

Tobacco Prevention and Cessation Oct. 2022



Annual Report State Fiscal Year 2022



Tobacco Prevention
and Cessation



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The Indiana Department of Health Tobacco Prevention and Cessation's State Fiscal Year 2022 Report was created to highlight the successes and achievements across the four priority areas of the 2025 Indiana Tobacco Control Strategic Plan. The 2022 report also reviews the areas of change and development in the tobacco control landscape.



Vision

An Indiana where all are free from tobacco addiction and exposure to commercial tobacco products



Mission

Indiana Tobacco Prevention and Cessation seeks to achieve health equity by eliminating the disease and economic burden associated with tobacco addiction and exposure to commercial tobacco products.



Values

Transparency – We are committed to honest and open communication.

Diversity and Inclusion – We embrace the uniqueness of each person, seek fairness and justice for all, and welcome multiple perspectives in our work.

Partnership and Collaboration – We can only accomplish our goals through strong partnerships and collaborative strategies.

Empathy – We have compassion for those suffering from tobacco addiction and exposure to commercial tobacco products.

Indiana's tobacco control plan adheres to the values of the agency:

Health Equity – We place equity at the center of our work to ensure every Hoosier, regardless of individual characteristics historically linked to discrimination or exclusion, has access to social and physical supports needed to promote health from birth through end of life.

Communication – We provide stakeholders and the public accurate and up-to-date scientific data and provide education.

Innovation – We continue to learn, research evidence-informed practices, advance our services, and be open to new methods, ideas, and products that help build and expand upon the services we provide.

Integrity – We are honest, trustworthy, and transparent. We uphold our standards and do the right things to achieve the best public health and safety outcomes.

2025 Indiana Tobacco Control Strategic Plan

Tobacco Prevention and Cessation (TPC) continues to support implementation of the 2025 Indiana commercial tobacco control strategic plan. The plan is supported by statewide stakeholders, healthcare organizations, tobacco prevention and cessation experts, community coalition partners, as well as TPC.

The [2025 plan](#) is based on the following priorities:

- **Decreasing tobacco use rates among youth and young adults**
- **Increasing the proportion of Hoosiers not exposed to secondhand smoke**
- **Decreasing Indiana adult smoking rates**
- **Maintaining state and local infrastructure necessary to lower tobacco use rates**

About Indiana Tobacco Prevention and Cessation

The Hoosier model for comprehensive tobacco prevention and cessation is based on Centers for Disease Control and Prevention (CDC) Best Practices for comprehensive tobacco control programs, which is an integrated program structure for implementing evidence-based interventions. The approach also relies on numerous scientific resources, which provide 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. The following program components must work together to produce the synergistic effects of a comprehensive tobacco control program, which include:

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





Summary of Key Successes and Accomplishments in SFY 2022

- TPC launched the [Vape Free Indiana School Toolkit](#), providing resources for Indiana school staff, including administrators, teachers, and health services staff, who are working to address the use of addictive tobacco products, especially e-cigarettes in schools.
- Indiana's youth empowerment movement, [VOICE](#), has grown from 290 members to 519 active youth, including 342 action squad members, 120 core team leaders, and 57 alumni members.
- The partnership with the Indiana High School Athletic Association (IHSAA) continued in FY22 to share a campaign called [Don't Puff This Stuff](#) to help end vaping among Hoosier teens. The IHSAA's social media channels generated a total of 23 million impressions to date.
- The [Behind the Haze](#) campaign focusing on youth and young adults implemented three ads each averaging 12 million impressions.
- TPC local partners completed tobacco retailer audits in 35 counties, collecting observational data on tobacco product availability and marketing at the point of sale.
- The Indiana Tobacco Quitline/[Quit Now Indiana](#) was rebranded, and the logo was refreshed along with several marketing materials. The Quitline served 8,903 total participants (5,258 registered callers, 472 web users, and 3,173 individual services users) in SFY 2022.
- Twelve health systems change partners focused on implementing best practices for Tobacco Dependence Treatment, quality improvement, and utilization of the Electronic Health Records (EHR) systems. An additional 13 tobacco-free recovery partners are focusing on implementing tobacco free grounds and treatment strategies, in partnership with the Division of Mental Health and Addiction.
- TPC funded local coalitions in 39 counties with 48 community partners, reaching approximately three quarters of Indiana's population. Coalitions implemented 8,088 program activities during SFY 2022, ranging from Quitline outreach to community presentations to delivery of training.
- TPC held its biennial Partnership Kick-off Meeting in September 2021 to prepare partners for the new two-year grant cycle. During this two-day virtual conference that reached over 100 partners, TPC staff and several state and national experts presented content related to the meeting's theme, *The Journey to Equitable Tobacco Control*.



Decrease Indiana Youth and Young Adult Tobacco Use Rates



Preventing tobacco companies from aggressively marketing their products to youth should be a priority for everyone. Early use of cigarettes or other combustible tobacco products including cigars, cigarillos, pipe, or hookah has been shown to lead to nicotine addiction.¹ About half of adults who smoke report starting before the age of 18². Each year, approximately 2,300 Indiana youth begin using cigarettes daily, and an estimated 151,000 Indiana youth currently under age 18 will ultimately die prematurely from smoking.^{3,4} 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.



New tobacco and nicotine products, coupled with targeted marketing, have driven an increase in tobacco and nicotine use among youth.⁵ Some popular electronic-cigarette (e-cigarette/vape) companies have made nicotine more palatable to youth by combining flavors with nicotine salts that allows users to intake higher levels of nicotine. Use of e-cigarette and vaping devices by Indiana youth has increased in recent years. In 2018, per the Indiana Youth Tobacco Survey, 18.5% of Indiana high school youth reported past 30-day e-cigarette use. Among those reporting current e-cigarette use, 22% are also currently smoking cigarettes. Nearly 40% of Indiana high school students reported using two or more tobacco products. 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. In 2021, per the Indiana Youth Risk Behavior Survey, nearly one in five (19.1%) Indiana high school students reported currently using e-cigarettes.⁶ Additionally, nearly 6% of students used e-cigarettes 20 or more days in the last 30 days. Nationally, more than 1 in 10 US high school students reported current use (past 30 days) of e-cigarettes, a lower rate than in recent years; however, e-cigarettes are still the most commonly used tobacco product among youth in Indiana and the U.S.⁷ While cigarette smoking has declined since 2000, the rates of use of other tobacco products such as smokeless tobacco or cigars have not changed as significantly.⁸

Young adults in Indiana ages 18-24 also had a higher rate of e-cigarette use of 14.2% compared to adults overall (5.7%) in 2020.⁹ Cigarette smoking among young adults has declined since 2011 at a rate quicker than what is seen among adults overall. However, poly-tobacco use continues to remain largely unchanged. With the continued marketing of emerging products, it is expected that the concurrent use of multiple types of tobacco products will remain a concern. Use of several tobacco products is a known risk for adverse



Decrease Indiana Youth and Young Adult Tobacco Use Rates



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health outcomes and sets up youth and young adults for a future addiction to nicotine. 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.¹⁰

Youth and young adults were under increased stress due to the pandemic, virtual learning, isolation, and a variety of other factors, including school safety, pressures of perfectionism due to social media, and more. In addition to contributing to stress levels, these factors may also negatively influence how students cope with stress. These stresses heighten the need for interventions that promote healthy choices, such as limiting unhealthy product displays and offering connections and an easy path to healthy living, such as youth-led anti-tobacco peer engagement programs. Finally, for youth struggling with the effects of addiction, it is important to have simple, effective cessation support, such as text-to-quit services.

Key Outcomes

Vape-Free Indiana

Vape-Free Indiana implements prevention, public education, and cessation strategies to address the high rates of e-cigarette use among youth and young adults. In FY 22, TPC added the [Vape-Free Schools Toolkit](#) to provide resources for school staff who are working to address the use of tobacco products, especially e-cigarettes, in schools. Additional resources for parents, youth, educators, and healthcare professionals are available on the Vape-Free Indiana [website](#).

Vape-Free Schools Toolkit Resources:

- Background information on Indiana youth e-cigarette use
- Best practices for alternative(s) to suspension
- Prevention and cessation resources
- Model tobacco and vape-free school policy
- Policy compliance and enforcement examples
- Sample school resources (signage, memo to staff, letter to parents, event announcement scripts, etc.)
- Information for connecting to local support and youth advocacy groups



Decrease Indiana Youth and Young Adult Tobacco Use Rates

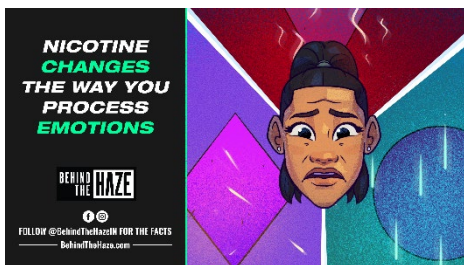


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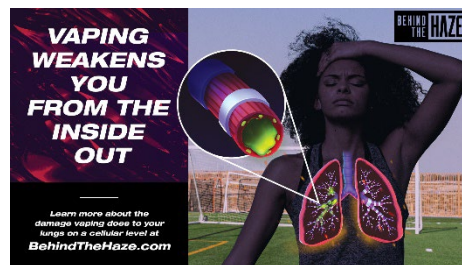
The *Behind the Haze* public education campaign, directed at Indiana youth and young adults, continued through SFY 22. *Behind the Haze* is a campaign that delivers compelling and evidence-based health education that motivates young people (ages 13-21) to rethink their vaping behaviors and/or intentions. 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.

