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

September 2002

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

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

An additional success for the past year was our state's decision to increase the state cigarette tax by 40 cents a packet. We can expect the new cigarette tax of 55 _ cents to prevent some 43,000 kids alive today from becoming smokers and to produce \$760 million in long-term health care savings for the state.

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

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

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

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

September 2002

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

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

At the close of this year we have:

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

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

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

Tobacco Kills



Executive Summary

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

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

Statewide Media Campaign

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

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

Prior to the start of the media campaign ITPC assessed the knowledge, attitudes and beliefs of Hoosiers surrounding tobacco as part of its overall evaluation. We learned that attitudes of Hoosiers were strongly pro-tobacco when it comes

to the rights of the tobacco industry to market their products. Hoosiers also feel that is acceptable to use tobacco and a majority felt that others had the right to smoke around them, therefore showing little knowledge on the dangerous effects of secondhand smoke. These results shaped the direction of the media campaign seeking to change the social acceptability and cultural norms around tobacco in Indiana.

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

ITPC began new advertisements in March 2002 that focused on the tobacco industry's greed and the harmful effects of tobacco use on Hoosiers. A Web site, www.WhiteLies.tv, was created to educate consumers on the tobacco industry lies and the negative health consequences of tobacco use in Indiana. In June 2002, ITPC's advertising campaign focused on how tobacco products hurt Hoosiers physically, emotionally and financially. Some of the ads were created in Indiana

and featured Indiana youth from several different counties. ITPC also used existing commercials from Massachusetts that focus on the deadly toxins found in secondhand smoke.

ITPC is focused on helping all Indiana minority communities fight back, and has taken an aggressive marketing approach designed to expose the manipulative tactics tobacco companies use to increase profits. This issue is very important, especially for the African American and Hispanic communities because of the dramatic health disparities and the



high death tolls being realized from tobacco-related illnesses. ITPC's ethnic marketing has included specially tailored radio and print ads, public relations and grassroots activities, and promotions and events. A major success this year is ITPC's partnership with the Indiana Black Expo (IBE) to provide funding for Summer Celebration enabling the IBE to sever its financial ties with tobacco companies. ITPC, through WhiteLies.tv, spread the message of the tobacco industry's marketing to minority communities and the impact tobacco has on the health of minorities.

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

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

Community Programs

Indiana's Best Practice Model is based on recommendations that have emerged from model state programs that are demonstrating the most success in reducing tobacco use. From these experiences, best practices have emerged for implementing comprehensive and effective community-based programs. Indiana's Best Practice Model falls into the following four priority areas that will act together to change social norms around tobacco use. If we are successful in addressing these priority areas, then we will be successful in changing the cultural perception and social acceptability of tobacco use in Indiana. These changes in community norms are the result of both prevention and cessation interventions and will often be best accomplished through a combination of community action and improved public health policies.

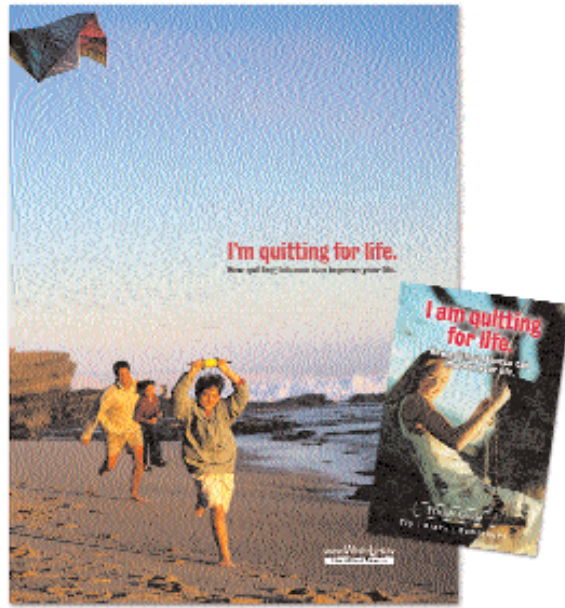


ITPC's community programs are categorized in three areas: Community-based, Minority-based and Statewide, regional and pilot partnerships. The Community- and Minority-based programs are set up at the county level and have used the

American Cancer Society's "Communities of Excellence" guide and program designed to instruct communities on best practices for local tobacco coalitions and tobacco prevention and cessation. In addition to these community-based efforts, ITPC has a commitment to help address the tobacco-related health disparities among underserved and disadvantaged populations. Counties representing 95% of Indiana's minority population were allotted additional funding for programs to target these minority communities.

Finally, statewide, regional and pilot projects are funded using evidenced-based or innovative tobacco prevention and cessation efforts for youth and adults. They include efforts to mobilize strong partner coalitions that reflect ITPC targeted populations and include other innovative or pilot projects that support the ITPC Mission and 2005 Program Objectives. These programs are being implemented by diverse partner organizations throughout the State complementing and enhancing the efforts of the local programs.

As of June 30, 2002, ITPC had approved for funding 88 of the 92 counties for community-based programs, 27 minority-based programs, and 20 statewide, regional and pilot programs including grants of over \$2 million to statewide minority based organizations. This funding represents 95% of the \$18 million budget that was allocated to all of the Community programs. These programs represent over 1200 new tobacco control partner organizations in the state of Indiana.



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

Enforcement

ITPC entered into a Memorandum of Understanding (MOU) with the Indiana Alcohol and Tobacco Commission (ATC) to investigate and enforce Indiana’s tobacco laws. After one year of activity, enforcement of Indiana’s tobacco laws has become a priority for the law enforcement community due to the efforts of ATC. During the past year, TRIP officers conducted close to 5,000 retailer inspections, averaging more than the required amount per month. During these 9 months, the average noncompliance rate for retailers inspected was approximately 20%. More than \$85,000 was collected in fines from violations for October 2001 to June 2002. ATC has also provided ITPC partners with the proper training and resources to conduct these retailer compliance checks in their communities.

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

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

Evaluation

ITPC Executive Board approved 10 percent (\$3.25 million) of Indiana’s comprehensive tobacco control program’s budget be used for program evaluation based on CDC Best Practices guidelines. ITPC has developed partnerships with other State agencies, such as the Indiana State Department of Health, to utilize and enhance tobacco-related health data currently collected on Hoosier adults. These

and other surveillance systems will be added to gather more in-depth tobacco specific information on adults and youth.

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

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

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

ITPC has laid the foundation for tobacco prevention and cessation in Indiana in 2001-2002. Expect Indiana’s comprehensive tobacco control program to begin changing the attitudes and behaviors related to tobacco use leading Hoosiers to healthy living without tobacco!

Tobacco Use Burden on Indiana

Tobacco use is the single most preventable cause of death and disease in the United States. Smoking alone is responsible for more than 420,000 premature deaths in the United States annually, killing more people than alcohol, AIDS, car accidents, illegal drugs, murders and suicides, combined¹. Close to 10,300 of these deaths happen to Hoosiers². These include deaths from lung and other cancers, cardiovascular diseases, infant deaths attributed to maternal smoking, and burn deaths. These premature deaths also include deaths from lung cancer and heart disease attributable to exposure to secondhand smoke.

Prevalence-Adult

More than 1.6 million adults in Indiana smoke cigarettes. This makes up 27.4% of the State’s adult population with the smoking rates for men (29.7%) and women (25.3%) continuing to rise in recent years³. Indiana is consistently in the list of states with the highest smoking rates. These rates are consistently higher than the United States, which is 23%.

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

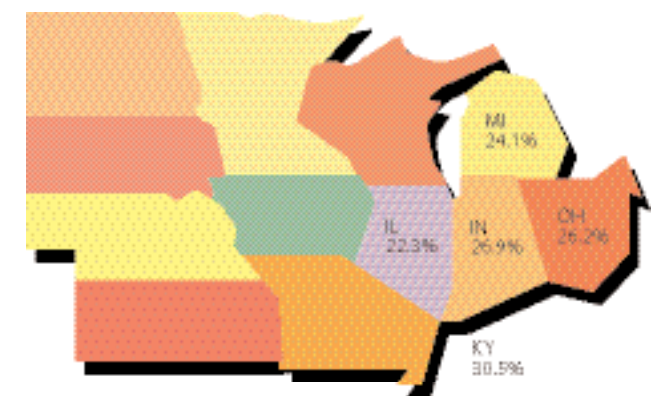
In 2000, Indiana had the 4th highest smoking rate in the U.S. at 26.9%. Not shown here but in 2001 Indiana’s rate increases slightly to 27.4%.⁴

Rank	State	Smoking Rates
1	Kentucky	30.9%
2	Oklahoma	28.7%
3	West Virginia	28.2%
4	Ohio	27.6%
5	Indiana	27.4%
6	Nevada	26.9%
7	Alaska	26.2%
8	South Carolina	26.0%
9	Missouri	25.9%
10	North Carolina	25.7%



Chart 1: Surrounding States Adult Smoking Prevalence, 2000

With the exception of Kentucky, Indiana has higher adult smoking rates than its border states.



Smoking rates in Indiana are varied among race/ethnic and age groups. As illustrated in Chart 2: Indiana Adult Smoking Prevalence, Race/Ethnicity, 2001, White Hoosiers have a smoking rate similar to that of the State with 1.4 million smokers; 134,000 African Americans smoke which is a slightly lower rate than Whites at 26% while Hispanics are higher at nearly 29%⁵ representing 62,000 Hispanic Hoosiers. Also illustrated in Chart 3: Indiana Adult Smoking Prevalence, Age, 200, approximately one-third of adults age 44 and younger report current smoking, with the 18-24, 25-34 and 35-44 age groups reporting higher smoking rates than older adults.

Chart 2: Indiana Adult Smoking Prevalence, Race/Ethnicity, 2001

The smoking rate for White adults is the same as the State rate, while the African American rate is slightly lower at 26.1%. The smoking prevalence for Hispanics in Indiana is higher but this number can only be considered an estimate.⁶

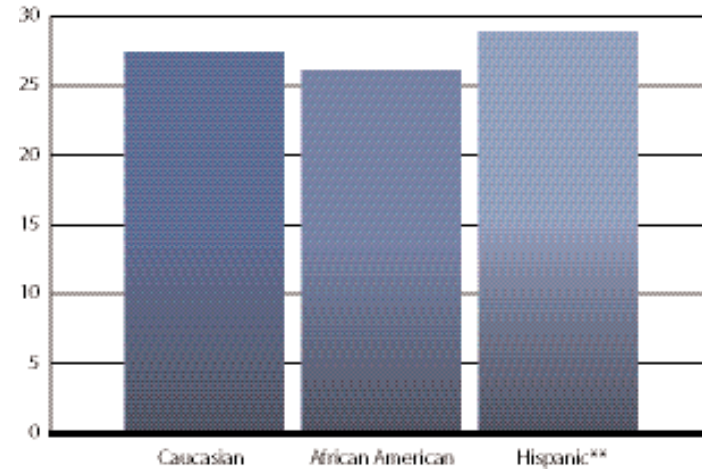


Chart 3: Indiana Adult Smoking Prevalence, Age, 2001

The highest smoking rates are found in the 18-24 and 35-44 age groups with smoking rates declining as age increases.

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

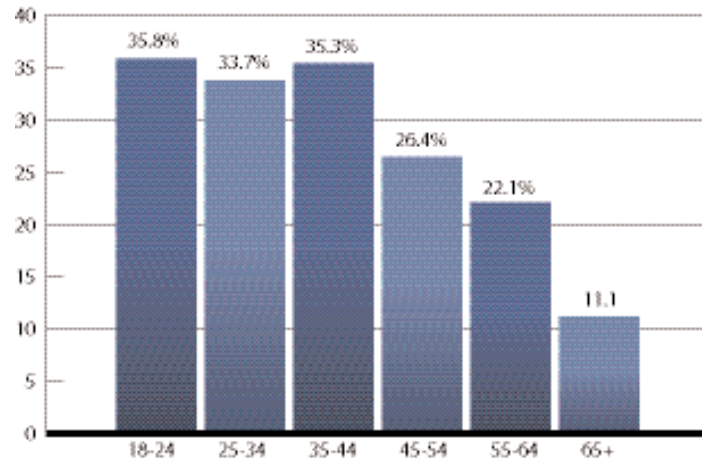
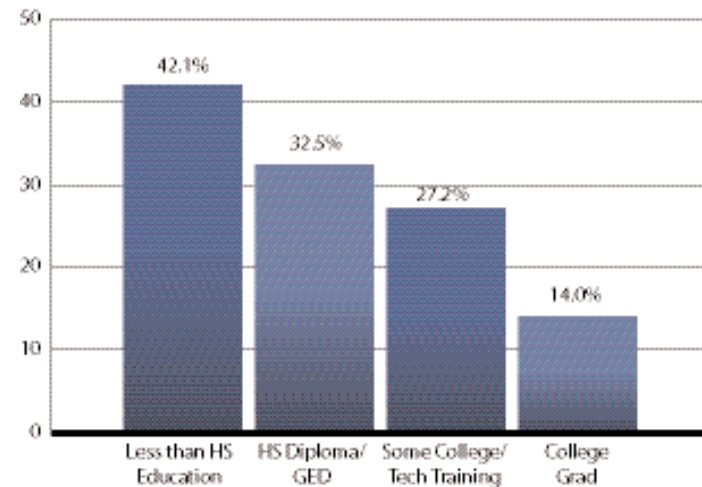


Chart 4: Indiana Adult Smoking Prevalence, Education level, 2001

Smoking rates have an inverse relationship, as the education attainment increases reported smoking decreases. Forty-two percent (42.1%) of smokers report less than a high school education, with 14% of college graduates reporting current smoking.



Prevalence-Youth

Cigarette use among Indiana youth, similar to Hoosier adults, is higher than the national average. If current smoking trends continue, 167,000 Indiana youth under age 18 will die from tobacco use⁷.

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

school and 10% of middle school students reporting current cigarette use⁸. Indiana's high school students have a higher smoking prevalence than the rest of the country, which is 28%. The rates for middle school youth in Indiana and U.S. overall are very similar.

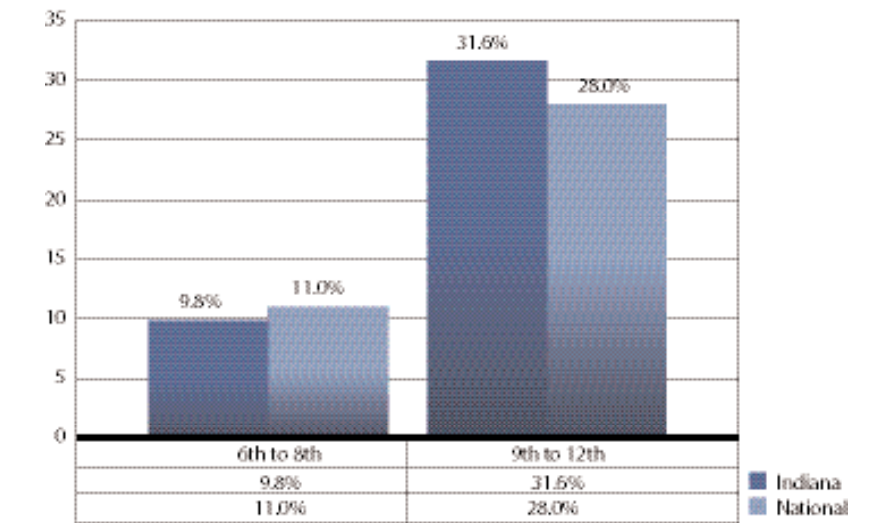
In addition, 5% of middle school and 15% of high school students regularly smoke cigars and 4% of middle school and 7% of high school students use smokeless tobacco.

These tobacco use rates are shocking considering it is illegal in Indiana to sell tobacco products to anyone under the age of 18. Although this is true, an estimated 22.7 million packs of cigarettes each year are smoked or sold to teenagers and children in Indiana⁹.

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

Chart 5: Cigarette Smoking by Youth, Indiana vs. U.S

For high school students the smoking rates are higher in Indiana than the U.S., but Indiana is slightly lower than the national rate for middle school students. Also illustrated is the increased percentage of youth that smoke in high school compared to middle school-aged children.



Prevalence-Pregnant Women

Smoking can impact the lives of even the youngest Hoosiers. Approximately **20% of women in Indiana smoked during pregnancy in 1999 and 2000**¹⁰. Smoking during pregnancy is associated with poor health outcomes, such as low birth weight, growth retardation, spontaneous abortions and Sudden Infant Death Syndrome (SIDS).

In 1999, Indiana was one of four states with a percentage of greater than 20% of women who smoked during pregnancy.

The rate of Indiana mothers who reported smoking during pregnancy is close to double the national average. Even more alarming are rates in Indiana counties that exceed state and national rates. The table below lists Indiana's Counties along with the percentage of mothers who reported smoking during pregnancy. These County rates range from 38.7% to 6.8%.

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

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

Indiana has the 4th highest smoking rate in the U.S. among pregnant women at 21%. Indiana is higher than the national average of 12%.

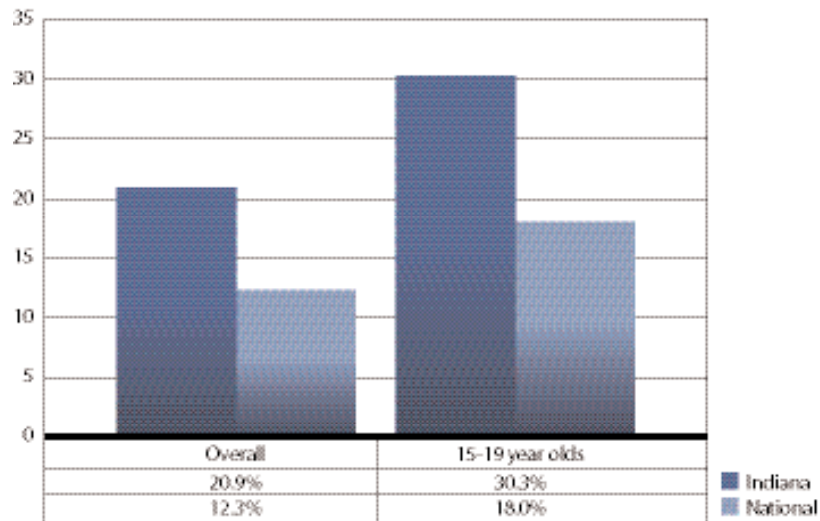
Rank	State	Smoking Rates
1	West Virginia	26.1%
2	Kentucky	24.5%
3	Wyoming	21.0%
4	Indiana	20.9%
5	North Dakota	19.2%

Table 3: Percent of mothers who reported smoking during pregnancy, Indiana Counties, 2000

County	Percent	County	Percent	County	Percent	County	Percent
Adams	11.6	Franklin	25.5	Lawrence	25.6	Rush	25.1
Allen	18.1	Fulton	28.6	Madison	26.7	St. Joseph	15.9
Bartholomew	13.5	Gibson	24.4	Marion	19.7	Scott	38.1
Benton	21.3	Grant	31.8	Marshall	21.2	Shelby	28.4
Blackford	30.3	Greene	23.3	Martin	18.8	Spencer	26.4
Boone	14.4	Hamilton	6.8	Miami	27.9	Starke	31.8
Brown	20.5	Hancock	18.5	Monroe	20.2	Steuben	26.2
Carroll	18.2	Harrison	22.0	Montgomery	28.4	Sullivan	26.5
Cass	23.8	Hendricks	13.4	Morgan	25.5	Switzerland	31.4
Clark	24.6	Henry	26.0	Newton	25.2	Tippecanoe	13.8
Clay	28.2	Howard	23.4	Noble	26.6	Tipton	19.2
Clinton	19.9	Huntington	23.8	Ohio	27.9	Union	13.5
Crawford	34.9	Jackson	23.6	Orange	25.5	Vanderburg	23.7
Davies	20.7	Jay	20.6	Owen	29.3	Vermillion	1.8
Dearborn	33.7	Jasper	21.3	Parke	27.9	Vigo	26.0
Decatur	34.3	Jefferson	33.8	Perry	38.7	Wabash	24.4
DeKalb	32.7	Jennings	22.1	Pike	20.4	Warren	16.0
Delaware	22.5	Johnson	20.0	Porter	17.5	Warrick	17.6
Dubois	13.4	Knox	32.2	Posey	19.2	Washington	29.0
Elkhart	16.8	Kosciusko	19.2	Pulaski	30.1	Wayne	25.5
Fayette	25.9	LaGrange	12.4	Putnam	24.3	Wells	20.7
Floyd	25.3	Lake	16.2	Randolph	27.7	White	20.5
Fountain	26.0	LaPorte	25.5	Ripley	29.0	Whitley	22.5

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

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



Other tobacco use

Currently little information is known about the prevalence of other tobacco use in Indiana. Other tobacco includes smokeless tobacco, cigars, bidis and kreteks.

