

Indiana Tobacco Control Annual Report 2016

Indiana State Department of Health
Tobacco Prevention and Cessation Commission

December 2016



Indiana State
Department of Health

Tobacco Prevention and Cessation

INTRODUCTION

The Tobacco Prevention and Cessation Commission's 2016 Report was created to highlight the successes and achievements across the four priority areas of the Indiana Tobacco Control Strategic Plan. The 2016 report also reviews the areas of change and development in the tobacco control landscape. This in turn helps develop next steps for future work and activities for the tobacco control program in the state of Indiana.

I.C. 4-12-4 established the tobacco prevention and cessation program and 2011 changes now require the Indiana State Department of Health under Section 50. IC 4-12-4-14 to provide an annual report.

Vision

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

Mission

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

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

Priority Areas

- Decrease Indiana youth smoking 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 the Tobacco Prevention and Cessation Commission

The Hoosier Model for comprehensive tobacco prevention and cessation is derived from the Best Practices model outlined by the national Centers for Disease Control and Prevention (CDC). Best Practices describes an integrated programmatic structure for implementing interventions proven to be effective. The Hoosier Model also relies on The Guide to Community Preventive Services for Tobacco Control Programs, which provides evidence on the effectiveness of community-based tobacco interventions within three areas of tobacco use prevention and control: 1) Preventing tobacco product use initiation; 2) Increasing cessation; and 3) Reducing exposure to secondhand smoke. In addition to the Community Guide, the Institute of Medicine (IOM) report: Ending the Tobacco Problem: A Blueprint for the Nation, and the update of the Clinical Practice Guideline for Treating Tobacco Use and Dependence have shaped the tobacco control interventions being implemented in Indiana.

The Tobacco Prevention and Cessation Commission incorporates the program elements recommended by the CDC. It is important to recognize that these individual components must work together to produce the synergistic effects of a comprehensive tobacco control program, which includes:

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

IN-DEPTH LOOK AT PROGRAM AND AREAS OF EFFORT

Decrease Youth Smoking Rates

Preventing youth from starting to smoke and using tobacco products can save lives and money and improve the future of our state. Each year, more than 4,100 Hoosier youth become new regular, daily smokers.¹ 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. While cigarette smoking has declined since 2000, the rates of use of other tobacco products have not changed as significantly. Indiana youth use of electronic cigarettes (e-cigarettes) has increased in recent years.

In 2014, among Indiana high school youth, 15.6 percent reported past 30 day e-cigarette use. Among those reporting current e-cigarette use, over 50 percent are also current cigarette smokers.² Combustible tobacco use remains the most common type of tobacco use and causes most tobacco-related disease and death in the United States.³ However, noncombustible products also pose health risks. Smokeless tobacco is not a safe alternative to combustible tobacco because it causes cancer and nicotine addiction.⁴ The 2014 Surgeon General's report found that nicotine use can have adverse effects on adolescent brain development. Therefore, nicotine use by youths in any form is unsafe, and efforts are warranted to educate youth about the dangers of all forms of tobacco products, regardless of whether they are combustible, noncombustible, or electronic.⁵

Key Outcomes

Indiana's youth engagement model, Voice, seeks to engage, educate, and empower youth to celebrate a tobacco-free lifestyle. Voice is actively building a network of youth leaders to help design and implement initiatives that will educate the community and empower their peers to avoid tobacco.

A partnership with Vincennes University's Indiana Teen Institute (ITI) is reshaping how youth are involved in local community efforts. ITI has been an instrumental partner in reinvigorating the youth advocacy movement, Voice Indiana. During state fiscal year 2016, ITI relaunched the website www.voiceindiana.org and grew its social media presence. In March 2016, ITI launched Waste Tobacco Filters, Voice Indiana's initiative open to all teens throughout the state with a focus on creating awareness of tobacco-free living via tobacco litter abatement. The first initiative under this new model engaged youth groups in a cigarette waste cleanup activity in many local venues. This activity highlighted the amount of cigarette waste in areas such as city parks where many young children play. The activity is a foundation for youth empowerment, community service and activism. In the first four months since its launch, nine communities throughout the state reported complete

clean-up events, with at least 15 more in the process of being finalized.

In 2016, one of Indiana's youth was honored by the national Campaign for Tobacco-Free Kids as the Central Region Youth Advocate of the Year Award winner. Breana Wilson has been involved in her home community, Boone County, as well as in educating and training peers statewide.

