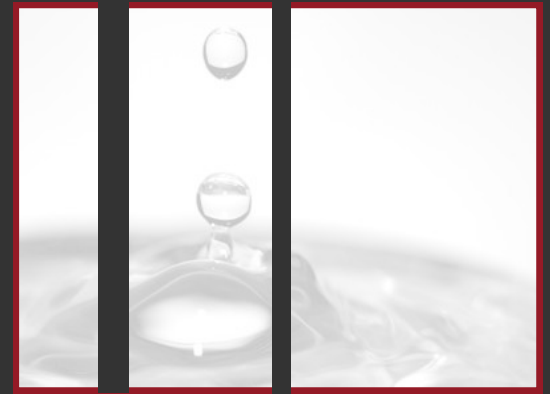


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## Shaping *the* Future

Division of Chronic Disease Prevention & Control • Division of Nutrition & Physical Activity • Tobacco Prevention & Cessation Commission

# Breathing Easier in Indiana

by: *Blake Vanderbosch, MPH*

Breathe easy, Indiana! Indiana's first statewide smoke-free air law went into effect on July 1, 2012. On March 19, Governor Mitch Daniels signed into law [House Enrolled Act 1149](#). Indiana now joins 39 other states across the country in passing some type of smoke-free air law, protecting thousands of Indiana workers and patrons from the dangers of secondhand smoke.<sup>1</sup>

Under the new law, most public places and places of employment will no longer allow smoking indoors. Examples of covered entities include, but are not limited to, hotels and motels, restaurants, bowling alleys and movie theaters. Additionally, smoking is not allowed within eight feet of a public entrance to a public place or place of employment. Smoking is still permitted at free-standing bars and taverns, horse-racing facilities, riverboats, satellite-gaming facilities for off-track betting, facilities with a gaming license, cigar manufacturing facilities, cigar and hookah bars, cigar specialty stores, fraternal

and private clubs, retail tobacco stores and businesses in a private residence, provided they meet [certain requirements](#). The primary enforcement entity is the Alcohol and Tobacco Commission (ATC), but other entities such as local health departments have also been designated to enforce the law.

The state law does not supersede any local policies, unless the local law is weaker or a community does not have a law. For example, Morgan County has a local ordinance that is less restrictive and Vincennes does not have an ordinance in effect. These two communities have to abide by the state law, unless they want to adopt a stronger local ordinance. Individual businesses also have the authority to go completely smoke-free.

The new statewide smoke-free air law is a positive step toward a healthier Indiana. Secondhand smoke, a known human carcinogen, is a major health concern and places great economic burden on the state. More than 7,000 toxic

chemicals exist in secondhand smoke and can cause lung cancer, heart disease and premature death in adults who have never smoked, and increase the risk of sudden infant death syndrome and asthma attacks in children, among other diseases and infections.<sup>2,3</sup> Additionally, secondhand smoke costs Indiana \$1.3 billion per year, or \$201 per resident.<sup>4</sup>

The U.S. Surgeon General has concluded that no level of exposure to secondhand smoke is safe and smoke-free environments are "the only way to fully protect nonsmokers from the dangers of secondhand smoke."<sup>5</sup> Implementing smoke-free policies provides this full protection and has immediate benefits on health. Indoor air quality improves and air pollution decreases with such laws.<sup>6</sup> Smoke-free air laws also decrease heart attacks.<sup>7</sup> Indiana University researchers found that hospital admissions to emergency departments for heart attacks among ...

