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Greetings from the Indiana Tobacco Use Prevention and Cessation Executive Board
Letter from the Chairman, Bain J. Farris
September 2002

One year ago, we issued the first annual report for the Indiana Tobacco Prevention and Cessation Executive Board. This year I am pleased to report on the progress we have made in our state's challenge to use our tobacco settlement funds devoted to comprehensive tobacco control in an effective manner to improve Hoosier health.

Indiana has received attention this year as a "new national leader" for its tobacco prevention program and increasing the state cigarette tax. A national report issued by the American Lung Association, American Cancer Society, American Heart Association and Campaign for Tobacco Free Kids praised Indiana's leaders for continuing to use $32.5 million a year of the state's tobacco settlement money to fund a tobacco prevention program despite pressures to cut the funding due to budget shortfall. Our current annual budget meets 93.4 percent of the minimum amount ($34.8 million) that the U.S. Centers for Disease Control and Prevention (CDC) has recommended that the state spend on tobacco prevention. We were one of only four states to be praised in this report as a national leader.

An additional success for the past year was our state's decision to increase the state cigarette tax by 40 cents a packet. We can expect the new cigarette tax of $1.55 to prevent some 43,000 kids alive today from becoming smokers and to produce $760 million in long-term health care savings for the state.

As chair of the Executive Board, I am pleased to report the progress we have made this past year in providing funding to over 130 organizations as part of our philosophy that changing tobacco use behavior has to happen at the community level. In addition to funding our community programs, we launched the state's first statewide media campaign in the fall of 2001.

This report highlights our efforts for the past 12 months. Only through a coordinated statewide effort that reaches every community in Indiana will the tobacco use rates for Hoosiers be reduced.

On behalf of the Executive Board, I look forward to working with you to improve health for all Hoosiers through our efforts to reduce tobacco use.

Greetings from the Indiana Tobacco Prevention and Cessation Agency
Letter from the Executive Director, Karla Sneegas
September 2002

The 2001 annual report is full of exciting developments for Indiana's future campaign to reduce tobacco use. This report includes updates on the toll tobacco continues to take on Hoosiers of all ages, the new programs that are now in place, and just how far we have come in the last 12 months.

Much of the past year has been devoted to capacity building and setting up the necessary infrastructure to tackle Indiana's number one preventable cause of death and disease—tobacco use. I am extremely pleased to report the tremendous progress we have made toward funding communities statewide and establishing a comprehensive tobacco control program for Indiana.

At the close of this year we have:
• Awarded funding to 88 of our 92 counties for local partnerships grants to conduct a coordinated, comprehensive tobacco prevention and cessation program. These grants represent over 1200 new tobacco control partners in the state of Indiana.
• Approved funding for 27 local minority partnership grants representing 20 of the 29 counties with the majority of the minority populations in Indiana.
• Completed the Community Programs funding with awards to 20 statewide, regional and pilot program partners in June 2002.
• Successfully planned and launched three advertising campaign waves, two new brands (Whitelies.tv and voice.tv), and reached millions of Hoosiers with a Live Without Tobacco message.
• Launched an aggressive youth-led tobacco movement called VOICE, formed a youth advisory board and held our first statewide youth summit.
• Increased earned print media coverage of tobacco issues by approximately 400% over baselines established in 2000.
• Partnered with Indiana Black Expo enabling them to sever its financial ties with tobacco companies and allowing ITPC to be a major part of Summer Celebration.
• Decreased the average noncompliance rate for retailers inspected for violations to Indiana's tobacco sales to minor laws to 20% in 2002.
• Established an evaluation coordinating center to provide external evaluation for the ITPC program.

This Hoosier Model for Comprehensive Tobacco Prevention and Cessation is based on the Centers for Disease Control’s Best Practice Model for Comprehensive Tobacco Control Programs. Our Hooiser Model has five major categories for funding and incorporates elements from all nine categories recommended by the CDC. ITPC provides sound guidelines to funded Community partners allowing each county to decide the best way to set up their local tobacco prevention and cessation efforts. Our statewide programs, media campaigns, evaluation methods, and training plan all centers on Hoosier communities. We know that to change Indiana’s extremely high tobacco use rates, we must work community-by-community.

A recent national report praised Indiana for getting our program up and running in such a short period of time. This would not have been possible without the support and strong collaboration from multiple organizations and ITPC partners at all levels. On behalf of our staff and Executive Board, thank you for your support this past year. Today’s investment in comprehensive tobacco control programs will protect Hoosier children from the burden tobacco places on us.
Executive Summary

Indiana has the 5th highest adult smoking rate in the U.S. and Hoosier youth smoking rates are consistently higher than the national averages. Hoosiers spend $1.6 billion annually in tobacco related health care costs and 10,300 deaths occur each year due to tobacco. Approximately twenty percent (20%) of Indiana’s mothers report smoking during pregnancy, a rate 8% higher than the national average. Tobacco use has a devastating hold on Indiana and it’s time to reverse the trend. Indiana’s state leaders have taken steps to rid Indiana of the tobacco burden.

The Indiana Tobacco Use Prevention and Cessation Trust Fund and Indiana Tobacco Use Prevention and Cessation Executive Board exists to prevent and reduce the use of all tobacco products in Indiana and to protect citizens from exposure to tobacco smoke. The Trust Fund allocations are based on the U.S. Centers for Disease Control and Prevention’s (CDC) Best Practices for Comprehensive Tobacco Control Programs. Indiana has followed CDC recommendations that States establish tobacco control programs that are coordinated, comprehensive and accountable. Indiana’s tobacco control program includes a counter-marketing/ media campaign community and statewide programs, enforcement efforts and evaluation.

Statewide Media Campaign

Counter-marketing activities strive to offset pro-tobacco influences and increase pro-health messages and influences throughout a state, region, or local community. Counter-marketing messages can have a powerful influence on public support for tobacco control intervention and set a supportive climate for community efforts.

In July 2001, ITPC selected the MZD Advertising team to direct the media and counter-marketing campaign with a budget of $7 million. Indiana’s counter-marketing efforts consist of paid television, radio, billboards and print advertising at both the state and local level; media advocacy and other public relations techniques using such tactics as press releases, op-eds, media alerts, local events, teen summits and health promotion activities; and efforts to reduce the tobacco industry’s share of voice through sponsorships and partnerships.

Prior to the start of the media campaign, ITPC assessed the knowledge, attitudes and beliefs of Hoosiers surrounding tobacco as part of its overall evaluation. We learned that attitudes of Hoosiers vary widely in their support for tobacco control intervention and set a supportive climate for community efforts. ITPC’s community programs are categorized in three areas: Community-based, Minority-based and Statewide, regional and pilot partnerships. The Community- and Minority-based programs are set up at the county level and have used the American Cancer Society’s “Communities of Excellence” guide and program designed to instruct communities on best practices for local tobacco coalitions and tobacco prevention and cessation. In addition to these community-based efforts, ITPC has a commitment to help address the tobacco-related health disparities among underserved and disadvantaged populations. Counties representing 95% of Indiana’s minority population were allotted additional funding for programs to target these minority communities.

In October 2001, ITPC launched the first statewide media campaign using existing commercials from other states that tested well in youth and adult focus groups conducted throughout Indiana. ITPC also created new materials for radio, billboards and print to supplement the existing television spots.

ITPC began new advertisements in March 2002 that focused on the tobacco industry’s greed and the harmful effects of tobacco use on Hoosiers. A Web site, www.White Lies.tv, was created to educate consumers on the tobacco industry lies and the negative health consequences of tobacco use in Indiana. In June 2002, ITPC’s advertising campaign focused on how tobacco products hurt Hoosiers physically, emotionally and financially. Some of the ads were created in Indiana and featured Indiana youth from several different counties. ITPC also used existing commercials from Massachusetts that focus on the deadly toxins found in secondhand smoke.

ITPC is focused on helping all Indiana minority communities fight back, and has taken an aggressive marketing approach designed to expose the manipulative tactics tobacco companies use to increase profits. This issue is very important, especially for the African American and Hispanic communities because of the dramatic health disparities and the high death tolls being realized from tobacco-related illnesses. ITPC’s ethnic marketing has included specially tailored radio and print ads, public relations and grassroots activities, and promotions and events. A major success this year is ITPC’s partnership with the Indiana Black Expo (IBE) to provide funding for Summer Celebration enabling the IBE to sever its financial ties with tobacco companies. ITPC, through White Lies.tv, spread the message of the tobacco industry’s marketing to minority communities and the impact tobacco has on the health of minorities.

A group of teenagers from around the state were selected to be a part of the ITPC Youth Advisory Board. These youth have led their peers in tobacco prevention initiatives and communication. They planned the first annual anti-tobacco teen summit, assisted with training their peers from across Indiana. One product of this event was the youth movement brand, Voice, which Indiana teens selected. The Youth Advisory Board continues these activities, assists with marketing efforts for the campaign, helps determine strategies and tactics for Voice and is growing to include more teens.

In addition to the traditional media campaign, ITPC is infusing Hoosier culture by involvement in various sponsorships throughout the State. Indiana media have devoted more newspaper and airborne to tobacco control stories throughout the past year raising the awareness of tobacco use and related health issues throughout the State.
Tobacco Use Burden on Indiana

Tobacco use is the single most preventable cause of death and disease in the United States. Smoking alone is responsible for more than 420,000 premature deaths in the United States annually, killing more people than alcohol, AIDS, car accidents, illegal drugs, murders and suicides combined. Close to 10,300 of these deaths happen to Hoosiers. These include deaths from lung and other cancers, cardiovascular diseases, infant deaths attributed to maternal smoking, and burn deaths. These premature deaths also include deaths from lung cancer and heart disease attributable to exposure to secondhand smoke.

Prevalence-Adult

More than 1.6 million adults in Indiana smoke cigarettes. This makes up 27.4% of the State's adult population with the smoking rates for men (29.7%) and women (25.3%) continuing to rise in recent years. Indiana is consistently in the list of states with the highest smoking rates. These rates are consistently higher than the United States, which is 23%.

Table 1: Top 10 States by Adult Smoking Prevalence, 2000

<table>
<thead>
<tr>
<th>Rank</th>
<th>State</th>
<th>Smoking Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Kentucky</td>
<td>30.9%</td>
</tr>
<tr>
<td>2</td>
<td>Oklahoma</td>
<td>28.7%</td>
</tr>
<tr>
<td>3</td>
<td>West Virginia</td>
<td>28.2%</td>
</tr>
<tr>
<td>4</td>
<td>Ohio</td>
<td>27.6%</td>
</tr>
<tr>
<td>5</td>
<td>Indiana</td>
<td>27.4%</td>
</tr>
<tr>
<td>6</td>
<td>Nevada</td>
<td>26.9%</td>
</tr>
<tr>
<td>7</td>
<td>Alaska</td>
<td>26.4%</td>
</tr>
<tr>
<td>8</td>
<td>South Carolina</td>
<td>26.0%</td>
</tr>
<tr>
<td>9</td>
<td>Missouri</td>
<td>25.9%</td>
</tr>
<tr>
<td>10</td>
<td>North Carolina</td>
<td>25.7%</td>
</tr>
</tbody>
</table>

In 2000, Indiana had the 4th highest smoking rate in the U.S. at 26.9%. Not shown here but in 2001, Indiana's rate increases slightly to 27.4%.*

Smoking rates in Indiana are varied among race/ethnic and age groups. As illustrated in Chart 2: Indiana Adult Smoking Prevalence, Race/Ethnicity, 2000, White Hoosiers have a smoking rate similar to that of the State with 1.4 million smokers; 134,000 African Americans smoke which is a slightly lower rate than Whites at 26% while Hispanics are higher at nearly 29% representing 62,000 Hispanic Hoosiers. Also illustrated in Chart 3: Indiana Adult Smoking Prevalence, Age, 2000, approximately one-third of adults age 44 and younger report current smoking, with the 18-24, 25-34 and 35-44 age groups reporting higher smoking rates than older adults.

ITPC has a comprehensive two-year training plan in place for staff, board, and partners, which includes mandatory training sessions, elective training topics, and an annual information-sharing event. ITPC is committed to providing its partners with training needed to implement their local tobacco control programs. These training opportunities include regional workshops, partnerships’ “cluster” meetings, youth education and cessation training, comprehensive conference calls, technical assistance structure and an opportunity for regular information sharing and problem solving among partners.

Enforcement

ITPC entered into a Memorandum of Understanding (MOU) with the Indiana Alcohol and Tobacco Commission (ATC) to investigate and enforce Indiana's tobacco laws. After one year of active enforcement, Indiana's tobacco laws have become a priority for the law enforcement community due to the efforts of ATC.

During the past year, TRIP officers conducted close to 5,000 retailer inspections, averaging more than the required amount per month. During these nine months, the average noncompliance rate for retailers inspected was approximately 20%. More than $85,000 was collected in fines from violations for October 2001 to June 2002. ATC has also provided ITPC partners with the proper training and resources to conduct these retailer compliance checks in their communities.

In addition to compliance checks conducted through the Tobacco Retailer Inspection Program (TRIP), ATC is conducting trainings throughout the State to train retailers, convenience store and gas station clerks, as well as local law enforcement, to teach and raise awareness about Indiana's tobacco laws and promote its “I’d on Dawn” message. ATC also is encouraging use of the statewide toll free number to report retailers and vendors who violate Indiana's tobacco laws.

The ITPC/ATC partnership allowed ATC to hire staff and purchase necessary equipment. This new equipment has streamlined the inspection process and has allowed more compliance checks to be completed. Throughout the past year, 12 Tobacco Retailer Inspection Program (TRIP) officers were out in the field conducting inspections. In addition, 67 Excise officers worked throughout the State reporting tobacco law violations.

Evaluation

ITPC Executive Board approved 30 percent ($3.25 million) of Indiana’s comprehensive tobacco control program’s budget be used for program evaluation based on CDC Best Practices guidelines. ITPC has developed partnerships with other State agencies, such as the Indiana State Department of Health, to utilize and enhance tobacco-related health data currently collected on Hoosier adults. These and other surveillance systems will be added to gather more in-depth tobacco specific information on adults and youth.

In addition to partnering with these current surveillance activities, ITPC will be adding to its data repository through the work of an Independent Evaluation and Research Coordinating Center. In March 2002, ITPC began working with American Institutes for Research (AIR) to develop and implement an evaluation plan for Indiana's comprehensive program; coordinate with other tobacco surveillance activities around the State; and perform evaluations on specific program activities.

