Our Way To A Healthier Indiana

2006-2007 ITPC Annual Report

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EXECUTIVE SUMMARY

Indiana Tobacco Prevention and Cessation
SFY 2007 Annual Report

Indiana Tobacco Prevention and Cessation (ITPC) is pleased to present its 2007 accomplishments. This report outlines outcomes from six priority areas described in Indiana's 2010 Strategic Plan for Tobacco Control. Strategies implemented are recommended as effective to prevent and reduce tobacco use by the Centers for Disease Control and Prevention (CDC) Best Practices for Tobacco Control and the Task Force on Community Preventive Services on Tobacco. These accomplishments are a result of the efforts of ITPC-affiliated state and local coalitions representing hundreds of partners implementing ITPC developed and supervised programs, materials and training.

Priority Area 1 – Decrease youth smoking rates

In 2007, Indiana's smoking rate among middle school youth is 7 percent, which is a 20 percent decrease since 2000. The smoking rate among high school youth is 23 percent, a 26 percent decline since 2000.

- Nineteen public school districts implemented a tobacco free campus policy, including Indianapolis Public Schools, the state's largest school district, on July 1, 2007.
- Half (53 percent) of Indiana's public school districts have a tobacco free campus, protecting 57 percent of youth enrolled in public schools from secondhand smoke exposure and smoking culture in school environments.
- Indiana Youth Tobacco Survey was conducted from October 2006 to March 2007. Forty-seven middle schools and 51 high schools participated in the survey, reaching 7,000 students.
- Nearly 400 VOICE youth participated in 41 different Action Speaks events reaching over 5,600 youth across Indiana.
- Tobacco Retailer Inspection Program (TRIP) officers conducted more than 7,200 random inspections of tobacco retailers resulting in a 12.7 percent noncompliance rate of selling tobacco to youth.

Priority Area 2 – Increase proportion of Hoosiers not exposed to secondhand smoke

Approximately 40 percent of Indiana's population is protected from secondhand smoke by law, an increase from 3 percent in 2000.

- As of June 30, 2007, 33 municipalities have a local smoke free air workplace law. Twenty-six of those laws are strong public health policy and follow the guidelines outlined by the U.S. Surgeon General for eliminating exposure to secondhand smoke from the indoor places that the respective ordinances cover.
- Indiana was recognized by the Americans for Nonsmokers' Rights (ANR) as the state with the second highest number of local policies passed in 2006!
- Indiana implemented 18 local smoke free workplace laws and passed 11 laws in SFY 2007- two of these community ordinances will take effect in September 2007.
- Support is strong for these laws as seven out of ten Hoosier adults say they support laws that would make all indoor workplaces, including restaurants and bars, smoke free.
- The city of Fort Wayne voted in January to strengthen its smoke free air law by removing the provision of smoking rooms and including bars and bowling alleys as venues covered by the law. On June 1, the ordinance took effect and now is the largest city in Indiana with the strongest protections against secondhand smoke in the workplace.
- In June, the Indianapolis Airport Authority voted to implement a smoke free buildings and grounds policy, making Indianapolis the first airport in the country to take such a strong stance against public smoking. On January 1, 2008, the buildings and grounds at the existing airport will be smoke free. Grounds at the new Midfield Terminal, currently under construction, will become smoke free on September 30, 2008.
- In SFY 2007, 28 hospitals and health care facilities have smoke free grounds, taking the total number of campuses to 112.

Priority Area 3- Decrease Indiana adult smoking rates

Indiana reduced adult smoking from 27.3 percent in 2005 to 24.1 percent in 2006 and is now at the lowest since 1991. Last year over 130,000 Hoosiers quit smoking. However, over one million adults are still smoking, ranking Indiana 5th among all states.

- Smoking among young adults (age 18-24) remains high at 35 percent.
- The proportion of women smoking during pregnancy has decreased to 18 percent from 21 percent in 2000.
- Smoking among African Americans is at 27 percent and 23 percent among Latinos. These rates are similar to 2000 rates.
- Last year approximately half (52 percent) of Hoosier adult smokers attempted to quit smoking through a variety of methods.
- Nine out of ten (88.5 percent) Hoosier smokers want to quit. Approximately 29 percent want to quit in next 30 days.
- The Indiana Tobacco Quitline received over 3,500 calls to 1-800-QUIT-NOW during SFY 2007.

Priority Area 4- Increase anti-tobacco knowledge, attitudes and beliefs necessary for smoking behavior change to occur

Overall confirmed awareness of the ITPC public education campaign is at 20 percent. This is a dramatic decline from when confirmed awareness was 70 percent in 2005. Measures of confirmed awareness of media messages are highly dependent on funding. In SFY 2007, per capita spending on the public education campaigns was at 27 cents, down from 86 cents in SFY 2004-2005.

- In 2007, a greater proportion of youth reported strong anti-tobacco beliefs about not starting to smoke or thinking that people who smoke are not cool compared to 2000.
- Social acceptability of smoking among adults remains high at 69 percent.
- The proportion of adult smokers with intentions to quit smoking in the next 30 days has increased to 29 percent.
- Three out of five adults believe that exposure to secondhand smoke is a serious health hazard.
- Seven out of ten adults support smoke free worksite policies, including restaurants and bars.

Priority Area 5- Increase Indiana's tobacco tax to reduce adult smoking and prevent youth smoking

- Indiana's cigarette tax increased 44 cents to 99.5 cents on July 1, 2007. This legislation funds various health related initiatives and appropriates $1.2 million for tobacco cessation to ITPC.
- Cigarette consumption was 646 million packs in SFY 2007, an overall 15 percent decrease in consumption since 2000 when 758 millions packs were sold. However, this is an increase from 620 million packs sold in 2006.

Priority Area 6 – Maintenance of state and local infrastructure necessary to lower tobacco use rates and thus make Indiana competitive on economic fronts.

- ITPC received a 50 percent increase in funding for SFY 2008-2009, up to $16.2 million. This funding level is 50 percent of the minimum recommended by the CDC.
- ITPC continues the work of community-based coalitions in 85 of the 92 counties, with 13 state and local minority-based partners working in 10 counties through SFY 2009.
- There are 2,250 organizations working on tobacco control through the ITPC network of community programs in Indiana. ITPC provides these programs with training, technical assistance and resources in best practices and recommended interventions in tobacco control.
- Local coalitions reported nearly 5,500 program activities in SFY 2007, including nearly 400 presentations to almost 84,000 Hoosiers; more than 230 training activities; and 230 student education activities.
- ITPC collaborated on the INShape Indiana Health Summit, Women's INFluence Health Forum and Public Health and Medicine Day.
- ITPC received a grant from Americans for Nonsmoker's Rights (ANR) for implementing local smoke free air workplace laws throughout Indiana.

THE HOOSIER MODEL FOR COMPREHENSIVE TOBACCO PREVENTION AND CESSATION

The Hoosier Model for comprehensive tobacco prevention and cessation is derived from the Best Practices model outlined by the National Centers for Disease Prevention and Control (CDC) and required by I.C. 4-12-4. In addition, guidance is provided through recommendations outlined in the Guide to Community Preventive Services for Tobacco Control Programs. This Guide provides evidence on the effectiveness of community-based tobacco interventions within four areas of tobacco use prevention and control:

- Preventing tobacco product use initiation
- Increasing cessation
- Reducing exposure to secondhand smoke
- Identifying and eliminating the disparities related to tobacco use and its effects among different population groups.

The Hoosier model has six major categories for funding and incorporates elements from all nine categories recommended by the CDC and consists of:

- *Community Based Programs*
- *Cessation*
- *Enforcement*
- *Statewide Media Campaign*
- *Evaluation and Surveillance*
- *Administration and Management*

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 recommended funding range for Indiana is $34.8 to $95.8 million. Indiana's investment in tobacco control increased 50 percent to $16.2 million for SFY 2008-2009. This is 50 percent of the minimum level recommended by the CDC.

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 analysis 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.

INDIANA TOBACCO CONTROL 2010 STRATEGIC PLAN

The Indiana Tobacco Control 2010 Strategic Plan is a State of Indiana plan, developed in collaboration with state and local partners, and coordinated by ITPC. ITPC seeks the input and collaboration of many partners, from state agencies to grassroots community organizations in implementing this plan to reduce Indiana's burden from tobacco. The strategic plan includes six priority areas.

1. *Decrease Indiana youth smoking rates*
2. *Increase the proportion of Hoosiers not exposed to secondhand smoke*
3. *Decrease Indiana adult smoking rates*
4. *Increase anti-tobacco knowledge, attitudes and beliefs necessary for smoking behavior change to occur*
5. *Increase Indiana's tobacco tax to reduce adult smoking and prevent youth smoking*
6. *Maintenance of state and local infrastructure necessary to lower tobacco use rates and thus make Indiana competitive on economic fronts*

Program objectives are set from outcome indicators recommended by the Centers for Disease Control and Prevention (CDC). These indicators are specific and measureable characteristics or changes that represent acheivement of an outcome.

Progress on each of the six priority areas is outlined in this report.

Indiana data cited in this report comes from the Indiana Adult Tobacco Surveys (ATS), Indiana Youth Tobacco Surveys (YTS), the Behavior Risk Factor Surveillance Surveys (BRFSS), and program data from ITPC.

Additional detail can be found in the tables on pages 37-43.

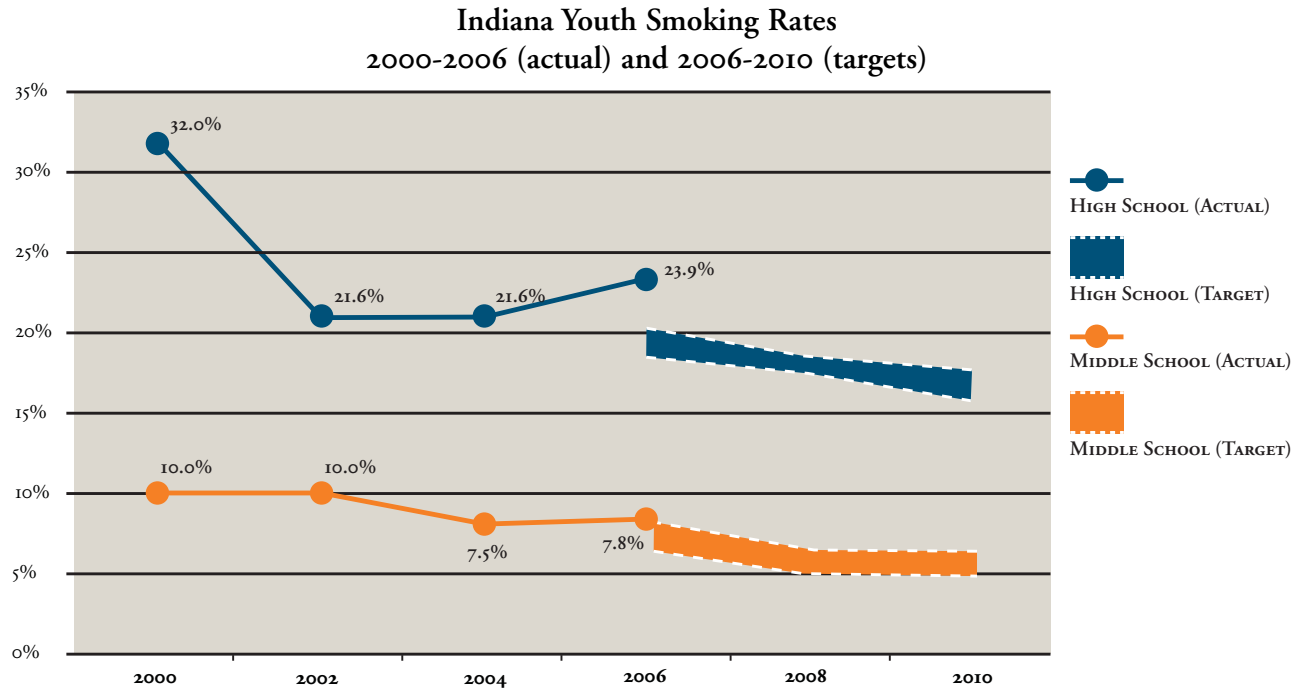
PRIORITY AREA 1 – DECREASE YOUTH SMOKING RATES

Preventing youth from smoking is our first line of defense because it can save lives and money and improve the future of our state. The outcome of youth smoking is a public health priority since 90 percent of all adult smokers begin while in their teenage years[1]. Each year more than 10,000 Hoosier youth become new regular, daily smokers[2]. Besides its long-term effects on adults, tobacco use produces specific health problems for youth such as irritated eyes and throat, increased illness, tooth decay, gum disease and a reduced immune function.

The tobacco industry spends nearly $425 million a year to promote its products. Research has found that youth are three times more sensitive to tobacco advertising than adults and are more likely to be influenced to smoke by marketing than peer pressure[3]. This social environment that includes images of smoking that are conveyed through cigarette advertising, sets the stage for youth to begin using tobacco. As tobacco products are available and as peers begin to try them, these factors become personalized and relevant, and tobacco use may begin. This process most affects youth who have lower self-esteem and self-images, are less involved with school and academic achievement, have parents who smoke, have fewer skills to resist the offers of peers, and come from homes with lower socioeconomic status. Tobacco use prevention programs that target the larger social environment of youth are effective and necessary to combat the problem[4]. Indiana has made progress in reducing youth smoking. Hoosiers must maintain this investment, as our youth are the future adults of our state.

Indiana's strategies for decreasing youth smoking include:

- Increase the proportion of Indiana school districts that support and implement a comprehensive school strategy against tobacco use
- Increase the level of community activism among youth to support community change that includes youth involved in the Voice movement
- Maintain and enhance compliance with laws prohibiting tobacco sales to minors
- Attain 60 percent or greater response rate for the middle and high school samples of the Indiana Youth Tobacco Survey (YTS) to have appropriate data for Indiana youth tobacco surveillance
- See also strategies for priority areas 2, 4, and 5



Long Term Objectives for 2010:

- *Decrease Indiana smoking rates among middle school youth to **5-7** percent.*
- *Decrease Indiana smoking rates among high school youth to **16-18** percent.*

2007 Progress:

- *Indiana's smoking rate among middle school youth is **7** percent*
- *Indiana's smoking rate among high school youth is **23** percent*

Baseline–2000:

- *Indiana's smoking rate among middle school youth was **10** percent*
- *Indiana's smoking rate among high school youth was **32** percent.*

Outcomes Achieved

Tobacco Prevention through School and Community Networks

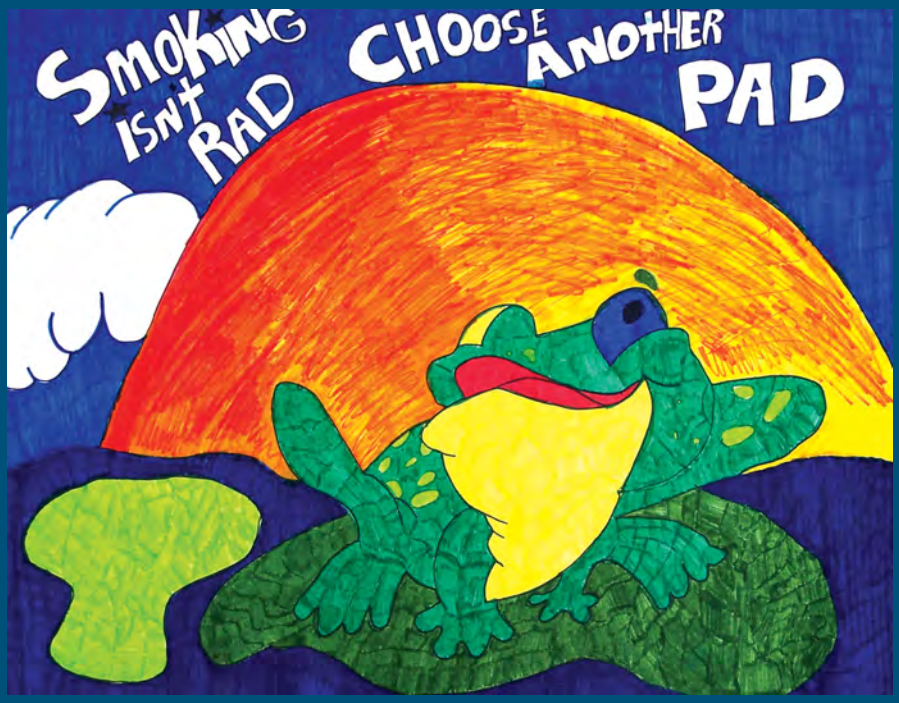
Half of the local ITPC-affiliated coalitions worked with schools to implement a comprehensive approach to tobacco prevention during the SFY 2006-2007 grant period. During SFY 2007, 19 public school districts implemented a tobacco free campus policy including Indianapolis Public Schools; the state's largest school district on July 1, 2007. Twenty school districts in SFY 2007 received the Gary Sandifur Tobacco Free School Award for having a 100 percent tobacco free campus. Currently 53 percent of school districts have a tobacco free campus protecting 57 percent of youth enrolled in public schools from secondhand smoke exposure and smoking culture at school environments.