In 1998, 15% of Hoosier adults reported using smokeless tobacco.¹¹

More is known about youth use of these products as reported in the 2000 Indiana Youth Tobacco Survey (YTS). *Chart 6: Current use of all tobacco products by middle school youth, Indiana vs. U.S., 2000* and *Chart 7: Current use of all tobacco products by high school youth, Indiana vs. U.S., 2000* illustrate that Hoosier youth at the middle school level use more

smokeless tobacco and bidis than the rest of the country while use rates are slightly lower than the U.S. rates for cigarettes, cigars and pipes. Once these youth reach high school the tobacco use for all products increases significantly with Hoosier youth surpassing or equaling use rates of the rest of the country.

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

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

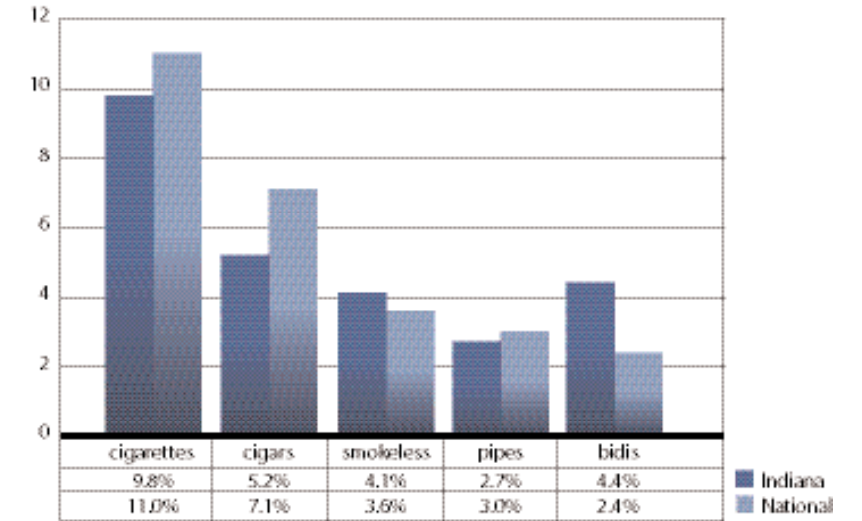
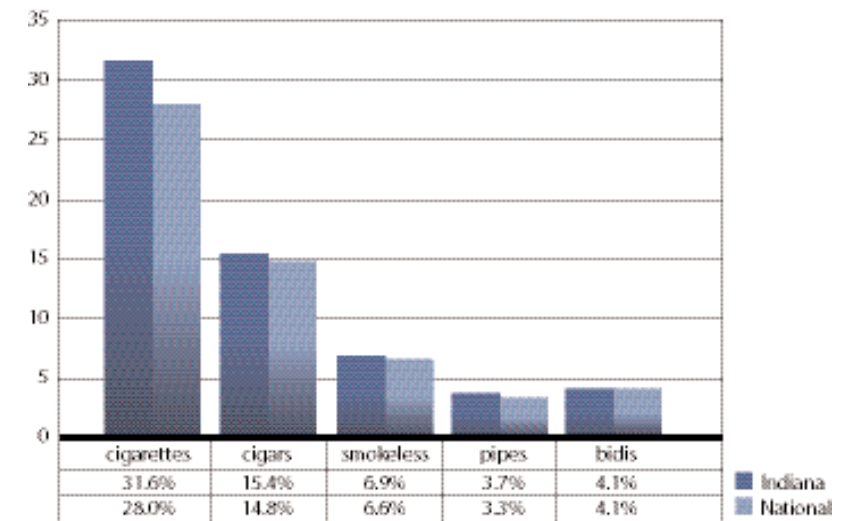


Chart 8: Current use of all tobacco products by high school youth, Indiana vs. U.S., 2000

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



Health consequences

Cancers, heart diseases and strokes are the leading causes of death in the U.S. and Indiana. Smoking and use of other tobacco products is a major risk factor for these leading killers. Smoking contributes to close to 420,000 U.S. deaths annually. *Table 4: Annual Deaths Caused by Major Smoking-related Diseases* outlines the major diseases resulting in these deaths¹².

More than 30% of all cancers are due to smoking¹³. Cancers caused by or develop from smoking include: lung, larynx, oral cavity and esophagus, bladder, pancreas, uterus, cervix, kidney and stomach¹⁴. Smoking is responsible for 87% of lung cancer deaths¹⁵. Smoking attributed lung cancer death rate in Indiana is 18% higher than the national average with 107.1 per 100,000 deaths during 1999¹⁶.

Men who smoke increase their risk of death from lung cancer by more than 22 times and from bronchitis and emphysema by nearly 10 times. Women who smoke increase their risk of dying from

lung cancer by nearly 12 times and the risk of dying from bronchitis and emphysema by more than 10 times¹⁷. In 1987, lung cancer surpassed breast cancer and the leading cause of cancer death among women.

Smoking is a known cause of chronic obstructive pulmonary disease (COPD), which includes chronic bronchitis and emphysema¹⁸. Smoking accounts for 80% of all COPD deaths in the U.S.¹⁹.

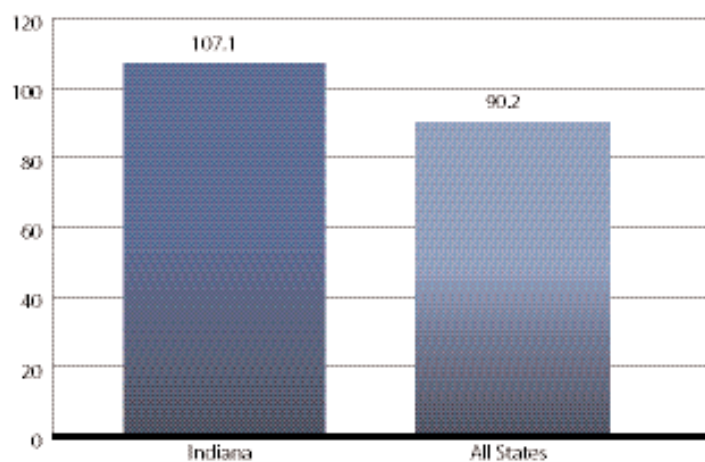
Indiana has a 30% higher smoking attributable death rate due to COPD compared to all other states²⁰.

Twenty-one percent of all coronary heart disease deaths in the U.S. are due to smoking²¹. Other cardiovascular smoking deaths include stroke and high blood pressure. The smoking attributable death rate for coronary heart disease was 71 per 100,000 deaths in 1999, 20% higher than the all state average²².

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

	Major Smoking-related Diseases	Number of Deaths Annually
Cancers	Lung	116,900
	Lung from ETS	3,000
	Other	31,400
	Total	151,300
Cardiovascular Diseases	Hypertension	5,500
	Heart Disease	134,200
	Stroke	23,300
	Other	16,900
	Total	179,900
Respiratory Diseases	Pneumonia	19,200
	Bronchitis/ Emphysema	14,900
	Chronic Airway Obstruction	49,000
	Other	1,500
	Total	84,600
	Diseases Among Infants	1,700
	Burn Deaths	1,400
All Causes		418,900

Chart 9: Smoking Attributable Lung Cancer Deaths, Indiana vs. All States, 1999



Consequences-Minority impact

African Americans

Each year, approximately 45,000 African Americans die from a preventable smoking-related disease²³. Slightly more Hoosier African Americans smoke cigarettes than other African Americans in the United States.

Table 5: Smoking Prevalence of African American Adults, 2000

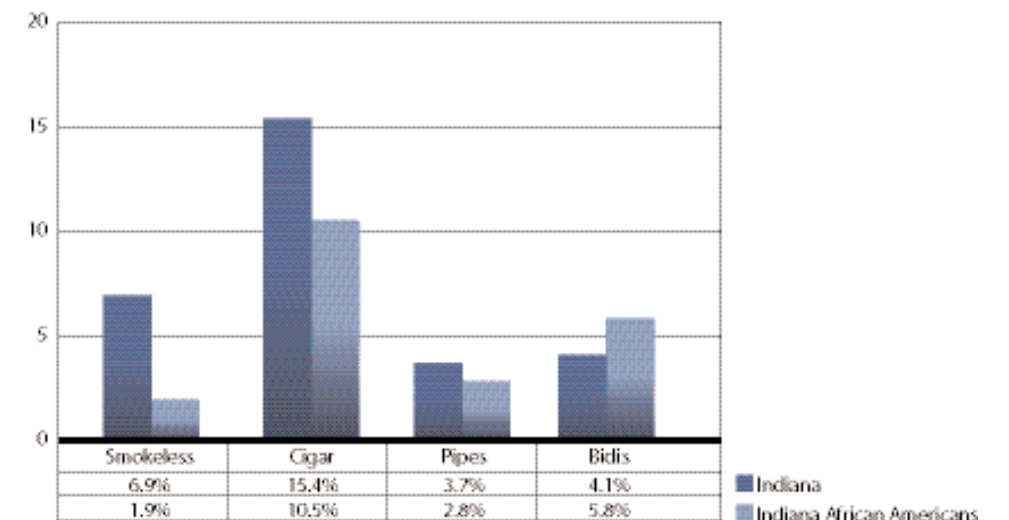
Smoking rates of African Americans are higher than African Americans in U.S. overall in 2000. African American rates increased slightly for Hoosiers from 2000 to 2001²⁴.

Smoking Prevalence of African American Adults	
Indiana 2001	26.1%
Indiana 2000	24.6%
U.S. 2000	22.8%

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

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

These tobacco product use rates are higher for African American middle school students than other middle school students. Use rates for smokeless tobacco and cigar smoking are slightly higher for African American middle school students while pipe and bidis use is double for African American youth compared to other Hoosier youth.



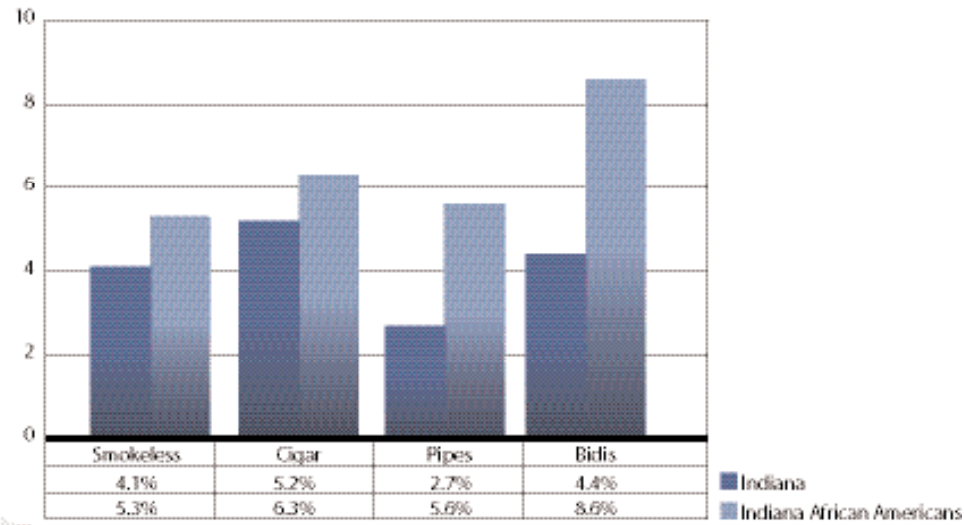
Other racial/ethnic differences show that approximately three of every four African American smokers prefer menthol cigarettes. Menthol may facilitate absorption of harmful cigarette smoke constituents²⁵. African Americans typically smoke fewer cigarettes per day but suffer more from smoking-related diseases than Whites.

African American men are at least 50% more likely to develop lung cancer than white men²⁶. African American men have a higher mortality rate of cancer of the

lung and bronchus (100.8 per 100,000) than do white men (70.1 per 100,000)²⁷. Stroke is associated with cerebrovascular disease and is a major cause of death in the United States. Smoking significantly elevates the risk of stroke. Cerebrovascular disease is twice as high among African American men (53.1 per 100,000) as among White men (26.3 per 100,000) and twice as high among African American women (40.6 per 100,000) as among white women (22.6 per 100,000)²⁸.

Stroke and hypertension contribute to cardiovascular disease deaths, which are the leading causes of deaths in the U.S., including African Americans. More people die of cardiovascular diseases attributed to smoking than cancer²⁹. Twenty one percent (21%) of all coronary heart disease deaths in the U.S. are due to smoking³⁰.

Chart 11: Current tobacco use by Indiana middle school students, Overall vs. African Americans, 2000



Hispanics

The smoking rates for Hispanics in Indiana are higher than Hispanics in the U.S. overall in 2000 (22.5% vs. 21.9%). As illustrated in *Table 6: Smoking Prevalence of Hispanic Adults, 2000*, smoking rates of Hispanics increased for Hoosiers from 2000 to 2001, although these numbers should be interpreted cautiously³¹.

Other forms of tobacco use may be more commonly used than cigarettes. Data from the IYTS show that while there is no reported smokeless tobacco use among Hispanic high school students that they smoke cigars at similar rates as other Hoosier youth. Hispanic high school students have a slightly higher use for pipes and bidis compared to other youth.

Table 6: Smoking Prevalence of Hispanic Adults, 2000

Smoking Prevalence of Hispanic Adults, 2000	
Indiana 2001	28.9%
Indiana 2000	22.5%
U.S. 2000	21.9%

Chart 12: Current tobacco use by Indiana high school students, Overall vs. Hispanics, 2000

Hispanic middle school students have the same rate of smokeless tobacco use as other middle school youth and slightly lower uses of bidis. Smoking of cigars and pipes is higher by Hispanic youth is higher than that of other Hoosier middle school youth.

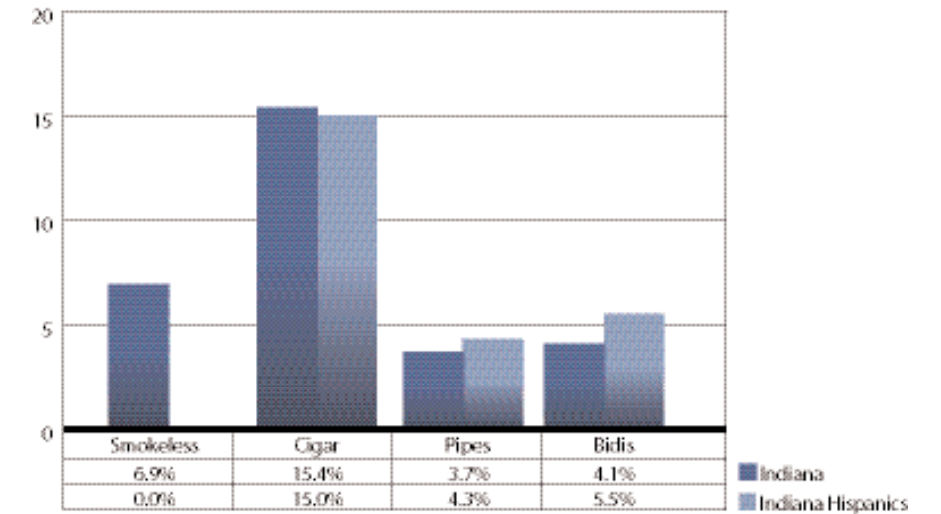
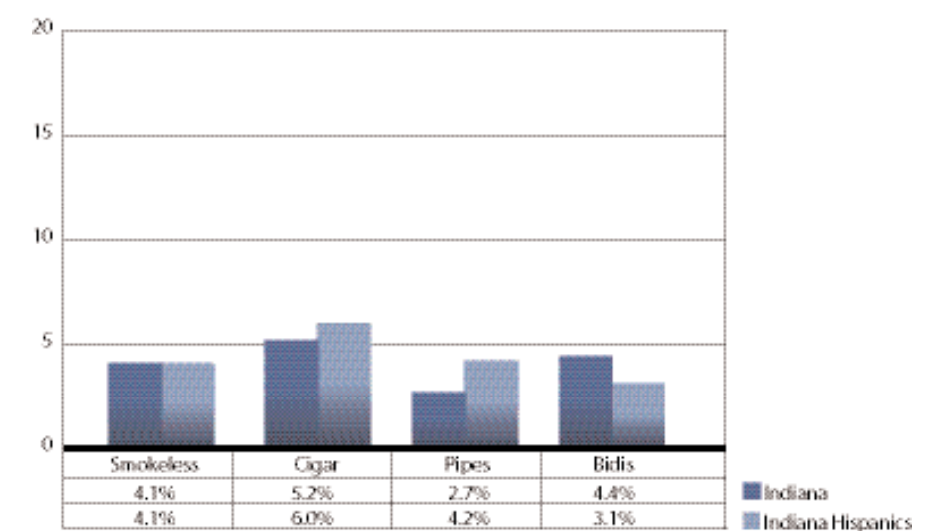


Chart 13: Current tobacco use by Indiana middle school students, Overall vs. Hispanics, 2000

As with the U.S. overall, cancer, heart disease and stroke are the leading causes of death among Hispanics. Of cancers, lung cancer is the leading cause of cancer deaths among Hispanics.³² Lung cancer deaths are about three times higher for Hispanic men (23.1 per 100,000) than for Hispanic women (7.7 per 100,000).³³



Secondhand smoke

Environmental tobacco smoke (ETS), or secondhand smoke, is a mixture of sidestream smoke and exhaled smoke in the air. ETS has been shown to cause heart disease, cancer, respiratory problems and eye and nasal irritation. Exposure to ETS takes place in the home, public places, worksites and vehicles. ETS is classified as a Group A carcinogen (cancer causing agent) under the Environmental Protection Agency's (EPA) carcinogen

assessment guidelines. ETS contains over 4,000 compounds, more than 50 carcinogens and other irritants and toxins³⁴.

Exposure to ETS is one of the leading causes of preventable death. Each year in the United States, an estimated 53,000 deaths are attributable to secondhand smoke breathed by nonsmokers³⁵. Of these deaths, 3,000 are due to lung cancer each year with an estimated 800 from exposure at home and 2,200 from

exposure in work or social settings³⁶. In Indiana each year 1,000-1,500 Hoosiers die from others' smoking, such as ETS exposure or smoking during pregnancy³⁷.

Every day more than 15 million children are exposed to ETS in the home, including 420,000 Hoosier children³⁸. Millions of doctor visits and thousands of hospitalizations occur due to children's exposure to secondhand smoke.

Table 7: Major Health Effects of ETS Exposure in Children

Sudden Infant Death Syndrome	ETS causes irritation of the airways; maternal smoking is a risk factor for SIDS and lower birth weight
Acute and Chronic Respiratory Illnesses	ETS particles get into the airways and alveoli; can increase severity with irritation of the lungs; greatest impact occurs during first year of life
Asthma	Smoking during pregnancy may affect lung growth; ETS increases risk of lower respiratory infection
Middle ear disease	ETS exposure strongly linked with ear infections

Table 7: Major Health Effects of ETS Exposure in Children highlights the most common health effects caused by secondhand smoke exposure in children. Children are especially affected by secondhand smoke because their bodies are still developing and can hinder the growth and function of their lungs. ETS exposure results in an estimated 1,900 to 2,700 SIDS deaths each year in the U.S.³⁹ Hundreds of thousands of lung and bronchial infections are caused by secondhand smoke each year⁴⁰. Children and infants exposed to secondhand smoke in the home have dramatically higher levels of respiratory symptoms and respiratory tract infections⁴¹. Secondhand smoke exposure increases the number of new asthma cases and worsens asthmatic symptoms. Children of parents who smoke also have an increased number of respiratory infections and symptoms and slower lung development⁴².