Three ads were implemented this year. The campaign's performance was strong, averaging 12 million impressions for each campaign message.

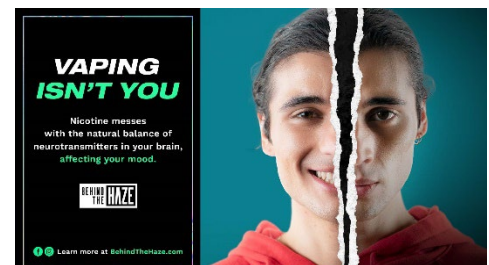
- "The Great Manipulator" was live from October through December 2021.
- "Hidden Weakness" ran from January to April 2022.
- "Off" ran during the months of April through June. Social media continued to be the biggest traffic driver. Follow-up research shows that 67% of youth sampled were aware of the *Behind the Haze* campaign, including youth susceptible to starting vaping. The campaign is specifically designed to reach youth susceptible to start vaping or those who already are vaping.



The Great Manipulator



Hidden Weakness



Off

TPC continued its partnership with the Indiana High School Athletic Association (IHSAA) in FY22 to share a campaign called *Don't Puff This Stuff* to help end vaping among Hoosier teens. The campaign consists of social media, broadcast, print, and grassroots promotions. The flight in FY 2022 coincided with Back to School, followed by a flight during the fall sports tournament. The campaign came back during the boys' basketball tournament in March and was followed by spring sports finals. The IHSAA's social media channels generated a total of 23 million impressions to date. All social media content contains links to the campaign website, donthisstuff.com, where users can learn more about the dangers of vaping and share our messages to social media.



Decrease Indiana Youth and Young Adult Tobacco Use Rates



Don't Puff This Stuff Social Media Graphics

Youth and young adults who are struggling with nicotine addiction need resources to help them combat their addiction. The third component of the Vape-Free Indiana initiative provides free resources for quitting vaping, including text-based quit services designed for youth who want to quit vaping.



This is Quitting from the Truth Initiative, has served hundreds of Hoosiers.



Live Vape-Free, is a youth friendly interactive texting program with a live coach to support the youth's quit attempt.

Both programs also have tools for supporting parents and caregivers concerned about a teen's vaping addiction.

Educating and Empowering Youth



Indiana's youth empowerment 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 positive youth development, youth leaders are

trained to take action at the local level to create sustainable change in their communities and to partner with adult allies to implement youth-designed activism activities addressing prominent and emerging tobacco issues.

The VOICE website (www.voiceindiana.org) is the primary source for VOICE campaigns, resources, and messaging. VOICE is also active social media platforms, including Instagram, Facebook, and Twitter.

During SFY 2022, VOICE engaged with Indiana teens through a collection of initiatives and special events including:

- VOICE groups actively participated in five National Days of Action: Red Ribbon Week, Great American Smokeout, Taking Down Tobacco, Truth Initiative's Day of Action, and World No Tobacco Day, successfully implementing activism activities throughout Indiana with the support of their adult allies.
- Six statewide virtual trainings/action squad meet-ups - More than 150 youth leaders from all over the state attended these statewide leadership trainings to build up their efficacy, confidence, advocacy and leadership skills to successfully execute interventions that educate their communities and stakeholders on key issues.
- Four statewide adult ally trainings – trainings designed to build skills for adult allies to utilize the positive youth development model and authentic youth-adult partnerships

VOICE has expanded to 23 counties, including two statewide VOICE groups with Indiana Latino Institute and Indiana Black Expo. There are more than 120 core team leaders, 342 action squad members, and 60 members in the VOICE Alumni Network. Two youth leadership mechanisms for engagement: the Statewide VOICE Youth Ambassador Program and The VOICE Alumni Network.

Decrease Indiana Youth and Young Adult Tobacco Use Rates



Statewide VOICE Youth Ambassadors are high school students who have demonstrated leadership in celebrating tobacco-free lifestyles and fighting for health equity in their communities as active VOICE Core Team Leaders. These Youth Ambassadors are chosen annually as representatives of their local counties through a competitive application process. They receive training at the state level and participate in statewide activities throughout the year. They serve as brand ambassadors for our statewide program and inform and design all statewide campaigns and initiatives within the VOICE Indiana brand.

The VOICE Indiana Alumni Network is comprised of graduating seniors who have aged out of traditional VOICE programming. These youth will transition into our young adult programming where they will receive training, resources, and support from national partners who have committed to supporting the Alumni Network, such as Campaign for Tobacco-Free Kids and Truth Initiative. Together we will invest time, professional development training, and resources for ongoing advocacy work around FDA and local smoke-free air ordinance and policy change. These young adults will also serve as mentors to the VOICE Core Team members still active on the local level and will be invited to present and speak at special events and recruitment activities on behalf of VOICE Indiana.

Tracking Tobacco Marketing in the Community

The tobacco industry spends over \$283 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.^{11 12} 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.^{13 14 15} 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 seven years, local tobacco control coordinators and volunteers have collected more than 9,000 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 2022, partners used these materials to engage in more than 500 activities to educate about the impact of tobacco point-of-sale marketing in their communities.

Store audit data collected in 2022 reinforced that flavored tobacco products were widely available in Indiana. Most tobacco retailers surveyed (95%) sold flavored tobacco products. Flavored products appeal to youth, as more than half of Hoosier youth who used tobacco in 2018 used flavored



Decrease Indiana Youth and Young Adult Tobacco Use Rates



tobacco products.¹⁶ Most recently, nearly 4 in 5 U.S. youth who used tobacco reported using flavored varieties.¹⁷ In addition to flavored products, some tobacco marketing tactics, such as the price and placement of tobacco products, particularly target youth. Often, tobacco products such as cigars are priced much more cheaply than cigarettes and are also often available in a variety of flavors that appeal to youth. They may also be sold in smaller packaging, such as packs of one, two, or three, which makes them even cheaper. Tobacco products and tobacco ads may also be placed where they are highly visible to kids, such as at child's eye level or near candy, soda, or toys.

- More than one quarter (26%) of retailers had tobacco ads placed within three feet of the floor, or at about a child's eye level.
- Similarly, nearly a quarter of retailers (23%) 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.
- Over four in five cigarillo retailers (82%) sold cigarillos for less than one dollar, and similarly, over four in five (86%) sold single cigarillos. This indicates that these products are often sold at very cheap prices, which makes them more accessible to youth.¹⁸

Among tobacco retailers that sold e-cigarettes, the majority (92%) sold flavored e-cigarettes, and more than one in three (35%) had price promotions on e-cigarettes. Additionally, more than 4 in 5 e-cigarette retailers sold disposable e-cigarettes. In 2021, disposable e-cigarettes were reported as the most commonly used e-cigarette type among U.S. youth, with more than half of those using e-cigarettes using the disposable type. E-cigarettes are also by far the most popular flavored tobacco products among Hoosier youth, with more than half of middle school and two-thirds of high school e-cigarette users reporting use of flavored e-cigarettes. Additionally, in 2021, more than 4 out of 5 U.S. middle and high school students reported using flavored e-cigarettes. Menthol, one of the many flavors that tobacco products are available in, including cigarettes, smokeless tobacco like dip or chew, and e-cigarettes was also common. All tobacco retailers assessed sold menthol products of some kind. Menthol promotions were quite common with more than 3 in 4 retailers offering price promotions for menthol products.

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. IN SFY 2022, 12 partners hosted Community Conversations. The Community Conversations raised awareness on how tobacco point-of-sale may be negatively affecting the community, especially youth.



Increase the Proportion of Hoosiers Not Exposed to Secondhand Smoke

Some Hoosiers are exposed to more secondhand smoke than others, due to differences in smoke-free protections. There is no safe level of exposure to secondhand smoke, and until everyone is protected from secondhand smoke from combustible tobacco and secondhand aerosol from e-cigarettes, we must keep working for fairness. 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's) carcinogen assessment guidelines and contains over 7,000 chemicals, including more than 70 carcinogens and other irritants and toxins.¹⁹



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.²⁰ 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.²¹ Smoke-free air policies protect people 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. A recent study found that Indiana counties with stronger smoke-free air ordinances have lower smoking prevalence rates and fewer new lung cancer cases per year.²² Smoke-free policies and clean air environments also increase the demand for cessation and support people in quitting tobacco.

