tobacco control program will be equal or above the Centers for Disease Control and Prevention (CDC) minimum funding recommendation by 2010 in order to ensure:³⁹
 - Cessation services available to all Hoosiers that want to quit (see priority area #3)
 - Local comprehensive tobacco prevention and cessation programs in 92 counties
 - Local and statewide minority grants reaching 95 percent of the minority population statewide
 - All workers in a smoke free environment (see priority area #2)

Outcomes achieved:

Investment in Tobacco Control

ITPC received a 50 percent increase in funding for SFY 2008-2009. This increases the annual appropriation to \$16.2 million. \$15 million was set aside in the State's budget from the Tobacco Master Settlement Agreement payment with \$1.2 million coming from the increase in the cigarette tax.

ITPC is very pleased to have the commitment for the next two years. Increased investment in tobacco control means more services to help Hoosiers quit. The increase of \$6.2 million dollars has been allocated primarily for cessation services. With additional dollars more Hoosier smokers have been served through the Indiana Tobacco Quitline. For SFY 2008, over 9,000 Hoosiers have been helped. This was an increase in calls of 260 percent from the previous year. Supplemental funding given to ITPC local partners for recommended cessation interventions support these efforts to get more Hoosiers to quit.

Community Program Structure

Effective community programs reach people in their homes, worksites, schools, places of worship, entertainment venues, civic organizations, and other public places. Evaluation data show that funding local programs produces measurable progress toward statewide tobacco control objectives.

Indiana has been nationally recognized for its community-based programs that incorporates minority, school, cessation, youth, training, and statewide programs under one broad category because these programs are interconnected and can all be addressed by linking local community coalitions with the statewide counter-advertising program.

ITPC's commitment to its community programs remains strong, building on the great progress has been made. ITPC was able to continue the work of coalitions in 85 of the 92 counties, with 13 state and local minority based partners working in 10 counties through SFY 2009, as a result of the application process.⁴⁰

The community programs are evolving into strong and influential forces in the statewide tobacco control movement. Their work in the local communities is vital to the success of the statewide program, and ITPC is committed to these local community programs by providing training, technical assistance and resources. There are 2,250 organizations working on tobacco control through the ITPC network of 85 community-based and 13 minority-based partners in Indiana.

The 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 towards ITPC's objectives. ITPC tracks how local coalitions implement activities through a web-based program tracking system. Each coalition has a unique login to access the system and report electronically. Through this reporting system, ITPC can track local program activity level.

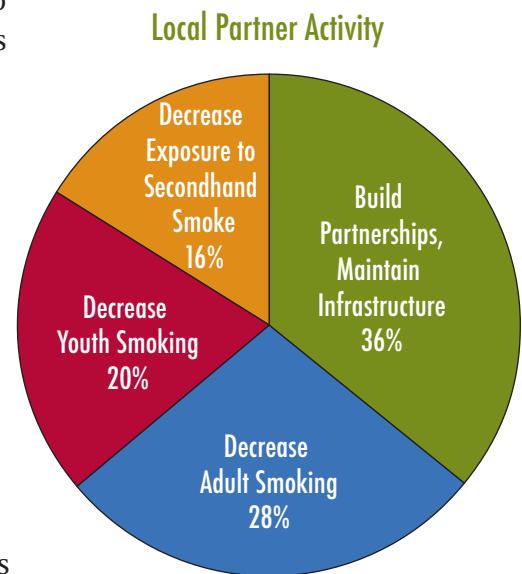
Councils have reported over 7,800 local program activities in SFY 2008, ranging from VOICE events, to community presentations, to delivering training. These include activities such as:

- More than 900 presentations reaching almost 7,800 Hoosiers
- Over 400 training activities
- Approximately 460 student education activities
- Over 2,400 new clips throughout the state were generated at the local level.

Local coalitions distribute their time working among the four priority areas discussed above:

- 1) Decreasing youth smoking rates
- 2) Increasing proportion of Hoosiers not exposed to secondhand smoke
- 3) Decreasing adult smoking rates
- 4) Protecting and maintaining a state and local infrastructure necessary to lower tobacco use rates

In order to continue 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 necessary to lower tobacco use rates. These activities include training of coalition and community members, adults and youth; developing relationships with key stakeholders and decision makers in their communities; and building diverse coalitions in their communities. The ITPC funding provides the resources to hire staff, purchase education 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 the community to make the change that supports tobacco control efforts. These coalitions also have become the central focus in organizing networks of partners through a large community. Approximately 36 percent of activity level was spent in this priority area. There was an increase in the activity level to decrease adult smoking from 23 percent of activities in SFY 2007 to 28 percent of activities in SFY 2008.



Number of activities completed by community-based and minority-based partnerships during SFY 2008 by Community Indicator.

Community Indicator	Activities	
Priority Area 1: Decrease youth smoking rates		
1	Increase the proportion of Indiana school districts that support and implement a comprehensive school strategy against tobacco use.	466
2	Extent of community activism among youth to support community change that includes youth involved in the VOICE movement.	999
Priority Area 2: Increase proportion of Hoosiers not exposed to secondhand smoke		
4	Proportion of tobacco free campus policies for hospitals, health care centers, and clinics.	97
5	Proportion of smoke free policies for worksites, including restaurants and bars.	724
7	Proportion of school districts with tobacco-free campuses.	184
9	Extent of tobacco control policies on university/college campuses. This includes indoor and outdoor spaces such as student housing, classroom buildings, and athletic facilities.	76
Priority Area 3: Decrease adult smoking rates		
11	Extent of the availability of appropriate tobacco cessation services in the community for adults and youth.	1520
12	Proportion of health care providers and health care systems that have fully implemented the Public Health Service guidelines for cessation.	368
13	Proportion of worksites that provide employer-sponsored cessation support for employees who use tobacco.	235
Priority Area 6: Maintain state and local infrastructure necessary to lower tobacco use rates and make Indiana competitive on economic fronts.		
14	Extent of participation by partners within the broad-based coalition.	1854
15	Extent of participation by groups representing disparately affected (i.e. hard to reach) populations in the community.	951

ITPC provided the following training/networking opportunities for its partners:

Regional Training Meetings in Valparaiso, Carmel, Plainfield, Bloomington, and Columbus.	July 9, 10, 12, 17, 25
Tobacco 101	July 11, February 19, June 27
Cessation Systems Training Series	September 25, December 10, June 24
Taking a College Campus Tobacco-Free Training	August 31
Statewide Partners Training Meeting	September 6
On-line Financial Reporting Test Training	October 10
Voice Hub Coordinator Training	October 16
Secondhand Smoke Training	November 1, February 13
Supplemental Grant Training	December 11
Secondhand Smoke Policy Training with IRHA	March 18

ITPC continues its comprehensive training plan for staff, board, and partners, which includes mandatory training sessions, elective training topics, an annual information-sharing event, bi-monthly conference calls, cluster meetings, and numerous communication tools. ITPC is committed to providing its partners with training needed to implement their local tobacco control programs by adapting content and material to meet the experience levels of the communities. These training methods allow ITPC to disseminate the latest evidence-based research and applications in tobacco control.

Five regional program directors oversee approximately 22 grants each and provide ongoing technical assistance that includes: involvement in coalition meetings, approval of budget and work plan changes, strategic planning, cluster meetings, conference calls, and policy assistance.

