New Frontiers

2008-2009 ITPC ANNUAL REPORT

08-09

IT SAVES LIVES - IT SAVES MONEY

Indiana Tobacco Prevention and Cessation

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our vision

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

our mission

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

- Change the cultural perception and social acceptability of tobacco use in Indiana
- Prevent initiation of tobacco use by Indiana youth
- Assist tobacco users in cessation
- Assist in reduction 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 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.

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 implements the State's tobacco prevention and cessation program, which includes public education, youth empowerment, cessation initiatives and community programs.

ITPC presents this state fiscal year (SFY) annual report on activities from July 1, 2008 to June 30, 2009.

Key Outcomes for SFY 2009

YOUTH SMOKING DROPS TO HISTORIC LOWS

Data from the 2008 Indiana Youth Tobacco Survey (YTS) showed that smoking among high school students dropped 21 percent, from 23.2 percent in 2006 to 18.3 percent in 2008. Among middle school students, the rate fell even more, from 7.7 percent in 2006 to just 4.1 percent in 2008, a 47 percent decline. Since 2000, high school smoking has dropped 42 percent, and middle school smoking has been cut 58 percent.

HOOSIERS REPORT MORE SMOKE FREE HOMES, ESPECIALLY AMONG SMOKERS

Up to 81 percent of all Hoosier families have a smoke free home. More importantly, more than half of households with smokers are reporting smoke free homes. The percentage of smoke free homes among smokers has almost doubled, increasing from 29 percent in 2002 to 55 percent in 2008.

RECORD NUMBER OF CALLS TO THE INDIANA TOBACCO QUITLINE

The Indiana Tobacco Quitline received nearly 21,000 calls in SFY 2009. This is a 600 percent increase from the number of calls received two years ago. Call volume has increased significantly due to several factors including: offering a two-week supply of patch or gum to registered callers, increased promotion to tobacco users, and tobacco product price increases in the spring of 2009. Monthly quitline call volume reached a new record in April 2009 with over 3,000 calls.

OUTREACH YIELDS INCREASED HEALTH CARE PROVIDER INVOLVEMENT

Focused outreach to health care providers to implement a system change within their health care practices has picked up momentum as many are eager to help their patients quit. Callers to the Indiana Tobacco Quitline, who were referred by health professionals increased to 11 percent in SFY 2009 from 7 percent in SFY 2008. Of smokers who tried to quit smoking in the past year, about half (49 percent) say that a doctor or dentist recommended they quit. Outreach to health care providers gives them necessary resources to refer patients to the Indiana Tobacco Quitline through an effective fax referral system that received over 2,300 fax referrals – a six-fold increase from the previous year.

SUCCESS OF THE QUIT2WIN CAMPAIGN

The second annual Quit2Win campaign was held in the summer of 2008. More than 7,200 entries were received, an increase of more than 2,000 over the first year. Half of Hoosier smokers tried to quit smoking in the past year.

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* and is required by I.C. 4-12-4.[i] *Best Practices for Comprehensive Tobacco Control Programs* describes an integrated programmatic structure for implementing interventions proven to be effective and provides the recommended level of annual investment to most rapidly reduce tobacco use. Emphasis is placed on individual components working together to achieve maximum results.

The Hoosier Model also relies on *The Guide to Community Preventive Services for Tobacco Control Programs* issued by the CDC that provides evidence on the effectiveness of community-based tobacco interventions within three areas of tobacco use prevention and control:[ii]

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

In addition to *The Guide to Community Preventive Services*, 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 are being implemented in Indiana.[iii] Evidence-based, statewide tobacco control programs that are comprehensive, sustained, and accountable have been shown to reduce smoking rates, tobacco-related deaths, and diseases caused by smoking.

Research has shown that the more states spend on comprehensive tobacco control programs, the greater the reductions in smoking and the longer states invest in such programs, the greater and faster the impact. If all states sustained their CDC

recommended level of investment for five years, there would be an estimated five million fewer smokers in the United States. As a result, hundreds of thousands of premature tobacco related deaths would be prevented. Longer-term investments would have even greater effects.[iv]

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

Incorporating elements recommended by the CDC, the Hoosier Model for Tobacco Control has five major categories for funding. It is important to recognize that these individual components must work together to produce the synergistic effects of a comprehensive tobacco control program. These program components 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 implemented through a collaboration of many partners, from state agencies to grassroots community organizations. The strategic plan to reduce Indiana's burden from tobacco has been modified from the 2010 Strategic Plan to consolidate the existing six priority areas into four, which will be achieved through the five intervention areas recommended by *CDC Best Practices for Comprehensive Tobacco Control Program*. Objectives outlined in the Strategic Plan are established from outcome indicators recommended by the CDC. These indicators are specific and measurable characteristics or changes that represent achievement of an outcome.

2015 Indiana Tobacco Control Strategic Plan Priority Areas:

1. Decrease Indiana youth smoking rates.
2. Increase the proportion of Hoosiers not exposed to secondhand smoke.
3. Decrease Indiana adult smoking rates.
4. Maintain state and local infrastructure necessary to lower tobacco use rates and thus make Indiana competitive on economic fronts.

ITPC staff began the planning process in the Spring of 2008 with an environmental scan of existing state health related plans that include a tobacco prevention and cessation component. Focus groups and key informant interviews were conducted at the national, state, and local levels. These interviews included statewide and regional tobacco control organizations, tobacco control experts, public and private health care organization administrators, ITPC affiliated community coalition representatives and large employers throughout the state. National organizations, including the CDC and ITPC's evaluation contractor, RTI, provided advice on setting priorities and refinement of program objectives.

In September 2008, strategies from each of the CDC Best Practices components, state and national research, and from key state partners were aligned with the plan's priority areas. The Tobacco Use Prevention and Cessation Executive Board approved the consolidation of the six priorities into four and adopted the plan's objectives in November 2008. ITPC staff and partner organizations outlined a list of tactics for each priority area and sought input from ITPC-affiliated coalition coordinators to focus the list of effective activities. In December 2008, ITPC staff reviewed the current form of the plan with statewide non-governmental organizations and state agencies for support and collaboration. It is expected that this list of collaborating partners will grow throughout 2009 and leading into 2015.

Throughout this report, progress toward the 2010 program objectives as outlined in the 2010 Indiana Tobacco Control Strategic Plan, is discussed in the "2009 Progress" section. Future targets of the program objectives are described under "New Frontiers – 2015 Objectives."

PRIORITY AREA ONE

DECREASE YOUTH SMOKING RATES

Preventing youth from smoking can save lives and money and improve the future of our state. Each year more than 10,000 Hoosier youth become new regular, daily smokers.[v] Besides its long-term effects on adults, tobacco use produces specific health problems for youth such as irritated eyes and throat, increased illness, tooth decay, gum disease and a reduced immune function.

The tobacco industry spends nearly $425 million a year in Indiana to promote its products.[vi] Research has found that youth are three times more sensitive to tobacco advertising than adults and more likely to be influenced to smoke by marketing than peer pressure.[vii] A social environment that includes images of smoking that are conveyed through cigarette advertising sets the stage for youth to begin using tobacco. A study published in the *Journal of the National Cancer Institute* found that this tobacco marketing has a greater influence in spurring kids to take up smoking than exposure to parents or peers who smoke.[viii] As tobacco products are readily available and as youth begin to try them, these factors become personalized and relevant, and tobacco use may begin.

Despite the tobacco industry's voluntary ban on paid product placements in

movies, and provisions in 1989 and the 1998 Master Settlement Agreement (MSA) barring such practices, smoking in Hollywood movies has increased. U.S. movies are still a powerful channel for promoting the lethal addiction that kills five million people worldwide each year – smokers and non-smokers alike. Studies that control for parents' smoking status conclude that teens who have seen the most smoking in movies are three times more likely to smoke.[ix] The effect is more than doubled among the children of non-smoking parents, compared to smokers' kids. Smoking in the movies accounts for more than half (52 percent) of new adolescent smokers. This means that smoking scenes in movies are more powerful than conventional cigarette advertising.[x]

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

The aggressive targeting of youth by the tobacco industry requires an equally aggressive public education campaign to prevent smoking initiation, to encourage smokers to quit, and to change the social acceptability of tobacco use. According to *CDC Best Practices for Comprehensive Tobacco Control Programs*, community programs and school-based policies and interventions should be part of a comprehensive effort, implemented in coordination across the community and school environments and in conjunction with increasing the unit price of tobacco products, sustaining anti-tobacco media campaigns, making environments smoke-free, and engaging in other efforts to create tobacco-free social norms.

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

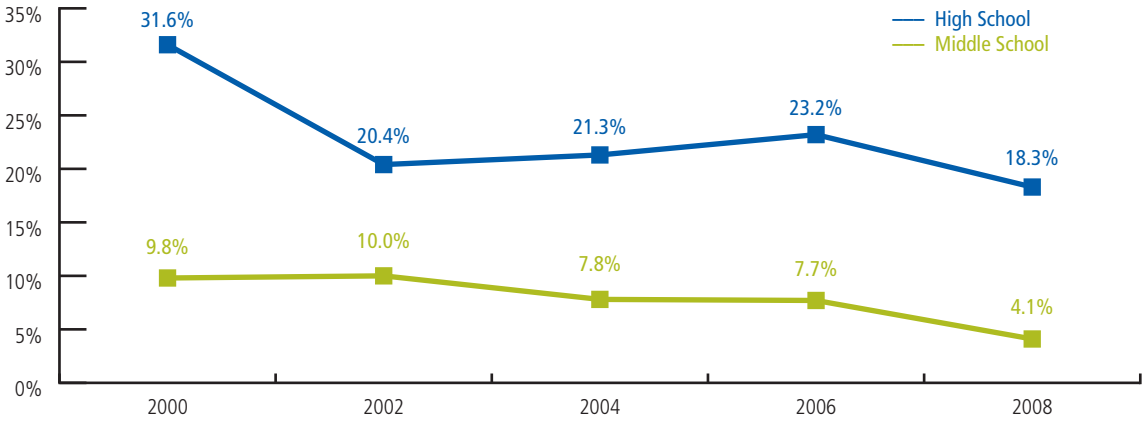
2010 LONG TERM OBJECTIVES:

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

2009 PROGRESS:[xiii]

- Indiana's smoking rate among middle school youth is 4.1 percent.
- Indiana's smoking rate among high school youth is 18.3 percent.

Chart 1 – Youth Smoking, 2000-2008



NEW FRONTIERS – 2015 OBJECTIVES:

- Maintain Indiana's smoking rate among middle school youth to no more than 5 percent by 2015.
- Decrease Indiana's smoking rate among high school youth to 17 percent by 2015.

Indiana's strategies for decreasing youth smoking include:

1. Increase the proportion of Indiana school districts that support and implement a comprehensive school strategy against tobacco use.
2. Increase level of community activism among youth to support community change that includes youth involved in the Voice movement.

STATUS OF TOBACCO USE AMONG YOUTH IN INDIANA

CURRENT SMOKING

Data from the 2008 Indiana Youth Tobacco Survey (YTS) showed that smoking among high school students dropped from 23.2 percent in 2006 to 18.3 percent in 2008, a decline of 21 percent. Among middle school students, the rates fell even more dramatically from 7.7 percent to just 4.1 percent for same time period – a 47 percent decline. Since 2000, high school smoking has dropped 42 percent, from 31.6 percent in 2000 to 18.3 percent in 2008. Middle school smoking has been cut by 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 smoke 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 that will likely become addicted adult smokers. Established youth smoking has significantly declined between 2006 and 2008 and there has been a larger overall decline since 2000, as shown in the chart below. Data from the 2008 YTS 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.

The smoking rate for middle school girls (4 percent) is similar to that of boys (4.5 percent). The smoking rate for high school girls (17.5 percent) is lower than of boys (19 percent). Smoking rates increase with

Chart 2 – Youth Who Smoked 20 Days in the Last 30 Days, 2000-2008

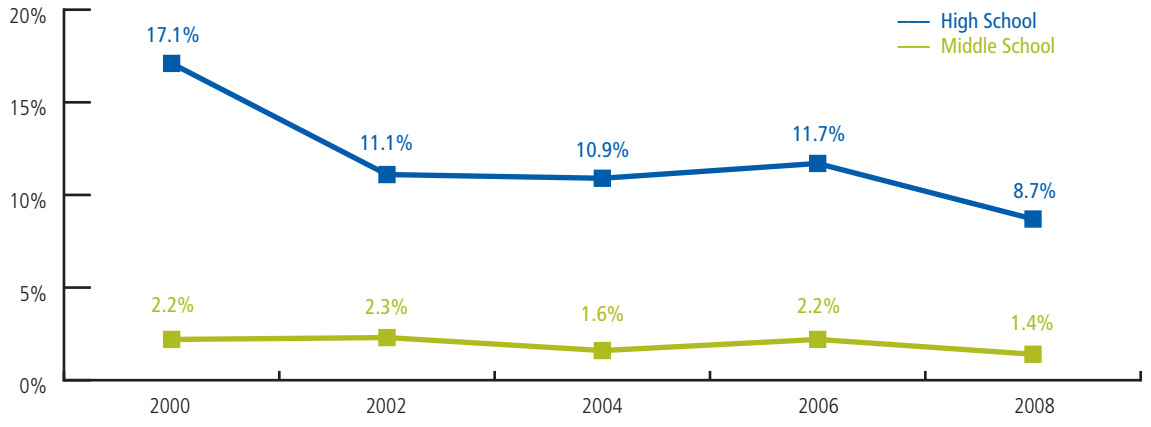
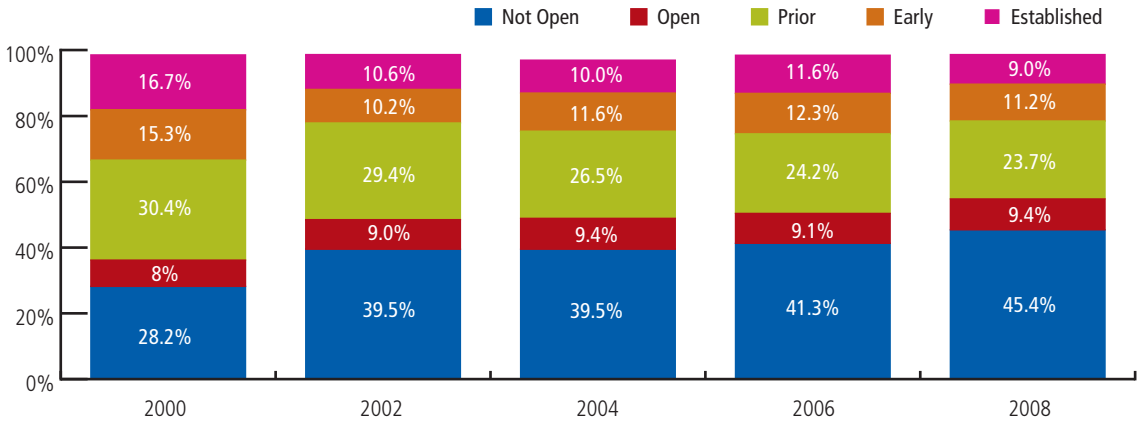


Chart 3 – High School Smoking Uptake, 2000-2008



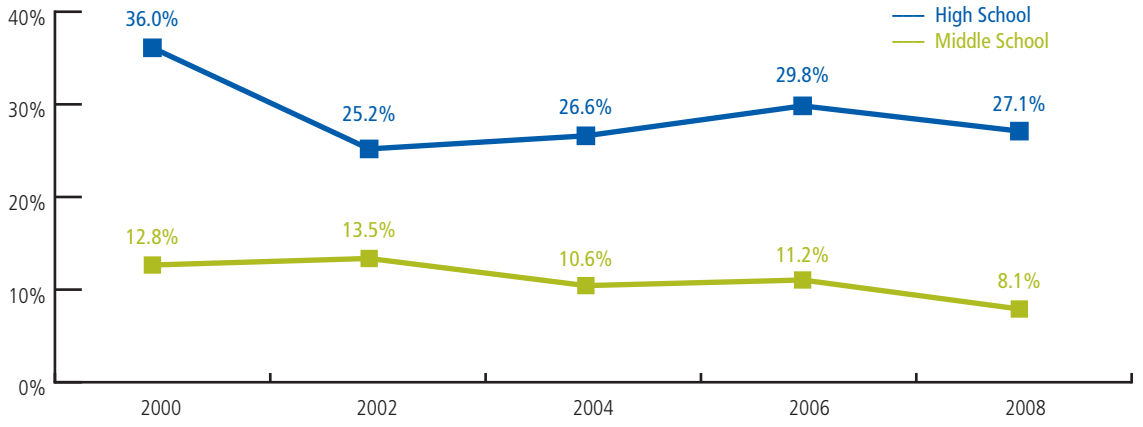
grade levels. Approximately 1 percent of 6th grade students are current smokers, increasing to 7 percent by the time students are in the 8th grade. The smoking rates jump to 11.5 percent for youth in the 9th grade, and increase to approximately 23 percent for youth in the 12th grade.

