Indiana Department of Health - Tobacco Prevention and Cessation 2025-2027 Request for Applications Resource Guide

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Community Indicators	2025-2027 TPC Community Grants
Priority Area: Decrease youth and young adult tobacco use rates	
Middle and High School Comprehensive School Strategy	Increase the proportion of Indiana middle and high schools that support and implement a comprehensive school strategy against all commercial tobacco use.
Youth Empowerment/VOICE - optional	Increase community activism among youth and young adults to support community change that includes youth involved in the VOICE movement.
Point-of-sale	Increase broad-based community support for tobacco point-of-sale strategies at the local level.
Priority Area: Increase proportion of Hoosiers not exposed to secondhand smoke	
Tobacco-Free Health Care Facilities - optional	Increase strong tobacco free campus policy that includes all tobacco products for health systems such as a hospital, federally qualified health systems, primary care facilities, senior living facilities and oral health facilities for people with chronic disease, disabilities, behavioral health conditions, or substance use disorders.
Smoke-Free Communities	Increase strong local smoke-free air ordinances for all worksites, including restaurants, bars, membership clubs, and gaming facilities.
Multi-Unit Housing - optional	Increase smoke-free and vape-free policies in multi-unit housing.
Tobacco-Free Colleges and Universities - optional	Increase the number of college and university campuses* with comprehensive tobacco-free campus policies that includes the usage, sale, marketing, and sampling of all tobacco products including e-cigarettes in indoor and outdoor spaces such as student housing, classroom buildings, and athletic facilities.
Priority Area: Decrease Indiana adult smoking rates	
Quit Now Indiana	Increase engagements with Quit Now Indiana throughout the community.
Employers - *optional*	Increase the number of employers that promote Quit Now Indiana, provide tobacco cessation benefits, and adopt tobacco-free grounds policies.
Priority Area: Protect and maintain a state and local infrastructure necessary to lower tobacco use rates	
Coalition	Build and maintain a tobacco free coalition that represents the communities served, including those most impacted by commercial tobacco, who work collaboratively to implement comprehensive tobacco prevention and cessation efforts in the community.
Tobacco-Free Families -optional	Train organizations serving populations most impacted by tobacco on the *Breathe: Healthy Steps to Living Tobacco Free* education program.

Work Plan Resources

Community Indicators	2025-2027 TPC Capacity-Building Grants
Priority Area: Decrease youth and young adult tobacco use rates	
Middle and High School Comprehensive School Strategy	Increase the proportion of Indiana middle and high schools that support and implement a comprehensive school strategy against all commercial tobacco use.
Youth Empowerment/VOICE - *optional*	Increase community activism among youth and young adults to support community change that includes youth involved in the VOICE movement.
Point-of-sale	Increase broad-based community support for tobacco point-of-sale strategies at the local level.
Priority Area: Increase proportion of Hoosiers not exposed to secondhand smoke	
Smoke-Free Multi-Unit Housing - *optional*	Increase smoke-free and vape-free policies in multi-unit housing.
Priority Area: Decrease Indiana adult smoking rates	
Quit Now Indiana	Increase engagements with Quit Now Indiana throughout the community.
Priority Area: Protect and maintain a state and local infrastructure necessary to lower tobacco use rates	
Coalition	Build and maintain a tobacco free coalition that represents the communities served, including those most impacted by commercial tobacco, who work collaboratively to implement comprehensive tobacco prevention and cessation efforts in the community.
Tobacco-Free Families - *optional*	Train organizations serving populations most impacted by tobacco on the *Breathe: Healthy Steps to Living Tobacco Free* education program.

Work Plan Resources

Community Indicators	2025-2027 TPC Regional Grants
Priority Area: Decrease youth and young adult tobacco use rates	
Middle and High School Comprehensive School Strategy	Increase the proportion of Indiana middle and high schools that support and implement a comprehensive school strategy against all commercial tobacco use.
Point-of-sale	Increase broad-based community support for tobacco point-of-sale strategies at the local level.
Priority Area: Increase proportion of Hoosiers not exposed to secondhand smoke	
No required indicators in this priority area.	
Priority Area: Decrease Indiana adult smoking rates	
Quit Now Indiana	Increase engagements with Quit Now Indiana throughout the region.
Priority Area: Protect and maintain a state and local infrastructure necessary to lower tobacco use rates	
Coalition	Build and maintain a tobacco free coalition that represents the communities served, including those most impacted by commercial tobacco, who work collaboratively to implement comprehensive tobacco prevention and cessation efforts in the community.

Work Plan Resources
Writing SMART Objectives

SMART OBJECTIVES are statements that describe the results to be achieved and how they will be achieved. For the 2025-2027 grant cycle, TPC requires all work plans to be written with SMART objectives.

Developing SMARTIE Objectives

- **<u>S</u>pecific**

- **<u>M</u>easurable**

- **<u>A</u>ttainable**

- **<u>R</u>elevant**

- **<u>T</u>ime-bound**

<u>Specific</u>-identifies a specific event or action that takes place

- What is expected to change? Where will change occur?

<u>Measurable</u>-quantifies the amount of change to be achieved

- How much change? How does the change compare to baseline?

<u>Attainable</u>-is realistic given available resources and plans for implementation

- With a reasonable amount of effort and application, can the objective be achieved? Are you attempting too much?

<u>Relevant</u>-is logical and relates to program and goals

- Is the objective important or worthwhile to the stakeholders?
- When in doubt, refer to the TPC Priority Areas, Community Indicators, and Contract Deliverables (and [CDC's Best Practices)](#)!

<u>Time-bound</u>-specifies a time by which it will be achieved

- When will change occur? Is there a time limit? When will this objective be accomplished?

Work Plan Resources

Additional guidance on writing objectives:

Creating SMARTIE Goals & Objectives Worksheet - National Council for Mental Wellbeing (thenationalcouncil.org)

SMARTIE Goals Worksheet - The Management Center

Work Plan Resources

Sample Work Plans

WORK PLAN FORM
Priority Area: Decrease youth and young adult tobacco use rates
Community Indicator: Point-of-Sale
Expected Outcome: Increase broad-based community support for commercial tobacco point-of-sale strategies at the local level.
SMART Objective: Conduct ten presentations to educate stakeholders and community regarding marketing, pricing and flavors (including menthol) of tobacco products by June 30, 2027.
Baseline Measurement: 8 presentations were conducted last grant cycle.
Data source for baseline: Previous grant cycle records
Deliverables Participate in Standardized Tobacco Assessment of Retail Settings (STARS) biennial survey to collect county-level data on tobacco products and point-of-sale advertising in retail establishments. **DUE: April 2026** Conduct youth and adult-focused educational activities on how tobacco products are priced and marketed to target teens and populations most impacted by commercial tobacco at the point-of-sale. Include results of local tobacco retailer assessments from the STARS annual survey. Depending on the audience, partners are encouraged to include information on how tobacco, alcohol, and unhealthy foods are all promoted, placed, and priced at the point-of-sale, how behaviors are influenced by this type of marketing, and the opportunity to address multiple factors that influence health by reforming the retail environment. **DUE: Quarterly** Conduct Community Education event to disseminate results of local tobacco retailer assessments from STARS biennial survey. Include information about flavored tobacco products, including menthol, and product impact on youth and our communities most impacted by tobacco. Partners are encouraged to use the Community Education event as an opportunity to foster collaboration with organizations working on broader issues of heathy products in the retail environment. (Reference Community Education Toolkit.) **DUE: Once per grant cycle**

Work Plan Resources

Describe in one or two sentences the coalition's vision to meet deliverables for 2025-2027:   • The coalition will work collaboratively to actively plan and participate in the completion of the STARS survey and respective community education efforts regarding point-of-sale tobacco marketing, utilizing coalition members' strengths to accomplish the identified objective and contract deliverables.
List key partners/organizations/stakeholders involved in this work plan: • Tobacco Control Coordinator   • Coalition members   • Youth Coordinator   • Lead Agency Staff   • Local youth   • Local college students
Please outline specific activities beyond the vision provided to meet the deliverables (minimum 5/maximum 10 activities outlined).   • Research and recruit new partners from an organization or program different from our coalition to train and participate in the Tobacco Retailer Audits.   • Train/retrain coalition members willing to participate in the store audits.   • Identify VOICE youth, parents, and school staff to participate in surveying local retail establishments.   • Recruit 10 volunteers to conduct the tobacco retailer audits.   • Hold informational sessions at public places such as libraries or virtually about the findings of point-of-sale marketing targeting youth and marginalized populations.   • Publish articles about point-of-sale advertising and other tobacco products in school newsletters, local radio, newspaper, and community websites using communication plans with schools.   • Meet with potential panel members and train them on point-of-sale strategies, other tobacco products, and data collected.