Presentations at National Conferences

Date	National Meeting	Location	Presentation
July, 2007	National CSAP Meeting for Synar Officers	Indianapolis, IN	Presentation: Partnering with your Tobacco Control State Partners
October, 2007	National Conference on Tobacco and Health	Minneapolis, IN	ITPC and ITPC funded partners were lead presentors for 8 workshops
January, 2008	Regional Workshop on CDC Best Practices	Chicago, IL	Presentation: Indiana Case Study – Model State Program
April, 2008	NAATEN/NNATP Tobacco Control Strategies for Priority Populations	Detroit, MI	Poster: Tobacco Burden on African Americans in Indiana: Drawing Conclusions and Suggesting Future Research Directions
April, 2008	Ohio Conference on Other Tobacco Products	Columbus, OH	Presentation: Snus marketing in Indiana
May, 2008	Association for Psychological Sciences 20th Annual Convention	Chicago, IL	Poster: Brain, Body, Behavior and Health session, Focus on tobacco use and African Americans
June, 2008	Sustainability Training for Washington DC Coalition	Washington, DC	Presentation: Video Teleconference Presentation on Indiana's Best Practices in Tobacco Control

ITPC and partners also had a strong presence at the Indiana Public Health Association (IPHA) spring meeting and the Indiana Rural Health Association (IRHA) summer conference with presentations on the smoke free air policy. Other key presentation included: Indiana Chamber of Commerce, "Enhancing Employer Efforts to reduce smoking by Indiana workforce," June 2008 and the Public Health and Medical Summit "Training on Secondhand Smoke Community Interventions," June 2008.

Collaborations

ISDH/CDC grant

During SFY 2008, ITPC assumed responsibilities for the CDC/Office on Smoking and Health, National Tobacco Control Program. The addition of this work complements existing ITPC activities and infrastructure, and includes management of the Indiana Tobacco Quitline. Due to this change in management, ITPC conducted a request for proposal process to select a quitline vendor. Through this thorough and competitive process, Free and Clear, will remain the service provider for the Indiana Tobacco Quitline. ITPC, on behalf of the Indiana State Department of Health, submitted a 9-month cost extension grant to CDC, for funding and program activity through March 2009. This work is an extension of the collaboration between ITPC and ISDH. More collaborations through ISDH chronic disease programs will be added throughout the coming year.

INFluence Women's Health Forum

As a result of the 2007 INFluence Health Forum, 31 local ITPC coalitions took the lead in their communities to hold their own INFluence forums on tobacco industry's targeting of women and girls. Throughout Indiana, these local events convened more than 1,600 women of influence to take action in their communities. The 2nd Annual INFluence Women's Health Forum entitled "Power over Addiction" was held on April 30, 2008 and covered the health, social, and economic impacts of substance abuse on Hoosier women. First Lady Cheri Daniels, and Mary Weiss, president and CEO of Indianapolis Woman, were Honorary Co-Chairs. Dr. Judith Monroe, Indiana State Health Commissioner, and the Office of Women's Health convened powerful Indiana women to give them the knowledge and tools to stand up for women's health, influence others, and inspire action. Valparaiso physician Mann Spitzer III spoke about his daughter's substance abuse and addiction that ultimately led to her death at age 20. Her first drug of choice was a cigarette, and Spitzer described how tobacco acted as a gateway drug for his daughter.

INShape Indiana Health Summit

The 2007 INShape Indiana Health Summit took place on October 15th at Purdue University and was an incredible success. Efforts were focused on workplace wellness and partnerships were created with numerous businesses and organizations across Indiana. The Summit brought together 602 individuals, all of whom were committed to reinforcing the INShape Indiana message. ITPC hosted a workshop on employer outreach to decrease tobacco use.

American Legacy Foundation

As described earlier, ITPC has been given a grant for the Take Note project with first year funding of \$100,000. In addition, the National Alliance for Tobacco Cessation provides opportunities for partners organizations to apply for funding to support the EX campaign. ITPC was completing this proposal at the end of SFY 2008. Approximately \$140,000 is expected through this project.

Indiana Cancer Consortium (ICC)

ITPC is a founding member and past co-chair of the ICC. ITPC remained involved this past year in communicating the Quitline as a resource tool for all ICC member organizations.

Indiana Public Health Association (IPHA)

IPHA is reaching out to local boards of health to increase knowledge effective smoke free air policy. Six presentations have been delivered to local boards of health and more than 20 health department administrators with the Indiana Association of Local Boards of Health.

Indiana Coalition to Improve Adolescent Health (ICIAH)

ITPC has served as co-chair of the Prevention Work Group and assisted in the development and baseline data for the priorities in the strategic plan for Indiana to address young people's health.

Strategic Framework on Prevention-State Incentive Grant (SFP SIG)

ITPC is a contributing member of the SFP SIG Surveillance and Evaluation Outcomes Workgroup and is a resource on tobacco related data for the state and local epidemiological profiles. This group is working to set data standards for the State of Indiana on substance abuse and support local community based interventions and outcomes. ITPC executive director serves on the Governor's Advisory Council.

The Indiana Joint Asthma Coalition (InJAC)

InJAC is a voluntary network of people and organizations who work to reduce the burden of asthma on people living in Indiana. The InJAC includes volunteer members from federal, state, and local governmental agencies, professional organizations, managed care plans, hospitals, schools, environmental groups, and other community-based organizations and individuals concerned with the prevention and control of asthma in Indiana.

The Indiana Campaign for Smokefree Air (ICSA)

ICSA is a statewide coalition that is working on educating the public and policy makers to ensure that all Hoosiers have the benefit of working in a completely smoke free air environment, which means all workplaces including restaurants, bars and casinos. The coalition believes that no Hoosier should have to choose between their job and their health. The coalition is currently made up of over 30 organizations who support this effort.

The Indiana Collaborative for Healthier Rural Communities (ICHRC)

ICHRC is an initiative funded by The Robert Wood Johnson Foundation through the Indiana Rural Health Association to support policy change that will protect rural Hoosiers from exposure to secondhand smoke and to help expand health care coverage for the uninsured in rural Indiana communities. ICHRC has identified six rural counties to advocate for a smoke free workplace policy. As local coalitions are moving forward on tobacco policy, ICHRC is using the lessons learned in tobacco control to increase access to health care in rural areas.

Hoosier Faith and Health Coalition (HFHC)

HFHC works to educate the public on the health and economic benefits of raising the cigarette tax. In January 2008 HFHC hosted a prayer breakfast that brought faith leaders together from all over the

state to bring attention to raising the price of cigarettes to lower the rate of consumption and increase the economic and health viability of all Hoosiers. The Hoosier Faith & Health Coalition has also been active in raising awareness about the Family Smoking Prevention & Tobacco Control Act that would give the U.S. Food And Drug Administration the authority to regulate tobacco products.

Accountability

ITPC administered 140 grants and contracts during SFY 2008. The proportion of local grants meeting reporting requirements at the end of SFY 2008 was 95 percent. In order to manage the large number of grants, ITPC holds a Memorandum of Understanding with the State Board of Accounts (SBOA) to assist with the fiscal monitoring of each grant. The SBOA conducts an onsite review of each grantee with reports to be filed with ITPC. From July 1, 2007 to June 30, 2008, the SBOA completed 49 monitoring engagements. ITPC's goal for the SBOA is to review all grant recipients' documents for compliance with contractual guidelines for the entire contract period and to conduct a final review upon the conclusion of the grant cycle period.