AIR has developed an evaluation plan to assess all ITPC programs. With the guidance of the 2005 objectives and the vision and mission statements outlined by the Executive Board, AIR has developed a set of measures with various data sources to evaluate the impact programs are making in achieving the ITPC mission and objectives. The Evaluation Committee of the Executive Board is providing guidance to ITPC and AIR in the execution of this evaluation plan. In addition, a panel of national experts in tobacco control serves as an Advisory Board providing external review. Major components of the ITPC program evaluation include surveillance: secondary data analysis; media campaign evaluation; community program tracking and impact evaluation; news media analysis; and dissemination of results.

All information gathered through the ITPC Evaluation and Research Coordinating Center will be used to improve programs by making adjustments when they may be needed and enhancing components in areas that are already working. The ITPC commitment to evaluation is central to its programs.

ITPC has laid the foundation for tobacco prevention and cessation in Indiana in 2003-2002. Expect Indiana's comprehensive tobacco control program to begin changing the attitudes and behaviors related to tobacco use leading Hoosiers to healthy living without tobacco!
The highest smoking rates are found in the 18-24 and 35-44 age groups with smoking rates declining as age increases.

One of the most striking relationships is smoking rate and education level as shown in Chart 3: Indiana Adult Smoking Prevalence, Education level, 2001. More than 40% of those with less than a high school education report current smoking behavior. As the educational attainment increases the smoking prevalence decreases among Hoosiers.

Prevalence - Youth

Cigarette use among Indiana youth, similar to Hoosier adults, is higher than the national average. If current smoking trends continue, 167,000 Indiana youth under age 18 will die from tobacco use.

Approximately 37% of Indiana high school (9th to 12th grades) and 15% of middle school (6th to 9th grades) students currently use some form of tobacco. A majority of this use is of cigarettes with approximately 32% of Indiana high school and 10% of middle school students reporting current cigarette use.

Indiana’s high school students have a higher smoking prevalence than the rest of the country, which is 28%. The rates for middle school youth in Indiana and U.S. overall are very similar.

In addition, 5% of middle school and 15% of high school students regularly smoke cigars and 4% of middle school and 7% of high school students use smokeless tobacco.

These tobacco use rates are shocking considering it is illegal in Indiana to sell tobacco products to anyone under the age of 18. Although this is true, an estimated 22.7 million packs of cigarettes each year are smoked or sold to teenagers and children in Indiana.

Access to tobacco results in 20,500 Hoosier youth becoming daily smokers each year; this translates to 56 Hoosier youths each day or 2 children each hour.
Prevalence-Pregnant Women

Smoking can impact the lives of even the youngest Hoosiers. Approximately 20% of women in Indiana smoked during pregnancy in 1999 and 2000. Smoking during pregnancy is associated with poor health outcomes, such as low birth weight, growth retardation, spontaneous abortions and Sudden Infant Death Syndrome (SIDS).

In 1999, Indiana was one of four states with a percentage of greater than 20% of women who smoked during pregnancy. The rate of Indiana mothers who reported smoking during pregnancy is close to double the national average. Even more alarming are rates in Indiana counties that exceed state and national rates. The table below lists Indiana’s Counties along with the percentage of mothers who reported smoking during pregnancy. These County rates range from 38.7% to 6.8%.

Indiana’s pregnant women smoking rate is even higher for certain age groups with 30% of 15-19 pregnant Hoosiers smoking, higher than the national average of 18%.

Table 2: Top five states by pregnant women smoking rates, 1999

<table>
<thead>
<tr>
<th>Rank</th>
<th>State</th>
<th>Smoking Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>West Virginia</td>
<td>26.1%</td>
</tr>
<tr>
<td>2</td>
<td>Kentucky</td>
<td>24.5%</td>
</tr>
<tr>
<td>3</td>
<td>Wyoming</td>
<td>23.0%</td>
</tr>
<tr>
<td>4</td>
<td>Indiana</td>
<td>20.9%</td>
</tr>
<tr>
<td>5</td>
<td>North Dakota</td>
<td>19.2%</td>
</tr>
</tbody>
</table>

Other tobacco use

Currently little information is known about the prevalence of other tobacco use in Indiana. Other tobacco includes smokeless tobacco, cigars, bidis and kreteks. In 1998, 15% of Hoosier adults reported using smokeless tobacco. More is known about youth use of these products as reported in the 2000 Indiana Youth Tobacco Survey (YTS). Chart 6: Current use of all tobacco products by middle school youth, Indiana vs. U.S., 2000 and Chart 7: Current use of all tobacco products by high school youth, Indiana vs. U.S., 2000 illustrate that Hoosier youth at the middle school level use more smokeless tobacco and bidis than the rest of the country while use rates are slightly lower than the U.S. rates for cigarettes, cigars and pipes. Once these youth reach high school the tobacco use for all products increases significantly with Hoosier youth surpassing or equaling use rates of the rest of the country.

## Charts

### Chart 6: Reported Smoking by Pregnant Women, Indiana vs. U.S

Hoosier mothers’ smoking rates are higher than the national average, overall and for 15-19 year olds.

### Chart 7: Current use of all tobacco products by middle school youth, Indiana vs. U.S., 2000

Hoosier middle school youth prefer cigarettes as their form of tobacco use. They use more smokeless tobacco and bidis than other U.S. middle school youth.

### Chart 8: Current use of all tobacco products by high school youth, Indiana vs. U.S., 2000

Hoosier high school youth prefer cigarettes as their forms of tobacco use but all use rates are higher than the U.S.
Health consequences

Cancers, heart diseases and strokes are the leading causes of death in the U.S. and Indiana. Smoking and use of other tobacco products is a major risk factor for these leading killers. Smoking contributes to close to 420,000 U.S. deaths annually. Table 4: Annual Deaths Caused by Major Smoking-related Diseases outlines the major diseases resulting in these deaths.12

More than 30% of all cancers are due to smoking13. Cancers caused by or develop from smoking include lung, larynx, oral cavity and oropharynx, bladder, pancreas, uterus, cervix, kidney and stomach.14 Smoking is responsible for 87% of lung cancers.15 Smoking attributed lung cancer death rate in Indiana is 18% higher than the national average with 107.1 per 100,000 deaths during 1999.16

Men who smoke increase their risk of death from lung cancer by more than 12 times and the risk of dying from bronchitis and emphysema by more than 10 times.17 In 1987, lung cancer surpassed breast cancer and the leading cause of cancer death among women.

Smoking is a known cause of chronic obstructive pulmonary disease (COPD), which includes chronic bronchitis and emphysema.18 Smoking accounts for 80% of all COPD deaths in the U.S.19 Indiana has a 30% higher smoking attributable death rate due to COPD compared to all other states.20

Twenty-one percent of all coronary heart disease deaths in the U.S. are due to smoking. Other cardiovascular smoking deaths include stroke and high blood pressure. The smoking attributable death rate for coronary heart disease was 71 per 100,000 deaths in 1999, 20% higher than the all state average.21

Table 4: Annual Deaths Caused by Major Smoking-related Diseases

<table>
<thead>
<tr>
<th>Major Smoking-related Diseases</th>
<th>Number of Deaths Annually</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancers</td>
<td></td>
</tr>
<tr>
<td>Lung</td>
<td>116,900</td>
</tr>
<tr>
<td>Lung from ETS</td>
<td>3,000</td>
</tr>
<tr>
<td>Other</td>
<td>38,400</td>
</tr>
<tr>
<td>Total</td>
<td>158,300</td>
</tr>
<tr>
<td>Cardiovascular Diseases</td>
<td></td>
</tr>
<tr>
<td>Hypertension</td>
<td>5,500</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>134,200</td>
</tr>
<tr>
<td>Stroke</td>
<td>23,300</td>
</tr>
<tr>
<td>Other</td>
<td>16,900</td>
</tr>
<tr>
<td>Total</td>
<td>179,900</td>
</tr>
<tr>
<td>Respiratory Diseases</td>
<td></td>
</tr>
<tr>
<td>Pneumonia</td>
<td>19,200</td>
</tr>
<tr>
<td>Bronchitis/ Emphysema</td>
<td>14,900</td>
</tr>
<tr>
<td>Chronic Airway Obstruction</td>
<td>49,000</td>
</tr>
<tr>
<td>Other</td>
<td>1,500</td>
</tr>
<tr>
<td>Total</td>
<td>84,600</td>
</tr>
<tr>
<td>Diseases Among Infants</td>
<td>1,700</td>
</tr>
<tr>
<td>Num Deaths</td>
<td>1,400</td>
</tr>
<tr>
<td>All Causes</td>
<td>418,900</td>
</tr>
</tbody>
</table>

Consequences-Minority impact

African Americans

Each year, approximately 45,000 African Americans die from a preventable smoking-related disease. Slightly more Hoosier African Americans smoke cigarettes than other African Americans in the United States.

Table 5: Smoking Prevalence of African American Adults, 2000

<table>
<thead>
<tr>
<th></th>
<th>Overall</th>
<th>African Americans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indiana 2001</td>
<td>26.1%</td>
<td>26.6%</td>
</tr>
<tr>
<td>Indiana 2000</td>
<td>24.6%</td>
<td>24.1%</td>
</tr>
<tr>
<td>U.S. 2000</td>
<td>22.8%</td>
<td>22.2%</td>
</tr>
</tbody>
</table>

While we only know about cigarette smoking prevalence of African American adults, more information is known about types of tobacco used by Indiana youth. Approximately 2% of African American high school students report using smokeless tobacco compared to 7% of other Hoosier high school students. More-African American youth report regular cigar smoking compared to other Hoosier youth, 10% and 15%, respectively. Also fewer African American students (3%) report smoking pipes compared to other Hoosier students (4%). Finally, approximately 6% of African American high school students report current use of bidis higher than the state average of 4%.

Chart 10: Current tobacco use by Indiana high school students, Overall vs. African Americans, 2000

These tobacco product use rates are higher for African American middle school students than other middle school students. Use rates for smokeless tobacco and cigar smoking are slightly higher for African American middle school students while pipe and bidis use is double for African American youth compared to other Hoosier youth.
Other racial/ethnic differences show that approximately three of every four African American smokers prefer menthol cigarettes. Menthol may facilitate absorption of harmful cigarette smoke constituents. African Americans typically smoke fewer cigarettes per day but suffer more from smoking-related diseases than Whites. African American men are at least 50% more likely to develop lung cancer than white men. African American men have a higher mortality rate of cancer of the lung and bronchus (100.8 per 100,000) than do white men (70.1 per 100,000). Stroke is associated with cerebrovascular disease and is a major cause of death in the United States. Smoking significantly elevates the risk of stroke. Cerebrovascular disease is twice as high among African American men (53.1 per 100,000) as among White men (26.3 per 100,000) and twice as high among African American women (40.6 per 100,000) as among white women (22.6 per 100,000). Smoke and hypertension contribute to cardiovascular disease deaths, which are the leading causes of deaths in the U.S., including African Americans. More people die of cardiovascular diseases attributed to smoking than cancer. Twenty-one percent (21%) of all coronary heart disease deaths in the U.S. are due to smoking.

Hispanics

The smoking rates for Hispanics in Indiana are higher than Hispanics in the U.S. overall in 2000 (22.5% vs. 21.9%). As illustrated in Table 6: Smoking Prevalence of Hispanic Adults, 2000, smoking rates of Hispanics increased for Hoosiers from 2000 to 2001, although these numbers should be interpreted cautiously. Other forms of tobacco use may be more commonly used than cigarettes. Data from the IYTS show that while there is no reported smokeless tobacco use among Hispanic high school students that they smoke cigars at similar rates as other Hoosier youth. Hispanic high school students have a slightly higher use for pipes and bidis compared to other youth.

Table 6: Smoking Prevalence of Hispanic Adults, 2000

<table>
<thead>
<tr>
<th>Smoking Prevalence of Hispanic Adults, 2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indiana 2001</td>
</tr>
<tr>
<td>Indiana 2000</td>
</tr>
<tr>
<td>U.S. 2000</td>
</tr>
<tr>
<td>28.9%</td>
</tr>
<tr>
<td>22.5%</td>
</tr>
<tr>
<td>21.9%</td>
</tr>
</tbody>
</table>

As with the U.S. overall, cancer, heart disease and stroke are the leading causes of death among Hispanics. Of cancers, lung cancer is the leading cause of cancer deaths among Hispanics. Lung cancer deaths are about three times higher for Hispanic men (23.1 per 100,000) than for Hispanic women (7.7 per 100,000).
Secondhand smoke

Environmental tobacco smoke (ETS), or secondhand smoke, is a mixture of side-stream smoke and exhaled smoke in the air. ETS has been shown to cause heart disease, cancer, respiratory problems and eye and nasal irritation. Exposure to ETS takes place in the home, public places, workplaces and vehicles. ETS is classified as a Group A carcinogen (cancer causing agent) under the Environmental Protection Agency’s (EPA) carcinogen assessment guidelines. ETS contains over 4,000 compounds, more than 50 carcinogens and other irritants and toxins.10

Exposure to ETS is one of the leading causes of preventable death. Each year in the United States, an estimated 53,000 deaths are attributable to secondhand smoke breathed by nonsmokers.9 Of these deaths, 3,000 are due to lung cancer each year with an estimated 800 from exposure at home and 2,200 from exposure in work or social settings.10 In Indiana each year 1,000-1,500 Hoosiers die from others’ smoking such as ETS exposure or smoking during pregnancy.9

Every day more than 15 million children are exposed to ETS in the home, including 420,000 Hoosier children.9 Millions of doctor visits and thousands of hospitalizations occur due to children’s exposure to secondhand smoke. Smoking-attributable direct medical expenditures totaled $1.6 billion in Indiana. These expenditures include annual... in work or social settings.10 In Indiana each year 1,000-1,500 Hoosiers die from others’ smoking such as ETS exposure or smoking during pregnancy.9

Economic impact

In addition to the enormous personal, social, and emotional toll of tobacco-related diseases, tobacco use has significant economic and societal impact. Tobacco costs the United States an estimated $50-$70 billion annually in medical expenses alone.13 In 1998, smoking-attributable direct medical expenditures totaled $3.6 billion in Indiana. These expenditures include annual individual expenditures for four types of medical services, including ambulatory care, hospital care, prescription drugs, and other nondurable medical products. This calculates to $275 per Hoosier in direct medical expenses related to smoking regardless of whether they smoke or not. Therefore, Indiana spent $5.14 in smoking related costs to the State for every pack of ciga-

Table 8: Prevalence of Smoke-free Worksite Policy Coverage, National Average Compared to Five Lowest Ranking States, 1999

<table>
<thead>
<tr>
<th>Rank</th>
<th>State</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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</tr>
<tr>
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<td>All State Average</td>
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</tr>
</tbody>
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As illustrated in Chart 14, Prevalence of Smoke-free Worksite Policy Coverage, 1993-1999 Indiana vs. Midwest vs. U.S., the number of workers covered by the workplace no-smoking policy is less for Midwestern states and even less for Hoosier workers compared to the U.S. overall.