*(cont. on page 5)*

## Our “4-1-1”

Cancer Section	Director	Phone Number	E-mail
Cancer Surveillance .....	Bridget Strong .....	(317) 233-7424 ...	bstrong@isdh.in.gov
Cancer Early Detection .....	Erin Triplett .....	(317) 233-7901 ...	etriplett@isdh.in.gov
Cancer Control .....	Keylee Wright .....	(317) 234-2945 ...	kwright@isdh.in.gov
<b>Cardiovascular Health &amp; Diabetes Section</b> .....	Laura Heinrich .....	(317) 233-7449 ...	ltheinri@isdh.in.gov
<b>Communities Partnerships</b> ...	JoBeth McCarthy-Jean ..	(317) 233-7816 ...	jmccarthy-jean@isdh.in.gov
<b>Chronic Respiratory Disease Section</b> .....	Barbara Lucas .....	(317) 233-7299 ...	barlucas@isdh.in.gov
<b>Division of Nutrition &amp; Physical Activity</b> .....	Marcie Memmer .....	(317) 233-7726 ...	mmemmer@isdh.in.gov
<b>Office of Minority Health</b> .....	Antoniette Holt .....	(317) 233-3006 ...	aholt@isdh.in.gov
<b>Office of Women’s Health</b> ...	Morgan McGill .....	(317) 233-2170 ...	mmcgill@isdh.in.gov
<b>Tobacco Prevention &amp; Cessation Commission</b> .....	Miranda Spitznagle .....	(317) 234-1780 ...	mspitznagle@isdh.in.gov

## Available Online /New Resources

### [Healthcare Reform, Preventive Medicine and the Future of Patient Care](#)

The American College of Preventive Medicine (ACPM) Young Physician Section, Medical Student Section and Resident Physician Section of ACPM worked with the American Medical Student Association to feature a webinar for medical students on healthcare reform and careers in preventive medicine featuring ACPM Past-President Michael Parkinson.

### [Promoting Policy and Systems Change to Expand Employment of Community Health Workers](#)

Free online course to provide state programs and other stakeholders a basic knowledge about CHWs.

### [New CDC National Healthy Worksite Website & Webinars](#)

The new NHWP Website is designed to assist employers in implementing science- and practice-based prevention and health promotion strategies that can reduce chronic disease rates. Find resources to become a healthy worksite; information and profiles of the NHWP communities, and links and opportunities to network with others. View upcoming and archived webinars, as well.

### [Indiana Rural Health Lunch n’ Learns](#)

New Lunch n’ Learns—Please visit the website to view the various monthly topics and register.

### [Become a Preferred Employer.](#)

**Encourage your workplace.**

*The Quitline is available 7 days-a-week from 8 a.m.-3 p.m. EST.*

Services are available in both English and Spanish. For other languages, translation is available through Interpretive Services. TTY services are also available for the hearing impaired.

### [Asthma Guideline Implementation Steps & Tools \(GIST\)](#)

The National Asthma Control Initiative (NACI) has developed a program that makes it easier for primary care clinicians to use the NHLBI asthma guidelines in their everyday care of patients with asthma.

## The New BRFSS Methodology

by Linda Stemnock

2012 has brought changes to the Behavioral Risk Factor Surveillance System (BRFSS), a state-based health survey conducted by the Indiana State Department of Health (ISDH) in cooperation with the Centers for Disease Control and Prevention (CDC). The BRFSS is a random-digit dial telephone survey used to gather information on health risk factors, preventive health practices and certain chronic conditions in the adult population. Annually, Indiana, as well as the other forty-nine states and the District of Columbia, participates in the BRFSS, and uses it to identify emerging health problems, establish and track health objectives, and develop and evaluate health programs.

**Beginning with data collected in 2011**, the BRFSS survey now includes interviews conducted with cell phone users in addition to those using landline phones. Including cell phone users in the BRFSS survey helps to address an under-representation of males, adults with less formal education or lower household income, young adults and racial/ethnic minorities.

In addition to cell phone inclusion, a new weighting methodology has been adopted to provide **more precise prevalence estimates**.

The new weighting methodology (i.e., iterative proportional fitting or “raking”) adjusts data so that groups which are underrepresented in the sample can be accurately represented in the final data set. In previous years, BRFSS data were weighted by age, sex and race. “Raking” allows for the incorporation of cell phone data, additional demographic information (e.g., education level, marital status and renter/owner status) and more accurately matches sample distributions to known demographic characteristics of populations.

Changes in prevalence estimates for 2011 data most likely are not the result of an actual increase or decrease in the various risk factors and behaviors from previous years, but are more likely a result of the improved method of measuring those factors. Due to the inclusion of cell phones and the new methodology, prevalence for 2011 will **not** be comparable to previous years of BRFSS data.