Work Plan Resources

WORK PLAN FORM
Priority Area: Decrease Indiana adult smoking rates
Community Indicator: Quit Now Indiana
Expected Outcome: Increase engagements with Quit Now Indiana throughout the community.
SMART Objective: Recognize at least five Quit Now Indiana Champion healthcare providers and/or employers by June 30, 2027.
Baseline Measurement: There are currently two bronze level QNI Champions in XYZ County.
Data source for baseline: QNI Outreach Tracking Database and QNI Champions List

Deliverables

1. Conduct ongoing Quit Now Indiana education and outreach with healthcare providers and organizations (including those that serve communities most impacted by tobacco), employers, multi-unit housing facilities, community members, etc. For example:
    - ο Promote and distribute Quit Now Indiana resources and materials
    - ο Review medical provider, employer, and organization internal processes and offer suggestions and training including incorporating tobacco treatment best practices, Ask, Advise Refer (AAR), annual Quit Now Indiana training, Quit Now Indiana referrals, and trauma-informed care.
    - ο Engage with community members who use commercial tobacco products and refer them to Quit Now Indiana.
    - ο Share Quit Now Indiana data (referral numbers, county enrollments, return on investment (ROI), etc.) with applicable referral partners, coalition members, and/or other community stakeholders.

    DUE: Monthly

2. Promote the Quit Now Indiana Champions program to employers, healthcare professionals, and healthcare systems. For example:
    - ο Encourage healthcare professionals and employers to visit www.quitnowindiana.com to enroll as Quit Now Indiana Champions.
    - ο Monitor Quit Now Indiana referral reports to identify Quit Now Indiana Champions that have made at least 10 referrals.
    - ο Obtain 100% Tobacco-Free Grounds policies from employers and healthcare facilities.
    - ο Obtain tobacco cessation workflow/policy from healthcare professionals or facilities.

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> ○ Verify that an employer offers employee health insurance benefits that include tobacco cessation coverage.
> ○ Verify that an employer offers incentives or support for employee tobacco treatment.
> ○ Recognize Quit Now Indiana bronze, silver, gold, and platinum level Champions locally with a Quit Now Indiana window cling, digital badge, and public recognition (social media, newspaper, annual community event, etc.)
>
> **DUE: Quarterly**
>
> 3. Use Quit Now Indiana enrollment numbers to guide outreach efforts.
>   **DUE: Quarterly**

Describe in one or two sentences the coalition's vision to meet deliverables for 2025-2027:

- The coalition will strive to increase promotion of Quit Now Indiana to our community and utilize existing and new partnerships to reach healthcare professionals and employers Through promotion, education, and consistent outreach and communication, we plan to increase usage of Quit Now Indiana services in our county and to recognize our Quit Now Indiana Champions.

List key partners/organizations/stakeholders involved in this work plan:

- Tobacco Control Coordinator
- Coalition members
- Youth Coordinator
- Lead Agency Staff
- Employers
- Quit Now Indiana Champions
- Mental/Behavioral Health facilities
- Local hospital
- New and existing healthcare providers

Please outline specific activities beyond the vision provided to meet the deliverables (minimum 5/maximum 10 activities outlined).

- Conduct ongoing outreach to healthcare professionals and encourage them to enroll as Quit Now Indiana Champions Provide QNI resource materials, additional training, and resources on

Work Plan Resources

evidence-based cessation strategies including, QNI referrals, 100% tobacco-free policies, cessation workflows (Ask, Advise, Refer), and QNI referral integration.

- Encourage employers to adopt policies to support employee tobacco treatment including QNI referrals, 100% tobacco-free grounds, cessation benefits and tobacco treatment support.
- Provide outreach, education, materials, and trainings to raise awareness of Quit Now Indiana cessation services to organizations that serve clients most impacted by tobacco with a special emphasis on reaching organizations that provide outreach to the LGBTQ+ community, Veterans, those who are low-income and or homeless, and those who are on Medicaid, underinsured, and uninsured. Provide cessation quit kits to agencies to promote cessation among their clients.
- Track monthly outreach to healthcare providers, employers, organizations, etc. and update the QNI outreach tracking database with outreach information such as information shared, questions, and other updates included in outreach. Track and monitor the monthly QNI referral reports, and document referrals received by healthcare providers and employers into a QNI outreach tracking database.
- Notify Quitline Director when Quit Now Indiana Champion Healthcare Providers and Employers accomplish bronze, silver, gold, and platinum award levels and recognize these QNI Champions at the local level.

Work Plan Resources

WORK PLAN FORM
Priority Area: Protect and maintain a state and local infrastructure necessary to lower tobacco use rates
Community Indicator: Coalition
Expected Outcome: Build and maintain a tobacco free coalition that represents the communities served, including those most impacted by commercial tobacco, who work collaboratively to implement comprehensive tobacco prevention and cessation efforts in the community.
SMART Objective: Increase active participation in the coalition (attending monthly meetings and engagement in coalition activities) by adding at least five new members by June 30, 2027, focusing on recruiting members from the following sectors of the community: business, education, and faith-based.
Baseline Measurement: There are currently 15 members on the coalition from 21 different organizations.
Data source for baseline: Coalition attendance records

Deliverables
1. Conduct ongoing coalition development and maintenance activities to involve participation from all sectors of the community. Milestones include:
   a) Conduct ongoing assessment of coalition recruitment, development, and authentic engagement with populations most impacted by tobacco. (Reference Coalition Assessment Document)
   b) Conduct regular activities including preparing coalition agendas, conducting meetings, planning coalition activities, and sharing minutes.
   c) Time building relationships in the community and among coalition partners.
   d) Celebrate coalition successes. Recognize coalition members for their hard work and accomplishments.
   e) Provide training to coalition members on populations most impacted by commercial tobacco control issues. (Reference the Recommended Coalition Maintenance Activities.)
   DUE: Recommend progression of monthly activities that builds a working coalition
 	
2. Complete at least one earned media submission or placement to a local media outlet (traditional or nontraditional) and maintain active social media channels. Earned media may

Work Plan Resources

include letters to the editor, press releases, media coverage of coalition events, coalition appearance on local radio talk show, partners' social media, partners' newsletters or websites, podcasts, and other mass communications that reach your community where you do not pay for the message to be disseminated. (Reference the Recommended Communications Outreach in the Resource Guide.)
DUE: At least one media submission per month, plus social media activity

3. Educate state and local policy makers about your program and tobacco control, and the burden of tobacco use on Indiana. Milestones could include:
   a) Send a letter of thanks to state policy makers for your community grant funding and goals for year one; send a letter of thanks to state policy makers outlining the coalition's accomplishments from year one and goals for year two. (Due September 30th of each grant year)
   b) Conduct a face-to-face meeting with decision makers.
   c) Send regular communications, such as newsletters and coalition successes.
   DUE: QUARTERLY

4. Conduct relational conversations each quarter with an organization, an individual, or stakeholder, and identify a contact person for coalition recruitment. Milestones could include:
   a) Identifying individuals for recruitment
   b) Research and preparation for meeting
   c) Conducting relational conversation
   d) Follow up from meeting
   DUE: QUARTERLY

5. Engage and work in partnership with organizations serving those most impacted by tobacco to ensure activities are co-created and welcomed by the community. Example activities include:
   a) Join other community-based organization meetings that serve the needs of those most impacted by tobacco.
   b) Partner with a local event focused on serving those most impacted by tobacco.

Work Plan Resources

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c) Subcontract with an organization serving populations most impacted by tobacco to conduct activities related to the work plan.
DUE: QUARTERLY

6. Conduct at least one presentation or meeting per year with the board or administrators of the lead agency to educate on evidence-based tobacco control practices, as well as coalition accomplishments and goals.
DUE: ANNUALLY

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Describe in one or two sentences the coalition's vision to meet deliverables for 2025-2027:
- The coalition will leverage its networks to reach and recruit new members from diverse sectors of the community, including groups most impacted by tobacco, and strive to build authentic and reciprocal partnerships.

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List key partners/organizations/stakeholders involved in this work plan:
- Tobacco Control
- Coalition members
- Youth Coordinator
- Lead Agency Staff
- Health Department
- Chamber of Commerce

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Please outline specific activities beyond the vision provided to meet the deliverables (minimum 5/maximum 10 activities outlined)
- Set up individual meetings with current active coalition members to assess current involvement, status, and satisfaction of the coalition to help with retention.
- Complete the coalition assessment document. Work with Regional Director to set recruitment goals, develop action steps to identify, recruit and retain coalition members.
- Review and update sectors of the community currently missing from the coalition. Identify needed training for current and new members.
- Utilize working committees to plan and implement work plan activities (cessation, policy and prevention).

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Work Plan Resources

- Network with local radio, television, and newspaper sources to build relationships and educate them on local, state and federal commercial tobacco control efforts.
- Participate in other community group meetings to network and provide presentations about the coalition to businesses, service clubs, youth serving organizations and other community organizations.

