Tobacco Prevention and Local Public Health Endowment



TO THE LEGISLATURE 2002 Activities **ANNUAL REPORT**

EVALUATION REPORT LOCAL PARTNERSHIPS POPULATIONS-AT-RISK YOUTH RISK BEHAVIOR TARGET MARKET STATEWIDE SUPPORT

Tobacco Use Prevention and Local Public Health Endowment



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Protecting, Maintaining and Improving the Health of all Minnesotans

December 2002

Dear Legislators:

I am pleased to present the Tobacco Use Prevention and Local Public Health Endowment's third Annual Report to the Legislature. One of my first responsibilities as Commissioner of Health four years ago was advocating for a portion of Minnesota's tobacco settlement to be used for prevention. It is fitting that one of my last duties as Commissioner is to submit to you the progress report of the Minnesota Youth Tobacco Prevention and Youth Risk Behavior Initiatives.

I am particularly proud of what Minnesota's public health community has accomplished since the initiative began in 2000. In just two years, smoking has decreased 11 percent among high school students and 21 percent among middle schoolers. That represents 13,800 kids we prevented from using tobacco. If we continue this progress, we'll achieve the ambitious goal set by the 1999 Legislature of reducing youth tobacco use by 30 percent by 2005. By reaching and maintaining that goal, we'll eventually prevent 1,700 premature deaths and save \$480 million in health care costs every year.

When Minnesota reached its historic settlement with the tobacco industry, public health officials enthusiastically greeted the news. With great wisdom, the governor and legislature set aside a portion of the \$6.1 billion settlement in an endowment to fund prevention programs to curb youth tobacco use and other risky behaviors. The endowment—which represents just nine percent of the settlement—yields about \$24 million a year in interest earnings to fund these programs. Even with that infusion of money, Minnesota is still spending the bare minimum recommended by the CDC for conducting an effective prevention program. Our resources pale in comparison to the \$144 million spent every year by the tobacco industry to persuade Minnesotans to buy their deadly products.

Many people rightfully ask if we can afford to continue funding our tobacco prevention programs in the face of such a huge budget deficit. We should also ask: Can we afford to cut our tobacco prevention programs when doing so would cost the state so dearly in the future?

Minnesota is already losing 5,600 lives a year to tobacco. In fact, tobacco kills more people than motor vehicle accidents, guns, drugs, HIV/AIDS and alcohol combined. The state's annual economic losses from tobacco—including health care costs and lost productivity—amount to more than \$2.5 billion a year. If we let our guard down, the burden will become even greater. On the other hand, if we maintain our strong commitment to tobacco prevention and cessation, we'll continue the progress already made toward reducing this unacceptable burden.

Legislators rightly want to know the effectiveness of these programs. The Minnesota Youth Tobacco Prevention Initiative is one of the most rigorously evaluated public health programs to date. This year's report contains the first required evaluation summary, showing more detail behind the significant drops in youth smoking.

The old saying that an ounce of prevention is worth a pound of cure rings especially true here. The fact is irrefutable: wise investments in tobacco prevention today will yield huge dividends tomorrow. As daunting as our state's immediate budget challenge is, the long-term consequences of unchecked health care costs are even more daunting. We're on track to make a big difference in rising health care costs if we stay the course on making prevention a priority in our health strategies. I want to thank legislative leaders for their support, input and constructive criticism of this historic initiative.

Sincerely,

Jan Malcolm Commissioner

EXECUTIVE SUMMARY

The Minnesota Youth Tobacco Prevention Initiative is Minnesota's only youth tobacco prevention program coordinated statewide. Started in 2000, it is a network of community-based grants, each with collaborating partners and/or coalitions, working in their communities to prevent youth tobacco use. Statewide grants and the Initiative's multiple award-winning counter-marketing campaign and youth movement are designed to complement and enhance the work at the community level. Synergy between all of these components, as recommended by the Centers for Disease Control and Prevention (CDC), 1 is responsible for the Initiative's early success. Youth tobacco use in Minnesota has dropped 11 percent in the first two years of the Initiative. This decrease represents 13,800 youth who didn't start using tobacco over the last two years, and is on target for meeting the legislature's goal of a 30 percent reduction in youth tobacco use by 2005—a reduction that will ultimately save 1,700 lives and \$480 million every year.

Tobacco Settlement and Statutory Background

In 1998, the State of Minnesota settled a historic lawsuit against the major U.S. tobacco companies. In the settlement agreement, the tobacco industry agreed to six, one-time settlement payments (\$1.3 billion total) and on-going annual retribution payments (\$204 million annually in perpetuity²) for the damage their products have caused to the health of people in Minnesota and the resulting financial damages to the state. The Minnesota District Court granted the state legislature authority to manage all six of the one-time payments and all but the first of the annual payments.³ Calculated over 25 years, the settlement was valued at \$6.1 billion.⁴

The 1999 Legislature directed the investments and spending of the state's settlement, less the first annual payment that the court ordered to be used

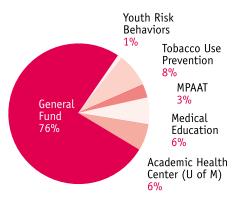
to establish a cessation and prevention research-based organization (Minnesota Partnership for Action Against Tobacco). The one-time settlement payments were allocated to two endowments:

- Tobacco Use Prevention and Local Public Health 45 percent.
- Medical Education⁵- 55 percent. The remaining \$204 million annual payments—roughly 76 percent of the settlement's total value—are undedicated in the state's general fund where they will be deposited each year, in perpetuity.

This report will focus on the activities funded through the Tobacco Use Prevention and Local Public Health Endowment (Tobacco Prevention Endowment), which represents approximately nine percent of the state's settlement.

The Minnesota Department of Health (MDH) was charged with administering the Tobacco Prevention Endowment. The legislatively mandated goal of this effort calls for reducing youth tobacco use by 30 percent by 2005. The legislature directed MDH to use up to five percent of the fair market value of the endowment as assessed on July 1st annually, for program administration and funding directed at youth tobacco use and risk behavior prevention. Per statute, two-thirds of the program funding is directed at statewide tobacco prevention efforts, one-sixth to locally based tobacco-prevention work, and the remaining one-sixth to prevent other high risk behavior among youth.

Minnesota Tobacco Settlement Allocations



MDH's annual administrative costs for endowment administration are capped at \$150,000. A biennial evaluation is to be completed within a budget of \$150,000. In accordance with these mandates, MDH created the Minnesota Youth Tobacco Prevention Initiative (MYTPI) and the Youth Risk Behavior Initiative (YRB).

The 2002 Legislature amended the statutes that established the Tobacco Prevention and Medical Education Endowments. The new language altered neither the funding nor programmatic aspects of the MYTPI and the YRB initiatives. Rather, the Department of Finance may use the principal of both endowments for cash flow purposes when needed for the state to meet its payment obligations. To ensure viability of the endowments, any money borrowed is to be paid back, with interest, as soon as possible or by the end of the fiscal biennium. In the case of the Tobacco Prevention Endowment's July 1st valuation, any money borrowed from the account is considered a "receivable" and is included as an asset in the fair market value.

Minnesota Youth Tobacco Prevention Initiative

The Minnesota Youth Tobacco Prevention Initiative uses the comprehensive approach to youth tobacco prevention recommended by the CDC. There are two categories of competitively awarded community-based grants: local partnership and population-at-risk grants (PaR). Each works at the community level; however, the funding mechanisms are separate and unique. Local partnership grants are typically, though not exclusively, awarded to Community Health Boards (CHB) and require the collaboration of public health, schools, law enforcement and populations-at-risk in their region.⁶ All counties in Minnesota have activities funded through a local partnership grant.

Communities or populations that have higher than average tobacco use

EXECUTIVE SUMMARY

rates, have been especially targeted by the tobacco industry and/or have differential health outcomes due to tobacco use are considered "populations-atrisk" (PaR). Because these populations often have different ethnic, cultural and/or religious experiences with tobacco, standard prevention models are not always effective. Research showing best practices to engage these groups is limited; however, promising efforts are arising within communities. To address the unique predictors and outcomes of tobacco use in PaR communities, a separate funding category was created within the MYTPI. Because cultural lines cross municipal boundaries, PaR grants are allocated from the statewide funds. Within the PaR funding category, two types of grants are available on a competitive basis. Implementation grants implement effective, culturally relevant strategies to reduce and prevent tobacco disuse among population-at-risk youth. Planning grants build capacity of organizations new to tobacco control. Currently, PaR funding is awarded to organizations representing the following communities/populations: African, African American, American

Indian, Asian American, Chicano/ Latino, gay/lesbian/bisexual/transgender and multicultural groups (e.g., alternative schools, low socio-economic status, etc.).

All community-based grantees are required to design their programs, in a manner best suited to their community, around one or more of five focus areas: comprehensive school-based tobacco prevention, reducing youth access to tobacco, assuring access to nicotine addiction treatment, youth advocacy and leadership in prevention and reducing exposure to secondhand smoke. These focus areas were determined by MDH based on public input, recommendations from the CDC for a comprehensive youth tobacco prevention program and other states' youth tobacco prevention efforts.

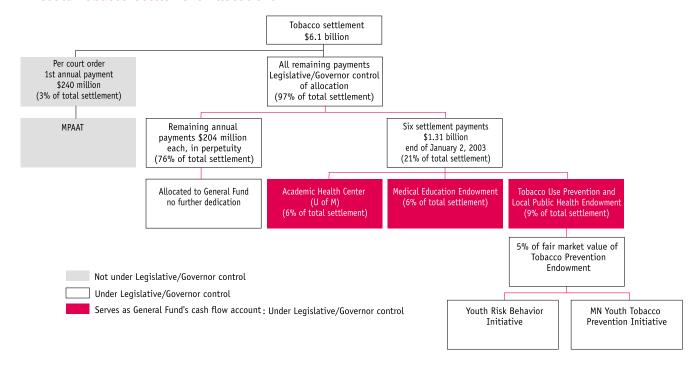
Community-based grantees focus on different areas of youth tobacco prevention and need varying degrees of technical assistance. To provide expert assistance, MDH competitively awards statewide technical assistance grants to organizations that have demonstrated particular content or skill-based expertise in the areas that the community-based grantees are expected to address. These areas include evaluation, commu-

nications and legal issues that impact tobacco prevention. Specific technical assistance grants help PaR grantees adapt research and best practices from the general population to fit the unique needs of their communities. All of these services are available at no cost to community-based grantees. This system of external expertise leverages the dollars reaching the community and efficiently utilizes the vast knowledge base of tobacco prevention and control available in Minnesota, while simultaneously building the skills of community-based grantees.

Statewide innovative grants were designed to approach youth tobacco prevention in promising, yet less conventional ways. Building on youth development theories of other disciplines, these projects worked with community-based grantees and independently to reach youth through faith communities, recreation sites, the theater and unique school-based programs.

Target Market (TM), the Initiative's counter-marketing campaign and youth movement, works to educate teens on the practices the tobacco industry uses to hook teens on a deadly product. A key element of engaging

Minnesota Tobacco Settlement Allocations



EXECUTIVE SUMMARY

youth in a movement like TM is to reach teens where they already are, at events, and in ways that are meaningful to them. To do this, TM uses cutting-edge radio and television spots and has a presence at and/or sponsors concerts, skate parks and advocacy activities. The combination of entertainment and information works to educate teens on how to resist the aggressive marketing of tobacco companies.

To evaluate the impact of these activities on youth tobacco use, MDH, in collaboration with the Minnesota Department of Children, Families and Learning (CFL), conducted the first Minnesota Youth Tobacco Survey (YTS) between January and March of 2000. Results of the first YTS revealed that at the beginning of Initiative activities, 38.7 percent of Minnesota high school students were current tobacco users. This was approximately 11 percent higher than the national average. The second YTS was conducted from January through March 2002, the midway point of the Legislature's 2005 deadline for achieving a 30 percent reduction in youth tobacco use. The second survey measures the Initiative's progress toward reducing youth tobacco use rates. Results from the 2002 YTS show that the use of any tobacco product by all youth (ages 12-17) dropped by 11 percent since 2000. The decrease in cigarette smoking for middle school students, when assessed separately from high school students, was even more impressive: a 21 percent drop.

Across the state, the Initiative's comprehensive approach to prevention weaves together community-based efforts, statewide programs, a youth-led organization and an award-winning

counter-marketing campaign to build a supportive climate to reduce youth tobacco use.

Youth Risk Behavior Initiative

The Youth Risk Behavior Initiative (YRB) provides resources to every Community Health Services (CHS) agencv in Minnesota for the purpose of improving the health of Minnesota youth. Funds are provided through formulabased grants to address high risk behaviors, other than tobacco use, that contribute most to poor health during teen years and across the lifespan. These include:

- · Alcohol and other drug use
- Sexual behaviors that may result in pregnancy, HIV and sexually transmitted infections
- Violence
- Suicide

nity partners.

- Physical inactivity
- Unhealthy dietary behavior Each CHS agency works with local partners to determine the focus of local activities. Local needs are determined by Minnesota Student Survey data, other assessment data and conversations with youth, families and commu-

The YRB Initiative is designed to increase the capacity for youth, adults and communities to support healthy vouth development. This is being met throughout Minnesota as young people, parents, schools, community organizations and community leaders come together to focus on improving the health of young people in local communities.

Youth health behaviors are determined by a complex set of factors with no single cause or solution. Community

members must work together to effectively address these issues, which is happening due to YRB funding. Since YRB funding began, more than 95 percent of all events were collaborations among community partners. More than half were between schools and public health agencies and over one-third have involved local health professionals.

One-third of YRB events have focused broadly on encouraging positive youth behaviors. Examples range from the "Saturday Night Rec" program in Cotton, Minnesota, which provides open gym and computer time to youth in grades 7 to 12, to youth involvement in the "Partners in Prevention" efforts in Nobles and Rock Counties. Between April and June 2002, CHS agencies documented more than 300,000 youth and adult participants in YRB-sponsored activities. The impact of these activities is being felt in many ways including:

- · An increase in opportunities for young people to engage in positive, healthy activities
- Schools and local public health agencies working together to implement effective policies and curricula for reducing risk behaviors
- Parents of adolescents learning more effective parenting skills
- Increased opportunity for young people to play leadership roles in their communities
- Increased community awareness about youth access to alcohol, combatting increases in childhood obesity and declining rates of physical activity.

A YRB program in each region of the state is highlighted in the Regional pages of this report (pp. 12-29).

¹ Centers for Disease Control and Prevention. Best Practices for Comprehensive Tobacco Control Programs - August 1999. Atlanta GA. 1999.

² Payments calculated per a domestic sales-based formula. Payments continue as long as tobacco companies record a profit.

The Court ordered the first annual payment be used to create a non-governmental nonprofit organization to fund cessation and research projects across the state. This organization is now known as the Minnesota Partnership for Action Against Tobacco (MPAAT). MPAAT is a completely separate organization from the state; the state has no authority over the funding or activities of MPAAT.

⁴ The settlement provides for adjustments to the payments for inflation, volume of tobacco product shipped domestically and the profitability of the companies involved. Consequently, the amount received by the state treasury does not reflect the dollar amounts originally predicted. As of the February 2002 state budget forecast, the actual amount estimated to be received through 2004 is down ten percent from original estimates.

The Medical Education and Tobacco Use Prevention and Local Public Health endowments were established in the Laws of 1999. The Laws of 2001 established an additional account, within the MERC endowment, solely dedicated to the University of Minnesota Academic Health Center.

