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INDIANA TOBACCO PREVENTION AND CESSATION

Agency Overview - Budget Transmittal

THE HOOSIER MODEL FOR TOBACCO USE PREVENTION AND CESSATION PROGRAM

September 15, 2010

The ITPC Executive Board was funded to establish a comprehensive, coordinated tobacco prevention and cessation program for the state using the Centers for Disease Control and Prevention's (CDC) Best Practice Model for Comprehensive Tobacco Control. Indiana's smoking rate for 2009 was reduced to 23 % and represents Indiana's lowest smoking rate measured since the State began monitoring smoking use two decades ago. This is a historic low for Indiana to reach and is especially noteworthy given that smoking rates across the United States have remained flat for the past five years.

The Indiana Tobacco Use Prevention and Cessation Trust Fund (Trust Fund) and Executive Board were created by the Indiana General Assembly in the spring of 2000 and are governed by IC 4-12-4 (for statewide information on Indiana Code access www.state.in.us/legislative/ic/code/). The Trust Fund exists to prevent and reduce the use of all tobacco products in Indiana and to protect citizens from exposure to tobacco smoke. The ITPC Executive Board coordinates and allocates resources from the Trust Fund according to their mission. The Indiana Tobacco Prevention and Cessation Agency (ITPC) was established in 2001 by the ITPC Executive Board to carry out their mission 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
- Support the enforcement of tobacco laws concerning the sale of tobacco to youth and use of tobacco by youth
- Eliminate minority health disparities related to tobacco use and emphasize prevention and reduction of tobacco use by minorities, pregnant women, children, youth, and other at-risk populations

The ITPC Executive Board develops and maintains a process-based and outcomes-based evaluation of funded programs and keeps State government officials, policymakers, and the general public informed of its progress through an annual report issued September 1 and periodic evaluation reports.

The CDC recommends that States establish tobacco control programs that are comprehensive, sustainable, and accountable. Based upon the evidence, specific funding ranges and programmatic recommendations are provided.

The CDC draws on “best practices” determined by evidence-based analyses of excise tax-funded programs in other States that have shown reductions in tobacco use and by CDC’s involvement in providing technical assistance in the planning of comprehensive tobacco control programs in other states.

The Hoosier Model, derived from the “best practices”, has five major categories for funding and interventions. The CDC Best Practices for Tobacco Control Programs recommends that the State of Indiana invest a minimum of \$78.8 million annually in a comprehensive tobacco control program. In 2000, the Indiana General Assembly established a base annual funding of \$35 million. In SFY 02 and 03 the program was funded at lower amounts of \$5 million and \$25 million respectively because the program was building capacity and infrastructure. In addition, there was considerable carryover from SFY 01 based on the provision in the Trust Fund to allow for carryover of unspent funds. These three years of funding allowed for an annual budget of \$32.5 million for SFY 02 and 03. The program’s appropriation was cut by approximately 70% to \$10.8 annually for SFY 04 and 05. The program funding remained at \$10.8 and \$10.9 for SFY 06 and 07. Program funding was increased to \$16.2 and \$16.2 for SFY 08 and 09, and is currently funded at \$10.8 for SFY 10 and 11.

This transmittal letter is based on an annual amount of \$9,230,412. The proposed SFY 12 and 13 budget is:

	<u>SFY 2012</u>	<u>SFY 2013</u>
• Community Based Programs	5.88	5.88
• Cessation Interventions	1.27	1.27
• Statewide Public Education	0.80	0.80
• Evaluation and Surveillance	0.39	0.39
• Administration and Management	<u>0.89</u>	<u>0.89</u>
Total budget for FY 2012 & 2013	9.23	9.23

Community Based Programs are designed to produce durable changes in community norms related to tobacco use. The Hoosier model incorporates funding for local community coalitions, minority outreach efforts, and statewide programs to support the actions at the local level. All grantees implement an evidence-based set of interventions designed to decrease smoking by young people, increase cessation, and protect people from secondhand smoke exposure. ITPC follows the recommendations from major national reports and published scientific studies in approving work plans for all funded grant efforts. Training, conferences, and technical assistance on these best practices are incorporated into this funding category. These programs are a blending of local and state efforts, youth and school linked efforts, and cessation efforts. \$5.88 million annually has been budgeted to fund Community Based Programs.