Smoking rates among racial/ethnic groups at the middle school level are similar for Whites (4 percent), African Americans (4.9 percent) and Latinos (6 percent). However, the rate for African American (11 percent) high school students is lower than rates for White (19 percent) and Latino (18 percent) students.

THE LIKELIHOOD OF STARTING TO SMOKE

Analyses of data on smoking uptake suggest that Indiana youth are responding to local and state tobacco control programs. The proportion of youth that report being "not open to smoking" increased significantly for both middle school and high school youth between 2000 and 2008 and between 2006 and 2008. "Not open to smoking," means that more Indiana youth would not consider smoking in the future or when offered a cigarette by a friend, thus suggesting stronger anti-smoking attitudes that prevent smoking initiation. The group "not open to smoking" increased from 28 percent in 2000 to 45

Chart 4 – Overall Use of Any Tobacco, 2000-2008



percent in 2008 among high school youth. The proportion of high school youth considered as "prior experimenters" significantly dropped from 2000 (30 percent) to 2008 (24 percent).

USE OF ANY TOBACCO AMONG YOUTH

Current use of any tobacco product among Indiana youth has decreased significantly from 2000 to 2008 for all youth. In 2008, 27 percent of high school youth report using any tobacco products compared to 36 percent in 2000. For middle school youth, 8 percent report using any tobacco products in 2008 compared to nearly 13 percent in 2000, as shown in Chart 4.

SECONDHAND SMOKE EXPOSURE AMONG YOUTH

The YTS data also indicate that fewer youth are being exposed to secondhand smoke. Past seven day exposure in a room or car among middle school youth decreased from 65 percent in 2006 to 55 percent in 2008. For high school youth a decline was also seen, as 71.6 percent were exposed to secondhand smoke in 2006 compared to 64 percent in 2008.

More data from the 2008 Indiana Youth Tobacco Survey can be found on the ITPC website www.itpc.in.gov at "Evaluation and Research".

OUTCOMES ACHIEVED:

TOBACCO PREVENTION THROUGH SCHOOL NETWORKS

Half of the local ITPC-affiliated coalitions completed over 500 activities with Indiana schools working towards a comprehensive approach to tobacco prevention. During SFY 2009, eleven school districts implemented a tobacco free campus policy. Sixteen school districts received the Gary Sandifur Tobacco Free School Award for having a 100 percent tobacco free campus. To be considered 100 percent tobacco free, a school district policy must include all school grounds, buildings and vehicles. The policy must apply to all students, staff, and visitors and be in effect at all times. Tobacco control coalitions have been working with school officials to ensure a healthy and tobacco free learning environment for our youth.

Currently 65 percent of Indiana's school districts have a tobacco free campus protecting 68 percent of youth enrolled in public schools from secondhand smoke exposure and smoking culture in school environments.

Statewide partners are working on preventing youth initiation as well:

- The Ruth Lilly Health Education Center reached over 12,000 seventh grade students from ten central Indiana counties with tobacco prevention and education programs that focused on the health impacts, as well as tobacco industry marketing and targeting of youth.
- The Indiana High School Athletic Association (IHSAA) reached parents, students, and administrators with a tobacco free message. Through the Role Model program, outstanding athletes from around Indiana appeared in posters and program schedules that promoted tobacco free lifestyles. These youth were trained on how to use their athletic skills as well as their communication skills to talk to both teens and adults about the benefits of living, working, and playing in a smoke free environment. This year 33 student athletes representing 24 counties completed over 126 speaking engagements.

COMMUNITY ACTIVISM AMONG YOUTH

VOICE

Voice, Indiana's youth movement against tobacco is a youth – led initiative that exposes the deceptive marketing tactics of the tobacco industry. The youth communicate with their peers and work to fight back against the tobacco industry marketing tactics, rather than focus solely on the health consequences of tobacco use. During SFY 2009, local Voice partners reported over 1,050 activities that include 343 activism events reaching more than 37,500 youth.

DON'T GLAM TOBACCO

In the summer of 2008, Indiana's Voice movement launched "Don't Glam Tobacco," a public education campaign focusing on the goals set forth by the National Smokefree Movies Action Network. The Smokefree Movies Action Network ("SMAN") is a project endorsed by the American Heart Association, American Legacy Foundation, American Medical Association and the State of New York Department of Health. This project's main goal is to reduce kids' exposure to smoking in the movies. To build this campaign in Indiana, ITPC created a "Don't Glam Tobacco" toolkit to serve 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 use the information in speaking engagements, exhibits, and other opportunities for public education. Supporters of "Don't Glam Tobacco" have been collecting petitions and participating in letter writing campaigns to the CEOs of entertainment companies. Over 12,300 petitions have been collected since launching this initiative.

PROJECT VOICE

Project Voice, a youth summit held in February 2009, provided an opportunity for more than 120 youth and 45 adult allies from all over the state to learn more about "Don't Glam Tobacco" and how to take action. Angelo Pizzo, an Indiana native and writer and producer of movies ("Rudy" and "Hoosiers"), provided a video segment for the youth discussing the responsibilities that filmmakers have in response to tobacco product placement.

The youth also had the opportunity to participate in a live webcast, which included Dr. Stan Glanz, professor of medicine at the University of California, San Francisco and founder of the Smoke Free Movies project; youth from Liverpool, England and New York City; and a Hollywood attorney. Through this webcast, youth learned about the issue and what is

being done in other areas of the country and the world to address smoking in the movies. The youth were very excited to learn that they were part of something beyond what they were working on in their own communities. They also had the opportunity to participate in a hearing with State leaders, including the Indiana State Health Commissioner, representatives from local entertainment and media outlets, a physician, and a representative from the State Attorney General's office. The youth provided testimony to the panel about the problem of smoking in the kid-rated movies, as well as the action steps proposed by the Smokefree Movies Action Network.

VOICE ROAD TOUR

The inaugural Voice Road Tour kicked off during the summer of 2008 with 16 stops around Indiana. The goal of the tour was to promote Voice at popular local fairs and festivals. Its focus was on gathering signatures supporting the "Don't Glam Tobacco" campaign. Throughout the summer, the Voice Road Tour traveled to events in the counties of Decatur, Hancock, Johnson, Monroe, Parke, St. Joseph and Vanderburgh. In addition, it had a significant presence at the Indiana State Fair, the Indianapolis Colts' Training Camp, and seven concerts at The White River State Park Summer Lawn concert series. More than 2,750 petitions were collected on the Road Tour.

NATIONAL AWARD WINNERS

Several Voice youth from across the state entered the *2009 Campaign for Tobacco Free Kids Kick Butts Day PSA Contest*. Kick Butts Day is a national day of activism that empowers youth to speak up and take action against Big Tobacco. Voice youth from Rhino's Youth Center in Bloomington, proudly took the National Grand Prize Award in the PSA contest.

This year was also a big year for Emily Kile, a junior from Greenfield, who became Indiana's first ever *National Youth Advocate of the Year*. This award is given by the *Campaign for Tobacco-free Kids*. As a national winner, Emily attended a gala in Washington D.C. and met with policymakers and other youth advocates from around the country. This award will afford her many other opportunities over the next year with the *Campaign for Tobacco-free Kids*.

INDIANA YOUTH ADVOCATES OF THE YEAR

ITPC honored several Voice members for their contributions to tobacco prevention. The State Award Winner, Emily Kile and five other students were recognized by ITPC as outstanding youth advocates who have taken the lead in holding the tobacco industry accountable for their efforts to market their products to youth. The Regional Award Winners were:

- Carl Thomas, Senior; South Bend
- Alexxa Spragg, Junior; Attica
- Davone Williamson, Senior; Indianapolis
- Alayna Martin, Junior; Marion
- Arthur Ross, Sophomore; East Chicago

VOICE HUBS

Throughout the state, six regional Voice Hubs provide technical assistance for local adults and youth on how to build and sustain their local Voice movements and youth advocacy efforts with 53 partners throughout the state. The hubs provide structure for regional trainings and a capacity building network to sustain the momentum of the Voice movement at the grassroots level to build a successful statewide Voice movement. The hubs strengthen existing communication, marketing and networking systems through earned media, resource development, and weekly contact with all partners. In SFY 2009, the Voice Hubs supported youth and adult ally participation in approximately 225 capacity building activities, such as the Indiana Teen Institute (ITI) summer camps and Voice recruitment through Rick Stoddard presentations that reached over 4,200 youth and 530 adults.

Statewide partners are also working on youth empowerment and community activism to support the Voice movement:

- 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 through Voice. A youth development approach provides youth with meaningful opportunities to participate and learn new skills, and receive support in their efforts from adults. The ITI summer camps involved more than 150 youth and 25 adults gathering at Vincennes University in July for a week-long training on leadership, activism and the Voice movement.
- The mission of the Indiana Alliance of Boys & Girls Clubs is to work toward helping youth develop the qualities needed to become responsible citizens and leaders. Ninety-four clubs from 38 counties reach over 9,000 youth and more than 3,600 community members with anti-tobacco events. Clubs also recruited more than 220 youth to participate in Voice and collected over 1,500 petitions for the “Don’t Glam Tobacco” initiative.
- The Indiana FFA Foundation provided information regarding tobacco prevention efforts and helped to build the Voice movement throughout local chapters in Indiana. During the past year, FFA reached 7,700 youth in 132 local FFA chapters statewide. Voice had a strong presence at state leadership conferences and over 1,800 signatures were collected for the “Don’t Glam Tobacco” initiative.

NEW FRONTIERS ON THE HORIZON…OPPORTUNITIES AND CHALLENGES:

- The amount of tobacco product marketing to young people outweighs tobacco prevention programming by 38 to 1. The tobacco companies spend $425 million each year, over $1 million each day, in Indiana to market their deadly products.
- ITPC has the opportunity to reach youth through mass media channels, such as tv and radio. However, the lack of resources for public education campaigns hinders the ability of ITPC to reach Hoosier youth with effective messages regarding tobacco.
- Implementation of FDA's authority to regulate tobacco products will eliminate the flavored cigarettes and put tougher restrictions in place to reduce tobacco advertising and promotion.
- Candy-like tobacco products, called dissolvables, are being pilot tested in Central Indiana and are undercutting our efforts to help tobacco users quit. These products present unique concerns for young people experimenting with tobacco use. They are not well known to adults and therefore it is easy to disguise their use.
- There continues to be saturation of the market by flavored little cigars, cigars, and spit tobacco products that interest youth and are easily available and priced more cheaply than cigarettes.
- Other tobacco products such as little cigars, cigarillos, cigars and smokeless tobacco products are not adequately taxed and their overall price is lower than cigarettes. In addition, cigars may be purchased as singles, thus increasing the availability of the product. Youth may be enticed to use other tobacco products as a cheaper form of nicotine.

PRIORITY AREA TWO

INCREASE PROPORTION OF HOOSIERS NOT EXPOSED TO SECONDHAND SMOKE

Secondhand smoke is a mixture of side-stream smoke from a burning cigarette and exhaled smoke in the air. Secondhand smoke has been shown to cause heart disease, cancer, respiratory problems and eye and nasal irritation. Exposure to secondhand smoke takes place in the home, public places, worksites and vehicles. Secondhand smoke is classified as a Group A carcinogen (cancer causing agent) under the Environmental Protection Agency's (EPA) carcinogen assessment guidelines. Secondhand smoke contains over 4,000 compounds, including more than 50 carcinogens and other irritants and toxins.[xiv] Exposure to secondhand smoke is one of the leading causes of preventable death and disease in the U.S.

Secondhand smoke exposure has immediate adverse effects on the cardiovascular system and causes coronary heart disease.[xv] Non-smokers who are exposed to secondhand smoke at home or at work increase their risk of developing heart disease by 25–30 percent. Secondhand smoke is estimated to cause from 22,700 to 69,600 premature deaths from heart disease each year in the United States among nonsmokers.[xvi]

Secondhand smoke costs Indiana $390.3 million dollars a year in excess medical expenses. This amount represents about

$62 dollars per person.[xvii] The burden of these expenses is assumed by businesses, government, and individual citizens. This estimate does not include the costs of health care and loss of life of Indiana residents that smoke, which alone is estimated to total over $2 billion dollars annually.

At least 1,194 adults, children and infants in Indiana died in 2007 from diseases definitively tied to secondhand smoke by the U.S. Surgeon General.[xviii] Prenatal exposure to secondhand smoke is two to four times more likely to result in low birth weight.[xix] Over 900 low birth weight babies in Indiana are born as a result of maternal exposure to secondhand smoke.[xx]

The 2006 U.S. Surgeon General's Report:

The Health Consequences of Involuntary Smoking states there is no safe level of secondhand smoke and the only way to provide protection against secondhand smoke is to eliminate it. There is a large science base to show that smoke free policies work to protect nonsmokers from the death and disease caused by exposure to secondhand smoke and have an immediate impact on public health.

2010 LONG TERM OBJECTIVE:

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

2009 PROGRESS:

- The proportion of the population that is protected from secondhand smoke by a law that covers workplaces and/or restaurants and/or bars and/or membership clubs is 30 percent.

NEW FRONTIERS – 2015 OBJECTIVES:

- Increase the proportion of the population that is protected from secondhand smoke by law that covers *all* workplaces, restaurants, bars, membership clubs **and** entertainment venues to 100 percent by 2015.
- Increase the proportion of the population that is protected from secondhand smoke by law that covers workplaces, restaurants, and/or bars, and/or membership clubs, **and/or** entertainment venues to 100 percent by 2015.
- Increase the proportion of households with smokers that report a smoke free home to 70 percent by 2015.

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

1. Increase the number of smoke free voluntary and legislated policies

Chart 5 – Protecting Hoosiers from Secondhand Smoke

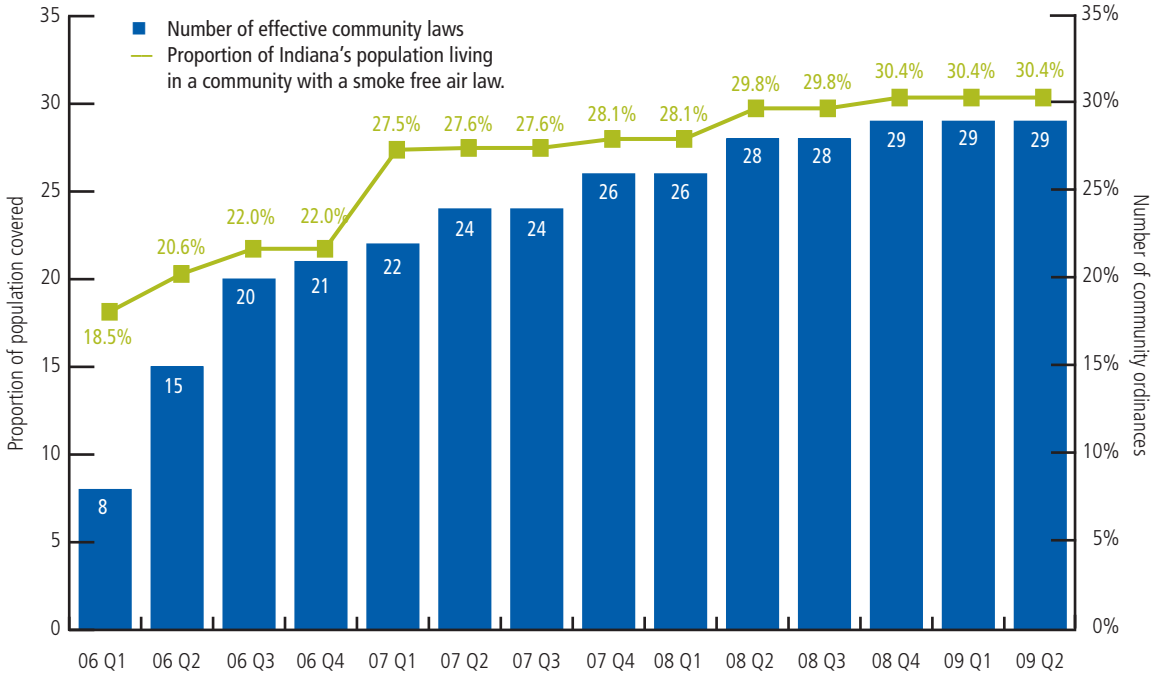
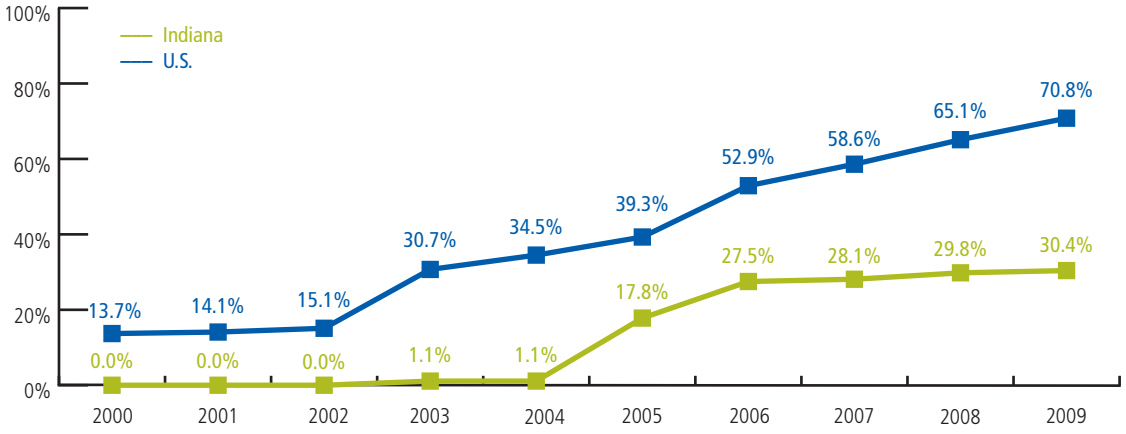


Chart 6 – Percent of Population Protected by Smoke Free Air Laws



through various venues in the community.