Additional student prevention education has been provided through statewide partner grants with the Ruth Lilly Health Education Center, Indiana Alliance of Boys and Girls Clubs, Indiana Academy of Family Physicians and the Indiana High School Athletic Association. The Ruth Lilly Health Education Center provided Central Indiana students with three different tobacco prevention programs for a total of

376 sessions in the past year. By the end of the school year, RLHEC served 6,138 seventh grade and 3,774 high school students for a total of 9,912 students in the following counties: Marion (including Indianapolis Public Schools), Hendricks, Hamilton, Madison, Johnson, and Cass. Programs were very well received from urban, suburban and rural school students in Central Indiana.

The mission of the Indiana Alliance of Boys & Girls Clubs is to work toward helping youth of all backgrounds, with special concern for those from disadvantaged circumstances, to develop the qualities needed to become responsible citizens and leaders. Sixty-one (61) Boys & Girls Clubs in 27 counties involved SMART Leaders, a program that supports young people whose skills in education, mentoring and advocacy are used to promote parental involvement and community support. This approach extends the anti-tobacco message throughout their clubs and into the community by forming a strong partnership with VOICE. Nearly 140 staff members were involved in 150 local club events reaching more than 8,800 youth, 700 parents and 500 community members throughout the year. Participants leave the program with a strong knowledge of tobacco use issues. Club participants shared with Governor Daniels their creative work of posters and cards showing support for the increase in the cigarette tax.

Tar Wars® is a pro-health tobacco prevention and education program for fifth grade students conducted though the Indiana Academy of Family Physicians Foundation. The key elements of the program are its interactive format, community involvement, and education by health care professionals. Family physicians, family medicine residents, medical students, school nurses, physician assistants, nurse practitioners, community leaders, and other health care professionals visit fifth grade classes to present an interactive curriculum that addresses the effects of tobacco use. The program culminates in a statewide and national art poster contest. During the 2006-2007 school year family physicians and other health professionals reached approximately 150 schools and 10,000 students, and the winner of the Indiana tobacco-free art contest was nationally recognized as the third place winner in the country.



The Indiana High School Athletic Association (IHSAA) is committed to reaching parents, students, and administrators with a tobacco free message. In order to accomplish this goal, the role model program was established. Each year, outstanding athletes from around the state are selected to appear in posters and schedules that promote smoke free lifestyles. These youth make the commitment to be tobacco free and agree to become spokespeople for VOICE. In collaboration with Indiana Teen Institute, the IHSAA role models are trained on how to use their athletic skills as well as their communication skills to talk to both teens and adults about the benefits of living, working, and playing in a smoke free environment. This year, the youth speaker's bureau completed over 60 speaking engagements, 39 to youth and 22 to adult audiences. In addition to speaking engagements, youth work with a variety of media to promote their message. Radio events include interviews on the IHSAA Championship Radio Network pre-game show, which is aired by 59 radio stations throughout the state of Indiana.

ITPC conducted the 2006 Indiana Youth Tobacco Survey from October 2006 to March 2007. Forty-seven middle schools and 51 high schools participated in the survey of nearly 7,000 students. These data are critical for Indiana and are used to demonstrate progress among objectives and show where efforts should be directed. Data from this survey demonstrating the progress on youth tobacco use indicators are described in this report. Additional data on smoking by Hoosier youth can be found in the 2007 Indiana Tobacco Fact Book.

Community activism among Voice youth

Voice, Indiana's youth movement against tobacco, is a youth-led initiative exposing the deceptive marketing tactics of the tobacco industry. The youth communicate with their peers and work to fight back against the tobacco industry, thus mobilizing their peers to reject tobacco.

Action Speaks

October 22 kicked-off a year-long series of events that youth conceived, planned and executed called "Action Speaks". Nearly 350 Indiana high school students brought a voice to the phrase "Action Speaks", as they met in Indianapolis for a two-day VOICE youth summit dedicated to exposing the manipulation of youth by Big Tobacco.

In an effort to fight back against the tobacco companies who are targeting them as the "next generation" of smokers, the youth conducted two activism events in downtown Indianapolis. Over a few city blocks, one youth group staged a mock funeral to illustrate the 27 Hoosiers who die each day from tobacco. A few streets away, another group refused to be "guinea pigs" for an industry that spends $425 million a year in marketing.

As part of the summer sessions at Indiana Teen Institute (ITI), the youth developed "Action Speaks"as the focus for the summit as an activism month in April designed to increase awareness about efforts to prevent young people from using tobacco. At the summit the youth participated in workshops to become more active in their opposition to "Big Tobacco" and activism events to show their opposition to using tobacco.

The skills and tactics learned at the summit translated into ACTION SPEAKS MONTH. Nearly 400 VOICE youth participated in 41 different Action Speaks events reaching over 5,600 youth across Indiana. Conducting these activities was the youth's way to stand up for what they believe. It was also a way to symbolize the people who have lost their lives from tobacco-related diseases.

Kick Butts Day Activities

VOICE youth across Indiana, rallied against tobacco on March 28 as they joined thousands of young people as part of more than 2,000 events nationwide for the 12th annual "Kick Butts Day" (KBD). The events were sponsored by the Campaign for Tobacco-Free Kids. For 2007, Kick Butts Day raised awareness about the thousands of chemicals in each puff of cigarette smoke and the need for elected officials at all levels to step up the fight to reduce smoking and other tobacco use.

More than 2,700 VOICE youth participated in a variety of KBD activities such as surveying tobacco advertising in their communities; urging local officials to support

anti-tobacco ordinances; and tossing caps, hats, jackets and other items carrying tobacco brand names into giant dumpsters.

ITPC's statewide partner, Indiana Teen Institute (ITI), plays a key role in providing youth with the tools they need to mobilize their peers in their communities. ITI supports youth-led, youth-driven advocacy initiatives that strive to change the cultural perception and social acceptability of tobacco use in Indiana and prevent initiation of tobacco use by youth through Voice. A youth development approach provides youth with meaningful opportunities to participate and learn new skills and support in their effort from adults. Summer sessions provide training and technical assistance, and support for local tobacco control coalitions in youth efforts. Project objectives focus on fostering awareness of tobacco issues; developing youth-led advocacy initiatives that correspond to the Voice message; creating action plans for local community events for change; and empowering youth to engage in local efforts to create change. The ITI camp gathers hundreds of Hoosier teens at Vincennes University in July 2006 for a week-long training on leadership, activism and the Voice movement in general. These and other tools were looped into sessions and hands-on activities to enable the participants to return to their communities empowered, willing and able to combat the tobacco industry.

In addition to the support of ITI, six regional Voice Hubs provided technical assistance for local adults and youth on youth advocacy and how to build and sustain their local Voice movements with 53 partners. The hubs provided structure for a regionalized training and capacity building network, to sustain the momentum of the VOICE movement at the grassroots level and result in a successful statewide VOICE movement. The hubs strengthen existing communication, marketing and networking systems through earned media, resource development, and weekly contact with all partners. During SFY 2007, local Voice partners have reported approximately 200 action plans and 150 infrastructure activities. Approximately 1,200 youth were recruited with over 1,700 youth planning events reaching more than 31,000 statewide.

In other activities, VOICE supported the International Day of Action sponsored by the Smokefree Movies Action Network (SFMAN), under the theme, "Stop Toxic Movies". VOICE and SFMAN believe if smoking in U.S. movies is having an effect on youth in other nations, as it has in the U.S. Hollywood films will help recruit hundreds of millions of smokers in this generation and will be responsible for tens of millions of future deaths worldwide.

In its fourth year as a sponsor of the high school marketing association DECA, Voice recruited more competitors in its palm card category at the Statewide Conference in February 2007 – designed specifically for Indiana and Voice – where participants were judged on the creativity, originality and messaging of the promotional piece they designed for Voice.

Youth Advocate of the Year

ITPC honored several VOICE members for their contributions to tobacco prevention. Shelly Dunham, a senior at Anderson Highland High School, was selected as State's "Youth Advocate of the Year". She was one of six students and groups, recognized by ITPC as an outstanding youth advocate who had taken the lead in holding the tobacco industry accountable for their efforts to market their products to youth. The other teenagers who were honored were:

- *Shelly Anthony, a student from Jeffersonville*
- *Ashley Venis, a freshman at North Montgomery High School*
- *Montrice White, a junior at South Bend Washington High School*
- *Brooke Hummel, a junior at Eastbrook High School*
- *The VOICE and SADD chapters at Heritage Hills High School for their contributions to tobacco prevention*

Awards were presented during school award programs and graduation ceremonies.

Enforcement of youth access laws

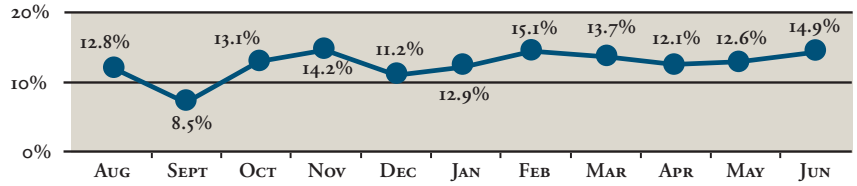
Enforcement of laws prohibiting tobacco sales to youth under age 18 deters violators and sends a message that community leaders believe these policies are important for protecting Indiana's youth. Enforcement of Indiana's tobacco laws reduces youth acess to tobacco products and retailers from illegally selling tobacco products to minors.

Enforcement of Indiana's tobacco laws is a priority for the law enforcement community. In SFY 2007, ITPC continued its Memorandum of Understanding with the Indiana Alcohol and Tobacco Commission (ATC) to investigate and enforce Indiana's tobacco laws. Thirteen Tobacco Retailer Inspection Program (TRIP) officers conducted more than 7,200 random inspections of tobacco retailers that resulted in a 12.7 percent for noncompliance rate of retailers selling tobacco to youth. Results of these inspections are posted on the ATC website (www.in.gov/atc/isep/TriplOR.htm) to inform the public those retailers who violate Indiana's tobacco laws.

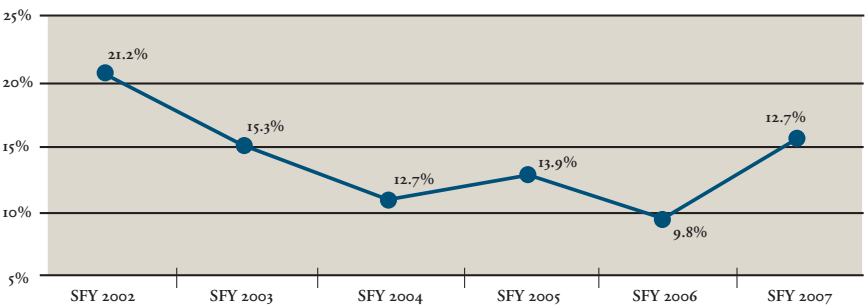
Throughout SFY 2003 to SFY 2007, the noncompliance rate of Indiana's tobacco retailers consistently remained below 20 percent. The national Synar study requires Indiana to have a noncompliance rate below 20 percent or risk losing millions of dollars for substance abuse treatment through the Division of Mental Health and Addiction.

In addition, excise officers worked throughout Indiana conducting more than 11,000 inspections with a non-compliance rate of less than 2 percent. Over 500 law enforcement officers received tobacco laws training. This training includes review of all Indiana tobacco laws including signage, retail sales including implications to the clerk and establishment, possession by a minor and vending machines restrictions. ATC performed more than 500 trainings for retail owners and clerks to prevent the sales of tobacco to minors reaching over 10,000 people.

Monthly Noncompliance Rate of Indiana Tobacco Retailers Inspected by TRIP, SFY 2007



Noncompliance Rate of Indiana Tobacco Retailers Inspected by TRIP, SFY 2002 to SFY 2007



The annual noncompliance rate has declined since SFY 2002 and remained stable in SFY 2004-2005 and declined further in SFY 2006, however the rate increased in SFY 2007.

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

Secondhand smoke is a mixture of sidestream smoke and exhaled smoke in the air. Secondhand smoke has been shown to cause heart disease, cancer, respiratory problems and eye and nasal irritation. Exposure to secondhand smoke takes place in the home, public places, worksites and vehicles. Secondhand smoke is classified as a Group A carcinogen (cancer causing agent) under the Environmental Protection Agency's (EPA) carcinogen assessment guidelines. Secondhand smoke contains over 4,000 compounds, more than 50 carcinogens and other irritants and toxins[5].

Each year in the United States, an estimated 50,000 deaths are attributable to secondhand smoke breathed by nonsmokers, making it the third leading cause of preventable death[6]. Of these deaths, 3,000 are due to lung cancer with an estimated 800 from exposure at home and 2,200 from exposure in work or social settings[7].

In Indiana, each year 1,020 to 1,820 Hoosiers die from others' smoking, such as exposure to secondhand smoke or smoking during pregnancy[8]. Infants' exposure to secondhand smoke is two to four times more likely to result in low birth weight[9]. Over 900 low birth weight babies in Indiana are born as a result of secondhand smoke[10].

In 2006 the *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. Through scientific evidence it is now possible to prove that smoke free policies not only work to protect nonsmokers from the death and disease caused by exposure to secondhand smoke, but also have an immediate impact on public health.

