Tobacco Prevention and Cessation

September 2026

Annual Report State Fiscal Year 2026

Indiana Department of Health | Tobacco Prevention and Cessation

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Executive Summary and Key Successes

The Indiana Department of Health Tobacco Prevention and Cessation's State Fiscal Year 2026 Report highlights the achievements of the past year. The Indiana commercial tobacco control strategic plan is also supported by statewide stakeholders, healthcare organizations, tobacco prevention and cessation experts and community coalition partners.

Decreasing Youth and Young Adult Tobacco Use Rates

- VOICE has 29 Action Squads in 18 counties with more than 800 engaged youth
- Local tobacco prevention coalition partners reported 670 activities supporting schools with a comprehensive approach to tobacco prevention and cessation

Increasing Secondhand Smoke Protections for Hoosiers

- 32% of all Indiana residents are protected by a strong local smoke-free air law
- 261 school districts (90%), cover e-cigarettes in their policies, and 15 school districts, (5%), have non-punitive enforcement measures for youth who use tobacco
- 119 hospitals (97% of all hospitals in the state) and 88 behavioral health facilities (60% of all facilities in the state) have a tobacco-free grounds policy

Decreasing Adult Smoking Rates

- The Quit Now Indiana program marked its 20th year helping more than 260,000 Hoosiers quit tobacco use.
- The 30-day quit rate among respondents across all Quit Now Indiana programs was more than 32%, and 80% of respondents were satisfied with Quit Now Indiana services
- The percentage of Indiana adults who smoke cigarettes has declined to 14% in 2024.

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

- TPC funded 41 community and capacity-building partnerships in 38 counties and county level and TPC program dashboards demonstrate impact of commercial tobacco on communities.
- The $2 increase in the cigarette tax and increase in other tobacco products and e-cigarettes resulted in higher enrollments to Quit Now Indiana services, which doubled during the month of July 2025. Overall cigarette consumption decreased by 30% from 276 million packs in FY 2025 to 194 million packs in FY 2026, an early indicator of lower tobacco use.

TPC supports IDOH Priorities

Promote Maternal and Infant Health

TPC prevents tobacco use and promotes tobacco free places that reduce secondhand smoke exposure, a known risk factor for sudden infant death syndrome and unhealthy infant development, as well as provides Quitline services tailored for pregnant and postpartum women.

Smoking during pregnancy is a leading modifiable risk factor for poor birth outcomes. Tobacco use increases maternal health risks such as ectopic pregnancy, stillbirth, and pregnancy complications. Reducing tobacco exposure—including maternal smoking, secondhand smoke, and prenatal e-cigarette use—directly supports healthier pregnancies and infant outcomes. Read more on page 10.

Prevent Chronic Disease

Commercial tobacco and nicotine use remains a leading driver of chronic disease and raises the risk for many long-term health problems, like heart disease, lung disease, cancer and diabetes. TPC helps Hoosiers quit through services like Quit Now Indiana to improve health.

Among those using Quit Now Indiana services, nearly half report having a chronic condition, with 37% indicating heart disease and 13% indicating cancer as their chronic condition. Quit Now Indiana's quit rate of 32% is 4-8 times more effective than trying to quit without help. Read more on pages 10-11.

Strengthen Data Quality and Transparency

TPC collects many types of data and shares information in ways that are thoughtful and responsive. We continue to improve how we gather and share data, so our work is easier to see, easier to use, and better connected to statewide outcomes. Surveillance tools, such as the Indiana Youth Tobacco Survey document tobacco use trends and dashboards demonstrate accountability for outcomes. Read more on pages 4 and 25.

Decrease Youth and Young Adult Tobacco Use Rates

Early tobacco use leads young people to lifelong addiction and can cause specific health problems, such as early cardiovascular damage, reduced lung function and decreased lung growth, and reduced immune function. About half of adults who smoke, report starting before the age of 18.[i] New tobacco and nicotine products, coupled with targeted marketing, have contributed to tobacco and nicotine use among youth.[ii]

Youth tobacco use rates drop, but concerns remain

The 2024 Indiana Youth Tobacco Survey, conducted by TPC, showed declines in youth tobacco use, with high school e-cigarette use at its lowest since 2012. Despite this progress, concerns remain as flavored tobacco products, frequent e-cigarette use among youth that currently use e-cigarettes, and the rising popularity of oral nicotine pouches indicate risks for nicotine addiction among youth. Additionally, many youths who have never used tobacco products are susceptible to future use, reinforcing the importance of continued prevention efforts. More on the 2024 IYTS can be found in the appendix page 25, data collection for the 2026 ITYS begins in the Fall.

Vape-Free Indiana

Vape-Free Indiana is a multi-pronged statewide strategy that implements prevention, public education and cessation strategies to address e-cigarette/vape use among youth and young adults. Resources for parents, youth, educators, and healthcare professionals are available on the Vape-Free Indiana website. In response to the concerns about the hazardous waste material generated from e-cigarettes/vaping devices, an interagency workgroup developed resources for actions schools can take to safely dispose of vape waste.

Prevention Education

Programs like Catch My Breath reached thousands of students with education. Schools are also integrating alternatives to suspension into their tobacco-free policies, prioritizing cessation support over punishment when students are using tobacco products on campus. In FY 2026 local tobacco prevention coalition partners reported 670 activities supporting schools with a comprehensive approach to tobacco prevention and cessation.

Resources for quitting

Youth and young adults struggling with nicotine dependence need resources to help them quit tobacco. Cessation efforts included layered support from a variety of tools. Live Vape Free, an interactive texting program with a live coach to support the young person's quit journey served 50 youth and young adults in FY 2026 and provided tools for supporting parents and caregivers concerned about a teen's vaping addiction. Quit Now Indiana served 359 youth and young adults in FY 2026.

Vape-Free Indiana continues to lead with youth voices, data-driven messaging, and dynamic partnerships that keep young Hoosiers vape free. As new threats like oral nicotine pouches emerge, the initiative remains a proactive effort in youth tobacco control, powered by strong partnerships and adaptive programming. Also see TPC's fact sheet on Addressing Youth E-Cigarette Use and youth prevention metrics on the Youth Vaping Dashboard.

Educating and Empowering Youth

VOICE Indiana seeks to engage, educate, and empower youth to celebrate a tobacco and nicotine-free lifestyle. As a statewide movement and youth empowerment program, VOICE actively builds a network of youth leaders to assist with the design and implementation of initiatives that will educate the community and empower their peers to avoid tobacco and nicotine use.

In SFY 2026, VOICE was active in 18 counties, including a statewide VOICE group with the Indiana Latino Institute. Among the 29 Action Squads, there were 116 core team leaders, 695 action squad members, and 453 members in the VOICE Alumni Network.

The VOICE Youth Ambassadors led a series of statewide virtual meetups that connected youth across the state to educate and empower their peers to take action, including a Speaker Series to connect young people to experts to expand their knowledge and curiosity. The VYAs hosted a meetup, "A Chat with an Epidemiologist, where data from the Indiana Youth Tobacco Survey was shared in plain language. Their PowerPoint in authentic youth voice was utilized to educate across the state.

Statewide VOICE Youth Ambassadors are high school students who have demonstrated leadership in celebrating tobacco-free lifestyles in their communities as active VOICE Core Team Leaders. These Youth Ambassadors are chosen annually as representatives of their local counties through a competitive application process.
They receive training at the state level and participate in statewide activities. They serve as ambassadors for our statewide program and inform and design all statewide campaigns and initiatives within the VOICE Indiana brand. This leadership group included eight high school youth during the 2025-26 school year.

