

TEN YEARS AFTER

Working for a Tobacco Free Indiana



ITPC 2009-2010 Report

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WORKING TOWARD A TOBACCO-FREE STATE


 1-800-QUIT NOW
Indiana's Tobacco Quitline



THIS REPORT

Indiana Tobacco Prevention and Cessation (ITPC) was created by the Indiana General Assembly to oversee funding directed to tobacco prevention and cessation from Indiana's share of the 1998 Tobacco Master Settlement Agreement from the tobacco industry. ITPC presents this state fiscal year (SFY) annual report on tobacco prevention and cessation activities from July 1, 2009 to June 30, 2010. SFY 2010 funding to ITPC represents 8 percent of Indiana's annual MSA payment.

VISION

The Tobacco Use Prevention and Cessation Trust Fund Executive Board's vision is to significantly improve the health of Hoosiers and to reduce the disease and economic burden that tobacco use places on Hoosiers of all ages.

MISSION

The Tobacco Use Prevention and Cessation Trust Fund exists to prevent and reduce the use of all tobacco products in Indiana and to protect citizens from exposure to tobacco smoke.

The Board will coordinate and allocate resources from the Trust Fund to:

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

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

KEY OUTCOMES FOR SFY 2010



EMPLOYER'S TOOLKIT



ADULT SMOKING RATE LOWERS TO 23%

Fewer Hoosiers continue to smoke. Adult smoking dropped to its lowest historic rate to 23 percent. Further efforts to reduce the smoking rate will focus on reaching priority populations and helping the eighty percent of Hoosier smokers who want to quit.

PREFERRED NETWORK LAUNCHES GENERATE MORE INTEREST IN CESSATION

The Quit Now Preferred Employer Network (PEN) and Preferred Provider Network (PPN) has launched with great support from employers and health care professionals. In less than a year, 435 health care providers, 150 employers and more than 50 organizations enrolled in these networks. Nearly 19,000 Hoosiers called the Indiana Tobacco Quitline in SFY 2010.

MORE TOBACCO FREE SCHOOLS

Over 70 percent of Hoosier youth are protected from secondhand smoke on their school campuses, an increase from 28 percent in 2001.

CESSATION SUMMIT IS FIRST OF ITS KIND

More than 70 partner organizations gathered for a statewide summit on cessation, the first of its kind. Participants representing employers, health care providers, policy makers and community educators identified strategies to increase cessation with an emphasis on those which were low in cost.

AGENCY HISTORY

Historically, Indiana's smoking rate has consistently ranked among the worst ten states nationwide. In 2000, with the promise of new funding through the Master Settlement Agreement (MSA) between 46 states and the tobacco industry, lawmakers in Indiana took a courageous first step in addressing this public health issue. Indiana annually receives approximately \$140 million from the MSA. Eight percent of that funding is appropriated to ITPC.

Ten Year Summary Timeline

The Year 2000

- The Indiana General Assembly dedicates \$35 million toward a comprehensive tobacco control program.
- **Bain J. Farris becomes the first board chair.**
- Governor O'Bannon signs Senate Enrolled Act 108 into law, establishing the Indiana Tobacco Use Prevention and Cessation Executive Board (ITPC).



The Year 2001

- The ITPC board appoints Karla S. Sneegas as executive director and hires J.D. Lux to serve as deputy director and general counsel.
- The board establishes a \$32.5 million budget for each of the next two years, appropriating 57 percent of the funding for community-based programs.
- **ITPC launches its first minority-based and statewide anti-tobacco media campaigns.**

The Year 2002

- Indiana Black Expo goes smoke-free, rejecting tobacco industry money.
- **Hoosier youth create the Voice youth brand.**
- The General Assembly increases the state cigarette tax from 15.5 cents to 55 cents.



The Year 2003

- Indiana establishes tobacco control coalitions in all 92 counties and minority-based coalitions in 29 counties.
- Over 193,000 Hoosier adults quit smoking.
- **More than 2 million people visit WhiteLies.tv website, with an additional 500,000 hits to the Voice.tv website.**

The screenshot shows the WhiteLies.tv website layout. At the top, it says 'www.WhiteLies.tv'. Below that is a section titled 'WHAT THEIR LIES COST INDIANA' with a photo of a child's face. To the right, there are several text boxes: 'Smoking costs us all' (with a photo of hands), 'Non-healthcare costs' (with a photo of a person), and a quote from Philip Morris. At the bottom, there are sections for 'HEALTHCARE COSTS', 'HOOSIER COSTS', 'OTHER HEALTHY CONSEQUENCES', and 'Smoking costs Indiana'.

The Year 2004

- Four out of five Indiana youth and adults have seen an ITPC anti-tobacco advertisement.
- Smoking among Indiana high school students decreases by 26 percent, from 32 percent in 2002 to 21 percent in 2004.
- ITPC annual funding is reduced to \$10.8 million.



The Year 2006

- Adult smoking drops to 24 percent, as more than 130,000 Hoosiers quit smoking.
- Half of Indiana's public school districts have a tobacco-free campus, protecting 57 percent of all youth enrolled in public schools from secondhand smoke exposure and a smoking culture in school environments.



1-800-QUIT NOW
Indiana's Tobacco Quitline



The Year 2009

- Indiana's adult smoking rates drop to 23 percent, an all-time low.
- The Indiana Tobacco Quitline receives nearly 21,000 calls.
- ITPC annual budget is reduced to \$10.8 million.



The Year 2005

- Indiana communities enact the second-highest number of local smoke-free air laws in the nation.
- Hospitals and health care facilities lead the charge for smoke-free air laws, as more than 60 hospital and major health centers implement tobacco-free campuses.

The Year 2007

- The General Assembly and Governor Daniels increase the cigarette tax from 55.5 cents to 99.5 cents, helping to reduce cigarette consumption by 20 percent.
- The Indiana Tobacco Quitline serves more than 9,000 Hoosiers, attaining a 260 percent increase in calls over the prior year.
- ITPC annual funding is increased to \$16.2 million that was directed to cessation interventions.

The Year 2008

- Youth smoking rates plummet to historic lows of 18 percent for high school students, 4 percent for middle school students.
- Nearly 30 percent of all Hoosiers are protected from secondhand smoke exposure by a local smoke-free air law.
- ITPC continues to build strong community tobacco control partnerships in 85 of 92 counties, and with 13 minority-based coalitions, creating collaboration with more than 2,250 local organizations.

HOOSIER MODEL FOR COMPREHENSIVE TOBACCO PREVENTION AND CESSATION

The Hoosier Model for Comprehensive Tobacco Prevention and Cessation is derived from the Centers for Disease Control and Prevention's (CDC) *Best Practices for Comprehensive Tobacco Control Programs*, as required by state law (I.C. 4-12-4¹). *Best Practices for Comprehensive Tobacco Control Programs* describes an integrated, programmatic structure for implementing interventions that have been proven to be effective, and provides recommendations for the level of annual investment that will most rapidly reduce tobacco use.

The Hoosier Model also relies on *The Guide to Community Preventive Services for Tobacco Use* which emphasizes policy change. Issued by the CDC, *The Guide* provides evidence on the effectiveness of community-based tobacco interventions within three areas of tobacco use prevention and control:²

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

In addition to *The 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 state-of-the-art tobacco control interventions that have been successfully implemented in Indiana.³ Research confirms that evidence-based, statewide tobacco control programs that are comprehensive, sustained, and accountable reduce smoking rates, tobacco-related deaths, and diseases caused by smoking.

Research has also shown that the more states spend on comprehensive tobacco control programs, the greater the reductions in smoking they achieve. The longer states invest in such programs, the greater and more rapid the impact. If all states sustained their CDC-recommended level of

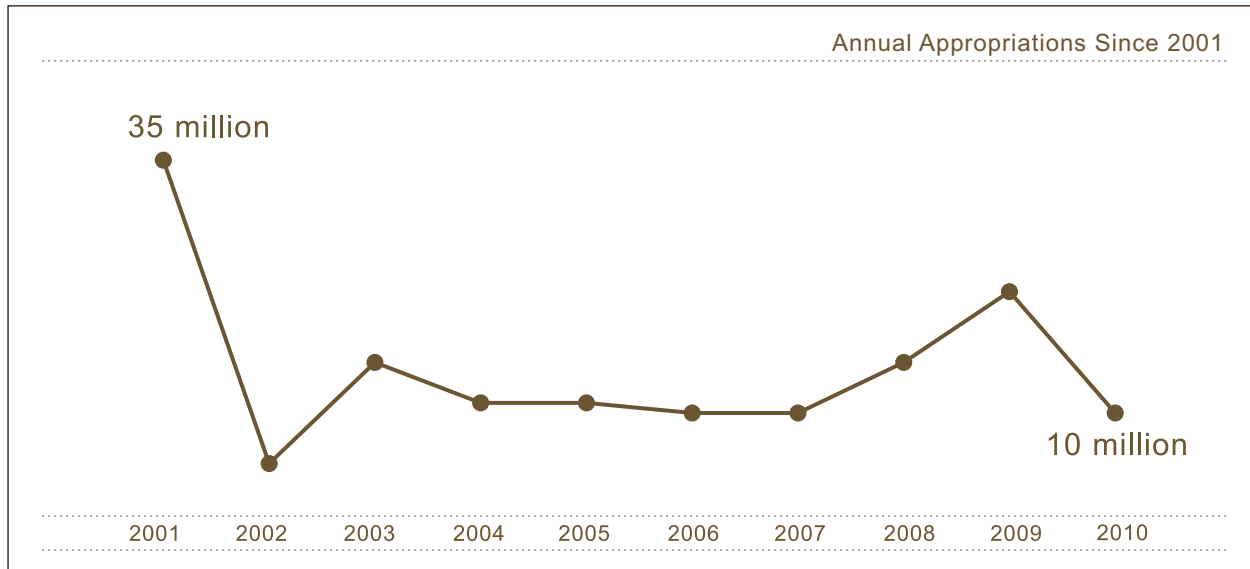


“ I was asked to be a spokesperson, it’s not something I was ever comfortable with as I’m more introverted. But I had promised Gary that I would continue his work in speaking with people about the devastating effects of tobacco use. Over the years, it’s been remarkable, the impact I’ve had on peoples’ lives. Not a day goes by that someone doesn’t share a story with me to let me know how I’ve inspired them or someone they know to stop smoking.”

Lorene Sandifur, media spokesperson

investment for five years, the number of smokers in the United States would drop by an estimated five million, preventing hundreds of thousands of premature tobacco related deaths. Longer-term investments would have even greater effects.⁴

The recommended level of investment is CDC’s best approximation of what it would cost (based



on each state's specific characteristics) to implement the evidence-based components of a comprehensive tobacco control program with sufficient intensity. The CDC's recommended annual funding level for Indiana is \$78.8 million.

The Hoosier Model for Tobacco Control incorporates elements recommended by the CDC, and segments funding and interventions into five major categories. To produce synergistic effects of a comprehensive

tobacco control program, these individual components must work together. The five categories are:

- Community-Based Programs
- Cessation Interventions
- Statewide Public Education Campaign
- Evaluation and Surveillance
- Administration and Management

INDIANA TOBACCO CONTROL 2015 STRATEGIC PLAN

The Indiana Tobacco Control 2015 Strategic Plan is being implemented through collaboration between many partners, from state agencies to grassroots community organizations. It includes four Priority Areas:

- Maintain state and local infrastructure necessary to lower tobacco use rates

- Decrease Indiana adult smoking rates
- Decrease Indiana youth smoking rates
- Increase the proportion of Hoosiers not exposed to secondhand smoke

MAINTAIN INFRASTRUCTURE NECESSARY TO LOWER TOBACCO USE RATES, MAKING INDIANA ECONOMICALLY COMPETITIVE

In the face of Indiana's alarming tobacco use rates, carrying out a comprehensive tobacco control program to improve Hoosiers' health demands adequate infrastructure. Studies show that states that have implemented well-funded, sustained, comprehensive tobacco prevention and cessation programs have achieved sustained reductions in youth and adult smoking.⁵ The declines achieved in youth and adult smoking are indications of the effectiveness of past investment. However, the state's inconsistent funding makes maintaining such progress a challenge.

There is solid evidence for the effectiveness of comprehensive tobacco prevention programs. A 2005 study in the *American Journal of Public Health* estimated that youth smoking rates nationally between 1991 and 2000 would have been between 3 and 14 percent lower if every state had spent CDC's recommended minimum amount. Through this investment, states would have prevented nearly two million young people from

becoming smokers, sparing more than 600,000 of them from premature, smoking-caused deaths, and saving \$23.4 billion in long-term, smoking-related health care costs.⁶

A 2008 study published in the *American Journal of Public Health* found that the more states spent on tobacco prevention and cessation programs, the larger the declines they achieved in adult smoking, even when controlling for other factors such as increased tobacco prices. Had every state funded its programs at the levels recommended by the CDC, there would have been between 2.2 million and 7.1 million fewer smokers in the United States.⁷

Community Program Infrastructure

Effective community programs reach and involve people in their homes, worksites, schools, places of worship, entertainment venues, civic organizations, and other public places. Funding local programs produces measurable progress toward statewide



“When I got involved with ITPC, I had been in public health for many years; this wasn't new to me. I recall attending my first large coalition meeting, with all of the other community partners gathered to discuss how we were going to do tobacco control in Indiana. I thought, based on my experiences, we would all go out to the schools and teach and encourage kids not to smoke.

Boy was I wrong! Karla talked with us about policy change, collaboration with community leaders, and coalition building; it was a whole new approach to tobacco control. I was impressed.”

*Jane Blessing, tobacco control coordinator,
Partnership for Healthier Johnson County*

tobacco control objectives. Indiana has been recognized nationally for community-based programs that incorporate minority, school, cessation, youth, training, and statewide programs under one broad category. These programs are interconnected and can all be addressed by linking local community coalitions with the statewide public education campaign.

ITPC has developed a state and local tobacco control infrastructure that impacts overall community health, delivering evidence-based interventions by working through community organizations. In 2003, all 92 counties had community-based tobacco control coalitions and all of the 29 eligible counties received an additional minority-based tobacco control grant. Even with reduced funding, 65 of Indiana's 92 counties have maintained tobacco control coalitions and 13 state and local minority-based partners are working in 10 counties. Despite funding cuts and the reduction in county programs over time, progress has been made in reducing youth smoking, increasing smoke-free environments and strengthening health care systems to help smokers quit. ITPC has maintained its commitment to minority-based partnerships to help in

addressing the disparities in tobacco-related illness and deaths among minority groups.