This collaborative relationship is not limited to only the grant-funded PaRs in a community. Local grantees are asked to partner with any group that would qualify for PaR funding.

Evaluation Report Highlights

The Minnesota Youth Tobacco Prevention Initiative (MYTPI) evaluation results show that the Initiative is on track to reach the goal of a 30 percent reduction in youth tobacco use by 2005. An intermediate 2002 goal of a 10 percent reduction was set by the Governor to measure short term progress. The 11 percent reduction met and exceeded this two-year expectation. Reaching the 2005 goal will ultimately prevent 1,700 premature deaths and save \$480 million in healthcare costs every year in Minnesota. Specific results show the following:

- Any tobacco use among all youth (12 to 17) dropped 11 percent
- Cigarette smoking among middle school students dropped 21 percent
- Daily cigarette use dropped 29 percent among middle school students and 14 percent for high school students
- Heavy cigarette consumption dropped 54 percent among middle school and 10 percent for high school students
- Fewer youth want to start smoking in the next year or five years and more youth are committed to remaining lifelong nonsmokers
- Most youth get their cigarettes through social sources because it is difficult for them to buy cigarettes through commercial sources
- Overall, the percentage of students who thought more than 40 percent of their peers smoked dropped
- More students in both middle and high school classes are practicing ways to say no to tobacco
- More needs to be done to reduce youth exposure to secondhand smoke

The Minnesota Youth Tobacco Prevention Initiative Evaluation

The Minnesota Youth Tobacco Prevention Initiative uses a comprehensive approach to youth tobacco prevention and control based upon the most current research. The Initiative weaves together community-based efforts, statewide programs, a youth-led advocacy movement and a counter-marketing media campaign in a comprehensive approach to support youth in resisting tobacco use. The programs funded by the Initiative complement each other in their efforts to reduce youth tobacco use in Minnesota by 30 percent by 2005 and create a whole that is bigger than the sum of its parts. The Initiative's overall effectiveness is measured by changes in measurable outcomes from the beginning of the Initiative. Each program within the Initiative is also evaluated for its own program efficiency and improvement.

Goal and Legislative Mandates Regarding Evaluation of MYTPI

In establishing the Initiative, the 1999 Legislature set the following program goal: Reduce tobacco use among youth by 30 percent by the year 2005. Concurrently, they required MDH to establish measurable outcomes for the Initiative to assess movement toward the goal. From the Tobacco Prevention Endowment, the Legislature allocated a one-time expenditure of \$200,000 for the development and implementation of the Minnesota Youth Tobacco Survey (MN YTS), and a biennial amount of \$150,000 for ongoing program evaluation. The MN YTS is the tool that ultimately will be used to measure the Initiative's success of meeting the legislature's goal. The MN YTS is a rigorous, scientific, paper-and-pencil survey, consisting of a core set of guestions from the CDC as well as those that are Minnesota specific. The survey is administered in randomly selected

schools. The findings are based on responses from approximately 12,000 students and are representative of public school students in grades 6 to 12. The benchmark survey was administered in 2000, before the programs of the Initiative began, to determine baseline rates from which to measure Initiative's success. The first follow-up survey was conducted in 2002, with the next scheduled for 2005. The MN YTS provides a comprehensive set of data on the prevalence of tobacco use, sources of tobacco products and attitudes and beliefs about tobacco use.

Measurable outcomes within the MYTPI

The outcome-based evaluation of the Initiative is designed to determine the overall effectiveness of the grants receiving endowment funds in reducing tobacco use among youth. Tobacco prevention and control experts from MDH, the University of Minnesota, managedcare organizations, healthcare providers, other state agencies and nonprofit organizations provided input for a list of measurable outcomes that are monitored at the state level. The team developed ten measurable outcomes that were presented to the Legislature in the Tobacco Use Prevention and Local Public Health Endowment - Report to the Minnesota Legislature (2001). The data source for the measurable outcomes is the MN YTS, with the exception of the sixth measurable outcome. which data are from federal Synar compliance checks. By monitoring the trends from the MN YTS, the progress of the measurable outcomes and tobacco use by youth in Minnesota are evaluated and tracked over time. The measurable outcomes that were developed are listed in the Evaluation Results section. Under each measurable outcome is the definition of the measurement construct and the progress made in that outcome.

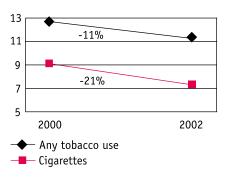
Evaluation Results

Measurable Outcome #1 - Proportion of youth who use tobacco

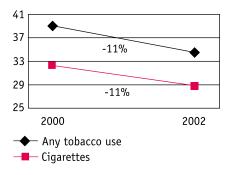
Definition:

- 1. Current tobacco user use of any tobacco product on one or more days in past 30 days (includes cigarettes, smokeless tobacco, cigars, pipes, bidis, kretek or clove cigarettes).
- 2. Daily smoker smoke cigarettes daily, at least one cigarette every day for 30 days.

Current Tobacco Users-Middle School



Current Tobacco Users—High School



Progress: The use of any tobacco product within the last month by middle school students and high school students dropped by 11 percent between 2000 and 2002. When cigarette smoking is specifically examined, the decrease for middle school students, a 21 percent drop, was even more impressive. In addition, daily smoking rates in middle school fell by 29 percent and by 14 percent in high school.

These lower rates move Minnesota in the right direction toward preventing youth addiction to tobacco. As the mo-

mentum generated by the MYTPI grows and as the middle school students go into high school, the drop in high school daily rates is expected to continue. Future middle school rates, and consequently future high school rates, should be expected to remain lowered so long as an effective, comprehensive program is promoted statewide.

Measurable Outcome #2 - Initiation of smoking among youth

Definition: The age at which a youth smoked a whole cigarette for the first time.

Progress: Fifty-seven percent of youth who smoke had their first cigarette in middle school between the ages of 11 to 14 years. Although there is a decrease in the overall number of youth smoking, the age at which they are beginning to smoke is not changing. This data reveals that further concentration on middle school students is needed within the Initiative.

Measurable Outcome #3 - Youth self-reported cigarette consumption

Definition: Of current smokers, the number of cigarettes smoked per day in the past 30 days.

Progress: In 2002, current smokers are smoking fewer cigarettes per day. Ninety-one percent of middle school smokers and 67 percent of high school smokers smoke fewer than five cigarettes per day. Particularly encouraging is the decrease in cigarette consumption within those who smoke more than six cigarettes per day. There was a 54 percent decrease among middle school smokers and 10 percent for high school smokers. In Minnesota, focusing on middle school smokers, before nicotine addiction progresses, is showing positive results.

Measurable Outcome #4 - Youth desire to begin smoking

Definition: A youth's desire to begin smoking in the next year and in the next five years.

Progress: From 2000 to 2002, the

number of middle school students who believe they will be smoking in the next year dropped 14 percent; however, there was no change in the percentage who thought they would start smoking in the next five years. High school students, on the other hand, showed 13 and 10 percent reductions in their oneand five-year positive smoking status predictions, respectively. Research shows that youth who have expressed an interest in smoking in the next year or five years are more susceptible to smoking. Decreasing the desire to begin smoking is an important step toward reducing the number of youth who eventually start smoking and endure a lifelong addiction to tobacco.

Measurable Outcome #5 - Source of tobacco products for youth

Definition: Where youth are getting their tobacco products, per the following categories:

Social sources

- Gave someone else money to buy them for the youth.
- Borrowed or "bummed" them from someone else.
- Person 18 years or older gave them to the youth.

Direct purchase

- Bought them in a store.
- Bought them from a vending machine.

Other sources

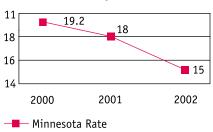
- Took them from a store or family member.
- Got them some other way.

Progress: The great majority of youth, 94 percent of middle school and 82 percent of high school students, do not buy their own cigarettes. This rate has not changed notably since 2000. Youth primarily obtain tobacco from social sources, including family and friends. Youth access laws have made it difficult for those under 18 to buy tobacco. Addressing both social sources and commercial sources is necessary to truly limit youth access to tobacco.

Measurable Outcome #6 - Proportion of retailers selling tobacco to minors

Definition: The proportion of retailers selling tobacco to youth under 18 (non-compliance rate).

Non-Compliance Rate % of retails selling tobacco to minors



Progress: In 2002, a random check of retailers in Minnesota found that only 15 percent sold tobacco products to youth under age 18. Minnesota is ahead of the federal requirement to reduce the proportion of retailers selling tobacco to minors to 20 percent. Minnesota has exceeded this goal every year since 2000.

Measurable Outcome #7 - Youth attitudes and beliefs toward tobacco use

Definition: Youths' attitudes and beliefs towards the risks of smoking to themselves and others as well as whether or not they perceive smoking and someone who smokes to be "cool."

Progress: Smoking seems to be losing its "cool" factor with youth. Only about 15 percent of high and middle school students believe that smokers have more friends. More than 90 percent of students, an increase of 14 and 19 percent of middle school students and high school students, respectively, don't think that smoking makes young people look "cool." Almost all youth know and agree that smoking is harmful and addictive. Students' beliefs have been reinforced through communitybased tobacco prevention activities and the Target Market (TM) media campaign messages that uncover the tobacco industry youth marketing strategies. The CDC recognizes that knowledge alone

doesn't produce behavior change. Therefore, it recommends that tobaccoprevention efforts go beyond just teaching youth that smoking is harmful and produce counter-marketing messages like those of TM. There is a continued need for aggressive behavior and refusal skills training in Minnesota to complement the knowledge components (see Outcome #9).

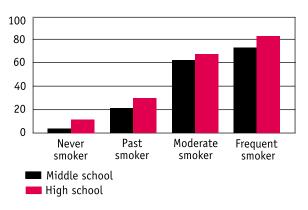
Measurable Outcome #8 - Youth perception of the prevalence of smoking

Definition: Youths' best guess of the percent of students in their grade at school that smoke; and, the percent of youth with two or more of their closest friends who are smokers.

Progress: The table below shows the percent of students quessing that more than 40 percent of their fellow students smoke cigarettes. While only 7.2 percent of middle school students and 28.9 percent of high school students smoked in the last 30 days, many youth thought more than 40 percent of their peers had smoked. Youth often overestimate the number of their peers who smoke. The ever-present images of tobacco use in movies, TV and tobacco industry advertising lead many youth to assume that more people smoke than actually do. This dangerous assumption leads youth to reason that, if many people are smoking, it can't be that harmful or addictive.

Middle School			High Scho	ol	
Actual 2002	Those who	Change in	Actual	Those who	Change in
smoking rate	thought the	perception	2002	thought the	perception
	rate was more	since 2000	smoking	rate was more	since 2000
	than 40%	rate		than 40%	
7%	18%	-13%	29%	57%	-10%

Youth Reporting that at Least 2 of their Closest Friends Smoke, by Smoking Status 2002



Smoker classifications:

Never smoker—never smoked a cigarette, not even one or two puffs.

Past smoker—smoked before, but not in the past 30 days. Most have only experimented briefly with tobacco.

Moderate smoker—smoked on one to 19 days in the past 30 days. Most are occasional smokers who smoke relatively few cigarettes per month, though some are edging toward regular use.

Frequent smoker—smoked on 20 or more days in the past 30 days. Most smoke six or more cigarettes per day.

Progress: From 2000 to 2002, there was a slight decrease in the percent of students reporting that two of their closest friends smoke. Having friends who smoke also relates to a youth's belief about how many people smoke and whether or not it is an acceptable behavior choice. The more a youth smokes, the more likely it is that at least two of his/her closest friends smoke. For youth, having friends who don't smoke reinforces the value of not smoking.

Measurable Outcome #9 - Ability to refuse influences to use tobacco

Definition: The percent of youth who would smoke a cigarette if it were offered by one of their best friends and the percent of youth who have practiced saying "no" in school.

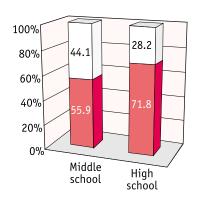
Progress: In both middle school and high school, the percent of students who practiced saying "no" to tobacco in school increased. In middle school students, over 50 percent, up 16 percent from 2000, of the students had practiced saying "no" at a time in their lives when the pressure to begin smoking is the highest. A 39 percent increase in high school students who practiced refusal skills ensures that those refusal skills remain strong well beyond their early teens. Having friends who smoke influences whether a youth will smoke. It is impossible to completely remove the peer pressure youth may feel when offered a cigarette by a friend. Rather, the Initiative is trying to increase the number of youth nonsmokers, therefore reducing the potential for peer pressure and influence while simultaneously teaching youth how to refuse tobacco when it is offered.

Measurable Outcome #10 - Exposure to secondhand smoke

Definition: The percent of youth reporting exposure to secondhand smoke during the past seven days by being in the same room as, and/or riding in a car with, someone smoking.

Exposure to Secondhand Smoke

% who were in the same room or car as someone who was smoking at least one day in the past week.



☐ Smoke free Secondhand smoke exposure

Progress: Although there was a 4 to 5 percent drop in exposure to secondhand smoke among middle and high school students, more than 70 percent of high school and 50 percent of middle school students said they had been exposed to secondhand smoke at least once during the previous week. This shows that some people still haven't acted on the fact that secondhand smoke is harmful. Secondhand smoke is known to cause asthma and other respiratory illnesses, which in turn can impair learning. Community efforts to prevent exposure to secondhand smoke, most notably clean indoor air regulations, reduce exposure to secondhand smoke as well as encourage cessation among smokers.

Evaluation Conclusion

In Minnesota, teen tobacco use has been reduced by 11 percent in just two years. To further this success, the Initiative will continue to use a comprehensive approach that focuses on the middle school years to ensure that youth never start to smoke and that they are protected from the harms of secondhand smoke.

TARGET MARKET

There are currently two grants that answer to the name "Target Market," a marketing campaign and youth development organization. Although they both strive to spread a message of youth empowerment against the tobacco industry they are separate projects, managed by separate agencies.

Marketing Campaign

A grant was awarded to Clarity Coverdale Fury, a Minnesota advertising agency, to counter the influences of tobacco industry advertising aimed at youth. The Target Market (TM) marketing campaign includes advertising and promotions designed to reach teenagers who are most at risk for smokina.

The marketing campaign empowers young people to make more informed decisions about tobacco use. Its mission is to expose the tobacco industry's \$144,000,000 advertising campaign in Minnesota. By teaching youth to see through the tactics used in tobacco advertising, rather than be influenced by them, Target Market provides youth with valuable tools to resist tobacco use and addiction.

Target Market primarily focuses on educating youth about tobacco advertising because studies have repeatedly shown that tobacco advertising is one of the major factors contributing to youth smoking. For example, the Joe Camel cartoon character campaign was first introduced in 1988. By 1990, the number of teens who smoked Camel had increased by over 6,000 percent. Of teenagers who smoke, 88 percent smoke the three most heavily advertised brands.

The marketing grant uses a variety of well-researched tactics to reach teenagers with its messages including television, radio, cinema advertising and grassroots media tactics, like event sponsorships. The marketing campaign reaches approximately 99 percent of 12 to 17 year olds in Minnesota.

Since TM is a tobacco prevention and education campaign designed to resonate with 12 to 17 year olds, teenagers work directly with the advertising agency throughout the entire creative design process. A group of TM teenagers (Creative Committee) reviews television and radio ads, writes and designs TM's newspaper, selects TM giveaway items and works on a variety of other tactics.