The VOICE Youth Ambassadors created the *Isn't IT Puzzling* Factsheet to encourage squads to host local events in their own communities for Red Ribbon Week that reached nearly 29,000 youth.

VOICE Day at the statehouse

Nearly 400 youth traveled to share their voice at the 2026 day at the Statehouse. The 2026 Theme was *Fuel the Future* that incorporated a Bumper Sticker contest that educated on the harms of using tobacco and nicotine. The VOICE Youth Ambassadors hosted a training as part of the event that shared the toll of tobacco in Indiana, the marketing influence, health consequences and impact.

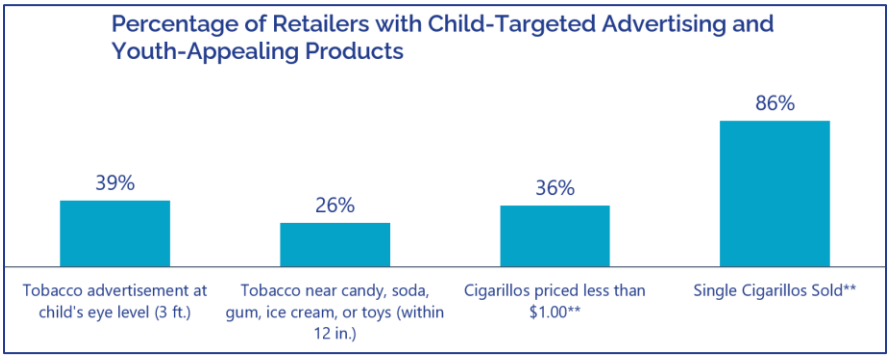
Tracking Tobacco Marketing in the Community

The tobacco industry spends approximately $293 million to market and advertise its products in Indiana each year, and the vast majority of this money is spent on point-of-sale marketing strategies such as price discounts and in-store advertising.[iii,iv] Studies have shown that point-of-sale tobacco marketing increases the likelihood that youth will start using tobacco products, makes quitting tobacco more difficult, and targets communities that most impacted by tobacco.[v,vi,vii] TPC community partners educate on the impact of this tobacco point-of-sale marketing. All local tobacco control partners worked with teams of local volunteers to complete retail assessments on product availability, advertising and price discounts. Retail assessments also included questions on alcohol, soda, and food availability and advertising. Following the completion of

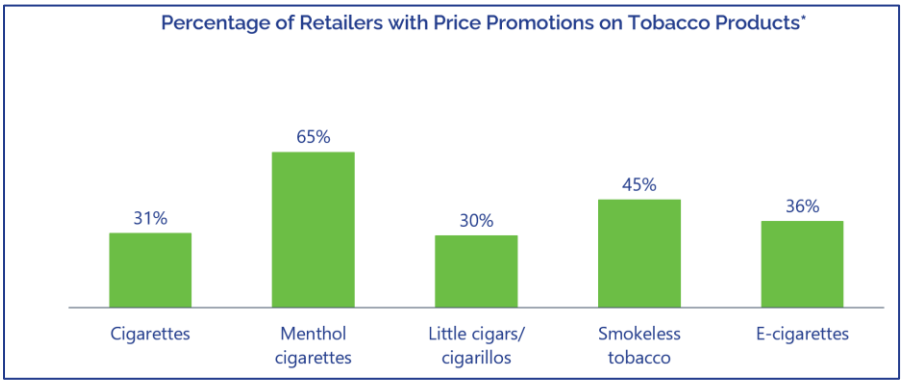
tobacco retail audits, TPC provides local partners with presentation slides summarizing tobacco retail assessment results in their county, as well as county fact sheets and educational packets that outline the impact of tobacco point-of-sale advertising in their communities.

In 2026, tobacco control partners completed more than 3,200 retailer assessments across the state. The findings from these audits showed that while cigarettes, including menthol cigarettes are the most commonly sold tobacco product in tobacco retailers, nicotine pouches were also sold in more than 80% of all retailers assessed. More than half of all tobacco retailers assessed having some kind of tobacco product advertising. Additionally, price promotions which help keep tobacco products priced low were common, with 60% of tobacco retailers offering some kind of promotion for a tobacco product.

The 2026 assessments also highlighted that products are still sold in a manner which is attractive to youth. More than 1 in 4 tobacco retailers had tobacco within 12 inches of child friendly products like candy, gum, ice-cream or toys. Similar youth-targeting practices are also used for alcohol and hemp derived products.



**Among retailers selling each type of tobacco product; Includes 39 counties with completed store assessments. Data are not representative of Indiana statewide.



*Among retailers selling each type of tobacco product; Includes 39 counties with completed store assessments. Data are not representative of Indiana statewide.

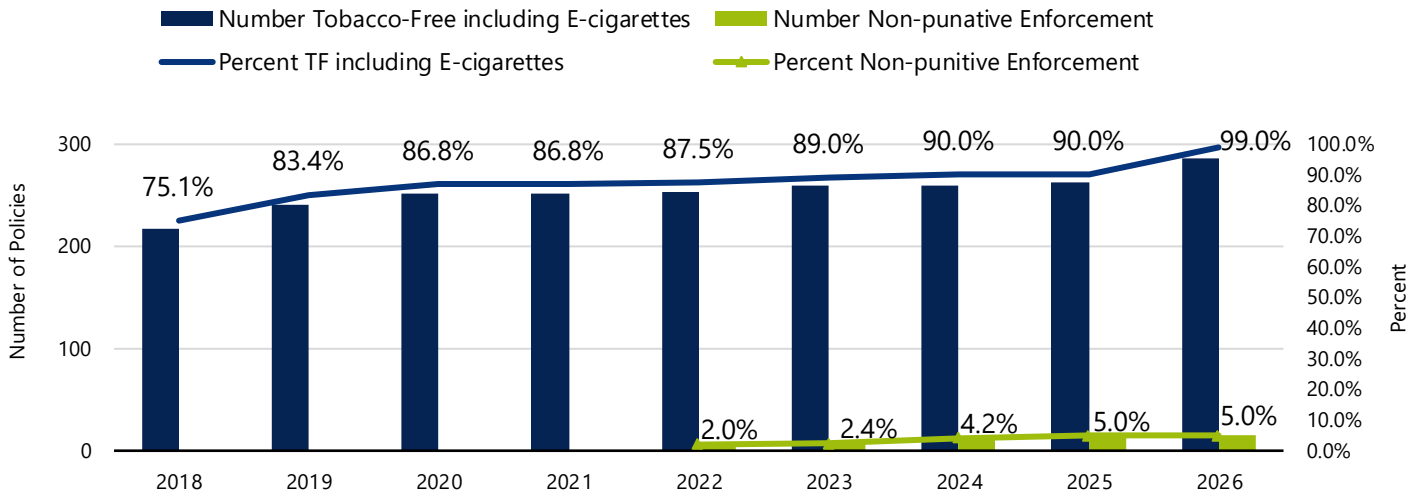
Increase the Proportion of Hoosiers Not Exposed to Secondhand Smoke