Programs in the local communities are critical to the success of the statewide program. ITPC is committed to supporting this network of 2,250 community organizations by providing training, technical assistance and resources.

This organizational depth showcases the widespread impact of ITPC's community funding. Coalitions have implemented nearly 122,000 program activities between 2002 and 2010, ranging from Voice events to community presentations to delivery of training.

- Approximately 19,500 of those activities involve working with youth.
- Nearly 16,000 are in communities attempting to reduce exposure to secondhand smoke.
- Nearly 14,000 of the activities are focused on helping Hoosier adults to quit tobacco use.

Key messages of tobacco control have remained consistent. Enacting policies, whether in the workplace, home or community, leads to greater sustainability and a stronger impact on health.



After learning about youth advocacy, Voice youth prepared signs for a public rally.

To help focus the efforts of those involved at the community level and to maximize ITPC's investments, all partners are required to submit work plans addressing their priorities for the grant period. Their plans must align with one or more of the four priority areas described in the 2015 Strategic Plan. Within these areas, partners are required to work with one of the twelve community indicators that reflect

progress being made toward these priorities. Indicators range from the proportion of school districts with tobacco-free campuses to partner participation within a broad-based coalition. All activities are evidence-based interventions. The shift toward creating policy change has led to a greater number of activities surrounding worksite, school and hospital tobacco-free policies.

To raise awareness of the impact of tobacco use at the local level, communities must maintain coalition efforts as part of the priority area of maintaining a state and local infrastructure. These activities include training adult and youth coalition and community members, developing relationships with key stakeholders and decision-makers in their communities, and building diverse coalitions within their communities. ITPC community funding provides the resources to hire staff, provide educational materials and resources, conduct training programs, and recruit and maintain local coalitions. Forming coalitions has been a powerful and effective tool for mobilizing the community to make changes that support tobacco control efforts. These coalitions also have become the central focus in networks of partners throughout the larger community.

Training and Technical Assistance

ITPC continues to maintain a comprehensive training plan for staff, board, and partners, including mandatory training sessions, elective training topics, a biennial information exchange, bimonthly conference calls, cluster meetings, and numerous communication tools. ITPC provides its partners with the training needed to implement local tobacco control programs by adapting content and materials to match the experience level of the communities. Having a variety of training methods allows ITPC to disseminate the latest evidence-based research and applications in tobacco control more effectively.

Much of ITPC's training and programming mirrors the recommendations of the American Stop Smoking Intervention Study for Cancer Prevention (ASSIST), an eight-year tobacco prevention and control project conducted by the National Cancer



“I remember that, in the beginning, as a board member, we had all of these knowledgeable health professionals ready to move forward with Indiana's first real organized tobacco control program. I had my own ideas of how it might work, but Karla's knowledge and experience took things to a new level.

It was a major endeavor to put the infrastructure together and the people in place to get this program going. It was an exciting time. Everyone was ready to put in the work to make sure the program got off the ground and had a chance to be successful.”

*Peggy Voelz, tobacco control coordinator,
Columbus Regional Hospital Foundation*

Institute, the American Cancer Society and 17 state health departments. ITPC continues with lessons learned from ASSIST in:

- building on a strong evidence base
- designing interventions that will have broad population impacts
- changing social norms in pursuit of greater justice



ITPC's impact reflects the high level of expertise and collective public health knowledge among the agency's staff. Staff members are regularly contacted by national organizations, tobacco control programs from other states and other state agencies to provide insight on an array of issues related to tobacco control. These range from counter-marketing strategies for tobacco

company test marketing, to employer outreach, to engaging youth as advocates.

From the beginning, ITPC has attracted and retained top-notch public health professionals. The agency's current staff has a combined 150 years of working in the public health sector. These additional accreditations serve the state well in knowing that those responsible for reducing tobacco's burden on Indiana have had exemplary training.



TOP PHOTO Participants in the first statewide cessation summit brainstormed strategies to reduce Indiana's smoking rate to 18% by 2015.

BOTTOM PHOTO The bi-annual Partner XChange provided a forum for training, collaboration and peer recognition.

- developing strong partnerships based on common goals and mutual respect
- maintaining a determination not to be swayed or pushed off target by one's adversaries, and
- ensuring a serious commitment to evaluation, self-reflection, and midcourse correction.

Grant Accountability

The community program progress is tracked through a variety of mechanisms that both monitor the implementation of activities and evaluate their effectiveness in working toward ITPC's program objectives. The agency's staff tracks how local coalitions implement activities through a program reporting system. In addition, each local grantee submits quarterly fiscal reports and budgets to ensure that funds are being used appropriately.

ITPC administers more than 100 grants and contracts each year. The staff communicates regularly with grantees to ensure that local activities support and advance the goals and

objectives of a comprehensive tobacco control plan for the community and state. In addition, the staff reviews submitted program and fiscal reports for timeliness, accuracy, and appropriate use of resources as described in the work plan. When questions arise, staff members follow up with grantees by delivering technical assistance, attending grantee-sponsored functions, and by conducting desk audits of information compiled in the quarterly financial reports.

Evaluation Plan

A comprehensive tobacco control program must include a strong evaluation component to measure program achievement, improve operations, manage resources, ensure funds are used effectively, and demonstrate accountability to policymakers and other stakeholders.

ITPC's program evaluation is conducted in two ways: ongoing surveillance and evaluation research. Surveillance involves monitoring tobacco-related behaviors, attitudes, and health outcomes for which data is routinely collected. Evaluation research uses surveys or data collection systems that have been specifically designed to measure program activities. Program evaluation builds upon

surveillance systems by linking statewide and local program efforts to progress in achieving intermediate and primary outcome objectives.

ITPC uses measures outlined in the *CDC Key Outcome Indicators of Evaluating Comprehensive Tobacco Control Programs*.⁸ The 2015 Indiana Tobacco Control Strategic Plan includes objectives for each of the priority areas and data sources. ITPC monitors population level changes through the Indiana Adult Tobacco Survey and Indiana Youth Tobacco Survey. In addition, ITPC assesses the impact of public education messages and changes in knowledge, attitudes, and behaviors through media tracking surveys and through analyses of news media coverage. ITPC tracks tobacco control policies throughout Indiana. In addition, grantees submit reports containing progress measures that ITPC staff uses to verify adherence to work plans and to identify where activities may need to be modified.

To assist staff, ITPC draws upon the resources of an evaluation and research coordinating center that offers valuable counsel on program evaluation and surveillance. These national experts have experience in working with national and state tobacco control initiatives, giving ITPC access to the nation's the best research and program information.

DECREASE INDIANA ADULT SMOKING RATES

The clear decline in Indiana's adult smoking rate reflects the ability of ITPC and its community partners to generate awareness about affordable, available cessation resources, increase the number of smoke-free communities, and build support for higher cigarette excise taxes.

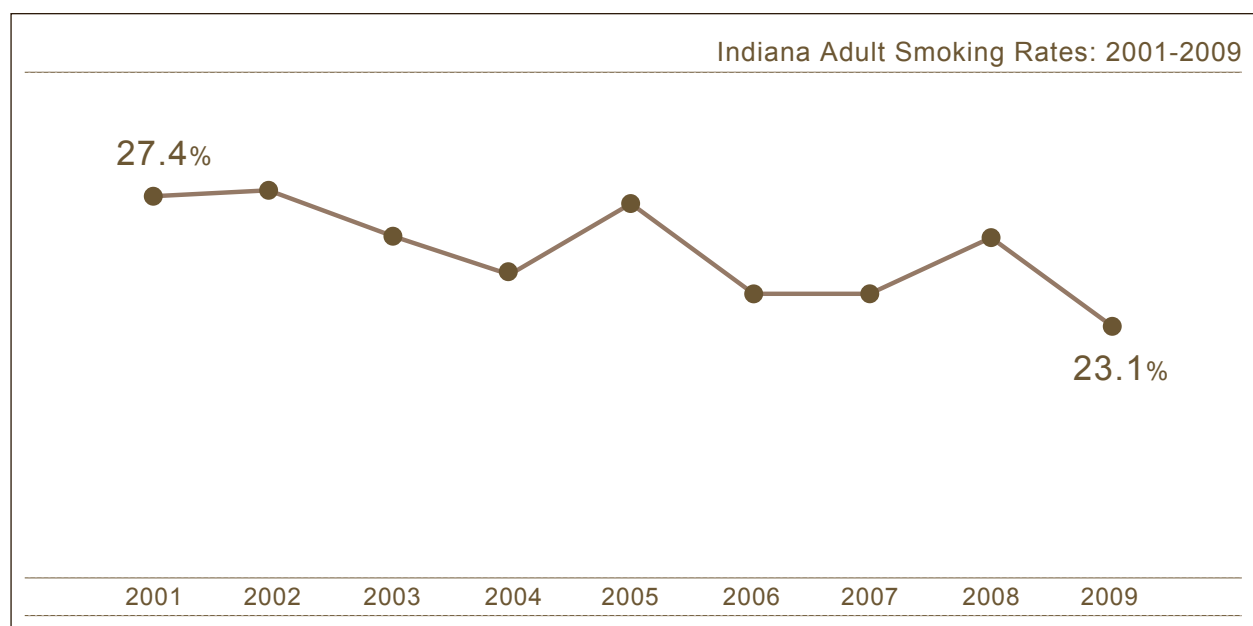
When ITPC began its efforts to reduce the state's high smoking rates, no communities or counties had comprehensive smoke-free laws. Comprehensive worksite policies were nonexistent except in the few large, national entities that conduct business within Indiana. Very few school corporations and hospitals were 100 percent tobacco-free. Most tobacco users felt that the only approach to quitting was going cold turkey, with few medications and resources like the Indiana Tobacco Quitline readily available.

ITPC's activities in this priority area contributed to a drop in the adult smoking rate to 23 percent by 2009. That represents the lowest smoking rate since 1984, when these data were first collected. It is also a statistically significant decrease since 2001's rate of 27.4 percent. The smoking rate among Indiana adults still remains among the

highest in the U.S.; the median rate for the 50 states is 17.9 percent. Combating smoking among all adults continues to be a priority; however, the Strategic Plan calls for a focus on special populations. The rate among African Americans (32 percent) is the highest among racial/ethnic groups. Additionally, smoking among Hoosiers with less than a high school education (42 percent) is higher than all other education levels.

Indiana has made significant progress in reducing its adult smoking rate. Yet more work needs to be done. Smoke-free environments, higher taxes on tobacco products, and sustained program funding have a significant impact on further decreasing smoking rates. Indiana currently lags behind most states in all three criteria. Because it takes time to achieve significant decreases in tobacco use rates, ITPC is confident that implementing all three factors in Indiana would create marked, lasting, and positive change.

Another clear sign of progress is the decline in per-capita cigarette consumption. ITPC estimates the number of cigarettes smoked by Hoosiers based upon the number of cigarette tax stamps

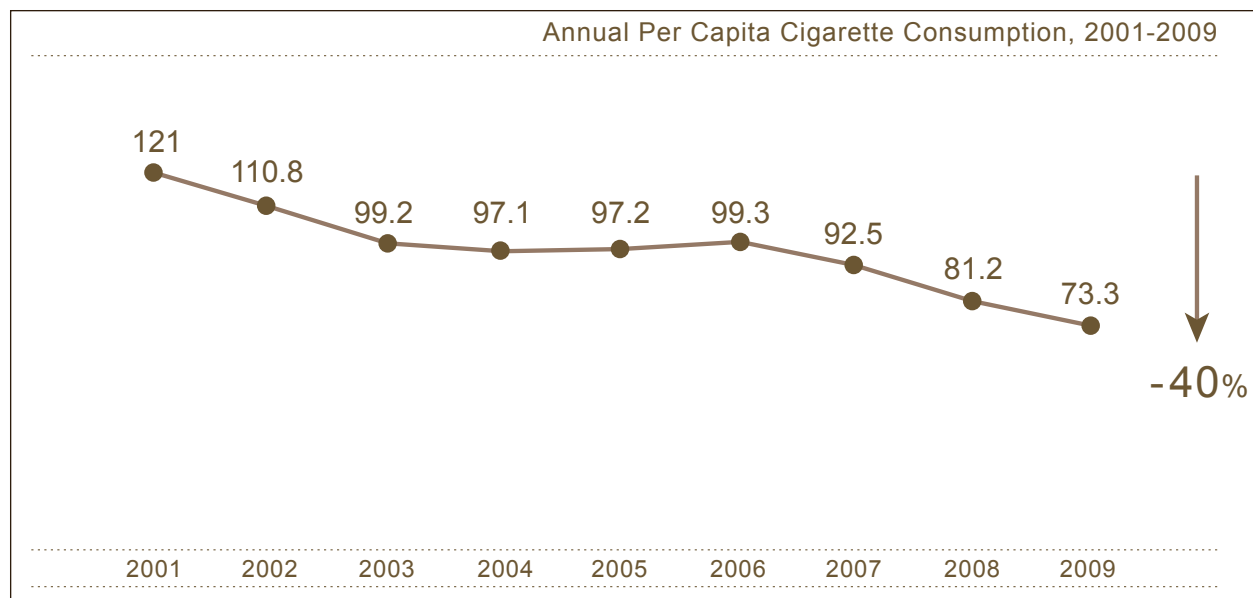


sold to retail tobacco distributors. Data on tax stamp sales are collected through the Indiana Department of Revenue. Since 2001, there has been a 40 percent decline in per-capita cigarette consumption.

A decline in cigarette consumption is an early indicator that smokers are smoking less, trying to quit, or quitting, and that others are not starting to smoke. The cessation program infrastructure

established by ITPC and partners statewide has built upon this policy change. The Indiana Tobacco Quitline and the health care provider outreach efforts have been particularly instrumental in driving down consumption of cigarettes and helping Hoosiers quit tobacco.

ITPC implemented several media and communication strategies to encourage tobacco users to quit due to the increased cost of tobacco products



Educating consumers about resources to help them quit tobacco was a priority for community outreach events.

and the heightened national emphasis on health concerns. The primary target audiences were health care professionals, employers, and tobacco users.

Indiana's cigarette tax ranks 31st among all states and is below the national average of \$1.45.⁹ Currently, 16 states (including Michigan) have cigarette tax rates of \$2.00 per pack or higher. Since 2002, 47 states have increased their cigarette tax rates a total of more than 100 times. Indiana's tax remains lower than all of its border states, except Kentucky. Some of the highest combined state-local tax rates can be found in Chicago at \$3.66 per pack and Evanston, Illinois, at \$3.48. The 2009 federal cigarette tax increase raised the federal taxes to \$1.01 per pack.