Approximately 1,770 Hoosiers die each year from others smoking, such as exposure to secondhand smoke or smoking during pregnancy.²³ Exposure to secondhand smoke increases the risk of premature birth, low birth weight, pregnancy complications, and sudden infant death syndrome (SIDS).²⁴ Preventing infants' exposure to secondhand smoke is an important strategy to reduce Indiana's infant mortality rate, which was 6.6 per 1,000 live births in 2020, compared to the U.S. rate of 5.4 per 1,000 live births. 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.²⁵

Approximately one in four (58 million) nonsmokers in the U.S. is exposed to secondhand smoke,

Increase the Proportion of Hoosiers Not 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.²⁶

Aerosol from e-cigarettes/vaping devices is a source of pollution and toxins being emitted into the environment.²⁷ Secondhand aerosol is made up of a high concentration of ultrafine particles, and the particle concentration is higher than in conventional tobacco smoke. Exposure to fine and ultrafine particles may exacerbate respiratory ailments, such as asthma, and constrict arteries, which could trigger a heart attack.²⁸ Given the popularity of e-cigarettes and other vaping devices, there is also a need to protect non-users from secondhand e-cigarette aerosol, which can contain harmful ingredients, including nicotine, ultrafine particles, flavorings, volatile organic compounds, and heavy metals.^{29 30}

Key Outcomes

Increasing Smoke-free Air Protections

Indiana's state smoke-free air law (enacted in 2012) protects workers in restaurants and most worksites. The law protects employees and patrons of these businesses from the health hazards of secondhand smoke. Local communities are providing greater protections to workers in their communities by adopting local smoke-free air ordinances. Currently, 32% of all Indiana residents are protected by a local community smoke-free air law, which covers non-hospitality workplaces, restaurants, and bars.

Several healthcare facilities, businesses, and schools have included e-cigarettes in their tobacco-free policies. Local tobacco control coalitions have made progress working with school districts to amend their tobacco-free school policies to include e-cigarettes in the definition of tobacco products that are prohibited. Currently, 253 school districts in Indiana, or 88%, cover e-cigarettes in their district policies.

A total of 19 communities — Austin, Bloomington, Carmel, Columbus, Fort Wayne, Franklin, Goshen, Greencastle, Greenfield, Greenwood, Hope, Indianapolis, Kokomo, Lafayette, Munster, North Manchester, South Bend, Winfield, and Zionsville — and three counties — Grant, Hancock, and Howard — have ordinances that include e-cigarettes/vaping devices.

Several communities that have passed strong smoke-free air policies have celebrated 10-year policy "anniversaries" recently, to highlight the effective public health laws and the important protections they offer to residents. Vigo County recently celebrated the 10-year anniversary of the county-wide smoke-free air policy that passed in 2012.



Increase the Proportion of Hoosiers Not Exposed to Secondhand Smoke



Many local organizational policies are also in effect addressing secondhand tobacco smoke exposure:

- Among behavioral health and substance use treatment facilities, 132 (approximately 75% of all facilities in the state) have a tobacco-free campus.
- More than 40 college and university campuses in Indiana have implemented tobacco-free campus policies. About 25 of these college policies include restrictions on e-cigarettes and vaping.

In addition, large community events are taking an important step to protect attendees by prohibiting any use of tobacco. One example is Middle Waves Music Festival in Fort Wayne, which committed to completely smoke-free and vape-free grounds for the first time this year. Demand for smoke-free multifamily 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 multifamily housing help landlords and owners reduce maintenance costs of their facilities and save money on cleaning and painting expenses. Multifamily 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's) Multifamily Housing Section has increased its support to landlords, owners, and public housing authorities to assist with implementing smoke-free air policies as required. The smoke-free public housing authority policies in Indiana cover more than 15,000 units and protect approximately 17% of households in Indiana receiving federal rental assistance.

TPC partners with the American Lung Association in Indiana (ALA) to increase the number of smoke-free policies in multiunit housing. ALA provides technical assistance for smoke-free multiunit housing through developing partnerships with major public and private housing providers in Indiana, identifying community partner needs and providing relevant training opportunities, and increasing public awareness and community education. A Smoke-Free Housing Indiana Toolkit includes information regarding the different parts of the HUD smoke-free ruling, including secondhand smoke, enforcement, and legality of the policy. The toolkit includes sample lease language, as well as handouts and posters about smoking cessation. ALA maintains a website with relevant resources for property managers, community partners, and individuals seeking smoke-free housing.

TPC community partners also work with property managers to collect information about current smoke-free policy status and aid property managers and residents interested in passing and implementing smoke-free multiunit housing policies.



Everyone deserves a fair and just opportunity to be as healthy as possible, free from the harm that commercial tobacco can cause. While the rate of smoking among all Indiana adults has declined significantly throughout the last decade, tobacco use remains disproportionately high in some marginalized communities. The tobacco industry advertises, discounts, and displays commercial tobacco products in some communities more than others. These predatory marketing tactics push dangerous commercial tobacco products on the communities that have the fewest resources to deal with the health problems that come with them.



Tobacco use is a direct cause of most chronic diseases, including heart disease, stroke, respiratory diseases, asthma, type 2 diabetes, and cancer. Each year, approximately 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. Indiana's adult smoking rate has historically been, and continues to be, higher than other states. Indiana ranks among the top 10 states in adult smoking and is in the "Tobacco Nation," a group of states in a report by the national Truth Initiative that has grouped together Midwest and Southern states, which have higher smoking rates and poorer health outcomes like those of developing countries.

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

The 2020 Surgeon General's Report on cessation stressed the critical importance of quitting and using proven treatments and the need for all healthcare providers and systems to provide these treatments that include counseling and medications, as well as the significant role that tobacco plays in illness and potential death.

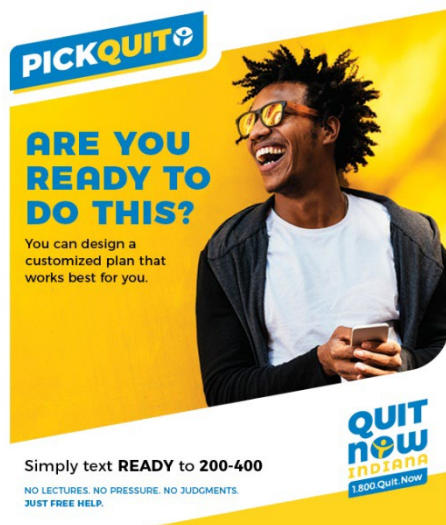
The percentage of Indiana adults who currently smoke cigarettes has declined significantly from 25.6% in 2011. Still, Indiana's 2020 adult smoking rate of 19.4% is higher than the U.S. median of 15.5%. Among current smokers, about half (52.1%) reported making at least one attempt to end their tobacco addiction in the past year. Among those reporting ever smoking in 2020, 8.1% reported that they quit tobacco in the past year and hadn't smoked since.

CDC's Best Practices for Tobacco Control recommend state programs work in the following areas to support state Quitline capacity: promote system changes and increase access to cessation

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

Key Outcomes

Indiana Tobacco Quitline Serves Thousands



Digital ad for “Pick Quit” campaign, featuring rebranded Quit Now Indiana logo.

The Indiana Tobacco Quitline (ITQL) provides support for adults who want to stop smoking or using other tobacco products, offers information on tobacco dependence for health professionals and families or friends of tobacco users, and provides information on local or national cessation resources. The ITQL was established in 2006, and since that time, the Quitline has received nearly 190,000 registrations. A media campaign called Pick Quit launched in January 2022 and continued through March 2022 and highlighted the individual services program offering consumers more flexibility and the ability to customize their quit attempt to include NRT, email, text messaging and educational materials.

The Indiana Tobacco Quitline 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 2022, the ITQL served over 8,900 registered participants. The ITQL has a high satisfaction rate of 83% among participants, and 94% of respondents would recommend the Quitline to another person who was trying to quit tobacco. The 30-day quit rate among participants across all Quitline programs was 40.6% at 7-month follow-up using the North American Quitline Consortium (NAQC) standard calculation method for quit rates.

The North American Quitline Consortium (NAQC) found that state quit lines experienced a negative impact from the COVID-19 pandemic and a return to pre-pandemic call rates has been slow. One of the barriers identified that had a negative impact on quit attempts and smoking cessation was the increase in mental health disorders such as depression and anxiety because of the pandemic. Indiana participated in the Smoking Cessation Leadership Council’s I Covid Quit campaign for approximately six months in the second half of 2021, to promote calls to the Quitline and increase participant volume.