Cessation Interventions that increase quitting can decrease premature mortality and tobacco-related health care costs in the short-term. Tobacco use screening and brief intervention by clinicians is a top-ranked clinical preventative service and is a cost-saving measure. State action should include a well-funded cessation Quitline that provides population-based counseling and treatment; covering treatment for cessation, eliminating cost barriers for the underserved, and making health care system changes recommended by the Public Health Service Clinical Guideline for Tobacco Use and Dependence. The Indiana Tobacco Quitline (ITQL) reaches all counties, especially counties that are not funded through grants from ITPC. In addition, the ITQL is core to the brief interventions that health care providers and employers are using to reach their patients and employees. The budget for Cessation Interventions is set at \$1.27 million annually.

Statewide Public Education Campaign in SFY 2010 was reduced to focus on a smaller range of media based on overall budget reductions. Media communications play a key role in shaping tobacco-related

knowledge, opinions, attitudes, and behaviors among individuals and within communities. CDC recommends that state programs use a wide range of efforts, including broadcast, print, outdoor advertising in conjunction with other public relations techniques, and on-line marketing. Cigarettes are one of the most heavily marketed products in Indiana. In 2006, the tobacco industry spent an estimated \$426 million marketing their products in Indiana. Their spending outstrips tobacco control spending 46 to 1. In 2008, the National Cancer Institute released a report, *The Role of the Media in Promoting and Reducing Tobacco Use*. The report concluded:

1. A causal relationship between tobacco industry advertising and promotion and increased tobacco use.
2. A causal relationship between exposure to smoking in movies and youth smoking initiation.
3. Mass media campaigns designed to discourage tobacco use can change youth attitudes about tobacco use, curb smoking initiation, and encourage adult cessation.

The Hoosier Model has incorporated all of these efforts. \$0.8 million annually has been budgeted to continue to fund this part of the plan.

Evaluation and Surveillance must be part of a comprehensive tobacco control program in order to monitor and document program accountability for State policy makers and others responsible for fiscal oversight. Experience has demonstrated the importance of evaluation data in verifying program results for policy makers. The Hoosier Model contracts with a nationally recognized research and evaluation firm to monitor and evaluate the efficacy of the programs in Indiana. ITPC continues its effort to support and enhance local research efforts in the area of tobacco control with Indiana colleges and universities. The budget for evaluation programs is set at \$0.39 million annually.

Administration and Management ensures an infrastructure to meet the demands of the program and grantees. In the spring of 2010, ITPC moved the office location to the same office building leased by the ISDH in order to save the State money. Experience in numerous States has shown the importance of having all program components coordinated and working together. Because a comprehensive program involves multiple State agencies (e.g., health, education, and law enforcement) and levels of local government, as well as numerous health-related volunteers, coalitions, and community groups, program management and coordination is a challenging task. Furthermore, coordinating and integrating major statewide programs, such as statewide media campaigns, with local program efforts requires adequate staffing and communication systems. Finally, State agencies need sufficient contract administration staff to provide fiscal and program monitoring. Funding 89 grantees requires well-designed monitoring tools, frequent requests for proposals and bidders' conferences, training and technical assistance to grantees and coalitions, strong review and on-going communication systems, and technical project management. The budget for administration and management is set at \$0.89 million annually. Administration and management activities include the following:

- Recruiting and developing qualified and diverse technical, program, and administrative staff.
- Awarding and monitoring program contracts and grants, coordinating implementation across program areas, assessing program performance, and ensuring integrity and accountability.
- Creating an effective internal and external communication system.
- Developing and implementing a sound fiscal and program management system.
- Providing training and technical assistance to meet the needs of grantees.

Approved Performance Measures for ITPC

1. Cigarette consumption

- Measured by cigarette tax stamps purchased.
- Data collected through the Dept of Revenue, cigarette stamps.
- This measures the amount of cigarettes Hoosiers are using.
- Data shown for SFY 2009 and 2010 indicates consumption decreased 10%.

2. Number of calls to Indiana Tobacco Quitline

- Measures call volume to the Indiana Tobacco Quitline which represents intentions and attempts to quit smoking among Hoosiers.
- In SFY 2010, nearly 19,000 Hoosiers were served by the Indiana Tobacco Quitline.