Increasing the Proportion of Hoosiers Not Exposed to Secondhand Smoke

Exposure to secondhand smoke is one of the leading causes of preventable death. Secondhand smoke is a mixture of side stream smoke from burning cigarettes or other combustible products and exhaled smoke in the air. Secondhand smoke has been shown to cause heart disease, cancer, respiratory problems and eye and nasal irritation. Exposure to secondhand smoke takes place in the home, public places, worksites and vehicles. Secondhand smoke is classified as a Group A carcinogen (cancer-causing agent) under the U.S. Environmental Protection Agency's (EPA) carcinogen assessment guidelines; it contains over 7,000 chemicals, including more than 70 carcinogens and other irritants and toxins.⁶

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. The report also stated that exposure to secondhand smoke has immediate adverse effects on the cardiovascular system and causes coronary heart disease and lung cancer. Smoke-free policies not only work to protect nonsmokers from the death and disease caused by exposure to secondhand smoke, but also have an immediate impact on public health. By decreasing secondhand smoke exposure, we can prevent coronary heart disease, asthma, and lung cancer cases.

In Indiana each year, approximately 1,300 Hoosiers die from others' smoking, such as exposure to secondhand smoke or smoking during pregnancy.⁷ Exposure to secondhand smoke is two to four times more likely to result in low birth weight. Over 900 low-birth-weight babies are born in Indiana as a result of secondhand smoke.⁸ 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.⁹

Despite falling smoking rates, 1 in 4 nonsmokers in the U.S. (58 million) is exposed to secondhand smoke, including 15 million children ages 3 to 11 years. Research shows that although secondhand smoke exposure rates had dropped, some groups continue to be exposed at much higher rates than others. In addition to children, these groups include black nonsmokers, people who live below the poverty level, and those who rent housing.

The U.S. Department of Housing and Urban Development's (HUD) Multi-Family Housing Section has increased its support to landlords, owners, and public housing authorities to assist with implementing smoke-free air policies. Smoke-free air policies for multi-family housing help landlords and owners reduce maintenance costs of their facilities and save money on cleaning and painting expenses. Multi-family housing owners estimate that it costs \$500 to \$8,000 extra to restore a housing unit that had a smoking tenant versus a nonsmoking tenant.

Key Outcomes

Today, more Hoosiers are protected from secondhand smoke than ever before. Indiana's state smoke-free air law protects workers in restaurants and most worksites.

On July 1, 2012, the enclosed areas of Indiana restaurants and most other workplaces became smoke-free under a new Statewide Smoke-Free Air Law. The law protects employees and patrons of these businesses from the health hazards of secondhand smoke. TPC and local partners continue to educate businesses on this law and distributed 6,365 materials, including window clings, table tents and posters, in SFY 2016.

Where there are gaps, local community ordinances are providing greater protections to workers in their communities. Smoke-free environments have become the norm in most settings, from healthcare to schools. Currently, 30 percent of all Indiana residents are protected by an effective local community smoke-free air law. In addition to community ordinances, many local voluntary policies are in effect. Currently, 146 hospitals and healthcare facilities have 100 percent smoke-free campuses, including all 35 critical access hospitals. Among behavioral health and substance use treatment facilities, 97 have a tobacco-free campus. Indiana public school districts throughout the state have implemented 100 percent tobacco-free school campus policies. The school'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 76 of Indiana's 92 counties, all school districts are tobacco free, protecting approximately 95 percent of youth in the state from exposure to secondhand smoke at school.

In addition, 25 college and university campuses in Indiana that have implemented tobacco-free campus policies, including the Indiana University system and the Ivy Tech Community College campuses statewide. This stance against tobacco use shows concern for students and staff and also prepares students for a workplace with a tobacco-free policy. Most Hoosier adults believe that breathing secondhand smoke is very (68 percent) or somewhat (30 percent) harmful. This knowledge is translating into behavior change, as more and more Hoosier households are smoke-free. Indiana has increased the proportion of Hoosier families that have a smoke-free home to 83 percent in 2015.

Demand for smoke-free multi-family housing is on the rise. As more property managers and owners become aware of the dangers of secondhand smoke and implement smoke-free air policies for their buildings, tenants are becoming increasingly aware of the dangers of living in a building without a smoke-free air policy. In Indiana, public housing facilities in Indianapolis, Mishawaka, Fort Wayne, Greencastle, and Kokomo have implemented smoke-free housing policies. These policy changes protect approximately 9,000 residents from exposure to secondhand smoke in their homes.

In partnership with the American Lung Association in Indiana (ALA), we have been working to build capacity of the local TPC partnerships in increasing the number of smoke-free policies in multi-unit housing, with a strong emphasis on public housing, while also addressing private market housing. ALA provides technical assistance for smoke-free multi-unit housing in Indiana through developing partnerships with major public and private housing providers in Indiana.