Some Hoosiers are exposed to more secondhand smoke than others, due to differences in community smoke-free air protections. Exposure to secondhand smoke is one of the leading causes of preventable death costing 19,000 lives nationally each year, and has been shown to cause heart disease, cancer and respiratory problems. Exposure to secondhand smoke takes place in the home, public places, worksites and vehicles. Secondhand aerosol from vaping devices is made up of a high concentration of ultrafine particles which can contain harmful ingredients, including nicotine flavorings, volatile organic compounds, and heavy metals, with particle concentration higher than in conventional tobacco smoke[viii,ix]. Exposure to ultrafine particles may make respiratory illnesses worse, such as asthma, and constrict arteries, which could trigger a heart attack.[x] Vape-free and smoke-free policies protect those who do not use tobacco or vaping products and increase interest in and support people in quitting tobacco. Exposure to secondhand smoke increases the risk of premature birth, low birth weight, pregnancy complications, and sudden infant death syndrome (SIDS).[xi] Preventing infants' exposure to secondhand smoke is an important strategy to reduce Indiana's infant mortality rate.[xii] Secondhand smoke costs Indiana approximately $2.1 billion annually in excess medical expenses and premature loss of life, or about $328 per person each year.[xiii] Approximately 1,770 Hoosiers die each year from others smoking, such as exposure to secondhand smoke or smoking during pregnancy.[xiv]

Indiana's state smoke-free air law (2012) protects workers and patrons in most worksites and restaurants from the health hazards of secondhand smoke. Some Indiana communities are providing greater protections to workers by adopting local smoke-free air ordinances. Currently, 32% of all Indiana residents are protected by a local smoke-free air law that includes non-hospitality workplaces, restaurants, and bars. A total of 24 communities have ordinances that prohibit e-cigarettes/vaping devices. TPC partners with the American Lung Association and the Americans for Nonsmoker's Rights to support training and technical assistance for community partners to education on the importance of smoke free air protections. In the past year, some local communities have amended their smoke free air ordinance to allow for cigar smoking venues to allow indoor smoking. These include Delaware County (April 2026) and Fort Wayne (December 2025).

Healthcare facilities, businesses and schools include e-cigarettes in their tobacco-free policies. Local tobacco control coalitions have made progress working with school districts to amend their tobacco-free school policies to include e-cigarettes. Currently, 261 school districts in Indiana, or 90%, cover e-cigarettes in their district policies. TPC also tracks schools and districts that included non-punitive or restorative measures as part of the enforcement policy for students who use tobacco on school grounds. The number of school districts with at least one nonpunitive measure has increased from six in 2022 to 15 in 2026.

Figure 5:



Indiana School Districts with Tobacco-Free Policies and Non-Punitive Enforcement

Note: Left vertical axis reflects the total number of TF polices whether it is those that include e-cigarettes or those that include non-punitive enforcement measures. The right axis reflects the percent of TF grounds polices that include e-cigarettes out of all policies on file. Similarly, the right axis also reflects the percent of policies including non-punitive enforcement measures among all policies on file.

Many local organizational policies are reducing secondhand tobacco smoke exposure:

- Among behavioral health and substance use treatment facilities, 88 (60% of all facilities in the state) have a tobacco-free campus.
- More than 100 college and university campuses in Indiana have implemented tobacco-free campus policies, with most including e-cigarettes and vaping.

Smoke-free multifamily housing not only protects residents from secondhand smoke but also helps landlords and owners reduce maintenance costs of their facilities and save money on cleaning and painting expenses. Among Indiana adults who live in multi-unit housing, 14% are regularly exposed to secondhand smoke that enters their home from somewhere else in the building.

TPC community partners engage with property manages using the American Lung Association's Smoke-Free Housing Indiana Toolkit which includes information regarding the different parts of the Housing and Urban Development (HUD) smoke-free ruling, facts on secondhand smoke, enforcement, and legality of the policy. For more information, see TPC's fact sheet on smoke-free multi-unit housing.

Decrease Adult Smoking Rates

Everyone deserves an opportunity to be as healthy as possible, free from the harm that commercial tobacco can cause. Tobacco use remains disproportionately high in some communities. The percentage of Indiana adults who smoke cigarettes was 14% in 2024. Indiana's adult smoking rate is higher than the U.S. median of 12%. Indiana ranked 11th highest in adult cigarette smoking rate and 13th highest in adult e-cigarette use rate (9%) in 2024. Among adults who currently smoke cigarettes, about half (51%) reported making at least one attempt to end their tobacco addiction in the past year, an important indicator showing readiness to quit.

Quitting smoking at any age can improve one's health. Treating tobacco use doubles the rate of successfully quitting.[xv] The 2020 Surgeon General's Report on cessation stressed the critical importance of quitting and using proven treatments and the need for all healthcare providers and systems to provide these treatments that include counseling and medications. TPC's work includes support of the state's Quitline capacity, promotion of system changes and increased access to cessation benefits.

Quit Now Indiana

Quitlines have been shown to be cost-effective interventions that deliver high value relative to their cost when compared with other common disease prevention interventions and medical treatments. Indiana's Tobacco Quitline, Quit Now Indiana (QNI), provides tobacco treatment services to Hoosiers who want to stop using any commercial tobacco product and offers information for health professionals, family members and friends. Celebrating its 20th anniversary in 2026, Quit Now Indiana has served as a cornerstone of public health, securing over 260,000 lifetime enrollments and maintaining strong momentum with over 9,000 registrations in SFY 2026.

Quit Now Indiana offers interactive tools including text-based and telephone-based counseling an digital tools. Highly trained coaches provide tailored counseling support to help people who use tobacco end their nicotine dependence. Quit Now Indiana is central to Indiana's tobacco cessation network supporting state and local partners. More than 32% of Quit Now Indiana participants quit tobacco (including e-cigarettes) in the past year. Comparatively, of those who try to quit without help, only 4-7% are successful. Approximately 92% of Quit Now Indiana participants would recommend the program to others.

Pregnancy Program

The use of commercial tobacco products impacts even the youngest Indiana residents, as smoking during pregnancy can harm the health of the pregnant woman and the unborn child. Quit Now Indiana is a referral partner for all 145 Indiana Women, Infants, and Children (WIC) clinics in Indiana. In SFY 2026, WIC clinics submitted 389 referrals to Quit Now Indiana. In addition, there were 314 enrollments in Quit Now Indiana's program for women who are pregnant, planning pregnancy or postpartum.

Behavioral Health

To better support people who use tobacco and have behavioral health conditions, Quit Now Indiana offers the intensive Tobacco Cessation Behavioral Health Program. The program includes higher intensity behavioral and medication support, consisting of seven counseling sessions and nicotine replacement medications.

Menthol Program

To better support people who are addicted to menthol tobacco products, Quit Now Indiana offers personalized coaching focusing on how to quit highly addictive menthol products along with nicotine replacement therapy medications. In SFY 2026, 2,230 people enrolled in the menthol program.

Quit Now Indiana Champions

Guidance from healthcare providers can empower patients to end nicotine dependence. Quit Now Indiana Champion Providers receive monthly e-blasts, materials to educate patients, status reports on referred patients, and information for local tobacco prevention and cessation coalitions. Healthcare systems provide many opportunities for motivating people who use tobacco to quit. Approximately 3,100 fax referrals, 8,000 electronic health record referrals, and 2,800 online portal referrals were sent to Quit Now Indiana from providers in SFY 2026.