Factors impacting progress:

- Enhanced and sustained investment in Indiana's tobacco control program would allow more state and local partnerships. It would provide for increased local funding to provide more staff hours and local programming.
- An increased investment would allow the opportunity for research here in Indiana on effective program and evaluation of new projects and ideas that would benefit Hoosiers disproportionately affected by tobacco use, such as rural youth and African American men.
- Removing the restriction on how ITPC funding may be spent would allow the most effective, evidence based interventions to be implemented. The current restriction that 75 percent of funding must go to community organizations limits the amount of remaining funds for public education interventions that are highly effective. In addition, these media interventions support all activities at the local level, thus enhancing those programs.

ITPC community-based and minority-based partnership 2-year funding, SFY 2008-2009

County	Lead Agency	Initial & Supl
Adams	Boys & Girls Club of Adams County	\$163,830.00
Allen	IOM Health System, LP dba Lutheran Hospital of Indiana	\$739,967.00
Bartholomew	Columbus Regional Hospital Foundation	\$201,746.00
Benton	Community Action Program Inc. of Western IN	\$37,864.00
Blackford	Blackford Co. Auditor's Office	\$20,000.00
Boone	Boone Co. Health Dept.	\$90,718.00
Brown	Brown County Gov. – Auditor	\$30,470.00
Carroll	Carroll Co. Health Dept.	\$88,800.00
Cass	Four Co. Counseling Center	\$68,652.00
Clark	Clark Memorial Hospital	\$370,610.00
Clay	Indiana Communities for Drug-Free Youth dba C.H.A.N.C.E.S. for Indiana Youth	\$53,000.00
Clinton	Clinton Co. Local Coordinating Council	\$60,000.00
Crawford	Hoosier Upland Economic Development Corp.	\$25,372.00
Daviess	Hoosier Upland Economic Development Corp.	\$60,874.00
Dearborn	Citizens Against Substance Abuse (CASA)	\$60,000.00
Decatur	Decatur County Government – Community Action Coalition	\$57,188.00
DeKalb	Drug Free DeKalb Co.	\$68,200.00
Delaware	Community Info & Crisis Ctr – Family Service of Delaware Co., Inc.	\$183,138.00
Elkhart	Elkhart Co. Health Dept. (Tobacco Control of Elkhart County)	\$241,396.00
Fayette	Community Education Coalition	\$52,794.00
Floyd	Our Place Drug and Alcohol Education Services, Inc.	\$114,409.12
Fountain	Community Action Program, Inc. of Western Indiana	\$62,568.00
Franklin	Stayin' Alive-Franklin County LCC/Franklin Co. Gov.	\$55,506.00
Fulton	Fulton Co. Health Dept.	\$97,000.00
Gibson	Gibson Co. Health Dept.	\$56,250.00
Grant	Grant Co. Government Health Dept.	\$263,205.00
Greene	Greene County Foundation	\$76,578.00
Hamilton	Hamilton Co. Council on Alcohol and Other Drugs/Hamilton Co. Gov.	\$125,000.00
Hancock	Hancock Regional Hospital	\$130,930.00
Harrison	Harrison Co. Hospital Foundation	\$77,758.00
Hendricks	Hendricks Regional Health	\$162,046.00
Henry	Interlocal Community Action Program, Inc.	\$64,254.00
Howard	Family Service Association of Howard County	\$99,474.00
Huntington	Huntington County Auditor L.A.C.E.	\$149,912.00
Jackson	Seymour Boys & Girls Club	\$35,000.00
Jay	Jay Co. Hospital	\$20,000.00
Jefferson	The King's Daughters' Hospital and Health Services	\$60,000.00
Johnson	Johnson Memorial Hospital	\$183,688.00
Knox	Vincennes YMCA	\$52,568.00
Kosciusko	Fulton Co. Health Dept.	\$62,000.00
LaGrange	Council for a Drug-Free LaGrange Co.	\$84,436.00
Lake	Geminus Corp.	\$889,030.00
LaPorte	Healthy Communities of LaPorte Co.	\$243,096.00
Lawrence	Hoosier Upland Economic Development Corp.	\$186,116.00
Madison	Healthy, Tobacco-Free Madison Co., Inc.	\$173,350.00
Marion	Marion Co. Health Department	\$832,418.00
Marshall	Women's Care Center	\$90,616.00
Martin	Hoosier Upland Economic Development Corp.	\$47,000.00

Miami	Dukes Healthcare Foundation of Miami County, Inc.	\$65,258.00
Monroe	Bloomington Hospital	\$260,348.00
Montgomery	Montgomery Co. AHEAD Coalition, Inc.	\$112,148.36
Morgan	St. Francis Healthcare Foundation	\$86,682.00
Noble	Drug-Free Noble Co., Inc.	\$72,392.00
Orange	PACT, Inc. dba Hoosier Hills PACT	\$57,376.00
Owen	Owen Co. Family YMCA	\$59,608.00
Parke	Indiana Communities for Drug-Free Youth dba C.H.A.N.C.E.S. for Indiana Youth	\$55,516.00
Perry	Lincoln Hills Development Corp.	\$53,230.00
Pike	Hoosier Upland Economic Development Corp.	\$49,000.00
Porter	The Lutheran Association Assoc. dba Valparaiso Univ.	\$343,993.00
Posey	Promoting a Drug Free Community in Posey County, Inc LCC	\$64,354.00
Pulaski	Pulaski Memorial Hospital	\$26,878.00
Putnam	Putnam County Hospital	\$79,620.00
Randolph	Drug Free Randolph County, Inc (DFRC)	\$70,000.00
Ripley	Ripley Co. Health Dept.	\$20,000.00
Rush	Rush County Schools/Local Coordinating Council	\$58,731.00
Shelby	Shelby County Drug Free Coalition	\$60,000.00
Spencer	North Spencer School Corp.	\$54,274.00
St. Joseph	Healthy Communities Initiative	\$726,539.00
Starke	Drug and Tobacco Free Starke County, Inc	\$61,200.00
Steuben	Drug Free Steuben/Steuben Co. Gov.	\$69,892.00
Sullivan	C.H.A.N.C.E.S...for Indiana Youth	\$59,576.00
Switzerland	The King's Daughters' Hospital and Health Services	\$20,000.00
Tippecanoe	Purdue University's School of Nursing	\$154,478.00
Tipton	Tipton Hospital	\$111,723.00
Union	Union County Health Department	\$60,079.00
Vanderburgh	University of Evansville	\$100,000.00
Vermillion	Indiana Communities for Drug-Free Youth dba C.H.A.N.C.E.S. for Indiana Youth	\$51,752.00
Vigo	C.H.A.N.C.E.S...for Indiana Youth	\$175,264.00
Wabash	Youth Service Bureau of Wabash County, Inc.	\$147,892.00
Warren	Community Action Program, Inc. of Western Indiana	\$35,894.00
Warrick	University of Evansville	\$50,000.00
Washington	Hoosier Hills PACT	\$65,707.02
Wayne	Partnership for a Drug Free Wayne Co.	\$75,548.00
Wells	Caylor-Nickel Foundation/changed to YMCA of Greater Fort Wayne	\$69,320.00
Whitley	Whitley Co. Drug-Free IN	\$61,494.00