2. Increase support for smoke free environments.
3. Increase awareness that secondhand smoke is a health hazard.
4. Increase the proportion of Hoosier families that have a smoke free home.

OUTCOMES ACHIEVED:

SMOKE FREE POLICIES

COMMUNITIES

Local community smoke free workplace laws have been passed and implemented in eight counties and 29 cities in Indiana as of June 30, 2009, for a total of 37 local community ordinances (including one covering the Indianapolis Airport Authority). Of the local laws:

- Eleven are 100 percent comprehensive smoke free workplace laws that cover all workers in the community.
- An additional seventeen laws are effective public health policy and follow the guidelines outlined by the U.S. Surgeon General for eliminating exposure to secondhand smoke from the indoor places. However, these seventeen laws are not comprehensive to cover all workplaces and do not include bars.
- Nine Indiana communities passed policies that do not follow the recommended guidelines outlined by the U.S. Surgeon General for protecting citizens from exposure to secondhand smoke.

Nearly one third (30.4 percent) of all Indiana residents are currently protected by an effective local community smoke free air law. However, when compared to the rest of the United States, Indiana is not keeping up with the national trend. Nationally, 70.8 percent of the population is covered by a similar state or local smoke free air law.

When focusing on local laws that are comprehensive and cover all workplaces, restaurants, bars, membership clubs and entertainment venues, the proportion of Hoosiers protected falls to 8.5 percent in Indiana. Nationally, 40.3 percent of the population is covered by a strong state or local smoke free air law that protects all workers.[xxi]

In SFY 2009, three Indiana communities passed and/or implemented local smoke free workplace laws:

- City of Elkhart: (Passed April 3, 2008; Effective May 15, 2008; Bars effective May 15, 2009) All public places, workplaces and restaurants are smoke free; free-standing bars became smoke free on May 15, 2009.
- Hancock County: (Passed December 15, 2008; Effective March 25, 2009) All public places, workplaces, restaurants, bars, and membership clubs are smoke free.
- City of Lafayette: (Passed March 5, 2008; Effective September 1, 2008) All public places, workplaces, and restaurants are smoke free.

In SFY 2009, two Indiana communities amended a current local smoke free air law.

- City of Franklin: (Original passed May 8, 2006; Effective August 1, 2006 – Amended May 4, 2009; Effective June 3, 2009) Original: All public places, workplaces, and restaurants are smoke free. Amended to include bars.
- Monroe County: (Original passed October 14, 2005; Effective February 1, 2006 – Amended March 27, 2009; Effective Immediately) Original: All public places, workplaces, restaurants, and bars are smoke free. Amended to prohibit smoking in vehicles with children (13 years or younger) present.

A table outlining each of Indiana's smoke free community ordinances in detail can be found on the ITPC website, www.itpc.in.gov under "Smoke Free Air".

TOBACCO POLICY CHANGE IN RURAL COMMUNITIES

The Indiana Collaborative for Healthier Rural Communities, an initiative led by the Indiana Rural Health Association (IRHA) is working to affect significant tobacco policy change in five rural communities, leading to the adoption of comprehensive smoke free workplace laws. One objective is to protect rural Hoosiers from the dangers of exposure to secondhand smoke by empowering citizens and policymakers to fully comprehend the health and economic benefits of comprehensive smoke free workplace ordinances. A second objective is to determine how best to approach this policy intervention in rural Hoosier communities. The five rural communities (Bedford, Brazil, Crawfordsville, Decatur and Williamsport) have implemented public education campaigns at various levels that include paid and earned media, town hall meetings and local community events to educate community members.

STATEWIDE SMOKE FREE WORKPLACE LAW CAMPAIGN

This past year, 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 – continued its education and outreach efforts in support of a comprehensive statewide smoke free law that protects all workers.

ICSA partners hosted a series of town hall meetings around the state to educate Indiana residents and policymakers about the serious negative health impact and costs caused by secondhand smoke in the workplace, and the benefits of a comprehensive smoke free workplace law.

In 2009, a number of bills were filed in the Indiana General Assembly to protect workers and the public from secondhand smoke exposure in workplaces and enclosed

public places. Comprehensive legislation moved forward in the Indiana House of Representatives, but this legislation was severely weakened by the House Public Policy Committee. The bill ultimately died when it did not receive a hearing in the Indiana Senate.

ICSA partners expect to see smoke free legislation introduced in future sessions of the Indiana General Assembly, and ICSA continues their public education efforts to lay the groundwork for success in future.

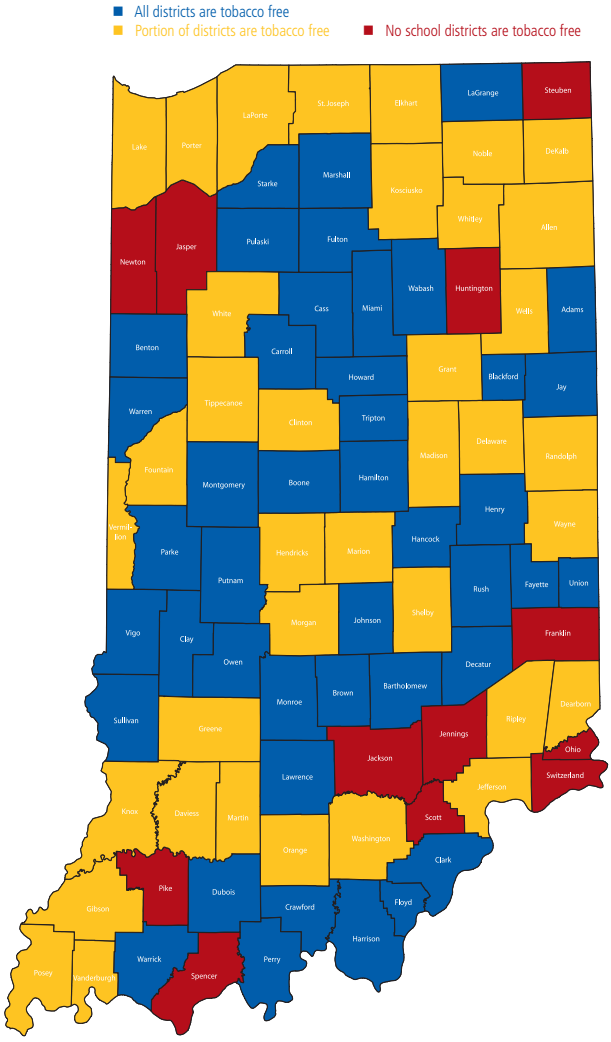
SCHOOL, COLLEGES AND UNIVERSITIES

Indiana public school districts throughout the state have implemented 100 percent tobacco free school campus policies. To be tobacco free, the school's buildings, grounds, athletic fields and any campus property must be included. The policy must apply to all students, staff and visitors at all times. In 43 of Indiana's 92 counties, all school districts are tobacco free, protecting approximately 68 percent of youth in the State from exposure to secondhand smoke at school. In 2009, twelve counties do not have any tobacco free school districts, an improvement from 2001 when 44 counties did not have any tobacco free school campuses.

Two colleges had activity related to the campus policies during the past year. These include Valparaiso University that implemented a comprehensive tobacco free policy on July 1, 2008 and three additional Ivy Tech campuses that went smoke free on August 25, 2008.

ITPC staff have been piloting a project entitled *Getting a Head Start on Living Tobacco Free* in four communities to reach families enrolled in Indiana Head Start. 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 staff along with guidance from a project advisory board have developed a train-the-trainer program that will provide tools and training to work with Head Start centers in Indiana. This program will roll out statewide in SFY 2010-2011.

Figure 1



HOSPITALS AND HEALTH CARE FACILITIES

Currently, 130 hospitals and health care facilities have implemented tobacco free campus policies. Of the 35 critical access hospitals in the state, 30 have implemented a 100 percent tobacco free hospital campus policy and Scott Memorial Hospital is scheduled to go tobacco free on January 1, 2010.

MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT CENTERS

Beginning in May 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 mental health and substance abuse treatment facilities to adopt comprehensive tobacco free campus policies. In SFY 2009, great headway was made as several behavioral health facilities passed and/or implemented tobacco free campus policies:

- Otis R. Bowen Center for Human Services – Located in Allen Co, Huntington Co, Kosciusko Co, Marshall Co, Noble Co, Wabash Co, and Whitley Co.
- Madison State Hospital (R.I.S.E. 2009) – Located in Jefferson Co.
- Southlake Community Mental Health Center – Located in Lake Co.
- Tri-City Comprehensive Community Mental Health Center – Located in Lake Co.
- Larue Carter Hospital – Located in Marion Co.

Figure 2

Otis R. Bowen Center for Human Services*
Grant-Blackford Mental Health, Inc.*
Family Service of Central Indiana, Inc.
Wabash Valley Hospital, Inc.*
Logansport State Hospital
Clinton Community Counseling Center
The Center for Mental Health*
Howard Regional Mental Health Center*
Madison State Hospital
Samaritan Center/Knox County Hospital
Southlake Community Mental Health Center*
Tri-City Comprehensive Community Mental Health Center*
Crestview Mental Health Center
Gallahue Mental Health Center/Community Health Network
Larue Carter Hospital
Evansville Psychiatric Children's Center
Evansville State Hospital
Richmond State Hospital

*Indicates residential inpatient facilities not tobacco free

Tobacco Free Mental Health/Substance Abuse Treatment Center
Policy prohibits any tobacco use by center employees, clients, and visitors, inside centers, in center vehicles or in other center owned vehicles, effective 24 hours a day. Exceptions are made in some cases for residents and residential facilities owned by centers.

For additional information, please refer to the Tobacco Free Mental Health and Substance Abuse Treatment Facilities list under Local Community Strategies Activity at www.in.gov/itpc

As of June 30, 2009, nearly one-fourth (23 percent) of Indiana mental health and substance abuse treatment facilities are covered by a strong tobacco free campus policy. While this figure may seem small compared to the proportion of tobacco free hospitals and school districts in the state, this is an increase from SFY 2008 when only 17 percent of mental health and substance abuse treatment facilities were covered by a comprehensive tobacco free policy.

2009 R.I.S.E. AWARDS

2009 marked the fourth year of ITPC's collaboration with the Indiana Rural Health Association (IRHA) to honor hospitals, health care facilities, mental health centers, and substance abuse treatment centers that provide tobacco free treatment and care facilities for Indiana's rural populations. Two hospitals and two mental health centers received the R.I.S.E. (Rural Indiana Smoke -free Environment) award as part of the IRHA annual meeting: Madison State Hospital (Jefferson Co.); Michiana Behavioral Health (Marshall Co.); Methodist Hospital (Lake Co.); and Tipton Hospital (Tipton Co.).

Up-to-date tobacco free policy lists for schools, hospitals, mental health and substance abuse treatment centers, and colleges and universities can be found on the ITPC website www.itpc.in.gov under "Smoke Free Air."

HOOSIERS KNOW MORE ABOUT THE DANGERS OF SECONDHAND SMOKE

Support for smoke free workplaces continues to increase and Hoosiers are more knowledgable about the dangers of

secondhand smoke exposure. Three out of four (74 percent) Hoosiers support a comprehensive smoke free workplace law. While this measure doesn't reach the 2010 objective of 85 percent, support for smoke free environments continues to rise each year as more Hoosier adults say they support laws that would make all indoor workplaces, including restaurants and bars, smoke free.

Most adults report being very (57 percent) or somewhat (28 percent) concerned about the health effects of secondhand smoke. This knowledge is translating into behavior change as more and more Hoosier households are smoke free. The proportion of Hoosier families that have a smoke free home increased to 81 percent in 2008. More importantly is the shift toward more households with smokers reporting smoke free homes. The percentage of smoke free homes among smokers has nearly doubled, increasing from 29 percent in 2002 to 55 percent in 2008.[xxii]

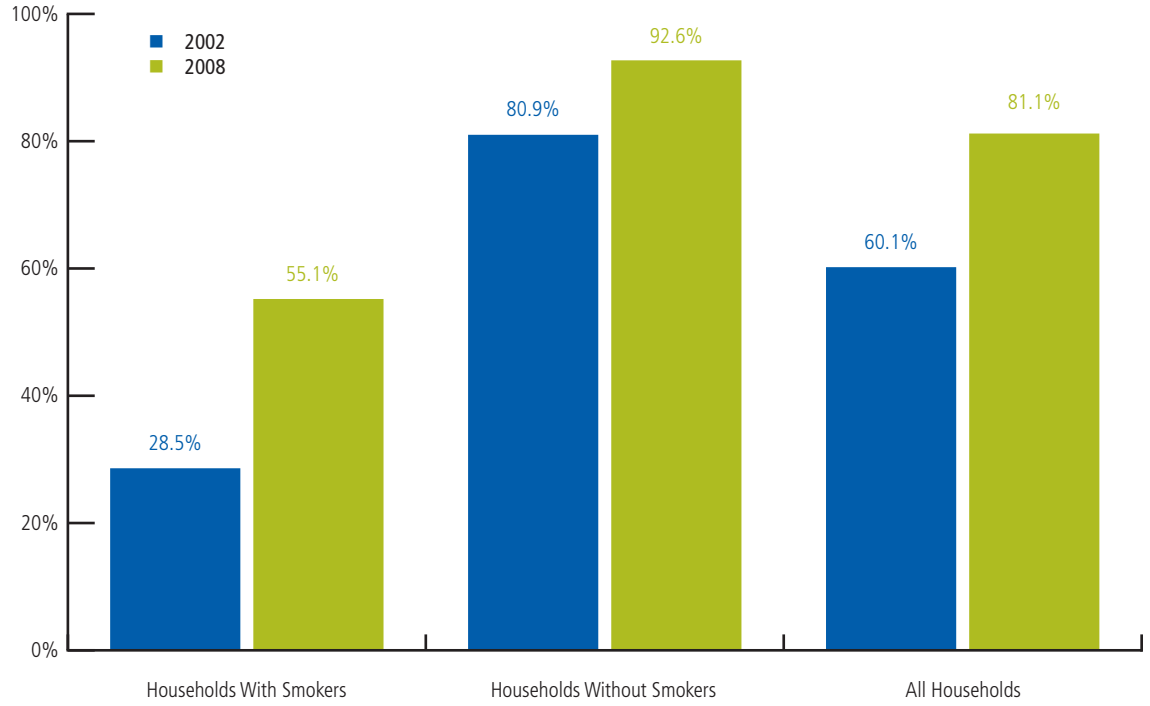
The increase in smoke free homes, work-places and public places leads to fewer places to smoke. This change encourages smokers to think about and try to quit as

smoking becomes less common and less visible. The social acceptability of smoking by adults has decreased. When asking Hoosier adults "How do you feel about adults smoking?", there was a significant decrease in the proportion of adults that felt that it was "okay to smoke as much as you want." This pro-tobacco response decreased from 15.6 percent in 2006 to 9.3 percent in 2008.[xxiii]

NEW FRONTIERS ON THE HORIZON…OPPORTUNITIES AND CHALLENGES:

- A total of 27 states have passed smoke free laws covering all restaurants and bars. Indiana continues to leave significant populations without a base level of protection from secondhand smoke in the workplace. In May 2009, Wisconsin and North Carolina become the newest states to pass smoke free air policy to protect their citizens. This year Montana voted to add bars and gaming facilities to its smoke free workplace law.
- More than 70 percent of the U.S. population is protected by a state or local law that requires all restaurants and bars to be smoke free. This includes comprehensive state laws in Ohio and Illinois (including all Illinois casinos) and comprehensive local laws in major cities, including Louisville. Indiana is falling behind on a commonly referenced health measure used nationally.
- More entertainment venues are going smoke free due to the efforts of groups like Take Note, where musicians and entertainers are speaking out and asking for smoke free performance venues.
- Three out of four Hoosier adults support comprehensive smoke free workplace laws, yet policymakers are reluctant to pass such strong public health laws.