Addressing Electronic Nicotine Delivery Systems (ENDS)

Electronic nicotine delivery systems (ENDS) are battery-powered devices that provide doses of nicotine and other additives to the user in an aerosol. Electronic cigarettes, or e-cigarettes, are one of the many products under the ENDS category. Aerosol from ENDS is a source of pollution and toxins being emitted into the environment.¹⁰ This secondhand aerosol is made up of ultrafine particles that are higher in concentration than

conventional tobacco cigarette smoke. Exposure to fine and ultrafine particles may exacerbate respiratory ailments, such as asthma, and constrict arteries which could trigger a heart attack.¹¹ Many healthcare facilities, businesses and schools have added ENDS to their tobacco-free policies. There are four local community ordinances that include ENDS: Greenwood, Hancock County, Indianapolis and South Bend. Including electronic cigarettes in smoke-free air policies would protect children and adolescents, pregnant women, and non-smokers from involuntary exposure to aerosolized nicotine and potentially to other psychoactive substances, and support enforcement of clean indoor air policies.¹²

Decreasing Adult Smoking Rates

Quitting tobacco use is one of the best ways to improve health. Tobacco use screening and brief intervention for treatment is one of the most effective clinical preventive services with respect to health impact and cost effectiveness, behind aspirin use among high-risk adults and immunizations for children.¹³ Tobacco use treatments that include counseling, medications, or a combination of both are recommended.¹⁴

Treating tobacco use doubles the rate of those who successfully quit.¹⁵ Although quitting smoking at any age can improve one's health, smokers who quit by the time they are 35 to 44 years of age avoid most of the risk of dying from a smoking-related disease. Also, supporting consumer education through strong media messages leads to increased quit attempts and increased demand for cessation and directs tobacco users where to seek help.

System changes within healthcare organizations complement interventions in state and community settings by institutionalizing sustainable approaches that support individual behavior change. The U.S. Public Health Service (PHS) Treating Tobacco Use and Dependence Clinical Practice Guideline stresses that comprehensive statewide healthcare system changes, including Quitline services and promotion of and referral to services, throughout the healthcare service structure are needed to effectively reduce the health burden of tobacco.

Key Outcomes

Indiana Tobacco Quitline

The Indiana Tobacco Quitline (ITQL) is available to all Hoosiers, offering support in quitting tobacco use through telephone-based counseling. Highly-trained quit coaches provide telephone-based counseling to help tobacco users quit. The ITQL is central to Indiana's comprehensive tobacco cessation network of state and local partners. In SFY 2016, the ITQL received 12,160 calls, an average of over 1,000 calls per month. The ITQL has a high satisfaction rate of 95 percent indicating they would recommend the Quitline to another tobacco user. The 30-day quit rate was 29 percent at a 7-month follow-up study. Participants who completed three or more calls reported higher tobacco abstinence rates than participants who completed only one call.

The Indiana Tobacco Quitline 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. March 2016 marked the 10 year anniversary of the Indiana Tobacco Quitline. The ITQL has helped more than 120,000 Hoosiers quit tobacco products over the last 10 years.

The Indiana Tobacco Quitline is more accessible and customizable than ever before. Along with the traditional

1-800-Quit-Now phone-based counseling, the Quitline also offers a web-based counseling program Web Coach[®], and the supplementary texting service, Text2Quit.[®] The evidence-based telephone counseling program offers one-on-one coaching to tobacco users who have decided to quit and provides professional support throughout an individual's quit continuum. When an individual 18 years and older is ready to quit, he or she will receive a total of four intervention calls and, if eligible, a free 2-week Nicotine Replacement Therapy starter kit.

The Indiana Tobacco Quitline also provides extra support for pregnant smokers by offering 10 calls instead of the traditional four calls, emphasizing the importance of tobacco-free lifestyle for the mother and baby and encouraging partners to quit as well. Additionally, the Quitline provides five intervention calls to tobacco users ages 13 to 17.

Quit Now Indiana Preferred Networks

Community-based and minority-based grantees are implementing strategies based on the The Guide to Community Preventive Services for Tobacco Control Programs, such as establishing cessation networks and changing policies throughout the community. These networks serve as the referral system for the Indiana Tobacco Quitline. TPC and its partners have focused outreach efforts to healthcare providers to implement a system change within their practices to: 1) ASK about tobacco use; 2) ADVISE to quit, and 3) REFER them to services, specifically the Indiana Tobacco Quitline. As of June 30, 2016, there were more than 4,300 healthcare providers enrolled in the Quit Now Indiana preferred provider network.