Minority Based Organization

Allen	United Hispanic-Americans, Inc.	\$180,000.00
Delaware	Future Choices, Inc.	\$54,000.00
Elkhart	Minority Health Coalition -Elkhart Co.	\$88,000.00
Lake	Gary Community Health Foundation Inc.	\$650,000.00
Madison	Minority Health Coalition of Madison County	\$64,000.00
Marion MHC	Minority Health Coalition of Marion Co.	\$350,000.00
Marion ILI	Indiana Latino Institute, Inc.	\$920,115.00
Marion IBE	Indiana Black Expo, Inc.	\$617,500.00
Marion SFC	Saint Florian Center, Inc.	\$200,000.00
St. Joseph	St. Joseph Co. Minority Health Coalition	\$257,453.00
Tippecanoe	Community and Family Resource Center – Centro Hispano	\$35,000.00
Vanderburgh	Carver Community Organization	\$70,000.00

SFY 2008 FINANCIAL REPORT

Cash and Investments, July 1, 2007	\$5,441,212
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Receipts:

Interest on Investments	375,652
Appropriation from Master Settlement Fund	16,200,000
Local Grant Dollars Returned from FY06-07 Grant Cycle	213,936
American Legacy Foundation Take Note Grant	25,000
Donation in Memory of Anita June Mendenhall	100

Total Receipts and Cash and Investments	22,255,901
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Disbursements:

Community Based Programs

Local Community Based Partnerships	5,910,010
Minority Based Partnerships	1,918,808
Statewide Grants	472,685
Chronic Disease Collaborative Project	460,789
Voice Hubs & Youth Summit	420,000
Training, Technical Assistance, and Educational Materials	423,492
Special Opportunity Grants to Local Communities	235,657
Reserve for Matching Grants	75,000
ISDH/CDC OSH Project	469
American Legacy Foundation Take Note Grant	24,841

Cessation Programs

Quitline & NRT Pilot	743,980
Kickoff Program - Summer Campaign	223,697
Health Care Provider Outreach Program	0
Statewide Cessation Project	0
Enforcement of Youth Access - ATC	500,000

<i>Subtotal Community Based Programs</i>	11,409,427
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Statewide Public Education Campaign	2,494,613
Evaluation (RTI & State Board of Accounts)	637,532
Administration and Management	1,178,280

Total Disbursements	15,719,851
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Cash and Investments, June 30, 2008	\$6,536,049
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Notes to the Annual Financial Report

June 30, 2008

Note 1. Summary of Significant Accounting Policies

A. Introduction

The Indiana Tobacco Prevention and Cessation Agency is part of the executive branch of government. As an agent of the Indiana Tobacco Use Prevention and Cessation Executive Board, the Agency is responsible for expending funds and making grants to significantly improve the health of the citizens of the State of Indiana by overseeing the development of tobacco use prevention and cessation programs throughout the State.

B. Reporting Entity

The Indiana Tobacco Prevention and Cessation Agency was created by IC 4-12-4, to establish policies, procedures, standards, and criteria necessary to carry out the duties of the staff of the executive board. Funds needed to operate the Agency are obtained through appropriation by the General Assembly from the Master Settlement Agreement IC 24-3-3-6. The Agency received its initial funding during fiscal year 2000-2001, with a \$35 million dollar appropriation. Additional appropriations into the fund are as follows:

2001-2002 – \$5 million

2002-2003 – \$25 million (of which only \$15 million was actually received)

2003-2004 – \$10.8 million

2004-2005 – \$10.9 million

2005-2006 – \$10.8 million (with a 7% reserve)

2006-2007 – \$10.8 million (with a 7% reserve)

2007-2008 – \$16.2 million (with a 5% reserve)

2008-2009 – \$16.2 million (with a 7% reserve)

Note 2. Deposits and Investments

Deposits, made in accordance with IC 5-13, with financial institutions in the State of Indiana at year-end were entirely insured by the Federal Depository Insurance Corporation or by the Indiana Public Deposit Insurance Fund. This includes any deposit accounts issued or offered by a qualifying financial institution. The Treasurer of State shall invest money in the fund not currently needed to meet the obligations of the fund.

Note 3. Net Appropriation

Appropriations presented are net of reversions to the Indiana Tobacco Use Prevention and Cessation Trust Fund at year-end.

SFY 2008-2009 BUDGET

Budget Item	Fiscal Year 2008	% of Budget	Fiscal Year 2009	% of Budget
COMMUNITY BASED PROGRAMS				
1. Local Community Based Partnerships ⁷	\$5,800,000		\$5,800,000	
2. Minority Based Partnerships ⁷	\$2,100,000		\$2,100,000	
3. Statewide Grants	\$640,000		\$1,140,000	
4. Chronic Disease Collaborative Project	\$500,000		\$500,000	
5. Voice Hubs and Youth Summit	\$360,000		\$360,000	
6. Training and Technical Assistance	\$300,000		\$300,000	
7. Special Opportunity Grants to Local Communities ²	\$75,000		\$0	
8. Reserve for Matching Grants ³	\$75,000		\$50,000	
CESSATION PROGRAMS				
1. Quitline and NRT Pilot ⁴	\$1,200,000		\$2,000,000	
2. Kickoff Program	\$300,000		\$0	
3. Health Care Provider Outreach Program	\$100,000		\$0	
4. Statewide Cessation Project	\$400,000		\$0	
ENFORCEMENT OF YOUTH ACCESS – ATC	\$500,000		\$500,000	
SUBTOTAL COMMUNITY BASED PROGRAMS¹	\$12,350,000	71%	\$12,750,000	76%
STATEWIDE PUBLIC EDUCATION CAMPAIGN⁵	\$2,650,000	15%	\$1,900,000	11%
EVALUATION (RTI and SBOA)⁶	\$1,100,000	6%	\$900,000	5%
ADMINISTRATION/MANAGEMENT	\$1,200,000	7%	\$1,150,000	7%
TOTALS	\$17,300,000	100%	\$16,700,000	100%
REVENUES			SUMMARY	
SFY 08 Appropriation	\$16,200,000		Revenues	\$37,841,212
SFY 09 Appropriation	\$16,200,000		Expenditures	\$36,339,628
SFY 07 Carryover	\$5,441,212		5% reserve	\$1,500,000
TOTAL REVENUES	\$37,841,212		Balance less budgeted expenditures and reserves	\$1,584

1. All Community, Minority, Statewide, and Voice Hub grants increased by 30%. Current legislation requires that 75% of appropriation be allocated to community programs. 75% of 15 Mil appropriation equals \$11.25 Mil, whereas conservatively 75% of \$16.2 Mil funding to be received would equal \$12.15 Mil. Budget adheres to Legislative mandate as written. \$500,000 additional funding allocated by Executive Board on October 18, 2007 to Statewide Grants for SFY 2009.
2. Special Opportunity Grants funding to be determined after July 1, 2007. Represents unspent dollars returned from previous grant cycles. \$75,000 allocation approved by Executive Board on October 18, 2007.
3. \$75,000 allocated for Reserve for Matching Grants by Executive Board, October 18, 2007. \$50,000 for Legacy Grant application currently under review would need to be included as matching dollars for SFY 09.
4. \$1.2 Mil funding will come from Cigarette Tax appropriation by General Assembly. Will fund the Quitline and limited NRT.
5. \$750,000 allocated by Executive Board, October 18, 2007 to increase funding for Statewide Public Education Campaign.
6. \$200,000 allocated by Executive Board, October 18, 2007 to increase funding for Evaluation budget to 1.1 Mil to add Adult Tobacco Survey.
7. A motion to approve budget revision to allocate all unspent dollars in Supplemental Grant category, a subcategory of Community and Minority Grant dollars, to be used for Statewide Grants and Cessation promotion. Estimate approximately \$1 Mil dollars after final revisions. Approved 1/17/08.