Chart 7 – Smoke Free Homes, 2002-2008



PRIORITY AREA THREE

DECREASE INDIANA ADULT SMOKING RATES

Tobacco use costs Hoosiers 9,800 lives and more than $2 billion each year in health care costs. With one of the highest adult smoking rates in the United States, Hoosiers must stay the course in the fight to reduce the tobacco burden and reverse its devastating effects.[xxiv]

Tobacco use screening and brief intervention is one of most effective clinical preventive services with respect to health impact and cost effectiveness, behind aspirin use among high-risk adults and immunizations for children.[xxv] Clinical preventive services are critical for long-term health and wellness. Support for evidence-based clinical preventive services is a key recommendation for health reform. Data demonstrate which clinical preventive services are effective, yet barriers still exist to providing and accessing these services.

The high cost of and lack of access to tobacco treatment is one of the primary obstacles to reducing smoking in Indiana. Improving access to tobacco cessation services and promoting smoke free environments are keys to accelerating the reduction in adult smoking rates. Most (87 percent) of Hoosier smokers want to quit, however, few will succeed without help.[xxvi] Treating tobacco use doubles the rate of those who successfully quit compared to those who quit without help.[xxvii]

Recommendations for health reform include increased emphasis on the smoker population under the age of 30, as the largest prevention savings potential will come from this cohort of smokers. In

addition, supporting consumer education through strong media messages leads to increased quit attempts and increased demand for cessation.[xxviii]

2010 LONG TERM OBJECTIVES:

- Decrease Indiana's smoking rate among all adults to 21-23 percent by 2010.
- Decrease Indiana's smoking rate among young adults, ages 18-24, to 26-28 percent by 2010.
- Decrease Indiana's smoking rate among pregnant women to 15-16 percent by 2010.
- Decrease Indiana's smoking rate among African Americans to 24-26 percent by 2010.
- Decrease Indiana's smoking rate among Latinos to 20-22 percent by 2010.
- Decrease cigarette consumption to 510 million packs.

2009 PROGRESS:[xxix]

- Indiana's smoking rate among all adults is 26 percent.
- Indiana's smoking rate among adults, age 25 and older, is 24 percent.
- Indiana's smoking rate among young adults, ages 18-24, is estimated at 41 percent.
- Indiana's smoking rate among pregnant women is 17 percent.
- Indiana's smoking rate among African Americans is estimated at 33 percent.
- Indiana's smoking rate among Latinos is estimated at 35 percent.
- Hoosier smokers consumed 503 million packs of cigarettes.

NEW FRONTIERS – 2015 OBJECTIVES:

- Decrease Indiana's smoking rate among all adults to 18 percent by 2015.
- Decrease Indiana's smoking rate among adults, age 25 and older, to 18 percent by 2015.
- Decrease Indiana's smoking rate among young adults, ages 18-24, to 26 percent by 2015.
- Decrease Indiana's smoking rate among pregnant women to 12 percent by 2015.
- Decrease Indiana's smoking rate among African Americans to 20 percent by 2015.
- Decrease Indiana's smoking rate among Latinos to 20 percent by 2015.
- Decrease cigarette consumption to 425 million packs.

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

1. Promote tobacco cessation as a top health priority in Indiana.
2. Ensure that health care providers and health care systems are fully implementing the *Clinical Practice Guideline for Treating Tobacco Use and Dependence* that includes building tobacco treatment capacity in Indiana and creating an integrated network of treatment resources.
3. Maintain and enhance the Indiana Tobacco Quitline and tobacco treatment infrastructure.
4. Increase proportion of worksites that provide employer-sponsored cessation support for employees who use tobacco.

OUTCOMES ACHIEVED:

INDIANA TOBACCO QUITLINE SETS RECORD NUMBER OF CALLS

In SFY 2009, the Indiana Tobacco Quitline received nearly 21,000 calls. This is a six-fold increase in the number of calls received two years ago. Call volume during SFY 2009 has increased significantly due to several factors including the offering of two-week supply of nicotine replacement patch or gum to registered callers, increased promotion to tobacco users, the manufacturer price and federal cigarette tax increases in March and April. Monthly quitline call volume reached a new record in April 2009 with over 3,000 calls.

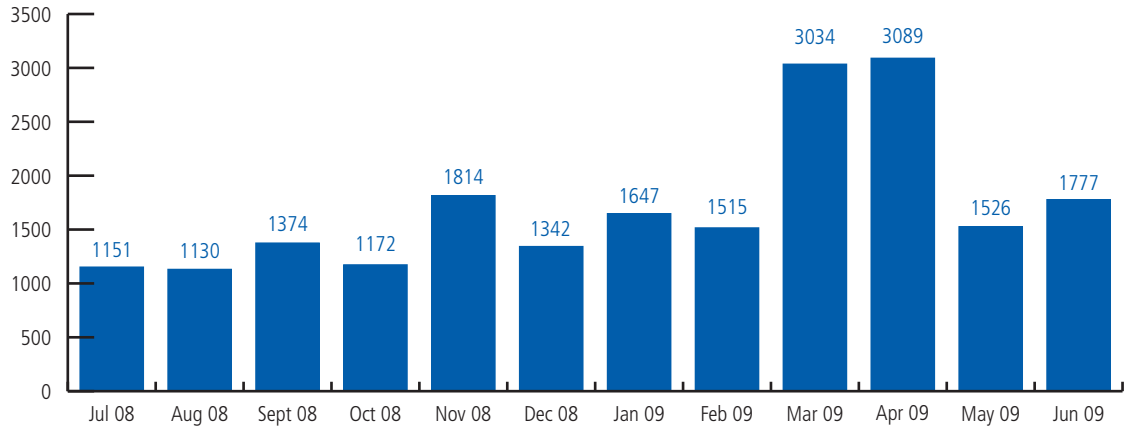
1-800-QUIT NOW
Indiana's Tobacco Quitline

The Indiana Tobacco Quitline is a free service available to all Hoosiers, offering support in quitting tobacco use through telephone-based counseling. The Indiana Tobacco Quitline is one part of Indiana's comprehensive network of tobacco cessation services that also provides referrals to local community cessation services. Any Indiana resident can call the Indiana Tobacco Quitline. The Indiana Tobacco Quitline provides support for adults who want to stop smoking or using other tobacco products; offers information on tobacco dependence for health professionals, and families or friends of tobacco users; and provides information on local and national cessation resources. All calls are confidential.

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

One of the goals of a quitline is to increase the number of people who attempt to stop using tobacco and increase the number of people who are tobacco free. The Indiana Tobacco Quitline, along with tobacco cessation and prevention efforts such as policy changes, restricting access to tobacco, and preventing youth initiation of smoking, are critical to decreasing

Chart 8 – Monthly Quitline Call Volume – SFY 2009



"Every time I asked for help, they were there."

"You guys have done everything you said you would do and then some. You guys have been an amazing help. Lots of help."

"They answered any questions I had, gave me tools for quitting, talked to me about my specific addiction and brainstormed on actually preparing yourself to quit and how to get through the cravings."

tobacco-related diseases and deaths in Indiana.

In the last year, half of the calls to the Indiana Tobacco Quitline came from callers who reported they were uninsured (35 percent) or were Medicaid insured (14 percent). Of the enrolled participants, 60 percent were women, 11 percent were African American, 4 percent were Hispanic and nearly 65 percent were between the ages of 31 and 60.

Outcome data from the Year 3 (2008-2009) Evaluation Report on the Indiana Tobacco Quitline indicate high satisfaction rates and strong quit rates. Evaluation surveys were conducted in SFY 2009 at a 7-month follow up and a 13-month follow up period for those receiving services through the Indiana Tobacco Quitline.

- In the 7-month follow up study, 24.7 percent of Indiana Tobacco Quitline callers reported being tobacco abstinent for seven days or more. The 30-day quit rate was 22.5 percent.
- In the 13-month follow up study, 33 percent of Indiana Tobacco Quitline callers reported being tobacco abstinent for seven days or more. The 30-day quit rate was 28 percent.

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

- In the 7-month follow up study, the quit rate for those receiving NRT was

Table 1

Evaluation Study (callers to quitline)	Quitline Outcomes – overall quit rates	
	7-day quit rate	30-day quit rate
7-month (Dec 2007-Sept 2008)	24.7%	22.5%
13-month (June 2007-March 2008)	32.9%	27.9%

Table 2

Evaluation Study (callers to quitline)	Indiana Tobacco Quitline Outcomes – 7-day quit rate	
	NRT	No NRT
7-month (Dec 2007-Sept 2008)	26%	23%
13-month (June 2007-March 2008)	34%	31%

26 percent compared to 23 percent for those not receiving NRT.

- In the 13-month follow up, results were better with 34 percent of those receiving NRT quitting compared to 31 percent of those not receiving NRT.

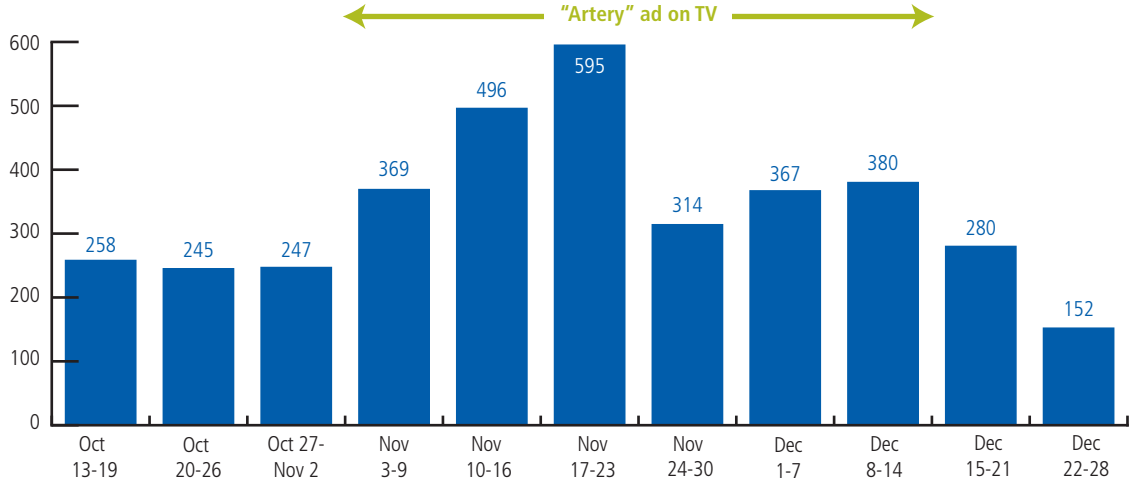
The results demonstrate the effectiveness of the Indiana Tobacco Quitline and the NRT benefit in combination with the intensive tobacco cessation program.

Of those still smoking at follow up, 63 percent in both studies had reduced their smoking since registering with the Quitline, and most had reduced their smoking by 14-15 cigarettes per day.

Approximately one half of smokers (49 percent) are aware of the Indiana Tobacco Quitline.[xxxi] Promotional efforts are effective in driving call volume to the Indiana Tobacco Quitline to assist as many tobacco users as possible. Primary ways people heard about the Indiana Tobacco Quitline included tagged radio ads with the Indiana Tobacco Quitline phone number (17 percent) and television ads (16 percent). Call volume spikes when media is used, as was demonstrated in November and December 2008 when the "Artery" ad was aired.

The main source of how tobacco users hear about the Indiana Tobacco Quitline is through Family/Friends, as one in four (25%) of the callers indicated that this is how they heard of the Indiana Tobacco Quitline.

Chart 9 – Weekly Quitline Call Volume – October 13 to December 28



REACHING PREGNANT WOMEN WHO SMOKE

Beginning in October 2008, a tailored quitline intervention was launched for pregnant women. Quitting smoking is one of the most important steps a pregnant woman can take to protect her unborn baby, as health risks to the fetus alone are significant. Pregnant smokers who quit have a significant risk of relapse during the postpartum period. The program includes up to 10 calls with relapse prevention sensitivity. The first 5-6 calls will be completed within 60 to 90 days of enrollment. In addition, two postpartum contacts will be made (15 days and 45 days postpartum). To date, 119 pregnant women have enrolled in the program.

Beginning in SFY 2009, additional promotion of the 1-800-QUIT-NOW number began at point of purchase with tobacco retailers throughout Indiana. House Enrolled Act 1118 (2008) put into law a signage provision for point of sale or point of entry for tobacco retailers. The sign must read, *"Smoking by Pregnant Women May Result in Fetal Injury, Premature Birth, and Low Birth Weight. For help in quitting smoking, 1-800-QUIT-NOW."* Forty-three callers indicated that this is how they heard about the Quitline phone number.

PROMOTING QUITTING

QUIT2WIN 2008

The second annual Quit2Win campaign was launched in June 2008. Through this statewide campaign, Hoosiers who pledged to stop using tobacco between September 15 and October 15 were entered in a random drawing for prizes. The campaign was 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.

During the 2008 contest, more than 7,200 entries were received, an increase of more than 2,000 over the first year. Nycole Johnson of Wabash was introduced as the grand prize winner at a press conference in Fort Wayne. The second and third place winners were from Winchester and Indianapolis, respectively. All prizes were supplied by *Indianapolis Woman* magazine.

EVERY CIGARETTE DOES YOU DAMAGE

During SFY 2009, ITPC ran two statewide television ads that 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.

The first ad – "Artery" – ran in November and December. In this ad, a doctor is shown removing fatty deposits from an artery of a deceased 32-year-old man. The second ad – "Brain" – ran in February and March. This ad showed the devastating effects of tobacco on the interior surfaces of a human brain.

News releases, media outreach, and Internet micro-sites were developed to support the

television advertising messages. Reactions from the media and residents across Indiana indicated that these ads had a strong impact on both adults and youth and increased call volume to the Indiana Tobacco Quitline.

Evaluation data on ad effectiveness show that Hoosiers are aware of the ads and find them convincing. The ads make them think about tobacco use issues. Overall confirmed awareness of any part of the ITPC public education campaign rebounded to 53 percent in 2008 up from 2007 when awareness was at 14 percent[xxxii]. However, measures of confirmed awareness of media messages is 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. In order for Hoosiers to be aware of anti-tobacco messages, they must be able to see the messages through media advertising.

BECOME AN EX®/NATC

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

The *Become an EX* campaign encourages adults to approach quitting smoking as "re-learning life without cigarettes." Nationally, EX educates smokers through advertisements on television, radio, online and street marketing. The program also offers smokers a website, www.BecomeAnEX.org, which features action-oriented tools and information to help smokers prepare for quitting by developing a personalized plan, as well as a virtual community where smokers can share stories about their quit attempts. Website activity on the Indiana page indicates that 2,700 Hoosiers have become registered users.

LOCAL CESSATION 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 the community. These networks will serve as the referral system for the Indiana Tobacco Quitline. Twenty local community partners were selected through an application process to receive supplemental funding to carry out evidence-based cessation systems interventions in their communities.

Communities receiving supplemental funds for cessation systems interventions consistently yielded higher overall call volume to the Indiana Tobacco Quitline than all other counties combined. In SFY 2009, the Indiana Tobacco Quitline call volume among the 20 counties with supplemental grants was approximately 10,000 while the tobacco user call volume among 72 counties without supplemental funds was 8,600.

The number of fax referrals from health care providers located in those 20 counties increased by nearly 300 percent between the second quarter of 2008 (145 fax referrals) after the supplemental grants had been executed and the first quarter of 2009 (573 fax referrals). This increase may be attributable to the additional outreach to health care providers and Quitline promotion activities in local communities receiving supplemental grants to implement cessation systems change.

