



**Indiana Tobacco Control**  
**2020 Strategic Plan**

**2016 - 2020**

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*Tobacco use is the single most preventable cause of death and disease in the United States, causing more deaths annually than alcohol, AIDS, car accidents, illegal drugs, murders, and suicides, combined.*

The 2020 Indiana Tobacco Control Strategic Plan is a State plan coordinated by the Tobacco Prevention and Cessation Commission of the Indiana State Department of Health (TPC). TPC seeks the input and collaboration of many partners, from state agencies to grassroots community organizations working together in implementing this plan to reduce Indiana's burden from tobacco.

## **VISION**

The Tobacco Prevention and Cessation Commission'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.

## **MISSION**

The Tobacco Prevention and Cessation Commission exists to prevent and reduce the use of all tobacco products in Indiana and to protect citizens from exposure to tobacco smoke by:

- Changing the cultural perception and social acceptability of tobacco use in Indiana
- Preventing initiation of tobacco use by Indiana youth
- Assisting tobacco users in cessation
- Assisting in reduction and protection from secondhand smoke
- Eliminating health disparities related to tobacco use and emphasize prevention and reduction of tobacco use by minorities, pregnant women, youth and other at-risk populations.

Through this state strategic plan, the Tobacco Prevention and Cessation Commission implements a process-based and outcomes-based evaluation of programs to keep state government officials, policymakers and the general public informed.

## HISTORY OF INDIANA'S COMPREHENSIVE TOBACCO CONTROL PROGRAM

Following the 1998 Tobacco Master Settlement Agreement (MSA), the Indiana General Assembly passed Senate Enrolled Act (SEA) 108 that established the Tobacco Use Prevention and Cessation Executive Board and the Indiana Tobacco Prevention and Cessation Agency, charged with the coordination of state efforts to reduce tobacco use in Indiana. In 2000, the executive board developed the state's first five-year strategic plan. Since then, the program has continued to develop and implement strategic plans every five years. The 2020 Plan is the fourth, five-year strategic plan for Indiana tobacco control.

Indiana's tobacco prevention program is funded by the Indiana General Assembly through funds by the Tobacco Master Settlement Agreement (MSA), with additional support from the CDC National Tobacco Control Program. The purpose of the MSA was for states to recover Medicaid and other costs the states incurred in treating sick and dying cigarette smokers. The MSA's stated purpose is to reduce youth smoking and promote public health.<sup>1</sup>

From 2001 to 2011, the Indiana Tobacco Prevention and Cessation Agency (ITPC) created and implemented a statewide community-based tobacco control program by providing resources, evidence-based training and tailored technical assistance to build local capacity to change social norms around tobacco use. A statewide multi-pronged public education campaign was implemented to educate Hoosiers about the impact of tobacco and offer solutions to combat the tobacco burden. Engaged youth were activated in their local communities to talk with their peers about the dangers of tobacco use and their vision for tobacco-free communities.

- Smoking rates for high school youth dropped by 44 percent between 2000 (32 percent) and 2010 (18 percent), resulting in 49,000 fewer youth smokers.<sup>2</sup>
- Adult smoking rates decreased from 27 percent in 2000 to 23 percent in 2010.
- The number of cigarette packs sold decreased from 742 million in 2002 to 454 million in 2010.<sup>3</sup>
- The Indiana Tobacco Quitline has served over 60,000 Hoosiers from 2006 to 2010.<sup>4</sup>
- More than 2,000 community organizations statewide were working to help reduce tobacco use.<sup>5</sup>
- More Hoosiers were protected from the dangers of secondhand smoke with 30 local smoke free air ordinances.<sup>6</sup>
- The proportion of school districts in Indiana with comprehensive tobacco-free campus policies increased from 28 percent in 2001 to 70 percent in 2010.<sup>7</sup>
- The overall decrease in tobacco use saved Indiana an estimated \$3.1 billion in future health care costs, including \$512 million in medicaid claims.<sup>8</sup>

## HOOSIER MODEL FOR COMPREHENSIVE TOBACCO PREVENTION AND CESSATION

The Hoosier Model for comprehensive tobacco prevention and cessation is derived from the Best Practices model outlined by the National Centers for Disease Control and Prevention (CDC). Best Practices describes an integrated programmatic structure for implementing interventions proven to be effective. The Hoosier Model also relies on *The Guide to Community Preventive Services for Tobacco Control Programs*, which provides evidence on the effectiveness of community-based tobacco interventions within three areas of tobacco use prevention and control:

- Preventing tobacco product use initiation
- Increasing cessation
- Reducing exposure to secondhand smoke

In addition to the Community Guide, the Institute of Medicine (IOM) Report: *Ending the Tobacco Problem: A Blueprint for the Nation (2007)* and the *2008 Update of the Clinical Practice Guideline for Treating Tobacco Use and Dependence* have shaped the tobacco control interventions being implemented in Indiana.

On July 1, 2011, the Indiana Tobacco Prevention and Cessation Agency became part of the Indiana State Department of Health as the Tobacco Prevention and Cessation Commission.

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

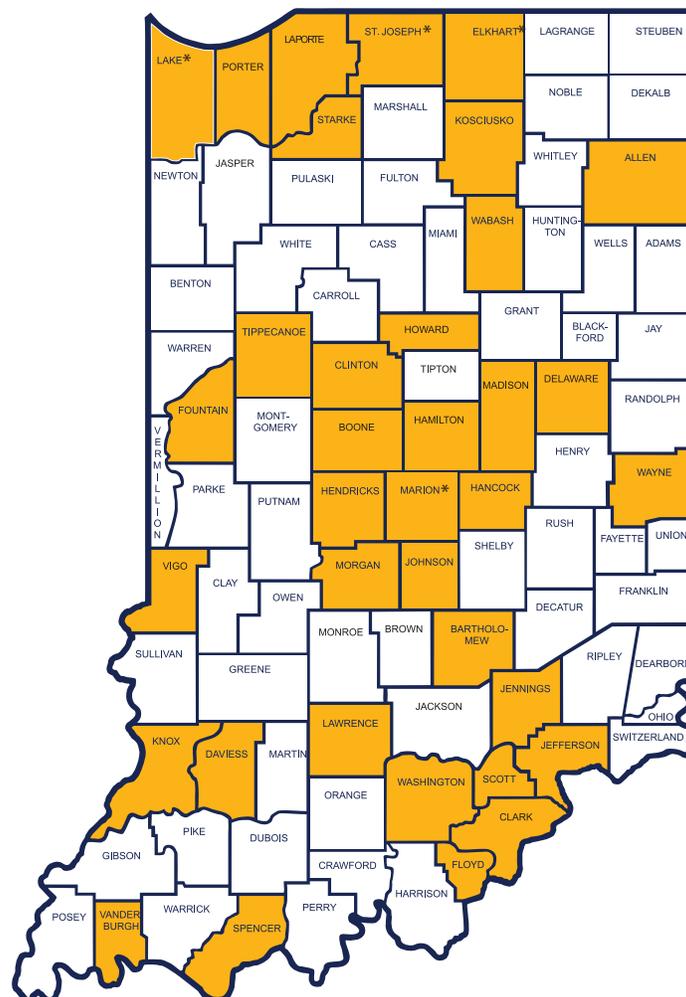
- Community Based Programs
- Cessation Interventions, including the Indiana Tobacco Quitline
- Statewide Public Education Campaign
- Evaluation and Surveillance
- Infrastructure, Administration and Management

## COMMUNITY PROGRAM INFRASTRUCTURE

The work in the local communities is vital to the success of the statewide tobacco control program. Community coalitions have evolved into strong and influential forces in the statewide tobacco control movement.

In SFY 2016-2017, 42 community-based and minority-based partnerships are working at the local level in Indiana. TPC's community and minority-based programs is reaching 73 percent of Indiana's population.

### SFY 2016-2017 Grantees



\*County includes minority based partner(s)

## KEY OUTCOMES FROM THE 2015 INDIANA TOBACCO CONTROL STRATEGIC PLAN

Through a commitment to implement best practices in preventing tobacco use initiation, reducing exposure to secondhand smoke, and increasing tobacco cessation, a number of key successes were achieved across the four priority areas of the 2015 Indiana Tobacco Control Strategic Plan.

### Priority Area: Decrease Indiana youth smoking rates<sup>9</sup>

- ✓ Current smoking rates among middle school youth declined from 4.4 percent on 2010 to 2.4 percent in 2014 (Below the 2015 target objective of 5 percent)
- ✓ Current smoking rates among high school youth declined from 17.5 percent in 2010 to 11.9 percent in 2014 (Below the 2015 target objective of 17 percent)
- Frequent smoking rates among high school youth declined from 7.2 percent in 2010 to 5.2 percent in 2014. (Above the 2015 target objective of 5 percent)

### Priority Area: Increase the proportion of Hoosiers not exposed to secondhand smoke

- ✓ With the passage of the statewide smoke-free air law in 2012, 100 percent of Hoosiers statewide are now protected from secondhand smoke in most workplaces and restaurants (Meeting the 2015 target objective)
- 48.2 percent of Hoosier adults support smoke-free policies in workplaces, restaurants and bar (Below 2015 target objective of 100 percent)
- Over 71 of middle school youth and 68 percent of high school youth were not exposed to secondhand smoke in the home in the past seven days (Above the 2015 target objective of 48 percent and 40 percent, respectively)

### Priority Area: Decrease Indiana adult smoking rates

- Current smoking rate among Indiana adults declined significantly from 25.6 percent in 2011 to 22.9 percent in 2014<sup>10</sup> (Above 2015 target objective of 18 percent)
- ✓ Cigarette consumption in Indiana declined from 450 million packs in 2011 to 413 million packs in 2015. (Below the 2015 target objective of 425 million pack)<sup>11</sup>

### Priority Area: Maintain state and local infrastructure necessary to lower tobacco use rates and thus make Indiana competitive among economic fronts

- Maintained high levels of training and program accountability among local tobacco control coalitions and statewide partnerships
- Maintained community-based tobacco control partnerships in 36 Indiana counties
- Maintained a high level of expertise among state program staff
- Provided tailored technical assistance to hundreds working in tobacco control
- Maintained high quality, evidence-based services by the Indiana Tobacco Quitline

## **TOBACCO CONTROL LANDSCAPE**

Tobacco control is a changing field and new policies and program recommendations are provided on a continuous basis. This section outlines some of the significant changes or stronger emphasis in the tobacco control landscape in recent years that impact the approaches in the 2020 plan for Indiana.

