



Annual Report State Fiscal Year 2021



Tobacco Prevention
and Cessation



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Indiana
Department
of
Health

Tobacco Prevention
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The Indiana Department of Health Tobacco Prevention and Cessation's State Fiscal Year 2021 Report was created to highlight the successes and achievements across the four priority areas of the 2020 and 2025 Indiana Tobacco Control Strategic Plan. The 2021 report also reviews the areas of change and development in the tobacco control landscape.



Our Vision

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



Our 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.



Our Values

We recognize that all Hoosiers are affected differently across racial, ethnic, and socioeconomic groups, and these disparities must be addressed.

The work of Indiana's network of partners in Tobacco Prevention and Cessation is grounded in science as supported by the following 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.

As a program within the Indiana Department of Health, 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) launched its 2025 strategic planning process with the formation of an 18-member strategic planning committee in early SFY 2021. The goal of the planning process was to create a blueprint for Indiana organizations to work collectively on strategic action for tobacco prevention and cessation. The strategic planning committee included statewide stakeholders, healthcare organizations, tobacco prevention and cessation experts, community coalition partners, and TPC staff.

As part of the data-gathering process for the 2025 plan, the strategic planning committee, along with TPC staff, carried out an environmental scan to identify local, state, and national trends and factors impacting tobacco use prevention and cessation. Input was gathered from many partners, from state agencies to grassroots community organizations, working together to implement a plan that will reduce Indiana's burden from commercial tobacco use and secondhand smoke exposure. The plan is intended to be a tobacco control roadmap for the entire State of Indiana, coordinated by TPC.

The 2025 plan is based on the following priority areas:

- **Decrease Indiana youth and young adult 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**

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



Summary of Key Successes and Accomplishments

- The 2025 Indiana Tobacco Control Strategic Plan was written and disseminated after convening an 18-member strategic planning committee throughout SFY 21.
- TPC partnered with IHSAA on a campaign to end vaping among Indiana teens. The first half of the campaign generated more than 10 million impressions from IHSAA owned, earned, and paid impressions.
- Indiana's youth empowerment movement, VOICE, has increased from 50 registered youth participating in core leadership teams across the state to 125 registered core leadership members, 150 Action Squad members and 15 statewide VOICE youth ambassadors.
- Many organizational smoke-free air policies are in place. This includes two university policies at Butler University and St. Mary's College, which revised their smoke-free grounds policies to include e-cigarettes. Additionally, in May 2021, the Indianapolis City-County Council amended the Indianapolis smoke-free air law to cover city parks and trails.
- The Indiana Tobacco Quitline served 9,344 registered callers (an average of nearly 780 calls per month) in SFY 2020.
- The Indiana Tobacco Quitline celebrated its 15-year anniversary in 2021 and launched a promotional program to expand Nicotine Replacement Therapy (NRT) to four weeks, along with a media campaign that includes social media and video testimonials promoting Quitline successes and services. The Quitline served 6,113 registered callers, 572 web users, and 2,657 individual services users in SFY 2021.
- Six Health Systems Change partners focused on implementing Best Practices for Tobacco Dependence Treatment, quality improvement, and utilization of the Electronic Health Records (EHR) systems.
- TPC staff designed and launched a web-based survey option for the 2020 Indiana Youth Tobacco Survey and introduced a new rapid-response data collection method for Indiana Youth, an online panel survey on cigarette smoking, nicotine vaping, and marijuana vaping.



Decrease Indiana Youth and Young Adult Tobacco Use Rates



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Preventing youth from using tobacco products can save lives and money and improve the future of our state. Each year, approximately 2,300 Indiana youth become new regular, daily smokers, and an estimated 151,000 Indiana youth currently under age 18 will ultimately die prematurely from smoking. 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. Of particular note among these products are those that have made nicotine more palatable to youth by combining flavors with nicotine salts. Users of products with nicotine salts can now intake higher levels of nicotine than previously palatable. Use of electronic cigarettes by Indiana youth has increased in recent years. In 2018, 18.5% of Indiana high school youth reported past 30-day e-cigarette use. Recognizing that young people think of e-cigarettes, in general, compared to specific branded products, like JUUL, different questions on the Indiana Youth Tobacco Survey were asked. Youth reported different levels of use between e-cigarettes and JUUL, with JUUL use reported at nearly 25%. Among those reporting current e-cigarette use, 22% are also current cigarette smokers. 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. While cigarette smoking has declined since 2000, the rates of use of other tobacco products such as smokeless or cigars have not changed as significantly. Like high school youth, young adults in Indiana ages 18-24 had a higher rate of e-cigarette use of 17.5% compared to adults overall (6.8%). 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 introduction of emerging products such as electronic cigarettes, it is expected that the concurrent use of multiple types of tobacco products will increase. Multiproduct use is a known risk for adverse health outcomes and sets up youth for a future addiction to nicotine.

