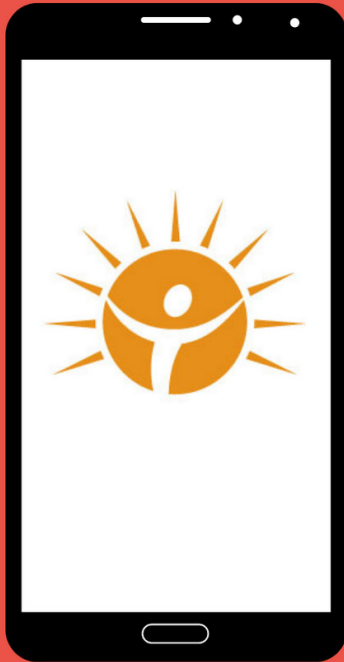




# Tobacco-Free Workplace

Thank you for your cooperation



# Annual Report State Fiscal Year 2020



Tobacco Prevention  
and Cessation



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Indiana  
Department  
of  
Health

Tobacco Prevention  
and Cessation

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



## Vision

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



## Mission

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

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

# 2020 Indiana Tobacco Control Strategic Plan

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

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

## Strategic Planning for 2025

TPC has begun the process of developing the next five-year Indiana Tobacco Control Strategic Plan. The plan is intended to be a tobacco control roadmap for the entire State of Indiana, coordinated by TPC. Input will be sought from many partners, from state agencies to grassroots community organizations, working together to implement a plan that will reduce Indiana's burden from tobacco use and secondhand smoke exposure. A Strategic Planning Committee will be convened in FY 2021, consisting of public health leaders, representatives from organizations that serve disparately affected populations, and tobacco control experts. The 2025 Strategic Plan is expected to be disseminated in early 2021.

## Indiana's Tobacco Prevention and Cessation Program

The Hoosier Model for comprehensive tobacco prevention and cessation is based on the Best Practices model outlined by the Centers for Disease Control and Prevention (CDC). Best Practices describes an integrated program structure for implementing evidence-based interventions. The approach also relies on The Guide to Community Preventive Services for Tobacco Control Programs and the 2014 Surgeon General's Report on Tobacco, which provides evidence on the effectiveness of community-based tobacco interventions within three areas of tobacco use prevention and control: 1) Preventing tobacco product use initiation; 2) Increasing cessation; and 3) Reducing exposure to secondhand smoke. It is important to recognize that these individual components must work together to produce the synergistic effects of a comprehensive tobacco control program, which include:

- **Community-based programs**
- **Cessation interventions, including the Indiana Tobacco Quitline**
- **Statewide public education**
- **Evaluation and surveillance**
- **Infrastructure, administration, and management**



## Summary of Key Successes and Accomplishments

- **Vape-Free Indiana** launched in August 2019, introducing a three-pronged approach to reducing youth vaping in Indiana.
- Approximately 108 youth from all over the state attended the **VOICE Youth Day of Action** at the Indiana Statehouse to create awareness and educate on the dangers of Electronic Nicotine Delivery Systems (ENDS) and Vape products.
- The Indiana General Assembly **raised the tobacco minimum sales age to 21**. Indiana's law took effect on July 1, 2020. This new law includes all tobacco products including non-combustible tobacco products, e-cigarette devices, and e-liquid.
- **Public school districts throughout the state have implemented comprehensive tobacco-free school campus policies**. In 89 of Indiana's 92 counties, all school districts are tobacco-free, protecting approximately 99% of public school students in the state from exposure to secondhand smoke at school. To date, 85% of Indiana's 289 public school districts have a comprehensive tobacco-free grounds policy that includes e-cigarettes or ENDS.
- The **communities of Columbus, Hope, Munster, and Winfield** strengthened protections from secondhand smoke and secondhand aerosol.
- The **Indiana Tobacco Quitline served 9,344 registered callers** (an average of nearly 780 calls per month) in SFY 2020.
- Findings from an evaluation of the Indiana Tobacco Quitline (ITQL) indicate **high satisfaction rates and strong quit rates**. In the 7-month follow up study, 46% of Indiana Tobacco Quitline callers reported being tobacco abstinent for seven days or more, while 43% reported not using tobacco for 30 days. Among participants in the 10-call program for pregnant women who responded to the 7-month follow-up survey, 55% reported abstinence for seven days or more, while 50% reported not using tobacco for 30 days.
- **TPC funded community coalitions in 43 counties, with 65 state and local partners**, reaching 78% of Indiana's population. Coalitions implemented 6,672 program activities during SFY 2020, ranging from Quitline outreach to community presentations to delivery of training.
- According to the 2019 Indiana Adult Tobacco Survey, among current smokers and former smokers, **15.6% of adults reported successfully quitting in the past year**. Nearly one in five current smokers indicated that they intended to quit in the next 30 days.
- Despite the impact of the COVID-19 pandemic on the public health and healthcare workforce in Indiana, **TPC maintained the tobacco control infrastructure and activities throughout the state**. TPC created two new fact sheets on the impact of tobacco use on respiratory health to communicate the increased risk of severe illness among smokers. In addition, TPC ran a digital media campaign to promote the Indiana Tobacco Quitline and tobacco cessation, as well as a campaign to promote This Is Quitting, a text-messaging program targeted to Hoosiers ages 13 to 24 to encourage vaping cessation in the midst of the COVID-19 pandemic.



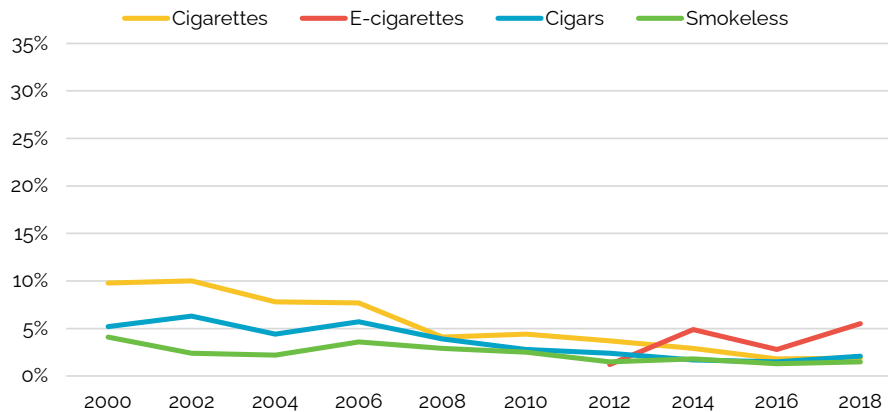
# Decrease Indiana Youth Tobacco Use Rates



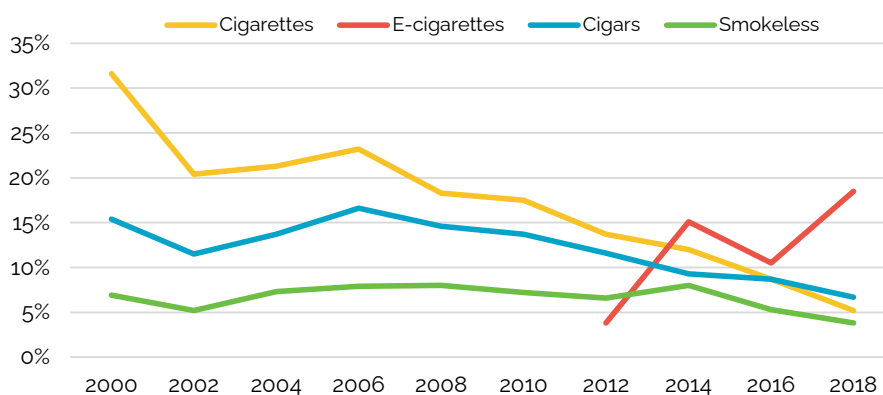
Preventing youth from using tobacco products can save lives and money and improve the future of our state. Each year, approximately 2,600 Indiana youth become new regular, daily smokers, and an estimated 151,000 Indiana youth currently under age 18 will ultimately die prematurely from smoking.<sup>1,2</sup> Early tobacco use leads young people to a lifelong addiction and can cause specific health problems, such as early cardiovascular damage, reduced lung function and decreased lung growth, and a reduced immune function.

There has been substantial progress in reducing youth tobacco use in Indiana, as current (in the last 30 days) use of several tobacco products declined significantly among Hoosier youth between 2000 and 2018. In that timeframe, current cigarette smoking declined from 9.8% to 1.9% among middle school students and from 31.6% to 5.2% among high school students. Furthermore, students who do smoke are starting later, smoking fewer cigarettes, and smoking less often. In 2018, an estimated 1.6 % of high school youth and 0.2 % of middle school youth were established, frequent smokers who will likely become addicted adult smokers, which is a significant decline from 17.1% and 2.2%, respectively, in 2000.<sup>3</sup> Additionally, since 2000, current use of cigars has declined significantly as well as use of smokeless tobacco among both middle school and high school students.

**Current Tobacco Use by Product Type Among Middle School Students, 2000-2018 YTS**



**Current Tobacco Use by Product Type Among High School Students, 2000-2018 YTS**



Some challenges remain, however, in reducing all tobacco use among Hoosier youth. Use of emerging tobacco products such as e-cigarettes/vaping devices has become a significant concern. Since 2012, e-cigarette use among middle school and high school students has increased nearly fivefold. E-cigarettes were the most used tobacco product among Indiana middle school (5.5%) and high school (18.5%) students in 2018. E-cigarette use is strongly associated with use of other tobacco products among youth, including cigarettes and other combustible tobacco products.<sup>4</sup> Additionally, nearly three in 10 middle school students and four in 10 high school students reported using an e-cigarette with substances other than nicotine, such as marijuana, THC or hash oil, or THC wax.

The increase in e-cigarette use and popularity among youth may be attributed to a group of e-cigarette products that look like USB drives called “pod mods.” Introduced in 2015, one of the most popular brands, JUUL (pronounced “jewel”), grew quickly in popularity fueled by a large following among youth and young adults. The FDA issued guidance on a federal e-cigarette ban on January 2, 2020. After a 30-day sell-off period, the sale of all flavors of pod and cartridge-based electronic nicotine delivery systems, excluding menthol and tobacco, is prohibited. While the ban includes JUUL and similar pod and cartridge-based ENDS, a host of products are exempt. Exempt ENDS products include self-contained, disposable vaping devices such as Suorin and Smok, and e-liquids used in customizable, refillable e-cigarettes, often referred to as “tank systems” or “mod systems.”

Nicotine use can have adverse effects on adolescent brain development. Therefore, nicotine use by youth in any form is unsafe, and efforts are warranted to educate youth about the dangers of the use of all forms of tobacco products, regardless of whether they are combustible, noncombustible, or electronic.<sup>5</sup> Current resources are posted on [vapefreeindiana.in.gov](http://vapefreeindiana.in.gov).