Communication Resources

Recommended Communication Outreach Frequency and Topic Suggestions

- Earned media submission (Examples include, but not limited to: letter to the editor (LTE), op-ed, newsletter, etc.) At least once per month (refer below to recommended topics and timing)
    - TPC has a collection of earned media samples for partners to use.
- Social media postings: At least 3 times per month, per registered social media channel (Facebook, X (Twitter), Instagram)
    - TPC provides social media topics and some draft postings monthly.

Middle and High School Prevention, Youth Empowerment/VOICE and Point of Sale Indicators:

- Topics
    - General point of sale/retail environment
    - Youth targeting (price, flavor, marketing)
    - Other tobacco products (chew/spit tobacco, e-cigarettes, hookah, little cigars, etc.)
    - Importance of comprehensive tobacco-free campuses, including e-cigarettes
    - Best practices for schools for how to address timely issues
    - Restorative measures for enforcement
    - Vape Free Indiana – Vape Free Schools toolkit, additional resources for parents, teachers, and healthcare providers
- Ideal earned media distribution times (2 times per year)
    - Back to school season (end of July to September)
    - Halloween (flavored products)
- Social media accounts to follow:
    - Counter Tobacco, Counter Tools, VOICE, Campaign for Tobacco Free Kids, Truth Initiative, FDA The Real Cost, Fresh Empire, American Academy of Pediatrics

Smoke-Free Communities Indicator:

- Topics
    - Dangers of secondhand smoke
    - Benefits of comprehensive smoke-free air laws/local authority
    - Worker protection
    - Economic impact of secondhand smoke/Business leader perspective
- Ideal earned media distribution times (At least 3 times per year; more if working on local campaign)
    - Before and during any local campaign work
- Social media accounts to follow:
    - Americans for Nonsmokers Rights, Tobacco Free Indiana

Multi-Unit Housing Indicator:

- Topics
    - Benefits of smoke-free MUH (resident health, economical for property owners)
    - Legality of smoke-free MUH
- At least 1 earned media submission per year
- Social media accounts to follow:
    - Smoke-Free Housing Indiana, Americans for Nonsmokers Rights

Quit Now Indiana Indicator:

- Topics

Communication Resources

- o Cessation
- o Health observances (i.e. American Heart Month, Lung Cancer Awareness Month, Great American Smokeout)
- o "Talk to your doctor"
- o Quit Now Indiana services (Phone counseling, online counseling, Individual Services)
- Ideal earned media distribution
  - o During health observances
  - o At least 3 times per year
- Social media accounts to follow
  - o CDC Tobacco Free, American Lung Association, American Heart Association, American Cancer Society, American Medical Association

Employers Indicator:

- Topics
  - o Tobacco-free workplaces/employee health
  - o Tobacco use costs for employers
  - o Employer provided tobacco cessation benefits
- Ideal earned media distribution (At least 1 time per year)
  - o Open enrollment (October to November)

Coalition Indicator:

- Topics:
  - o Medicaid tobacco use rates/Quit Now Indiana services
  - o Mental health population tobacco uses rates/cessation benefits
  - o LGBTQ+ tobacco use rates/cessation benefits
  - o Women of child-bearing age/pregnant women tobacco use rates/Quit Now Indiana services
- At least 2 earned media submissions per year
- Social media accounts to follow:
  - o Indy Pride Inc., National LGBT Cancer Network, Indiana Latino Institute, Latino Health Organization, Indiana Black Expo, SAMHSA, Smoking Cessation Leadership Center (SCLC)

Tobacco-Free Families Indicator:

- Topics:
  - o Protecting children from secondhand smoke
  - o Tobacco-free homes and cars
- 1 earned media submission per year
- Social Media Accounts to follow:
  - o Campaign for Tobacco Free Kids
  - o *Breathe: Healthy Steps to Living Tobacco Free* group on Facebook

Coalition Resources

Recommended Coalition Maintenance Activities

- Develop leadership structure and decision-making processes (bylaws) within the coalition.
- Designate role or agenda sections to coalition members.
- Schedule meetings at a regular time and place each month.
- Send coalition meeting notices and reminders in advance of the meeting each month.
- Share coalition meeting details (location, time) on coalition social media channels. Create Facebook events for upcoming coalition meetings.
- Prepare agendas and record minutes for each coalition meeting. Share minutes with members within one week of meeting.
- Individual conversations with coalition members and partners to collaborate on projects and plan coalition meetings.
- Relationship building activities and conversations with coalition members and partners.
- Supporting coalition members' and partners' activities.
- Ensure each meeting results in action items for coalition members to complete.
- Provide learning opportunities to the coalition on topics relevant to the workplan and evidence-based commercial tobacco control practices. (Reference CDC Best Practices.) This can include sharing news items, fact sheets, or other relevant pieces at each meeting that help educate the coalition on various aspects of commercial tobacco control.
- Share the workplan with the coalition, discuss progress, and ask for their input and assistance on deliverables that interest them. Share budget with coalition and practice participatory budgeting.
- Survey any new members to determine interests, skills and possible networks for outreach.
- Develop a coalition brochure or other coalition recruitment tool for prospective coalition members and partners.
- Develop a coalition newsletter and distribute it among appropriate communication channels. Newsletters can include recent coalition activity, current events in commercial tobacco control, goals for the year, guest article submissions, coalition member highlights, etc.
- Fundraising to support coalition activities.

Additional information: https://ctb.ku.edu/en/table-of-contents/assessment/promotion-strategies/maintain-a-coalition/main

Coalition Resources

Steps to Coalition Building

1. Start by talking to people you know in the community. Talk to your Regional Director and your supervisor about ideas for additional contacts. Use the Relational Conversation Guide for one-on-one conversations. Ask each person for suggestions for who else you should talk to.
2. Ask each person what they think they and their organization can bring to the effort – that is, what skill, perspectives, and resources they have to contribute. Learn how they want to be involved and how they will not/cannot be involved.
3. Identify a core group of commercial tobacco control champions in your community. These are the people who are passionate and committed to commercial tobacco control and put aside their own agendas for the greater good.
4. Hold a first coalition meeting with your core group. The first few coalition meetings can be used to: introduce the partners to each other, discuss the workplan and identify what pieces of the workplan they want to work on first, discuss how the coalition will work together, form a mission and vision, form a plan of action, discuss and assign next steps, and nurture relationships among the members.
5. Develop leadership structure and decision-making processes such as bylaws within the coalition. Help each coalition member find a way they can contribute and feel valued.
6. As the coalition grows, continue adding partners, including non-traditional partners who can help make your planning effort more representative as well as enlarge your base of support. Non-traditional partners will vary with each community and may include youth, seniors, business leaders, people from different neighborhoods and population groups, and religious leaders.

Additional information: https://ctb.ku.edu/en/table-of-contents/assessment/promotion-strategies/start-a-coaltion/main

Coalition Resources

Increasing the Diversity of Your Tobacco Control Team

Who _else_ will help to make your planning efforts more representative of your community? Consider including people and organizations that you may not usually include in your planning efforts and programs. Including others will help to enlarge your base of support and bring additional resources to your tobacco control efforts. Use this chart to help you identify additional people and organizations and what each has to offer to your community's tobacco control efforts.

	Person's Name and Organization	What they have to offer to the tobacco control efforts
Youth-led groups/organizations		
Youth Advocacy Organizations (ie: PTOs, PTAs, Boys Clubs, Girls Clubs, faith-based youth groups, after school programs)		
Ethnic Specific Community Groups		
Seniors		
Business leaders		
Faith-Based leaders		
Environmental groups		
Drug prevention organizations/Local Coordinating Council's		
Survivor support groups		

Coalition Resources

	Person's Name and Organization	What they have to offer to the tobacco control efforts
Labor/employee unions		
Restaurant owners		
Neighborhood associations		
Hospitals and/or Urgent Care Centers that serve the area		
Local health departments		
County nursing services/nursing students		
Local medical associations		
Local dental associations		
Other health care professionals		
Law enforcement/School Resource officers		
Schools (Public and/or Private) including colleges and universities		
Media		

Coalition Resources

	Person's Name and Organization	What they have to offer to the tobacco control efforts
Parent groups		
People who formerly used and currently use commercial tobacco products		
Volunteer groups or organizations		
Others		

Coalition Resources

Relational Conversation Guide

Purpose of the Meeting:
Build and expand relationships with potential partners in the community, explore mutual interests, connect with the person's "why".

How to Set a Relational Conversation Meeting:
Contact the potential partner and request at least a 30-minute meeting. At the time the meeting is being scheduled, provide the individual(s) with the following information:

- Your title and role with your coalition and/or your agency.
- Give a brief description of what your coalition does. Perhaps provide a coalition brochure. Make it clear you are not selling anything, and you are interested in their thoughts and ideas.
- Explain that the coalition sees the individual(s) and/or their organization as a potential partner, and you would like to explore mutual interests and opportunities for collaboration.
- Tell the contact that the conversation may take approximately 20-30 minutes, but you are flexible to their schedule.
- Offer to meet them at a time and location that is convenient for them. For example, you could come meet them at their workplace or over coffee or lunch.
- Ask if they have any questions at this time.

