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The Indiana Profile : A review of Indiana's tobacco prevention and control program

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The **Indiana**

P R O F I L E

A review of Indiana's
tobacco prevention and
control program
July 2002

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Table of Contents

i	Executive Summary
1	Introduction
3	Financial Climate
7	Political Climate
11	Capacity & Relationships
18	The Best Practices
24	Tobacco Control Program Goals
28	Disparate Populations
32	Program Strengths & Challenges
34	Resources



Executive Summary

Project Overview

The Center for Tobacco Policy Research at the Saint Louis University Prevention Research Center is conducting a three-year project examining the current status of 12-15 state tobacco control programs. The project aims to: 1) develop a comprehensive picture of a state's tobacco control program to be used as a resource for tobacco control agencies and policymakers; 2) examine the effects of political, organizational, and financial factors on state tobacco control programs; and 3) learn how the states are using the CDC's *Best Practices for Comprehensive Tobacco Control Programs*. This Profile has been developed as a resource for tobacco control partners and policymakers to use in their planning and advocacy efforts. The Indiana Profile presents both quantitative and qualitative results collected over a two-month period, beginning in July 2002. Results presented reflect fiscal year 2003 unless otherwise noted.

Summary

Although the burden of tobacco use in Indiana is substantial, the state's tobacco control program is well on its way to making a significant impact on reducing tobacco use in the state. The program faced many challenges, such as the state budget crisis, but also had many successes. The passage of the excise tax increase in 2002, an emphasis on funding community programs, an improving tobacco control network, and a committed lead agency all contributed to Indiana's progress towards establishing a comprehensive tobacco control program.

Financial Climate

In fiscal year 03, Indiana dedicated \$33.9 million to tobacco control, meeting approximately 97% of CDC's minimum recommendations for an effective

comprehensive program in Indiana. Community and counter-marketing programs received the most funding, while chronic disease programs received no funding from the tobacco control program. The establishment of the Tobacco Fund and the passage of the cigarette excise tax increase were viewed as financial successes. Challenges were the state budget crisis, a lack of commitment for long-term funding, and the general lack of financial support for public health in Indiana.

Political Climate

Although Indiana's political climate for tobacco control had not been favorable in the past, many partners felt that it was improving. They felt Governor O'Bannon was supportive of tobacco control and most felt the State Legislature had been more supportive than ever before. Evidence of the Governor's and Legislature's support was the allocation of settlement dollars to tobacco control and the passage of the excise tax increase. In addition to Governor O'Bannon, Senator Larry Borst (R), Representative Charlie Brown (D), and former Attorney General Jeff Modisett were recognized as strong tobacco control advocates. Despite a more supportive political climate, the tobacco control program did face some barriers, including the tobacco industry and the tobacco farming influence.

Capacity & Relationships

Organizational characteristics that facilitated partners' tobacco control efforts included the availability of physical resources, agencies' internal communication network, and opportunities for training. Many partners felt their staffing levels were inadequate and that hiring additional staff would improve their tobacco control efforts significantly. Staff turnover was not viewed as an impediment, but many partners felt that position vacancies,

especially within the Indiana Tobacco Prevention and Cessation Agency (ITPC), hindered the program. Partners were in favor of the appointment of an independent agency to lead Indiana's tobacco control program and were very supportive of the ITPC efforts. They felt the tobacco control network was becoming more effective, but still needed improvement. Reasons the network had not reached its potential were that it had only a short time to grow, not all partners were involved yet, and some partners were still unsure of their roles. However, partners felt that the network had potential to continue to become more effective in the future.

Best Practices

The majority of partners were at least somewhat familiar with the CDC's *Best Practices for Comprehensive Tobacco Control Programs* (BP). Partners felt that community programs and counter-marketing should be high priorities for Indiana, while enforcement and chronic disease programs should be less important. Indiana's arrangement of the BP, where community programs included cessation, school, and statewide programs, created more flexible categories and made the categories easier to use and understand. Identified strengths of the BP guidelines were that it provides a good starting place, is evidence-based, emphasizes a comprehensive approach, and has the name recognition of the CDC. Weaknesses were that it lacks guidance for implementation and funding prioritization, does not address states' unique characteristics, and does not use the knowledge learned from the ASSIST project. Suggested improvements included emphasizing the relative priority of each category, including implementation strategies, improving funding guidelines, and addressing capacity building.

Program Goals

For this evaluation, building strong community-based partnerships and reducing youth initiation and access were identified as the top two program goals for FY 03. Partners agreed that these were appropriate goals because they would lead to accomplishing other program goals (e.g. secondhand smoke

policy) and were consistent with the upcoming legislative agenda. Suggested changes to the list were: broadening the definition of youth to 18-24 year olds due to the targeting by the tobacco industry, and including policy activities and statewide cessation programs as additional priorities. The development of community-based partnerships and coalitions had been challenging in the past, but progress was being made. The youth movement, VOICE, and the passage of the excise tax increase were viewed as successful activities in reducing youth initiation.

Disparate Populations

ITPC identified three primary tobacco-related disparate populations in Indiana: African Americans, Latinos/Hispanics, and pregnant women. Partners agreed that these populations should be a priority for the state. However, there were some suggestions for groups to be added to the list, including Native Americans, teenagers, blue-collar workers, low socioeconomic status individuals, and the elderly. Partners mentioned strategies implemented by the state targeting African American, Latino/Hispanic populations more often than those targeting pregnant women. Finally, partners felt that the BP were not useful for addressing disparate populations.

Program Strengths & Challenges

Partners identified the following strengths and challenges of Indiana's tobacco control program:

- The experience and leadership of ITPC's executive director Karla Sneegas, along with the ITPC Deputy Director J.D. Lux and the rest of the ITPC staff, were major strengths of the program.
- Having adequate funding for the program was also a strength.
- Indiana's state budget crisis, the threat of losing funding, and having to reallocate funding every two years were impediments for the tobacco program.
- The short timeline for the ITPC to implement the tobacco control program was identified as a challenge.



Introduction

Methods

Information about Indiana's tobacco control program was obtained in the following ways: 1) a survey completed by the Indiana Tobacco Prevention and Cessation Agency (ITPC) that provided background information about the program; and 2) key informant interviews conducted with 15 tobacco control partners in Indiana. The ITPC was asked to identify partner agencies that played a key role in the state tobacco control program and would provide a unique perspective about the program. Each partner participated in a single interview (in-person or telephone), lasting approximately one hour and 15 minutes. The interview participants also had an opportunity to recommend additional agencies or individuals for the interviews. The following partners participated in the interviews:

- Indiana Tobacco Prevention and Cessation Agency (ITPC)
- ITPC Executive Board
- American Cancer Society
- American Heart Association
- Indiana Alliance of Boys and Girls Clubs
- Indiana Black Expo
- Indiana Latino Institute, Inc.
- Indiana Minority Health Coalition
- Indiana State Department of Health
- Indiana State Medical Association
- MZD Advertising
- Marion County Tobacco Control Program
- Smokefree Allen County
- Smokefree Indiana
- Tobacco Smart Indiana

Results presented in this Profile consist of extensive content analysis of qualitative data as well as statistical analysis of quantitative data from the interviews.

Profile Organization

The project logic model used to guide the development of this Profile is organized into three areas: 1) facilitating conditions; 2) planning; and 3) activities.

Rationale for Specific Components

Area 1: Facilitating Conditions

Money, politics, and capacity are three important influences on the efficiency and efficacy of a state's tobacco control program. The unstable financial climates in states have a significant impact on the tobacco control funding. Many state tobacco control programs receive little or no MSA funding for tobacco control and are adversely impacted by the state budget crises and securitization. In conjunction with the financial climate, the political support from the Governor and State Legislature, and the strength of the tobacco control champions and opponents have a significant effect on the program. Finally, the organizational capacity of the tobacco control partners and the inter-agency relationships are also important characteristics to evaluate. While states can have adequate funding and political support, if the partners' capacity and the cohesiveness of tobacco control network are not evident then the success of the program could be impaired.

Area 2: Planning

Tobacco control professionals have a variety of resources available to them. Partners

may find it helpful to learn what resources their colleagues are utilizing. The CDC *Best Practices for Comprehensive Tobacco Control Programs* (BP) is evaluated extensively due to its prominent role as the planning guide for states. Learning how the BP guidelines are being implemented and identifying the strengths and weaknesses will aid in future resource development.

Area 3: Activities

Finally, the outcome of the areas 1 and 2 is the actual activities implemented by the states. The breadth and depth of state program activities and the constraints of the project precluded an extensive analysis of the actual program activities. Instead, two specific areas were chosen to provide an introduction to the types of activities being implemented. These two areas were: the state's top two priority programmatic or policy goals for the current fiscal year (e.g. passing ETS legislation, implementing

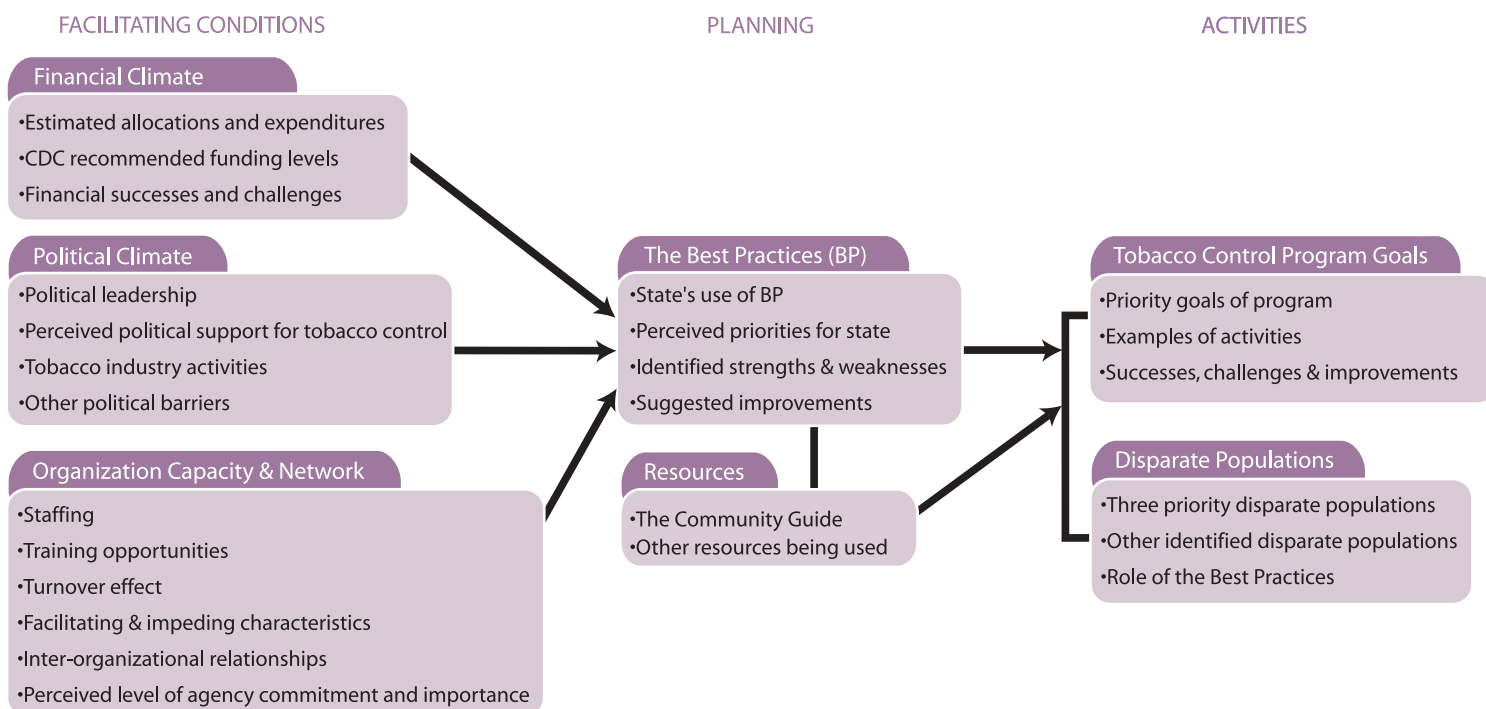
cessation programs) and the emphasis on disparate populations (e.g. identification and addressing disparate populations).