In the first quarter of 2022, Quit Now Indiana launched a paid media campaign to promote the new individual services program, Pick Quit. Paid media channels included radio, digital video, and digital and social media ads, which ran from December 31, 2021, to the end of February 2022. The digital ads resulted in over 19 million impressions, and the overall campaign saw over a 60 percent increase in individual services enrollees.

Tobacco Use during Pregnancy

Use of commercial tobacco products impacts even the youngest Indiana residents, as smoking during pregnancy can harm the health of both pregnant people and their unborn children. In 2020, 10.9% of pregnant people in Indiana smoked during their pregnancy. While Indiana's smoking during pregnancy rate has declined significantly in the past decade from 17.1% in 2010, Indiana consistently has a higher smoking during pregnancy rate compared to the U.S. median (6.0%). Smoking during pregnancy is associated with poor health outcomes, including low birth weight, sudden infant death syndrome (SIDS), and miscarriage. After pregnancy, exposure to secondhand smoke can increase the risk for additional complications for the baby, including sudden infant death syndrome and health problems due to weakened lungs. The ITQL offers support to people who use tobacco and are pregnant, planning a pregnancy, or nursing. The treatment plan is tailored to meet their needs and offers additional postpartum contact to prevent relapse. Indiana infant mortality rate (the number of babies who die before their first birthday) ranks among the highest in the U.S. Smoking during pregnancy is a significant risk factor for infant mortality. 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 2022, 2,105 women of childbearing age (15-44 years) accessed the Indiana Tobacco Quitline, including 160 who were currently pregnant, 63 who were planning pregnancy, and 29 currently breastfeeding. The ITQL is a referral partner for all 145 Indiana Women, Infants, and Children (WIC) clinics. In SFY 2022, there were 185 enrollments in the ITQL's enhanced 10-call pregnancy program.

Quit Now Indiana Referral Partners

Healthcare systems provide many opportunities for motivating tobacco users to quit. Approximately 4,000 fax referrals and nearly 12,000 electronic referrals (including EHRs, e-referral/SFTP, and secure email) were made to the ITQL from providers in SFY 2022. The Indiana Tobacco Quitline's suite of services also includes the online provider referral portal, QuitNowReferral.com. Healthcare providers and employers can quickly and easily refer tobacco users to the Quitline through the web. In SFY 2022, 1,449 referrals were submitted through the portal by more than 117 healthcare providers.



In SFY 2022, seven healthcare systems worked to integrate the Indiana Tobacco Quitline into their electronic health records – St. Elizabeth/Dearborn, an acute care hospital; Good Samaritan/Deaconess, an acute care facility; Oaklawn Behavioral Health, a community mental health center; Fort Wayne Physician’s Group, a physician’s training program affiliated with Parkview Health; Life Spring, an integrated behavioral health and primary care facility; Union Health, an integrated health system; and Columbus Health System, an acute care facility.

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 quit lines. 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 (EHRs) utilization.

Indiana Medicaid Supports Tobacco Cessation

Individuals primarily insured through Medicaid smoked at a higher rate (34.3%) than the general population (19.4%) in 2019. Data on health plans were not collected on the 2020 BRFSS.

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 2022, 52% of callers to the ITQL indicated they were Medicaid members. The TPC staff shares resources and provides data to each health plan.

Tobacco control work with Indiana Medicaid focuses on the barriers to the billing and reimbursement of tobacco dependence treatment. The aim was to remove barriers to the Medicaid reimbursement methodology for practitioners and clinicians and to expand tobacco treatment coverage in Indiana.

Health Systems Change Partnerships

Systems change within healthcare organizations complements 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 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, effectively reduce the health burden of tobacco.

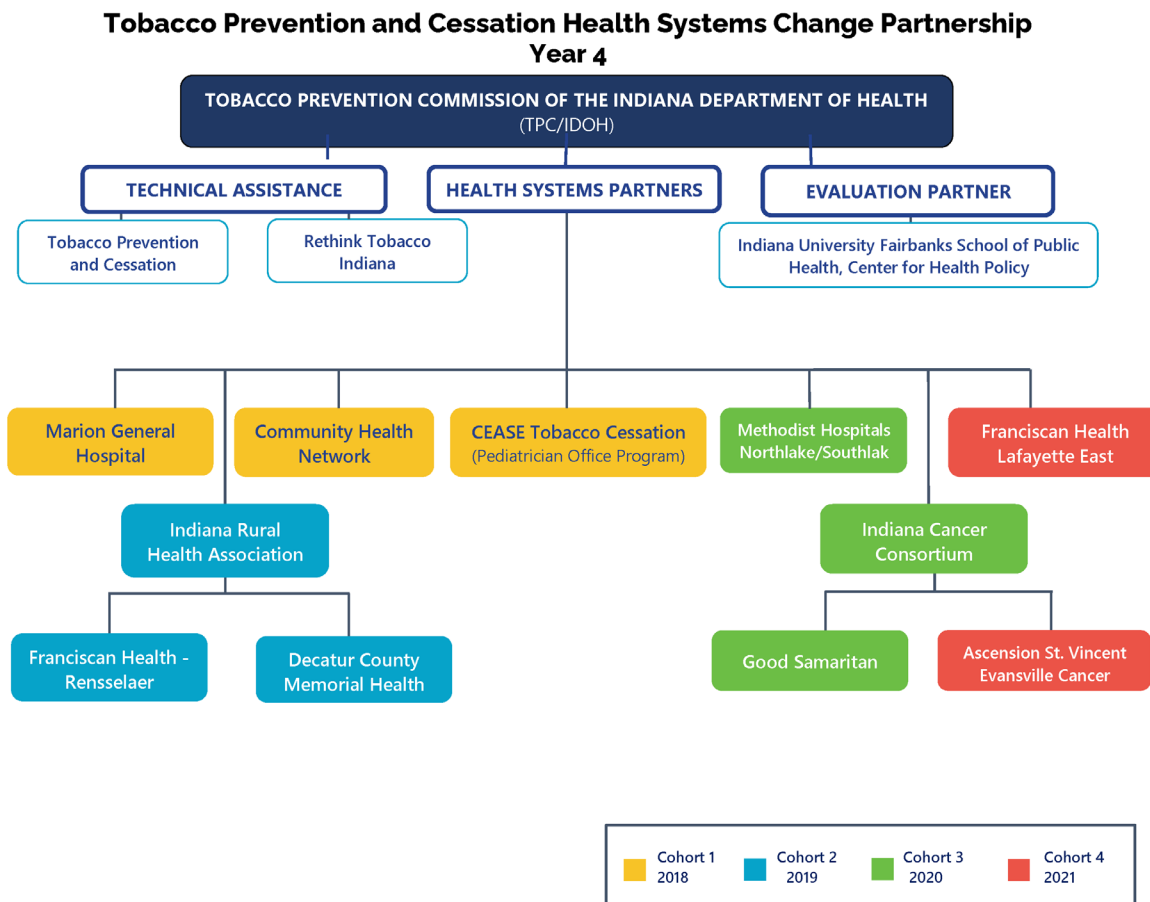


TPC Health Systems Change Partnerships seek to build sustainable, integrated solutions at the organizational level to support clinicians to address tobacco use consistently and effectively. This collective work is targeting the following focus areas:

- Implementing best practices for tobacco dependence treatment and care coordination
 - Quality improvement
 - Utilization of EHR system
- TPC partners for evaluation support from the IU Richard M. Fairbanks School of Public Health, Center for Health Policy.

The Center for Health Policy is responsible for evaluating the grant program. While not a formal partner on the TPC Health Systems Change initiative, TPC-funded local coalitions have served as a coordinating partner for three of the health systems funded by this grant.

FY 22 marked the end of fourth year of the Health Systems Change Partnerships, with partners collecting and providing outcome metrics to track the impact of their systems change projects.



In FY 2022, partner organizations provided health care services to over 28,000 Hoosiers. Of these individuals who received health care services, 97% were asked if they currently used tobacco products. Organizations determined that among individuals asked about their tobacco use, 19% were current tobacco users. Partner organizations referred 959 individuals to a Tobacco Treatment Specialist (TTS) or other form of one-to-one tobacco cessation counseling and referred 473 individuals to the Indiana Tobacco Quitline for help with their use of tobacco.

Facilitators of and Barriers to Success

Previous health systems change evaluation reports outlined facilitators of and barriers to success, as documented through qualitative interviews from each of the Health Systems Change partners. Eleven general themes were identified as facilitators that enhanced or supported the TPC Health Systems Change efforts:

- Leadership buy-in
- Funding
- Technical assistance
- Staff/frontline Buy-in
- External collaborators/partners
- Specialized skills/trained staff
- Teams/teamwork
- Aligns with/is organizational priority
- Champions, COVID-19
- IT support/EHR

The most reported facilitator was leadership buy-in (noted by five of 12 organizations interviewed). Some partners emphasized that executive level leadership buy-in was key to moving their health systems change efforts forward. Funding was deemed to be important as multiple organizations (four of 12 organizations interviewed) cited that it allowed multiple organizations to send staff members for TTS training/to become certified TTS. Organizations also indicated that the technical assistance (noted by four of 12 organizations interviewed) from long-standing partners was helpful in assisting with connections to resources and/or aided their reporting efforts.