Planning for the Conversation:
- Bring your coalition brochure and/or business card.
- Research the individual(s) and their organization. Talk to coalition members who may know them, review the organization website, and search their social media pages to learn more about what interests them.
- Utilize the list of suggested questions below to think through what you want to talk about but let the other person's interests guide the conversation. It's not suggested to bring this list with you. Instead, familiarize yourself with the list and approach the conversation more organically.
- During the meeting, strive to listen 70% of the time, talk 30% of the time. Ask follow-up questions that allow the person to explain more and look for shared values and priorities that could form the basis for a professional relationship. Remember, the point is to get to know them and their "why" and to build the relationship, not necessarily to get them to do anything yet.
- Make a few notes after the meeting of any compelling stories, ideas, or follow-up items.
- Follow up with an email the next day to thank them for the conversation and ask them to connect you with other possible contacts if they haven't yet.

Coalition Resources

1. **Start with some brief conversation to get to know each other and establish a personal connection.** *Eg: Tell me the story of how you became a __. What path brought you to live/work in this community? What's the main thing you're up to in your organization? Maybe briefly share what brought you to this community/work, if that seems like it will help them open up to you.*

2. **What are you interested in when it comes to the problem of commercial tobacco and vaping in our community? What are your concerns on this topic? Why?**

3. **How does commercial tobacco and vaping use impact you, your organization, and the people you serve?** *Possible follow-up question: You seem angry/passionate/convicted about that. Where did that come from?*

4. **What are your personal experiences with commercial tobacco or tobacco control?**

5. **What are you and your organizations priorities? How do you see those intersecting with the coalition's goals?** *You could briefly describe some of the coalition's goals that you think intersect with their goals and what opportunities you see for collaboration, then ask for their thoughts and reaction.*

6. **What are some ways our coalition could assist you and your organization?**

7. **Are you interested in partnering with our coalition? If so, how?** *Feel free to list out some specific actions the coalition has identified as needing support and ask if any of those might be a fit for them or someone they know. If they can't commit to anything immediately, find a way to keep the door open for further exploration at a later time.*

8. **Do you know anyone else who might be interested in participating in the coalition?** *If so, can you connect me with them?*

9. **Do you have any questions or suggestions for me?**

10. **What items do you need me to send you in follow up? What are our next steps as a result of this meeting?** *Set a specific date and time for follow-up and specify who will do each follow-up item.*

Coalition Resources

Fundamentals for Strong Smoke-free Air Policies

Smokefree laws are tools intended to protect public health based on clear scientific evidence about the hazards of exposure to secondhand smoke and aerosols. Our ultimate goals are to protect everyone from exposure to secondhand smoke, to create healthier communities, and to create a social norm where the public expects smokefree environments. Our objective is not simply to "get a law passed." It is important to remember that meeting these goals within your community takes time – sometimes years – and persistence. The only way to ensure everyone is protected, no matter where they work, is by implementing laws that are strong, simple, and fair and that apply to 100 percent of indoor workplaces including bars, restaurants, and casinos.

The Indiana Model Smoke-free Ordinance is adapted from the Americans for Nonsmokers' Rights Model Ordinance which has developed over 40 years and is updated annually in consultation with legal and policy subject matter experts such as Public Health Law Center, examining the latest research and incorporating relevant case-studies from the field.

ANR also provides additional model policies including but not limited to multi-unit housing, colleges and universities, and workplaces.

Coalition Resources

Community Preparedness Assessment – C-PAS

This abbreviated document is based on a comprehensive guidebook, that we highly recommend reviewing in entirety, developed by the Tri-Ethnic Center for Prevention Research at the [University of Colorado](#) and as implemented and tested by colleagues at Purdue University Office of Extension in communities both nationally and across the state.

The Community Preparedness Assessment, or C-PAS, is a powerful tool for coalitions to collect localized data to further determine readiness. This process provides additional input outside of your regular coalition context for considering strategies for next steps in planning and improving readiness.

1. Choose at least 10 key respondents from your community using the process outlined in this manual.

2. Clearly define your issue (i.e. smoke-free workplace campaign) and community (i.e. Hobart, IN) to the respondents. Provide participants with the Survey Monkey link from your TPC Regional Director to complete the assessment. For example, *as you know I'm Susie with Breathe Easy Hobart, a community-based coalition that is working to expand workplace protections through a strong smokefree ordinance for all workplaces, restaurants, bars and casinos in Hobart.*

3. Tell them that you would like them to rate the identified community as related to the issue on a series of domains. Emphasize that it is very important that they rate the actual state of the community currently, not what they would like to see. There are no good (or bad) scores.

4. Guide them through the scoring process, giving them the following directions:
   - Start with the first anchored rating statement (Level 1). If the participant indicates the status of the community exceeds the first statement, proceed to the next statement.
   - Continue until you cannot move on to the next statement in the rating scale.
   - In order to receive a score at a certain stage, the entire statement must be true. You do not have to use whole numbers in choosing a score.
   - Record your score in the appropriate place.
   - Respondents should score individually, without discussion.

5. The assessment is detailed, so provide an opportunity for questions or feedback by reviewing the process before sending the survey link and following up after to answer and questions.

6. Of note, the entire survey process takes the participant around 10 minutes to complete. The scoring process will be something we can work through together with your Regional Director and will help guide your coalition's work to advance smokefree policy change or other goals.

Coalition Resources

Activity: Choose Your Key Respondents (CR Handbook pgs. 20-23)

1. What sectors of the community should be represented, ensuring that all sectors combined give a comprehensive representation of the community on the issue of secondhand smoke exposure in workplace? Examples include school, health, law enforcement, business, faith leaders, civic organizations, youth, involved citizenry. Think of at least 6 sectors from which you will choose key respondents.

Sector 1: _____   Sector 2: _____
Sector 3: _____   Sector 4: _____
Sector 5: _____   Sector 6: _____
Sector 7: _____   Sector 8: _____
Sector 9: _____   Sector 10: _____

2. Within each sector, what type of respondent can speak to the attitudes, beliefs, and knowledge of at least this sector? List other sectors each type of respondent may be able to give information about.

Sector 1:
Sector 2:
Sector 3:
Sector 4:
Sector 5:
Sector 6:
Sector 7:
Sector 8:
Sector 9:
Sector 10:

3. Who would best serve as key respondents for each sector and why?

Sector 1:
Sector 2:
Sector 3:
Sector 4:
Sector 5:
Sector 6:
Sector 7:
Sector 8:
Sector 9:
Sector 10:

4. Fill in the following table with your key respondent names, affiliation/title, and contact information. Contact each of your key respondents to request they complete the survey. Do not provide the questions ahead of time.

Name	Affiliation	Title	Primary Phone #	Email Address	Agreed to survey?

Coalition Resources

Example Actions for Raising Community Readiness Levels (CR Handbook pgs. 40-42)

The results of the survey will assist your coalition in determining true community readiness, as described by key leaders that know your community best. Your Regional Director and technical assistance team can assist with the scoring process. Based on these scores, there are a number of best practice recommendations on next steps and actions for each stage of readiness.

Stage 1: No Awareness
- One-on-one visits with community leaders and members. Pay particular attention to the details of these visits (message, communicator, etc.)
- Visit existing and established unrelated small groups to inform them of the issue.
- Get individuals in your social network excited and solicit their support – be creative! Give them ideas and information that they can post on their Facebook page or other outlets.
- Collect stories of local people who have been affected by this issue in this community and find creative ways to disseminate these.
- Conduct an environmental scan to identify the community's strengths, weaknesses, opportunities, and threats.

Stage 2: Denial/Resistance
- Continue actions from previous stage.
- Put information in church bulletins, club newsletters, respected publications, Facebook, etc.
- Distribute media articles that highlight issue in the community.
- Communicate strategically with influencers and opinion leaders.

Stage 3: Vague Awareness
- Continue actions from previous stages.
- Present information at local community events and unrelated community groups. Don't rely on just facts. Use visuals and stories. Make your message —sticky.

Coalition Resources

- Post flyers, posters, and billboards.
- Begin to initiate your own events (e.g., potlucks) to present information on this issue. But they must be fun or have other benefits to potential attendees.
- Publish editorials and articles in newspapers and on other media with general information but always relate the information to the local situation.

Stage 4: Preplanning
- Continue actions from previous stages.
- Introduce information about issue through presentations/media.
- Review the existing efforts in community (e.g., curriculum, programs, activities) to determine who benefits and the degree of success.
- Conduct local focus groups to discuss issues and develop strategies.
- Increase media exposure through radio and TV public service announcements and other forms of social media.