Supplemental grantees increased 2-3 times the number of activities in working with health care providers and health care systems to fully implement the Clinical Practice Guidelines. Supplemental grantees doubled the number of reported activities in working with employers to provide cessation support for employees who use tobacco compared to the previous year.

ITPC statewide partner, the Clarian Tobacco Control Center, facilitates the *Coalition to Promote Smoke-free Pregnancies* (CPSP). This coalition consists of organizations concerned about Indiana's high rate of smoking during pregnancy. The coalition created a media campaign aimed at women of childbearing age in the communities with rates of smoking during pregnancy at 30 percent of higher. A media toolkit including sample press releases was developed to provide technical assistance to ITPC coalitions to further enhance the media message. Promoting the Indiana Tobacco Quitline, and the 10-call counseling protocol for pregnant callers, is the focus of the media campaign.

OUTREACH TO HEALTH CARE PROVIDERS

ITPC and its partners have focused efforts in working with health care providers to implement a system change within their practices to: 1) **ASK** about tobacco use; 2) **ADVISE** to quit, and 3) **REFER** them to services, specifically the Indiana Tobacco Quitline. Each month, data indicate that more health care providers are referring patients to the Indiana Tobacco Quitline. Calls referred by health professionals increased to 11 percent in SFY 2009 up from 7 percent in SFY 2008.

Of smokers who tried to quit smoking in the past year, about half (49 percent) reported that a doctor or dentist recommended they quit. Among current smokers who visited a health professional in the past year, 70 percent reported that a health professional advised them not to smoke.[xxxiii] Indiana tobacco control partners statewide are working with health care providers to increase the number of patients who are asked and advised to quit. A health care provider toolkit provides the necessary resources for providers to refer patients who are ready to quit to the Indiana Tobacco Quitline. A fax referral system allows for feedback on patients to be returned to each participating health care provider. In SFY 2009, the Indiana Tobacco Quitline experienced six times the number of fax referrals compared to SFY 2008. An increase from 378 to 2,379 fax referrals. The toolkit is available through ITPC local

and state partners and on the www.indianatobaccoquitline.net website.

Last year, one-half (50 percent) of Hoosier adult smokers attempted to quit smoking through a variety of methods. Data from the 2008 Indiana Adult Tobacco Survey reports that 87 percent of Hoosier smokers want to quit. Of these, approximately 23 percent want to quit in the next 30 days. The 2010 objective calls for this proportion to increase to 43 percent. The most important reasons to quit reported by smokers include cost (48 percent) and a community smoke free air law (25 percent).

TRAINING ON CLINICAL PRACTICE GUIDELINES

To help Hoosiers quit, health care professionals must be equipped with the necessary skills to provide state-of-the-art tobacco cessation counseling. Efforts were enhanced to provide this necessary training to health care providers. ITPC statewide cessation partners are facilitating these trainings among a variety of health care providers.

- The Indiana Dental Hygientists Association (IDHA) conducted four trainings in Terre Haute, Muncie, Columbus, and South Bend titled "Tobacco Cessation in the Dental Office: A Team Approach." A total of 248 dentists, dental hygienists and dental assistants attended the trainings.
- Mental Health America of Indiana (MHAI) is working on a project serving the mental health and addictions treatment communities, entitled *ReThink Tobacco*. The mentally ill represent 40.6 percent of all current smokers and consume 44 percent of all tobacco used in the United States.[xxxiv] An estimated 200,000 people with a mental illness die each year in the United States from smoking-related diseases. Professionals within mental health and substance abuse treatment systems generally have been slow to address tobacco use in their provider settings.[xxxv] MHAI is working to address is disparity. *ReThink Tobacco* surveyed 134 Indiana providers to assess attitudes and practices regarding tobacco treatment among clients. Nearly 130 individuals were identified as stakeholders and were brought together for a series of three educational meetings held in January, March and May regarding the disparity of tobacco use and related morbidity and mortality among mental health and addictions treatment consumers.
- *Bringing Indiana Along (BIA)*, a project of the Clarian Tobacco Control Center, conducted six peer-to-peer conference calls with a cumulative total of 81 participants. These conference calls featured nationally-recognized speakers, including Dr. Eric Heiligenstein, Clinical Director, Psychiatry at the University of Wisconsin-Madison and Dr. Chad Morris, Assistant Professor of Psychiatry at the University of Colorado at Denver. *Bringing Indiana Along* conducted a series of three web trainings on integrating tobacco treatment into current patient treatment plans. "Rx For Change in Psychiatry," a day-long training for mental health and substance abuse professionals took place in November 2008. Sixty-nine treatment professionals and ITPC local coalition coordinators participated.

RAISING THE PRICE ON TOBACCO

On April 1, 2009, the federal tax on tobacco products increased significantly.

For cigarettes, this increase amounted to 62 cents a pack bringing the federal tax up to $1.01. Price increases occurred for other tobacco products as well. ITPC implemented several media and communication strategies to encourage tobacco users to quit due to the increased cost of tobacco products and the heightened national emphasis on health concerns. The primary target audiences were health care professionals, employers, and smokers/consumers.

Informational letters were sent from Dr. Judy Monroe, State Health Commissioner, to physicians, dentists, advance practice nurses, pharmacists, diabetes educators, rural health clinics, and critical care facilities with resources to help patients quit. At the same time, the Quit Now Referral Network was established to promote fax referrals to the Indiana Tobacco Quitline on behalf of patients.

An online campaign was also launched to encourage smokers to quit. Radio and print advertisements were targeted to African-American and Hispanic markets. Statewide and local news releases announced the price increase and positioned it as the ideal time to make a successful quit attempt. Interest in quitting was demonstrated by a four-fold increase in calls to the Indiana Tobacco Quitline during these weeks.

STATUS OF SMOKING AMONG ADULTS IN INDIANA

ITPC uses two surveillance tools to monitor adult smoking rates and related tobacco use indicators. The Indiana Behavioral Risk Factor Surveillance System (BRFSS) is the state's major health assessment survey and has data on smoking among adults since 1985. The Indiana Adult Tobacco Survey (ATS) provides in depth data and information on smokers, their intentions to quit, how they are quitting and attitudes that impact these behaviors.

ITPC has historically used the BRFSS data source for current adult smoking to measure its program objectives. However, in recent years as more of the population has shifted to removing landline telephones, reaching certain population groups is a challenge for this telephone-based survey. Due to the increasingly smaller sample size for the 18-24 year old population leading to high variability in the rates among 18-24 year olds, data on current smoking is presented by two age groups: 1) the 25 and older age group, and 2) the 18 to 24 year old group, as shown in chart 10.

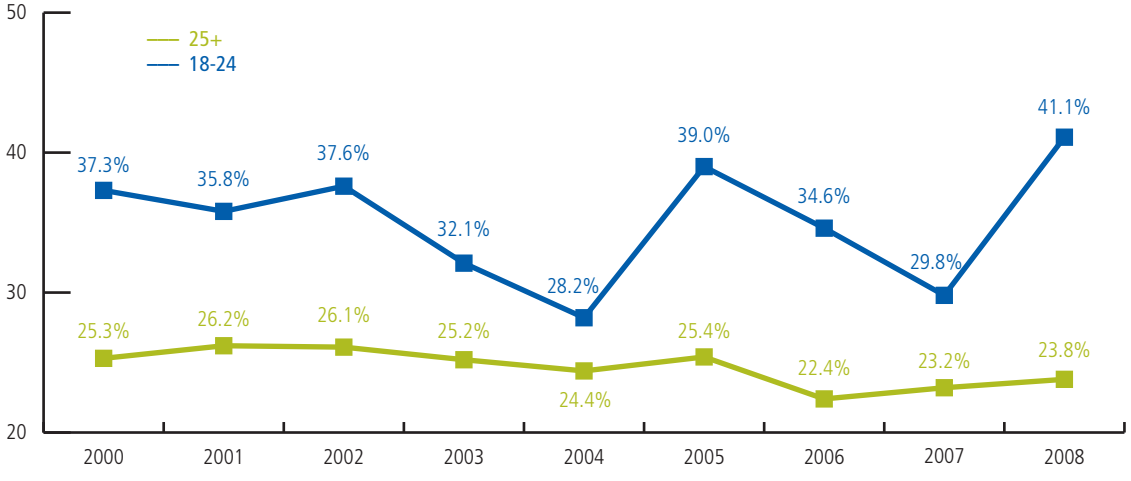
Smoking rates among 18-24 year olds is the highest among all age groups. Again, these rates are especially unstable due to the declining sample sizes among this hard to reach age group. Comparatively, smoking rates among adults age 25 and older have been relatively stable since 2000. Due to this variation in the rates between 18 and older adults and 25 and older adults, data for only 25 and older adults is being discussed here to provide a more accurate description of smoking trends among Hoosiers.

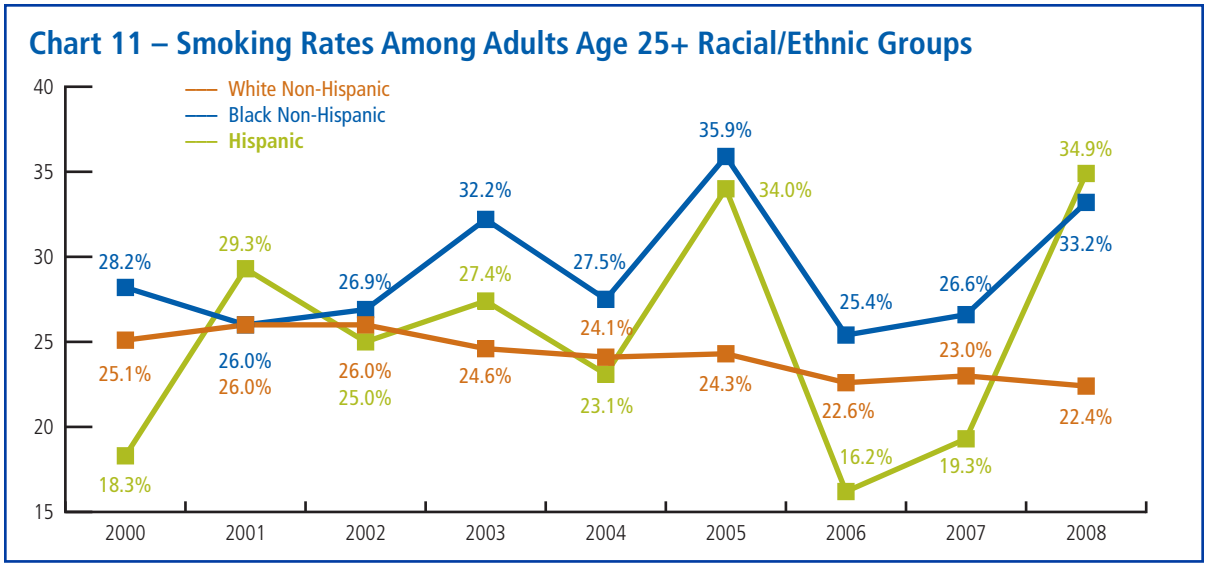
As shown in the chart below, the rates for adults 25 and older have remained stable between 2000 and 2008. The highest rates were seen in 2001-2002 and are different from the 2006 rate of 22.4 percent, the lowest during this time period. The rate in 2008 is 23.8 percent. The rates for 18-24 year olds have more variability from one year to another. The highest rate shown is in 2008 at 41 percent, and the lowest is 28 percent in 2004.

SMOKING AMONG RACIAL/ETHNIC GROUPS

Smoking among minority populations also shows mixed results, as rates for

Chart 10 – Adult Smoking Rates





American Americans and Hispanics have a wide range of variability for each year. Even while focusing on the population ages 25 and older, the sample sizes for these two minority populations is a challenge. Since 2000, smoking among African Americans ranged from a high of 35.9 percent in 2005 to a low of 25.4 percent in 2006. Rates among Latinos range from a high of 35 percent to a low of 16.2 percent in 2006 for adults ages 25 and older. The amount of difference in just one year makes the data difficult to interpret. Even observing trends from 2000 to 2008, the rates among Latinos and African Americans are unstable as shown in the chart above. However, since 2000, smoking among Whites has significantly declined to 22.4 percent in 2008, down from 25.1 percent in 2000. Data trends among these subgroups should continue to be monitored and data collection systems improved.

Smoking during Pregnancy

The smoking rate among Indiana women during pregnancy is still disturbing at 17 percent, nearly twice the national rate of 10.7 percent.[xxxvi] Throughout Indiana, 2006 county rates range from 4.1 percent to 32.5 percent. Seventy-one (71) of Indiana's 92 counties have a smoking during pregnancy rate higher than the Indiana average of 17.3 percent. All but four Indiana counties have a smoking during pregnancy rates higher than the United States average. In 68 counties, the smoking during pregnancy rate is 30 percent or higher among women enrolled in the Indiana Medicaid Program.

CIGARETTE CONSUMPTION DECLINED

Cigarettes smoked by Hoosiers can be estimated through the number cigarette tax stamps sold to tobacco retail distributors. Data on tax stamp sales are collected through the Indiana Department of Revenue. Since SFY 2007 when Indiana raised the cigarette tax by 44 cents, cigarette consumption has dropped by 22 percent. In SFY 2009, 503 million cigarette stamps were sold in Indiana. A decline in cigarette consumption is an early indicator that smokers are smoking less, trying to quit, quitting sucessfully, and that others are not starting to smoke. The largest impact of the price increase was seen in the first year of the tax increase when a 20 percent decline occurred. The decline between SFY 2008 and SFY 2009 was modest.

Chart 12 – Cigarette Consumption – SFY 2005 to SFY 2009

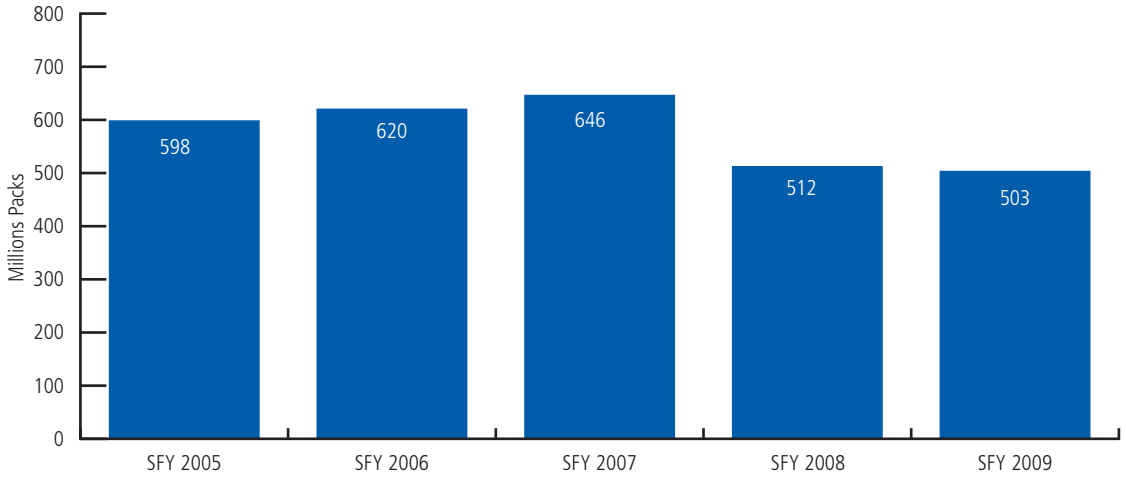


Chart 13 – Quarterly Cigarette Consumption – SFY 2009

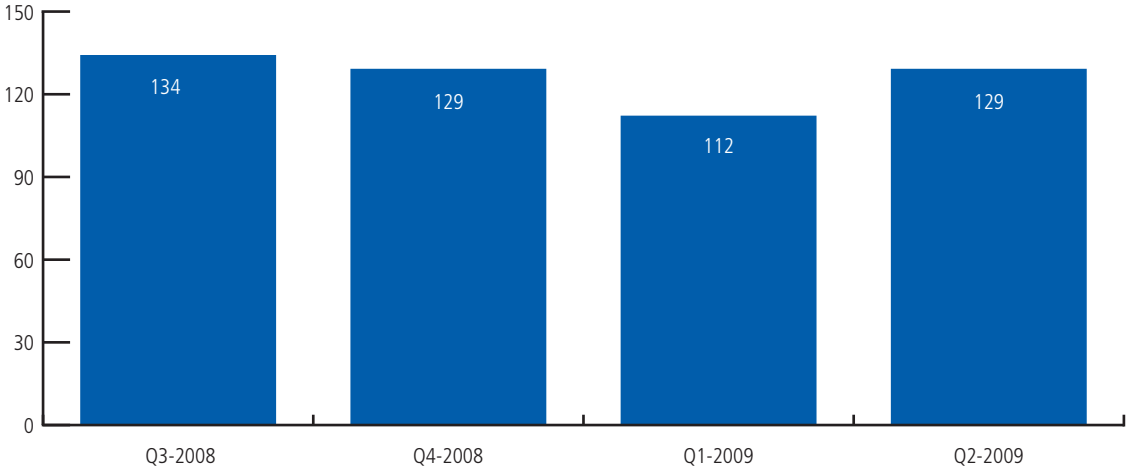
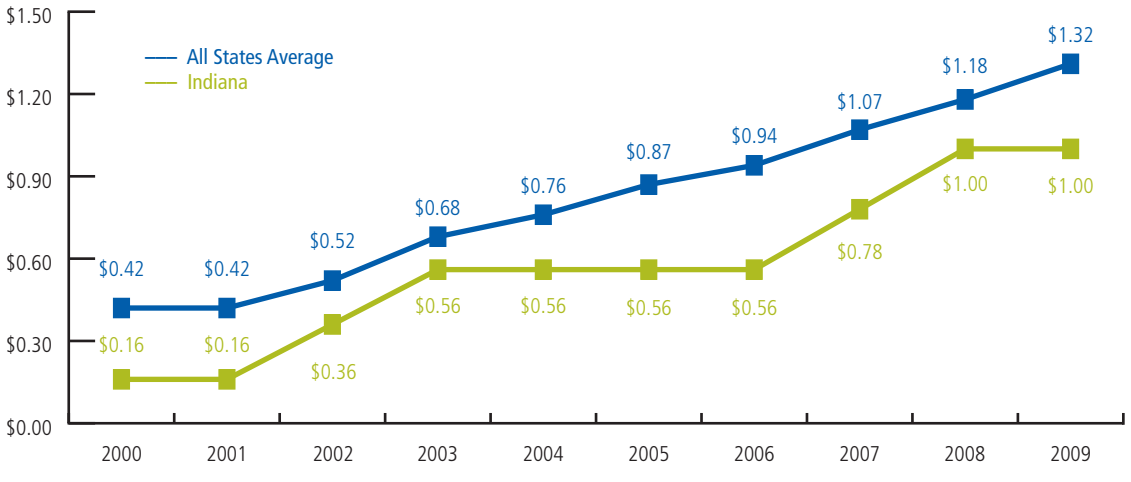