## **Lung Injury Outbreak Associated with the Use of E-cigarettes or Vaping Products**

The Indiana Department of Health, along with several other states, began investigating severe lung injuries related to e-cigarette use in early August 2019. Emergency department visits related to e-cigarette or vaping products sharply increased nationwide in August and peaked in September 2019. The national outbreak became known as E-cigarette or Vaping Product Use-Associated Lung Injury or EVALI. Over 2,800 hospitalized EVALI cases or deaths have been reported to the CDC from all 50 states, the District of Columbia, and two U.S. territories. In Indiana, there were 60 confirmed cases and 6 deaths. National and state data from laboratory reports show that vitamin E acetate, an additive in some THC-containing e-cigarettes, is strongly associated with the EVALI outbreak. An analysis of data collected from Indiana EVALI patients found that 69% reported using a THC-containing e-cigarette product, which was lower compared with THC use reported for all U.S. EVALI patients.<sup>6</sup> The findings were published as a CDC Morbidity and Mortality Weekly Report (MMWR) and credited several epidemiologists from the Indiana Department of Health. Emergency department visits related to e-cigarette or vaping products have declined since September 2019. Reasons for the decline may include: increased public awareness of the risks associated with THC-containing e-cigarettes as a result of the rapid public health response, removal of vitamin E acetate from some products, and/or law enforcement actions related to illicit products.<sup>7</sup>





Vice Admiral (VADM) Jerome M. Adams, M.D., M.P.H., the 20th Surgeon General of the United States, hosted a roundtable discussion on e-cigarettes at the Indiana Department of Health on September 27, 2019. Multiple local partners and youth advocates were invited to participate. Dr. Adams heard first-hand accounts from two Indiana teens who had experienced lung injuries due to e-cigarette use and discussed how Indiana communities are addressing the vaping epidemic among youth.



*U.S. Surgeon General Jerome Adams with local TPC grant coordinators after a roundtable discussion at the Indiana Department of Health*

## Key Outcomes

### Vape-Free Indiana

As a result of the dramatic increase in e-cigarette use among youth as measured by the 2018 Indiana Youth Tobacco Survey, Vape-Free Indiana was created to implement prevention, public education, and cessation strategies to address this public health issue. Vape-Free Indiana launched officially on August 29, 2019, with a press event at Fishers High School featuring Indiana Governor Eric Holcomb and State Health Commissioner Kris Box, MD, FACOG. With support of State of Indiana leadership, various program elements are being implemented throughout Indiana .



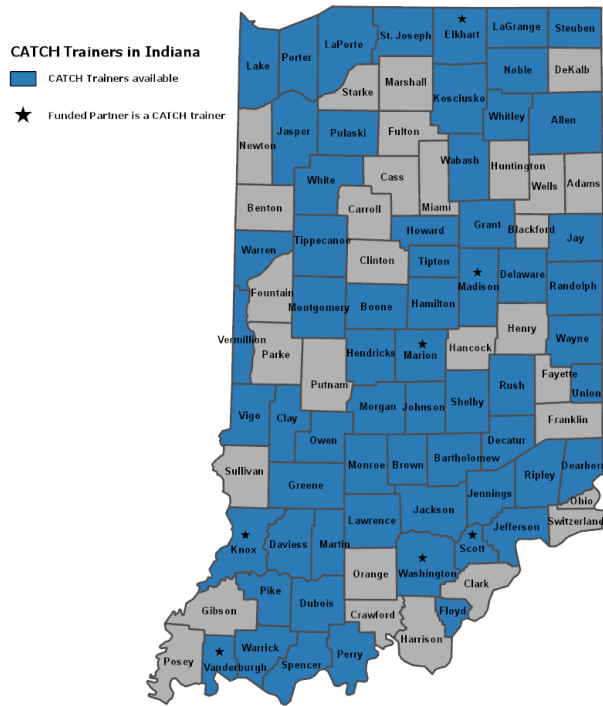
*Governor Eric Holcomb speaking Fishers High School to announce the launch of Vape-Free Indiana*





One component of Vape-Free Indiana's prevention tier is implementing youth education programs. TPC has supported the implementation of the **CATCH® My Breath** e-cigarette education program in Indiana middle and high schools. To date, over 130 Indiana schools and organizations are enrolled to conduct the CATCH curriculum, and there are approximately 125 certified CATCH trainers throughout the state .

**Sweet Deception**, a peer-to-peer education program that was created for VOICE youth, is another education component of Vape-Free Indiana. Over 100 peer educators have been trained to present the curriculum to date. In addition, VOICE spokesperson and Indiana native Moses Jones presented the Sweet Deception talk to 32,000 students at 53 different schools in the fall of 2019.

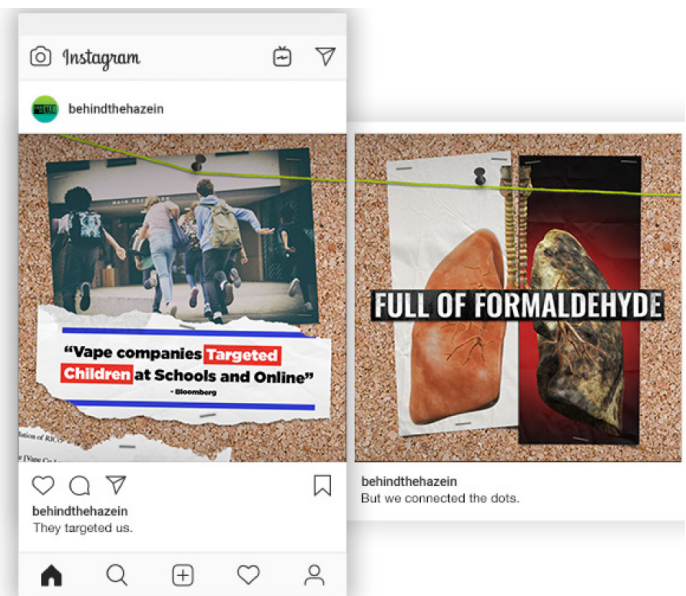


A public education campaign, **Behind the Haze**, directed at Indiana youth and young adults, was launched in November 2019. Behind the Haze is a campaign that delivers compelling and evidence-based health education that motivates young people (13-21) to rethink their vaping behaviors and/or intentions.

Rather than use ambiguous scare tactics, Behind the Haze delivers specific facts that counter teens' knowledge, attitudes, and/or beliefs that are associated with vaping behaviors to curb vape use long-term. The first message package, "See Through," was live from November 2019 to February 2020, and the second message package, "Deception on Display," launched May 2020 and was scheduled to run until August 2020. Campaign performance has been strong, with more than 5 million total completions and nearly 60,000 total clicks in a two-month period. The social media channel that drove the most traffic to the campaign and the highest session duration was Snapchat.



Behind the Haze website and social media ads



It is important to provide youth and young adults who are addicted to e-cigarettes with resources to help them quit. The third component of the Vape-Free Indiana initiative provides free resources for quitting e-cigarettes, including a text-based quit service designed for youth who want to quit vaping called **"This is Quitting,"** in partnership with the Truth Initiative, as well as the Indiana Tobacco Quitline's suite of services for all tobacco users aged 13 and up.

Additional resources for parents, youth, educators, and healthcare professionals are available on the Vape-Free Indiana website: [in.gov/vapefreeindiana](https://in.gov/vapefreeindiana)



## Educating and empowering youth

Indiana's youth engagement model, **VOICE**, seeks to engage, educate, and empower youth to celebrate a tobacco-free lifestyle. As a statewide movement and youth empowerment program, VOICE is actively building a network of youth leaders to assist with the design and implementation of initiatives that will educate the community and empower their peers to avoid tobacco use. Through the youth empowerment model, youth leaders are trained up to take action on the local level in order to create sustainable change in their communities and partner with Adult Allies to implement youth-designed activism activities addressing prominent and emerging tobacco issues.

The VOICE website - [VoicIndiana.org](https://VoicIndiana.org) - is the primary source for VOICE campaigns, resources, and messaging in conjunction with the website and social media platforms. In addition to posts on Instagram, Facebook, Twitter, and Snapchat, videos are featured on the VOICE YouTube channel.

During SFY 2020, VOICE engaged with Indiana teens through a collection of initiatives and special events including:

- **VOICE Youth Day of Action at the Indiana Statehouse** — More than 100 youth from all over the state attended the event to create awareness and educate policymakers on the dangers of ENDS and vape products.



*VOICE leaders with Governor Eric Holcomb*



*State Health Commissioner Kris Box*



*VOICE leaders meeting with their State Representative*

- **Sweet Deception School Tour** – In response to the sharp spike in the use of JUUL and other e-cigarettes by teens, VOICE created Sweet Deception, a peer-to-peer education program. Sweet Deception train-the-trainer orientations were held in all three regions of the state, conducted by VOICE Adult Allies. Over 130 peer educators were trained to present Sweet Deception in SFY 2020.



In addition, VOICE spokesperson and Indiana native Moses Jones presented the Sweet Deception talk to 32,000 students at 53 different schools in the Fall of 2020. The response was overwhelming, with youth eager to do more and administrators asking for another presentation in the next school year.



*Moses Jones giving the Sweet Deception talk at Indiana schools*

During SFY 2020, VOICE has developed a dynamic group of local Core Team leaders who deliver VOICE messaging in person and throughout Indiana. These Local Core Teams are comprised of local Action Squad members who are active within the VOICE network and are committed to next level leadership development. With the support of their VOICE Adult Allies, Core Team Leaders have successfully implemented activism activities for National Days of Action/Tobacco holidays, including Taking Down Tobacco National Day of Action and World No Tobacco Day. In addition, Core Team leaders representing communities in northern, central, and southern Indiana, were selected as members for TRUTH Initiative's National Action Committee and Campaign for Tobacco Free Kid's Youth Ambassador program.

Additionally, VOICE regional Meet Ups and statewide trainings were held to provide advocacy and communication skill-building opportunities for teens during FY 2020. Over 100 youth leaders convened for virtual meet-ups to connect and build capacity around digital advocacy and virtual activism.

## **Tracking tobacco marketing in the community**

The tobacco industry spends \$293 million to market and advertise its products in Indiana each year, and the vast majority of this money is spent on point-of-sale marketing strategies such as price discounts and in-store advertising.<sup>8,9,10</sup> Studies have shown that point-of-sale tobacco marketing increases the likelihood that youth will start using tobacco products, makes quitting tobacco more difficult, and targets communities that are already disparately impacted by tobacco.<sup>11, 12</sup> TPC community partners educate on the impact of tobacco point-of-sale marketing. All local tobacco control partners worked with teams of local volunteers, including coalition members, youth, and other community members, to complete these retail assessments using an instrument based on the Standardized Tobacco Assessment for Retail Settings (STARS). Over the past five years, local tobacco control coordinators and volunteers have collected more than 6,500 tobacco retail assessments. Following the completion of tobacco retail audits, TPC provided local partners with presentation slides summarizing tobacco retail assessment results in their county. In SFY 2020, partners used these materials to engage in 578 activities to raise awareness of point-of-sale issues in their communities.

Store audit data collected in 2018 and 2019 reinforced that flavored tobacco products were widely available in Indiana. Most tobacco retailers surveyed (93%) sold flavored tobacco products. Flavored products appeal to youth, as over half of Hoosier youth who used tobacco in 2018 used flavored tobacco products.<sup>13</sup> In addition to flavored products, some tobacco marketing tactics, such as the price and placement of tobacco products, particularly target youth.







Point-of-sale marketing in Elkhart, Indiana

Often, tobacco products such as cigars are priced much more cheaply than cigarettes and are also often available in a variety of flavors that appeal to youth. They may also be sold in smaller packaging, such as packs of one, two, or three, which makes them even cheaper. Tobacco products and tobacco ads may also be placed where they are highly visible to kids, such as at child's eye level or near candy, soda, or toys. Nearly one-third, or 29%, of retailers had tobacco ads placed within three feet of the floor, or at about a child's eye level. Over 1 in 5 retailers (21.6%) had tobacco placed within 12 inches of youth-appealing products, such as candy, soda, gum, ice cream, or toys. In addition, among retailers that sold cigarillos, cheap cigarillos were widely available. Nearly 4 in 5 cigarillo retailers (79.7%) sold cigarillos for less than one dollar, and 3 in 4 (77.6%) sold single cigarillos. This indicates that these products are often sold at very cheap prices, which makes them more accessible to youth. E-cigarettes have become increasingly popular among youth.