Raising the state tobacco tax is a key policy change that is quite impactful. ITPC has successfully col-

laborated with state officials to pass two increases (40 and 44 cents) since 2002, bringing the total tax to 99.5 cents. The research indicates that for every 10 percent increase in the real price of cigarettes overall cigarette consumption is reduced by approximately three to five percent. In addition, that ten-percent increase reduces the number of young-adult smokers by 3.5 percent, and lowers the number of kids who will smoke by six or seven percent.¹⁰

Indiana Tobacco Quitline

The Indiana Tobacco Quitline has received nearly 55,000 calls since its launch in 2006. This free service that is available to all Hoosiers offers support in quitting tobacco use through telephone-based counseling. It also provides information on tobacco dependence for health professionals, and families or friends of tobacco users; and provides information on local or national cessation resources. In addition, the Quitline provides referrals to local community cessation services.

The goals of the Quitline are to increase the number of people who attempt to stop using tobacco and those who are tobacco-free. Along with tobacco cessation and prevention efforts – such as policy changes, restricting access to tobacco, and preventing youth initiation of smoking – the Quitline is critical

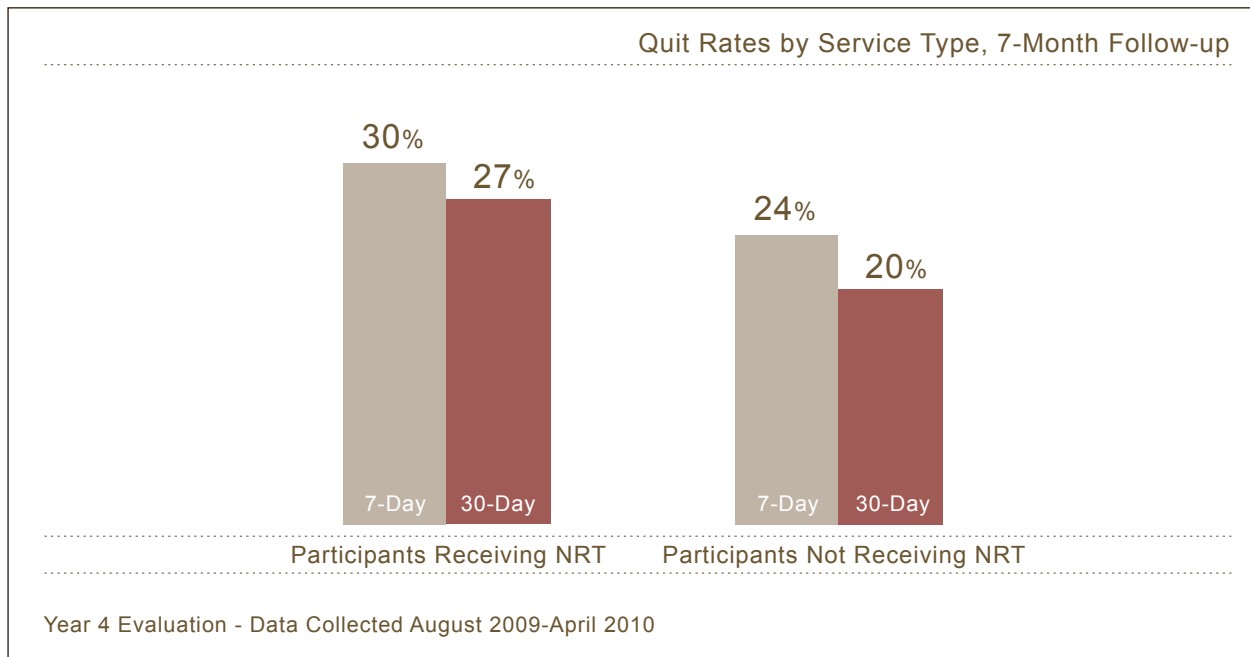


Monthly electronic e-blasts to interested smokers provided encouragement and reminders about the Indiana Tobacco Quitline.



“After my illness, I felt responsible to tell people that their life is worth more than a pack of cigarettes. I’m too young to be a lung cancer survivor but it happened to me and it can happen to them. ITPC has given me an opportunity to tell my story; they have been a vehicle so that I can have a voice. I did a radio commercial that is making a difference and I have been talking with youth. If I can help even one person quit, then it’ll be worth it.”

Molly, ITPC media spokesperson



to decreasing tobacco-related diseases and deaths in Indiana.

The annual call volume doubled when ITPC assumed management of the Quitline. The highest monthly call volume was in May 2010, with nearly 3,500 calls of the nearly 19,000 calls in SFY 2010.

More than half of the callers served by the Quitline are either uninsured (38 percent) or Medicaid insured (16 percent). In SFY2010, nearly 60 percent of callers were women and 48 percent of callers were between the ages of 31 and 50. Approximately 86 percent of the callers were White, 11 percent African American and 2 percent Hispanic.

Outcome data from the evaluation report on the Quitline indicates high satisfaction rates and strong quit rates. Evaluation surveys were conducted in SFY 2010 at a 7-month follow up for those receiving services. Thirty percent of Quitline callers reported being tobacco-abstinent for seven days or more. The 30-day quit rate was 27 percent.

Tobacco users that enroll in Indiana Tobacco Quitline services are eligible to receive a two-week starter kit of nicotine replacement therapy (patch, gum or lozenge) (NRT). Data from this evaluation study indicate that those receiving NRT had slightly higher quit rates than those who did not receive NRT.

Quit Now Indiana Networks

Community-based and minority-based grantees are implementing strategies based on *The Guide to Community Preventive Services for Tobacco Control Programs*, such as establishing cessation networks and changing policies throughout their communities. These networks serve as the referral system for the Indiana Tobacco Quitline.

ITPC and its partners' outreach efforts to health care providers focus on implementing a system change within their practices. The goal is to encourage providers to: 1) ask patients about

“The Quitline is very helpful. (I) would probably start smoking again without calls and encouragement. The breathing techniques and encouragement not to go back helped me. Will save about \$6,000 a year!” – Indiana Tobacco Quitline caller

tobacco use, 2) advise them to quit, and 3) refer them to services, specifically the Indiana Tobacco Quitline. Data indicate that more health care providers are referring patients to the Quitline each month. In SFY 2010, calls referred by health professionals increased to 17 percent, compared to 11 percent in 2009 and 7 percent in 2008. Additional outreach to health care providers enrolled in the Quit Now Preferred Provider Network continues to enhance the number and frequency of Quitline referrals.

Among smokers who tried to quit smoking in the past year, about half (49 percent) say that a doctor or dentist recommended they do so. Among current smokers who visited a health professional in the past year, 69 percent say that health professional advised them not to smoke.¹¹ ITPC partners statewide are working with health care providers to increase the number of patients who are advised to quit. A health care provider toolkit provides resources for providers to refer patients who are ready to quit to the Quitline. A fax referral system allows for feedback on patients to be returned to each participating health care provider.

With the addition of federal funding through the Recovery Act, efforts are underway to reach employers throughout Indiana. Employers understand the burden that tobacco places on their employees' health and productivity, as well as on their own bottom line. Indiana employers can become involved with the Quit Now Preferred Employer Network to promote the Quitline to their workforce. They also receive guidance from local ITPC partners on how best to address tobacco use in their workplace, whether through smoke-free air policy or tobacco treatment benefits. Hundreds of employers are taking advantage of this opportunity, which was launched in spring 2010.

Training on Clinical Practice Guidelines

To be able to help Hoosiers quit tobacco use, health care professionals must be equipped with the skills



Radio commercials and e-blasts encouraged smokers to enter the Quit 2 Win campaign.

to provide state-of-the-art tobacco cessation counseling. ITPC statewide cessation partners are facilitating trainings among a variety of health care providers, including:

- Trainings for dentists, dental hygienists, and dental assistants.
- Trainings for health care providers who serve women of childbearing age, focused on tobacco addiction before, during, and after pregnancy.
- Outreach to the mental health and substance abuse treatment communities, through a project titled *ReThink Tobacco*.
- A series of web trainings and face-to-face outreach on integrating tobacco treatment into current patient treatment plans in a program called *Bringing Indiana Along*.

Through all of these different systems, ITPC is promoting the Indiana Tobacco Quitline and instituting changes among health care providers and employers to support cessation efforts. Quitline

awareness built through paid media efforts, along with promotion from local ITPC partners, health care providers, and employers, motivates patients and employees who are ready to quit.

Promoting the Quitline service supports all Hoosiers trying to break their addiction to

tobacco. Whether the tobacco user calls for help or becomes motivated to use other resources, media promotion of the Quitline and the overall message that quitting tobacco is important creates a supportive environment for ending the tobacco burden.



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

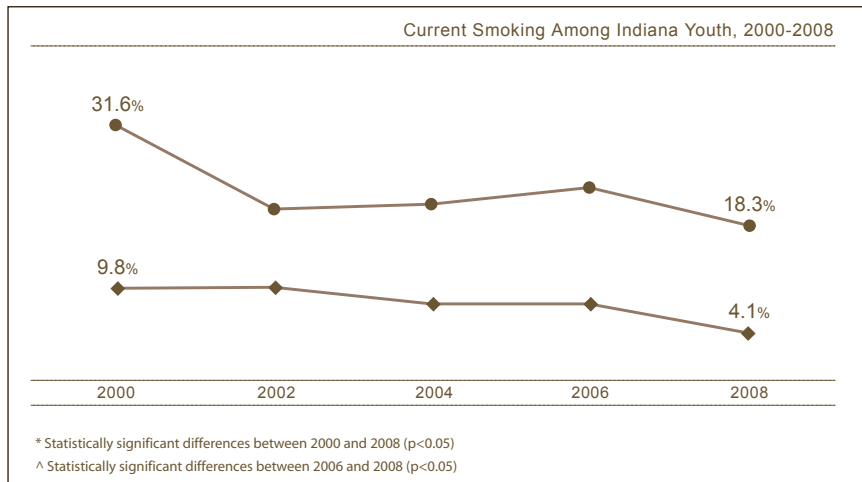
Call **1-800-QUIT-NOW** (784-8669)
it's *Free* and it's *Easy*.



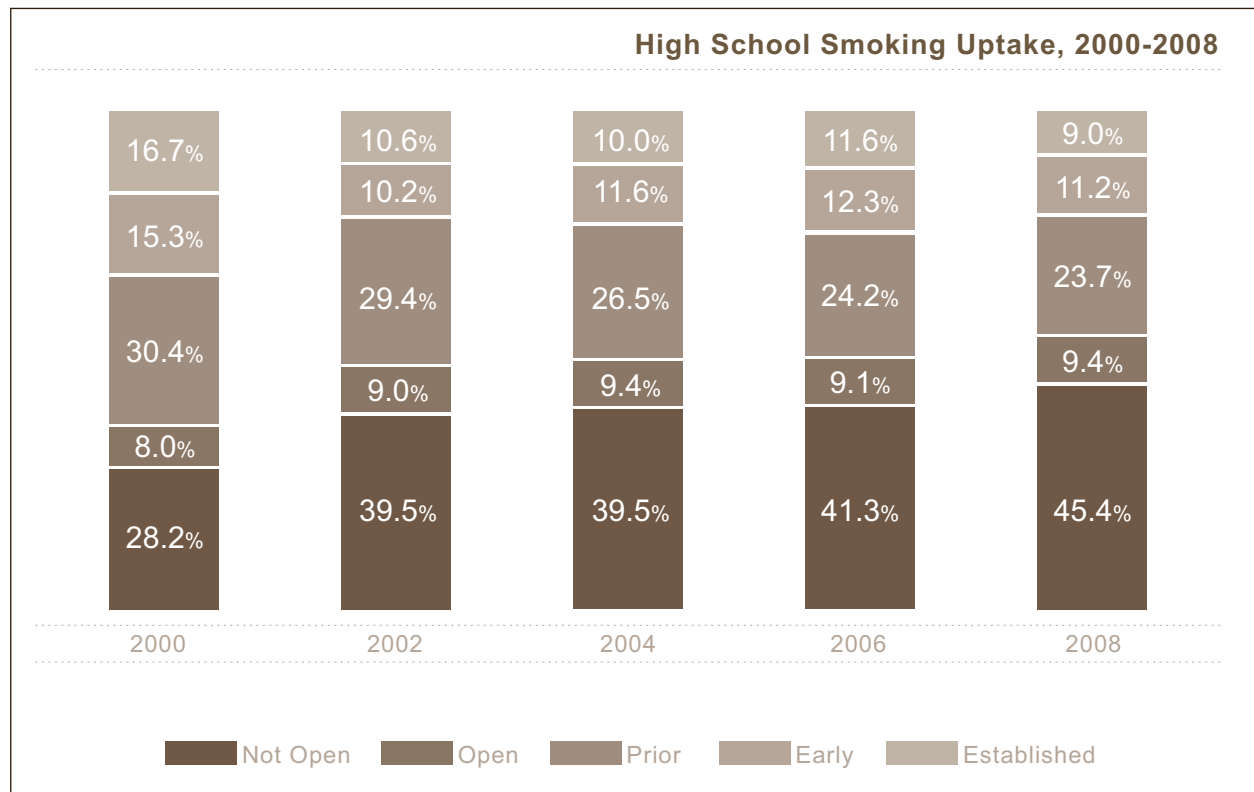
Outdoor billboards and free educational materials helped increase awareness about the Indiana Tobacco Quitline services.

DECREASE INDIANA YOUTH SMOKING RATES

Since 2000, high school-age smoking has dropped 42 percent, from 31.6 percent in 2000 to 18.3 percent in 2008. Middle school-age smoking has been cut 58 percent, from 9.8 percent in 2000 to 4.1 percent in 2008. There has also been a decline among established or frequent smokers (youth that smoked on 20 out of the last 30 days). An estimated 8.7 percent of high school youth and 1.4 percent of middle school youth are established smokers who will likely become addicted adult smokers. Data suggests that established youth smokers are 15 times more likely to grow up to be addicted adult smokers, compared to those who have never smoked.¹²



Since 2000, fewer youth report considering beginning to smoke sometime during the next few years. This is a key indicator that youth are aware of the changing social norms around tobacco use and have no interest in this behavior.





“Being involved with Voice changed my life and my career path. I was never a very outgoing person in high school. Getting involved with Voice helped change that; I was first a Youth Advisory Board member, then college trainer and finally I moved to be a group facilitator. This all helped me to come out of my shell.

