

Appendix 3

Tobacco Prevention and Cessation



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Background of public health issue

Tobacco use continues to be the single most preventable cause of death and disease in Indiana. *US Surgeon General's report 2020*. A diverse network of organizations and individuals at the state and local levels work collaboratively to reduce this burden and improve the health of Hoosiers.

Youth use of tobacco and vaping products, especially e-cigarettes, continues to be a concern and must be monitored. More community smoke-free air laws that protect workers on the job and Hoosiers in their communities from secondhand smoke exposure and secondhand aerosol are needed. Efforts to increase smoke-free housing for all Hoosiers have made great strides, and demand is expected to increase. More than one million adults in Indiana still smoke cigarettes, so efforts must continue to implement best practices and connect individuals to smoking cessation programs to impact vulnerable populations across the state.

Purpose/description of proposal and funded activities/eligible groups to receive funding The purpose of the application is to bring in new local community-based partnerships for commercial tobacco prevention and cessation.

The following counties* are prioritized for this specific opportunity: Benton, Brown, Cass, Clay, Crawford, DeKalb, Fayette, Fountain, Greene, Harrison, Huntington, Jasper, Jennings, LaGrange, Miami, Newton, Ohio, Owen, Parke, Perry, Pulaski, Putnam, Rush, Starke, Steuben, Switzerland, Tipton, Union, Vermillion, Warren, and Wayne. However, this opportunity is open to all organizations not funded by the Indiana Department of Health Tobacco Prevention and Cessation Division.

Potential impact of this program

In numerous publications including the 2014 Surgeon General's Report, *The Health Consequences of Smoking-50 years of Progress* and the 2020 Surgeon General's Report on Tobacco Cessation, <https://www.hhs.gov/surgeongeneral/reports-and-publications/tobacco/2020-cessation-sgr-factsheet-key-findings/index.html> tobacco control programs are strongly recommended to prevent youth initiation, increase tobacco treatment and protect from exposure to secondhand smoke.

*Potential lives impacted by the effort could include approximately 141,000 Hoosier adults who use tobacco, more than 1,300 smoking-related pre-term births and 36,000 Hoosiers living with a chronic health condition related to tobacco in the 31 counties noted above that have the highest adult smoking rates and do not have an active IDOH Tobacco Prevention and Cessation partnership grant. Specific county level data can be found on the [TPC Community Programs](#) page.

Health equity statement (required):

Describe populations disproportionately impacted by the specific topic area and how applicant will address these populations specifically.

Please refer to the General Grant Guidance for additional details.

Sustainability

This application should describe the strong likelihood for a sustainable effort after the grant period. This may include but is not limited to an increase in capacity of target populations and communities, policy and systems changes, and establishment of programs within organizations.

Metrics and evaluation of funded activities

Measures to be collected regularly and submitted monthly to IDOH:

1. Demographics:
 - a. Number of individuals served by race (Black/African American, American Indian/Alaska Native/Native Hawaiian/Other Pacific Islander, Asian, Caucasian/White, etc.)
 - b. Number of individuals served by ethnicity [Hispanic/Latin(a/o/x), other]
 - c. Number of individuals served by gender/gender identity (males, females, those who prefer not to answer)
 - d. Number of members of the LGBTQ+ community served
 - e. Age ranges served
 - f. Number of individuals served with a primary language other than English
 - g. Number of unique individuals served that meet at least one of the following criteria:
 - i. Current active enrollment in MEDICAID/HIP; or
 - ii. Current active enrollment in SNAP/Food Stamps; or
 - iii. Current active enrollment in TANF; or
 - iv. Residing in a household at or below 200% of poverty per the HHS Poverty Guideline as noted in the HHS Poverty Guidelines for 2022 ([Poverty Guidelines | ASPE \(hhs.gov\)](#))
 - h. Additional factors, including but not limited to education level, disability, substance abuse, mental illness, etc.
2. Health Equity: Please share progress made toward achieving your health equity goals (as defined in your Health Equity Statement).
3. Participation: Number of unique individuals served
4. Program Area Metrics:
 - a. Tobacco Use
 - i. Number of youth and young adults reporting use of tobacco or nicotine product(s)
 - ii. Number of adults reporting use of tobacco or nicotine product(s)
 - iii. Number of youth participants reporting a decrease in tobacco/nicotine/e-cigarette use