The qualitative interviews were also assessed to determine overarching themes related to barriers that complicated the TPC Health Systems Change efforts which included:

- Staffing issues
- COVID-19
- Lack of provider/staff buy-in
- Tracking impact
- Lack of patient buy-in
- IT/EHR data-related challenges
- Time constraints
- Uncertainty/lack of focus
- Process barrier
- Not an organizational priority

The two most common barriers that came up were related to the COVID-19 pandemic (noted by eight of 12 organizations interviewed) and staffing issues (noted by nine of 12 organizations

interviewed). Staffing issues due to turnover, changes in key positions, or having insufficient staff or staff time committed to the health systems change efforts, impeded progress. These two themes were often intertwined – respondents from these organizations generally noted that due to the COVID-19 pandemic, there were staffing shortages overall, contributing to a slowdown in intervention-related activities.

Health systems change annual evaluation reports can be found on the TPC website.

Tobacco-Free Recovery

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. About one in five adults in the U.S. (19.9%) and in Indiana (22.3%) have any mental illness. Additionally, nearly 39% of Indiana adults with any mental illness smoke.

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 — 95% or more. Additionally, tobacco users may be more prone to long-term opioid use. Research has shown that patients with a history of tobacco use are more likely to be given longer-term or more frequent opioid prescriptions than patients without a history of tobacco use. Treating tobacco use along with other addictions can increase abstinence rates. Conversely, continued tobacco use can increase the odds of substance use disorder relapse.

To better support people who use tobacco and have mental health conditions, the Indiana Tobacco Quitline offers the intensive Tobacco Cessation Behavioral Health Program (TCBHP) to meet the needs of this population. The program includes higher intensity behavioral and pharmacological support, consisting of up to seven calls and a 12-week regimen of combination Nicotine Replacement Therapy (NRT). In SFY 2022, 42% of all Indiana Tobacco Quitline participants reported currently having one or more mental health conditions.

Although research shows that tobacco users with mental illness and substance use disorders want to quit and can quit, tobacco treatment may not always be considered a priority in mental health treatment settings. 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.

ReThink Tobacco Indiana

This TPC partnership 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 and instituting and enforcing tobacco-free campus policies.

Ongoing training and education have also been provided to behavioral health providers across the state, including three webinar events offering continuing medical education and continuing education units for eligible providers. Rethink Tobacco Indiana has successfully offered three virtual tobacco treatment specialist (TTS) trainings to further the workforce by providing much-needed knowledge and skills regarding evidence-based treatment. A partnership with a local hospital's community benefit program was formed to offer financial assistance for these trainings for participants who demonstrated need.

Indiana Leadership Academy for Wellness and Tobacco-Free Recovery

In September 2020, Indiana reconvened approximately 70 stakeholders across the state to discuss cessation strategies within the behavioral health population. In addition to convening behavioral health partners, Indiana decided to extend an invitation to primary care and health system partners to the summit. New partners joined three existing working committees that focused on policy and advocacy, provider education, and data. The plan of the Indiana Leadership Academy for Wellness and Tobacco Free Recovery since its inception in 2019 was to rally tobacco control experts and supporters around two goals to achieve by 2025 according to BRFSS data:

- Reduce the smoking prevalence of adults with poor mental health days from 38.7% to 25%
- Reduce the smoking prevalence with adults who drink heavily from 39.1% to 25%

As a result of the action of the Leadership Academy, TPC has a partnership with the DMHA to support providers that implement tobacco treatment strategies.

Tobacco-Free Recovery Grants: The grant priorities are to increase the amount of tobacco use assessments, referrals to the Indiana Tobacco Quitline, quit attempts, and treatment capacity for clinical teams. This partnership between the Tobacco Prevention Cessation and Division of Mental Health and Addiction funds 13 behavioral health and healthcare agencies that focus on the following strategies:

The grant focuses on tiered strategies:

TIER ONE – Tobacco-Free Grounds

Create tobacco-free/smoke-free air policies that will reduce secondhand smoke and secondhand aerosol exposure for patients and staff with the goal to help encourage those who smoke or vape to quit. Strong, comprehensive clinic/center policies protect everyone and can further decrease all forms of tobacco, including smokeless products.



TIER TWO – Tobacco Use Assessment and Dependence Treatment

Incorporate tobacco use screening and brief intervention treatment as effective preventive services within the organization's clinical practices.

Integrating tobacco dependence treatment into the clinical setting by creating strong workflow and treatment practices will achieve the systems change necessary for effective tobacco dependence treatment.

TIER THREE – E-Integration

The Quitline EHR integration is an efficient referral provision for clinical treatment settings such as clinics and hospitals. The Indiana Tobacco Quitline has the capacity to receive electronic referrals, and the integration process supports referrals from EHR systems via fax, secure email, and secure FTP site.

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 workplaces through tobacco-free policies and tobacco treatment benefits. More than 1,500 employers are enrolled in the Preferred Employer Network. TPC and its partners have focused outreach efforts on employers in Indiana to implement changes to their benefits structures and grounds policies. Specifically, they are encouraged to: 1) 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 2022, local partners reported 667 activities related to outreach with Indiana employers.

In addition, statewide partner, the Wellness Council of Indiana (WCI) is a statewide organization dedicated to workplace and community well-being in Indiana. Through a partnership with TPC, WCI builds on the current tobacco control programs and deepens the reach to employers across Indiana. The approach includes promotion of Quit Now Indiana services to Indiana employers, consultations with employers to educate and implement best practice for tobacco cessation and prevention in the workplace, and hosting employer-facing trainings through a variety of formats. In addition, they serve as a technical expert for local community-based partners and advisors to TPC on employer trends. WCI designed 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.



Maintaining State and Local Infrastructure Necessary to Lower Tobacco Use Rates



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.



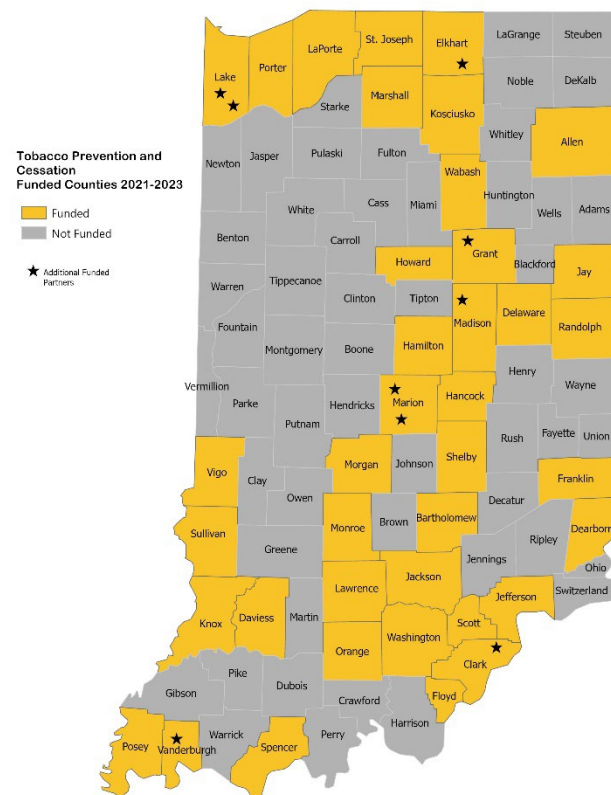
Effective community programs involve people in their homes, worksites, schools, places of worship, entertainment venues, civic organizations, and other public places. Funding local programs produces measurable progress toward statewide tobacco control objectives.

Key Outcomes

Community Partnerships

In SFY 2022, TPC funded 48 community and capacity-building partnerships in 39 counties, reaching approximately three fourths 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 also implements a capacity-building grant program opportunity open to any county that had not received TPC funding in the past grant cycle to get started on core interventions. The capacity-building grant program currently funds five capacity-building grantees.

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.



Maintaining State and Local Infrastructure Necessary to Lower Tobacco Use Rates



Tobacco Prevention
and Cessation

The formation of coalitions has been a powerful and effective tool to mobilize communities to make changes that support tobacco control efforts.

Coalitions implemented 8,088 program activities during SFY 2022, ranging from Quitline outreach to community presentations to delivery of training. This included:

- **More than 500 activities providing education on tobacco point-of-sale marketing and advertising**
- **Nearly 1,600 activities in communities worked on decreasing exposure to secondhand smoke.**
- **Approximately 2,180 activities helped Hoosier adults quit using tobacco.**

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.