3. Proportion of Indiana's population living in a community with a smoke free air law

- Measures the proportion of State's population protected from secondhand smoke exposure through a local community law.
- Data source: ITPC policy tracking and U.S. Census.
- Currently 30.6% of the State's population is protected from secondhand smoke exposure due to effective local smoke free air workplace laws; yet only 8.6% are protected by laws that include all workplaces.

Key Outcomes to Date

Decreased Adult Smoking

Indiana reduced adult smoking by 11% between 2008 (27%) and 2009 to a historically low rate of 23%. This represents the lowest smoking rate measured since the State began monitoring smoking two decades ago. The historic low Indiana reached is especially noteworthy given that smoking rates across the United States have remained flat for the past five years.

- **Cigarette Tax Increased and Cigarette Consumption Decreased:**
On July 1, 2007, Indiana's cigarette tax increased 44 cents to 99.5 cents. From SFY 2007 to SFY 2010, Indiana cigarette consumption dropped 30%. This is exactly what research predicted would happen. A change in consumption is the first sign the prevalence of smoking may decline, which occurred in 2009.
- **Increased Investment in Helping Indiana Smokers Quit:**
ITPC received \$0.7 million in stimulus dollars from the CDC to expand the Indiana Tobacco Quitline. For all of SFY 2010, almost 19,000 Hoosiers have been helped through the Quitline. The highest call volume for the Quitline was in May 2010 with over 3,500 calls for free quit coaching. The Indiana Tobacco Quitline averaged 361 calls a week in SFY 2010 from Hoosiers wanting to quit smoking. In SFY 2009, the Indiana Tobacco Quitline received nearly 21,000 calls. Monthly Quitline call volume reached a new record in March and April 2009 with over 3,000 calls.
- **Continued Community Program Outreach:** ITPC funds grants to 64 counties, 13 minority organizations in 8 counties, 9 statewide organizations, and 3 organizations focusing on youth

initiatives. ITPC oversees 89 grant contracts.

- **Support for Smoke Free Workplaces:** More than 70% of Hoosier adults support state and local laws that would make all indoor workplaces smoke free. Support for smoke-free workplaces has increased by 40% (a statistically significant increase) since 2002. Fifty-seven percent believe that secondhand smoke is a *serious* health hazard.
- **More Tobacco Free Schools:** Over 70% of Hoosier youth are protected from secondhand smoke on their school campuses, an increase from 28% in 2001.
- **Youth Smoking Cut in half:** Since 2000, high school-age smoking has dropped 42%, from 31.6% in 2000 to 18.3% in 2008. Middle school-age smoking has been cut 58%, from 9.8% in 2000 to 4.1% in 2008.

Need and Rationale

The tobacco use epidemic in Indiana can be stopped but it takes adequate investment in a comprehensive tobacco control program that includes strong policies to reduce smoking and protect nonsmokers from secondhand smoke along with (1) adequate funding to increase the reach of the Indiana Tobacco Quitline and media to drive demand for cessation, (2) adequate health communications to keep anti-smoking messages in front of youth and young adult tobacco use through a statewide public education campaign, (3) expanded cessation systems interventions at the local community level, and (4) smokefree air laws that cover all workplaces and public places. Such investment is necessary to counter the \$426 million that is spent annually in Indiana to promote, advertise, and market tobacco products.

A new report released September 14, 2010 from the American Lung Association found that smoking results in costs to the Indiana economy of more than \$7.7 billion annually. This includes workplace productivity losses of \$2 billion, costs of premature death at \$3 billion, and direct medical expenditures of \$2.6 billion. The study also calculated the combined medical and premature death costs and workplace productivity losses per pack of cigarettes. In Indiana, the retail cost per pack of cigarettes is \$5.13. The costs and workplace productivity losses nationwide equal \$15.90. Tobacco cessation has been identified as one of the three highest cost-effective preventive strategies to use. The American Lung Association study also concluded that if Indiana were to invest in comprehensive smoking cessation benefits, they would receive, on average, a 19% return on investment. For every dollar spent on helping smokers quit, states will see on average a return of \$1.19.

Tobacco use is a burdensome cost for Indiana employers. Economic costs of smoking are estimated to be about \$3,391 per smoker per year. Employees that smoke visit healthcare professionals up to six times more often than non-smokers, are admitted to the hospital almost twice as often as non-smokers, and spend an average 1.4 additional days in the hospital per admission over non-smokers. In addition, tobacco users incur more workplace injuries than non-smokers and take unscheduled smoking breaks that add up to 136 hours of non-productive paid work time per year, per smoker.