Risk factors more associated with younger adults, males and minorities (e.g., smoking, insurance coverage) are more likely to be affected than others (e.g., diabetes). **In the upcoming months, the ISDH and the CDC will be publishing results from the 2011 BRFSS survey.**

## BRFSS

### Interesting Facts

- **Indiana is a pioneer among states participating in the BRFSS since 1984.**
- **Cooperative agreements between the CDC and all 50 states provide state-level prevalence for the nation.**
- **The BRFSS is the largest continuously conducted health survey in the world.**
- **The BRFSS monitors modifiable risk factors associated with chronic and communicable disease by collecting information from adults on healthy behaviors and preventive practices.**
- **The BRFSS data plays a vital role in developing public policy and monitoring achievement of public health.**

## Announcements

The **Office of Women’s Health (OWH)** is updating its publication, *Women Count in Indiana: County Data Book 2001*, to be released this summer. The OWH will provide the latest available data from the BRFSS survey and other reports on women’s health issues (both statewide summaries and county-level statistics) to assist health care providers, local health departments, policymakers, partners and key stakeholders in identifying the specific needs of women in their communities. The book will have information on reproductive health, select health conditions, select health behaviors and behavioral risks, and use of women’s health care services (such as insurance coverage and preventative screenings).

OWH would like to thank the Pregnant and Parenting Adolescent Support Program at ISDH for the funding to re-release this document.

*Everyday, Hoosiers take action to change local policies, systems, and environments to improve the health of their neighbors. Their success can assist us in our own challenges by providing proven programs and ways to implement these in our own communities.*

### GOAL Childhood Obesity Program



#### Monroe County, IN

Indiana University Health Bloomington, City of Bloomington Parks and Recreation, Southern Indiana Pediatrics (part of IU Health Southern Indiana Physicians), Monroe County YMCA, Monroe County Community School Corporation, Richland-Bean Blossom Community School Corporation, Office of Community Health Engagement at IU and the Department of Kinesiology at IU developed G.O.A.L. in response to the preliminary research indicating 32.6% of local children are overweight or obese.

G.O.A.L. is a free educational and prevention program to assist overweight and obese children through activities related to nutrition, exercise, behavior

and community. Three times a year, the 12 week sessions are offered to 15 to 25 families that have been referred to the program by community partners. The children learn and share ways to eat better, move more, feel better and connect with their community. The kids learn to use positive affirmations to encourage themselves, peers and family members while increasing self-esteem and making fun, life-long lifestyle changes.

“G.O.A.L. is doing great work with our local kids. We’ve had six cohorts go through the program already and the results we’re seeing in both the kids and their families are outstanding.” said Hannah Laughlin, G.O.A.L. Program Coordinator. “We’re really making a difference in the health of our kids, which is amazing to see.”

The program offers an extensive evaluation. Each child in the program is screened for height, weight, BMI,

BMI percentage (based on CDC), blood pressure, blood glucose and lipid panel. Nutrition habits and fitness ability are evaluated prior to beginning the program, as well. All of these evaluations are repeated at the end of the program and follow-up phone calls are made annually to track a family’s progress. Physicians monitor children’s weight management outcomes in the long term. From September 2010 to August 2011, 60.6% of participants lost weight, 72.7% decreased BMI and 75.7% lost inches from waist circumference. Families reported improved diet increased physical activity, and more positive self-esteem and relationships, as well.

Plans are being made to expand the G.O.A.L. program and curriculum to encompass three age groups that will include toddlers to teens.

For more information, visit the [G.O.A.L. webpage](#) on Indiana University Health.

### Fly A Flag Program Air Quality in Schools by: Ken Severson

**Indianapolis, IN**—Two Indiana elementary schools, Molly B. Hoover Elementary in Crawfordsville and Oaklandon Elementary in Indianapolis, have been chosen by the CDC for an evaluability assessment of their multi-component asthma education and management initiatives.

The Chronic Respiratory Disease Section has promoted the program initiated by their partnership with Anthem, WellPoint, the City of Indianapolis, Duke Energy and Improving Kids Environment.

