

**Indiana State Department of Health
Tobacco Prevention and Cessation Commission**

State Fiscal Year 2019 Annual Report



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INTRODUCTION

The Indiana State Department of Health Tobacco Prevention and Cessation Commission's State Fiscal Year 2019 Report was created to highlight the successes and achievements across the four priority areas of the 2020 Indiana Tobacco Control Strategic Plan. The 2019 report also reviews the areas of change and development in the tobacco control landscape.

Vision

The Tobacco Prevention and Cessation Commission's (TPC) vision is to significantly improve the health of Hoosiers and to reduce the disease and economic burden that tobacco use places on Hoosiers of all ages.

Mission

The Tobacco Prevention and Cessation Commission exists to prevent and reduce the use of all tobacco products in Indiana and to protect citizens from exposure to tobacco smoke. The TPC will coordinate and allocate resources 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 secondhand smoke**
- **Eliminate health disparities related to tobacco use and emphasize prevention and reduction of tobacco use by minorities, pregnant women, youth and other at-risk populations**

2020 Indiana Tobacco Control Strategic Plan

The 2020 Indiana Tobacco Control Strategic Plan is a State of Indiana plan for tobacco control that is monitored by the ISDH Tobacco Prevention and Cessation Commission. Partners at the state and local level from many sectors are critical to executing its interventions and achieving success in reducing Indiana's burden from tobacco. The plan is based on the following Priority Areas:

Indiana's Tobacco Control Priority Areas

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

The Hoosier Model for comprehensive tobacco prevention and cessation is based on the Best Practices model outlined by the Centers for Disease Control and Prevention (CDC). Best Practices describes an integrated program structure for implementing evidence-based interventions. The Hoosier Model also relies on The Guide to Community Preventive Services for Tobacco Control Programs, which provides evidence on the effectiveness of community-based tobacco interventions within three areas of tobacco use prevention and control: 1) Preventing tobacco product use initiation; 2) Increasing cessation; and 3) Reducing exposure to secondhand smoke. In addition to the Community Guide, the Institute of Medicine (IOM) report, Ending the Tobacco Problem: A Blueprint for the Nation, the update of the Clinical Practice Guideline for Treating Tobacco Use and Dependence, and the 2014 Surgeon General's Report on Tobacco shape the tobacco control interventions being implemented in Indiana. It is important to recognize that these individual components must work together to produce the synergistic effects of a comprehensive tobacco control program, which include:

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

Executive Summary

Summary of Key Successes and Accomplishments:

- The Indiana Youth Tobacco Survey was successfully administered in public middle and high schools throughout Indiana between August-December, 2018.
- Sweet Deception, a peer-to-peer education program, was created to counteract the rise in e-cigarette use among youth.
- Public school districts throughout the state have implemented comprehensive tobacco-free school campus policies. In 88 of Indiana's 92 counties, all school districts are tobacco-free, protecting approximately 98 % of public school students in the state from exposure to secondhand smoke at school. To date, 79% of Indiana's 289 public school districts have a comprehensive tobacco-free grounds policy that includes e-cigarettes or ENDS.
- The communities of Austin and North Manchester strengthened protections from secondhand smoke and secondhand aerosol.
- Eighteen public housing authorities in Indiana implemented smoke-free policies in SFY 2019, increasing the coverage of smoke-free policies to nearly 14,000 units.
- The Indiana Tobacco Quitline received more than 11,500 calls (an average of over 960 calls per month) in SFY 2019.
- The Indiana Tobacco Quitline began offering the intensive Tobacco Cessation Behavioral Health Program (TCBHP) in 2019 to better support those with mental health conditions. The program launched in March 2019, and more than 1,000 registered callers were enrolled in the program through June 30.
- The health systems change work is taking root in five pilot locations to better serve Hoosiers with tobacco addiction.
- Indiana was selected for the first Tobacco-Free Recovery to address the high prevalence of smoking among adults in Indiana with behavioral health conditions (mental and/or substance use disorders). The leadership group decided to track two measures related to reducing tobacco use among these priority populations. Summit attendees decided to track:
 - The 2017 smoking prevalence among adults who reported poor mental health was 37.8%. The target is to lower the prevalence to 25% by 2025.
 - The 2017 smoking prevalence among adult heavy drinkers is 39.1%. The target is to lower the prevalence to 25% by 2025.
- TPC funded community coalitions in 43 counties, with eight state and local minority-based partners, reaching 77% of Indiana's population. Coalitions implemented approximately 5,000 program activities during SFY 2019, ranging from Quitline outreach to community presentations to delivery of training.

Decreasing Youth Smoking Rates

Why it's important

Preventing youth from using tobacco products can save lives and money and improve the future of our state. Each year, approximately 3,100 Indiana youth become new regular, daily smokers, and an estimated 151,000 Indiana youth currently under age 18 will ultimately die prematurely from smoking.^{1,2} Early tobacco use leads young people to a lifelong addiction and can cause specific health problems, such as early cardiovascular damage, reduced lung function and decreased lung growth, and a reduced immune function.

There has been substantial progress in reducing youth tobacco use in Indiana, as current use of several tobacco products declined significantly among Hoosier youth between 2000 and 2018. In particular, current (past 30 day) cigarette smoking declined from 9.8% to 1.9% among middle school students and from 31.6% to 5.2% among high school students. Furthermore, students who do smoke are starting later, smoking fewer cigarettes, and smoking less often. In 2018, an estimated 1.6 % of high school youth and 0.2 % of middle school youth were established, frequent smokers who will likely become addicted adult smokers, a significant decline from 17.1 % and 2.2 %, respectively, in 2000.³ Similarly, since 2000, current use of cigars has declined significantly as well as use of smokeless tobacco among both middle school and high school students.

Some challenges remain, however, in reducing all tobacco use among Hoosier youth. Use of emerging tobacco products such as e-cigarettes has become a significant concern. Between 2016 and 2018, current use of e-cigarettes nearly doubled among Indiana youth. Since 2012, e-cigarette use among middle school and high school students has increased nearly fivefold. E-cigarettes remained the most commonly used tobacco product among Indiana middle school (5.5%) and high school (18.5%) students in 2018. Even higher rates of use were found for use of JUUL (6.0% and 24.2%) in 2018. E-cigarette use is strongly associated with use of other tobacco products among youth, including cigarettes and other combustible tobacco products.⁴ Additionally, nearly three in 10 middle school students and four in 10 high school students reported using an e-cigarette with other substances than nicotine, such as marijuana, THC or hash oil, or THC wax.

A new group of e-cigarette products that look like USB drives are called "pod mods." One of the most popular brands, JUUL (pronounced "jewel"), has grown quickly in popularity since introduction to the market in 2015, fueled by a large following among youth and young adults. Currently, there are over 30 different brands of JUUL "look-alikes." All use nicotine salts, which allow users to ingest a higher amount of nicotine without the irritation that is often associated with traditional cigarettes. Because of their unsuspecting appearance and small size, most pod mods may not be immediately identified as an e-cigarette and can be easily concealed. The increased use of these products has become a concern for teachers and parents in Indiana. Many report that students are concealing them and using them while in school. Nicotine use can have adverse effects on adolescent brain development. Therefore, nicotine use by youth in any form is unsafe, and efforts are warranted to educate youth about the dangers of use of all forms of tobacco products, regardless of whether they are combustible, noncombustible, or electronic.⁵ Current E-cigarette resources are posted on the TPC website: vapefreeindiana.isdh.in.gov.

Key Outcomes

Monitoring youth tobacco use trends

The Indiana Youth Tobacco Survey (IYTS) collects data on youth tobacco use, access to tobacco, exposure to tobacco advertising, secondhand smoke exposure, social influences, and attitudes and beliefs related to tobacco. In 2018, questions on e-cigarettes, in general, and on JUUL (a popular brand of e-cigarette) use were added to the survey. The IYTS is the most comprehensive source of tobacco-related data among youth in Indiana, and has been administered biennially since 2000. The 2018 IYTS was administered in the fall of 2018 to over 5,900 students enrolled in Indiana public middle and high schools. The 2018 IYTS response rates were the highest achieved in nearly a decade due to local partner engagement and recruitment of schools, TPC's commitment to strong communication with schools, and partner efforts. A summary of 2018 IYTS results may be found under Data and Evaluation, starting on page 24.

Educating and empowering youth

Indiana's youth engagement model, VOICE, seeks to engage, educate, and empower youth to celebrate a tobacco-free lifestyle. VOICE is actively building a network of youth leaders to assist with the design and implementation of initiatives that will educate the community and empower their peers to overcome tobacco companies' influence. A partnership with Indiana Teen Institute (ITI) supports youth involved in local community efforts. ITI has been an instrumental partner in reinvigorating the youth movement. During SFY 2019, VOICE engaged with Indiana teens through a collection of curated campaigns and initiatives including:

- **Waste Tobacco Filters** – focusing on the environmental effects of cigarette litter. Multiple community and school-based events were held throughout Indiana.
- **Maximum Velocity Tour** – ongoing tour to connect with teens in their communities and/or at regional and statewide events. In August 2018, a multi-day VOICE Summit was also held for teens throughout Indiana.
- **Sweet Deception** – In response to the sharp spike in the use of JUUL and other e-cigarettes by teens, VOICE created Sweet Deception, a peer-to-peer education program. The presentation was initiated by a 2018 VOICE Summit participant and further developed with the assistance of teen advocates and adult champions throughout the state. Sweet Deception train-the-trainer orientations were held in all three regions of the state, and four presentations were given at youth conferences.