Stage 5: Preparation
- Continue actions from previous stages.
- Conduct public forums to develop strategies.
- Get key leaders to speak out.
- Sponsor a community picnic or event to kick off new efforts or revitalize existing efforts.

Stage 6: Initiation
- Continue actions from previous stages.
- Conduct in-service training on Community Readiness for professionals and paraprofessionals.
- Plan publicity efforts associated with start-up of activity or efforts.
- Attend meetings to provide updates on progress of the effort.
- Conduct consumer interviews to identify service gaps, improve existing services and identify key places to post information.
- Begin library or Internet search for additional resources and potential funding.
- Begin some basic evaluation efforts.

Stage 7: Stabilization
- Continue actions from previous stages.
- Plan community events to maintain support for the issue.
- Conduct training for community professionals and community members.
- Introduce your program evaluation through training and newspaper articles.
- Conduct quarterly meetings to review progress, modify strategies.
- Hold recognition events for local supporters or volunteers.
- Prepare and submit newspaper articles detailing progress and future plans.
- Begin networking among service providers and community systems.

Stage 8: Confirmation/Expansion
- Continue actions from previous stages.
- Formalize the networking with qualified service agreements.
- Prepare a community risk assessment profile.
- Publish a localized program services directory.
- Maintain a comprehensive database available to the public.
- Develop a local speaker's bureau.

Coalition Resources

- Initiate policy change through support of local city officials.
- Conduct media outreach on specific data trends related to the issue.
- Utilize evaluation data to modify efforts.

Stage 9: High Level of Community Ownership
- Continue actions from previous stages.
- Maintain local business community support and solicit financial support from them.
- Diversify funding resources.
- Continue more advanced training of professionals and paraprofessionals.
- Continue re-assessment of issue and progress made.
- Utilize external evaluation and use feedback for program modification.
- Track outcome data for use with future grant requests.
- Continue progress reports for benefit of community leaders and local sponsorship. At this level the community has ownership of the efforts and will invest themselves in maintaining the efforts.

Coalition Resources

Sample Job Descriptions

TPC Local Youth Coordinator (VOICE Adult Ally):
Will be responsible for working ___ per week in the community, available to travel in-county and to other locations in the state several times per year for statewide training and meetings

Will be responsible for overseeing the execution of activities for Priority Area 1 (Decrease Youth and Young Adult Tobacco Use Rates) and required deliverables for the following Indicators as well as collaborate on other areas of work plan, as applicable:
1. Middle and High School Comprehensive School Strategy
2. Youth Empowerment/VOICE
3. Point-of-Sale

Responsibilities
- Managing and convening county-wide VOICE Core Leadership Team.
- Youth coordinator will submit periodic electronic reports as required and respond to local and state needs for information as directed by the TPC Youth Program Director.
- Youth coordinator will be responsible for recruiting public schools selected to conduct the Youth Tobacco Survey in Fall 2026.
- Youth coordinator will recruit and organize a diverse group of individuals and organizational representatives of youth related organizations from the community.
- The coordinator will support the coalition to strategize action to reduce youth commercial tobacco use in the county through policy and programs.
- Expand reach by participating in local/regional/state community events, conferences and/or fairs within assigned geographic areas to promote VOICE programs, campaigns/initiatives, and services.
- Youth coordinator will commit to support youth engagement strategies and study CDC's Best Practices model in commercial tobacco control. The Youth coordinator will use proven, evidence-based actions to reduce commercial tobacco use and exposure to secondhand smoke, and to prevent commercial tobacco use in the community.
- Youth coordinator will accept training and technical assistance and fully participate in the local and statewide youth empowerment program and initiatives.
- Physical lifting may be required for materials or AV equipment.

The ideal candidate should have:
• Leadership skills especially in the area of youth engagement
• Community organizing skills; experience recruiting and organizing volunteers
• Marketing and networking skills; experience with developing community relationships
• Familiarity with social media and online meeting platforms
• An understanding of public health principles and best practices
• The ability to work independently
• Excellent written and oral communication, including public speaking skills
• Passion for the youth empowerment model
• Passion for the pursuit of health equity for all

Coalition Resources

TPC Local Program Coordinator:
- Will be responsible for working ____ per week in the community, available to travel in-county and to other locations in the state several times per year for training or meetings (see Lead Agency Profile Form).
- Coordinator will submit periodic electronic reports as required and respond to local and state needs for information as directed.
- Coordinator will be responsible for recruiting public schools selected to conduct the Youth Tobacco Survey Fall 2026 and assist in proctoring.
- Media responsibilities include developing partnerships with local news venues and providing accurate local, state, national and international information on tobacco control to the news media as is necessary for education of the public on tobacco issues.
- Coordinator will recruit and organize both individuals and organizational representatives from the community to form a coalition representing diverse interests and backgrounds.
- The coordinator will lead the coalition to strategize action to reduce commercial tobacco use in the county through policy and programs.
- Coordinator will fully engage community and coalition members, including specific task force groups, in the business of commercial tobacco control. For this purpose, coordinator is an excellent written and oral communicator. The coordinator will be able to work with healthcare providers, businesses, and other organizations to educate them about evidence-based commercial tobacco control practices, assist them with policy development and implementation, and collaborate with them to increase referral and acceptance rates to the Indiana Tobacco Quitline.
- Coordinator will commit to study CDC's Best Practices models in commercial tobacco control. Coordinator will use proven, evidence-based actions to reduce commercial tobacco use and exposure to secondhand smoke, and to prevent commercial tobacco use in the community.
- Coordinator will monitor completion of activities contracted in the written work plan submitted with this proposal by the coalition of _____ County.
- Physical lifting may be required for materials or AV equipment
- Performs other duties as assigned.

Qualifications the ideal candidate should have:
• Leadership skills especially in the area of coalition building
• Community organizing skills; experience recruiting and organizing volunteers
• Marketing and networking skills; experience with developing community relationships
• Experience with media, policy advocacy, and/or political campaigns
• An understanding of public health and/or political science
• The ability to work independently
• Public speaking skills
• Basic computer skills

Other TPC positions:
The above-mentioned are two examples of job descriptions however, you are not limited to one or both. Detail specific functions that support TPC tobacco control contract for positions paid with TPC funds: i.e. funds management (hours, review, and budget development), supervising (hours, face-to-face, and electronic communication).

Online Resource List

Tobacco and Health Data – County, State, and National Resources

Indiana Tobacco Data and Information:

- Indiana Commercial Tobacco Control 2025 Strategic Plan: 2025-IN-Tobacco-Control-Strategic-Plan.pdf
- TPC Fact Sheets: Health: Tobacco Prevention & Cessation: Fact Sheets
- TPC County Pages – select county: Health: Tobacco Prevention & Cessation: Community Programs
- Data sources for County Pages: https://www.in.gov/health/tpc/files/county-pages-2024/Data-Sources-for-County-Pages-08_2024.pdf
- TPC Smoke-free communities maps and resources: Health: Tobacco Prevention & Cessation: Smoke Free Air
- Campaign for Tobacco-Free Kids – The Toll of Tobacco in Indiana: The Toll of Tobacco in Indiana - Campaign for Tobacco-Free Kids (tobaccofreekids.org)

General Tobacco-related Information and Statistics:

- Centers for Disease Control and Prevention (CDC), Office on Smoking and Health https://www.cdc.gov/tobacco/
- The Health Consequences of Smoking - 50 Years of Progress: A Report of the Surgeon General, 2014: The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General - PubMed
- Smoking Cessation: A Report of the Surgeon General, 2020: Smoking Cessation: A Report of the Surgeon General | Tobacco - Surgeon General's Reports | CDC
- Eliminating Tobacco-Related Disease and Death: Addressing Disparities A Report of the Surgeon General, 2024: Surgeon General's Report: Eliminating Tobacco-Related Disease and Death: Addressing Disparities | Tobacco - Surgeon General's Reports | CDC

County-level health data:

- STATS Indiana: InDepth Profile: STATS Indiana

Tobacco Control Best Practices

- CDC – Best Practices for Comprehensive Tobacco Control Programs, 2014: https://www.cdc.gov/tobacco/stateandcommunity/guides/pdfs/2014/comprehensive.pdf
- Tobacco Control Network (TCN): http://tobaccocontrolnetwork.org/
  - TCN - 2022 Policy Recommendations Guide: 2022-TCN-Policy-Recommendations-Guide-FINAL.pdf (tobaccocontrolnetwork.org)
  - Types of healthcare providers as defined by Joint Commission: https://www.jointcommission.org/what-we-offer/accreditation/health-care-settings/