Youth Development Organization

The second grant with the Target Market name funds a grassroots youth organization managed by the American Lung Association. The purpose of this grant is to empower youth to resist the influence of tobacco marketing and to spread this message to other teens through activities and events that appeal directly to teens.

The Target Market organization is led by a committed group of 60 youth who form its Executive Committee (Ex-Com). Ex-Com members participate in leadership trainings, gain public speaking skills, run governance meetings, develope partnerships with both peers and adults and help manage a budget. In 2002, Target Market youth leaders reorganized into three new statewide committees: the Creative Committee (provides the ad campaign with youth voice and direction), the Grassroots Committee (generates and recommends youth activities), and the PR/Advocacy Committee (creates and implements ideas and activities geared to political leaders, the media and partners in tobacco prevention). Other statewide events included the Statewide Board meeting (TM's leadership summit in March) and the Small City Skate Park Education Tour that stopped in many Minnesota communities.

Manipulation 101 is an interactive presentation designed to complement existing evidence-based tobacco prevention programs within schools and community settings across Minnesota. The presentation raises awareness about tobacco industry tactics to manipulate youth and highlights opportunities for youth ages 12 to 18 to become advocates for tobacco prevention in their communities. From July 2001 through June 2002, more than 350 Manipulation 101 presentations were conducted in over 200 schools and community settings across the state, directly reaching more than 17,500 youth.

Fvaluation

Minnesota is the first state to evaluate both its marketing campaign and youth development organization. The Target Market evaluations focus on monitoring teens' awareness of Target Market and teens' changes in beliefs, attitudes and behaviors about smoking as a result of the TM campaign. The analysis of the data will document the programs' strengths and guide program improvement. Minnesota's Target Market evaluations will be national models for how to effectively evaluate a youth movement and ad campaign focused on industry manipulation.

The University of Miami's Tobacco Research and Evaluation Coordinating Center was selected to evaluate the marketing campaign component of Target Market. This evaluation includes a cross-sectional telephone survey administered twice a year and a longitudinal telephone survey conducted once a year. These surveys will assess TM's ad campaign awareness as well as changes in attitudes and behavior among 12 to 17 year olds in Minnesota.

The University of Minnesota, Division of Epidemiology is evaluating the youth organization component of Target Market. The evaluation will compare attitudes, beliefs, norms and behaviors of youth in counties having high amounts of TM activities with those counties having lower amounts of TM activities. Over time, it will also compare the attitudes, beliefs, norms and behaviors of youth in counties with low amounts of TM activities.

STATEWIDE SUPPORT AND DEVELOPMENT GRANTS

Community-based grantees have varying, yet overlapping, technical assistance needs. To address grantee needs, MDH uses a competitive bidding process to determine which organizations have the expertise to provide technical and resource assistance to MDH grantees. The selected organizations then work with the community-based grantees on both an individual and Initiative-wide basis. The following are descriptions of the four organizations' work assisting the community-based grantees.

Minnesota Institute of Public Health (MIPH)

MIPH provides MDH communitybased grantees with up to date communication tools that help grantees communicate with one another, share information and resources and coordinate their efforts. The Initiative Web site www.mntobacco.net provides information about the Initiative, community-based grant projects, tobacco-related news and other resources. In the past year, MIPH launched an Intranet Web site for use by MDH's endowment-funded grantees. The site is an online, informational clearinghouse and distribution center disseminating the most current, evidence-based and bestpractices research. Grantees use other Intranet features to share information and ideas, coordinate events and collaborate with one another.

MIPH also serves grantees by planning an annual fall training and a spring conference. This past fall, endowment-funded grantees were trained in the strategic use of media for health promotion. Last May, endowment-funded grantees attended the third Annual Institute on Youth Tobacco and Risk Behavior Prevention, Currently, and with MDH staff, MIPH is planning the fourth Institute. By providing access to national experts and opportunities to share and learn about effective prevention strategies, these events help grantees apply prevention theory and implement effective programs and strategies in their own communities.

Program Evaluation Assistance Center (PEAC)

PEAC, located at the University of Minnesota, assists MYTPI communitybased grantees in the evaluation of their programs to assure that programmatic goals are reached and to move the state toward the overall goal of reducing youth tobacco use. During the past year, PEAC also published special evaluation reports in the following areas: examining the impact of youth group activities on local communities and on the attitudes of youth who became involved; determining whether local mini-grants are an effective strategy for involving schools in tobacco prevention activities; and, assessing the current status of secondhand smoke activities around the state to provide a baseline against which effectiveness of future secondhand smoke activities will be measured.

Tobacco Law Project

The Tobacco Law Project at William Mitchell College of Law provides technical assistance to Minnesota communities on tobacco law and public policy. The Project provided more than 200 consultations to community members and organizations on questions related to tobacco prevention and control. The Project served a diverse group of constituencies from across the state, ranging from public health and voluntary health organizations to educators, advocates and the media. The Project published two policy reports (youth access to tobacco products and on-line tobacco purchasing ability by youth), gave numerous presentations and provided training. In addition, the Project created working relationships with several national and international tobacco control and legal organizations in order to develop more effective practices, conserve resources and provide better services to Initiative grantees.

Calabash (CLEAR): Learning, **Evaluation and Assessment** Research and the Indigenous Peoples' Task Force (IPTF)

CLEAR and IPTF provide technical assistance and support to the Populations-at-Risk (PaR) grantees. In conjunction with PaR grant managers and other statewide support and development grantees, CLEAR and IPTF provide essential services that address the specific needs of PaR grantees. In addition, they provide services to other grantees and MDH staff to ensure better collaboration with PaR grantees. Specifically, CLEAR and IPTF provide the following services and resources: review work plans and assess specific needs; develop a technical assistance plan to address grantee needs; provide culturally-specific, relevant resources regarding best practices in tobacco use/abuse* prevention and control; conduct trainings and site visits; participate in PaR meetings and strategic planning; report progress to MDH; and, provide opportunities for PaR grantees to network with and learn from one another. IPTF provides services to the American Indian grantees and the Gay/Lesbian/Bisexual/ Transgender consortium. CLEAR provides services to the other PaR grantees (African-American, African, Asian, Latino and Multicultural).

The Native American population has historically used natural tobacco for ceremonial purposes. This use of tobacco is acceptable within the community and is not associated with death or disability. The term abuse is used in relation to the commercialization of tobacco and its use in this form. Native American communities across the state are working to prevent the abuse of tobacco, and its consequences, among youth.

STATEWIDE INNOVATIVE & EVIDENCE-BASED GRANTS

All local partnership, PaR and statewide technical assistance grants are designed in accordance with tobacco prevention and control research best practices. However, since best practices do not cover all areas, promising approaches are often adopted from communities and organizations already established in other disciplines. Statewide Innovative Grants were used to advance approaches that hold promise of success.

Minnesota Council of Churches

The Spirit of Life Project (SOLP) is a statewide youth tobacco abuse prevention program whose charge was to engage leaders in all faiths to work with youth tobacco prevention efforts. SOLP's work focused: on assessing current tobacco abuse prevention activities in faith communities; planning and coordinating resources and activities to assist faith communities in tobacco use prevention programming and policy development; developing strategies to mobilize community efforts; and, creating and implementing media and public relations activities regarding the role of faith communities in preventing youth tobacco use.

Highlights included: a statewide needs assessment of faith communities' efforts toward youth tobacco abuse prevention; a mini-grant program supporting youth tobacco abuse prevention efforts in more than 45 faith organizations; the development of a curriculum that cements the relationship between faith and youth tobacco use prevention; and, the distribution of materials through the SOLP library.

Association for Nonsmokers - Minnesota

The Association for Nonsmokers – Minnesota was the lead agency for two statewide grants. They also worked collaboratively with the Initiative's community-based grants to further their activities.

The Secondhand Smoke Resource Center (SSRC) is a library with approxi-

mately 1.300 resources on secondhand smoke that are accessible to coalitions and individuals. Additionally, SSRC worked with communities to either obtain or produce culturally appropriate resources. SSRC conducted focus groups with parents in Native American communities and developed and distributed culturally sensitive brochures on protecting children from secondhand smoke. As a result of focus groups with Latinos, SSRC produced and distributed brochures aimed at Spanish speaking residents. The SSRC supported local community coalitions by providing assistance in addressing secondhand smoke, producing fact sheets and action tips for working in homes, restaurants, workplaces and other community sites.

The Tobacco-Free Youth Recreation (TFYR) Initiative was designed to create community-based partnerships among health professionals and recreational organizations interested in working together to reduce youth tobacco use. TFYR helped recreational organizations create tobacco-free environments so that adult leaders could promote and model tobacco-free lifestyles to youth participants. At the local level, recreational organizations (such as the Bloomington, Brainerd, St. Cloud and Rochester Park and Recreation Departments) partnered with local health professionals to help youth in their communities remain tobacco-free by utilizing resources available through TFYR. In addition, TFYR collaborated with the Minnesota Thunder, the Minnesota Wild, the Minnesota Hockey Association, the Minnesota Youth Soccer Association, HealthPartners and MDH's Tobacco-Free Sports Initiative to promote tobacco-free messages and polices at both professional and amateur events held in Minnesota.

Minnesota Department of Children, Families and Learning (CFL)

CFL managed two grants that worked in tandem to implement tobacco prevention activities in Minnesota schools. The first grant focuses on teacher training. Over the last year, CFL conducted educational sessions for one hundred schools and local partnership grantees outlining criteria for effective. school-based tobacco prevention programs. Approximately 350 teachers were trained in evidence-based curriculum implementation and 21 schools in 14 school districts were awarded minigrants to support the teaching of prevention curriculum. The second grant investigated the potential for increased effectiveness when schools have a truly comprehensive prevention model in place. Four middle school pilot sites were funded to establish all of the components of school-based tobacco prevention within their schools. The CFL grants also created a student services model for schools to improve early identification of and intervention with vouth tobacco users and effective aftercare.

Illusion Theater

Illusion Theater used peer education to deliver messages to Minnesota youth, including populations-at-risk, about how to avoid starting to use to-bacco and how to read tobacco advertising messages. High school students were trained to perform Clear the Air, a play developed by Illusion Theater. The play was then performed for youth, ages 11 to 14, in their schools and communities. More than 1,000 youth were reached through this effort in the Bemidji, St. Paul, Minneapolis, North Branch and St. Cloud areas.



NORTHWEST REGION

Polk County Community Health Services¹ leads a multi-agency Chemical Health Initiative in the county, which includes a strong tobacco prevention component. Major tobacco prevention accomplishments include: implementation of LifeSkills Training, an evidence-based curriculum shown to reduce youth tobacco use, in five public school districts and one parochial school; creation of Youth Action Teams and Peer Mentor Groups in all of the county school districts; establishment of a county-wide Youth Board; and hosting a countywide summit of representative youth was work on youth tobacco prevention. Polk County CHS continues to work with Citizens for a SmokeFree Crookston to advocate for passage of public and organizational policies related to environments where tobacco is used. Tobacco compliance checks are conducted twice a year throughout the county by Polk County Public Health conducts the checks throughout the county with the exception of the cities of Crookston and East Grand Forks, where the local police departments conduct the checks. The latest round of compliance checks by Public Health resulted in a 58 percent compliance rate, meaning that 58 percent of stores did not

Populations-at-Risk: White Earth

sell to minors.

Reservation. The Tribal Council Health Education's tobacco prevention program goals are to educate the community on the harmful effects of tobacco abuse and secondhand smoke, prevent youth from smoking and to offer help with smoking cessation. The results of a culturally specific community survey regarding prevalence, norms and attitudes about tobacco use, and level of support for tobacco-related policies provided insight for developing future strategies. Primary strategies and activities utilize area youth to present tobacco-related information to other youth and adults with the help of the tobacco prevention coordinator. Presentations include Target Market's Manipulation 101, a peer-to-peer education program about tobacco and tobacco industry marketing tactics. Other educational presentations, such as Tribal Teens against tobacco use, are also used. Two youth groups focus on peer-to-peer education. They are developing a video about traditional tobacco use versus commercial tobacco abuse.

Multi-County Board of Health (Becker, Mahnomen, and Norman Counties) has focused its efforts on reducing youth tobacco use in schools. Project Toward No Tobacco, a curriculum shown to be effective in preventing tobacco use, has been implemented in all eight school districts in the three-county area where it reaches seventh and ninth graders. Students reported learning about the consequences of using tobacco, practicing skills necessary to communicate well with others and saying "no" in several ways. A growing emphasis in the multi-county area is education on the dangers of secondhand smoke.

Norman Mahmomen 2

Becker 2

 Populations-at-Risk. Red Lake Band of Chippewa Indians. Through its Teen Tobacco Prevention Program, the Red Lake Band of Chippewa Indians formed a youth planning group who were trained in tobacco prevention, control and advocacy. They focused on school policy by enforcing no smoking policies on school grounds and creating a mandatory tobacco education class for students caught smoking at school. Quin County Community Health Services (Kittson, Marshall, Pennington, Red Lake and Roseau Counties). In our schools, Quin County Community Health Services utilizes LifeSkills Training, an evidence-based curriculum shown to reduce to reduce youth tobacco use. Working with Citizens for Smoke Free Air, the Northwest Medical Center and Pennington, Red Lake and Marshall Counties jointly educate the public and policy makers on the dangers of secondhand smoke. Increasingly, all of the counties in the Quin County Community Health Services consortium are implementing public education strategies to reduce exposure to secondhand smoke. In the northwest corner of Minnesota, youth continue to play a vital role in planning and implementing tobacco prevention initiatives.

North Country Community Health Services (Beltrami, Clearwater, Hubbard and Lake of the Woods Counties) combines efforts in Beltrami, Clearwater, Hubbard and Lake of the Woods Counties to prevent youth from smoking. Recognizing the impact of secondhand smoke on youth, Beltrami County's community coalition, the B-TEAM, and students at Bemidji State University, assessed the readiness of the county for some level of a secondhand smoke policy by conducting a community-wide statistical survey. The survey showed support for a secondhand smoke ordinance, so further community organizing around the issue occurred in collaboration with other organizations. In the fall of 2002, the Beltrami County Board, functioning as the local Board of Health, considered passage of a smokefree restaurant ordinance. A final decision has not yet been made.

The implementation of *LifeSkills Training*, an evidence-based curriculum shown to reduce to reduce youth tobacco use, is the cornerstone of school-based tobacco prevention efforts in Clearwater, Hubbard and Lake of the Woods Counties. To facilitate curriculum implementation, Clearwater County Public Health hosted the training of middle school teachers in the region.

Additionally, Clearwater and Lake of the Woods Counties dedicate resources to compliance checks to monitor the sale of tobacco to minors and recognition of merchants who pass their compliance checks.

¹ Through the end of the 2002 fiscal year, Polk County was incorporated into the Multi-County Board of Health grant. Starting July 1, 2002, Polk County received and began managing their own, separate grant.

In the Northwest region of the state, over 33 active crews conducted more than 100 Target Market activities such as Manipulation 101, a peer-topeer education program about tobacco and tobacco industry marketing tactics.



Roseau County Home Health Care

oseau County Home Health Care staff looked at the Minnesota Student Survey results for Roseau County to determine their focus of activities to reduce youth risk behavior. The number of young people who felt disconnected from their schools and who contemplated suicide was alarmingly high. This data, combined with specific incidents and the results of a survey conducted at parent/teacher conferences, led staff to choose mental health/suicide prevention as their focus area. Students overwhelmingly supported a focus on suicide prevention.