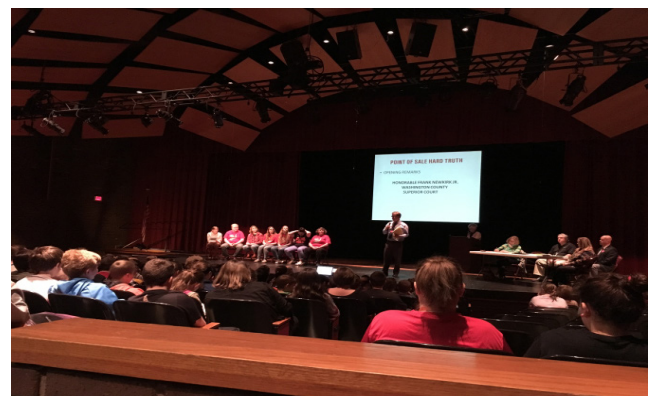
Among tobacco retailers that sold e-cigarettes, nearly all (96.5%) sold flavored e-cigarettes, and over 1 in 4 (28.1%) had price promotions on e-cigarettes. E-cigarettes are by far the most popular flavored tobacco products among youth, with over half of middle school and two-thirds of high school e-cigarette users reporting use of flavored e-cigarettes.<sup>14</sup>

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

The 2020 tobacco point-of-sale data collection, originally scheduled to take place February-April 2020, was interrupted by the COVID-19 pandemic.



Community Conversation event in Clark County



Community Conversation event in Washington County



## Tobacco 21

After the Federal Tobacco 21 law was signed and went into effect in late 2019, the Indiana General Assembly passed legislation of its own. Indiana's law took effect on July 1, 2020. This new law increases the minimum age of sale to 21 and includes all tobacco products including non-combustible tobacco products, e-cigarette devices, and e-liquid. Indiana's law goes beyond the federal legislation by introducing penalties for possession, use, and purchase of these products while underage.



It also requires changes to required signs posted in retail areas for these products including where tobacco vending machines are present. Indiana's law increases penalties on retail entities (doubles the fines from previous legislation for each level of citations and increases the lookback period). It is a Class B misdemeanor if a retailer has been found to sell to underage customers 6 or more times in the last year. Tobacco 21 laws have been shown to reduce access to tobacco products to adolescents when they are at higher risk for addiction to nicotine because of developing brain addiction centers, as data has shown that later age of initiation results in fewer people being addicted to nicotine later in life.



In the months leading up to Indiana's Tobacco 21 law taking effect, TPC worked with the Division of Mental Health and Addiction (DMHA), the Indiana Criminal Justice Institute (ICJI), and the Indiana Alcohol and Tobacco Commission (ATC) to develop communication resources related to the new minimum tobacco legal sales age, which includes Frequently Asked Questions documents for retailers and the general public, and a PowerPoint slide set that goes into detail about the provisions of the law. TPC evaluation staff will work on an evaluation plan to assess the short-term, intermediate, and long-term effects of Indiana's Tobacco 21 law.

# Increase the Proportion of Hoosiers Not Exposed to Secondhand Smoke



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Exposure to secondhand smoke is one of the leading causes of preventable death. Secondhand smoke has been shown to cause heart disease, cancer, respiratory problems, and eye and nasal irritation. Exposure to secondhand smoke takes place in the home, public places, worksites, and vehicles. Secondhand smoke is classified as a Group A carcinogen (cancer-causing agent) under the U.S. Environmental Protection Agency's (EPA) carcinogen assessment guidelines and contains over 7,000 chemicals, including more than 70 carcinogens and other irritants and toxins.<sup>15</sup>

The 2006 U.S. Surgeon General's Report, *The Health Consequences of Involuntary Smoking*, stated there is no safe level of secondhand smoke and the only way to provide protection against secondhand smoke is to eliminate it.<sup>16</sup> In addition, the 2014 Surgeon General's Report, *The Health Consequences of Smoking – 50 Years of Progress*, causally associated secondhand smoke exposure with an increased risk for stroke.<sup>17</sup> The 2016 Surgeon General's Report, *E-cigarette Use among Youth and Young Adults*, concluded that e-cigarette aerosol is not harmless "water vapor" and may contain several chemicals, including nicotine, carbonyl compounds, and volatile organic compounds, known to have adverse health effects.<sup>18</sup>

Smoke-free air policies protect nonsmokers from the death and disease caused by exposure to secondhand smoke and have an immediate impact on public health. By decreasing secondhand smoke exposure, we can prevent coronary heart disease, asthma, and lung cancer cases.

Approximately 1,770 Hoosiers die each year from others' smoking, such as exposure to secondhand smoke or smoking during pregnancy.<sup>19</sup> Exposure to secondhand smoke increases the risk of premature birth, low birth weight, pregnancy complications, and sudden infant death syndrome (SIDS).<sup>20</sup> Secondhand smoke costs Indiana approximately \$2.1 billion annually in excess medical expenses and premature loss of life, or about \$328 per person each year.<sup>21</sup>

Approximately 1 in 4 (58 million) nonsmokers in the U.S. are exposed to secondhand smoke, including 15 million children ages 3 to 11 years.

Research shows that although secondhand smoke exposure rates have dropped, some groups continue to be exposed at much higher rates than others. In addition to children, black nonsmokers, people who live below the poverty level, and those who rent housing have higher rates of secondhand smoke exposure.<sup>22</sup>

Approximately

**1,770**

**Hoosiers die each year  
from secondhand smoke**

**\$2.1  
billion**

**in annual excess medical  
expenses and premature  
loss of life**







Public school districts throughout the state have implemented comprehensive tobacco-free school campus policies. The school district's buildings, grounds, athletic fields, and any campus property must be tobacco-free. The policy must apply to all students, staff, and visitors at all times. In 89 of Indiana's 92 counties, all school districts are tobacco-free, protecting 99% of public school students in the state from exposure to secondhand smoke at school. In addition, more than 40 college and university campuses in Indiana have implemented tobacco-free campus policies.

Demand for smoke-free multi-family housing is high as more people become aware of the dangers of secondhand smoke. In addition to protecting residents from secondhand smoke, smoke-free air policies for multi-family housing help landlords and owners reduce maintenance costs of their facilities and save money on cleaning and painting expenses. Multi-family housing owners estimate that it costs \$500 to \$8,000 extra to restore a housing unit that had a smoking tenant versus a nonsmoking tenant. The U.S. Department of Housing and Urban Development's (HUD) Multi-Family Housing Section has increased its support to landlords, owners, and public housing authorities to assist with implementing smoke-free air policies. HUD issued a final rule for each Public Housing Authority administering low-income, conventional public housing to initiate a smoke-free policy by August 2018. The smoke-free public housing authority policies in Indiana cover over 15,000 units and protect approximately 17% of households in Indiana receiving federal rental assistance.<sup>27</sup>



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

TPC community partners are also calling on property managers to collect information about current smoke-free policy status and offer assistance to property managers and residents interested in passing and implementing smoke-free multi-unit housing policies.

## Impact of COVID-19 on voluntary smoke-free workplace policies

Inhaling harmful substances like secondhand smoke and secondhand aerosol damages lungs and can disrupt immune function. After being closed for up to three months due to COVID-19, several casinos, bars, and clubs in Indiana and across the U.S. have opted to re-open smoke-free. Such policies are critical for businesses to prioritize the health and safety of their employees and patrons.



# Decrease Adult Smoking Rates



Tobacco Prevention  
and Cessation

Quitting tobacco use is one of the best ways to improve health. Tobacco use screening and brief intervention for treatment is one of the most effective clinical preventive services with respect to health impact and cost effectiveness.<sup>28</sup> Tobacco use treatments that include counseling and medications are recommended.<sup>29</sup>

Treating tobacco use doubles the rate of successfully quitting.<sup>30</sup> Quitting smoking at any age can improve one's health. Also, supporting consumer education through strong media messages leads to increased quit attempts and increased demand for cessation services and directs tobacco users where to seek help.

Combustible tobacco use causes the most tobacco-related disease and death in the United States.<sup>31</sup> However, noncombustible products also pose health risks. Smokeless tobacco is not a safe alternative to combustible tobacco because it causes cancer and nicotine addiction.<sup>32</sup>

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

Quitlines have been shown to be a highly cost-effective intervention that deliver high value relative to their cost when compared with other common disease prevention interventions and medical treatments.

The Public Health Service's Clinical Practice Guideline Treating Tobacco Use and Dependence concluded that quitlines increase six-month smoking cessation quit rates compared with no intervention (the Guideline reported quit rates among quitline users of 12.7% for counseling alone and 28.1% for counseling plus medication) and therefore recommended the use of quitlines to help tobacco users quit.

## Key Outcomes

### Indiana Tobacco Quitline serves thousands

The Indiana Tobacco Quitline provides support for residents who want to stop smoking or using other tobacco products; offers information on tobacco dependence for health professionals and families or friends of tobacco users; and provides information on local or national cessation resources. The Indiana Tobacco Quitline was established in 2006, and since that time, the Quitline has received nearly 170,000 calls.