Other data describing adult attitudes regarding indoor smoking policies from select states, including Indiana (19 states and D.C.) indicate18:

• 64% of indoor workers in Indiana reported a no smoking policy, while other states reporting a current policy ranged from 61% to 84%.
• Only slightly more Hoosiers believed that workplaces should have such a policy (69%).
• 65% of Hoosiers reported having a no smoking policy in their home, ranking low compared to other 19 states as up to 79% of their residents supported no smoking in the home.

Policy

Second to implementing comprehensive tobacco control program, policy change is an effective strategy to combat the impact tobacco takes on our society.

Worksite

Many Hoosiers spend a significant part of their days at the workplace. The 1999 Current Population Study (CPS) indicates that the number of workers covered by the no smoking policy was slightly more than half at 58%, ranking Indiana 49th of all states. Although there has been a relative increase of nearly 50% in the proportion of total indoor workplace workers under smoke-free policy in Indiana from 1993 to 1999, compared to the rest of the U.S., Hoosiers lag behind. The Midwestern states overall are trailing the rest of the country in their worksite policies.

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**Tax**

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. Raising state cigarette taxes always reduces smoking rates and always increases state revenue as shown by states like Michigan and New York.

Economic research studies currently conclude that every 10% increase in the real price of cigarettes reduces adult smoking by about 4% and teen smoking by roughly 7%. There is strong evidence that youth are more responsive to price than adults. 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. Recent studies conclude that the greatest impact of price increases is in preventing the transition from youth experimental smoking to regular (daily) smoking. Considering 90% 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.

**Youth Access**

Indiana law I.C. 35-46-1-10 prohibits selling tobacco products to juveniles. While early data indicates that over the last year, compliance to the law has improved, the methodology for penalties is considerably weaker than other states. States that have seen the greatest improvement in enforcement of youth access laws require that a license be obtained to sell tobacco products and that progressive penalties for retailers who sell tobacco to juveniles includes eventual revocation of license.

**Advertising and Promotion**

The Federal Trade Commission (FTC), most recent annual report on cigarette sales and advertising for 2000 shows that cigarette manufacturers spent a record $5.7 billion on advertising and promotion for that year, an increase of 16.2% from the $4.8 billion spent in 1999. That is the largest amount ever reported since the FTC began tracking cigarette sales and advertising in 1970. The tobacco industry in 2000 spent $262 million a day to advertise and promote its deadly products. That amount is more than 41 states spend annually on tobacco prevention. The bulk of the enormous increase in advertising and promotional spending by the tobacco industry is in the area of promotional allowances and retail value added, accounting for more than 75% of total spending. This money is being spent for retail promotions and product placements that heavily impact children and teenagers. Two for one offers and other enticements are particularly effective with teenagers and children who have less disposable income than adults and are more likely to be influenced by promotional items in convenience stores.

**Cessation Coverage**

A 2002 study released by the U.S. Centers for Disease Control and Prevention indicated that the high cost of and lack of access to cessation treatment is one of the primary obstacles to reducing smoking in the United States. Based on the 2000 National Health Interview Survey, the study finds that while smoking rates among adults have declined much too slowly from 25% in 1993 to 23.3% in 2000, 70 percent of adult smokers said they want to quit. However, only 4.7 percent of those who had quit in the past year were able to maintain abstinence from smoking for three to twelve months. Clearly, improved access to smoking cessation services is one of the keys to accelerating the decline in adult smoking rates.

Indiana covers the cost of cessation therapy and counseling as a part of the state’s Medicaid benefits; however, it is not clear if Medicaid patients are aware of this benefit and if they are accessing the benefit. It is not clear as to what percentage of Indiana’s employers provide cessation therapy and counseling as a part of their employee benefit package.

**Indiana’s Tobacco Settlement Appropriations**

<table>
<thead>
<tr>
<th>Tobacco Master Settlement Agreement Fund As of June 30, 2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Settlement Receipts (4/17/2002)</td>
</tr>
<tr>
<td>Total Interest Earnings (since inception)</td>
</tr>
<tr>
<td>Total Revenue</td>
</tr>
<tr>
<td>Less Transfers Out</td>
</tr>
<tr>
<td>Total Expenses</td>
</tr>
</tbody>
</table>

Pursuant to I.C. 4-12-1-14.3 all payments made by the tobacco industry to the State of Indiana in accordance with the Master Settlement Agreement are deposited in the Indiana Tobacco Master Settlement Agreement fund. Money may be expended, transferred, or distributed from the fund if authorized by law.

---

Prior to July 1, 2002, Indiana had one of the lowest tobacco taxes in the United States: ranking 44th with a 15.5-cent tax. With an increase in the state’s cigarette tax to 55.5 cents, it brings Indiana closer to its border states’ taxes.

**Table 9: State cigarette excise taxes Cents Per Pack**

(State tax average is 58.8 cents)

<table>
<thead>
<tr>
<th>Rank</th>
<th>State</th>
<th>Tax</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Massachusetts</td>
<td>151</td>
</tr>
<tr>
<td>2</td>
<td>New York</td>
<td>150</td>
</tr>
<tr>
<td>3</td>
<td>New Jersey</td>
<td>150</td>
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<tr>
<td>4</td>
<td>Washington</td>
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</tr>
<tr>
<td>5</td>
<td>Rhode Island</td>
<td>132</td>
</tr>
<tr>
<td>6</td>
<td>Michigan</td>
<td>125</td>
</tr>
<tr>
<td>7</td>
<td>Hawaii</td>
<td>120</td>
</tr>
<tr>
<td>8</td>
<td>Connecticut</td>
<td>111</td>
</tr>
<tr>
<td>9</td>
<td>Pennsylvania</td>
<td>100</td>
</tr>
<tr>
<td>10</td>
<td>Maryland</td>
<td>100</td>
</tr>
<tr>
<td>11</td>
<td>Maine</td>
<td>100</td>
</tr>
<tr>
<td>12</td>
<td>Alaska</td>
<td>100</td>
</tr>
<tr>
<td>13</td>
<td>Illinois</td>
<td>98</td>
</tr>
<tr>
<td>14</td>
<td>Vermont</td>
<td>93</td>
</tr>
<tr>
<td>15</td>
<td>California</td>
<td>87</td>
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<tr>
<td>16</td>
<td>Wisconsin</td>
<td>77</td>
</tr>
<tr>
<td>17</td>
<td>Kansas</td>
<td>70</td>
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<tr>
<td>18</td>
<td>Utah</td>
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<tr>
<td>19</td>
<td>Oregon</td>
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<tr>
<td>20</td>
<td>District of Columbia</td>
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<td>Nebraska</td>
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<td>Arizona</td>
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<td>23</td>
<td>Idaho</td>
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<tr>
<td>24</td>
<td>Ohio</td>
<td>55</td>
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<tr>
<td>25</td>
<td>New Hampshire</td>
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<td>26</td>
<td>Minnesota</td>
<td>48</td>
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<tr>
<td>27</td>
<td>North Dakota</td>
<td>44</td>
</tr>
<tr>
<td>28</td>
<td>Texas</td>
<td>41</td>
</tr>
<tr>
<td>29</td>
<td>Louisiana</td>
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</tr>
<tr>
<td>30</td>
<td>Iowa</td>
<td>36</td>
</tr>
<tr>
<td>31</td>
<td>Nevada</td>
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<td>32</td>
<td>Arkansas</td>
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</tr>
<tr>
<td>33</td>
<td>Florida</td>
<td>33.9</td>
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<tr>
<td>34</td>
<td>South Dakota</td>
<td>33</td>
</tr>
<tr>
<td>35</td>
<td>Idaho</td>
<td>28</td>
</tr>
<tr>
<td>36</td>
<td>Delaware</td>
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<td>37</td>
<td>Oklahoma</td>
<td>24</td>
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<td>38</td>
<td>Washington</td>
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<tr>
<td>39</td>
<td>Tennessee</td>
<td>20</td>
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<tr>
<td>40</td>
<td>Colorado</td>
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<tr>
<td>41</td>
<td>Montana</td>
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<tr>
<td>42</td>
<td>Mississippi</td>
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</tr>
<tr>
<td>43</td>
<td>West Virginia</td>
<td>17</td>
</tr>
<tr>
<td>44</td>
<td>Missouri</td>
<td>17</td>
</tr>
<tr>
<td>45</td>
<td>Alabama</td>
<td>16.5</td>
</tr>
<tr>
<td>46</td>
<td>Wyoming</td>
<td>12</td>
</tr>
<tr>
<td>47</td>
<td>Georgia</td>
<td>12</td>
</tr>
<tr>
<td>48</td>
<td>South Carolina</td>
<td>7</td>
</tr>
<tr>
<td>49</td>
<td>North Carolina</td>
<td>5</td>
</tr>
<tr>
<td>50</td>
<td>Kentucky</td>
<td>3</td>
</tr>
<tr>
<td>51</td>
<td>Virginia</td>
<td>2.5</td>
</tr>
</tbody>
</table>

**Chart 15: Surrounding States Tobacco Taxes**

With Indiana cigarette tax increase to 55.5 cents, Indiana can expect to see:

- Fewer Hoosiers smoking 30,000 adults will quit
- Thousands of youth not becoming regular smokers 13,800 youth saved from premature death due to smoking
- Healthier babies as fewer women will smoke during pregnancy 8,000 smoking-affected births avoided
- Increase in state revenue of $282 million

In addition to the consumer’s right to know about a product, the introduction of new tobacco products in the market have had a direct impact on Indiana this last year. In November 2003, Brown and Williamson began test marketing a new product called “Advance” in the central Indiana market. The product was marketed as containing fewer toxins. Yet, with no federal standards or testing, Hoosiers could not be assured that the advertising claims made about Advance were scientifically valid.

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The need for federal legislation to grant FDA the authority to regulate tobacco products is a direct result of the Supreme Court’s March 2000 decision that held that, under current law, the FDA does not have authority to regulate tobacco products. There remains no Federal government agency that regulates tobacco products as used by consumers, including their manufacture, content, addictive properties, availability and sales.

Income: $241,457,379.61
### Indiana's Tobacco Settlement Appropriations and Est. of Remaining Balance

**As of June 30, 2002**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco Use Prevention</td>
<td>$35.0</td>
<td>$5.0</td>
<td>$25.0</td>
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</tr>
<tr>
<td>Local Health Departments</td>
<td>$1.0</td>
<td>x</td>
<td>$3.0</td>
<td></td>
</tr>
<tr>
<td>Prescription Drug Account</td>
<td>$20.0</td>
<td>$60.0</td>
<td>$20.0</td>
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</tr>
<tr>
<td>Transferred to General Fund</td>
<td>($20.0)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indiana Health Care Account &amp; Chip Match</td>
<td>$18.8</td>
<td>$21.1</td>
<td>$31.6</td>
<td>$38.2</td>
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<td>(Chip Match only, 1999-2000)</td>
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<tr>
<td>Transferred to General Fund</td>
<td>($2.1)</td>
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<tr>
<td>Local Health Maintenance Fund</td>
<td>$1.5</td>
<td>$1.3</td>
<td>$1.4</td>
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<tr>
<td>Farmers &amp; Rural Community Impact Account</td>
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<td>$5.0</td>
<td>$5.0</td>
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<tr>
<td>Transferred to General Fund</td>
<td>($4.7)</td>
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<tr>
<td>Biomedical Technology &amp; Research Account</td>
<td>x</td>
<td>x</td>
<td>x</td>
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</tr>
<tr>
<td>Community Health Centers Capital Costs</td>
<td>$30.0</td>
<td>x</td>
<td>($1.0)</td>
<td>$1.0</td>
</tr>
<tr>
<td>Transferred to General Fund</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Health Centers Operations Cost</td>
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<td>($30.0)</td>
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<td>Transferred to General Fund</td>
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<tr>
<td>Developmentally Disabled Client Services</td>
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<td>$13.4</td>
<td>$30.3</td>
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<tr>
<td>FSA - Division of Disability and Aging</td>
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<td>$3.0</td>
<td>$3.0</td>
<td></td>
</tr>
<tr>
<td>Total Appropriations (with also transfers to General Fund)</td>
<td>$18.8</td>
<td>$207.6</td>
<td>$300.3</td>
<td>$155.9</td>
</tr>
<tr>
<td>Beginning Bal 7/1</td>
<td>-$18.8</td>
<td>$190.9</td>
<td>$241.4</td>
<td></td>
</tr>
<tr>
<td>Transfers Out Appropriations</td>
<td>-18.8</td>
<td>-$94.0</td>
<td>-$303.3</td>
<td>-$155.9</td>
</tr>
<tr>
<td>Receipts &amp; Interest</td>
<td>$203.7</td>
<td>$152.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ending Balance 6/30</td>
<td>-$18.8</td>
<td>$190.9</td>
<td>$241.4</td>
<td>$85.5</td>
</tr>
</tbody>
</table>

1 $155.9 represents appropriations listed in Budget Bill HB1001. Actual transfers will be included in July 2003.

2 Projected ending balance does not include any settlement receipts or interest to be earned in fiscal year 2002-2003. Settlement receipts have been received in the spring of the second year and therefore are expected in the spring of 2003.

3 Transfers to General Fund ordered by State Board of Finance. A total of $60 million dollars was transferred from the Master Tobacco Settlement Account into the General Fund from the original appropriations by the Legislature.