### **50TH ANNIVERSARY OF THE 1964 SURGEON GENERAL REPORT ON SMOKING AND HEALTH**

January 11, 2014 marked the 50th anniversary of the first Surgeon General's report on smoking and health. Fifty years after the report was released, remarkable progress has been made. Since 1964, smoking prevalence among U.S. adults has been reduced by half. The 1964 report forever changed Americans' understanding of the deadly consequences of smoking and was a historic turning point in the nation's fight against tobacco use. Unfortunately, tobacco use remains the leading preventable cause of disease, disability and death in the United States.

The 32nd tobacco-related Surgeon General's report was issued in 2014, entitled *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General*, highlights 50 years of progress in tobacco control and prevention, presented new data on the health consequences of smoking, and discussed opportunities that can potentially end the smoking epidemic in the United States. Scientific evidence contained in this report supports the following facts:

- The century-long epidemic of cigarette smoking has caused an enormous, avoidable public health catastrophe in the United States
- Despite significant progress since the first Surgeon General's report in 1964, smoking remains the single largest cause of preventable disease and death in the United States
- The scientific evidence is incontrovertible: inhaling tobacco smoke, particularly from cigarettes, is deadly. Since the first Surgeon General's report, evidence has linked smoking to diseases of nearly all organs of the body
- Smokers today have a greater risk of developing lung cancer than did smokers in 1964
- For the first time, women are as likely to die as men from many diseases caused by smoking
- Proven tobacco control strategies and programs, in combination with enhanced strategies to rapidly eliminate the use of cigarettes and other combustible, or burned, tobacco products, will help us achieve a society free of tobacco-related death and disease

### **CDC BEST PRACTICES FOR COMPREHENSIVE TOBACCO CONTROL PROGRAMS**

CDC's *Best Practices for Comprehensive Tobacco Control Programs* was updated in 2014. As a guide to help states plan and establish comprehensive tobacco control programs, it defines the specific program components states need to prevent and reduce tobacco use. Local and state tobacco control programs, decision makers and other key stakeholders can use *Best Practices-2014* to monitor progress in getting smokers to quit, to prevent non-smokers from starting and to establish goals and priorities.

## FDA REGULATION OF TOBACCO PRODUCTS

The Family Smoking Prevention and Tobacco Control Act was signed into law in 2009, which gave the U.S. Food and Drug Administration (FDA) comprehensive authority to regulate the manufacturing, marketing, and sale of tobacco products.

The Center for Tobacco Products was created within the FDA to establish tobacco product standards. It gave the FDA jurisdiction to regulate both current and new tobacco products and restrict tobacco product marketing while also directly implementing provisions that will: restrict tobacco product marketing and advertising, strengthen cigarette and smokeless tobacco warning labels, reduce federal preemption of certain state cigarette advertising restrictions, and increase nationwide efforts to block tobacco product sales to youth. As a result, the FDA has already implemented or may consider the following recommendations:

- Restrict tobacco advertising and promotions, especially to children
- Stop illegal sales of tobacco products to children
- Ban candy and fruit-flavored cigarettes
- Require large, graphic health warnings that cover the top half of the front and back of cigarette packs
- Ban misleading health claims such as “light” and “low-tar”
- Strictly regulate health claims about tobacco products to ensure they are scientifically proven and do not discourage current tobacco users from quitting or encourage new users to start
- Require tobacco companies to disclose the contents of tobacco products as well as changes in products and research about their health effects
- Empower the FDA to require changes in tobacco products, such as the removal or reduction of harmful ingredients or the reduction of nicotine levels
- Fully fund the FDA's new tobacco-related responsibilities with a user fee on tobacco companies so no resources are taken from the FDA's current work

The law also imposes certain limits on FDA authority. The agency cannot ban conventional tobacco products, such as cigarettes and smokeless tobacco, or require the total elimination of nicotine in tobacco products. However, the FDA may order the reduction of nicotine to non-addictive levels in some or all tobacco products. States retain the authority to ban all or some tobacco products or the sale of tobacco products containing nicotine.

## U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) PROPOSED RULE TO ELIMINATE SMOKING IN PROPERTIES

In November 2016, the U.S. Department of Housing and Urban Development (HUD) announced a final rule to make the nation's public housing properties entirely smoke free. Since 2009, HUD has strongly encouraged Public Housing Agencies (PHAs) to adopt smoke-free buildings. As of September 2016, over 612 Public Housing Authorities, representing more than 20 percent of HUD's portfolio, have voluntarily become smoke free. Secondhand smoke is one of the leading causes of asthma and other respiratory diseases for children — diseases that disproportionately affect families living in public housing. Compared to the general population and other low-income households, individuals in HUD-assisted housing have a higher rate of usage of emergency rooms and are more likely to have health problems like diabetes and high blood pressure. By reducing the public health risks associated with tobacco use and exposure to secondhand smoke, the proposed smoke-free rule will enhance the effectiveness of HUD's efforts to provide increased public health protection for residents of public housing. These protections will especially benefit the over 760,000 children under age 18 living in public housing and the over 329,000 persons over age 62.

## HEALTH SYSTEMS CHANGES

There has been an increased focus on prevention and wellness in health care, including tobacco cessation. As major changes are being made to the health care delivery systems in this country, there is a great opportunity to educate on tobacco cessation treatment as a key to preventing disease and death. Tobacco cessation treatments can go a long way in helping Indiana's most vulnerable citizens quit their tobacco use.

The U.S. Public Health Service guideline, *Treating Tobacco Use and Dependence*, can serve as the model so that every health insurance plan implements a comprehensive cessation benefit that include counseling and medications.

## NATIONAL TOBACCO CONTROL MEDIA CAMPAIGNS

In recent years, federal agencies and national partners have implemented anti-tobacco mass media campaigns. While these national efforts are not to supplant any activity at the state level, they can be used to complement limited state resources by extend the campaigns.

### **CDC Tips From Former Smokers:**

The Centers for Disease Control and Prevention (CDC) launched the first-ever paid national tobacco education campaign—*Tips From Former Smokers* (Tips) in 2012. The *Tips* campaign, which profiles real people who are living with serious long-term health effects from smoking and secondhand smoke exposure. The *Tips* campaign has featured compelling stories of former smokers living with smoking-related diseases and disabilities and the toll that smoking-related illnesses have taken on them. The *Tips* campaign engages doctors, nurses, dentists, pharmacists, and many other health care providers so they can encourage their smoking patients to quit for good. The campaign goals are to:

- Build public awareness of the immediate health damage caused by smoking and exposure to secondhand smoke
- Encourage smokers to quit and make free help and resources available, such as state quitlines
- Encourage smokers not to smoke around others and nonsmokers to protect themselves and their families from exposure to secondhand smoke

A study analyzing the cost-effectiveness of the campaign estimated that at least 100,000 smokers successfully quit, averting at least 17,000 premature deaths. With total campaign expenditures of about \$48 million, *Tips* cost approximately \$480 per quitter, saving \$2,819 per premature death averted, and \$393 per life year gained.<sup>13</sup> The findings demonstrate that a national, mass media campaign can be highly cost effective to reduce the burden of tobacco use.

### **FDA Real Cost and Fresh Empire:**

FDA's first youth tobacco prevention campaign, "The Real Cost," educates at-risk youth about the harmful effects of tobacco use. The goal is to prevent young people who are open to smoking from trying it and to reduce the number of youth who move from experimenting with tobacco to regular use. "The Real Cost" campaign launched nationally in 2014 across multiple media platforms including TV, radio, print, and digital. The key messages include:

- **Loss of Control Due to Addiction:** Reframes addiction to cigarettes as a loss of control to disrupt the beliefs of independence-seeking youth who currently think they will not get addicted or feel they can quit at any time
- **Dangerous Chemicals:** Depicts the dangers of the toxic mix of chemicals in cigarette smoke to motivate youth to find out more about what's in each cigarette and reconsider the harms of smoking
- **Health Consequences:** Dramatizes the negative health consequences of smoking in a meaningful way to demonstrate that every cigarette comes with a "cost" that is more than just financial

“Fresh Empire” is FDA’s campaign designed to prevent and reduce tobacco use among at-risk multicultural youth ages 12-17 who identify with hip-hop culture, specifically African American, Hispanic, and Asian American/ Pacific Islander youth. “Fresh Empire” is dedicated to encouraging hip-hop youth to reach their goals of being successful, attractive, and in control through the tagline “Keep it Fresh: Live Tobacco Free,” which emphasizes to youth that living tobacco-free will help them achieve their idealized self-image. The key messages described above are supported with this campaign.

**Truth:**

Prior to the launch of the FDA’s “Real Cost” campaign in February 2014, “Truth” was the only national youth tobacco prevention campaign not directed by the tobacco industry. Truth built a brand focused on empowering youth to construct positive, tobacco-free identities. The highly successful “Truth” campaign was relaunched in 2014 with the “Finish It” campaign which used a new strategy and style to appeal to the next generation of youth. Previously the campaign’s objective was to change social norms and reduce youth smoking with hard-hitting advertisements featuring youths confronting the tobacco industry.

## ELECTRONIC NICOTINE DELIVERY SYSTEMS (ENDS)

Electronic nicotine delivery systems (ENDS), often referred to as electronic cigarettes or e-cigarettes, are battery-powered devices that provide doses of nicotine and other additives to the user in an aerosol. There are currently multiple types of ENDS on the U.S. market, including e-cigarettes, e-hookahs, hookah pens, vape pens, e-cigars and others. Because they contain nicotine, ENDS may be addictive, toxic to developing fetuses and have lasting consequences for adolescent brain development.

Aerosol from e-cigarettes is a source of pollution and toxins being emitted into the environment.<sup>14</sup> We do not know the long-term health effects of ENDS use and although the marketing of the product implies that these products are harmless, the aerosol that ENDS emit is not purely water vapor. This secondhand aerosol is made up of a high concentration of ultrafine particles, and the particle concentration is higher than in conventional tobacco cigarette smoke. Exposure to fine and ultrafine particles may exacerbate respiratory ailments like asthma, and constrict arteries which could trigger a heart attack.<sup>15</sup>

ENDS could lead to regular use of nicotine and/or use of combustible cigarettes by young people or non-tobacco using adults.<sup>16</sup> Their use could lead to relapse among former smokers, delay quitting and/or reduce the chances a smoker will quit by leading to long-term ENDS use, result in dual use of combustible cigarettes and e-cigarettes. E-cigarette use could also result in poisonings through ingestion, inhalation, or absorption of nicotine liquid on the skin.