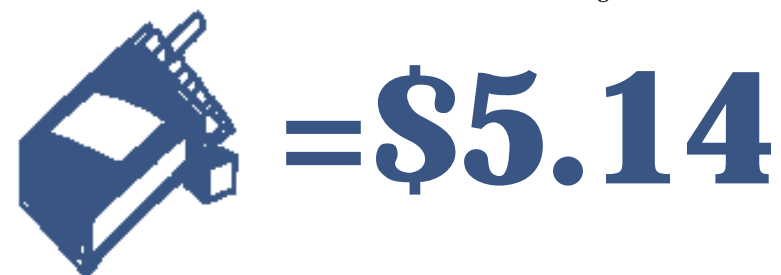
Economic impact

In addition to the enormous personal, social, and emotional toll of tobacco-related diseases, tobacco use has significant economic and societal impact. Tobacco costs the United States an estimated \$50-\$70 billion annually in medical expenses alone.⁴³ In 1998, smoking-attributable direct medical expenditures totaled \$1.6 billion in Indiana. These expenditures include annual individual expenditures for four types of medical services, including ambulatory care, hospital care, prescription drugs, and other care (including home health care, nonprescription drugs, and other nondurable medical products). This calculates to \$275 per Hoosier in direct medical expenses related to smoking regardless of whether they smoke or not. Therefore, Indiana spent \$5.14 in smoking related costs to the State for every pack of ciga-

rettes sold. In 2000, 565 million packs of cigarettes were sold to Hoosiers.

Smoking-attributable direct medical expenditures are rising, largely because of medical care inflation and inflation-adjusted, real increases in health care expenditures in the United States. As all states struggle to curb Medicaid costs, it is important to note that about 15% of all Indiana Medicaid expenditures are related to smoking. Smoking-attributable productivity losses from premature deaths totaled more than an estimated \$2 billion for Indiana in 1999⁴⁴.

These do not consider the economic impact of secondhand smoke. An estimate of these costs was reported for Marion County. The total health care cost of secondhand smoke and excess costs to business of secondhand smoke from other employee smoking was estimated to be \$220 million in 2000 for Marion County⁴⁵. This estimate considered morbidity and mortality costs to children and adults due to secondhand smoke and included costs to businesses that employ smokers. This estimate did not consider economic costs due to active smoking.



Rank	State	Rate
47	Michigan	60.7%
48	South Dakota	59.8%
49	Indiana	58.1%
50	Kentucky	55.9%
51	Nevada	48.7%
All State Average		68.6%

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

Nationally, 68.6% of the U.S. workforce worked under a smoke-free policy in 1999, compared to Indiana with only 58.1%. Utah ranked the highest with 83.9% of its workers covered.

As illustrated in *Chart 14: Prevalence of Smoke-free Worksite Policy Coverage, 1993-1999 Indiana vs. Midwest vs. U.S.*, the number of workers covered by the worksite no-smoking policy is less for Midwestern states and even less for Hoosier workers compared to the U.S. overall.

Other data describing adult attitudes regarding indoor smoking policies from select states, including Indiana (19 states and D.C.) indicate⁴⁷:

Policy

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

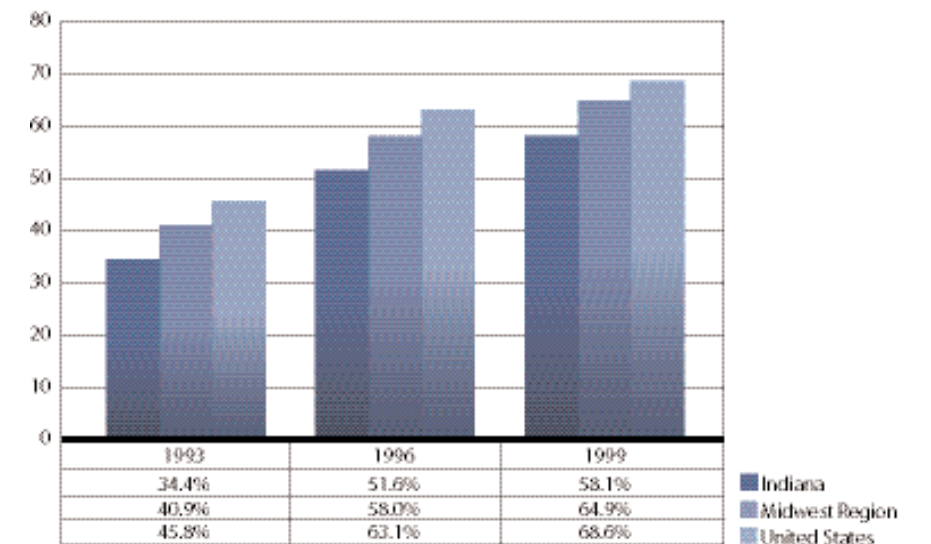
Worksite

Many Hoosiers spend a significant part of their days at the workplace. The 1999 Current Population Study (CPS) indicates that the number of workers covered by the no smoking policy was slightly more than half at 58%, ranking Indiana 49th of all states⁴⁶. Although there has been a relative increase of nearly 50% in the proportion of total indoor workforce working under and smoke-free policy in Indiana from 1993 to 1999, compared to the rest of the U.S., Hoosiers lag behind. The Midwestern states overall are trailing the rest of the country in their worksite policies.

- 64% of indoor workers in Indiana reported a no smoking policy, while other states reporting a current policy ranged from 61% to 84%.
- Hoosiers supporting no smoking in restaurants was low (52%) compared to the other states, where up to 64% believed restaurants should be no smoking.
- Only slightly more Hoosiers believed that workplaces should have such a policy (69%).
- These findings illustrate an acceptance of tobacco use and an acceptance of minimal to no clean indoor air policies.
- 65% of Hoosiers reported having a no smoking policy in their home, ranking low compared to other 19 states as up to 79% of their residents supported no smoking in the home.

Chart 14: Prevalence of Smoke-free Worksite Policy Coverage, 1993-1999 Indiana vs. Midwest vs. U.S.

The Midwest Region overall is also lagging behind the rest of the country with smoke free worksite policies.



Tax

Health economists have shown that increasing the price of cigarettes causes a reduction in smoking. Numerous U. S. Surgeon General reports have concluded that an optimal level of excise taxation on tobacco products will reduce smoking rates, tobacco consumption and the long-term health consequences of tobacco use. Raising state cigarette taxes always reduces smoking rates and always

increases state revenue as shown by states like Michigan and New York⁴⁸.

Economic research studies currently conclude that every 10% increase in the real price of cigarettes reduces adult smoking by about 4% and teen smoking by roughly 7%⁴⁹. There is strong evidence that youth are more responsive to price increases than adults. Youth are up to three times more sensitive to price than adults while younger adults (18-24) are

about twice as sensitive to price than older adults⁵⁰. Recent studies conclude that the greatest impact of price increases is in preventing the transition from youth experimental smoking to regular (daily) smoking. Considering 90% of smokers start as teenagers, a group highly sensitive to price, higher taxes can sharply reduce youth smoking. A reduction in youth smoking will influence a long-term decrease in adult smoking.

Table 9: State cigarette excise taxes Cents Per Pack (State tax average is 58.8 cents)

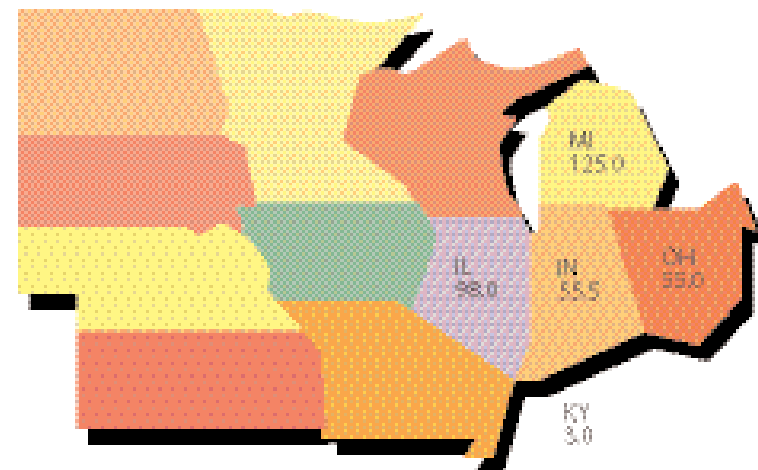
Rank	State	Tax	Rank	State	Tax	Rank	State	Tax
1	Massachusetts	151	18	Utah	69.5	35	Idaho	28
2	New York	150	19	Oregon	68	36	Delaware	24
2	New Jersey	150	20	District of Columbia	65	37	Oklahoma	23
4	Washington	142.5	21	Nebraska	64	38	New Mexico	21
5	Rhode Island	132	22	Arizona	58	39	Tennessee	20
6	Michigan	125	23	Indiana	55.5	39	Colorado	20
7	Hawaii	120	24	Ohio	55	41	Montana	18
8	Connecticut	111	25	New Hampshire	52	41	Mississippi	18
9	Pennsylvania	100	26	Minnesota	48	43	West Virginia	17
9	Maryland	100	27	North Dakota	44	43	Missouri	17
9	Maine	100	28	Texas	41	45	Alabama	16.5
9	Alaska	100	29	Louisiana	36	46	Wyoming	12
13	Illinois	98	29	Iowa	36	46	Georgia	12
14	Vermont	93	31	Nevada	35	48	South Carolina	7
15	California	87	32	Arkansas	34	49	North Carolina	5
16	Wisconsin	77	33	Florida	33.9	50	Kentucky	3
17	Kansas	70	34	South Dakota	33	51	Virginia	2.5

Prior to July 1, 2002, Indiana had one of the lowest tobacco taxes in the United States: ranking 44th with a 15.5-cent tax. With an increase in the State's cigarette tax to 55.5 cents, it brings Indiana closer to the all state average of 58.8 cents⁵¹. This increase also brings Indiana's tax closer to its border states' taxes.

Chart 15: Surrounding States Tobacco Taxes

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

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



Youth Access

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

Advertising and Promotion

The Federal Trade Commission (FTC), most recent annual report on cigarette sales and advertising for 2000 shows that cigarette manufacturers spent a record \$9.57 billion on advertising and promotion for that year, an increase of 16.2 percent from the \$8.24 billion spent in 1999. That is the largest amount ever reported since the FTC began tracking cigarette sales and advertising in 1970. The tobacco industry in 2000 spent \$26.2 million a day to advertise and promote its deadly products. That amount is more than 41 states spend annually on tobacco prevention. The bulk of the enormous increase in advertising and promotional spending by the tobacco industry is in the area of promotional allowances and retail value added, accounting for more than 75 percent of total spending. This money is being spent for retail promotions and product placements that heavily impact children and teenagers. Two-for one offers and other enticements are particularly effective with teenagers and children who have less disposable income than adults and are more likely to be influenced by promotional items in convenience stores.

Cessation Coverage

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

Indiana covers the cost of cessation therapy and counseling as a part of the state's Medicaid benefits; however, it is not clear if Medicaid patients are aware of this benefit and if they are accessing the benefit.

It is not clear as to what percentage of Indiana's employers provide cessation therapy and counseling as a part of their employee benefit package.

Indiana's Tobacco Settlement Appropriations

Tobacco Master Settlement Agreement Fund As of June 30, 2002	
Total Settlement Receipts (4/17/2002)	\$440,549,921.47
Total Interest Earnings (since inception)	\$16,989,083.00
Total Revenue	\$457,539,004.47
Less Transfers Out	\$216,081,624.86
Total Expenses	\$216,081,624.86
Account Balance	\$241,457,379.61

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

FDA Regulation of Tobacco Products

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

In addition to the consumer's right to know about a product, the introduction of new tobacco products in the market have had a direct impact on Indiana this past year. In November 2001, Brown and Williamson began test marketing a new product called "Advance" in the central Indiana market. The product was marketed as containing fewer toxins. Yet, with no federal standards or testing, as is required for all other foods, cosmetics and drugs, Hoosiers could not be assured that the advertising claims made about Advance were scientifically valid.

Indiana's Tobacco Settlement Appropriations and Est. of Remaining Balance

As of June 30, 2002

Fiscal Year = July 1 - June 30

1999-2000 2000 - 2001 2001 - 2002 2002 - 2003

In Millions

	1999-2000	2000 - 2001	2001 - 2002	2002 - 2003
Tobacco Use Prevention and Cessation Trust Fund		\$35.0	\$5.0	\$25.0
Local Health Departments		\$3.0	x	\$3.0
Prescription Drug Account		\$20.0	\$10.0	\$20.0
³ Transferred to General Fund			(\$20.0)	
Indiana Health Care Account & Chip Match (Chip Match only, 1999-2000)	18.8	\$23.1	\$33.6	\$38.2
³ Transferred to General Fund			(\$23.9)	
Local Health Maintenance Fund		\$1.5	\$1.3	\$1.4
Farmers & Rural Community Impact Account		x	\$5.0	\$5.0
³ Transferred to General Fund			(\$4.7)	
Biomedical Technology & Research Account		x	x	x
Community Health Centers Capital Costs		\$10.0	x	\$1.0
³ Transferred to General Fund			(\$1.0)	
Community Health Centers Operations Cost		\$15.0	\$15.0	\$15.0
³ Transferred to General Fund			(\$0.4)	
Regional Health Care Construction Account		x	\$14.0	\$14.0
³ Transferred to General Fund			(\$10.0)	
Developmentally Disabled Client Services		x	\$13.4	\$30.3
FSSA - Division of Disability and Aging		x	\$3.0	\$3.0
Total Appropriations, (which also includes transfers to General Fund)	\$18.8	\$107.6	\$100.3	\$155.9
Beginning Bal 7/1		-\$18.8	\$190.9	\$241.4
Transfers Out & Appropriations (for 2002-2003 only)	-18.8	-\$94.0	-\$103.3	-\$155.9
Receipts & Interest		\$303.7	\$153.8	
Ending Balance 6/30	-\$18.8	\$190.9	\$241.4	\$85.5

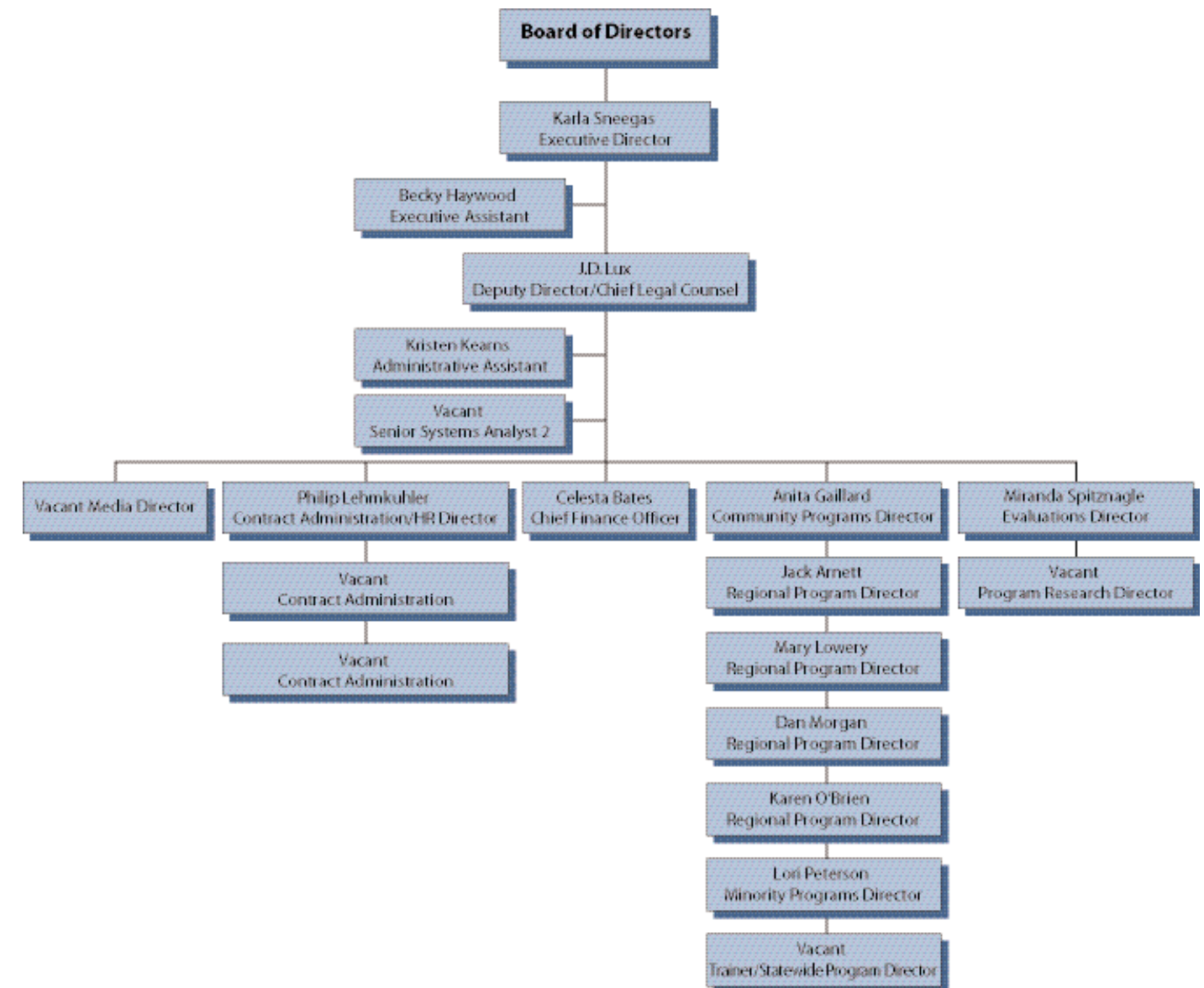
¹ \$155.9 represents appropriations listed in Budget Bill HB1001. Actual transfers will be included in July 2003.

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

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

TOBACCO USE PREVENTION & CESSATION AGENCY

ORGANIZATIONAL CHART



ITPC Staff

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

Executive Board Structure

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

Five (5) ex officio members:

- The Executive Director (nonvoting member)
- The State Superintendent of Public Instruction
- The Attorney General
- The Commissioner of the State Department of Health
- The Secretary of the Family and Social Services Administration

Eleven (11) members appointed by the governor who possess:

- Knowledge, skill, and experience in smoking reduction and cessation programs, health care services, or preventive health measures

Six (6) members who are appointed by the governor representing the following organizations:

- The American Cancer Society
- The American Heart Association, Indiana Affiliate
- The American Lung Association of Indiana
- The Indiana Hospital and Health Association
- The Indiana State Medical Association
- The Indiana Council of Community Mental Health Centers

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

Executive Board Members

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

Ex Officio Members

Gregory A. Wilson, M.D.	<i>State Health Commissioner</i>
Stephen Carter	<i>Attorney General</i>
Suellen Reed, Ed.D.	<i>State Superintendent of Public Instruction</i>
John Hamilton	<i>Secretary Family and Social Services Administration</i>

Advisory Board Structure

Advisory Board (IC 4-12-4-16)

IIPC has an advisory board that meets quarterly and serves to offer recommendations to the Executive Board on the following:

- Development and implementation of the mission and long range plan;
- Criteria to be used for the evaluation of grant applications;
- Coordination of public and private efforts concerning reduction and prevention of tobacco usage; and
- Other matters for which the Executive Board requests recommendations from the advisory board.