---

**ITPC Staff**

- **Executive Director**: Karla Sneegas
- **Deputy Director and General Counsel**: J.D. Lux
- **Chief Financial Officer**: Celesta Bates
- **Director of Community Programs**: Anita Galliard
- **Director of Human Resources and Contract Management**: Phil Lehmkuhler
- **Director of Program Evaluation**: Miranda Spitznagle
- **Executive Administrative Assistant**: Becky Haywood
- **Regional Program Director-Northern Indiana**: Jack Arnett
- **Regional Program Director-Central Indiana**: Mary Lowery
- **Regional Program Director-Southeastern Indiana**: Dan Morgan
- **Regional Program Director-Southwestern Indiana**: Karen O’Brien
- **Regional Program Director-Southwestern Indiana**: Lori Peterson
- **Regional Program Director-Statewide Minority Programs**: Kristen Kreams

---

**TOBACCO USE PREVENTION & CESSATION AGENCY**

**ORGANIZATIONAL CHART**
Executive Board Structure
The Tobacco Use Prevention and Cessation Executive Board (Tobacco Board) was established by Indiana Code 4-12-4-4. This stipulates the following Board structure:

Five (5) ex officio members:
• The Executive Director (nonvoting member)
• The State Superintendent of Public Instruction
• The Attorney General
• The Commissioner of the State Department of Health
• The Secretary of the Family and Social Services Administration

Eleven (11) members appointed by the governor who possess:
• Knowledge, skill, and experience in smoking reduction and cessation programs, health care services, or preventive health measures

Six (6) members who are appointed by the governor representing the following organizations:
• The American Cancer Society
• The American Heart Association, Indiana Affiliate
• The American Lung Association of Indiana
• The Indiana Hospital and Health Association
• The Indiana State Medical Association
• The Indiana Council of Community Mental Health Centers

The Governor shall designate a member to serve as chairperson. The executive board shall annually elect one of its ex-officio members as vice chairperson. IC 4-12-4-4(i).

Executive Board Members
Bain Farris
Indianapolis
Karla Sneegas
Indianapolis
Robbie Barkley
Indianapolis
Michael Blood, M.D.
Crawfordsville
Richard Feldman, M.D.
Indianapolis
Patricia Hart
Muncie
Richard Huber, M.D.
Greenwood
Stephen Jay, M.D.
Indianapolis
James Jones
Cicero
Robert Koen, Ph.D.
Greenfield
Frank Kenny
Indianapolis
J. Michael Meyer
Borden
Steve Simpson, M.D.
Gary
Alan Snell, M.D.
South Bend
Mohammad Torabi, Ph.D.
Bloomington
Peggy Welz
Columbus
Alice Weathers
Evansville

Ex Officio Members
Gregory A. Wilson, M.D.
State Health Commissioner
Stephen Carter
Attorney General
Sue Ellen Reed, Ed.D.
State Superintendent of Public Instruction
John Hamilton
Secretary Family and Social Services Administration

Advisory Board Structure
Advisory Board  (IC 4-12-4-16)
ITPC has an advisory board that meets quarterly and serves to offer recommendations to the Executive Board on the following:
• Development and implementation of the mission and long range plan;
• Criteria to be used for the evaluation of grant applications;
• Coordination of public and private efforts concerning reduction and prevention of tobacco use; and
• Other matters for which the Executive Board requests recommendations from the advisory board.

Advisory Board Members
Robert Arnold
Valleymont
Cecilia Williams
Muncie
Arlen Christen, D.D.S.
Indianapolis
Diane Clements
Evansville
Bennett Deadler, M.D.
Indianapolis
Steve Guthrie
Anderson
Kiki Lau
Fort Wayne
Heather McCarthy
Griffith
Nadine McDowell
Gary
Steve Montgomery, D.C.P.
Franklin
Olga Villa Parra
Indianapolis
Diana Swanson, N.P.
Bloomington

Executive Board Vision and Mission Statements
Our Vision
The Tobacco Use Prevention and Cessation Trust Fund Executive Board's 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.

Our Mission
The Tobacco Use Prevention and Cessation Trust Fund exists to prevent and reduce the use of all tobacco products in Indiana and to protect citizens from exposure to tobacco smoke. The Board 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 environmental tobacco 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 to tobacco use and emphasize prevention and reduction of tobacco use by minorities, pregnant women, children, youth and other at-risk populations.

The Board 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. The Board will work with existing partnerships and may create new ones.
## Indiana Tobacco Prevention and Cessation
### 2005 Objectives

<table>
<thead>
<tr>
<th>Objective</th>
<th>Current Measure and Identified Data Source(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decrease the overall cigarette smoking rate in Indiana from 27% to 22%.</td>
<td>Currently, Indiana's overall cigarette smoking rate is 27%, compared to the national smoking rate of 23%. These baseline data are measured through the 2000 Behavior Risk Factor Surveillance Survey. While ITPC will continue to use the BRFS data as a primary prevalence measure, in 2002 the Indiana Adult Tobacco Survey (ATS) will be conducted providing another valuable source of Indiana adult smoking rates.</td>
</tr>
<tr>
<td>Decrease the current cigarette smoking rates among 9th to 12th grade students in Indiana.</td>
<td>The cigarette smoking rate of 9th to 12th grade students in Indiana was 31.6% in 2000. Nationally, cigarette smoking among grades 9th to 12th is 28.0%. The Indiana Youth Tobacco Survey is the source for statewide baseline and follow-up data.</td>
</tr>
<tr>
<td>Decrease the current cigarette smoking rates among 6th to 8th grade students in Indiana.</td>
<td>The cigarette smoking rate of 6th to 8th grade students was 9.8% in 2000. Nationally, the current smoking rate for grades 6th to 8th is 11.0%. Statewide data are measured by the Indiana YTS.</td>
</tr>
<tr>
<td>Decrease the percent of babies born to mothers who smoked during pregnancy in Indiana from 21% to 15%.</td>
<td>In 2000, approximately 20% of Indiana's women smoked during pregnancy. These data are available from the Indiana Birth Certificate Data. Indiana Natality Report. This Indiana specific rate compares to the national average of 12%.</td>
</tr>
<tr>
<td>Increase the number of individuals who have access to a smoking cessation benefit through their health insurance coverage.</td>
<td>This objective will be measured in three ways: 1. Percent of insurance companies offering smoking cessation benefits. 2. Percent of employers that offer smoking cessation benefits. 3. Percent of members that have smoking cessation benefits. The status of these measures in Indiana is currently unknown. ITPC has partnered with the Indiana State Medical Association (ISMA) through the Statewide Community Programs. ISMA's project involves researching insurance coverage of tobacco cessation by the major insurance carriers in Indiana.</td>
</tr>
<tr>
<td>Increase the number of smokers who receive smoking cessation advice and support when they visit their primary care providers.</td>
<td>According to the 2000 Indiana BRFS, 72% of adult smokers have been advised at some point to quit smoking. The 2002 Indiana ATS will be used to measure these rates in the future for adults. In addition, some information may be gathered on this objective for youth from the Indiana YTS.</td>
</tr>
<tr>
<td>Increase the percentage of retail merchants who are in compliance with youth access laws.</td>
<td>ITPC has partnered with the Indiana Alcohol and Tobacco Commission (ATC) to conduct the Tobacco Retailer Inspection Program (TRIP). TRIP is the source of data for monitoring routine compliance checks throughout Indiana. During the months of October 2000 to June 2002, the average compliance rate among retailers inspected was 80%.</td>
</tr>
<tr>
<td>Decrease the percentage of children exposed to secondhand smoke in their homes.</td>
<td>Currently in Indiana 420,000 children are exposed to secondhand smoke in the home. Use of Indiana's other surveillance tools is being considered.</td>
</tr>
<tr>
<td>Increase the percentage of schools with policies prohibiting tobacco products on their premises.</td>
<td>The Indiana YTS will be used to measure reported smoking on school property. In addition, data will be collected through the community program tracking system regarding the number of schools that have tobacco free campuses.</td>
</tr>
<tr>
<td>Increase the percentage of colleges and universities that have a policy requiring smoke-free dormitories and buildings.</td>
<td>ITPC continues to develop this objective and data sources are being identified.</td>
</tr>
<tr>
<td>Increase the percentage of retail merchants who are in compliance with youth access laws.</td>
<td>ITPC has partnered with the Indiana Alcohol and Tobacco Commission (ATC) to conduct the Tobacco Retailer Inspection Program (TRIP). TRIP is the source of data for monitoring routine compliance checks throughout Indiana. During the months of October 2000 to June 2002, the average compliance rate among retailers inspected was 80%.</td>
</tr>
<tr>
<td>Reduce health care expenditures.</td>
<td>ITPC continues to develop this objective. In Indiana, the smoking attributable direct medical cost is $1.6 billion annually.</td>
</tr>
</tbody>
</table>

### Objective | Current Measure and Identified Data Source(s) |
| Increase the percentage of day care centers with policies prohibiting tobacco products on their premises. | ITPC continues to develop this objective and data sources are being identified. |
| Increase the percentage of individuals who work in a smoke-free environment. | The 1999 Current Population Survey (CPS) reports 42% of Indiana workers age 15 and older who are employed at smoke-free worksites. Indiana ranks 49th among all states in the number workers covered by a smoke-free workplace policy. In addition to these CPS data, the Indiana 2000 BRFS data will be analyzed to estimate 1. Number of employers that prohibit smoking in the building. 2. Number of employees that prohibit smoking on the premises. Starting in 2002, these data will be measured by the Indiana ATS. |
| Increase the percentage of restaurants that are totally smoke-free. | ITPC community-based partners are collecting these data in 2002 and will continue to be monitored through the community program tracking system. Based on the observed percentage of smoke-free restaurants observed, a target number of smoke-free restaurants will be established for 2005. |
| Monitor the percent of hospitalization admittances attributable to smoking or tobacco use-related illnesses. | ITPC continues to develop this objective and data sources are being identified. |
| Monitor tobacco-related deaths. | ITPC continues to develop this objective and data sources are being identified. It is estimated that in Indiana 10,300 persons die each year from tobacco-related illnesses. |
| Monitor tobacco consumption. | Indiana's per capita cigarette sales was approximately 125 packs in 2000. The Indiana Department of Revenue (DOR) collects data on tax revenue from cigarettes and other tobacco products sold. These data will be used to monitor tobacco consumption. |
| Measure knowledge and attitudes related to tobacco. | All youth objectives will be measured by the Indiana YTS: • Knowledge of dangers of tobacco use among youth in grades 6 through 8, and in grades 9 through 12, will increase by 10% from 2002 to 2005. • The percentage of youth in grades 6 through 8, and in grades 9 through 12, who are non-smokers and are not susceptible to smoking will increase by 10% from 2002 to 2005. • The social acceptability of smoking among youth in grades 6 through 8, and in grades 9 through 12, will decrease by 10% from 2002 to 2005. • Attitudes toward the tobacco industry among youth will become more negative, decreasing by 10% from 2002 to 2005. |
| Increase the number of smokers who receive smoking cessation advice and support when they visit their primary care providers. | According to the 2000 Indiana BRFS, 72% of adult smokers have been advised at some point to quit smoking. The 2002 Indiana ATS will be used to measure these rates in the future for adults. In addition, some information may be gathered on this objective for youth from the Indiana YTS. |
| Increase the percentage of retail merchants who are in compliance with youth access laws. | ITPC has partnered with the Indiana Alcohol and Tobacco Commission (ATC) to conduct the Tobacco Retailer Inspection Program (TRIP). TRIP is the source of data for monitoring routine compliance checks throughout Indiana. During the months of October 2000 to June 2002, the average compliance rate among retailers inspected was 80%. |
| Decrease the percentage of children exposed to secondhand smoke in their homes. | Currently in Indiana 420,000 children are exposed to secondhand smoke in the home. Use of Indiana's other surveillance tools is being considered. |
| Increase the percentage of schools with policies prohibiting tobacco products on their premises. | The Indiana YTS will be used to measure reported smoking on school property. In addition, data will be collected through the community program tracking system regarding the number of schools that have tobacco free campuses. |
| Increase the percentage of colleges and universities that have a policy requiring smoke-free dormitories and buildings. | ITPC continues to develop this objective and data sources are being identified. |
| Reduce health care expenditures. | ITPC continues to develop this objective. In Indiana, the smoking attributable direct medical cost is $1.6 billion annually. |
| Monitor the number and type of tobacco-related ordinances. | ITPC community-based partners are collecting these data in 2002 and will continue to be monitored through the community program tracking system. Based on the observed number and type of ordinances in 2002, a target number of new ordinances by type will be established for 2005. |
Indiana’s Comprehensive Tobacco Control Program

The CDC recommends that States establish tobacco control programs that are comprehensive, sustainable, and accountable. Based upon the evidence, specific funding ranges and programmatic recommendations are provided. The CDC recommends that States establish tobacco control programs that contain the following elements:

- Community Programs to Reduce Tobacco Use
- Chronic Disease Programs to Reduce the Burden of Tobacco-Related Diseases
- School Programs
- Enforcement
- Statewide Programs
- Counter-Marketing
- Cessation Programs
- Surveillance and Evaluation
- Administration and Management

The CDC draws on “best practices” determined by evidence-based analyses of excise tax-funded programs in California and Massachusetts and by CDC’s involvement in providing technical assistance in the planning of comprehensive tobacco control programs in other states.

The Hoosier Model, derived from the best practices model, has five major categories for funding and incorporates elements from all nine categories recommended by the CDC. Funding for the Hoosier Model is based on factors such as population, socio-demographic factors and tobacco use prevalence and the types of comprehensive programs that have proven successful in other states.

Community Programs

Purpose

To achieve the individual behavior change that supports the nonuse of tobacco, communities must change the way tobacco is promoted, sold, and used while changing the knowledge, attitudes, and practices of young people, tobacco users, and nonusers. Effective community programs involve people in their homes, work sites, schools, places of worship and entertainment, civic organizations, and other public places. Evaluation data shows that funding local programs produces measurable progress toward statewide tobacco control objectives.

Indiana's Effort

In the summer of 2000, ITPC set up its community-based and minority-based grant application process utilizing the American Cancer Society’s Communities of Excellence guidelines. The first applications were submitted in Fall 2001. In order to review these proposals teams, made up of Executive Board members, Advisory Board members, ITPC staff, and tobacco control experts, utilized checklists and review documents to determine which coalitions were ready to be funded and others that needed more assistance. The first local partners were funded in December 2001.

The final community program grant funding was designated for statewide, regional and pilot programs. This application process was different from the community-based and minority-based programs. These projects could have a broader focus but they were required to fit with ITPC’s vision and mission and they must enhance the efforts occurring at the local level. In addition, this funding process was a competitive grant process so the review process was modified to accommodate this change.