Nationally and in Indiana, the use of ENDS is increasing. In 2015, 16.4 percent of Indiana adults had ever tried an e-cigarette compared with 14.4 percent in 2013. Approximately 4.6 percent of adults reported using e-cigarettes within the past 30 days in 2015.<sup>17</sup> In 2014, 29.0 percent of high school youth and 11.2 percent of middle school youth in Indiana reported ever trying e-cigarettes. Additionally, 15.6 percent of high school students and 5.2 percent of middle school students reported using e-cigarettes in the past 30 days.<sup>18</sup>

## INCREASING THE MINIMUM PURCHASE AGE OF TOBACCO

In March 2015, the Institute of Medicine (IOM) concluded that raising the tobacco sale age to 21 could substantially reduce youth tobacco use initiation, smoking prevalence and negative health consequences of smoking.<sup>19</sup> Nicotine has a stronger impact on youth and young adults. Brain development continues through young adulthood, making young people highly susceptible to nicotine. Adolescents become addicted to nicotine more quickly and at lower levels of use than adults.

Tobacco companies market heavily to youth and young adults to recruit “replacement smokers” to sustain their profits. Although the federal minimum age for tobacco sales is 18, states and local jurisdictions have the authority to enact laws requiring a higher minimum age. In June 2015, Hawaii became the first state in the U.S. to raise the minimum age of tobacco sales to 21. Over 100 municipalities in the U.S., including New York City, have raised the minimum age for tobacco sales to 21.

## TOBACCO INDUSTRY MARKETING

*The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General* stated that, “tobacco industry advertising and promotion cause youth and young adults to start smoking, and nicotine addiction keeps people smoking past those ages.”<sup>20</sup> This finding reinforces conclusions of the *2012 Surgeon General’s Report on Smoking Among Youth and Young Adults*, which declared that tobacco company advertising and promotions cause the onset and continuation of smoking among adolescents and young adults.<sup>21</sup> Cigarettes that are the most popular among kids are those that are also heavily advertised. The 2013 National Survey on Drug Use and Health found that among youth 12 to 17 years of age, 48 percent prefer Marlboro, 22 percent prefer Newport and 15 percent prefer Camel.

Tobacco companies spend the bulk of their marketing money at the retail store level through price discounts, product placement and other point-of-sale advertisements. In 2014, of the \$9.5 billion spent by tobacco companies on advertising and promotional expenditures, 95 percent was spent on point-of-sale advertisements and price-related marketing, including point-of-sale ads, price discounts, promotional allowances, coupons and special deals such as buy-one-get-one-free offers.<sup>22</sup>

The *2012 Surgeon General’s Report on Smoking Among Youth and Young Adults* stated that tobacco marketing at the point of sale is associated with youth tobacco use. Nearly half of teenagers visit a convenience store at least once a week. The more cigarette marketing teens are exposed to in retail stores the more likely they are to smoke. The report also added to the evidence regarding the tobacco industry’s pricing strategies, concluding that “...the industry’s extensive use of price-reducing promotions has led to higher rates of tobacco use among young people than would have occurred in the absence of these promotions.” In 2014, the tobacco industry spent \$285 million on marketing in Indiana.<sup>23</sup>

## **CREATION OF THE 2020 INDIANA TOBACCO CONTROL STRATEGIC PLAN**

The Tobacco Prevention and Cessation Commission (TPC) began the planning process for the 2020 plan with a series of web-based surveys, key informant interviews, and a focus group of key stakeholders from the national, state, and local levels. These included statewide tobacco control organizations, tobacco control experts, health care organizations and TPC community coalition representatives. National and state experts provided advice on setting priorities and continued refinement of program objectives. Stakeholders were also invited to review and contribute to the final draft of the plan before its completion.

Many aspects of the tobacco control landscape at the local, state, and national levels were considered in outlining future direction of the state's tobacco control program. While the 2020 Indiana Tobacco Control Strategic Plan is convened and monitored by the ISDH Tobacco Prevention and Cessation Commission, it is partners at the state and local level from many sectors that are critical to executing its interventions and achieving success.

### **The State's tobacco control priority areas:**

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

Plan objectives were set from the key outcome indicators recommended by the CDC Office on Smoking and Health. These indicators are specific and measurable characteristics or changes that represent achievement of an outcome. This remaining plan describes the rationale for each priority area, outlines objectives that will be used to track progress toward the achievement of each priority area, and specifies strategies and tactics that will be used to achieve each objective based on CDC *Best Practices* categories.

Detailed tables outlining the selected short-term, intermediate and long-term outcome indicators measuring achievement of these four priority areas can be found in Appendix A from pages 31 to 34.

## PRIORITY AREA: DECREASE INDIANA YOUTH TOBACCO USE RATES

### Rationale

Preventing youth from starting to smoke and using tobacco products smoking can save lives and money and improve the future of our state. Each year more than 5,700 Hoosier youth become new regular, daily smokers.<sup>24</sup> Early tobacco use leads young people to a lifelong addiction, as well as cause specific health problems such as early cardiovascular damage, reduced lung function and decreased lung growth, and a reduced immune function.

While cigarette smoking has declined since 2000, the rates of use of other tobacco products have not changed as significantly. With the introduction of emerging products such as electronic cigarettes, evidence based strategies to prevent youth initiation must continue to be implemented. Indiana youth use of electronic cigarettes has increased in recent years. In 2014, among Indiana high school youth, 15.6 percent reported past 30 day e-cigarette use. Among those reporting current e-cigarette use, 66 percent are also current cigarette smokers.<sup>25</sup>

Combustible tobacco use remains the most common type of tobacco use and causes most tobacco-related disease and death in the United States.<sup>26</sup> However, noncombustible products also pose health risks. Smokeless tobacco is not a safe alternative to combustible tobacco because it causes cancer and nicotine addiction.<sup>27</sup> In addition, although the long-term impact of e-cigarette use on public health overall remains uncertain, the 2014 Surgeon General's report found that nicotine use can have adverse effects on adolescent brain development; therefore, nicotine use by youths in any form (whether combustible, smokeless, or electronic) is unsafe. Therefore, efforts are warranted to educate youth about the dangers of use of all forms of tobacco products, irrespective of whether they are combustible, noncombustible, or electronic.<sup>28</sup>

The tobacco industry spends nearly \$285 million a year in Indiana to promote its products.<sup>29</sup> Youth are three times more sensitive to tobacco advertising than adults and more likely to be influenced to smoke by marketing than peer pressure.<sup>30</sup> More than 80 percent of youth smokers use brands among the top three most heavily advertised. The more young people are exposed to cigarette advertising and promotional activities, the more likely they are to smoke. Over 90 percent of the total marketing dollars are spent at the point of sale. Exposure to this in-store marketing has been linked to tobacco use initiation. The *2012 Surgeon General's Report on Smoking Among Youth and Young Adults* concluded that extensive use of price-reducing promotions has led to higher rates of tobacco use among young people than would have occurred in the absence of these promotions. Many tobacco products on the market appeal to youth. Some cigarette-sized cigars contain candy and fruit flavoring, such as strawberry and grape.

Youth are vulnerable to social and environmental influences to use tobacco; messages and images that make tobacco use appealing to them are everywhere. Youth who are exposed to images of smoking in movies are more likely to smoke. Those who get the most exposure to onscreen smoking are about twice as likely to begin smoking as those who get the least exposure. Images of smoking in movies has declined over the past decade; however, in 2010 nearly a third of top-grossing movies produced for children—those with ratings of G, PG, or PG-13— contained images of smoking.<sup>31</sup>

Interventions to prevent tobacco use initiation and to encourage cessation among youth and young adults can reshape the environment so that it supports tobacco-free norms. Nearly 9 of 10 smokers in the United States start smoking by the time they are 18 years old, and 99 percent start by the age of 26.<sup>32</sup>

Indiana's youth engagement model, Voice, involves a statewide initiative to engage, educate, and empower youth to celebrate a tobacco free lifestyle. Voice is actively building a network of youth leaders to assist with the design and implementation of initiatives that will educate the community, empower their peers to break big tobacco's cultural influence. Voice facilitates opportunities for community groups to collaborate directly with youth who are interested in engaging in grassroots organizing activities that lead to tobacco free lifestyles.

The 2020 plan includes strategies that support youth empowerment in educating their peers about tobacco, community engagement and activism, surveillance of tobacco marketing, and comprehensive clean air environments protects all non-users. Tobacco control interventions outlined in this plan will work to reduce the attractiveness, affordability and accessibility of all tobacco products. Baseline measures and targets for the following plan objectives for decreasing youth tobacco use can be found in the table on page 32.