Online Resource List

Online Resources by TPC Indicator

Priority Area: Decrease youth and young adult tobacco use rates

Middle and High School Comprehensive School Strategy

- TPC - Fact Sheets (see *Smoking Among Youth* fact sheets): Health: Tobacco Prevention & Cessation: Fact Sheets (in.gov)
- TPC - Vape-Free Indiana: Vape-Free Indiana: Home
    - Vape-Free Schools Toolkit: in.gov/vapefreeindiana/files/VF-Schools-Toolkit_2024.09.pdf
- Smokefree.gov Smoke-free Teen site: https://teen.smokefree.gov/
- TPC - Quit Now Indiana (Quitline website): www.quitnowindiana.com
    - Live Vape-Free: Live Vape Free | Rally Health
    - Teen resources: www.quitnowindiana.com/teens
- Intervention for Nicotine Dependence: Education, Prevention, Tobacco and Health (INDEPTH), American Lung Association INDEPTH: An Alternative to Teen Nicotine Suspension or Citation | American Lung Association
- Truth Initiative – EX Program/Outsmart Nicotine: "Outsmart Nicotine": Truth Initiative launches national campaign to help young people quit vaping with EX Program
- SGR on E-cigarettes and Youth: 2016 Surgeon General's Report: E-Cigarette Use Among Youth and Young Adults | CDC
- Student Commercial Tobacco Use in School – Alternative Measures, Public Health Law Center https://www.publichealthlawcenter.org/sites/default/files/resources/Student-Commercial-Tobacco-Use-in-Schools-Alternative-Measures-2019.pdf

Youth Empowerment/VOICE

- TPC - VOICE Indiana website: https://www.voiceindiana.org/
- CDC's Best Practices user guide: Youth Engagement: https://stacks.cdc.gov/view/cdc/5628

Point-of-Sale

- Campaign for Tobacco-Free Kids - Tobacco Marketing to Kids Fact Sheets: https://www.tobaccofreekids.org/facts_issues/fact_sheets/toll/tobacco_kids/marketing/
- Counter Tobacco: www.countertobacco.org
- TPC – Results from the 2022 Indiana Youth Tobacco Survey (see page 4) Highlights from the 2014 Indiana Youth Tobacco Survey

Online Resource List

Priority Area: Increase proportion of Hoosiers not exposed to secondhand smoke

Tobacco-Free Health Care Facilities, Smoke-Free Communities, Smoke-Free Multi-Unit Housing, and Tobacco-Free Colleges and Universities

- TPC – Local Community Smoke Free Air Policy (maps and fact sheets): Health: Tobacco Prevention & Cessation: Smoke Free Air
- TPC – Indiana's State Smoke Free Air Law: http://www.in.gov/isdh/tpc/2684.htm
- TPC – 2023-2024 Indiana Adult Tobacco Survey summary of findings: Indiana Adult Tobacco Survey (ATS) Highlights Report July 2024
- TPC – Fact Sheets (See *Secondhand Smoke* fact sheets): Health: Tobacco Prevention & Cessation: Fact Sheets (in.gov)
- Americans for Nonsmokers' Rights: http://www.no-smoke.org/
- Smoke-Free Housing Indiana: SmokeFree Housing Indiana
- U.S. Department of Housing and Urban Development (HUD) – Smoke-Free Multifamily Resource Bank: Smoke Free MF Resources #2 | HUD.gov / U.S. Department of Housing and Urban Development (HUD)
- MD Anderson Eliminate Tobacco Use: ETU | Homepage (eliminatetobaccouse.org)

Priority Area: Decrease Indiana adult smoking rates

Quit Now Indiana

- TPC – Fact Sheets (See *Smoking Among Adults and Adult Cessation* & *Priority and Special Populations* fact sheets): Health: Tobacco Prevention & Cessation: Fact Sheets (in.gov)
- TPC – 2023-2024 Indiana Adult Tobacco Survey summary of findings: Indiana Adult Tobacco Survey (ATS) Highlights Report July 2024
- TPC - Quit Now Indiana (Quitline website): www.quitnowindiana.com
- CDC – Best Practices for Comprehensive Tobacco Control Programs (see Section III: Cessation Interventions): https://www.cdc.gov/tobacco/stateandcommunity/guides/pdfs/2014/comprehensive.pdf
- U.S. Public Health Service Clinical Practice Guideline for Treating Tobacco Use and Dependence: https://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/clinicians/references/quickref/index.html
- North American Quitline Consortium: North American Quitline Consortium (naquitline.org)
- TPC - Indiana Leadership Academy for Wellness & Tobacco-Free Recovery: Health: Tobacco Prevention & Cessation: Indiana Leadership Academy for Wellness & Tobacco Free Recovery
- CDC Behavioral Health Resource – *What We Know: Tobacco Use and Quitting Among Individuals with Behavioral Health Conditions:* OSH Behavioral Health What We Know - November 2018

Online Resource List

Employers

- CDC – Save Lives, Save Money: Make Your Business Smoke-Free: [Save lives, save money; make your business smoke-free](business smoke-free)

Priority Area: Protect and maintain a state and local infrastructure necessary to lower tobacco use rates

Coalition

- Community Tool Box – Coalition Building I: Starting a Coalition: http://ctb.ku.edu/en/table-of-contents/assessment/promotion-strategies/start-a-coaltion/main
- Community Tool Box – Coalition Building II: Maintaining a Coalition: http://ctb.ku.edu/en/table-of-contents/assessment/promotion-strategies/maintain-a-coalition/main
- See also Recommended Coalition Maintenance Activities (page 11)
- CDC – Health Equity in Tobacco Prevention and Control: https://www.cdc.gov/tobacco/stateandcommunity/guides/pdfs/bp-health-equity.pdf
- TPC – Fact Sheets (See *Priority and Special Populations* fact sheets): Health: Tobacco Prevention & Cessation: Fact Sheets (in.gov)

Tobacco-Free Families

- Indiana Head Start: https://www.in.gov/fssa/carefinder/2679.htm
- TPC – Quit Now Indiana – kids' asthma and smoking: https://www.quitnowindiana.com/kids-asthma-smoking/
- Indiana WIC Clinic locations: Health: WIC: WIC Clients
- *Breathe: Health Steps to Living Tobacco Free* curriculum: https://justbreathein.org/

County-level Tobacco Data

Table 1.	Population			Adult Smoking		Smoking-related illnesses and deaths	
County	Total population (2020 census)	Population under 18 years old	Population 18 years old and older	Estimated adult smoking prevalence, 2018 - 2022	Estimated number of adults who smoke	Estimated number of people living with a smoking-related illness	Estimated annual number of deaths due to smoking
Adams	35,809	11,168	24,641	18.8 %	4632	1,757	59
Allen	385,410	98,207	287,203	16.9 %	48537	18,914	630
Bartholomew	82,208	19,768	62,440	17.1%	10677	4,034	134
Benton	8,719	2,165	6,554	19.1%	1251	428	14
Blackford	12,112	2,585	9,527	24.3%	2315	594	20
Boone	70,812	18,747	52,065	12.6%	6560	3,475	116
Brown	15,475	2,833	12,642	19.2%	2427	759	25
Carroll	20,306	4,802	15,504	15.7%	2434	997	33
Cass	37,870	9,159	28,711	20.2%	5799	1,858	62
Clark	121,093	27,570	93,523	17.1%	15992	5,943	198
Clay	26,466	6,014	20,452	21.2%	4335	1,299	43
Clinton	33,190	8,639	24,551	15.7%	3854	1,629	54
Crawford	10,526	2,305	8,221	19.4%	1594	517	17
Daviess	33,381	9,682	23,699	18.9%	4479	1,638	55
Dearborn	50,679	11,316	39,363	24.1%	9486	2,487	83
Decatur	26,472	6,155	20,317	15.6%	3169	1,299	43
DeKalb	43,265	10,539	32,726	18.5%	6054	2,123	71
Delaware	111,903	21,619	90,284	18.0%	16251	5,492	183
Dubois	43,637	10,282	33,355	17.0%	5670	2,141	71
Elkhart	207,047	56,566	150,481	17.6%	26484	10,161	339
Fayette	23,398	5,085	18,313	26.2%	4798	1,148	38
Floyd	80,484	18,139	62,345	16.3%	10162	3,950	132
Fountain	16,479	3,572	12,907	19.1%	2465	809	27
Franklin	22,785	5,363	17,422	15.6%	2717	1,118	37
Fulton	20,480	4,898	15,582	29.6%	4612	1,005	34
Gibson	33,011	7,851	25,160	17.7%	4453	1,620	54
Grant	66,674	13,818	52,856	25.7%	13584	3,272	109
Greene	30,803	6,803	24,000	22.6%	5424	1,512	50