Youth and young adults were under increased stress in 2020 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.

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.



Key Outcomes

Vape-Free Indiana

As a result of the dramatic increase in e-cigarette use among youth in recent years, Vape-Free Indiana was created to implement prevention, public education, and cessation strategies to address this public health issue. With support of State of Indiana leadership, various program elements are being implemented throughout 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. Over 130 Indiana schools and organizations are enrolled to conduct the CATCH curriculum, and there are approximately 125 certified CATCH trainers throughout the state. During 2020-21, many of those school resources and programs shifted to online options.

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. Several local VOICE groups have shared the education program on a web-based platform, also adjusted for the e-learning environment in the 2020-2021 school year.

The Behind the Haze public education campaign, directed at Indiana youth and young adults, continued through SFY 21. 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. The third message package, "Defenseless," was live from September to November 2020, and the fourth message package, "Chemical Warfare," ran from January to March 2021. The final message platform this year was "Test Your Luck" during the months of May and June. Campaign performance has been strong, averaging 16 million impressions for each campaign message. Social media continued to be the biggest traffic driver. Follow-up research show that two-thirds (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 this subgroup of youth.

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. It is called "This is Quitting," and was created 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. For CY 2020, 168 Hoosiers subscribed for the text messaging program This Is Quitting.

Additional resources for parents, youth, educators, and healthcare professionals are available on the [Vape-Free Indiana website](#).

Other supports for healthcare professionals and parents were added this year, including:

Project ECHO, in partnership with the IU School of Medicine, offered training on treating youth vaping addiction. Over 320 individuals in three rounds have participated, representing a variety of providers that serve youth statewide.

Live Vape Free--In an effort to reach parents, a new program called Live Vape Free became available to Indiana in May. This online tool offers parent education and support for their young person. The youth program added in June 2021 is an interactive texting program with a live coach to support the youth's quit attempt.



IHSAA Partnership--TPC and the IHSAA partnered to create a completely integrated campaign to help end vaping among Hoosier teens. The campaign consists of social media, broadcast, print, and grassroots promotions.

The first of four flights of this campaign were implemented the weeks of March 1 through April 3, coinciding with the IHSAA's Boys Basketball Tournament. Social media ran again during the spring tournament season, during the "back-to-school" window in mid-August, and during the six weeks of the IHSAA Football Tournament in October and November. The social media campaign consists of three components:

- Owned social media posted to the IHSAA's social media accounts
- Earned social media via email to all 410 member schools for posting on their accounts
- Paid social media intended to reach teens and parents that might not follow the IHSAA or their school on social media

All social media content contains links to our campaign website, dontpuffthisstuff.com, where users can learn more about the dangers of vaping and share our messages to social media.

Radio--Two radio PSAs ran throughout March and April on the IHSAA's Champions Radio Network, which includes 50+ stations across Indiana.

Video--Animated video PSAs that will run on video broadcasts at IHSAAtv.org, the IHSAA's streaming video service.

May 17 kicked off the second flight; in the first day the ad appeared on social media 207 times and reached 346,789 people. The second flight during the spring tournament season generated 5 million impressions.

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 to take action on the local level 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 (VoiceIndiana.org) is the primary source for VOICE campaigns, resources, and messaging in conjunction with the website and social media platforms. In addition to posts on Instagram, Facebook, Twitter, and Snapchat, videos are featured on the VOICE YouTube channel.

During SFY 2021, VOICE engaged with Indiana teens through a collection of initiatives and special events including:

- **Three statewide virtual trainings**--More than 150 youth leaders from all over the state attended these statewide Adult Ally & Core Team Leadership trainings to build up their efficacy, confidence, and advocacy and leadership skills to successfully execute interventions that educate their communities and stakeholders on key issues.
- **Four statewide Action Squad Meet-ups**--Statewide meet-ups convene all VOICE youth who are actively engaged in a local VOICE Action Squad or Core Leadership Team.
- **15 virtual game nights** served as a great recruiting tool to join VOICE Indiana's local core team. During SFY 2021, VOICE engaged its dynamic network of Local Core Team leaders and Action Squad members who deliver VOICE messaging. 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



were selected as members for TRUTH Initiative’s National Action Committee and Campaign for Tobacco Free Kid’s Youth Ambassador program. Since the summer of 2020, this network grew from 50 registered youth participating in Core Leadership Teams across the state to 125 registered Core Leadership members, 150 Action Squad members, and 15 statewide VOICE Youth Ambassadors. We increased from 20 VOICE adult allies and 15 counties represented statewide to 25 VOICE adult allies and 21 counties.