### **Long-Term Objectives:**

- Maintain current smoking prevalence rate among Indiana middle school youth at 2 percent and decrease high school smoking prevalence rate to 9 percent
- Decrease "frequent" smoking prevalence rate among Indiana high school youth to 4 percent
- Maintain current e-cigarette use prevalence rate among Indiana high school youth at 15 percent
- Maintain current poly-tobacco product use among high school students at 15 percent
- Decrease combustible tobacco product use to 2 percent among middle school students and 15 percent among high school students
- Decrease non-combustible tobacco product use to 5 percent among middle school students and 18 percent among high school students

### **Intermediate Objective:**

- Increase the proportion of youth who have never smoked and are not susceptible to smoking to 88 percent among middle school youth and 84 percent among high school youth

### **Short-Term Objectives:**

- Increase the proportion of school districts with a tobacco free campus policy which includes Electronic Nicotine Delivery Systems to 50 percent
- Increase the proportion of youth who think tobacco companies try to get young people to use tobacco products to 65 percent among middle school youth and 68 percent among high school youth.
- Increase the proportion of youth who strongly agree that all tobacco products are dangerous to 78 percent among middle school youth and 70 percent among high school youth

## Strategies for Decreasing Youth Tobacco Use Rates

### State and Community Interventions

- Support youth mobilization to increase anti-tobacco attitudes, by exposing tactics used by tobacco industry such as marketing, promotions and smoking in the movies
- Engage in Voice youth empowerment initiatives at the state or local level
- Educate teachers, parents and the community about emerging tobacco products including electronic nicotine delivery devices, as youth may be experimenting with and regularly using these products that can go easily undetected
- Promote school-based policy and interventions
- Educate for tobacco-free environments for all youth (school, work, home, public)
- Educate state-level school stakeholder organizations and local school administrators and policymakers on the importance of completely tobacco free school, including ENDS, environments including passing resolutions and policies supporting completely tobacco free school campuses, providing model policies, and promoting the successful outcomes from school districts that have implemented school policies
- Work for change that addresses tobacco sales, such as minimum packaging of tobacco products, prohibiting sale of single other tobacco products (OTP) such as little cigars and cigarillos
- Implement strategies to reduce tobacco use among rural youth
- Collaborate with asthma, diabetes and adolescent health programs to holistically approach chronic disease management and tobacco prevention
- Encourage statewide school stakeholder organizations and youth-serving organizations to include tobacco prevention on their annual training agenda and as a part of their strategic plan
- Identify and recruit partner organizations, such as faith-based groups, that know how to work with at-risk youth to collaborate on tobacco prevention strategies
- Train local tobacco control partners, school personnel, youth and others on all components of the CDC's comprehensive tobacco prevention and cessation approach
- Encourage school districts to apply for the Gary Sandifur Tobacco Free School Award

### Mass-Reach Health Communication Interventions

- Educate stakeholders on the impact to youth of exposure of pro-tobacco messages from smoking in the movies and marketing
- Counter the tobacco industry at the school and community level, through participation in national and state activities, such as the Campaign for Tobacco-Free Kids "Kick Butts Day", World No Tobacco Day, and other events
- Expand media messages from state and national tobacco prevention campaigns that includes communication and dialogue on social networks

## Cessation Interventions

- Increase capacity of health care providers to identify youth tobacco users at annual visits and to provide appropriate tobacco treatment-counseling for youth as recommended by the U.S. Public Health Service, Clinical Practice Guideline for Tobacco Treatment and Dependence, through emphasis to:
  - Pediatricians
  - Health care providers focusing on chronic diseases among youth (asthma, diabetes, for example)
- Increase awareness among mental health and substance abuse treatment professionals of higher use of tobacco among youth experiencing depression and mental illness
- Increase awareness of the Indiana Tobacco Quitline services for youth

## Surveillance and Evaluation

- Maintain surveillance systems to monitor and respond to youth tobacco use trends, including other tobacco products and use of emerging products, as well as attitudes, by conducting the Indiana Youth Tobacco Survey (YTS), supporting the Youth Risk Behavior Survey (YRBS) and related youth health surveys
- Disseminate to school administrators and key stakeholders the key findings and data from the Indiana Youth Tobacco Survey, the tobacco use indicators from the Youth Risk Behavior Survey for high school youth, and information regarding the introduction of new tobacco products that may entice tobacco experimentation among youth
- Work collaboratively among state organizations and agencies that conduct youth health data surveys to maximize efficiencies in data collection procedures while maintaining data integrity

## Infrastructure, Administration and Management

- Support statewide network of local community-based and minority-based grants, and strategic statewide grants that support local youth efforts targeted at 9th grade through 12th grade
- Support Indiana's statewide youth movement through implementation of a training plan, and partnership agreements with youth serving and/or youth led organizations to engage in activities
- Build collaboration with key school stakeholder organizations, such as the state superintendents, principals, school board, school nurses associations, state youth organizations and other related groups, to engage them in tobacco prevention strategies, with a focus on tobacco free environments.

## PRIORITY AREA: INCREASE PROPORTION OF HOOSIERS NOT EXPOSED TO SECONDHAND SMOKE

### Rationale

Exposure to secondhand smoke is one of the leading causes of preventable death. Secondhand smoke is a mixture of side stream smoke from burning cigarettes or other combustible products and exhaled smoke in the air. Exposure to secondhand smoke is one of the leading causes of preventable death. Secondhand smoke has been shown to cause heart disease, cancer, respiratory problems and eye and nasal irritation. Exposure to secondhand smoke takes place in the home, public places, worksites and vehicles. Secondhand smoke is classified as a Group A carcinogen (cancer causing agent) under the Environmental Protection Agency's (EPA) carcinogen assessment guidelines and contains over 7,000 chemicals, including more than 70 carcinogens and other irritants and toxins.<sup>33</sup>

Since 1964, approximately 2.5 million nonsmokers have died from health problems caused by exposure to secondhand smoke.<sup>34</sup> Each year in the United States an estimated 41,000 heart disease and lung cancer deaths are attributable to secondhand smoke breathed by nonsmokers.<sup>35</sup>

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

In Indiana each year, approximately 1,200 Hoosiers die from others' smoking, such as exposure to secondhand smoke or smoking during pregnancy.<sup>36</sup> Exposure to secondhand smoke is two to four times more likely to result in low birth weight. Over 900 low birth weight babies in Indiana are born as a result of secondhand smoke.<sup>37</sup> Secondhand smoke costs Indiana approximately \$2.1 billion in excess medical expenses and premature loss of life, or about \$328 per person each year.<sup>38</sup>

Today, more Hoosiers are protected from secondhand smoke than ever before. Indiana's state smoke-free air law protects workers in restaurants and most worksites. Where there are gaps, local community ordinances are providing greater protections to workers in their communities.

Smoke-free environments have become the norm in most settings, from health care to schools. In 2015, 126 hospitals and health care facilities have 100 percent smoke free campuses, including all 35 critical access hospitals. Among behavioral health and substance use treatment facilities 94 have a tobacco free campus. In addition, there are nearly 20 college and university campuses in Indiana that have implemented tobacco-free campus policies, including the Indiana University system and the Ivy Tech Community College campuses statewide. This stance against tobacco use shows concern for students and staff and also prepares students for a workplace with a tobacco-free policy. Approximately 95 percent of students in public school districts in 82 counties have implemented tobacco-free school campus policies. In addition, many school districts have been updating their policies to include e-cigarettes. This trend will likely continue in the coming years.

Most adults believe that breathing secondhand smoke is very (68 percent) or somewhat (30 percent) harmful. This knowledge is translating into behavior change as more and more Hoosier households are smoke free. Indiana has increased the proportion of Hoosier families that have a smoke-free home to 83 percent in 2015.

Demand for smoke-free multi-family housing is also on the rise. As more property managers and owners become aware of the dangers of secondhand smoke and implement smoke-free air policies for their buildings, tenants are becoming increasingly aware of the dangers of living in a building without a smoke-free air policy.

The U.S. Department of Housing and Urban Development's (HUD) Multi-Family Housing Section has increased its support to landlords, owners, and public housing authorities to assist with implementing smoke-free air policies. Smoke-free air policies for multi-family housing help landlords and owners reduce maintenance costs of their facilities and save money on cleaning and painting expenses. Multi-family housing owners estimate that it costs anywhere from \$500 to \$8,000 extra to restore a housing unit that had a smoking tenant versus a nonsmoking tenant.

Adopting a smoke-free air policy can reduce the likelihood of fires in multi-unit housing. Cigarette smoking is reported as a leading cause of apartment fires and the number one cause of home fire deaths in the U.S. According to the National Fire Protection Association, an estimated 6,700 smoking-related fires occurred annually in multi-unit housing structures between 2009 and 2013, resulting in an average of \$202 million in property damage each year. An average of four hundred lives were lost in multi-unit housing fires annually between 2009 and 2013, and one in three (32 percent) of these deaths were due to fires started by smoking materials such as cigarettes.<sup>39</sup>

Despite falling smoking rates, 1 in 4 nonsmokers in the U.S. is exposed to secondhand smoke (58 million), including 15 million children ages 3 to 11 years. Research shows that although secondhand smoke exposure rates in 2011 to 2012 had dropped for all population groups, some groups continue to be exposed at much higher rates than others. In addition to children, these groups include black nonsmokers, people who live below the poverty level, and those who rent housing.

In Indiana, public housing facilities in Indianapolis, Mishawaka, Fort Wayne, Greencastle, Kokomo and Porter County have implemented smoke-free housing policies. These policy changes protect nearly 9,000 residents from exposure to secondhand smoke in their homes.

Electronic nicotine delivery systems (ENDS) are battery-powered devices that provide doses of nicotine and other additives to the user in an aerosol. Aerosol from electronic cigarettes is a source of pollution and toxins being emitted into the environment.<sup>40</sup> This secondhand aerosol is made up of a high concentration of ultrafine particles, and the particle concentration is higher than in conventional tobacco cigarette smoke. Exposure to fine and ultrafine particles may exacerbate respiratory ailments, like asthma, and constrict arteries which could trigger a heart attack.<sup>41</sup> Including electronic cigarettes in smoke-free air policies would protect children and adolescents, pregnant women, and non-smokers from involuntary exposure to aerosolized nicotine and potentially to other psychoactive substances, and support enforcement of clean indoor air policies.<sup>42</sup>

Many settings that have previously been tobacco free have been and will continue to incorporate ENDS into their policies. Ensuring tobacco free environments among hospitals and health care settings, behavioral health care providers, colleges and universities and other workplaces will be a focus. In addition, the demand for smoke-free housing will be a priority for the 2020 strategic plan. Baseline measures and targets for the following plan objectives for increasing protections from secondhand smoke can be found in Appendix A on page 32.