TOBACCO MASTER SETTLEMENT AGREEMENT APPROPRIATIONS

			FY 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009 Budget
Beginning Unobligated Fund Balance as of July 1			\$192,685,785	\$146,849,483	\$87,462,330	\$57,984,373
Net Settlement Payments			\$117,880,683	\$122,687,641	\$140,752,637	\$-
Operating Expenditures	Fund	Center				
Department of Health						
ISDH Breast Cancer	1000	101530	\$86,490	\$86,490	\$92,990	\$93,000
ISDH Prostate Cancer	1000	101570	\$86,490	\$86,490	\$92,519	\$93,000
ISDH Operating Account	1000	104000	\$24,130,055	\$25,591,047	\$8,800,00	\$-
ISDH Cancer Registry	1000	104060	\$239,732	\$236,037	\$467,161	\$648,739
ISDH Minority Health Initiative	1000	104180	\$1,944,838	\$1,944,838	\$2,940,000	\$3,000,000
ISDH HIV/AIDS Services	1000	108620	\$1,969,805	\$2,162,254	\$2,162,254	\$2,162,254
ISDH Drug Afflicted Babies	1000	108630	\$58,121	\$58,121	\$61,246	\$62,496
ISDH AIDS Education	1000	121600	\$650,818	\$651,092	\$553,204	\$700,099
ISDH Chronic Disease	1000	121770	\$506,708	\$506,773	\$980,880	\$1,080,300
ISDH WIC Supplement	1000	129410	\$164,331	\$164,331	\$163,490	\$176,700
ISDH MCH Supplement	1000	129420	\$164,331	\$164,331	\$176,700	\$176,700
ISDH Aid to TB Hospitals	1000	211600	\$99,879	\$99,879	\$99,879	\$99,879
ISDH Local Health Maintenance Fund	2150	140020	\$3,589,800	\$3,860,000	\$3,843,387	\$3,860,000
Local Health Dept. Trust Account	6330	100500	\$2,790,000	\$2,790,000	\$3,000,000	\$3,000,000
Community Health Centers	6330	100700	\$11,810,436	\$13,952,973	\$27,883,390	\$30,000,000
Tobacco Health Programs	6330	101000	\$695,542	\$2,289,102	\$-	\$-
Prenatal Substance Abuse	6330	101200	\$97,939	\$139,500	\$139,490	\$150,000
Minority Epidemiology	6330	101400	\$465,000	\$465,000	\$595,000	\$750,000
Tobacco Use Prevention & Cessation (ITPC)	6330	100600	\$9,968,377	\$10,099,156	\$15,000,000	\$15,000,000
Total Expenditures			\$59,518,692	\$65,347,414	\$67,051,589	\$61,053,167
FSSA						
CHIP - Assistance	3530	124400	\$27,203,025	\$23,600,413	\$30,000,000	\$32,500,000
CHIP - Administration	3550	120000	\$-	\$-	\$1,363,603	\$1,363,603
Prescription Drug Account/Hoosier Rx	6330	100400	\$4,338,112	\$7,440,129	\$7,900,000	\$7,900,000
Residential Services for Developmentally Disabled Persons	1000	101970	\$22,300,000	\$22,300,000	\$22,300,000	\$22,300,000
Residential Services (Case Management)	3720	172700	\$1,624,765	\$1,624,765	\$1,869,887	\$1,869,887
Division of Disability and Rehab Services Admin.	1000	108600	\$3,012,462	\$2,313,797	\$600,000	\$600,000
Division on Aging Admin. - FSSA	1000	103530	\$-	\$-	\$1,504,044	\$1,504,044
Community Mental Health Centers	6330	102100	\$1,860,000	\$1,860,000	\$4,500,000	\$4,500,000
Total Expenditures			\$60,338,364	\$59,139,104	\$70,037,534	\$72,537,534
Economic Development						
Technology Development Grant Fund					\$-	\$-
Value Added Research Fund	1000	212200	\$558,000	\$600,000	\$-	\$-
Rural Development Administration Fund	6330	101600	\$1,847,365	\$1,200,000	\$-	\$-
Rural Development Council Fund	6330	101700	\$835,843	\$601,742	\$-	\$-
Rural Economic Development Fund	6330	102930	\$-	\$1,801,741	\$3,603,480	\$3,603,480
Technology Development Grant Fund	6330	101800	\$516,853	\$4,500,000	\$-	\$-
21st Century Research & Technology Fund	4880	100100	\$34,875,000	\$37,500,000	\$-	\$-
Total Expenditures			\$38,633,061	\$46,203,483	\$3,603,480	\$3,603,480
Other						
Attorney General's Office	1000	100460	\$250,000	\$250,000	\$494,467	\$494,467
Independent Living Assistance-DCS	6330	103720	\$930,000	\$930,000	\$-	\$-
Commission on Hispanic & Latino Affairs	6330	101300	\$151,827	\$124,000	\$145,000	\$145,000
Total Expenditures			\$1,331,827	\$1,304,000	\$639,467	\$639,467
Total Operating Expenditures			\$159,821,944	\$171,994,001	\$141,332,070	\$137,833,648
Capital Expenditures						
Regional Health Care Construction	100	106400	\$8,180,244	\$10,557,849	\$-	\$11,964,998
Total Capital Expenditures			\$8,180,244	\$10,557,849	\$-	\$11,964,998
Total Expenditures			\$163,500,760	\$182,551,850	\$141,332,070	\$149,789,646
Year-end Adjustment for Expenditures			\$(4,501,428)	\$477,056	\$28,898,524	
Balance on June 30			\$147,065,708	\$87,462,330	\$57,984,373	\$51,754,375