Two youth leadership mechanisms for engagement: Statewide VOICE Youth Ambassador Program and The VOICE Alumni Network

Our 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. They have successfully executed statewide social media activities and virtual events for all four National Days of Action and have garnered attention from Campaign for Tobacco Free Kids for their innovation and creativity on these platforms.

The VOICE Indiana Alumni Network is comprised of graduating seniors who have aged out of traditional VOICE programming. The demographic of 18- to 21-year-olds is a prime group to continue investing in and develop as advocates for change on the local level. We inducted 30 Core Team Leaders into the Alumni Network and have celebrated their accomplishments and successes as leaders and advocates for change at our final statewide meet-up of the grant cycle. These youth will transition into our young adult programming where they will receive quarterly training and resources and support from national partners who have committed to supporting the alumni network, such as TFK 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 youth will also serve as mentors to the 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 \$270 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. 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. 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 six 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 2021, partners used these materials to engage in 469 activities to raise awareness of point-of-sale issues in their communities.

Store audit data collected in 2020 reinforced that flavored tobacco products were widely available in Indiana. Most tobacco retailers surveyed (92%) sold flavored tobacco products. Flavored products appeal to youth, as over half of Hoosier youth who used tobacco in 2018 used flavored tobacco products. In addition to flavored products, some tobacco marketing tactics, such as the price and placement of tobacco products, particularly target youth. Often, tobacco products such as cigars are priced much more cheaply than cigarettes and are also often available in a variety of flavors that appeal to youth. They may also be sold in smaller packaging, such as packs of one, two, or three, which makes them even cheaper. Tobacco products and tobacco ads may also be placed where they are highly visible to kids, such as at child's eye level or near candy, soda, or toys.

- Nearly one-fifth, or **19%, of retailers** had tobacco ads placed within three feet of the floor, or at about a child's eye level.
- Similarly, **one in five retailers (19%)** 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 (85%)** sold cigarillos for less than one dollar, and similarly, four in five (80%) sold single cigarillos. This indicates that these products are often sold at very cheap prices, which makes them more accessible to youth.
- Among tobacco retailers that sold e-cigarettes, the **majority (83%) sold flavored e-cigarettes**, and more than two in five (41%) 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.

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 2021, 14 partners hosted Community Conversations, the majority of which were virtual events. 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



Tobacco Prevention and Cessation

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.

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. 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. 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.

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. Exposure to secondhand smoke increases the risk of premature birth, low birth weight, pregnancy complications, and sudden infant death syndrome (SIDS). 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.

Approximately one in four (58 million) nonsmokers in the U.S. is exposed to secondhand smoke, including 15 million children ages 3 to 11 years. Research shows that, although secondhand smoke exposure rates

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.

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1,770

Hoosiers die each year from secondhand smoke

\$2.1 billion

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Aerosol from e-cigarettes/vaping devices is a source of pollution and toxins being emitted into the environment. 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. Given the rising 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.

Key Outcomes

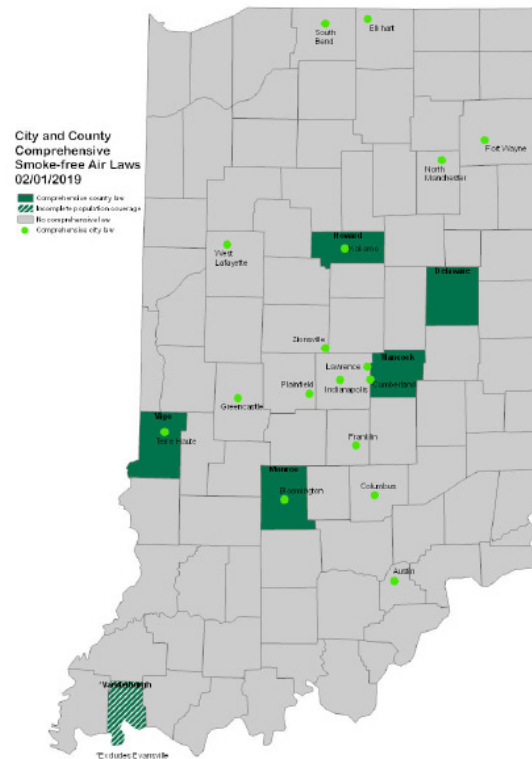
Increasing smoke-free air protections

Indiana’s state smoke-free air law (2012) protects workers in restaurants and most worksites. The law protects employees and patrons of these businesses from the health hazards of secondhand smoke. Local communities are providing greater protections to workers in their communities by adopting local smoke-free air ordinances. Currently, 34% of all Indiana residents are protected by a local community smoke-free air law, which covers nonhospitality workplaces, restaurants, and bars.