Quit Now Indiana Program	Description	Enrollments (SFY 2026)	Quit Rate (30-Day)	Participant Satisfaction
General	Phone, online, and text-based coaching. Coaches provide tailored support for quitting any commercial tobacco product.	9,086 enrollments 260,000+ lifetime enrollments	32%	92% of participants would recommend the program
Behavioral Health	Intensive cessation support for people with behavioral health conditions. Includes 7 counseling sessions and nicotine replacement therapy.	4,117 enrollments	32%	83% participant satisfaction
Pregnancy	Specialized cessation support for pregnant, planning-to-be-pregnant, or postpartum individuals. Referral partner for all 145 Indiana WIC clinics.	314 enrollments 389 WIC referrals	36%	89% satisfaction 92% would recommend the program

Indiana Medicaid Supports Tobacco Cessation

Individuals primarily insured through Medicaid smoked at a higher rate (26%) than the general population (14%) in 2024.[xvi] TPC's partnership with the Office of Medicaid Policy and Planning (OMPP) provides support for Quitline services and connects TPC with the Indiana Medicaid health plans to train staff on tobacco treatment intervention and referrals to the Indiana Tobacco Quitline. Indiana Medicaid health plans provide member incentives for those who complete the Quit Now Indiana programs. In SFY 2026, 42% of the 9,086 people who enrolled in Quitline services indicated they were Medicaid members.

Health Systems Change Partnerships

Systems change within healthcare organizations complements interventions in state and community settings by institutionalizing approaches that support individual behavior change. Systems change leads to improvements in the way healthcare systems operate to improve clinician interventions and integrate tobacco cessation into healthcare delivery using various strategies. The U.S. Public Health Service (PHS) Treating Tobacco Use and Dependence Clinical Practice Guideline stresses that healthcare system changes, including Quitline services and referral to services, effectively reduce the health burden of tobacco use.

TPC health systems change partnerships build sustainable, integrated solutions at the organizational level to support clinicians in addressing tobacco use consistently and effectively. This collective work focuses on implementing best practices for tobacco dependence treatment and care coordination; quality improvement; and utilization of electronic health record (EHR) systems. In SFY 2026, these partner organizations provided healthcare services to nearly 20,000 Hoosiers where 99% were asked about tobacco use. Among those 10.1% were identified as patients who use tobacco, partner organizations referred more than 1,000 individuals to tobacco treatment.

Health Systems Change Grants		
Lead Agency	**SFY 2026 Funding**	**Project description and outcomes**
Community Health Network Foundation	$50,000	• Community Health Network Foundation's (CHN) grant was dedicated to standardizing evidence-based tobacco use and dependence treatment throughout the system. This process change included provider education, employee-focused cessation strategies and standardize workflow in the electronic medical record (EHR) to enhance care and provide analytical feedback and outcome management. • The CHN Nicotine Dependence Program (NDP) trained 60 Tobacco Treatment Specialists, formalized the NDP onboarding protocols and mentoring program, standardized documentation and adopted department policy and procedures. • CHN developed patient materials including an educational book, medication instruction and videos, webpage and on-demand seminars. • CHN has a 52% program completion rate with a total of 4,036 unique patients participating in the program with a total of 17,000 total visits.
Franciscan Health Foundation	$50,000	• Franciscan Health Foundation's (Lafayette) grant focused on increasing staff education for evidence-based tobacco treatment, standardizing patient care interventions, increasing referrals for post-acute tobacco cessation support, and improving EMR (electronic medical record) referrals through Quitline integration. • Franciscan Health developed a multidisciplinary team to develop tobacco treatment protocols, training twelve Tobacco Treatment Specialists. • Serves as a resource for other sites to improve utilization of the Quitline EMR integration developing educational materials and training videos for staff. • They increased the number of persons receiving "Ask, Advise, Refer" from their oncology unit to all patient units in Lafayette and adopted the same protocol in Indianapolis. Tobacco treatment information and early detection lung cancer screening information was provided to 80% of those patients who screened positive for tobacco use.
Indiana Chapter of the American Academy of Pediatrics (INAAP)	$125,000	• The Indiana Chapter of the American Academy of Pediatrics (INAAP) operates the Clinical Efforts Against Secondhand Smoke (CEASE) program in 31 pediatric offices including dental and women's health providers and Neonatal Intensive Care Units. • INAAP screened 9,276 families for tobacco use of which 12% screened positive. Of those screening positive for tobacco use, 14% were provided with nicotine replacement therapy and referred nearly 16% to Quit Now Indiana. • INAAP implemented a post-intervention follow-up in all clinics closing the data loop to better track patient quit rates. • Successfully integrated the CEASE screener into CHADIS, a patient engagement and screening tool.

Indiana Rural Health Association (IRHA)	$45,000	• Indiana Rural Health Association (IRHA) provides technical assistance, training, quality improvement, and evaluation support for tobacco treatment practices for 12 rural health clinics and 33 critical access hospitals. • IRHA hosted Lunch and Learns, presented at the Critical Access Hospitals Convening Rapid Fire Sessions, and the Indiana Statewide Rural Health Network (InSRHN), as well as reaches 1,500 members with tobacco treatment updates through quarterly newsletters. • Developed a tobacco dependence treatment assessment too for clinics and health systems engaging 20 organizations.
Purdue University - College of Pharmacy	$171,875	• Purdue supports Rethink Tobacco Indiana (RTI) is a statewide partner to reduce tobacco and nicotine use among persons with mental health conditions, substance use disorders, or co-occurring disorders through technical assistance, policy development, education, and training. • RTI partnered with ASPIN, Indiana Alliance on Prenatal Substance Abuse Exposure and Damien Center conducting 14 trainings and presentations to 119 peer recovery coaches and community health workers, employees in behavioral health and substance use disorder agencies. • Through two Tobacco Trained Specialist (TTS) training sessions they trained 49 TTSs throughout Indiana. • RTI provided technical assistance to 12 behavioral health organizations resulting in 6 tobacco free grounds policies, 12 tobacco treatment policies or workflows and integrated Quit Now Indiana into two electronic records systems reducing referral barriers.
Indiana University Fairbanks School of Public Health	$112,000	• The Center for Health Policy (CHP) at the Indiana University Richard M. Fairbanks School of Public Health leads the evaluation of the Health Systems Change Partnership activities using a mixed - methods approach. • Ongoing evaluation topics include obtaining and sustaining leadership support, accessing process and outcome data necessary for tracking the impact of these activities, and establishing long-term sustainability of health systems change tobacco cessation practices. • CHP collected evaluation data from funded health systems change partners and tobacco free recovery partners monthly and compiled that into two evaluation reports. CHP conducted key informant interviews at Community Health Network and Indiana Chapter of the American Academy of Pediatrics developing two case studies.

Tobacco-Free Recovery

Smoking prevalence remains significantly higher among individuals with behavioral health conditions and substance use disorders. About one in five adults in the U.S. (20%) and in Indiana (22%) have any mental illness.[xvii] Additionally, nearly 39% of Indiana adults with any mental illness smoke.[xviii] For more information, see TPC's fact sheet on tobacco use, mental health, and substance use disorders.

TPC partners with the FSSA's Division of Mental Health and Addiction (DMHA) to support providers implementing tobacco treatment strategies. These Tobacco Free Recovery Grants increase the process of tobacco use assessments, referrals to Quit Now Indiana services, quit attempts, and treatment capacity for clinical teams. The Tobacco Free Recovery grant program funded 12 agencies in 2025, and 13 agencies in 2026 to work on tobacco treatment strategies.

TPC partners with Rethink Tobacco Indiana to provide training, technical assistance and policy implementation. The components include information on U.S. Clinical Practice Guidelines for Treating Tobacco Use and Dependence, instituting and enforcing tobacco-free campus policies and enhancing tobacco treatment practices through use of electronic health records. Tools are tailored for community mental health centers, addiction treatment centers, recovery treatment centers, recovery residences and substance treatment programs.