### Long-Term Objectives:

- Increase the proportion of the population that is protected from secondhand smoke by a law/laws that covers all workplaces, restaurants, bars, membership clubs and entertainment venues to 100 percent
- Increase the proportion of current smokers that report living in a smoke-free home to 65 percent
- Increase the number of public housing units that are smoke-free due to a Public Housing Authority smoke-free policy to 15,000

**Intermediate Objectives:**

- Increase the proportion of adults not exposed to secondhand smoke at the workplace to 95 percent
- Increase proportion of youth not exposed to secondhand smoke in the home in the past 7 days to 80 percent for middle school and 77 percent for high school

**Short-Term Objectives:**

- Increase the proportion of mental health care and substance abuse treatment centers in Indiana that have a tobacco free campus to 85 percent
- Increase the proportion of adults that believe secondhand smoke exposure is very harmful to 80 percent
- Increase the level of support among adults for tobacco free policies in workplaces, restaurants and bars in Indiana to 70 percent

**Strategies for Increasing Proportion of Hoosiers Not Exposed to Secondhand Smoke****State and Community Interventions**

- Educate stakeholders on the need for comprehensive smoke-free air protections, including ENDS, that covers workplaces and workers
- Support local smoke-free air protections, including ENDS, among minority communities
- Support smoke-free entertainment venues, including ENDS
- Encourage smoke-free bars, including ENDS, in order to reduce smoking initiation among 18 to 24 year olds
- Educate the public on the dangers of secondhand smoke exposure to others to increase the proportion of smoke-free homes and cars among smokers
- Support tobacco-free areas of college/university campuses to include student housing, athletic arenas/fields and complete tobacco-free campuses
- Conduct presentations on the impacts of secondhand smoke, including ENDS, and the solutions to key organizations and leaders from the following sectors of the community: health care, faith, business, education, and community organizations
- Support the implementation and enforcement of smoke-free air policies, including ENDS, through training and technical assistance
- Encourage property owners to adopt a tobacco-free property and to include a nonsmoking clause, including ENDS, in lease agreements, to increase the number of smoke-free multi-family dwellings in common areas and residential units

## Health Communications Interventions

- Educate the public on the dangers of secondhand smoke exposure and the solutions to reduce exposure among all Hoosiers, including ENDS
- Encourage those exposed to secondhand smoke and secondhand aerosol in the workplace to speak out about the impact exposure to secondhand smoke has on them
- Share communication strategies, consistent with the public education messages, to encourage business leaders to discuss the health and economic benefits of smoke-free environments
- Develop and implement communication strategies, consistent with the public education messages, to encourage Hoosier families to have smoke-free homes and cars
- Increase awareness of the disparities among workers with respect to tobacco-free workplaces
- Support consumer education initiatives encouraging individuals to adopt healthy behaviors

## Cessation Interventions

- Offer tobacco treatment services, including promotion of the Indiana Tobacco Quitline and access to health care providers, throughout policy implementation and maintenance
- Increase collaboration with chronic disease health care providers to raise awareness of secondhand smoke exposure within chronic disease management
- Create initiatives to encourage physicians and other health care professionals to take a more active role with their patients in tobacco cessation

## Surveillance and Evaluation

- Implement an appropriate evaluation plan for smoke-free protections, including ENDS, that includes but is not limited to surveys, health impact studies, and compliance
- Maintain surveillance systems on the exposure to secondhand smoke, as well as knowledge and attitudes related to secondhand smoke, by maximizing the use of state and local data sources that include the BRFSS, and ATS and policy tracking systems
- Localize and disseminate national research for state and local public education efforts
- Participate in and support Indiana-based research on the impact of and the science of implementing state and local smoke-free air education

## Administration, Management and Infrastructure

- Build and maintain a network of statewide partners to work on secondhand smoke education
- Support a statewide network of local community based grants, minority based grants, and strategic statewide grants that support local efforts
- Identify and recruit key organization and business leaders and develop their expertise as spokespersons on secondhand smoke. Key sectors to reach are health care, faith, business, education, and civic organizations to communicate the impact of secondhand smoke
- Provide training and technical assistance on secondhand smoke education, including ENDS that are tailored for specific venues (i.e. hospitals, schools, worksites).

## PRIORITY AREA: DECREASE INDIANA ADULT SMOKING RATES

### Rationale

Quitting tobacco use is one of the best ways to improve health. Tobacco use screening and brief intervention for treatment is one of the most effective clinical preventive services with respect to health impact and cost effectiveness, behind aspirin use among high-risk adults and immunizations for children.<sup>43</sup> Tobacco use treatments that include counseling, medications, or a combination of both are recommended. Health insurance coverage of medication and counseling increases the use of effective treatments.<sup>44</sup> Providing cessation services to employees through onsite employee assistance programs or through health plans can save businesses money. Treating tobacco use doubles the rate of those who successfully quit.<sup>45</sup>

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

Systems changes within health care organizations complement interventions in state and community settings by institutionalizing sustainable approaches that support individual behavior change. The U.S. Public Health Service (PHS) Guideline, *Treating Tobacco Use and Dependence. Clinical Practice Guideline* (2008) stresses that comprehensive statewide health care system changes, including quitline services and promotion of and referral to services, throughout the health care service structure are needed to effectively reduce the health burden of tobacco.

Community-based and minority-based partners are establishing cessation networks and changing community norms. These local networks serve as the referral system for the Indiana Tobacco Quitline and are key to meeting the demand for tobacco cessation services. To help Hoosiers quit, health care professionals must be equipped with the skills to provide state-of-the-art tobacco cessation counseling. Local and statewide partners work together to facilitate trainings for a variety of health care providers.

### Indiana Tobacco Quitline

The Indiana Tobacco Quitline (ITQL) is available to all Hoosiers. Highly-trained quit coaches provide telephone-based counseling to help tobacco users quit. The ITQL is central to Indiana's comprehensive tobacco cessation network of state and local partners. In 2016, the ITQL received nearly 12,000 calls, or approximately 1,000 calls per month. The ITQL has a high satisfaction rate of 95 percent indicating they would recommend the Quitline to another tobacco user. The 30-day quit rate was 29 percent at a 7-month follow up study. Participants who completed three or more calls reported higher tobacco abstinence rates than participants who completed only one call.

Statewide, there is a collaborative effort directed at integrating Indiana Tobacco Quitline (ITQL) referrals into health systems' electronic health records. Electronic referral improves continuity of care, simplifies the referral process by eliminating unnecessary paperwork, provides patient outcomes reports to referring providers and is the most sustainable long-term method of referral to tobacco quitlines. These efforts include engaging key stakeholders within hospitals, community health centers and private practices to discuss services through the ITQL and the need to integrate tobacco dependence treatment into electronic health records (EHR) and workflows. Since more than 80 percent of smokers see a physician every year, the health care system provides multiple opportunities for motivating and helping smokers to quit.

## POPULATIONS WITH HIGH RATES OF TOBACCO USE

As smoking rates in the general population have declined, the gaps in rates among some sub-populations have widened. One of the conclusions in the 2014 *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General* on smoking states, that “Although cigarette smoking has declined significantly since 1964, very large disparities in tobacco use remain across groups defined by race, ethnicity, educational level, and socioeconomic status and across regions of the country.” As we look toward 2020, specific emphasis is needed on addressing the high rates of smoking among these populations.

### Individuals with any mental illnesses and substance use disorders

Smoking prevalence remains significantly higher among individuals with mental illness and substance use disorders. On average, people with serious mental illness die 25 years younger than the general population – often due to conditions caused or exacerbated by tobacco use.<sup>46</sup> Individuals with mental illness or substance use disorder smoke nearly 40 percent of all cigarettes smoked in the United States.<sup>47</sup> About 1 in 5 adults in the U.S. (19.9 percent) and in Indiana (22.3 percent) have any mental illness.<sup>48</sup>

Although research shows that tobacco users with mental illness and substance use disorders want to quit and can quit, tobacco treatment may not always be considered a priority in mental health treatment settings.<sup>49</sup> To help reduce smoking among individuals with mental illness, mental health providers and facilities can ask about patients’ tobacco use, advise them to quit, assess willingness to quit, assist them with accessing effective tobacco treatment, and arrange for follow up. Providers should be educated to integrate tobacco treatment into overall mental health treatment strategies, as well as refer patients to an evidence-based tobacco treatment resource for extra support, such as the Indiana Tobacco Quitline. Tobacco-free environments in treatment facilities also support recovery.

### Those enrolled in Medicaid health plan

According to the 2014 Behavioral Risk Factor Surveillance System, individuals primarily insured through Medicaid smoked at a higher rate (47 percent) than the general population (22.9 percent).<sup>50</sup> The positive news is that among all states, Indiana has strong benefits plan for tobacco treatment. This coverage includes access to all seven FDA-approved medications for smoking cessation and individual, group and phone counseling. Increasing awareness of providers and members of the services available to help in quitting tobacco is important to ensure those who need services get them.

### Smoking among pregnant women

Approximately 14.3 percent of women in Indiana smoked during pregnancy in 2015, a slight decline from 20 percent in 2000. The national average rate of smoking during pregnancy is 8.5 percent in 2013.

Smoking during pregnancy is associated with poor health outcomes including low birth weight babies, sudden infant death syndrome (SIDS) and miscarriage. Prenatal exposure to secondhand smoke is also harmful to a child’s mental development. Children of mothers who were exposed to secondhand smoke when pregnant have lower scores on cognitive development tests at age two, compared to children of mothers living in smoke free homes during pregnancy.

Pregnant smokers who are ready to quit should know that it’s never too late to quit smoking during pregnancy. The Indiana Tobacco Quitline offers pregnant smokers greater intensity of support. The treatment plan is tailored to meet their needs, and for those who quit offers additional postpartum contact to prevent relapse.

Encouraging smoke-free pregnancies can support reducing Indiana’s infant mortality rate, a top priority of the Indiana State Department of Health.

### Those living in poverty and those with a low level of education

Nationally, smoking among those below poverty is 26 percent compared to those at or above poverty at 15 percent. Approximately, 465,000 Hoosier adults with annual household incomes of less than \$25,000 are current smokers. This is compared to 110,000 Hoosiers of household incomes at \$75,000 or more. Hoosiers with lower levels of education (adults less than a high school education) smoke at rates highest among education levels. Approximately 40 percent of adult Hoosiers with less than a high school education are current smokers, representing more than 260,000 adults.