Many healthcare facilities, businesses, and schools have included e-cigarettes in their tobacco-free policies. 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, 251 school districts in Indiana (an increase from 247 school districts in SFY 2020), or 87%, cover e-cigarettes in their district policies.

A total of 18 communities—Austin, Bloomington, Carmel, Columbus, 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.

In May 2021, the Indianapolis City-County Council amended the Indianapolis smoke-free air law to cover city parks and trails.



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

- Currently, 152 hospitals and healthcare facilities have 100% smoke-free campuses, including all 35 critical access hospitals in the state.
- Among behavioral health and substance use treatment facilities, 126 have a tobacco-free campus.
- Public school districts throughout the state have implemented comprehensive tobacco-free school campus policies. The school district’s buildings, grounds, athletic fields, and any campus property must be tobacco-free. The policy must apply to all students, staff, and visitors at all times. In 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. In the past year, Butler University and St. Mary’s College passed tobacco-free campus policies that include restrictions on e-cigarettes and vaping.



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 over 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. 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 aid property managers and residents interested in passing and implementing smoke-free multiunit 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 months due to COVID-19, several hospitality workplaces such as casinos, bars, and clubs in Indiana have reopened smoke-free. Such policies are critical for businesses to prioritize the health and safety of their employees and patrons.



Decrease Adult Smoking Rates



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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. 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 Midwest and Southern states as having higher smoking rates and poor health outcomes similar to that 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 report is the first Surgeon General's report since 1990 to focus solely on the health benefits of quitting smoking. Much more research is available about the benefits of quitting since the previous report. The conclusions stress 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.

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

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 180,000 calls. The ITQL is celebrating its 15-year anniversary in 2021 and launched a promotional program to expand Nicotine Replacement Therapy (NRT) to four weeks along with a media campaign that includes social media and video testimonials promoting quitline successes and services.



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 2021, the ITQL served 6,113 registered callers, 572 web users, and 2,657 individual services users. 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.

In SFY 2021, calls to the ITQL decreased by 12% in comparison to SFY 2020. According to the NAQC, state quitlines experienced a 27% decline in calls. The decline seemed to mirror the timeline of the COVID-19 pandemic. These data suggest that the COVID-19 pandemic has had a negative impact on quit attempts and smoking cessation. In March 2021, Quitline call volume started to increase to the volume more representative of the average number of callers pre-pandemic.

Along with the traditional 1-800-Quit-Now phone-based counseling, the ITQL offers a web-based counseling program called Web Coach[®] and a supplementary texting service called Text2Quit.[®] In an effort to reduce barriers and increase quit attempts and reach, the Quitline added individual services in 2020:

- **The individual services allow participants to select up to four standalone services that include Text2Quit, email messaging, educational materials, and an NRT starter kit with a follow-up call.**
- **The Indiana Tobacco Quitline also provides extra support for pregnant smokers by offering up to 10 calls, emphasizing the importance of a tobacco-free lifestyle for the mother and baby, and encouraging partners to quit as well.**
- **To better support tobacco users with mental health conditions, the Quitline offers the intensive Tobacco Cessation Behavioral Health Program (TCBHP) to meet the needs of this population. The program design includes higher-intensity behavioral and pharmacological support, consisting of up to seven calls and a 12-week regimen of combination NRT.**
- **Additionally, the Indiana Tobacco Quitline is available to youth tobacco users. The youth program is designed to help youth ages 13-17 quit using tobacco permanently and provides up to five intervention calls.**

Supporting Pregnant Women to be Smoke Free

In 2019, 11.8% of pregnant women in Indiana smoked during pregnancy. While this is a significant decline from 18.5% in 2007, the national average rate of smoking during pregnancy is 6.5%. 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 ITQL offers pregnant smokers greater support. The treatment plan is tailored to meet their needs and offers additional postpartum contact to prevent relapse. In SFY 2021, 196 women enrolled in the ITQL'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 2021, over 2,000 women of childbearing age (15-44 years) accessed the Indiana Tobacco Quitline, including 138 who were currently pregnant, 30 who were planning pregnancy, and 14 currently breastfeeding. The ITQL is a referral partner for all 145 Indiana Women, Infants, and Children (WIC) clinics. WIC sites refer participants to the 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 callback 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 callback survey had a 30-day tobacco abstinence rate of 37%.