2018 VOICE Summit participants

In addition, VOICE spokesperson and Indiana native Moses Jones presented the Sweet Deception talk to nearly 17,000 students at 16 different schools in just 10 days in the Spring of 2019. The response was overwhelming, with youth eager to do more and administrators asking for another presentation in the next school year.



Moses Jones presenting during the Sweet Deception Spring Tour

The VOICE website - www.voiceindiana.org - is the primary source for VOICE campaigns, resources, and messaging in conjunction with the website and social media platforms. In addition to posts on Instagram, Facebook, Twitter, and Snapchat, videos featured on the VOICE YouTube channel, including the original VOICE webs series, What the What, attracted more than 69,700 minutes of watch time and over 32,000 views.

VOICE also has developed a dynamic group of teen ambassadors who deliver VOICE messaging in person and throughout Indiana. Ambassadors representing communities in northern, central, and southern Indiana were active at events ranging from fairs and festivals, to a rally at the Statehouse, to presentations at high schools, conferences, and summits. VOICE Ambassadors connected with thousands at these events, including the Indiana Black Expo Youth Leadership Summit, Family, Career and Community Leaders of America (FCCLA) Fall Rally, and TEENPOWER Leadership Conferences. In addition, VOICE Meet Ups were held to provide advocacy and communication skill-building opportunities for teens.

Tracking tobacco marketing in the community

The tobacco industry spends \$298 million to market and advertise its products in Indiana each year, the vast majority of which is spent on point-of-sale marketing strategies such as price discounts and in-store advertising.^{6,7,8} Studies have shown that point-of-sale tobacco marketing increases the likelihood that youth will start using tobacco products, makes quitting tobacco more difficult, and targets communities that are already disparately impacted by tobacco.^{9,10} TPC has incorporated education on the impact of tobacco point-of-sale marketing in all of its community partnerships. All local tobacco control partners worked with teams of local volunteers, including coalition members, youth, and other community members, to complete these retail assessments using an instrument based on the Standardized Tobacco Assessment for Retail Settings (STARS). Over the past four years, local tobacco control coordinators and volunteers collected over 5,400 tobacco retail assessments. Following the completion of tobacco retail audits, TPC provided local partners with presentation slides summarizing tobacco retail assessment results in their county. In SFY 2019, partners used these materials to engage in over 730 activities to raise awareness of point-of-sale issues in their communities.

Store audit data collected in 2018 and 2019 reinforced that that flavored tobacco products were widely available in Indiana. The vast majority of tobacco retailers surveyed - 93% - sold flavored tobacco products. Flavored products appeal to youth, as over half of Hoosier youth who used tobacco in 2018 used flavored tobacco products.¹¹ In addition to flavored products, some tobacco marketing tactics, such as the price and placement of tobacco products, particularly target youth. Often, tobacco products such as cigars are priced much more cheaply than cigarettes, and are also often available in a variety of flavors that appeal to youth. They may also be sold in smaller packaging, such as packs of one, two, or three, which makes them even cheaper. Tobacco products and tobacco ads may also be placed where they are highly visible to kids, such as at child's eye-level or near candy, soda, or toys. Nearly one-third, or 29%, of retailers had tobacco ads placed within three feet of the floor, or at about child's eye level. Over 1 in 5 retailers (21.6%) had tobacco placed within 12 inches of youth-appealing products, such as candy, soda, gum, ice cream, or toys. In addition, among retailers that sold cigarillos, cheap cigarillos were widely available. Nearly 4 in 5 cigarillo retailers (79.7%) sold cigarillos for less than one dollar, and 3 in 4 (77.6%) sold single cigarillos. This indicates that these products are often sold at very cheap prices, which makes them more accessible to youth. E-cigarettes have become increasingly popular among youth. Among tobacco retailers that sold e-cigarettes, nearly all (96.5%) sold flavored e-cigarettes, and over 1 in 4 (28.1%) had price promotions on e-cigarettes. E-cigarettes are by far the most popular flavored tobacco products among youth, with over half of middle school and two-thirds of high school e-cigarette users reporting use of flavored e-cigarettes.¹²

In addition to smaller educational events using local point-of-sale data to raise awareness of the impact that tobacco marketing can have on a community, partners held "Community Conversations" on tobacco point-of-sale over the past two years. Similar to a town hall meeting, the Community Conversation would begin with a presentation of local data on tobacco point-of-sale and include a panel of community leaders to react to the information presented. The Community Conversations raised awareness on how tobacco point-of-sale may be negatively affecting the community, especially youth. To date, 28 Community Conversations have been held, with a total of over 1,000 attendees.



Community Conversation event in Washington County

Increasing the Proportion of Hoosiers Not Exposed to Secondhand Smoke

Exposure to secondhand smoke is one of the leading causes of preventable death. Secondhand smoke has been shown to cause heart disease, cancer, respiratory problems, and eye and nasal irritation. Exposure to secondhand smoke takes place in the home, public places, worksites, and vehicles. Secondhand smoke is classified as a Group A carcinogen (cancer-causing agent) under the U.S. Environmental Protection Agency's (EPA) carcinogen assessment guidelines and contains over 7,000 chemicals, including more than 70 carcinogens and other irritants and toxins.¹³

The 2006 U.S. Surgeon General's Report, *The Health Consequences of Involuntary Smoking*, stated there is no safe level of secondhand smoke and the only way to provide protection against secondhand smoke is to eliminate it. Smoke-free air policies protect nonsmokers from the death and disease caused by exposure to secondhand smoke and have an immediate impact on public health. By decreasing secondhand smoke exposure, we can prevent coronary heart disease, asthma, and lung cancer cases.

Approximately 1,300 Hoosiers die each year from others' smoking, such as exposure to secondhand smoke or smoking during pregnancy.¹⁴ Exposure to secondhand smoke increases the risk of premature birth, low birth weight, pregnancy complications, and sudden infant death syndrome (SIDS).¹⁵ Secondhand smoke costs Indiana approximately \$2.1 billion annually in excess medical expenses and premature loss of life, or about \$328 per person each year.¹⁶

Approximately 1 in 4 nonsmokers in the U.S. is exposed to secondhand smoke (58 million), including 15 million children ages 3 to 11 years. Research shows that although secondhand smoke exposure rates had dropped, some groups continue to be exposed at much higher rates than others. In addition to children, black nonsmokers, people who live below the poverty level, and those who rent housing have higher rates of secondhand smoke exposure.¹⁷

Electronic nicotine delivery systems (ENDS) are battery-powered devices that provide doses of nicotine and other additives to the user in an aerosol. Electronic cigarettes, or e-cigarettes, are one of the many products within the ENDS category. Aerosol from ENDS is a source of pollution and toxins being emitted into the environment.¹⁸ Secondhand aerosol is made up of a high concentration of ultrafine particles, and the particle concentration is higher than in conventional tobacco smoke. Exposure to fine and ultrafine particles may exacerbate respiratory ailments, such as asthma, and constrict arteries, which could trigger a heart attack.¹⁹ Given the rising popularity of e-cigarettes and other ENDS, there is also a need to protect non-users from secondhand e-cigarette aerosol, which can contain harmful ingredients, including nicotine, ultrafine particles, flavorings, volatile organic compounds, and heavy metals.^{20,21} Many healthcare facilities, businesses and schools have included ENDS in their tobacco-free policies. Tobacco control coalitions have made progress working with school districts to amend their tobacco-free schools policies to include ENDS in the definition of tobacco products that are prohibited. Currently, 230 school districts in Indiana (an increase from 120 school districts in SFY 2018), or nearly 80%, cover ENDS in their district policies. A total of 10 communities – Austin, Bloomington, Franklin, Greenwood, Indianapolis, Kokomo, Lafayette, North Manchester, South Bend, and Zionsville – and two counties – Hancock and Howard – have ordinances that include ENDS.