- iv. Number of adult participants reporting a decrease in tobacco/nicotine/e-cigarette use
- v. Number of youth participants that report cessation of tobacco or nicotine product use since introduction to your program/resources
- vi. Number of adult participants that report cessation of tobacco or nicotine product use since introduction to your program/resources
- b. Quitline Referrals
 - i. Number of Quitline referrals made
 - ii. Number of Quitline accepted services
- c. Education and Outreach
 - i. Number of people educated by your program (regardless of enrollment status)
 - ii. Number of smoke- or vape-free policies you assisted in establishing to protect Hoosiers from secondhand smoke
 - iii. Number of schools in your area you assisted in establishing a tobacco-free policy
 - iv. Number of school presentations provided by your program on tobacco/nicotine products and enforcing tobacco-free school policies
 - v. Number of engaged members on local tobacco control coalition
 - vi. Number of outreach activities targeting healthcare providers (such as hospital systems, primary care providers, pediatric offices, outpatient centers, dentists, and pharmacists)
 - vii. Number of outreach activities with organizations that serve marginalized populations
 - viii. Number of outreach activities at multi-unit housing properties.
 - ix. Number of other outreach activities.

Provide a plan for how you will evaluate the program over your grant project period.

The above measures may be altered at any time at the discretion of the Health Innovation Partnerships and Programs Division of IDOH.

Reference section (data sources, etc.)

This application builds on the objectives and strategies in the [2025 Indiana Tobacco Control Strategic Plan](#) and includes evidence based strategies described in the [CDC Best Practices for Comprehensive Tobacco Control Programs](#). Applicants should also refer to *Request for Application Resource Guide* for additional resources.

Priority Areas:

- Decrease youth and young adult tobacco use rates
- Increase proportion of Hoosiers not exposed to secondhand smoke
- Decrease adult smoking rates
- Maintain a state and local infrastructure necessary to lower tobacco use rates

Priority areas have community indicators that are broad, evidence-based strategies that work to



address the priority areas.

Local Community-based Partnerships should include the following Community Indicators:

- School Prevention: Increase the proportion of Indiana middle and high schools that support and implement a comprehensive school strategy against all tobacco use.
 - **Expected Outcome**: Ensure all school districts in your county have a comprehensive approach and a tobacco-free policy including electronic cigarettes/smoking devices.
- Point-of-Sale: Extent of broad-based community support for commercial tobacco point-of-sale strategies at the local level.
 - **Expected Outcome**: Educate the community on tobacco point-of-sale advertising
- Tobacco-Free Schools: Proportion of school districts with comprehensive tobacco-free campuses
 - **Expected Outcome**: Ensure all school districts in your county have a comprehensive tobacco-free grounds policy including electronic cigarettes/smoking devices. If schools have a comprehensive policy in place, work with school districts on addressing alternatives to suspension and citation measures
- Multi-Unit Housing: Proportion of comprehensive smoke-free policies in multi-unit housing.
 - **Expected Outcome**: Increase the number of housing properties that protect residents from secondhand smoke exposure.
- Quitline: Extent of utilization of the Indiana Tobacco Quitline throughout the community.
 - **Expected Outcome**: Build a network of healthcare providers and organizations that routinely refer those who use tobacco to the Indiana Tobacco Quitline/Quit Now Indiana services
- Coalition: Extent of intersectional partnerships within the broad-based coalition.
 - **Expected Outcome**: Build a robust coalition representing all sectors of the community



Supplemental Resources for TPC partnerships

A workplan template is available

MIDDLE AND HIGH SCHOOL PREVENTION

Increase the proportion of Indiana middle and high schools that support and implement a comprehensive school strategy against all tobacco use.