INDIANA TOBACCO PREVENTION AND CESSATION EXECUTIVE BOARD

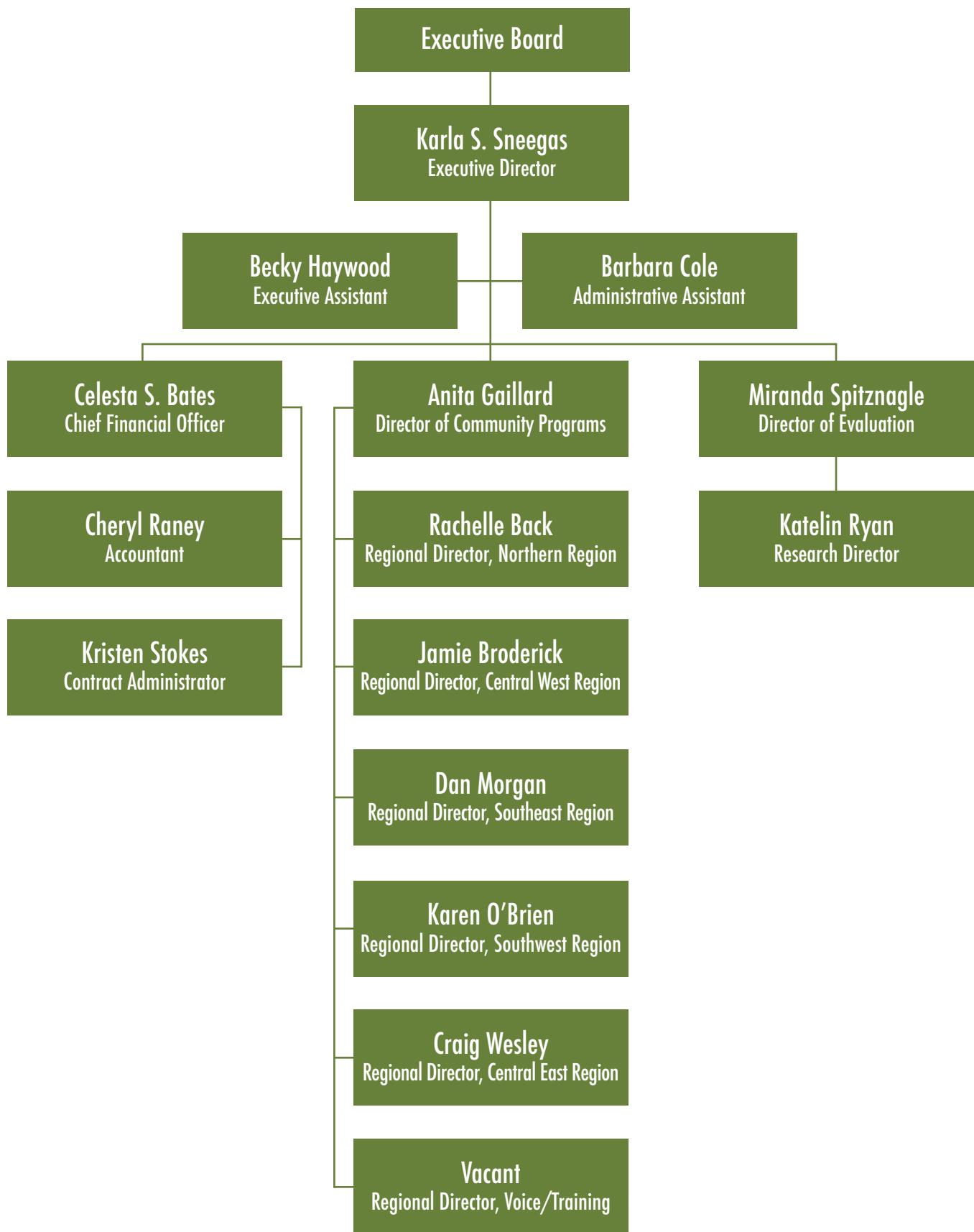
Executive Board Members

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Mohammad Torabi, Ph.DBloomington
American Lung Association – TBDIndianapolis
Wendy ZentAngola

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Stephen CarterAttorney General
Suellen Reed, Ed.DState Superintendent of Public Instruction
E. Mitch RoobSecretary Family and Social Services Administration

INDIANA TOBACCO PREVENTION AND CESSATION STAFF



Priority Area 1 – Decrease youth smoking rates

	2000	2002	2004	2006	2007-2008	2008 (target ^t)	2010	Data Source(s)
Long Term Objectives								
Decrease smoking among middle school youth ¹	10.0%	10.2%	7.5%	7.8%	NA	5-7%	5-7%	Youth Tobacco Survey
Decreasing smoking among high school youth	32.0%	20.8%	21.6%	23.9%	22.5%	18-19%	16-18%	Youth Tobacco Survey; Youth Risk Behavior Survey-2007
Intermediate Objectives								
Decrease the noncompliance rate of tobacco sales to youth	NA	20%	13%	9.8%	9.5%	8%	<5%	Tobacco Retailer Inspection Program (SFY data shown)
Increase Indiana's tobacco tax	15.5	55.5	55.5	55.5	99.5	150.0	150.0	Orzechowski & Walker, Tax Burden on Tobacco
Increase proportion of youth reporting "not open to smoking" ²								
Middle school youth	56.1%	50.2%	59.4%	61.8%	NA	68%	70%	Youth Tobacco Survey
High school youth	28.2%	39.5%	39.5%	41.3%	NA	47%	50%	Youth Tobacco Survey
Short Term Objectives								
Increase level of confirmed awareness of the counter-marketing campaigns	NA	66.4%	80.0%	NA	NA	80%	85%	Youth Media Tracking Survey ³
Increase the proportion of school districts with a tobacco free campus policy	NA	NA	35%	44%	60%	60%	90%	ITPC Policy Tracking
Increase the proportion of youth who think smoking does not make people look cool and fit it								
Middle school youth	76.4%	73.0%	74.5%	89.5%	NA	82%	85%	Youth Tobacco Survey
High school youth	63.2%	68.0%	68.9%	88.4%	NA	77%	80%	Youth Tobacco Survey

Footnotes: Actual measure; Targeted measure; NA=data not available; TBD=target to be determined

¹ Youth Smoking rates for middle school and high school youth will be updated with the 2008 Indiana Youth Tobacco Survey planned for Fall 2008.

² Rates from 2000-2004 have been revised since the SFY 2006 annual report based on additional analysis of this indicator.

³ Last youth media tracking survey in 2005; next survey Summer 2008

Priority Area 2 – Increase proportion of Hoosiers not exposed to secondhand smoke

	2000	2002	2004	2006	2007-2008	2008 (target)	2010	Data Source(s)
Long Term Objectives								
Increase the proportion of the population that is protected from secondhand smoke by law ⁴	0%	0%	1.1%	27.5%	29.8%	TBD	TBD	ITPC Policy Tracking; U.S. Census data
Increased proportion of adults protected from secondhand smoke at the workplace	60%*	70.7%	72.5%	78.7%	75.6%	85%	90%	Adult Tobacco Survey; *Current Population Survey-Tobacco Supplement (2000/2001)
Intermediate Objectives								
Increase proportion of youth not exposed to secondhand smoke (room/car) ⁵								
Middle school youth	16.8%	19.3%	17.6%	17.9%	NA	40%	45%	Youth Tobacco Survey
High school youth	9.7%	11.1%	16.2%	13.8%	NA	35%	40%	Youth Tobacco Survey
Short Term Objectives								
Increase level of confirmed awareness of countermarketing campaigns	NA	51.0%	78.5%	20%	14%	80%	85%	Media Tracking Surveys; Adult Tobacco Surveys
Increase proportion of adults that believe secondhand smoke exposure is a serious health hazard	NA	NA	60%	60%	55%	80%	90%	Adult Tobacco Survey
Increase the level of support for tobacco free policies in public places and work places	NA	74.0%	71.5%	69.2%	76.5%	80%	85%	Adult Tobacco Survey
Proportion of households that report a smoke free home	NA	60.1%	64.9%	74%	79.3%	75%	80%	Adult Tobacco Survey
Increase the proportion of school districts with a tobacco free campus policy	NA	NA	35%	44%	60%	60%	90%	ITPC Policy Tracking

Footnotes: Actual; Projected; NA=data not available; TBD=target to be determined

⁴ The method of reporting this measure changed since 2006. Only ordinances that are considered strong policy by the U.S. Surgeon General will be included in this measure. Therefore the 2006 target is not applicable.