Additional Information

Quotes from participants (offset in green) were chosen to be representative examples of broader findings and provide the reader with additional detail. To protect participants' confidentiality, all identifying phrases or remarks have been removed. At the end of each section, the project team has included a set of suggested approaches. These suggestions are meant to provide the partners with ideas for continuing and/or strengthening their current tobacco control efforts.

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The Best Practices Project Logic Model



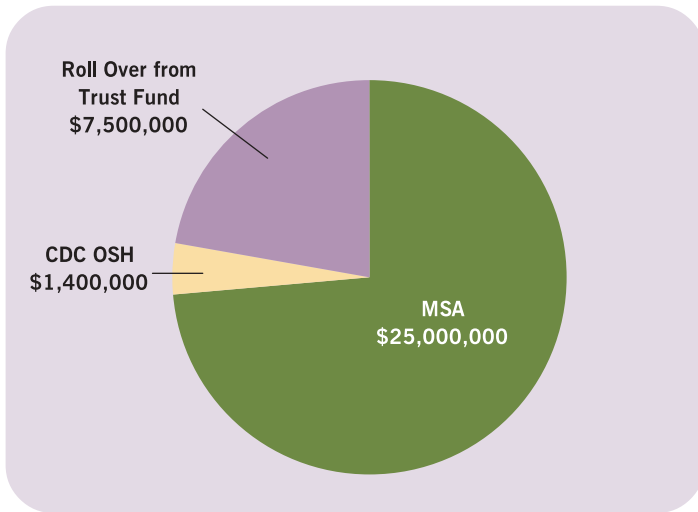


Financial Climate

Section Highlights

- ▶ Indiana dedicated \$33.9 million to tobacco control in FY 03, meeting approximately 97% of CDC's minimum recommendation for an effective comprehensive program in Indiana.
- ▶ Community and counter-marketing programs received the most funding, while chronic disease programs received no funding from the tobacco control program
- ▶ Two financial successes for the program were the establishment of the Tobacco Fund and the passage of the cigarette excise tax increase.
- ▶ The budget crisis and lack of commitment for long-term funding were cited as challenges for the program.

Tobacco control funding sources, FY 2003



CDC funding recommendations & ITPC estimated expenditures, FY 2003

Best Practices Category	CDC Lower Recommendation	Estimated Expenditures	Status (+/-) ^a
Chronic Disease Programs	\$7,293,000	\$0	-
Cessation Programs	\$6,664,000	\$4,875,000	-
Counter-Marketing	\$5,865,000	\$7,800,000	+
Community Programs	\$4,955,000	\$8,125,000	+
School Programs	\$4,862,000	\$1,950,000	-
Surveillance & Evaluation	\$3,025,000	\$1,625,000	-
Enforcement	\$2,674,000	\$1,300,000	-
Statewide Programs	\$2,346,000	\$5,850,000	+
Administration & Management	\$1,513,000	\$975,000	-
Total	\$34,784,000	\$32,500,000^b	-

^a(-) = below CDC recommendation
 (+) = meets CDC recommendation

^b Funding from CDC-OSH (\$1.4 million) is not included in estimated expenditures. CDC funding is received by the DOH and focuses on the college population.

FY 2003 Funding

In March 2000, the Senate Enrolled Act 108 was passed, creating six health-related funds in which 60% of the Master Settlement Agreement money would be appropriated. The other 40% was to be retained in the MSA Fund with the intention to continue funding health-related programs after the MSA payments to the state have ended. One of the six funds created was the Indiana Tobacco Use Prevention and Cessation Fund (Tobacco Fund). This was the first step in the development and implementation of a comprehensive tobacco control program in Indiana and led to the establishment of the Indiana Tobacco Prevention and Cessation Agency (ITPC).

The FY 02-03 biennial budget passed by the Legislature and signed by the Governor appropriated \$35 million from the Tobacco Fund for tobacco prevention and cessation. Additionally, ITPC carried over \$30 million in unused funds from FY 01. These two funding sources provided \$32.5 million in annual MSA funding for tobacco control in FY 02 and FY 03. Combined with funding received from the CDC, Indiana dedicated a total of \$33.9 million (\$5.54 per-capita) to tobacco control in FY 03, meeting 97% of CDC's minimum recommendation.

According to ITPC's estimated FY 03 expenditures, community and counter-marketing programs received the most tobacco control funding at 25% and 24%, respectively. Chronic disease programs was the only category to receive no funding from the tobacco control program. When comparing these estimated expenditures to the CDC recommendations, three categories - counter-marketing, community programs, and statewide programs - met CDC minimum funding recommendations.

Successes & Challenges

The following influences on the financial climate of tobacco control were identified:

Successes

Establishment of the Tobacco Fund

Several partners viewed the establishment of the Tobacco Fund as beneficial. It lessened the uncertainty of funding since it would take legislative action to remove its funds. Furthermore, the Fund was not subject to reversion (*i.e.*, any balance left over would not be returned to the General Fund).

Actually it [The Fund] lessens the uncertainty of funding because it takes legislative action before the money out of that Trust Fund can be spent. So it's not like the Governor or Treasurer, or anybody in the budget agency can take any money from that fund.

However, partners noted that the funding from the Tobacco Fund was not guaranteed because the money for the Fund must be allocated every two years.

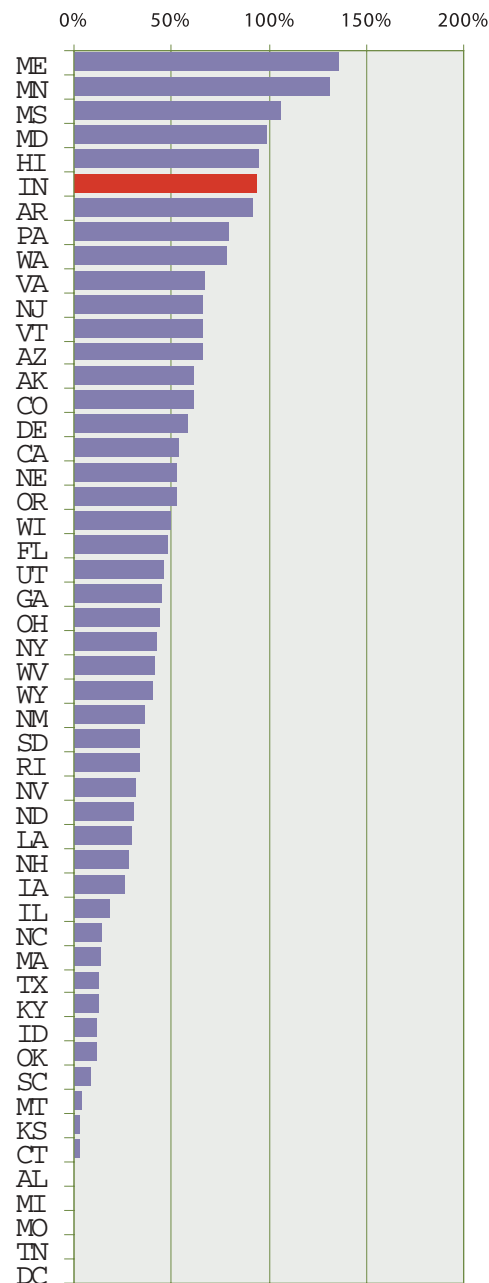
Even if we do have a trust fund, we have to continue to get money reallocated from the MSA fund to our Trust Fund every two years. That's a barrier and how that money is seen will change as the political climate changes.

Excise Tax

Another success was the 2002 passage of the \$0.40 excise tax increase by the Legislature. This was the first increase since 1987. However, many partners acknowledged that the reason the tax

Where does Indiana rank?

The percentage of CDC lower estimate funding allocated for tobacco control in FY 2003



Cigarette excise tax rates
(as of 01/03)

State	Excise Tax
MA	\$1.510
NJ	\$1.500
NY	\$1.500
WA	\$1.425
RI	\$1.320
OR	\$1.280
MI	\$1.250
HI	\$1.200
AZ	\$1.180
CN	\$1.110
AK	\$1.000
DC	\$1.000
ME	\$1.000
MD	\$1.000
PA	\$1.000
IL	\$0.980
VT	\$0.930
CA	\$0.870
KS	\$0.790
WI	\$0.770
UT	\$0.695
NE	\$0.640
IN	\$0.555
OH	\$0.550
NH	\$0.520
MN	\$0.480
ND	\$0.440
TX	\$0.410
IA	\$0.360
LA	\$0.360
NV	\$0.350
AR	\$0.340
FL	\$0.339
SD	\$0.330
ID	\$0.280
DE	\$0.240
OK	\$0.230
NM	\$0.210
CO	\$0.200
TN	\$0.200
MS	\$0.180
MT	\$0.180
MO	\$0.170
WV	\$0.170
AL	\$0.165
GA	\$0.120
WY	\$0.120
SC	\$0.070
NC	\$0.050
KY	\$0.030
VA	\$0.025

increase passed was to generate revenue to help balance the state budget. Partners still viewed its passage as a success because it brought public attention to tobacco control and would help prevent youth initiation.