Health Equity

There is a great need to reaffirm and reflect on the collective commitment to commercial tobacco control practices that reach all Hoosiers, especially marginalized communities within the state of Indiana. To achieve health equity, it is important to address disparities that have been created by unjust treatment and systemic racism and bias through sustainable and authentic partnerships. TPC has made some intentional changes to the community grants to address these needs:

- **Redefined the grants as all community grants and required the grantees to focus on a specific community during the grant cycle**
- **Required outreach to organizations, key individuals, or stakeholders from a marginalized population and identification and recruitment of that person or organization to the coalition**
- **Required grantees to educate the general community on the burden of commercial tobacco products on marginalized populations**
- **Required grantees to conduct ongoing assessment of authentic engagement with marginalized populations as a part of the coalition growth plan**



Maintaining State and Local Infrastructure Necessary to Lower Tobacco Use Rates



Tobacco Prevention
and Cessation

In addition, all TPC staff have a performance development goal to ensure time is spent weekly on learning more, growing, and deepening personal understanding of social and racial injustices. All staff have also participated in training from The Center for Black Health and Equity and the National LGBT Cancer Network on the history of unjust treatment and predatory tobacco marketing, and culturally competent approaches to commercial tobacco control. Staff have used resources from the Frameworks Institute and ChangeLab Solutions to reframe fact sheets and other communications tools, highlighting the causes or drivers of disparities in tobacco use and secondhand smoke exposure.

TPC's approach to health equity in tobacco control includes internal and external activities that frame tobacco as a social just issue, increase support for organizations that serve marginalized communities, address discrimination and implicit bias, and bring voices to the table from the communities most impacted by tobacco.

Statewide Partnerships

The tobacco industry has historically targeted and marketed to the LGBT community, and as a result, 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 Indy Pride of Color, 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 Quit Now Indiana. Indy Pride hosted their first in-person festival since 2019, which attracted 35,000 attendees. The banners on the mainstage displayed 1-800-Quit-Now, and announcements about tobacco cessation resources were made frequently during the event.

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/worksheets, children's activities/worksheets, social media posts, and a monthly newsletter to reach families and teachers at Head Start and other organizations. Many of the Breathe materials are also available in Spanish. Health Ed Pros, a TPC statewide grantee, provides training and technical assistance to local funded partners and Head Start and similar agencies covering counties that do not have a local TPC community coalition. Health Ed Pros is responsible for the development, implementation, evaluation, and



Maintaining State and Local Infrastructure Necessary to Lower Tobacco Use Rates



Tobacco Prevention
and Cessation

improvement of the Breathe tools and trainings. In SFY 2022, 34 Breathe trainings were conducted (including 10 Breathe refresher sessions), reaching 772 people in 51 of the 92 Indiana counties.

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, regional meetings, and other communication tools.

TPC held a biennial Partnership Kick-off Meeting in September 2021 to prepare partners for the new two-year grant cycle. During this two-day, virtual conference that reached over 100 partners, we had state and national experts present on the following topics:

- **Improving Public Health = Advancing Health Equity**
- **Menthol and Flavored Tobacco Products**
- **The Death Gap: How Inequality Kills**

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 just some of these events:

- **Indiana Wellness Summit** (August 2021)
 - Promoting Community Health and Wellness Through Engagement and Coalition Building (*Andrew Derry*)
- **Indiana School Health Network Conference** (June 2022)
 - "Addressing the Youth Vaping Epidemic in Indiana" (*Andrew Derry, Stacy London, Brandy Paul, Melina Rivera*)

Indiana TPC was well-represented at the **2022 National Conference on Tobacco or Health** (June 2022):

- Sub-plenary session:
 - "Lessons Learned: State Approaches to Improve Tobacco Cessation and Health Systems" (*Miranda Spitznagle*)
- Breakout sessions:
 - "Indiana's Innovative Methods for Conducting the YTS" (*Katelin Rupp and Brandy Paul*)
 - "SAMHSA Leadership Academy States: Partnerships that Work to Address Tobacco-Free Recovery" (*Miranda Spitznagle*)



Maintaining State and Local Infrastructure Necessary to Lower Tobacco Use Rates



Tobacco Prevention
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- Poster presentations:
 - "Indiana's Equitable Approach to Commercial Tobacco Control" (*Andrew Derry, Katelin Rupp, Sally Petty, Tim Conley*)
 - "Leveraging Indiana BRFSS Data to Explore the Connection Between ACEs and Tobacco Addiction" (*Brandy Paul, Madeline Powers, Courtney Lambert, Kristy Thacker*)
 - "Successful State Quitline E-Integration Strategies as Part of Health Systems Change" (*Natalie Rivich*)



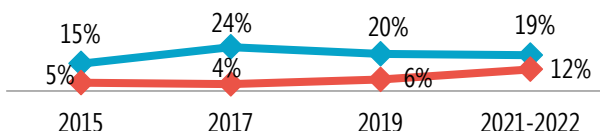
A surveillance and evaluation program is one of the five components recommended for state-based tobacco control programs in the CDC’s Best Practices for Comprehensive Tobacco Control programs. It is important for tobacco control programs to be accountable and demonstrate effectiveness, as well as have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

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.

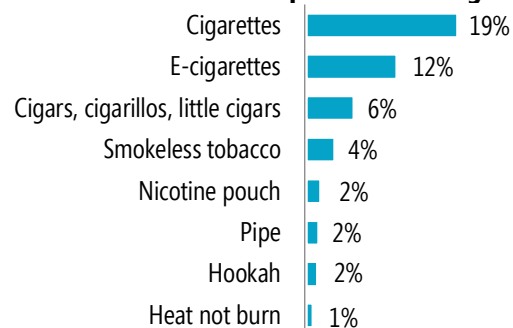
Indiana Adult Tobacco Survey

Indiana Tobacco Prevention and Cessation first administered the Indiana Adult Tobacco Survey (ATS) in 2002 and has administered it biennially since 2013 to monitor tobacco trends among adults in Indiana. The ATS is the most comprehensive source of data on adult tobacco use and attitudes in the state. The 2021-2022 ATS questionnaire contained sections on general health, cigarette smoking and other tobacco use (including e-cigarettes and emerging products), cannabis use and exposure, Quitline awareness, tobacco cessation, health care provider interventions, health insurance coverage, secondhand smoke/aerosol exposure and policies, media awareness, tobacco industry marketing, attitudes and beliefs about smoking and policy, and demographics. The questionnaire was available in English and Spanish. The survey was conducted by telephone between December 2021-February 2022. A probability-based random sample of 2,002 Indiana adults was acquired through random digit dialing; 600 adults were reached on a landline phone and 1,402 were reached on a cell phone. The data are weighted to be representative of the adult population of Indiana. Estimates exclude don’t know and refused responses. Data was suppressed if the number of observations in the denominator was less than 50 or if the relative standard error of the estimate was greater than 0.3. Statistical significance used overlapping 95% confidence intervals

Current use of **cigarettes** and **e-cigarettes** among Indiana adults

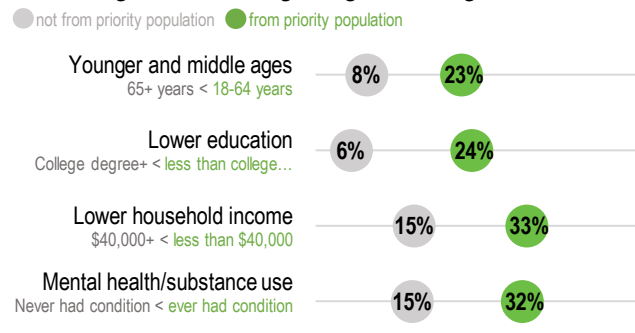


Current use of tobacco products among Indiana adults

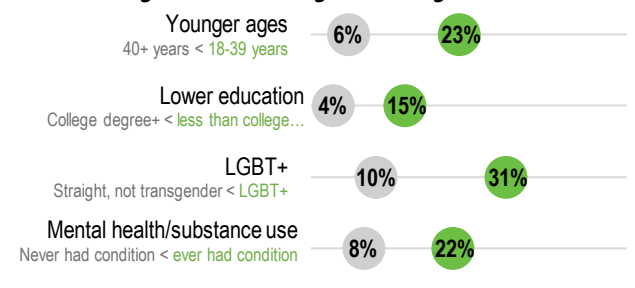


- Overall, 29% of Indiana adults are currently using some form of tobacco. Combustible cigarettes are the most used tobacco product, followed by e-cigarettes. Current use of e-cigarettes has increased steadily since 2017.
- Among those currently using tobacco products, 35% use multiple types of tobacco
 - Among those using more than one tobacco product, the most common combination of products is cigarettes and e-cigarettes, followed by cigarettes and cigars (including little cigars and cigarillos), and lastly a combination of the three. These combinations account for nearly 50% of those using two or more products.
- Among adults who currently smoke, 32% reported they usually smoke menthol flavored cigarettes. Flavored product use is even more common among current cigar and e-cigarette users. Among current e-cigarette users, 85% have used a flavored e-cigarette within the past 30 days.