### **Those who identify as lesbian, gay, bisexual and transgender**

Tobacco use is higher among lesbian, gay, bisexual, and transgender (LGBT) individuals compared with the general population, substantially affecting the health of LGBT communities, nationally and in Indiana.<sup>51,52</sup> Indiana Behavioral Risk Factor Surveillance System (BRFSS) data indicate that for both sexes combined, lesbian or gay individuals were over two times more likely to currently smoke cigarettes than straight individuals in 2014. For both sexes combined, bisexual individuals were nearly 50 percent more likely to smoke cigarettes than straight individuals. Over half (50.6 percent) of gay men currently smoke, compared with 24.4 percent of straight men. A higher proportion of lesbian or gay women (43.4 percent) and bisexual women (37.4 percent) report smoking compared with straight women (20.7 percent).<sup>53</sup>

A number of factors may contribute to the higher prevalence of tobacco use among LGBT communities, including direct targeting by tobacco companies and indirect media advertising and sponsorship of LGBT events.<sup>54</sup> Other factors include discrimination, violence, and stress experienced by LGBT communities as well as barriers to accessing health care and cessation treatment services.<sup>55</sup>

### **Those living with chronic diseases**

Tobacco use directly causes a majority of the chronic diseases including heart diseases, stroke, respiratory diseases, asthma, type 2 diabetes and cancer, which costs Indiana \$29.4 billion annually. For every death in Indiana due to tobacco use (11,100 annually), another 30 Hoosiers are living with a tobacco-related illness inhibiting their quality of life from serious smoking-caused disease and disability, or other smoking-caused health problems.<sup>56,57</sup>

Nationwide, smoking causes 87 percent of lung cancer deaths, 32 percent of coronary heart disease deaths, and 79 percent of all cases of chronic obstructive pulmonary disease (COPD). One out of three cancer deaths is caused by smoking. The 2014 Surgeon General's Report concludes that smoking causes colorectal and liver cancer and increases the failure rate of treatment for all cancers. Smoking causes Type 2 diabetes, impairs the immune system and impacts the overall quality of life. Smokers are generally less healthy than nonsmokers. Smokers suffer for years with more health problems due to their smoking and ultimately die earlier by a decade or more than nonsmokers. Smokers often need to go to the doctor more often and they are admitted to the hospital more often than nonsmokers. Helping Hoosiers quit and remain tobacco free can have a significant impact on reducing all chronic diseases.

***“Although cigarette smoking has declined significantly since 1964, very large disparities in tobacco use remain across groups defined by race, ethnicity, educational level, and socioeconomic status and across regions of the country.”***      ***- 2014 U.S. Surgeon General's Report***

The 2014 U.S. Surgeon General's Report on Smoking and Health 50th Anniversary reminds us that it is the combustible products (cigarettes) that are causing the majority of the death and disease from tobacco use. While the strategies outlined in the plan will help reduce use of other tobacco products, including electronic nicotine delivery systems, the plan's measurable objectives focuses on adult smoking. Baseline measures and targets for the following plan objectives for decreasing adult smoking can be found in Appendix A on page 33.

### Long-Term Objectives

- Decrease adult smoking prevalence rate in Indiana to 18 percent
- Decrease smoking prevalence rate among pregnant women in Indiana to 8 percent
- Decrease adult smoking prevalence rate among Medicaid members in Indiana to 35 percent
- Decrease adult smoking prevalence rate among African Americans in Indiana to 21 percent
- Decrease adult smoking prevalence rate among Latinos in Indiana to 12 percent
- Decrease smoking prevalence rate among adults in Indiana who identify as LGBT to 35 percent
- Decrease smoking prevalence rate among adults in Indiana who report frequent poor mental health days to 35 percent
- Decrease smoking prevalence rate among adults in Indiana who have a high school education or less to 23 percent

### Intermediate Objectives:

- Decrease cigarette consumption to 385 million packs per year
- Increase percent of current adult smokers who report at least one quit attempt in the past 12 months to 65 percent

### Short Term Objectives

- Increase the number of health care systems that have integrated the Indiana Tobacco Quitline referral into Electronic Medical Records or Electronic Health Records to 32 systems
- Increase the proportion of current adult smokers that have intentions to quit smoking in the next 30 days to 40 percent
- Increase awareness of the Indiana Tobacco Quitline among current adult tobacco users to 72 percent
- Increase the proportion of smokers that report a health care professional advised them to quit smoking in the last 12 months to 80 percent
- Increase the proportion of behavioral health facilities that have systematically integrated tobacco treatment into client care plans (TARGET TBD)

## Strategies for Decreasing Indiana Adult Smoking Rates

### State and Community Interventions

- Educate health care systems on the U.S. Public Health Service Clinical Practice Guideline for Tobacco Use Treatment and Dependence
- Educate health plans, employers, and health insurance providers about comprehensive tobacco use cessation
- Disseminate return on investment (ROI) messages to educate business, decision makers and public on investing in tobacco cessation
- Work with Indiana Medicaid to promote the eligibility for Quitline services
- Establish a memorandum of understanding with managed care organizations to become established Indiana Tobacco Quitline partners
- Partner with key stakeholders to develop strategies to reduce out-of-pocket treatment costs for cessation services
- Work with the Indiana Tobacco Quitline vendor to develop public/private partnerships for quitline usage

### Health Communications Interventions

- Promote the services available through the Indiana Tobacco Quitline through various mediums
- Increase, among stakeholders, the perceived value of the Indiana Tobacco Quitline and the 1-800-QUIT-NOW national portal
- Conduct mass media education campaigns promoting quitting and how smokers can get help to quit
- Partner with maternal and child health providers and organizations statewide, such as WIC and MCH clinics, OB/Gyn providers, and FSSA family outlets to provide and promote tobacco treatment resources for women of child-bearing age
- Educate consumers on evidence based methods proven safe for quitting
- Support consumer education initiatives encouraging individuals to adopt healthy, tobacco-free behaviors

### Cessation Interventions

- Educate health professional programs providing by comprehensive training for tobacco cessation treatment according to the U.S. Public Health Service Clinical Practice Guideline for Tobacco Use Treatment and Dependence
- Educate stakeholders on proven clinical preventive services for tobacco treatment to 1) provide incentives to health care providers for achieving high delivery rates for recommended services and to 2) employers for establishing workplace health promotion programs and policies
- Support health care systems recommended by the U.S. Public Health Service Clinical Practice Guideline for Tobacco Use Treatment and Dependence
- Work with health care provider groups and health systems to integrate referral to the Indiana Tobacco Quitline into electronic health record systems

- Increase promotion and access to tobacco treatment among providers and organizations serving women of childbearing age and women currently pregnant
- Increase collaboration with asthma, diabetes, cancer control and cardiovascular programs to promote the Indiana Tobacco Quitline and tobacco treatment as a component of disease care management
- Encourage health care member organizations to promote proven cessation programs and policies and encourage their use. These include but are not limited to pediatricians, pharmacists, dentists, dental hygienists, nurse practitioners, OB/GYNs, and behavioral health care providers.
- Increase knowledge of effective tobacco treatment strategies for adults
- Increase promotion and access to tobacco treatment among behavioral health care providers and populations with mental illnesses and substance use
- Increase the number of behavioral health care providers who integrate tobacco treatment into care plans
- Increase promotion and access to tobacco treatment among providers and organizations serving Hoosier populations with high rates of tobacco use, including but not limited to low education, those living in poverty and persons identifying as LGBT
- Provide support and treatment to smokeless tobacco users

### **Surveillance and Evaluation**

- Maintain an outcome-based evaluation of quitline services established by the minimum data standards (MDS) of the North American Quitline Consortium (NAQC)
- Sustain state level surveillance systems for cessation indicators, such as those included in the Indiana Adult Tobacco Survey (ATS) and the Behavior Risk Factor Surveillance Survey (BRFSS)
- Monitor the prevalence of traditional, non-traditional, and emerging tobacco products among Indiana adults through state level surveillance systems such as the ATS and BRFSS
- Support research and evaluation efforts to show efficacy of cessation initiatives and need for sustained services of the Indiana Tobacco Quitline

### **Administration, Management and Infrastructure**

- Support services provided by the Indiana Tobacco Quitline
- Maintain management and coordination of statewide cessation systems strategies, including partnership grants and the Indiana Tobacco Quitline
- Support statewide network of local community-based and minority-based partnership grants, and strategic statewide grants that support local efforts to promote tobacco use cessation and to maintain and enhance the statewide network of local cessation resources and services
- Educate stakeholders on the effectiveness of tobacco cessation programs and the Indiana Tobacco Quitline
- Work to expand the reach by the Indiana Tobacco Quitline
- Maintain service options that meet a variety of tobacco cessation needs through the Indiana Tobacco Quitline
- Ensure that services provided through the Indiana Tobacco Quitline are culturally competent, relevant and reach all targeted populations

## **PRIORITY AREA: MAINTAIN STATE AND LOCAL INFRASTRUCTURE NECESSARY TO LOWER TOBACCO USE RATES AND THUS MAKE INDIANA COMPETITIVE ON ECONOMIC FRONTS**

### **Rationale**

Program infrastructure is the foundation that supports program capacity, implementation, and sustainability for achieving public health outcomes. The Component Model of Infrastructure (CMI) defines infrastructure in a practical, actionable, and measurable manner so that grant planners, evaluators, and program implementers can link infrastructure to capacity, measure success, and increase the likelihood for sustainable health achievements. A functioning program infrastructure includes five core components<sup>58</sup>:

- Networked partnerships
- Multilevel leadership
- Engaged data
- Managed resources
- Responsive plans and planning

Sufficient capacity is essential for program sustainability, efficacy, and efficiency, and enables programs to plan their strategic efforts, provide strong leadership, and foster collaboration among the state and local tobacco control communities.

Baseline measures and targets for the following plan objectives for maintaining state and local infrastructure can be found in Appendix A on page 34.