Tobacco Free Recovery Grants Grant funding is based on the components selected in the work plan	
Lead Agency	**2026 Funding**
Northshore Health Centers	$51,000
Groups Recover Together	$36,000
Good Samaritan Hospital	$51,000
Next Steps	$33,000
Ruth House	$10,000
Neighborhood Health Center	$10,000
Oaklawn	$10,000
Hope Alive	$10,000
Parkview	$10,000
Franciscan	$10,000
Shalom	$10,000
Genesis House	$10,000
SPA Ministries	$10,000

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

Indiana's commercial tobacco control program implements best practices for comprehensive tobacco control programs. State and community-based programs are critical components of best practices and are central to TPC's work. Community coalitions implement population-based, evidence-based strategies that encourage tobacco-free communities. Effective community programs involve people in their homes, worksites, schools, places of worship, entertainment venues, civic organizations and other public places. Funding, training and technical assistance to local programs produce measurable progress toward statewide tobacco control objectives and have supported the implementation of the Health First Indiana core services.

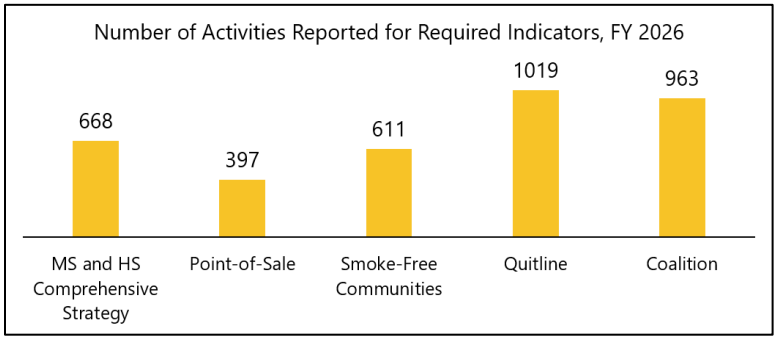
Key Outcomes

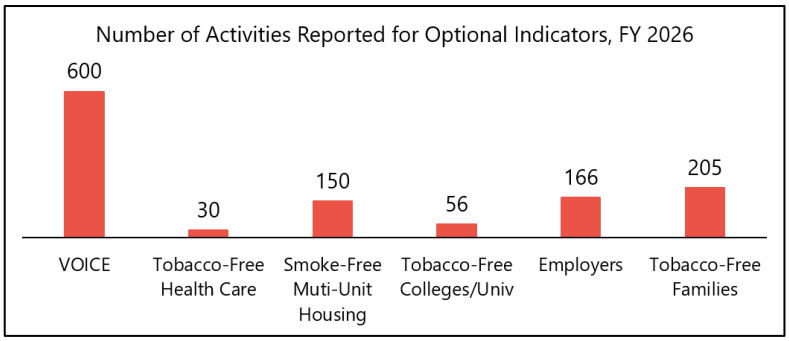
In SFY 2026, TPC funded 41 community and capacity-building partnerships in 38 counties, reaching approximately three-fourths of Indiana's population. TPC implements capacity-building opportunities open to any counties that have not received TPC funding in the past grant cycle to get started on core interventions. Throughout the two-year grant, TPC provides a training plan along with customized technical assistance. Of the required trainings 90% of community-based and capacity building partners participated and 97% of Community Partners completed activities for all required indicators.

TPC community-based coalitions implemented 4,865 program activities during SFY 2026 ranging from Quitline outreach to community presentations on youth prevention and delivery of training including:

- 340 activities providing education on tobacco point-of-sale marketing and advertising
- 397 activities in communities worked on decreasing exposure to secondhand smoke
- 1,185 activities helping Hoosier adults quit tobacco use

Additional evaluation measures from the grantees and program impact overall can be seen below.





Community-Based Partnership Grants Local coalitions implement Indiana's tobacco prevention and cessation program's goals that address youth tobacco prevention, secondhand smoke education, and adult tobacco treatment outreach and services through community indicators. The Lead Agency is responsible for supporting the coalition and is an active member of the coalition. Coalitions build and maintain partnerships across sectors of the community to sustain a broad-based coalition of support for commercial tobacco control.		
County	**Lead Agency**	**SFY 2026 Funding**
Allen County	Parkview Hospital, Inc.	$200,000
Bartholomew County	Columbus Regional Health Foundation	$100,000
Blackford County	Drug Free Blackford County	$64,500
Clinton County	Healthy Communities of Clinton County, Inc.	$75,000
Daviess County	Hoosier Uplands Economic Development Corporation	$65,000
Dearborn County	Dearborn County Health Department	$60,000
Delaware County	Little Red Door Cancer Agency, Inc.	$117,000
Elkhart County	Elkhart County Health Department	$175,000
Floyd County	Our Place Drug & Alcohol Education Services, Inc.	$75,000
Franklin County	Franklin County Community Foundation	$50,000
Hamilton County	Good Samaritan Network	$150,000
Hancock County	Hancock Regional Hospital	$120,000
Howard County	Young Men's Christian Association of Kokomo	$100,000
Jefferson County	Norton Healthcare Foundation, Inc.	$125,000
Kosciusko County	The Healthy Community Coalition of Kosciusko County, Inc. DBA Live Well Kosciusko	$120,000
Lake County	Community Advocates of Northern Indiana	$125,000
Lake County	Franciscan Health Foundation dba Franciscan Health Tobacco Prevention and Cessation Lake County Coalition	$150,000
Madison County	Minority Health Coalition of Madison County	$100,000
Madison County	Intersect, Inc.	$140,000
Marion County	Hispanic/Latino Minority Health Coalition Greater of Indianapolis	$125,000
Marion County	The Health & Hospital Corporation of Marion County	$200,000
Marshall County	Saint Joseph Health System	$130,000
Monroe County	Indiana University Health, Inc.	$65,000

Morgan County	Indiana University Health, Inc.	$60,000
Orange County	Indiana University Health, Inc.	$100,000
Porter County	The Lutheran University Association dba Valparaiso University	$155,000
Shelby County	Drug Free Shelby County	$70,000
Spencer County	North Spencer County School Corporation	$120,000
St. Joseph County	Saint Joseph Regional Medical Center dba Saint Joseph Health System	$200,000
Vigo County	Chances And Services for Youth	$80,000
Wabash County	Wabash Street level Ministries, Inc.	$60,000
Washington County	South Central Indiana Community Resources (SCICR)	$75,000

Capacity Building Grants

Capacity building grants bring in new local partnerships to areas that are not currently funded by TPC. The two-year grant allows for new partnerships to fully develop a coalition and learn evidence-based commercial tobacco control practices. Coalitions are developing and implement Indiana's tobacco prevention and cessation program's goals that addressing youth tobacco prevention, secondhand smoke education, and adult tobacco treatment outreach and services, with fewer community indicators.