County-level Tobacco Data

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Hamilton	347,467	94,272	253,195	7.3%	18483	17,052	568
Hancock	79,840	19,007	60,833	15.8%	9611	3,918	131
Harrison	39,654	9,051	30,603	23.9%	7314	1,946	65
Hendricks	174,788	44,454	130,334	13.6%	17725	8,578	286
Henry	48,914	9,859	39,055	24.5%	9568	2,400	80
Howard	83,658	18,511	65,147	23.0%	14983	4,106	137
Huntington	36,662	8,058	28,604	25.9%	7408	1,799	60
Jackson	46,428	11,435	34,993	19.2%	6718	2,278	76
Jasper	32,918	7,886	25,032	20.0%	5006	1,615	54
Jay	20,478	5,245	15,233	24.3%	3701	1,005	33
Jefferson	33,147	6,982	26,165	24.8%	6489	1,627	54
Jennings	27,613	6,559	21,054	29.1%	6126	1,355	45
Johnson	161,765	40,451	121,314	17.8%	21594	7,939	265
Knox	36,282	7,993	28,289	18.9%	5346	1,781	59
Kosciusko	80,240	18,914	61,326	18.1%	11100	3,938	131
LaGrange	40,446	13,426	27,020	21.2%	5728	1,985	66
Lake	498,700	118,049	380,651	18.1%	68897	24,474	816
LaPorte	112,417	23,932	88,485	24.7%	21855	5,517	184
Lawrence	45,011	9,613	35,398	25.4%	8991	2,209	74
Madison	130,129	28,177	101,952	24.5%	24978	6,386	213
Marion	977,203	234,761	742,442	17.2%	127700	47,956	1,599
Marshall	46,095	11,456	34,639	14.5%	5022	2,262	75
Martin	9,812	2,249	7,563	18.9%	1429	482	16
Miami	35,962	7,837	28,125	23.1%	6497	1,765	59
Monroe	139,718	23,174	116,544	12.6%	14684	6,857	229
Montgomery	37,936	8,721	29,215	19.0%	5551	1,862	62
Morgan	71,780	16,007	55,773	18.8%	10485	3,523	117
Newton	13,830	2,963	10,867	20.0%	2173	679	23

County-level Tobacco Data

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Noble	47,457	11,918	35,539	18.2%	6468	2,329	78
Ohio	5,940	1,216	4,724	24.8%	1171	292	10
Orange	19,867	4,638	15,229	24.7%	3761	975	32
Owen	21,321	4,518	16,803	21.2%	3562	1,046	35
Parke	16,156	3,784	12,372	21.2%	2622	793	26
Perry	19,170	3,957	15,213	19.4%	2951	941	31
Pike	12,250	2,749	9,501	18.9%	1795	601	20
Porter	173,215	38,279	134,936	16.0%	21589	8,501	283
Posey	25,222	5,774	19,448	17.7%	3442	1,238	41
Pulaski	12,514	2,736	9,778	29.6%	2894	614	20
Putnam	36,726	7,149	29,577	21.2%	6270	1,802	60
Randolph	24,502	5,512	18,990	24.3%	4614	1,202	40
Ripley	28,995	6,712	22,283	12.6%	2807	1,423	47
Rush	16,752	3,856	12,896	26.2%	3378	822	27
Scott	24,384	62,711	18,845	29.1%	5483	1,197	40
Shelby	45,055	5,539	34,854	24.6%	8574	2,211	74
Spencer	19,810	10,201	15,448	19.4%	2996	972	32
St. Joseph	272,912	4,362	210,201	16.1%	33842	13,393	446
Starke	23,371	5,221	18,150	29.6%	5372	1,147	38
Steuben	34,435	6,931	27,504	21.2%	5830	1,690	56
Sullivan	20,817	4,229	16,588	22.6%	3748	1,022	34
Switzerland	9,737	2,390	7,347	24.8%	1822	478	16
Tippecanoe	186,251	39,241	147,010	11.5%	16906	9,140	305
Tipton	15,359	3,287	12,072	23.0%	2776	754	25
Union	7,087	1,600	5,487	26.2%	1437	348	12
Vanderburgh	180,136	38,948	141,188	19.2%	27108	8,840	295
Vermillion	15,439	3,291	12,148	21.2%	2575	758	25
Vigo	106,153	21,688	84,465	21.2%	17906	5,209	174

County-level Tobacco Data

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County	Total population (2020 census)	Population under 18 years old	Population 18 years old and older	Estimated adult smoking prevalence, 2018 - 2022	Estimated number of adults who smoke	Estimated number of people living with a smoking-related illness	Estimated annual number of deaths due to smoking
Wabash	30,976	6,689	24,287	12.6%	3060	1,520	51
Warren	8,440	1,916	6,524	19.1%	1246	414	14
Warrick	63,898	15,470	48,428	15.0%	7264	3,136	105
Washington	28,182	6,524	21,658	24.7%	5349	1,383	46
Wayne	66,553	14,870	51,683	25.1%	12972	3,266	109
Wells	28,180	6,831	21,349	18.8%	4013	1,383	46
White	24,688	5,699	18,989	15.7%	2981	1,212	40
Whitley	34,191	7,821	26,370	18.2%	4799	1,678	56
Indiana	**6785528**	**1,592,949**	**5,192,579**	**14.5%***	**841198**	**333,000**	**11,100**

*The statewide adult smoking prevalence estimate is from 2023 BRFSS only and is not directly comparable to county-level estimates. See the data source page for additional information.

Table 2.	Smoking during Pregnancy		Secondhand Smoke (SHS)		Social Vulnerability Index	
County	Percentage of live births to people who smoked during pregnancy, 2022	Estimated number of births affected by smoking, 2022	Estimated number of deaths due to SHS	Estimated cost of SHS due to medical costs and premature death (in millions)	County SVI score, 2022 (scores range from 0 – lowest vulnerability to 1 – highest vulnerability)	Level of Vulnerability, 2022
Adams	3.3%	23	9	$11.6	0.6923	medium to high
Allen	4.8%	248	101	$124.7	0.8132	High
Bartholomew	8.7%	86	21	$26.6	0.4176	Low-Medium
Benton	15.6*%	17	2	$2.8	0.5934	medium to high
Blackford	11.3*%	12	3	$3.9	0.6374	medium to high
Boone	3.9%	35	18	$22.9	0.0769	Low
Brown	5.0*%	5	4	$5.0	0.3407	Low-Medium
Carroll	7.9*%	18	5	$6.6	0.1758	Low
Cass	9.8%	49	10	$12.2	0.8681	High
Clark	7.6%	113	32	$39.2	0.5165	medium to high
Clay	14.6%	41	7	$8.6	0.3187	Low-Medium
Clinton	6.4%	28	9	$10.7	0.5604	medium to high

County-level Tobacco Data

Table 2.	Smoking during Pregnancy		Secondhand Smoke (SHS)		Social Vulnerability Index	
County	Percentage of live births to people who smoked during pregnancy, 2022	Estimated number of births affected by smoking, 2022	Estimated number of deaths due to SHS	Estimated cost of SHS due to medical costs and premature death (in millions)	County SVI score, 2022 (scores range from 0 – lowest vulnerability to 1 – highest vulnerability)	Level of Vulnerability, 2022
Crawford	20.4%	20	3	$3.4	0.4396	Low-Medium
Daviess	7.2%	42	9	$10.8	0.7802	High
Dearborn	7.5%	40	13	$16.4	0.033	Low
Decatur	14.7%	46	7	$8.6	0.011	Low
DeKalb	12.6%	69	11	$14.0	0.2308	Low
Delaware	13.7%	145	29	$36.2	0.8462	High
Dubois	3.8*%	18	11	$14.1	0.2967	Low-Medium
Elkhart	4.7%	140	54	$67.0	1	High
Fayette	15.9%	40	6	$7.6	0.956	High
Floyd	7.5%	62	21	$26.0	0.3516	Low-Medium
Fountain	9.1*%	17	4	$5.3	0.5275	medium to high
Franklin	8.8%	23	6	$7.4	0.1868	Low
Fulton	11.3%	23	5	$6.6	0.8791	High
Gibson	8.0%	29	9	$10.7	0.3736	Low-Medium
Grant	17.0%	117	17	$21.6	0.967	High
Greene	11.5%	36	8	$10.0	0.7363	medium to high
Hamilton	0.6%	24	91	$112.4	0.0659	Low
Hancock	3.6%	33	21	$25.8	0.022	Low
Harrison	9.9%	40	10	$12.8	0.1648	Low
Hendricks	2.8%	57	46	$56.5	0.1429	Low
Henry	11.0%	50	13	$15.8	0.4615	Low-Medium
Howard	10.6%	93	22	$27.1	0.6593	medium to high
Huntington	11.8%	45	10	$11.9	0.2308	Low
Jackson	8.5%	53	12	$15.0	0.6813	medium to high
Jasper	9.6%	33	9	$10.6	0.1978	Low
Jay	8.7%	25	5	$6.6	0.7033	medium to high
Jefferson	16.4%	51	9	$10.7	0.8901	High
Jennings	19.1%	63	7	$8.9	0.5714	medium to high
Johnson	4.8%	91	42	$52.3	0.2198	Low
Knox	12.0%	44	9	$11.7	0.7143	medium to high