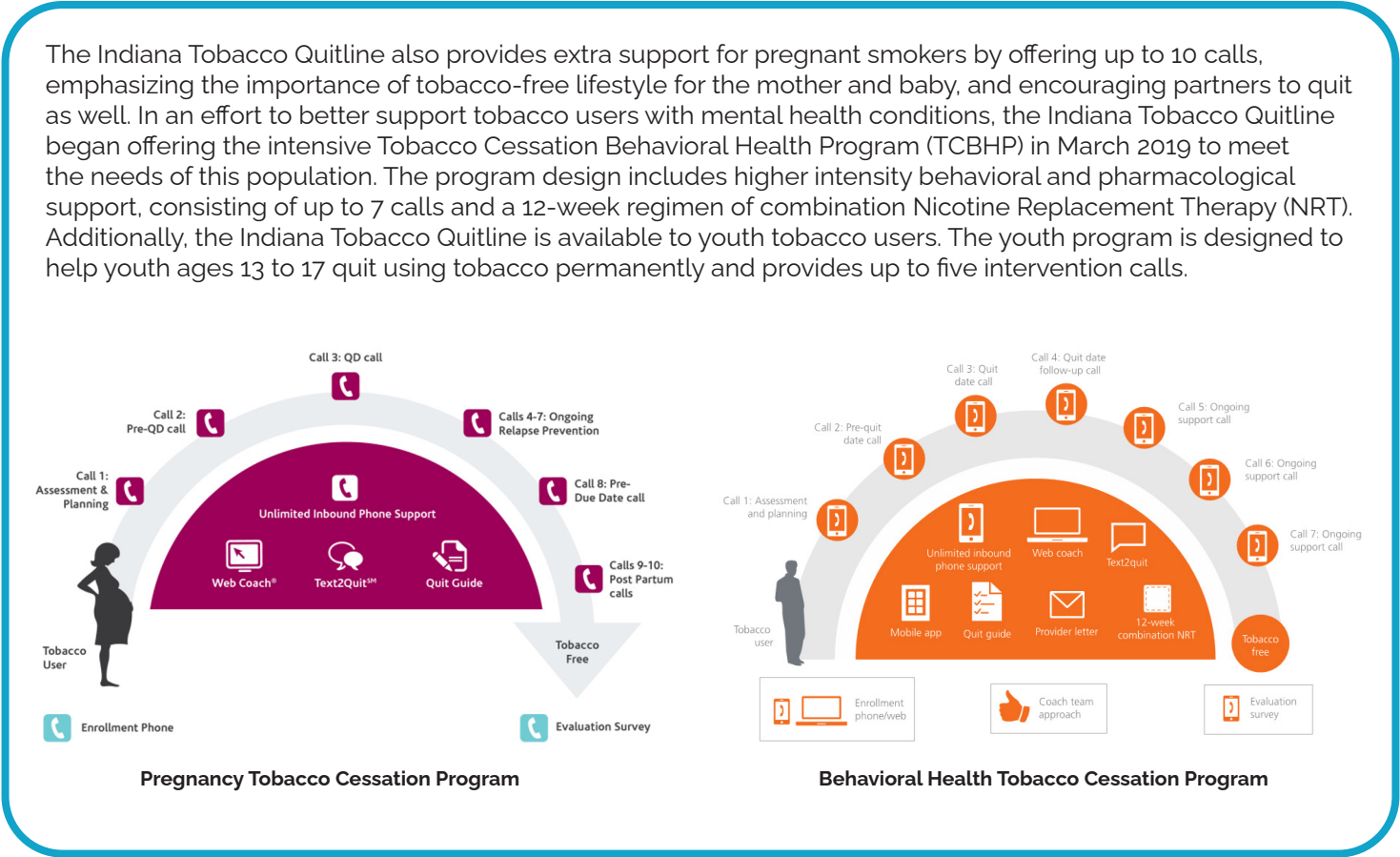
**1.800.QUIT.NOW**  
Indiana's Tobacco Quitline  
[QuitNowIndiana.com](http://QuitNowIndiana.com)



The Indiana Tobacco Quitline (ITQL) is available to all Hoosiers, offering support in quitting tobacco use through telephone-based counseling. Highly trained quit coaches provide tailored counseling support to help tobacco users quit. The ITQL is central to Indiana's tobacco cessation network of state and local partners. In SFY 2020, the ITQL served 9,344 registered callers, an average of nearly 780 per month. The ITQL has a high satisfaction rate of 87% among callers, indicating participants would recommend the Quitline to another tobacco user. The 30-day quit rate among participants in the standard multiple call program was 43% at a 7-month follow-up study using the North American Quitline Consortium (NAQC) standard calculation method for quit rates. Among web-only users, 34% reported abstaining from tobacco for seven days or more, and 32% reported a 30-day abstinence rate.<sup>33</sup>

Along with the traditional 1-800-Quit-Now phone-based counseling, the Indiana Tobacco Quitline offers a web-based counseling program called Web Coach®, and the supplementary texting service called Text2Quit.®

The Indiana Tobacco Quitline also provides extra support for pregnant smokers by offering up to 10 calls, emphasizing the importance of tobacco-free lifestyle for the mother and baby, and encouraging partners to quit as well. In an effort to better support tobacco users with mental health conditions, the Indiana Tobacco Quitline began offering the intensive Tobacco Cessation Behavioral Health Program (TCBHP) in March 2019 to meet the needs of this population. The program design includes higher intensity behavioral and pharmacological support, consisting of up to 7 calls and a 12-week regimen of combination Nicotine Replacement Therapy (NRT). Additionally, the Indiana Tobacco Quitline is available to youth tobacco users. The youth program is designed to help youth ages 13 to 17 quit using tobacco permanently and provides up to five intervention calls.



## Quit Now Indiana Preferred Networks

Community-based and minority-based partners establish cessation networks and supporting policies throughout the community. These networks serve as a referral system to the Indiana Tobacco Quitline. TPC and its partners have focused outreach efforts to healthcare providers to implement systems change within their practices. Specifically, they are encouraged to: **1) ASK** about tobacco use; **2) ADVISE** to quit, and **3) REFER** patients to cessation services, specifically the Indiana Tobacco Quitline. Approximately 5,200 healthcare providers were enrolled in the Quit Now Indiana preferred provider network.



In SFY 2020, two healthcare systems integrated the Indiana Tobacco Quitline (ITQL) referrals into their electronic health records – Porter Starke Services, a behavioral health system, and Community Health Network, comprised of four hospitals. Electronic referral improves continuity of care, simplifies the referral process, provides patient outcome reports to referring providers, and is a sustainable method of referral to tobacco quitlines. These efforts include engaging key stakeholders within hospitals, community health centers, and individual practices to discuss ITQL services and strategies to integrate tobacco dependence treatment best practices, including into electronic health records (EHR) utilization. Healthcare systems provide many opportunities for motivating tobacco users to quit. Over 5,000 fax referrals and over 7,600 electronic referrals (including EHRs, e-referral/SFTP, and secure email) were made to the Indiana Tobacco Quitline from healthcare providers in SFY 2020 .

### Health Systems that electronically refer to the Indiana Tobacco Quitline:

Columbus Regional
Community Health Network
Daviess Community Hospital Medical Clinics
Floyd Memorial Hospital
Hancock Regional Health
Hendricks Regional Health
Indiana University Health
Johnson Memorial
King's Daughters' Health
Marion General Hospital
Meridian Health Services
NorthShore Health Centers
Parkview Physicians Group
Porter Starke
Union Hospital

The Indiana Tobacco Quitline's suite of services also includes the Online Provider Referral Portal, QuitNowReferral.com. Healthcare providers and employers can now quickly and easily refer tobacco users to the Quitline through the web. In SFY 2020, nearly 850 referrals were submitted through the portal by over 100 healthcare providers

### Health Systems Change Partnerships

TPC continued partnerships to implement health systems change strategies (U.S. Public Health Service Clinical Practice Guideline, Treating Tobacco Use and Dependence: 2008 Update) that are sustainable, integrated solutions at the organizational level to support clinicians to address tobacco use consistently and effectively. This collective work is targeting the following focus areas:

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

TPC funds six health system partnerships to implement cessation strategies in hospitals, critical access hospitals and clinic settings across the State of Indiana.

**The Indiana Hospital Association (IHA)** works with five hospital systems (Columbus Regional, Marion General, Greene County General, Baptist Health Floyd, and Decatur Memorial) to improve and expand their tobacco prevention and cessation efforts. Examples of their work include: adding vaping questions to electronic health record tobacco assessments, increasing the number of identified providers in the Indiana Tobacco Quitline preferred network, tracking the number of nicotine replacement therapy medications ordered and distributed, providing in-person/telephonic hand-offs or transitions of care of expectant mothers to tobacco treatment specialist services, connecting perinatal navigator initiatives with tobacco prevention and cessation resources, having clinical staff participate in a virtual tobacco treatment specialist training, and hosting a Prescribing Practices for Providers live webinar.





**Indiana Rural Health Association (IRHA):** IRHA is working with three hospitals: Putnam County Hospital, Franciscan Health Rensselaer, and Decatur County Memorial Hospital. These hospitals focused on site-wide assessments and implementation of tobacco dependence treatment into workflows, with the long-term intention of site-wide change. Each location is unique based on the structure and needs of the facility and community served. For example, Putnam County Hospital developed a new tobacco treatment specialist group and underwent a workflow redesign on its OB navigator unit to improve the health of area families. Franciscan Health Rensselaer (Jasper County) began its project with the Brook Rural Health Clinic and Health Screenings Program with a focus on improving tobacco treatment provided to the outpatient population. Lastly, Decatur County Memorial Hospital launched with the redevelopment of its new Tobacco Cessation program and implementation of telehealth to increase access to cessation services.

**Indiana Cancer Consortium (ICC):** In January 2020, ICC partnered with two hospitals, Good Samaritan (GS) and King's Daughters' Health (KDH). These southern Indiana locations have similar goals: to address tobacco cessation and prevention in their cancer center or oncology department with the goal to lower the tobacco use among cancer patients and survivors. Good Samaritan and King's Daughters' Health have assessed their current tobacco prevention and cessation protocols and workflows to establish systems-level change through evidence-based interventions to their patients.

**Southwestern Behavioral Healthcare:** Southwestern Behavioral Healthcare's Tobacco Recovery Program has focused on three priority areas: implementing system-wide tobacco recovery assessment and treatment protocols for all adult consumers, building staff capacity to provide tobacco recovery support, and developing an updated, internal tobacco-free workplace policy. Using lessons learned from multiple LEAN Strategic Doings, Rapid Improvement Events, and LEAN Daily Improvement projects executed on a smaller scale in outpatient facilities, Southwestern made strategic decisions to implement a new Tobacco Recovery Readiness Assessment in January. This assessment is encompassing the first three steps of the evidence-based 5A model, with a subsequent automatic program referral depending on how consumers respond to the assessment questions (Ask, Advise, Assess, [Refer]). The new assessment was inserted into routine clinical assessment periods at intake and 90-day reassessment to be administered by consumers' primary assessment clinicians.

The tobacco program team worked closely with Southwestern's EHR administrators to develop an internal EHR tool tracking every assessment administered to help identify where consumers are being overlooked. During the last half of FY20, the Tobacco Recovery Program has received an average of 25 referrals per month for consumers, indicating a desire for recovery support. Consumers are given the option to choose between internal tobacco cessation counseling with a certified Tobacco Treatment Specialist or an external referral to the Indiana Tobacco Quitline. A total of 76% of all referred consumers who responded to post-referral engagement efforts ultimately requested a referral to the Indiana Quitline, citing convenience and the provision of free Nicotine Replacement Therapy as common motivational factors supporting their decision. To build staff capacity, training was provided at every Southwestern facility for all staff who are expected to administer it. Treatment intervention manuals and tools that are specific to the service being provided, whether it be mental health counseling or an intervention from a member of our nursing team, were provided for every site. Additionally, the Tobacco Recovery Team is working with Southwestern's Human Resources orientation and onboarding teams to mandate tobacco dependence and recovery training for all new hires as well as annual refresher training for existing staff. Finally, the Tobacco Recovery Team has begun updating Southwestern's internal Tobacco-free Workplace policy to align with the Indiana Division of Mental Health and Addiction's (DMHA) Tobacco-Free Workplace Certification requirements.





**Community Health Network (CHN):** CHN's approach to cessation strategies is 1) to develop a systematic way to improve care throughout CHN; 2) to support widespread adoption of evidence-based tobacco treatment throughout the network, and 3) to utilize the EHR to standardize care and provide widespread adoption of evidence-based tobacco treatment. To date, the following cessation milestones have been reached: development of the Tobacco Treatment Specialist Manual, creation of a standard care process, new employee department onboarding protocol, medication algorithm for prescribers, Smart Form/Text (foundation to extract data and standardize care), development of training videos for providers on Smart Form/Text, creation of a dashboard and patient education videos and 30 staff attended tobacco treatment specialty training.