After researching available programs and resources, Roseau County decided to work with the Yellow Ribbon Suicide Prevention Program based in Mankato, Minnesota. In the spring of 2002, facilitators from the organization spent a week in Roseau County com-

munities making educational presentations on mental health issues and suicide prevention.

Presentations were conducted for professionals working in schools, social work, law enforcement and the faith community. At school presentations, students received information about depression and suicide prevention and community mental health professionals were identified as resources for students seeking followup assistance.

"Without this money we wouldn't have been able to pull off something like this. We probably wouldn't have been able to do anything. Especially now with our [flood] disaster, we have no way to ask others for money. We have laid a nice foundation, but we couldn't have done this, there's no way." - Deb Johnson, **Public Health Nurse**

Because of the sensitive nature of suicide prevention activities, it is difficult to determine the impact of educational efforts. Although Roseau County Home Health Care staff feel that much of the impact may remain unseen and unheard, they are confident that the program raised suicide awareness and that partnerships formed as a result; both important steps for any community when working on health issues.

Health professionals in the community expressed appreciation for the opportunity to learn more about suicide prevention. Additionally, students shared how the presentations impacted them personally. One student shared with presenters that she had recently tried to commit suicide. She stated that although this program was difficult for her to sit through, she found the information accurate and extremely helpful. She hoped her fellow classmates learned something about depression and would use the resource and referral cards if they needed assistance. She said she wished she had seen the presentation a year earlier.

Youth Risk Behavior funds provided resources to address an important issue that, due to limited resources, has not received much attention. The importance of depression and suicide prevention has heightened for Roseau County in the aftermath of major flooding in June 2002. Although the immediate focus after the floods included housing, sanitation and economic concerns, public health staff and community members realize that both short and long-term mental health repercussions will need to be addressed.

Minnesota Youth Risk Behaviors Focus Areas (see map opposite page for county YRB focus):

- 1 Alcohol use and other drug use
- 3 Suicide 4 Violence
- 5 Physical inactivity
- 2 Sexual behavior that may result in pregnancy, HIV or STDs
- 6 Unhealthy dietary behaviors

NORTHEAST REGION

Aitkin-Itasca-Koochiching Community Health

Board used multiple strategies to reduce youth tobacco use in the tri-county area. Creation of partnerships with schools and community groups has been the cornerstone of tobacco prevention in the area. All three counties involved youth and area schools in tobacco prevention, but used different techniques, such as of-

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fering mini-grants to youth groups for tobacco prevention projects, inviting existing school-based youth groups to engage in tobacco prevention, and collaborating with Target Market to host a Kick Ash Bash (youth celebration focused on tobacco education and advocacy). As a basis for planning and implementing various initiatives, Aitkin County surveyed its community to determine youth tobacco use norms, measure knowledge of health effects of tobacco use, gauge visibility of public health on these issues and identify attitudes regarding secondhand smoke and potential policies. Education of the community regarding the dangers of

Populations-at-Risk. Bois Forte Reservation
Tribal Council conducted weekly school
meetings with youth to train them in tobacco prevention and control and conduct
tobacco-related activities. Tobacco-related
policies were passed by the Tribal Council to reduce youth access and to create smoke-free public
places and school grounds.

secondhand smoke has emerged as a priori-

ty in the tri-county area.

■ Populations-at-Risk. Grand Portage Reservation Tribal Council conducted a tobacco prevention campaign, "Kick Butts Day;" created a Year 2002 calendar with tobacco prevention messages and pictures; participated in Target Market activities; and implemented the *Quit Smarts* curriculum. This work was done through the Grand Portage Youth Advisory Committee.

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Carlton-Cook-Lake-St. Louis Community Health

Board works in concert with the American Lung Association (ALA) of Minnesota to prevent youth to-bacco use in the four counties. Responding to local needs, ALA provided youth advocacy training and community coalition consultation throughout the region. A major event in the region was Northland Youth Health Day, which brought together nearly 400 seventh and eighth grade students from 11 schools throughout northeastern Minnesota for leadership training and empowerment. Among the event topics were motivation/determination; Target Market Manipulation 101, a peer-to-peer education program about tobacco and tobacco industry marketing tactics; and tobacco/drug use, safety and fitness.

Educating the community on the dangers of secondhand smoke remains a priority in the region.

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* Populations-at-Risk. Fond du Lac Reservation. Managed by the

Reservation's Human Services Division, the youth tobacco prevention program focused on three areas of intervention: implementing comprehensive school-based tobacco prevention; youth advocacy on tobacco issues; and reducing exposure to secondhand smoke. A tobacco survey was conducted of 400 Fond du Lac Reservation youth regarding tobacco-related attitudes and behavior. An adult community survey to assess attitudes regarding youth smoking was also done. Further, the Reservation's Human Services Division worked with reservation schools to strengthen tobacco policies. Two new student resources were developed: a tobacco awareness/diversion class for youth caught smoking; and a cessation program for students wanting to quit smoking. All efforts are made in collaboration with the Fond du Lac Ojibwe School and the Fond du Lac Tribal Council.

Target Market (TM) collaborated with numerous health organizations and youth groups for several major events in the Northeast region. TM reached over 400 northern Minnesota middle school students at the Northland Youth Health Day by presenting their peer-topeer education program about tobacco and tobacco industry marketing tactics, Manipulation 101 six times. Additionally, at the Aitkin County Mini-Bash, ninth graders learned how to become more involved in TM through breakout sessions of Manipulation 101, as well as training in advocacy, Grassroots Organizing, and leading a TM Crew.



St. Louis County/Community of Cotton

ased on national, state, and local public health data, St. Louis County Public Health Department (SLCPHD) identified underage alcohol use as the risk behavior to address with YRB funds. Initially, work began in the community of Cotton, with the possibility of expanding in the future. The community chose to address this issue because youth alcohol use in the rural community is above the state average.

Positive Options for Youth is a SLCPHD supported program offering a variety of activities to children, both in school and the community. All activities are funded through YRB, with support from community volunteers and donated space from churches and the school.

The rural demography of Cotton makes it difficult for youth to go home after school and return for athletic events. Positive Options for Youth sponsors a variety

of vouth-focused activities to meet this need. "Spaghetti Night" is held immediately after school when there is an athletic event, where youth can participate in a range of recreational activities, get help with their homework and have dinner without leaving school.

"Saturday Night Rec" provides adolescents access to open gym and computer lab

"This program wouldn't be in existence without these funds. Families couldn't afford the program fees; neither can the schools and the kids can't afford to be without this program. There just isn't any other money available." Karen Gabler, Coordinator, Positive **Options for Youth**

time. This program was started by the community and is held two weekends each month. YRB funding has allowed Positive Options for Youth to sponsor the remaining two weekends.

YRB funding also sponsors an after school mentoring program. High school students serve as mentors to 4th - 6th graders during "Thursday Afternoon Rec." This group meets three Thursdays each month and involves youth in a variety of activities such as craft projects, athletic events and community service projects.

Positive Options for Youth also raises awareness about alcohol issues among adults in the community. They partnered with Community Education to hold a health fair that displayed a mock alcohol-caused car crash. Positive Options for Youth staff worked with community members to contribute information for the monthly newspaper, including ads with positive messages for parents and youth, advice on parenting and healthy youth development and an activities calendar.

The impact of YRB funding is clear in Cotton. Funding provided healthy after school activities; expanded open gym time; developed a cross-age mentoring program; and provided parent educational materials. None of this existed prior to YRB funding. There is an increased awareness of the importance of alcohol prevention for youth and this focus will expand over time.

Minnesota Youth Risk Behaviors Focus Areas (see map opposite page for county YRB focus):

- 1 Alcohol use and other drug use
- 3 Suicide 4 Violence
- 5 Physical inactivity

- 2 Sexual behavior that may result in pregnancy, HIV or STDs
- 6 Unhealthy dietary behaviors

WEST CENTRAL REGION

Mid-State Community Health Services Grant, Pope, Stevens and Traverse Counties. Throughout the past two years, the Mid-State group actively sought youth to promote Tobacco Prevention messages within their community. The KAT (Kids Against Tobacco) group gained regional recognition and is growing. They boast active membership of over 200 youth throughout the Mid-State area.

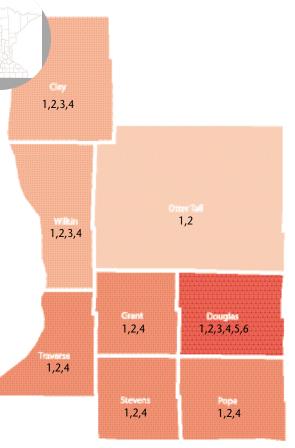
Mid-State KAT successfully worked with all nine school boards in the region to review, edit and write tobacco free policies for all school grounds. Their efforts included: promoting tobacco free grounds via public service announcements at all school sponsored events; helping purchase and post tobacco free signs on school grounds; presenting tobacco free messages during fall, winter and spring sports meetings to youth and adults; and distributing business cards with the tobacco free grounds policy to individuals attending school events.

The strength of the Mid-State group is bound in the combined effort of four counties and nine school districts that promote tobacco prevention efforts. Youth are energized by connecting with others in adjoining communities to brainstorm, develop and share ideas to implement tobacco prevention projects within their communities. Youth thrive as they conduct peer education to younger youth and help influence them to make positive, lifelong choices. Youth have conducted over thirty peer education activities in all nine schools reaching over eight hundred youth with tobacco prevention messages.

Community recognition and participation in the prevention efforts have also been a positive factor for the youth in the Mid-State area. Youth participated in local celebrations promoting tobacco prevention messages. The presence of KAT at local events helps to bring youth and the tobacco prevention messages to the forefront.

The Mid-State region's greatest asset and strength is the youth who actively seek to become involved in the Kids Against Tobacco activities. Youth are the primary messengers and they make the greatest contribution to reach the goal of education and prevention that deters other youth from beginning to smoke.

Ottertail County Public Health Youth Tobacco Project worked with 8 schools to raise awareness of youth tobacco use and secondhand smoke. Through affiliations with Target Market, youth learn the impact tobacco marketing has on youth tobacco use rates. Youth present the information they learn about industry manipulation and secondhand smoke to their peers. In addition, groups work with parents and other community members to spread these messages communitywide. In one community, youth posted signs at area businesses and worksites that recognized them as smoke-free.



Clay-Wilkin Community Health Services tobacco initiative is a two-county partnership. Its greatest strength is an active, involved, enthusiastic two-county Youth Board, T.A.B.B.S. (Teens Against Brash Behaviors and Substances). Youth worked hard to educate the community about the health effects of tobacco use through presentations to groups including: the Clay-Wilkin Community Health Advisory Board, community organizations (including a group of physicians and nurses) and elementary and high school students.

Youth access to tobacco was addressed in the last year. Youth, along with public health and law enforcement personnel, conducted tobacco checks to measure compliance with age of sale laws. The compliance rate was 74 percent, but there were very few repeat offenders from previous checks. Since the last round of checks, retailers asked more questions about youth access resources. Retailer education was offered to tobacco retailers working toward the goal of 100% compliance.

Douglas County Public Health personnel coordinated a comprehensive approach to tobacco prevention and control. They answered the need for youth to have a tobacco free place to gather by having a skate park in Alexandria. Collaborative efforts with the Coordinated School Health team brought LifeSkills Training, an evidence-based curriculum shown to reduce youth tobacco use, in Alexandria. Through collaborations with area TM crews, over 400 youth participated in Douglas County's thriving peer influence groups involved in spreading the truth about corporate tobacco companies and how they target youth.

The Alexandria TM crew participated in Operation Storefront (a project where youth count the number, types and placement of tobacco advertisements and promotions in convenience stores) and gained important information from tobacco sellers. The TM crew reported their findings which were used for further youth and community education about tobacco industry marketing.



Douglas County Public Health

outh Risk Behavior (YRB) Initiative funds addressed a wide range of risk behaviors in Douglas County. A partnership with Healthy Communities/Healthy Youth (HCHY) provided an opportunity for community members from many different agencies to work together on youth health issues. Youth Risk Behavior activities, under the umbrella of HCHY, include all six YRB focus areas.

YRB funds provided resources for Strengthening Families, a subcommittee of HCHY, which offers parenting classes, conducts youth development presentations at middle school orientations, organizes family activities in the community, and sets up parent support groups in the district. Another HCHY subcommittee, Douglas County Chemical Free Youth, worked to develop a community system to respond to

youth chemical issues, including working with the judicial system, providing tobacco diversion classes, and promoting ways to prevent youth chemical use.

YRB funds support many school-based activities including peace activities to encourage respect; preventing violent behav-

"The Healthy Communities Healthy Youth group takes all the adolescent and family concerns and puts them under one umbrella." — Becky Robideaux, Youth Risk Behavior Coordinator

ior; teen pregnancy education in the high school; and three-day annual retreat trainings for student groups. Douglas County also trains youth in peer leadership/peer influence programs that address sexuality, tobacco, alcohol and youth violence issues. Two programs used are START (Students That Are Resistant Together) at the high school level and its counterpart in the junior high, JumpSTART. Youth Encouraging Awareness (YEA) is a joint public health and schools effort. This peer leadership group of students in grades 11 and 12 who apply to peer leaders, are trained to teach the Postponing Sexual Involvement program to 8th grade students and, along with other community members, they also teach Coordinated School Health classes in grades K-6.

As a result of training funded in part by YRB funds, approximately 175 young people have peer influence training opportunities. Students from diverse backgrounds have a chance to develop leadership skills and be active in their schools and communities. One indicator of success with youth leadership opportunities is the number of interested young people. For one Douglas County group last year, 60 youth applied for a program having just 24 openings.

In addition, YRB funds were used to address both school and community policies related to chemical use. Guidelines developed by the Centers for Disease Control and Prevention guided policy implementation in the school setting with an emphasis on strengthening policies that support youth needing chemical dependency counseling or diversion programs for tobacco users. At the community level, HCHY members work on a countywide policy to reduce youth access to alcohol.

Minnesota Youth Risk Behaviors Focus Areas (see map opposite page for county YRB focus):

- 1 Alcohol use and other drug use
- 2 Sexual behavior that may result in pregnancy, HIV or STDs
- 3 Suicide 4 Violence
- 5 Physical inactivity
- 6 Unhealthy dietary behaviors

EAST CENTRAL REGION

Chisago County Public Health Department (Chisago, Isanti, Kanabec, Mille Lacs and Pine Counties)

Chisago County Public Health supported a youth tobacco prevention coalition which held chemical-free dances and promoted secondhand smoke and reducing youth access to tobacco education activities in the community.

Isanti County Public Health supported peer-topeer education through the TAATU (Teens Against Alcohol and Tobacco Use) program, and worked with youth to provide anti-tobacco and secondhand smoke education in the community. Over 120 teens received training through the TAATU program, who then presented anti-tobacco lessons to over 2300 younger students.

Kanabec County Public Health

has worked with the Mora and Ogilvie School Districts to implement *LifeSkills*, an evidence-based curriculum shown to reduce youth tobacco use. Public health works to educate the community about secondhand smoke, implement a youth diversion class, and provide merchant education and compliance checks to reduce youth access to tobacco.