Quit Now Indiana Referral Partners

In SFY 2021, five additional healthcare systems are working to integrate the Indiana Tobacco Quitline referrals into their electronic health records—Shalom Health Care Centers, a primary care facility comprised of two locations; Tulip Tree Family Health, a federally qualified health center with two locations; Methodist Hospitals, a community-based health system and safety net hospital with two full-service acute care facilities; Life Treatment Centers, a comprehensive addiction treatment facility; and Ascension Health, an acute care, primary care, and specialty care health system comprised of 20 Indiana facilities. 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 (EHRs) utilization. Healthcare systems provide many opportunities for motivating tobacco users to quit. Approximately 5,150 fax referrals and nearly 7,300 electronic referrals (including EHRs, e-referral/SFTP, and secure email) were made to the ITQL from providers in SFY 2021.

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 2021, nearly 800 referrals were submitted through the portal by over 100 healthcare providers. In February 2021, the suite of services expanded to include Text2Start as one more point of access for tobacco users to enroll in services. The participant texts a short code to the Quitline and answers three brief questions to initiate the program.

Health Systems that electronically refer to the Indiana Tobacco Quitline:

Ascension St. Vincent Medical Group
Baptist Health Floyd
Columbus Regional Health
Community Health Systems
Daviess Community Hospital Medical Clinics
Hancock Regional Health
Hendricks Regional Health
Indiana University Health
Johnson Memorial Health
King's Daughters' Health
Marion General Hospital
Meridian Health Services
NorthShore Health Centers
Parkview Health
Porter Starke Services
Shalom Health Care Center, Inc.
Union Hospital



Health Systems Change Partnerships

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 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 partnerships 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 EHR system**

Indiana Hospital Association (IHA) has been working with seven hospital organizations on workflow process improvement, from assessing the current state of practice to implementing and spreading improved and vetted workflows. Sites include Methodist Hospital (Lake County), Union Hospital (Vigo County), Marion General Hospital (Grant County), Greene County General Hospital, Columbus Regional Hospital (Bartholomew County), Pulaski Memorial Hospital, and Baptist Health Floyd.

Indiana Rural Health Association (IRHA) worked with three critical hospitals based on the structure and needs of the facility and community served.

- Putnam County Hospital developed a new tobacco treatment specialist group and underwent a workflow redesign to centralize tobacco treatment specialist referrals:
- Franciscan Health Rensselaer (Jasper County) focused on the outpatient populations served by the hospital and worked with the Wheatfield Health Center, alongside the Brook Rural Health Clinic and Health Screenings Program.
- Decatur County Memorial Hospital redeveloped its tobacco cessation program and constructed a hybrid telehealth model to increase access to cessation services in the community.

Indiana Cancer Consortium (ICC) partnered with two hospitals, Good Samaritan (GS) and King's Daughters' Health (KDH) to address tobacco cessation and prevention in their cancer centers or oncology departments with cancer patients and survivors. The two cancer centers have assessed their current tobacco cessation protocols and workflows to establish systems-level change. The two cancer centers also have developed interdisciplinary teams to integrate tobacco cessation treatment services into their patient care. Overall, the cancer centers' referrals to treatment services, the Indiana Tobacco Quitline, have seen a steady increase since implementing tobacco cessation practices into patient care.

Southwestern Behavioral Healthcare's (SBH's) approach to the system-wide integration of tobacco recovery interventions has included increasing staff capacity to treat nicotine dependence, the integration of tobacco recovery tools into the EHR, and continuous quality assessment and improvement. SBH trained over 400 employees throughout fiscal years 2020 and 2021. Additionally, SBH worked on the integration of the evidence-based 5A Model directly into their EHR. This streamlined staff's ability to assess client tobacco use and readiness to quit during intake and recurring 90-day treatment planning update sessions. This contributed to more than 350 referrals to SBH's tobacco recovery team. Internal quality and progress monitoring have been conducted by the SBH Quality Assessment and Improvement Committee to ensure that all clients are screened for tobacco use during routine clinical activities and offered support with an internal SBH Tobacco Treatment Specialist or the Indiana Tobacco Quitline and that all client requests are followed up on after their initial assessment to ensure they received care.

Community Health Network's (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. In the last year the system collaborated with MD Anderson to train 60 employees for tobacco treatment specialist trainings. In addition, an interprofessional team developed a standard care process; developed a TTS Manual and IT infrastructure system to measure data; created evidence-based patient materials and imbedded them into the record system (available acute and ambulatory care); and developed a support structure for caregivers, including a newsletter, a collaborative group, and clinical trainings. The employee intranet resource now includes guidelines, policies, training videos, forms, patient education materials, and a TTS training manual.