Chart 14 – Cigarette Tax – Indiana vs. All States



On April 1, 2009 the federal cigarette tax and tax on other types of tobacco products increased. During the first quarter of 2009, cigarette consumption declined 13 percent from the fourth quarter of 2008. Tobacco users were anticipating the price increase, as well as the tobacco manufacturers' increased product prices were likely the causes of the decline. Consumption levels in the second quarter of 2009 returned to levels similar to 2008 fourth quarter.

Indiana's cigarette tax ranks 29th among all states and is below the national average of $1.32.[xxxvii] Currently 15 states have cigarette tax rates of $2.00 per pack or higher, including Michigan. Since 2000, 46 states have increased their cigarette tax rates more than 90 times. Indiana's tax remains lower than all of its border states, except Kentucky. Some of the highest combined state-local tax rates are Chicago, IL at $3.66 per pack and Evanston, IL at $3.48. The 2009 federal cigarette tax increase raised the federal tax to $1.01 per pack.

NEW FRONTIERS ON THE HORIZON…OPPORTUNITIES AND CHALLENGES:

- There are over one million smokers in Indiana.
- Through the current funding capacity of the Indiana Tobacco Quitline, ITPC is reaching < 2 percent of the smoking population. The CDC recommends that state quitlines serve 6 percent of smokers.
- There is a demand for tobacco treatment services. More Hoosiers know about the Indiana Tobacco Quitline and more health care providers are referring their patients to the Quitline, as demand for services has increased.
- ITPC is required by legislation to spend 75 percent of its funding on community based programs. This requirement leaves little funding for other critical interventions such as a public education campaign. Media drives quitline call volume and supports all smokers' intentions to quit, regardless of how they quit. Additional media is needed to communicate this message.
- Health reform is a key debate in our country. At the center of it are evidence based preventive interventions. Tobacco treatment and tobacco control interventions are keys to making health reform work.

PRIORITY AREA FOUR

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

Adequate infrastructure is necessary to carry out a comprehensive tobacco control program that will improve Hoosiers' health that is negatively impacted by the State's alarming tobacco use rates. 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.[xxxviii] Achieving declines in youth and adult smoking are indications of this investment. However, inconsistent funding makes maintaining progress and preventing regression a challenge.

There is strong 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 would have been between 3-14 percent lower if every state had spent the minimum amount recommended by the CDC during 1991 to 2000. Through this investment, states would have prevented nearly two million youth alive today from becoming smokers, saving more than 600,000 from premature, smoking-caused deaths later in life, and saving $23.4 billion long term, smoking related health care costs.[xxxix]

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. There would have been between 2.2 million and 7.1 million fewer smokers in the United States if every state had funded their programs at the levels recommended by the CDC.[xl]

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

The CDC's recommended annual funding level for Indiana is $78.8 million to implement with sufficient intensity the evidence-based components of a comprehensive tobacco control program.[xlii]

2010 OBJECTIVE:

- Annual funding for Indiana's comprehensive tobacco control program will move toward the Centers for Disease Control and Prevention (CDC) recommended level by 2010 in order to ensure[xliii]:
  - Cessation services are available to all Hoosiers that want to quit (see priority area #3).
  - Local comprehensive tobacco prevention and cessation programs in 92 counties.
  - Local and state minority grants reaching 95 percent of the minority population statewide.
  - All workers work in a smoke free environment (see priority area #2).

NEXT FRONTIERS 2015 OBJECTIVES:

- Annual funding for the Indiana comprehensive tobacco control program will move toward the Centers for Disease Control and Prevention (CDC) recommended level in order to:
  - Increase to 100 percent the counties with a local community-based tobacco control coalition.
  - Increase the local and state minority tobacco control program grants to reach 95 percent of minority populations statewide.
  - Increase program accountability to 95 percent of local coalitions that meet grant reporting deliverables.
  - Increase per capita spending for health communication to $1.83.
  - Increase capacity of the Indiana Tobacco Quitline to reach 6 percent of smokers.
  - Increase the proportion of grantees that receive training to implement work plans to 100 percent.

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

1. Investing in comprehensive tobacco control interventions, with an emphasis on community programs.
2. Providing tobacco treatment services for all.
3. Supporting state and local tobacco control organizations and others in addressing tobacco through their respective organizations.

OUTCOMES ACHIEVED:

INVESTMENT IN TOBACCO CONTROL

ITPC was appropriated an annual budget of $16.2 million in SFY 2008-2009. The increase in funding in this biennium went to:

- Provide services to tobacco users through the Indiana Tobacco Quitline.
- Develop capacity of local health care setting to implement cessation systems changes, therefore, funding was provided in the form of supplemental cessation grants to ITPC local community-based and minority-based partners.
- Increase capacity of health care systems to provide tobacco treatment. ITPC funded statewide cessation grants to facilitate training and assist the policy changes within the health care setting.

Overall, this increased investment in tobacco control meant more services to help Hoosiers quit. In SFY 2009, nearly 21,000 Hoosiers have been helped by the Indiana Tobacco Quitline. This was a 230 pecent increase in calls from the previous year and a 600 percent increase from SFY 2007. Despite these gains and increased access to services helping Hoosiers quit smoking, the funding for ITPC's budget in SFY 2010-2011 was cut to $10.85 million, a drop of 33 percent. This drop will greatly impact the ability to meet the demand for Indiana Tobacco Quitline services and the ability for local community coalitions to continue in every county in Indiana.

COMMUNITY PROGRAM INFRASTRUCTURE

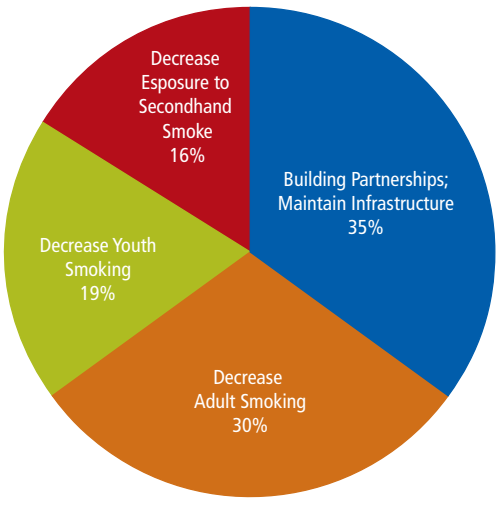
Effective community programs involve people in their homes, worksites, schools, places of worship, entertainment venues, civic organizations, and other public places. Funding local programs produces measurable progress toward statewide tobacco control objectives. Indiana has been nationally recognized for its 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.

In SFY 2009, ITPC continued funding coalitions in 85 of the 92 counties, with 13 state and local minority based partners working in 10 counties. Their work in the local communities is key to the success of the statewide program. ITPC is committed to supporting the local community programs by providing training, technical assistance and resources. In SFY 2009, there were 2,250 organizations working on tobacco control through the ITPC network of community programs in Indiana. However, it is expected for this statewide reach to decline in SFY 2010 due to limited funding.

The community program progress is tracked through a variety of mechanisms. This includes monitoring the implementation of activities as well as evaluating their effectiveness in working toward ITPC's program objectives. ITPC tracks how local coalitions implement activities through a web-based program tracking system. Through this reporting system ITPC can track local program activity levels. In addition, local grantees submit fiscal reports and budgets each quarter to ensure appropriate use of funds. Coalitions have reported approximately 9,600 program activities in SFY 2009, ranging from Voice events to community presentations to delivery of training. These include activities such as:

- More than 1,200 presentations to over 38,000 Hoosiers.
- Over 400 training activities.
- Approximately 400 student education activities.

Chart 15 – Local Partner Activity



To raise awareness of the impact of tobacco use at the local level, communities must maintain coalition efforts through the priority area of maintaining a state and local infrastructure. These activities include training of adult and youth coalition and community members; developing relationships with key stakeholders and decision makers in their communities; and building diverse coalitions in their communities. ITPC funding provides the resources to hire staff, purchase educational materials and resources, conduct training programs, and recruit and maintain local coalitions. The formation of coalitions has been a powerful and effective tool to mobilize the community to make changes that support tobacco control efforts. These coalitions also have become the central focus in networks of partners through a large community. Approximately 35 percent of program activity reported was focused on this priority area.

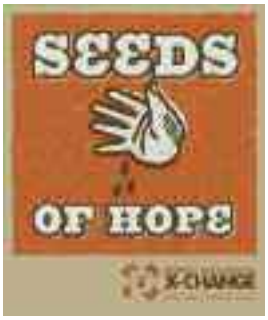
Local coalitions also sought additional funding for tobacco control work. Twenty-three counties submitted grant applications. Fifteen coalitions were awarded additional funding totaling $116,000.

TABLE 3 – NUMBER OF ACTIVITIES COMPLETED BY COMMUNITY-BASED AND MINORITY-BASED PARTNERSHIPS DURING SFY 2009 BY COMMUNITY INDICATOR.

Community Indicator		Activities
Priority Area 1: Decrease youth smoking rates		
1	Increase the proportion of Indiana school districts that support and implement a comprehensive school strategy against tobacco use.	555
2	Extent of community activism among youth to support community change that includes youth involved in the VOICE movement.	1221
Priority Area 2: Increase proportion of Hoosiers not exposed to secondhand smoke		
4	Proportion of tobacco free campus policies for hospitals, health care centers, and clinics.	225
5	Proportion of smoke free policies for worksites, including restaurants and bars.	988
7	Proportion of school districts with tobacco-free campuses.	258
9	Extent of tobacco control policies on university/college campuses. This includes indoor and outdoor spaces such as student housing, classroom buildings, and athletic facilities.	33
Priority Area 3: Decrease adult smoking rates		
11	Extent of the availability of appropriate tobacco cessation services in the community for adults and youth.	1623
12	Proportion of health care providers and health care systems that have fully implemented the Public Health Service guidelines for cessation.	736
13	Proportion of worksites that provide employer-sponsored cessation support for employees who use tobacco.	393
Priority Area 4: Maintain state and local infrastructure necessary to lower tobacco use rates and make Indiana competitive on economic fronts.		
14	Extent of participation by partners within the broad-based coalition.	2110
15	Extent of participation by groups representing disparately affected (i.e. hard to reach) populations in the community.	1155

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

Seeds of Hope –
2008 Partner Information X-Change



The ITPC Partner Information X-Change was held September 16 and 17, 2008, in Indianapolis. More than 350 people attended this educational event, which provided information and training on key tobacco issues to our local and state partners. Pre-conference workshops focused on spokesperson skills and media advocacy.

The two day conference mixed plenary sessions with small group breakout sessions, in order to provide the best educational experience possible. Sessions covered such topics as the future of tobacco control, cessation systems change, promotion of the Indiana Tobacco Quitline, building successful coalitions, developing testimony for smoke-free workplace hearings, spit tobacco, flavored and new tobacco products , working with chronic disease programs, cessation and mental health, building collaboration with musicians, and developing youth advocacy.

Conference presenters included representatives from American Cancer Society, American Heart Association, American Legacy Foundation, American Lung Association of Illinois, Americans for Nonsmokers' Rights, Anthem Blue Cross/Blue Shield, Campaign for Tobacco-Free Kids, Free and Clear, Clarian Health, Harvard Medical School / The Cambridge Hospital, Indiana School Boards Association, Indiana State Department of Health, National School Boards Association, University of Southern California, University of Wisconsin, as well as ITPC and local coalition partners.

In addition, throughout SFY 2009, ITPC provided the following training/networking opportunities for its partners:

- Listening session on the 2015 Tobacco Control Strategic Plan (December 8-Elkhart; December 9-Indianapolis; December 10-Seymour). Discussion was led by Karla Sneegas and Anita Gaillard.
- Cessation Systems Change (December 16-Kokomo): 14 individuals participated in this training on cessation systems and how to implement this system change in their communities. This training was facilitated by Deborah Hudson, Clarian Tobacco Control Center.
- Request for Application (RFA) Meetings (January 26-Jeffersonville; January 28-Fort Wayne; January 29-Indianapolis): Provided training and information on the 2009-2011 RFA and coalition building information by a guest speaker, Kwesi Harris. Over 140 individuals from across the state participated in this training.
- Listening session and review of Draft 2015 Strategic Plan with State Partners

(February 2-Indianapolis): 11 partners from other state agencies met with ITPC to review and make suggestions on the 2015 Strategic Plan document. Discussion was led by Anita Gaillard and Miranda Spitznagle.

- Capacity Building for Minority Partners (February 25-Indianapolis): Over 35 partners attended this training on ways to engage non-traditional partners. This training was facilitated by William Robinson, National African American Tobacco Prevention Network.
- Strategies for Cessation Systems Change for Employers (March 17- via teleconference): Over 100 partners participated in this training, facilitated by Sally Carter with the Oklahoma State Department of Health including information about strategies for a tobacco-free workplace. ITPC provided an update on how to interpret, evaluate and monitor the Indiana Tobacco Quitline reports.
- Cessation Systems Change (April 22-Bloomington): Over 40 individual participated in this training on cessation systems and how to implement this system change in their communities. This training was facilitated by Deborah Hudson, Clarian Tobacco Control Center.
- Cessation Systems Change for Healthcare Providers (April 29-Gary): Over 20 health care providers in Northwest Indiana attended this training on cessation systems and how to implement this system change into their health care practice. This training was facilitated by Camille Kalil, ITPC.
- Statewide Partner Meeting (May 7-Indianapolis): Over 15 statewide partners attended this session which provided information on all of ITPC's statewide partners, and programs such as Voice and the Indiana Tobacco Quitline. This training was facilitated by Anita Gaillard and Miranda Spitznagle, ITPC.
- Cessation Systems Change (May 12-Valparaiso): Over 25 partners attended this training on cessation systems and how to implement this system change in their communities. This training was facilitated by Camille Kalil, ITPC.
- Indiana Tobacco Quitline (May 19- and June 4-via teleconference): Over 100 partners participated in this training, facilitated by Jenn Feffer with Free & Clear, the vendor for Indiana Tobacco Quitline. Partners learned about the services provided, what callers can expect and were given an opportunity to share their experiences with the Indiana Tobacco Quitline.
- Dr. Winickoff Visiting Lecture (May 20-Indianapolis): Over 70 partners participated in this training, funded by a grant from the Julius B. Richmond Center, with Dr. Jonathan Winickoff from Massachusetts General Hospital. Dr. Winickoff shared information about third hand smoke, the CEASE program, and how to work with health care providers to implement cessation systems change.