Through July 2002 ITPC achieved the following with its community programs:

- Of Indiana’s 92 counties, 88 have received funding for local partnership grants. These grants, totaling $7.52 million, are distributed to a local lead agency in each of the counties.
- ITPC has approved funding for 27 minority proposals representing 20 of the 29 counties designated for minority funding. Total funding allocated for local minority partnership grants is $2.5 million.
- The final group of community proposals was awarded in June 2002 to 20 statewide, regional and pilot program partners. These grants, totaling $6.25 million, include grants of over $2 million to statewide minority based organizations.
- These programs represent over 1,200 new tobacco control partner organizations in the state of Indiana.
- Of the total amount grant dollars set aside for these partnership grants, 95% of the grants dollars have been awarded.
- ITPC provided training sessions to get communities ready for applying for funding: 5 Information Meetings in 5 different cities statewide and 10 Communities of Excellence One-Day Training Workshops in 10 cities statewide.
- ITPC developed a training plan for community-based partners that was launched with community and minority based partnership workshops in March 2002 in 5 cities statewide and one workshop for state, regional and pilot partners in Indianapolis in June 2002.
- ITPC has adopted a system of “cluster” meetings for the partners, dividing them into 4-5 counties per cluster and the Regional Directors customize and conduct the cluster meetings at least quarterly with input from the partners.
- ITPC sponsored four sessions of youth education and cessation training for community, minority and statewide partners and has a plan in place to continue this training.
- ITPC developed a comprehensive conference call/technical assistance structure to all partners that includes national, regional and local presenters as well as an opportunity for regular information sharing and problem solving among partners.
- ITPC has a comprehensive two-year training plan in place for staff, board, and partners, which includes mandatory training sessions, elective training topics, and an annual information-sharing event. ITPC is committed to providing its partners with training needed to implement their local tobacco control programs by adapting content and material to meet experience level of the communities.

Opportunity

While health care savings from reduced smoking do not begin to appear for several years, recent medical research estimates that a one point reduction in the percentage of adults smoking could have a significant impact on savings from fewer hospitalizations for heart attacks and fewer strokes in the very first year of the drop in smoking. Additionally, the potential cost savings from reducing smoking by pregnant Hoosier women is significant. Close to 18,900 babies are born in Indiana each year to a mother who has smoked during pregnancy. The tobacco-related health care costs for these babies are $20.4 million each year.

Progression of Funding in Indiana Counties

[Diagram showing progression of funding in Indiana counties]
ITPC Partners By County

Adams
Community Based Partnership:
Coalition: Boys & Girls Club of Decatur, Inc.
Contact: Mandy Andrews
Email: mrandrews@adamsweb.net
Phone: 260.724.9218 ext. 22

Coalition Partner Organizations:
Adams Central Community Schools, Adams County Health Department, Local Law Enforcement, North Adams Community Schools, and South Adams Community Schools

Total amount of county funding: $53,000

Allen
Community Based Partnership:
Coalition: Smokefree Allen County
Contact: Marie Washington
Email: marre@fwi.com
Phone: 260.624.7883

Coalition Partner Organizations:
After School Rodeo Program, Allen County Health Dept., American Cancer Society, American Heart Association, American Lung Association, Ask Clinic Inc., Bemis Juvenile Center Inc., Black Medical and Dental Assoc. Inc., Chamber of Commerce, Dental Alliance Inc., East Allen County Schools, El Mexicanos, Family Practice Center, Fort Wayne Community Schools, Frost Newspaper Inc., GlazeSmithKline Inc., Greater Progressive Baptist Church, Harmony Health Plans, Indiana Purdue University, Ink Newspaper, Lutheran Hospital, Managed Health Care, Mathew 25 Clinic, Mayor’s Youth Council, Minority Health Coalition of Allen County Inc, Nation of Miami Indian Tribe, Neighborhood Health Clinic, Outspoken Inc for LGBT Community, Parkview Hospital, PBS TV 39, Pine Hills Country Day School, Southwest Allen County Schools, St. Joe Hospital, Stop the Madness Inc., SWAT Parent Volunteer, and Women’s Cancer Center

Total amount of county funding: $652,077

Bartholomew
Community Based Partnership:
Coalition: Columbus Regional Hospital Foundation
Contact: Peggy Veliz
Email: pveliz@crh.org
Phone: 812.375.3194

Coalition Partner Organizations:
American Cancer Society, American Lung Association, Bartholomew Consolidated Schools, Bartholomew County Health Dept, Columbus East High School, Columbus Regional Hospital, Cummins Inc, Foundation For Youth, Hauser High School, Indiana State Excise Police, and Insight Communications

Minority Based Partnership:
Coalition: United Hispanic-Americans, Inc.
Contact: Rosa Gerra
Email: RosaGerra@verizon.net
Phone: 219.422.2651

Total amount of county funding: $50,000

Brown
Community Based Partnership:
Coalition: Brown County Literacy, Brown County Office of Family and Children, Brown County Sheriff’s Dept., and Brown County Sheriff’s Dept.

Total amount of county funding: $44,800

Clark
Community Based Partnership:
Coalition: Community Action of Southern Indiana
Contact: Phil Ellis
Email: phielle@hotmail.com
Phone: 812.288.6431

Coalition Partner Organizations:
C.A.S.I., Clark County Hospital, Southern Indiana Minority Health, Floyd Co. Teen Court, Dr. Douglas Cotton, DMD, Tri-County Health Coalition, Clark Co. Youth Coalition, Jefferson/Clark NAACP Youth Council, Jefferson/Clark NAACP, City of New Albany, LEAP, Howard Chapel Baptist Church, Hove House, Inc., Indiana University Southeast, and Stepping Stone Project

Total amount of county funding: $259,600

Coalition: Community Action of Southern Indiana
Contact: Phil Ellis
Email: phielle@hotmail.com
Phone: 812.288.6431

Coalition Partner Organizations:
C.A.S.I., Clark County Hospital, Southern Indiana Minority Health, Floyd Co. Teen Court, Dr. Douglas Cotton, DMD, Tri-County Health Coalition, Clark Co. Youth Coalition, Jefferson/Clark NAACP Youth Council, Jefferson/Clark NAACP, City of New Albany, LEAP, Howard Chapel Baptist Church, Hove House, Inc., Indiana University Southeast, and Stepping Stone Project

Total amount of county funding: $259,600
Coalition: Floyd County Youth Coalition Partner Organizations: County Health Department, YMCA, and Head Start Program Minority Based Partnerships: Coalition: Proposal not submitted at time of publication.

Total amount of county funding: $62,500

Crawford County Health Department, Crawford County Youth Service Bureau Contact: Allison Millar Email: acodradmiriv@netdirect.net Phone: 812.365.3165 Coalition Partner Organizations: Crawford County Alternative School, Crawford County Health Dept, Crawford County High School, Crawford County Probation, Crawford County Youth Service Bureau, Lincoln Hills Development, Ministers Association, and Paoi Family Health Care Total amount of county funding: $26,300

Coalition: Elkhart County Health Dept. Contact: Mark Pouldt Email: mp0uck@grayinternet.net Phone: 574.523.2177 Coalition Partner Organizations: ADEC... Resources for Independence, City Council, Elkhart Chapter Indiana Black Expo, Elkhart County Healthy Mothers, Healthy Babies Coalition, Elkhart Youth Services Bureau - Northside Community Coalition, Elkhart YSL, Minority Health Coalition of Elkhart County, Oaklawn, Psychiatric Center, and Purdue Extension Minority Based Partnerships: Coalition: Minority Health Coalition of Elkhart Co. Contact: Tara Morris Email: EL046C@aol.com Phone: 219.522.0128 Coalition Partner Organizations: City of Elkhart Total amount of county funding: $178,800

Coalition: Fayette County Community Based Partnership Contact: Phil Ellis Email: phillie3@hotmail.com Phone: 822.288.6431 Coalition Partner Organizations: C.S.I., Clark County Hospital, Southern Indiana Minority Health, Floyd Co. Teen Court, Dr. Douglas Cotton, DMD, Tri-County Health Coalition, Clark Co. Minority Based Partnership: Indiana Minority Health, Floyd Co. Teen Court, Dr. Douglas Cotton, DMD, Tri-County Health Coalition, Clark Co.

Total amount of county funding: $94,600

Coalition: Fountain County Community Based Partnership Contact: Michelle Yehs Email: mitchy@fayetitemorial.org Phone: 1.800.959.7429 Coalition Partner Organizations: Community Health Center, Parkview Apostolic Church, Planned Parenthood, South Madison Community Center, TEAMwork for Quality Living Minority Based Partnerships: Coalition: Minority Health Coalition of Fountain Co. Contact: Brandie Oliver Email: brandie@geetel.net Phone: 765.379.2314 Coalition Partner Organizations: City of Elkhart, Fountain County Probation, and Optimist Club Total amount of county funding: $178,800
Franklin
Community Based Partnership:
Coalition: White River Valley Care Pavilion
Contact: Mitchell Juhat
Email: ternyj@fayettenemorial.org
Phone: 1.800.959.4929
Total amount of county funding: $46,000

Fulton
Community Based Partnership:
Coalition: Fulton County Health Department
Contact: Jane Adcock
Email: jadcock@rchiol.com
Phone: 574.653.2665
Total amount of county funding: $45,000

Gibson
Community Based Partnership:
Coalition: Gibson County Health Department
Contact: Kanda McConnell Walden
Email: harghi@gibsoncountynet.org
Phone: 812.385.3831
Total amount of county funding: $45,000

Cooperative Extension Service, United Way of Gibson County, and Visiting Nurse Association

Grant
Community Based Partnership:
Coalition: no proposal submitted at time of publication.

Minority Based Partnership:
Coalition: Minority Health Coalition of Grant County
Contact: Tanya Smith
Email: healthty07@ail.com
Phone: 765.674.7560
Total amount of county funding: $150,000

Greene
Community Based Partnership:
Coalition: Greene Co. Home Health Care of Greene Co. Gen. Hospital
Contact: Christy Campbell
Email: ccampbell@jeffrinh.net
Phone: 812.847.9496
Total amount of county funding: $360,400

Hancock
Community Based Partnership:
Coalition: Hancock County Memorial Hospital and Health Services
Contact: Jeanene Calvert
Email: jcalvert@hmhhs.org
Phone: 317.468.4506
Total amount of county funding: $120,200

Hendricks
Community Based Partnership:
Coalition: Hendricks County Health Coalition
Contact: Shadick Cheek
Email: scheek@co.hendricks.in.us
Phone: 317.718.6010
Total amount of county funding: $150,000

Henry
Community Based Partnership:
Coalition: Henry County LCC
Contact: Trish Smith
Email: terryh@comcast.net
Phone: 765.520.5577
Total amount of county funding: $114,331

Harrison
Community Based Partnership:
Coalition: Harrison County Health Department
Contact: Sheryl Voelker
Email: svoelker@harrisoncohosp.org
Phone: 812.738.7830 Ext. 114
Total amount of county funding: $66,300

Howard
Community Based Partnership:
Coalition: Mayor's Community Based Council on Substance Abuse Prevention
Contact: Rick Seligman
Email: mseg@peoplesamp.com
Phone: 765.456.7415
Total amount of county funding: $150,000

Huntington
Community Based Partnership:
Coalition: Mayor's Community Based Council on Substance Abuse Prevention
Contact: Rick Seligman
Email: mseg@peoplesamp.com
Phone: 765.456.7415
Total amount of county funding: $150,000

Jasper
Community Based Partnership:
Coalition: Partners for a Drug-Free Jasper County
Contact: Nancy Seyfried-Klockow
Email: nanok@starband.net
Phone: 219.866.8558
Total amount of county funding: $150,000

Jennings
Community Based Partnership:
Coalition: Jennings County Community Services, Inc.
Contact: Melissa Phillips
Email: mphilips@mrmhs.com
Phone: 360.358.9047
Total amount of county funding: $180,000

Total amount of county funding: $1,180,000

Total amount of county funding: $62,500

Total amount of county funding: $55,700

Total amount of county funding: $52,000

Total amount of county funding: $66,300

Total amount of county funding: $280,200
Jennings
Community Based Partnership:
Coalition: St. Vincent Jennings
County Hospital
Contact: Debbie Mays
Email: froggie72@yahoo.com
Phone: 812.346.2515
Coalition Partner Organizations:
American Cancer Society, Jennings County elementary school teacher, Jennings County Health Department, Jennings County High School student, Jennings County School Corporation Superintendent, Jennings County YMCA, North Vernon Parks and Recreation, North Vernon Plain Dealer & News (newspaper), North Vernon Police Department, Nurse Practitioner, Purdue Extension office, and St. Vincent Hospital – North Vernon (Nurses)

Total amount of county funding: $49,300

LaGrange
Community Based Partnership:
Coalition: Council for Drug-Free Lagrange
Contact: Carol Stamp
Email: cads@lifegate.com
Phone: 260.499.6388
Coalition Partner Organizations:
Drug Free Council of LaGrange County, LaGrange County 4-H Youth Leadership Council, LaGrange County Circuit Court Probation, LaGrange County Community Economic Development, LaGrange County Community Foundation, LaGrange County Department of Parks and Recreation, LaGrange County Sheriff’s Department, LaGrange-Ministerial Association Northeastern Center, Prairie Heights Community School, Corporation, and Youth Assets Council

Total amount of county funding: $53,800

Knox
Community Based Partnership:
Coalition: Good Samaritan Hospital
Contact: Donna Sturgeon
Email: dsturgeon@wvhs.org
Phone: 812.882.7927 ext. 235
Coalition Partner Organizations:
American Cancer Society, Good Samaritan Hospital, Indiana Existe Police, Vincennes University School of Medicine, and Wabash Valley Human Services, and Wabash Valley Respiratory Clinic

Total amount of county funding: $56,400

Kosciusko
Community Based Partnership:
Coalition: Boys & Girls Club of Kosciusko County
Contact: Bobbi Burkhardt
Email: boysandgirlsclub@kconline.com
Phone: 219.268.1155
Coalition Partner Organizations:
Browne Center, Boys & Girls Club of Kosciusko County, Edgewood Middle School, Governor’s Commission for a Drug Free Indiana, Indiana Heart Associates, Johnson County Juvenile Probation, Johnson County Clerk, Johnson County Community Corrections, Johnson County Health Department, Johnson Memorial Hospital, Randall Lee, M.D., Citizen/physician representative, Trafalgar Family Health Center, and United Way of Johnson County

Minority Based Partnership:
Coalition: Latino Resource Development Team
Contact: Jane Blessing
Email: jbless318@aol.com
Phone: 219.736.2657
Coalition Partner Organizations: DARE Officer, Reach For Youth, Trafalgar Family Health Center, American Cancer Society, Johnson County Juvenile Probation, JCCASA, Smokefree Indiana, Governor’s Commission for a Drug Free Indiana, Kosciusko County Sheriff’s Department, Warsaw Community High School, Warsaw Police Department, and Winona Lake Police Department