The cigarette excise tax probably never would have passed except for the economic fiscal times and the fact that we can't balance the budget.

...I think the latest success has been the tax increase. The tax increase that just passed has really kind of pushed the tobacco issue into the limelight for a lot of people.

Challenges

Economic Crisis

Partners overwhelmingly identified the state's budget crisis as a barrier to implementing an effective tobacco control program. Indiana experienced a shortfall of approximately \$1 billion for the FY 02-03 biennium. Although partners felt program funding was sufficient according to CDC's recommendations, the budget shortfall led to some uncertainty about future funding.

Because we're not in a surplus year and we're in a deficit year, it's going to have an impact. I'm not sure what it will do percentage-wise or magnitude-wise, but I am sure the legislators are going to have to consider that as they make their budget decisions.

Some partners felt that tobacco control had dropped in priority for Governor O'Bannon due to the budget shortfall. In the 2002 legislative session, many partners feared that the MSA money dedicated to tobacco control would be taken away, but this did not occur. Some attributed this success to support from key legislators, including Chair of the Finance Committee Larry Borst (R) who felt strongly about keeping MSA funding for health and tobacco control.

In December 2002, Governor O'Bannon's Administration reduced the program budget by \$10 million for FY 03. However, these funds were restored once it was realized that the tobacco control program would not be able to continue without those funds. Governor O'Bannon also proposed securitizing approximately 40% of the state's future MSA payments to help ease the budget crisis. As of March 2003, the securitization proposal was still awaiting approval from the Legislature.

Long-term funding

The lack of commitment for long-term funding was another challenge, since the MSA funding must be allocated to the Tobacco Fund every two years by the Legislature.

When you have a budget set up, you're basically working every two years. You're back at ground zero looking for the money, because the money that was allocated two years ago is what we're operating on now. But we'll be in a new budget cycle come January 1, and it's all starting over. We have to allocate the money again.

To receive future funding from the Legislature, the tobacco control program must prove its effectiveness. Some worried that since the program was young and prevalence rates had not yet changed, less money might be allocated for the FY 04-05 biennium.

We're in our infancy. We're not going to see prevalence change by January. In fact, what we're going to see is data come out for 2001, which is before we got our programs up and going, that actually shows a slight increase in adult smoking rates. Which we can explain that, but it can so easily get twisted around. 'Oh look, we're not doing anything. Look! Rates have gone up.'

Competition for MSA funding

Competition with other health-based agencies for MSA funding was also a challenge.

We have a lot of competing health interests. There are other health-based organizations that are trying to dismantle the settlement so they can get in and get money from it.

Lack of support for public health

In general, partners felt a lack of financial support for public health in Indiana had been a barrier. Indiana's funds for public health personnel per capita have been among the lowest in the nation.

Frankly we don't have the infrastructure for public health. Indiana has one of the weakest public health infrastructures of any state in the U.S. in terms of trained public health officials per one hundred thousand population...In terms of tax dollars allocated for public health, Indiana is near the bottom of the U.S.

Suggested Approaches

1. Collaborate with tobacco control champions in the Legislature, such as Senate Finance Committee Chair Larry Borst, to identify the best strategies to acquire more tobacco control funding.
2. Implement an aggressive dissemination plan to report short-term results of the program to the public and Legislature in order to safeguard funding.
4. Mobilize community grant recipients to publicize their successes to legislators.



Political Climate

Section Highlights

- ▶ The political climate regarding tobacco control was improving in Indiana.
- ▶ Partners felt Governor O'Bannon was supportive for tobacco control.
- ▶ Most partners felt the Legislature had been more supportive than ever before.
- ▶ Senator Larry Borst, Representative Charlie Brown, Governor O'Bannon and former Attorney General Jeff Modisett were recognized as strong tobacco control advocates.
- ▶ The tobacco industry and the tobacco agriculture influence in Indiana were barriers to the program.

Indiana's political composition,
2002 legislative session

Governor Frank O'Bannon	Democrat
Attorney General Steve Carter	Republican
<i>Senate</i>	
President Pro Tempore Bob Garton	Republican
Party Breakdown	18 Democrats 32 Republicans
<i>House of Representatives</i>	
Speaker John Gregg	Democrat
Party Breakdown	53 Democrats 47 Republicans

Political Climate

In the 2002 legislative session, the political leadership in Indiana consisted of a Democratic governor and a Democratic majority in the House of Representatives, but a Republican majority in the Senate.

Although the political climate for tobacco control in Indiana had not been favorable in the past, many partners thought it had been improving, especially after the MSA.

I've lived in Indiana seven years, and I've never seen a time when there's been more support for tobacco control politically than what there is right now.

Political Support for Tobacco Control and Public Health

Many partners felt Governor O'Bannon was an advocate of tobacco control,

evidenced by the establishment of ITPC, his support of the excise tax increase, and the fact that funds were not taken from tobacco control despite the budget crisis.

Governor O'Bannon supported spending these dollars on this program when it was first created. He has never pushed hard to decrease our funding or take it away. Part of that's the structure. He couldn't legally, but we can only speculate whether or not he would have. But he hasn't made any public comments that he was interested in doing that...so I would say that overall he's a positive force in tobacco control.

Partners felt that public health was more important to Governor O'Bannon than most issues, except education. However, bioterrorism, medical care, and maternal and child health were all public health issues that partners felt took precedence over tobacco control for the Governor.

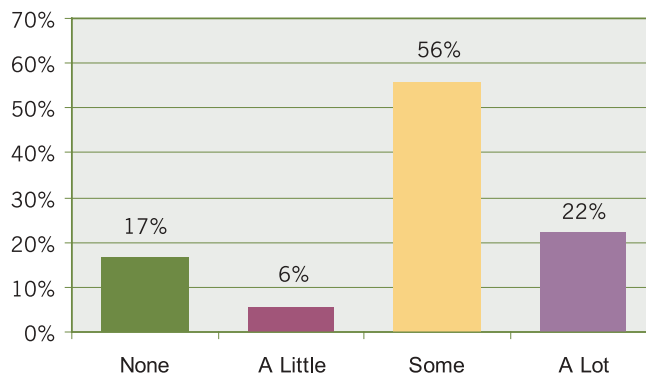
Some partners felt the Legislature lacked support for tobacco control. Yet, most felt that it had become more supportive than ever before. Examples of its support included the passage of the excise tax and maintaining funding for ITPC.

I think it's [tobacco control] an important issue to the Legislature as a whole. They're more educated now than ever before. They passed the tax. You know, I think they wanted to increase revenue maybe even more than save lives, but it was increased nonetheless.

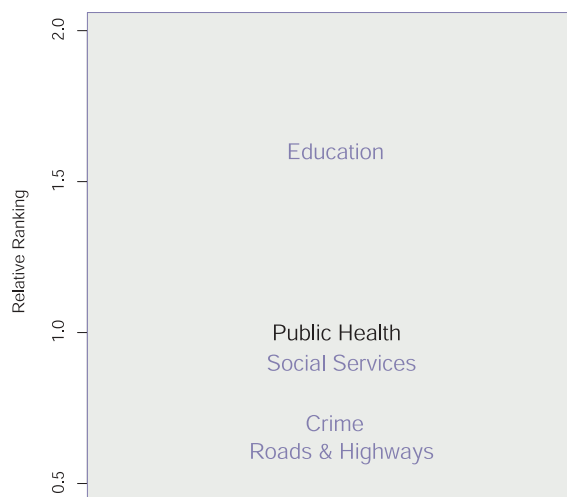
I think we just went through a really tough time with the budget crisis...There might have been pressure to take some of the tobacco funding and use it for other things, but it wasn't. I think that says there are a sufficient number of people in the Legislature who believe that it should be spent where it's being spent.

Legislators from southern Indiana were known for their pro-tobacco support due to

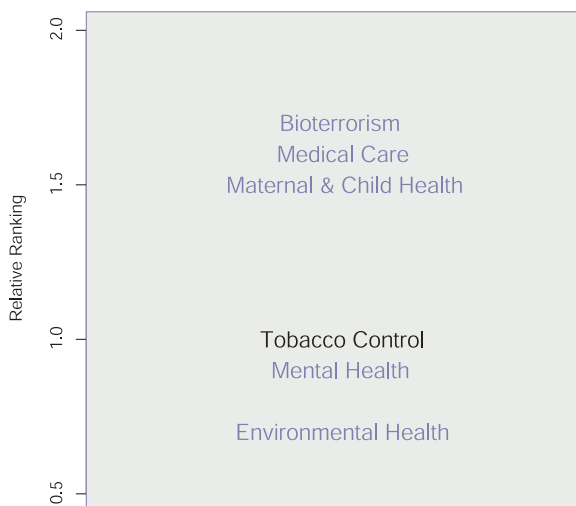
How much support for tobacco control do you receive from Governor O'Bannon?



Perceptions of Governor O'Bannon's prioritization of public health

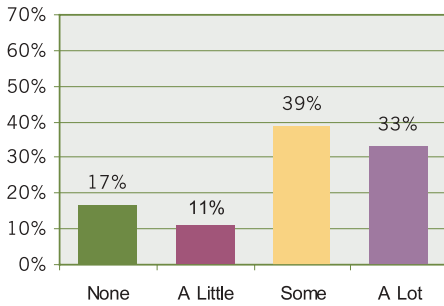


Perceptions of Governor O'Bannon's prioritization of tobacco control



Political Climate

How much support for tobacco control do you receive from the Legislature?



U.S. Harvested Tobacco Acres, 2002

State	Harvested acres
NC	169,500
KY	112,300
TN	35,900
SC	31,000
VA	30,760
GA	27,000
OH	6,100
FL	4,800
IN	4,200
PA	3,400
CT	1,950
WI	1,800
MD	1,700
WV	1,400
MO	1,300
MA	1,200

the presence of tobacco agriculture in that area of the state. Although southern Indiana was considered Democratic, support for tobacco control was not evident.

...Tobacco farming in southern Indiana, which is our primary Democratic area of the state. In other states where they get more support from the Democratic caucus, we don't get it because they're all representing tobacco farmers or tobacco growing areas.

The presence of tobacco agriculture in the state was a significant barrier to the program. However, some partners felt that the influence of tobacco growing was overstated because it was incorrectly perceived as a major agricultural component in the state.