Voice exposed me to greater opportunities and a chance to learn about marketing. I discovered that I was interested in knowing more about advertising and marketing, which inspired me to go back to school for public relations and media. Now I have a job in a field that I love and I want to help others find their strengths, just like Voice helped me.”

Adam Ludwig, former Voice participant and trainer

Community Activism Among Youth

Voice, Indiana’s youth movement against tobacco, is a youth-led initiative that exposes the deceptive marketing tactics of the tobacco industry. Participating youth communicate with their peers and

work to fight back against marketing tactics, rather than focus solely on the health consequences of tobacco use.

Throughout the state, three regional Voice Hubs provide technical assistance for local adults and youth on how to build and sustain their local movements and youth advocacy efforts with 52 partners throughout the state. The hubs also provide structure for regional training and capacity building to sustain the momentum of the Voice movement at the grassroots level, ultimately resulting in a successful statewide effort. The hubs strengthen existing communication, marketing and networking systems through earned media, resource development, and weekly contact with all partners.

The Don’t Glam Tobacco campaign trained youth on issues related to the use of tobacco in movies.

“HOLLYWOOD STUDIOS ARE EITHER CORRUPT OR STUPID”
- STAN GLANTZ, FOUNDER OF SMOKE-FREE MOVIES

Is smoking in the movies a corporate conspiracy?
Movie studios need to be held accountable.
Teens are seeing red as they speak out.

UNNECESSARY & IRRESPONSIBLE

CR CODE 880
IT IS UNNECESSARY AND IRRESPONSIBLE TO SHOW SMOKING SCENES IN G, PG AND PG-13 MOVIES. EXPOSURE TO SMOKING IN FILMS CAUSES LARGE NUMBERS OF ADULTS AND TEENS TO START SMOKING. MORE THAN 50 PERCENT OF YOUTH-STARTED FILMS DEPICT SMOKING AND ABOUT ONE-THIRD OF THE MOVIES SHOW IDENTIFIABLE CIGARETTE BRANDS. MOVIE STORIES AND ACTION ARE THE MOST EFFECTIVE FORM OF ADVERTISING FOR THE TOBACCO INDUSTRY.

www.DontGlamTobacco.com

DO NOT GLAM TOBACCO
CODE 880

ITPC's statewide partners are working on youth empowerment and community activism to support the Voice movement. For example, Indiana Teen Institute (ITI) plays a key role in providing youth with the tools they need to mobilize their peers in their communities. ITI supports youth-led, youth-driven advocacy initiatives that strive to change the cultural perception and social acceptability of tobacco use in Indiana and prevent initiation of tobacco use by youth. A youth development approach provides meaningful opportunities to participate, learn new skills, and receive support in their efforts from adults.

Initially, ITPC's leadership determined that it was important to not only help adult role models quit tobacco, but to also prevent youth from starting to smoke in the first place. ITPC dedicated funds to specifically address both the youth and adult

smoking rates. Youth efforts have remained a central part of ITPC's mission.

Voice began as a broad grassroots movement, mirrored off the success of the American Legacy Foundation's national truth® campaign. As more partners became involved, Voice evolved into the hub structure that is used today. Regional hub coordinators provide a forum for partner dialogue about what is working well around the state, what technical assistance is needed, and how youth can be engaged.

Working with youths on the Voice movement remains a much-loved activity for some ITPC partners. Shaping the minds of young individuals and watching them make a lasting impact on their schools and communities is a rewarding endeavor, and one that has created the benefits of fewer youth smoking.



Voice youth rally in downtown Indianapolis to show their outrage at being targeted by tobacco companies.



During a Voice summit, youth used body bags to show the public how many lives are lost annually to tobacco use.

Over the last 10 years, those involved with Voice have used their voice to oppose the manipulative tactics of the tobacco industry and to speak up for smoke-free air in their communities. A sampling of Voice accomplishments includes:

- Voice youth held a press conference to discuss their outrage at Indiana being chosen as guinea pigs for a new cigarette called Advance™. During the course of the press conference, Dr. Jeffrey Wigand addressed the harmful effects of the test product and members of ITPC's Youth Advisory Board shared their concerns about the potential impact on Indiana's youth. Representatives of Brown & Williamson Tobacco Company were invited to speak but declined the offer, stating that their product was not intended for use by youth.
- Voice statewide summits – Beginning in 2002, youth converged in Indianapolis to gain an understanding about youth empowerment, learn how to educate their peers on tobacco company marketing tactics, and share ideas. Large-scale youth activism was often a highlight of the summits, with examples like “Drop Dead” – body bags and hundreds of teens congregating on Monument Circle to illustrate the impact of

tobacco marketing toward youth – and “Shoes Demonstrations” – hundreds of shoes lining the streets in representation of the lives lost annually to tobacco use.

- Through Voice, many youth gained their first experiences of truly advocating for an issue. Working with community partners, they presented requests for smoke-free campuses to local school boards and spoke during city/town council meetings to encourage local smoke-free air policies.
- “Don't Glam Tobacco,” a public education campaign focusing on the goals set forth by the National Smokefree Movies Action Network, launched in 2008. The project's main goal was to reduce kids' exposure to smoking in the movies. To strengthen this campaign in Indiana, ITPC created a “Don't Glam Tobacco” toolkit that served as the foundation for training youth and adult allies on the health and social issues associated with smoking in G, PG, and PG-13 movies. Voice youth used the information in speaking engagements, exhibits, and other opportunities for public education. Over 12,300 petitions have been collected since this initiative was launched.

INCREASE PROPORTION OF HOOSIERS NOT EXPOSED TO SECONDHAND SMOKE

Progress made in increasing Hoosiers' protection from secondhand smoke is perhaps the most recognizable result in the eyes of the general public, in part because of the local discussion generated by voluntary and legislative smoke-free policies. Smoke-free policies not only reduce secondhand smoke exposure, they help to reduce the number of smokers and provide a disincentive to current smokers. Strong local and state policies (as well as worksite policies) are necessary strategies to further decrease Indiana's tobacco use rates.

Smoke-Free Communities

Local community smoke-free workplace laws have been implemented in eight counties and 29 cities in Indiana as 2010, for a total of 39 local community ordinances (including one covering the Indianapolis Airport Authority). Of the local laws:

- Eleven include all worksites, restaurants and bars to protect all workers in the community.



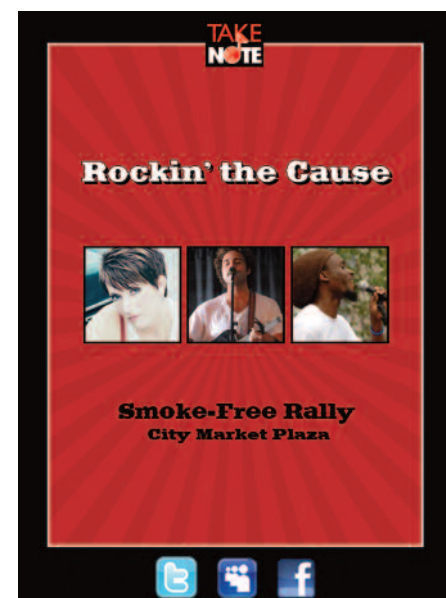
More Indiana communities are passing smoke-free air policies.

- An additional seventeen laws only include worksites and restaurants.
- Nine Indiana communities passed policies that are ineffective and fail to follow the recommended guidelines outlined by the U.S. Surgeon General for protecting citizens from exposure to secondhand smoke.

More than 30 percent of all Indiana residents are currently protected by a local worksite and restaurant smoke-free air law. However, Indiana is not



During an Indianapolis rally, Take Note advocates illustrated their support for smoke-free workplaces.



Social media tools helped keep Take Note advocates informed of upcoming events.

keeping pace with the national trend. Nationally, 74 percent of the population is covered by a similar state or local smoke-free air law.

When focusing on local laws that have smoke free worksites, restaurants and bars, the proportion falls to 8.6 percent in Indiana. Nationally, 41 percent of the population is covered by a strong state or local smoke-free air law designed to protect all workers.¹³

Statewide Smoke Free Workplace Law Campaign

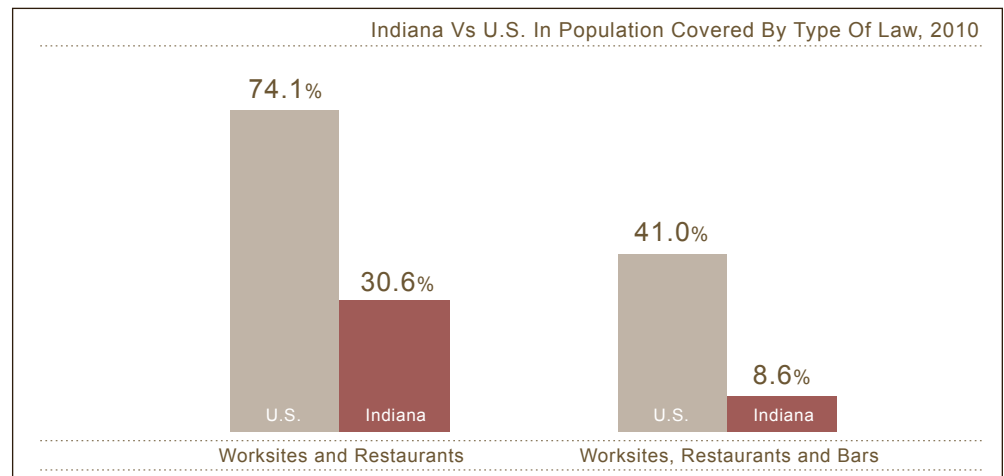
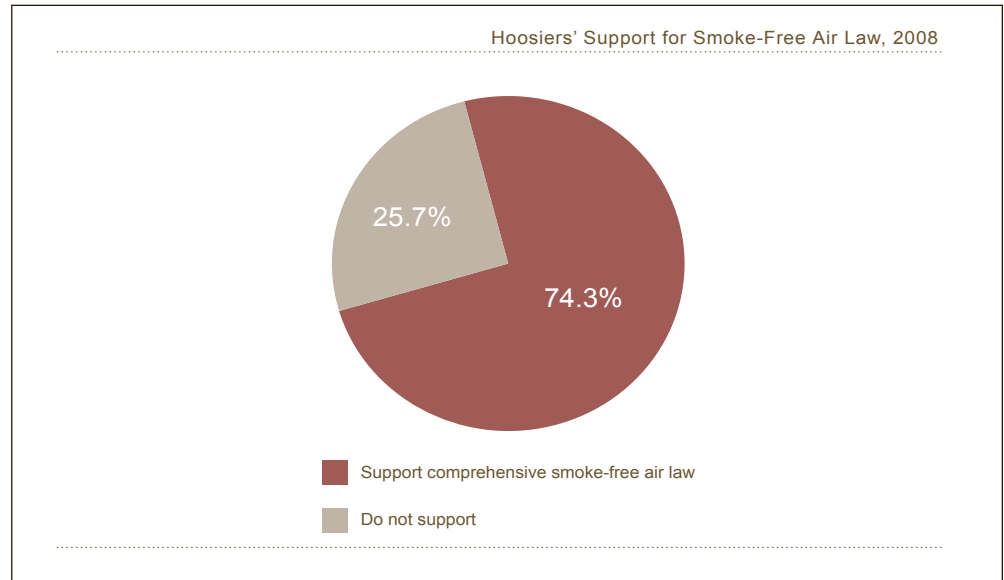
The work at the local level has led to interest in a statewide smoke-free air law. In 2007, the Indiana Campaign for Smokefree Air (ICSA) – the statewide coalition of advocacy partners who seek to

protect all Hoosiers from on-the-job exposure to secondhand smoke—organized to conduct education and outreach efforts in support of a comprehensive statewide smoke-free air law that would protect all workers.

A bill that related to other health care matters was amended to include a provision requiring enclosed workplaces and enclosed public places—except for bars, retail tobacco stores, and a portion of truck stops—to be smoke-free. That language was eliminated from the bill in conference committee and referred to the Health Finance Commission for further study. After three summer 2007 hearings, the Health Finance Committee recommended a partial smoke-free law that covered some workplaces,

such as offices, factories and many restaurants, but that excluded bars, casinos, clubs, family-owned businesses, retail tobacco stores and certain other venues. This recommendation became House Bill 1057, which was introduced in the 2008 session, referred to the Public Policy committee, and died without receiving a vote.

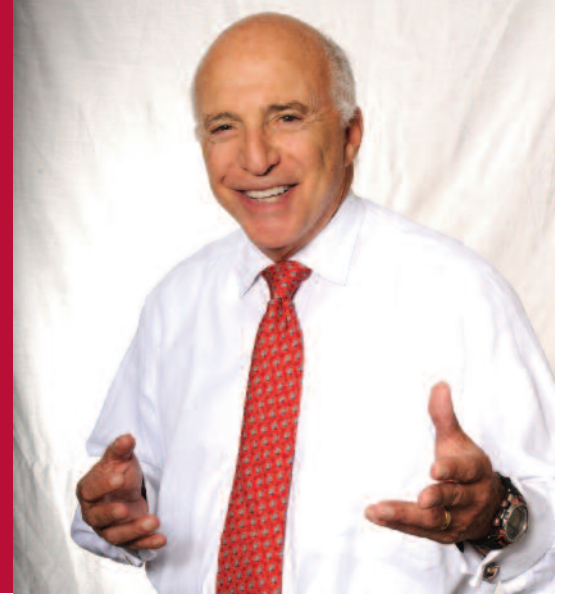
Again in 2009, several bills were filed. While comprehensive legislation moved forward in the Indiana House, the legislation was severely weakened in the Public Policy Committee, and died when it did not receive a hearing in the Senate. Then, in 2010, another smoke-free workplace bill was filed in the House, and a watered-down version that excluded casino and gaming facilities, bars,



“I got involved with ITPC because of my personal experience, having lost my grandmother to tobacco use. Her life was cut too short and this motivated me to help. I’ve been a spokesperson for the agency and an advocate for smoke-free air policies.

I don’t see any benefit for anyone to not support smoke-free policies locally or statewide. There’s nothing positive in allowing people to smoke in public places. This is clearly a leadership issue and if we’re going to move Indiana forward, then we need to get strong leaders that are committed to getting a comprehensive smoke-free policy passed.”

Mickey Maurer, businessman and smoke-free air advocate



family-owned businesses, and restaurants that serve and employ those age 18 and older (and that would preempt local laws from covering casinos and gaming facilities) actually passed the House. The bill’s Senate sponsors did not request a hearing. Similar bills are expected to be filed in upcoming sessions.