Total amount of county funding: $83,900

LaGrange
Community Based Partnership:
Coalition: Council for Drug-Free Lagrange
Contact: Carol Stamp
Email: cads@lifegate.com
Phone: 260.499.6388
Coalition Partner Organizations:
Drug Free Council of LaGrange County, LaGrange County 4-H Youth Leadership Council, LaGrange County Circuit Court Probation, LaGrange County Community Economic Development, LaGrange County Community Foundation, LaGrange County Department of Parks and Recreation, LaGrange County Sheriff’s Department, LaGrange-Ministerial Association Northeastern Center, Prairie Heights Community School, Corporation, and Youth Assets Council

Total amount of county funding: 119,400

Lake
Community Based Partnership:
Coalition: Geminus Corporation
Contact: Cynthia Sampson
Email: csampson@geminuscorp.org
Phone: 219.757.1866
Coalition Partner Organizations:
Allan Chapel, American Heart Assoc., American Cancer Society, Boys & Girls Club of NWI, C/O SPEA Dept/ Ind. Univ., Community Anchors Program, Crisis Center, Cue Inc., Epis Community Services, Faith Temple, Franciscan Community, Gary Community School, Gary Community Health Foundation, Gary Freedom House, Gary Neighborhood Service, Geminus Corp., Golden Recognition, Health Vision Midwest, Healthy East Chicago, Highland Police Dept., Ind. Univ. NW, Israel CME, Lake County Sheriff’s Office, Lake Shore Grant Writing Aces, LC Minority Health Coalition, Maywood Neighborhood, Methodist Hospital, New Horizons NW Regional Planning Community, Omega Sports Complex, PDELC Hammond Community Coalition, Pilgrim MB Church, Swope Free Indiana, Southlake Center for MH, Tree of Life CDC, Tri City CMHC, TWTs, YFRC Learning Center, Youth Build Hammond, Youth Service Bureau, and Zion Safety Zone

Minority Based Partnership:
Coalition: New Horizon, Inc.
Contact: Paula Nails
Email: newhorizonsinc@prodigy.net
Phone: 219.887.3688

Total amount of county funding: $186,900

Lawrence
Community Based Partnership:
Coalition: Hoosier Uplands Economic Development Corporation
Contact: Steve Adams
Email: sadams@hoosieruplands.org
Phone: 822.849.4457
Coalition Partner Organizations:
Hoosier Uplands – Lead Agency, Bedford Regional Medical Center, Dunn Memorial Hospital/WIC/ Maternal Child Health, Lawrence Co. Circuit Court - REDIRECT Juvenile Drug Court, Lawrence County Health Department, Lawrence County Police Department & LCC Coordinator, Mitchell Community Schools, and North Lawrence Community Schools

Total amount of county funding: $160,500

Madison
Community Based Partnership:
Coalition: Johnson County
Contact: Jane Blessing
Email: jbless318@aol.com
Phone: 317.736.2657
Coalition Partner Organizations:
Ohio County Chamber of Commerce; Ohio County Community Foundation; Ohio County Extension Service; Ohio County Health Department; Ohio County Library; Ohio County Office of Family and Children; Rising Sun - Ohio County School Corporation; Rising Sun - Ohio County Kiwanis; Rising Sun / Ohio County Park Board; Rising Sun / Ohio County Tourism Board; and Rising Sun Police Department

Total amount of county funding: $26,300

**Parke County**

Community Based Partnerships:
- Coalition: Community Health Intervention Education Foundation
  - Contact: Susie Wyman
  - Email: fhhc@bloomingdalestation.com
  - Phone: 765.569.4008 ext. 11

Coalition Partner Organizations:
- Family and Children, Pike County Probation Department, Pike County School Corporation, Purdue Extension Office - Pike County, and Southwest Health Center

Total amount of county funding: $26,300

**Porter County**

Community Based Partnership:
- Coalition: Valparaiso University, College of Nursing
  - Contact: Jeanne Hayes
  - Email: Jeanne.Hayes@valpo.edu
  - Phone: 219.464.5480

Coalition Partner Organizations:
- American Cancer Society, Boone Grove Schools, Boy Scouts Dunes Moraine District, Boys and Girls Clubs of Porter County, Community Counseling, Community Action Coalition, Duneland School Corporation, Duneland YMCA, East Porter County Schools, Governor's Commission for Drug-Free Indiana, Hilltop Neighborhood House, Kouts School, League of United Latin American Citizens, Mental Health Association of Porter County, Morris House, Morgan High School, Opportunity Enterprises, Portage Adult High School, Portage YMCA, Porter County Substance Abuse Council, Porter Memorial Hospital, Porter Starke Services, Union Township Schools, Valparaiso Community Schools, Valparaiso YMCA, and Washington Township Schools

Minority Based Partnership:
- Coalition: League of United Latin American Citizens
  - Email: pandylyn@as.com
  - Phone: 219.763.3308

Total amount of county funding: $44,000

**Pike County**

Community Based Partnership:
- Coalition: Pike County Health Department
  - Contact: Renee Knepper
  - Email: healthdept@gte.net
  - Phone: 812.354.8797

Coalition Partner Organizations:
- Smoke Free Indiana and Porter County Tobacco Prevention and Cessation Coalition

Total amount of county funding: $182,300

**Posey County**

Community Based Partnership:
- Coalition: Promoting a Drug Free Comm. In Posey Co., Inc.
  - Contact: Sr. Leta M. Zeller
  - Email: leta@theodore.org
  - Phone: 812.838.9720

Total amount of county funding: $63,600

**Randolph County**

Community Based Partnership:
- Coalition: St. Vincent Randolph Hospital
  - Contact: Debbie McGriff Tharp
  - Email: tobaccofreerandolph@hotmail.com
  - Phone: 765.584.0745

Total amount of county funding: $49,200

**Ripley County**

Community Based Partnership:
- Coalition: Ripley County Health Department
  - Contact: Vicky Powell
  - Email: nurse@ripleycounty.in.gov
  - Phone: 812.689.0506

Total amount of county funding: $49,000

**Scott County**

Community Based Partnership:
- Coalition: Scott County Family YMCA
  - Contact: Sandra Hook
  - Phone: 812.752.7299

Total amount of county funding: $44,000

**Shelby County**

Community Based Partnership:
- Coalition: Shelby County Drug Free Coalition
  - Contact: Kim Hemron
  - Email: shelbyco@lightbound.com
  - Phone: 317.398.3835

Total amount of county funding: $46,500

**St. Joseph County**

Community Based Partnership:
- Coalition: St. Joseph County Family YMCA
  - Contact: Tara Fehl
  - Phone: 574.277.3338

Total amount of county funding: $43,000

**Springfield County**

Community Based Partnership:
- Coalition: Springfield County Family YMCA
  - Contact: Marie Johnson
  - Phone: 812.654.4000 ext. 11

Total amount of county funding: $46,500

**Switzerland County**

Community Based Partnership:
- Coalition: Switzerland County Family YMCA
  - Contact: Jamie Surratt
  - Phone: 765.534.4000 ext. 11

Total amount of county funding: $44,000
Mental Health, Girls Inc, Major Hospital, Michelle Kramer, Attorney At Law, Northwestern Schools of Shelby Co., Office of Family and Children, Shelby Co Probation, Shelby Co Sheriff's Dept, Shelby Eastern Schools, Shelbyville Boys Club, Shelbyville Central Schools, Shelbyville Parks & Recreation, Shelbyville Police Dept, Southwestern Schools, and Step Ahead Council

Total amount of county funding: $50,400

Spencer

Community Based Partnership: Coalition: Hills Development Corporation/Perry Spencer Step Ahead Contact: Kaye Kleeman Email: Kklee@psci.net Phone: 872.247.2299

Coalition Partner Organizations: American Cancer Society, Lincoln Hills Development Corporation, North Spencer School Corporation, Perry / Spencer Step Ahead, South Spencer School Corporation, Spencer County Local Coordinating Council, Spencer County Office of Family & Children, Spencer County Purdue Extension Office, and TRI-CAP

Total amount of county funding: $44,900

St. Joseph

Community Based Partnership: Coalition: Healthy Communities Initiative of St. Joseph Co. Contact: Heidi Bedinger Email: hbedinger@hsjccc.org Phone: 219.234.0051 ext. 317

Coalition Partner Organizations: Alcohol and Addictions Resource Center, American Cancer Society, Burkhart Advertising, City of Mishawaka, City of South Bend, Coalition of Minority Organizations and Leaders, Community Coordinated Child Care(4C's), Community Religious Effort, CONNECT - Council of Clinics including a Chapin Street Clinic, b. Healthy Families of Mishawaka, c. Indiana Health Center, d. Project Homecoming, e. Southeast Clinic, f. Center for the Homeless Clinic, g. Family Practice and Residency Clinic, h. Osteopathic Family Residency, Drug Free Community Council, Elkhart County Department of Health, Indiana State Excise Police, Indiana University at South Bend, Juvenile Justice Center, Madison Center and Hospitals, Memorial Hospital and Health Systems, Inc., Memorial’s Leighton Center, Mishawaka Police Department, Neighborhood Council, Penn, Harris Madison School Corp, Prevental Exposure Prevention Project, Saint Joseph Regional Medical Center, South Bend Community School Corp, South Bend District Hygienists - Association, South Bend Police Department, South Bend Tribune, St. Joseph Chamber of Commerce, St. Joseph County Health Department, St. Joseph County Hospitals, St. Joseph County Medical Society, St. Joseph County Minority Health Coalition, St. Joseph County Prosecuting Attorney’s Office, St. Joseph County Sheriff's Department, Strengthening Families Council, United Health Services, United Way, University of Notre Dame (INRI) Health, University of Notre Dame Office of Alcohol and Drug Education, WNDU, Women’s Alliance, Women’s Care Center, WSBT, and Youth Development Council

Minority Based Partnership: Coalition: St. Joseph County Minority Health Coalition Contact: Donna Lee Email: sheraland@iol.com Phone: 574.239.5290

Coalition Partner Organizations: St. Joseph County Minority Health Coalition, Hispanic Chamber of Commerce, Minority and Women Business Development Council, Urban League of South Bend and St. Joseph County, First AVE Zion Church, La Casa de Amistad, Inc., South Bend Branch, NAACP, St. Stephens Parish, South Bend Chapter Indiana Black Expo, Urban Communities Against Drug and Alcohol Abuse, and the League of Latin American Citizens

Total amount of county funding: $52,800

Starke

Community Based Partnership: Coalition: Drug Free Starke County Contact: Camille Cummins Email: ccummins@skyernet.net Phone: 574.772.3353

Coalition Partner Organizations: No proposal submitted at time of publication

Total amount of county funding: $46,900

Sullivan

Community Based Partnership: Coalition: C.H.A.N.C.E.S. for Indiana Youth Contact: Billie Kaufman Email: billie@dyf.org Phone: 812.232.5100

Sullivan County Community Medical Center, Sullivan Daily Times, Sullivan High School, and Union Jr.-Sr. High School

Total amount of county funding: $45,800

Switzerland

Community Based Partnership: Coalition: Drug Free Switzerland Contact: Lisa Lyght Email: ll4223@hotmail.com Phone: 219.665.6579

Coalition Partner Organizations: Angola Police Department, Breeden YMCA, Cameron Treatment Center, Four County Transitional Living, Fremont Community Schools, Governor’s Commission, Hamilton Schools, Indiana State Police, M3D of Steuben County, Northeastern Center, Parents, Prairie Heights Schools, St. Anthony of Padua Catholic Church, Steuben Step Ahead, Steuben Community Foundation, Steuben County Probation Dept, Steuben County Prosecutor’s Office, Steuben County Sheriff’s Dept., Tri-State University, and Turning Point Shelter

Total amount of county funding: $45,800

Tipton

Community Based Partnership: Coalition: Switzerland Co. Nurse Managed Clinic/Health Dept. Contact: Krista Wyatt Email: krivayatt@msn.com Phone: 812.427.4038

Coalition Partner Organizations: Community Mental Health Center, Governor’s Commission for a Drug Free Indiana, Kings Daughters Hospital, Kings Daughters Physician, Lifetime Resources, School Nurse, Switzerland County Awareness Team (SCAT), Switzerland County Extension Office, Switzerland County First Steps, Switzerland County Foundation, Switzerland County Nurse Managed Clinic, Switzerland County Schools, and Vevay Assembly (Church)

Total amount of county funding: $215,300

Tipton County

Community Based Partnership: Coalition: Switzerland Co. Nurse Managed Clinic/Health Dept. Contact: Kaye Kleeman Email: Kgkleeman@psci.net Phone: 872.547.2299

Coalition Partner Organizations: American Cancer Society, Lincoln Hills Development Corporation, Perry Spencer Step Ahead, South Spencer School Corporation, Spencer County Local Coordinating Council, Spencer County Office of Family & Children, Spencer County Purdue Extension Office, and TRI-CAP

Total amount of county funding: $44,900

Union

Community Based Partnership: Coalition: Community Care in Union County, Inc. Contact: Nicole Carpenter Email: ncarpenter13@skyernet.net Phone: 765.458.5553

Coalition Partner Organizations: Community Care, Concerned citizens, Indiana State Police, Union County Health Department, and Union County Sheriff’s Department

Total amount of county funding: $26,300

Vanderburgh

Community Based Partnership: Coalition: University of Evansville/ Smokefree Community Partnership Contact: Johnny Kincaid Email: nosmoke5@aol.com Phone: 812.467.0728

Coalition Partner Organizations: American Cancer Society, ECHO Community Health Care, Evansville Black Coalition, Inc., IU Medical School, Smoke Free Indiana, St. Mary’s Medical Center, Tobacco Free Vanderburgh County and Smoke Free Indiana, Youth First Foundation, Youth Resources of Southern Indiana, and Youth Service Bureau

Minority Based Partnership: Coalition: Respect, Inc. Contact: Diane Clements Email: dclemens@voino.com Phone: 812.423.7770

Coalition Partner Organizations: ARLINE Products, Incorporated, American Cancer Society, Governor’s Commission for a Drug Free Indiana, St. John’s Catholic School, Tipton at Home: Home Health Care of Tipton Hospital, Tipton Care & Counseling, Tipton Community Schools, Tipton County Boys & Girls Club, Tipton County Health Department, Tipton County Memorial Hospital, Tipton County Mustard Seed Program, and Tri Central Schools