Advisory Board Members

Robert Arnold	<i>Wolcotteville</i>
Cecilia Williams	<i>Muncie</i>
Arden Christen, D.D.S.	<i>Indianapolis</i>
Diane Clements	<i>Evansville</i>
Bennett Desadier, M.D.	<i>Indianapolis</i>
Steve Guthrie	<i>Anderson</i>
Kiki Luu	<i>Fort Wayne</i>
Heather McCarthy	<i>Griffith</i>
Nadine McDowell	<i>Gary</i>
Steve Montgomery, D.C.P.	<i>Franklin</i>
Olga Villa Parra	<i>Indianapolis</i>
Diana Swanson, N.P.	<i>Bloomington</i>

Executive Board Vision and Mission Statements

Our Vision

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

Our Mission

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

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

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

Indiana Tobacco Prevention and Cessation 2005 Objectives

Objective	Current Measure and Identified Data Source(s)
Decrease the overall cigarette smoking rate in Indiana from 27% to 22%.	Currently, Indiana's overall cigarette smoking rate is 27%, compared to the national smoking rate of 23%. These baseline data are measured through the 2000 Behavior Risk Factor Surveillance Survey. ⁵² While ITPC will continue to use the BRFSS data as a primary prevalence measure, in 2002 the Indiana Adult Tobacco Survey (ATS) will be conducted providing another valuable source of Indiana adult smoking rates ⁵³ .
Decrease the current cigarette smoking rates among 9th to 12th grade students in Indiana.	The cigarette smoking rate of 9th to 12th grade students in Indiana was 31.6% in 2000. Nationally, cigarette smoking among grades 9th to 12th is 28.0% ⁵⁴ . The Indiana Youth Tobacco Survey is the source for statewide baseline and follow-up data ⁵⁵ .
Decrease the cigarette smoking rates among 6th to 8th grade students in Indiana.	The cigarette smoking rate of 6th to 8th grade students was 9.8% in 2000. Nationally, the current smoking rate for grades 6th to 8th is 11.0% ³ . Statewide data are measured by the Indiana YTS.
Decrease the percent of babies born to mothers who smoked during pregnancy in Indiana from 21% to 15%.	In 2000, approximately 20% of Indiana's women smoked during pregnancy. These data are available from the Indiana Birth Certificate Data, Indiana Natality Report ⁵⁶ . This Indiana specific rate compares to the national average of 12% ⁵⁷ .
Increase the number of individuals who have access to a smoking cessation benefit through their health insurance coverage.	This objective will be measured in three ways: 1. Percent of insurance companies offering smoking 2. Percent of employers that offer smoking cessation benefits 3. Percent of members that have smoking cessation benefits. The status of these measures in Indiana is currently unknown. ITPC has partnered with the Indiana State Medical Association (ISMA) through the Statewide Community Programs. ISMA's project involves researching insurance coverage of tobacco cessation by the major insurance carriers in Indiana.
Increase the number of smokers who receive smoking cessation advice and support when they visit their primary care providers.	According to the 2000 Indiana BRFSS, 72% of adult smokers have been advised at some point to quit smoking. The 2002 Indiana ATS will be used to measure these rates in the future for adults. In addition, some information may be gathered on this objective for youth from the Indiana YTS. ⁵⁸
Increase the percentage of retail merchants who are in compliance with youth access laws.	ITPC has partnered with the Indiana Alcohol and Tobacco Commission (ATC) to conduct the Tobacco Retailer Inspection Program (TRIP). TRIP is the source of data for monitoring routine compliance checks throughout Indiana ⁵⁹ . During the months of October 2001 to June 2002, the average compliance rate among retailers inspected was 80%.
Decrease the percentage of children exposed to secondhand smoke in their homes.	Currently in Indiana 420,000 children are exposed to secondhand smoke in the home. ⁶⁰ Use of Indiana's other surveillance tools is being considered. ⁶¹
Increase the percentage of schools with policies prohibiting tobacco products on their premises.	The Indiana YTS will be used to measure reported smoking on school property ⁶² . In addition, data will be collected through the community program tracking system regarding the number of schools that have tobacco free campuses ⁶³ .
Increase the percentage of colleges and universities that have a policy requiring smoke-free dormitories and buildings.	ITPC continues to develop this objective and data sources are being identified.

Objective	Current Measure and Identified Data Source(s)
Increase the percentage of day care centers with policies prohibiting tobacco products on their premises.	ITPC continues to develop this objective and data sources are being identified.
Increase the percentage of individuals who work in a smoke-free environment.	The 1999 Current Population Survey (CPS) reports 42% of Indiana workers age 15 and older are employed at smoke-free worksites ⁶⁴ . Indiana ranks 49th among all states in the number workers covered by a smoke-free worksite policy. In addition to these CPS data, the Indiana 2000 BRFSS data will be analyzed to estimate: 1. Number of employers that prohibit smoking in the building 2. Number of employers that prohibit smoking on the premises. Starting in 2002, these data will be measured by the Indiana ATS.
Increase the percentage of restaurants that are totally smoke-free.	ITPC community-based partners are collecting these data in 2002 and will continue to be monitored through the community program tracking system. Based on the observed percentage of smoke free restaurants observed, a target number of smoke free restaurants will be established for 2005.
Monitor the percent of hospitalization admissions attributable to smoking or tobacco use-related illnesses.	ITPC continues to develop this objective and data sources are being identified.
Monitor tobacco-related deaths.	ITPC continues to develop this objective and data sources are being identified. It is estimated that in Indiana 10,300 persons die each year from tobacco-related illnesses ⁶⁵ .
Monitor tobacco consumption.	Indiana's per capita cigarette sales was approximately 125 packs in 2000 ⁶⁶ . The Indiana Department of Revenue (DOR) collects data on tax revenue from cigarettes and other tobacco products sold. These data will be used to monitor tobacco consumption.
Measure knowledge and attitudes related to tobacco.	All youth objectives will be measured by the Indiana YTS: <ul style="list-style-type: none"> • Knowledge of dangers of tobacco use among youth in grades 6 through 8, and in grades 9 through 12, will increase by 10% from 2002 to 2005. • The percentage of youth in grades 6 through 8, and in grades 9 through 12, who are non-smokers and are not susceptible to smoking will increase by 10% from 2002 to 2005. • The social acceptability of smoking among youth in grades 6 through 8, and in grades 9 through 12, will decrease by 10% from 2002 to 2005. • Attitudes toward the tobacco industry among youth will become more negative, decreasing by 10% from 2002 to 2005. All of the adult objectives will be measured by the Indiana ATS: <ul style="list-style-type: none"> • The percentage of adults that can correctly identify all health consequences of ETS increase by 10% from 2005. • The percentage of adults who support total bans on smoking in restaurants and shopping malls will increase by 10% from 2002 to 2005. • Expressed adult support for tobacco control policies will increase by 10% from 2002 to 2005. • Attitudes toward the tobacco industry among adults will become more negative, decreasing by 10% from 2002 to 2005.
Reduce health care expenditures.	ITPC continues to develop this objective. In Indiana, the smoking attributable direct medial cost is \$1.6 billion annually ⁶⁷ .
Monitor the number and type of tobacco-related ordinances.	ITPC community-based partners are collecting these data in 2002 and will continue to be monitored through the community program tracking system. Based on the observed number and type of ordinances in 2002, a target number of new ordinances by type will be established for 2005.

Indiana's Comprehensive Tobacco Control Program

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

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

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

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

Community Programs

Purpose

To achieve the individual behavior change that supports the nonuse of tobacco, communities must change the way tobacco is promoted, sold, and used while changing the knowledge, attitudes, and practices of young people, tobacco users, and nonusers. Effective community pro-

grams involve people in their homes, work sites, schools, places of worship and entertainment, civic organizations, and other public places. Evaluation data shows that funding local programs produces measurable progress toward statewide tobacco control objectives.

Indiana's Effort

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

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

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

- Of Indiana's 92 counties, 88 have received funding for local partnership grants. These grants, totaling \$7.52 million, are distributed to a local lead agency in each of the counties.
- ITPC has approved funding for 27 minority proposals representing 20 of the 29 counties designated for minority funding. Total funding allocated for local minority partnership grants is \$2.5 million.
- The final group of community proposals was awarded in June 2002 to 20 statewide, regional and pilot program

partners. These grants, totaling \$6.25 million, include grants of over \$2 million to statewide minority based organizations.

- These programs represent over 1200 new tobacco control partner organizations in the state of Indiana.
- Of the total amount grant dollars set aside for these partnership grants, 95% of the grants dollars have been awarded.
- ITPC provided training sessions to get communities ready for applying for funding: 5 Information Meetings in 5 different cities statewide and 10 Communities of Excellence One-Day Training Workshops in 10 cities statewide.
- ITPC developed a training plan for community-based partners that was launched with community and minority based partnership workshops in March 2002 in 5 cities statewide and one workshop for state, regional and pilot partners in Indianapolis in June 2002.
- ITPC has adopted a system of "cluster" meetings for the partners, dividing them into 4-5 counties per cluster and the Regional Directors customize and conduct the cluster meetings at least quarterly with input from the partners
- ITPC sponsored four sessions of youth education and cessation training for community, minority and statewide partners and has a plan in place to continue this training
- ITPC developed a comprehensive conference call/technical assistance structure to all partners that includes national, regional and local presenters as well as an opportunity for regular information sharing and problem solving among partners
- ITPC has a comprehensive two-year training plan in place for staff, board, and partners, which includes mandatory training sessions, elective training topics, and an annual information-sharing event. ITPC is committed to providing its partners with training needed to implement their local tobacco control programs by adapting content and material to meet experience level of the communities.

Opportunity

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

Progression of Funding in Indiana Counties



November



January



March



May



July

ITPC Partners By County

Adams

Community Based Partnership:

Coalition: Boys & Girls Club of Decatur, Inc.

Contact: Mandy Andrews

Email: mandrews@adamswells.com

Phone: 260.724.9128 ext. 22

Coalition Partner Organizations:

Adams Central Community Schools, Adams County Health Department, Local Law Enforcement, North Adams Community Schools, and South Adams Community Schools

Total amount of county funding:
\$53,000

Allen

Community Based Partnership:

Coalition: Smokefree Allen County

Contact: Marie Washington

Email: Mariesf@fwi.com

Phone: 260.424.7883

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

Minority Based Partnership:

Coalition: United Hispanic-Americans, Inc.

Contact: Rosa Gerra

Email: Rosa.Gerra@verizon.net

Phone: 219.422.2651

Minority Based Partnership:

Coalition: Minority Health Coalition of Allen County, Inc.

Contact: Lititia Hatcher-Roque

Email: lhrogue@aol.com

Phone: 260.456.4566

Coalition Partner Organizations:

Smoke-free Allen County, Allen County Department of Health, United Hispanic-Americans (Benito Juarez Cultural Center), American Cancer Society, Neighborhood Health Clinic, American Lung Association, ASK Ministries, Weisser Park Community Center, Eagles Nest, Euell Youth Center, Pontiac Youth Center, Union Baptist Church, Manchester College, Focus On Health, INK Newspaper, Frost Newspaper, 7th Day Adventist Church, Southern Heights Baptist Church, Iglesia Torre Fuerte, Ebenezer Church, Parkview Hospital, Lutheran Health Network, Allen County Public Schools Nurses, Northwood Middle School, Ben Geyer Middle School, and Hispanic Advisory Tobacco Committee El Mexicano.

Total amount of county funding:
\$527,000

Bartholomew

Community Based Partnership:

Coalition: Columbus Regional

Hospital Foundation

Contact: Peggy Voelz

Email: pvoelz@crh.org

Phone: 812.375.3194

Coalition Partner Organizations:

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

Minority Based Partnership:

Coalition: Proyecto Salud Action Team

Contact: Laura Hurt

Email: ebrunner@crh.org

Phone: 812.376.5426

Coalition Partner Organizations:

NAACP, Perinatal Network, Proyecto Salud, Puentes, Columbus Regional Hospital, Mayor's Task Force on Diversity, Su Casa, Healthy Communities Tobacco Awareness Action Team, and Bartholomew Consolidated School Corp.

Total amount of county funding:
\$92,800

Benton

Community Based Partnership:

Coalition: Benton County Step Ahead

Contact: Chris Sheetz

Email: step@localline.com

Phone: 765.583.3114

Coalition Partner Organizations:

Benton County Step Ahead, Fowler Health Care, Governor's Commission for a Drug Free Indiana, and WIBN Radio

Total amount of county funding:
\$26,300

Blackford

Community Based Partnership:

Coalition: Blackford County

Tobacco Coalition

Contact: Nancy Barry

Email: nanbob@netusa1.net

Phone: 765.348.3608

Coalition Partner Organizations:

Blackford County Commissioners, Blackford County Division of Family and Children, Blackford County Employment and Training, Blackford County Hospital, Blackford County School Board, Blackford County School Corporation, Blackford County Sheriff's Dept, Blackford County Step Ahead, Blackford High School, Governor's Commission for a Drug Free Indiana, Montpelier Police Dept, Southside

Elementary School, and St. John's Riedman Memorial School

Total amount of county funding:
\$26,300

Boone

Community Based Partnership:

Coalition: Boone County

Health Department

Contact: Julie Gilliam

Email: jgilliam@co.boone.in.us

Phone: 765.482.3942

Coalition Partner Organizations:

Boone County Cancer Society, Boone County Health Dept, Indiana State Excise Police, and Witham Health Services

Total amount of county funding:
\$60,600

Brown

Community Based Partnership:

Coalition: Brown County Local

Coordinating Council

Contact: Linda Hobbs

Email: llhobbs@rnetinc.com

Phone: 812.988.7997

Coalition Partner Organizations:

Brown County Health Dept, Brown County Jr. High After School Program, Brown County Literacy, Brown County Office of Family and Children, Brown County School Corp, Brown County Sheriff's Dept, and Quinco Consulting Services

Total amount of county funding:
\$26,300

Carroll

Community Based Partnership:

Coalition: Carroll County

Health Department

Contact: Becky Lohmiller

Email: nurses@carlnet.org

Phone: 765.564.3420

Coalition Partner Organizations:

Carroll County Community Health Clinic, Carroll County Health Department, and Carroll County Law Enforcement

Total amount of county funding:
\$44,800

Cass

Community Based Partnership:

Coalition: Four County

Counseling Center

Contact: Melanie Shepherd

Email: mshepherd@fourcounty.org

Phone: 574.722.5151 ext. 354

Coalition Partner Organizations:

Area Five Agency, Cass County Health Dept, Four County Counseling Center, Logansport Memorial Hospital, and Logansport Police Dept

Minority Based Partnership:

Coalition: No proposal submitted at time of publication.

Total amount of county funding:
\$69,000

Clark

Community Based Partnership:

Coalition: Clark Memorial Hospital

Contact: Susan Cohen

Email: susan.cohen@clarkmemorial.org

Phone: 812.283.2649

Coalition Partner Organizations:

American Cancer Society, Boys and Girls Club of Jeffersonville, Bridgepointe Goodwill & Easter Seals, Clark County Health Dept, Clark County Youth Coalition, Clark County Youth Shelter & Family Services, Clark memorial Hospital, Clarksville Community School Corporation, Community Action of

Southern Indiana, Governor's Commission for Drug-Free Indiana, Grassroots Prevention Coalition of Clark County, Greater Clark County School, InfoLink of Southern Indiana, Jeffersonville NAACP, Jeffersonville youth Commission, Purdue Cooperative Ext. Services – Clark Co Office, Sellersburg Police Dept, Southern Indiana Minority Health Initiative, Twenty-First Century Schools, West Clark Community Schools, and YMCA of Southern Indiana

Minority Based Partnership:

Coalition: Community Action of Southern Indiana

Contact: Phil Ellis

Email: phile11@hotmail.com

Phone: 812.288.6451

Coalition Partner Organizations:

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

Total amount of county funding:
\$159,600

Clay

Community Based Partnership:

Coalition: Clay County Local

Coordinating Council

Contact: Lori Knight

Email: knightl@clay.k12.in.us

Phone: 812.448.1530

Coalition Partner Organizations:

American Cancer Society, Brazil City Police, Brazil County Council, Clay City Center for Family Medicine, Clay County Health Dept, Clay County LCC, Clay County Sheriff, Hamilton Center, School Nurse, Shaw Chiropractic, and St. Vincent Clay Hospital

Total amount of county funding:
\$48,700

Clinton

Community Based Partnership:

Coalition: Clinton County Step Ahead
(Proposal not yet evaluated by ITPC
Review Team.)

Contact: Brandie Oliver
Email: brandie@geetel.net
Phone: 765.379.2314

Coalition Partner Organizations:

Clinton County Health Department,
YMCA, and Head Start Program

Minority Based Partnership:

Coalition: Proposal not submitted at
time of publication.

Total amount of county funding:
\$62,500

Crawford

Community Based Partnership:

Coalition: Crawford County Youth
Service Bureau

Contact: Allison Millar
Email: ccysbadmin@seidata.com
Phone: 812.365.3165

Coalition Partner Organizations:

Crawford County Alternative School,
Crawford County Health Dept, Crawford
County High School, Crawford County
Probation, Crawford County Youth
Service Bureau, Lincoln Hills
Development, Ministers Association, and
Paoli Family Health Care

Total amount of county funding:
\$26,300

Daviess

Community Based Partnership:

Coalition: Hoosier Uplands Economic
Development Corp.

Contact: Shawna Girgis
Email: sgirgis@hoosieruplands.org
Phone: 812.849.4457

Coalition Partner Organizations:

Daviess Co. Step Ahead/Purdue
Cooperative Extension Service, Daviess
Community Hospital, Daviess County
Step Ahead, Daviess County YMCA,
Health Dept, Hoosier Uplands – Lead
Agency, North Daviess Community

Schools, Power House Youth Center,
Washington Community Schools, and
Washington County High School

Total amount of county funding:
\$50,700

Dearborn

Community Based Partnership:

Coalition: Dearborn County Citizens
Against Substance Abuse

Contact: Sondra Bubenhofer
Email: sbubenhofer@ihcinc.org
Phone: 812.438.2555

Coalition Partner Organizations:

Big Brothers Big Sisters, CASA, Central
Elementary School Dearborn County
Probation Dept, Directions of CMHC,
Fred Houze, Lawrenceburg Police Dept,
national Specialty Clinic Inc, Outpatient
Care of CMHC, Rising Sun Medical
Center, South Dearborn Middle School,
and the YMCA

Total amount of county funding:
\$60,600

Decatur

Community Based Partnership:

Coalition: Decatur County Community
Action Coalition

Contact: Tina Hoeing
Email: thoeing@yahoo.com
Phone: 812.662.6096

Coalition Partner Organizations:

Decatur County Community Action
Coalition, Decatur County Family
YMCA, Decatur County Memorial
Hospital, Greensburg/Decatur County
Schools, and Program Director/State
Incentive Grant

Total amount of county funding:
\$47,500

DeKalb

Community Based Partnership:

Coalition: United Way of DeKalb County
Contact: Amy Truesdale
Email: unitedway@locl.net
Phone: 260.927.0995

Coalition Partner Organizations:

Auburn Police Department, Children
First Center - H.O.M.E., Dekalb County
Community Foundation, DeKalb County
DARE, DeKalb County Probation
Department, DeKalb County Sheriff's
Department, DeKalb High School,
DeKalb Memorial Hospital-EMS
Director, Division of Family and
Children, Drug Free Indiana, Eastside
High School, Families First, Filling
Station Youth Center, Four Co.
Transitional Living, Garrett Community
Center, Gateway Counseling Service,
GKB Head Start, GKB High School –
SADD, Northeastern Center, Purdue
Extension - DeKalb County, Serenity
House Inc., Shelter Ministries Inc.,
United Way of DeKalb County, YMCA
Women's Shelter & Outreach

Total amount of county funding:
\$57,100

Delaware

Community Based Partnership:

Coalition: Family Services of Delaware
County, Inc.

Contact: Monica Greer
Email: mgrer@netdirect.net
Phone: 765.281.2745

Coalition Partner Organizations:

21st Century Scholars, American Cancer
Society, Ball Memorial Hospital
Respiratory Therapy Department, BMH
Patient Education, BSU Department of
Nursing, BSU Department of Physiology
and Health Sciences, Buley Center, Cancer
Services of Delaware County – Little Red
Door, Center Township Trustee,
Community Volunteers, Delaware County
Coordinating Council to Prevent Alcohol
and Other Drug Abuse, Delaware County
Health Department, Delta High School,
Education TASC Force, Family Services
of Delaware County, Fisher Institute for
Wellness and Gerontology, BSU, Future
Choices, Governor's Council for a Drug

Free Indiana, LifeStream Services,
Minority Health Coalition, Motivate Our
Minds, Muncie Center for the Arts,
Muncie Commission for the Social Status
of Black Males, Muncie Police
Department, Open Door/BMH Health
Center, Parkview Apostolic Church,
Planned Parenthood, South Madison
Community Center, TEAMwork for
Quality Living

Minority Based Partnership:

Coalition: Future Choices, Inc.
Contact: Beth Quarles
Email: futurechoices@aol.com
Phone: 765.741.8332

Coalition Partner Organizations:

Madison Street Community Center,
Combined Council of Concerned Clergy,
Buley Community Center, Muncie
Chapter of Social Status of Black Males,
Project C.A.R.E. for Seniors, American
Cancer Society, Cancer Services of
Delaware County, Open Door/BMH
Health Center, Smoke-free Indiana, Ed
Tasc Force, Inc., Big Brothers/Big Sisters,
Fisher Institute for Wellness, Family
Services of Delaware Co., Indiana State
Excise, and Longfellow Elementary

Total amount of county funding:
\$178,800

Dubois

Community Based Partnership:

Coalition: Deaconess St. Joseph's
Hospital

Contact: Shannon Hildebranski
Email: shildebranski@dsjh.org
Phone: 812.683.6421

Coalition Partner Organizations:

Circle A Food Mart, Concerned Citizen -
Don Hayes, DC Broadcasting, WBDC,
WAXL, Channel 27 and WJTS, Deaconess
St. Joseph's Hospital, Forest Park High
School, Greater Jasper High School,
Greater Jasper School Corporation,
Hispanic Outreach Coalition, Northeast
Dubois High School, Southridge High
School, and Southwest Dubois School
Corporation

Total amount of county funding:
\$56,700

Elkhart

Community Based Partnership:

Coalition: Elkhart County Health Dept.
Contact: Mark Potuck
Email: mpotuck@galaxyinternet.net
Phone: 574.523.2117

Coalition Partner Organizations:

ADEC...Resources for Independence,
City Council, Elkhart Chapter Indiana
Black Expo, Elkhart County Healthy
Mothers, Healthy Babies Coalition,
Elkhart Youth Services Bureau -
Northside Community Coalition,
Elkhart YSB, Minority Health Coalition
of Elkhart County, Oaklawn, Psychiatric
Center, and Purdue Extension

Minority Based Partnership:

Coalition: Minority Health Coalition
of Elkhart Co.