There are some tobacco growing counties in the southern part of the state. And there's a stigma that that was actually a major agricultural component in that southern part of the state, and it's really not. I think it's perceived that it's out there more than it really is. So people are kind of afraid to do anything anti-tobacco because farming in general is such a big component of the state and the culture of Indiana.

Tobacco Control Champions

Senator Finance Committee Chair Larry Borst (R) and House Health Committee Charlie Brown (D) were identified as strong tobacco control champions and were instrumental in allocating the MSA dollars to health-related issues. Other legislators mentioned as tobacco control supporters were Representatives Mike Murphy (R) and Brian Hasler (D).

Many partners also felt Governor O'Bannon and former Attorney General Jeff Modisett were important tobacco control champions in Indiana.

Governor O'Bannon, unlike virtually all of his predecessors, stepped up to the plate and his administration was very supportive of tobacco control.

Attorney General Modisett was a dedicated individual who was allowed by the Governor to get out in front and basically file suit against the tobacco company. Modisett became one of the handful of attorneys general of the U.S. who were leaders in this effort...the state of Indiana owes a tremendous debt to him.

Political Barriers

Partners noted that the tobacco industry had a strong presence in Indiana. They had influential lobbyists, many of which had been legislators. Some lobbyists also worked for the gaming industry, which pushed gambling as a means to increase revenue rather than

increasing the cigarette excise tax. The tobacco industry also made campaign contributions to influence legislators, targeted minorities, worked through front groups (e.g. retail/manufacturers association, petroleum marketers association) and test-marketed low tar cigarettes in the state. Furthermore, the industry kept apprised of current tobacco control events by having representatives attend tobacco control advisory board and executive committee meetings.

Yet many partners felt the industry’s actions had recently been more subtle than overt. The work of ITPC had been identified as helping to dampen some of the industry’s efforts. Partners believed that the industry had not been as successful in inhibiting the program as in the past, citing the adequate tobacco control funding and the excise tax increase as evidence.

There’s always been a lot of lobbyists representing the tobacco industry, impacting our Legislature, and they’ve always come here hot and heavy if we had an issue going on. So I think the industry pays very, very close attention to the politics of Indiana around tobacco control. But their foothold isn’t as strong as it has been in the past, and it’s changing. We were able to get the MSA dollars allocated to health issues and establish ITPC, and that was one major way that it changed.

Finally, the program also faced the challenges of public apathy, lack of awareness regarding tobacco control, and the pro-tobacco norm that Hoosiers have the right to smoke.

What our research showed us is that non-smokers feel like smokers have the right to smoke. They’re so unengaged that they’re not even agitated by the fact that people are smoking around them.

Suggested Approaches

1. Continue to strengthen the relationship with Governor O’Bannon to increase tobacco control’s priority on his agenda and maintain his support for tobacco control.
2. Mobilize local partners, especially in Southern Indiana, to educate their legislators about the importance of tobacco control and garner support for the program.
3. Continue to use the media campaign to change the public’s perception about tobacco and the actual influence tobacco farming has on Indiana’s agricultural industry.
4. Work with current tobacco control champions in the Legislature to garner more legislative support.
5. Continue to educate the public and Legislature about the tobacco industry’s activities, especially their covert efforts.

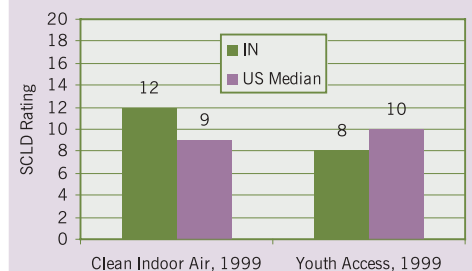
Policy Watch: SCLD Ratings

Rating systems have been developed to measure the extensiveness of youth access and clean indoor air (CIA) legislation, collected by The NCI’s State Cancer Legislative Database (SCLD). States with higher scores have more extensive tobacco control legislation. Scores are reduced when state preemption is present.

For youth access, nine areas were measured: six addressed specific tobacco control provisions, and three related to enforcement provisions. Nine areas were also measured for CIA: seven related to controlling smoke in indoor locations, and two addressed enforcement. The maximum scores for youth access and CIA are 36 and 42, respectively.

Indiana’s CIA score increased from 9 to 12 in 1999, making it slightly higher than the national median score. However, Indiana’s youth access score is below the national median score due to existing preemption.

Indiana’s ratings
 Clean Indoor Air: **12**
 Youth Access: **8**



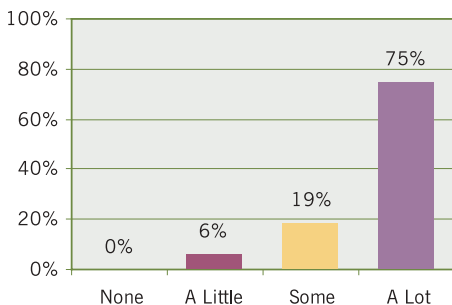


Capacity & Relationships

Section Highlights

- ▶ Partners felt their agency’s leadership was supportive of their tobacco control efforts.
- ▶ Many partners felt their staffing levels were inadequate and that hiring additional staff would improve their tobacco control efforts significantly.
- ▶ Staff turnover was not viewed as a major barrier. Yet, many felt that position vacancies, especially within the ITPC, hindered the program.
- ▶ Partners were in favor of the appointment of an independent agency to lead Indiana’s tobacco control program.
- ▶ Partners were very supportive of the work of the ITPC, especially regarding the leadership of its Executive Director, Karla Sneegas.
- ▶ Partners felt that the tobacco control network had become more effective but still needed improvement.
- ▶ Indiana had a relatively centralized communication structure, where the ITPC had the most control over communication in the tobacco control network.
- ▶ The majority of the partners felt they had many very productive relationships with the other partners in the network.
- ▶ The ITPC and its Executive Board were rated high for both commitment to tobacco control and importance to an effective state tobacco control program. Black Expo and the Indiana Alliance of Boys and Girls Clubs were rated relatively low in both areas.

How much support for tobacco control do you receive from your agency leadership?



Organizational Capacity

Partners mentioned similar organizational characteristics that influenced their tobacco control efforts. Overall, they felt that they received a lot of support for their tobacco control efforts from their supervisors and agency leadership. They also felt that the availability of physical resources (*e.g.* office space, furniture), their agencies’ internal communication network, and opportunities for training helped their tobacco control efforts. Staff turnover/position vacancies were seen as an impediment to the program. Partners saw

the internal decision-making process in their agencies as both a facilitator and an impediment.

A significant proportion of partners felt that their staffing levels were inadequate. Furthermore, many felt that hiring more staff was the single most important change that would improve their tobacco control efforts the most.

Although staffing levels were inadequate, the large majority (75%) of partners felt that their staff's tobacco control experience was at least moderately adequate. Regarding the ITPC staff, approximately 60% of the staff had earned at least a master's degree. However, 67% of the ITPC's recently hired staff were new to tobacco control with less than one year of tobacco control experience.

Finally, local community trainings were the most common trainings attended by tobacco control partners in the past year. The majority reported that the trainings their tobacco staff attended in the past fiscal year were at least moderately adequate.

Turnover & Position Vacancies

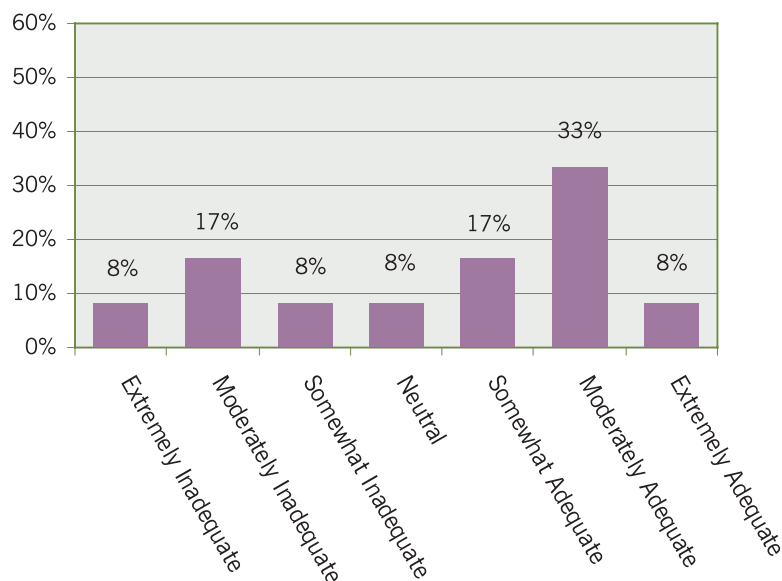
While staff turnover had not significantly affected Indiana's tobacco control program, many partners felt that position vacancies, especially within the ITPC, hindered the program. At the time of the interviews, ITPC had seven positions, including the two critical positions of communications and training, open due to the statewide hiring freeze.

Indiana's in a hiring freeze, so that we were unable to ramp up our staff as quickly as we had originally planned.

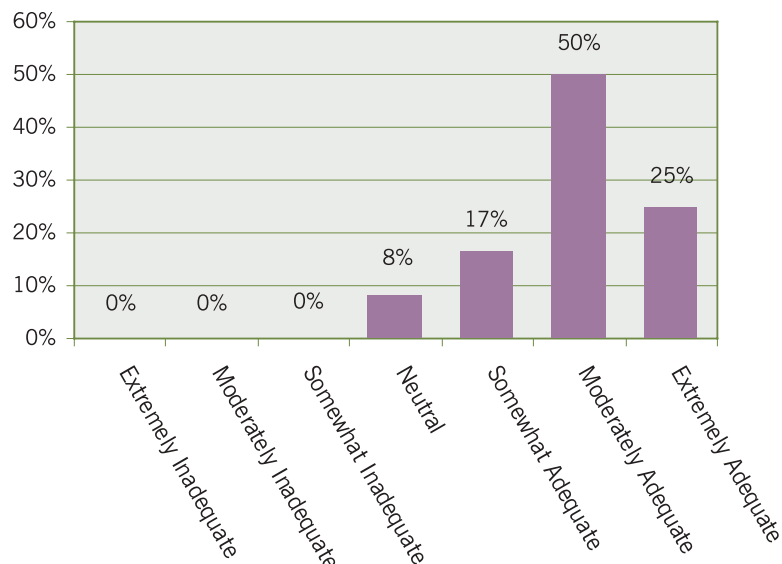
How does each of the following characteristics affect your agency's tobacco control program?