Mille Lacs County Public Health

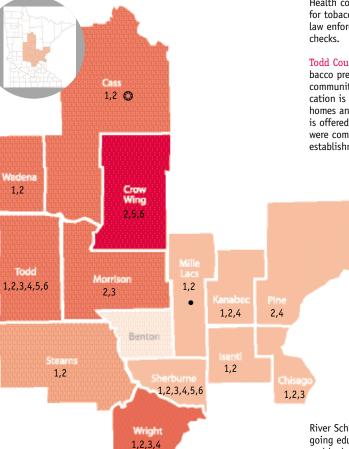
has provided secondhand smoke education to communities, worked with law enforcement to conduct tobacco compliance checks, provided area schools with information on evidence-based curricula, promoted a cessation directory, and published a smoke-free restaurant directory.

Pine County Public Health has focused efforts on making an impact in schools by training twenty-eight teachers to implement LifeSkills, an evidence-based curriculum shown to reduce youth tobacco use, in the middle schools and continued providing support to a citizen Tobacco Work Group that works to educate the community about secondhand smoke.

Populations-at-Risk—Planning Grant. The Mille Lacs Band of Ojibwe project is a new grant, funded only since July 2002; all grant activities to date involve start-up and planning. The project will address youth tobacco prevention for the first time on the three reservation districts. A partnership will be formed that includes Community Youth Services, Public Health, Ni Ia Clinic, Tribal Court, Tribal Police Dept., Nay-Ah-Shing School, Tribal youth and Elders. Partners will be trained in tobacco prevention and control and will develop a work plan for implementation activities and submit to MDH for future funding.

Crow Wing County Public Health² and area teens worked together to provide face-to-face merchant education sessions about the importance of preventing youth access to tobacco to all tobacco retailers. Teen groups educated all Brainerd fifth graders on the harmful effects of tobacco use and secondhand smoke.

Foley School District #51 (Benton County) project is a new grant, funded only since July 2002; all grant activities to date involve start-up and planning. Students from the Foley and Sauk Rapids School Districts will be working to provide education about youth tobacco use in their communities and the negative health effects of secondhand smoke.



Steams County Department of Human Services collaborated with seven area schools to increase school staff time to work on a range of tobacco prevention issues, including the implementation of Project Alert, a research-based drug prevention program for middle grade students, and support youth-led tobacco control activities including strengthening existing school policies in the schools.

Cass, Todd, Wadena and Morrison Community Health

Cass County Public Health supported a wide range of youth-led, adult-guided tobacco prevention education and smoke-free recreational activities in the community. Tobacco merchants were surveyed to determine training needs regarding youth access to tobacco. Beyond initial merchant trainings offered by Public Health, area retailers indicated that on-going reinforcement would be helpful. Responsively, the health department sends out ongoing 'tip sheets' to area tobacco retailers.

Morrison County Public Health trained and supported youth teams focused on peer and community secondhand smoke education activities, reaching approximately 1500 students. Morrison County Public Health continues to serve as an educational resource for tobacco retailers and coordinates with youth and law enforcement to conduct tobacco compliance checks.

Todd County Public Health focused on youth-led tobacco prevention efforts through peer, school and community-based activities. Secondhand smoke education is focused on by promoting tobacco-free homes and cars. Merchant education on youth access is offered to area retailers and compliance checks were completed with one-hundred percent of retail establishments in compliance.

Wadena County supported youth in planning area work groups focused on implementing chemical-free youth activities, and worked with area schools to support the development of a prevention resource lending library.

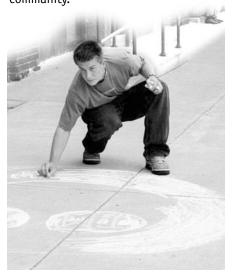
Sherburne County Public Health conducted activities through a partnership of the Public Health Agency, Elk River and Big Lake School Districts and Fairview Northland Health Care System. The group focused on youth activities, including peer mentorship training and education to students, teens teaching media literacy programming to elementary students and adults, and the implementation of Project Alert, a research-based drug prevention program for middle grade students in sixth grade classes in Elk

River Schools. Tobacco merchants were provided ongoing education about enforcing age-of-sale laws and had a compliance check rate of ninety-two percent across two separate rounds of checks.

Wright County Human Services expanded the TATU (Teens Against Tobacco Use) program and trained teens from seven area schools to teach anti-tobacco lessons to middle school students, reaching more than 1,500 sixth through eighth graders. Six of the nine school districts implemented various evidence-based curricula as appropriate for their schools. Tobacco sales to minors have dropped nearly forty percent over the past two years due in part to the on-going education offered to retailers and yearly compliance checks conducted by public health.

² Through the end of the 2002 fiscal year, June 30, 2002, Crow Wing County was part of the Cass, Todd, Wadena and Morrison Community Health Services grant under the name 'North Services Cooperative'. As of July 1, 2002, Crow Wing County worked under its own, separate grant.

One of the central region's most active youth leaders, Simon Stumpf of Pierz, was asked to attend the World Health Organization's annual meeting in Italy to present the remarkable successes of Minnesota Target Market teens. A key activity in Central Minnesota was the Tobacco Memorial held at the Bug-O-Nay-Ge-Shig School located on the Leech Lake Indian Reservation. The local Target Market Crew designed a memorial in honor of those that died as a result of tobacco use and to raise awareness about non-traditional tobacco use within the Native American community.



East Central regional activities continued

Populations-at-Risk. Leech Lake Indian Reservation, in partnership with the Bug-O-Nay-Ge-Shig School, Leech Lake Health Division, Cass County Public Health and Indian Health Service, operate a tobacco prevention program called "Traditional Use, Not Abuse." LifeSkills, an evidence-based curriculum shown to reduce to reduce youth tobacco use, was taught at four community sites and the reservation school. Forty youth were involved in creating a media presentation about the traditional use of tobacco and how the Ojibwe people have come to abuse tobacco. Youth distributed educational materials at reservation-wide events on the adverse physical effects of tobacco abuse on an individual's health, and the negative effects of secondhand smoke to community members, especially children and Elders.

Stearns County Human Services

tearns County Youth Risk Behavior (YRB) funds were used to reduce underage alcohol use. The planning process included a community assessment regarding underage alcohol use issues. Ten adults and twelve youth from various communities were first trained as focus group facilitators by an expert from the University of Minnesota. These facilitators conducted 23 focus groups with community members throughout the county.

The focus groups findings confirmed the decision to focus on underage alcohol use and provided valuable information on the perception of alcohol. Key findings included the need for broad-based community education efforts and to address other youth risk behaviors related to teen alcohol use. This information was shared with community members and local decision makers. Statewide and local assessment data

are used to further educate the community about the impact of alcohol use.

Staff from six county schools attended a training session on media advocacy conducted by the Stearns County Juvenile
Services Committee. Ten schools participated in a social marketing skills training program where youth learned to develop prevention messages. Participating schools developed an

"I feel that the way our system was set up prior to YRB, we did not have a strong youth voice and this has opened the door for that to happen. We have a strong adult voice in prevention activities, but didn't have that youth focus." — Renee Frauendienst, Director, Stearns County Public Health

action plan for a media education project for the upcoming year. One project involved a mock crash that highlighted the effects of drinking and driving, followed by a weekly newspaper article about alcohol issues written by students.

In Albany Junior and Senior High Schools, YRB funds were used to increase staff time for the chemical health specialist. This increase enhanced both the quantity and quality of activities related to chemical use prevention. Both a student and parent group were started to tackle the issue of youth alcohol use. Parent group members write articles for the local paper and are present at conferences. Other school-based activities included presenting Minnesota Student Survey data to parents of high school students, conducting a mock crash event highlighting the effects of drinking and driving, and beginning the process of compiling and analyzing local alcohol ordinances.

Youth Risk Behavior funds are also used for work with the Southside Boys and Girls Club in St. Cloud, which serves high-risk youth and those from diverse cultures. Using evidence-based curriculum and a variety of other resources, public health staff educate youth on sexuality issues, including puberty, high-risk behaviors and STDs.

Individual young people and their parents are directly affected by YRB activities. After writing a newspaper article about adults who provided alcohol to youth at parties, one parent was concerned about the criticism she might encounter from other parents. She was pleased when she received notes of thanks and support from community members rather than the negative responses she expected.

Minnesota Youth Risk Behaviors Focus Areas (see map opposite page for county YRB focus):

- 1 Alcohol use and other drug use
- 2 Sexual behavior that may result in pregnancy, HIV or STDs
- 3 Suicide 4 Violence
- 5 Physical inactivity
- 6 Unhealthy dietary behaviors

SOUTHWEST REGION

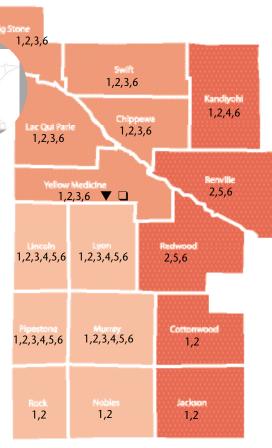
Lincoln, Lyon, Murray and Pipestone Public Health Services and Nobles/Rock Public Health Services collaborate on their tobacco use prevention grant and have, as their primary focus of working within schools. The grant provided funds for mini-grants to area youth groups. Twenty-five youth groups are active in the six counties. The youth led groups implemented their own peer-topeer tobacco prevention and education activities, such as a 4-H sponsored overnight event for youth and the St. Edwards Tobacco Free Fair. Eighth graders, already done with their school year returned and worked for a week to prepare for this event, which spread tobacco prevention messages to youth in the area.

Community groups also received minigrants to work on tobacco prevention and encourage restaurants to go smokefree. One of these, the Marshall Tobacco Coalition, received an award from Blue Cross Blue Shield of Minnesota for its excellent work. The grant also provided training in and copies of the LifeSkills Training curriculum. Public Health sponsored a training on the implementation of LifeSkills Training, an evidenced based program shown to reduce tobacco use. This summertime workshop was attended by 46 teachers and counselors. LifeSkills Training curriculum has now been implemented in most public schools in these six counties.

Affiliated Community Health Foundation (Kandiyohi County)

worked with Kandiyohi County Public Health on several tobacco prevention activities. One of these was a community outreach project with students from Willmar Senior High that delivered messages reinforcing tobacco free life styles, and educated the community about the negative effect that secondhand smoke has on children and advocated for action to protect the public's health. Area youth speak out on behalf of children who are either unable or too afraid to speak out against using tobacco and their right to be free from exposure to the chemicals in tobacco smoke. They also speak about the effects that tobacco use and secondhand smoke have on children, youth and the unborn. The students' plan included engaging the community at large, in addition to the specific medical, educational and business communities of Kandiyohi County.

▼ Populations-at-Risk—Planning Grant. Eci Nompa Woonspe is a new grant, funded in July 2002; consequently, all grant activities involved initial start-up and planning. Eci Nompa Woonspe is a charter school on the border of Lower Sioux and serves youth from both Upper and Lower Sioux Reservations. Because of Upper Sioux's tobaccorelated experience, they will mentor the Lower Sioux community. A tobacco assessment will be conducted on the Lower Sioux Reservation. The planner/coordinator and students will be trained in tobacco prevention and control, and will provide tobacco-related information at community gatherings and develop a tobacco prevention work plan to submit to MDH for future funding of implementation activities.



☐ Populations-at-Risk. Upper Sioux Community

worked with its Community Youth Council to prevent tobacco misuse on the reservation. They provided youth tobacco abuse training, created a Web site with tobacco abuse prevention information, and facilitated electronic linkage with other Indian reservations. Additionally, youth participated in Target Market activities and staffed tobacco information booths at conferences and events.

Cottonwood/Jackson and Redwood/Renville Health

Services. Working in partnership with at least five schools in the four counties, youth were engaged through a service learning program designed to empower them to deliver education and prevention messages in a variety of peer-to-peer, community outreach, media advocacy and school events. The November 2002 Great American Smokeout held a luminary ceremony at the state capitol. It was a remembrance of the more than 5,000 Minnesotans who lost their lives during the previous year to tobacco and related causes. Students from Southwest Star

Concept School, Jackson County Central Middle School, Mountain Lake Public School, Wabasso High School, and GFW Fairfax Middle School decorated over 1,200 luminaria bags with quit smoking or antitobacco messages in memory or in honor of a loved one who has been touched by a tobacco-related illness.

Countryside Public Health (Big Stone, Chippewa, Lac Qui Parle, Swift and Yellow Medicine Counties) partnered with middle schools in the five-county area to offer LifeSkills Training, an evidence-based curriculum shown to reduce youth tobacco use. Two coordinators annually train instructors and provide technical assistance during the teaching process. LifeSkills Training is now taught in nine of twelve school districts in the five-county area to students in the sixth through eighth grades. Further work with schools included a five-district survey examined the knowledge and attitudes of students, staff and parents regarding tobacco use, tobacco policy and current educational opportunities. The data were summarized by interested youth and presented to the school boards. Schools were then given the opportunity to apply for a mini-grant to address an issue that the survey identified as an area of concern. Five schools applied for and received grants for additional prevention activities, such as purchasing cur-

ricula to complement *LifeSkills Training* and aids to promote tobacco activities at prom time.

After enrolling themselves in numerous presenter training sessions, 185 teens across Southwest Minnesota presented Manipulation 101, a peer-to-peer education program about tobacco and tobacco industry marketing tactics, to over 2,500 fellow students throughout the region. In addition, TMers from all over southwestern Minnesota actively sought statewide leadership positions. In Redwood Falls, 130 teens ran for ten seats on Target



Nobles/Rock Public Health Service Agency

obles/Rock Public Health Service (NRPHS) Agency organized Partners in Prevention (PIP) to involve community organizations in the planning and implementation of YRB activities. PIP consists of a school representative, three or four students from each school in the two counties and representatives from other community organizations concerned about youth issues (4H Extension, Corrections

Departments, local media and others). Approximately 30 to 40 people meet each month to determine strategies to address the YRB focus areas of alcohol use and teen pregnancy prevention.

PIP emphasizes educating parents about effective parenting skills. A wide variety of messages on effective parenting skills

are distributed to parents through schools, libraries, faith communities, school newsletters, parent-teacher conferences, radio ads and local newspapers.

In the first year of funding, the NRPHS Agency conducted a community survey of more than 400 youth and adults to assess community attitudes and readiness "They're talking about it and they're aware of it—that you don't have to [drink alcohol] to have fun. Before it was 'this is what you do. This is OK; nobody tells us that it's not."—Tammi Heronimus, Student Council Advisor, Adrian High School

to address underage alcohol use. The survey revealed concern about the ease of alcohol access by youth through retail outlets and social events such as wedding dances. PIP addressed this through alcohol retailer education and working with law enforcement to implement alcohol compliance checks. Future plans include using the media to educate the community about the new keg registration law that went into effect on August 1, 2002, and the consequences of providing alcohol to minors.

Nobles/Rock Public Health Service worked closely with school districts in the two counties, offering time and resources to schools with limited budgets and staff. Young people from each of the school districts are involved in planning and implementing YRB activities. One benefit to the school environment in Adrian is the extra staff time now available to address serious issues affecting learning, such as alcohol use and teen pregnancy. Another is increased awareness of alcohol use issues such as peer pressure to use alcohol.