Long Term Objective for 2010:

- *Increase the proportion of the population that is protected from secondhand smoke by law to **65** percent. (33 communities)*

2007 Progress:

- *Proportion of the population that is protected from secondhand smoke by a stong **28** percent (26 communities).*
- *Forty percent (**40%**) of the population is protected from secondhand smoke by lall smoke-free air laws. (33 communities)*

Baseline–2000:

- *Proportion of the population that is protected from secondhand smoke by law was **3** percent.*

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

- Increase the proportion of Hoosier families that have a smoke free home
- Increase the number of smoke free voluntary and legislated policies through various venues in the community
- Increase awareness that secondhand smoke is a health hazard
- Increase support for smoke free environments

Outcomes Achieved

Increase the number of smoke free voluntary and legislated policies through various venues in the communities

Through ITPC, Indiana experienced an amazing level of local smoke free air ordinance activity during the past year. As of June 30, 2007, 33 municipalities have passed a local smoke free air law. Twenty-six of those laws are strong public health policy and follow the guidelines outlined by the U.S. Surgeon General in eliminating exposure from secondhand smoke from the indoor places that the respective ordinances cover. Seven community laws do not meet strong policy guidelines.

Indiana is making great strides in protecting Hoosiers from secondhand smoke exposure, and was recognized by the Americans for Nonsmokers' Rights as the state with the second most local policies passed in 2006! In 2007, nearly 40 percent of all Hoosiers are protected by one of these local communities' laws, an increase from 3 percent in 2000. In SFY 2007, Indiana implemented 18 local smoke free workplace laws and passed 11 laws - two of these community ordinances will take effect in September 2007.

The following communities passed a smoke free air law in SFY 2007:

- Allen County
- Avon
- Fort Wayne (strengthened existing law)
- Goshen (implements September 1, 2007)
- Greencastle (implements September 1, 2007)
- Greensburg
- Indianapolis Airport Authority (implements January 1, 2008)
- Kokomo
- Plainfield
- Whitestown
- Zionsville

ITPC also helped seven communities celebrate the one-year anniversary of their strong smoke free air laws. ITPC's grant from the Americans for Nonsmokers' Rights (ANR) supported these efforts to demonstrate how these laws are protecting the health of Hoosiers.

Support among Hoosiers for these laws is high, seven out of ten Hoosier adults say they support laws that would make all indoor workplaces, including restaurants and bars, smoke free.

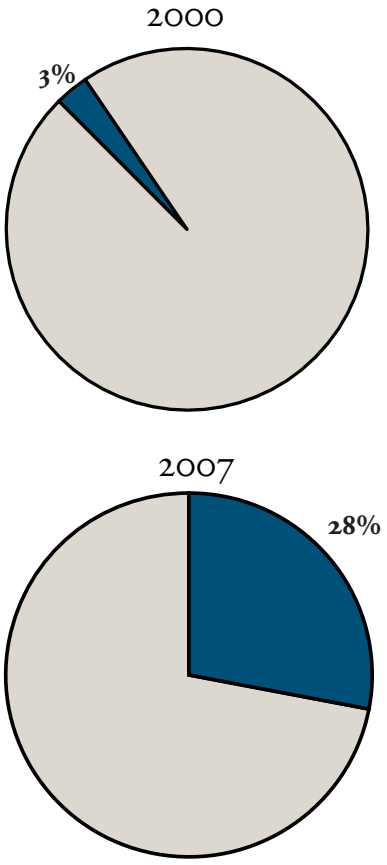
Key public health victories:

- Fort Wayne: The city of Fort Wayne voted in January to strengthen its smoke free air law to remove the provision of smoking rooms and to include bars and bowling alleys as a venue covered by the law. On June 1, the ordinance took effect and Fort Wayne now is the largest city in Indiana with the strongest protections against secondhand smoke in the workplace.

- Indianapolis International Airport: In June, the Indianapolis Airport Authority voted to implement a smoke free buildings and grounds policy, making it the first airport in the country to take such a strong stance against public smoking. On January 1, 2008, the buildings and grounds at the existing airport will be smoke free. Grounds at the new Midfield Terminal, currently under construction, will become smoke free September 30, 2008.

A table outlining each of Indiana's smoke free communities can be found in Indiana's 2007 Tobacco Fact Book or at www.in.gov/itpc/policy.asp.

Proportion of Hoosiers protected from secondhand smoke by a community smoke free air law



Hospitals and health care facilities

Through the support of ITPC local coalitions, hospitals and health care facilities have been leading the smoke free charge. In SFY 2007, 28 hospitals or health care facilities went to smoke free grounds, taking the total number of campuses to 112.

In June, ITPC collaborated with the Indiana Rural Health Association (IRHA) to honor healthcare facilities that provide smoke-free locations for Indiana's rural populations through the third annual Rural Indiana Smoke-Free Environment (R.I.S.E.) awards. Twenty-four healthcare providers received this special recognition as part of the IRHA annual meeting.

Intended to recognize smoke free health care facilities serving all rural areas of the state, the award signifies a commitment from ownership, management and staff to take the necessary steps to lead Hoosiers toward a healthier Indiana. In order to qualify for the award, the applying facility must show evidence of a 100 percent smoke free policy in all buildings, on all grounds and in all organization-operated vehicles. The facility also has to submit an explanation of the process through which the policy was achieved and documentation of signage or other forms of enforcement. The R.I.S.E awards are presented annually to all newly qualifying facilities in Indiana.

Colleges and Universities

Indiana colleges and universities have also expanded their tobacco use policies on campuses. In August, Indiana University Purdue University at Indianapolis (IUPUI), Indiana University and Purdue University at Columbus, and Indiana University Southeast made their campus grounds smoke free. For IUPUI, this announcement marks the first major medical center/urban campus in the U.S. to pass such a policy. The Indiana University system will have plans to make all campuses smoke free by August 2007 .

Ivy Tech campuses system-wide are also smoke free. This stance against tobacco use shows concern for students and staff, and prepares students for a workplace with a tobacco free policy.

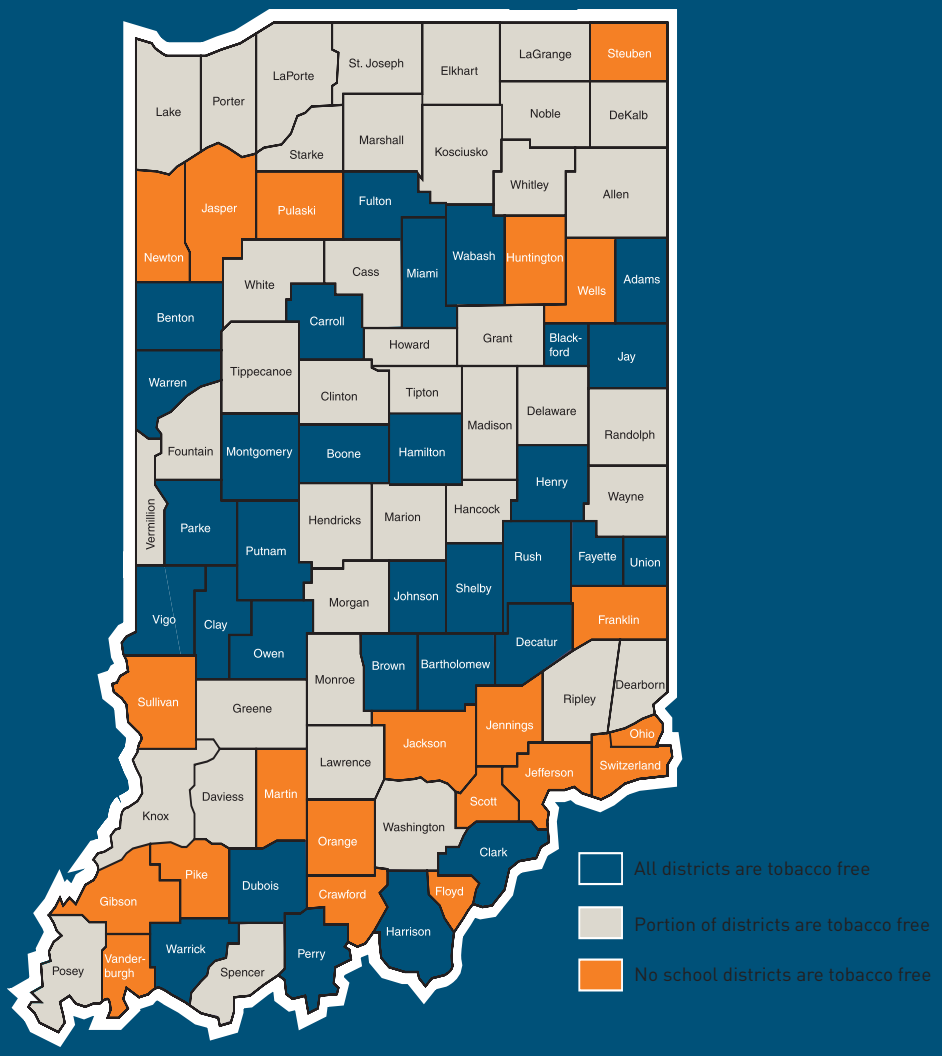
A table outlining Indiana's colleges and universities tobacco policies can be found in Indiana's 2007 Tobacco Fact Book or at www.in.gov/itpc/policy.asp.

Public Schools

Local tobacco control coalitions continue to work to increase youth protections from secondhand smoke at school. While federal law prohibits smoking within school buildings, local jurisdictions have enacted policies that are more restrictive and encompass all school grounds as recommended by the CDC. Coalitions are working with school districts to ensure tobacco use is not allowed on school campuses anywhere. Progress continues to be made with schools, as 30 counties complete tobacco free schools, providing approximately 57 percent of our youth with protection from secondhand smoke at school. Another 42 counties have a portion of their school districts with tobacco free campuses. However, the remaining 20 counties do not have any tobacco free campuses in their school districts.

A table outlining Indiana's tobacco free schools can be found in Indiana's 2007 Tobacco Fact Book or at www.in.gov/itpc.policy.asp.

Finally, more community events are becoming tobacco free. Five county fairs have gone completely tobacco free for the entire event. ITPC's partnership with the Indiana State Fair continues to strengthen its policy by expanding the smoke free areas on the fair grounds.



Hoosiers know more about the dangers of secondhand smoke

Support for smoke free workplaces and knowledge of secondhand smoke dangers are high.

- Seven out of ten Hoosiers say they support laws that make all indoor workplaces, including restaurants and bars, smoke free.
- Hoosiers spend a significant part of their day at the workplace, 79 percent of adults' indoor work policies prohibits smoking in all work areas.
- Most adults are very (47 percent) or somewhat (36 percent) concerned about the health effects of secondhand smoke.
- Nine out of ten Hoosier adults believe that secondhand smoke is very harmful.
- Many expressed knowledge that exposure to secondhand smoke causes various health problems.
- Three of five adults think exposure to secondhand smoke is a serious health hazard.
- Nearly 90 percent feel that workers of various occupations who are exposed to smoke in the workplace are experiencing a serious to moderate health hazard.

More Hoosiers are aware of the dangers of secondhand smoke due to the the grassroots work of the ITPC local coalitions who have spearheaded local secondhand smoke education efforts. In addition, ITPC's ongoing public education is reaching Hoosiers statewide through news articles and paid advertising. Hoosiers are understanding the message that secondhand smoke is hazardous to the health of their families.

More Hoosier households are smoke free

- Indiana has increased the proportion of Hoosier families that have a smoke free home to 74 percent in 2006 up from 60 percent in 2002.

PRIORITY AREA 3- DECREASE INDIANA ADULT SMOKING RATES

Tobacco use costs Hoosiers 9,700 lives and $2.08 billion each year. With the 5th highest adult smoking rate in the United States, Hoosiers must stay the course in the fight to reduce the tobacco burden and reverse its devastating effects.

Paying for tobacco use cessation treatments is the single most cost-effective health insurance benefit for adults that can be provided to employees[11]. There are few preventive health interventions that are more cost-effective than tobacco cessation. Cost of and lack of access to cessation treatment are some of the primary obstacles to reducing smoking in the United States. Improved access to smoking cessation services is one of the keys to accelerating the decline in adult smoking rates. Nine out of ten (89 percent) Hoosier smokers want to quit, however, few will succeed without help[12]. Treating tobacco use doubles the rate of those who successfully quit[13].

Smoking cessation treatments that include counseling and medications, or a combination of both are recommended. Health insurance coverage of medication and counseling increase the use of effective treatments[14]. Providing cessation services to employees through onsite employee assistance programs or through health plans can save businesses money.

Long Term Objectives for 2010:

- *Decrease Indiana smoking rates among all adults to **21-23** percent.*
- *Decrease Indiana smoking rates among young adults, ages 18-24, to **26-28** percent.*
- *Decrease Indiana smoking rates among pregnant women to **15-16** percent.*
- *Decrease Indiana smoking rates among African Americans to **24-26** percent.*
- *Decrease Indiana smoking rates among Latinos to **20-22** percent.*

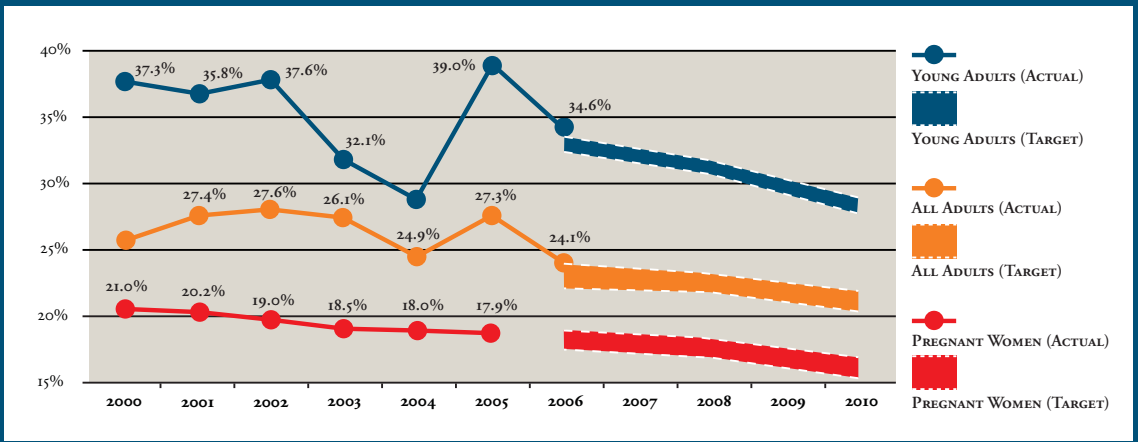
2007 Progress:

- *Indiana smoking rates among all adults is **24** percent.*
- *Indiana smoking rates among young adults, ages 18-24, is **35** percent.*
- *Indiana smoking rates among pregnant women to **18** percent.*
- *Indiana smoking rates among African Americans is **27** percent.*
- *Indiana smoking rates among Latinos to **23** percent.*

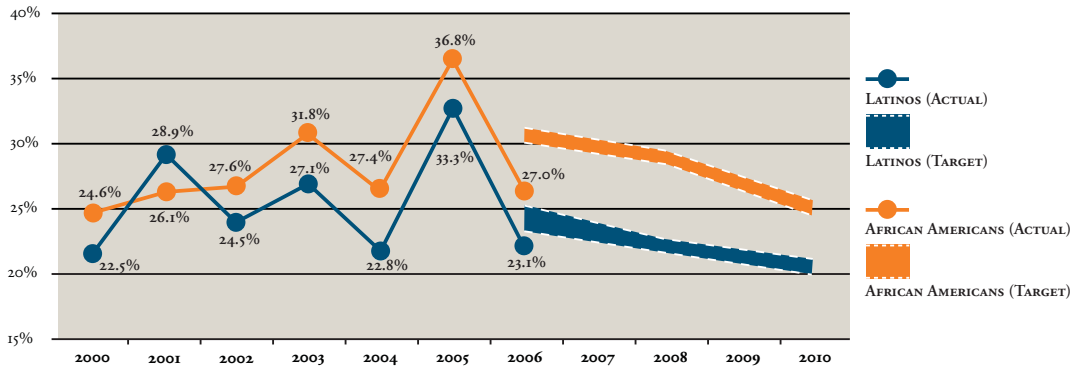
Baseline–2000:

- *Indiana smoking rates among all adults was **27** percent.*
- *Indiana smoking rates among young adults ages **18-24** was **37** percent.*
- *Indiana smoking rates among pregnant women was **21** percent.*
- *Indiana smoking rates among African Americans was **25** percent.*
- *Indiana smoking rates among Latinos was **23** percent.*

Indiana Adult Smoking Rates, All Adults, Young Adults, and Pregnant Women
2000-2006 (actual) and 2006-2010 (targets)



Indiana Adult Smoking Rates, African Americans and Latinos
2000-2006 (actual) and 2006-2010 (targets)



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

- Increase the availability of appropriate tobacco cessation services in the community for adults and youth
- Ensure that health care providers and health care systems are fully implementing the Public Health Service guidelines for cessation
- Increase proportion of worksites that provide employer-sponsored cessation support for employees who use tobacco
- Maintain and enhance Indiana State Partner Network to coordinate the Indiana Tobacco Quitline and cessation infrastructure
- Promote tobacco cessation as a top health priority in Indiana
- Build tobacco treatment capacity in Indiana and create an integrated network of treatment resources
- Conduct surveillance and evaluation of the statewide tobacco control initiative
- Also see strategies for priority areas 2, 4, and 5

Outcomes achieved

Indiana Adult Smoking

Indiana reduced adult smoking from 27.3 percent in 2005 to 24.1 percent in 2006. Indiana's adult smoking rate is now the lowest it has been since 1991. Last year over 130,000 Hoosiers quit smoking. However, over one million adults are still smoking. Indiana ranks 5th among all states in adult smoking.