Organizational Characteristic	Helps	Hurts	Both	Neither
Physical resources	83%	6%	6%	6%
Internal communication network	78%	11%	6%	6%
Training opportunities	78%	11%	6%	6%
Organizational structure of agency	72%	6%	11%	11%
Number of tobacco control staff	67%	28%	0%	6%
Internal decision-making process	61%	17%	22%	0%
Size of agency	61%	17%	17%	6%
Reporting requirements	56%	0%	6%	39%
Staff turnover	17%	22%	6%	56%

How adequate is your tobacco control staffing level?



How adequate is your staff's tobacco control experience?



Appointment of an Independent Agency

Partners saw the appointment of an independent agency to lead the state tobacco control program as beneficial for Indiana because the state did not have a strong public health infrastructure to support the program. They felt it allowed for a new beginning for tobacco control and a more coordinated, statewide effort. However, some partners felt that the downside of being an independent agency was that ITPC is heavily scrutinized and somewhat vulnerable to political and public pressures.

I think it gave Indiana a fresh, new start to tobacco control activities and gave the chance to establish some new guidelines and new protocols to do tobacco control in the state.

Perceptions of the Lead Agency

Overall, partners were very positive about the ITPC, especially the leadership of the agency. The Executive Director, Karla Sneegas, was highly respected among the tobacco control partners.

The ITPC is one of the best things that has ever happened to the state; mostly from the side of the people who work there.

One thing that facilitates the program is the fact that you've got the leadership, particularly Karla who *is* 'tobacco control' in Indiana.

Other identified strengths of the ITPC included:

- The ITPC Deputy Director, J.D. Lux and the ITPC staff;
- ITPC had ample funding to implement the program; and
- ITPC leadership studied other state models before launching Indiana's program.

Some partners felt that the ITPC Executive Board was an asset, while others felt that the Board was a mixed blessing due to its slow decision making process and sometimes being out of touch with local level tobacco control.

The Board is an excellent board. The Chairman of the Board is a seasoned veteran who is outstanding for the job.

We have an Executive Board made up of mostly physicians and directors of agencies and often times they don't understand the local politics of how the pieces fit together...they have to understand what's out in the community...I think in time the Executive Board will begin to understand...

In addition to the position vacancies being an impediment to the program, partners felt that the recent formation of ITPC and its short history as an organization had led to some growing pains. For example, the short timeline for disbursing funding had left some community partnerships underdeveloped and lacking direction. Partners did note that ITPC was making improvements in this area.

I know that they have some local coalitions out there that are completely lost because they don't have the direction they need. ITPC is working on it but they just didn't have the luxury of putting that into place prior to funding.

Many partners also felt a need for more integration between ITPC and Smokefree Indiana, the lead agency for Indiana's tobacco control program before ITPC was created. Smokefree Indiana received the CDC cooperative agreement funds through the State Department of Health, while ITPC received MSA funds to lead the state's tobacco control efforts. After ITPC was created, Smokefree Indiana began focusing on the college-aged population.

That organization [Smokefree Indiana] is struggling to find their niche because ITPC has kind of taken over...They were the only ones around and now it's not that way anymore and I think it's just been a challenge. You know, you still try and work together, but trying to know whose role is what.

Tobacco Control Network

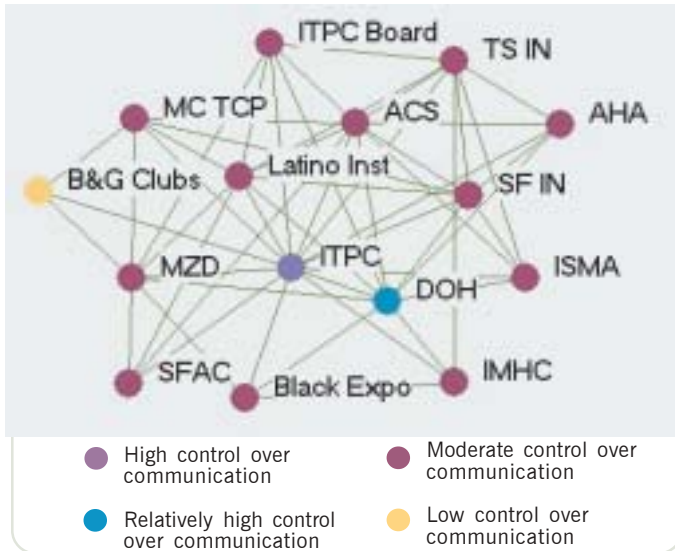
Fifteen tobacco control partners were identified as core members of Indiana's tobacco control program and were invited to participate in the interviews. The list of partners included a variety of agency types, including the ITPC Executive Board and an advertising agency.

Partners of Indiana's tobacco control network

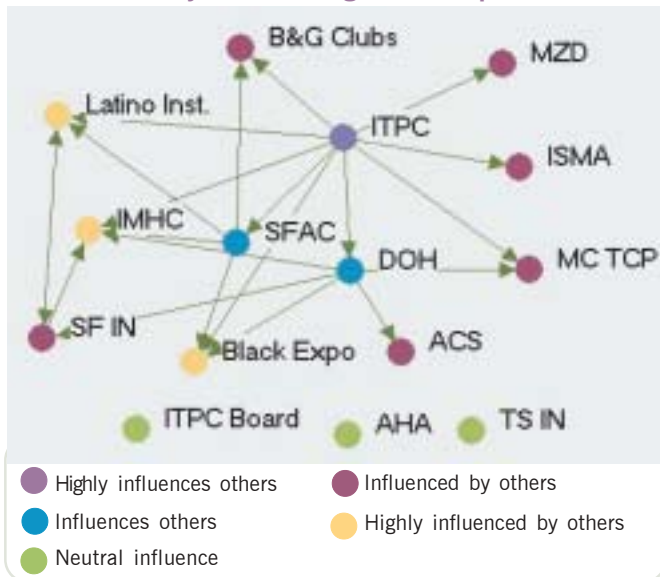
Agency	Abbreviation	Agency Type
Indiana Tobacco Prevention and Cessation Agency	• ITPC	• Lead agency
ITPC Executive Board	• ITPC Board	• Executive Board
American Cancer Society	• ACS	• Voluntary
American Heart Association	• AHA	• Voluntary
Indiana Alliance of Boys and Girls Clubs	• B&G Clubs	• Contractor
Indiana Black Expo	• Black Expo	• Contractor
Indiana Latino Institute, Inc.	• Latino Inst	• Contractor
Indiana Minority Health Coalition	• IMHC	• Contractor
Indiana State Department of Health	• DOH	• Dept. of Health
Indiana State Medical Association	• ISMA	• Medical Association
MZD Advertising	• MZD	• Media Firm
Marion County Tobacco Control Program	• MC TCP	• Regional Coalition
Smokefree Allen County	• SFAC	• Regional Coalition
Smokefree Indiana	• SF IN	• CDC Grantee
Tobacco Smart Indiana	• TS IN	• Statewide Coalition

Capacity & Relationships

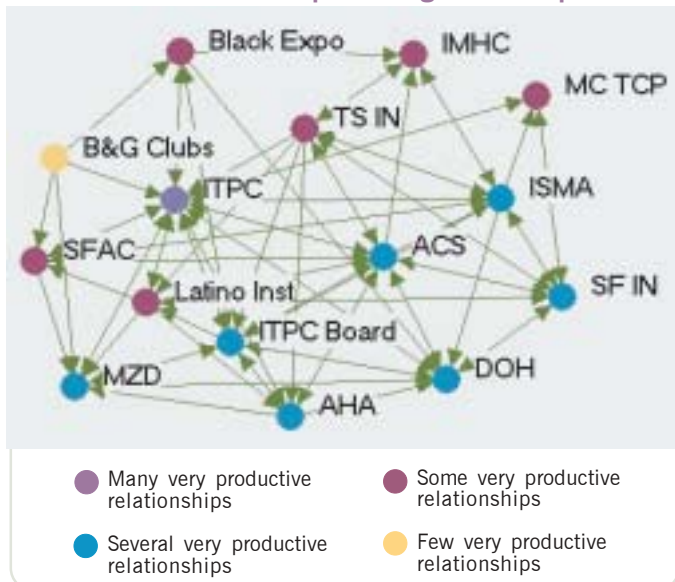
Monthly contact among network partners



Money flow among network partners



Productive relationships among network partners



Contact Frequency

In the adjacent figure, a line connects two partners who had contact with each other at *least* once a month. Indiana had a relatively centralized communication structure where members of the network had frequent contact with a few central agencies. The ITPC had the most control over the communication flow, followed by DOH. The peripheral agencies (indicated by the red and yellow dots) had infrequent contact with other agencies and the least control over information flow.

Money Flow

In the adjacent graph, an arrow indicates the direction of money flow between two partners. Overall, money flows from the ITPC to other partners, which is consistent with their role as the primary funding agency. Therefore, ITPC had the largest financial influence over the network. DOH and SFAC followed with some influence over others since they disbursed money to other partners. Little money flow was observed among the more peripheral partners, such as MZD and ISMA. The statewide coalition, TS IN, neither sent nor received money due its uncertain future at the time of the interviews.

Productive Relationships

A directional arrow (A→B) indicates that Partner A felt that it had a *very* productive relationship with Partner B. A bidirectional arrow (A↔B) indicates that both partners agreed that their relationship was very productive. Indiana's relationships network was highly integrated. Partners felt that they had numerous productive relationships, with the majority of arrows being bidirectional. One exception was the B&G Clubs that had relatively few productive relationships, possibly due to its narrow role in the program.

Perceived Effectiveness of Network

Partners felt that the tobacco control network had become more effective over time but still needed improvement.

It's getting very effective but it's not there yet. It has really strengthened exponentially from the time we started.

I think it's pretty effective but I think we have a long way to go in working together.

Some partners felt that the network was not as effective as it could be due to the following reasons:

- Short time span inhibited network growth;
- Uncertainty of partners' role in the program; and
- Lack of cohesiveness and involvement by some partners.

However, several characteristics of the network were identified that support its potential to become more effective in the future:

- The majority of resources allocated to community programs;
- The decentralized characteristic of the network because it was based on local community programs; and
- The tobacco control network was congruent with the political network in the state so it reached every community and legislator.

Coalitions

At the time of the evaluation, Indiana's statewide coalition, Tobacco Smart Indiana, was in transition with its members trying to determine the coalition's future. It had suffered a significant setback when it did not receive the Smokeless States grant and consequently lost its program manager. Reasons identified for not receiving the grant were: 1) the coalition had not expanded its membership during the previous grant; 2) lack of matching funds for the new grant proposal; 3) and a degree of complacency due to receiving past Smokeless States funding.

It was a bad time for this to happen. There's never a good time to lose money, but it's like you could not have picked a worse time because everything was starting to run on all cylinders.