NETWORKING AND SHARING WITH NATIONAL PARTNERS AND OTHER STATES

ITPC staff have been speakers at national conferences and trainings throughout the past year. A few highlights include:

- Four sessions at the 2008 National Conference on Tobacco or Health.
- Two sessions at the 2008 American Public Health Association Annual Meeting.
- Two CDC sponsored sustainability training workshops for other states.

- ITPC Executive Director served as a trainer for the 2008 Tobacco Control Training Institute and as a member of the Louisiana Tobacco Free Living Scientific Advisory Board.
- ITPC staff provided program and evaluation technical assistance to numerous states including Oklahoma, Kentucky, Louisiana, Iowa and Alaska.
- ITPC staff gave presentations at state conferences including the Indiana Rural Health Association's annual conference.

THE POWER OF THE NEWS

With an emphasis on media advocacy, ITPC works to keep the issue of tobacco control in the public dialogue. National, state and local news stories provide a strong foundation from which the key messages of ITPC and its many partners are delivered effectively.

News releases on the latest developments form the key building blocks on which the media is kept informed. Additional tools, such as the weekly e-mailed Facts for Life statistics, regular articles in the Indiana State Personnel Department newsletter and the *Breathe IN* newsletter allowed various audiences to keep abreast of the latest tobacco control issues.

Hosting news conferences provides ITPC the chance to speak directly with the media at various times throughout the year. ITPC also issued more than 45 news releases and opinion editorial pieces on a variety of topics. Issues ITPC addressed included: warning Hoosiers about dangerous new tobacco products, honoring rural health facilities for being tobacco free (R.I.S.E. awards sponsored with IRHA); honoring young people through the Youth Advocate of the Year awards; recognition of 100 percent tobacco free school campuses and local smoke free workplace ordinances, especially support for smoke free policies, including air monitoring studies and public opinion surveys; a second Quit2Win campaign; and promoting the Indiana Tobacco Quitline, especially during the price increases in the spring of 2009, were among the highlights of ITPC's media advocacy efforts in SFY 2009.

In SFY 2009, nearly 3,000 news clips were generated on a variety of tobacco control topics throughout Indiana. As in previous years, key topics were local smoke free air policy and secondhand smoke as more than 40 percent of the news clips were on these topics. Counties with a high number of clips are those that have had local discussions underway on smoke free air policy. Other topics include quitting smoking and coverage of local tobacco control coalition activity. Approximately 60 percent of the news clips were hard news items, 20 percent were editorials and 17 percent were letters to the editor.

PARTNERSHIPS

ISDH PROGRAMS/CDC NATIONAL TOBACCO CONTROL PROGRAM COOPERATIVE AGREEMENT

ITPC continued responsibilities established by the CDC/Office on Smoking and Health, National Tobacco Control Program as this grant activity complements existing ITPC activities and infrastructure. During this year, ITPC collaborated with ISDH Chronic Disease programs, specifically Diabetes Prevention and Control Program (DPCP) and the Behavioral Risk Factor Surveillance System (BRFSS) to submit a joint application to the CDC for funding. This collaborative effort received notice of the funding award in March 2009 with an emphasis on chronic disease integration and the development of a Healthy Communities Program. As collaboration continues, the programs are working to reach communities 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, 38 percent of tobacco users that enrolled in the Indiana Tobacco Quitline indicated they have one of the following chronic conditions: asthma, coronary artery disease, chronic obstructive pulmonary disease or diabetes. In addition, the ITPC local coalition infrastructure will help facilitate capacity building among Hoosier communities to address other areas of chronic disease.

ITPC staff serves on various advisory capacities within programs at ISDH, including Office of Women's Health Advisory Board, Diabetes Council, Joint Asthma Coalition, Chronic Disease Epidemiology Integration group, Indiana Cancer Consortium, Indiana Coalition to Improve Adolescent Health and the Chronic Disease Integration team.

ALCOHOL AND TOBACCO COMMISSION (ATC)

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

- In SFY 2009, TRIP officers conducted more than 7,000 random inspections of tobacco retailers. TRIP enforcement activities resulted in sales rates to youth at an average of less than seven percent for SFY 2009.
- During the year over 100 law enforcement officers received tobacco laws training. This training includes review of all Indiana tobacco laws including signage, retail sales including implications to the clerk and establishment, possession by a minor and vending machines restrictions.
- ATC performed more than 380 trainings for retail owners and clerks to prevent the sales of tobacco to minors reaching over 7,800.

AMERICAN LEGACY FOUNDATION

ITPC was awarded a grant for the second year for a project supporting Take Note. *Take Note* is a movement of entertainers, musicians, and bar workers joining in the fight to eliminate disparities regarding worker exposure to secondhand smoke. The campaign involves individuals who take a personal interest in eliminating smoking from their work environment and are willing to take action. Workers

whose office happens to be a bar should not have to choose between unhealthy smoke-filled environments and their health. Key activities that have taken place this year include the use of viral marketing techniques that reach target audiences through social media.

THE LAWN AT WHITE RIVER STATE PARK

The promotion of a smoke free message continued with ITPC's partnership with The Lawn summer concert series at White River State Park in the summer of 2008. The WhiteLies.tv sponsorship of an outdoor concert venue provided a setting to promote quitting smoking to all concert goers, to register participants for the 2008 Quit2Win campaign and to promote the Indiana Tobacco Quitline. More than 40,000 people attended the eleven concerts at The Lawn which became smoke free in the concert seating area. The Voice Road Tour gathered thousands of signatures on petitions from youth and adults, calling on the motion picture industry to prohibit smoking in films, especially those that are rated G, PG and PG-13.

IBE SUMMER CELEBRATION

Event sponsorship is a valuable tool in expanding the messages to ethnic audiences around the state. A primary example was the 2008 Indiana Black Expo's Summer Celebration in July. WhiteLies.tv and the Voice movement had a significant presence throughout the ten-day event. ITPC used the platform to speak about the dangers of smoking and secondhand smoke. WhiteLies.tv had a large exhibit at the Indiana Black Expo information center, with the Quit2Win

www.WhiteLies.tv

campaign and the Smoke Free VIP Membership card registration. People were very excited and were responsive to the materials and the opportunities being presented. The Quit2Win campaign was a successful strategy in getting the attention of smokers that were really serious about quitting.

INDIANA STATE FAIR

ITPC continues to partner with the Indiana State Fair. ITPC's involvement has a significant impact on the fair, with the event extending their smoke free air policies each year. In 2008, the State Fair introduced designated smoking areas around the fairgrounds to further reduce secondhand smoke exposure.

During 2008, "quit smoking" was the focus of the 12 day event, as volunteers provided information and education on how to quit smoking. Fairgoers were encouraged to sign up for the Quit2Win campaign, in order to help them in their cessation efforts. Literature and banners promoting cessation were visible around the fairgrounds.

On August 11, the State Fair celebrated its Seventh 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 and the evening concert which featured Corbin Bleu.

INDIANA ACADEMY OF FAMILY PHYSICIANS FOUNDATION

An ad campaign called, "As Physicians...", featuring real doctors reminding their peers about how important it is to discuss smoking and the benefits of quitting with their patients, was launched by the Indiana Academy of Family Physicians Foundation in June 2009. The campaign features print ads of health care providers urging their peers to make cessation a priority for patients who smoke. The ads will appear throughout the state in medical magazines such as Frontline Physician, local newspapers, and on medical websites. This proactive peer-to-peer education campaign will run through September 2009. This project supports physician outreach to encourage talking to patients about quitting and referring to treatment services. Financial support for this project was provided by the Anthem Foundation.

"Two-thirds of smokers in Indiana have visited a health care provider in the past year. This presents a tremendous opportunity for doctors to intervene and give patients the help they need to quit successfully," said Dr. Teresa Lovins, IAFP President.

GRANT ACCOUNTABILITY

ITPC administered 112 grants and contracts during SFY 2009. The proportion of local grants meeting reporting requirements at the end of SFY 2009 was 85 percent. ITPC grantees are expected to submit quarterly program and fiscal reports by the deadline and all components must be completed to meet this requirement.

In order to manage the large number of grants, ITPC holds a Memorandum of Understanding with the State Board of Accounts (SBOA) to assist with the fiscal monitoring of each grant. The SBOA conducts an onsite review of each grantee with reports to be filed with ITPC. During SFY 2009, the SBOA completed 115 monitoring engagements. ITPC's goal for the SBOA is to review all grant recipients' documents for compliance with contractual guidelines for the entire contract period and to conduct a final review upon the conclusion of the grant cycle.

NEW FRONTIERS ON THE HORIZON...OPPORTUNITIES AND CHALLENGES:

- SFY 2010 will bring the loss of many local tobacco control programs at the county level. The reach of ITPC's statewide program will be lessened due to these necessary cuts.
- Removing the restriction on how ITPC funding may be spent would allow the most effective, evidence based interventions to be implemented. The current restriction that 75 percent of funding must go to community organizations limits the amount of remaining funds for highly effective public education interventions. In addition, these media interventions support all activities at the local level, thus enhancing those programs.

SFY 2009 Financial Report

Cash and Investments, July 1, 2008	**$6,536,049**
Receipts	
Transfer from Master Settlement Fund (6330/100600)	15,000,000
SFY 10 Adv Transfer from Master Settlement Fund (6330/100600)	7,381,728
Cigarette Tax Appropriation (1000/145020) – To be Reverted	1,200,000
Cigarette Tax Encumbrance (1000/145021) – To be Revered	47,272
Interest on Investments	239,088
Local Grant Dollars Returned from Previous Grant Cycles	32,657
American Legacy Foundation Take Note Grant (6000/184750)	110,484
ISDH/CDC/OSH/Ball State Grant Expenditure Reimbursement	255,000
ISDH/CDC/OSH State Grant Expenditure Reimbursement	974,954
Rebate of Federal Taxes Paid on Phone Services	2,868
Speaker Fees paid to Staff	100
Total Receipts and Cash and Investments	**31,780,200**
Disbursements:	
Community Based Programs	
Local Community Based Partnerships	5,507,272
Minority Based Partnerships	1,545,893
Statewide Grants	1,604,053
Chronic Disease Collaborative Project	43,276
Voice Hubs & Youth Summit	360,000
Training, Technical Assistance, Educational Materials	628,079
Special Opportunity Grants to Local Communities	97,463
Reserve for Matching Grants – ALF Take Note Grant	50,000
American Legacy Foundation Take Note Grant	151,868
ISDH/CDC OSH Project	1,024,841
Cessation Programs	
Quitline & NRT	2,657,178
Kickoff Program – Summer Campaign	76,303
Health Care Provider Outreach Program	100,000
Statewide Cessation Project	285,337
Enforcement of Youth Access – ATC	500,000
Subtotal Community Based Programs	14,631,563
Statewide Public Education Campaign	2,131,344
Evaluation (RTI & State Board of Accounts)	994,132
Administration and Management	1,110,391
Mandated Reversions (1000 Funds – Cigarette Tax dollars)	1,247,272
Total Disbursements	**20,114,702**
Cash and Investments, June 30, 2009	**$11,665,498**

SFY 2010 & SFY 2011 BUDGET

Budget Item	CDC Grant SFY 2010	Fiscal Year 2010 Appropriation	% of Budget	Fiscal Year 2011 Appropriation	% of Budget
* COMMUNITY BASED PROGRAMS					
1. Local Community Based Partnerships		3,709,500		3,709,500	
2. Minority Based Partnerships		1,456,500		1,456,500	
3. Statewide Grants		275,000		275,000	
4. Chronic Disease Collaboration – INSHAPE		*		*	
5. Voice Hubs & Youth Summit		210,000		210,000	
6. Training and Technical Assistance	65,132	200,481		200,481	
7. Special Opportunity Grants					
8. Legacy Foundation Take Note Grant					
9. Indiana Quitline	75,000	1,750,000		1,750,000	
10. 5% Mandated Reserve		543,000		543,000	
11. Enforcement of Youth Access (ATC)					
Subtotal COMMUNITY BASED PROGRAMS		8,144,481	75%	8,144,481	75%
* STATEWIDE PUBLIC EDUCATION CAMPAIGN	400,000	1,154,827	11%	1,154,827	11%
* EVALUATION (RTI & SBOA – Grant Monitoring Svcs)	280,000	560,000	5%	560,000	5%
* ADMINISTRATION/MANAGEMENT	182,000	1,000,000	9%	1,000,000	9%
TOTALS	**1,002,132**	**10,859,308**	**100%**	**10,859,308**	**100%**

- Budget adheres to the 75% mandate to local community programs as written into the current Budget Bill 1001.
- Any Community and Minority grant dollars returned to ITPC from earlier grant cycles will be placed into Special Opportunity Grants line item.
- CDC grant dollars are on a reimbursement basis through Memorandum of Understanding with Indiana State Department of Health.

* Based on final closeout for Community and Minority Grant contracts of 2009, dollars encumbered and not expended for grants will be considered for reallocation to support the Chronic Disease Collaboration through INSHAPE.

2010-2011 TOBACCO MASTER SETTLEMENT TRUST FUND BUDGET

TMSF Revenue	FY 2006 Actual	FY2007 Actual	FY2008 Actual	FY 2009 Actual	FY 2010 Budget	FY 2011 Budget
Beginning Unobligated Fund Balance as of July 1	125,602,173	82,832,322	133,554,748	32,816,511	62,195,296	55,945,962
MSA Payments from OPM's & SPM's					141,741,022	143,867,137
Strategic Contribution Payments					22,022,156	22,352,488
Estimated NPM Adjustment					(16,509,911)	(16,757,559)
Estimated Net Settlement Payments					147,253,267	149,462,066
Actual Net Settlement Payment Received	119,345,608	124,914,007	147,442,295	160,954,285		
Total Fund Balance	244,947,781	207,746,329	280,997,043	193,770,796	209,448,563	205,408,028
OPERATING EXPENDITURES						
Department of Health						
Office of Women's Health					121,248	121,248
Donated Dental Services					42,932	42,932
ISDH Breast Cancer	86,490	86,490	(10)	86,489	86,490	86,490
ISDH Prostate Cancer	86,490	86,490	(481)	92,004	93,000	93,000
Sickle Cell Program					250,000	250,000
Department of Health Administration	24,130,055	25,591,047				
ISDH Cancer Registry	239,732	236,037	(88,578)	508,621	610,647	610,647
ISDH Minority Health Initiative	1,944,838	1,944,838	33,000	2,940,000	3,000,000	3,000,000
Project Respect					537,904	537,904
ISDH HIV/AIDS Services	1,969,805	2,162,254	8,800,000	2,041,079	2,162,254	2,162,254
ISDH Drug Afflicted Babies	58,121	58,121	647,489	59,371	58,121	58,121
ISDH AIDS Education	650,818	651,092	2,853,400	664,994	817,245	817,245
ISDH Chronic Disease	506,708	506,773	2,062,834	1,028,279	1,078,427	1,078,427
ISDH WIC Supplement	164,331	164,331	49,286	84,581	190,000	190,000
ISDH MCH Supplement	164,331	164,331	699,804	176,700	190,000	190,000
ISDH Aid to TB Hospitals	$99,879	99,879	1,080,300	11,277	96,883	96,883
Children with Special Health Care Needs					13,862,070	13,862,070
ISDH Local Health Maintenance Fund	3,589,800	3,860,000	160,087	3,843,387	3,860,000	3,860,000
Local Health Dept. Trust Account	2,790,000	2,790,000	176,700	3,000,000	3,000,000	3,000,000
Community Health Centers	11,810,436	13,952,973	(2,016,731)	28,713,047	17,500,000	20,000,000
Tobacco Health Programs	695,542	2,289,102				
Prenatal Substance Abuse	97,939	139,500	2,989,490	149,880	150,000	150,000
Minority Epidemiology	465,000	465,000	29,845,000	735,000	750,000	750,000
Total Expenditures	49,550,315	55,248,258	47,291,589	44,134,709	48,457,221	50,957,221
FSSA						
Residential Services for Developmentally Disabled Persons	22,300,000	22,300,000	30,000,000	22,300,000	15,229,000	15,229,000
Buriel Expenses					1,607,219	1,607,219
Division of Disability and Rehab Services Admin.	3,012,462	2,313,797	7,900,000	600,000	2,360,764	2,360,764
Day Services-Diagnosis and Evaluation					400,125	400,125
Division on Aging Admin. – FSSA			22,300,000	1,504,044	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	27,203,025	23,600,413		32,500,000	33,426,720	35,426,720
CHIP – Administration			69,852,872	1,363,603	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	1,860,000	1,860,000	1,869,887	4,500,000	7,000,000	7,000,000
Prescription Drug Account/Hoosier Rx	4,338,112	7,440,129		7,900,000	1,117,830	1,117,830
Total Expenditures	58,713,599	57,514,339	131,922,759	70,667,647	78,449,287	$80,514,877