County	Lead Agency	SFY 2026 Funding
Crawford County	South Central Indiana Community Resource	$60,000
Jay County	Jay County Drug Prevention Coalition	$60,000
Knox County	Knox County Health Department	$60,000
Owen County	Mental Health America of West Central Indiana	$42,500
Parke County	Mental Health America of West Central Indiana	$42,500
Posey County	Posey County Health Department	$60,000
Putnam County	Mental Health America of West Central Indiana	$42,500
Vermillion County	Mental Health America of West Central Indiana	$42,500
Wayne County	Reid Hospital and Health Care Services	$60,000

Statewide Grants		
Lead Agency	**SFY 2026 Funding**	**Project Description and outcomes**
American Lung Association (ALA)	$179,945	• ALA works with TPC partners to increase smoke-free policies in local communities, as well as supports coalition development, capacity building and communications on secondhand smoke. • ALA implemented the Community Preparedness Assessment with 15 counties and developed community toolboxes and training based on readiness for smoke free air policy by leading quarterly cohort meetings with local partners. • ALA furthered community readiness by hosting regional workshops where partners learned skills and best practices for stakeholder education.
Health Ed Pros LLC (HEP)	$196,793	• HEP implements the Breathe: Healthy Steps to Living Tobacco Free educational program by working with Head Start Centers and similar organizations. Breathe includes education on the dangers of secondhand and thirdhand smoke, ways to minimize exposure, the financial burden of tobacco, and resources to quit. • HEP provides training and technical assistance to TPC partners and to Head Start (or similar) agencies. HEP serves as a liaison to Head Start and other state organizations serving low-income families. • In SFY 2026, 35 Breathe training sessions were conducted reaching 637 people in communities. Participants reported high satisfaction scores for trainings and recommended the training for others.
Indiana Latino Institute, Inc. (ILI)	$158,211	• ILI focuses on preventing initiation of tobacco use by youth; help with cessation; protection from secondhand smoke and tobacco control infrastructure. • ILI hosted three education summits (Indianapolis, South Bend, Evansville) reaching 3,000 students and adult allies and providing VOICE information, tobacco prevention and cessation materials, and recruitment information for local VOICE groups. • ILI developed relationships with colleges and grew the *Quit It, U Program* at Marian University with the goal of developing student advocates to promote tobacco prevention and cessation information in a peer-to-peer format. • ILI successfully established VOICE clubs in two Marion County schools and will onboard two additional clubs in Fall of 2026.

Strategic Planning

TPC completed the process of developing the next five-year Indiana Commercial Tobacco Control Strategic Plan. The plan is a tobacco control roadmap for the entire State of Indiana, coordinated by TPC. Indiana's Commercial Tobacco Control strategic plan was created through an inclusive process designed to gather diverse perspectives, clarify shared priorities, and build a practical path forward. Stakeholders from sectors such as education, healthcare, business, community organizations, and public health shared insights through interviews, focus groups, surveys, and document reviews, helping identify strengths, gaps, and opportunities for better coordination. Through collaborative strategy sessions, participants then shaped a unified vision, key goals, and clear, achievable strategies that build on existing momentum. The resulting plan is both aspirational and actionable, with measurable objectives and an implementation roadmap to be released later in 2026.

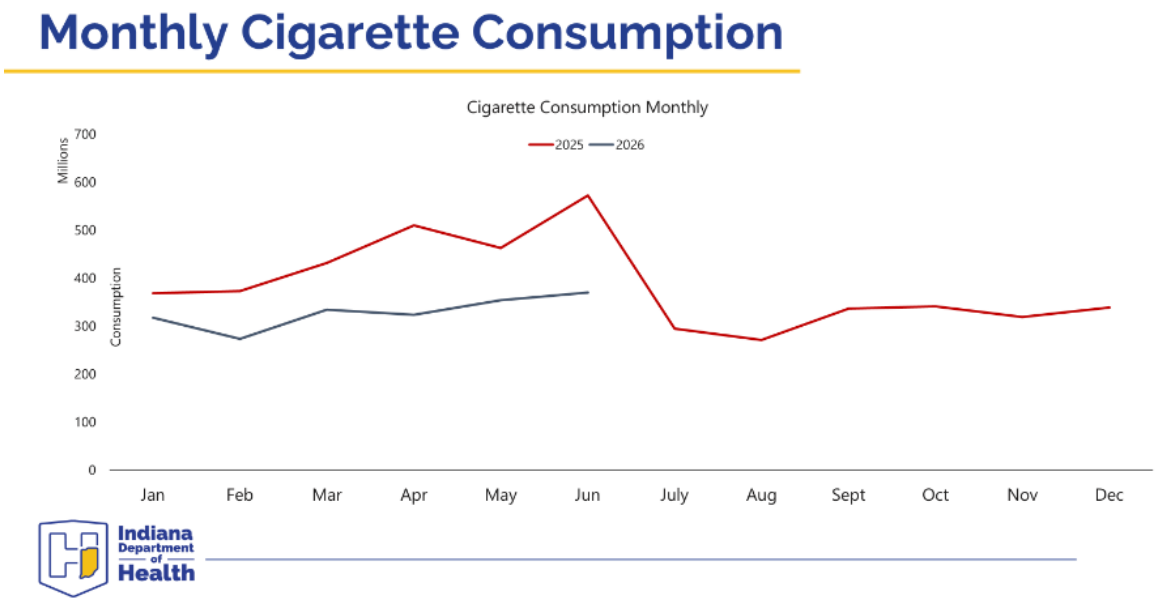
Tobacco Tax Increase

The Indiana State Legislature passed a bill that included a $2 increase in the cigarette tax and proportional tax increases on other tobacco products and e-cigarettes, effective July 1, 2025. Taxes on e-cigarettes doubled from 15% to 30% of the wholesale price and taxes on other tobacco products increased from 24% to 30%. Raising the price of tobacco products through excise taxes is an evidence-based policy strategy that aims to improve health outcomes by preventing tobacco product initiation, especially among youth. The 2025 changes included an increase in tax among all types of tobacco products including e-cigarettes. This especially helps prevent youth from becoming addicted to harmful vapes and nicotine products. In addition, higher tobacco prices are one of the most effective ways to encourage people to quit using.

TPC shared tools with partners and stakeholders that could be used in communities and organizations to promote quitting tobacco during this opportune time. This included promotion materials and messaging to enroll in Quit Now Indiana services that shared quit tips, stories from those who successfully quit, as well as earned media materials.

Early results indicated interest in quitting as enrollments to Quit Now Indiana services doubled during the month of July 2025. In the first three months of the higher prices on all tobacco and vaping products, enrollments to Quit Now Indiana services increased by 38%, while consumption of cigarettes was trending down 40% compared to the same three months the year prior (July-Sept 2025 compared to July-Sept 2024). Throughout the year following the tax increase, overall enrollments in services were higher compared to the year prior. In addition, revenue increased by approximately 120% for cigarettes, 43% in other tobacco products, and 50% for e-cigarettes. Cigarette consumption decreased by 30% from 275.7 million packs in FY 2025 to 193.9 million packs in FY2026[xix].

The chart below illustrates monthly cigarette consumption in 2025-2026, noting the drop in July 2025 that remained low into 2026.



Additionally, a research study from Economics for Health and the CDC Foundation reported early findings that demonstrated Indiana's 2025 tobacco tax increase is achieving the intended public-health goals: reducing tobacco use, raising revenue, and encouraging cessation. Cigarette and e-cigarette prices rose at the same time unit sales fell, yet cigarette and e-cigarette retail sales resulted in 12.6 million fewer cigarette packs were sold in the first six months of the tax increase. The report also analyzed for sales for states bordering Indiana that indicated little if any spillover into border states[xx].

Conclusion

Tobacco use remains Indiana's most preventable cause of death and disease. State and local partners continue working together to reduce this burden and improve Hoosier health. Youth use of e-cigarettes is still a major concern, with rising signs of addiction. New and emerging products also require ongoing monitoring. There is strong opportunity to expand smoke-free air laws to better protect communities and workers from secondhand smoke and aerosol. More than 720,000 Indiana adults use tobacco, and many want to quit. Cost-effective tools like Quit Now Indiana, along with proven best practices, remain essential. Moving toward a tobacco-free Indiana will take multiple strategies and collective action. Every organization, school, business, healthcare provider, and resident plays a role. Reducing commercial tobacco use is critical to improving health outcomes for all Hoosiers.