It's important that they [Tobacco Smart Indiana] get pulled together because we're really going to be facing a tough hurdle in the next legislative cycle.

Capacity & Relationships

Agency rating of importance to the program & commitment to tobacco control

Importance to the program ^a		Commitment to tobacco control ^b	
Agency	Avg. rating ^c	Agency	Avg. rating ^c
ITPC	9.9	ITPC	10.0
ITPC Executive Board	9.9	ITPC Executive Board	9.9
American Cancer Society	9.1	Smokefree Allen County	9.5
MZD Advertising	8.9	American Cancer Society	9.4
Tobacco Smart Indiana	8.5	MZD Advertising	9.4
American Heart Association	8.4	Smokefree Indiana	9.3
State Department of Health	8.2	Marion County Tobacco Control Program	9.2
Marion County Tobacco Control Program	8.1	Indiana Latino Institute	8.7
Indiana Minority Health Coalition	7.9	Tobacco Smart Indiana	8.7
Indiana Latino Institute	7.8	American Heart Association	8.5
Smokefree Indiana	7.7	State Medical Association	8.3
State Medical Association	7.6	State Department of Health	7.9
Smokefree Allen County	7.5	Indiana Minority Health Coalition	7.5
Indiana Black Expo	7.0	Indiana Black Expo	7.2
Indiana Alliance of Boys and Girls Clubs	6.3	Indiana Alliance of Boys and Girls Clubs	7.1

a How would you rate the importance of each agency for an effective tobacco control program in your state?
 b How would you rate the level of commitment to tobacco control for each of the following agencies in your state?
 c 10 = high; 1 = low

Importance & Commitment

Partners were asked to rate each agency's level of importance for an effective tobacco control program and its level of commitment to tobacco control. The ITPC and its Executive Board were consistently rated high in both areas. The Black Expo and Alliance of Boys and Girls Clubs were consistently viewed as having less importance and commitment, possibly due to the fact that Black Expo was new to the network and the Alliance of Boys and Girls Clubs had a relatively narrow focus.

Suggestions for Improvement

Partners suggested several ways to increase the effectiveness of the entire tobacco control network, including:

- Work to increase organization and collaboration of the network
- Bring in new and diverse partners
- Continue to educate partners who are not well-versed in tobacco control
- Develop stronger leadership from the statewide coalition
- Better define partners' roles
- Continue to improve communication throughout the entire network to avoid duplicative efforts

Suggested Approaches

1. Identify new funding sources to support the statewide coalition, Tobacco Smart Indiana.
2. Define and document the roles of the partners to increase collaborative efforts.
3. Work to maintain and support productive and effective working relationships among network members.
4. Update the Executive Board on the progress of the community partners and identify opportunities to increase the interaction between Board members and community partners.



The Best Practices

Best Practices category definitions

Community programs – local educational and policy activities, often carried out by community coalitions

Chronic disease programs – collaboration with programs that address tobacco-related diseases, including activities that focus on prevention and early detection

School programs – policy, educational, and cessation activities implemented in an academic setting to reduce youth tobacco use, with links to community tobacco control efforts

Enforcement – activities that enforce or support tobacco control policies, especially in areas of youth access and clean indoor air policies

Statewide programs – activities accessible across the state and supported by the state, including statewide projects that provide technical assistance to local programs and partnerships with statewide agencies that work with diverse populations

Counter-marketing programs – activities that counter pro-tobacco influences and increase pro-health messages

Cessation programs – activities that help individuals quit using tobacco

Surveillance & evaluation – the monitoring of tobacco-related outcomes and the success of tobacco control activities

Administration & management – the coordination of the program, including its relationship with partners and fiscal oversight

Section Highlights

- ▶ Partners felt that community programs and counter-marketing should be high priorities in Indiana, while enforcement and chronic disease programs should be lower priorities.
- ▶ Indiana repackaged some of the BP, where community programs included cessation, school, and statewide programs. This created more flexible categories and made the categories easier to use and understand.
- ▶ Strengths of the BP were that it is evidence-based, emphasizes a comprehensive approach, is developed by the CDC, and provides a good starting place.
- ▶ Some of the weaknesses of the BP identified were that it lacks guidance for implementation and funding prioritization, does not address states' unique characteristics, and does not incorporate the lessons learned from the ASSIST project.
- ▶ Suggested improvements were to emphasize the relative order of priority of the categories, include implementation strategies, improve funding guidelines, and address capacity building.

The Best Practices

Indiana tobacco control advocates used the CDC's *Best Practices for Comprehensive Tobacco Control Programs* (BP) in the following ways: 1) as a model for their program; 2) to advocate to the Legislature; and 3) to educate and communicate to partners and the public about the plan for tobacco control in Indiana. However, Indiana modified the BP to fit the state's unique needs. While addressing most

Best Practices ranking & ITPC estimated budget allocations, FY 2003

BP Category	Mean Rank ^a	Budget % ^b
Community Programs	2.2	25
Counter-Marketing	3.6	24
Statewide Programs	3.8	18
Surveillance & Evaluation	4.3	5
Cessation Programs	4.8	15
School Programs	5.2	6
Chronic Disease Programs	5.8	0
Enforcement	6.4	4
Administration & Management	Not included ^c	3

^a Ranking: 1 = highest priority; 8 = lowest priority
^b Funding from CDC-OSH (\$1.4 million) is not included in the budget percentages. CDC funding is received by the DOH and focuses on the college population.
^c Not included because not mutually exclusive with the other categories

of the BP categories, Indiana’s model highlighted community programs as an umbrella category covering cessation, school, and statewide programs. This method was used to make the categories more flexible and to condense them for easy comprehension.

We felt like we were creating silos. [For example,] we felt like a lot of people, what they really meant when they said they wanted to do school programs, is that they wanted to work with youth. And we didn’t want to pigeonhole them into working with schools if that wasn’t the best way...The other thing is that we felt like nine categories was too complicated for someone who doesn’t live, breathe, eat and sleep tobacco control.

The majority of partners were at least somewhat familiar with the BP. Partners felt that community and counter-marketing programs should be high priorities for the state, while enforcement and chronic disease programs were viewed as lower priorities.

High BP Priorities

Community programs were ranked as a high priority for the following reasons:

- The local level is where change occurs, especially social norms.

From what I’ve learned in the last year, community programs and things that happen at the grassroots level are where change is going to occur. And it’s neighborhood by neighborhood where we’re going to see changes in tobacco control norms and behaviors.

- The local partners know best how to impact their own communities.

We strongly believe we should give as much money as possible back out to the

local communities...Because we really do believe that a medley of healthcare is a local market issue and that the people in southern Indiana understand better how to impact the people of southern Indiana...

- Community programs and statewide programs work synergistically.

Tobacco control is top-down, bottom-up, and you have to have both, and the concentration has to be heavily on the top-down, which are statewide in perspective and design to build infrastructure...But that alone is not going to be sufficient, unless you have strong grassroots bottom-up strategies and programs. And so community-based programs are critically important.

Most partners felt this was a high priority for the state program due to ITPC's heavy emphasis on community programs. ITPC had further divided community programs into three areas: community-based programs at the county level, minority-based programs at the county level, and statewide programs to support the local and minority programs. At the time of the evaluation, nearly every county in the state had received funding for community programs.

Counter-Marketing programs were also ranked as a high priority due to their ability to impact a large number of people and support other BP components, especially community programs.

Using the media is the quickest way to get attention, to change opinions, to influence people about what's acceptable...As we work with communities and they see what we're doing via the mass media and trying to encourage them to go along with campaign themes or strategies, then that makes it all work together well.

Low BP Priorities

Enforcement was ranked as a lower priority for the following reasons:

- Enforcement is an ineffective approach.

Some research has been done that shows that enforcement of youth access law hasn't really lowered youth smoking rates, and if that's what we're in the business of lowering smoking rates, then you might want to focus your attention in other areas, not enforcement.

- Youth access laws are weak and difficult to enforce.

We have tons of these community-based markets like little grocery stores. We have people who sell cigarettes by the stick. So if you've

got that kind of cigarette marketing and sales at the basic grassroots level, how are you going to enforce that?

Partners also ranked *chronic disease* programs a lower priority. They felt these programs were costly and were already being addressed by healthcare systems. Furthermore, chronic disease programs do not necessarily focus on tobacco control.

I know this was not the intent of the Best Practices, but in Indiana, the word 'chronic disease' provides an out for people to spend money and not focus on tobacco control. It's very easy to say you're spending money on chronic disease, and there's never anything done to really address tobacco control

Partners felt *chronic disease programs* were not a priority for Indiana's program since ITPC dedicated no tobacco control program funding to these programs. However, partners still felt ITPC provided assistance in more indirect ways, such as supporting some of the chronic diseases conferences.

Partners also discussed issues pertaining to the state's *school programs* and *surveillance and evaluation*. They believed that school programs had been a struggle, because of the structure of Indiana's education system and difficulty getting buy-in from schools.

I think school programs are a challenge because of the way our education system is in Indiana... and some of that is due to the structure of our state being such a local control type of state where the Department of Education does not mandate local schools too much. So even though the Department of Education is on our Board and it's an asset for them to be on our board, we have not established a stream of grants specifically for school programs.

School programs – it's hard to get our school corporations to buy into a curriculum and we're almost powerless when it comes to that piece...The schools are so autonomous. I mean they're not really affected by the external world...Trying to get tobacco control into curriculum, especially around health, is very difficult.

Partners thought that *surveillance and evaluation* was an important BP component, especially for understanding their problem areas, tracking progress, and proving the program's effectiveness to the Legislature. However, some did not like that an out-of state evaluation firm was conducting the evaluations. They would have preferred an in-state evaluation firm being primarily responsible for the evaluation. Others identified a need for more data, especially for minority groups

We don't put enough money into evaluation. We put money into evaluation from the outside in terms of measurement. But we didn't put enough money into evaluation in terms of the individual partners, the state partners...And so there's a lot going to be lost. You have evaluators from the outside looking at people and our data.

For FY 03, ITPC allocated nearly half of their funding to community (25%) and counter-marketing programs (24%), followed by 18% to statewide programs and 15% to cessation programs (see table on page 19). The final rankings were relatively consistent with estimated budget allocations. The funding levels may have influenced the partners' category rankings for the interviews. An exception was ranking surveillance and evaluation higher than cessation programs even though cessation programs were given more funding. This could reflect some partners' sentiment that money could be spent more wisely on programs other than cessation.