Key Outcomes

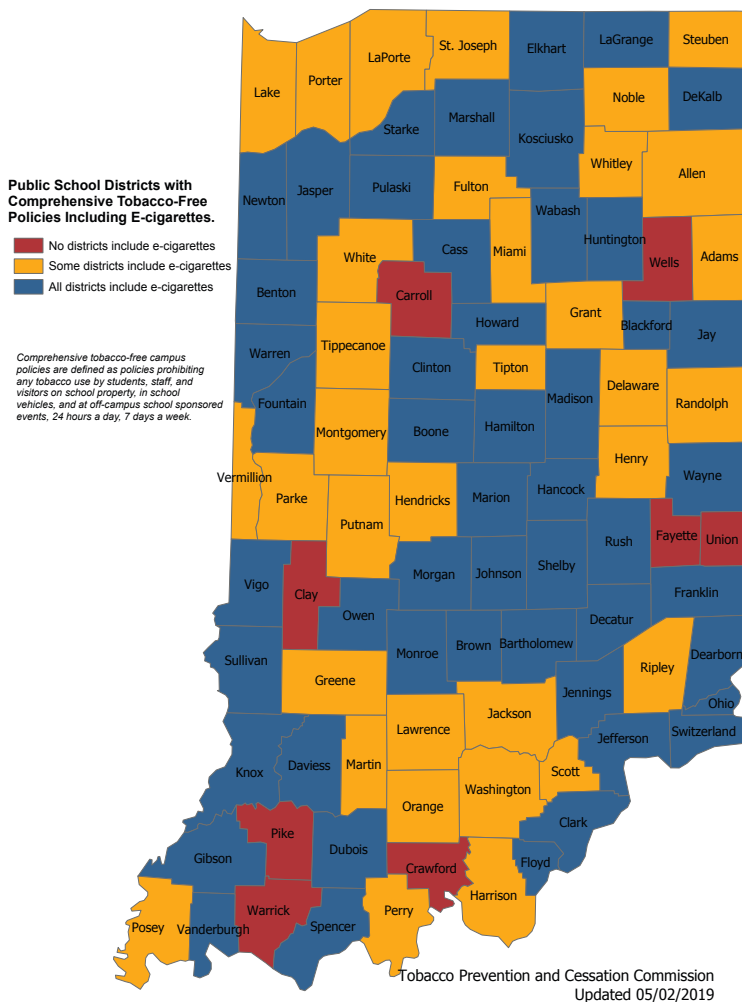
Increasing smoke-free air protections

Indiana’s state smoke-free air law (2012) protects workers in restaurants and most worksites. The law protects employees and patrons of these businesses from the health hazards of secondhand smoke. TPC and local partners continue to provide education on this law and distributed more than 2,100 materials, including window clings and posters, in SFY 2019. In addition, local communities are providing greater protections to workers in their communities by adopting local ordinances. Currently, 31% of all Indiana residents are protected by a local community smoke-free air law, which covers workplaces, restaurants, and bars.



Community coalitions continue to educate and build public awareness about the dangers of secondhand smoke and e-cigarette aerosol. The Scott County Coalition educated the community about the need for a strong smoke-free air ordinance. A strong ordinance was passed in Austin in December, 2018, by the city council. The Wabash County tobacco control coalition educated the community about a smoke-free air ordinance that passed in North Manchester on August 1, 2018.

Many local voluntary policies are also in effect. Currently, 149 hospitals and healthcare facilities have 100% smoke-free campuses, including all 35 critical access hospitals in the state. A Veterans Administration directive released in March, 2019, states that all VA medical facilities will be smoke-free including e-cigarettes by October, 2019. Among behavioral health and substance use treatment facilities, 120 have a tobacco-free campus.



Public school districts throughout the state have implemented comprehensive tobacco-free school campus policies. The school district’s buildings, grounds, athletic fields and any campus property must be tobacco-free. The policy must apply to all students, staff and visitors at all times. In 88 of Indiana’s 92 counties, all school districts are tobacco-free, protecting approximately 98% of public school students in the state from exposure to secondhand smoke at school. In addition, more than 40 college and university campuses in Indiana have implemented tobacco-free campus policies. This stance against tobacco use shows concern for students and staff and also prepares students for a workplace with a tobacco-free policy.

Demand for smoke-free multi-family housing is on the rise as more become aware of the dangers of secondhand smoke. In addition to protecting residents from secondhand smoke, smoke-free air policies for multi-family housing help landlords and owners reduce maintenance costs of their facilities and save money on cleaning and painting expenses. Multi-family housing owners estimate that it costs \$500 to \$8,000 extra to restore a housing unit that had a smoking tenant versus a nonsmoking tenant. The U.S. Department of Housing and Urban Development's (HUD) Multi-Family Housing Section has increased its support to landlords, owners, and public housing authorities to assist with implementing smoke-free air policies. HUD issued a final rule for each Public Housing Authority administering low-income, conventional public housing to initiate a smoke-free policy by August 2018. In Indiana, 34 public housing authorities have implemented smoke-free housing policies to date, including the public housing authorities that implemented policies in SFY 2019: Anderson, Bloomington, Brazil, Elkhart, Evansville, Greendale, Hammond, Huntingburg, Kendallville, Knox County, Michigan City, Muncie, New Albany, Peru, Sullivan, Tell City, Terre Haute, and Vincennes. In total, the smoke-free public housing authority policies in Indiana cover nearly 14,000 units and protect approximately 57% of all public housing residents in Indiana from exposure to secondhand smoke in their homes (includes low-rent or combined PHAs, and PHAs that manage Section 8 housing only).

In partnership with the American Lung Association in Indiana (ALA), TPC has been working to increase the number of smoke-free policies in multi-unit housing. ALA provides technical assistance for smoke-free multi-unit housing through developing partnerships with major public and private housing providers in Indiana. A Public Housing Authority Toolkit includes information regarding the different parts of the HUD smoke-free ruling, including secondhand smoke, hookah, e-cigarettes, enforcement, and legality of the policy. The toolkit includes sample lease language, as well as handouts and posters about smoking cessation.

TPC partners are also calling on property managers to collect information about current smoke-free policy status and offer assistance to residents.



Decreasing Adult Smoking Rates

Quitting tobacco use is one of the best ways to improve health. Tobacco use screening and brief intervention for treatment is one of the most effective clinical preventive services with respect to health impact and cost effectiveness.²² Tobacco use treatments that include counseling and medications are recommended.²³

Treating tobacco use doubles the rate of successfully quitting.²⁴ Although quitting smoking at any age can improve one's health, smokers who quit by the time they are 35 to 44 years of age avoid most of the risk of dying from a smoking-related disease. Also, supporting consumer education through strong media messages leads to increased quit attempts and increased demand for cessation services and directs tobacco users where to seek help.

Combustible tobacco use causes the most tobacco-related disease and death in the United States.²⁵ However, noncombustible products also pose health risks. Smokeless tobacco is not a safe alternative to combustible tobacco because it causes cancer and nicotine addiction.²⁶

Systems change within healthcare organizations complement interventions in state and community settings by institutionalizing sustainable approaches that support individual behavior change. Systems change leads to improvements or modifications in the way healthcare systems operate to enhance or improve clinician interventions and to integrate tobacco into health care delivery using various strategies. The U.S. Public Health Service (PHS) Treating Tobacco Use and Dependence Clinical Practice Guideline stresses that healthcare systems changes, including Quitline services and promotion of and referral to services, throughout the healthcare service structure effectively reduce the health burden of tobacco.

Quitlines are effective, evidence-based treatments for smoking cessation. The evidence base for tobacco cessation quitlines was established through numerous clinical trials and meta-analyses. The Public Health Service's Clinical Practice Guideline Treating Tobacco Use and Dependence concluded that quitlines increase 6-month smoking cessation quit rates compared with no intervention (the Guideline reported quit rates among quitline users of 12.7% for counseling alone and 28.1% for counseling plus medication) and therefore recommended the use of quitlines to help tobacco users quit. Quitlines have been shown to be a highly cost-effective intervention that deliver high value relative to their cost when compared with other common disease prevention interventions and medical treatments.

Key Outcomes

Indiana Tobacco Quitline serves thousands

The Indiana Tobacco Quitline provides support for adults who want to stop smoking or using other tobacco products; offers information on tobacco dependence for health professionals and families or friends of tobacco users; and provides information on local or national cessation resources. The Indiana Tobacco Quitline was established in 2006, and since that time, the Quitline has received over 160,000 calls.



1.800.QUIT.NOW
Indiana's Tobacco Quitline
QuitNowIndiana.com

The Indiana Tobacco Quitline (ITQL) is available to all Hoosiers, offering support in quitting tobacco use through telephone-based counseling. Highly trained quit coaches provide tailored counseling support to help tobacco users quit. The ITQL is central to Indiana's tobacco cessation network of state and local partners. In SFY 2019, the ITQL received more than 11,500 calls, an average of over 960 calls per month. The ITQL has a high satisfaction rate of 87% among callers, indicating participants would recommend the Quitline to another tobacco user. The 30-day quit rate was 29% at a 7-month follow-up study using the North American Quitline Consortium (NAQC) standard calculation method for quit rates.

Among web-only users, 36% reported abstaining from tobacco for seven days or more, and 30% reported a 30-day abstinence rate. There was an overall satisfaction rate of 76% among web-only users. Participants who completed three or more calls reported higher tobacco abstinence rates than participants who completed only one call.

Along with the traditional 1-800-Quit-Now phone-based counseling, the Indiana Tobacco Quitline offers a web-based counseling program called Web Coach®, and the supplementary texting service called Text2Quit.® The Indiana Tobacco Quitline also provides extra support for pregnant smokers by offering up to 10 calls, emphasizing the importance of tobacco-free lifestyle for the mother and baby, and encouraging partners to quit as well. Additionally, the Indiana Tobacco Quitline is available to youth tobacco users. The youth program is designed to help youth ages 13 to 17 quit using tobacco permanently and provides up to five intervention calls.

In an effort to better support tobacco users with mental health conditions, the Indiana Tobacco Quitline began offering the intensive Tobacco Cessation Behavioral Health Program (TCBHP) in 2019 to meet the needs of this population. The program design includes higher intensity behavioral and pharmacological support consisting of:

- **7 scheduled calls scheduled to provide additional support during the pre-quit planning phase and prevent relapse.**
- **12-week regimen of combination therapy NRT.**
- **A letter sent to the participant's healthcare provider informing the provider that the patient is attempting to quit tobacco and giving some suggestions on how the provider can support the patient in the process.**
- **A team of dedicated coaches who have received additional extensive training on mental illness and tobacco cessation and who are able to flex intervention content and tailor the treatment to these participants.**

The program launched in March, 2019, and there were 1,002 registered callers enrolled through June 30.