SFY 2026 Budget

Budget Item	SFY 26 State Appropriation July 1, 2025 to June 30, 2026	CDC Grant April 29, 2025 to April 28, 2026	FSSA/OMPP MOU July 1, 2025 to June 30, 2026	FSSA/DMHA MOU Oct. 1, 2025 to Sept. 30, 2026	TOTAL
STATE AND COMMUNITY INTERVENTIONS					
Local Community Based Partnership Grants	$3,551,500				
Local Capacity Building Partnership Grants	$470,000				
Statewide Partnership Grants	$517,430				
Training and Technical Assistance	$95,249				
Emerging Programs	$1,051,500				
					$5,685,679
CESSATION INTERVENTIONS					
Indiana Tobacco Quitline	$1,819,993	$561,186	$344,558		
Health systems change partnership grants	$532,500			$300,000	
Youth Vaping Cessation	$96,300				
					$3,654,537
HEALTH COMMUNICATIONS					
Public Education Campaign		$200,000			
Education Materials	$6,500				
					$206,500
SURVEILLANCE AND EVALUATION					
Surveillance and Evaluation	$59,965	$156,860			
					$216,825
INFRASTRUCTURE, ADMINISTRATION AND MANAGEMENT					
Infrastructure, Administration and Management	$911,215	$914,763			
					$1,825,978
TOTAL	**$9,112,152**	**$1,832,809**	**$344,558**	**$300,000**	**$11,589,519**

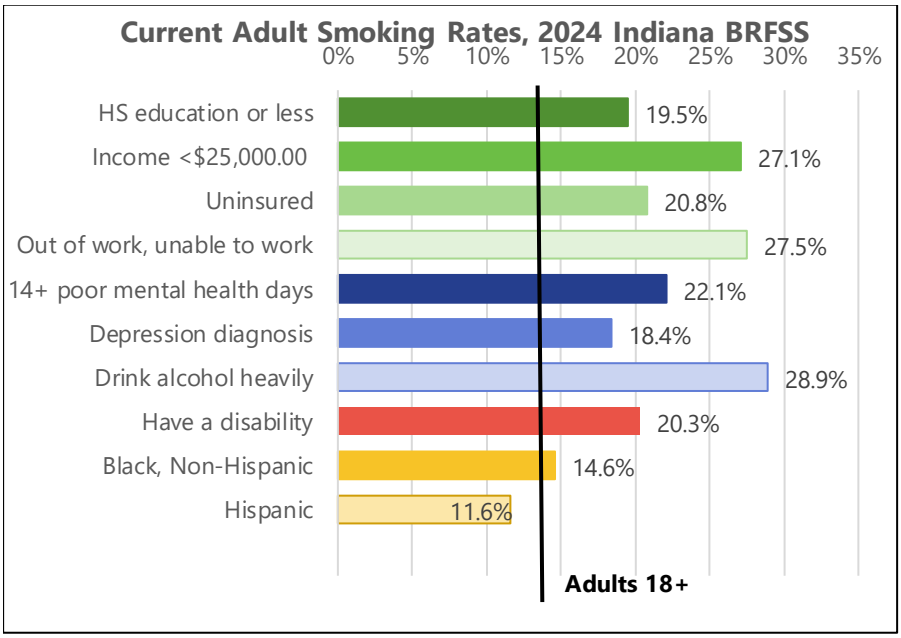
Appendix

Surveillance and Evaluation

It is important for commercial tobacco control programs to be accountable and demonstrate effectiveness, as well as have access to relevant and timely data for use in program improvements and decision-making. Surveillance and evaluation is a key component of comprehensive state tobacco control programs. TPC maintains an outcome-based evaluation of tobacco control efforts by managing state-level surveillance systems, including the Indiana Youth Tobacco Survey (YTS) and support of the Behavioral Risk Factor Surveillance System (BRFSS). In addition, the Indiana Tobacco Quitline/Quit Now Indiana service reports, tobacco tax stamp data from the Indiana Department of Revenue, and tobacco policy tracking are incorporated into evaluation measures. TPC manages a monthly web-based reporting system that monitors process measures through local tobacco control coalition monthly program reports.

2024 Indiana Behavioral Risk Factor Surveillance System

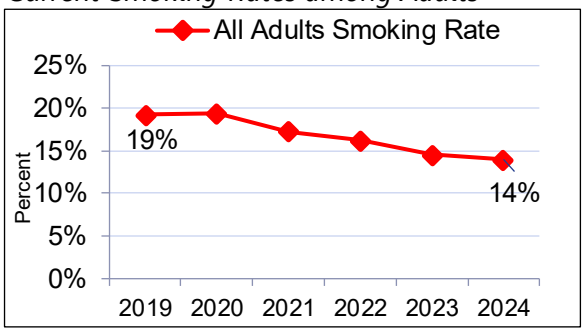
The Behavioral Risk Factor Surveillance System (BRFSS) is a system of health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. Established in 1984 with 15 states, BRFSS now collects data in all 50 states as well as the District of Columbia and three U.S. territories. The Indiana BRFSS provides an annual estimate of adult smoking in Indiana, plus additional variables on tobacco product use and cigarette cessation. BRFSS data are shared in many TPC fact sheets on adult smoking, priority populations, and tobacco treatment.



In 2024, the most recently available data, 13.9% of Hoosier adults reported current use of cigarettes (at least once in the past 30 days), a significant decline from 2022 (16.2%), however, cigarette smoking rates vary by subpopulation. Adults with less than a high school education had a significantly higher rate of smoking than any other level of education attained. In general, the rate of smoking decreases as the reported household income levels and educational attainment levels increase. Indiana adults experiencing 14 or more poor mental health days reported smoking at a significantly higher rate

than those experiencing fewer than 14 poor mental health days, adults diagnosed with depression (depressive disorder) reported smoking at a significantly higher rate than those never diagnosed with depression, and adults that reported having a disability smoked at a significantly higher rate than those without a disability.

Current Smoking Rates among Adults



2024 Smoking During Pregnancy Rates

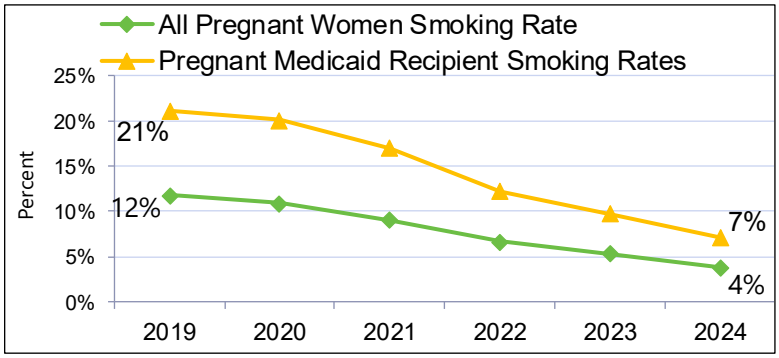
Cigarette smoking during pregnancy in Indiana is measured by data collected on the birth worksheet that the parents fill out after a birth occurs. Cigarette smoking is tracked on the birth worksheet three months prior to pregnancy, during the first trimester, during the second trimester, and during the third trimester of pregnancy.

2024 is the most recent birth certificate data available:

- Smoking during pregnancy rate: 3.8%
- Smoking during pregnancy rate among Medicaid members: 7.1%
- 23 counties had rates significantly higher than the state rate
- Five counties had rates significantly lower than the state rate
- Smoking during pregnancy was significantly higher among non-Hispanic white women than Hispanic women and non-Hispanic Black women.

For more details, including county-level smoking during pregnancy rates, see TPC's fact sheet on smoking during pregnancy.