Total amount of county funding: $300,598

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Vermillion Community Based Partnership: Coalition: Vermillion Co. 4-H Council Contact: Linda Underwood Email: lundewood@aesd32.in.us Phone: 765.832.7727

Coalition Partner Organizations: American Cancer Society, American Lung Association, C.H.A.N.C.E.S for Indiana Youth, Community Action Program, Inc. of Western Indiana, Covington Elementary School, Covington Senior Center, Fountain County Probation, and Optimist Club

Total amount of county funding: $42,700

Vigo Community Based Partnership: Coalition: C.H.A.N.C.E.S for Indiana Youth Contact: Billie Kaufman Email: billie@cfiy.org Phone: 812.232.5190

Coalition Partner Organizations: American Cancer Society, American Lung Association, C.H.A.N.C.E.S for Indiana Youth, Community Action Program, Inc. of Western Indiana, Covington Elementary School, Covington Senior Center, Fountain County Probation, and Optimist Club

Total amount of county funding: $45,300

Washington Community Based Partnership: Coalition: Washington County Substance Abuse Council - LCC Contact: Sharon Purlee Email: s_purlee@excite.com Phone: 812.883.1446

Coalition Partner Organizations: American Red Cross of Washington County, Cooperative Extension Services, Washington County Health Department, Washington County Hospital, Washington County Probation, Washington County Prosecutor’s office, and Washington County Sheriff’s Department

Total amount of county funding: $49,300

Wayne Community Based Partnership: Coalition: Partnership for a Drug Free Wayne County, Inc. Contact: Karen Maurer Email: kmmaurer@ci.richmond.in.us Phone: 765.983.7311

Coalition Partner Organizations: Birth-to-Five, Community Builders, Community in Schools, Hope House Addiction Services, Partnership for a Drug Free Wayne County, Reid Health Ministry, Reid Hospital and Health Care Services, Scotts Boys and Girl’s Club, Step Ahead, Wayne County Public Health, and Youth as Resources

Minority Based Partnership: Coalition: Proposal not submitted at time of publication

Total amount of county funding: $99,700

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ITPC Statewide, Regional and Pilot Partnerships

ITPC Statewide, regional and pilot partnerships are using evidenced-based or innovative tobacco prevention and cessation efforts for youth and adults. They include efforts to mobilize strong partner coalitions that reflect ITPC targeted populations and include other innovative or pilot projects that support the ITPC Mission and 2005 Program Objectives. These programs will be implemented by diverse partner organizations throughout the State complementing and enhancing the efforts of the local programs. More than $6 million dollars has been awarded to the following organizations. All will be coordinating and linking with ITPC to deliver a unified and strengthened message across the State.

Clarian Health: Will coordinate statewide effective youth education and cessation program training for TATU (Teens Against Tobacco Use) and TAP & TEG (Tobacco Awareness Program and Tobacco Education Group). TATU is a peer-teaching program of prevention; TAP offers intervention and cessation service to teens who are using tobacco. Clarian will work closely with ITPC to coordinate special training events, as the need arises.

Conner Prairie Living History Museum: Engaging 1836 Pranksters and 1886 Prairietown Characters representing the Liberty Corner and 1886 Prairietown Engaging 1836 Conner Prairie Living History Museum: Education Group. TATU is a peer-teaching program of prevention; TAP offers intervention and cessation service to teens who are using tobacco. Clarian will work closely with ITPC to coordinate special training events, as the need arises.

Healthy Communities Initiative of St. Joseph County: Implementing the Tobacco-Free Zone Project, which is a clinic-based tobacco prevention and cessation program to de-normalize tobacco use by exposing all patients to prevention messages and opportunities for cessation.

Indiana Academy of Family Physicians Foundation: Conducts the annual Tar Wars Poster Contest in Indiana 4th and 5th grade classes statewide. The program educates youth to resist tobacco messages and promote healthy lifestyles through a community-based approach. Local physicians, educators and other health care providers present interactive lessons with the goal of teaching students in all Indiana counties. JARPF and ITPC call on communities to conduct Tar Wars Poster events that share local youth tobacco free messages with local leadership.

Indiana Alliance of Boys and Girls Clubs: Implementing SmartMoves, which is a nationally recognized program encompassing instruction and skill building activities, healthy lifestyle activities, parental involvement and community support. Youth from the Boys and Girls Clubs will also be linked into the Voice movement.

Indiana Black Expo (IBE): Developing a marketing and educational awareness campaign on tobacco use for Hoosier minority populations. Outreach to minority media outlets and involvement of IBE youth will enhance collaboration with ITPC minority-based partners.

Indiana FFA Organization: A grassroots, youth-driven campaign including peer mentoring and leadership development for high school youth. FFA youth will develop workshops and promote the tobacco-free message through conferences and agricultural networks throughout the State.

Indiana High School Athletic Association (IHSSAA): Establishing a public education and awareness campaign utilizing IHSSAA member high schools and middle schools to reach coaches, administrators, teachers, student-athletes, and the public with a tobacco free message. IHSSAA will incorporate the tobacco free message and information into high school athletic events throughout the State.

Indiana Latino Institute: Providing technical assistance and training to ITPC minority partners serving Latino communities. ILI will provide tobacco education and advocacy in addition to guidance in coalition building and networking with agencies and organizations that provide services for Spanish speaking Latinos.

Indiana Minority Health Coalition: Providing cultural competency training to ITPC partners and offering technical assistance to ITPC minority-based partners.

Indiana Regional Council in Carpenters Working to change cultural acceptability of smoking/tobacco use by blue collar Hoosiers through an education and awareness campaign with union leadership. This project will develop cessation networks encouraging employees and their families to participate.

Indiana State Department of Health Preventative Substance Use Prevention Program (PSUPP): Providing perinatal addiction prevention education and cessation services, facilitating training and education for health care providers of these high-risk population groups and educating on the dangers to a fetus when tobacco is used during pregnancy. This project will also provide the expansion of seven additional clinics in rural and urban counties bringing the total number of clinics to fourteen.

Indiana State Medical Association: Developing materials for physicians outlining insurance coverage allowing them to better advise patients on cessation services benefits. ISMA will also work to encourage more physicians to provide tobacco cessation counseling by providing various training opportunities.

Indiana Teen Institute: Youth empowerment project to mobilize and galvanize youth tobacco prevention efforts statewide. ITI is building on the momentum of the youth movement, Voice, by linking these messages to the ITI summer conferences and other training opportunities for youth and adults.

Indiana University School of Medicine: Implementing a tobacco cessation counseling program for medical students’ regional clerkships utilizing a behavioral approach model, “motivational interviewing”.

Indiana University School of Nursing: A Tobacco User’s Cessation Helpline (TOUCH) program for Purdue University students. Students will receive one or more of the interventions to determine cessation effectiveness with the college population. This project could become a model for other colleges and universities and subsequent phases could also offer the intervention to faculty and staff.

Indiana University, School of Public Health: Implementing the Tobacco-Free Healthy Communities Initiative of St. Joseph County in Carpenters Working to change cultural acceptability of smoking/tobacco use by blue collar Hoosiers through an education and awareness campaign with union leadership. This project will develop cessation networks encouraging employees and their families to participate.

Indiana University School of Medicine: Implementing the Tobacco-Free Speech Center of St. Joseph County: Seeking to educate families with preschool age children about dangers of ETS through a statewide campaign. The project will work to encourage more physicians to provide cessation services through existing Parish Nurse Programs and incorporate tobacco prevention education to existing programs and health events.

Indiana University School of Medicine: A Tobacco User’s Cessation Helpline (TOUCH) program for Purdue University students. Students will receive one or more of the interventions to determine cessation effectiveness with the college population. This project could become a model for other colleges and universities and subsequent phases could also offer the intervention to faculty and staff.

Indiana University, School of Public Health: Implementing the Tobacco-Free
Statewide Media Campaign

Purpose

Counter-marketing activities strive to offset pro-tobacco influences and increase pro-health messages and influences throughout a state, region, or local community. Counter-marketing consists of a wide range of efforts, including paid television, radio, billboard, and print counter-advertising at the state and local level; media advocacy and other public relations techniques using such tactics as news releases, news conferences, media outreach, media tours, editorial materials, featured stories, local events, and health promotion activities; and efforts to reduce or replace tobacco industry sponsorship and promotions. Counter-marketing activities can promote smoking cessation and decrease the likelihood of initiation. They also can have a powerful influence on public support for tobacco control interventions and set a supportive climate for school and community efforts.

Marketing research studies were conducted in 2001-2002. Several focus groups of youth and adults were conducted throughout the year in various parts of the State including Gary, Fort Wayne, Indianapolis, Evansville, Logansport and New Albany. Other additional studies have been conducted for internal planning of media strategies. This research adds to the media campaign conducted in the Fall 2001 prior to the launch of the campaign. This study serves as a baseline measure used to evaluate the effectiveness of the media campaign.

The Media Campaign

October 2001-February 2002

On October 19, ITPC launched the first statewide media campaign using existing commercials from other states that tested well in focus groups conducted throughout Indiana. The campaign targeted both youth and adults and focused on changing the social norm of tobacco use in Indiana. The commercials were carefully selected, based on research and the effectiveness to change attitudes in other states.

From Massachusetts, ITPC aired a campaign featuring Rick Stoddard, a gentleman talking about his wife Marie dying at age 46 from tobacco use. Rick paid visits to Indiana and was a guest speaker in several counties during the campaign. Governor O’Bannon named Rick an “Honorary Hoosier.” Both adults and youth responded well to these ads. Ads featuring Pam Laffin, an emphysema victim’s struggle with the disease after years of smoking and its impact on her family. ITPC continued to use effective ads that were used in other states, as two ads from California were added during this initial campaign.

ITPC also created new materials for radio, billboards and print bringing awareness of the health consequences supplementing the television spots. This approach continues throughout all phases on the media campaign.

March-May 2002

ITPC launched new advertisements in March 2002 that focused on the tobacco industry’s greed and the harmful effects of tobacco use on Hoosiers. ITPC launched a new advertising campaign strategy: “Tobacco Hurts Us All.” Some of the ads were created in Indiana and featured Indiana youth from several different counties. ITPC also used existing commercials from Massachusetts that focus on the deadly toxins found in second-hand smoke. Materials regarding second-hand smoke were added to the www.WhiteLies.tv website. Print and outdoor materials expanded the message of secondhand smoke dangers.

Ethnic Marketing Initiative

ITPC is focused on helping all Indiana communities fight back, and has taken an aggressive marketing approach designed to expose the manipulative tactics tobacco companies use to increase profits. This issue is very important, especially for the African American and Hispanic communities because of the dramatic health disparities and the high death tolls being realized from tobacco-related illnesses. ITPC has fearlessly taken on the tobacco industry when it comes to targeting marketing. What makes ITPC’s campaign different is the hard-hitting approach that exposes the aggressive marketing of highly addictive products to specific minority populations.

ITPC’s ethnic marketing has included specially tailored radio and print ads, public relations and grassroots activities, and promotions and events. The marketing team has partnered with consultants with expertise in tobacco control programs across the country. The team includes MZD Advertising, Golin Harris (formerly The Nixon Group), Promotus Advertising, Chuck Wolfe and the Single Marketing Group.

Research

To assist in developing and evaluating the media campaign for ITPC several research studies were conducted in 2001-2002. Several focus groups of youth and adults were conducted throughout the year in various parts of the State including Gary, Fort Wayne, Indianapolis, Evansville, Logansport and New Albany. Other additional studies have been conducted for internal planning of media strategies. This research adds to the media campaign conducted in the Fall 2001 prior to the launch of the campaign. This study serves as a baseline measure used to evaluate the effectiveness of the media campaign.

The power of media and marketing to influence behavior and drive demand for products and services is well known. The tobacco industry spends over $9 billion every year on advertising. Advertising and public relations campaigns can break through the industry’s clutter and communicate the truth about tobacco and the industry’s deceptive marketing practices.

Indiana’s Efforts

Based on the CDC’s Best Practices, ITPC has allocated $7 million for the media and counter-marketing component. ITPC selected MZD Advertising to direct the media and counter-marketing campaign in July 2001. The MZD team has partnered with consultants with expertise in tobacco control programs across the country. The team includes MZD Advertising, Golin Harris (formerly The Nixon Group), Promotus Advertising, Chuck Wolfe and the Single Marketing Group.

Indiana’s counter-marketing efforts consist of paid television, radio, billboards and print advertising at both the state and local level; media advocacy and other public relations techniques using such tactics as press releases, op-ed pieces, media alerts, local events, team summits and health promotion activities; and efforts to reduce the tobacco industry’s share of voice through sponsorships and partnerships.

Addressing the crowd during Indiana’s first anti-tobacco health summit, Rick Stoddard provoked youth to get involved in their communities.

March-May 2002

ITPC launched new advertisements in March 2002 that focused on the tobacco industry’s greed and the harmful effects of tobacco use on Hoosiers. ITPC launched a new advertising campaign strategy: “Tobacco Hurts Us All.” Some of the ads were created in Indiana and featured Indiana youth from several different counties. ITPC also used existing commercials from Massachusetts that focus on the deadly toxins found in second-hand smoke. Materials regarding second-hand smoke were added to the www.WhiteLies.tv website. Print and outdoor materials expanded the message of secondhand smoke dangers.

The “Stocks” commercial appeared on televisions statewide when it was launched as part of the March campaign.

The “Target” television commercial featured Indiana youth.

ITPC launched new advertisements in March 2002 that focused on the tobacco industry’s greed and the harmful effects of tobacco use on Hoosiers. ITPC launched a new advertising campaign strategy: “Tobacco Hurts Us All.” Some of the ads were created in Indiana and featured Indiana youth from several different counties. ITPC also used existing commercials from Massachusetts that focus on the deadly toxins found in second-hand smoke. Materials regarding second-hand smoke were added to the www.WhiteLies.tv website. Print and outdoor materials expanded the message of secondhand smoke dangers.

Filmed during the Health Summit, the “Target” television commercial features Indiana youth discussing the harmful effects of tobacco.
ers to discuss issues and concerns as they relate to ITPC and big tobacco. A town hall meeting with keynote speaker Dr. Robert Robinson, M.S.W., Dr. P.H., from CDC was held at Martin University. With a panel of distinguished civic leaders and public health experts the meeting was an open forum to discuss problems associated with the tobacco-related health disparities found within racial/ethnic populations in Indiana.