Quit Now Indiana Preferred Networks

Community-based and minority-based partners establish cessation networks and supporting policies throughout the community. These networks serve as a referral system to the Indiana Tobacco Quitline. TPC and its partners have focused outreach efforts to healthcare providers to implement a system change within their practices. Specifically, they are encouraged to: 1) ASK about tobacco use; 2) ADVISE to quit, and 3) REFER patients to cessation services, specifically the Indiana Tobacco Quitline. As of June 30, 2019, approximately 4,900 healthcare providers were enrolled in the Quit Now Indiana preferred provider network.

Healthcare professionals must be equipped with the skills to provide tobacco cessation counseling. The Indiana Rural Health Association (IRHA), a TPC partner, provided Indiana Tobacco Quitline provider education and worked with 12 health systems to assess their current procedures for tobacco treatment. Each health system then received tailored feedback and recommendations for improvement based on the assessment, which allows IRHA to engage with health systems on a more detailed level to address the provision of tobacco dependence treatment. IRHA continues to engage monthly with all 35 critical access hospitals. Based on the foundation IRHA has established with the Rural Health Clinics and Critical Access Hospitals, their work focuses on systems change strategies that integrate the U.S. Public Health Service Clinical Practice Guideline on Treating Tobacco Use and Dependence within targeted locations in Indiana.

This year saw an increase in healthcare systems integrating Indiana Tobacco Quitline (ITQL) referrals into their electronic health records. Electronic referral improves continuity of care, simplifies the referral process, provides patient outcome reports to referring providers, and is a sustainable method of referral to tobacco quitlines. These efforts include engaging key stakeholders within hospitals, community health centers, and individual practices to discuss ITQL services and strategies to integrate tobacco dependence treatment best practices, including into electronic health records (EHR) utilization. Healthcare systems provide many opportunities for motivating and helping smokers to quit. Approximately 5,900 fax referrals and 8,700 electronic referrals were made to the Indiana Tobacco Quitline from healthcare providers in SFY 2019.

The Indiana Tobacco Quitline's suite of services also includes the Online Provider Referral Portal, QuitNowReferral.com. Healthcare providers and employers can now quickly and easily refer tobacco users to the Quitline through the web. In SFY 2019, 1,000 referrals were submitted through the portal by more than 100 healthcare providers.

Health Systems Change Partnerships laying strong foundation for delivering tobacco treatment

TPC initiated new partnerships with three organizations in Indiana at the end of SFY 2018, including Community Health, Southwestern Behavioral Health, and the Indiana Hospital Association. The vision for the partnerships is to implement health systems change strategies (U.S. Public Health Service Clinical Practice Guideline, Treating Tobacco Use and Dependence: 2008 Update) – that are sustainable, integrated solutions at the organizational level to support clinicians to address tobacco use consistently and effectively. This collective work is targeting the following focus areas:

- Implementing Best Practices for Tobacco Dependence Treatment - Care Coordination
- Quality Improvement
- Utilization of Electronic Health Record (EHR) System

The health systems partnership grants were largely implemented in SFY 2019, and five pilot locations have been established. In addition to Community Health and Southwestern Behavioral Health, the Indiana Hospital Association (IHA) has brought three health systems on board: Columbus Regional Hospital, Greene County General Hospital, and Marion General Hospital. The systems change work is being supported through a quality improvement technical assistance partner, Purdue Health Advisors, providing guidance to teams in all locations to refine, develop, and test work flows to better provide tobacco treatment. The Indiana University Center for Health Policy is conducting an evaluation of the grant program.

In October 2018, with help from a CDC consultant, TPC hosted a kick-off training session for health systems change partnerships to talk with team members about the vision for cessation work and to share other state experiences. The cessation systems change partners hosted a Tobacco Treatment Specialist (TTS) training from May 20-23, 2019. Several Indiana partners were trained by the University of Massachusetts to be able to offer the training in Indiana. Approximately 30 participants were able to receive this training at a very reasonable cost due to partner collaboration.

At the beginning of the fiscal year, each of the five health systems first went through an information-gathering or **assessment** stage, where current systems were reviewed and initial needs within the health system were identified in order to support efforts related to tobacco treatment. Each system indicated that current workflows and processes related to tobacco treatment were not consistent. They identified gaps in current processes and changes that needed to be made to assist providers and clinical staff in better addressing tobacco use with patients.

The next stage, **design and planning**, is focused on developing new workflows to improve information systems and support delivery of tobacco treatment. This includes improving Electronic Health Records (EHRs). As of June 30, all of the health systems have completed and are testing these new processes as part of the initial pilot projects.

Planning for implementation is the next stage, which focuses on training providers and clinical staff on new processes and workflows for tobacco treatment. The main focus of this stage is to ensure that the staff who are going to be delivering tobacco treatment to patients or employees have the necessary skill sets to do so. Trainings have been developed and provided by TPC, ReThink Tobacco Indiana, and the Indiana Hospital Association.

The **implementation** step is the step in which the systems changes are rolled out. While each of the health systems is focused on a smaller scale implementation (pilot) to test and refine new tobacco treatment workflows and processes in one location, the longer-term goal is to expand implementation of these new processes system-wide. Health systems identified two metrics related to implementation: integration of staff into new processes, and increased referrals to tobacco cessation resources.

The last stage is the **evaluation** component. Evaluation should happen throughout the process, and this step, along with the others, should be seen as iterative. Each pilot site identified quantitative measures that are being used to measure process referrals (i.e. frequency of documentations, referral to cessation resources, etc).

Facilitators of and barriers to success were identified through interviews with key health system staff. Key staff involved also shared lessons learned. Major themes that emerged included: establish leadership support early, start small, identify needed resources, and establish clear goals and expectations.

The systems change work will continue to evolve within these five health systems, and the lessons learned and best practices will be shared with more health systems across Indiana.

The Indiana Chapter of the American Academy of Pediatrics (INAAP) has worked in partnership with TPC over the past year to implement the Clinical Effort Against Secondhand Smoke Exposure (CEASE) Tobacco Cessation program into primary care practices in the state. CEASE is an intervention that trains mostly pediatric care practices to modify their systems so they can routinely address family smoking behavior and help families establish rules for smoking at home and in cars. Through CEASE, child healthcare offices are trained to change their office systems to address parental tobacco use, connect smokers with free cessation resources, and prescribe medications for smoking cessation.

Working with Employers

Employers play an important role in protecting the health and safety of their workforce. The Quit Now Preferred Employer Network is a program that Indiana employers can become involved with to promote the Indiana Tobacco Quitline to their employees. Employers also receive guidance from local tobacco control partners on ways to best address tobacco use in their workplace through tobacco-free policies and tobacco treatment benefits. As of June 30, 2019, approximately 1,480 employers were enrolled in the Preferred Employer Network. TPC and its partners have focused outreach efforts to employers in Indiana to implement changes to their benefits structures and grounds policies. Specifically, they are encouraged to: A) Pass and implement tobacco-free campus or grounds policies; B) Offer robust coverage for tobacco cessation as part of a comprehensive employee benefits package, and C) Promote the Indiana Tobacco Quitline as a resource for employees who use tobacco. In SFY 2019, local partners reported 476 activities related to outreach with Indiana employers.

Individuals with mental illnesses and substance use disorders

Smoking prevalence remains significantly higher among individuals with mental illness and substance use disorders. Individuals with mental illness or substance use disorder smoke nearly 40% of all cigarettes smoked in the United States.³⁰ About 1 in 5 adults in the U.S. (19.9%) and in Indiana (22.3%) have any mental illness.³¹ Additionally, nearly 39% of Indiana adults with any mental illness smoke.³²

The use of heroin and prescription opioid painkillers has increased across the U.S. in the past decade. Indiana has taken steps to improve prevention, treatment, and recovery efforts for this growing epidemic. Opioid use is part of a larger substance abuse problem, including tobacco use and dependence. Smoking rates tend to be very high among patients receiving treatment for opioid addiction – upward of 95% or more.³³ In addition, tobacco users may be more prone to long-term opioid use. Research has shown that patients with a history of tobacco use are more likely to be given longer-term or more frequent opioid prescriptions than patients without a history of tobacco use.³⁴ Treating tobacco use along with other addictions can increase abstinence rates. Conversely, continued tobacco use can increase the odds of substance use disorder relapse.^{35,36}

Although research shows that tobacco users with mental illness and substance use disorders want to quit and can quit, tobacco treatment may not always be considered a priority in mental health treatment settings.³⁷ To help reduce tobacco use among individuals with mental illness, mental health providers and facilities should be educated to integrate tobacco treatment into overall mental health treatment strategies, as well as refer patients to an evidence-based tobacco treatment resource for extra support, such as the Indiana Tobacco Quitline. Tobacco-free environments in treatment facilities also support recovery.

A statewide partnership with Purdue University, College of Pharmacy, supports the project ReThink Tobacco Indiana, which provides technical assistance and policy implementation for community mental health centers, addiction treatment centers, and substance abuse treatment programs. The educational components include information on Clinical Practice Guideline for Treating Tobacco Use and Dependence (successfully infusing tobacco treatment into mental health, addiction treatment, and substance misuse treatment programs), and instituting and enforcing tobacco-free campus policies. Understanding that there is overwhelming evidence that tobacco inhibits recovery and is the leading cause of death and poor outcomes in this population, Rethink Tobacco Indiana provides technical assistance to behavioral healthcare providers to address tobacco use.