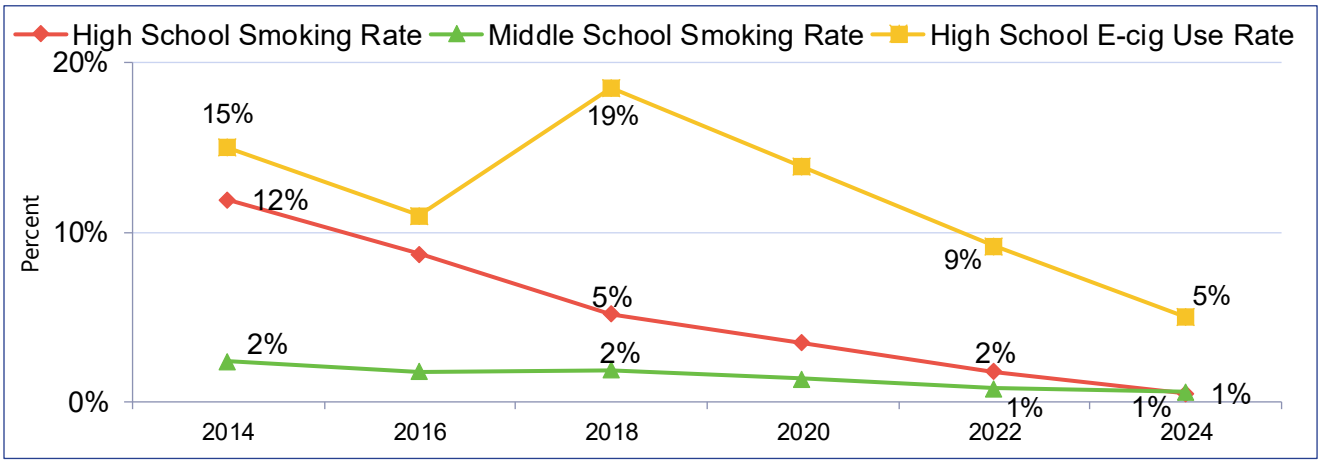
Smoking Prevalence Among Pregnant Women and Medicaid Status



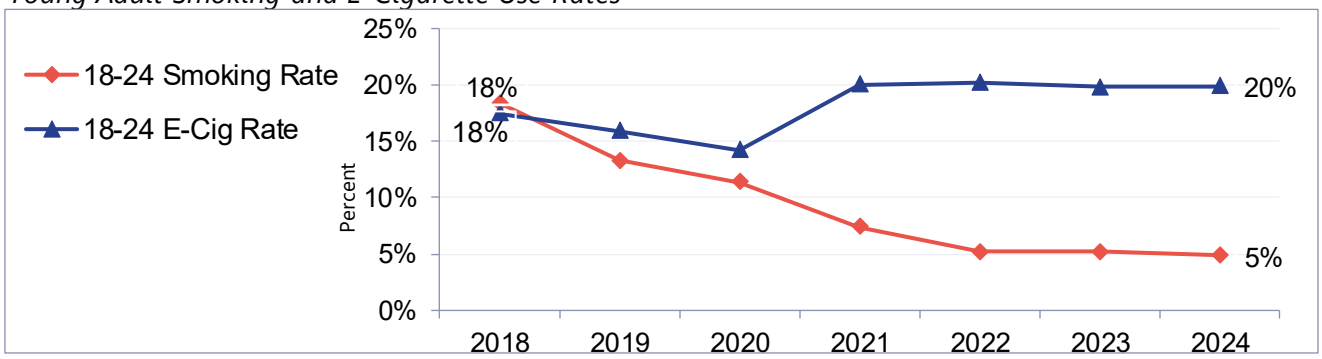
2024 Indiana Youth Tobacco Survey

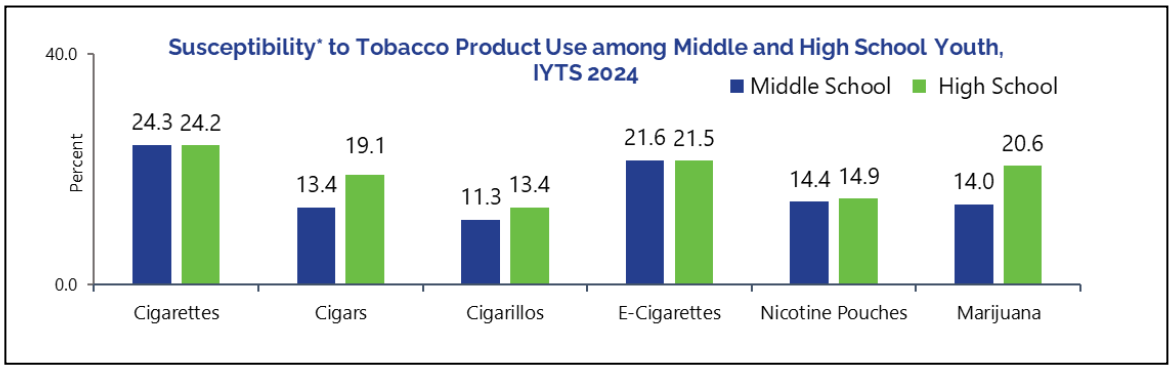
The Indiana Youth Tobacco Survey (IYTS) has been administered biennially since 2000 and collects data on youth tobacco and cannabis use, access to tobacco, exposure to tobacco advertising, secondhand smoke exposure, social influences, and attitudes and beliefs related to tobacco. Coordination of survey administration and the data analysis and the development of survey dissemination materials is done in-house by TPC staff. Results are representative of public middle school and high school students in Indiana and provide the most comprehensive statewide source of tobacco-related behavior. The 2024 IYTS was administered in the fall of 2024 to more than 5,400 students.

Current Smoking & E-cigarette Use Rates among Indiana Middle and High School Youth



Young Adult Smoking and E-Cigarette Use Rates





Evaluating Indiana's Local Commercial Tobacco Control Partnerships

38 of Indiana's 92 counties have a local commercial tobacco control coalition. TPC manages an electronic reporting system for local partners that monitors process measures through tobacco control coalition monthly program reports. These monthly program reports consist of outreach to health care providers, activity reports corresponding to contract deliverables in partners' two-year contracts, policy activity, earned media, trainings attended and coalition meetings. The data collected is aggregated into a Quarterly Dashboard Report for TPC staff and partners, and individual deliverable completion reports for each local partner, to share actionable data with TPC staff and local partners. This data provides insight into the community's activities and progress and is helpful for staff who regularly provide technical assistance. Data is then aggregated to the state level and shared on a public dashboard, updated quarterly.

A partner feedback survey is administered every two years, and about two-thirds of TPC partnership grants typically respond. Results are reviewed among TPC staff, and if feedback is given on something that can be changed when feasible. Results are also taken into consideration when planning for the next two-year grant.

TPC also administered an annual "end of year" VOICE evaluation survey among participants. Questions are asked about reasons for joining VOICE, new skills learned by participating, and rating scales assessing participants' experiences. Results are shared internally and inform future VOICE program planning.

County Data Dashboard

TPC collects and shares a variety of county-level tobacco related data with local partners through County Pages that can be view in an interactive county data dashboard. Stakeholders can access the dashboard online and query by Indiana county. County demographics are shared, along with county estimates of tobacco-related economic burden, mortality, adult smoking rate, smoking during pregnancy, and health outcomes such as lung cancer cases and asthma-related emergency room visits. If there is a funded partner in the county, the local commercial tobacco control coalition contact information and two-year funding amount.

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