Contact: Tara Morris
Email: ELKMHC@aol.com
Phone: 219.522.0128

Coalition Partner Organizations:

City of Elkhart

Total amount of county funding:
\$328,300

Fayette

Community Based Partnership:

Coalition: White Water Valley
Care Pavilion

Contact: Mitchell Juhasz
Email: mitchj@fayettememorial.org
Phone: 1.800.959.7429

Coalition Partner Organizations:

Connersville High School, Creative
Counseling, Purdue Extension office,
and Step Ahead Council

Total amount of county funding:
\$48,100

Floyd

Community Based Partnership:

Coalition: Floyd County Youth
Services Coalition

Contact: Carol Kannapel
Email: fcysc@aye.net
Phone: 812.981.7474

Coalition Partner Organizations:

Abersold Jazz, Inc., Alcohol, Tobacco &
Other Drug Task Force, Clark County
Minority Tobacco Grant Coalition, Ed
Endris Boys & Girls Club, Family Health
Center of Floyd County, Floyd County
Step Ahead, Floyd County Teen Court,
Floyd County Youth Services Bureau,
Floyd County Youth Services Coalition,
Floyd Memorial Hospital & Health
Services, Governor's Commission for a
Drug Free Indiana, Interfaith
Community Council, Mayor's Youth
Advisory Council, Our Place, Inc., Rauch
Healthy Families, Southern Indiana
Minority Health Initiative, and Tri
County Health Coalition

Minority Based Partnership:

Coalition: Community Action of
Southern Indiana

Contact: Phil Ellis
Email: phile11@hotmail.com
Phone: 812.288.6451

Coalition Partner Organizations:

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

Total amount of county funding:
\$94,600

Fountain

Community Based Partnership:

Coalition: Community Action Program,
Inc. of Western Indiana

Contact: Teresa Ramey
Email: tramey@link2000.net
Phone: 765.793.4881

Coalition Partner Organizations:

CAP Inc. of Western Indiana, Covington
Elementary School, Covington Schools,
Covington Senior Center, Fountain
County Probation, and Optimist Club

Total amount of county funding:
\$43,500

Franklin

Community Based Partnership:

Coalition: White Water Valley
Care Pavilion

Contact: Mitchell Juhasz
Email: terrys@fayettememorial.org
Phone: 1.800.959.4929

Coalition Partner Organizations:

Community Mental Health, Creative
Counseling, Purdue Extension office,
Southeastern YMCA, and Stayin' Alive

Total amount of county funding:
\$46,000

Fulton

Community Based Partnership:

Coalition: Fulton County
Health Department

Contact: Jane Adcock
Email: jraddock@rtcol.com
Phone: 574.653.2665

Coalition Partner Organizations:

Akron Elementary School, American
Cancer Society, Caston School
Corporation, Chamber of Commerce,
First Steps, Four County Counseling
Center, Fulton County Health
Department, Fulton County Sheriff,
Fulton County Wellness Center, Healthy
Families, Mayor Rochester, Indiana,
Purdue Extension Service, Rochester City
Clerk, Rochester Police Department,
Rochester School Corporation,
Streamliner Restaurant, and Woodlawn
Hospital

Total amount of county funding:
\$45,000

Gibson

Community Based Partnership:

Coalition: Gibson County
Health Department
Contact: Kanda McConnell Walden
Email: hsegchd@gibsoncounty.net
Phone: 812.385.3831

Coalition Partner Organizations:

American Cancer Society, G.C.A.R.C. Wic
Program, Gibson County Health
Department, Purdue University

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

Total amount of county funding:
\$52,300

Grant

Community Based Partnership:

Coalition: No proposal submitted at
time of publication.

Minority Based Partnership:

Coalition: Minority Health Coalition of
Grant County
Contact: Tanya Smith
Email: thealthy007@aol.com
Phone: 765.674.7560

Coalition Partner Organizations:

Beginning to build coalition

Total amount of county funding:
\$108,400

Greene

Community Based Partnership:

Coalition: Greene Co. Home Health
Care of Greene Co. Gen. Hospital
Contact: Christy Campoll
Email: ccampoll@earthlink.net
Phone: 812.847.9496

Coalition Partner Organizations:

Greene County General Hospital, Greene
County Home Health Care, Greene
County Probation Department, and
Youth Services Bureau of Greene County

Total amount of county funding:
\$52,700

Hamilton

Community Based Partnership:

Coalition: Hamilton County Council on
Alcohol and Other Drugs
Contact: George L. Kristo
Email: glk@co.hamilton.in.us
Phone: 317.776.8429

Coalition Partner Organizations:

American Cancer Society, Boys and Girls
Club of Noblesville, Carmel City Court,
Carmel Clay Schools, Carmel Police

Department, Governor's Commission for
a Drug Free Indiana, Hamilton County
Community Corrections, Hamilton
County Health Department, Hamilton
County Probation Department,
Hamilton County Prosecutor's Office,
Hamilton County Sheriff's Department,
Hamilton County Superior Court 1,
Hamilton County Youth Services Bureau,
Hamilton Southeastern Schools, Indiana
State Excise Police, Inter Cultural Services
of Hamilton County, Marion-Adams
Schools, Noblesville Schools, Prevail,
Riverview Community Health Clinic,
Riverview Hospital, Sheridan Schools, St.
Vincent's Hospital, and Westfield
Schools

Minority Based Partnership:

Coalition: No proposal submitted at
time of publication.

Total amount of county funding:
\$280,200

Hancock

Community Based Partnership:

Coalition: Hancock Memorial Hospital
and Health Services
Contact: Janeane Calvert
Email: jcalvertC@hnmhs.org
Phone: 317.468.4506

Coalition Partner Organizations:

Eastern Hancock Community School
Corporation, Greenfield Central
Community School Corporation,
Hancock Memorial Hospital and Health
Services, Mount Vernon Community
School Corporation, and Neighborhoods
Against Substance Abuse

Total amount of county funding:
\$66,300

Harrison

Community Based Partnership:

Coalition: Harrison County Hospital
Contact: Sheryl Voelker
Email: svoelker@harrisoncohosp.org
Phone: 812.738.7830 Ext. 114

Coalition Partner Organizations:

Blue River Housing – CHDO, Blue
River Services, Inc., Gerdon Youth

Center, Harrison County Community
Services, Inc., Harrison County
Maternal Child Health, Harrison coun-
ty Office of Family & children, Info
Link of So. IN, Life Span Resources,
Lifespring Community Mental Health
Center, North Harrison School Healthy
Family, Healthy Child, South Harrison
School Corp., and Substance Abuse
Prevention Coalition

Total amount of county funding:
\$53,400

Hendricks

Community Based Partnership:

Coalition: Hendricks County
Health Department
Contact: Shandy Cheek
Email: scheek@co.hendricks.in.us
Phone: 317.718.6010

Coalition Partner Organizations:

American Cancer Society, Cummins
Mental Health Agency, Danville
Community School Corporation, and
Hendricks County Sheriff's Department

Minority Based Partnership:

Coalition: No proposal submitted at
time of publication.

Total amount of county funding:
\$142,900

Henry

Community Based Partnership:

Coalition: Henry County LCC
Contact: Trish Smith
Email: tsmith@comsys.net
Phone: 765.529.5017

Coalition Partner Organizations:

Blue River Schools, Charles A. Beard
Schools, Henry County Commissioners,
Henry County Community Foundation,
Henry County Dentists, Henry County
Juvenile Justice, Henry County
Ministerial Association, Henry County
Restaurants, Henry County Sheriff's
Department, Henry County United
Fund, Henry County YMCA, New Castle
Community Schools, New Castle
Courier-Times, New Castle Pediatrics

and Counseling, Point of Youth, and
Shenandoah Schools

Total amount of county funding:
\$62,100

Howard

Community Based Partnership:

Coalition: Mayor's Community Based
Council on Substance Abuse
Prevention
Contact: Rick Swigart
Email: rswag@peoplepc.com
Phone: 765.456.7415

Coalition Partner Organizations:

American Cancer Society, Family Service
Association, Howard Community
Hospital, Mayor's Community-Based
Council on Substance Abuse Prevention,
Minority Coalition, and St. Joseph
Hospital and Health Center

Minority Based Partnership:

Coalition: New Perspective Minority
Health Coalition
Contact: Ronald Stubbs
Email: rstubbs@comteck.com
Phone: 765.868.9804

Coalition Partner Organizations:

Carver Community Center, Second
Baptist Church, Texas Migrant Council,
The Gilead House, Indiana Health
Center, NAACP, Straitgate Ministries,
O'Neal's Hair Salon, UAW 685, Howard
County Health Department, and
American Heart Association

Total amount of county funding:
\$114,331

Huntington

Community Based Partnership:

Coalition: Youth Services Bureau of
Huntington County
Contact: Melissa Phillips
Email: chadephillips@fwi.com
Phone: 260.358.9047

Coalition Partner Organizations:

4-H Purdue Extension, Evergreen
Juvenile Facility, Huntington City Police,
Huntington County Community School
Corporation, Huntington County

Council, Huntington County Probation
Department, Huntington Parks
Department, Huntington Parkview
Hospital, Indiana State Excise Police,
Parkview Behavioral Health, Tobacco
Staff, and Youth Services Bureau of
Huntington County

Total amount of county funding:
\$55,700

Jackson

Community Based Partnership:

Coalition: Jackson County Drug-Free
Council, Inc.
Contact: Brenda Turner
Email: beturner@tls.net
Phone: 812.524.7442

Coalition Partner Organizations:

Brownstown Central School
Corporation, Dr. Kevin Fischer, MD,
Fiducial Triple Check, Tax & Business
Solutions, Governor's Commission for a
Drug Free Indiana, Healthy Families,
Hon. Mayor John Burkhart, Jackson
County Health Department, Jackson
County Memorial Hospital, Jackson
County Sheriff's Department, Jamestown
Apartments / East Oak Street
Neighborhood Watch, Polarity
Counseling, Purdue Extension office,
River Valley Resources Hoosier parent
Program, Seymour Library, South Central
W.D.S., and Step Ahead Council of
Jackson County

Total amount of county funding:
\$57,700

Jasper

Community Based Partnership:

Coalition: Partners for a Drug-Free
Jasper County
Contact: Nancy Seyfried-Klockow
Email: nancyk@starband.net
Phone: 219.866.8558

Coalition Partner Organizations:

Rensselaer Police Department, Jasper
County Step, Ahead and Purdue Coop
Extension Services, Rensselaer Central
School Corporation, Jasper County
Hospital, Ryan & Ryan Consulting,
Jasper County Prosecutor's Office, Jasper

County Sheriff's Department, Hillcrest Family Dental Center, Kankakee Valley School Corporation, Tri-County School Corporation, Partners for a Drug Free Jasper County, Wabash Valley Hospital, and Kankakee Valley High School

Total amount of county funding:
\$50,800

Jay

Community Based Partnership:
Coalition: Jay County Hospital
Contact: Emma Gail Collins
Email: eg-collins@yahoo.com
Phone: 219.726.7131 ext. 1041

Coalition Partner Organizations:
Chamber of Commerce, Jay County Community Development, Jay County Health Department, Jay County Hospital, Jay School Corporation, Just Say No Clubs, Law Enforcement, Local Coordinating Council, and Sheriff's Department Law Enforcement

Total amount of county funding:
\$45,800

Jefferson

Community Based Partnership:
Coalition: King's Daughters' Hospital & Health Services
Contact: Amanda Bilby
Email: mssis23@excite.com
Phone: 812.265.0395

Coalition Partner Organizations:
Girls Inc. of Jefferson County, Hanover College, Hanover Police Department, Jefferson County Sheriff's Department, King's Daughter's Hospital & Health Services, King's Daughter's Hospital & Health Services - Cardio-Pulmonary Services, King's Daughter's Hospital & Health Services – Wellness Committee, Lide White Memorial Boys & Girls Club, Lifespring Mental Health Services, Madison Consolidated Schools, Office of the Jefferson County Prosecuting Attorney, and Youth As Resources

Total amount of county funding:
\$51,800

Jennings

Community Based Partnership:
Coalition: St. Vincent Jennings County Hospital
Contact: Debbie Mays
Email: froglegs72@yahoo.com
Phone: 812.346.2515

Coalition Partner Organizations:
American Cancer Society, Jennings County elementary school teacher, Jennings County Health Department, Jennings County High School student, Jennings County School Corporation Superintendent, Jennings County YMCA, North Vernon Parks and Recreation, North Vernon Plain Dealer & Sun (news-paper), North Vernon Police Department, Nurse Practitioner, Purdue Extension office, and St. Vincent Hospital – North Vernon (Nurses)

Total amount of county funding:
\$49,300

Johnson

Community Based Partnership:
Coalition: Johnson County Health Foundation
Contact: Jane Blessing
Email: jbless318@aol.com
Phone: 317.736.2657

Coalition Partner Organizations:
American Cancer Society, Community Hospital South, Franklin City Police Department, Franklin College, Governor's Commission for a Drug Free Indiana, Indiana Heart Associates, Johnson County Juvenile Probation, Johnson County Clerk, Johnson County Community Corrections, Johnson County Health Department, Johnson Memorial Hospital, Randall Lee, M.D. - Citizen/physician representative, Reach for Youth, Richard Huber, M.D. - Citizen/physician representative, Trafalgar Family Health Center, and United Way of Johnson County

Minority Based Partnership:
Coalition: Latino Resource Development Team
Contact: Jane Blessing
Email: jbless318@aol.com
Phone: 317.736.2657

Coalition Partner Organizations:
DARE Officer, Reach For Youth, Trafalgar Family Health Center, American Cancer Society, Johnson County Juvenile Probation, JCCASA, Smokefree Indiana, Governor's Commission for a Drug-free Indiana, Community Hospital South, Franklin College, and the Johnson County Health Department

Total amount of county funding:
\$149,700

Knox

Community Based Partnership:
Coalition: Good Samaritan Hospital
Contact: Donna Sturgeon
Email: dsturgeo@wvhs.org
Phone: 812.882.7927 ext. 235

Coalition Partner Organizations:
American Cancer Society, Good Samaritan Hospital, Indiana Excise Police, Vincennes Community School Corporation, Wabash Valley Human Services, and Wabash Valley Respiratory Clinic

Total amount of county funding:
\$56,400

Kosciusko

Community Based Partnership:
Coalition: Boys & Girls Club of Kosciusko County
Contact: Bobbi Burkhart
Email: boysandgirlsclub@kconline.com
Phone: 219.268.1155

Coalition Partner Organizations:
Bowen Center, Boys & Girls Club of Kosciusko County, Edgewood Middle School, Governor's Commission for a Drug Free Indiana, Governor's Council on Impaired and Dangerous Driving, Kosciusko County Health Department, Kosciusko County Sheriff's Department, Warsaw Community High School, Warsaw Police Department, and Winona Lake Police Department

Minority Based Partnership:
Coalition: No proposal submitted at time of publication.

Total amount of county funding:
\$93,900

LaGrange

Community Based Partnership:
Coalition: Council for Drug-Free Lagrange
Contact: Carol Stump
Email: cads@ligtel.com
Phone: 260.499.6388

Coalition Partner Organizations:
Drug Free Council of LaGrange County, LaGrange County 4-H Youth Leadership Council, LaGrange County Circuit Court Probation, LaGrange County Community Economic Development, LaGrange County Community Foundation, LaGrange County Department of Parks and Recreation, LaGrange County Sheriff's Department, LaGrange Ministerial Association, Northeastern Center, Prairie Heights Community School, Corporation, and Youth Assets Council

Total amount of county funding:
\$53,800

Lake

Community Based Partnership:
Coalition: Geminus Corporation
Contact: Cynthia Sampson
Email: csampson@geminuscorp.org
Phone: 219.757.1866

Coalition Partner Organizations:
Allen Chapel, American Heart Assoc., American Cancer Society, Boys & Girls Club of NWI, C/O SPEA Dept/ Ind. Univ, Community Anchors Program, Crisis Center, Cue, Inc, Elpis Community Services, Faith Temple, Franciscan Community, Gary Community Schools, Gary Community Health Foundation, Gary Freedom House, Gary Neighborhood Services, Geminus Corp., Golden Recognition, Health Vision Midwest, Healthy East Chicago, Highland Police Dept., Ind. Univ. NW, Israel CME, Lake County Sheriff Office, Lake Shore Grant Writing Assoc, LC Minority Health Coalition, Maywood Neighborhood, Methodist Hospital, New Horizons, NW Regional Planning Community, Omega Sports Complex, PDFLC Hammond Community Coalition, Pilgrim MB Church, Smoke Free Indiana, Southlake

Center for MH, Tree of Life CDC, Tri City CMHC, TWT'S, YFCR Learning Center, Youth Build Hammond, Youth Service Bureau, and Zion Safety Zone

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

Coalition Partner Organizations:
Glen Park Coalition of Concern, NATALE, Gary Community Health Foundation, Inc., Gary Freedom House, Faith Temple Community and Human Service Corp., Teens Working Together, Inc., Helping Hands, Golden Recognitions, Inc., Christian Unity Ensemble, Inc., Healthy East Chicago, Inc

Total amount of county funding:
\$966,500

LaPorte

Community Based Partnership:
Coalition: Healthy Communities of LaPorte County/United Way
Contact: Sandra Parker
Email: s.parker@lph.org
Phone: 219.326.2350

Coalition Partner Organizations:
American Cancer Society, American Red Cross - LaPorte County, Communities in Schools of La Porte County, Inc., Dunebrook / Healthy Families of LaPorte County, Healthy Communities of LaPorte County, Helping Our People Excel, Inc., LaPorte Community School Corp., LaPorte County Juvenile Services Center, LaPorte Regional Health System, Michigan City Area Schools / Safe Harbor, Open Door Health Center, St. Anthony Memorial Health Centers, The Neutral Zone, United Way of LaPorte County, Youth Service, and Bureau-Big Brothers Big Sisters

Minority Based Partnership:
Coalition: Helping Our People Excel, Inc.
Contact: Rebecca Williams
Email: hopeprogram@skynet.net
Phone: 319.874.4006

Coalition Partner Organizations:
Superior Family Health Services,

Voyagers, ElPuente Community Center, Michigan City Social Status of African American Males Commission, Martin Luther King Center Tobacco Cessation, Minority Health Coalition of LaPorte County, Operation Fellowship, Images

Total amount of county funding:
\$186,900

Lawrence

Community Based Partnership:
Coalition: Hoosier Uplands Economic Development Corporation
Contact: Steve Adams
Email: sadams@hoosieruplands.org
Phone: 812.849.4457

Coalition Partner Organizations:
Hoosier Uplands – Lead Agency, Bedford Regional Medical Center, Dunn Memorial Hospital/WIC/ Maternal Child Health, Lawrence Co. Circuit Court - REDIRECT Juvenile Drug Court, Lawrence County Health Department, Lawrence County Police Department & LCC Coordinator, Mitchell Community Schools, and North Lawrence Community Schools