Schools, Colleges and Universities

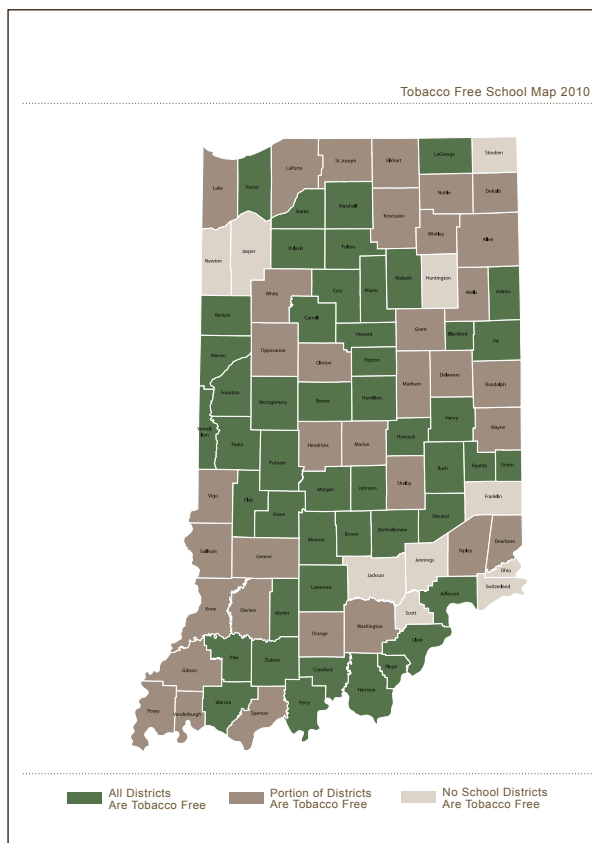
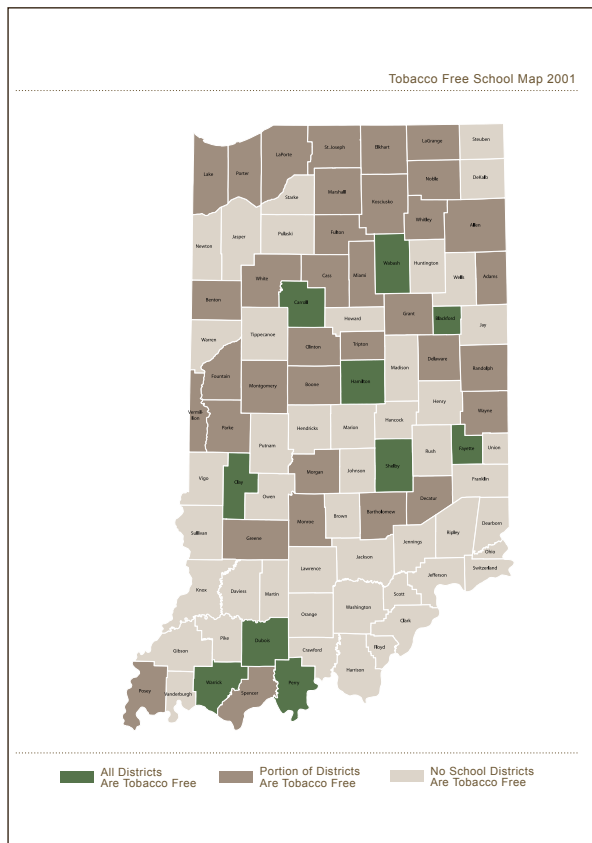
Healthy schools are a key component of any vibrant community. In many Indiana towns, the school district doubles as the largest local employer. Because of their role as community stakeholders, schools – and the policies they enact – mirror the local sentiment on many issues. The positive increase in the number of Indiana schools passing tobacco-free policies is a strong indicator of the growing demand for tobacco-free environments. A majority of today’s youth will see fewer of their teachers/role models using tobacco during their workday and will be less exposed to second-hand smoke during school events.

Public school districts throughout the state have implemented 100 percent tobacco-free school campus policies. In order to obtain this classification, the school’s buildings, grounds, athletic fields

and all other campus property must be tobacco-free. Such policies apply to all students, staff and visitors at all times. In 44 of Indiana’s 92 counties, all school districts are tobacco-free, protecting approximately 70 percent of youth in the State from exposure to secondhand smoke at school, compared to 28 percent in 2001.

Another note of comparison is the number of counties that do not have any tobacco-free school districts. In 2010, ten counties do not have any tobacco-free school districts, compared to 2001, when 44 counties did not have any. To commend school districts that implement comprehensive tobacco-free campus policies, ITPC and its community partners present the Gary Sandifur Award. Gary Sandifur and his wife, Lorene, were featured in an ITPC media campaign. Gary was a lifelong smoker. After being diagnosed with terminal cancer at the age of 50, Gary worked tirelessly to educate others on the risks associated with tobacco use. The award has been given to 107 school districts throughout the state since 2004.

In 2001, university and college campuses were not considering tobacco-free policies on their grounds. Only a few had policies prohibiting smoking indoors. By 2010, 35 institutions, including Indiana University and Ivy Tech, had smoke-free campuses.



Health Care & Mental Health Facilities

Health care facilities have taken a leadership role in their communities. They recognized that taking a stance on tobacco use while allowing smoking on campus were incompatible positions. The shift within mental health and substance abuse facilities has been slower than with other medical care, but a growing number of those facilities now recognize the importance of having tobacco-free grounds and implementing tobacco use/dependence procedures in treatment plans.

Currently, 133 hospitals and health care facilities across the state have implemented tobacco-free campus policies. Of Indiana's 35 critical access hospitals, 30 have implemented a 100 percent tobacco-free campus policy.

As with schools, hospitals are among the largest local employers, and a strong tobacco-free policy protects employees, visitors, and patients. To encourage rural health care entities to adopt tobacco-free policies, ITPC has continued its recognition of tobacco-free health care and mental health facilities through the Rural Indiana Smoke-free Environment Award (R.I.S.E.), which is given in conjunction with the Indiana Rural Health Association. Since 2005, 62 facilities have been recognized, drawing increased awareness of the benefits of smoke-free and tobacco-free worksite policies.

Beginning in 2008, ITPC funded two statewide partners to facilitate a statewide movement toward tobacco-free mental health and substance abuse treatment facilities. *ReThink Tobacco* (Mental Health America of Indiana) and *Bringing Indiana Along* (Clarian Tobacco Control Center) have collaborated to encourage those facilities to adopt comprehensive tobacco-free campus policies. As of 2010, approximately one-fourth (27 percent) of the state's mental health and substance abuse treatment facilities are tobacco-free.

In 2010, the Indiana Mental Health Commission passed Resolution SCR 0007 on the importance of requiring tobacco free grounds policies and integration of tobacco dependence treatment in



Columbus Regional Hospital was one of the first hospitals in the state to enact a campus-wide tobacco-free policy.

behavioral health provider settings. ITPC in collaboration with Bringing Indiana Along and ReThink Tobacco, crafted policy language to be added to Division of Mental Health and Addiction provider contracts. Beginning in SFY 2011, all contractors are required to provide tobacco-free grounds and tobacco dependence treatment for consumers.

Homes

The first experiments of many tobacco users begin in the family setting. That is why the importance of working with adults, parents and other caregivers to create tobacco-free homes cannot be understated. ITPC has made significant gains in this area, which is a critical step in reducing exposure to second-hand smoke.

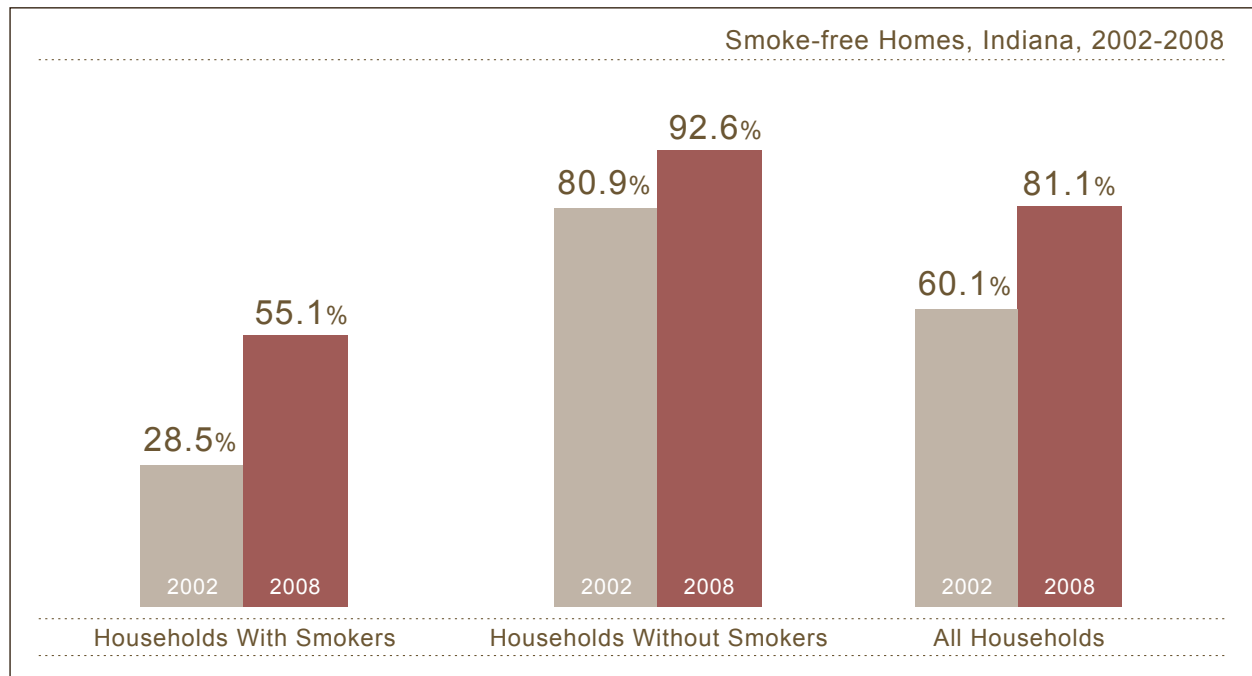
Smoke-free homes are an indicator that smoking among others is no longer socially acceptable. Between 2002 and 2008, the proportion of smoke-free Hoosier homes where smokers live doubled from 28 percent to 55 percent, showing how smoke-free homes are evolving to become the



"I first met Karla when we were working together to get the Columbus smoke-free air policy passed, which was one of the first strong policies passed in Indiana. I was impressed with how organized, knowledgeable and thorough she was personally, as well as everyone in her office. She was a valuable asset and a very critical component to our success."

*Doug Leonard, president,
Indiana Hospital Association*

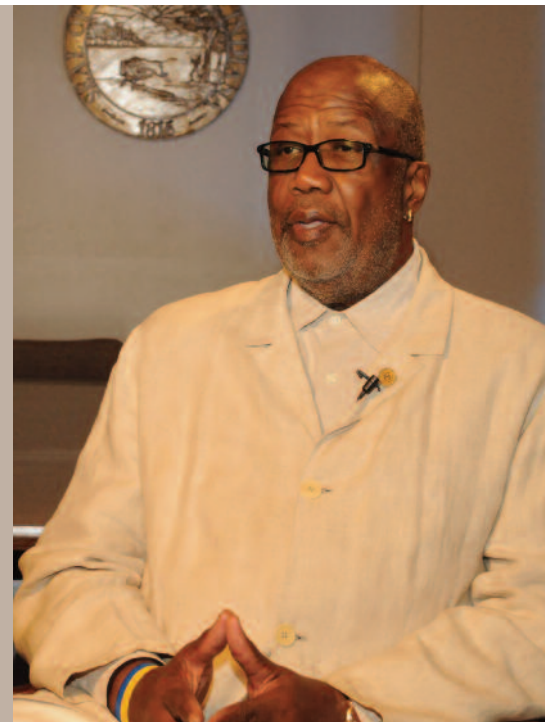
norm. Two benefits of smoke-free homes are they encourage smokers to attempt to quit and lessen the odds that children living in the home will grow up to be tobacco users. If one parent quits smoking before a child is 8 or 9 years old, their child's odds of being a regular smoker decrease by 25 percent. If both parents quit, the odds go down by 40 percent.¹⁴ Increasing the prevalence of smoke-free homes is needed to sustain Indiana's decline in youth smoking rates.



“When my partner in crime (Larry Borst) and I wrote the bill, our objective was to write a bill that was bipartisan and contained the necessary provisions to create an agency that could carry out a successful program. What I am most proud of is how Larry and I (Republican and Democrat) really worked together to produce a bill that established an independent board that would govern an independent agency, insulated from politics, that could effectively and successfully address tobacco use in Indiana. I feel that is very significant.

Indiana is one of only a few independent agencies in the country. I believe that its independence, being separated from the health department and any other executive branch, is vital to ITPC’s success in getting Indiana to be a tobacco-free state.”

Charlie Brown, Indiana House of Representatives



PUBLIC EDUCATION ON THE DANGERS OF TOBACCO USE

A strong public education campaign can be a powerful tool for preventing smoking, promoting cessation, and changing social norms related to tobacco use. Given its critical importance as a public health issue, tobacco use prevention must be presented frequently and with strong, relevant messaging, so it can capture the attention of a media-saturated public. Employers, tobacco users, community officials – all approach the issue in terms of how the changing of social norms will impact them directly, making it necessary to create impactful campaigns that deliver relevant messages to those who need to hear them the most.

When ITPC ran its first media campaigns in 2001-2002, the primary challenges lay in convincing Hoosiers that tobacco use was a significant problem that was worthy of their attention. Today the media is critical to motivating Hoosiers to take action – from increasing tobacco quit attempts to increasing smoke free policies.

The underlying rationale behind all of the media campaigns was the idea that creating awareness and generating knowledge of the issue would lead to changes in attitudes and behavior. Mass media campaigns have been effective in reducing initiation of tobacco use and increasing cessation when combined with other actions, such as increasing the cigarette tax, enacting smoke-free air laws, and providing adequate program funding.¹⁵ The majority of ITPC media campaigns were multi-tiered to reach multiple audiences: youth, adults, Caucasians, African Americans, Hispanics, and pregnant women.

Measuring Impact

As part of its ongoing efforts to assess the impact and effectiveness of tobacco control initiatives and public education campaign, ITPC regularly conducted annual media tracking surveys.