Healthcare professionals must be equipped with the skills to provide state-of-the-art tobacco cessation counseling. Efforts were enhanced to provide this necessary training to other types of healthcare providers. TPC statewide cessation partners are facilitating trainings among a variety of healthcare providers. A partnership with the Indiana Rural Health Association supplements the local community-based outreach to an additional 11 counties throughout Indiana.

Statewide, there is a collaborative effort directed at integrating Indiana Tobacco Quitline (ITQL) referrals into health systems' electronic health records. Electronic referral improves continuity of care, simplifies the referral process by eliminating unnecessary paperwork, provides patient outcomes reports to referring providers and is the most sustainable long-term method of referral to tobacco quitlines. These efforts include engaging key stakeholders within hospitals, community health centers and private practices to discuss services through the ITQL and the need to integrate tobacco dependence treatment into electronic health records (EHR) and workflows. Since more than 80 percent of smokers see a physician every year, the healthcare system provides multiple opportunities for motivating and helping smokers to quit. More than 6,600 fax referrals and 3,250 electronic referrals were made to the Indiana Tobacco Quitline from healthcare providers in SFY 2016.

Working with Employers

The Quit Now Preferred Employer Network is a program that Indiana employers can become involved with to promote the free Indiana Tobacco Quitline to their workforce. They also receive guidance from local partners on how best to address tobacco use in their workplace, either through smoke-free air policy and tobacco treatment benefits. As of June 30, 2016, more than 1,500 employers were enrolled in the Preferred Employer Network.

Populations of Focus

Tobacco use directly causes a majority of the chronic diseases, including heart diseases, stroke, respiratory

diseases, asthma, type 2 diabetes and cancer, which costs Indiana \$24.994 billion annually.¹⁶ For every death in Indiana due to tobacco use (11,100 annually), another 30 Hoosiers are living with a tobacco-related illness that inhibits their quality of life.

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

Smoking among pregnant women

Approximately 15.1 percent of women in Indiana smoked during pregnancy in 2014, a decline from 20.2 percent in 2000. The national average rate of smoking during pregnancy is 8.4 percent in 2014. Smoking during pregnancy is associated with poor health outcomes, including low birth weight babies, 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 two, compared to children of mothers living in smoke-free homes during pregnancy. Pregnant smokers who are ready to quit should know that it’s never too late to quit smoking during pregnancy. The Indiana Tobacco Quitline offers pregnant smokers greater intensity of support. The treatment plan is tailored to meet their needs, and for those who quit offers additional postpartum contact to prevent relapse. Encouraging smoke-free pregnancies can help reduce Indiana’s infant mortality rate, a top priority of the Indiana State Department of Health.

In SFY 2016, 2,672 women of child-bearing age (15 to 44 years) called the Indiana Tobacco Quitline, including 15 percent who were currently pregnant, 2.5 percent who were planning pregnancy, and 1 percent currently breastfeeding. The Indiana Tobacco Quitline is a referral partner for all 25 Baby and Me-Tobacco Free sites in Indiana. Baby and Me-Tobacco Free sites refer participants to the Indiana Tobacco Quitline, and the Quitline Quit Coaches refer interested callers to local programs if applicable.

Individuals with any mental illnesses and substance use disorders

Smoking prevalence remains significantly higher among individuals with mental illness and substance use disorders. On average, people with serious mental illness die 25 years younger than the general population – often due to conditions caused or exacerbated by tobacco use.¹⁷ Individuals with mental illness or substance use disorder smoke nearly 40 percent of all cigarettes smoked in the United States.¹⁸ About 1 in 5 adults in the U.S. (19.9 percent) and in Indiana (22.3 percent) have any mental illness.¹⁹

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.²⁰ To help reduce smoking 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. Nearly 39 percent of Indiana adults with any mental illness smoke.

A statewide partnership with Purdue University, College of Pharmacy, supports the project Bringing Indiana

Along, which provides technical assistance and policy implementation for community mental health centers, addiction treatment centers, and substance abuse treatment programs. The educational components include information on Clinical Practice Guidelines (successfully infusing tobacco treatment into mental health, addiction treatment, and substance abuse treatment programs) and instituting and enforcing tobacco-free campus policies. Bringing Indiana Along recognizes that there is overwhelming evidence that tobacco inhibits recovery and is the leading cause of death and poor outcomes in this population. Bringing Indiana Along provides the following assistance to behavioral healthcare providers:

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

Those enrolled in Medicaid health plan

According to the 2014 Behavioral Risk Factor Surveillance System, individuals primarily insured through Medicaid smoked at a higher rate (47 percent) than the general population (22.9 percent).²¹ The positive news is that Indiana has a strong benefits plan for tobacco treatment. This coverage includes access to all seven FDA-approved medications for smoking cessation and individual, group and phone counseling. Increasing provider and member awareness of the services available to help in quitting tobacco is important to ensure that those who need services get them.