Total amount of county funding:
\$60,500

Madison

Community Based Partnership:
Coalition: Madison Health Partners
Contact: Karesa Knight
Email: kmichellek29@hotmail.com
Phone: 765.646.3085

Coalition Partner Organizations:
Alternatives, Incorporated, American Cancer Society, Anderson Community Schools, Anderson Police Department, Anderson University, Anthem Blue Cross/Blue Shield, Center for Mental Health, Delphi UAW, General Motors, Indiana State, Department of Health, Indiana State Excise Police, Life Steps, M Plan Health Care Group, Madison County Community Foundation, Madison County Community Health Clinic, Madison County Health Department, Madison County Sheriff's Department, Madison Health Partners,

Minority Health Coalition of Madison County, St. John's Hospital, St. Vincent's Hospital, and WQME Radio

Minority Based Partnership:
Coalition: Minority Health Coalition of Madison Co.
Contact: Velma Lott-Gladney
Email: mhcmadisoncounty@ameritech.net
Phone: 765.641.8075

Coalition Partner Organizations:
African American Leadership Forum, American Cancer Society, American Heart Association, Anderson Community Schools, Anderson Police Department, Anderson Fire Department, Anderson Housing Authority, Anderson University, Anthem Blue Cross/Blue Shield, Bridges, Campbell, Woodall, Inc., Boys and Girls Club, Centro Hispano Familiar de Adoracion, City of Anderson, Job Source, M Plan Health Care Group, Madison County Community Foundation, Madison County Community Health Clinic, Madison County Health Department, Madison County Black Nurses Association, Madison County Sheriff's Department, Madison County Youth Service Bureau, Madison Health Partners, Mayor's Commission on African American Males, NAACP, St. John's Hospital, Progressive Temple of Faith, St. Vincent's Hospital, Urban League of Madison County, Youth Need Prime Time and YMCA

Total amount of county funding:
\$195,700

Marion

Community Based Partnership:
Coalition: Health and Hospital Corporation of Marion County
Contact: Gurinder Hohl
Email: ghohl@hhcorp.org
Phone: 317.221.3099

Coalition Partner Organizations:
Alliance for Health Promotion, American Cancer Society, Asthma Alliance of Indianapolis, Drug Free Marion County, HealthNet Community Health Center, Indiana University Department of Public Health, Indiana University Nicotine Dependence Program, Indianapolis

Public Schools, Minority Health Coalition of Marion County, Perry Township Schools, Raphael Health Center, Reach for Youth, Ruth Lilly Health Education Center, Shalom Health Center, Smoke free Indiana - Central Coalition, St. Francis Hospital and Health Centers, Tobacco Smart, Wishard Hospital, and YMCA of Greater Indianapolis - Urban Mission Branch

Minority Based Partnership:
Coalition: Minority Health Coalition
Contact: Arvetta Grimes
Email: agrimes@iupui.edu
Phone: 317.221.2322

Minority Based Partnership:
Coalition: Flanner House
Contact: Ann Winston
Email: awinston@imcpl.lib.in.us
Phone: 317.925.4231 ext. 224

Minority Based Partnership:
Coalition: Indianapolis Chapter of Indiana Black Expo
Contact: Alice Jenkins
Email: ajenkins7@comcast.net
Phone: 317.876.9578

Coalition Partner Organizations:
The United Way: Youth As Resources, The Greater Indianapolis Chapter of the NAACP, University United Methodist, Coleman Middle School, Oasis of Hope Baptist Church, Martin Center Sickle Cell Program, Midtown Mental Health Center, Flanner House, Martin University, Clarian Health Partners, Unique 7 Christian Academy Child Care, Auntie Mame's Child Development Center, Laurelwood Family Investment Child Care Center, Fahondzi Sugar Plum Day Care, Fuzzie Bear Child Care Center, Dena's Airport Child Care Center, Saint Florian Youth Leadership Development Center, Indianapolis Black Firefighters Association, and the Phillips Temple C.M.E. Church

Total amount of county funding:
\$1,500,100

Marshall

Community Based Partnership:
Coalition: Women's Care Center
Contact: Jennifer Hunsberger
Email: womenscareply@hoosierlink.net
Phone: 574.936.5141

Coalition Partner Organizations:
Cancer Association of Marshall County, Indiana State Representative Gary Cook, Marshall County Health Department, Saint Joseph's Regional Medical Center, Plymouth Campus, Triton School System, and Women's Care Center

Minority Based Partnership:
Coalition: No proposal submitted at time of publication.

Total amount of county funding:
\$69,700

Martin

Community Based Partnership:
Coalition: Hoosier Uplands Economic Development Corporation
Contact: Steve Adams
Email: sadams@hoosieruplands.org
Phone: 812.849.4457

Coalition Partner Organizations:
Davie Community Hospital, Governor's Commission for a Drug Free Indiana, Hoosier Uplands – Lead Agency, Loogootee Community School Corporation, Martin County Extension Service, Martin County Health Department, Martin County LCC Coordinator, Martin County Office of Family & Children, Shoals Community School Corporation, State Excise Police, and Workforce Development, Vincennes University, Martin County Chamber

Total amount of county funding:
\$26,300

Miami

Community Based Partnership:
Coalition: Dukes Memorial Hospital
Contact: Sharon McComb
Email: smccomb@dukeshospital.org
Phone: 765.475.8908

Coalition Partner Organizations:
American Cancer Society, Dukes Memorial Hospital, Miami County Schools, and Miami Nation of Indians
Minority Based Partnership:
Coalition: Miami Nation of Indians of the State of Indiana
Contact: Penny Fouts
Email: miamiindians@iquest
Phone: 765.473.9631

Coalition Partner Organizations:
Mount Herman MBC, Wayman AME, Minority Health Coalition, and the Way of Holiness Church

Total amount of county funding:
\$65,000

Monroe

Community Based Partnership:
Coalition: Bloomington Hospital & Healthcare Systems
Contact: Ted Jackson
Email: tjackson@bloomhealth.org
Phone: 812.353.9595

Coalition Partner Organizations:
Alcohol Drug Info Center, American Cancer Society, Bloomington Hospital, Bloomington Parks and Recreations, CARES, Community Health Care Foundation, Indiana University Health Center, Monroe County Community School Corporation, Monroe County Prosecutor, Rhino's Youth Center, and Wonder Lab

Minority Based Partnership:
Coalition: No proposal submitted at time of publication.

Total amount of county funding:
\$180,000

Montgomery

Community Based Partnership:
Coalition: Montgomery County A.H.E.A.D. Coalition, Inc.
Contact: Kelly Trusty
Email: ahead@tctc.com
Phone: 765.339.7987

Coalition Partner Organizations:
A.H.E.A.D. Coalition, Inc., Boys & Girls Club of Montgomery County, Crawfordsville Community Schools, Cummins Mental Health Centers, Inc., Eastside Medical Center, Family Crises Shelter, Inc., Holy Transfiguration Orthodox Church, Journal Review Newspaper, MOSS Out of School Suspension Center, North Montgomery Schools, South Montgomery Schools, St. Clare Medical Center, SYNERGY, and WIMC/WCVL/WVXI Radio

Total amount of county funding:
\$55,500

Morgan

Community Based Partnership:
Coalition: Prime Time of Morgan County
Contact: Sandra S. Thiebe
Email: primetime@rnetinc.net
Phone: 765.342.1013

Coalition Partner Organizations:
Barbara B. Jordan YMCA, Eminence High School, Martinsville High School, Metropolitan School District of Martinsville Family Services Coordinators, Mooresville Consolidated School Corporation, Mooresville High School, Morgan County Sheriff's Department, and The Haven Youth Center

Total amount of county funding:
\$73,200

Newton

Community Based Partnership:
Coalition: Coalition For a Drug-Free Newton County
Contact: Gene Bell
Email: genebell12@hotmail.com
Phone: 219.285.6320

Coalition Partner Organizations:
Faithworks of Newton County, Jasper

County Step Ahead, Newton County Economic Development, Newton County Health Department, Partners for a Drug Free Jasper County, and Wabash Valley Mental Health Center

Total amount of county funding:
\$26,300

Noble

Community Based Partnership:
Coalition: Drug-Free Noble County
Contact: Jennifer Rinker
Email: JRinkerTC@netscape.net
Phone: 260.636.2320

Coalition Partner Organizations:
Central Noble Schools, Drug-Free Noble County, East Noble Schools, Noble County Health Dept., Noble County Sheriffs Dept., Noble County Superior Court, Noble County Teen Court, Parkview Noble Hospital, Purdue Extension Office, Volunteers, and West Noble Schools

Minority Based Partnership:
Coalition: Templo Betel
Contact: Brenda Hartler
Email: josebegut@yahoo.com
Phone: 219.894.7647

Coalition Partner Organizations:
Iglesia Luterana La Santisima Trinidad, BJ Burritos, El Paraiso, State Incentive Grant, Drug-Free Noble County, Tobacco Free Partnership, San Marcos North Eastern Center, and Leti's Tacos

Total amount of county funding:
\$72,900

Ohio

Community Based Partnership:
Coalition: Ohio County Community Foundation in Cooperation with LCC
Contact: Janie Eldridge
Email: janie.eldridge@ces.purdue.edu
Phone: 812.438.3656

Coalition Partner Organizations:
American Cancer Society, Big Brothers / Big Sisters of Greater Cincinnati, City of Rising Sun, Community Mental Health Center, Inc., Denver Siekman 4-H Environmental Park, Historic Downtown Program, Learning Tree of Ohio County,

Ohio County Chamber of Commerce, Ohio County Community Foundation, Ohio County Extension Service, Ohio County Health Department, Ohio County Library, Ohio County Office of Family and Children, Rising Sun – Ohio County School Corporation, Rising Sun / Ohio County Kiwanis, Rising Sun / Ohio County Park Board, Rising Sun / Ohio County Tourism Board, and Rising Sun Police Department

Total amount of county funding:
\$26,300

Orange

Community Based Partnership:
Coalition: PACT, Inc. dba Hoosier Hills PACT
Contact: Lou Getman
Email: lsgpact@yahoo.com
Phone: 812.723.2621

Coalition Partner Organizations:
American Cancer Society, Bloomington Hospital of Orange Co., Child health Project, Governor's Commission for Drug-Free Indiana, Orange Co. Extension Office, Orange Co. Prosecutor's Office, Orleans, Paoli and Springs Valley School Systems, and Southern Hills Counseling Center

Total amount of county funding:
\$44,300

Owen

Community Based Partnership:
Coalition: Owen County Family YMCA
Contact: Teena Jennings
Email: teejenn@yahoo.com
Phone: 812.828.9622

Coalition Partner Organizations:
Hamilton Center, Owen County Family YMCA, Owen County Health Department, Owen County Probation Department, Owen Valley Alternative Schools, Owen Valley High School, and Owen Valley Middle School

Total amount of county funding:
\$45,800

Parke

Community Based Partnership:
Coalition: Comm. Health Intervention Education Foundation
Contact: Susie Waymire
Email: fhhc@bloomingdaletel.com
Phone: 765.569.4008 ext. 11

Coalition Partner Organizations:
Family Health & Help Center, Hamilton Center, and Parke County Local Coordination Council

Total amount of county funding:
\$43,000

Perry

Community Based Partnership:
Coalition: Perry County Memorial Hospital
Contact: Sandra Kramer
Email: sakramer@psci.net
Phone: 812.529.8162

Coalition Partner Organizations:
American Cancer Society, Cannelton Schools, Governor's Commission for Drug-Free Indiana, Lincoln Hills Development Corporation, McDonald's Restaurant Owner, Paula Simon, Parent, Perry / Spencer Step Ahead, Perry Central After School, Perry Central Schools, Perry County Health Department, Perry County Memorial Hospital, Purdue Extension, Southern Hills Counseling Center, Inc., Tell City High School, and Tell City Police Department

Total amount of county funding:
\$44,000

Pike

Community Based Partnership:
Coalition: Pike County Health Department
Contact: Renea Kroeger
Email: healthdp@gte.net
Phone: 812.354.8797

Coalition Partner Organizations:
Pike County Health Department, Amber Manor Care Center, American Cancer Society, Cancer Survivor, Indiana State Police, Pike County Office - Division of

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

Total amount of county funding:
\$26,300

Porter

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

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

Minority Based Partnership:
Coalition: League of United Latin American Citizens
Email: pantrylin@aol.com
Contact: Linda Lundewall
Phone: 219.763.1061

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

Total amount of county funding:
\$182,300

Posey

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

Coalition Partner Organizations:
American Cancer Society, Posey County Probation Office, Promoting A Drug Free Community In Posey County, Inc., Step Ahead Council, and The American Red Cross - Posey County

Total amount of county funding:
\$49,000

Pulaski

Community Based Partnership:
Coalition: Pulaski Memorial Hospital
Contact: Jean Widup
Email: fawfsw@pwrtc.com
Phone: 219.946.6017

Coalition Partner Organizations:
American Cancer Society, Chamber of Commerce, Division of Family and Children, Drug Free Local Coordinating Council, Eastern Pulaski Schools, Four County Counseling, Health Department, Juvenile Justice Enforcement Coalition, Probation Department, and West Central Schools

Total amount of county funding:
\$26,300

Putnam

Community Based Partnership:
Coalition: Putnam County Hospital
Contact: Rhonda Foote
Email: rmfoote@pchos.org
Phone: 765.653.5121 ext. 2814

Coalition Partner Organizations:
Putnam County Hospital, Johnson-Nichols Health Clinic, North Putnam Family Health Care, North Putnam High School, Phoenix Community Correction, PIE Coalition, Putnam County Health Department, and Putnam County Youth Development

Minority Based Partnership:
Coalition: No proposal submitted at time of publication.

Total amount of county funding:
\$63,600

Randolph

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

Coalition Partner Organizations:
St. Vincent/Randolph Hospital and Winchester Police Department

Total amount of county funding:
\$49,200

Ripley

Community Based Partnership:
Coalition: Ripley County Health Department
Contact: Vicky Powell
Email: nurse@ripleycounty.com
Phone: 812-689-0506

Coalition Partner Organizations:
American Cancer Society, Batesville Community School Corporation, Batesville Tool & Die, Inc., Community Mental Health Corporation, Family Connections, Farm Bureau Insurance Company, Jac-Cen-Del School Corporation, Margaret Mary Community Hospital, Milan Community Schools, Osgood Kiwanis, PATH, Prevent Child Abuse Ripley County, Purdue Extension office, Ripley County Commissioners, Ripley County Emergency Medical Services, Ripley County Health Department, Ripley County Publishing office, Ripley County Sheriff's Department, South Ripley School Corporation, St. Louis Catholic School, Sunman Elementary School, and WSCH Radio

Total amount of county funding:
\$48,700

Rush

Community Based Partnership:
Coalition: Rush County Schools / Local Coordinating Council
Contact: Tammy Jackman
Email: stepahead@comsys.net
Phone: 765.932.5316

Coalition Partner Organizations:
City of Rushville, Family Health Services, Indiana State Police, Parents, Rush County LCC, Rush County Schools, Rush County Step Ahead, Rush Memorial Hospital, Rushville Boys & Girls Club, Rushville Chamber of Commerce, Rushville City Police, and Rushville Fire Department

Total amount of county funding:
\$43,600

Scott

Community Based Partnership:
Coalition: Scott County Family YMCA
Contact: Sondra Hook
Phone: 812.752.7239

Coalition Partner Organizations:
Austin Elementary School, Austin Middle School, Big Brothers Big Sisters, Greater Life Tabernacle, Hoosier Hills PACT, New Hope Services, Prevent Child Abuse/Scott County, Scott County Family YMCA, Scott county School Districts 1 and 2, Scottsburg Academy, Scottsburg High School Guidance Counselors, Scottsburg Police Department, St. Luke's Medical Ministry, Youth for Christ, and Youth Speak

Total amount of county funding:
\$46,500

Shelby

Community Based Partnership:
Coalition: Shelby County Drug Free Coalition
Contact: Kim Herndon
Email: shelbylcc@lightbound.com
Phone: 317.398.3135

Coalition Partner Organizations:
AA/ Alanon, All County Judges, Community Corrections, Gallahue

Mental Health, Girls Inc, Major Hospital, Michelle Kramer, Attorney At Law, Northwestern Schools of Shelby Co., Office of Family and Children, Shelby Co Probation, Shelby Co Sheriffs Dept, Shelby Eastern Schools, Shelbyville Boys Club, Shelbyville Central Schools, Shelbyville Parks & Recreation, Shelbyville Police Dept, Southwestern Schools, and Step Ahead Council

Total amount of county funding:
\$59,000

Spencer

Community Based Partnership:
Coalition: Lincoln Hills Development Corporation/Perry-Spencer Step Ahead
Contact: Kaye Kleeman
Email: kgkleeman@psci.net
Phone: 872.547.2299

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

Total amount of county funding:
\$44,900

St. Joseph

Community Based Partnership:
Coalition: Healthy Communities Initiative of St. Joseph Co.
Contact: Heidi Beidinger
Email: hbeidinger@hcisjc.org
Phone: 219.234.0051 ext. 317

Coalition Partner Organizations:
Alcohol and Addictions Resource Center, American Cancer Society, Burkhardt Advertising, City of Mishawaka, City of South Bend, Coalition of Minority Organizations and Leaders, Community Coordinated Child Care (4C's), Community Religious Effort, CONNECT - Council of Clinics including: a. Chapin Street Clinic, b. Healthy Families of Mishawaka, c. Indiana Health Center, d. Project Homecoming, e. Southeast Clinic,

f. Center for the Homeless Clinic, g. Family Practice and Residency Clinic, h. Osteopathic Family Residency, Drug Free Community Council, Elkhart County Health Department, Indiana State Excise Police, Indiana University at South Bend, Juvenile Justice Center, Madison Center and Hospitals, Memorial Hospital and Health Systems, Inc., Memorial's Leighton Center, Mishawaka Police Department, Neighborhood Council, Penn, Harris, Madison School Corp, Prenatal Exposure Prevention Project, Saint Joseph Regional Medical Center, South Bend Community School Corp, South Bend District Hygienists – Association, South Bend Police Department, South Bend Tribune, St. Joseph Chamber of Commerce, St. Joseph County Health Department, St. Joseph County Hospice, St. Joseph County Medical Society, St. Joseph County Minority Health Coalition, St. Joseph County Prosecuting Attorney's Office, St. Joseph County Sheriff's department, Strengthening Families Council, United Health Services, United Way, University of Notre Dame IRISHealth, University of Notre Dame Office of Alcohol and Drug Education, WNDU, Women's Alliance, Women's Care Center, WSBT, and Youth Development Council

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

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

Total amount of county funding:
\$455,800

Starke

Community Based Partnership:
Coalition: Drug-Free Starke County
Contact: Camille Cummins
Email: camillecummins@skynet.net
Phone: 574.772.3353

Coalition Partner Organizations:
No proposal submitted at time of publication

Total amount of county funding:
\$46,900

Steuben

Community Based Partnership:
Coalition: Drug Free Steuben
Contact: Lisa Lysaght
Email: lisal2223@yahoo.com
Phone: 219.665.6579

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

Total amount of county funding:
\$52,800

Sullivan

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

Coalition Partner Organizations:
American Cancer Society, Governor's Commission, Hamilton Center, Indiana Elks Association, Milburn Pharmacy, Sullivan County Community Hospital, Sullivan Daily Times, Sullivan High School, and Union Jr.-Sr. High School

Total amount of county funding:
\$45,800

Switzerland

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

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

Total amount of county funding:
\$26,300

Tippecanoe

Community Based Partnership:
Coalition: Coalition for a Safe & Drug-Free Tippecanoe County
Contact: Thometra Foster
Email: metra48@msn.com
Phone: 765.742.6579

Coalition Partner Organizations:
American Cancer Society, American Lung

Association, Arnett Health Plans, Coalition for a Safe and Drug Free Tippecanoe County, Family Services, Incorporated, Great Skates Family Fun Center, Hispanic Outreach Program: Community and Family Outreach Center, Indiana State Police, Minority Health Coalition of Tippecanoe County, Purdue Student Health Center, Tecumseh Area Partnership, Incorporated, Tippecanoe School Corporation, and Youth Advisory Council