Last year approximately half (52 percent) of Hoosier adult smokers attempted to quit smoking through a variety of methods. When they tried to quit, more than one-third used Nicotine Replacement Therapy (NRT) (38 percent) or cut back use (36 percent). Hoosiers want to quit smoking. Data from the 2006 Indiana Adult Tobacco Survey reports that nine out of ten (88.5 percent) Hoosier smokers want to quit. Of these, two-thirds (64 percent) of current smokers report seriously considering quitting in the next six months. Approximately 29 percent want to quit in the next 30 days.

Smokers are confident in their ability to quit with 78 percent feeling very or somewhat likely to succeed if they want to quit. Of smokers who tried to quit smoking in the past year, nearly half (47 percent) said cost was an important reason. Four out of five (80 percent) cited health as an important reason for wanting or trying to quit.

Only two-thirds (66 percent) of Hoosiers who saw a doctor or other health professional report being asked if they smoked. Among current smokers who visited a health

professional in the past year, 74 percent say that a health professional advised them not to smoke. Indiana tobacco control partners statewide are working to increase this and working with healthcare providers to give them the tools they need to help patients.

On June 27th, Governor Mitch Daniels, with State Health Commissioner Judy Monroe, M.D. and Karla Sneegas, ITPC executive director launched the new campaign entitled "There's never been a better time to quit." The effort is encouraging people to quit by getting help one of three ways:

– *Seeing their health care provider for medical advice on quitting,*

– *Calling the state's toll-free tobacco quit line – 1-800-QUIT-NOW (784-8669) and seeking help from a trained tobacco cessation coach, or*

– *Contacting their local ITPC-affiliated community coalition for resources.*

Outcomes of these efforts will be in the SFY 2008 annual report.

The reduction in adult smoking from 2005 to 2006 may be linked to the increase in local smoke free workplace ordinances helping Hoosiers in their attempts to quit smoking. Data from the 2006 Indiana Adult Tobacco Survey (ATS) show that 16 percent of smokers report a local smoke free community law was a reason for their wanting to quit. The Central Indiana region, which had the most smoke free communities, with 14 laws, saw a decline in smoking rates between 2004 (28.6 percent) and 2006 (18.1 percent). Research shows that implementing smoke free policies not only protects the public from secondhand smoke exposure, but it also provides a supportive, encouraging environment for smokers wanting to quit. These data suggest Indiana is beginning to see a reduction in smoking related to the increase in local smoke free air policies.

Local Cessation Networks

Community-based and minority-based grantees are implementing strategies based on the Community Prevention Services Guidelines for Tobacco Use, such as establishing cessation networks and changing policies throughout the community. These local networks are key to meeting the demand for tobacco users who are ready to quit smoking. These networks serve as the referral system for the Indiana Tobacco Use Quitline. More than half of Hoosier smokers are aware of local cessation resources to help them quit, and 37 percent of smokers are aware of the Indiana Tobacco Quitline.

Indiana Tobacco Quitline – Quit Now… We'll Show You How!

Launched on March 22, 2006, the Indiana Tobacco Quitline is a free service available for all Hoosiers to access for help in quitting tobacco through telephone-based counseling. The Quitline is one part of Indiana's comprehensive tobacco cessation network of services and provides referrals to local community partner cessation services when appropriate.

Smokefree Indiana (SFI) received a supplemental grant from the CDC to establish a statewide quitline for Indiana. The ITPC Board matched the 2007 CDC grant for SFY 2007. In June, the ITPC Board approved to allocate the money from the cigarette tax for smoking cessation to increase services available through the Indiana Tobacco Quitline.

Multiple scientific reviews have established that proactive telephone counseling through the Quitline is an effective cessation method. The U.S. Public Health Service Clinical Practice Guidelines and the Guide to Community Preventive Services both recommend the Quitline as an effective method to help people stop smoking or using tobacco.

One of the goals of the quitline is to increase the number of people who attempt to stop using tobacco, as well as increase the number of people who are tobacco free. The

Quitline, along with tobacco cessation and prevention efforts, policy changes, restriction of access to tobacco, and preventing youth initiation of smoking, are critical to decreasing tobacco-related diseases and deaths in Indiana.

Any Indiana resident can call the Indiana Tobacco Quitline. The Quitline provides support for people 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 community or national cessation resources. Registration staff request brief demographic information from callers such as age, smoking history, and zip code; however, all calls are confidential.

The Quitline currently offers a single comprehensive counseling intervention, referral to local resources and printed materials to all adult tobacco users. In addition, extensive counseling interventions are currently offered to the Medicaid-insured, uninsured and pregnant women (regardless of insurance status) populations of Indiana. Those not interested in quitting or counseling are still eligible to receive appropriate materials, and are encouraged to call back when ready.

Monthly reports provide data that give us aggregate information regarding total volume, caller type, pregnancy and insurance status of callers to the Quitline, and services provided to participants.

In SFY 2007, the Indiana Tobacco Quitline received 3,500 calls through 1-800-QUIT-NOW and include:

- *93% of Callers were Tobacco Users*
- *60% of Tobacco Users were Female and 6% were pregnant*
- *34% of Tobacco Users were Uninsured*
- *18% of Tobacco Users were covered by Medicaid*
- *A majority of callers were between the ages of 31-60 with 21% ages 31-40, 26% ages 41-50, and 21% ages 51-60. Approximately 10% were ages 18-24 years old*
- *One-third of Callers had a high school degree (33%), another 25% note some college or university education, with 20% without a high school education*

Promotional efforts were effective in driving volume to the Quitline to assist as many tobacco users as possible. Primary ways people heard about the quitline included tagged TV ads with the Quitline phone number (31%), health professionals (13%), and radio ads (11%). Family/friends were also a strong way to get information out about the Quitline with 9% of callers noting this method. In addition, involving community partners and providing them with brochures/flyers resulted in increased awareness of and volume to the Quitline, including outreach to healthcare providers.

Outreach to healthcare providers

To help Hoosiers quit, healthcare professionals must be equipped with the skills to provide state-of-the-art tobacco cessation counseling. In July 2006, ITPC and Clarian Tobacco Control Center launched the tobacco cessation specialist certification program. The Best Practices in Tobacco Cessation Counseling online educational curriculum is designed to educate the health professional about managing the care of the highly-dependent tobacco user. The course helps the health professional gain knowledge and develop skills in how to assess, diagnose, develop treatment plans and deliver effective tobacco cessation interventions. Health professionals learn the basics of how to use behavioral and pharmacologic aids to promote cessation; are exposed to the basics of medical reimbursement for nicotine dependence and nicotine withdrawal; and receive access to physical and online resources such as the Public Health Service Clinical Practice Guidelines pertinent diagnostic forms, and questionnaires. To date, more than 140 individuals have completed the certification.

The Indiana Academy of Family Physicians also educated all 2,600 members about referring patients who use tobacco to the Indiana Tobacco Quitline, and has begun promoting new, free CME webcasts about basic tobacco cessation, group visits, becoming a tobacco aware practice, and new advances in tobacco cessation.

Public Health and Medicine Day

ITPC partnered the ISDH for the Indiana State Health Commissioner's Public Health and Medicine Day on May 23rd. Tobacco control topics included encouraging physicians to talk with their patients about tobacco use and provide strategies to integrate these practices into office procedures. Dr. Andrew Hyland, of Roswell Park Cancer Center gave the first Stephen J. Jay, M.D. lecture on the effectiveness of smoke free air laws. This lecture series is in honor of Dr. Stephen J. Jay, Professor of Medicine and Public Health, Indiana University School of Medicine (IUSM) and past (founding) chair of the Department of Public Health, for his lasting contributions to tobacco control. He is a practicing internist/pulmonary specialist and teaches medical and other health sciences to graduate students. Dr. Jay has authored 130 publications in educational, health policy, and history journals.

Some of Indiana's healthcare professionals may be the ones who need help in quitting tobacco use and breaking from this addiction. ITPC statewide partner Clarian Tobacco Control Center: Nurse 2 Nurse program helps reach clinical health professional nurses and support quit attempts for both nurses and patients using tobacco. A critical objective of the project is for nurses and clinical health professionals to increase use and implementation of Public Health Service Guidelines in patient care uniformly throughout their health service. Finally, the project plans to increase involvement of nurses and other health care professionals in community efforts to reduce tobacco use.

The first phase of the project successfully launched the Nurse 2 Nurse Website, www.clarian.org/nurse2nurse and loaded the site with factual information and links to the national Tobacco Free Nurses website and to Quitnet website. N2N was launched to audiences in three hospitals, following assessment of seven hospitals. Over the course of 2006-2007, N2N is reaching out to nursing and community associations with presentations to The Indiana Chamber of Commerce, the Indiana Rural Health Association and the Clarian Statewide Conference and Public Health and Medicine group, all of which were provided with information and a call for partnership.

To date, N2N has 100 active individual partners, reached 786 individuals, and was instrumental in systemic implementation of Public Health Service Guidelines for six Clarian hospitals. N2N encouraged hospital administration involvement in the statewide effort to increase Indiana tobacco tax and decrease use of tobacco.

PRIORITY AREA 4 – INCREASE ANTI-TOBACCO KNOWLEDGE, ATTITUDES AND BELIEFS NECESSARY FOR SMOKING BEHAVIOR CHANGE TO OCCUR

The ITPC public education campaign focuses on changing tobacco-related knowledge, attitudes, and beliefs and is based on extensive research. If people hold positive attitudes toward an activity such as smoking, they will have a greater likelihood of engaging in that activity than if they hold negative attitudes toward the activity. Conversely, if they hold negative attitudes toward engaging in an activity, they will be less likely to engage in it[24]. Similarly, if people believe that the outcomes stemming from a particular activity will be socially, emotionally, or physically positive, they will be more likely to engage in the activity. If they believe the consequences to be negative, they will be less likely to engage in it.

Research supports these theories as they pertain to tobacco-related knowledge and attitudes and subsequent influences on smoking and other tobacco use behaviors[25]. People who know the risks associated with tobacco use and believe that using tobacco is not socially acceptable have a lower prevalence of tobacco use than those who do not know the risks and think that smoking is socially acceptable[26].

ITPC works to educate individuals and organizations about the devastating effects of tobacco use on our society and empower them to take action and adopt a tobacco free philosophy. Much of this work is more than advertisements, but communicating a tobacco free message to help Hoosiers live healthier lives.

As recommended by the CDC Guide to Community Preventive Services for Tobacco Control, mass media campaigns are effective in reducing initiation of tobacco use when combined with other actions, such as increasing the cigarette tax. Media campaigns also lead to the decrease in smoking and increase in cessation[15].

Indiana's statewide public education campaign is a combination of paid and earned media messages designed to counter pro-tobacco influences and increase pro-health messages and influences throughout the state. Counter-marketing consists of a wide range of efforts, including paid television, radio, and print counter-advertising at the state and local level; ethnic marketing; media advocacy and other public relations techniques. Counter-marketing activities can have a powerful influence on public support for tobacco control interventions and set a supportive climate for school and community efforts.

The power of media and marketing to influence behavior and drive demand for products and services is well known. According to the 2005 Report from the Federal Trade Commission (FTC), the tobacco industry spent more than $13 billion on advertising, nearly $425 million in Indiana. The tobacco companies spend 26 times the amount that Indiana spends in tobacco prevention. Counter-marketing and public relations campaigns can break through the industry's clutter and communicate the truth about tobacco and the industry's deceptive marketing practices.