Responses measure awareness of anti-tobacco efforts and changes in important tobacco-related knowledge, attitudes, and beliefs among Hoosier adults. Such awareness and changes have been demonstrated to be key predecessors to changes in behavior.

Advertisement awareness is the first major step in an effective campaign. After all, people must be aware of advertisements to be influenced by them. Findings from other state and national campaigns suggest that greater advertisement awareness increases anti-smoking knowledge, attitudes, and beliefs, which in turn leads to a reduction in smoking; this is also true for Hoosiers.

- Hoosier adults who were aware of at least one ITPC radio advertisement were 94 percent more likely to be knowledgeable about (strongly agree with) the dangers of tobacco use than those with no awareness of radio advertisements.
- Adults who were aware of at least one ITPC radio advertisement were more than twice as likely (222 percent) to strongly agree that they would feel comfortable telling people their age not to smoke, refuse cigarettes if someone offered them, and participate in community activities against tobacco use.

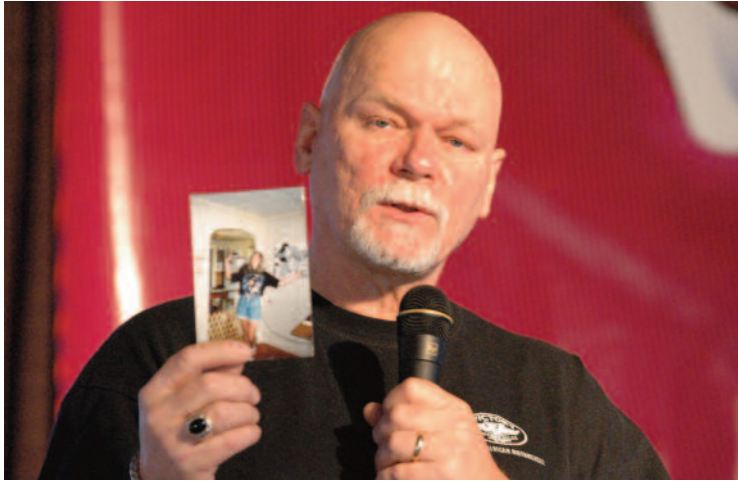
Key Campaigns

Campaigns resonate with people for various reasons, yet some in ITPC's history remain quite memorable with Hoosiers, based upon statements from Quitline callers and media evaluation results.

Rick Stoddard

With a presentation based on a Massachusetts anti-tobacco campaign, Rick Stoddard became an icon for Indiana youth through his work with

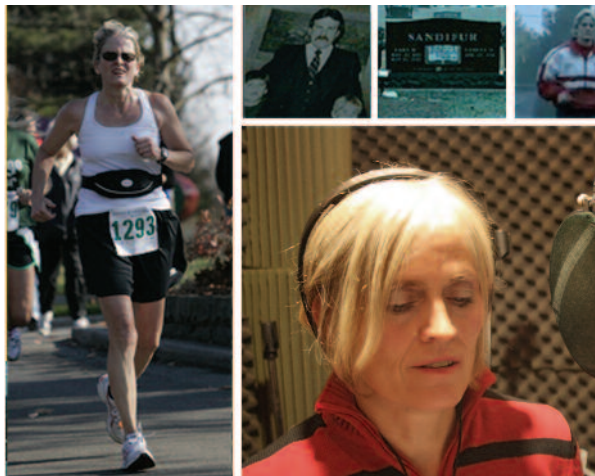
Voice. One of the first television campaigns used by ITPC, the Rick series featured stories about losing his wife to cancer from tobacco use. “I never thought of 23 as being middle age” became one of the most memorable lines from the campaign.



Lorene Sandifur

Echoing the personal testimony of Rick Stoddard, the Lorene series featured the story of Gary and Lorene Sandifur. Gary lost his life to cancer caused by tobacco use but pledged to educate Hoosiers about the risks associated with tobacco use before his death. Lorene has carried on his legacy, inspiring hundreds of Hoosiers to quit smoking.

The first series, run in 2002, told of Lorene and Gary’s struggles and his challenge to her that she one day run the Boston Marathon in his memory. The second series, aired in 2009 and 2010, returned to that challenge as Lorene realized a dream by completing the Boston Marathon.



Every Cigarette Does You Damage

During SFY 2009, ITPC featured graphic depictions of the effects of tobacco use on human organs. These ads were part of the “Every Cigarette Does You Damage” campaign, which was created in Australia.

“Artery” showed a doctor removing fatty deposits from an artery of a deceased 32-year-old man. The second ad – “Brain” – showed the devastatingly visible effects of tobacco on the interior surfaces of a human brain. A correlating radio commercial, “Hard Hitting,” ran during SFY 2010, generating a high number of calls to the Quitline.

Evaluation data on ad effectiveness show that Hoosiers are aware of the ads, find them convincing, and make them think about tobacco use issues. Overall confirmed awareness of any part of the ITPC public education campaign reached 53 percent in 2008, up from 2007 when awareness was at 14 percent.¹⁶

However, measures of confirmed awareness of media messages are highly dependent on funding. In SFY 2009, per capita spending on public education campaigns was at 31 cents, down from 86 cents in 2004, when confirmed awareness was over 70 percent. If Hoosiers are to be aware of anti-tobacco messages, they must be able to view those messages through media advertising.



There’s Never Been A Better Time to Quit

For many tobacco users, there is often a trigger that inspires a quit attempt. In 2007, ITPC launched the “There’s Never Been A Better Time to Quit” campaign to encourage tobacco users to quit immediately. The Quit 2 Win campaign became a key component of this effort, in which participants pledge to quit tobacco for 30 days for a chance to win a grand prize. The campaign was launched in

collaboration with INShape Indiana, with participants signing up online, at local and statewide events (including the Indiana State Fair and county fairs), and at entry points through ITPC partners around the state. More than 12,000 entries were received during the two campaigns.

In 2010, the campaign was relaunched with sponsorship provided by AmeriHealth Mercy of Indiana. Promotional efforts centered on engaging employers to promote the campaign internally to employees. Initial response from employers was strong; employers representing more than 20,000 employees statewide have received materials about the campaign and the Quitline.

Quit Now Indiana

During 2009-10, ITPC ran two statewide advertising campaigns that focused on smoking's impact on everyday lives.

The first, which ran from December 2009 to February 2010, then from April through June 2010, featured long-time spokeswoman Lorene Sandifur in both television and radio commercials.

The campaign then transitioned to a new hard-hitting factual commercial about the devastating

effects of smoking, as well as a new testimonial commercial featuring Molly. Molly began smoking at an early age after living among friends and family members who smoked every day. She was diagnosed at age 30 with stage four lung cancer – and had to explain the horrible diagnosis to her children. Her cancer treatment was a painful and grueling process, but she went into remission. Molly has taken her story public to encourage others to quit smoking.

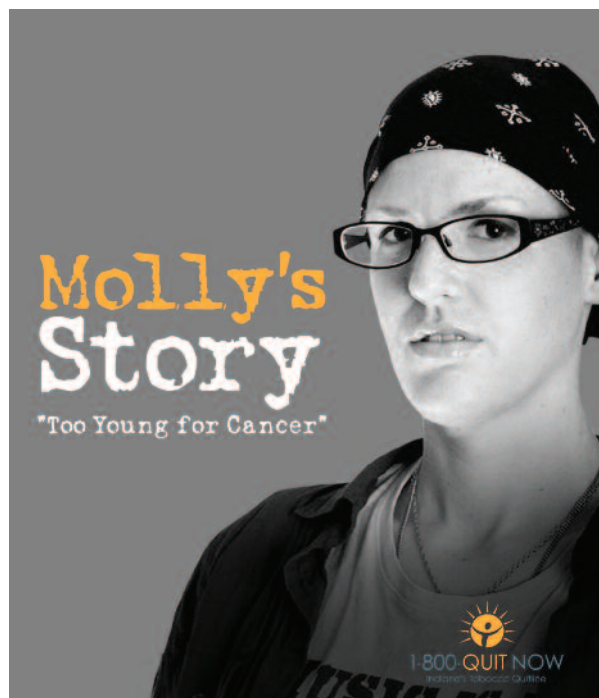
Both advertising campaigns were supported by news releases and media outreach. A new website – QuitNowIndiana.com – was developed to provide additional support to these messages, as well as to guide people to cessation resources. This website has become the central site for all audiences, allowing for ITPC to transition its branding from the former WhiteLies.tv to Quit Now Indiana.

Both campaigns led to significant increases in calls to the Quitline. In fact, during the Spring 2010 campaign, weekly calls reached record levels, hitting more than 1,000 callers in two consecutive weeks (compared with a previous average weekly rate of approximately 230 callers). May 2010 was also the highest monthly call volume to date.

The impact of secondhand smoke became a central part of ITPC's media campaign as Hoosiers' understanding of the issue evolved. The efforts included several significant campaigns that resonated strongly with viewers. Among those campaigns were:

Right to Breathe

One of the first ITPC commercials to emphasize smoking's impact on others, "Right to Breathe" generated strong feedback. The commercial



features a mother who is smoking while driving. Even though the car window is cracked, the mother is oblivious to the secondhand smoke that her daughter is breathing as she rides in the backseat.

René Hicks

As a nationally known comedian, René Hicks frequently performed in smoky clubs and venues to earn her living. Although she never smoked, in 2001, René was diagnosed with lung cancer. Featured in a 2005 media campaign encompassing television, radio, print and outdoor, René's personal story of the toll of working in a smoky environment was very memorable, particularly among African Americans. René's efforts to tell others about the dangers of secondhand smoke led to her participation in the U.S. Surgeon General's 2006 video, "Secondhand Smoke: Triumphs & Tragedies."



Take Note

Begun in 2008, the Take Note movement educates targeted audiences on the impact of secondhand smoke and the need for comprehensive smoke-free workplaces. The primary goal is to build a network of musicians, entertainers and bar workers to join



in the fight to eliminate current disparities regarding worker exposure to secondhand smoke.

The Take Note movement achieved success by educating entertainers, club owners, and event promoters on the dangers of secondhand smoke and the need to support smoke-free workplaces. Through petition drives, event sponsorships, and relationship-building, Take Note built a grassroots network of more than 3,000 Hoosiers who support smoke-free entertainment. The Take Note team worked with local entertainment venues and music festivals to become smoke-free.

Impact on Hoosiers

After 10 years of hard work by ITPC, Hoosiers know much more about the dangers of secondhand smoke.

Support for smoke-free workplaces continues to increase as Indiana residents become more knowledgeable about the dangers of secondhand smoke exposure. Three out of four (74 percent) Hoosiers support a comprehensive smoke-free workplace law. Support for smoke-



free environments continues to rise each year as more adults say they support laws that would make all indoor workplaces (including restaurants and bars) smoke-free. Most adults (85 percent) report being very or somewhat concerned about the health effects of secondhand smoke.

The increase in smoke-free homes and workplaces and public places leads to fewer places to smoke. This change encourages smokers to think about and try to quit as smoking becomes less common and less visible. The social acceptability of smoking by adults has decreased. When Hoosier adults are asked “how do you feel about adults smoking,” there was a significant decrease in the proportion of adults who felt that it was “okay to smoke as much as you want”.

Generating News

To strengthen every public education campaign or change in message platform, ITPC promotes its messaging through multiple public relations and social media channels. Media outreach and Internet microsites support paid media and keep tobacco control in the public’s eye.

ITPC has also issued news releases and opinion editorial pieces on a variety of topics, among them:

- Announcing progress identified by the Adult Tobacco Survey, Youth Tobacco Survey, Behavior Risk Factor Surveillance Survey (BRFSS), media evaluation and other evaluation measures.



This is Lorene's inspirational story

Lorene Sandifur from Kokomo, Indiana, is telling her story. She believes more Hoosiers will decide to quit after hearing her husband Gary's story. This message is about saving lives.


"Gary said he'd quit smoking at 50. The day before his 50th birthday, we found out about his terminal brain tumor." [Watch Videos](#)

You can follow Lorene Sandifur's story on Facebook at www.facebook.com/quitnowindiana

Take Action.
You may have thought about quitting; you may have tried to quit. You know the sooner you stop smoking the healthier you will be. Maybe today is the day you make the decision to stop smoking.

Find your inspiration to quit smoking. The Indiana Tobacco Quitline will help and it's absolutely free. For more information, call 1-800-Quit-Now (800-784-0669) or visit www.QuitNowIndiana.com.

If you are ready to quit now [click here](#).


1-800-QUIT NOW
Indiana's Tobacco Quitline

- Promoting the Indiana Tobacco Quitline and cessation campaigns.
- Recognizing 100 percent tobacco-free school campuses, health facilities for being tobacco-free and local smoke-free workplace ordinances, as well as support for smoke-free policies.
- Publicizing results of air monitoring studies and public opinion surveys.

- Warning Hoosiers about dangerous new tobacco products being test marketed in Indiana.
- Honoring young people through the Youth Advocate of the Year awards.

Examples of social and viral media efforts include:

- Inviting cessation summit partners to join a summit participant group on Linked In to facilitate discussion following the event.
- Launching a Quit Now Indiana Facebook page, providing Lorene with a forum to personally encourage smokers to quit, and allowing visitors to support Lorene during her training for the Boston Marathon.
- Informing Preferred Employer Network and Preferred Provider Network members about the Indiana Tobacco Quitline via electronic media.
- Promoting the Quit Now Indiana contest online to smokers who had indicated an interest in quitting
- Encouraging youth to sign-up for local Voice empowerment activities via Facebook updates
- Allowing new employers interested in promoting cessation to request employer kits on-line

PARTNERSHIPS

Legislation creating ITPC gave the agency the charge of coordinating tobacco prevention and cessation efforts statewide, including efforts by both government and non-government organizations. Using Indiana's strategic tobacco control plans as a foundation, ITPC has developed strong partnerships with organizations and state agencies. These significant partnerships have allowed ITPC to extend its reach to multiple audiences in ways that are relevant to each specific partner. The agency works directly and indirectly with more 2,250 organizations for purpose of reducing tobacco use in Indiana. These are just a few of the public-private partnerships that ITPC has secured to strengthen the impact of Indiana's tobacco control efforts.

Indiana Black Expo

Indiana Tobacco Prevention and Cessation announced in March 2002 that it was joining forces with Indiana Black Expo in a historic partnership to fight against the marketing and sales of deadly tobacco products to ethnic groups in Indiana. The tobacco industry has used excessive targeted marketing among ethnic groups to increase sales and profits for years. In Indiana, African Americans smoke at a high rate. The partnership has focused on educating the African American community to change these statistics.