Contract Deliverables:

- Obtain a signed agreement from school administration that includes:
 - Copy of the school district's comprehensive 100% tobacco free policy, including e- cigarettes
 - Support for students to participate in VOICE initiatives within the school
 - Commitment to provide tobacco control messaging and materials to students, staff, parents, and visitors
 - Provide tobacco cessation resources, such as the Indiana Tobacco Quitline to all staff
- Provide messages (articles, fact sheets, and other resources) to communicate with the school community on tobacco prevention and cessation.
- Promote the Indiana Tobacco Quitline to all school district employees including auxiliary staff.
- Provide at least one training or information session for all school staff on various tobacco issues such as:
 - point of sale and predatory tobacco marketing
 - flavors and menthol
 - health equity and tobacco as a social justice issue
 - policy reform around student nicotine use in schools that includes alternatives to punitive measures I.E in/out of school suspension and citations
 - emerging tobacco products
- Provide at least one training or information session for all parent groups on various tobacco issues such as:
 - point of sale and predatory tobacco marketing
 - flavors and menthol
 - health equity and tobacco as a social justice issue
 - policy reform around student nicotine use in schools that includes alternatives to punitive measures I.E in/out of school suspension and citations
 - emerging tobacco products

POINT-OF-SALE

Extent of broad-based community support for tobacco point-of-sale strategies at the local level.

Contract 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.
- Conduct youth and adult-focused educational activities on how tobacco products are priced and marketed to target teens and marginalized populations at the point-of-sale. Include results of local tobacco retailer assessments from the STARS annual survey. Include information about flavored tobacco products, including menthol, and their impact on youth and our most marginalized communities. Appropriate audiences may include youth ages 12-18 years and young adults ages



19-24 years, youth and young adult-serving organizations, organizations that serve marginalized populations, internal and external partners including coalition members and lead agencies, and key decision makers in the community.

- Provide education to the coalition regarding tobacco related point-of-sale strategies
- Conduct Community Conversation with a panel of stakeholders and subject matter experts representative of the community. Include results of local tobacco retailer assessments from STARS biennial survey. Include information about flavored tobacco products, including menthol, and their impact on youth and our most marginalized communities.

TOBACCO-FREE SCHOOLS:

Proportion of school districts with comprehensive tobacco-free campuses.

Contract Deliverables:

- Analyze current tobacco free school policies within your county to determine how the policies address student nicotine/tobacco use in school and develop a plan for each school to adopt alternatives to suspension and citation measures for students.
- Conduct at least one adult-focused presentation per year to school board members and school administrators on tobacco products, including ENDS, and the importance of a comprehensive tobacco-free school district policy that includes alternatives to suspension or citation. Include information on how products are marketed to appeal to youth, and how youth are targeted by the tobacco industry, using Indiana Youth Tobacco Survey (YTS) data.
- Upon passing a comprehensive district-wide tobacco-free policy including alternatives to suspension and citation measures, conduct an implementation strategy meeting with school administrators and offer resources including the Indiana Tobacco Quitline and other tobacco cessation resources, including specific resources for youth addicted to e-cigarettes.

MULTI-UNIT HOUSING:

Proportion of comprehensive smoke-free policies in multi-unit housing.

Contract Deliverables:

- Conduct an assessment of current policies regarding smoking in all public and market rate multi-unit housing in your community and develop a written work plan that incorporates results of the completed assessment.
- Conduct at least one presentation to the public housing authority board, market-rate multi-unit housing management, or trade associations on the importance of smoke-free policies for public housing and multi-unit housing.
- Assist public housing authority and market rate housing management with:
 - implementation by providing resources including Indiana Tobacco Quitline materials and other assistance
 - enforcement and strengthening of policy to include e-cigarettes and smoke-free grounds
- Maintain a database of all public and market rate multi-unit housing in your community and complete the following activities:
 - Outreach with all new multi-unit housing properties that open within your community
 - Track and monitor outreach to the database obtained through assessment



QUITLINE:

Extent of utilization of the Indiana Tobacco Quitline throughout the community.