Objectives for 2010:

- *Increase proportion of youth reporting "not open to smoking".*
  - *Middle school youth to **70** percent by 2010.*
  - *High school to **50** percent by 2010.*
- *Increase the proportion of youth who think smoking does not make people look cool and fit in.*
  - *Middle school youth to **90** percent by 2010.*
  - *High school youth to **85** percent by 2010.*
- *Decrease the social acceptability of smoking among adults to **33** percent by 2010.*
- *Increase proportion of adult smokers with intentions to quit smoking in the next **30** days to **35** percent by 2010.*
- *Increase the proportion of adults who believe exposure to secondhand smoke is a serious health hazard.*
- *Increase support for secondhand smoke worksite policies among adults to **85** percent by 2010.*

2007 Progress:

- *Proportion of youth reporting "not open to smoking":*
  - *Middle school youth is **61** percent.*
  - *High school youth is **40** percent.*
- *Proportion of youth who think smoking does not make people look cool and fit in.*
  - *Middle school youth is **90** percent.*
  - *High school youth is **88** percent.*
- *Social acceptability of smoking among adults is at **69** percent.*
- *Proportion of adult smokers wanting to quit in the next 30 days is **29** percent.*
- *Proportion of adults who believe exposure to secondhand smoke is a serious health hazard is **60** percent.*
- *Support for secondhand smoke worksite policies among adults is **69** percent.*

Baseline–2000:

- *Proportion of youth reporting "not open to smoking":*
  - *Middle school youth was **54** percent.*
  - *High school youth was **27** percent.*
- *Proportion of youth reporting "not open to smoking":*
  - *Middle school youth was **54** percent.*
  - *High school youth was **27** percent.*
- *Social acceptability of smoking among adults was at **67** percent. (2002)*
- *Proportion of adult smokers with intentions to quit smoking in the next 30 days was **25** percent. (2002)*
- *Proportion of adult who believe exposure to secondhand smoke is a serious health hazard was **60** percent. (2004)*
- *Support for secondhand smoke worksite policies among adults was **74** percent. (2002)*

Indiana's strategies for increasing anti-tobacco knowledge, attitudes and beliefs necessary for smoking behavior change to occur are to:

- Implement the statewide public education campaign
- Increase level of community activism among youth to support community change that includes youth involved in the Voice movement

Outcomes Achieved

Whitelies.tv Campaign

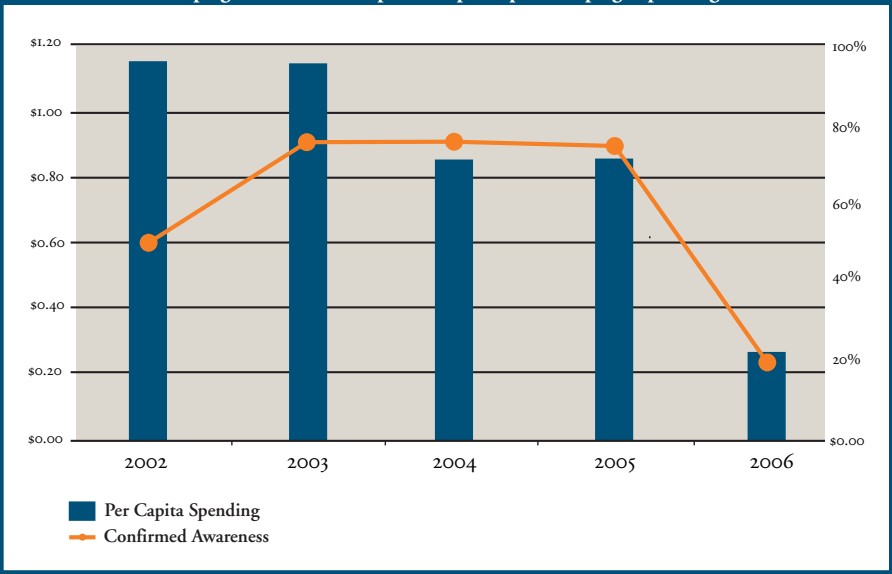
Educating Hoosiers on the dangers associated with secondhand smoke remains a primary focus of ITPC's public education campaigns. Public education is key as many communities continue to build foundations of support for smoke free air laws and move those who are tobacco users toward setting a quit date.

WhiteLies.tv television advertisements featured this year included the Rene Hicks series called "Secondhand Smoke Is Dangerous" and "This Is Real", the Healthy Indiana campaign, and ITPC brought back the Lorene Sandifur series.

Rene Hicks is a comedienne who spent years working in smoky clubs. It is through these smoky enclaves that Rene Hicks made her mark as a comedian. But, in 2001, her work almost killed her. Hicks, who had never smoked in her life, developed lung cancer. Fortunately, she survived, and continued with her successful career in comedy, as well as television and movies. She has also been featured in the video release of the 2006 U.S. Surgeon General's Report of the Health Consequences of Involuntary Smoking. The Healthy Indiana series illustrated the positive impact smoke free air policies are having in Indiana and how Indiana is becoming a healthier place to live, work, and play. Lorene lives in Kokomo and lost her husband, Gary, due to smoking. The series tells the story of their lives and Gary's desire to return to a healthy lifestyle and quit smoking.

Research data on specific ad effectiveness show that Hoosiers are aware of the ads and find them convincing and make them think about tobacco use issues. However, overall confirmed awareness of Hoosiers seeing any part of the ITPC public education campaign is only at 20 percent. This is a dramatic decline from 2004-2005 when awareness was at 70 percent. Measures of confirmed awareness of media messages is highly dependent on funding. In SFY 2007, per capita spending on public education campaigns was at 27 cents, down from 86 cents in 2004, when confirmed awareness measures where at 70 percent. In order for Hoosiers to be aware of anti-tobacco messages, they must be able to see them and that requires more dollars for advertisement placement.

Public education campaign awareness compared to per capita campaign spending.



In 2007, a WhiteLies.tv campaign featured former Indiana Economic Development Corporation Chief Mickey Maurer and several restaurant and bar owners who took their businesses smoke free and benefited from the change. Maurer was one of several Hoosiers featured in a series of statewide "WhiteLies.tv" newspaper advertisements that celebrate smoke free communities.

Voice.tv Campaign

A riveting trio of ITPC television ads encouraging youth to fight back against the tobacco industry focused on a statewide youth advocacy movement known as VOICE. Ads were filmed at ACTION SPEAKS, which also kicked off a year's worth of local VOICE events that are conceived, planned and executed by the youth themselves to counter tobacco industry marketing aimed at young Hoosiers. More about Voice's counter marketing efforts can be found on page 8.

Partnerships

Indiana Black Expo

Working with available budgets, the media campaign was shifted away from broadcast advertising to focus on earned media efforts. Event sponsorship was of particular value in expanding the messages to ethnic audiences around the state. A primary example was the Indiana Black Expo's Summer Celebration in July. WhiteLies.tv and the Voice movement had a significant presence throughout the ten-day event. ITPC used the platform to speak about the dangers of smoking, secondhand smoke and how tobacco has affected Hoosier lives. WhiteLies.tv had a large exhibit at the Indiana Black Expo information center, exhibit space within the health fair to distribute materials regarding the dangers of secondhand smoke and cessation, and inclusion in the Sunday morning church service.

Teens attending the event were exposed to the Voice message through the exhibit space used to distribute posters, wristbands, and other various materials that promoted Voice and recruited interested youth. A street marketing team and Voice youth executed several guerrilla marketing campaigns while being taped for the Voice documentary; these tactics included holding a shoe memorial

inside of the exhibition hall to commemorate the 27 lives that are lost every day to tobacco-related diseases. Other activities included a Voice rally prior to the celebrity basketball game and crowd interaction during the free concert. This partnership has allowed IBE to step away from tobacco industry sponsorship and promote health in their programming.

Indiana State Fair

In August 2006, the annual Tobacco Free Day took place as part of ITPC's partnership with the Indiana State Fair. The impact of this twelve-day partnership continues to improve each year, particularly as the Fairgrounds extends its non-smoking policy to new areas. Employees were provided with a training session, including information and updates on the no smoking policy. ITPC's message covered the grounds too as its informational brochures were displayed in fair venues year-round and banners were posted on Tobacco Free Day. New and repeat visitors to the WhiteLies.tv booth at the fair were welcomed with a state map highlighting the varying degrees of tobacco-free school policies by county. Visitors were encouraged to sign the map as a show of support for the policies.

Tobacco Free Day attendees were treated to a motocross show sponsored by Voice as well as an evening concert. Voice youth participated in the daily parade and hosted a variety of activities to engage visitors at their booth. Many of the visitors were previously exposed to the Voice and/or WhiteLies.tv messages during the county fairs, when partners educated local crowds on tobacco use. Partners utilized ITPC's newspaper ads, public service announcements, banners, and educational items to extend the WhiteLies.tv brand locally. The danger of secondhand smoke continued to be the focus of this messaging, particularly through the use of Kids' Days for local Tobacco Free or Smoke Free Day activities.

INFluence Women's Health Forum

On April 18, 2007, ITPC partnered with ISDH for the first-ever Influence Women event. First Lady Cheri Daniels, Honorary Chair, and Dr. Judith Monroe, Indiana State Health Commissioner, convened powerful Indiana women to give them the knowledge and tools to stand up for women's health, influence others, and inspire action. The motivation for the forum came after RJ Reynolds launched its Camel No. 9 cigarettes with a significant marketing campaign that included full page advertisements in magazines and ladies only parties held in night clubs throughout the country. The goody bags from the parties were full of treats like chocolates, make up, coupons for spa treatments, and other items that were fashionable and would be very enticing for young girls and women. This forum was a way for Hoosier women to speak up against the tobacco industry's marketing to girls. Victoria Almquist, National Campaign for Tobacco-Free Kids, delivered the tobacco empowerment message on how the tobacco companies target girls and women. These forums are being held locally through out the coming year. In addition, other states have been very interested in Indiana's efforts.

INShape Indiana Health Summit

The 2006 INShape Indiana Health Summit took place November 27 and was an incredible success. The Summit brought together 748 individuals from 82 counties, all of whom were committed to reinforcing the INShape Indiana message. The tobacco control message was strengthened by keynote speaker Patrick Barkey whose talk was about the economic burden tobacco use places on Indiana through the loss of jobs and income. Additional detail on this study can be found on the "research and evaluation" page of the ITPC website www.in.gov/itpc/research.asp.

Danny McGoldrick, Vice President of Research from the Campaign for Tobacco-Free Kids energized participants in a breakout session on increasing cigarette taxes in

Indiana and the opportunity in the 2007 legislative session. Governor Daniels honored VOICE with a trailblazer award for their work in mobilizing their peers and speaking out against tobacco use in Indiana.

Media Advocacy

With an emphasis on media advocacy, ITPC worked to keep the issue of tobacco control in the spotlight. National news provided a strong foundation for ITPC and its partners to generate news. Additional tools, such as the weekly e-mailed Facts for Life statistic, monthly articles in the Indiana State Personnel Department newsletter and the monthly Breathe IN newsletter allowed various audiences to keep abreast of tobacco control issues.

Hosting press conferences afforded ITPC the chance to speak directly with the media at various times throughout the year. ITPC also issued a variety of 19 news releases, opinion editorial pieces and letters to the editor on a variety of topics, including Governor Daniels' Healthy Indiana Plan and the benefits of increasing Indiana's cigarette tax; speaking out against tobacco industry's marketing to Hoosiers; promoting the U.S. Surgeon General's report on The Health Consequences of Involuntary Smoking; awards such as RISE and the Youth Advocate of the Year; praise for 100 percent tobacco free school campuses and local smoke free workplace ordinances; Rick Stoddard's community and school visits and other community and state events.

In SFY 2007, Indiana generated more than 4,600 news clips throughout the state, an increase from 3,200 clips in SFY 2006. Key topics were cigarette taxes, secondhand smoke and local smoke free air policies.

PRIORITY AREA 5 – INCREASE INDIANA'S TOBACCO TAX TO REDUCE ADULT SMOKING AND PREVENT YOUTH SMOKING

High cigarette prices are one of the most effective tools to reduce smoking. A primary method to increase cost is by raising cigarette taxes. 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. The Task Force on Community Preventive Services found that interventions to increase the unit price of tobacco products are effective both in reducing the number of people who start using tobacco and in increasing the number who quit, and issued strong recommendations that these strategies be implemented[16].

Increasing cigarette taxes is a win-win-win. Economic research concludes that every 10 percent increase in the real price of cigarettes reduces adult smoking by about 4 percent and teen smoking by roughly 7 percent[17]. 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 adults[18]. Studies also conclude that the greatest impact of price increases is in preventing the transition from youth experimental smoking to regular (daily) smoking. Considering 90 percent 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. It's a fiscal win that raises needed revenue. It's a public win because cigarette taxes receive broad support.

Long Term Objective for 2010:

- *Decrease cigarette consumption*
- *Increase Indiana's tobacco tax to **$1.50** by 2010.*

2007 Progress:

- *Cigarette consumption increased **4** percent since SFY 2006 to 646 million packs.*
- *Indiana cigarette tax increased to **99.5** cents on July 1, 2007.*

Baseline–2000

- *Annual cigarette consumption was **758** million packs.*
- *Indiana's cigarette tax was **15.5** cents per pack.*

Indiana strategies for increasing Indiana's tobacco tax to reduce adult smoking and prevent youth smoking are:

- Generate interest from organizations and the public to support increasing tobacco taxes as a strategy for reducing adult and youth smoking rates
- Educate key decision makers on the health and economic benefits of increasing tobacco taxes

Outcomes Achieved

Increasing Indiana's Cigarette Tax

In 2007, the 115th Indiana General Assembly passed HEA 1678. The legislation increases the cigarette tax by 44 cents per pack to fund various health related expenses and appropriates $1.2 million for tobacco cessation to ITPC.

Other key aspects of the legislation include:

- *Establishing the Indiana check-up plan to include coverage, financial assistance, eligibility and enrollment, contracting, financial obligations, and funding requirements. Requires the Indiana Comprehensive Health Insurance Association to administer plan benefits for high-risk individuals insured under the plan.*
- *Provides for a tax credit related to small employer qualified wellness programs. Requires the state department of health to establish standards for and certify a small employer qualified wellness program.*
- *Requires health insurers and health maintenance organizations to cover children up to 24 years old upon request.*
- *Allows certain small employers to join together to purchase group health insurance and allows the insurance commissioner and the Office of the Secretary of Family and Social Services to develop a program to provide for such purchases.*
- *Increases the income limit for Medicaid eligibility for pregnant women.*
- *Makes funding changes to the hospital care for the indigent program, the municipal disproportionate share program, and the Medicaid indigent care trust fund.*
- *Provides for continuous eligibility of a child under Medicaid and the Children's Health Insurance Program (CHIP) until the child becomes three years of age. Increases the CHIP eligibility family income limit.*

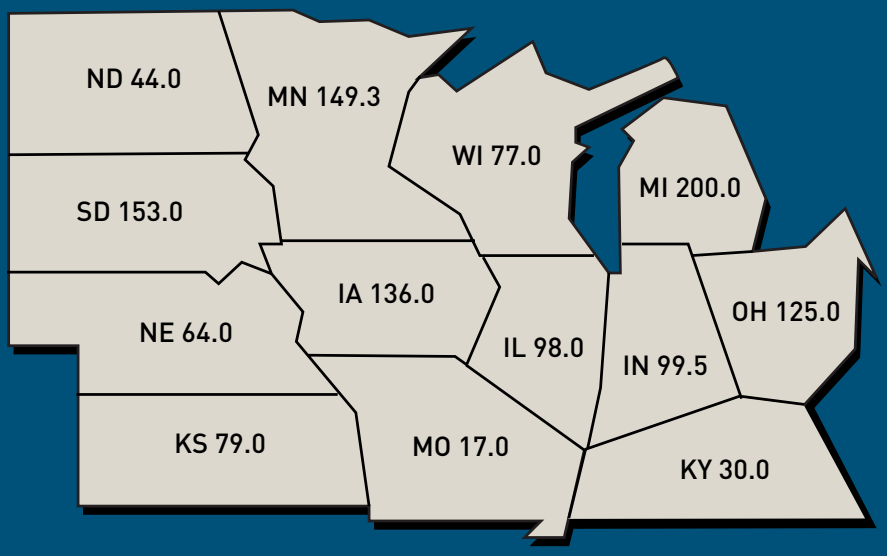
Many organizations worked together to pass this important health policy. This was demonstrated on March 12th as nearly 500 supporters gathered throughout the Statehouse Rotunda to rally support for the Governor Mitch Daniels' Healthy Indiana Plan (HIP). HIP was designed to improve the health of all Hoosiers by reducing smoking rates, increasing access to needed childhood immunizations, and providing health coverage for the uninsured. These health initiatives would be funded by 100 percent of the revenues from an increase in cigarette prices, which would solve three serious health problems in Indiana: $24 million to initiate an aggressive smoking cessation and reduction campaign, aimed especially at reducing the number of kids who smoke; $11 million for childhood immunizations; remaining funds to establish a program that offers health insurance to 120,000 or more low-income Hoosiers.