**Indiana Chapter of the American Academy of Pediatrics (INAAP):** INAAP implements the CEASE program (Clinical Efforts Against Secondhand Smoke Exposure), which supports existing child healthcare systems to routinely assess and treat parental tobacco use at every clinical encounter through screening for tobacco use and exposure and has extended its efforts into 10 pediatric clinical settings. Parkview Pediatrics in Fort Wayne has adapted CEASE to telemedicine appointments during the COVID-19 pandemic. Parkview Pediatrics in Fort Wayne had its front desk staff member call patients prior to their telehealth appointment and do the CEASE screening with them. During the first month of operating CEASE this way, Parkview had 11 positive tobacco screenings, all of which accepted NRT and enrollment to the Quitline.

## Working with Employers

Employers play an important role in protecting the health and safety of their workforce. The Quit Now Preferred Employer Network is a program that Indiana employers can become involved with to promote the Indiana Tobacco Quitline to their employees. Employers also receive guidance from local tobacco control partners on ways to best address tobacco use in their workplace through tobacco-free policies and tobacco treatment benefits. Approximately 1,500 employers are enrolled in the Preferred Employer Network. TPC and its partners have focused outreach efforts to employers in Indiana to implement changes to their benefits structures and grounds policies. Specifically, they are encouraged to: A) Pass and implement tobacco-free campus or grounds policies; B) Offer robust coverage for tobacco cessation as part of a comprehensive employee benefits package, and C) Promote the Indiana Tobacco Quitline as a resource for employees who use tobacco. In SFY 2020, local partners reported 575 activities related to outreach with Indiana employers.

**The Wellness Council of Indiana (WCI)** has a statewide strategy to build on the current tobacco control programs and deepen the reach to employers across the state of Indiana. The approach includes partnering with the Indiana Healthy Community Initiative on specific cessation strategies. The Indiana Healthy Community Initiative is an existing WCI program that is designed to help communities focus on implementing and sustaining a culture of well-being by employers for economic growth. WCI spent FY 2020 designing employer-facing trainings and workshops on a variety of cessation-related topics, with a strong emphasis on the promotion of the Indiana Tobacco Quitline, employer smoke-free air policies, and employer cessation benefits. WCI developed an employer tobacco prevention and cessation tool using existing materials as a leave-behind tool for employer-based wellness and human resource professionals. WCI has a goal of consulting with at least 60 Indiana employers during the two-year grant cycle and has already scheduled and/or completed 18 individual consultations. WCI also connects with the TPC tobacco coordinators and coalitions to educate them on working with employers.



## Populations of Focus

Tobacco use directly causes a majority of the chronic diseases, including heart diseases, stroke, respiratory diseases, asthma, type 2 diabetes, and cancer. Every year, 11,100 Hoosiers die from tobacco use. For every one of those deaths, another 30 Hoosiers are living with a tobacco-related illness that inhibits their quality of life.

As smoking rates in the general population have declined, the gaps in rates among some sub-populations have widened. The 2014 *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General* states, “Although cigarette smoking has declined significantly since 1964, very large disparities in tobacco use remain across groups defined by race, ethnicity, educational level, and socioeconomic status and across regions of the country.” Therefore, specific emphasis is needed on addressing the high rates of smoking among these populations.



### **Pregnant Women**

In 2018, 11.5% of pregnant women in Indiana smoked during pregnancy.<sup>34</sup> While this is a significant decline from 18.5% in 2007,<sup>35</sup> the national average rate of smoking during pregnancy was 6.5% in 2018.<sup>36</sup> Smoking during pregnancy is associated with poor health outcomes, including low birth weight, sudden infant death syndrome (SIDS), and miscarriage. Prenatal exposure to secondhand smoke is also harmful to a child's mental development. Children of mothers who were exposed to secondhand smoke when pregnant have lower scores on cognitive development tests at age 2 compared to children of mothers living in smoke-free homes during pregnancy. The Indiana Tobacco Quitline offers pregnant smokers greater support. The treatment plan is tailored to meet their needs and offers additional postpartum contact to prevent relapse. In SFY 2020, 297 women enrolled in the Indiana Tobacco Quitline's enhanced 10-call program for pregnant women. Encouraging smoke-free pregnancies can support efforts to reduce Indiana's infant mortality rate, a top priority of the Indiana Department of Health.

In SFY 2020, 2,135 women of child-bearing age (15 to 44 years) called the Indiana Tobacco Quitline, including 9% who were currently pregnant, 3% who were planning pregnancy, and 2% currently breastfeeding. The Indiana Tobacco Quitline is a referral partner for the 26 Baby and Me-Tobacco Free sites in Indiana, as well as all 145 Indiana Women, Infants and Children (WIC) clinics. Baby and Me-Tobacco Free and WIC sites refer participants to the Indiana Tobacco Quitline, and the Quitline Quit Coaches refer interested callers to local programs where applicable. Among pregnant women enrolled in the 10-call program who responded to a call-back survey after receiving Quitline services, 50% reported abstaining from tobacco for 30 days. Women of childbearing age who registered for the four-call program and responded to the call-back survey had a 30-day tobacco abstinence rate of 37%.<sup>37</sup>



### **Individuals with mental illness and substance use disorders**

Smoking prevalence remains significantly higher among individuals with mental illness and substance use disorders. Individuals with mental illness or substance use disorder smoke nearly 40% of all cigarettes smoked in the United States.<sup>38</sup> About 1 in 5 adults in the U.S. (19.9%) and in Indiana (22.3%) have any mental illness.<sup>39</sup> Additionally, nearly 39% of Indiana adults with any mental illness smoke.<sup>40</sup>

The use of heroin and prescription opioid painkillers has increased across the U.S. in the past decade. Indiana has taken steps to improve prevention, treatment, and recovery efforts for this growing epidemic. Opioid use is part of a larger substance abuse problem, including tobacco use and dependence. Smoking rates tend to be very high among patients receiving treatment for opioid addiction – upward of 95% or more.<sup>41</sup>



In addition, individuals who use tobacco may be more prone to long-term opioid use. Research has shown that patients with a history of tobacco use are more likely to be given longer-term or more frequent opioid prescriptions than patients without a history of tobacco use.<sup>42</sup> Treating tobacco use along with other addictions can increase abstinence rates. Conversely, continued tobacco use can increase the odds of substance use disorder relapse.<sup>43 44</sup>

Although research shows that individuals who use tobacco and have mental illness and substance use disorders want to quit and can quit, tobacco treatment may not always be considered a priority in mental health treatment settings.<sup>45</sup> To help reduce tobacco use among individuals with mental illness, mental health providers and facilities should be educated to integrate tobacco treatment into overall mental health treatment strategies, as well as refer patients to an evidence-based tobacco treatment resource for extra support, such as the Indiana Tobacco Quitline. Tobacco-free environments in treatment facilities also support recovery.

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

ReThink Tobacco Indiana provides the following:

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



Since January 2020, RTI has assisted with EHR integration with the Indiana Tobacco Quitline (ITQL) with a community mental health center (CMHC) in northern Indiana, Porter-Starke Services Inc. With assistance from a local community partner, Tobacco Education & Prevention Coalition for Porter County, RTI facilitated a series of ITQL trainings for every department at Porter-Starke Services to successfully integrate e-referrals to the ITQL across their entire health system. In addition to the trainings, RTI created various resources (e.g. provider quick reference, videos) to help support this effort. As part of new employee orientation, tobacco education including an overview of the ITQL is required as part of their onboarding process.



RTI works with Indiana University Health's inpatient psychiatric facility (IPF) at Methodist Hospital to improve tobacco treatment provided to patients during their stay and to improve their discharge process by utilizing referral to the ITQL. RTI has worked with IU Health partners to submit an updated Nicotine Replacement Therapy Protocol for Behavioral Health departments, which proposes an increase of NRT dosages by utilizing combination therapy, which has been shown to increase abstinence rates compared to monotherapy NRT. Furthermore, RTI has worked with IU Health at the system level to successfully implement the Fagerstrom Test for Nicotine Dependence, a standardized assessment to measure a person's level of nicotine dependence, into the individual's EHR.

RTI's work with Community Health Network North Hospital's Behavioral Health Inpatient department has been with key staff members to pilot a comprehensive tobacco assessment among their two integrated recovery units and continue to refine the clinical workflow with opportunities to engage patients in tobacco treatment. RTI continues to adapt to the current pandemic in regards to the accredited Tobacco Treatment Specialist (TTS) Core Training program and was scheduled to implement its first virtual training in late July.

### **Indiana selected as the first state to receive technical assistance from SAMHSA's new National Center of Excellence for Tobacco-Free Recovery**

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

An action plan was produced that included practical strategies that aim to significantly increase smoking cessation and quit attempts, increase tobacco use prevention, and ultimately reduce the tobacco use prevalence among the behavioral health population.

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

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

Indiana continues to implement the action plan established at the Leadership Academy for Wellness and Tobacco Free Recovery Summit. There are three active committees implementing practical tobacco cessation strategies to hit the targets set at the summit.

#### ***Policy/Advocacy Committee***

- The committee is also looking into ways to support agencies engaging in tobacco treatment services and policies.
- The committee drafted a survey in collaboration with the Indiana Sheriffs Association to assess tobacco policies in jails for both people who are incarcerated and jail staff.
- The committee also identified a new objective to implement strategies to enforce tobacco-free policies on college campuses.



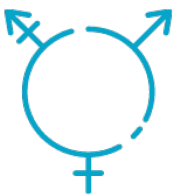
### **Education Committee**

- The Education Committee developed a presentation, Making the Case for Tobacco Treatment for Behavioral Health Clients, to educate providers on the necessity to treat their patients' tobacco use. This presentation is intended to be used at provider meetings, events, or conferences; the committee is exploring the possibility of accrediting the presentation for various professionals, including peer recovery specialists.
- Committee members also developed a one-pager providing an overview of the summit to be used as a recruitment tool to involve providers, MCEs, and others in this work.
- The committee identified a new objective to develop a comprehensive tobacco-free grounds policy guide for behavioral health treatment organizations.

### **Data Committee**

- The Data Committee reviewed the 2018 BRFSS data for changes in rates of tobacco use, binge drinking, and poor mental health. No significant changes were found when compared to the 2017 data that was used during the Summit in June 2019: a slight decrease in current smoking status was observed in adults who met binge drinking criteria, while an increase was observed in adults who reported poor mental health.
- The 2018 BRFSS survey included questions on adverse childhood experiences (ACEs) and found that people with four or more ACEs had a three times higher prevalence of being a current smoker compared to having no ACEs.

Indiana, with the technical support of Smoking Cessation Leadership Center (SCLC) and the National Behavioral Health Network (NBHN), is planning to reconvene the stakeholders for a follow up virtual meeting in the fall of 2020.



### **LGBTQ+**

Tobacco use is higher among lesbian, gay, bisexual, and transgender (LGBT) individuals than the general population, both in Indiana and the U.S., substantially affecting the health of LGBT communities.<sup>46</sup> In 2017, smoking prevalence was about 44% higher among Hoosier LGBT adults (31.3%) than straight adults (21.8%).<sup>47</sup> Indiana began a partnership with Indy Pride in 2018, helping the organization take the Indy Pride Festival smoke-free for the first time. Indy Pride was the third Pride festival in the nation to go smoke-free. The partnership with Indy Pride has continued to develop as TPC staff have provided technical assistance and feedback on policy implementation. In the last fiscal year, Indy Pride has provided mini-grants to three other Pride organizations in Indiana, including Northwest Indiana Pride, Fort Wayne Pride, and River City Pride (in Evansville), to help them transition to smoke-free Pride festivals, as well as use their platform to promote the Indiana Tobacco Quitline. Most Pride festivals, which typically take place in the summer months of June and July, were canceled in 2020 due to COVID-19. However, Indy Pride hosted a virtual festival on June 21, 2020, which amplified Black, Indigenous, and People of Color (BIPOC), highlighting their talent and leadership. There were 15,000 total viewers across Indy Pride's social media platforms. The social media banners and graphics displayed 1-800-Quit-Now, and announcements about tobacco cessation resources were played frequently throughout the virtual event.