ReThink Tobacco Indiana provides the following:

- **Webinars for employee/staff, consumer, and administration presentations**
- **Policy development & implementation technical assistance**
- **Tobacco treatment integration technical assistance**
- **Trainings for behavioral health professionals**
- **Model policies, timelines, and implementation plans**

During SFY 2019, ReThink Tobacco Indiana worked with approximately 25 behavioral health treatment and addiction treatment organizations, many which reach across the entire state. In addition, RTI executed a four-day tobacco treatment specialist (TTS) core training to 24 participants in partnership with statewide local partners, IHA, IRHA, and TPC. Semiannual TTS trainings are planned for the next grant cycle. RTI also hosted two community educational events (Vanderburgh and Wayne counties) focused on motivational interviewing and tobacco treatment in collaboration with local community partners. Lastly, RTI has developed an organizational workflow assessment to capture baseline data for behavioral health centers that receive technical assistance.

Indiana selected as the first SAMHSA's new National Center of Excellence for Tobacco-Free Recovery

On June 27 and 28, 2019, the Indiana State Department of Health and the Indiana Family and Social Services Administration, in partnership with the Substance Abuse and Mental Health Services Administration (SAMHSA), CDC's National Behavioral Health Network (NBHN), and the Smoking Cessation Leadership Center (SCLC)/University of California, San Francisco (UCSF), held a summit to address the high prevalence of smoking among adults in Indiana with behavioral health conditions (mental and/or substance use disorders) in Indianapolis.

Those in attendance included industry leaders and stakeholders representing tobacco control, behavioral health, public health, cancer control, managed care, advocacy and consumer groups, criminal justice, universities, and other services from 26 organizations from across the state. An action plan was produced that included practical strategies that aim to significantly increase smoking cessation and quit attempts, increase tobacco use prevention, and ultimately reduce the tobacco use prevalence among the behavioral health population.

The purpose of the state summit was to assemble a carefully selected group of leaders and stakeholders in Indiana to work together and find applicable solutions in reducing tobacco use among individuals with behavioral health conditions. The day-and-a-half format began with attendees viewing a comprehensive Indiana Gallery Walk that displayed national, state, and county-level data on tobacco related use, policy, and quality of care for this priority population.

After viewing the Gallery Walk, the attendees shared their reactions and stated the data that they want to see and the data they can offer about tobacco use among the behavioral health population. This led to the group establishing baseline data points that will be tracked over time to measure progress toward a goal of reducing the smoking prevalence. Then, the participants discussed specific strategies to overcome existing system barriers for tobacco cessation and prevention and identified new ways to engage low resource populations and the providers that serve them. Indiana's action plan was created using the Performance Partnership model.

The attendees had a lively discussion during the baseline affirmation and target setting. Everyone wanted to ensure that reliable data will be tracked to measure progress over time in tobacco use reduction among those with behavioral health disorders. The group decided to track:

- The 2017 smoking prevalence among adults who reported poor mental health is 37.8%. The target is to lower the prevalence to 25% by 2025.
- The 2017 smoking prevalence among adult heavy drinkers is 39.1%. The target is to lower the prevalence to 25% by 2025.

Five strategy committees became the focus of the action plan: Education/Training, Policy/Advocacy, Access, Mass Media/Communications, and Data.

The Indiana National Alliance on Mental Illness (NAMI) was another TPC-funded statewide partner in SFY 2019. NAMI Indiana worked with its 15 affiliates throughout Indiana to share resources on tobacco treatment for people with behavioral health conditions, including the Indiana Tobacco Quitline.

LGBTQ+

Tobacco use is higher among lesbian, gay, bisexual, and transgender (LGBT) individuals than the general population, both in Indiana and the U.S., substantially affecting the health of LGBT communities.³⁸ In 2017, smoking prevalence was about 44% higher among Hoosier LGBT adults (31.3%) than straight adults (21.8%).³⁹

Indiana began a new partnership with Indy Pride in 2018, helping the organization take the Indy Pride Festival smoke-free for the first time. Indy Pride was the third Pride festival in the nation to go smoke-free. The partnership with Indy Pride has continued to develop as TPC staff have provided technical assistance and feedback on policy implementation.



TPC staff at Indy Pride



No Smoking sign at Pride



Quit Now Indiana booth

Those enrolled in Medicaid health plans

Individuals primarily insured through Medicaid smoked at a higher rate (47%) than the general population (22.9%) in 2014.⁴⁰ Indiana Medicaid has a robust set of benefits for tobacco treatment, including all FDA-approved medications for smoking cessation and individual, group and phone counseling. Increasing awareness among Indiana Medicaid providers and members of the services available to help in quitting tobacco is important to ensure that those who need services receive them.

TPC's partnership with the Office of Medicaid Policy and Planning (OMPP) provides support for Quitline services and connects TPC with the Indiana Medicaid health plans to train staff on tobacco treatment intervention and referrals to the Indiana Tobacco Quitline. In SFY 2019, nearly 45% of callers to the Indiana Tobacco Quitline indicated they were Medicaid members. The TPC staff shares resources and provides data to each health plan, including dental providers. Seven training sessions for the health plans' provider relations and case management staff were given in SFY 2019.

Indiana was selected in SFY 2019 to form a team comprising State Medicaid and Tobacco Control staff to focus on tobacco treatment. As part of the 6-18 Initiative, the CDC and partners are targeting six common and costly health conditions with 18 proven interventions. This opportunity to collaborate with Indiana Medicaid on a common vision is allowing TPC to strengthen its relationship with the Medicaid program through additional emphasis on getting providers and members to engage in existing tobacco treatment benefits.

Maintaining State and Local Infrastructure to Reduce Indiana's Tobacco Burden

Indiana's tobacco control program implements the Centers for Disease Control and Prevention (CDC) best practices for tobacco control programs. Critical components of best practices are state- and community-based programs. These programs are central to TPC's work through supporting community coalitions to implement policy change and other population-based, evidence-based strategies that encourage tobacco users to quit at the local level. Effective community programs involve people in their homes, worksites, schools, places of worship, entertainment venues, civic organizations, and other public places. Funding local programs produces measurable progress toward statewide tobacco control objectives.

Key Outcomes

Community Partnerships

In SFY 2019, TPC funded community coalitions in 43 counties, with eight state and local minority-based partners, reaching 77% of Indiana's population. Their work in the local communities is key to the success of the statewide program. TPC supports the local community programs by providing training, technical assistance, and resources.

To raise awareness of the impact of tobacco use at the local level, communities must maintain coalition efforts through the priority area of maintaining a state and local infrastructure. These activities include training adult and youth coalition and community members; developing relationships with key stakeholders and decision makers; and building diverse coalitions in their community. TPC grant partnerships provides the resources to hire staff, purchase educational materials and resources, conduct training programs, and recruit and maintain local coalitions. The formation of coalitions has been a powerful and effective tool to mobilize communities to make changes that support tobacco control efforts.

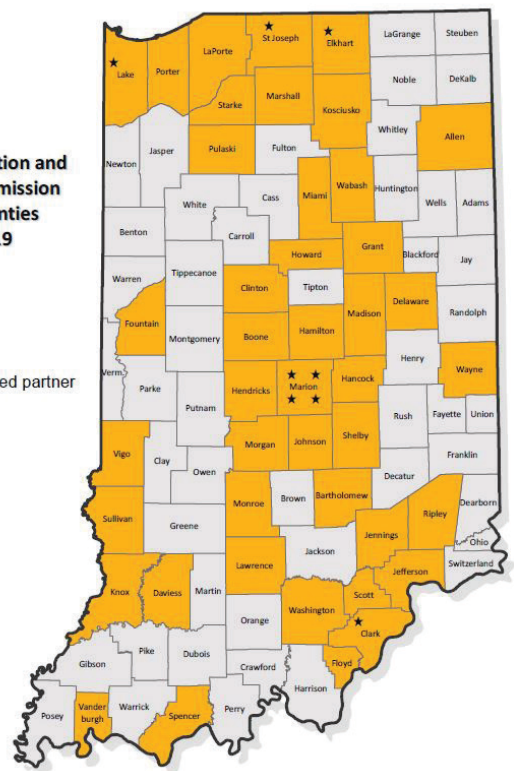
Coalitions implemented approximately 5,000 program activities during SFY 2019, ranging from Quitline outreach to community presentations to delivery of training. This included:

- Over 700 activities providing education on tobacco point-of-sale marketing and advertising
- Over 1,000 activities in communities working on decreasing exposure to secondhand smoke
- Over 1,500 activities helping Hoosier adults to quit tobacco use

Community program progress is tracked by monitoring the implementation of activities, as well as evaluating their effectiveness in working toward program objectives through a program reporting system. In addition, local grantees submit fiscal reports to ensure appropriate use of funds. The TPC staff communicates regularly with grantees to ensure the local activities support and advance the goals and objectives of a tobacco control plan. Regional program directors, as well as other staff, work with grantees each month to provide tailored technical assistance.

**Tobacco Prevention and Cessation Commission
Funded Counties
2017-2019**

■ Funded
□ Unfunded
★ Minority-based partner



Providing evidence based training and tailored technical assistance

TPC implements a comprehensive training plan for staff and partners, which includes mandatory training sessions, elective training topics, a biennial conference, monthly conference calls, cluster meetings, and other communication tools. TPC is committed to providing its partners with the training needed to implement local tobacco control programs by adapting content and material to meet the experience level of the communities.