Minnesota Youth Risk Behaviors Focus Areas (see map opposite page for county YRB focus):

- 1 Alcohol use and other drug use
- 2 Sexual behavior that may result in pregnancy, HIV or STDs
- 3 Suicide 4 Violence
- 5 Physical inactivity
- 6 Unhealthy dietary behaviors

SOUTH CENTRAL REGION

Big 8 Prevention Pack (Blue Earth, Brown, LeSueur, Faribault, Martin, Waseca, Watonwan and Nicollet) is a partnership of local community health service agencies, utilizing a regional approach to serving youth tobacco prevention needs in South Central Minnesota. Big 8 focuses on evidence-based practices to reduce risks and enhance protective factors including: building community capacity; developing role models who refute tobacco use; enhancing and supporting healthy decision making skills; and customizing these strategies to have the greatest impact in their community/ school. Highlights include:

Blue Earth County Community Health worked with the YMCA to implement a tobacco-free policy including tobacco-free grounds at all youth recreation areas. Youth worked with adults to plan, publicize and host chemical free nights for all youth at area social/recreation facilities. The events incorporated educational messages into activities that naturally attract youth.

Brown County youth were trained in media advocacy; sponsored smokefree events; provided public awareness information and established a peer education program. Public Health staff worked with, and provided funds to, two school districts to implement LifeSkills Training, an evidence-based curriculum shown to reduce youth tobacco use. All activities enhance the comprehensive campaign to prevent tobacco use.

LeSueur County focused on youth led outreach through school activities and events. Youth spread the word about tobacco abuse to athletes, parents and created a mural of ads and facts about tobacco's devastating impact. Students decorated school windows with anti-tobacco messages and created a display during parent teacher conferences that depicts the harm of secondhand smoke. Youth sponsored a parent/youth event with games and messages conveying that smoking is not cool and secondhand smoke hurts kids.

Faribault County schools lead youth anti-tobacco advocacy activities that included planning and hosting a tobacco prevention awareness dance that promoted healthy activities, educating teens and community members about tobacco use and exposure to secondhand smoke. They also participated in other regional efforts by Big 8. Youth participated in the Relay for Life, contributing pledges to fight cancer and educate the community about reasons to be tobacco free.

Martin County youth led tobacco prevention classes and public awareness as a part of National Kick Butts Day, a day to promote youth advocacy and leadership in the area of tobacco use reduction. Schools completed a curriculum assessment and implemented LifeSkills Training, an evidencebased curriculum shown to reduce youth tobacco use. Schools continue to work with the Big 8 coordinator and public health to guide youth prevention efforts.

2,4 2,3,6 ♦ 2,4 1,2,4 ♦ 1,2 ♦ 1,2,3,5,6 1,2,3,5,6 ◆

> Waseca County youth worked on a peer education and public awareness campaign culminating in a peer education effort for National Kick Butts Day, a day to promote youth advocacy and leadership in the area of tobacco use reduction. They presented an original skit incorporating advocacy, information about health risks and secondhand smoke. N.R.H.E.G. (New Richland, Hartland, Ellendale and Geneva) youth worked on peer education and policy change, presenting prevention messages and promoting smoke-free recreation policies. Waseca youth worked on peer education, serving as advisors to regional Big 8 activities.

Watonwan County Community Health worked with schools that completed a comprehensive assessment and are implementing an evidence-based curriculum. Both area school districts received funds to enhance curriculum efforts with peer education. St. James is training an Illusion Theatre Clear The Air (see statewide innovative grants) group to give community performances and Madelia is finalizing their curriculum enhancement plans.

Youth formed KATS (Kids Against Tobacco and Smoking), who meet to build public awareness on the issue of youth tobacco prevention. Activities include, participating as a team in the American Cancer Society's "Relay for Life" and providing information and smoke-free activities at the Watonwan County Fair.

> Nicollet County Public Health Department partnered with schools to implement a strategy for D-Day, (the National quit tobacco day), educate peers about the health effects of tobacco, resources to help people quit and the deceptive advertising used by the tobacco industry. Youth increased awareness by distributing literature about secondhand smoke with tips for quitting to parents attending parent/teacher conferences. Nicollet School staff completed a curriculum assessment and are developing a plan to close the identified gaps.

to tobacco prevention and control. They meet regularly to share information and discuss lessons learned. They recognize the uniqueness of each county in their Tri-County Partnership. Highlights include: Meeker County Public Health works with law enforcement, schools, youth groups and other people taking a comprehensive approach to tobacco prevention and control. All county school districts completed a comprehensive assessment of tobacco programming. The largest district implemented LifeSkills Training, an evidence based cur-

riculum. Compliance checks with law en-

regarding youth access to tobacco laws and

limit sources for youth to access tobacco.

forcement help educate the community

Meeker, McLeod, Sibley Community Health

Services utilizes a comprehensive approach

McLeod County efforts are focused in three areas: reducing exposure to secondhand smoke, youth advocacy and school-based tobacco prevention education. A smoke-free dining guide was published and distributed at community events. Teen trained through Target Market presented to 400 of their peers, covering tobacco advocacy and industry tactics. LifeSkills Training, an evidence-based curriculum shown to reduce youth tobacco use, was implemented in three of four public schools and in two parochial schools, reaching over 1,100 students.

TM crews across the region participated in strategy meetings, engaged in grassroots activities including Operation Storefront and posted anti-tobacco industry messaging around area schools. Manipulation 101 was presented to Mankato East High School and the Alternative Learning Center. TM is currently working with the Region 9 Development Commission to develop an addition to TM's Manipulation 101 curriculum focusing on Latino youth.



South Central regional activities continued

Sibley County Public Health has progressed in strengthening partnerships with the schools, law enforcement and youth. Schools completed comprehensive tobacco assessments and action plans to improve school tobacco policies, instruction, support services and family involvement. Public health and law enforcement collaborate on compliance checks and the tobacco diversion program (an educational program used as an alternative to court fines for youth ticketed with tobacco). Smoke-free worksite education and policy development has begun in several Sibley County work-sites.

◆ Populations-at-Risk. Region 9 Development Corporation tobacco prevention project targeted 9-18 year old Chicano/Latino youth in south central Minnesota. The project implemented Mirame, ("Look at Me;" University of Texas Health Science Center), a culturally specific prevention curriculum that's shown promise with Chicano/Latino youth. Under the supervision of Saludando Salud's staff, older youth (14-18) are trained to teach the curriculum to younger children (9-13) in the St. James and LeSueur/Henderson school districts. Additional youth training and community tobacco prevention activities occur after school and on weekends.

LeSueur/Waseca Community Health Service

e Sueur/Waseca Community Health Services (CHS) initially focused on assessment and planning activities designed to identify community needs. Minnesota Student Survey data confirmed that violence was an increasing concern. LeSueur/Waseca CHS launched a mini-grant process designed to address these concerns focusing on teasing and bullying in the schools. Through their mini-grant process, LeSueur/Waseca Public Health partnered with a variety of agencies and organizations ranging from Healthy Communities Coalition in LeSueur and Henderson to County Extension Services.

Five mini-grants served multiple communities in the two counties. One mini-grant funded "The Back Door," a drop-in center for teens featuring after school teen talk sessions. "The Back Door" is designed to improve connections between youth and caring adults through mentoring, various structured programs and options for healthy recreational opportunities. YRB funds helped pay for staff time and improve facilities to create a more inviting environment for youth.

"After instituting a monthly character building theme, (in this case respect for one another), Waterville, Elysian and Morristown noticed a reduction in teasing and bullying by the end of the first semester and, by the end of the year, they said they could document that fights were down." — Terri Horn, Youth Risk Behavior Coordinator, LeSueur County Public Health

Another mini-grant funded a cross-age life skills education program in Waldorf, Pemberton and Janesville schools. Junior and senior high students were trained to present a curriculum covering five units with elementary school students: self-esteem; social skills; peacemaking; tobacco, and alcohol and drugs.

Another round of mini-grants is planned for Fall 2002, specifically for local school districts to use evidenced-based curricula or programming related to school violence prevention.

Le Sueur/Waseca CHS participated in the 4-H Conversations on Youth Development led by the county extension offices early in 2002. The information obtained from these forums helped staff identify priority issues related to violence prevention. Suggested strategies ranged from cross-cultural events that address racism, to methods that promote a positive peer culture that discourages bullying. A broad spectrum of youth and adults from across the counties were represented at the meetings.

The CHS agency also worked with KCHK radio station in New Prague to produce mini-messages to parents about the detrimental effects of teasing and bullying. These 30-second messages aired several times during a four-week period and were complemented by similar messages sponsored by other local businesses.

Minnesota Youth Risk Behaviors Focus Areas (see map opposite page for county YRB focus):

- 1 Alcohol use and other drug use
- ug use 3 Suicide result 4 Violence
- 5 Physical inactivity

2 Sexual behavior that may result in pregnancy, HIV or STDs

6 Unhealthy dietary behaviors

SOUTHEAST REGION

Southeast Tobacco Coalition (Dodge, Fillmore, Freeborn, Goodhue, Houston, Mower, Olmsted, Rice, Steele, Wabasha and Winona) is an eleven-county initiative with Goodhue County as the lead agency. A regional approach was chosen to enable these counties to deliver consistent tobacco prevention messages to youth and communities, to increase collaboration, support and information, and work together on such regional efforts as the Southeast Minnesota smoke-free restaurant guide. The regional approach helps the counties work together as a team to reduce youth access, change community norms, increase links to cessation efforts, build school relationships and connect to state-wide and national-wide tobacco efforts.

Rice County Faribault high school STAT! (Stop Teen Access to Tobacco) presented tobacco prevention messages to students in five middle and elementary schools. STAT! students also participated in the annual Heritage Days festival. Using a video camera, they briefly interviewed adult parade watchers about youth tobacco use and shared tobacco prevention messages.

Steele County teaches *LifeSkills Training* in all its public schools. The schools also reevaluated their tobacco policies and enforcement strategies.

Signs were provided to schools with tobacco free messages for school personnel, students and visitors. Results of twice yearly tobacco compliance checks found a 90 percent compliance rate. Steele County smoke-free environment advocates continue encouraging and promoting smoke free restaurants. Currently, 52 percent of restaurants in the county are smoke free. A slide show was created for showing at the movie theater to educate the community about secondhand tobacco smoke.

Freeborn County. Members from Albert Lea's TIDE (Teens Involved in Drug Education) group participated in a training by the Improv Theatre. The peer educators wrote a play about tobacco use and

created their own evaluation tool to use for program improvement. TIDE performs for local schools, church groups, civic organizations and youth groups.

Mower County implemented *LifeSkills Training* in seven middle schools. County law enforcement agencies used grant funds to complete compliance checks. Area youth received leadership and teamwork training and were actively involved in educating the community and other youth about tobacco and secondhand smoke. A smoke-free dining brochure was published after surveying Mower County restaurants.

Houston County. All school districts participate in prevention efforts, including Project Alert curriculum. Houston County provided mini-grants to schools for prevention projects and aided school districts in examining their tobacco use policies.

Wabasha County Tobacco Coalition is a collaboration of public health, schools, law enforcement, community, other government agencies and youth. The coalition implemented a comprehensive tobacco prevention program in the schools that includes the research-based curriculum Project Alert, strengthening policies and involving youth with peer education. They worked to improve access to diversion and cessation services countywide. Youth access to tobacco was addressed through tobacco retailer education and compliance checks. Community education on reducing exposure to secondhand smoke is ongoing.

Freebom
1,2

Mower
2,5,6

Mower
2,5,6

Mower
1,2

Fillmore
1,2,5,6

Fillmore
1,2,4,5,6

Winona County provided public schools with funding for a school counselor focused on tobacco and other drug reduction, education and cessation groups. Tobacco education groups began in the 2002-2003 school year. Four school districts, law enforcement personnel and the general public attended two presentations by Ted Dau, Farmington Police Department, about teen dance raves and the impact drugs have and what to watch for. Tobacco compliance checks found a compliance rate of 98 percent, a 21 percent improvement over 2001. Tobacco and alcohol merchant education trainings were held in collaboration with area law enforcement and the Minnesota Department of Public Safety. Winona WINSS (Winona Inhales NO Secondhand Smoke) continues community messages on the harmful effects of secondhand smoke.

Dodge County. Peer Education is the cornerstone of Dodge County activities. The Alcohol/Tobacco Decisions Program has been implemented in area schools. Forty high school youth have been trained to work with fourth graders and they have already reached more than 300 students. This peer education focuses on the health effects of tobacco and alcohol, decision-making skills, resisting peer pressure and tobacco marketing that targets youth.

Goodhue County funded mini-grants to youth-led, adult-quided tobacco prevention projects. Goodhue's

program also funded peer education, tobacco compliance checks and aided restaurants interested in going smoke-free. The program has enabled all school districts in the county to utilize the Project Alert curriculum, an evidence-based program. Educational work continues with city councils and county commissioners through presentations on environmental tobacco smoke.

Fillmore County agencies collaborated on tobacco education and enforcement. The Fillmore County Sheriff's Department conducted 44 tobacco compliance checks, finding 91 percent of tobacco retailers in compliance with age of sale laws. Area schools implemented *LifeSkills Training*, an evidence-based curriculum. Fillmore County Public

Health educated the community and physicians on dangers of environmental tobacco smoke and conducted six tobacco diversion classes for youth cited for using or possessing tobacco products.

Olmsted County provided mini-grants to local organizations, schools and peer education groups to perform tobacco prevention activities. BREATH (Bold Realistic Education About Tobacco and Health), a county-wide youth advisory group coordinates tobacco prevention activities in schools and communities. Olmsted hosted many tobacco-free lifestyle events for youth including a teen swim; a live concert, and students from six schools marching in the Rochesterfest parade.

TARGET MARKET

Southeast Target Market teens were busy last year researching tobacco industry marketing practices and developing leadership skills through presentations, leading local and regional meetings, and implementing grassroots activities, tobacco education and advocacy trainings. Southeast TMers visited the Minnesota Tobacco Document Depository where, after sifting through some of the 43 million documents, they brought home new information to share with other TMers across the state.

West Metro regional activities continued

- X Populations-at-Risk—Planning Grant. New Sudan American Hope is a new grantee, funded in July 2002; consequently, all grant activities involve initial start-up and planning. The organization will gather data about the prevalence of smoking habits in the Sudanese community, particularly among 12 to 17 year olds. In addition, the planning grant is designed to educate youth about the dangers of smoking and to develop leadership skills to influence other youth to become or remain tobacco-free. New Sudan will create a ten-member Community Advisory Board with four youth members to formulate the process for creating an effective plan to combat secondhand smoke in the Sudanesse community. New Sudan will sponsor several focus groups for youth and elders to better understand the influences of smoking and the impact cultural conditions have on this community.
- ▲ Populations-at-Risk. Somali Community Resettlement Services of Rochester created a youth task force, consisting of 15 youth, to focus on tobacco prevention issues. The task force planned and held community meetings and training for youth and adults around the issues of secondhand smoke and health disparities that affect African populations. Youth sponsored a oneday, community workshop in the spring, that featured medical professionals and religious leaders addressing immediate and long-term health issues related to smoking. Somali Resettlement Services collaborated with local Somali cable television to air health related programming that focused on tobacco prevention during family hour. The Task Force Youth spoke to youth in the community about the dangers of secondhand smoke and the legal implications of underage youth trying to buy tobacco products.

Olmsted County Public Health

outh Risk Behavior activities in Olmsted County center around alcohol use prevention and suicide prevention. One component is the 'Safe Wheels' program. The program involves a partnership with private companies, driver education programs in the schools and local fire departments. Youth involved with the program learn about automobile safety, particularly issues related to alcohol use and driving.