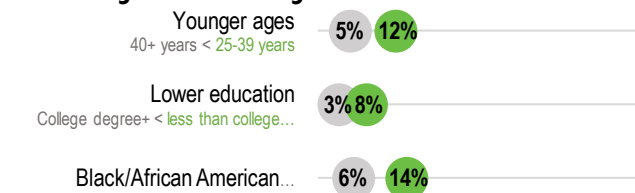
Current cigarette smoking is higher among



Current e-cigarette use is higher among



Current cigar use is among



Among adults in Indiana, current use of cigarettes, e-cigarettes, and cigars is higher among priority populations, such as certain age groups and those with lower education. Specific disparities also exist for those who have ever been diagnosed with a mental health or substance use (MH/SU) condition, those with lower annual household incomes, and Black/African American adults.

- One half of those using e-cigarettes, more than one third are also currently smoking cigarettes and other tobacco products also tried to quit in the past year. Among those who tried to quit, 39% used nicotine replacement or prescription medications and 16% used a quit line, counseling, or a class to help them during their most recent quit attempt.



- Among Indiana adults who live in multi-unit housing, almost two in 10 non-smokers and three in 10 smokers are regularly exposed to secondhand smoke that enters their home from somewhere else in the building.
- Among Indiana adults who work indoors, 90% work in places that do not allow smoking in any indoor areas; 6% and 9% of indoor workers were exposed to secondhand smoke and e-cigarette aerosol at work in the past seven days, respectively.
- Half of Indiana adults have tried marijuana, and 15% are currently using marijuana. The most common method of marijuana use is to smoke it, but most who use marijuana consume it in multiple ways.
 - A majority (73%) of those who use marijuana also use tobacco.
 - Among those who currently smoke or vape marijuana, 17% have mixed tobacco with marijuana in the past 30 days.

Indiana Youth Surveillance

The COVID-19 pandemic has presented challenges to collecting surveillance data among youth, and as a result, brought about changes in how data are collected and presented. With a lack of data from the 2020 Indiana Youth Tobacco Survey, TPC has relied upon the National Youth Tobacco Survey and Indiana Youth Risk Behavior Survey, as well as an online panel survey in 2020 to provide a rapid-response data source and reach youth outside of a school environment.

Indiana Youth Tobacco Survey

The Indiana Youth Tobacco Survey (IYTS) 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 highlights and full report are available [here](#). The 2020 IYTS was administered in the fall of 2020 when schools were challenged by COVID-19 and navigating remote learning. Feedback from school personnel indicated that the web-based option was preferred and simplified the process for participating schools, however, school-level and classroom-level response (participation) rates did not reach the 60% goal among middle school or high school; therefore 2020 data were not weighted or shared. TPC staff began preparing for the 2022 IYTS in early spring, and school recruitment started this summer. Preparations included designing middle school and high school versions of the survey in RedCap with skip logic/question branching to allow non-tobacco users to complete the survey in a short amount of time. Training sessions were designed and recorded for both school staff as well as TPC partners responsible for recruiting schools.



Indiana Youth Online Panel Survey

With the significant increase in youth e-cigarette use and vaping in the past five years, TPC sought to assess youth tobacco use, including cigarette use and vaping of nicotine and marijuana, using an innovative and rapid data collection approach. The survey was first administered between December 2020 and January 2021, and the sample consisted of more than 800 participants. Another youth panel survey is being planned for fall 2022.

Indiana Youth Risk Behavior Survey

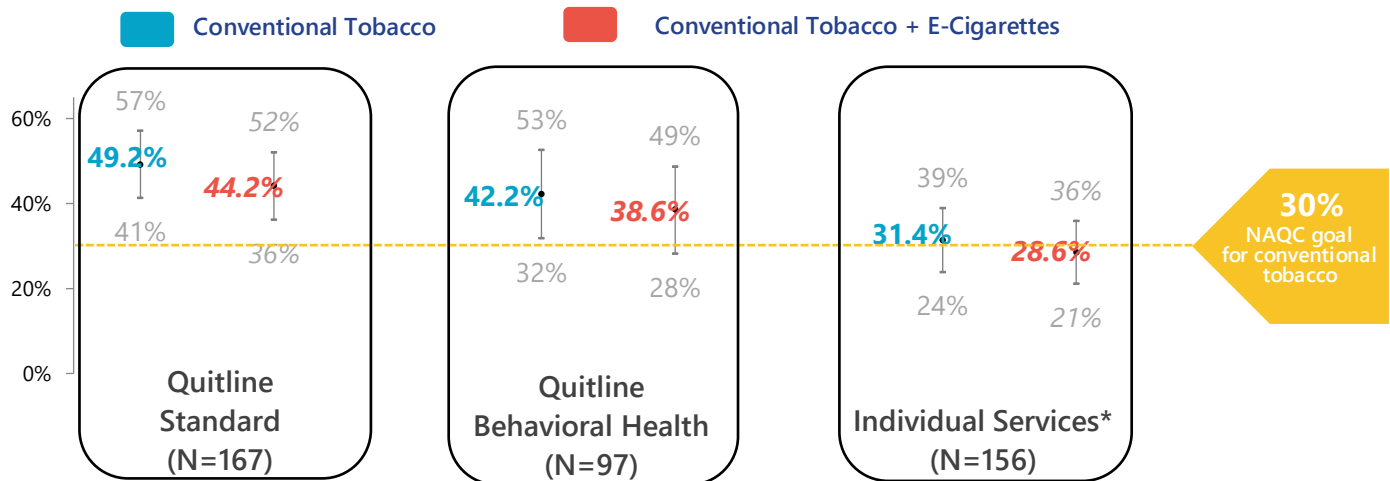
The Indiana Youth Risk Behavior Survey (YRBS), a biennial survey (managed by the IDOH-Maternal and Child Health) takes a similar approach to the Indiana Youth Tobacco Survey in sampling and administration yet just had two questions on youth tobacco use: current cigarette smoking, and current e-cigarette use or vaping in 2021.

- 4.2% of Indiana High School students currently smoke cigarettes (on at least 1 of the past 30 days)
- 1.1% of students currently smoked cigarettes frequently (on 20 or more of the past 30 days)
- 19.1% of students currently used an electronic vapor product (on at least 1 of the past 30 days)
- 5.8% of students currently used an electronic vapor product frequently (on 20 or more of the past 30 days)
- 19.8% of students currently smoked cigarettes or used electronic vapor products (on at least 1 of the past 30 day)

Indiana Tobacco Quitline Evaluation

The Quitline follow-up survey is a survey of adult participants seven months after ITQL enrollment that gathers information on quit outcomes and program satisfaction, among other topics. Preliminary findings from the most recent round of data collection indicate high satisfaction rates and strong abstinence rates among Quitline participants.

Quit Outcomes by Program (30-Day Abstinence)



The overall 30-day point prevalence abstinence rate across programs was 40.6%, which exceeds the North American Quitline Consortium (NAQC) goal of 30%. By program, 30-day quit rates were highest among the Quitline Standard program, followed by the Quitline Behavioral Health program and Individual Services program. When asked how satisfied they were with the Quitline, 83% of respondents were very or mostly satisfied with the program. 94% of respondents would recommend the program to a friend who was trying to quit tobacco.