### **Objectives:**

- Provide local and state grantees training to implement evidence based tobacco control interventions to 100 percent
- Ensure program accountability by increasing the proportion of local coalitions meeting grant reporting deliverables to 95 percent
- Maintain high quality services provided by the Indiana Tobacco Quitline
- Maintain the proportion of Indiana Tobacco Quitline users who were satisfied with the program at 90 percent or higher
- Increase the proportion of Indiana Tobacco Quitline users who reported maintaining 30 day abstinence from tobacco products to 35 percent

## Strategies for Maintaining State and Local Infrastructure Necessary to Lower Tobacco Use Rates

### State and Community Interventions

- Support youth engaged in community change through involvement of initiatives from the Voice movement
- Expand the public health and primary care workforce that includes tobacco treatment training and distribution and diversity of health professionals in medically underserved communities
- Support a statewide network of local community based grants, minority based grants and strategic statewide grants that support local efforts

### Health Communications Interventions

- Encourage public education campaigns that have appropriate reach into the population
- Utilize online and social strategies to generate messages that can be disseminated to targeted audiences
- Tailor outreach efforts to support and extend reach for the public education campaigns and engage the public through grassroots and community events
- Coordinate national, state and local public education messaging on tobacco prevention

### Cessation Interventions

- Promote services available through the Indiana Tobacco Quitline, especially referral through the electronic health record
- Maintain management and coordination of statewide cessation systems strategies, including partnership grants and the Indiana Tobacco Quitline
- Maintain evidence-based service options that meet a variety of tobacco cessation needs through the Indiana Tobacco Quitline
- Ensure that services provided through the Indiana Tobacco Quitline are culturally competent, relevant and reach all targeted populations

### Surveillance and Evaluation

- Maintain surveillance systems for assessing tobacco-related knowledge, attitudes and beliefs, and use evaluation strategies determine impact and effectiveness
- Develop and monitor programs to reduce disparities in health. Invest in data systems to monitor progress toward reducing disparities in access to preventive services among priority populations
- Monitor program goals and outcomes and disseminate quarterly measures
- Develop and disseminate an annual report to demonstrate accountability
- Monitor tobacco industry marketing tactics to understand pro-tobacco messaging
- Increase knowledge about the effectiveness and delivery of community preventive services and tobacco control interventions on their connection with other sectors of the community (e.g., transportation, agriculture, and land use)
- Conduct process and outcome evaluation of the Indiana Tobacco Quitline services

### Administration, Infrastructure and Management

- Maintain participation in CDC National Tobacco Control Program
- Work to increase number of local and state organizations contributing to strategies in the 2020 plan from
- Work to increase the proportion of counties with a community-based tobacco control coalition
- Work to increase the proportion of eligible counties with a minority-based tobacco control coalition

## **WORKING TOWARDS A TOBACCO FREE INDIANA**

Tobacco use continues to be the single most preventable cause of death and disease in Indiana. Annually, cigarette smoking causes more deaths than alcohol, AIDS, car accidents, illegal drugs, murders and suicides, combined. Tobacco costs Hoosiers 11,100 lives and nearly \$3 billion in health care costs each year.<sup>59</sup>

While Indiana's adult cigarette smoking rates have declined in the past 15 years, there are more than one million adults in Indiana still smoke cigarettes. Rates of smoking among some Hoosiers, including pregnant women, those with any mental illness and those with low education levels are higher than the general population.

Cigarette smoking among high school students has dropped to 12 percent, however the trends with other tobacco products, such as electronic cigarettes are concerning and must be monitored. Interventions to curb youth tobacco use must be maintained.

There are more protections from secondhand smoke with many workplaces protecting workers, however, not all workplaces are included in state and local smoke-free air environment. Increasing workplace protections so that all Hoosiers are protected from exposure to secondhand smoke, as well as the need to provide smoke free housing for all Hoosiers will be critical in the next five years.

Despite progress over the last decade, Indiana still has work to do to decrease the impact of tobacco on our state. Indiana's state tobacco control plan continues to raise awareness of tobacco prevention and cessation issues, but it will take time to address smoking rates of priority populations in Indiana. Indiana's tobacco control program is essential to support state and local partnerships and to provide the support to conduct effective interventions.

As we look towards 2020 for a tobacco-free Indiana, multiple components must work together in order to reach the objectives outlined in this plan. The 2020 Indiana Tobacco Control Strategic Plan provides a road map for this work to be accomplished with many partners. Every organization, business, school, health care provider and citizen has a role to play in creating a healthier Indiana. Our success depends on our collective ability to come together to impact state's critical public health challenge.



## APPENDIX A: TARGET OBJECTIVE TABLES

Priority Area: Decrease Youth Tobacco Use	2014-2015	2016	2017	2018	2019	2020	Data Source	CDC OSH outcome indicator
<b>Long-Term Objectives</b>								
Decrease smoking among middle school youth	<b>2.9%</b>	2.0%	2.0%	2.0%	2.0%	2.0%	YTS	1.14.1
Decreasing smoking among high school youth	<b>12.0%</b>	11.0%	11.0%	10.0%	10.0%	9.0%	YTS	1.14.1
Decrease "frequent" smoking among high school youth	<b>5.5%</b>	5.5%	5.5%	5.0%	5.0%	4.0%	YTS	1.14.2
Decrease e-cigarette use among high school youth	<b>15.6%</b>	15.5%	15.5%	15.0%	15.0%	15.0%	YTS	N/A
Decrease poly-tobacco product use among high school students***	<b>15.1%</b>	15.0%	15.0%	15.0%	15.0%	15.0%	YTS	N/A
<i>Decrease tobacco among middle school youth</i>								
Combustible tobacco use*	<b>4.5%</b>	3.0%	3.0%	2.5%	2.5%	2.0%	YTS	1.10.a
Non-combustible tobacco use**	<b>6.9%</b>	6.5%	6.5%	6.0%	6.0%	5.0%	YTS	N/A
<i>Decrease tobacco use among high school youth</i>								
Combustible tobacco use*	<b>18.6%</b>	17.0%	17.0%	16.0%	16.0%	15.0%	YTS	1.10.a
Non-combustible tobacco use**	<b>20.8%</b>	20.0%	20.0%	19.0%	19.0%	18.0%	YTS	N/A
<b>Intermediate Objectives</b>								
<i>Increase proportion of youth who have never smoked and are not susceptible to smoking</i>								
Middle school youth	<b>83.4%</b>	85.0%	85.0%	86.5%	86.5%	88.0%	YTS	1.5.f
High school youth	<b>80.2%</b>	82.0%	82.0%	83.0%	83.0%	84.0%	YTS	1.5.f
<b>Short-Term Objectives</b>								
Increase the proportion of school districts with a tobacco free campus policy which includes Electronic Nicotine Delivery Systems	<b>10%</b>	17%	22%	28%	36%	50%	TPC Policy Tracking	1.2.a
<i>Increase the proportion of youth who think tobacco companies try to get young people to use tobacco products</i>								
Middle school youth	<b>55.0%</b>	59.0%	59.0%	62.0%	62.0%	65.0%	YTS	1.1.e
High school youth	<b>60.4%</b>	63.0%	63.0%	65.0%	65.0%	68.0%	YTS	1.1.e
<i>Increase the proportion of youth who strongly agree that all tobacco products are dangerous</i>								
Middle school youth	<b>71.6%</b>	73.0%	73.0%	75.0%	75.0%	78.0%	YTS	1.1.f
High school youth	<b>61.5%</b>	63.0%	63.0%	66.0%	66.0%	70.0%	YTS	1.1.f

The data from the years 2010 to 2015 are indicated in **BOLD**. Data provided for the years 2015 to 2020 are projected targets for each measure, based on available trend data from 2001-2015.

**The Indiana Youth Tobacco Survey (YTS) is administered on the even years (2012, 2014, 2016, 2018, 2020)**

\*Combustible: Cigarettes, cigars (cigar question only), pipe, bidis, hookah

\*\*Non-combustible: Chew/snuff, snus, dissolvable products, e-cigarettes (combination of two questions in 2014)

\*\*\*Poly-tobacco users report currently using two or more tobacco products listed above

## APPENDIX A: TARGET OBJECTIVE TABLES

Priority Area: Increase Protections from Secondhand Smoke	2014-2015	2016	2017	2018	2019	2020	Data Source	CDC OSH outcome indicator
<b>Long-Term Objectives</b>								
Increase the proportion of the population that is protected from secondhand smoke indoors by law that covers all workplaces, restaurants, bars, membership clubs and entertainment venues (comprehensive)	<b>27.7%</b>	40.0%	65.0%	70.0%	85.0%	100%	TPC Policy Tracking	2.7.2
Increase the proportion of current smokers that report living in a smoke-free home	<b>40.8%</b>	40.8%	50.0%	50.0%	65.0%	65.0%	ATS	2.4.4
Increase the number of public housing units that are protected from secondhand smoke in the home by a smoke-free PHA	<b>3527</b>	4500	7500	10000	12500	15000	TPC Policy Tracking	N/A
<b>Intermediate Objectives</b>								
Increase the proportion of adults not exposed to secondhand smoke at the workplace	<b>85.3%</b>	85.3%	87.0%	87%	95.0%	95%	ATS	2.7.1
<i>Increase the proportion of youth not exposed to secondhand smoke in the home in the past 7 days</i>								
Middle school youth	<b>71.1%</b>	75.0%	75.0%	77.0%	77.0%	80.0%	YTS	2.7.3
High School youth	<b>68.0%</b>	72.0%	72.0%	74.0%	74.0%	77.0%	YTS	
<b>Short-Term Objectives</b>								
Increase the proportion of mental health care and substance abuse treatment facilities that have a tobacco free campus	<b>58.0%</b>	65.0%	69.0%	74.0%	80.0%	85.0%	TPC policy tracking	2.4.2
Increase the proportion of adults that believe breathing secondhand smoke is very harmful	<b>67.7%</b>	67.7%	73.0%	73.0%	80.0%	80.0%	ATS	2.3.5
Increase the level of support for tobacco free environments (workplaces, restaurants and bars)	<b>48.2%</b>	48.2%	60.0%	60.0%	70.0%	70.0%	ATS	2.3.7

The data from the years 2010 to 2015 are indicated in **BOLD**. Data provided for the years 2015 to 2020 are projected targets for each measure, based on available trend data from 2001-2015.

\*These measures differ slightly from other years' data. Questions in the 2009 National Adult Tobacco Survey were different from Indiana Adult Tobacco Surveys.