The Fly a Flag for Clean Air program provides grade specific curriculum about air quality and its impact on health. The program engages students

in checking the air quality index daily, announcing the air quality index for the day, and raising a colored flag to indicate the air quality. Participating schools ensure that all students with asthma have asthma action plans, and the school nurse records asthma-related nurse visits, ambulance calls and preventative treatments given daily. Additionally, Fly a Flag schools ban tobacco and engine idling on school property, as tobacco smoke and automobile exhaust are known environmental triggers for asthma.

Both Hoover and Oaklandon have participated in the Fly a Flag program for more than a year and have had faculty members attend asthma management training. The schools’ Indoor Air Quality Coordinators will be trained later this summer

on monitoring and improving air quality inside school buildings.

According to ISDH and CDC, asthma is one of the main reasons for school absenteeism nationwide, but there is little in the public health literature about evidence based programs in schools focused on better asthma management. A cooperative effort between ISDH, CDC, and schools in Indiana and two other states should provide adequate data to move their multi-component, school based asthma management efforts from the “promising practice” category to “evidence based.”

For more information, visit the [Asthma Interventions webpage](#) or view the [brochure](#).

## Randolph County— ACHIEVE

### Randolph County, Indiana

The vision of **Randolph County Healthy Directions** to create a community where the “healthy choices are easy and natural; a place where healthy foods are abundant, affordable and accessible; a place where it is no longer acceptable to smoke in public spaces and a place where it is safe and easy to walk and bike” received momentum with an ACHIEVE grant from the National Association of Chronic Disease Directors (NACDD) in 2012.

The partners include St. Vincent Randolph Hospital, Randolph County YMCA, St. Vincent Medical Group, Purdue University Extension, Randolph Central Schools, Randolph County Health Department, public officials and various community representatives. The partners began with a tool to assess community needs and develop a community action plan to move forward with goals and changes needed in the community. Mentor city, Nacogdoches, Texas, sent representatives, along with the NACDD, to evaluate the county and support the

ACHIEVE efforts. Both NACDD and Nacogdoches will continue to offer assistance in making positive changes to Randolph County with policy, systems and environmental impact.

Francis (Cheech) Albarano, St. Vincent Randolph Hospital Administrator, said “Receiving the ACHIEVE Grant is an exceptional opportunity for our community. With the cities and the wide variety of organizations that are represented through this endeavor, we will certainly accomplish the health results that will benefit both our communities and citizens.”

Lead Coach Ceann Bales and Partner Coach Dr. Alison Syme will lead the current efforts for the Randolph County Healthy Directions’ team. Many projects are already underway. A Community Gardens is in Ridgeville and Union City, Wellness Programs with Astral and Tomasco through the YMCA, Farmers markets in Farmland, Union City and Winchester, Smoking Cessation classes through the collaboration of the Randolph County Health Department and St. Vincent Hospital, EPIC (Eliminate Poverty in Our Community), a Drug Taskforce, and plans for Bike Racks and Bike Tour for Winchester.

Dr. Syme relates with the local community. She stated, “We all have family members whose lives have been impacted or tragically shortened by chronic disease. Hypertension, cancer, coronary artery disease and diabetes are preventable with good nutrition, exercise and good health habits. The grant is ‘all about’ making sure these healthy habits are easy choices in Randolph County.”

The Randolph County Healthy Directions ACHIEVE team will be updating their progress soon on the ACHIEVE webpages. Visit [ACHIEVE](#) for more information or contact Dr. A. Louise Hart, ACHIEVE Grant’s Director (alhart@onlyinternet.net.)

### Breathing Easier (cont. from pg. 1)

non-smokers dropped by 59% in Monroe County after its local smoke-free air law went into effect.<sup>8</sup>

Smoke-free air policies also increase the demand for cessation services among smokers. Evidence shows that these policies “prompt more smokers to quit” and lead to an increase in successful quit attempts.<sup>9,10</sup> The Indiana Tobacco Quitline is available free of charge for Indiana residents wanting to quit tobacco use. For more information on the Quitline or for assistance with quitting tobacco use, please call 1-800-QUIT-NOW (1-800-784-8669) or visit [www.quitnowindiana.com](http://www.quitnowindiana.com).