This partnership was truly a historic event. For many years tobacco companies have maintained a special relationship with many of the best known black organizations in the country. This was an opportunity to set a precedent and reverse the historic trend of the tobacco company's sponsorships and marketing their products to the minority community.

Indiana Black Expo has hosted workshops, expositions and entertainment events that have played a vital role in educating and addressing the tobacco issues in the African American community. These events include the annual



The WhiteLies.tv smoke-free concert was an annual highlight for attendees of Indiana Black Expo's Summer Celebration.

Summer Celebration, a weeklong event featuring an employment opportunity fair, health fair, workshops, receptions, concerts and exhibitors. *Summer Celebration* is the largest and longest-running event of its kind in the nation.

Indiana State Fair

ITPC's partnership with the Indiana State Fair has created a state fair that sets the standard in terms of protecting visitors and workers from secondhand smoke. Over the course of the partnership beginning in 2002, the fair has implemented tobacco-free zones, including all indoor facilities, the Midway, and shuttles. ITPC's involvement has a significant impact on the fair, with the event expanding its smoke-free air policies each year. In 2008, the State Fair introduced designated smoking areas around the fairgrounds to further reduce secondhand smoke exposure.

Efforts focus on cessation and secondhand smoke throughout the extended event, as volunteers provide information and education on how to



ITPC staff and community partners recruited fairgoers for grassroots support of tobacco prevention issues.

quit smoking. Literature and banners promoting cessation have been visible around the fairgrounds.

For the past several years, the State Fair has celebrated its Annual Tobacco-Free Day. During the day, Voice had an increased presence on the fairgrounds, with Voice youth hosting a variety of activities to engage youth at the booth, as well as other activities such as concerts featuring performers with youth appeal.

The success of the Indiana State Fair partnership has influenced many local fair boards to adopt tobacco-free policies to protect fair patrons. Many partners have taken advantage of local fairs and festivals as an avenue for promoting a tobacco-free message. In 2003, 20 counties participated in their county fairs with a Tobacco-Free Day, and another 33 counties had a booth at their local fair. By 2009, 16 counties had progressed to having tobacco-free fairs.

Indiana State Department of Health Programs

ITPC entered into a Memorandum of Understanding with the Indiana State Department of Health (ISDH) in 2007 to perform the state's responsibilities under the CDC/Office on Smoking and Health, National Tobacco Control Program. This grant activity complements existing ITPC activities and infrastructure.

Since that time, ITPC has collaborated with ISDH Chronic Disease programs – specifically Diabetes Prevention and Control Program (DPCP), the Behavior Risk Factor Surveillance Survey (BRFSS) and the Healthy Communities program, submitting a joint funding application to the CDC. This collaboration continues these programs' ongoing work to reach communities with efforts to reduce the burden of chronic disease and to promote the Indiana Tobacco Quitline. The link between tobacco use and chronic disease is strong. For example during the last year, 40 percent of tobacco users enrolling in the Quitline indicated they suffer from one of the following chronic conditions: asthma, coronary artery disease, chronic obstructive pulmonary disease or diabetes.

During SFY 2010, ITPC has received approximately \$1 million from the CDC/Office on Smoking and Health for state tobacco control programming, and an additional \$1 million in funding from the federal Recovery Act for to provide an increase in services through the Indiana Tobacco Quitline.

Since 2006, ITPC has acted as the tobacco prevention arm of the INShape Indiana program. With an emphasis on tobacco cessation as one of its three wellness focuses, INShape Indiana has helped to educate Hoosiers about the benefits of quitting smoking. In the spring of 2010, INShape Indiana joined ITPC and Indianapolis Association of Health Underwriters in announcing the launch of the Quit Now Preferred Employer Network. Additionally, INShape Indiana supported the Quit Now Indiana Campaign, reaching out through its database to promote campaign participation.

New Public-Private Partnerships

Smoking Cessation Summit

ITPC collaborated with the ISDH and Purdue University School of Pharmacy & Pharmaceutical Sciences to conduct Indiana's Smoking Cessation Summit, the first of its kind. Supported by the national Partnership for Prevention, Indiana was selected as the first state in which to hold an ACTION summit. The summit drew attendees from around the state representing employers, public health educators, insurers and health care providers. More than 70 partner organizations gathered to discuss and identify strategies to increase cessation with an emphasis on those which were low in cost. Implementing a statewide smoke-free air law was one of the goals identified to lower the adult smoking rate to 18% by 2015.

Indianapolis Association of Health Underwriters

With the increased emphasis on employer outreach, ITPC's partnership with the Indianapolis Association of Health Underwriters (IAHU) presented a new channel for reaching benefits providers and human resource managers of some of the state's largest employers. ITPC has engaged IAHU's members in educating them about the Indiana Tobacco Quitline and enrollment in the new Quit Now Preferred Employer Network.

Within the first three months, more than 15 IAHU members requested Quitline materials to share with their clients. Pfizer, Inc. also participated in the partnership by providing Chantix discount coupons to IAHU's members' clients after they enroll in the Preferred Employer Network.

Interest from the local chapter about extending the public-private partnership has attracted the



National Association of Health Underwriters CEO Karen Trautwein discusses cessation with local employers and health department officials.

attention of other state chapters, as well as the National Association of Health Underwriters. As a result of the early success of the partnership in showcasing the benefits to employers who help employees quit, tobacco cessation will be one of three wellness focuses of the national association in 2011.

Head Start

In 2009, ITPC began piloting a project entitled Getting a Head Start on Living Tobacco Free to reach families enrolled in Indiana Head Start in four communities. Young children are disproportionately affected by secondhand smoke exposure in the home. Educational initiatives are being developed to help low-income families understand the steps to take to protect themselves and their children from the dangers of secondhand smoke.

ITPC, along with guidance from a project advisory board, has developed a train-the-trainer program that will provide tools and training to work with more Head Start centers in Indiana in 2010.

FORECAST: NEXT 10 YEARS

To further reduce and sustain lower tobacco use rates, it is imperative that a comprehensive statewide smoke-free air law be implemented by the Indiana General Assembly. Additionally, ITPC will engage its partners to focus on the following:

- Reduce the adult smoking rate to 18 percent.
- Sustain funding for the Indiana Tobacco Quitline.
- Focus outreach on priority populations.
- Continue engaging in health care provider education and creating systems changes to help Hoosiers quit.
- Implement strong local tobacco control policies.



“ITPC’s partnership with the Indianapolis Association of Health Underwriters is just the type of dynamic change we need between private and public entities to bring about major changes in our state and local communities. We need innovative ideas to engage employers, create a healthier workforce and overcome the challenges associated with tobacco control. Efforts such as this will help further support such initiatives as Governor Mitch Daniels’ INShape Indiana program.”

*State Health Commissioner
Gregory N. Larkin, M.D.*

SFY 2010 FINANCIAL REPORT

Cash and Investments, July 1, 2009	\$11,665,498
Receipts	
Appropriation from MSA dollars (30418)	10,408,000
Interest on Investments	9,399
Local Grant Dollars Returned from Previous Grant Cycles	1,257,862
American Legacy Foundation Take Note Grant (47975)	14,516
ISDH/CDC/OSH Collaborative Grant Reimbursement-Non ARRA	1,002,132
ISDH/CDC Quitline ARRA Funding	0
Miscellaneous Donation to Agency	155
Total Receipts into fund July 1, 2009 to date	12,692,064
Total Receipts and Cash and Investments	24,357,562
Disbursements	
Community Based Programs	
Local Community Based Partnerships	3,705,214
Minority Based Partnerships	1,193,642
Statewide Grants	910,943
Chronic Disease Collaborative Project – INSHAPE	24,986
Voice Hubs & Youth Summit	239,296
Training, Technical Assistance, Educational Materials	146,618
Special Opportunity Grants	87,384
Reserve for Matching Grants – ALF Take Note Grant	67,749
American Legacy Foundation Take Note Grant	7,729
ISDH/CDC OSH Project	777,239
Quitline & NRT	2,597,553
Subtotal Community Based Programs	9,758,354
Statewide Public Education Campaign	1,078,513
Evaluation (RTI & State Board of Accounts)	251,974
Administration and Management	1,126,989
Total Disbursements	12,215,829
Cash and Investments, June 30, 2010	\$12,141,733

Notes to the Annual Financial Report

June 30, 2010

Note 1. Summary of Significant Accounting Policies

A. Introduction

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

B. Reporting Entity

The Indiana Tobacco Prevention and Cessation Agency was created by IC-4-12, to establish policies, procedures, standards, and criteria necessary to carry out the duties of the staff of the executive board. Funds needed to operate the Agency are obtained through appropriation by the General Assembly from the Master Settlement Agreement IC 24-3-3-6.

Note 2. Deposits and Investments

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

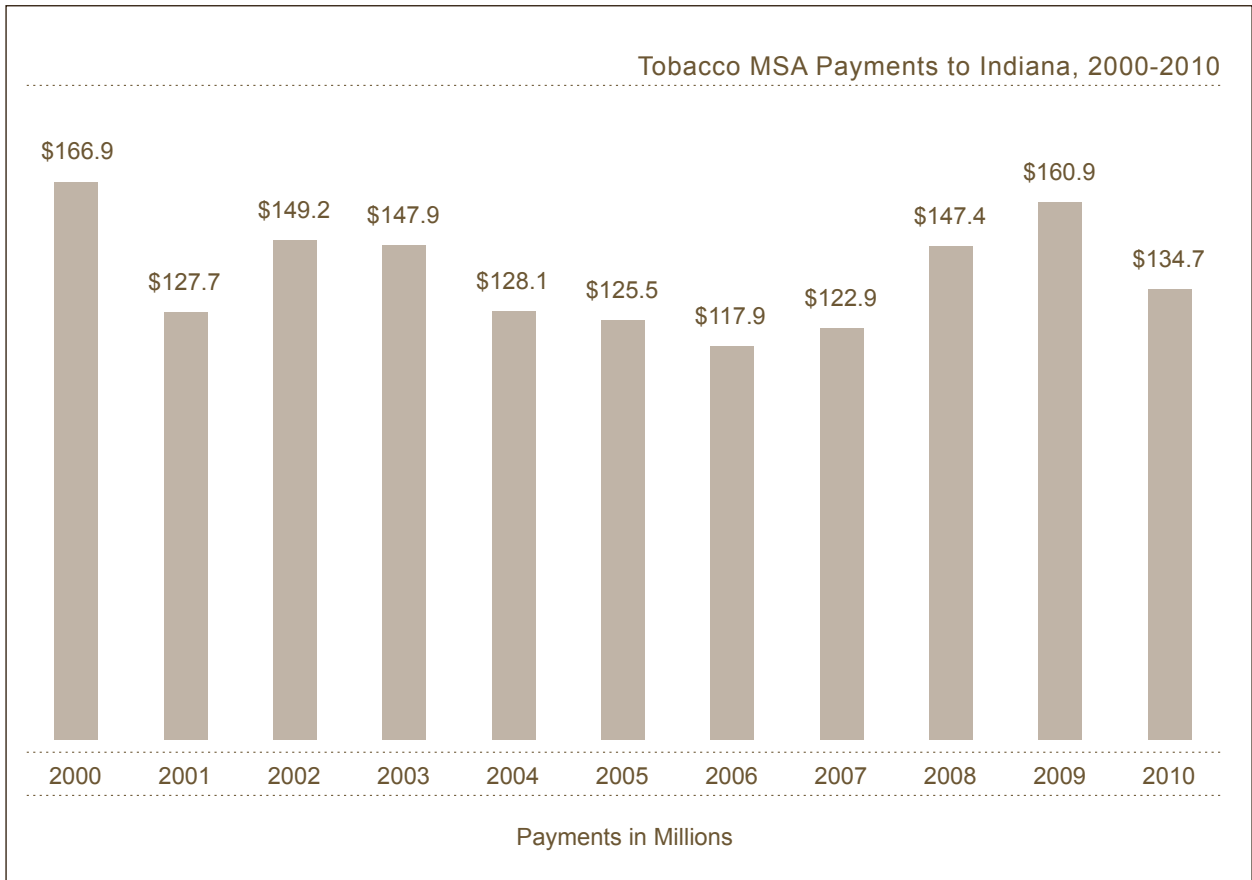
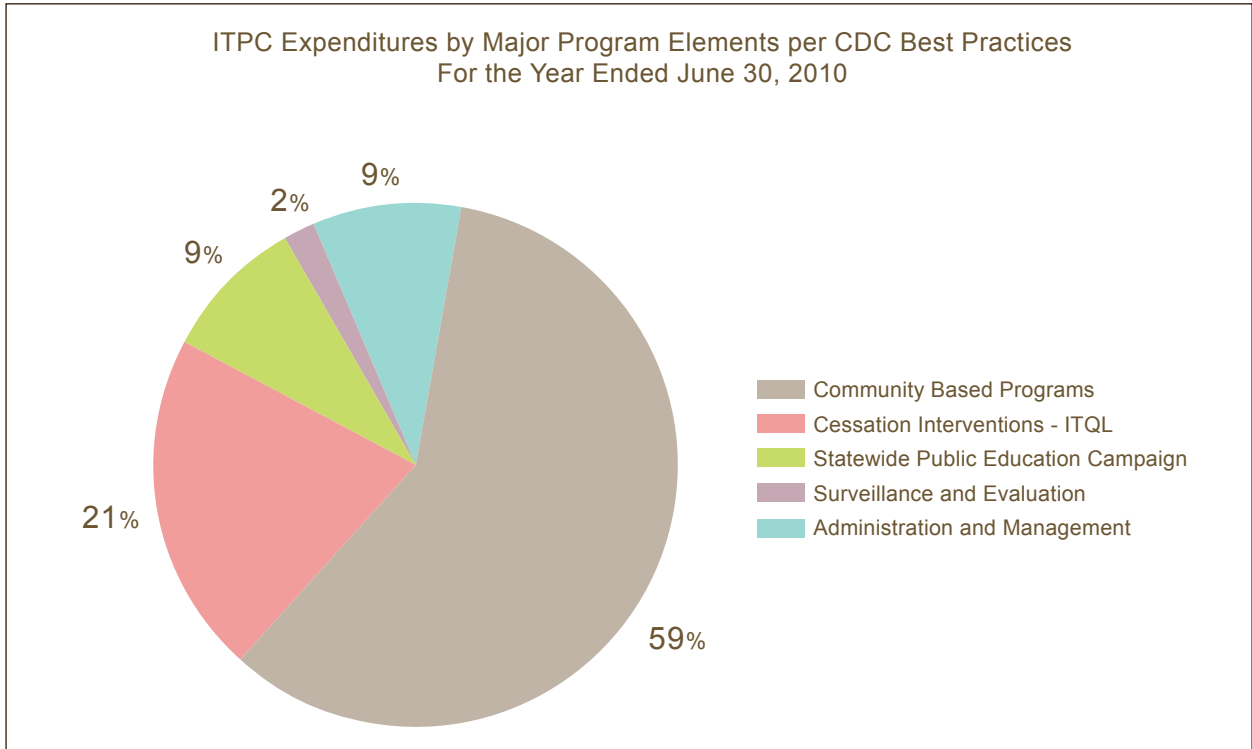
Note 3. Net Appropriation