Indiana Chapter of the American Academy of Pediatrics (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. Currently the program is operating in 21 sites across Indiana. Collectively the CEASE program sites have screened 18,500 families for tobacco use, identified 1,533 families for household tobacco use, assisted 220 families with access to NRT, and referred 144 families to the ITQL.



Indiana Medicaid Supports Tobacco Cessation

Individuals primarily insured through Medicaid smoked at a higher rate (34.3%) than the general population (19.2%) in 2019. 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 2021, 54% 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 focus 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.

Indiana currently covers the following for tobacco use treatment: coverage for all seven first-line cessation medications, CPT 99407 Tobacco Counseling moving toward re-establishing tobacco cessation counseling CPT code 99406 (intermediate, 3-10 minutes), and recent removal of co-pays for tobacco cessation medications.

The outcome of the workgroup impacted several modifications to billing and reimbursement that went in to effect July 1, 2021.

The changes include:

- Removal of U6 Modifier to bill tobacco cessation counseling code 99407
- Adding coverage to 99406 code (smoking and tobacco use intermediate counseling, greater than 3 minutes up to 10 minutes) and adding it to the telehealth code set
- Adding coverage to code D3120 (tobacco counseling for the control and prevention of oral disease) allowing dentists to provide tobacco cessation limits
- Removal of the unit limitations on billing tobacco cessation codes
- Removal of the policy that restricts tobacco cessation to billing only under specific primary diagnosis codes



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. Over 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 2021, local partners reported 592 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.

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

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.

Additionally, Rethink Tobacco Indiana staff created an organizational case study template to showcase Indiana behavioral health providers' efforts to improve the delivery of tobacco treatment services within the scope of the 5 A's to support the Indiana Leadership Academy for Wellness and Tobacco Free Recovery. Rethink Tobacco Indiana worked to survey agencies funded by the Division of Mental Health and Addiction (DMHA) to assess their agencies' efforts to maintain and provide tobacco-free grounds and tobacco treatment services for clients. This biennial assessment, which began in January 2017, uses data to promote tobacco treatment integration needs, identify potential challenges, and offer tailored technical assistance to agencies that may request help or need improvement. Based on the results from the 2021 assessment, nearly 75% of agencies routinely incorporate tobacco dependence treatment into their treatment planning processes and 97% of agencies have a formal tobacco-free grounds policy in place.

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 FSSA Division of Mental Health and Addiction to support providers that implement tobacco treatment strategies.



Tobacco Free Recovery Grants are to: 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 one-year partnership between the Tobacco Prevention Cessation and Division of Mental Health and Addiction funds five behavioral health and healthcare agencies: Bowen Centers, Life Treatment Centers, Oaklawn Psychiatric Center, Shalom Health Care Center, Tulip Tree Health Care.

The grant focuses on four 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

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

TIER THREE – TOBACCO DEPENDENCE TREATMENT

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 FOUR – 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.



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. In response to the COVID-19 pandemic, TPC shifted many trainings to virtual formats and provided optional virtual meetings monthly for each territory. These optional monthly meetings allowed partners to continue to connect and work together to adapt to the new environment.

TPC held its biannual Partner Information X-Change in November 2020. During this three-day, virtual conference that reached over 160 each day, we had industry experts present on the following topics:

- **Justice in the Air: Framing Tobacco-Related Health Disparities**
- **A Historical Perspective of Tobacco Control: Flavors Including Menthol**
- **Health Disparities in Tobacco Nation: A Geographical Lens**
- **The Times Have Changed and So Must We – Keeping Pace with the Evolving Tobacco Landscape**

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:

- **2020 CDC awardee meeting**
- **2020 Indiana Wellness Summit**
- **Community Conversations**
- **Division of Mental Health and Addiction Cultural Competence Conference/Culturally Competent Change Management Approaches**
- **Indiana State Cancer Control Plan Town Hall Meeting**
- **Indianapolis District Dental Society (IDDS)**
- **National Public Health – Marijuana Summit**
- **Purdue University's Military Family Research Institute's annual Battlemind to Home Summit**



Hester Shultz Fellowship

Hester Graham Shultz was known for her determined attitude in the face of adversity, her devotion to her family, and 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 IDOH Healthy Hoosiers Foundation, created a fellowship program. The spirit of this fellowship is to develop individuals who will be a further inspiration to 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, virtually this year, and complete a health advocacy project following the summit to apply skills learned. Three fellowships were awarded in 2020.