The statewide smoke-free air law protects many Indiana workers and patrons from secondhand smoke, but many are still left unprotected. The new state law serves as a starting point for local communities to take further action in protecting their citizens from exposure to secondhand smoke in venues not covered by the state law.

For more information on the smoke-free air law, please visit [www.breatheindiana.com](http://www.breatheindiana.com).

To report a violation or ask a question about the law, please visit the ATC website at [www.in.gov/atc](http://www.in.gov/atc).

\* Article Citations—cont. pg. 6

## Resources from the CDC

### [CDC Youth Online](#)

The 2011 YRBS results are now available on the [YRBS Website](#). Available materials include —

- The *MMWR Surveillance Summary* —Youth Risk Behavior Surveillance, United States, 2011
- Trend fact sheets among students overall and by race/ethnicity
- Comparisons of state or large urban school district results with national results

### [Guide to Writing for Social Media](#)

Guide provides tips and lessons learned in writing social media messages in health communication campaigns.

### [Enhancing Use of Clinical Preventive Services Among Older Adults: Closing the Gap](#)

This new report calls attention to the use of potentially lifesaving preventive services by our nation’s growing population of adults aged 65 years and older.

### [CDC en Español](#)

Key new features include a change in the presentation of CDC’s feature articles and better integration with mobile and social media platforms.

<sup>1</sup>Americans for Nonsmokers' Rights Foundation.(2012). United States 100% Smokefree Air Laws, as of April 1, 2012. Retrieved from <http://no-smoke.org/pdf/100Map.pdf>

<sup>2</sup>U.S. Department of Health and Human Services. (2007). The health consequences of involuntary exposure to tobacco smoke: a report of the Surgeon General, U.S. Department of Health and Human Services. Retrieved from <http://www.surgeongeneral.gov/library/reports/secondhandsmoke/factsheet1.html>

<sup>3</sup>Centers for Disease Control and Prevention. (2012). Secondhand smoke (SHS) facts. Retrieved from [http://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/secondhand\\_smoke/general\\_facts/index.htm](http://www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/general_facts/index.htm)

<sup>4</sup>Zollinger, Terrell W., Saywell, Robert M., Lewis, Cynthia K. (2012). Estimating the economic impact of secondhand smoke exposure in Indiana in 2010. Retrieved from [http://www.in.gov/isdh/tpc/files/Indiana\\_SHS\\_EconImpact\\_FullReport\\_2012.pdf](http://www.in.gov/isdh/tpc/files/Indiana_SHS_EconImpact_FullReport_2012.pdf)

<sup>5</sup>U.S. Department of Health and Human Services. (2007). The health consequences of involuntary exposure to tobacco smoke: a report of the Surgeon General, U.S. Department of Health and Human Services. Retrieved from <http://www.surgeongeneral.gov/library/reports/secondhandsmoke/factsheet1.html>

<sup>6</sup>Centers for Disease Control and Prevention. (2011). Smoke-free policies improve air quality. Retrieved from [http://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/secondhand\\_smoke/protection/air\\_quality/index.htm](http://www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/protection/air_quality/index.htm)

<sup>7</sup>Institute of Medicine. (2009). Report brief: secondhand smoke exposure and cardiovascular effects: making sense of the evidence. Retrieved from <http://www.iom.edu/~media/Files/Report%20Files/2009/Secondhand-Smoke-Exposure-and-Cardiovascular-Effects-Making-Sense-of-the-Evidence/Secondhand%20Smoke%20Report%20Brief%203.pdf>

<sup>8</sup>Americans for Nonsmokers' Rights. (2012). United States heart studies. Retrieved from <http://www.no-smoke.org/document.php?id=702>

<sup>9</sup>US Department of Health and Human Services. (2000). Reducing tobacco use: a report of the Surgeon General—Executive Summary. Retrieved from [http://www.cdc.gov/tobacco/data\\_statistics/sgr/2000/executive\\_summary/pdfs/execsumm.pdf](http://www.cdc.gov/tobacco/data_statistics/sgr/2000/executive_summary/pdfs/execsumm.pdf)

<sup>10</sup>Campaign for Tobacco Free Kids. (2010). Smoke-free laws encourage smokers to quit and discourage youth from starting. Retrieved from <http://www.tobaccofreekids.org/research/factsheets/pdf/0198.pdf>

### **Indiana Healthy Weight Initiative Task Force**

The Indiana Healthy Weight Initiative, along with the Indiana Public Health Association (IPHA), are proud to announce that April Hammerand is the new coalition coordinator.