TPC implemented a capacity-building grant program during the 2019-2019 grant cycle to ensure that as many counties as possible conduct tobacco control programs in Indiana. The capacity-building grant opportunity was open to any county that had not received TPC funding in the past grant cycle in order to get started on core interventions. TPC funded 10 capacity-building grantees during the 2017-2019 grant years.

The Indiana Tobacco Control Partner Information X-Change, which took place in August, 2018, was a success. This event provides training and access to national speakers on key areas of tobacco control to revitalize work at the state and local levels. The full agenda and other details may be viewed here: www.intobaccocontrolpartnerxchange.org.

Maintaining tobacco prevention and cessation expertise is critical to our state program's infrastructure. Many of the TPC staff are sought out to speak and participate at state and national events, such as the Labor of Love Infant Mortality Summit, National Public Health Week conference, Surveillance and Evaluation Outcomes Workgroup (SEOW) Symposium, ISDH Public Health Nurses Conference, Indiana University Rural Conference, and the Indiana Rural Health Association (IRHA) Fall Forum.

Hester Shultz Fellowship

Hester Graham Shultz was known for her determined attitude in the face of adversity, her devotion to her family, and for her more than two decades of dedication to the City of Indianapolis as a civil servant. Hester was a pioneer for working women, as well as an early champion of anti-tobacco initiatives that led to Indiana's adoption of smoke-free laws.

In her memory, TPC, in partnership with the ISDH Healthy Hoosiers Foundation, created a fellowship program. The spirit of this fellowship is to further develop individuals who will be a further inspiration of others and contribute to the vibrancy of Indiana communities through social norm and policy changes that improve quality of life. The fellowship is offered to graduate-level students to participate in the Society for Public Health Education (SOPHE) Advocacy Summit in Washington, D.C., and complete a health advocacy project following the summit to apply skills learned. Two fellowships were awarded in 2018.

Yordanos Gebru completed her Bachelor of Science at Manchester University in biochemistry, with a peace studies minor. She earned her Master of Public Health from the University of Indianapolis. Yordanos is exploring youth and young adult engagement efforts by applying a strategy that she and a university professor have published and presented at national conferences. The idea focuses on providing simple steps for busy individuals to engage in advocacy activities. Anthony Cory is the charge nurse on a medical surgical floor at Community Hospital Anderson. He obtained his Master of Science degree in nursing education from Anderson University. Anthony has organized key stakeholders in Henry County to develop a local tobacco control coalition.

Surveillance and Evaluation

A surveillance and evaluation program is one of the five components recommended for state-based tobacco control programs in CDC's Best Practices for Comprehensive Tobacco Control Programs – 2014. It is important for tobacco control programs to be accountable and demonstrate effectiveness, as well as have access to relevant and timely data for use in program improvements and decision-making.⁴¹

TPC maintains an outcome-based evaluation of tobacco control efforts in Indiana by managing state-level surveillance systems, including the Indiana Adult Tobacco Survey (ATS) and Youth Tobacco Survey (YTS), and contributing resources to the Behavioral Risk Factor Surveillance System (BRFSS). In addition, Indiana Tobacco Quitline service reports, cigarette tax stamp data, and tobacco policy tracking are incorporated into evaluation measures. TPC also manages an electronic reporting system for local partners that monitors process measures through local tobacco control coalition monthly program reports. See previous sections, such as point-of-sale data collection under Youth Prevention and Quitline evaluation under Tobacco Cessation, for additional examples of the Indiana tobacco control program's surveillance and evaluation component.

Indiana Youth Tobacco Survey

The Indiana Youth Tobacco Survey has been administered biennially since 2000 and collects data on youth tobacco use, access to tobacco, exposure to tobacco advertising, secondhand smoke exposure, social influences, and attitudes and beliefs related to tobacco. The 2018 IYTS was administered in the fall of 2018 to over 5,900 students enrolled in Indiana public middle and high schools. In 2018, questions on JUUL (a popular brand of e-cigarette) use and marijuana use were added to the survey, in addition to a larger set of questions dedicated to e-cigarettes in general. An analysis of the 2018 Indiana Youth Tobacco Survey indicated some progress in reducing youth tobacco use and secondhand smoke exposure, but also revealed ongoing challenges in protecting youth from the harmful effects of tobacco.

Positive Trends:

- **Declines in youth smoking:** Between 2016 and 2018, the prevalence of past 30 day cigarette smoking declined significantly from 8.7% to 5.2% among high school students and increased slightly from 1.8% to 1.9% among middle school students (not a significant increase). Overall, between 2000 and 2018, youth smoking declined 84% among high school students and 81% among middle school students.
- **Increased protections from secondhand smoke:** Secondhand smoke exposure at home declined between 2016 and 2018 among high school students overall (from 27.6% to 23.7%), and among high school students who lived with a smoker (from 59.1% to 49.5%). Between 2016 and 2018, the percentage of students who report that smoking is never allowed inside their home

Ongoing challenges in youth tobacco prevention:

- **Electronic cigarettes:** E-cigarettes remain the most commonly used tobacco product among both middle and high school students in 2018. Decline in youth electronic cigarette (e-cigarette) use: After increasing four-fold between 2012 and 2014, the prevalence of past 30 day e-cigarette use declined from 15.1% in 2014 to 10.5% in 2016 among high school students, and from 4.9% in 2014 to 2.8% in 2016 among middle school students. In 2018, past 30 day e-cigarette use increased significantly to 5.5% among middle school students and 18.5% among high school students, the highest e-cigarette use rates measured to date on the Indiana Youth Tobacco Survey. E-cigarettes surpassed traditional cigarettes in 2018 as the most common first tobacco product tried among middle and high school students.
- **Concurrent use of multiple tobacco products (poly-tobacco use):** In 2018, 9.0% of high school students (39% of tobacco users) and 2.6% of middle school students (32% of tobacco users) reported past 30 day use of two or more tobacco products.
- **No significant change in cigar or smokeless tobacco use among high school students:**
 - While use of cigarettes has declined among youth, use of smokeless tobacco (chewing tobacco, snuff, or dip) has not significantly changed in recent years. In 2018, 3.8% of high school students reported past 30 day use of smokeless tobacco, a slight decrease from 5.3% in 2016 (the decline was not statistically significant). Among high school students, smokeless tobacco use was significantly higher among males (5.7%) than females (1.7%), but there were no significant differences by race/ethnicity.
 - Although overall cigar use continued to decline among high school students (from 8.7% in 2016 to 6.7% in 2018) and increased among middle school students (from 1.5% to 2.1%), between 2016 and 2018, the differences were not statistically significant. Black middle and high school students also smoked cigars at somewhat higher rates than white students and Hispanic students, but these differences were not statistically significant.
- **Exposure to secondhand smoke:** In 2018, 28.0% of middle school students and 23.7% of high school students reported that someone smoked tobacco products in their home while they were there during the past week. Exposure to secondhand smoke at home was significantly higher among youth who lived with someone who smoked cigarettes than youth who did not live with a smoker.using tobacco products at least some of the time when watching television or movies.
- **Exposure to tobacco marketing:** Youth continue to be exposed to tobacco marketing through a variety of channels, including the retail environment, internet, print media, and television or movies. In 2018, the retail environment was the most common source of exposure. Approximately 70.1% of high school students and 66.5% of middle school students reported seeing advertising or promotions for tobacco products at least some of the time while in convenience stores, gas stations, or grocery stores.

Highlights from the 2018 IYTS, as well as a detailed report, can be found on the TPC website:
<https://www.in.gov/isdh/tpc/2339.htm>

Indiana Adult Tobacco Survey

The Indiana Adult Tobacco Survey is administered biennially and provides detailed data on adult tobacco use, secondhand smoke exposure, attitudes and beliefs related to tobacco, and tobacco cessation. The survey instrument for 2019 was revised in the fall of 2018 and included new questions on tobacco cessation, lung cancer screening, and marijuana use. The 2019 ATS was administered January through May of 2019 to over 2,000 Indiana residents 18 years and older. Data from the 2019 ATS are still being processed and will be released in the fall of 2019.

Public Education Campaigns

Media communications play a key role in shaping tobacco-related knowledge, opinions, attitudes and behaviors among individuals and within communities. Cigarettes are one of the most heavily marketed products in Indiana. Changing smoking behavior requires hard-hitting messages that motivate tobacco users to take action to address their nicotine addiction. The CDC Best Practices for Comprehensive Tobacco Control program recommends that states deliver “strategic, culturally appropriate, and high-impact messages in sustained and adequately funded campaigns. ...”

Quit Now Indiana is Indiana’s anti-tobacco brand that promotes the 1-800-QUIT-NOW Indiana Tobacco Quitline and encourages tobacco users to quit, now. Promotion of the Indiana Tobacco Quitline is executed on an ongoing basis with grassroots outreach, provider education and community engagement. During SFY 2019, TPC launched a media campaign featuring Make Someday Today messaging and creative.



“Make Someday Today” creative

Outreach audiences in SFY 2019 included smokers, employers, and healthcare providers. TPC educates and informs smokers who complete an online survey on the urgency to quit smoking and the resources available to help them quit successfully through monthly electronic newsletters. In addition, monthly electronic newsletters are sent to the Quit Now Indiana Preferred Network of healthcare providers and employers. Members of the preferred network are able to learn how to utilize the Indiana Tobacco Quitline to encourage and motivate smokers to try to quit. Quit Now Indiana promotes the Quitline through Promotion of the ITQL as a service that supports all Hoosiers trying to break their addiction to tobacco. Whether the tobacco user calls the Quitline for help or uses other resources, media promotion of the ITQL and the overall messaging of quitting tobacco to multiple audience groups are important in creating a supportive environment to end the tobacco burden.