Emily Carpenter, Master of Public Affairs, Nonprofit Concentration May 2021 graduate, Indiana University – Northwest, worked with the local Lake County coalition in northwest Indiana on a smoke-free air campaign. She partnered with the #WHY NOT GARY campaign. She assisted with developing the strategy for the campaign by working on the timeline and media plan and was instrumental in developing the logo and operationalizing the social media campaign. Emily participated in weekly coalition virtual meetings, enlisted her classmates and instructors as a part of the educational campaign, and offered many ideas during the calls. She was a true on-the-ground advocate for smoke-free air in Lake County and continues to work with the coalition.

Tessa Bauman, Master of Public Health, May 2022 graduation date, Purdue University, worked with Tobacco Free Indiana (TFI), the statewide coalition, and the Raise It for Health Campaign. With the help of a local TPC coordinator on the coalition, she learned more about the issue and used some infographics to develop several social media posts for January–April 2020. The posts focused on Indiana's low health rankings and what the increase in a cigarette tax could do to improve the health of Hoosiers, the positive impact this change could do to help people quit using tobacco products; the cost of tobacco use to employers and the improvement of public health in general. Tessa said that she did not know the impact of an increased cigarette tax before engaging on this project and learned about what other states were doing on this issue.

Dalia Elsayed Fahmy AboAlsafa, Master's in Public Health, May 2021 graduate, Purdue University, used her experience and contact with Overdose Lifeline to work with four African-American community partners to identify barriers that limit access to naloxone among the community, expand the distribution of naloxone, increase the substance use knowledge, and begin to make a positive shift on the attitudes about substance use disorder. The spirit of the project was to develop individuals who would be an inspiration to others and contribute to the vibrancy of the community through social norm change.

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 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 2020 IYTS was planned for the fall of 2020 when schools were challenged by COVID-19 and navigating remote learning. TPC staff spent the summer of 2020 preparing a new, web-based survey option for the 2020 IYTS. 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 in the 2020 sample. All survey materials were revised to reflect the web-based survey option. Feedback from school personnel indicated that the web-based option was preferred and simplified the process for participating schools. Despite these innovations, school-level as well as classroom-level participation rates did not reach the 60% goal among the high school sample. Data are currently being analyzed and will be shared, albeit on a smaller scale due to limitations from a low response rate among high school students.

Indiana Youth Online Panel Survey

With the significant increase in youth e-cigarette use and vaping in recent 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 administered in December 2020–January 2021, and the sample consisted of over 800 youth.

- Vaping nicotine was the most prevalent (18%) product currently used, followed by vaping marijuana (11%) and smoking cigarettes (7%).
- Top reasons for vaping nicotine included: My friends vape (48%), I like the flavors (47%), and To relax or relieve tension (46%).
- Over one in 10 respondents currently used two or more of the following products: cigarettes, nicotine vapes, and/or marijuana vapes.
- Two-thirds of current nicotine vapers report vaping fruit-flavored solutions. One out of five current vapers reported vaping menthol.
- Among current cigarette smokers, one-third (34%) indicate that they have reduced smoking during the COVID-19 pandemic and nearly one in five (17%) report increasing smoking during this time.
- Similarly, among current nicotine vapers, over one-third (37%) report reducing vaping during the COVID-19 pandemic and more than one in five (22%) report increasing vaping during this time.



Indiana Tobacco Quitline Evaluation

Findings from the most recent evaluation report on the Indiana Tobacco Quitline indicate high satisfaction rates and strong quit rates. In the seven-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.
- **Participants also reduced their level of tobacco dependence.** Among participants in the multiple-call program, 51% reported smoking within five 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 five minutes after waking at time of enrollment, compared to 26% at the time of the follow-up survey.
- **Participants who continued smoking 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%)** 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 women who use tobacco 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 seven-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.

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.