Indiana stands to save millions of dollars in Medicaid through a reduced smoking rate. The prevalence of smoking remains higher in the Medicaid population compared to the rest of the U.S. population. In 2007, 33% of adult Medicaid enrollees smoked cigarettes, which is substantially higher than the general population prevalence of 19.8%. On an annual basis, the Medicaid program spends over \$200 billion on medical care. Medicaid expenditures attributable to smoking total about \$22 billion annually, representing 11% of all Medicaid expenditures. Given that Indiana's smoking rate is 23% (as compared to 19.8% for the U.S.) the savings that Indiana can realize is staggering. The 2005 estimated cost of smoking for

Indiana's Medicaid population was \$248 million. More than half of the callers served by the Indiana Tobacco Quitline are either uninsured (35%) or Medicaid insured (16%).

Accomplishments and Challenges

Key overall accomplishments for 2010:

- Adult smoking dropped to its lowest historic rate of 23% in 2009.
- Since 2000, high school-age smoking dropped 42%, from 31.6% in 2000 to 18.3% in 2008. A new tobacco youth survey will be conducted in the fall of 2010.
- The Quit Now Preferred Employer Network and Preferred Provider Network launched with great support from employers and health care professionals. As of August 2010, 512 health care providers, 267 employers, and 73 community organizations have enrolled in these networks.
- The Indiana Tobacco Quitline has received nearly 55,000 calls since its launch in 2006. The highest monthly call volume was in May 2010 with nearly 3,500 calls.
- Over 70% of Hoosier youth are protected from secondhand smoke on their school campuses, an increase from only 28% of youth protected in 2001.
- Between 2002 and 2008, the proportion of smokefree Hoosier homes where smokers live doubled from 28% to 55%. Smokefree homes are an indication that the household is making voluntary changes in their smoking behavior, often a first step in quitting for life.

Community Based Programs-Community, Minority and State Grants

Accomplishments:

- ITPC completed a fifth round of funding to 64 counties, 13 minority organizations in 8 counties, and 9 statewide organizations. Grant amounts ranged from \$17,500 to \$445,000 annually.
- Approximately 2,250 community organizations are involved at the local level.
- Coalitions have implemented nearly 122,000 program activities between 2002 and 2010, ranging from Voice events to community presentations to delivery of training. Approximately 19,500 of those activities involve working with youth. Nearly 16,000 are in communities attempting to reduce exposure to secondhand smoke. Nearly 14,000 of the activities are focused on helping Hoosier adults to quit tobacco use.
- Three regional Voice Youth Hub grants were continued to provide assistance for building and sustaining the Voice movement. Local Voice Partners recruited and provided training to 406 Voice Adult Allies and Youth in 2009 and 2010. In 2010, Voice Youth worked the state fair to promote Voice initiatives and smokefree air in Indiana.

Challenges:

- The number of counties funded in the last biennium was reduced from 85 counties to 64 counties due to funding availability.
- Currently, there are only 3 regional directors on staff to meet the statewide needs of 89 grantees which constitute 75% of our budget spending. The need for training and technical assistance for the local community programs is great. Specifically, the counties need help in interpreting and applying evidence-based strategies for tobacco control. There is considerable turnover of local coalition coordinators thus training is an on-going critical need.
- ITPC must ensure that fiscal and program accountability is ongoing due to the large number of grants that each regional program director is responsible for monitoring (approximately 20-25 grants per staff person). As programs continue to increase in need and complexity,

there is increased demand for technical assistance from staff. ITPC staff currently conducts reverse site visits and desk audits of randomly selected grantees to obtain limited assurances regarding reporting accuracy as submitted by grantees.

- Community grantees need broad community messages that can be provided through a statewide public education campaign designed to reach all Hoosiers to offset the effect of tobacco industry marketing. Tobacco product marketing outweighs tobacco control program spending 46 to 1 (\$426 million versus \$9.2 million).
- New tobacco products are being marketed to youth at increasing promotional levels including flavored cigars, cigarillos, and spit tobacco products. Efforts to enforce the youth access laws need to be expanded to include these products.