TPC and its partners also leveraged the use of earned media. Over the course of SFY 2019, TPC partners submitted over 330 letters to the editor and nearly 150 news releases to local community news outlets, and had approximately 280 pieces of earned media published as a result of local partner activity.

In addition to Indiana state-sponsored media and communication efforts, the CDC Tips from Former Smokers® national campaign also occurred during SFY 2019, which began April 1 and continues through October 6 of 2019. This campaign reaches all media markets in the United States and includes television, digital and print advertising. During the 2019 Tips® campaign, the Indiana Tobacco Quitline had the opportunity to provide a two-week free nicotine replacement therapy promotion during the CDC's designated timeframes in April and June, when free medication-tagged Tips® ads were running. Prior to the tagged ads, a news release was distributed by the Indiana State Department of Health in March to help further promote the free NRT period to news outlets throughout the state.

TPC was also invited to participate in the CDC's Tips from Former Smokers® Local Market Media Tour during SFY 2019. To help launch the 2019 season of the Tips® campaign, the CDC developed media tour in Midwest/Northeast regions during the month of May 2019. The tour involved several CDC Tips® participants, including Amanda, who shared her story of being addicted to cigarettes and the impact it had on her baby, who was born two months prematurely. The CDC, state and local officials and public relations experts executed a mix of media strategies in the Indianapolis market, which resulted in two live local media interviews and a press conference with over 50 attendees. The press conference speakers included Indiana State Health Commissioner Dr. Kristina Box, Tips® participant Amanda, and representatives from Goodwill's Nurse-Family Partnership and the Indiana Minority Health Coalition.



Indiana State Health Commissioner Dr. Kristina Box speaks with Amanda, a participant in the CDC's Tips From Former Smokers® campaign, following an event focused on the importance of smoking cessation among pregnant women.

Conclusion

Tobacco use continues to be the single-most-preventable cause of death and disease in Indiana. A diverse network of organizations and individuals at the state and local levels works collaboratively each day to reduce this burden and improve the health of Hoosiers.

Youth use of tobacco products, especially e-cigarettes, continues to be a concern and must be monitored. More community smoke-free air laws that protect workers on the job and Hoosiers in their communities from secondhand smoke exposure and secondhand aerosol are needed. Efforts to increase smoke-free housing for all Hoosiers have made great strides, and demand is expected to increase. Indiana has more than 1 million adults who still smoke cigarettes, so we must continue to implement best practices to impact vulnerable populations across the state.

As we work toward a tobacco-free Indiana, multiple components must continue to work together in order to reach all Hoosiers. The Tobacco Prevention and Cessation Commission provides the leadership for this work that can be accomplished with many partners. Every organization, business, school, healthcare provider, and citizen has a role to play in creating a healthier Indiana. Our success depends on our collective ability to come together to impact the state's critical public health challenge.

State Fiscal Year 2019 Budget

Budget Item	SFY 19 State July 1, 2018 to June 30, 2019	CDC grant- collaborative March 30, 2018 to March 29, 2019	CDC grant- Quitline August 1, 2018- July 31, 2019	OMPP MOU	TOTAL
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STATE AND COMMUNITY INTERVENTIONS

Local Community Based & Minority Based Partnership Grants	\$3,898,417				\$3,898,417
Statewide Partnership Grants	\$758,500				\$758,500
Training and Technical Assistance	\$172,650				\$172,650
					\$4,829,567

CESSATION INTERVENTIONS

Indiana Tobacco Quitline	\$1,242,829		\$199,630	\$120,000	\$1,562,459
Cessation systems partnerships	\$600,000				\$600,000
Training and Technical Assistance	\$78,725				\$78,725
					\$2,241,184

HELATH COMMUNICATIONS INTERVENTIONS

Public Education Campaign		\$56,123	\$100,000		\$156,123
Outreach and Education Materials	\$100,000				\$100,000
					\$256,123

SURVEILLANCE AND EVALUATION

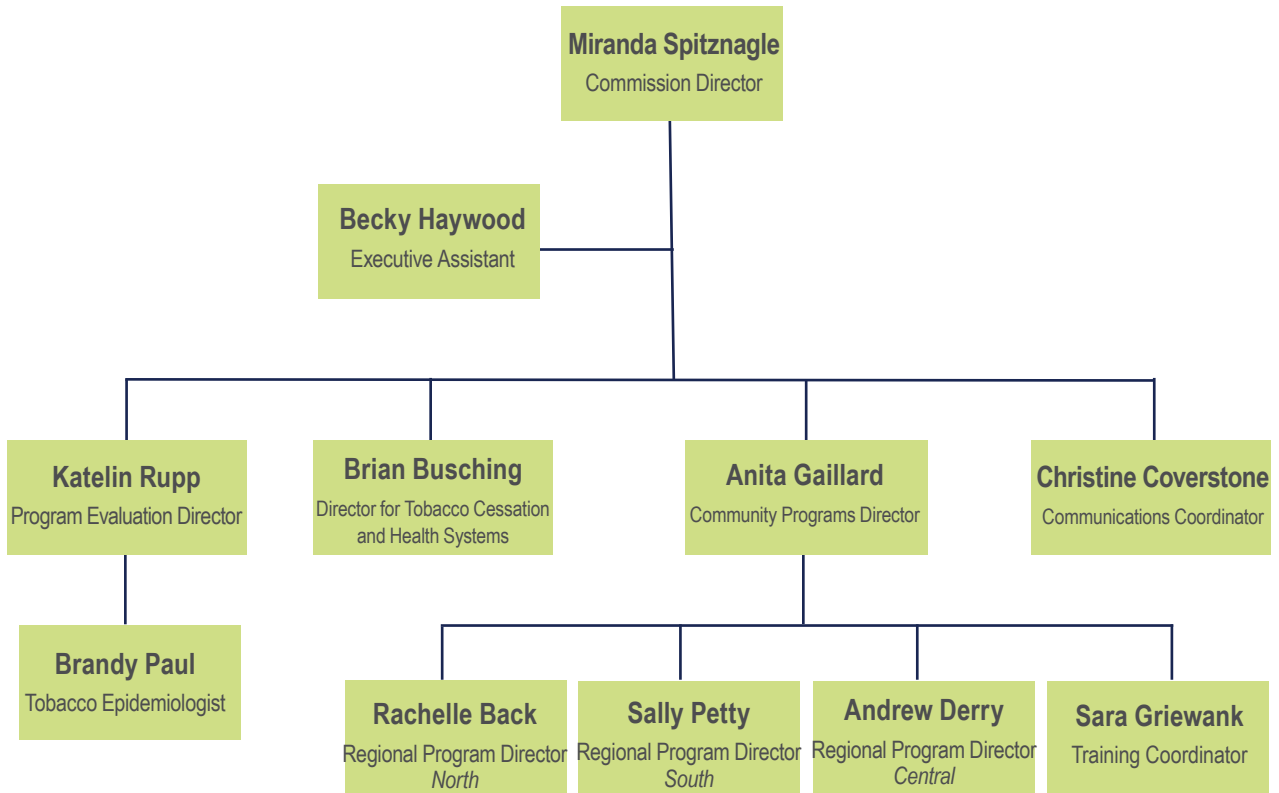
Surveillance and Evaluation	\$120,000	\$322,472			\$442,472
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INFRASTRUCTURE, ADMINISTRATION AND MANAGEMENT

Infrastructure, Administration and Management	\$528,879	\$602,723	\$116,298		\$1,247,900
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TOTAL	\$7,500,000	\$981,318	\$415,928	\$120,000	\$9,017,246
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Tobacco Prevention and Cessation Staff



Community and Minority Partnership Grants

Lead Agency	SFY 2018-2019 funding
Allen: Parkview Health System	\$350,000.00
Bartholomew: Columbus Regional Hospital Foundation	\$122,834.00
Boone: Boone Co. Health Dept.	\$100,000.00
Clark: Clark Memorial Hospital	\$220,000.00
Clinton: St. Vincent Frankfort Hospital	\$80,000.00
Daviess: Hoosier Uplands Economic Development Corp	\$90,000.00
Delaware: Meridian Health Services/Little Red Door	\$262,000.00
Elkhart: Elkhart Co. Health Dept.	\$220,000.00
Elkhart: Minority Health Coalition	\$88,000.00
Floyd: Our Place Drug and Alcohol Education Services	\$90,000.00
Fountain: Community Action Program, Inc. of Western IN	\$89,000.00
Hamilton: Good Samaritan Network	\$200,000.00
Hancock: Hancock Regional Hospital	\$120,000.00
Hendricks: Hendricks Co. Coalition For Tobacco Intervention	\$190,000.00
Howard: Kokomo YMCA	\$114,000.00
Jefferson: King's Daughter's Hospital and Health Svcs	\$116,000.00
Jennings: St. Vincent Jennings Hospital	\$70,000.00
Johnson: Johnson Memorial Hospital	\$100,000.00
Knox: Hoosier Uplands Economic Development Corp.	\$107,000.00
Kosciusko: Healthy Community Coalition of Kosciusko County, Inc	\$100,000.00
Lake: Franciscan Alliance Foundation	\$275,000.00
Lake: Northwest Indiana Health Department Corp	\$275,000.00
LaPorte: Healthy communities of LaPorte County	\$188,000.00
Lawrence: Hoosier Uplands Economic Development Corp.	\$90,000.00
Madison: Intersect Inc.	\$200,000.00
Marion: Indiana Black Expo Inc.	\$250,000.00
Marion: Indiana Latino Institute Inc.	\$400,000.00
Marion: Marion County Health Department	\$531,000.00
Marion: Minority Health Coalition of Marion Co.	\$200,000.00
Morgan: Community Foundations of Morgan Co.	\$90,000.00
Porter: The Lutheran University Assn., Inc. d/b/a Valpo.	\$225,000.00
Scott: Scott Co. Partnership Inc.	\$100,000.00
Spencer: North Spencer Community School Corp.	\$55,000.00
St. Joseph: St. Joseph Regional Medical Center	\$310,000.00
St. Joseph: Community Wellness Partners	\$105,000.00
Starke: Drug and Tobacco Free Starke Co., Inc.	\$60,000.00
Vanderburgh: University of Evansville	\$280,000.00
Vigo: CHANCES for Indiana Youth	\$200,000.00
Wabash: Dargo LLC	\$105,000.00
Washington: Hoosier Hills Pact	\$114,000.00
Wayne: Reid Hospital and Healthcare Services Foundation Inc.	\$100,000.00