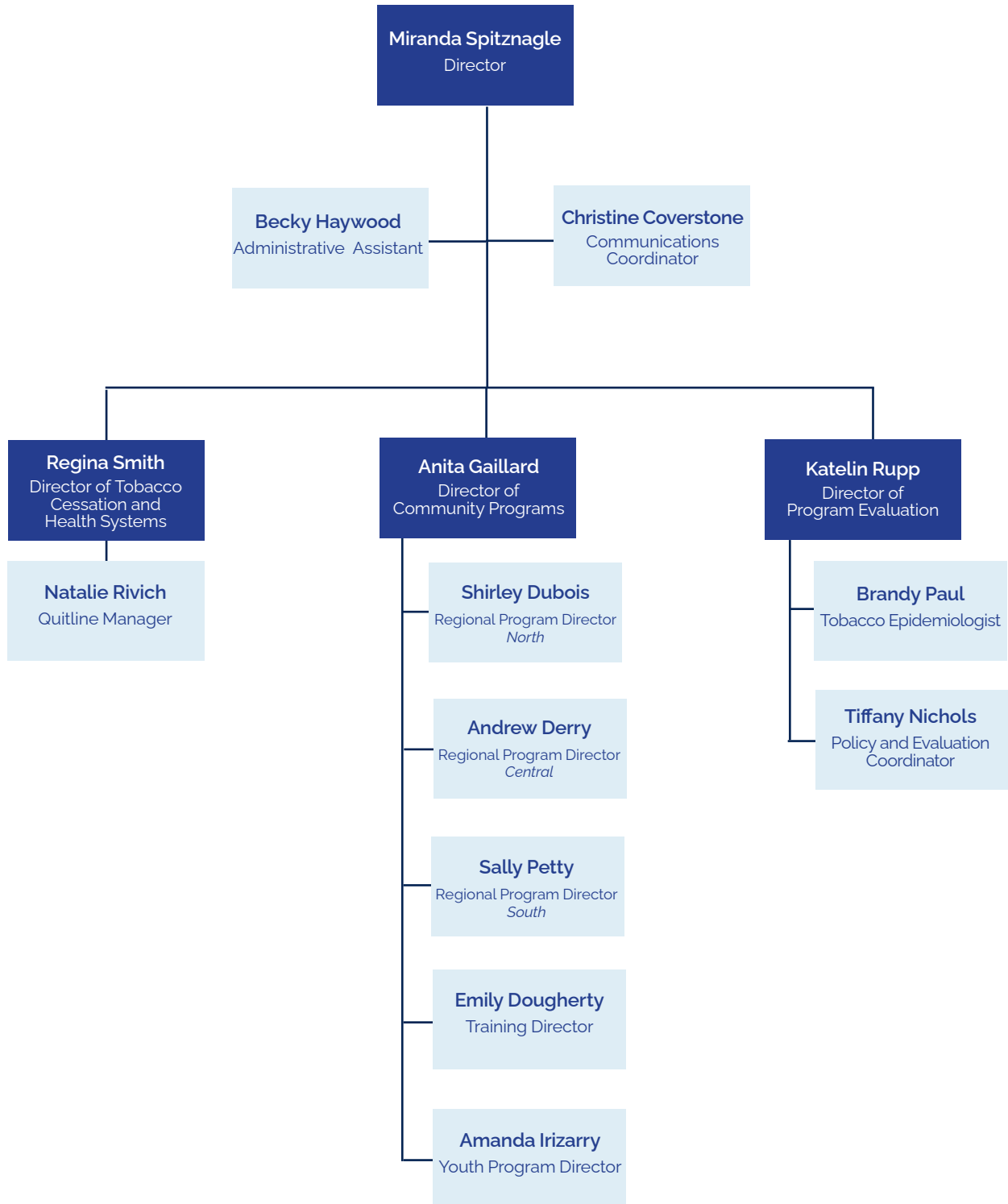
As we work toward a tobacco-free Indiana, multiple components must continue to work together in order to reach all Hoosiers. Tobacco Prevention and Cessation provides the leadership for this work that can be accomplished with many partners. Every organization, business, school, healthcare provider, and 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 2021 Budget

Budget Item	SFY 21 State July 1, 2020 to June 30, 2021	CDC Grant- NSBTC June 29, 2020 to April 29, 2021	OMPP MOU (Quitline Services)	DMHA MOUs Youth Prevention, Tobacco-Free Recovery	ITPC Trust Fund	TOTAL
STATE AND COMMUNITY INTERVENTIONS						
Local Community 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	\$184,546					\$184,546
Vape-Free Indiana Initiative		\$375,000		\$25,000	\$788,971	\$1,188,971
						\$6,197,583
CESSATION INTERVENTIONS						
Indiana Tobacco Quitline	\$1,178,327	\$388,000	\$350,400		\$81,643	\$1,998,370
Cessation Systems Partnerships	\$757,500			\$300,000		\$1,057,500
Training and Technical Assistance	\$137,399					\$137,399
						\$3,193,209
HEALTH COMMUNICATIONS INTERVENTIONS						
Quitline Education Materials					\$60,000	\$60,000
						\$60,000
SURVEILLANCE AND EVALUATION						
Surveillance and Evaluation		\$189,592				\$189,592
						\$189,592
INFRASTRUCTURE, ADMINISTRATION AND MANAGEMENT						
Infrastructure, Administration and Management	\$418,222	\$574,749			\$261,447	\$1,254,418
						\$1,254,418
TOTAL	\$7,500,000	\$1,527,341	\$350,400	\$325,000	\$1,192,061	\$10,894,802

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
Hoosier Uplands Economic Development	Lawrence	\$90,000
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
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

Lead Agency	County	SFY20-21 Funding
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/health/TPC



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