External Evaluation Services

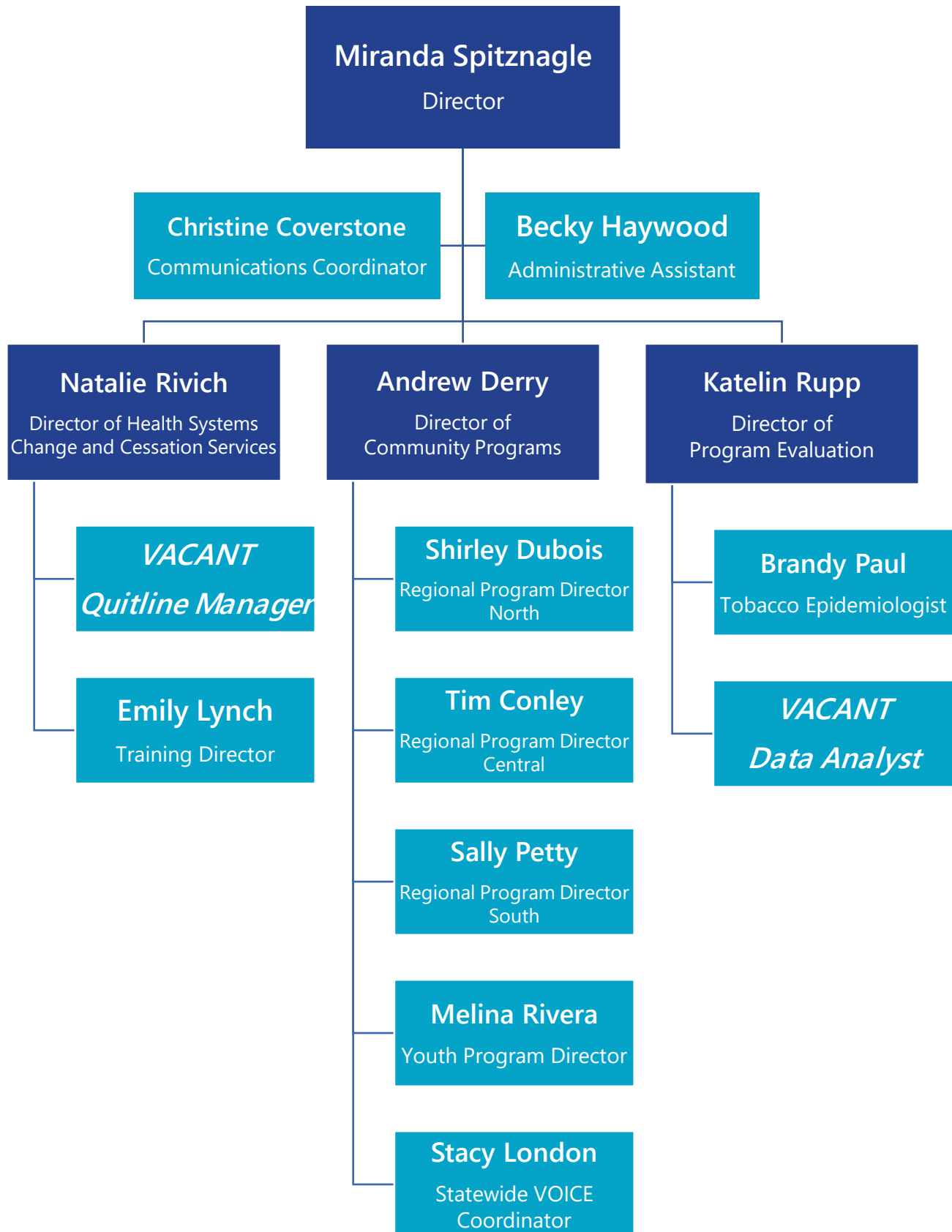
TPC has a partnership with an external evaluator, Professional Data Analysts (PDA), which began in June 2021. PDA's work supports, compliments, and improves TPC's internal evaluation capacity. PDA works closely with TPC's Evaluation Team and provides an impartial perspective on several elements of Indiana's Tobacco Control program and evaluation activities. Their current work includes translating the 2025 Indiana Tobacco Control Strategic Plan into an actionable evaluation plan, a report on TPC Overall Impact and Effectiveness, Adult Tobacco Survey, Quitline Evaluation, Online Youth Panel Survey, and ad hoc projects to address emerging needs.

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 one 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 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.

Appendix – Organizational Chart



Appendix – Budget



Budget Item	SFY 22 State July 1, 2021 to June 30, 2022	CDC grant- NSBTC April 29, 2021 to April 28, 2022	FSSA/DMHA MOU Youth Prevention July 1, 2021 to June 30, 2022	FSSA/DMHA MOU Tobacco Free Recovery Grants Oct. 1, 2021 to Sept. 30, 2022	ITPC Trust Fund	TOTAL
STATE AND COMMUNITY INTERVENTIONS						
Local Community Based Partnership Grants	\$4,399,340					
Statewide Partnership Grants	\$920,000					
Training and Technical Assistance	\$212,178					
						\$5,531,518
CESSATION INTERVENTIONS						
Indiana Tobacco Quitline	\$516,274	\$502,661			\$652,248	
Health systems change partnership grants	\$831,777			\$300,000		
						\$2,802,960
HEALTH COMMUNICATIONS INTERVENTIONS						
Public Education Campaign		\$250,000				
Quitline Education Materials					\$46,000	
Vape-Free Indiana Initiative		\$86,000	\$25,000		\$504,500	
						\$911,500
SURVEILLANCE AND EVALUATION						
Surveillance and Evaluation		\$542,932				
						\$542,932
INFRASTRUCTURE, ADMINISTRATION AND MANAGEMENT						
Infrastructure, Administration and Management	\$620,431	\$738,216				
						\$1,358,647
TOTAL	\$7,500,000	\$2,119,809	\$25,000	\$300,000	\$1,202,748	\$11,147,557



Appendix – Partnership Grants



Community-Based Grants

County	Lead Agency	2021-2023 Funding
Allen County	Parkview Health	\$485,000
Bartholomew County	Columbus Regional Health Foundation	\$175,000
Clark County	LifeSpring	\$80,000
Clark County	Community Action of Southern Indiana	\$160,000
Daviess County	Hoosier Uplands	\$94,000
Dearborn County	Dearborn County Health Department	\$110,000
Delaware County	Little Red Door Cancer Agency	\$180,000
Elkhart County	Elkhart County Health Department	\$319,000
Elkhart County	Minority Health Coalition	\$120,000
Floyd County	Our Place Drug & Alcohol Education Services, Inc.	\$160,000
Grant County	Marion General Hospital	\$125,000
Grant County	Minority Health Coalition of Grant County, Inc.	\$90,000
Hamilton County	Good Samaritan Network	\$350,000
Hancock County	Hancock Regional Hospital	\$160,000
Howard County	Kokomo YMCA	\$175,000
Jackson County	Schneck Medical Center	\$98,000
Jay County	Jay County Drug Prevention Coalition, Inc.	\$115,000
Jefferson County	King's Daughters' Health	\$116,000
Knox County	Hoosier Uplands Economic Development Corp	\$122,680
Kosciusko County	The Healthy Community Coalition of Kosciusko County, Inc.	\$181,000
Lake County	Franciscan Health Foundation	\$120,000
Lake County	NWI Health Department Cooperative	\$110,000
LaPorte County	Healthy Communities of La Porte County	\$225,000
Lawrence County	Hoosier Uplands	\$90,000
Madison County	Intersect, Inc.	\$320,000



Appendix – Partnership Grants



Marion County	Marion County Public Health Department	\$640,000
Marion County	Latino Health Organization	\$202,000
Marion County	Indianapolis Urban League	\$180,000
Marshall County	Saint Joseph Health System	\$191,000
Monroe County	IU Health - Bloomington Community Health	\$130,000
Porter County	Valparaiso University	\$277,000
Posey County	MSD of Mt. Vernon	\$75,000
Scott County	Scott County Partnership, Inc.	\$135,000
Shelby County	Drug Free Shelby County	\$180,000
Spencer County	North Spencer County School Corporation	\$146,000
St. Joseph County	Saint Joseph Health System	\$450,000
Sullivan County	Chances And Services for Youth	\$107,000
Vanderburgh County	CAPE	\$50,000
Vanderburgh County	University of Evansville	\$340,000
Vigo County	Chances And Services for Youth	\$230,000
Wabash County	85 Hope Inc	\$115,000
Washington County	Hoosier Hills PACT	\$120,000



Capacity Building Grants		
County	Lead Agency	2021-2023 Funding
Franklin	Franklin County Community Foundation	\$100,000
Lake	Community Advocates of Northern Indiana	\$100,000
Madison County	Minority Health Coalition of Madison County	\$100,000
Morgan County	IU Health - Bloomington Community Health	\$100,000
Orange County	IU Health - Bloomington Community Health	\$90,000
Randolph County	Community Foundation of Randolph County	\$100,000

Statewide Grants	
Lead Agency	2021-2023 Funding
American Lung Association (ALA)	\$430,000
Health Ed Pros	\$270,000
Indiana Black Expo	\$400,000
Indiana Latino Institute	\$400,000
Indy Pride	\$200,000
Wellness Council of Indiana	\$140,000



Health Systems Change Grants	
Lead Agency	2021-2023 Funding
Community Health Network Foundation, Inc.	\$200,000
Indiana Chapter of the Academy of Pediatrics (INAAP)	\$249,615
Indiana University, Fairbanks School of Public Health, Center for Health Policy	\$200,000
Methodist Hospitals (Gary)	\$12,400
Purdue University College of Pharmacy (ReThink Tobacco Indiana project)	\$302,860
Southwestern Behavioral Healthcare	\$171,078

Tobacco Free Recovery Grants	
Lead Agency	
Bowen Center	
Life Treatment Center	
Oaklawn	
Shalom	
Tulip Tree	



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