Capacity Building Partnership Grants

Lead Agency	SFY 2018-2019 funding
Clark: Community Action of Southern Indiana	\$90,000.00
Grant: Marion General Hospital	\$100,000.00
Marion: Latino Health Organization	\$100,000.00
Marshall: St. Joseph RMC	\$70,000.00
Miami: ACESPlus	\$80,000.00
Monroe: IU Bloomington Hospital	\$90,000.00
Pulaski: Healthy Communities LaPorte	\$60,000.00
Ripley: Ripley County Health Department	\$75,000.00
Shelby: Shelby County Drug Free Coalition	\$100,000.00
Sullivan: CASY	\$55,000.00

Statewide Partnership Grants

Lead Agency	SFY 2018-2019 funding
Vincennes University - Indiana Teen Institute	\$260,000.00
American Lung Association	\$447,000.00
Indiana Rural Health Association	\$160,000.00
Purdue University, College of Pharmacy	\$250,000.00
Health Ed Pros, LLC	\$200,000.00
Indy Pride	\$100,000.00

Cessation Systems Partnership Grants

Lead Agency	SFY 2018-2019 funding
Community Health Network Foundation	\$200,000.00
Indiana Hospital Association	\$200,000.00
Southwestern Behavioral Health	\$200,000.00
Indiana Chapter - American Academy of Pediatrics	\$120,000.00

References

1. New underage daily smoker estimate based on data from U.S. Dept of Health and Human Services (HHS), "Results from the 2017 National Survey on Drug Use and Health," with the state share of national initiation number based on CDC data on future youth smokers in each state compared to national total.
2. US Department of Health and Human Services. The Health Consequences of Smoking: 50 Years of Progress: A Report of the Surgeon General. Atlanta, GA: US Department of Health and Human Services, CDC; 2014.
3. 2000-2018 Indiana Youth Tobacco Survey
4. U.S. Department of Health and Human Services. E-Cigarette Use among Youth and Young Adults: A Report of the Surgeon General – Executive Summary. 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, 2016.
5. US Department of Health and Human Services. The Health Consequences of Smoking: 50 Years of Progress: A Report of the Surgeon General. Atlanta, GA: US Department of Health and Human Services, CDC; 2014.
6. Campaign for Tobacco-free Kids. The Toll of Tobacco in Indiana. Accessed 8/1/19 from https://www.tobaccofreekids.org/facts_issues/toll_us/indiana/.
7. Federal Trade Commission. Federal Trade Commission Cigarette Report for 2017. Issued 2019.
8. Federal Trade Commission. Federal Trade Commission Smokeless Tobacco Report for 2017. Issued 2019.
9. Paynter J, Edwards R. The impact of tobacco promotion at the point of sale: a systematic review. *Nicotine Tob Res.* 2009; 11(1): 25-35. doi: 10.1093/ntr/ntn002.
10. Lee JGL, Henriksen L, Rose SW, Moreland-Russell S, Ribisl KM. A systematic review of neighborhood disparities in point-of-sale tobacco marketing. *Am J Public Health.* 2015; 105(9): e8-e18. doi: 10.2105/AJPH.2015.302777.
11. 2018 Indiana Youth Tobacco Survey
12. 2018 Indiana Youth Tobacco Survey
13. U.S. Department of Health and Human Services. The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General. 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, 2006.
14. Lewis C, Zollinger T. Estimating the economic impact of secondhand smoke in Indiana in 2014.
15. U.S. Department of Health and Human Services (USDHHS). Women and Smoking: A Report of the Surgeon General. Atlanta: USDHHS, 2001.
16. Economic Impact of Secondhand Smoke, 2014. Zollinger et al.
17. Vital Signs: Disparities in Nonsmokers' Exposure to Secondhand Smoke — United States, 1999–2012.
18. Excerpts from Americans for Nonsmokers' Rights Fact Sheet Electronic Smoking Devices and Secondhand Aerosol <http://no-smoke.org/pdf/ecigarette-secondhand-aerosol.pdf>
19. Fuoco, F.C.; Buonanno, G.; Stabile, L.; Vigo, P., "Influential parameters on particle concentration and size distribution in the mainstream of e-cigarettes," *Environmental Pollution* 184: 523-529, January 2014. ; Grana, R; Benowitz, N; Glantz, S. "Background Paper on E-cigarettes," Center for Tobacco Control Research and Education, University of California, San Francisco and WHO Collaborating Center on Tobacco Control. December 2013.
20. U.S. Department of Health and Human Services. E-Cigarette Use among Youth and Young Adults: A Report of the Surgeon General. 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, 2016
21. Americans for Nonsmokers Rights: Electronic Smoking Devices and Secondhand Aerosol. <https://no-smoke.org/electronic-smoking-devices-secondhand-aerosol/> Accessed 8/11/19.
22. Maciosek MV et al. Priorities Among Effective Clinical Preventive Services Results of a Systematic Review and Analysis. *Am J PrevMed* 2006;31(1)
23. Hopkins DP et al. Task Force on Community Preventive Services. *American Journal of Preventive Medicine* 2001; 20(2 suppl): 16-66.
24. Fiore MC et al. Treating Tobacco Use Dependence: Clinical Practice Guidelines. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service; 2000.
25. US Department of Health and Human Services. The Health Consequences of Smoking: 50 Years of Progress: A Report of the Surgeon General. Atlanta, GA: US Department of Health and Human Services, CDC; 2014.
26. Cobb CO, Weaver MF, Eissenberg T. Evaluating the acute effects of oral, non-combustible potential reduced exposure products marketed to smokers. *Tob Control* 2010;19:367–73.
27. Indiana State Department of Health. Indiana Natality Report, State and County Data 2017. Published September 2018. <https://www.in.gov/isdh/19095.htm>
28. Indiana State Department of Health. Indiana Natality Report, State and County Data 2007. Published June 2010. www.in.gov/isdh/19095
29. CDC. (2017). User Guide to the 2016 Natality Public Use File.
30. Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (March 20, 2013).The NSDUH Report Data Spotlight: Adults with Mental Illness or Substance Use Disorder Account for 40 % of All Cigarettes Smoked. Rockville, MD.
31. Centers for Disease Control and Prevention. Vital signs: current cigarette smoking among adults aged ≥18 years with mental illness – United States, 2009–2011. *MMWR* 2013; 62(05): 81–87.

32. Centers for Disease Control and Prevention. Vital signs: current cigarette smoking among adults aged ≥ 18 years with mental illness – United States, 2009-2011. *MMWR* 2013; 62(05): 81-87
33. Gudyish J et al. Smoking prevalence in addiction treatment: a review. *Nicotine & Tobacco Research*. 2011; 13(6): 401-411.; Chun J et al. Cigarette smoking among opioid-dependent clients in a therapeutic community. *Am J Addict*. 2009 Jul–Aug; 18(4): 316–320.; Pajusco B et al. Tobacco addiction and smoking status in heroin addicts under methadone vs. buprenorphine therapy. *Int J Environ Res Public Health*. 2012; 9: 932-942.
37. Hooten WM et al. Incidence and risk factors for progression from short-term to episodic or long-term opioid prescribing. *Mayo Clinic Proceedings*. 2015; 90(7): 850–856.
38. Prochaska JJ, Delucchi K, Hall SM. A meta-analysis of smoking cessation interventions with individuals in substance abuse treatment or recovery. *J Consult Clin Psychol*. 2004 Dec;72(6):1144-56.
39. Weinberger AH et al. Cigarette smoking is associated with increased risk of substance use disorder relapse: a nationally representative, prospective longitudinal investigation. *J Clin Psychiatry*. 2017; 78(2): e125-e160.
40. Centers for Disease Control and Prevention. CDC features: smoking among adults with mental illness. Accessed July 21, 2015 from <http://www.cdc.gov/features/vitalsigns/SmokingAndMentalIllness/>.
41. CDC, National Center for Health Statistics. Sexual orientation and health among U.S. adults: National Health Interview Survey, 2015.
42. 2017 Indiana Behavioral Risk Factor Surveillance System
43. 2008 Indiana Adult Tobacco Survey
44. CDC Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion. *CDC's Best Practices for Comprehensive Tobacco Control Programs – 2014*.