Minority Based Partnership:
Coalition: Minority Health Coalition of Tippecanoe Co.
Contact: Thomerta Foster
Email: mhctc@aol.com
Phone: 765.742.6579

Minority Based Partnership:
Coalition: Community and Family Resource Center - Centro Hispano
Contact: Alex Rodriguez
Email: arodriguez@cfrc.org
Phone: 765.742.5046

Coalition Partner Organizations:
Latino Coalition of Tippecanoe County

Total amount of county funding:
\$215,300

Tipton

Community Based Partnership:
Coalition: Tipton County Memorial Hospital
Contact: Carolyn Townsend
Email: tcmhed@tiptontel.com
Phone: 765.675.8256

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

Total amount of county funding:
\$42,600

Union

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

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

Total amount of county funding:
\$26,300

Vanderburgh

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

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

Minority Based Partnership:
Coalition: RESPECT, Inc.
Contact: Diane Clements
Email: dclem19000@aol.com
Phone: 812.423.7770

Coalition Partner Organizations:
RESPECT, Inc., Evansville Black Coalition, Black Leadership Conference, and the Impact Ministries

Total amount of county funding:
\$300,598

Vermillion

Community Based Partnership:

Coalition: Vermillion Co. 4-H Council
Contact: Linda Underwood
Email: lunderwood@svcs.k12.in.us
Phone: 765.832.7727

Coalition Partner Organizations:

American Cancer Society, Hamilton Center Vermillion County, Local Coordinating Council for a Drug-Free Vermillion Co., North Vermillion Schools, South Vermillion Schools, Vermillion County Health Department, and West Central Community Hospital

Total amount of county funding:
\$42,700

Vigo

Community Based Partnership:

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

Coalition Partner Organizations:

American Cancer Society, American Lung Association, C.H.A.N.C.E.S. for Indiana Youth's Teen Court, Indiana State Excise Police, Indiana State University's Department of Health and Safety, Maternal Health Clinic of Union Hospital, Mental Health Association, Minority Health Coalition, SIG Coalition for Grassroots Prevention, Terre Haute City Police, Vigo County Health Department, Vigo County School Corporation, and Youth as Resources

Minority Based Partnership:

Coalition: Minority Health Coalition of Vigo Co.
Contact: LaNeeca Williams
Email: VMHC002@aol.com
Phone: 812.234.8713

Coalition Partner Organizations:
Beginning to build coalition

Total amount of county funding:
\$167,000

Wabash

Community Based Partnership:

Coalition: Wabash County WASA, Inc.
Contact: Beth Miller
Email: wasa@kconline.com
Phone: 260.563.4663

Coalition Partner Organizations:

American Red Cross of Wabash County and Health Education, LLC

Total amount of county funding:
\$53,800

Warren

Community Based Partnership:

Coalition: Community Action Program, Inc. of Western Indiana
Contact: Teresa Ramey
Email: tramey@link2000.net
Phone: 765.793.4881

Coalition Partner Organizations:

CAP Inc. of Western Indiana, Covington Elementary School, Covington Schools, Covington Senior Center, Fountain County Probation, and Optimist Club

Total amount of county funding:
\$26,300

Warrick

Community Based Partnership:

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

Coalition Partner Organizations:

Booneville Police Department, Indiana State Police, Southwestern Indiana Mental Health, Warrick County First Steps / Step Ahead, Warrick County Office of Family & Children, Warrick County School Board, and Youth First Foundation

Total amount of county funding:
\$64,500

Washington

Community Based Partnership:

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

Coalition Partner Organizations:

Chief of City Police, Clergy, County Council, County Judge, Extension Educator, Purdue University, Governor's Commission, Hoosier Hills Pact, Retired nurse, Retired school teacher, State Incentive Grant Director, Substance Abuse Council, Substance Abuse Youth Council, Teen Challenge, Washington County Health Department, Washington County Hospital, Washington County Probation, Washington County Prosecutor's office, and Washington County Sheriff's Department

Total amount of county funding:
\$49,100

Wayne

Community Based Partnership:

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

Coalition Partner Organizations:

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

Minority Based Partnership:

Coalition: Proposal not submitted at time of publication

Total amount of county funding:
\$99,700

Wells

Community Based Partnership:

Coalition: Caylor-Nickel Foundation
Contact: John Stead
Email: cnfnancy@parlorcity.com
Phone: 260.824.5057

Coalition Partner Organizations:

American Cancer Society, Bluffton Police Department, Bluffton Regional Medical Center, Boys & Girls Club of Wells County, Caylor-Nickel Clinic, Caylor-Nickel Foundation, Southern Wells School Corporation, Wells County Cooperative Extension Services, Wells County Health Department, and Wells County Teen Court

Total amount of county funding:
\$49,300

White

Community Based Partnership:

Coalition: Partners for a Drug-Free White County
Contact: Kathy Lewis
Email: Klewis20@hotmail.com
Phone: 219.253.6663

Coalition Partner Organizations:

North White School Corporation, Tri County School Corporation, Wabash Valley Hospital Outpatient Services, and White County Probation Department

Total amount of county funding:
\$47,900

Whitley

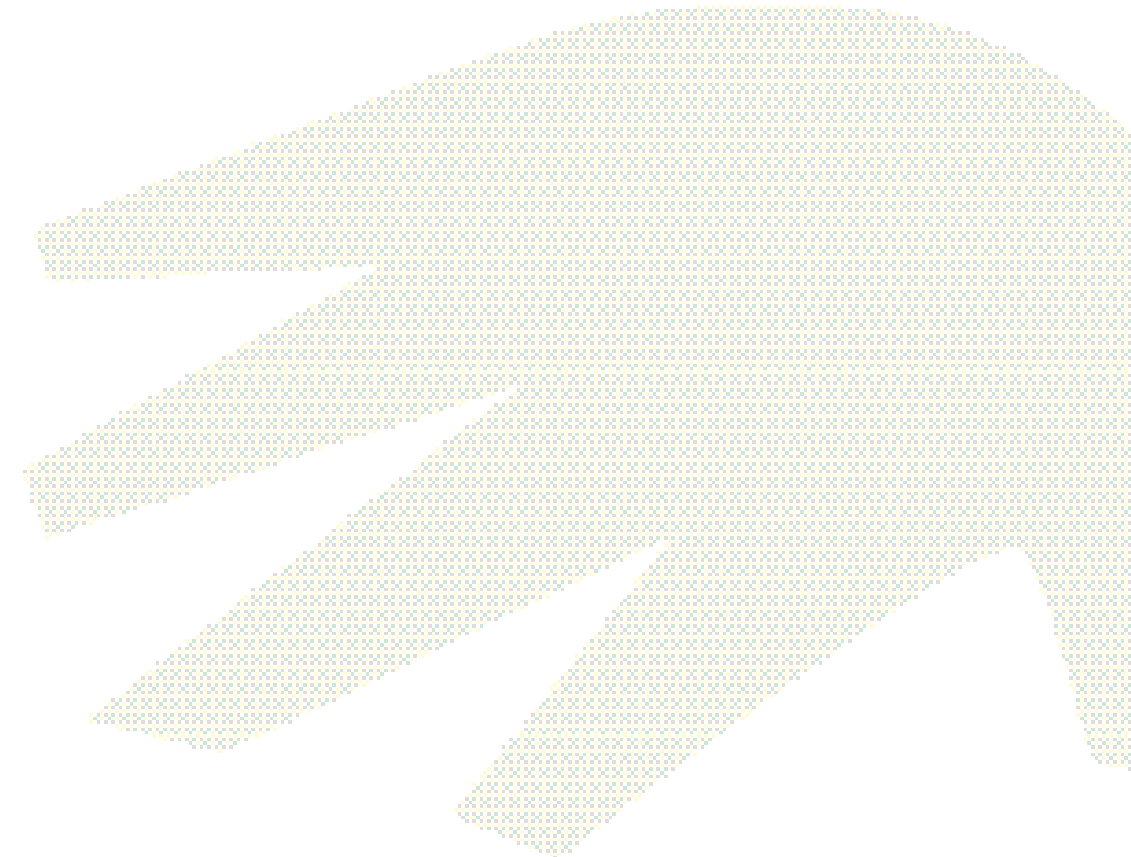
Community Based Partnership:

Coalition: Drug-Free Whitley County
Contact: Patty Weybright
Email: weybright@hoosierlink.net
Phone: 260.723.5911

Coalition Partner Organizations:

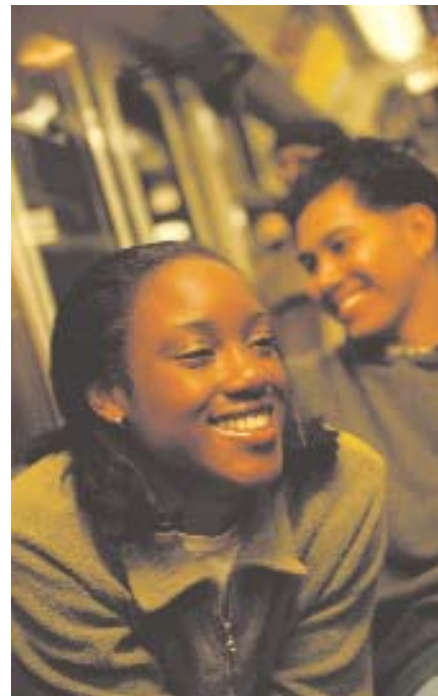
No proposal submitted at the time of publication.

Total amount of county funding:
\$51,200



ITPC Statewide, Regional and Pilot Partnerships

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



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

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

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

Conner Prairie Living History Museum: Engaging 1836 *Prairie*town and 1886 *Liberty Corner* characters representing the anti--tobacco movement in America along with distance learning version of the program and supplementary education materials available.



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

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

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

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



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

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

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

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

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

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

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

Moving in the Spirit Ministries, Inc.: Statewide cross-denominational partnership creating a consortium of church leaders to promote community action and advocacy. This project will provide cessation services through existing Parish Nurse Programs and incorporate tobacco prevention education to existing programs and health events.

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

PharmAssist, Inc.: This project offers cessation training to pharmacists and cessation counseling to smokers in pharmacies and other locations linked by cessation networks in southwestern Indiana.

United Health Services: The Hearing and Speech Center of St. Joseph County will seek to educate families with preschool age children about dangers of ETS on children's hearing. Information will be provided to day care and preschool providers. This project seeks to decrease secondhand smoke exposure by children.



Statewide Media Campaign

Purpose

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



Bain Farris and Karla Sneegas introduce the Indiana Tobacco Prevention and Cessation Agency's initial statewide media campaign during an October 19th press conference.

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

Indiana's Efforts

Based on the CDC's Best Practices, ITPC has allocated \$7 million for the media and counter-marketing component. ITPC selected MZD Advertising to direct the media and counter-marketing campaign in July 2001. The MZD team has partnered with consultants with expertise in tobacco control programs across the country. The

team includes MZD Advertising, Golin Harris (formerly The Nixon Group), Promotus Advertising, Chuck Wolfe and the Bingle Marketing Group.

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

Research

To assist in developing and evaluating the media campaign for ITPC several

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

The Media Campaign

October 2001-February 2002

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

From Massachusetts, ITPC aired a campaign featuring Rick Stoddard, a gentleman talking about his wife Marie dying at age 46 from tobacco use. Rick paid visits to Indiana and was a guest speaker in several counties during the campaign. Governor O'Bannon named Rick an "Honorary Hoosier." Both adults and youth responded well to these ads. Ads featuring Pam Laffin, an emphysema victim's struggle with the disease after years of smoking and its impact on her family. ITPC contin-



Addressing the crowd during Indiana's first anti-tobacco Youth Summit, Rick Stoddard provoked youth to get involved in their communities.

ues to review effective ads that were used in other states, as two ads from California were added during this initial campaign.

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



March-May 2002

ITPC launched new advertisements in March 2002 that focused on the tobacco industry's greed and the harmful effects of tobacco use on Hoosiers. ITPC launched a new advertising campaign strategy: "Tobacco industry is greedy and they profit from selling products that kill Hoosiers." Two Indiana produced television and four radio commercials were developed for this campaign. A Web site, www.WhiteLies.tv was created to educate consumers on the tobacco



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

industry lies and the negative health consequences of tobacco use in Indiana. The website received 10,000 hits during the first week. Print and outdoor materials complemented the new "WhiteLies" brand.

June 2002-

In June 2002, ITPC's advertising campaign focused on how tobacco products hurt Hoosiers physically, emotionally

and financially. ITPC launched advertising commercials on new strategy: "Tobacco Hurts Us All." Some of the ads were created in Indiana and featured Indiana youth from several different counties. ITPC also used existing commercials from Massachusetts that focus on the deadly toxins found in second-hand smoke. Materials regarding secondhand smoke were added to the www.WhiteLies.tv website. Print and outdoor materials expanded the message of secondhand smoke dangers.



Ethnic Marketing Initiative

ITPC is focused on helping all Indiana communities fight back, and has taken an aggressive marketing approach designed to expose the manipulative tactics tobacco companies use to increase profits. This issue is very important, especially for the African American and Hispanic communities because of the dramatic health disparities and the high death tolls being realized from tobacco-



Filmed during the Youth Summit, the "Target" television commercial featured Indiana youth.

related illnesses. ITPC has fearlessly taken on the tobacco industry when it comes to targeting marketing. What makes ITPC's campaign different is the hard-hitting approach that exposes the aggressive marketing of highly addictive products to specific minority populations.

ITPC's ethnic marketing has included specially tailored radio and print ads, public relations and grassroots activities, and promotions and events. The marketing team has also been very busy working one-on-one in minority communities meeting with community partners and civic leaders to get their feedback and support for this campaign. Meetings have been held in Fort Wayne, Gary, Evansville, South Bend and Indianapolis with ethnic media and community lead-

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

ITPC has become a major supporter of ethnic events and promotions around the State. ITPC has sponsored La Gran Festa the Hispanic Festival in Fort Wayne, Fiesta 2001 Festival, Circle City Classic, "Dead Truth" Information Hunt and Essay Contest, and Radio One Women's Expo. During Black History month, and in conjunction with WISH-TV, ITPC sponsored a series of vignettes that highlighted African Americans who had a positive impact on Indianapolis and were honored by having a city park named after them. Partnering with Indiana Black Expo stands at the top of the list. What makes this a truly historic event is that for more than 20 years tobacco companies have maintained a special relationship with IBE and many other well known black organizations. The ITPC/IBE partnership will work to



As a sponsor for the Music Heritage Festival, ITPC had the opportunity to encourage festival patrons to live without tobacco.

change this historic trend of the tobacco companies masquerading as benevolent friends of minority communities. ITPC successfully partnered with the Indiana Black Expo (IBE) to provide funding for Summer Celebration enabling the IBE to sever its financial ties with tobacco companies. ITPC, through WhiteLies.tv, sponsored the Music Heritage Festival and spread the message of the tobacco industry's marketing to minority communities and the impact tobacco has on the health of minorities.

More partnering with our message

Great Start

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

Voice

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



Reverend Charles Williams, Karla Sneegas and Bain Farris joined together to announce ITPC's partnership with Indiana Black Expo.



Teens from across the state created a thank you to show their support of the state's legislative anti-tobacco efforts.

marketing efforts for the campaign, helps determine strategies and tactics for Voice and is growing to include more teens.

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

Supporting Community Partners

ITPC's media team has supported community partners through training, media relations and other such efforts. Community partners' first overview of marketing efforts came during coalition meetings, that included a "Local Marketing Guide" training on advertising, public relations and working with youth. During this training local partners learned the value of message continuity in advertising and public relations,

including how-to steps on placing advertising in their local markets and working with the media for news and feature stories. Since that time, the marketing team has worked with individual community partners to assist them with such activities. Unique opportunities through these grass roots efforts and street marketing help infiltrate the northern and southern regions of Indiana extending the media campaign.

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

Reaching Hoosiers through Media Relations

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

Stories told through the news media have included:

- General stories about ITPC and its programs
- Pieces on the media campaign
- Smokefree policies
- Localized stories relative to grants to each county and each county's efforts
- Statewide stories about minority grants and the organizations receiving them
- Health stories for which ITPC and its staff have been established as credible resources

Opportunity

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



Enforcement

Purpose

Enforcement of tobacco laws can deter violators and sends a message that community leaders believe these policies are important for protecting Indiana's youth. Youth who do not use tobacco products by the age of 19 are less likely to start later in life. Enforcement of Indiana's tobacco laws deters youth from trying to obtain tobacco products and retailers from illegally selling tobacco products to minors.

Indiana's Efforts

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

After one year of activity, enforcement of Indiana's tobacco laws has become a priority for the law enforcement community due to the efforts of ATC. Much of the first quarter (July 2001 to September 2001) was spent ramping up for activity allowing ATC to hire staff and purchase necessary equipment. This new equipment has streamlined the inspection process and has allowed more compliance checks to be completed. The MOU provided for the hiring of up to 13 addi-



tional state excise officers and one administrative support staff; made available resources for training law enforcement officers on the investigation and enforcement of Indiana's tobacco laws; and allowed ATC to contract with various local law enforcement agencies and/or officers to assist in enforcing those laws. Throughout the past year, 12 Tobacco Retailer Inspection Program (TRIP) officers were out in the field conducting inspections. In addition, 67 Excise officers worked throughout the State reporting tobacco law violations. Through the year at the Law Enforcement Academy, close to 200 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 is also responsible for conducting training for retail owners and clerks to prevent the sales of tobacco to minors. ATC has performed 538 retailer trainings reaching more than 10,500 people from July 2001 to June 2002. As part of these trainings and in other opportunities, ATC has produced and distributed written materials relating to the sale of tobacco products to minors and Indiana's tobacco laws. The ATC is out at various events with literature regarding the tobacco laws, required signage and other items promoting the "ID on Demand" message. ATC also is encouraging use of the statewide toll free number to report retailers and vendors who violate Indiana's tobacco laws. Citizens who witness illegal sales of tobacco products to minors can call 1-866-2STOPEM. All calls are confidential.

The primary focus of ATC's work is conducting random inspections of tobacco retailers throughout Indiana. The MOU with ITPC outlined a minimum of 375 tobacco retail inspections to be performed each month. During the past year, TRIP officers conducted close to 5,000 retailer inspections, averaging more than the required amount per month. Beginning in May 2002, results of these inspections are posted on the ATC website

(www.in.gov/atc/iseip/TripIOR.htm) as a way to promote to the public those retailers who violate and those retailers who consistently comply with Indiana's tobacco laws. More than \$85,000 was collected in fines from violations for October 2001 to June 2002.

During these 9 months, the average compliance rate for retailers inspected was approximately 79%. As shown below the compliance rate started in October 2001 at 74% and ending in June 2002 at 76%. The highest compliance rate during this time period was 83% in January 2002.

In addition to the TRIP inspections, Excise police officers made more than 225 arrests regarding tobacco violations from January to June 2002 during routine inspections.

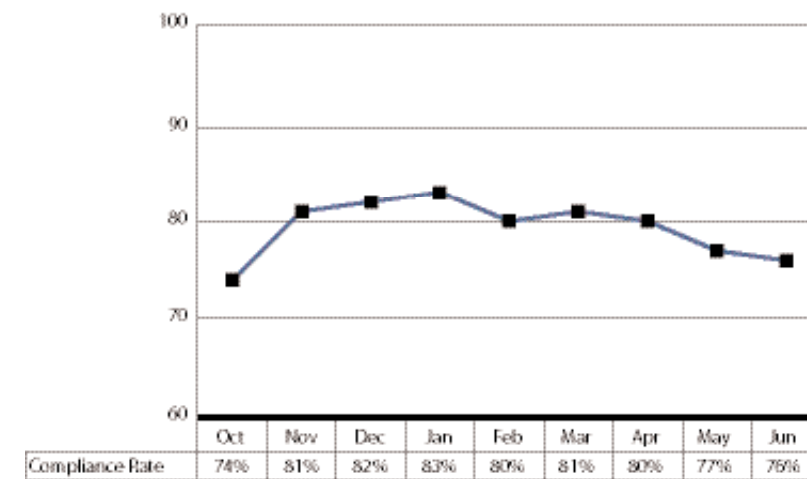
In addition to the duties covered in the MOU, ATC has worked with ITPC to conduct regional training for ITPC community-based and minority-based partners. Some ITPC community partners have included local enforcement of tobacco laws in their coalition's plans. ATC has provided ITPC partners with the proper training and resources to conduct these retailer compliance checks in their communities.