TPC works with the Indiana Medicaid health plans to train provider staff and to discuss tobacco treatment and referral to the ITQL. In SFY 2016, approximately 40 percent of callers indicated they were Medicaid members. TPC staff shares resources and provides data to each health plan, including dental plan providers. Five trainings to provider relations and case management staff were given in SFY 2016.

Maintaining State and Local Infrastructure to Reduce Indiana's Tobacco Burden

Indiana's tobacco control program implements CDC's best practices for tobacco control programs. Critical components of best practices are state- and community-based programs. TPC helps community coalitions implement policy change and other population-based, evidence-based strategies that encourage tobacco users to quit at the local level. Effective community programs involve people in their homes, worksites, schools, places of worship, entertainment venues, civic organizations, and other public places. Funding local programs produces measurable progress toward statewide tobacco control objectives.

Key Outcomes

In SFY 2016, TPC funded coalitions in 36 counties, with six state and local minority-based partners, reaching 73 percent of Indiana's population. Their work in the local communities is key to the success of the statewide program. TPC supports the local community programs by providing training, technical assistance and resources.

To raise awareness of the impact of tobacco use at the local level, communities must maintain local infrastructure by training adult and youth coalition and community members; developing relationships with key stakeholders and decision makers; and building diverse coalitions in their communities. TPC funding

provides the resources to hire staff, purchase educational materials and resources, conduct training programs, and recruit and maintain local coalitions.

Coalitions implemented more than 3,600 program activities during SFY 2016, ranging from Quitline outreach to community presentations to delivery of training. They included:

- Over 95 activities providing education on tobacco products used by youth.
- Nearly 1,050 activities in communities working on decreasing exposure to secondhand smoke.
- Nearly 1,200 activities helping Hoosier adults to quit tobacco use.

The community program progress is tracked through a variety of mechanisms. This includes monitoring the implementation of activities, as well as evaluating their effectiveness in working toward program objectives. TPC staff tracks how local coalitions implement activities through a program reporting system. In addition, local grantees submit fiscal reports and budgets each quarter to ensure appropriate use of funds. TPC staff communicates regularly with grantees to ensure the local activities support and advance the goals and objectives of a tobacco control plan. TPC staff reviews the program and fiscal reports submitted for timeliness, accuracy, and appropriate use of resources as described in the work plan; when questions arise, staff will follow up with grantees by delivering technical assistance to the grantee and attending local grantee events. Regional program directors, as well as other staff, work with grantees each month to provide tailored technical assistance.

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

Indiana Tobacco Control: Partner Information X-Change 2016

The Partner Information X-Change is TPC's largest statewide tobacco prevention and cessation training event. The 2016 Partner Information X-Change was themed, Navigating New Frontiers, highlighting the opportunity for the tobacco control network throughout Indiana to celebrate recent successes and chart a course for tobacco-free living for all Hoosiers for many years to come. Session topics included addressing tobacco-related disparities, emerging tobacco products, point-of-sale surveillance and tobacco marketing, maximizing messages through social media, youth engagement, coalition building and secondhand smoke.

Approximately 120 people attended the Information X-Change, representing 56 of our 92 counties. Attendees included state and local tobacco control partners and coalition members, state and local health department personnel, individuals working in the area of chronic disease prevention and control, health clinicians, and professionals providing treatment services. Speakers included national experts from the Centers for Disease Control and Prevention, the Public Health Law Center at Mitchell Hamline School of Law, Americans for Nonsmokers' Rights, the American Lung Association, Department of Housing and Urban Development (HUD) in Indiana, and Counter Tools.