ITPC has become a major supporter of ethnic events and promotions around the State. ITPC has sponsored La Gran Festa the Hispanic Festival in Fort Wayne, Fiesta 2003 Festival, Circle City Classic, “Dead Truth” Information Hunt and Essay Contest, and Radio One Women’s Expo. During Black History month, and in conjunction with WISH-TV, ITPC sponsored a series of vignettes that highlighted African Americans who had a positive impact on Indianapolis and were honored by having a city park named after them. Partnering with Indiana Black Expo stands at the top of the list. What makes this a truly historic event is that for more than 20 years tobacco companies have maintained a special relationship with IBE and many other well known black organizations. The ITPC/IBE partnership will work to change this historic trend of the tobacco companies marginalizing as benevolent friends of minority communities. ITPC successfully partnered with the Indiana Black Expo (IBE) to provide funding for Summer Celebration enabling the IBE to secure its financial ties with tobacco companies. ITPC, through White Lies, sponsored the Music Heritage Festival and spread the message of the tobacco industry’s marketing to minority communities and the impact tobacco has on the health of minorities.

More partnering with our message

Great Start
Together with First Lady Judy O’Bannon, ITPC launched the Great Start campaign, designed to target pregnant women who smoke. The Great Start Campaign is a national program by the American Legacy Foundation promoting pregnant women to quit smoking through a toll-free hotline, website and print materials. First Lady Judy O’Bannon and ITPC have shared this message with maternal and child health providers throughout the State encouraging them to tell their patients about the campaign.

Voice
A group of teenagers from around the state were selected to be a part of the ITPC Youth Advisory Board. These youth have led their peers in tobacco-prevention initiatives and communication. They quickly became busy when a new tobacco product was test marketed in Indianapolis. ITPC’s Youth Advisory Board asked to meet with the company and challenge it to defend its product. This group of youth also planned the first annual anti-tobacco teen summit, “That Tobacco Thing,” and assisted with training their peers from across Indiana. One product of this event was the youth movement brand, Voice, which Indiana teens selected through an online vote during the summit registration process. The Youth Advisory Board continues these activities, assists with marketing efforts for the campaign, helps determine strategies and tactics for Voice and is growing to include more teens.

Youth prevention efforts are a high priority as the Voice brand is strengthened throughout the state. The youth Web site, www.Voice.tv, will be enhanced with input from Indiana youth. In addition, Voice is appearing at statewide and local events, and youth are taking the brand into their communities and schools. ITPC’s paid media effort is enhancing knowledge of the voice brand and beginning recruitment efforts for the statewide movement. Currently, the teens are supporting a “What You Say” survey initiative to learn their peers’ views on tobacco use. Their Voice will not be silent in Indiana!

Supporting Community Partners
ITPC’s media team has supported community partners through training, media relations and other such efforts. Community partners first overview of marketing efforts came during coalition meetings, that included a “Local Marketing Guide” training on advertising, public relations and working with youth. During this training local partners learned the value of message continuity in advertising and public relations, including how to step on placing advertising in their local markets and working with the media for news and feature stories. Since that time, the marketing team has worked with individual community partners to assist them with such activities. Unique opportunities through these grass roots efforts and street marketing help infiltrate the northern and southern regions of Indiana extending the media campaign.

Coalition leaders also serve as spokespeople for statewide issues. By sending all ITPC news releases to these leaders, they remain informed, can provide local comment and have the most up-to-date information to share with their partners. These community efforts work in accordance with the “Spokespersons’ and Communications Network. Spokespeople include leaders from business, voluntary health and local government organizations. These individual support news stories throughout the state.

Reaching Hoosiers through Media Relations

Indiana news media have devoted more newprint and airtime to ITPC stories throughout the past year than in previous years. In addition to stories directly pitched by the media team, reporters and editors have sought out ITPC for other pieces relative to tobacco use and prevention and related health issues.

Stories told through the news media have included:
• General stories about ITPC and its programs
• Pieces on the media campaign
• Smokefree policies
• Localized stories relative to grants to each county and each county’s efforts
• Statewide stories about minority grants and the organizations receiving them
• Health stories for which ITPC and its partners have been established as credible resources

Opportunity
The tobacco industry spends an estimated $206 million each year marketing and advertising its products in Indiana. A well-designed public education campaign that is integrated with community-based programs and strong enforcement can successfully counter tobacco industry marketing. These types of integrated programs have been demonstrated to lower smoking among youth people by as much as 40 percent. If we don’t do something about Indiana’s high smoking rates, 167,000 of the children now under 18 and alive in Indiana will ultimately die prematurely from smoking.

As a sponsor for the Music Heritage Festival, ITPC had the opportunity to encourage festival patrons to live without tobacco.
In May 2001, the Executive Board approved that 10 percent of Indiana's comprehensive tobacco control program's budget be directed to evaluation efforts. This decision was consistent with the Centers for Disease Control and Prevention's (CDC) Best Practices guidelines.

**Indiana's Efforts**

In May 2001, the Tobacco Use Prevention and Cessation Board approved a budget that allowed for $2 million for enforcement of Indiana's tobacco laws. ITPC entered into a Memorandum of Understanding (MOU) with the Indiana Alcohol and Tobacco Commission (ATC) to investigate and enforce Indiana's tobacco laws. This MOU has been in effect for one year.

After one year of activity, enforcement of Indiana's tobacco laws has become a priority for the law enforcement community due to the efforts of ATC. Much of the first quarter (July 2001 to September 2001) was spent ramping up for activity allowing ATC to hire staff and purchase necessary equipment. This new equipment has streamlined the inspection process and has allowed more compliance checks to be completed. The MOU provided for the hiring of up to 13 additional state excise officers and one administrative support staff, made available resources for training law enforcement officers on the investigation and enforcement of Indiana's tobacco laws, and allowed ATC to contract with various local law enforcement agencies and/or officers to assist in enforcing those laws. Throughout the past year, 12 Tobacco Retailer Inspection Program (TRIP) officers were out in the field conducting inspections. In addition, 67 excise officers worked throughout the State reporting tobacco law violations.

**Chart 9: Compliance Rate of Indiana Tobacco Retailers Inspected by TRIP, October 2001 to June 2002**

The average compliance rate from October 2001 to June 2002 was 79%.

**Program Evaluation**

**Major Components of the ITPC Surveillance and Evaluation research.** Surveillance is the monitoring of tobacco-related behaviors, attitudes, and health outcomes in which data is collected on a routine basis. Evaluation research employs surveys or data collection systems specifically designed to measure specific program activities. These two methods complement each other to allow program administrators to assess progress toward program objectives.

**Evaluation**

**Purpose:** A comprehensive tobacco control program must have a strong evaluation component in order to measure program achievement, improve program operations, manage program resources, ensure funds are utilized effectively, and to demonstrate accountability to policymakers and other stakeholders. Program evaluation is conducted in two ways: Surveillance and Evaluation research.

**Surveillance and Evaluation research.** Surveillance is the monitoring of tobacco-related behaviors, attitudes, and health outcomes in which data is collected on a routine basis. Evaluation research employs surveys or data collection systems specifically designed to measure specific program activities. These two methods complement each other to allow program administrators to assess progress toward program objectives.

**Opportunity**

The Federal Synar Law requires that the state of Indiana reduce the noncompliance rate for retail tobacco sales to minors. The Family and Social Services Administration, Division of Mental Health is at risk for losing up to $13 million annually in state block grants for addiction services unless the noncompliance rate is met. As seen through the first year of enforcement accomplishment, the level of compliance with Indiana's youth access laws has improved, thus preventing losses in Indiana's much needed addiction services funding.

**Selection of the ITPC Evaluation and Research Coordinating Center to conduct evaluation**

In addition to partnering with these current surveillance activities, ITPC will be adding to its data repository through the work of the Indiana Enforcement and Research Coordinating Center. In March 2002, ITPC began working with American Institutes for Research (AIR) to develop and implement an evaluation plan for Indiana's comprehensive program; coordinate with other tobacco surveillance activities around the State, and perform evaluations on specific program activities. The AIR team includes AIR, Research Triangle Institute (RTI) and The McCormick Group.

AIR has developed an evaluation plan to assess all ITPC programs. With the guidance of the 2005 objectives and the vision and mission statements outlined by the Executive Board, AIR has developed a set of measures with various data sources to evaluate the impact programs are making in achieving the ITPC mission and objectives. The Evaluation Committee of the Executive Board is providing guidance to the ITPC and AIR in the execution of this evaluation plan. In addition, a panel of national experts in tobacco control shared an advisory board providing external review.

**Major Components of the ITPC Program Evaluation**

- **Surveillance:** In the Fall 2002, ITPC will conduct an Adult Tobacco Survey (ATS) and a Youth Tobacco Survey (YTS). The ATS will allow for more in depth questions not currently captured by the BRFSS.
- **Secondary data analytic:** Utilizing existing state and national data resources used by Indiana, AIR has been conducting secondary data analysis to establish the status of tobacco use in Indiana.
- **Media Evaluation:** Media Tracking Surveys will be conducted on an annual basis to evaluate the effectiveness of the statewide media campaign. This survey will...
Administration/Management
Purpose
An effective tobacco control program requires a strong management structure. Experience in other states has shown the importance of having all of the program components coordinated and working together. Because a comprehensive program involves multiple state agencies (e.g., health, education, and law enforcement) and levels of local government, as well as numerous health-related voluntary organizations, coalitions, and community groups, program management and coordination is a challenging task. Furthermore, coordinating and integrating major statewide programs, such as counter-marketing campaigns with local program efforts, requires adequate staffing and communication systems. Finally, state agencies need sufficient contract administration staff to provide fiscal and program monitoring. Funding a large number of statewide and local partners requires well-designed request for proposals and grant application processes, a well-managed review system and local project management. Administration and management activities include the following:
- Recruiting and developing qualified and diverse technical, program, and administrative staff.
- Awarding and monitoring program contracts and grants, coordinating implementation across program areas, and assessing program performance.
- Developing a sound fiscal management system.
- Providing support through training and technical assistance.

Indiana's Efforts
ITPC is administering nearly 150 grants and contracts with an annual overall budget of $32.5 million. The CDC's Best Practices for Comprehensive Tobacco Control Programs recommends that Indiana spend 5% of our total budget on administrative expenses. ITPC has administered its programs for less than 5% of our total budget.

ITPC currently has 13 employees and 7 vacant positions. During 2001, ITPC's staff doubled with the hiring of five regional program directors and an administrative assistant. The additional staff members have responsibility for 20-25 grantees each. Their role is to provide both technical assistance and support and general oversight to the grantees.

In order to manage the large number of grants, ITPC established a Memorandum of Understanding with the State Board of Accounts to assist with the fiscal monitoring of each grant. The Board of Accounts will conduct an onsite review of each grantee with reports to be filed with ITPC.

Opportunity
Indiana spends nearly $2 billion annually for the medical costs related to smoking in Indiana. In states that have put in place, these states have saved $3.00 in health care costs for every $1.00 invested in tobacco control programs.

Early Findings
Prior to the launch of the statewide media campaigns, a baseline measure was taken of the knowledge and behaviors related to tobacco and tobacco advertising. These data were collected on Hoosier adults and youth. Some of the early findings illustrate the culture of tobacco use among Hoosiers and demonstrates the need for comprehensive tobacco control programs in Indiana.

- More than two-thirds of adults, but one-third of youth expressed “pro-tobacco” attitudes believing the tobacco advertising does not influence others to smoke and the tobacco industry marketing tactics were acceptable.
- Very few (11%) Hoosiers adults expressed beliefs that tobacco use was a socially unacceptable behavior and half of the youth surveyed were “undecided” about the acceptability of tobacco in their community. These youth were also five times more likely to be current smokers than those with “anti-tobacco” beliefs.

These findings from the baseline survey will be compared to data from the follow-up study assessing the effectiveness of the media campaigns. This is an example of how ITPC is using data to improve its current programs.

All information gathered through the ITPC Evaluation and Research Coordinating Center will be used to improve programs by making adjustments when they may be needed and enhancing components in areas that are already working. The ITPC commitment to evaluation is center to its programs.
## Indiana Tobacco Use Prevention and Cessation
### Executive Board Budget

<table>
<thead>
<tr>
<th>Budget Item</th>
<th>Fiscal Year 2002</th>
<th>Percent of Budget</th>
<th>Fiscal Year 2003</th>
<th>Percent of Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>* STATEWIDE MEDIA CAMPAIGN</td>
<td>$7,000,000</td>
<td>22%</td>
<td>$7,000,000</td>
<td>22%</td>
</tr>
<tr>
<td>* ENFORCEMENT OF YOUTH ACCESS</td>
<td>$2,000,000</td>
<td>6%</td>
<td>$2,000,000</td>
<td>6%</td>
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<tr>
<td>* COMMUNITY BASED PROGRAMS</td>
<td>$18,625,000</td>
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<td>1. Local Community Based Partnerships</td>
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<td>($7,552,000)</td>
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<td>2. Minority Based Partnerships</td>
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<td>($2,500,000)</td>
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<tr>
<td>3. State, Regional and Pilot Partnerships</td>
<td>($7,500,000)</td>
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<td>($7,500,000)</td>
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</tr>
<tr>
<td>* Grants</td>
<td>($6,250,000)</td>
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<td>($6,250,000)</td>
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<tr>
<td>* Training</td>
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<tr>
<td>* Technical Assistance</td>
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<tr>
<td>* Nationwide Quit Line</td>
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<tr>
<td>* Clearinghouse for Materials</td>
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<td>* Sponsorships</td>
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<tr>
<td>* Exhibits, Speaker Support</td>
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<td>4. Emerging Programs</td>
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<td>* EVALUATION</td>
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<tr>
<td>* ADMINISTRATION/MANAGEMENT</td>
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<td>5%</td>
<td>$1,625,000</td>
<td>5%</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td><strong>$32,500,000</strong></td>
<td><strong>100%</strong></td>
<td><strong>$32,500,000</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Approved at the September 20, 2001 Executive Board Meeting

### Notes to Annual Financial Report

#### June 30, 2002

**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 4-14-4-2, 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.

**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 Depositary 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.

### Notes

3. 2001 BRFSS data for Hispanics in Indiana should be used with caution, as this is an estimate based on fewer cases than what is desired.
4. 2001 BRFSS data for Hispanics in Indiana should be used with caution, as this is an estimate based on fewer cases than what is desired.