Cessation Interventions

Accomplishments:

- Fewer Hoosiers continue to smoke. Adult smoking dropped to its lowest historic rate of 23%. Further efforts to reduce the smoking rate will focus on reaching priority populations and helping the eighty percent of Hoosier smokers who want to quit.
- The Quit Now Preferred Employer Network (PEN) and Preferred Provider Network (PPN) has launched with great support from employers and health care professionals. As of August 2010, 512 health care providers, 267 employers, and 73 community organizations have enrolled in these networks.
- Nearly 19,000 Hoosiers called the Indiana Tobacco Quitline in SFY 2010. The highest monthly call volume was in May 2010 with nearly 3,500 calls.
- More than 70 partner organizations gathered for a statewide summit on cessation, the first of its kind. Participants representing employers, health care providers, policy makers, and community educators identified strategies to increase cessation with an emphasis on those which were low in cost.
- Evaluation surveys were conducted in SFY 2010 at a 7-month follow up for those receiving services. Thirty percent of Quitline callers reported being tobacco-abstinent for seven days or more. The 30-day quit rate was 27%.

Challenges:

- There are over 1 million smokers in Indiana. The hardest to reach have some of the highest smoking rates. One of the best avenues for reaching these hard-to-reach smokers is through radio and TV.
- New “Snus” dissolvable tobacco products that are being pilot tested in Indianapolis are undercutting our efforts to help tobacco users quit. These products are an alternative for smokers to use where they cannot smoke, thus leading to fewer quit attempts and implications of dual use of spitless tobacco combined with smoking-health effects that we have almost no data on yet.
- Only 30% of the state’s population is protected by smokefree air laws. This leaves an environment that is not conducive to helping smokers quit for life.

Statewide Public Education Campaign

Accomplishments:

- ITPC partnered with INShape Indiana to provide financial sponsorship for a paid advertising campaign.
- Hoosier adults who were aware of at least one ITPC radio advertisement were 94% more likely to be knowledgeable about (strongly agree with) the dangers of tobacco use than those with no awareness of radio advertisements.

- Adults who were aware of at least one ITPC radio advertisement were more than twice as likely (222%) to strongly agree that they would feel comfortable telling people their age not to smoke, refuse cigarettes if someone offered them, and participate in community activities against tobacco use.
- Support for smoke-free workplaces continues to increase as Indiana residents become more knowledgeable about the dangers of secondhand smoke exposure. Three out of four (74%) Hoosiers support a comprehensive smoke-free workplace law. Support for smoke-free environments continues to rise each year as more adults say they support laws that would make all indoor workplaces (including restaurants and bars) smoke-free. Most adults report being very (57%) or somewhat (28%) concerned about the health effects of secondhand smoke.
- The increase in smoke-free homes and workplaces and public places leads to fewer places to smoke. This change encourages smokers to think about and try to quit as smoking becomes less common and less visible. The social acceptability of smoking by adults has decreased. When Hoosier adults were asked “how do you feel about adults smoking,” there was a significant decrease in the proportion of adults who felt that it was “okay to smoke as much as you want”.
- Hoosier attitudes regarding the social acceptability of smoking are shifting in a positive direction. Three out of four Hoosier adults support laws that would make all indoor workplaces smoke free. Nine out of ten believe that secondhand smoke is very harmful.
- Knowledge change is leading to behavior change. The proportion of Hoosier families that have smoke free homes increased to 81% in 2008, up from 60% in 2002.
- Indiana generated over 4,800 newspaper articles on tobacco issues in SFY 2009-2010.

Challenges:

- To be effective, public education strategies must continue to be well-funded so that the media component can achieve the necessary reach and appropriate messages in order to be effective. This effort must be sustained over the long term in order to change long-held Hoosier attitudes and beliefs about tobacco use.
- Indiana citizens are overwhelmed with pro-tobacco messages in comparison to anti-tobacco messages. Tobacco companies outspend tobacco prevention and cessation efforts 46 to 1, with the tobacco companies spending \$426 million in Indiana each year.
- The hardest to reach smokers are heavy users of radio and TV. The ability to reach these smokers through paid advertising is critical.
- Indiana’s public education campaign provides critical support for all components of the community program. While we are working to change social norms around tobacco, progress is a challenge with a diminished public education campaign. Long held attitudes must be changed before we see tobacco use behaviors change. This is especially true for the hardest-to-reach Hoosiers who also have the highest smoking rates.