⁵ Youth data for middle school and high school youth will be updated with the 2008 Indiana Youth Tobacco Survey planned for Fall 2008

Priority Area 3 – Decrease adult smoking rates

	2000	2002	2004	2006	2007-2008	2008 (target)	2010	Data Source(s)
Long Term Objectives								
Decrease smoking among all adults	27%	26.9%	24.9%	24.1%	24.1%	23-24%	21-23%	Behavior Risk Factor Surveillance Survey
Decrease smoking among Young adults (age 18-24)	37.3%	37.6%	28.2%	34.6%	29.8%	28-30%	27-28%	Behavior Risk Factor Surveillance Survey
Decrease smoking among Pregnant Women	21%	19%	18%	17.3%	NA	16-17%	15-16%	Natality Report ⁶
Decrease smoking among African Americans	24.6%	27.6%	27.4%	27%	22.9%	26-28%	24-26%	Behavior Risk Factor Surveillance Survey
Decrease smoking among Latinos	22.5%	24.5%	22.8%	23.1%	25.1%	22-25%	20-22%	Behavior Risk Factor Surveillance Survey
Decrease smoking among Medicaid members	NA	NA	NA	NA	NA	TBD	TBD	TBD ⁷
Decrease smoking among State employees	NA	NA	NA	NA	NA	TBD	TBD	TBD
Intermediate Objectives								
Increase Indiana's tobacco tax	15.5	55.5	55.5	55.5	99.5	150.0	150.0	Orzechowski & Walker, Tax Burden on Tobacco
Increase percent of smokers reporting attempts to quit smoking	NA	48.5%	47.6%	52%	38.4%	55%	60%	Adult Tobacco Survey
Increase the use of cessation services among smokers	NA	24.3%	37.0%	39.1%	28.9%	45%	50%	Adult Tobacco Survey
Short Term Objectives								
Increase level of confirmed awareness of the countermarketing campaigns	NA	51.0%	78.5%	20%	14%	80%	85%	Adult Media Tracking Survey
Increase the number of calls to the Indiana Tobacco Quitline	NA	NA	NA	3568 calls	9343 calls	NA ⁸	TBD	Indiana Tobacco Quitline (SFY data)
Increase the proportion of smokers that report intentions to quit smoking in the next 30 days	NA	24.6%	24.1%	29%	35%	32%	35%	Adult Tobacco Survey
Increase the awareness of available cessation services among smokers	NA	60.0%	65.9%	63.4%	40.5%	73%	75%	Adult Tobacco Survey
Increase the proportion of smokers that were advised by the health care professional to quit smoking	NA	67.7%	74.9%	74%	78%	82%	85%	Adult Tobacco Survey
Increase the proportion of pregnant women smokers advised by the health care professional to quit smoking ⁹	NA	TBD	TBD	NA	NA	TBD	TBD	TBD

Footnotes: Actual; Projected; NA=data not available; TBD=target to be determined

⁶ The last available data is for 2006.

⁷ Data sources for Medicaid members and State of Indiana employees have not been identified.

⁸ Targets for this measure were not set. Service delivery depends on funding levels, which have been varied since the launch of the Quitline in 2006.

⁹ ITPC suggests deleting this measure. The ATS is not currently asking about pregnancy. Options: add to BRFSS or change measure to "women of child bearing age."

Priority Area 4 – Increase anti-tobacco knowledge, attitudes, and beliefs necessary for smoking behavior change to occur

	2000	2002	2004	2006	2007-2008	2008 (target)	2010	Data Source(s)
Short Term Youth focused Objectives								
Increase proportion of youth reporting "not open to smoking" ¹⁰								
Middle school youth	56.1%	50.2%	59.4%	61.8%	NA ¹¹	68%	70%	Youth Tobacco Survey
High school youth	28.2%	39.5%	39.5%	41.3%	NA	47%	50%	Youth Tobacco Survey
Increase the proportion of youth who think smoking does not make people look cool and fit it								
Middle school youth	76.4%	73.0%	74.5%	89.5%	NA	82%	85%	Youth Tobacco Survey
High school youth	63.2%	68.0%	68.9%	88.4%	NA	77%	80%	Youth Tobacco Survey
Long Term Adult focused Objectives								
Increase level of confirmed awareness of countermarketing campaigns	NA	51.0%	78.5%	20%	14%	80%	85%	Media Tracking Survey Adult Tobacco Survey
Increase proportion of adults that believe secondhand smoke exposure is a serious health hazard	NA	NA	60%	60%	55.4%	80%	90%	Adult Tobacco Survey
Increase the level of support for tobacco free policies in public places and work places	NA	74.0%	71.5%	69.2%	76.5%	80%	85%	Adult Tobacco Survey
Increase the proportion of smokers that report intentions to quit smoking in the next 30 days	NA	24.6%	24.1%	29%	35.3%	32%	35%	Adult Tobacco Survey
Decrease the social acceptability of tobacco use ¹²	NA	67%	64%	69%	NA ¹³	45%	33%	Media Tracking Survey; Adult Tobacco Survey

Footnotes: Actual; Projected; NA=data not available; TBD=target to be determined

¹⁰ Rates from 2000-2004 have been revised since the SFY 2006 annual report based on additional analysis of this indicator.

¹¹ Youth data for middle school and high school youth will be updated with the 2008 Indiana Youth Tobacco Survey planned for Fall 2008

¹² The social acceptability measure was added to the ATS, effective for the 2006 version — now allowing for four levels of acceptability. Previously, this measure was only included in the Media Tracking Survey (2001-2005).

¹³ The question for this measure has changed over time and cannot be considered reliable. It is recommended that this measure be strengthened in the 2015 Strategic Plan.

Priority Area 5 – Increase Indiana’s tobacco tax to reduce adult smoking and prevent youth smoking

	2000	2002	2004	2006	2007-2008	2008 (target)	2010	Data Source(s)
Long Term Objectives								
Decrease cigarette consumption (million packs/year)	758 M packs	742 M packs	605 M packs	620 M packs	513 M packs	500 M packs	450 M packs	Cigarette tax stamp data; Indiana Department of Revenue (SFY data)
Intermediate Objectives								
Increase Indiana’s tobacco tax	15.5	55.5	55.5	55.5	99.5	150.0	150.0	Orzechowski and Walker, Tax Burden on Tobacco
<i>Average for all states</i>			91.7	95.3	1.118			
Short Term Objectives								
Bill for tobacco tax increase was introduced		Yes		Yes	Yes			Indiana General Assembly
Bill passed one legislative body		Yes			Yes			Indiana General Assembly

Footnotes: Actual; Projected; NA=data not available; TBD=target to be determined

Priority Area 6 – Maintain state and local infrastructure necessary to lower tobacco use rates and thus make Indiana competitive on economic fronts.

	2000	2002	2004	2006	2007-2008	2008 (target)	2010	Data Source(s)
Objectives								
ITPC annual state appropriation	\$32.5M	\$32.5M	\$10.8M	\$10.8M	\$16.2M	\$16.2M	\$34.8M	ITPC appropriation ^{FN}
CDC grant (through ISDH)		\$1.3M	\$1.6M	\$1.3M	\$1.4M	\$1.1M	TBD	ISDH
<i>CDC recommended funding</i>	<i>\$34.8M</i>	<i>\$34.8M</i>	<i>\$34.8M</i>	<i>\$34.8M</i>	<i>\$78.8M</i>	<i>\$78.8M</i>	<i>\$76.5M</i>	<i>Centers for Disease Control and Prevention</i>
Increase number of organizations supporting the 2010 plan	NA	NA	NA	15		30	30	2010 Strategic Plan
Increase percent of counties with a community-based tobacco control coalition to 100%	100%	100%	100%	96%	92%	92%	100%	ITPC
Increase to 100% the proportion of eligible counties ¹⁴ with a minority-based tobacco control coalition	NA	70%	86%	55%	34%	34%	100%	ITPC
100% of local tobacco control coalitions have an ITPC approved work plan	NA	100%	100%	100%	100%	100%	100%	ITPC
Increase program accountability of local coalitions to 95% meeting grant reporting deliverables	NA	NA	NA	91%	87%	95%	95%	ITPC
Increase countermanaging spending to \$1 per capita spending	NA	\$1.14	\$0.86	\$0.27	\$0.31	\$1.00	\$1.00	Tobacco Control Budget
Level of spending for evaluation and research to 10% of tobacco control budget	NA	10%	8%	7.4%	6%	10%	10%	Tobacco Control Budget
Maintain tobacco quitline for Medicaid, uninsured, and pregnant women	NA	NA	NA	Yes	Yes	Yes		Indiana Tobacco Quitline
Develop and implement an annual training plan	Yes	Yes	Yes	Yes	Yes	Yes		ITPC