Ms. Hammerand previously managed a grassroots organization called the Food Coalition of Central Indiana. She has her master's degree in Environmental Communications and Management from the Swedish University of Agricultural Sciences. The year before she started her masters program, she worked with Irv and Shelly's Fresh Picks, a local organic delivery service for homes in Chicago and the neighboring suburbs.

Ms. Hammerand will work closely with the Indiana Healthy Weight Initiative Task Force to ensure progress towards the implementation of the state obesity prevention plan. Additionally, she will work closely with the coalition coordinators for the ICC, InJAC, and CADI to ensure a coordinated approach to chronic disease prevention across the coalitions and their members.

To learn more about the Indiana Healthy Weight Initiative and task force, visit: [www.inhealthyweight.org](http://www.inhealthyweight.org).

### **Cardiovascular & Diabetes Coalition of Indiana (CADI)**

In June, the Cardiovascular and Diabetes Coalition of Indiana (CADI) had a productive and energetic meeting in Indianapolis. Those in attendance discussed the coalition's membership, by-laws, future direction and immediate priorities, including adding "Stroke" to both the name and mission of the group. With this progress, CADI looks forward to advancing its mission to reduce the burden of cardiovascular disease, diabetes and stroke in Indiana and is recruiting members who are looking to do the same.

Please contact Jena Grosser at [jena.grosser@gmail.com](mailto:jena.grosser@gmail.com) or (317) 520-9343 for more information.

### **Indiana Joint Asthma Coalition (InJAC)**

InJAC is busy working on its various goals, including the development of an open burning reporting database, promotion of our Coach's Clipboard asthma training to school and athletic programs throughout Indiana, and research regarding air quality in certain areas of the state that goes largely unmonitored. As the new Indiana Smoke-free Indiana Act Law went into effect on July 1, InJAC will continue to support and advocate for other communities in Indiana to strengthen their laws locally as well. InJAC's next meeting will be September 17, 2012.

Please visit [www.injac.org](http://www.injac.org) or contact us at [indianaasthma@gmail.com](mailto:indianaasthma@gmail.com) for more information.

### **Indiana Cancer Consortium (ICC)**

The Indiana Cancer Consortium (ICC) released the [Indiana Cancer Facts and Figures 2012](#) on Friday, April 27 during the ICC Annual Meeting. The *Indiana Cancer Facts and Figures 2012* is the state's only comprehensive report on the burden of cancer and includes the most up-to-date cancer information available. Additionally, the report identifies current cancer trends and their potential impact on Indiana residents. The publication significantly helps the ICC measure Indiana's progress toward meeting the goals and objectives outlined in the [Indiana Cancer Control Plan 2010–2014](#). The Impact of Cancer in Indiana [infograph](#) was also released with the *Indiana Cancer Facts and Figures 2012*.

To find more news and updates from the ICC, join us on [Facebook](#), [Twitter](#), the [ICC blog](#) or subscribe to our weekly [newsletter](#).

## ***Upcoming Events***

### **Hospital Based Asthma Management: Promising Practices**

*Presented by: Indiana Hospital Association and the ISDH Chronic Respiratory Disease Section*

**Thursday, October 18, 2012  
Montage Center  
8580 Allison Pointe Blvd.  
Indianapolis, Ind.**

Keynote address from Paul Garbe, Chief of the Air Pollution and Respiratory Health Branch, Division of Environmental Health and Hazard Effects, National Center for Environmental Health, at the Centers for Disease Control and Prevention. "Promising Practices" in the field of asthma management will be highlighted, as well as, innovative local program Parkview Hospital Asthma Call Back Program will be discussed.

For more information or to register:  
Ellen Bloom, 317-234-7631  
[ebloom@isdh.in.gov](mailto:ebloom@isdh.in.gov)