TPC staff presentations at state and national events

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

- Presented at the Collaborative Improvement and Innovation Network to Reduce Infant Mortality (IM CoIIN) Learning Session, and a poster entitled Smoking Cessation – Helping Pregnant Women Quit. We highlighted the collaboration between Baby and Me-Tobacco Free and the Indiana Tobacco Quitline.
- Presented a poster entitled “Statewide and Local Response to E-cigarette Marketing in Indiana” at the National Summit on Smokeless and Spit Tobacco.
- Two staff were selected to participate in the 2015 and 2016 CDC Leadership and Sustainability Schools program. The program seeks to grow a stable, well-trained tobacco prevention and control leadership base that can address growing challenges and opportunities in program infrastructure and sustain and continue progress toward reducing the burden of tobacco death and disease in the U.S.
- TPC staff were able to participate in the following events: 2016 Reduce Tobacco Use Conference; North American Quitline Consortium Conference 2015: The future of Quitlines; CDC 2015 Kick-Off Meeting: Retooling and Recommitting: Environmental, Policy and Systems Interventions in Tobacco Control; American Public Health Association Annual Meeting; and the Council for State and Territorial Epidemiologists Annual Conference and workshop, Where is the Burden and What Does It Cost?

DATA AND EVALUATION

Indiana Youth Tobacco Survey

The Indiana Youth Tobacco Survey has been administered biennially since 2000 and collects data on youth tobacco use, access to tobacco, exposure to tobacco advertising, secondhand smoke exposure, social influences, and attitudes and beliefs related to tobacco. In SFY 2016, an analysis of the 2014 Indiana Youth Tobacco Survey indicated some progress in reducing youth tobacco use and secondhand smoke exposure but also revealed ongoing challenges in protecting youth from the harmful effects of tobacco

Positive trends:

- Declines in youth smoking: Between 2012 and 2014, the prevalence of past 30 day cigarette smoking declined from 13.7 percent to 12.0 percent among high school students and from 3.7 percent to 2.9 percent among middle school students. Overall, between 2000 and 2014, youth smoking declined 62 percent among high school students and 70 percent among middle school students.
- Increased protections from secondhand smoke: Between 2004 and 2014, the percentage of students who report that smoking is never allowed inside their home increased from 62.4 percent to 74.6 percent among high school students and from 58.4 percent to 77.7 percent among middle school students.

Ongoing challenges in youth tobacco prevention:

- Increases in youth use of electronic cigarettes (e-cigarettes): Between 2012 and 2014, the proportion of youth reporting past 30 day use of e-cigarettes increased approximately four-fold, from 3.9 percent to 15.6 percent among high school students and from 1.3 percent to 5.2 percent among middle school students. E-cigarettes were the most commonly used tobacco product among both middle and high school students in 2014.

- Concurrent use of multiple tobacco products: In 2014, approximately 15.1 percent of high school students (56 percent of tobacco users) and 3.8 percent of middle school students (46 percent of tobacco users) reported past 30 day use of two or more tobacco products.
- No significant change in smokeless tobacco use among high school students: While use of cigarettes and cigars has declined among youth, use of smokeless tobacco (chewing tobacco, snuff, or dip) has remained relatively unchanged since 2000. In 2014, 8.0 percent of high school students reported past 30 day use of smokeless tobacco, a slight increase from 6.6 percent in 2012.
- Exposure to secondhand smoke: In 2014, 32.0 percent of high school students and 28.9 percent of middle school students reported being exposed to secondhand smoke at home in the seven days preceding the survey. Among students who live with smokers, 67.5 percent of high school students and 60.4 percent of middle school students reported past 7 day secondhand smoke exposure at home.
- Exposure to tobacco marketing: Youth continue to be exposed to tobacco marketing through a variety of channels, including the retail environment, internet, print media, and television or movies. In 2014, the retail environment and television and/or movies were the most common source of exposure. Approximately 78.6 percent of high school students and 71.7 percent of middle school students reported seeing advertising or promotions for tobacco products at least some of the time while in convenience stores, gas stations, or grocery stores. Additionally, 71.8 percent of high school students and 67.5 percent of middle school students reported seeing actors using tobacco products at least some of the time when watching television or movies.

Indiana Adult Tobacco Survey

The Indiana Adult Tobacco Survey is administered bi-annually and provides detailed data on adult tobacco use, secondhand smoke exposure, attitudes and beliefs related to tobacco, and tobacco cessation.

Key findings from the 2015 Indiana Adult Tobacco survey:

- Slight rise in use of e-cigarettes: Between 2013 and 2015, the percentage of Hoosier adults who reported ever trying an e-cigarette rose slightly from 14.4 percent to 16.4 percent. In 2015, ever use of e-cigarettes was far higher among current smokers (68.0 percent) and former smokers (14.8 percent) than never-smokers (4.0 percent).
- Increased protections from secondhand smoke exposure: In 2015, 95.3 percent of Hoosier adults employed in an indoor environment reported having a smoke-free workplace, a substantial increase from 60.3 percent in 2002. Approximately 14.7 percent of adults, however, still reported exposure to secondhand smoke at work.
- Tobacco cessation: In 2015, about 71.2 percent of Hoosier adults who reported currently smoking cigarettes expressed an intention to quit, including 28.8 percent who indicated that they intended to quit in the next 30 days. Among current tobacco users, approximately 65.4 percent indicated that they were aware of the Indiana Tobacco Quitline. Additionally, among current smokers who visited a health professional in the past year, 70.1 percent indicated that the provider advised them to quit smoking.