Footnotes: Actual; Projected; NA=data not available; TBD=target to be determined

¹⁴ Twenty-nine (29) counties representing 95% of minority population in State are eligible

- ¹ Centers of Disease Control and Prevention (2000) States, Morbidity and Mortality Weekly Report, 49
- ² Mowery PD, Brick PD, Farrelly MC. Legacy First Look Report 3. Pathways to Established Smoking: Results from the 1999 National Youth Tobacco Survey. Washington DC: American Legacy Foundation. October 2000.
- ³ New underage daily smoker estimate based on data from U.S. Dept of Health and Human Services (HHS), "Results from the 2004 National Survey on Drug Use and Health," with the state share of national initiation number based on CDC data on future youth smokers in each state compared to national total.
- ⁴ Tobacco: The Smoking Gun, released by The National Center on Addiction and Substance Abuse (CASA) at Columbia University, commissioned by The Citizens' Commission to Protect the Truth.
- ⁵ Pollay R et al. "The Last Straw? Cigarette advertising and Realized Market Shares among youths and adults," Journal of Marketing 60(2): 1-16, April 1996.; Evans N et al. "Influence of Tobacco Marketing and Exposure to Smoking on Adolescent Susceptibility to Smoking," Journal of the National Cancer Institute, October 1995.
- ⁶ Evans N, Farkas A, Gilpin E, Berry C, Pierce JP "Influence of Tobacco Marketing and Exposure to Smokers on Adolescent Susceptibility to Smoking" Journal of the National Cancer Institute, 87(20): 1538-1545, October 18, 1995.
- ⁷ Flynn, BS and Worden JD et. al., "Mass media and school interventions for cigarette smoking prevention: effects 2 years after completion." Am J of Public Health, 84:1148-50, 1994.
- ⁸ Farrelly, M.C. et.al. Evidence of a Dose-Response Relationship Between "truth" Antismoking Ads and Youth smoking Prevalence." Am J Public Health, 95:425-431, 2005.
- ⁹ Last data is from the 2006 Indiana Youth Tobacco Survey; next data collection Fall 2008.
- ¹⁰ HEA 1118, 2008 session, Indiana General Assembly
- ¹¹ U.S. Environmental Protection Agency (1989). Indoor Air Facts: Environmental Tobacco Smoke; Centers for Disease Control and Prevention.
- ¹² Glantz et al.(1995). Journal of American Medicine, 273, 13: 1047-1053.
- ¹³ CRS Report for Congress, Environmental Tobacco Smoke and Lung Cancer Risk; EPA (1994). Secondhand smoke-Setting the Record Straight.
- ¹⁴ <http://www.tobaccofreekids.org/reports/settlements/toll.php?StateID=IN>
- ¹⁵ Misra, D.P., and R. Nguyen. 1999. "Environmental Tobacco Smoke and Low Birth Weight: A Hazard in the Workplace?" Environmental Health Perspectives 107(Suppl 6):897-904.
- ¹⁶ Secondhand Smoke Tearing Families Apart. The American Legacy Foundation. June 2004.
- ¹⁷ ANR policy list; accessed at www.no-smoke.org
- ¹⁸ Seo, Dong-Chul; Torabi, Mohammad. "Reduced Admission for Acute Myocardial Infarction Associated with a Public Smoking Ban: A Matched Controlled Study." Journal of Drug Education Vol. 37 (3) 217-226, 2007
- ¹⁹ Travers, MJ; Higbee, C; Hyland A. "Fort Wayne Air Monitoring Study. May-June 2007", "West Lafayette Air Monitoring Study. Jan 2008", "Indiana Air Monitoring Study. Dec 2004-Jan 2005"
- ²⁰ Maciosek MV et al. Priorities Among Effective Clinical Preventive Services Results of a Systematic Review and Analysis. Am J Prev Med 2006;31(1)
- ²¹ 2006 Indiana Adult Tobacco Survey; Centers for Disease Control and Prevention. "Cigarette smoking among adults—United States, 1991–2001. MMWR 2002; 51 (29): 642.
- ²² Fiore MC et al. Treating Tobacco Use Dependence: Clinical Practice Guidelines. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service; 2000.
- ²³ Hopkins DP et al. Task Force on Community Preventive Services. American Journal of Preventive Medicine 2001; 20(2 suppl): 16-66.
- ²⁴ Fishbein, M., & Ajzen, I. (1975). Belief, Attitude, Intention, and Behavior: An Introduction to Theory and Research. Reading, MA: Addison-Wesley.
- ²⁵ Sly, D.F., Hopkins, R.S., Trapido, E., & Ray, S. (2001). Influence of a counteradvertising media campaign on initiation of smoking: The Florida "truth" campaign. Am J Public Health. 91:233-38.
- ²⁶ Task Force on Community Preventive Services, American Journal of Preventive Medicine, Feb 2001, supplement reports. <http://www.thecommunityguide.org/tobacco/default.htm>
- ²⁷ Longitudinal Study of Viewing Smoking in Movies and Initiation of Smoking by Children – Titus-Ernstoff et al. 121 (1): 15 – Pediatrics

²⁸ Clips coded to date (7/24/08), July 2007 through May 2008.

²⁹ Task Force on Community Preventive Services on Tobacco Prevention , American Journal of Preventive Medicine, Feb 2001, supplement reports. <http://www.thecommunityguide.org/tobacco/default.htm>

³⁰ Tauras et al, "Effects of Price and Access Laws on Teenage Smoking Initiation: A National Longitudinal Analysis.

³¹ Chaloupka F. and Pacula R. "An examination of gender and race differences in youth smoking responsiveness to price and tobacco control policies," National Bureau of Economic Research, 1998.

³² Campaign for Tobacco Free Kids, " State cigarettes tax rates and rankings" <http://tobaccofreekids.org/research/fact-sheets/pdf/0097.pdf>

³³ Residential Smoking Fires and Casualties, National Fire Data Center, part of the Federal Emergency Management Agency's (FEMA) U.S. Fire Administration, based on 2002 data.

³⁴ <http://www.gasp.org/firesafe.html>

³⁵ Indiana Adult Tobacco Surveys, 2006 and 2007

³⁶ Taurus JA et al. "State Tobacco Control Spending and Youth Smoking," American Journal of Public Health, February 2005.

³⁷ Farrelly, MC, et al., "The Impact of Tobacco Control Programs on Adult Smoking," *American Journal of Public Health* 98:304-309, February 2008.

³⁸ Hyland A et al., "State and Community Tobacco Control Programs and Smoking-Cessation Rates Among Adult Smokers: What Can We Learn From the COMMIT Intervention Cohort?" American Journal of Health Promotion, March 2006.

³⁹ Minimum funding level from CDC was \$38.4 million based on 1999 Best Practices. In 2007, CDC released updated Best Practices that puts Indiana at \$78 million for recommended funding levels.

⁴⁰ ITPC does not have a community grant for SFY 2007-2008 in the following counties: Dubois, Jasper, Jennings, Newton, Ohio, Scott, and White.



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