### **Those enrolled in Medicaid health plans**

Individuals primarily insured through Medicaid smoked at a higher rate (47%) than the general population (22.9%) in 2014.<sup>48</sup> Indiana Medicaid has a robust set of benefits for tobacco treatment, including all FDA-approved medications for smoking cessation and individual, group and phone counseling. Increasing awareness among Indiana Medicaid providers and members of the services available to help in quitting tobacco is important to ensure that those who need services receive them.



TPC's partnership with the Office of Medicaid Policy and Planning (OMPP) provides support for Quitline services and connects TPC with the Indiana Medicaid health plans to train staff on tobacco treatment intervention and referrals to the Indiana Tobacco Quitline. In SFY 2020, 48% of callers to the Indiana Tobacco Quitline indicated they were Medicaid members. The TPC staff shares resources and provides data to each health plan, including dental providers. Three training sessions for the health plans' provider relations and case management staff were given in SFY 2020.



### **Low-income Families**

Adult smoking rates are higher among people with lower income and lower levels of educational attainment when compared to the general population, both in Indiana and the U.S. Smoking disproportionately affects the health of people of lower socioeconomic status. Cigarette smokers of lower income suffer more from diseases caused by smoking than smokers with higher incomes.<sup>49</sup> Among Indiana adults reporting an annual household income of less than \$15,000, 40.0% were current smokers in 2018, compared with 12.5% of those earning \$75,000 or more.<sup>50</sup> Indiana's overall adult smoking prevalence has declined significantly since 2011, but there has been no significant change in smoking rates among adults with a household income of less than \$15,000 or adults with less than a high school education.

**Breathe: Healthy Steps to Living Tobacco Free** is an educational program directed to Head Start Centers and other similar organizations serving low income families in Indiana. Breathe includes education on the dangers of secondhand and thirdhand smoke, ways to minimize exposure, the financial burden of tobacco use, and resources available to quit using tobacco products. Breathe uses a variety of educational tools, including a comprehensive flip chart, parent handouts, educational videos, parent activities, and a children's classroom curriculum, to reach families and teachers at Head Start and other organizations. Health Ed Pros, a TPC statewide grantee, provides training and technical assistance to local funded partners and Head Start and similar agencies covering counties not funded by TPC; and assists with the development and improvement of the Breathe tools. In SFY 2020, Health Ed Pros completed 29 Breathe trainings, including two Breathe refresher sessions reaching 703 people in 43 of the 92 Indiana counties.





# Maintaining State and Local Infrastructure Necessary to Lower Tobacco Use Rates



Tobacco Prevention and Cessation

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

## Key Outcomes

### Community Partnerships

In SFY 2020, TPC funded community coalitions in 43 counties, with 65 state and local partners, reaching approximately 78% of Indiana's population. Their work in the local communities is key to the success of the statewide program. TPC supports the local community programs by providing training, technical assistance, and resources.

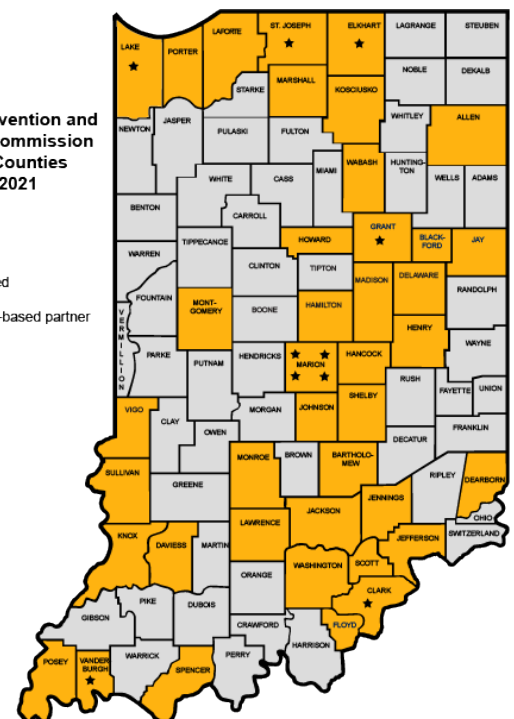
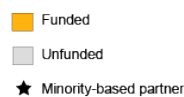
TPC implements a capacity-building grant program open to any county that had not received TPC funding in the past grant cycle to get started on core interventions. TPC funded eight capacity-building grantees for the 2019-2021 grant years.

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

Coalitions implemented over 6,500 program activities during SFY 2020, ranging from Quitline outreach to community presentations to delivery of training. This included:

- Nearly 600 activities providing education on tobacco point-of-sale marketing and advertising
- Approximately 600 activities in communities working on decreasing exposure to secondhand smoke
- Nearly 1,000 activities helping Hoosier adults to quit tobacco use

Tobacco Prevention and Cessation Commission Funded Counties 2019-2021



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

## Providing evidence-based training and tailored technical assistance

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

Maintaining tobacco prevention and cessation expertise is critical to our state program's infrastructure. Many of the TPC staff are sought out to speak and participate at state and national events. The following summarizes some of these opportunities for our staff development:

### 2019 National Conference on Tobacco or Health:

Strategies for Advancing and Monitoring Compliance with Point of Sale Marketing

Addressing Cessation in Maternal/Child Health

Rise in ENDS Calls for Increased Surveillance

*Presentations by Brandy Paul and Katelin Rupp*

### State-Level Conferences:

2019 Indiana Wellness Summit on Current Practices and Innovations in Workplace Tobacco Cessation

IUPUI LGBTQ+ Community Town Hall panel discussion on Tobacco Marketing and the Impact on LGBTQ+ Health

2019 Indiana Attorney General's Office Drug Abuse Symposium  
*Youth E-Cigarette Use in Indiana*

Annual State Epidemiology and Outcomes Workgroup (SEOW) Symposium on  
*Indiana's Response to the Youth Vaping Epidemic*

Indiana Tobacco Quitline at the Indiana Oral Health Coalition

Little Red Door Board of Directors about *Tobacco Control in Indiana*

Indiana WIC Regional Supervisors about vaping and Quitline services

*Kids and Vaping: What You Need to Know*

- Indiana School Nurses Conference
- Indiana School health Network Conference
- Grand Rounds at Union Hospital
- Schools throughout the state (in partnership with the Indiana Dept. of Education)
- Several Youth Worker Cafés around the state (sponsored by the Indiana Youth Institute)

*Presentations by Andrew Derry, Anita Gaillard, Katelin Rupp, Miranda Spitznagle, Regina Smith and Sally Petty*



## Hester Shultz Fellowship

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

In her memory, TPC, in partnership with the ISDH Healthy Hoosiers Foundation, created a fellowship program. The spirit of this fellowship is to further develop individuals who will be a further inspiration of others and contribute to the vibrancy of Indiana communities through social norm and policy changes that improve quality of life. The fellowship is offered to graduate-level students to participate in the Society for Public Health Education (SOPHE) Advocacy Summit in Washington, D.C., and complete a health advocacy project following the summit to apply skills learned. Two fellowships were awarded in 2019.

**Jillian Phillips**, Master of Public Health May 2020 graduate from Indiana University-Bloomington School of Public Health, researched evidence-based practices, motivational interviewing, and public health theory to inform tobacco cessation conversations that healthcare providers have with their patients. She used the information to script a video of "do's and do not's" when speaking with patients to demonstrate how small changes within patient visits can make a big impact on a patient's decision to quit using tobacco.

**Zoe P. Starkey**, MPH Family and Community Health candidate, Purdue University, worked with Breathe Easy Beech Grove, which is the local smoke-free air coalition. Zoe had experience with design elements on material development and Photovoice, and she assisted the coalition in developing some print and video design products that appealed to the community, as well as working on outreach to community members in Beech Grove, in schools, the parks department, law enforcement, businesses, and health care providers who were willing to share their story related to smoke free air.

## Impact of COVID-19

People who smoke are at an increased risk of COVID-19 related complications. TPC created two new fact sheets on the impact of smoking and secondhand smoke exposure on viral respiratory illnesses and COVID-19, and briefed partners on various communications resources that communicate the increased risk of severe illness among smokers.

TPC was able to maintain the tobacco control infrastructure throughout the state during the spring months of 2020, although some local partners were furloughed by their lead agencies or recruited to work on the COVID-19 response at the local level. TPC staff members contributed to the Indiana Department of Health's response to COVID-19 by working shifts in the call center and joining the investigations team working on contact tracing.



A surveillance and evaluation program is one of the five components recommended for state-based tobacco control programs in the CDC's Best Practices for Comprehensive Tobacco Control programs. It is important for tobacco control programs to be accountable and demonstrate effectiveness, as well as have access to relevant and timely data for use in program improvements and decision-making.<sup>51</sup>

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

## Indiana Youth Tobacco Survey

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

### Key findings from the 2018 Indiana Youth Tobacco Survey:

- **Declines in youth smoking:** Overall, between 2000 and 2018, youth smoking declined 84% among high school students and 81% among middle school students.
- **Electronic cigarettes:** e-cigarettes remain the most used tobacco product among both middle and high school students in 2018. In 2018, past 30-day e-cigarette use increased significantly to 5.5% among middle school students and 18.5% among high school students, the highest e-cigarette use rates measured to date on the Indiana Youth Tobacco Survey. E-cigarettes surpassed traditional cigarettes in 2018 as the most common first tobacco product tried among middle and high school students.
- **Concurrent use of multiple tobacco products (poly-tobacco use):** In 2018, 9% of high school students (39% of tobacco users) and 2.6% of middle school students (32% of tobacco users) reported past 30 day use of two or more tobacco products.
- **Exposure to secondhand smoke:** In 2018, 28% of middle school students and 23.7% of high school students reported that someone smoked tobacco products in their home while they were there during the past week. Exposure to secondhand smoke at home was significantly higher among youth who lived with someone who smoked cigarettes than youth who did not live with a smoker.
- **Exposure to tobacco marketing:** Youth continue to be exposed to tobacco marketing through a variety of channels, including the retail environment, internet, print media, and television or movies. In 2018, the retail environment was the most common source of exposure. Approximately 70.1% of high school students and 66.5% of middle school students reported seeing advertising or promotions for tobacco products at least some of the time while in convenience stores, gas stations, or grocery stores.

*Highlights from the 2018 IYTS, as well as a detailed report, can be found on the TPC website:*

[in.gov/isdh/tpc/2339.htm](http://in.gov/isdh/tpc/2339.htm)



# Indiana Adult Tobacco Survey

The Indiana Adult Tobacco Survey is administered biennially and provides detailed data on adult tobacco use, secondhand smoke exposure, attitudes and beliefs related to tobacco, and tobacco cessation. The 2019 ATS was administered January through May of 2019 to over 2,000 Indiana residents 18 years and older.