Opportunity

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

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

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



Evaluation

Purpose

A comprehensive tobacco control program must have a strong evaluation component in order to measure program achievement, improve program operations, manage program resources, ensure funds are utilized effectively, and to demonstrate accountability to policymakers and other stakeholders. Program evaluation is conducted in two ways: Surveillance and Evaluation research. Surveillance is the monitoring of tobacco-related behaviors, attitudes, and health outcomes in which data is collected on a routine basis. Evaluation research employ surveys or data collection systems specifically designed to measure specific program activities. These two methods complement each other to allow program administrators to assess progress toward program objectives.

Indiana's Efforts

In May 2001, the Executive Board approved that 10 percent of Indiana's comprehensive tobacco control program's budget be used for program evaluation. This funding percentage for evaluation efforts is consistent with the Centers for Disease Control and Prevention's (CDC) Best Practices guidelines.

Enhancing of existing surveillance

ITPC has developed partnerships with other State agencies, such as the Indiana State Department of Health, to utilize and enhance tobacco-related health data currently collected on Hoosier adults through the Behavior Risk Factor Surveillance System (BRFSS) and the State Cancer Registry. To assess youth tobacco behaviors, ITPC will utilize the Youth Tobacco Survey (YTS), which was first conducted in Indiana in 2000. ITPC will be using these data to establish tobacco use prevalence, as well as other indicators for Indiana's youth.

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



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

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

Major Components of the ITPC Program Evaluation

- Surveillance: In the Fall 2002, Indiana will conduct an Adult Tobacco Survey (ATS) and a Youth Tobacco Survey (YTS). The ATS will allow for more in depth questions not currently captured by the BRFSS.
- Secondary data analysis: Utilizing existing state and national data

resources used by Indiana, AIR has been conducting secondary data analysis to establish the status of tobacco use in Indiana.

- Media evaluation: Media Tracking Surveys will be conducted on an annual basis to evaluate the effectiveness of the statewide media campaign. This survey will

have adult and youth components and will serve to evaluate the progress of the *Voice* youth movement, the “WhiteLies” campaign and the sponsorship activities of these campaigns.

- Community program tracking and impact evaluation: The activities occurring in the local communities are tracked to ensure the programs are executed properly and to assess the level of activity at the local level. These data will aid the outcome evaluation that will be conducted in the next year.
- News media analysis: ITPC’s mission is to change the cultural norms in Indiana around the issue of tobacco. One the most effective ways to do that is through earned media coverage. The Evaluation and Research Coordinating Center is tracking information on news media coverage that is generated throughout the State.
- Dissemination of results: With the magnitude of information and data that will be generated from ITPC, many reports will be produced to share these findings with others. These data will be presented in a variety of media adapted for diverse audiences.

Early Findings

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

- Less than half of Hoosier adults surveyed demonstrated strong knowledge about the dangers of tobacco use while Hoosier youth had much stronger knowledge with a majority (80%) of youth surveyed demonstrating understanding about the health consequences of tobacco.



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

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

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

Opportunity

Of the billions spent on tobacco-related health care annually in the State, an estimated \$380 million is due to Medicaid costs caused by smoking. Indiana can reap savings by reducing smoking! The short-term annual state government Medicaid savings from a 25% smoking reduction is \$8.5 million while the long-term annual total Medicaid savings from a 25% reduction is \$40.6 million.

Administration/Management

Purpose

An effective tobacco control program requires a strong management structure. Experience in other states has shown the importance of having all of the program components coordinated and working together. Because a comprehensive program involves multiple state agencies (e.g., health, education, and law enforcement) and levels of local government, as well as numerous health-related volunteers, coalitions, and community groups, program management and coordination is a challenging task. Furthermore, coordinating and integrating major statewide programs, such as counter-marketing campaigns with local program efforts require adequate staffing and communication systems. Finally, state agencies need sufficient contract administration staff to provide fiscal and program monitoring. Funding a large number of statewide and local partners requires well-designed request for proposals and grant application processes, a well-managed review system and local project management. Administration

and management activities include the following:

- Recruiting and developing qualified and diverse technical, program, and administrative staff.
- Awarding and monitoring program contracts and grants, coordinating implementation across program areas, and assessing program performance.
- Creating an effective internal and external communication system.
- Developing a sound fiscal management system.
- Providing support through training and technical assistance.

Indiana’s Efforts

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

ITPC currently has 13 employees and 7 vacant positions. (see organizational

chart). During 2001, ITPC’s staff doubled with the hiring of five regional program directors and an administrative assistant. These additional staff members have responsibility for 20-25 grantees each. Their role is to provide both technical assistance and support and general oversight to the grantees.

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

Opportunity

Indiana spends nearly \$2 billion annually for the medical costs related to smoking in Indiana. In states that have implemented and evaluated a comprehensive tobacco control like the model Indiana is putting in place, these states have saved \$3.00 in health care costs for every \$1.00 invested in tobacco control programs.

**Indiana Tobacco Use Prevention and Cessation
Executive Board Budget**

Budget Item	Fiscal Year 2002	Percent of Budget	Fiscal Year 2003	Percent of Budget
* STATEWIDE MEDIA CAMPAIGN	\$7,000,000	22%	\$7,000,000	22%
* ENFORCEMENT OF YOUTH ACCESS	\$2,000,000	6%	\$2,000,000	6%
* COMMUNITY BASED PROGRAMS	\$18,625,000	57%	\$18,625,000	57%
1. Local Community Based Partnerships	[\$7,552,000]		[\$7,552,000]	
2. Minority Based Partnerships	[\$2,500,000]		[\$2,500,000]	
3. State, Regional and Pilot Partnerships	[\$7,500,000]		[\$7,500,000]	
* Grants	{ \$6,250,000 }		{ \$6,250,000 }	
* Training	{ \$ 288,000 }		{ \$ 288,000 }	
* Technical Assistance	{ \$ 200,000 }		{ \$ 200,000 }	
* Statewide Quit Line	{ \$ 286,000 }		{ \$ 286,000 }	
* Clearinghouse for Materials	{ \$ 282,000 }		{ \$ 282,000 }	
* Sponsorships	{ \$ 125,000 }		{ \$ 125,000 }	
* Exhibits, Speaker Support	{ \$ 69,000 }		{ \$ 69,000 }	
4. Emerging Programs	[\$1,073,000]		[\$1,073,000]	
* EVALUATION	\$3,250,000	10%	\$3,250,000	10%
* ADMINISTRATION/MANAGEMENT	\$1,625,000	5%	\$1,625,000	5%
TOTALS	\$32,500,000	100%	\$32,500,000	100%

Approved at the September 20, 2001 Executive Board Meeting

**Annual Financial Report
Indiana Tobacco Use Prevention and Cessation
Statement of Receipts, Disbursements and Cash and Investment Balances
For the Period Ended June 30, 2002**

Cash and Investments, July 1, 2001	<u>\$36,833,188.73</u>
Receipts:	
Interest on Investments	731,297.05
Transfer of 2001-2002 Appropriations	5,000,000.00
Donations	25.00
Total Receipts	<u>5,731,322.05</u>
Disbursements:	
Advertising Expenditures	5,327,482.10
Enforcement of Youth Access - Alcohol Tobacco Beverage Commission	2,388,581.19
Community Grants	3,625,814.00
Minority Grants	1,035,668.00
State, Regional and Pilot Partnerships Grants	5,326,627.00
Training Expenditures - LCAT, TAP&TEG	64,382.81
Technical Assistance	3,417.67
Sponsorships - Minority Health Fair, State Fair Booth, Dr. DeNoble, and Indpls Youth Summit	25,000.00
Clearing House Materials	<u>93,955.28</u>
Subtotal State, Regional and Pilot Partnerships	5,513,382.76
Emerging Programs	231,667.00
Program Evaluation - Research - ISDH, Baseline - Bowen Center - AIR	282,785.36
Administration and Management	872,839.41
Total Disbursements	<u>19,278,219.82</u>
Excess of Receipts over (under) Disbursements	<u>(13,546,897.77)</u>
Fund Balance July 1, 2001	36,833,188.73
Cash and Investments, June 30, 2002	<u>\$23,286,290.96</u>

Notes to Annual Financial Report

June 30, 2002

Note 1. Summary of Significant Accounting Policies

A. Introduction

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

B. Reporting Entity

The Indiana Tobacco Prevention and Cessation Agency was created by IC 4-12-4, to establish policies, procedures, standards, and criteria necessary to carry out the duties of the staff of the executive board. Funds needed to operate the Agency are obtained through appropriation by the General Assembly from the Master Settlement Agreement IC 24-3-3-6. The Agency received its initial funding during fiscal year 2000-2001, with a \$35 million dollar appropriation.

Note 2. Deposits and Investments

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

Note 3. Net Appropriation

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

Notes

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| 1 Centers for Disease Control and Prevention, unpublished data, 2002 | 9 DiFranza, J. & J. Librett, "State and Federal Revenues from Tobacco Consumed by Minors," <i>American Journal of Public Health (AJPH)</i> 89(7): 1106-1108, July 1999; Cummings, et al., "The Illegal Sale of Cigarettes to US Minors: Estimates by State," <i>AJPH</i> 84(2): 300-302, February 1994. | 18 American Lung Association Fact Sheet. 2000 |
| 2 Centers for Disease Control and Prevention. Investment in Tobacco Control: State Highlights-2002. Atlanta, GA: 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, 2002. | 10 1999 and 2000 Indiana birth certificate data. Indiana State Department of Health. | 19 US Department of Health and Human Services (HHS), Reducing the Health Consequences of Smoking: 25 Years of Progress. A report of the Surgeon General, DHHS Publication No 89-8911, 1989. |
| 3 2001 Behavior Risk Factor Surveillance System (BRFSS), Indiana State Department of Health. Centers for Disease Control and Prevention. | 11 1998 Behavior Risk Factor Surveillance System (BRFSS), Indiana State Department of Health. Centers for Disease Control and Prevention. 15% (C.I. 11.0-19.6) | 20 Centers for Disease Control and Prevention. Investment in Tobacco Control: State Highlights-2002. Atlanta, GA: 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, 2002. |
| 4 Smoking prevalence for all states was not available at the time of publication to compare the 2001 Indiana smoking rates to those of the rest of the U.S. Therefore, to show state and national comparisons the 2000 data is shown. | 12 Centers for Disease Control and Prevention. "Cigarette Smoking-related Mortality" Fact Sheet. http://www.cdc.gov/tobacco/research_data/health_consequences/mortality.htm | 21 US Department of Health and Human Services (HHS), Reducing the Health Consequences of Smoking: 25 Years of Progress. A report of the Surgeon General, DHHS Publication No 89-8911, 1989 |
| 5 2001 BRFSS data for Hispanics in Indiana should use caution in interpretation, as this is an estimate based on fewer cases than what is desired. | 13 "US Department of Health and Human Services (HHS), Reducing the Health Consequences of Smoking: 25 Years of Progress. A report of the Surgeon General, DHHS Publication No 89-8911, 1989. | 22 Centers for Disease Control and Prevention. Investment in Tobacco Control: State Highlights-2002. Atlanta, GA: 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, 2002. |
| 6 The number of Hispanics surveyed is too small to make the appropriate comparisons. This value should be used with caution. | 14 National Institutes of Health, "Cancer Rates and Risks" (1996). | 23 Centers for Disease Control and Prevention, Office on Smoking and Health, "African Americans and Tobacco", Fact Sheet |
| 7 Centers for Disease Control and Prevention, "Projected Smoking-Related Deaths Among Youth-United States," <i>MMWR</i> 45(44):971-974 | 15 Thun, M." Mixed progress against lung cancer," <i>Tobacco Control</i> 7: 223-226 (1998). | 24 U.S. data for was not available for 2001 at the time of publication. |
| 8 YTS is a national survey endorsed by the Centers for Disease Control and Prevention (CDC) and was conducted in Indiana in 2000. NYTS is a comparable instrument conducted nationally by the American Legacy Foundation. | 16 2002 State Tobacco Control Highlights | |
| | 17 Centers for Disease Control and Prevention. Smoking-attributable mortality and years of potential life lost — United States, 1990. <i>Morbidity and Mortality Weekly Report</i> 1993;42(33):645-8. | |

- 25 U.S. Department of Health and Human Services. *Tobacco Use Among U.S. Racial/Ethnic Minority Groups — African Americans, American Indians and Alaska Natives, Asian Americans and Pacific Islanders, and Hispanics: A Report of the Surgeon General*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 1998
- 26 U.S. Department of Health and Human Services. *Tobacco Use Among U.S. Racial/Ethnic Minority Groups — African Americans, American Indians and Alaska Natives, Asian Americans and Pacific Islanders, and Hispanics: A Report of the Surgeon General*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 1998
- 27 American Cancer Society, Inc. *Cancer Facts and Figures 2000*. Atlanta: ACS, 2000
- 28 U.S. Department of Health and Human Services. *Tobacco Use Among U.S. Racial/Ethnic Minority Groups — African Americans, American Indians and Alaska Natives, Asian Americans and Pacific Islanders, and Hispanics: A Report of the Surgeon General*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 1998
- 29 Centers for Disease Control and Prevention. "Smoking attributable mortality and years of potential life lost-United States, 1990", *MMWR* 42(33): 645-8.
- 30 U.S. Health and Human Services. Reducing the Health Consequences of Smoking: 25 Years of Progress. A report of the Surgeon General, 1989.
- 31 2001 BRFSS data for Hispanics in Indiana should use caution in interpretation, as this is an estimate based on fewer cases than what is desired. The number of Hispanics surveyed is too small to make the appropriate comparisons. This value should be used with caution.
- 32 U.S. Department of Health and Human Services. *Tobacco Use Among U.S. Racial/Ethnic Minority Groups — African Americans, American Indians and Alaska Natives, Asian Americans and Pacific Islanders, and Hispanics: A Report of the Surgeon General*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 1998.
- 33 U.S. Department of Health and Human Services. *Tobacco Use Among U.S. Racial/Ethnic Minority Groups — African Americans, American Indians and Alaska Natives, Asian Americans and Pacific Islanders, and Hispanics: A Report of the Surgeon General*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 1998.
- 34 U.S. Environmental Protection Agency (1989). *Indoor Air Facts: Environmental Tobacco Smoke*; Centers for Disease Control and Prevention.
- 35 Glantz et al. (1995). *Journal of American Medicine*, 273, 13: 1047-1053.
- 36 CRS Report for Congress, *Environmental Tobacco Smoke and Lung Cancer Risk*; EPA (1994). *Secondhandsmoke-Setting the Record Straight*.
- 37 <http://tobaccofreekids.org/reports/settlements/TobaccoToll.php3?StateID=IN>
- 38 Centers for Disease Control and Prevention, "State-specific prevalence of cigarette smoking among adults, and children's and adolescent's exposure to environmental tobacco smoke-United States 1996", *MMWR* 46(44).
- 39 DiFranza, J.R. and R.A. Lew, "Effect of Maternal Cigarette Smoking on Pregnancy Complication and Sudden Infant Death Syndrome," *Journal of Family Practice* 40(4): 385-94.
- 40 Centers for Disease Control and Prevention.
- 41 National Cancer Institute, National Institute of Health
- 42 Glantz S.A. *Tobacco Biology and Politics: An Expose of Fraud and Deception*. 1999.
- 43 Centers for Disease Control and Prevention. *Investment in Tobacco Control: State Highlights-2002*. Atlanta, GA: 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, 2002.
- 44 Centers for Disease Control and Prevention. *Investment in Tobacco Control: State Highlights-2002*. Atlanta, GA: 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, 2002.
- 45 T. Zollinger et al. "The Economic Impact of Secondhand Smoke on the Health of Residents and Employee Smoking on Business Costs in Marion County, Indiana for 2000". A Report for the Marion County Health Department, January 2002.
- 46 State-specific trends in smoke-free workplace policy coverage. *The Current Population Survey Tobacco Use Supplement, 1993 to 1999* National Cancer Institute
- 47 State-specific prevalence of current cigarette smoking among adults, and policies and attitudes about secondhand smoke-United States, 2000; *MMWR*, Vol. 50, No. 49
- 48 National Campaign for Tobacco Free Kids Fact Sheet. <http://tobaccofreekids.org/research/factsheets/pdf/0098.pdf>
- 49 Tauras et al, " Effects of Price and Access Laws on Teenage Smoking Initiation: A National Longitudinal Analysis.
- 50 Chaloupka F. and Pacula R. "An examination of gender and race differences in youth smoking responsiveness to price and tobacco control policies," *National Bureau of Economic Research*, 1998.
- 51 National Campaign for Tobacco Free Kids Fact Sheet <http://tobaccofreekids.org/research/factsheets/pdf/0097.pdf>
- 52 The Behavior Risk Factor Surveillance Survey (BRFSS) is a national survey conducted at the state-level to monitor state-level prevalence of the major behavioral risks among adults associated with premature morbidity and mortality. The BRFSS defines "current smokers" as a person who has ever smoked 100 or more cigarettes. The Indiana State Department of Health conducts the BRFSS.
- 53 The Indiana Adult Tobacco Survey (IATS) will be conducted in the fall 2002 through the ITPC Evaluation and Research Coordinating Center. The ATS is a core survey instrument endorsed by the Centers for Disease Control and Prevention (CDC). The IATS will include this core survey as well as additional questions specific to Indiana.
- 54 National Youth Tobacco Survey, 2000
- 55 The Youth Tobacco Survey (YTS) is a national survey endorsed by the Centers for Disease Control and Prevention (CDC) and the American Legacy Foundation. This survey will be conducted in alternating years to produce biannual prevalence rates for youth in grades 6th through 12th. These surveys define "current smoking" as the student who smoked cigarettes one or more days in the past thirty (30) days.
- 56 The Indiana Natality Report includes information on births to Indiana residents that occurred during 2000. Information is presented at the state, county, and city level (the 26 largest cities). This report includes data by age, race, and marital status of the parents; characteristics of the newborn such as birth order and congenital anomalies; and outcome indicators such as alcohol and tobacco use during pregnancy, gestation length, and birth weight.
- 57 Mathews T. Smoking during pregnancy in the 1990s. *National vital statistics repots*; vol 49 no 7. Hyattsville, Maryland: National Center for Health Statistics. 2001. The national average of 12% is for 1999 when the Indiana rate was 21%. It is assumed that the national average for 2000 would be approximately 12%.
- 58 The Youth Tobacco Survey does not specifically ask if a physician has discussed "cessation options" with their youth patients, but it does ask if the physician has discussed the "dangers of tobacco use" with the patient. This measure could be proxy to get information on physicians talking with youth about cessation.
- 59 Tobacco Retailer Inspection Program (TRIP) is currently conducted through the Indiana Excise Police. TRIP is a routine surveillance system that inspects tobacco retailers throughout the year. The Synar amendment requires States to conduct compliance checks at a specific time period once a year.
- 60 CDC, "State-Specific Prevalence of Cigarette Smoking Among Adults, and Children's and Adolescents' Exposure to Environmental Tobacco Smoke - United States, 1996," *Morbidity and Mortality Weekly Report (MMWR)* 46(44): 1038-1043, November 7, 1997
- 61 These surveillance systems include the Indiana BRFSS, YTS and ATS.
- 62 Current questions of the YTS ask if a student has smoked on smoking property in the past thirty (30) days. This may serve as a proxy to current tobacco use policies and enforcement of such policies.
- 63 Process and outcome evaluation methods regularly collect such data from ITPC community-based and minority-based partners.
- 64 Shopland D, Gerlach K, Burns D, Hartman A, Gibson J. State-specific trends in smoke-free workplace policy coverage. *The Current Population Survey Tobacco Use Supplement, 1993 to 1999*.
- 65 Centers for Disease Control and Prevention. *Investment in Tobacco Control: State Highlights-2001*. Atlanta, GA: 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, 2002.
- 66 Centers for Disease Control and Prevention. *Investment in Tobacco Control: State Highlights-2001*. Atlanta, GA: 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, 2002.
- 67 Centers for Disease Control and Prevention. *Investment in Tobacco Control: State Highlights-2001*. Atlanta, GA: 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, 2002.