Evaluation and Surveillance

Accomplishments:

- ITPC’s evaluation and research coordinating center continues to analyze data and produce fact sheets and reports to share tobacco use behavior, attitude and belief trends for Indiana.
- ITPC’s work with Hoosier-based subcontractors for the evaluation contract totals over 24% of the contract value; including minority and women-owned business participation at 17% of the contract for the SFY 09-10, and 7.5% for university-based evaluation projects.
- The evaluation center completed several surveillance activities in SFY 07-08, including the 2006 and 2008 Indiana Adult Tobacco Surveys and the 2008 Youth Tobacco Survey. These data

measure overall tobacco use, as well as knowledge, attitudes, and beliefs on tobacco-related issues used to track program outcomes.

- ITPC monitors program activity monthly and fiscal accountability quarterly. The activities occurring in the local communities are tracked to ensure the programs are executed properly and to assess the level of activity at the local level.
- Evaluation efforts included research grants with Indiana University.

Challenges:

- There is increased demand on the local level for collecting and disseminating data.
- Conducting the Youth Tobacco Survey in schools is a challenge, as schools are resistant to allow evaluators to use school time to collect data.
- There are gaps in the data available for evaluating and monitoring health issues in minority specific communities.
- There is the opportunity to do research with existing ITPC data that would result in Indiana contributing to the field of tobacco control.

Administration and Management

Accomplishments:

- Staff completed the fifth funding cycle for all community-based grants, all accomplished through Request for Applications. Staff currently administers 89 grants, 15 contracts and 2 Memoranda of Understanding (MOU).
- Staff is currently implementing the 2015 State Tobacco Control Plan for Indiana. This is the third strategic plan that staff have developed in the ten-year history of the agency.
- Programmatic monitoring is accomplished through the execution of the overall ITPC evaluation plan that includes quarterly program reports. The Regional Directors monitor partners to ensure that program reports are completed. In instances where reports are not completed, the grantee runs the risk of not receiving the next grant payment. We have achieved an 87% completion rate for monthly and quarterly reports submitted on time.
- Staff is utilized by numerous state programs around the United States for technical assistance for tobacco control programming.

Challenges:

- Currently ITPC administers 89 grants, 15 contracts, and 2 MOUs. The organization operates with a small staff to serve the needs of the grantees and to meet agency operational responsibilities. All staff multi-task responsibilities, while simultaneously serving as back-up on other staff members to provide coverage during staff absences.
- Grant monitoring is accomplished initially by Regional Directors through the quarterly fiscal reports, budget updates, and additional procedures for tracking Program activities. ITPC Regional Directors and Finance Staff have been conducting desk audits of information submitted to support reports filed with the agency.

Programs to Be Reduced, Eliminated, and/or Replaced By Other Programs

Eliminated/Replaced: Funding to the Indiana Alcohol and Tobacco Commission for increased enforcement of Indiana’s youth access law. These dollars helped fund some of the excise officer positions that conducted compliance checks of retailers. It was anticipated that ATC would be eligible to

receive funding for these activities through the new FDA Center for Tobacco Product Regulation. In addition, the Division of Mental Health was able to provide funding for compliance checks as well.

Reduced Funding: The number of Hoosiers served through the Indiana Tobacco Quitline will be reduced for 2012-2013 due to the loss of stimulus funding in this program category. This is occurring just at the time when health care providers and employers have established the ITQL as a core part of their cessation interventions.

Reduced Funding: The amount of funding for statewide public education media campaigns has been reduced for the upcoming biennium.

Reduced Funding: The amount of funding for evaluation has been reduced for the upcoming biennium.

Reduced Funding: More training will be offered through webinars.

Reduced Funding: Administration costs have been reduced by staff vacancies.

The ITPC Executive Board continues to work with other state agencies to assist them with appropriate funding of programs consistent with the Executive Board's governing statutes (IC 4-12-4). Below is a summary of funding transfers that either have occurred or soon will occur between the Executive Board and other state agencies:

	<u>2010</u>	<u>2011</u>
Division of Information Technology (Computer/tech support)	\$20,000	\$20,000
Indiana State Fair	\$105,000	\$105,000
Indiana INSHAPE	\$150,000	\$150,000
White River State Lawn	\$85,000	\$85,000
Total:	\$360,000	\$360,000

Indiana Tobacco Prevention and Cessation September 2010