## Key findings from the 2019 Indiana Adult Tobacco Survey:

- **Increase in current use of e-cigarettes:** Approximately one in four (25.8%) Hoosier adults reported ever trying an e-cigarette in 2019. Current use of e-cigarettes increased from 3.7% in 2017 to 6.2% in 2019. The proportion of never smokers who reported currently using e-cigarettes increased from 2.1% in 2017 to 4% in 2019, and the proportion of former smokers who used e-cigarettes decreased from 8.1% in 2017 to 5% in 2019.
- **Poly-tobacco use:** Similar to 2017, nearly one third (29.2%) of Hoosier current smokers reported using other tobacco products in addition to cigarettes in 2019. Approximately 16% of current smokers were also current e-cigarette users in 2019, an increase from 8% in 2017.
- **Increase in protections from secondhand smoke:** In 2019, 92% of Hoosier adults reported having a smoke-free indoor work environment, an increase from 85% 2013. The overwhelming majority of adults who work indoors, 88%, think that smoking in indoor workplaces should not be allowed. The prevalence of smoke-free homes among all Hoosier households increased from 78% in 2017 to 80% in 2019.
- **Tobacco cessation:** In 2019, among current smokers and former smokers, 15.6% of adults reported successfully quitting in the past year. Nearly one in five current smokers indicated that they intended to quit in the next 30 days. Among current tobacco users, approximately 63% indicated that they were aware of the Indiana Tobacco Quitline. Additionally, 60% of current smokers indicated that their healthcare provider advised them to quit smoking.

## Indiana Tobacco Quitline Evaluation

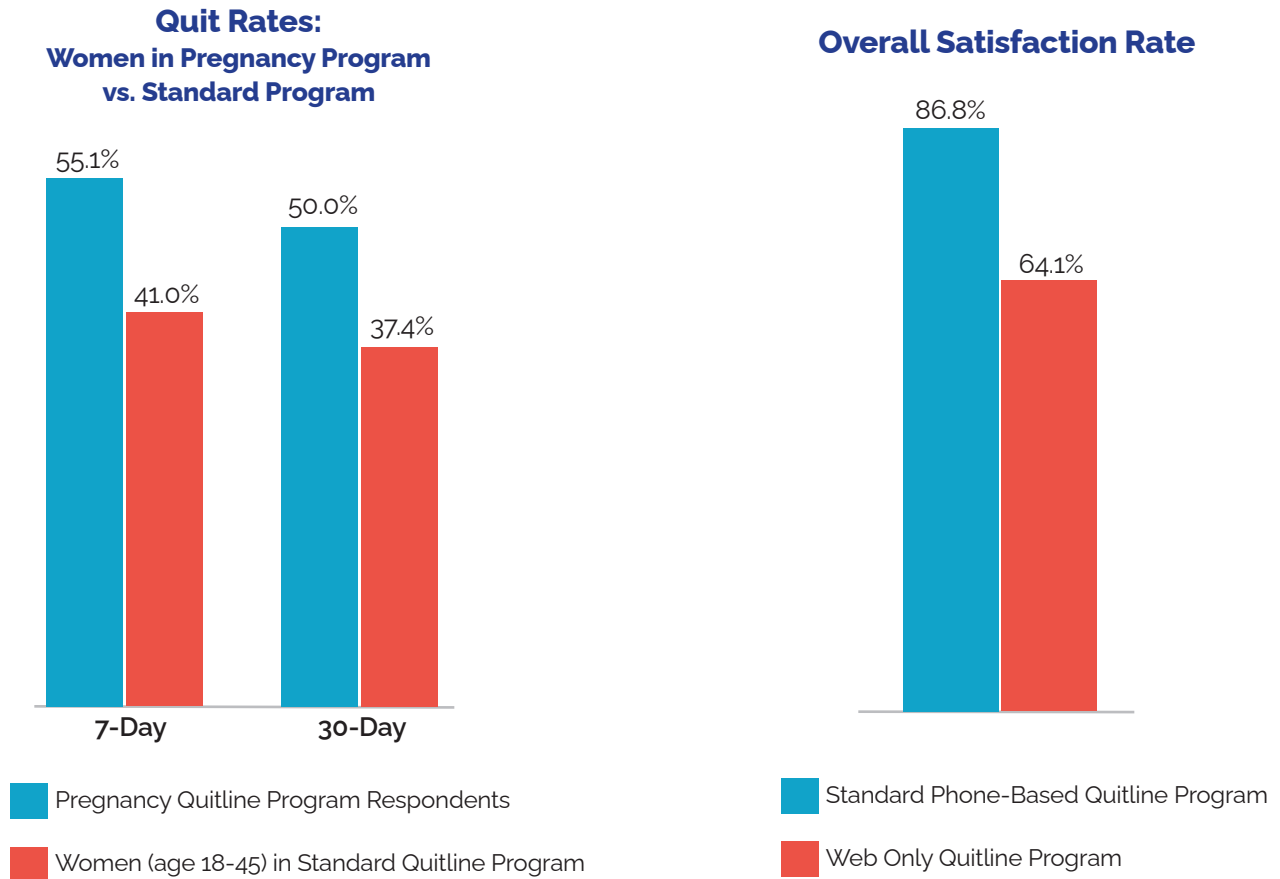
Findings from the most recent evaluation report on the Indiana Tobacco Quitline (ITQL) indicate high satisfaction rates and strong quit rates. In the 7-month follow up study, 46% of Indiana Tobacco Quitline callers reported being tobacco abstinent for seven days or more, while 43% reported not using tobacco for 30 days. Among participants in the web-only program, 34% reported being abstinent for seven days or more, and 32% reported staying tobacco free for 30 days. There was an overall satisfaction rate of 87% among callers and 64% among web-only users.

The ITQL program also had a measurable impact on participants who were not abstinent at follow-up. Survey respondents who reported any cigarette use within the 30 days prior to follow-up were considered continued smokers.

- Among Quitline callers who were continued smokers, nearly **7 out of 10 (68%)** of ITQL callers reported smoking fewer cigarettes per day at follow-up than at the time of enrollment.
- **Continued users also reduced their level of tobacco dependence.** Among participants in the multiple call program, 51% reported smoking within 5 minutes after waking at time of enrollment, and 39% at the time of the follow-up survey. Among web-only participants, 40% reported smoking within 5 minutes after waking at time of enrollment, compared to 26% at the time of the follow-up survey.
- **Continued cigarette users also reported less frequent smoking** at follow-up compared to enrollment. Among those who had smoked a cigarette in the 30 days prior to their follow-up survey, nearly all (97%) of the multi-call program respondents reported smoking every day at enrollment. At follow-up, 73% reported smoking every day. Among web-only program respondents, 98% reported smoking every day at enrollment, and 86% reported smoking every day at follow-up.
- Approximately **9 out of 10 (91%)** continued users who participated in the multiple call program and 7 in 10 (70%) web-only program respondents indicated that they intended to quit within the next 30 days.



Pregnant tobacco users are a priority population for Indiana tobacco control efforts. The ITQL 10-call intensive program for pregnant women provides behavioral support tailored to unique needs during pregnancy and includes postpartum contact to prevent relapse. The most recent ITQL evaluation report included combined data on ITQL pregnancy program participants from a two-year period to provide the largest sample size and most accurate outcome estimates possible. Quit rates showed positive results. Among pregnancy program participants who responded to the 7-month follow-up survey, 55% reported abstinence for seven days or more, while 50% reported not using tobacco for 30 days. An overall satisfaction rate of 90% was reported .



## Economic Impact of Secondhand Smoke

In order to estimate the costs of health care and premature loss of life in Indiana resulting from exposure to secondhand smoke, TPC worked with Cynthia Lewis and Associates to update a report on the economic impact of secondhand smoke exposure in Indiana, using 2018 data and costs. The report found that at least 1,770 adults, children and infants in Indiana died in 2018 from diseases definitively tied to secondhand smoke.

The overall cost of health care and premature loss of life attributed to secondhand smoke exposure for Indiana residents was estimated to be \$2,194,683,195 (nearly \$2.2 billion) in 2018: \$1,101,690,446 in health care costs and \$917,344,164 in loss of life for adults and \$76,665,103 in healthcare costs and \$98,983,482 in loss of life for children. The estimated population for Indiana in 2018 was 6,691,878 resulting in secondhand smoke-related costs of \$327.96 per capita.

An executive summary of the report can be found on the TPC website: [in.gov/isdh/tpc/2339.htm](http://in.gov/isdh/tpc/2339.htm)





# Public Education Campaigns

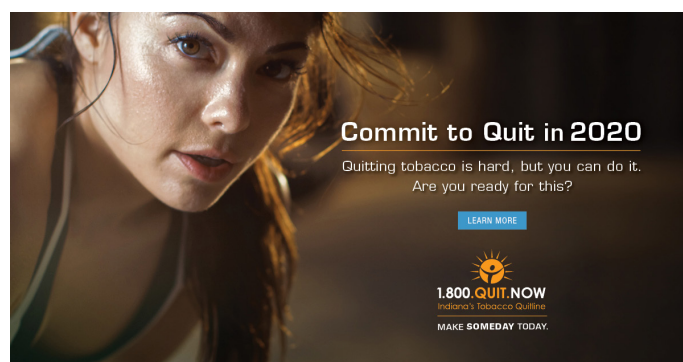


Tobacco Prevention and Cessation

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

Quit Now Indiana is Indiana’s anti-tobacco brand that promotes the 1-800-QUIT-NOW Indiana Tobacco Quitline and encourages tobacco users to quit, now. Promotion of the Indiana Tobacco Quitline is executed on an ongoing basis with grassroots outreach, provider education and community engagement. During SFY 2020, TPC had two media campaigns to promote the Indiana Tobacco Quitline, and one campaign to promote This is Quitting.

The first campaign, *Make Someday Today*, ran for eight weeks during the popular time surrounding January New Year’s resolutions and included placement on traditional and streaming radio and digital advertising. The second campaign was strictly a digital campaign to promote tobacco cessation during the COVID-19 pandemic. The campaign lasted for four weeks on digital search, display and social media.



Quit Now Indiana's New Year Resolution creative

Another COVID-19 specific campaign that occurred during SFY 2020 was promoting Indiana’s unique opt-in code for the This is Quitting text-messaging program. This campaign was targeted to Hoosiers ages 13 to 24 to encourage vaping cessation in the midst of the COVID-19 pandemic. The campaign lasted for four weeks and included placement on display and digital search.



Quit Now Indiana's COVID-19 creative



Outreach audiences in SFY 2020 included individuals who smoke, employers, and healthcare providers. TPC educates and informs smokers who complete an online survey on the urgency to quit smoking and the resources available to help them quit successfully through monthly electronic newsletters. In addition, monthly electronic newsletters are sent to the Quit Now Indiana Preferred Network of healthcare providers and employers. Members of the preferred network are able to learn how to utilize the Indiana Tobacco Quitline to encourage and motivate smokers to try to quit. Quit Now Indiana promotes the Quitline through promotion of the ITQL as a service that supports all Hoosiers trying to break their addiction to tobacco. Whether the person who uses tobacco calls the Quitline for help or uses other resources, media promotion of the ITQL and the overall messaging of quitting tobacco to multiple audience groups are important in creating a supportive environment

In addition to Indiana state-sponsored media and communication efforts, the CDC Tips from Former Smokers® national campaign also occurred during SFY 2020, which began March 23 and continues through October 4, 2020. This campaign reaches all media markets in the United States and includes television, digital and print advertising. During the 2020 Tips® campaign, the Indiana Tobacco Quitline had the opportunity to provide a two-week free nicotine replacement therapy promotion during the CDC's designated timeframes in May and July, when free medication-tagged Tips® ads were running. Quit Now Indiana promoted the free medication offering through social media posts and electronic newsletters to the preferred network and tobacco users.