Indiana Tobacco Quitline Evaluation

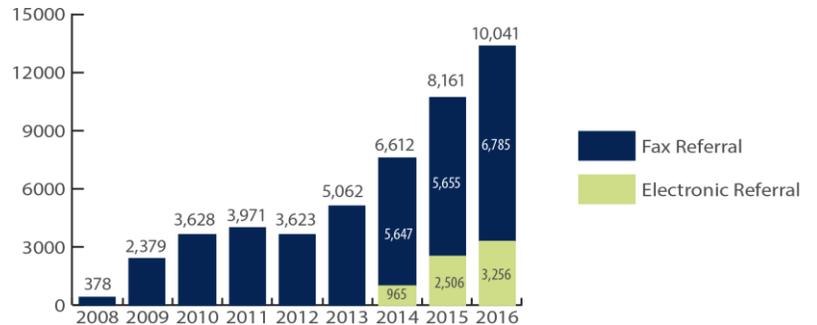
In SFY 2016, more than half of the callers served by the Indiana Tobacco Quitline were uninsured (18 percent) or Medicaid insured (40 percent). Approximately 61 percent of callers were women and approximately 78 percent of the callers were white, 16 percent African American and 3 percent Latino.

Outcome data from the most recent evaluation report on the Indiana Tobacco Quitline indicates high satisfaction rates and strong quit rates. In the 7-month follow up study, 31 percent of Indiana Tobacco Quitline callers reported being tobacco abstinent for seven days or more, while 29 percent reported not using tobacco for 30 days.

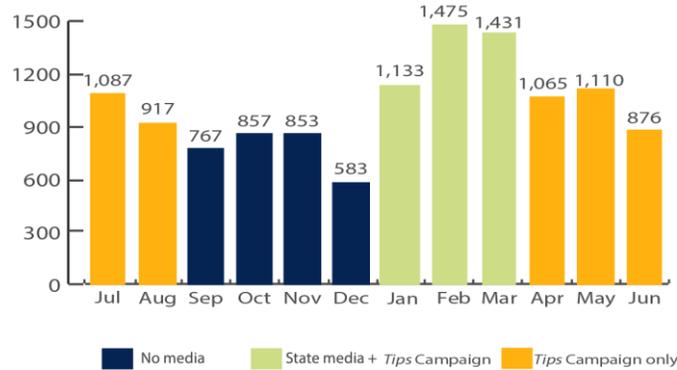
Indiana Tobacco Quitline Total Registered Callers by State Fiscal Year
SFY 2006-2016



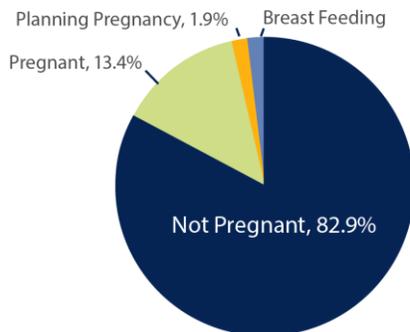
Indiana Tobacco Quitline Total Fax and Electronic Referrals Received
SFY 2008-2016



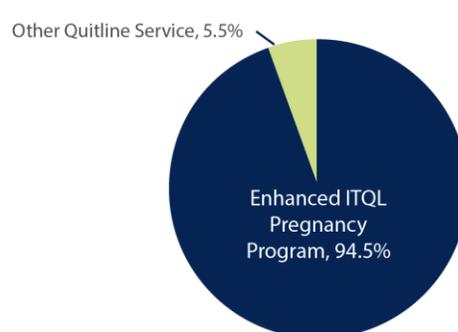
Indiana Tobacco Quitline Total Registered Callers by Month
State Fiscal Year 2016



Pregnancy Status of Women (Ages 15-44) Using Quitline Services
SFY 2016, (Total: 2,573)



Program Enrollment of Pregnant Tobacco Users
SFY 2016, (Total: 347)



Public Education Campaigns

Media communications play a key role in shaping tobacco-related knowledge, opinions, attitudes and behaviors among individuals and within communities. Cigarettes are one of the most heavily marketed products in the United States and in Indiana. Changing smoking behavior is an incredibly tough job that requires hard-hitting messages that make smokers uncomfortable enough to take action to stop their addiction. The CDC Best Practices for Comprehensive Tobacco Control programs recommends that states

deliver “strategic, culturally appropriate, and high-impact messages in sustained and adequately funded campaigns. ...”