**The Indiana Adult Tobacco Survey (ATS) is administered on the odd years (2013, 2015, 2017, 2019)**

**The Indiana Youth Tobacco Survey (YTS) is administered on the even years (2012, 2014, 2016, 2018, 2020)**

## APPENDIX A: TARGET OBJECTIVE TABLES

Priority Area: Decrease Adult Smoking	2014-2015	2016	2017	2018	2019	2020	Data Source	CDC OSH outcome indicator
<b>Long-Term Objectives</b>								
Decrease smoking among all adults (ages 18 and older)	<b>22.9%</b>	22.0%	21.0%	20.0%	19.0%	18.0%	BRFSS	3.14.1
Decrease smoking among Pregnant Women	<b>15.1%</b>	12.0%	11.0%	10.0%	9.0%	8.0%	Natality Report	3.14.2
Decrease smoking among Medicaid members	<b>47% (2014)</b>	43.0%	42.0%	40.0%	38.0%	35.0%	BRFSS	3.14.1
Decrease smoking among African Americans	<b>27.1% (2014)</b>	25.0%	24.0%	23.0%	22.0%	21.0%	BRFSS	3.14.1
Decrease smoking among Latinos	<b>14.1 (2014)</b>	14.0%	13.5%	13.0%	12.5%	12.0%	BRFSS	3.14.1
Decrease smoking among adults who identify as LGBT	<b>37.3% (2014)</b>	37.0%	36.0%	34.0%	32.0%	30.0%	BRFSS	3.14.1
Decrease smoking among adults who report frequent poor mental health days	<b>41.5% (2014)</b>	39.0%	38.0%	37.0%	36.0%	35.0%	BRFSS	3.14.1
Decrease smoking among adults with a high school education or less	<b>30.7% (2014)</b>	29.0%	27.5%	26.0%	24.5%	23.0%	BRFSS	3.14.1
<b>Intermediate Objectives</b>								
Decrease cigarette consumption (million packs/year)	<b>418 M (FY 14) 413 M (FY 15)</b>	410 M	405M	400 M	393M	385 M	Dept of Revenue	3.14.1 (long term)
Increase proportion of adult smokers who report at least one quit attempt in the past 12 months	<b>58.4% (2014)</b>	58%	59%	60%	62%	65%	BRFSS	3.11.1
<b>Short-Term Objectives</b>								
Increase the reach of the Indiana Tobacco Quitline among adult smokers in Indiana	<b>0.88% (FY 14) 0.84% (FY 15)</b>	1.0%	1.0%	1.5%	1.5%	2.0%	Quitline service reports	3.7.1
Increase the number of health care systems that have integrated the Indiana Tobacco Quitline referral into Electronic Medical Records or Electronic Health Records	<b>4</b>	8	12	16	24	32	TPC tracking	
Increase the proportion of smokers that report intentions to quit smoking in the next 30 days	<b>28.8%</b>	28.8%	32.0%	32.0%	40.0%	40.0%	ATS	3.8.3
Increase the awareness of the Indiana Tobacco Quitline among tobacco users	<b>65.4% (2015)</b>	65.4%	68.0%	68.0%	72.0%	72.0%	ATS	3.8.6
Increase the proportion of smokers that were advised by their health care professional to quit smoking in the past 12 months	<b>70.1%</b>	70.1%	75.0%	75.0%	80.0%	80.0%	ATS	3.9.3
Increase the proportion of behavioral health facilities that have systematically integrated tobacco treatment into client care plans	<b>TBD</b>						TPC policy tracking	

The data from the years 2010 to 2015 are indicated in **BOLD**. Data provided for the years 2015 to 2020 are projected targets for each measure, based on available trend data from 2001-2015.

**The Indiana Adult Tobacco Survey (ATS) is administered on the odd years (2013, 2015, 2017, 2019)**  
**The Behavioral Risk Factor Surveillance System (BRFSS) is administered annually**

## APPENDIX A: TARGET OBJECTIVE TABLES

Priority Area: Maintain State and Local Infrastructure	2014-2015	2016	2017	2018	2019	2020	Data Source
<b>Long Term Objectives</b>							
Work to increase number of local and state organizations contributing to strategies in the 2020 plan	<b>2,453</b>	2,550	2,700	2,900	3,250	3,500	Strategic Plan
Provide local and state grantees that receive training to implement evidence based tobacco control interventions	<b>91% (FY 14-15)</b>	92.0%	94.0%	96.0%	98.0%	100.0%	TPC
Ensure program accountability of local coalitions to 95% meeting grant reporting deliverables	<b>93% (FY 14-15)</b>	94.0%	94.0%	95.0%	95.0%	95.0%	TPC
Maintain the proportion of Indiana Tobacco Quitline users who were satisfied with the program at 90% or higher	<b>92.2%</b>	92.0%	92.0%	92.0%	92.0%	92.0%	ITQL annual evaluation
Increase the proportion of Indiana Tobacco Quitline users who reported maintaining 30 day abstinence from tobacco products to 35%	<b>28.6%</b>	31.0%	32.0%	33.0%	34.0%	35.0%	ITQL annual evaluation

The data from the years 2010 to 2015 are indicated in **BOLD**. Data provided for the years 2015 to 2020 are projected targets for each measure, based on available trend data from 2001-2015.

## APPENDIX B: DATA SOURCES FOR OBJECTIVES

### **Indiana Youth Tobacco Survey (YTS)**

Data available for 2000, 2002, 2004, 2006, 2008, 2010, 2012 and 2014. Planned for 2016, 2018 and 2020.

### **Indiana Adult Tobacco Survey (ATS)**

Data available for 2002, 2004, 2006, 2007, 2008, 2013 and 2015. Planned for 2017 and 2019.

### **TPC Policy Tracking**

TPC tracks local policies for schools, hospitals and health care facilities, mental health facilities, and community ordinances. Data is updated monthly.

### **Behavior Risk Factor Surveillance Survey (BRFSS)**

Data available on tobacco use from 1985 through 2014. Planned for 2015, 2016, 2017, 2018, 2019 and 2020.

### **Indiana Tobacco Quitline**

Service reports 2006 to present.

## APPENDIX C: TOBACCO RELATED HEALTHY PEOPLE 2020 GOALS THAT ARE COMPLEMENTARY TO THE INDIANA STRATEGIC PLAN

Objective No.	Short Title	Goal
C-2	Reduce the lung cancer death rate	45.5 deaths per 100,000 population, HP 2020
TU-1.1	Reduce cigarette smoking by adults	12% HP 2020
TU-2.1	Reduce use of tobacco products by adolescents (past month)	16% HP 2020
TU-4.1	Increase smoking cessation attempts by adult smokers	80% HP2020
TU-6	Increase smoking cessation during pregnancy	
TU-8	Increase comprehensive Medicaid insurance coverage of evidence-based treatment for nicotine dependency	All 50 states and the District of Columbia, HP2020
TU-9	Increase tobacco screening in health care settings	
TU-10	Increase tobacco cessation counseling in health care settings	
TU-11.1	Reduce the proportion of children aged 3 to 11 years exposed to secondhand smoke	47% HP 2020
TU-11.2	Reduce the proportion of adolescents aged 12 to 17 years exposed to secondhand smoke	41% HP2020
TU-11.3	Reduce the proportion of adults aged 18 years and older exposed to secondhand smoke	33.8% HP 2020

## APPENDIX D: KEY ORGANIZATION RESOURCES

- American Academy of Family Physicians: [www.aafp.org](http://www.aafp.org)
- American Academy of Pediatrics: [www.aap.org/richmondcenter/index.html](http://www.aap.org/richmondcenter/index.html)
- American Cancer Society: [www.cancer.org](http://www.cancer.org)
- American Heart Association: [www.heart.org](http://www.heart.org)
- American Lung Association: [www.lungusa.org](http://www.lungusa.org)
- Americans for Nonsmokers' Rights: [www.No-smoke.org](http://www.No-smoke.org)
- Association of State and Territorial Health Officials (ASTHO): [astho.org](http://astho.org)
- Campaign for Tobacco-Free Kids: [www.tobaccofreekids.org](http://www.tobaccofreekids.org)
- Community Guide for Preventive Health Services: [www.thecommunityguide.org](http://www.thecommunityguide.org)
- Counter Tobacco: [www.countertobacco.org](http://www.countertobacco.org)
- FDA Center for Tobacco Products: [www.fda.gov/TobaccoProducts/](http://www.fda.gov/TobaccoProducts/)
- Indiana Alcohol and Tobacco Commission: [www.in.gov/atc](http://www.in.gov/atc)
- National Cancer Institute: [www.cancercontrol.cancer.gov/brp/tcrb/](http://www.cancercontrol.cancer.gov/brp/tcrb/)
- North American Quitline Consortium (NAQC): [www.Naquitline.org](http://www.Naquitline.org)
- Office of the Surgeon General Tobacco Use & Dependence: [www.surgeongeneral.gov/tobacco/](http://www.surgeongeneral.gov/tobacco/)
- Office on Smoking and Health at the Centers for Disease Control and Prevention: [www.cdc.gov/tobacco](http://www.cdc.gov/tobacco)
- Robert Wood Johnson Foundation: [www.rwjf.org](http://www.rwjf.org)
- Smoking Cessation Leadership Center: [smokingcessationleadership.ucsf.edu](http://smokingcessationleadership.ucsf.edu)
- Substance Abuse and Mental Health Services Association: [www.samhsa.gov](http://www.samhsa.gov)
- Tobacco Control Network: [www.tobaccocontrolnetwork.org](http://www.tobaccocontrolnetwork.org)
- Tobacco Free Nurses: [www.tobaccofreenurses.org](http://www.tobaccofreenurses.org)
- Tobacco Technical Assistance Consortium: [www.ttac.org](http://www.ttac.org)
- The Truth Initiative: [www.TheTruth.com](http://www.TheTruth.com)
- Tobacco Control Legal Consortium: [www.publichealthlawcenter.org/programs/tobacco-control-legal-consortium](http://www.publichealthlawcenter.org/programs/tobacco-control-legal-consortium)
- Washington University in St. Louis: [wustl.edu](http://wustl.edu)

## APPENDIX E: Collaborative Partners in the Planning

- American Cancer Society
- American Heart Association
- American Lung Association
- Americans for Nonsmoker's Rights
- Campaign for Tobacco-Free Kids
- Centers for Disease Control Office on Smoking and Health
- Division of Mental Health -- Family and Social Services Administration
- Indiana Academy of Family Physicians
- Indiana Cancer Consortium
- Indiana Black Expo
- Indiana Hospital and Health Association
- Indiana Joint Asthma Coalition
- Indiana Latino Institute
- Indiana Minority Health Coalition
- Indiana Public Health Association
- Indiana Rural Health Association
- Indiana State Medical Association
- Indiana Teen Institute
- ITPC Former Board Members
- Indiana University Fairbanks School of Public Health
- Mental health America of Indiana
- North American Quitline Consortium
- Purdue University, College of Pharmacy
- Wellness Council of Indiana
- 100 TPC Local Community Coordinators and Members

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Tobacco Prevention and Cessation