**Quit Now Indiana Provides Free Quit Services.**

April is Respiratory Health Month.

Smokers are susceptible to and suffer more severe from the flu and coronavirus. Research shows an increase in influenza infections and other respiratory diseases among smokers. Smoking is connected to chronic coughing, wheezing, bronchitis and emphysema. Quitting tobacco will reduce the risk of respiratory tract infections.

Quit Now Indiana will help tobacco users quit for life. The Indiana Tobacco Quitline provides your patients with a professional quit coach, who will help and support them to quit at their own pace.

[CLICK HERE TO REFER SMOKERS](#)

A professional Quit Coach® will help patients quit at their own pace. No lectures. No pressure. Call 1.800.Quit.Now.

**NO JUDGMENTS. JUST FREE HELP.**



Example of electronic newsletter sent to the Preferred Network



2020 Tips from Former Smokers® campaign participants

TPC and its partners also leveraged the use of earned media. Over the course of SFY 2020, TPC partners submitted more than 360 letters to the editor and nearly 100 news releases to local community news outlets.



# Conclusion



Indiana  
Department  
of  
Health

Tobacco Prevention  
and Cessation

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

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

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

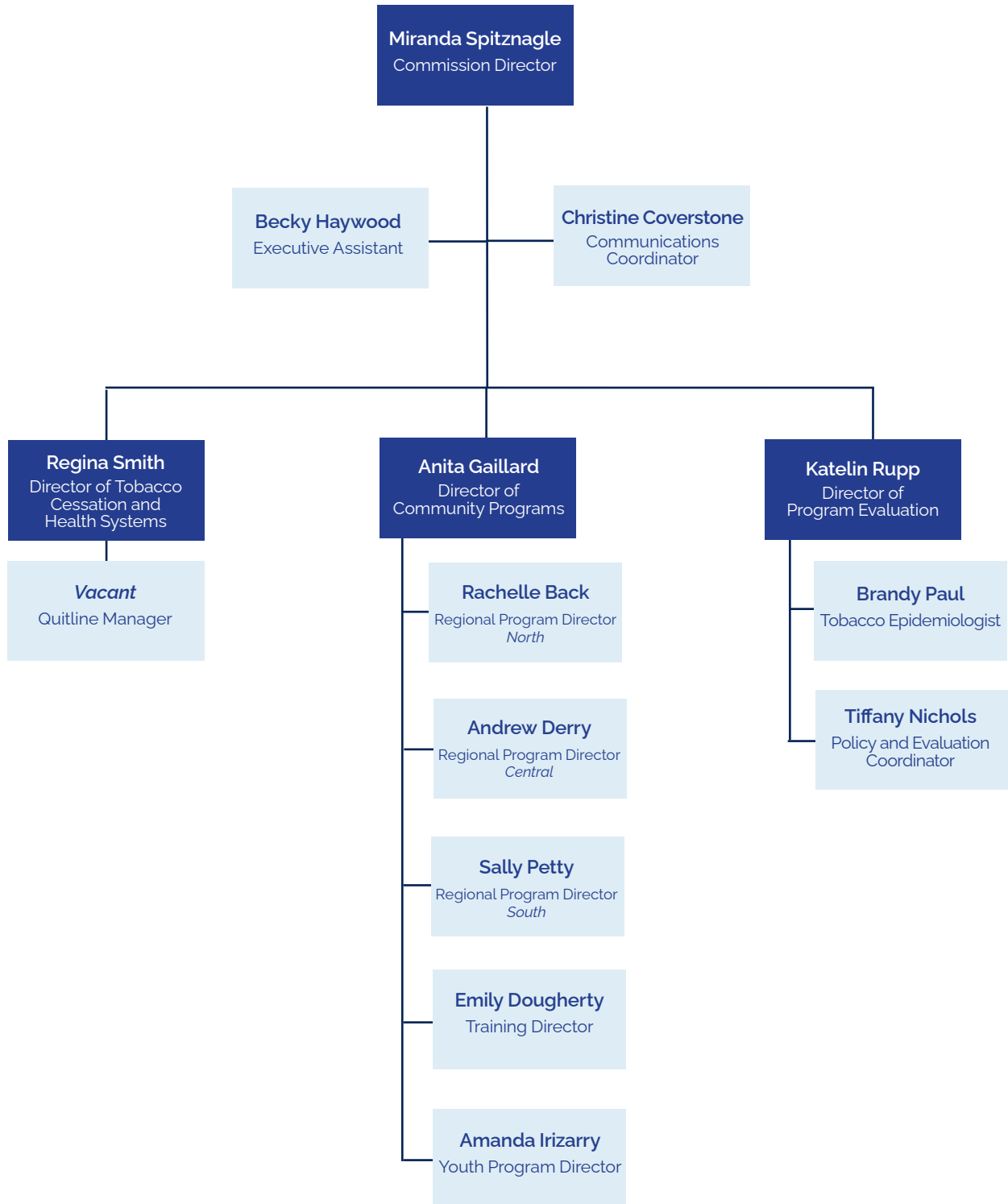


## State Fiscal Year 2020 Budget

Budget Item	SFY 20 State July 1, 2019 to June 30, 2020	CDC Grant- NSBTC March 30, 2019 to June 28, 2020	CDC Grant- Quitline August 1, 2019 to June 28, 2020	OMPP MOU (FFP)	ITPC Trust Fund	TOTAL
<b>STATE AND COMMUNITY INTERVENTIONS</b>						
Local Community Based & Minority Based & Capacity Building Partnership Grants	\$4,299,066					\$4,299,066
Statewide and Priority Populations Partnership Grants	\$525,000					\$525,000
Training and Technical Assistance	\$147,928					\$147,928
Vape-Free Indiana Initiative					\$ 1,158,903	\$ 1,158,903
						<b>\$6,130,897</b>
<b>CESSATION INTERVENTIONS</b>						
Indiana Tobacco Quitline	\$1,202,284		\$248,496	\$194,000		\$1,644,780
Cessation Systems Partnerships	\$757,500					\$757,500
Training and Technical Assistance	\$150,000					\$150,000
						<b>\$2,552,280</b>
<b>HEALTH COMMUNICATIONS INTERVENTIONS</b>						
Public Education Campaign		\$235,000	\$132,771			\$367,771
Quitline Education Materials					\$70,000	\$70,000
						<b>\$437,771</b>
<b>SURVEILLANCE AND EVALUATION</b>						
Surveillance and Evaluation		\$125,918				\$125,918
						<b>\$125,918</b>
<b>INFRASTRUCTURE, ADMINISTRATION AND MANAGEMENT</b>						
Infrastructure, Administration and Management	\$418,222	\$865,731			\$314,552	\$1,598,505
						<b>\$1,598,505</b>
<b>TOTAL</b>	<b>\$7,500,000</b>	<b>\$1,226,649</b>	<b>\$318,267</b>	<b>\$194,000</b>	<b>\$1,543,455</b>	<b>\$10,845,371</b>



# Tobacco Prevention and Cessation Staff





# TOBACCO PREVENTION AND CESSATION PARTNERSHIP GRANTS

## COMMUNITY-BASED AND MINORITY-BASED GRANTS

Lead Agency	County	SFY20-21 Funding
Parkview Health	Allen	\$410,000
Columbus Regional Health Foundation	Bartholomew	\$160,000
Community Action of Southern Indiana	Clark	\$110,000
Clark Memorial Health	Clark	\$200,000
Hoosier Uplands	Daviess	\$95,000
Little Red Door Cancer Agency	Delaware	\$219,000
Elkhart County Health Department	Elkhart	\$250,000
Minority Health Coalition of Elkhart County Inc.	Elkhart	\$128,000
Our Place Drug and Alcohol Education Services Inc	Floyd	\$140,000
Marion General Hospital	Grant	\$125,000
Good Samaritan Network	Hamilton	\$400,000
Hancock Regional Hospital	Hancock	\$120,000
Kokomo YMCA	Howard	\$130,000
King's Daughters' Health	Jefferson	\$116,000
St. Vincent Jennings Hospital	Jennings	\$70,000
Johnson Memorial Health	Johnson	\$120,000
Hoosier Uplands Economic Development Corporation	Knox	\$110,000
The Healthy Community Coalition of Kosciusko County Inc	Kosciusko	\$120,000
Healthy Communities of La Porte County	La Porte	\$220,000
Franciscan Health Foundation	Lake	\$300,000
Northwest Indiana Health Department Cooperative	Lake	\$300,000
Intersect Inc.	Madison	\$220,000
Indianapolis Urban League	Marion	\$180,000
Indiana Black Expo Inc.	Marion	\$284,000
Marion County Public Health Dept	Marion	\$700,000
Latino Health Organization	Marion	\$140,000
Indiana Latino Institute	Marion	\$350,000



Saint Joseph Health System-Community Health & Well-Being	Marshall	\$120,000
IU Health - Bloomington Community Health	Monroe	\$120,000
Valparaiso University	Porter	\$225,000
Scott County Partnership Inc.	Scott	\$100,000
Drug Free Shelby County	Shelby	\$180,000
North Spencer County School Corporation	Spencer	\$102,000
Saint Joseph Health System-Community Health & Well-Being	St. Joseph	\$310,000
Community Wellness Partners	St. Joseph	\$150,000
Chances And Services for Youth (CASYS)	Sullivan	\$62,000
University of Evansville	Vanderburgh	\$334,132
Chances And Services for Youth (CASYS)	Vigo	\$220,000
85 Hope	Wabash	\$115,000
Hoosier Hills PACT	Washington	\$115,000

### **CAPACITY BUILDING GRANTS**

<b>Lead Agency</b>	<b>County</b>	<b>SFY20-21 Funding</b>
Little Red Door Cancer Agency	Blackford	\$60,000
Dearborn County Health Department	Dearborn	\$65,000
Fountain County Health Department	Fountain	\$60,000
Minority Health Coalition of Grant County Inc.	Grant	\$70,000
The Hope Initiative	Henry	\$75,000
Schneck Medical Center	Jackson	\$65,000
Jay County Drug Prevention Coalition Inc.	Jay	\$80,000
Franciscan Health Foundation	Montgomery	\$60,000
MSD of Mt. Vernon	Posey	\$85,000
Community Action Program of Evansville and Vanderburgh County	Vanderburgh	\$72,000



## STATEWIDE AND PRIORITY POPULATIONS PARTNERSHIPS

Lead Agency	SFY20-21 Funding
American Lung Association	\$450,000
Health Ed Pros LLC	\$220,000
Indiana Teen Institute	\$110,000
Indy Pride Inc.	\$150,000
Wellness Council of Indiana	\$120,000

## CESSATION SYSTEMS PARTNERSHIPS

Lead Agency	SFY20-21 Funding
Indiana Hospital Association	\$250,000
Indiana Chapter Academy of Pediatrics	\$250,000
Southwestern Behavioral Health	\$225,000
Community Health Network Foundation	\$200,000
Cancer Support Community	\$160,000
Indiana Rural Health Association	\$180,000
Purdue University - College of Pharmacy	\$250,000



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For additional information about  
Indiana Tobacco Prevention and Cessation: [in.gov/isdh/tpc](http://in.gov/isdh/tpc)



**Tobacco Prevention  
and Cessation**