Quit Now Indiana is Indiana’s anti-tobacco brand that promotes the 1-800-QUIT-NOW Indiana Tobacco Quitline and encourages tobacco users to quit, now. Every additional cigarette is doing the user harm. Promotion of the Indiana Tobacco Quitline is executed on an ongoing basis with grassroots outreach, provider education and community engagement. However, during SFY 2016, two paid media campaigns through the mediums of radio, outdoor board and digital marketing were used.

Key outreach audiences in SFY 2016 include smokers, employers, healthcare providers, health plans and youth. TPC educates and informs smokers on the urgency to quit smoking and the resources available to help them quit successfully. Through the Quit Now Indiana Preferred Network, healthcare providers and employers learn how to utilize the Indiana Tobacco Quitline to encourage and motivate smokers to try to quit.

Promotion of the ITQL as a service supports all Hoosiers trying to break their addiction to tobacco. Whether the tobacco user calls the Quitline for help or uses other resources, media promotion of the ITQL and the overall messaging of quitting tobacco are important in creating a supportive environment to end the tobacco burden.

GOALS FOR NEXT YEAR

Decrease Youth Tobacco Use Rates: Efforts will focus on empowering youth to educate their peers about tobacco, surveillance of tobacco marketing, and comprehensive clean air environments that protect all non-users.

Increase protections from secondhand smoke: Many settings that are tobacco free will incorporate electronic smoking devices into their policies, ensuring tobacco free environments among hospitals and health care settings, behavioral health care providers, colleges and universities and other workplaces, as well as smoke free housing.

Decrease adult smoking rates: The U.S. Public Health Service (PHS) Guideline, *Treating Tobacco Use and Dependence. Clinical Practice Guideline (2008)* stresses that comprehensive statewide health care system changes, including quitline services and promotion of and referral to services, throughout the health care service structure are needed to effectively reduce the health burden of tobacco. To help Hoosiers quit, health care professionals must be equipped with the skills to provide state-of-the-art tobacco cessation counseling.

CONCLUSION

Tobacco use continues to be the single most preventable cause of death and disease in Indiana. Hoosiers at the state and local levels work each day to reduce this burden and improve the health of Hoosiers.

While cigarette smoking among high school students has dropped to 12 percent, the trends with other tobacco products, such as electronic cigarettes, are concerning and must be monitored. Protections from secondhand smoke have increased, with many workplaces providing smoke-free air for workers, yet, work continues to protect more Hoosiers. Increasing smoke-free housing for all Hoosiers will be critical in the coming years.

Indiana has also experienced a decline in adult cigarette smoking rates; however, more than 1 million adults in Indiana still smoke cigarettes.

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

¹ New underage daily smoker estimate based on data from U.S. Dept of Health and Human Services (HHS), “Results from the 2004 National Survey on Drug Use and Health,” with the state share of national initiation number based on CDC data on future youth smokers in each state compared to national total.

² 2014 Indiana Youth Tobacco Survey

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⁹ Economic Impact of Secondhand Smoke, 2012. Zollinger et al.

¹⁰ Excerpts from Americans for Nonsmokers’ Rights Fact Sheet Electronic Smoking Devices and Secondhand Aerosol <http://no-smoke.org/pdf/ecigarette-secondhand-aerosol.pdf>

¹¹ Fuoco, F.C.; Buonanno, G.; Stabile, L.; Vigo, P., “Influential parameters on particle concentration and size distribution in the mainstream of e-cigarettes,” *Environmental Pollution* 184: 523-529, January 2014. ; Grana, R; Benowitz, N; Glantz, S. “Background Paper on E-cigarettes,” Center for Tobacco Control Research and Education, University of California, San Francisco and WHO Collaborating Center on Tobacco Control. December 2013.

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¹⁵ Fiore MC et al. Treating Tobacco Use Dependence: Clinical Practice Guidelines. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service; 2000.

¹⁶ http://www.in.gov/isdh/files/ISDH_FactSheet_Comprehensive_AUG2012_publication_10_25_2012_pdf.pdf

¹⁷ National Association of State Mental Health Program Directors. Morbidity and Mortality in People with Serious Mental Illness. Thirteenth in a Series of Technical Reports. Alexandria, VA: 2006.

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²¹ 2008 Indiana Adult Tobacco Survey