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

SFY 2010-2011 BUDGET

Budget Item	SFY 10 Encumbrances to be paid in SFY 2011	CDC Collaborative Grant (Non-ARRA)	CDC Quitline Grant (ARRA)	Fiscal Year 2010 Appropriation	Fiscal Year 2011 Appropriation
* COMMUNITY BASED PROGRAMS					
1. Local Community Based Partnerships	1,914	0	0	3,709,500	3,709,500
2. Minority Based Partnerships	152,724	30,000	0	1,456,500	1,576,500
3. Statewide Grants	50,000	0	0	375,000	275,000
4. Chronic Disease Collaboration - INSHAPE	65,900	0	0	150,000	150,000
5. Voice Hubs & Youth Summit	0	0	0	210,000	210,000
6. Training and Technical Assistance	202,949	201,271	4,541	200,481	69,412
7. Special Opportunity Grants	87,384	0	0	0	0
8. Legacy foundation Take Note Grant	21,988	0	0	0	0
9. Indiana Quitline	1,547,545	92,508	700,000	2,250,000	1,000,000
10. Mandated Reserves: SFY10 - 10%; SFY11 - 15%	0	0	0	1,086,000	1,628,896
11. Enforcement of Youth Access (ATC)	0	0	0	50,000	0
12. Cessation Outreach Partnership Pilot	165,143	0	0	165,143	0
13. Cessation Systems Change	0	70,000	0	0	0
Subtotal COMMUNITY BASED PROGRAMS	2,295,548	393,779	704,541	9,652,624	8,619,308
* STATEWIDE PUBLIC EDUCATION CAMPAIGN	616,450	400,000	300,000	1,070,132	900,000
* EVALUATION (RTI & Grant Monitoring Svcs)	1,128,044	70,000	0	226,695	560,000
* ADMINISTRATION/MANAGEMENT	91,930	139,635	80,866	1,000,000	900,000
TOTALS	4,131,971	1,003,414	1,085,407	11,949,451	10,979,308

- Budget adheres to the 75% mandate to local community programs as written into the current Budget Bill 1001.
- CDC grant dollars are on a reimbursement basis through Memorandum of Understanding with Indiana State Department of Health.
- Budget revised 9-17-09 for grant dollars unexpended and returned from earlier grant cycles. Revision approved 9-17-09 per motion. Motion added \$225,000 to Statewide grants and \$500,000 to quitline for SFY 10 only; \$330,286 to create a Cessation Outreach partnership, \$100,000 for the ATC and \$300,000 for INSHAPE for SFY 10 & 11.
- Budget revised again 11-10-2009 per executive order to increase reserve from 5% to 10% in SFY 10 only; Reduced Statewide Grants by \$125,000, Evaluation by \$333,305 and Statewide Public Education Campaign by \$84,695 for a total of \$543,000 in additional mandated reserves, bringing mandated total to 10% of budget for SFY 10.
- Budget amended and approved on 6-03-2010 per executive order to develop a budget for \$10,859,308 appropriation that provides a 15% reversion to be withheld from the agency, not deposited into trust fund during SFY 11. Minority grant category increased by \$120,000 for Indiana Black Expo.



TOBACCO MSA APPROPRIATIONS

	FY 2010	FY 2011
Operating Expenditures		
Department of Health		
Office of Women's Health	\$12,148	\$121,248
Donated Dental Services	\$42,932	\$42,932
ISDH Breast Cancer	\$86,489	\$86,490
ISDH Prostate Cancer	\$93,000	\$93,000
Sickle Cell Program	\$250,000	\$250,000
ISDH Cancer Registry	\$610,647	\$610,647
ISDH Minority Health Initiative	\$3,000,000	\$3,000,000
Project Respect	\$537,904	\$537,904
ISDH HIV/AIDS Services	\$2,162,254	\$2,162,254
ISDH Drug Afflicted Babies	\$58,121	\$58,121
ISDH AIDS Education	\$817,245	\$817,245
ISDH Chronic Disease	\$1,078,427	\$1,078,427
ISDH WIC Supplement	\$190,000	\$190,000
ISDH MCH Supplement	\$190,000	\$190,000
ISDH Aid to TB Hospitals	\$96,883	\$96,883
Children with Special Health Care Needs	\$13,862,070	\$13,862,070
ISDH Local Health Maintenance Fund	\$3,860,000	\$3,860,000
Local Health Dept. Trust Account	\$3,000,000	\$3,000,000
Community Health Centers	\$17,500,000	\$20,000,000
Prenatal Substance Abuse	\$150,000	\$150,000
Minority Epidemiology	\$750,000	\$750,000
Total Health Appropriations	\$48,348,120	\$50,957,221
FSSA		
Residential Services for Developmentally Disabled Persons	\$15,229,000	\$15,229,000
Burial Expenses	\$1,607,219	\$1,607,219
Division of Disability and Rehab Services Admin.	\$360,764	\$360,764
Day Services-Diagnosis and Evaluation	\$400,125	\$400,125
Division on Aging Admin. – FSSA	\$1,447,410	\$1,447,410
Epilepsy Program	\$463,758	\$463,758
Substance Abuse Treatment	\$4,855,820	\$4,855,820
Caregiver Support	\$809,500	\$809,500
CHIP – Assistance	\$33,426,720	\$35,426,720
CHIP – Administration	\$1,492,201	\$1,557,791
BDDS Operating	\$1,869,887	\$1,869,887
Outreach-State Operating Services	\$2,232,973	\$2,232,973
Crisis Management	\$4,136,080	\$4,136,080
Community Mental Health Centers	\$7,000,000	\$7,000,000
Prescription Drug Account/Hoosier Rx	\$1,117,830	\$1,117,830
Total FSSA Appropriations	\$76,449,287	\$78,514,877
Other Agencies		
Attorney General's Office	\$494,467	\$494,467
Indiana Tobacco Prevention and Cessation	\$10,859,308	\$10,859,308
Rural Economic Development Fund	\$1,497,688	\$1,497,688
Total Other Agencies Appropriations	\$12,851,463	\$12,851,463
Total Operating Appropriations	\$137,648,870	\$142,323,561
Capital Appropriations		
Capital		
Regional Healthcare Construction	\$10,744,100	\$10,745,159
Gary Trauma Center	\$3,000,000	
Total Capital Appropriations	\$13,744,100	\$10,745,159
Total Appropriations	\$151,392,970	\$153,068,720

ITPC EXECUTIVE BOARD

The foresight and guidance of ITPC's current and past board members have helped craft the agency into one of the nation's most respected tobacco control agencies. ITPC would like to recognize and thank its board members for their service and commitment to improving public health in Indiana.

2009-2010 Board Members

*Indicates board chair

Greg Larkin, M.D., FAAFP*, State Health Commissioner (2010)

Karla S. Sneegas, MPH, Indiana Tobacco Prevention and Cessation Agency (2001)

Victoria Champion, Ph.D., American Cancer Society (2004)

Robert (Rob) F. Clark, Clarian Health Partners, Inc. (2009)

Marian L. Dick, RN, BS, Porter County Career & Technical Center (2009)

Patricia (Pat) Hart, Delaware Co. Coordinating Council to Prevent Alcohol and other Drug Abuse (2001)

Stephen Jay, M.D., Indiana State Medical Association (2001)

James (Jim) Jones, Community Mental Health Centers (2001)

Bobby Keen, Ph.D., Indiana Hospital & Health Association (2001)

Diane Krull, Indiana Heart Hospital (2006)

J. Michael (Mike) Meyer, Public Health Representative (2001)

Danielle Patterson, American Heart Association (2005)

Steve Simpson, M.D., Health Care Services Representative (2001)

Alan Snell, M.D., Health Care Services Representative (2001)

Mohammad Torabi, Ph.D., Prevention & Cessation Representative (2001)

Lindsay Grace, American Lung Association (2010)

Wendy Zent, Indiana Dental Association (2006)

Ex Officio Members

Greg Zoeller, Indiana Attorney General's Office (2008)

Tony Bennett, Ed.D., Indiana Department of Education (2008)

Anne Murphy, Family & Social Services Administration (2008)

Former Board Members, 2000-2009

*Indicates board chair
(alphabetical order)

David Austin, D.D.S, 2004-2006

Robbie Barkley, 2001-2004

Michael Blood, M.D., 2001-2002

Tehiji Crenshaw, 2004

Susan Crosby*, 2004

Bain Farris*, 2001-2002

Richard Feldman, M.D., 2001-2008

Richard Huber, M.D., 2001-2003

Jessica Kelley, 2008-2009

Frank Kenny, 2001

Pat Rios, 2004-2008

John Graydon Smith, 2002-2003

Nancy Turner, 2004-2006

Peggy Voelz, 2001-2003

Alice Weathers, 2001-2003

Former Ex Officio Members

Stephen Carter, 2001-2007

John Hamilton, 2001-2002

Judith Monroe*, M.D, 2004-2008

Suellen Reed, Ed.D, 2001-2007

E. Mitch Roob, 2004-2007

Cheryl Sullivan, 2003

Gregory A. Wilson, M.D., 2001-2002

INDIANA TOBACCO PREVENTION AND CESSATION STAFF

Start date indicated in parenthesis

Rachelle Back (2007)

Regional Program Director – Northern Indiana

Celesta Bates (2001)

Chief Financial Officer

Barb Cole (2006)

Administrative Assistant

Anita Gaillard (2001)

Director of Community Programs

Becky Haywood (2001)

Administrative Assistant

Camille Kalil (2008)

Director of Tobacco Cessation

Kristen Kearns (2002)

Contracts Administrator

Angie Morris (2008)

Voice/Training Director

Karen O'Brien (2002)

Regional Program Director – South West Indiana

Cheryl Raney (2007)

Accountant

Katelin Ryan (2007)

Research Director

Miranda Spitznagle (2001)

Director of Program Evaluation

Karla Sneegas (2001)

Executive Director

Melissa Swan (2009)

Regional Program Director – Central East Indiana

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- ¹ Centers for Disease Control and Prevention. *Best Practices for Comprehensive Tobacco Control Programs—2007*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; October 2007.
- ² *The Guide to Community Preventive Services: Tobacco Use Prevention and Control*: Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion
- ³ Institute of Medicine, 2007. *Ending the Tobacco Problem: A Blueprint for the Nation*. Washington, DC: The National Academies Press.; The U.S. Public Health Service 2008 Clinical Practice Guideline Update: *Treating Tobacco Use and Dependence*.
- ⁴ Farrelly, MC, et al., “The Impact of Tobacco Control Programs on Adult Smoking,” *American Journal of Public Health* 98:304-309, February 2008.
- ⁵ Taurus JA et al. “State Tobacco Control Spending and Youth Smoking,” *American Journal of Public Health*, February 2005.; Farrelly, MC, et al., “The Impact of Tobacco Control Programs on Adult Smoking,” *American Journal of Public Health* 98:304-309, February 2008.
- ⁶ Taurus JA et al. “State Tobacco Control Spending and Youth Smoking,” *American Journal of Public Health*, February 2005.
- ⁷ Farrelly, MC, et al., “The Impact of Tobacco Control Programs on Adult Smoking,” *American Journal of Public Health* 98:304-309, February 2008.
- ⁸ Starr G, Rogers T, Schooley M, Porter S, Wiesen E, Jamison N. *Key Outcome Indicators for Comprehensive Tobacco Control Programs*. Atlanta, GA.: Centers for Disease Control and Prevention; 2005.
- ⁹ Campaign for Tobacco Free Kids, “State cigarettes tax rates and rankings” <http://tobaccofreekids.org/research/factsheets/pdf/0097.pdf>
- ¹⁰ See, e.g., Chaloupka, F, “Macro-Social Influences: The Effects of Prices and Tobacco Control Policies on the Demand for Tobacco Products,” *Nicotine and Tobacco Research*, 1999; other studies at <http://tiger.uic.edu/~fjc/>; Taurus, J, “Public Policy and Smoking Cessation Among Young adults in the United States,” *Health Policy* 6*:321-32, 2004; Taurus, J, et al., “Effects of Price and Access Laws on Teenage Smoking Initiation: A National Longitudinal Analysis,” *Bridging the Gap Research, ImpacTeen*, April 24, 2001, and others at <http://www.impacteen.org/researchproducts.htm>. Chaloupka, F & Pacula, R, *An Examination of Gender and Race Differences in Youth Smoking Responsiveness to Price and Tobacco Control Policies*, National Bureau of Economic Research, Working Paper 6541, April 1998, <http://tiger.uic.edu/~fjc/>; Emery, S, et al., “Does Cigarette Price Influence Adolescent Experimentation?,” *Journal of Health Economics* 20:261-270, 2001; Evans, W & Huang, L, *Cigarette Taxes and Teen Smoking: New Evidence from Panels of Repeated Cross-Sections*, working paper, April 15, 1998, www.bsos.umd.edu/econ/evans/wrkpap.htm; Harris, J & Chan, S, “The Continuum-of-Addiction: Cigarette Smoking in Relation to Price Among Americans Aged 15-29,” *Health Economics Letters* 2(2):3-12, February 1998, www.mit.edu/people/jeffrey.
- ¹¹ 2008 Indiana Adult Tobacco Survey
- ¹² 2000-2008 Indiana Youth Tobacco Surveys
- ¹³ <http://www.no-smoke.org/pdf/mediaordlist.pdf>
- ¹⁴ Study from Fred Hutchinson Cancer Research Center published in *Journal Addiction*
- ¹⁵ Task Force on Community Preventive Services, *American Journal of Preventive Medicine*, Feb. 2001, supplement reports. <http://www.thecommunityguide.org/tobacco/default.htm>
- ¹⁶ 2007-2008 Indiana Adult Tobacco Survey



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