The July 1, 2007 Indiana's cigarette tax increased by 44 cents to 99.5 cents. This increase brings Indiana's tax just under the national average of 107.3 cents[19]. Indiana's tax puts it at the 26th highest tax in the country. Since 2006, fourteen states have passed eighteen separate cigarette tax increases. Indiana's tax still remains lower than its border states, except Kentucky (30 cents) and is similar to Illinois (98 cents).

Cents per pack
Overall All States' Average: $1.073 cents
State cigarette excise taxes

Rank	State	Tax
1	New Jersey	258
2	Rhode Island	246
3	Washington	202.5
4	Alaska	200
4	Arizona	200
4	Maine	200
4	Michigan	200
4	Connecticut	200
9	Hawaii	180
10	Vermont	179
11	Montana	170
12	South Dakota	153
13	Massachusetts	151
14	New York	150
15	Minnesota	149.3
16	Texas	141
17	Iowa	136
18	Pennsylvania	135
19	Ohio	125
20	Oregon	118
21	Delaware	115
22	New Hampshire	108
23	Oklahoma	103
24	District of Columbia	100
24	Maryland	100
26	**Indiana**	**99.5**
27	Illinois	98
28	New Mexico	91
29	California	87
30	Colorado	84
31	Nevada	80
32	Kansas	79
33	Wisconsin	77
34	Utah	69.5
35	Nebraska	64
36	Tennessee	62
37	Wyoming	60
38	Arkansas	59
39	Idaho	57
40	West Virginia	55
41	North Dakota	44
42	Alabama	42.5
43	Georgia	37
44	Louisiana	36
45	North Carolina	35
46	Florida	33.9
47	Kentucky	30
47	Virginia	30
49	Mississippi	18
50	Missouri	17
51	South Carolina	7

SURROUNDING STATES TOBACCO TAXES



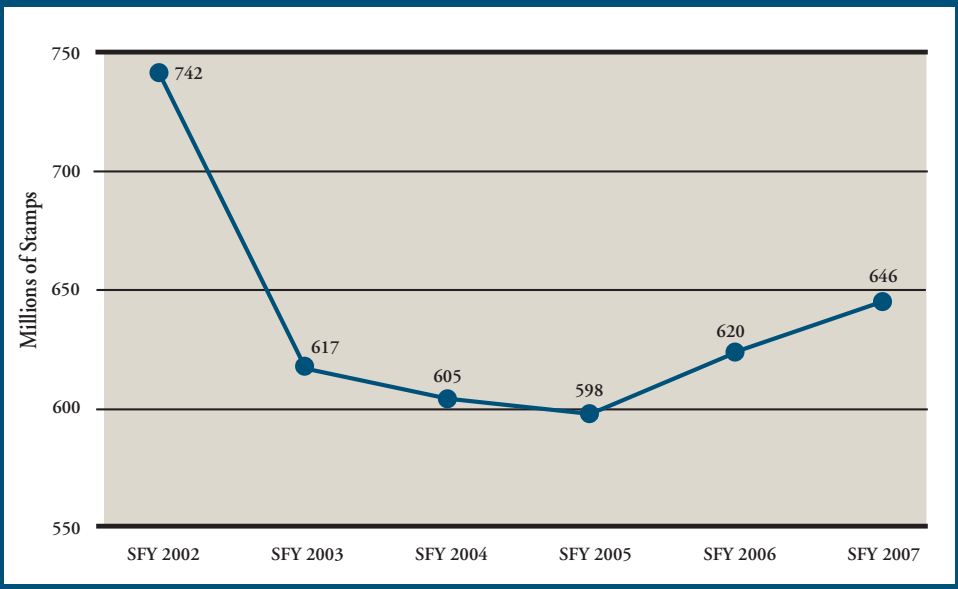
A high price on cigarettes is one of the strongest interventions to decrease smoking. This increase in cigarette tax by 44 cents can expect to produce[20]:

- *Fewer Hoosiers smoking: 23.400 adults and 39,700 youth*
- *Thousands of Hoosier youth saved from an early death by not smoking – 12,700 youth*
- *Healthier babies, with 7,100 smoking- affected births avoided over the next five years and a saving $12.1 million over five years in smoking-related pregnancy and birth health care costs, as fewer women will smoke during pregnancy*
- *Nearly $917 million from long term health savings and increase in state revenue of $191 million*

Cigarette Consumption

Cigarettes smoked by Hoosiers can be estimated through the number cigarette tax stamps sold to tobacco retailer distributors. Data on tax stamp sales are collected through the Indiana Department of Revenue. While there was a significant decline in the number of cigarette stamps sold between SFY 2002 and SFY 2003, this decline has slowed and began to rise during SFY 2006 and 2007. In SFY 2007, 646 million cigarette stamps were sold in Indiana, as shown in Chart Indiana Cigarette Consumption, SFY 2002-2007. The number of stamps sold increased 4 percent from SFY 2006 to SFY 2007.

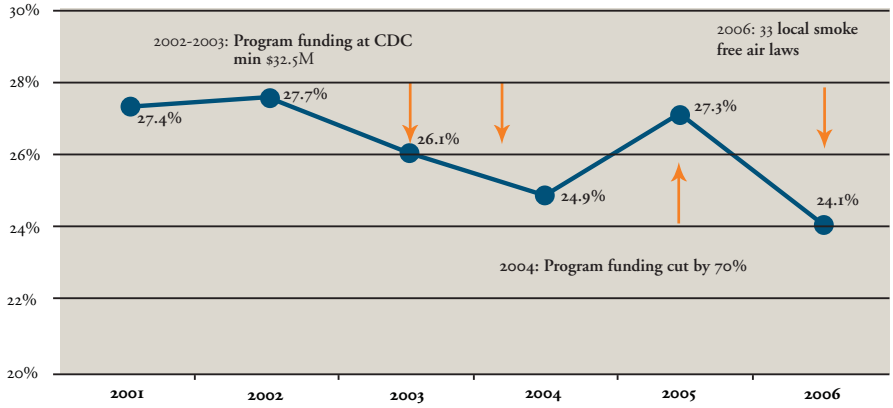
Indiana Cigarette Consumption SFY 2002 to SFY 2007



PRIORITY AREA 6 – MAINTENANCE OF STATE AND LOCAL INFRASTRUCTURE NECESSARY TO LOWER TOBACCO USE RATES AND THUS MAKE INDIANA COMPETITIVE ON ECONOMIC FRONTS.

Adequate funding is necessary to carry out a comprehensive tobacco control program to improve on Hoosiers' health that is impacted by the State's alarming tobacco use rates. States like Indiana that have implemented comprehensive tobacco prevention and cessation programs have achieved reductions in youth and adult smoking. The drop in youth smoking and the declines in adult smoking are indications of this investment. However, inconsistent funding has made maintaining this progress and preventing regression a challenge.

Indiana adult smoking rates, 2001-2006



There is growing evidence that the recent cuts in tobacco prevention funding are undermining efforts to reduce youth smoking. States such as Minnesota that experienced similar budget reductions found that youth susceptibility to smoking, an important predictor of youth tobacco use, significantly increased after the funding was reduced. When Massachusetts budget was cut an increase in illegal sales of tobacco products to children quickly followed[21]. Indiana also saw how reduced funding impacts progress as adult smoking rates stalled following dramatic funding. Data in 2005 showed that Indiana's adult smoking rate had increased from 24.9 percent in 2004 to 27.3 percent. This was a reversal from just two years prior when the smoking rate had declined from 27.7 percent in 2002 to 24.9 percent in 2004.

There is strong evidence that shows if every state had spent the minimum amount recommended by the CDC, youth smoking rates nationally would have been between 3-14 percent lower during the study period, from 1991 to 2000. The study found that states would have prevented nearly two million youth alive today from becoming smokers, saving more than 600,000 from premature, smoking-caused deaths, and save $23.4 billion long term smoking related health care costs[22].

Research also suggests that well-funded tobacco control programs combined with strong tobacco control policies increase cessation rates. Quit rates in communities that experienced both policy and programmatic interventions were higher than quit rates in communities that had only experienced policy interventions, such as high cigarette taxes and smoke free air policies. Therefore, state tobacco control programs have an effect beyond strong policy[23].

Investment in Tobacco Control

ITPC has received a 50 percent increase in funding for SFY 2008-2009. This increases the annual budget to $16.2 million, which is approximately 50 percent of the CDC recommended minimum level for funding. The Indiana General Assembly appropriated $15 million from Indiana's portion of the Tobacco Master Settlement Agreement in the State's budget. The additional $1.2 million comes from revenue from Indiana's cigarette tax, now 99.5 cents. ITPC is very pleased to have this financial commitment.

Long Term Objective for 2010:

- *Annual funding for Indiana's comprehensive tobacco control program will be equal or above the Centers for Disease Control and Prevention (CDC) minimum funding recommendation by 2010 in order to ensure:*
  - *Cessation services available to all Hoosiers that want to quit (see priority area #3)*
  - *Local comprehensive tobacco prevention and cessation program in 92 counties*
  - *Local and state minority grants reaching 95 percent of minority populationstatewide*
  - *All workers in a smoke free environment (see priority area #2)*

Outcomes Achieved:

Community Program Structure

Effective community programs involve people in their homes, worksites, schools, places of worship, entertainment venues, civic organizations, and other public places. Evaluation data show that funding local programs produces measurable progress toward statewide tobacco control objectives.

Indiana has been nationally recognized for its Community Based Programs that incorporates Minority, School, Cessation, Youth, Training, and Statewide Programs under one broad category because these programs are interconnected and can all be addressed by linking local community coalitions with the statewide counter-advertising program.

The Spring of 2007 brought a grant renewal process for local tobacco control efforts. ITPC staff conducted trainings to organizations statewide on evidenced-based tobacco control interventions to prepare them for the process.

The community-based and minority-based partnership application process is extensive that includes a community assessment and program planning component. Coalitions are required to submit a two-year work plan and provide supporting information about the program areas they choose to work on. Evidence of a broad based community coalition is critical to an effective work plan and is closely evaluated.

ITPC's commitment to its community programs remained strong, building on the great progress that has been made. ITPC was able to continue the work of coalitions in 85 of the 92 counties, with 13 state and local minority based partners working in 10 counties through SFY 2009.

The community programs are evolving into strong and influential forces in the statewide tobacco control movement. Their work in the local communities is vital to the success of the statewide program, and ITPC is committed to the local community programs by providing training, technical assistance and resources. There are 2250 organizations working on tobacco control through the ITPC network of community programs in Indiana.

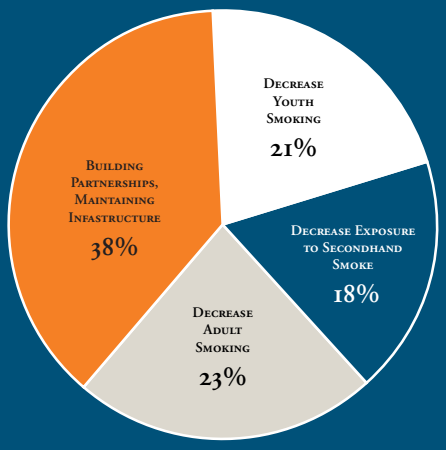
The community program progress is tracked through a variety of mechanisms. This includes monitoring the implementation of activities as well as evaluating their effectiveness in working towards ITPC's objectives. ITPC tracks how local coalitions implement activities through a web-based program tracking system. Each coalition has a unique login to access the system and report electronically. Through this reporting system ITPC can track local program activity levels.

Coalitions have reported nearly 5,500 local program activities in SFY 2007, ranging from VOICE events to community presentations to delivering training. These include activities such as:

- Nearly 400 presentations to almost 84,000 Hoosiers
- More than 230 training activities
- More than 230 student education activities

Local coalitions distribute their time working among the four priority areas discussed above:

- Decreasing youth smoking rates
- Increasing proportion of Hoosiers not exposed to secondhand smoke
- Decreasing adult smoking rates
- Protecting and maintaining a state and local infrastructure necessary to lower tobacco use rates



Overall in SFY 2007, coalition building and maintaining state and local infrastructure was the priority area where a majority of the local coalitions are working, however each priority area accounts for a good proportion of activities.

Number of activities completed by community-based and minority-based partnerships during SFY 2007 by Community Indicator.

Community Indicator		Activities
	Priority Area 1: Decrease youth smoking rates	
1.	Increase the proportion of Indiana school districts that support and implement a comprehensive school strategy against tobacco use.	301
2.	Extent of community activism among youth to support community change that includes youth involved in the VOICE movement.	782
3.	Extent of compliance with laws related to tobacco sales to youth.	61
	Priority Area 2: Increase proportion of Hoosiers not exposed to secondhand smoke	
4.	Proportion of tobacco free campus policies for hospitals, health care centers, and clinics.	84
5.	Proportion of smoke free policies for worksites, including restaurants and bars.	633
6.	Proportion of smoke free policies for government buildings, grounds, and vehicles.	40
7.	Proportion of school districts with tobacco-free campuses.	81
8.	Proportion of smoke free policies for community organizations.	68
9.	Extent of tobacco control policies on university/college campuses. This includes indoor and outdoor spaces such as student housing, classroom buildings, and athletic facilities.	22
10.	Proportion of smoke free policies for indoor and outdoor recreational facilities (e.g., fairgrounds, amusement parks, playgrounds, sport stadiums, etc.).	51
	Priority Area 3: Decrease adult smoking rates	
11.	Extent of the availability of appropriate tobacco cessation services in the community for adults and youth.	1065
12.	Proportion of health care providers and health care systems that have fully implemented the Public Health Service guidelines for cessation.	75
13.	Proportion of worksites that provide employer-sponsored cessation support for employees who use tobacco.	89
	Priority Area 6: Maintain state and local infrastructure necessary to lower tobacco use rates and make Indiana competitive on economic fronts	
14.	Extent of participation by partners within the broad-based coalition.	1322
15.	Extent of participation by groups representing desparately affected (i.e. hard to reach) populations in the community.	693

In order to continue 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 necessary to lower tobacco use rates. These activities include training of coalition and community members, adults and youth; developing relationships with key stakeholders and decision makers in their communities; and building diverse coalitions in their community. The ITPC funding provides the resources to hire staff, purchase education materials and resources, conduct training programs, and recruit and maintain local coalitions. The formation of coalition has been a powerful and effective tool to mobilize the community to make the change that support tobacco control efforts. These coalitions also have become the central focus in organization networks of partners through a large community. Approximately 38%, or a majority of activity reported was spent in this priority area.

ITPC continues its comprehensive training plan for staff, board, and partners, that includes mandatory training sessions, elective training topics, an annual information sharing event, bimonthly conference calls, cluster meetings, and numerous communication tools. 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. These training methods allows ITPC to disseminate the latest evidence based research and applications in tobacco control.

ITPC provided the following training/networking opportunities for its partners:

- Policy Deal Breaker Training held in conjuction with the American Cancer Society and the American Heart Association (August 2006)
- Regional Meetings (September-October 2006)
- Facts About A Tobacco Tax (October 2006)
- New Coordinator Training (October 2006)
- Sharing Our Success (January 2007)
- Request for Proposal Trainings (February 2007)

Five regional program directors oversee approximately 22 grants each and provide ongoing technical assistance that include: involvement in coalition meetings, approval of budget and work plan changes, strategic planning, cluster meetings, conference calls, and policy assistance.