BP Strengths and Weaknesses

A number of strengths of the BP were identified:

- Evidence-based
- Provides a good starting place, especially for states with new tobacco control programs
- Emphasizes a comprehensive approach
- Developed by the CDC
- Establishes necessary funding levels
- Is clear and understandable

Partners also identified weakness of the BP:

- Lacks prioritization guidelines, especially in addressing differences in states' unique structures and qualities
- Lacks implementation guidance
- Contains too many categories for easy comprehension
- Lacks lessons learned from the ASSIST project
- Challenging to motivate people to use it, not just reference it

Partners felt that the BP should be continually updated and improved. Specific recommendations included:

- Address capacity building
- Improve funding guidelines
 - Provide cost-effectiveness data for each category
 - Adjust recommendations for the program's current status
- Emphasize the relative priority of the categories
- Include case studies, especially specific to states and regions, to provide guidance regarding how to apply BP in unique situations
- Highlight youth initiatives, not just school programs

Suggested Approaches

1. Expand collaboration with other chronic diseases agencies and programs to ensure a focus on tobacco control.
2. Make strengthening youth access laws a policy goal for the program and continue to increase enforcement of the laws at the local level.
3. Discuss with program partners the advantages and disadvantages of using an external firm for evaluation.
4. Continue to educate new partners and legislators about Indiana's modified Best Practices approach.
5. Refer to other tobacco control resources to supplement the Best Practices. For example,
 - The Guide to Community Preventive Services for Tobacco Use Prevention and Control* (www.thecommunityguide.org)
 - The 2000 Surgeon General's Report on Reducing Tobacco Use* (www.cdc.gov/tobacco/sgr_tobacco_use.htm)
 - The 2000 Public Health Services Clinical Cessation Guidelines* (www.surgeongeneral.gov/tobacco/smokesum.htm)
 - Resources from national tobacco control organizations (see the Resources section on page 34).
6. Take into account the strengths, weaknesses, and areas of potential improvement to the Best Practices guidelines identified in this Profile when developing your own tobacco control resources.



Tobacco Control Program Goals

Section Highlights

- ▶ Building strong community-based partnerships and reducing youth initiation were seen as appropriate priority goals. The partnership goal was viewed as laying the foundation for accomplishing other program goals (e.g. secondhand smoke policy). Partners felt that the youth initiation goal was consistent with the upcoming legislative agenda.
- ▶ A few partners recognized that the youth initiation goal was important but felt that it should be a lower priority.
- ▶ Policy activities and a statewide cessation program were recommended additions to the list.
- ▶ Partners felt that the development of community-based partnerships and coalitions had been challenging in the past, but progress was being made.
- ▶ The youth movement, VOICE, its youth advisory board, and the passage of the excise tax increase were viewed as successful activities in reducing youth initiation.
- ▶ Partners felt that more staffing and improved communication and collaboration among the partners would help their agencies meet the priority goals.

Top Two Goals

For this evaluation, ITPC was asked to identify the top two priority policy or programmatic goals for FY 03. The two goals identified were:

- Building strong community-based partnerships, which includes diverse partners
- Reducing youth initiation and access to tobacco

These goals were just two of the priorities identified by the ITPC Board and were documented in ITPC's Annual Report. The program goals were chosen because they followed the CDC *Best Practices* guidelines, the ITPC mission statement, and guidelines from the American Cancer Society's *Communities of Excellence*.

The majority of partners agreed that building strong community-based partnerships and reducing youth initiation and access

were appropriate priorities. Partners felt that accomplishing the partnership goal would lay the foundation to achieving other program goals like reducing secondhand smoke and promoting cessation. They also believed that the youth initiation goal was consistent with the legislative agenda for the upcoming year.

It's a place to start- especially goal number one [partnerships]. It's laying the groundwork...building that foundation to work on goal two [youth initiation] and then the others that aren't listed.

...it fits in line with our legislative agenda for the upcoming year with tobacco retail licensure. Right now we don't have tobacco retail licensure.

Partners viewed the partnership goal as a high priority because of a lack of coordination among community partners and some community partners were not familiar with tobacco control.

I think we're going to have to do a much more organized approach towards working with every single potential partner-friend in the community...When you look at several of the communities that have changed public policy and the social acceptance of smoking, it is because we had all these really broad groups of players that all got together and decided to work on it.

A lot of communities haven't done tobacco control. So we've got to get them in a position to start to do the work.

A few partners felt that reducing youth initiation was important, but should be lower on the list of priorities.

The use of kids in any campaign for tobacco control is going to be much more palatable to decision makers and harder for the industry to fight against it...it's very important, but I think that if they [ITPC] had complete and utter freedom they'd probably be working on clean indoor air rather than youth access.

Changes and Additions

Partners suggested that the definition of youth be broadened to include 18-24 year olds due to targeting of this population by the tobacco industry.

I think we're in some ways placing too much emphasis on youth tobacco control to the exclusion of adult tobacco control and our tobacco control in the age range from eighteen to twenty-four, which is the new youth group to big tobacco.

Several partners felt that policy changes such as clean indoor air and insurance coverage for cessation should be top priorities. A strong

statewide cessation program was also recommended as a top priority.

I probably would have focused more on public policy...smoke free public places, restaurants, workplaces. Also I think we need to see a change in insurance coverage for smoking cessation, counseling and pharmaceuticals.

...the only issue that I have with the whole process is the fact that they [ITPC] don't have a strong program for cessation...there has to be some kind of program that will consistently help them from a public health standpoint to stop smoking.

Successes, Challenges, & Improvements —

Building community-based partnerships

Several partners mentioned that developing the community-based partnerships and coalitions had been challenging, but progress was being made.

Getting the counties involved [has been a struggle], especially when there's not been any kind of organized tobacco control group in that county...I think getting them to think in terms of non-traditional partners and pulling tobacco out and not lumping it in with all those other drugs. It's been a challenge for some of the counties.

For example, the establishment of a coalition in the Northwest part of the state was initially difficult, but turned out to be very successful.

...they [NW part of Indiana] actually were very successful in establishing and working through the coalition... So a community that wasn't used to sitting around the table and working together on anything, much less tobacco control, were able to do that around the tobacco issue. So far, so good.

A Sampling of Indiana's Activities

Building a strong community-based partnership, which includes diverse partners

- Funding all 92 counties in Indiana
- Providing support to minority-based partnerships
- Linking community health centers with local coalitions
- Developing community coalitions

Reducing youth initiation and access to tobacco

- Establishing the youth movement, VOICE, and its advisory board
- Implementing school-based curriculum and programs (e.g. Smart Moves, an anti-smoking program)
- Development of a statewide marketing campaign targeting youth
- Implementing efforts to increase funding for retail compliance checks

Reducing youth initiation and access

Several partners felt the development of the youth advisory board and youth movement, VOICE, were successful activities. Some factors attributed to this success were good organization, strong relationships among the organizations involved, peer-to-peer interactions, and the use of college-age trainers.

We have a youth advisory board that is kind of shaping the youth movement called VOICE throughout the state. It pulled kids from all over the state and from diverse backgrounds and interests...and they were able to learn about the issue of tobacco control and what the industry is doing and the ways that they can actually go ahead and make changes for their generation.

Some partners viewed the passage of the increase in tobacco excise tax as another success in affecting youth initiation rates. They felt that the extensive public awareness campaign, and a favorable political climate at the time contributed to the passage.


To me, that [excise tax] will have a bigger impact on preventing youth initiation than anything else we do, or have done the first years.

Finally, partners believed that an increase in staffing and improving communication and collaboration among the partners would help their agencies meet the priority goals.

It's real easy to circle your wagon and concentrate on what you're doing... but you've got to get out to those other things. You've got to get involved, you've got to include other people...

Suggested Approaches

1. Continue to strengthen the youth movement, VOICE, and identify strategies to keep youth involved.
2. Work with community partners to increase coordination of community activities.
3. Provide additional technical assistance to community partners new to tobacco control so communities are able to fully participate in tobacco control planning and implementation.



Disparate Populations

Section Highlights

- ▶ ITPC identified African Americans, Latinos/Hispanics, and pregnant women as experiencing significant tobacco-related disparities.
- ▶ Partners agreed that the three populations were high priorities for Indiana. They suggested some additions to the list, including Native Americans and teenagers.
- ▶ Strategies targeting African American and Latino/Hispanic populations were mentioned more often than those targeting pregnant women.
- ▶ The majority of partners did not feel the *Best Practices* were useful for specifically addressing disparate populations.

Priority Disparate Populations: Identification and Planning

ITPC identified the following populations as having significant tobacco-related disparities:

- African Americans
- Latinos/Hispanics
- Pregnant women

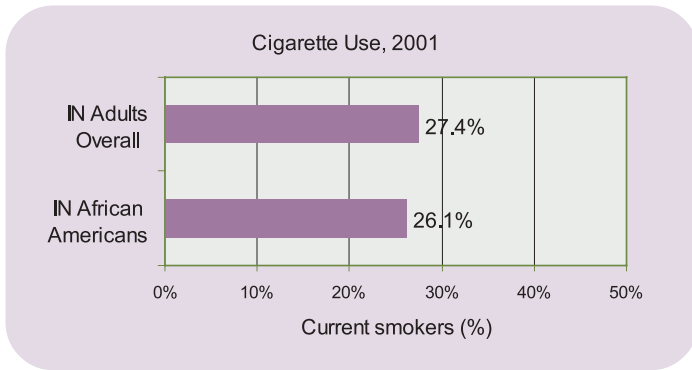
Resources used to help identify the above populations included epidemiologic and needs assessment data, the CDC's *Best Practices* guidelines, *Healthy People 2010*, evidence-based literature on tobacco use prevalence and disparate populations, and expertise from other state tobacco control programs.

In FY 03, ITPC allocated \$4 million for tobacco control activities for disparate populations. To help plan activities, input was solicited from disparate populations through interactions with representatives from the populations, meetings with appropriate multi-cultural agencies, feedback from other partners in the network, and from national experts.