Alcohol use prevention activities were integrated into Rochester Community Education's 'Summer of Service', a service-learning program for middle school students. Youth learned about alcohol issues and then conducted peer education activities and community presentations.

Staff hear about the individual impact of YRB-funded programs on youth. Two young men involved with a YRB-funded SADD chapter planned to attend prom. When

their dates informed them that they wanted to go to a post-prom party with alcohol, both young men independently said they were not interested. As a result, their dates also chose not to attend. Staff attributed this decision to the cumulative messages in the community about alcohol use.

"I think that kids are getting consistent messages and that's important. It doesn't make any difference what district, they are hearing the same thing." — Nancy Nixa, School Counselor, Byron School District

'Speak Up', a community coalition that conducts education activities directed at parents and key gatekeepers, works on suicide and other mental health issues. Coalition members inform the community of suicide warning signs and instruct people on effective interventions. The coalition also worked with youth ministers and faith communities to increase their involvement in youth mental health issues.

Staff recognize the impact programs have on families concerned about mental health and suicide. An Olmsted County mother experiencing the pain of her daughter's mental health problems and a suicide attempt found an avenue through 'Speak Up' to share her concerns and educate other parents. She is now a key partner, forming connections with faith-based organizations around these issues.

Collaborative efforts including strong public health/school partnerships are a hallmark of Olmsted County activities. The Olmsted County Coordinated School Health Advisory Council includes all school districts and private schools in the county. The Council provides a venue for community members to coordinate actions that impact the health and learning of Olmsted County youth. A current issue is soda vending machines in schools. A pediatric dentist on the Council expressed concern over the consumption of soft drinks by young people and its health impact. Her interest, combined with actions of Byron School District to reduce the availability of vending machines in schools, made this an on-going topic of community discussion. The result has been a community-based effort to address school vending machine issues across Olmsted County.

Minnesota Youth Risk Behaviors Focus Areas (see map opposite page for county YRB focus):

- 1 Alcohol use and other drug use
- 3 Suicide4 Violence
- 5 Physical inactivity

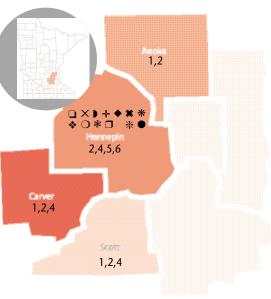
2 Sexual behavior that may result in pregnancy, HIV or STDs

6 Unhealthy dietary behaviors

WEST METRO REGION

- □ Populations-at-Risk. Regents of U of M Youth and AIDS Projects, in collaboration with Minneapolis Public Schools worked to prevent to-bacco use among young GLBT Minnesotans. Teens were trained as community health advisors to positively influence other GLBT youth. Youth identified businesses that cater to GLBT youth and worked to get these businesses to provide a smoke-free environment. Their advocacy resulted in District 202 (a GLBT youth center) going smoke-free on weekdays and Vera's Café commitment to collaborate with youth advocates to reduce underage smoking.
- * Populations-At-Risk. Minneapolis American Indian Center. The Ginew/Golden Eagle Program, Indigenous Peoples' Task Force and the Indian Health Board collaborated on a program called Traditional Use-Not Abuse to change community norms concerning tobacco. Project coordinators worked with youth to educate the community about the role of traditional tobacco use and commercial tobacco abuse among American Indian people. They also educated youth on the available cessation services and programs to help assure treatment access for tobacco addiction and raised community awareness of the dangers of secondhand smoke as a means to reduce exposure.
- O Populations-at-Risk—Planning Grant.
 Parents and Elders of Africa for Common
 Efforts (PEACE) is an immigrant association
 that works to unite and empower East
 African immigrant families in the Twin
 Cities. A youth coordinator, Somali and
 Oromo youth and adult mentors will be
 trained in tobacco prevention and control.
 In conjunction with other grantees serving
 the African immigrant community, a tobacco
 prevention work plan of activities to implement will be developed and submitted to MDH for
 future funding consideration.
- ** Populations-at-Risk—Planning Grant.
 Confederation of Somali Community in
 Minnesota is a new grantee that worked with the
 Somali Youth Association (SYA) and Somali TV to
 collaborate to recruit and train 20 Somali youth
 a year, who will learn to refrain from tobacco use
 and advocate against it in their community. The
 best tobacco prevention methods will be combined with culturally specific messages to create
 a process that increases anti-tobacco public
 awareness.
- Populations-at-Risk. African American Family Services (AAFS) worked in collaboration with Minneapolis Urban League, St. Paul Youth Express and KMOJ Radio to provide tobacco free activities for African/African-American youth. AAFS' peer mentors, the Market That crew, provided training for collaborating partners and their youth about tobacco prevention. They created media messages and five anti-tobacco talk shows for KMOJ. This program empowers African-American youth to fashion a community that is tobacco free.

Anoka County Community Health and Environmental Services Department. The Anoka County Tobacco Prevention (ACTP) program involved youth in planning, implementation and evaluation of prevention activities in three school districts. Over 900 youth were trained to build leadership skills, increase knowledge and learn about attitudes of youth tobacco use. Three-hundred families participated in a smokefree home and car project. Law enforcement educated over 300 vendors to reduce youth access in Anoka County.



- ** Populations-at-Risk. Minneapolis Urban League (MUL) implemented tobacco prevention strategies in the African-American community, primarily targeting youth with multiple risk factors. The project coordinator worked to adapt LifeSkills Training, an evidence-based curriculum shown to reduce youth tobacco use, and test its effectiveness with African American youth. In a collaborative effort with African Community Services MUL provided the refugee community with tobacco prevention messages and education about tobacco-related diseases.
- Populations-at-Risk. Southeast Asian Refugee Community Home (SEARCH) is a new collaboration of five Southeast Asian community organizations working to help Southeast Asian youth advocacy skills related to tobacco. Youth will learn how to be change agents, helping to reduce secondhand smoke exposure within the Cambodian, Hmong, Lao and Vietnamese communities. Youth will be trained in a science-based prevention curriculum.

Hennepin County. Communities Targeting Tobacco (CTT) is a collaborative between Hennepin County Community Health Department, Minneapolis Department of Health and Family Support, Bloomington Public Health and Northwest Hennepin Human Services Council. CTT funded community groups to reduce exposure to secondhand smoke, improve school-based prevention, promote youth leadership, reduce youth access to tobacco and promote cessation services. CTT also partnered with the Children's Physician Network to improve clinical practice regarding youth tobacco use and secondhand smoke.

Scott County Human Services (Scott and Carver Counties). Partners for Tobacco-Free Living is a coalition of community partners working to prevent youth tobacco use. Action teams worked to efficiently and effectively address the focus areas of youth access, school collaboration and secondhand smoke. The partnership conducted the 2nd Annual Youth Summit, a conference focused on youth leadership in prevention. Partners published a smoke-free dining guide and continue to promote evidence-based curriculum in schools.

- → Populations-at-Risk. Chicano Latinos Unidos En Servicio (CLUES), in collaboration with Asian Media Access and the Hmong and Chicana Latina Education Empowerment Program (HCLEEP), recruited and trained youth from diverse cultures to participate in and lead tobacco prevention activities. CLUES implemented a school-based prevention/intervention program based on the Not On Tobacco and El Mero Mero curricula in the Latino Community. CLUES staff collaborated on two statewide youth conferences and presented sessions on tobacco issues.
- ◆ Populations-at-Risk. The Association for the Advancement of Hmong Women in Minnesota, Inc. led the Asians Against Tobacco Coalition, a partnership of seven Southeast Asian organizations that developed a youth-led tobacco prevention program. The coalition developed a five-year strategic plan and also conducted a survey of youth, parents and the community. Youth conducted compliance checks, tobacco prevention presentations and three anti-to-bacco campaigns.
- ★ Populations-at-Risk—Planning Grant. Asian Media Access (AMA) collaborated with Hennepin County, Chicanos/Latinos Unidos en Servicio (CLUES), Hmong and Latina Educational Enrichment Program (HCLEEP) and other Pan Asian/Pacific Islander, communitybased organizations while working to develop its planning grant. AMA developed a work plan for a statewide educational campaign that utilizes culturally relevant messages, strategies to reduce secondhand smoke and youth access to tobacco among multi-cultural youth.

Hennepin County TMers took an active lead in TM's statewide awareness campaign, Operation Storefront. During the campaign, teens surveyed tobacco advertising in their community convenience stores. Along with teens from across Minnesota, they found that convenience stores average 14 tobacco advertisements per store. They also found that almost 50 percent of tobacco advertising is placed near candy and other items appealing to youth. Hennepin County TMers took the lead in publicizing their findings and raising community leaders' awareness of youth oriented tobacco advertising.

West Metro regional activities continued

- ☐ Populations-at-Risk. Pillsbury United
 Communities Families Advocate Network System
 (FANS) peer education project is a new tobacco
 prevention initiative that will reach 950
 African/African-American, Latino and American
 Indian youth living in ten inner city Minneapolis
 neighborhoods. Eighty-five youth will use peerto-peer education and drama to engage other
 youth in tobacco prevention activities. A variety
 of activities are planned, including one-to-one
 and small group discussions, neighborhood based
 educational campaigns and a theater piece to be
 performed in area schools that will include facilitated audience discussions.
- X Populations-at-Risk. Metropolitan Federation of Alternative Schools (MFAS) is a coalition of 21 alternative schools. Their school-based tobacco prevention program focused on empowering youth to make healthy choices through health education, access to cessation programs, peer support groups and policy advocacy programs. Youth planned and conducted trainings to implement tobacco prevention projects. During the school year MFAS staff taught LifeSkills Training, an evidence-based curriculum shown to reduce youth tobacco use, at twelve schools
- ▶ Populations-at-Risk—Planning Grant. Islamic Center of Minnesota (ICM) is a new grantee serving Muslim youth in Minnesota, including Somalis, African Americans, Asian Americans, Arab Americans and other ethnic groups. ICM is a faith-based community organization that collaborates with other Muslim youth-oriented organizations. Staff and youth will be trained in tobacco prevention and control. In addition, a tobacco assessment will be conducted in the Muslim community and a work plan for implementing activities will be submitted to MDH for future funding consideration.

Bloomington Division of Health

outh Risk Behavior (YRB) funds in the Bloomington, Edina, and Richfield area are used to prevent underage drinking, teen pregnancy, physical inactivity and healthy eating behaviors. These activities are conducted by Bloomington Public Health and Tri-City Partners for Healthy Youth and Communities.

The Bloomington School Health Advisory Committee includes representatives from schools, public health, health care and interested parents. Based on the results of the school assessment, members focused their efforts on improving the school district's nutrition environment. Strategies being explored include adding milk vending machines, updating the vending machine policy, conducting a student survey to determine healthy snack and beverage preferences and having a breakfast food cart located where students gather.

In addition to school-based efforts, YRB funds are used to enhance program activity in the broader community. By partnering with the Bloomington Education

Foundation, mini-grants were provided for youth physical activity and nutrition initiatives. Two examples of funded programs include an after-school skateboard club for middle school students and a breakfast cart at a local high school.

"Allocating our YRB funds to address nutrition and physical activity has been an excellent investment in our community and youth." — Roz Johnson, YRB Coordinator, Bloomington Public Health

YRB funds were also used to train

Community Education staff on ways to increase physical activity opportunities for youth participating in after school programs. Staff were also encouraged to examine the nutritional value of their snack choices.

Bloomington Division of Health use YRB funds in various ways to raise public awareness about physical activity and nutrition issues. They sponsor educational community forums on many different topics and send a quarterly newsletter to over 1,000 Tri-City Partners coalition and community members in Bloomington, Edina and Richfield. The newsletter, 'Creating a Voice', provides information about physical activity and nutrition, and risk and protective factors related to adolescent health.

Currently, school and community members are reviewing policies related to food and beverage choices in school vending machines and public concession stands. Options to increase healthy snacks and beverages are being explored. A community inventory of available sports and active recreational opportunities for youth will be posted on the city's website. Tri-City Partners and public health staff plan to continue working with decision-makers in the school and community to increase youth physical activity opportunities and improve access to healthier food and beverage choices.

Minnesota Youth Risk Behaviors Focus Areas (see map opposite page for county YRB focus):

- 1 Alcohol use and other drug use
- 2 Sexual behavior that may result in pregnancy, HIV or STDs
- 3 Suicide4 Violence
- 5 Physical inactivity
- 6 Unhealthy dietary behaviors

EAST METRO REGION

- ◆ Populations-at-Risk—Planning Grant. Aurora/St. Anthony Neighborhood Development Corporation (ASANDC) will collaborate with community grantees to develop a community-based plan to address the issues of secondhand smoke and youth access to tobacco in the African-American community of St. Paul. ASANDC will sponsor youth and adult focus groups to assess the impact that parental smoking habits have on youth. ASANDC will collaborate with African American Family Services, New Millennium Publications, Faith-based organizations and Hope International Social Services to implement "Not in Mama's Kitchen" secondhand smoking project in the Summit University community. This program empowers African/African-American mothers to restrict smoking in their homes. ASANDC will collaborate with the St. Paul police to conduct compliance checks in neighborhood stores.
- ▲ Populations-at-Risk. Hispanos en Minnesota. The principal goal of Hispanos' tobacco initiative is to educate Hispanic/Latino youth about the dangers of tobacco use and to empower them select healthier lifestyles. Hispanos collaborated with the Minnesota Department of Children, Families and Learning to implement comprehensive school-based tobacco prevention, including curriculum and instruction, school policy development, community and family involvement and support services. The after school drug prevention group called "Club Hispanos" was open to everyone between the ages of 10 and 14. Youth learned about the harmful effects of tobacco as well as feelings, families, goal setting, responsibility and good decisionmaking skills. This was accomplished through group discussions, writing, drawing activities, field surveys.
- * Populations-at-Risk—Breaking Free Youth Prevention Initiative focused on secondhand smoke in African/African-American homes and cars and also on prostituted and battered women communities in the Twin Cities area. Youth created and coordinated a series of cultural events for peers and family that enhanced attitudes about tobacco prevention. Youth also worked on a secondhand smoke. They developed a media campaign using radio, community newspapers, posters, flyers and newsletters all geared to their own communities. They participated in statewide conferences on tobacco prevention and other youth related issues to build their capacity and engage and involve other youth in the antitobacco movement.

- O Populations-at-Risk—Planning Grant—Hope International Health and Social Services will collaborate with community organizations to provide training, communication, capacity building and evaluative support for youth tobacco prevention. Hope's purpose is to gain knowledge and skills in tobacco prevention and develop a plan that is culturally appropriate for West African immigrant and refugee youth. Hope will collaborate with African American Family Services, Aurora/St. Anthony, New Millennium, Pilgrim Baptist and River of Life Foundation.
- 2,3
 - Populations-at-Risk. Sabathani Community Center's Youth Tobacco Prevention Initiative focused on two intervention areas: reducing secondhand smoke and youth anti-tobacco advocacy. During the contract year, youth participated in focus groups, receive tobacco prevention training, and implement a community survey to evaluate the prevalence of tobacco use in their community. Sabathani's youth coordinated a series of multicultural events for peers and family which enhanced attitudes about tobacco prevention. The youth implemented a secondhand smoke drive to reduce and stop tobacco use in community homes and cars. They also managed a media campaign and electronic newsletter for a multicultural audience of African/African-American, Southeast Asian, Somali, Hispanic/Latino and multicultural, low income

youth residing in south Minneapolis.