See the ITPC coalition pages for more information on community-based and minority-based partners or visit www.in.gov/itpc/community.asp.

ANR Grant Received by ITPC

ITPC received a grant from Americans for Nonsmoker's Rights (ANR), a national organization, to help with implementation of many local smoke free air laws already in effect and assist other communities in passing stronger laws. Successful implementation of local smoke free air policies helps future communities in protecting their citizens from secondhand smoke. A project team is working on the following tasks:

- Establishing a core set of implementation materials and templates that can be used by a smoke free community
- Providing support of communities that need additional public education on secondhand smoke
- Establishing evaluation protocols to be included the implementation plans, such as indoor air monitoring studies

Fiscal Accountability

ITPC administered 110 contracts with an annual overall budget of $12.5 million during SFY 2007. Proportion of local grants meeting quarterly reporting requirements at the end of SFY 2007 was 87 percent. In order to manage the large number of grants ITPC holds a Memorandum of Understanding with the State Board of Accounts (SBOA) to assist with the fiscal monitoring of each grant. The SBOA conducts an onsite review of each grantee with reports to be filed with ITPC. From July 1, 2006 to June 30, 2007, the SBOA completed 61 monitoring engagements. ITPC's goal for the SBOA is to review all grant recipients' documents for compliance with contractual guidelines for the entire contract period and to conduct a final review upon the conclusion of the grant cycle period.

ITPC FINANCIAL REPORT

Cash and Investments, July 1, 2006	**$6,941,673**
Receipts:	
Interest on Investments	328,461
Appropriation from Master Settlement Fund	10,099,964
Local Grant Dollars Returned from SFY04-05 Grant Cycle	85,663
Robert Wood Johnson Grant Reimbursement for Expenses	1,250
Sponsorship from Anthem Insurance	1,000
Total Receipts	**10,516,337**
Disbursements:	
Advertising Expenditures	2,300,848
Enforcement of Youth Access - Alcohol Tobacco Commission	500,000
Community Grants	4,263,523
Minority Grants	1,832,969
Statewide Grants	496,206
Chronic Disease Collaborative Project	448,595
Voice	300,000
Special Opportunity Grants to Local Communities	427,615
Training, Technical Assistance, and Educational Materials	146,879
Program Evaluation - RTI, St Bd of Accts, Policy, YTS	205,621
Administration and Management	1,094,543
Total Disbursements	**12,016,799**
Excess of Receipts over (under) Disbursements	(1,500,462)
Fund Balance July 1, 2006	$6,941,673
Cash and Investments, June 30, 2007	**$5,441,212**

NOTES

June 30, 2007

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. Additional appropriations into the fund are as follows:

2001-2002 - $5 million
2002-2003 - $25 million, (of which only $15 million was actually received)
2003-2004 - $10.8 million
2004-2005 – $10.9 million
2005 – 2006 – $10.8 million (with a 7% reserve)
2006 – 2007 - $10.8 million (with a 7% reserve)
2007 – 2008 - $16.2 million (with a 2% reserve)
2008 - 2009 - $16.2 million (with a 2% reserve)

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.

2008-2009 BUDGET

Budget Item	Fiscal Year 2008	% of Budget	Fiscal Year 2009	% of Budget
*COMMUNITY BASED PROGRAMS				
1. Local Community Based Partnerships	$5,800,000		$5,800,000	
2. Minority Based Partnerships	$2,100,000		$2,100,000	
3. Statewide Grants	$640,000		$640,000	
4. Chronic Disease Collaborative Project	$500,000		$500,000	
5. Voice Hubs & Youth Summit	$360,000		$360,000	
6. Training & TA	$300,000		$300,000	
7. Special Opportunity Grants to Local Communities (1)	$0		$0	
8. Reserve for Matching Grants (2)	$0		$50,000	
*CESSATION PROGRAMS				
1. Quitline & NRT Pilot	$1,200,000		$2,000,000	
2. Kickoff Program	$300,000		$0	
3. Health Care Provider Outreach Program	$100,000		$0	
4. Statewide Cessation Project	$400,000		$0	
*ENFORCEMENT OF YOUTH ACCESS – ATC	$500,000		$500,000	
SUBTOTAL COMMUNITY BASED PROGRAMS (3)	$12,200,000	75%	$12,250,000	76%
*STATEWIDE PUBLIC EDUCATION CAMPAIGN	$1,900,000	12%	$1,900,000	12%
*EVALUATION (RTI & SBOA)	$900,000	6%	$900,000	6%
*ADMINISTRATION/MANAGEMENT	$1,200,000	7%	$1,150,000	7%
TOTALS (4)	$16,200,000	100%	$16,200,000	100%
REVENUES		SUMMARY		
SFY 08 Appropriation SFY 09 Appropriation	$16,200,000 $16,200,000	Revenues Expenditures	$32,400,000 $32,400,000	
TOTAL REVENUES	$32,400,000	Balance after budgeted expenditures	$0	

1. Special Opportunity Grants funding to be determined after July 1, 2007. Represents unspent dollars returned from previous grant cycles.

2. $0 for now, but funding from Admin/Management would be allocated as needed. For example $50,000 for Legacy Grant application currently under review would need to be included as matching dollars for SFY 09.

3. All Community, Minority, Statewide, and Voice Hub grants increased by 30%. Current legislation requires that 75% of appropriation be allocated to community programs. 75% of 15 Mil appropriation equals $11.25 Mil, whereas conservatively 75% of $16.2 Mil funding to be received would equal $12.15 Mil. Budget adheres to Legislative mandate as written.

4. $1.2 Mil funding will come from Cigarette Tax appropriation by General Assembly. Will fund the Quitline and limited NRT.

TOBACCO MASTER SETTLEMENT AGREEMENT FUND

				Actual FY 2006	Actual FY 2007	As Passed FY08	As Passed FY09
	Beginning Balance as of July 1			$192,685,785	$146,849,483	$87,246,105	$83,948,053
	Net Settlement Payments			$117,880,683	$122,687,641	$138,585,301	$140,630,429
	Operating Expenditures	**Fund**	**Center**				
Department of Health	ISDH Breast Cancer	1000	101530	$86,490	$86,490	$93,000	$93,000
	ISDH Prostate Cancer	1000	101570	$86,490	$86,490	$93,000	$93,000
	ISDH Sickle Cell	1000	101650	$216,225	$216,225	$250,000	$250,000
	ISDH Operating account	1000	104000	$24,130,055	$25,591,047	$8,800,00	$-
	ISDH Cancer Registry	1000	104060	$239,732	$236,037	$648,739	$648,739
	ISDH Minority Health Initiative	1000	104180	$1,944,838	$1,944,838	$3,000,000	$3,000,000
	ISDH HIV/AIDS Services	1000	108620	$1,969,805	$2,162,254	$2,162,254	$2,162,254
	ISDH Drug Afflicted Babies	1000	108630	$58,121	$58,121	$62,496	$62,496
	ISDH AIDS Education	1000	121600	$650,818	$651,092	$699,804	$700,099
	ISDH Chronic Disease	1000	121770	$506,708	$506,773	$1,080,300	$1,080,300
	ISDH WIC Supplement	1000	129410	$164,331	$164,331	$176,700	$176,700
	ISDH MCH Supplement	1000	129420	$164,331	$164,331	$176,700	$176,700
	ISDH Aid to TB Hospitals	1000	211600	$99,879	$99,879	$99,879	$99,879
	ISDH Local Health Maintenance Fund	2150	140020	$3,589,800	$3,860,000	$3,860,000	$3,860,000
	Local Health Dept. Trust Account	6330	100500	$2,790,000	$2,790,000	$3,000,000	$3,000,000
	Community Health Centers	6330	100700	$11,810,436	$13,952,973	$30,000,000	$30,000,000
	Community Health Centers Capital	6330	100800	$-	$-	$-	$-
	Tobacco Health Programs	6330	101000	$695,542	$2,289,102	$-	$-
	Prenatal Substance Abuse	6330	101200	$97,939	$139,500	$150,000	$150,000
	Minority Epidemiology	6330	101400	$465,000	$465,000	$750,000	$750,000
	Tobacco Use Prevention & Cessation (ITPC)	6330	100600	$9,968,377	$10,099,156	$15,000,000	$15,000,000
	Total Expenditures			**$59,734,917**	**$65,563,639**	**$70,102,872**	**$61,303,167**
FSSA	CHIP - Assistance	3530	124400	$27,203,025	$23,600,413	$30,000,000	$32,500,000
	CHIP - Administration	3550	120000	$-	$-	$1,363,603	$1,363,603
	Prescription Drug Account/Hoosier Rx	6330	100400	$4,338,112	$7,440,129	$7,900,000	$7,900,000
	Residential Services for Developmentally Disabled Persons	1000	101970	$22,300,000	$22,300,000	$22,300,000	$22,300,000
	Residential Services (Case Management)	3720	172700	$1,624,765	$1,624,765	$1,869,887	$1,869,887
	Division of Disability and Rehab Services Admin.	1000	108600	$3,012,462	$2,313,797	$600,000	$600,000
	Division on Aging Admin. - FSSA	1000	103530	$-	$-	$1,504,044	$1,504,044
	Community Mental Health Centers	6330	102100	$1,860,000	$1,860,000	$2,000,000	$2,000,000
	Total Expenditures			**$60,338,364**	**$59,139,104**	**$67,537,534**	**$70,037,534**
Econ Development	Technology Development Grant Fund					$-	$-
	Value Added Research Fund	1000	212200	$558,000	$600,000	$-	$-
	Rural Development Administration Fund	6330	101600	$1,847,365	$1,200,000	$-	$-
	Rural Development Counsil Fund	6330	101700	$835,843	$601,742	$-	$-
	Rural Economic Development Fund	6330	102930	$-	$1,801,741	$3,603,480	$3,603,480
	Technology Development Grant Fund	6330	101800	$516,853	$4,500,000	$-	$-
	21st Century Research & Technology Fund	4880	100100	$34,875,000	$37,500,000	$-	$-
	Total Expenditures			**$38,633,061**	**$46,203,483**	**$3,603,480**	**$3,603,480**
Other	Attorney General's Office	1000	100460	$250,000	$250,000	$494,467	$494,467
	Independent Living Assistance-DCS	6330	101900	$930,000	$930,000	$-	$-
	Commission on Hispanic & Latino Affairs	6330	101300	$151,827	$124,000	$145,000	$145,000
	Total Expenditures			**$1,331,827**	**$1,304,000**	**$639,467**	**$639,467**
	Total Operating Expenditures			**$160,038,169**	**$172,210,226**	**$141,883,353**	**$135,583,648**
	Capital Expenditures						
	Regional Healthcare Construction	100	106400	$8,180,244	$10,557,849	$-	$11,964,998
	Total Capital Expenditures			**$8,180,244**	**$10,557,849**	**$-**	**$11,964,998**
	Total Expenditures			**$168,218,413**	**$182,768,075**	**$141,883,353**	**$147,548,646**
	Year-end Adjustment for Expenditures			**$(4,501,428)**	**$477,056**		
	Balance on June 30			**$146,849,483**	**$87,246,105**	**$83,948,053**	**$77,029,836**

Comments

*Document reflects data contained in the Conference Committee 5 version and BudSTARS fun balance reports.
*The withholding estimates refer to the amount of the annual payment that is not expected to materialize due to the tobacco company's escrowing for litigation costs against the State.
*The net payment for FY07 reflects the actual settlement revenue from the participating tobacco manufacturing firms.
*The Year end adjustment for expenditures reflects the amount of dollars returned to the fund that was above what is appropriated.

EXECUTIVE BOARD MEMBERS

Danielle L. Patterson	Indianapolis
David Austin, D.D.S. (resigned June 2007)	Indianapolis
Victoria Champion, Ph.D.	Indianapolis
Richard Feldman, M.D.	Indianapolis
Patricia Hart	Muncie
Stephen Jay, M.D.	Indianapolis
James Jones	Indianapolis
Robert Keen, Ph.D.	Greenfield
Diane Krull (appointed August 2007)	Fishers
J. Michael Meyer	Borden
Pat Rios	Indianapolis
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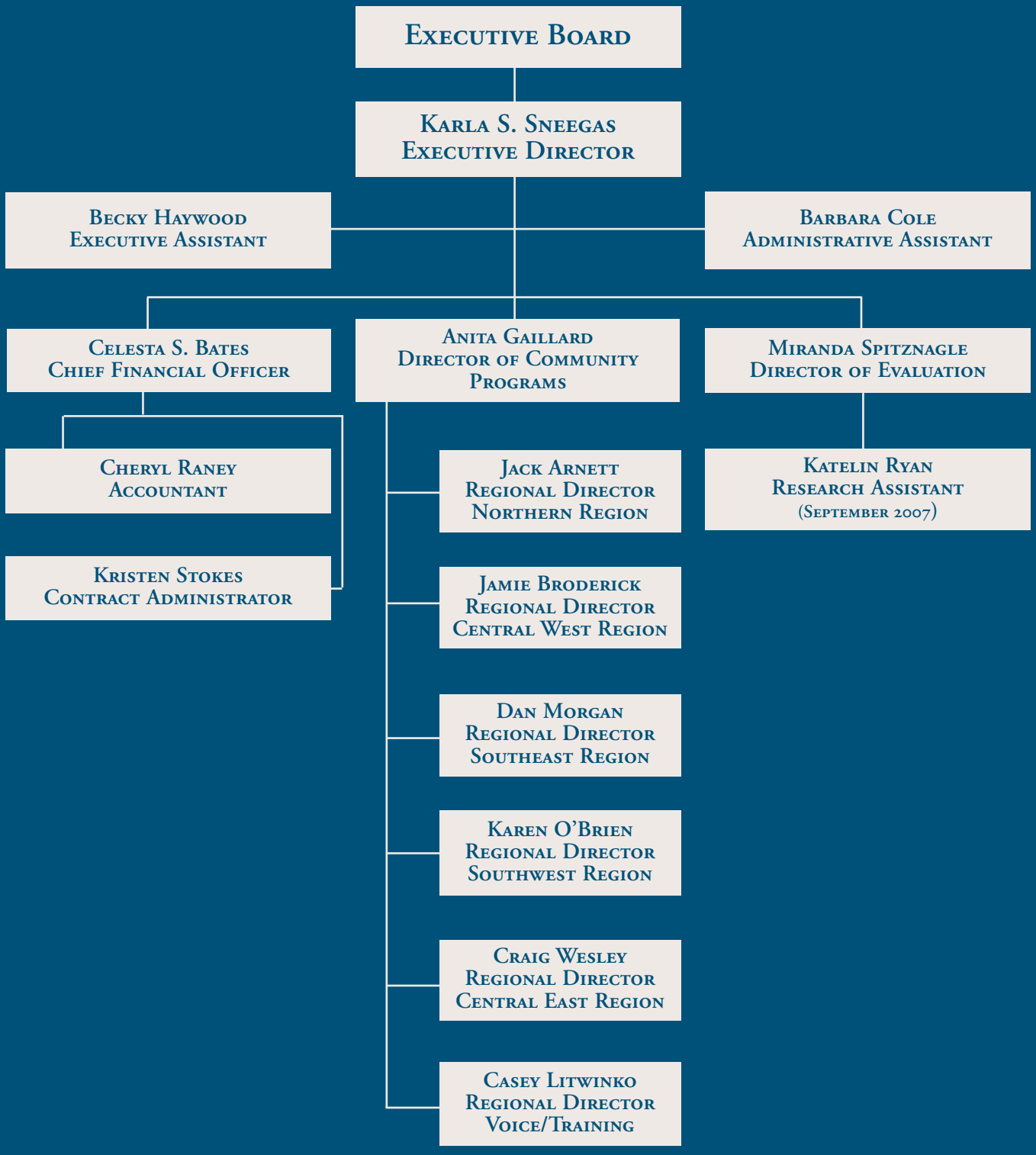
INDIANA TOBACCO PREVENTION AND CESSATION STAFF



Long term, Intermediate, and short term objectives for each of the six priority areas in Indiana's Tobacco Control 2010 Strategic Plan.