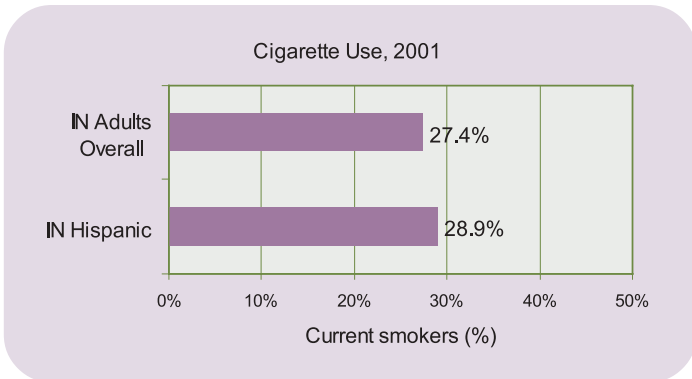
Partners' Comments

Partners agreed that the above populations were a high priority for Indiana. A few were uncertain these populations were primary

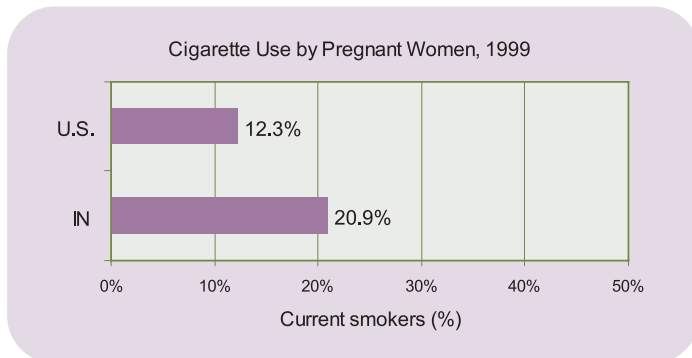
Indiana African Americans
(8.4% of Indiana's population)



Indiana Latinos/Hispanics
(3.5% of Indiana's population)



Indiana Pregnant Women



disparate populations for Indiana because the data was still being analyzed. However, all agreed that they were still important groups to target.

African Americans

Some partners felt that African Americans were disparate not due to higher smoking prevalence, but rather due to greater impact on health outcomes.

The African American smoking rates are about the same. It's just that their health outcome indicators are so much worse. All of the health outcomes for African Americans versus all others are worse. So, when you add smoking to it, you compound the health outcome.

Latinos/Hispanics

A few partners viewed the Latino/Hispanic population as being a relatively new disparate population in Indiana since their population had recently grown. Due to the population's recent influx, some felt that not enough data were available to verify the population as having a pronounced tobacco-related disparity.

The Latino community - it surprises me that they have that as a priority, only because the influx of Latinos is so new in Indiana that we don't have any data to verify that.

Some felt that the tobacco-related disparity could be due to the lack of health services received by Latinos/Hispanics.

The Latino population in Indiana is relatively new in the last ten years, so I don't think there's a lot of connection to health services and agencies...so my feeling there is that they're not accessing the services and agencies.

Pregnant women

Partners viewed pregnant women as a main area of concern for the state. Indiana had the fourth highest smoking rate in the U.S. among pregnant women. County

rates ranged from 6.8% to 38.7%.

A fifth of the pregnant women in the state smoke during pregnancy. It's a big issue. There's even counties that have higher rates than that and so this is a big concern for our state.

Additional Populations

While partners agreed with the identified disparate populations, several believed that teens and Native Americans should be addressed as well.

- Partners felt that the social influence of smoking on teenagers was challenging to overcome. Although smoking rates had begun to decrease, partners felt Indiana needed to continue to target them.

Our rates for our tenth graders are what the nation's high school seniors are smoking. So they're considerably higher than the rest of the country. I think there's a lot of social smoking that goes on through the youth. It's not really been identified how to combat those.

- Native Americans were also a concern because of their high smoking rates and incidence of chronic diseases. Furthermore, some partners felt Native Americans were not taken as seriously as other populations since there are no federally recognized tribes in Indiana.

Native Americans and just the use of tobacco period. That's a major issue in Indiana...in the state of Indiana we probably have about 25 to 30 thousand Native Americans. Although this group is small, it has a higher incidence of chronic disease...But because they are not as organized and you don't have formalized tribes in Indiana, then they're not taken seriously.

Other populations of interest among partners were:

- Elderly
- Amish
- Blue-collar workers
- Low socioeconomic status individuals
- Sexual minorities

Identified Strategies

Partners identified the following strategies being implemented in Indiana to address disparate populations.

African Americans and Latinos/Hispanics

- The Legislature set aside \$2.5 million for minority-based communities. Twenty-nine out of the 92 Indiana counties were identified as representing 90-95% of Indiana's minority populations. Minority partnerships in these counties that developed a plan based on indicators chosen by ITPC could apply for funding.
- In the remaining 63 counties, a portion of the money for statewide, regional, and pilot programs was devoted to minority-based organizations.
- ITPC partnered with organizations that work in African American and Latino/Hispanic communities, allowing them to determine what strategies were best for their communities.
- Targeted counter-marketing was used to counter the tobacco industry influence in these communities.

Pregnant women

- The tobacco control program promoted the American Legacy's Great Start campaign to pregnant women in Indiana.
- Funding was dedicated to a statewide prenatal substance abuse prevention program in health clinics around the state.

Disparate Populations & Best Practices

While partners felt that the BP was useful for providing a basic framework in designing tobacco control programs, they felt the need to modify them somewhat to address disparate populations.

They [minority partnerships] were able to tweak them [program indicators based on the *BP*] a little bit depending on the community they were working with. But the basic framework was still *Best Practices*, the four goal areas and the 35 indicators. So the framework is the very same; it's just that it was targeted at minority partners.

Partners made the following recommendations for the guidelines:

- Identify programs that are effective in minority populations.
- Develop a cultural awareness component in addressing disparate populations.

Suggested Approaches

1. Continue to further identify populations with tobacco-related disparities.
2. Collect more surveillance data on the growing Hispanic/Latino population to obtain a better understanding of the tobacco-related disparity.
3. Engage in further discussion of the difference between disparities in smoking rates and health outcomes for African Americans.



Program Strengths & Challenges

At the end of the interviews, the partners were asked to identify the biggest strength and weakness of Indiana's tobacco control program. Below is a list of the strengths of Indiana's program and the challenges facing it.

- Partners felt that the experience and leadership of ITPC's Executive Director, Karla Sneegas was a major strength of the program.

I think it's Karla. It's having someone with that level of expertise, commitment, and personality. I just can't really imagine what it would have been like if we didn't have her leading the agency.

Additionally, the ITPC Deputy Director J.D. Lux and the rest of the ITPC staff were highly regarded.

Having legal counsel as the Deputy Director is a very strong component...He has a lot of prior knowledge and has provided the link with the political climate that has helped us quite a lot.

The people who work at the ITPC are all on the same wavelength. There's tremendous respect among each other.

- Having adequate funding for Indiana's tobacco control program was also identified as a strength.

The biggest strength of our state's tobacco control program is that we have the funding resources to implement a comprehensive program.

However, some partners felt that there were some financial challenges for the program, including the threat of losing funding and having to reallocate funding every two years.

The threat of losing our funding...the fight to keep it will be huge, especially since we're in our infancy and not going to see prevalence change by January.

You're basically working every two years. You're back to ground zero looking for money...we'll be in a new budget cycle come January 1, and it's all starting over. We have to allocate the money again.

- **Indiana's state budget crisis was a major impediment to the tobacco control program. Specifically, a result of the budget crisis was the hiring freeze, which had prevented hiring additional ITPC staff.**

It's mostly the fiscal area that's been the biggest weakness. For example, when we come out with a major campaign that we think is going to make a difference, and you run the risk of going in front of TV cameras and saying 'we're going to spend two million dollars'...other state agencies who don't have any money to spend get up in arms. So you have to play it low key.

The state budget crisis impacts our personnel decisions, when we are able to fill them, and if we are allowed to fill them.

- **The short timeline for the ITPC to implement the tobacco control program was identified as a significant challenge.**

I think the timeline that ITPC is under. This rush, rush, rush to get it in place. They don't have the luxury to take the time to build capacity and then build infrastructure.

Partners also identified the following major changes or events that were likely to have a strong influence on the future of tobacco control in Indiana:

- **The cigarette excise tax increase to 55 cents**

The biggest thing is the increase in the tobacco sales tax. That is going to have a major impact on kids in the prevention of smoking.

- **Current tobacco control efforts by the ITPC and other partners**

The level of [tobacco control] activities that are going on right now and the people that have signed on to do the work.

...the totality of what ITPC is doing. They're working very hard to align themselves with the right organizations...trying to get us all marching down the same road because we're fighting a mighty big enemy.



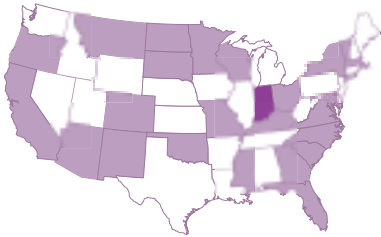
Resources

The following is a short list of available tobacco control resources identified by the partners and the project team:

National tobacco control organizations

American Cancer Society	www.cancer.org
American Heart Association	www.americanheart.org
American Legacy Foundation	www.americanlegacy.org
American Lung Association	www.lungusa.org
Americans' for Nonsmokers' Rights	www.no-smoke.org
Campaign for Tobacco-Free Kids	www.tobaccofreekids.org
The Centers for Disease Control & Prevention	www.cdc.gov/tobacco/
The National Cancer Institute	www.tobaccocontrol.cancer.gov
The Robert Wood Johnson Foundation	www.rwjf.org

Indiana regularly shares information with...



Other suggested resources

- Tobacco Technical Assistance Consortium (TTAC) www.ttac.org
- The CDC Guidelines for School Health Programs to Prevent Tobacco Use and Addiction www.cdc.gov/tobacco/edumat.htm
- The CDC National Tobacco Control Program State Exchange www.cdc.gov/tobacco/ntcp_exchange/index.htm
- The CDC Media Campaign Resource Center www.cdc.gov/tobacco/mcrc/index.htm
- The CDC Guide to Community Preventive Services for Tobacco Use Prevention and Control www.thecommunityguide.org

In addition to the evaluation data presented in this Profile, supplemental data were obtained from the following sources:

- CDC Best Practices www.cdc.gov/tobacco/bestprac.htm
- Campaign for Tobacco Free Kids Cigarette Excise Tax Rates www.tobaccofreekids.org/research/factsheets/
- ITPC “Tobacco Use by Indiana Adults” and “Tobacco Use by Indiana Pregnant Women” www.itpc.in.gov
- NCI State Cancer Legislative Database www.sclld-nci.net
- Show Us the Money: A Report on the States’ Allocation of the Tobacco Settlement Dollars, Jan. 2003 www.tobaccofreekids.org/reports/settlements/
- USDA Nat’l Agriculture Statistics Service www.usda.gov/nass/
- US Census Bureau www.census.gov



The Prevention Research Center (PRC) at Saint Louis University is one of 28 national Prevention Research Centers funded by the Centers for Disease Control and Prevention. The mission of the PRC is to prevent death and disability from chronic diseases, particularly heart disease, cancer, stroke, and diabetes by conducting applied research to promote healthy lifestyles.