Contract Deliverables:

- Conduct outreach with **healthcare providers** (such as hospital systems, primary care providers, pediatric offices, outpatient centers, dentists, and pharmacists) to promote the Indiana Tobacco Quitline and to develop relationships
 - Outreach with all new contacts on the Quit Now Indiana Preferred Provider Network list to determine interest level and intensity of follow up needed
 - Intense outreach to Quit Now Indiana Preferred Provider Network members with a high interest level through ongoing follow-up (by phone, email, or in person)
 - Track outreach to Quit Now Indiana Preferred Provider Network and Quitline referrals and acceptance rates from providers contacted
 - Connect healthcare representatives interested in electronic referral to the Indiana Tobacco Quitline with TPC cessation staff
- Conduct ongoing outreach with **health care providers that serve marginalized populations** (such as Community Health Clinics, Federally Qualified Health Centers, mental health centers, opioid treatment/addiction providers, and recovery centers) to promote the Indiana Tobacco Quitline and to develop relationships
 - Outreach with all new contacts on the Quit Now Indiana Preferred Provider Network list to determine interest level and intensity of follow up needed
 - Intense outreach to Quit Now Indiana Preferred Provider Network members with a high interest level through ongoing follow-up (by phone, email, or in person)
 - Track outreach to Quit Now Indiana Preferred Provider Network and Quitline referrals from providers contacted
- Conduct ongoing outreach with **organizations that serve marginalized populations** (such as organizations serving pregnant women, lesbian, gay, bisexual, and transgender (LGBTQ+) people, veterans and members of the military, Medicaid members, uninsured residents, people with low income and low education, people experiencing homelessness or domestic violence, people with disabilities, and vocational training programs and faith-based organizations)
 - Outreach with all new contacts on the Quit Now Indiana Preferred Organization Network list to determine interest level and intensity of follow up needed
 - Intense outreach to Quit Now Indiana Preferred Provider Network members with a high interest level through on-going follow-up (by phone or in person)
 - Track outreach to Quit Now Indiana Preferred Provider Network and Quitline referrals from organizations contacted

COALITION:

Extent of intersectional partnerships within the broad-based coalition.

Contract Deliverables:

- Conduct the first steps of building a commercial tobacco control coalition, including assessment of coalition recruitment and development.
- Conduct ongoing coalition development and maintenance activities to involve participation from all



sectors of the community.

- Hold regularly scheduled meetings (monthly is recommended) and celebrate coalition successes.
- Conduct face-to-face meetings or key informant interviews with a prospective coalition member or partner in order to recruit from sectors of the community not well represented on the coalition.
- Send a letter of thanks to state policymakers for your community grant funding and outline the coalition's accomplishments and goals for grant.
- 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.

MARGINALIZED POPULATIONS:

Extent of participation by groups serving marginalized populations in the community.

Contract Deliverables:

- Conduct at least one face-to-face or key informant interview each quarter with an organization, key individual, or stakeholder from a marginalized population, and identify a contact person for coalition recruitment. Organizations may include:
 - Organizations that work with women of childbearing age and pregnant women
 - Not-for-profit organizations
 - Tribal governments
 - Faith-based community
 - Employers in blue collar, service and hospitality industries
 - Indiana High School Equivalency Diploma (formerly GED) Programs
 - Community Health Centers: <http://www.indianapca.org/?page=FindaCHC>
 - Community mental health centers
 - Addiction treatment facilities
 - Career centers/WorkOne centers: <http://www.in.gov/dwd/WorkOne/locations.html>
 - Youth in alternative schools
 - Lesbian, gay, bisexual and transgender community (LGBTQ+)
 - Individuals without health insurance and/or lacking access to health care
 - Organizations that serve people with disabilities
- Conduct presentations on the burden of tobacco products on marginalized populations to internal and external partners, including coalition members, organizations serving marginalized populations, key decision makers, and other community stakeholders.
- Engage and work in partnership with organizations serving marginalized populations to ensure activities are co-created and welcomed by the community. Example activities include:
 - Join other community-based organization meetings that serve the needs of marginalized populations.
 - Partner with a local event focused on serving marginalized populations.
 - Subcontract with an organization serving marginalized populations to conduct activities related to the workplan
- Join other community-based organization meetings that serve the needs of priority populations. Partner with a local event focused on serving priority populations.