2010-2011 TOBACCO MASTER SETTLEMENT TRUST FUND BUDGET

TMSF Revenue	FY 2006 Actual	FY2007 Actual	FY2008 Actual	FY 2009 Actual	FY 2010 Budget	FY 2011 Budget
Econ. Development						
Value Added Research Fund	558,000	600,000				
Rural Development Administration Fund	1,847,365	1,200,000				
Rural Development Council Fund	835,843	601,742				
Rural Economic Development Fund		1,801,741	3,603,480	3,603,480	1,497,688	1,497,688
Technology Development Grant Fund	516,853	4,500,000				
21st Century Research & Technology Fund	34,875,000	37,500,000				
Total Expenditures	38,633,061	46,203,483	3,603,480	3,603,480	1,497,688	1,497,688
Other Agencies						
Attorney General's Office	250,000	250,000		494,467	494,467	494,467
Indiana Tobacco Prevention and Cessation	**9,968,377**	**10,099,156**	**15,000,000**	**15,000,000**	**10,859,308**	**10,859,308**
Independent Living Assistance-DCS	930,000	930,000				
Commission on Hispanic & Latino Affairs	151,827	124,000		145,000		
Total Expeditures	11,300,204	11,403,156	15,000,000	15,639,467	11,353,775	11,353,775
Total Operating Expenditures	158,197,179	170,369,236	197,817,828	134,045,303	139,757,971	144,323,561
Capital Expenditures						
Regional Healthcare Construction	8,180,244	10,557,849		11,964,998	10,744,630	10,744,630 "
Gary Trauma Center					3,000,000	
Total Capital Expenditures	8,180,244	10,557,849		11,964,998	13,744,630	10,744,630
Total Expenditures	166,377,423	180,927,085	197,817,828	146,010,301	153,502,601	155,068,191
Year-end Unobligated Fund Balance on June 30	**78,570,358**	**26,819,244**	**83,179,215**	**47,760,495**	**55,945,962**	**50,339,837**

Caveats

1. The payment projections make certain assumptions about cigarette consumption and the rate of inflation over the next few years.
2. If the rate of increase in the CPI exceeds three percent in 2007, 2008, or 2009, the payments could be higher.
3. If cigarette consumption declines more steeply, the aggregate payments could be lower.
4. If more consumption shifts from Participating Manufacturers (PM) to Non-participating Manufacturers (NPM), the payments could be lower.
5. The projections ignore the possibility of default by any Participating Manufacturer. If experience is any indication of the future, some of the Participating Manufacturers are likely to fail to pay us, go out of business, and/or file bankruptcy.
6. The projections also ignore backpayments and interest owed.
7. The projections assume withholding of the entire NPM Adjustment. Some amount of withholding is almost certain, though the amount cannot be estimated.
8. If there is a settlement on the NPM Adjustment, it will modify the projected withholding.
9. Estimates for Market Share Loss in 2006 and 2007 are on a subjective basis.
10. The withholding estimates refer to the amount of the annual payment that is not expected to materialize due to the tobacco company's escrowing for litigation costs against the State.
11. The net payment for fiscal years 2006 and 2007 reflects the actual settlement revenue from the participating tobacco manufacturing firms.
12. The total reversion for TMSF accounts reflects the amount of unspent appropriation returned to the trust fund.

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PRIORITY AREA 1 – DECREASE YOUTH TOBACCO USE RATES

	2000-2001	2002-2003	2004-2005	2006-2007	**2008-2009**	2010 plan target	2015 plan target	Data Sources	CDC OSH outcome indicators
Long Term Objectives									
Decrease smoking among middle school youth	9.8%	10.0%	7.8%	7.7%	**4.1%**	7%	5%	YTS	1.14.1
Decrease smoking among high school youth	31.6%	20.4%	21.3%	23.2%	**18.3%**	21%	17%	YTS	1.14.1
Decrease "frequent" smoking among high school youth**	17.1%	11.1%	10.9%	11.7%	8.7%	NA	5%	YTS	1.14.2
Intermediate Objectives									
Increase Indiana's tobacco tax	15.5	55.5	55.5	55.5	99.5	99.5	200.0	Dept of Revenue	1.12.1
Increase tax on other tobacco products (OTP) (wholesale price)	18%	18%	18%	18%	24%	45%	45%	Dept of Revenue	1.12.1
Increase the proportion of youth who think smoking does not make people look cool and fit in								YTS	1.10.1
Middle school youth	89.5%	86.7%	88.6%	89.5%	**91.5%**	91%	93%		
High school youth	88.1%	88.0%	87.0%	88.4%	90.1%	91%	93%		
Short term objectives									
Increase level of confirmed awareness of the counter-marketing campaigns	NA	66.4%	80.0%	NA	45%	50%	67%	YMTS	1.6.1
Increase the proportion of school districts with a tobacco free campus policy	NA	NA	35%	53%	**65%**	65%	85%	ITPC Policy Tracking	1.7.1
Decrease the perception that smoking among peers is normal*								YTS	
Middle school youth	NA	61.7%	58.4%	54.0%	47.4%	NA	40%		
High school youth	NA	63.5%	61.5%	64.7%	61.0%	NA	55%		

The **bold blue** entries indicate that the 2010 objective has been met.

* Percent of middle school youth that think **more than 20 out of 100** of their peers smoke cigarettes. (The actual rate for 2008 was 4.1%);
Percent of high school youth that think **more than 30 out of 100** of their peers smoke cigarettes. (The actual rate for 2008 was 18.3%)

** This is a new objective for 2015 and was not included in the 2010 plan.

PRIORITY AREA 2 – INCREASE PROPORTION OF HOOSIERS NOT EXPOSED TO SECONDHAND SMOKE

	2000-2001	2002-2003	2004-2005	2006-2007	**2008-2009**	2010 plan target	2015 plan target	Data Sources	CDC OSH outcome indicators
Long Term Objectives									
Increase the proportion of the population that is protected from secondhand smoke indoors by law[1] (workplaces and/or restaurants and/or bars)	0%	1.1%	1.1%	27.6%	30.4%	35%	100%	ITPC Policy Tracking	2.7.2 and 2.7.1
Workplaces, restaurants, bars and membership clubs (comprehensive)	0%	0%	1.1%	5.8%	8.5%	15%	100%	ITPC Policy Tracking	2.7.2
Proportion of households with smokers that report a smoke free home	NA	28.5%	41.7%	54.5%	55.1%	60%	70%	ATS	2.4.4
Intermediate Objectives									
Increase proportion of adults protected from secondhand smoke at the indoor workplace	NA	78.2%	80.4%	86.7%	88.5%	90%	95%	ATS	2.7.1 (past 7 days exposure)
Increase proportion of youth not exposed to secondhand smoke indoors									2.7.3 (no exposure in room in past 7 days)
Middle school youth	40.2%	36.6%	38.7 %	39.0%	49.7%	42%	48%	YTS	
High School youth	24.8%	29.0%	33.8%	31.0%	**37.8%**	33%	40%	YTS	
Short term objectives									
Increase level of confirmed awareness of counter-marketing campaigns	NA	51.0%	78.5%	20%	**53.1%**	50%	67%	AMTS; ATS	2.3.1
Increase the number of mental health care and substance abuse treatment facilities that have a tobacco free campus	NA	NA	NA	15	38	49	76	ITPC policy tracking	2.4.2
Increase proportion of adults that believe second-hand smoke exposure is a serious health hazard	NA	NA	60.0%	55.4%	57.3%	65%	75%	ATS	2.3.5
Increase the level of support for tobacco free policies in public places and work places	NA	74.0%	71.5%	76.5%	74.3%	79%	87%	ATS	2.3.7

The **bold blue** entries indicate that the 2010 objective has been met.

[1] The method of reporting this measure changed since 2006. Only ordinances that are considered strong policy by the U.S. Surgeon General will be included in this measure.

PRIORITY AREA 3 – DECREASE ADULT TOBACCO USE RATES

	2000-2001	2002-2003	2004-2005	2006-2007	**2008-2009**	2010 plan target	2015 plan target	Data Sources	CDC OSH outcome indicators
Long Term Objectives									
Decrease smoking among all adults (ages 18 and older)	27%	26.9%	24.9%	24.1%	**26.0%**	22%	18%	BRFSS	3.14.1
Decrease smoking among adults ages 25 and older	25.3%	26.1%	24.4%	22.4%	**23.8%**	NA	18%	BRFSS	3.14.1
Decrease smoking among young adults (age 18-24)	37.3%	37.6%	28.2%	34.6%	**41.1%**	30%	26%	BRFSS	3.14.1
Decrease smoking among African Americans (18 and older)	24.6%	27.6%	27.4%	27%	**33.3%**	25%	20%	BRFSS	3.14.1
Decrease smoking among Latinos (age 18 and older)	22.5%	24.5%	22.8%	23.1%	**35%**	22%	20%	BRFSS	3.14.1
Decrease smoking among Pregnant Women	21%	19%	18%	17.3%	**NA**	15%	12%	Birth Certificate Data (Natality Report)	3.14.2
Decrease smoking among Medicaid members	NA	NA	NA	NA	**NA**	TBD	TBD	OMPP	3.14.1
Intermediate Objectives									
Increase Indiana's cigarette tax	15.5	55.5	55.5	55.5	**99.5**	99.5	200.0	Dept of Revenue	3.12.1
Increase tax on other tobacco products (OTP) (wholesale price)	18%	18%	18%	18%	**24%**	45%	45%	Dept of Revenue	3.12.1
Decrease cigarette consumption (million packs/year)	758 M packs	742 M packs	605 M packs	646 M packs	**503 M packs**	510 M packs	425 M packs	Dept of Revenue	3.14.1
Increase percent of smokers reporting attempts to quit smoking	NA	48.5%	47.6%	38.4%	**49.9%**	55%	65%	ATS	3.11.1

The **bold blue** entries indicate that the 2010 objective has been met.

PRIORITY AREA 3 – DECREASE ADULT TOBACCO USE RATES

	2000-2001	2002-2003	2004-2005	2006-2007	**2008-2009**	2010 plan target	2015 plan target	Data Sources	CDC OSH outcome indicators
Short term objectives									
Increase level of confirmed awareness of the counter-marketing campaigns	NA	51.0%	78.5%	20%	**53.1%**	50%	67%	AMTS; ATS	3.8.1
Increase the number of calls to the Indiana Tobacco Quitline	NA	NA	NA	3568 calls	21,000 (SFY 2009)	44,700 calls	119,300 calls	Indiana Tobacco Quitline (SFY annual call volume)	3.7.1
Increase the proportion of smokers that report intentions to quit smoking in the next 30 days	NA	24.6%	24.1%	35%	23%	43%	50%	ATS	3.8.3
Increase the awareness of the Quitline among smokers	NA	NA	NA	28.9%	49%	50%	67%	ATS	3.8.6
Increase use of tobacco treatment benefit among Medicaid members	NA	NA	NA	TBD	TBD	TBD	TBD	TBD	3.10.1 (use) 3.8.6 (aware)
Increase the proportion of smokers that were advised by their health care professional to quit smoking	NA	67.7%	74.9%	78.0%	70.5%	85%	90%	ATS	3.9.3

The **bold blue** entries indicate that the 2010 objective has been met.

PRIORITY AREA 4 – MAINTAIN AND ENHANCE STATE AND LOCAL INFRASTRUCTURE NECESSARY TO LOWER TOBACCO USE RATES AND THUS MAKE INDIANA COMPETITIVE ON ECONOMIC FRONTS

	2000-2001	2002-2003	2004-2005	2006-2007	**2008-2009**	2010 plan target	2015 plan target	Data Sources
ITPC annual funding	$32.5M	$32.5M	$10.8M	$10.8M	**$16.2M**	$34.8M	$45 M	ITPC appropriation
CDC grant (through ISDH)		$1.3M	$1.6M	$1.3M	**$1.1M**		$1.7M	CDC/OSH/ISDH
CDC recommended funding	$34.8M	$34.8M	$34.8M	$34.8M	**$78.8M**	$78.8M	$78.8M	CDC
Increase number of local and state organizations supporting the 2015 plan	NA	NA	NA	15	27	30	35	Strategic Plan
Increase percent of counties with a community-based tobacco control coalition to 100%	100%	100%	100%	96%	92%	100%	100%	ITPC
Increase to 100% the proportion of eligible counties[2] with a minority-based tobacco control coalition	NA	70%	86%	55%	34%	100%	75%	ITPC
Increase to 100% the local tobacco control coalitions that have an ITPC approved work plan	NA	100%	100%	100%	**100%**	100%	100%	ITPC
Increase program accountability of local coalitions to 95% meeting grant reporting deliverables	NA	NA	NA	91%	85%	95%	95%	ITPC
Increase spending of Health communication to $1.83 per capita spending	NA	$1.14	$0.86	$0.27	$0.31	$1.00	$1.83	ITPC Budget
Increase capacity for the Indiana Tobacco Quitline to serve smokers[3]	NA	NA	NA	<1%	<2%	NA	8%	Indiana Tobacco Quitline
Proportion of local and state grantees that receive training to implement evidence based tobacco control interventions	100%	100%	100%	100%	**100%**	100%	100%	ITPC
Proportion of local tobacco control coalitions that implement with their local work plans collaboration with chronic disease initiatives[4]	NA	NA	NA	NA	**NA**	10%	25%	ITPC

The **bold blue** entries indicate that the 2010 objective has been met.

[2] Twenty-nine (29) counties representing 95% of minority population in state are eligible.

[3] This objective is new for 2015, therefore a 2010 target was not set.

[4] This objective is new for 2015, therefore baseline data and 2010 targets are not available.

DATA SOURCES DESCRIBED IN THE OBJECTIVES TABLES

Indiana Youth Tobacco Survey (YTS) – Data available for 2000, 2002, 2004, 2006, 2008.

Indiana Adult Tobacco Survey (ATS) – Data available for 2002, 2004, 2006, 2007, 2008.

Youth Media Tracking Survey (YMTS) – Data available for 2003, 2004, 2005, 2008.

Tax Burden on Tobacco (Orzechowski & Walker).

ITPC Policy Tracking – ITPC tracks local policies for schools, hospitals and health care facilities, mental health facilities, and community ordinances. Data is updated monthly.

Current Population Survey-Tobacco Supplement (2000/2001); 2006/2007.

Behavior Risk Factor Surveillance Survey (BRFSS) – Data available on tobacco use since 1985 through 2008.

Adult Media Tracking Survey (AMTS) – Data is available from the 2003, 2004, 2005 Adult Media Tracking Surveys; Beginning the 2006, the knowledge/attitude/belief questions, as well as confirmed awareness of the media messages were transferred to the Adult Tobacco Survey (2006, 2007, 2008).

Indiana Tobacco Quitline – service reports since quitline launch in March 2006 to present.

NA = data currently being collected for that year and not yet available; or a target was not set or reached.

TBD = data source; baseline to be collected and targets set.

[i] 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.

[ii] *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

[iii] 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*.

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

[v] New underage daily smoker estimate based on data from U.S. Dept of Health and Human Services (HHS), "Results from the 2004 National Survey on Drug Use and Health," with the state share of national initiation number based on CDC data on future youth smokers in each state compared to national total.

[vi] 2005 Federal Trade Commission Report on Cigarettes.

[vii] Pollay R et al. "The Last Straw? Cigarette advertising and Realized Market Shares among youths and adults," *Journal of Marketing* 60(2): 1-16, April 1996.; Evans N et al. "Influence of Tobacco Marketing and Exposure to Smoking on Adolescent Susceptibility to Smoking," *Journal of the National Cancer Institute,* October 1995.

[viii] Evans N, Farkas A, Gilpin E, Berry C, Pierce JP "Influence of Tobacco Marketing and Exposure to Smokers on Adolescent Susceptibility to Smoking" *Journal of the National Cancer Institute,* 87(20): 1538-1545, October 18, 1995.

[ix] Charlesworth A, Glantz SA. Smoking in the Movies Increases Adolescent Smoking: A Review. *Pediatrics* (2005). 116(6): 1516-1528.

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