Priority Area 1 – Decrease youth smoking rates

Year	**2000**	**2002**	**2004**	2006 (targets)	**2006 (actual)**	2007	2008	2010	Data Source(s)
Long Term Objectives									
Decrease smoking among middle school youth									
	9.8%	**8.6%**	**7.8%**	6-8%	**7.7%**	NA	5-7%	5-7%	Youth Tobacco Survey
Decreasing smoking among high school youth									
	31.6%	**23.4%**	**21.3%**	19-21%	***23.2%***	NA	5-7%	5-7%	Youth Tobacco Survey
Intermediate Objectives									
Decrease the noncompliance rate of tobacco sales to youth									
	NA	**20%**	**13%**	10%	**9.8%**	**12.7% (SFY 2007)**	8%	<5%	Tobacco Retailer Inspection Program
Increase Indiana's tobacco tax									
	15.5	**55.5**	**55.5**	55.5	**55.5**	**99.5**	150.0	150.0	Orzechowski & Walker, Tax Burden on Tobacco
Increase proportion of youth reporting "not open to smoking"									
Middle school youth	**53.9%**	**47.3%**	**58.4%**	66%	**60.6%**	NA	68%	70%	Youth Tobacco Survey
High school youth	**27.4%**	**32.2%**	**38.9%**	44%	**39.6%**	NA	47%	50%	Youth Tobacco Survey
Short Term Objectives									
Increase level of confirmed awareness of the countermarketing campaigns									
	NA	**66.4%**	**80.0%**	70%	NA	NA	80%	85%	Youth Media Tracking Survey
Increase the proportion of school districts with a tobacco free campus policy									
	NA	**NA**	**35%**	50%	**44%**	**53%**	60%	90%	ITPC Policy Tracking
Increase the proportion of youth who think smoking does not make people look cool and fit in									
Middle school youth	**76.4%**	**73.0%**	**74.5%**	78%	**89.5%**	NA	82%	85%	Youth Tobacco Survey
High School youth	**63.2%**	**68.0%**	**68.9%**	72%	**88.4%**	NA	77%	80%	Youth Tobacco Survey

Actual; Projected;
NA=data not available; TBD=target to be determined
The following tables provide detail on these objectives. Indicator number in blue indicate the target was acheived.
Rates from 2000-2004 have been revised from some indicators since the SFY 2006 annual report based on additional analysis of this indicator.

Priority Area 2 – Increase proportion of Hoosiers not exposed to secondhand smoke

Year	2000	2002	2004	2006 (targets)	2006 (actual)	2007	2008	2010	Data Source(s)
Long Term Objectives									
Increase the proportion of the population that is protected from secondhand smoke by law									
	3%	**6%**	**6%**	TBD	**36%**	**40%**	50%	65%	ITPC Policy Tracking
Increase proportion of adults protected from secondhand smoke at the workplace									
	31.6%	**23.4%**	**21.3%**	19-21%	***23.2%***	NA	5-7%	5-7%	Youth Tobacco Survey
Intermediate Objectives									
Decrease the noncompliance rate of tobacco sales to youth									
	60%*	**70.7%**	**72.5%**	77%	**78.7%**	NA	85%	90%	Adult Tobacco Survey *Current Population Survey Tobacco Supplement (2000/2001)
Increase proportion of youth not exposed to secondhand smoke (room/car)									
Middle school youth	**34.4%**	**33.6%**	**34.4%**	35%	**34.1%**	NA	40%	45%	Youth Tobacco Survey
High school youth	**21.2%**	**25.1%**	**30.1%**	33%	**28.1%**	NA	35%	40%	Youth Tobacco Survey
Short Term Objectives									
Increase level of confirmed awareness of the countermarketing campaigns									
	NA	**51.0%**	**78.5%**	70%	**20%**	NA	80%	85%	Media Tracking Survey
Increase the proportion of adults that believe secondhand smoke exposure is a serious health hazard									
	NA	**NA**	**60%**	70%	**60%**	NA	80%	90%	Adult Tobacco Survey
Increase the level of support for tobacco free policies in public places and work places									
	NA	**74.0%**	**71.5%**	75%	**69.2%**	NA	80%	85%	Adult Tobacco Survey
Proportion of households that report a smoke free home									
	NA	**60.1%**	**64.9%**	70%	**74%**	NA	75%	80%	Adult Tobacco Survey
Increase the proportion of school districts with a tobacco free campus policy									
	NA	**NA**	**35%**	50%	**44%**	**53%**	60%	90%	ITPC Policy Tracking

Actual; Projected;
NA=data not available; TBD=target to be determined
The following tables provide detail on these objectives. Indicator number in black indicate the target was acheived.
Rates from 2000-2004 have been revised from some indicators since the SFY 2006 annual report based on additional analysis of this indicator.

Priority Area 3 – Decrease adult smoking rates

Year	**2000**	**2002**	**2004**	2006 (targets)	**2006 (actual)**	2008	2010	Data Source(s)
Long Term Objectives								
Decrease smoking among all adults								
	27%	**26.9%**	**24.9%**	24-25%	**24.1%**	23.24%	21-23%	Behavior Risk Factor Surveillance Survey
Decreasing smoking among young adults (age 18-24)								
	37.3%	**37.6%**	**28.2%**	32-34%	**34.6%**	28-30%	27-28%	Behavior Risk Factor Surveillance Survey
Decrease smoking among Pregnant Women								
	21%	**19%**	**18%**	17-18% **17.9% (2005)**	**NA**	16-17%	15-16%	Birth Certificate Data
Decrease smoking among African Americans								
	24.6%	**27.6%**	**27.4%**	30-32%	**27%**	26-28%	24-26%	Behavior Risk Factor Surveillance Survey
Decrease smoking among Latinos								
	22.5%	**24.5%**	**22.8%**	24-26%	**23.1%**	22-25%	20-22%	Behavior Risk Factor Surveillance Survey
Decrease smoking among Medicaid members								
	NA	**NA**	**NA**	**NA**	**NA**	TBD	TBD	TBD
Decrease smoking among State employees								
	NA	**NA**	**NA**	**NA**	**NA**	TBD	TBD	TBD
Intermediate Objectives								
Increase Indiana's tobacco tax								
	15.5%	**55.5%**	**55.5%**	55.5%	**55.5%**	**99.5%** (7/1/07) 150.0	150.0	Orzechowski & Walker, Tax Burden on Tobacco
Increase percent of smokers reporting attempts to quit smoking								
	NA	**48.5%**	**47.6%**	50%	**52%**	**99.5%**	60%	Adult Tobacco Survey
Increase the use of cessation services among smokers								
	NA	**24.3%**	**37%**	40%	**39.1%**	**45%**	50%	Adult Tobacco Survey

Actual; Projected;
NA=data not available; TBD=target to be determined
The following tables provide detail on these objectives. Indicator number in blue indicate the target was acheived.
Rates from 2000-2004 have been revised from some indicators since the SFY 2006 annual report based on additional analysis of this indicator.

Priority Area 3 – Decrease adult smoking rates

Year	**2000**	**2002**	**2004**	2006 (targets)	**2006 (actual)**	2008	2010	Data Source(s)
Short Term Objectives								
Increase level of confirmed awareness of the countermarketing campaigns								
	NA	**51%**	**78.5%**	70%	**20%**	80%	85%	Adult Media Tracking Survey
Increase the number of calls to the Indiana Tobacco Quitline								
	NA	**NA**	**NA**	TBD	**3500**	TBD	TBD	Smokefree Indiana/Quit Line Vendor
Increase the proportion of smokers that report intentions to quit smoking in the next 30 days								
	NA	**24.6%**	**24.1%**	27%	**29%**	32%	35%	Adult Tobacco Survey
Increase the awareness of cessation services among smokers								
	NA	**60%**	**65.9%**	70%	**63.4%**	73%	75%	Adult Tobacco Survey
Increase the proportion of smokers that were advised by a health care professional to quit smoking								
	NA	**67.7%**	**74.9%**	78%	**74%**	82%	85%	Adult Tobacco Survey
Increase the proportion of pregnant women smokers advised by a health care professional to quit smoking								
	NA	TBD	TBD	TBD	**NA**	TBD	TBD	Adult Tobacco Survey

Actual; Projected;
NA=data not available; TBD=target to be determined
The following tables provide detail on these objectives. Indicator number in black indicate the target was acheived.
Rates from 2000-2004 have been revised from some indicators since the SFY 2006 annual report based on additional analysis of this indicator.

Priority Area 4 – Increase anti-tobacco knowledge, attitudes, and beliefs necessary for smoking behavior change to occur

Year	**2000**	**2002**	**2004**	2006 (targets)	**2006 (actual)**	2008	2010	Data Source(s)
Short Term Youth Focused Objectives								
Increase proportion of youth reporting "not open to smoking"								
Middle School Youth	**53.9%**	**47.3%**	**58.4%**	66%	**60.6%**	68%	70%	Youth Tobacco Survey
High School Youth	**27.4%**	**32.2%**	**38.9%**	44%	**39.9%**	47%	50%	Youth Tobacco Survey
Increase the proportion of youth who think smoking does not make people look cool and fit in								
Middle School Youth	**76.4%**	**73%**	**74.5%**	78%	**89.5%**	82%	85%	Youth Tobacco Survey
High School Youth	**63.2%**	**68%**	**68.9%**	72%	**88.4%**	77%	80%	Youth Tobacco Survey
Short Term Adult Focused Objectives								
Increase level of confirmed awareness of countermarketing campaigns								
	NA	**51%**	**78.5%**	70%	**20%**	80%	85%	Media Tracking Survey
Increase proportion of adults that believe secondhand smoke exposure is a serious health hazard								
	NA	**NA**	**60%**	TBD	**60%**	TBD	TBD	Adult Tobacco Survey
Increase the level of support for tobacco free policies in public places and work places								
	NA	**74%**	**71.5%**	75%	**69.2%**	80%	85%	Adult Tobacco Survey
Increase the proportion of smokers that report intentions to quit smoking in the next 30 days								
	NA	**24.6%**	**24.1%**	27%	**29%**	32%	35%	Adult Tobacco Survey
Decrease the social acceptability of tobacco use								
	NA	**67%**	**64%**	55%	**69%**	45%	33%	Media Tracking Survey Adult Tobacco Survey

Actual; Projected;
NA=data not available; TBD=target to be determined
*Rates from 2000-2004 have been revised since the SFY 2006 annual report based on additional analysis of this indicator.
The following tables provide detail on these objectives. Indicator number in blue indicate the target was acheived.
Rates from 2000-2004 have been revised from some indicators since the SFY 2006 annual report based on additional analysis of this indicator.

Priority Area 5 – Increase Indiana's tobacco tax to reduce adult smoking and prevent youth smoking

Year	2000	2002	2004	2006	2007	2008	2010	Data Source(s)
Short Term Objectives								
Decrease cigarette consumption (million packs/year)								
	758 M packs	**742 M packs**	**605 M packs**	**620 M packs**	**646 M packs**	**500 M packs**	**450 M packs**	Cigarette tax stamp data; Indiana Department of Revenue
Intermediate Objectives								
Increase Indiana's tobacco tax								
	15.5	**55.5**	**55.5**	**55.5**	**99.5**	150.0	150.0	Orzechowski & Walker, Tax Burden on Tobacco
Average for all states	NA	**61.1**	**78.0**	**96.1**	**107.3**			
Short Term Objectives								
Bill for tobacco tax increase was introduced								
		Yes		**Yes**	**Yes**			Indiana General Assembly
Bill passed one legislative body								
		Yes			**Yes**			Indiana General Assembly

Actual; Projected;
NA=data not available; TBD=target to be determined
The following tables provide detail on these objectives. Indicator number in black indicate the target was acheived.
Rates from 2000-2004 have been revised from some indicators since the SFY 2006 annual report based on additional analysis of this indicator.

Priority Area 6 – Maintenance of state and local infrastructure necessary to lower tobacco use rates and thus make Indiana competitive on economic fronts

Year	2000	2002	2004	2006	2007	2008	2010	Data Source(s)
Objectives								
ITPC annual funding								
	$32.5M	**$32.5M**	**$10.8M**	**$10.8M**	**$16.2M**	**$16.2M**	**$34.5M**	ITPC appropriation
CDC grant (Smokefree Indiana through ISDH)								
Recommended funding		**$1.3M**	**$1.6M**	**$1.3M**	**$1.1M**	**$1.1M**	TBD	ISDH/Smokefree Indiana
	$34.8M	**$34.8M**	**$34.8M**	**$34.8M**	**$34.8M**	$34.8M	$34.8M	Center for Disease Control and Prevention
Increase number of organizations supporting the 2010 plan								
	NA	**NA**	**NA**	15		30	30	2010 Strategic Plan
Increase percent of counties with a community-based tobacco control coalition to 100%								
	100%	**100%**	**100%**	**96%**	**92%**	100%	100%	ITPC
Increase to 100% to proportion of eligible counties[1] with a minority-based tobacco control coalition								
	NA	**70%**	**86%**	**55%**	**34%**	85%	10%	ITPC
100% of local tobacco control coalitions have an ITPC approved work plan								
	NA	**100%**	**100%**	**100%**	**100%**	100%	100%	ITPC
Increase program accountability of local coalitions to 95% meeting grant reporting deliverables								
	NA	**NA**	**NA**	**91%**	**87%**	95%	95%	ITPC
Increase countermarketing spending to $1 per capita spending								
	NA	**$1.14**	**$0.86**	**$0.27**	**$0.31**	**$1.00**	**$1.00**	Tobacco Control Budget
Level of spending for evaluation and research to 10% of tobacco control budget								
	NA	**10%**	**8%**	**7.4%**	**6%**	**10%**	**10%**	Tobacco Control Budget
Maintain tobacco quitline for Medicaid, uninsured, and pregnant women								
	NA	**NA**	**NA**	**Yes**	**Yes**	Yes	Yes	ISDH/Smokefree Indiana
Maintain tobacco quitline for Medicaid, uninsured, and pregnant women								
	Yes	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	Yes	ITPC

Actual; Projected;
NA=data not available; TBD=target to be determined
[1]Twenty-nine (29) counties representing 95% of minority population in State is eligible.
The following tables provide detail on these objectives. Indicator number in blue indicate the target was acheived.
Rates from 2000-2004 have been revised from some indicators since the SFY 2006 annual report based on additional analysis of this indicator.

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