County-level Tobacco Data

Table 2.	Smoking during Pregnancy		Secondhand Smoke (SHS)		Social Vulnerability Index	
County	Percentage of live births to people who smoked during pregnancy, 2022	Estimated number of births affected by smoking, 2022	Estimated number of deaths due to SHS	Estimated cost of SHS due to medical costs and premature death (in millions)	County SVI score, 2022 (scores range from 0 – lowest vulnerability to 1 – highest vulnerability)	Level of Vulnerability, 2022
Kosciusko	8.1%	77	21	$26.0	0.6264	medium to high
LaGrange	2.9%	22	11	$13.1	0.3956	Low-Medium
Lake	3.8%	201	130	$161.3	0.9231	High
LaPorte	12.1%	130	29	$36.4	0.7253	medium to high
Lawrence	14.2%	65	12	$14.6	0.4505	Low-Medium
Madison	10.6%	157	34	$42.1	0.9121	High
Marion	4.2%	598	255	$316.1	0.989	High
Marshall	7.3%	39	12	$14.9	0.6703	medium to high
Martin	10.0*5	10	3	$3.2	0.3077	medium to high
Miami	16.3%	55	9	$11.6	0.6154	medium to high
Monroe	6.8%	69	36	$45.2	0.5824	medium to high
Montgomery	15.7%	69	10	$12.3	0.7473	medium to high
Morgan	10.35	77	19	$23.2	0.1209	Low
Newton	13.6%	23	4	$4.5	0.5055	Low-Medium
Noble	7.0%	45	12	$15.3	0.7582	High
Ohio	18.4*%	7	2	$1.9	0.2857	Low-Medium
Orange	11.7%	26	5	$6.4	0.9341	High
Owen	12.4%	27	6	$6.9	0.4066	Low-Medium
Parke	8.2*%	17	4	$5.2	0.9011	High
Perry	11.1*%	19	5	$6.2	0.4725	Low-Medium
Pike	10.0*%	11	3	$4.0	0.1099	Low
Porter	3.0%	49	45	$56.0	0.3297	Low-Medium
Posey	8.8%	22	7	$8.2	0	Low
Pulaski	9.2*%	12	3	$4.0	0.6484	medium to high
Putnam	11.1%	40	10	$11.9	0.2527	Low-Medium
Randolph	9.1%	26	6	$7.9	0.7912	High
Ripley	11.6%	34	8	$9.4	0.3626	Low-Medium
Rush	11.3*%	19	4	$5.4	0.3846	Low-Medium
Scott	17.8%	42	6	$7.9	0.8022	High
Shelby	12.1%	57	12	$14.6	0.4835	Low-Medium

County-level Tobacco Data

Table 2.	Smoking during Pregnancy		Secondhand Smoke (SHS)		Social Vulnerability Index	
County	Percentage of live births to people who smoked during pregnancy, 2022	Estimated number of births affected by smoking, 2022	Estimated number of deaths due to SHS	Estimated cost of SHS due to medical costs and premature death (in millions)	County SVI score, 2022 (scores range from 0 – lowest vulnerability to 1 – highest vulnerability)	Level of Vulnerability, 2022
Spencer	5.8*%	12	5	$6.4	0.0879	High
St. Joseph	4.9%	156	71	$88.3	0.8242	High
Starke	9.35%	23	6	$7.6	0.4945	Low-Medium
Steuben	9.15%	30	9	$11.1	0.2747	Low-Medium
Sullivan	9.22%	20	5	$6.7	0.8571	High
Switzerland	14.9*%	17	3	$3.1	0.8352	High
Tippecanoe	5.1%	101	49	$60.2	0.6044	medium to high
Tipton	7.2*%	11	4	$5.0	0.0989	Low
Union	suppressed	3	2	$2.3	0.2088	Low
Vanderburgh	7.7%	159	47	$58.3	0.7692	High
Vermillion	13.8%	20	4	$5.0	0.5495	medium to high
Vigo	10.3%	114	28	$34.3	0.9451	High
Wabash	6.8%	23	8	$10.0	0.2637	Low-Medium
Warren	suppressed	2	2	$2.7	0.0549	Low
Warrick	4.5%	30	17	$20.7	0.044	Low
Washington	12.7%	41	7	$9.1	0.5385	medium to high
Wayne	11.3%	84	17	$21.5	0.978	High
Wells	11.0%	38	7	$9.1	0.1319	Low
White	10.6%	26	6	$8.0	0.4286	Low-Medium
Whitley	9.0%	34	9	$11.1	0.1538	Low
Indiana	**6.6%**	**5233**	**1,770**	**$2.1 Billion**		

*Rates based on counts less than 20 are considered unstable and should be interpreted with caution.

See the data source page for additional information.

County-level Tobacco Data
Data Sources and Methodology

Adult smoking prevalence

Indiana prevalence: Indiana Behavioral Risk Factor Surveillance System (BRFSS), 2023.

County-level prevalence: Indiana Behavioral Risk Factor Surveillance System (BRFSS), 2018-2022.

Note: County-level adult smoking prevalence estimates were calculated using combined landline and cell phone BRFSS data from 2018-2022. The county level estimates are generated using a weighting variable that is specific to that county and reflects the county's demographics. Due to a small number of respondents in some counties, select counties were combined to generate stable estimates. Because the county-level adult smoking prevalence estimates are based on different years of data (2018-2022) than the state and national estimates (2023 only), the county-level estimates are not directly comparable to the state or national data.

Estimated number of adults who smoke

Calculated using the following formulas:

Indiana: (Indiana 2020 adult population) *(Statewide adult smoking prevalence from 2023 BRFSS)

County-level: (County 2020 adult population) *(County-level adult smoking prevalence from 2018-2022 BRFSS)

Deaths attributable to smoking

Source for statewide data: Centers for Disease Control and Prevention (CDC). *Best Practices for Comprehensive Tobacco Control Programs – 2014.* Atlanta: U.S. Department of Health and Human services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.

- Statewide estimated deaths attributable to smoking: 11,100 per year

County-level deaths attributable to smoking represent the county's pro-rata share of the statewide smoking-attributable deaths based on the county's 2020 adult population. Estimates are calculated as follows: (County 2020 adult population/Indiana 2020 adult population) *11,100

Smoking-related illnesses

Source: Centers for Disease Control and Prevention. Smoking & Tobacco Use: Fast Facts. Accessed December 10, 2022 from Diseases and Death (cdc.gov)

(Original source: U.S. Department of Health and Human Services. *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General.* Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.)

- According to the Centers for Disease Control and Prevention, for every person who dies because of smoking, at least 30 people live with a serious smoking-related illness.
- Statewide estimated tobacco-related illnesses are calculated by multiplying the statewide estimated number of tobacco related deaths (11,100) by 30.
- County estimates represent the county's pro-rata share of tobacco-related illnesses based on the county's 2020 adult population. Estimates are calculated using the following formula: (County 2020 adult population/Indiana 2020 adult population)*333,000

County-level Tobacco Data
Data Sources and Methodology

Smoking during pregnancy and births affected by smoking

Indiana State Department of Health, Vital Records. Natality Dataset, 2022.

Note: Smoking during pregnancy rates are from 2022 birth certificate data. Estimated number of births affected by smoking are calculated by multiplying the county-level smoking during pregnancy prevalence by the total number of live births in the county.

Deaths due to secondhand smoke and economic burden of SHS

 Source for statewide data: Lewis CK, Zollinger T. *Estimating the economic impact of secondhand smoke in Indiana in 2018*. Cynthia K. Lewis & Associates, LLC. 2020.

- Statewide annual estimated deaths attributable to SHS: 1,770
- Estimated annual economic costs of SHS in Indiana: $2.1 billion ($2,194,68,195)
- Estimates of county-level deaths attributable to SHS represent the county's pro-rata share of SHS-related deaths based on the county's 2020 total population and are calculated as follows: (County 2020 total population/Indiana 2020 total population)*1,770
- Estimates of county-level economic costs due to secondhand smoke represent the county's pro-rata share of SHS-related costs based on the county's 2020 total population are calculated as follows: (County 2020 total population/Indiana 2020 total population)* $2,194,68,195.

Note: Costs related to secondhand smoke include health care costs and costs due to premature death from diseases causally linked to secondhand smoke.

Social Vulnerability Index

Social vulnerability refers to the potential negative effects on communities caused by external stresses on human health. Such stresses include natural or human-caused disasters, or disease outbreaks. Reducing social vulnerability can decrease both human suffering and economic loss.

The CDC/ATSDR Social Vulnerability Index (CDC/ATSDR SVI) uses 16 U.S. census variables to help local officials identify communities that may need support before, during, or after disasters. More information here: CDC/ATSDR Social Vulnerability Index (SVI)

Population Data

All population counts used to calculate statewide and county-level estimates are from the 2020 U.S. Census. Statewide and county-level data are available from INDIANA: 2020 Census