St. Paul-Ramsey County Department of Public Health. Ramsey Tobacco Coalition (RTC) is a partnership of schools, community-based agencies, and law enforcement. This collaboration created and implemented youth tobacco prevention messages. High school and middle school students learned about the dangers of tobacco use; and worked to enforce school tobacco use policies. Youth involved with community-based organizations were trained by Illusion Theatre to write and produce a play on the dangers of secondhand smoke. RTC staff were trained to run equipment for cable television to produce a show related to tobacco prevention. Law enforcement ticketed youth smokers near school grounds and in the community and sent them to an RTC-funded education class for first-time tobacco offenders.

> Dakota County Public Health. Creating Tobacco-Free Communities (CTFC), a coalition of residents and agencies worked with all nine public school districts to adopt tobacco policies and implement tobacco prevention curricula reaching 38,000 students. Compliance with age of sale laws increased through on-going work with local law enforcement and retailers. To increase awareness of secondhand smoke, ads were placed in movie theaters, newspapers, shopping malls and billboards. The "Be Heard" restaurant campaign identified restaurants that allow smoking to educate owners of the health and economic benefits of making their facilities smoke-free. CTFC worked with residents to designate their homes and cars as tobacco-free zones and youth recreation groups to promote and model tobacco-free lifestyles.

> Washington County Lakeview Hospital. The Tobacco Free Future Coalition (TFFC) is a partnership of individuals and 35 organizations dedicated to reducing tobacco use in

Washington County. More than 100 youth were recruited for seven school-based tobacco prevention youth groups. These groups ultimately reached 14,000 students with tobacco prevention messages and activities. New cessation programs served 47 students. TFFC engaged 1,100 county residents during a community assessment of beliefs about secondhand smoke. They also developed a smoke-free restaurant brochure and distributed 5,000 copies of it throughout the area.

Populations-at-Risk. Ain Dah Yung (Our Home). Youth staffed multiple booths, conducted tobacco prevention literature drops at several American Indian events, and developed and performed a play about tobacco for other American Indian youth.

Ramsey County Target Market teens learned more about tobacco industry marketing tactics and found creative ways to share this information in the fight against smoking addiction. In concert with fellow MYTPI grantee, Ramsey Tobacco Coalition, TM held a youth mini-bash in St. Paul to provide leadership training to more than 100 youth leaders from all the major high schools in Ramsey County. Students attended sessions on youth advocacy, marketing techniques and diversity issues. Other venues to educate teens and spread the Target Market message included in-line skating and cycling competitions, an urban talent show, and "Night Moves," an on-going program at Arlington High School providing chemical and violence-free evening recreational activities for area youth.

East Metro regional activities continued

- * Populations-at-Risk. Asian Business and Community Foundation, through its Asian Youth Media Project, provided an opportunity for Asian youth of ages 12 -17 to learn and practice media production skills on newspaper and Internet, while learning about tobacco and health information. Youth gathered information and developed messages about tobacco and tobacco prevention. These messages were included in a special page of the Asian American Press. Youth developed websites and were showcased in an Essential News feature on tobacco.
- Populations-at-Risk—Planning Grant. River of Life Foundation (RLF) planning project is based upon collaboration and leadership training of youth. RLF will implement youth-led tobacco prevention training and focus groups to discuss smoking prevalence among 12 to 17 year old African-Americans. A large part of RLF activities involve faith organizations leaders in the creation of healthy and safe communities. River of Life will work in collaboration with African American Family Services, Aurora St. Anthony Neighborhood Development Corporation, New Millennium Publication, Pilgrim Baptist Church, and Hope International Health and Social Services to implement the "Not in Mama's Kitchen" secondhand smoking project. This program empowers African/African-American mothers to restrict smoking in their homes, ultimately leading to smoke-free homes.

St. Paul - Ramsey Department of **Public Health**

n 1999, staff from the four suburban Ramsey County school districts joined partners from the U of M, St. Paul-Ramsey Department of Public Health, and others to discuss the Ramsey County Minnesota Student Survey data and develop recommendations for action to be taken through YRB funding. The final document, Investing in Youth: Research-based Recommendations for Parents, Schools and Communities in Suburban Ramsey County, was published in 2000. The document identified benchmarks and indicators that could be used to evaluate progress towards reducing youth risk behaviors. One such benchmark is a sense of school connectedness. Research shows that when youth feel connected to school, they are less likely to engage in risk behaviors.

A Suburban Ramsey Family Collaborative work team made up of representatives from the four school districts, public health, and East Metro Integration District developed a research-based document: Resource Guide for School Climate and Connectedness. Each district used this to develop a plan that integrated best practices to improve school connectedness activities throughout the school vear.

"We have found that when you collaborate around outcomes or results it is far more successful than collaborating around programs. There is competition when you collaborate around programs, and often the approach is fragmented." — Lyle Helke, Health Educator, White Bear Lake Area Schools

Teachers, staff and students in Ramsey County schools used a variety of strategies to improve a sense of school connectedness for the 2002-03 school year. In Roseville Area High School, students were welcomed back to school with banners and balloons. In addition, teachers shared personal stories about their teaching careers and an all-school picnic and activities built community and school spirit.

Another focus area identified in the Investing in Youth document is effective parenting styles. School staff, University of Minnesota Extension personnel and other partners developed a document for parents highlighting attributes of positive parenting. The document, Thriving With Your Teen, is used to develop media presentations and camera-ready documents, which are available to school districts and other partners to use in communications with parents.

Ramsey County is also involved in a collaborative project with several other metro area public health agencies. This project will develop a social marketing campaign to raise awareness among parents of teenagers about the skills needed for being an effective parent. Several agencies pooled a portion of their YRB funds to develop the social marketing campaign. The group is conducting a community needs assessment to learn more about what parents already know, what else they need to know, and where parents would go for this information. This information will be used to develop the social marketing campaign that will reach parents of adolescents in the metro area.

Minnesota Youth Risk Behaviors Focus Areas (see map opposite page for county YRB focus):

- 1 Alcohol use and other drug use
- 2 Sexual behavior that may result in pregnancy, HIV or STDs
- 3 Suicide 4 Violence
- 5 Physical inactivity
- 6 Unhealthy dietary behaviors

MINNESOTA YOUTH TOBACCO PREVENTION INITIATIVE (MYTPI)

	Amount Awarded
ATEWIDE GRANTS	
DENCE-BASED & INNOVATIVE STATEWIDE PROJECTS GRANTS	105 (10
Association for Nonsmokers - Minnesota	125,410
Illusion Theater & School	140,503
Minnesota Council of Churches	137,500
Total Evidence-Based & Innovative Statewide Projects Grants	\$403,413
PPORT & DEVELOPMENT GRANTS	
Calabash (CLEAR) (PAR)	130,033
Indigenous People's Task Force (PAR)	115,504
Minnesota Institute of Public Health (MIPH)	448,834
University of Minnesota - Division of Epidemiology	466,672
William Mitchell College of Law - Tobacco Law Project	119,740
Total Support & Development Grants	\$1,280,783
PULATIONS-AT-RISK (PAR) GRANTS	
African American Family Services	112,500
Ain Dah Yung Center	60,000
Asian Media Access	15,000
Association for the Advancement of Hmong Women in Minnesota	175,000
Aurora/St. Anthony Neighborhood Development Corporation (ASANDC)	15,000
Bois Forte Reservation Tribal Council	40,000
CLUES (Chicanos Latinos Unidos En Servicio)	95,000
Confederation of Somali Community in Minnesota	50,000
Eci Nompa Woonspe	15,000
Fond du Lac Reservation Business Community	55,000
Grand Portage Reservation Tribal Council	35,000
Hispanos en Minnesota	75,000
Hope International Health & Social Services, Incorporated	15,000
Islamic Center of Minnesota - Al-Shifa Clinic	15,000
Leech Lake Indian Reservation	50,000
Metropolitan Federation of Alternative Schools	125,000
Mille Lacs Band of Ojibwe	15,000
Minneapolis American Indian Center	75,000
Minneapolis Urban League	112,500
New Sudan American Hope	15,000
Parents and Elders of Africa for Common Efforts (PEACE)	15,000
Pillsbury United Communities	65,000
Red Lake Band of Chippewa Indians	55,000
Regents of the University of Minnesota, Youth and AIDS Project	160,000
Region Nine Development Commission	125,000
River of Life Foundation	15,000
Sabathani Community Center, Incorporated	65,000
Somali Community Resettlement & Service	75,000
Southeast Asian Refuge Community Home (SEARCH)	115,000
Upper Sioux Community	35,000
White Earth Reservation Tribal Council	45,000
Total Populations-at-Risk Grants	\$1,935,000
•	continued

STATEWIDE GRANTS (CONTINUED)	ınt Awarded 1
COUNTER-MARKETING	
Clarity, Coverdale, Fury Advertising, Incorporated	\$6,000,000
YOUTH LEADERSHIP	
American Lung Association of Minnesota	\$1,500,000
COUNTER-MARKETING EVALUATION	
University of Miami Tobacco Research and Evaluation Coordinating Center	\$300,000
ENDOWMENT-BASE FUNDING GRANTS	
NORTHWEST REGION	40,000
Multi-County Board of Health (Becker/Mahnomen/Norman)	10,000
North Country Community Health Services (Beltrami/Clearwater/Hubbard/Lake of the Woods)	
Polk County Community Health Services	10,000
Quin County Community Health Services (Kittson/Marshall/Pennington/Red Lake/Roseau)	10,000
NORTHEAST REGION	20,000
Aitkin-Itasca-Koochiching Community Health Services Board	10,000
Carlton-Cook-Lake-St. Louis County Community Health Services Board	10,000
WEST CENTRAL REGION	40,000
Clay-Wilkin Community Health Services	10,000
Douglas County Public Health Nursing Service	10,000
Mid-State Community Health Services (Grant/Pope/Stevens/Traverse)	10,000
Otter Tail County Human Service Board	10,000
EAST CENTRAL REGION	80,000
Benton-Sherburne Community Health Services Board	10,000
Cass-Todd-Wadena-Morrison Community Health Services Board	10,000
Chisago County Public Health Department	10,000
Crow Wing County Board of Health	10,000
Isanti-Mille Lacs Community Health Services Board	10,000
Kanabec-Pine Community Health Services Board	10,000
Stearns County Human Services Agency	10,000
Wright County Human Services Agency	10,000
SOUTHWEST REGION	60,000
Cottonwood-Jackson Community Health Services	10,000
Countryside Public Health Services (Big Stone/Chippewa/Lac Qui Parle/Swift/Yellow Medicine	
Kandiyohi County Public Health	10,000
Lincoln-Lyon-Murray-Pipestone Public Health Services	10,000
Nobles-Rock Public Health Services	10,000
Redwood-Renville Community Health Services Board	10,000
SOUTH CENTRAL REGION	60,000
Blue Earth County Public Health Nursing Service	10,000
Brown-Nicollet Community Health Services Board	10,000
Faribault-Martin Community Health Services Board	10,000
LeSueur-Waseca Community Health Services Board	10,000
Meeker-McLeod-Sibley Community Health Services Board Watonwan County Human Services	10,000 10,000
METRO REGION	
	110,000
Anoka County Community Health and Environmental Services Department	10,000
Bloomington Division of Health Carver County Community Health Services	10,000
	10,000
Dakota County Public Health Department	10,000
Edina Health Department Hennepin County Community Health Department	10,000 10,000
nemiephi county community fleath bepartment	10,000

continued

	nount Awarded
FATEWIDE GRANTS (CONTINUED) IDOWMENT-BASE FUNDING GRANTS	
METRO REGION	
Minneapolis, City of	10,000
Richfield	10,000
St. Paul-Ramsey County Department of Public Health	10,000
Scott County Human Services Department	10,000
Washington County Department of Public Health and Environment	10,000
SOUTHEAST REGION	90,000
Dodge-Steele Community Health Services Board	10,000
Fillmore-Houston Community Health Services Board	10,000
Freeborn County Public Health Nursing Service	10,000
Goodhue County Public Health Services Board	10,000
Mower County Public Health Nursing Service	10,000
Olmsted County Public Health Services	10,000
Rice County CHS/PHN Service	10,000
Wabasha County Public Health Services	10,000
Winona County Public Health Nursing Service	10,000
Total Endowment-Base Funding Grants	\$500,000
TOTAL STATEWIDE GRANTS	\$11,919,196
OCAL COMMUNITY GRANTS	2/6 667
NORTHWEST REGION	246,667
NORTHWEST REGION Multi-County Board of Health (Becker/Mahnomen/Norman)	55,667
NORTHWEST REGION Multi-County Board of Health (Becker/Mahnomen/Norman) North Country Community Health Services (Beltrami/Clearwater/Hubbard/	55,667
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NORTHWEST REGION Multi-County Board of Health (Becker/Mahnomen/Norman) North Country Community Health Services (Beltrami/Clearwater/Hubbard/ Lake of the Woods) Polk County Community Health Services Quin County Community Health Services (Kittson/Marshall/Pennington/Red Lake/Roseau) NORTHEAST REGION Aitkin-Itasca-Koochiching Community Health Services Board Carlton-Cook-Lake-St. Louis County Community Health Services Board WEST CENTRAL REGION Clay-Wilkin Community Health Services Douglas County Public Health Nursing Service Mid-State Community Health Services (Grant/Pope/Stevens/Traverse) Otter Tail County Human Service Board	55,667 83,167 28,667 79,167 303,203 94,534 208,667 219,333 54,833 54,833 54,833
NORTHWEST REGION Multi-County Board of Health (Becker/Mahnomen/Norman) North Country Community Health Services (Beltrami/Clearwater/Hubbard/ Lake of the Woods) Polk County Community Health Services Quin County Community Health Services (Kittson/Marshall/Pennington/Red Lake/Roseau) NORTHEAST REGION Aitkin-Itasca-Koochiching Community Health Services Board Carlton-Cook-Lake-St. Louis County Community Health Services Board WEST CENTRAL REGION Clay-Wilkin Community Health Services Douglas County Public Health Nursing Service Mid-State Community Health Services (Grant/Pope/Stevens/Traverse) Otter Tail County Human Service Board EAST CENTRAL REGION	55,667 83,167 28,667 79,167 303,203 94,534 208,667 219,333 54,833 54,833 54,833 54,833
NORTHWEST REGION Multi-County Board of Health (Becker/Mahnomen/Norman) North Country Community Health Services (Beltrami/Clearwater/Hubbard/ Lake of the Woods) Polk County Community Health Services Quin County Community Health Services (Kittson/Marshall/Pennington/Red Lake/Roseau) NORTHEAST REGION Aitkin-Itasca-Koochiching Community Health Services Board Carlton-Cook-Lake-St. Louis County Community Health Services Board WEST CENTRAL REGION Clay-Wilkin Community Health Services Douglas County Public Health Nursing Service Mid-State Community Health Services (Grant/Pope/Stevens/Traverse) Otter Tail County Human Service Board EAST CENTRAL REGION Cass-Todd-Wadena-Morrison Community Health Services Board	55,667 83,167 28,667 79,167 303,201 94,534 208,667 219,333 54,833 54,833 54,833 54,833 54,833
NORTHWEST REGION Multi-County Board of Health (Becker/Mahnomen/Norman) North Country Community Health Services (Beltrami/Clearwater/Hubbard/ Lake of the Woods) Polk County Community Health Services Quin County Community Health Services (Kittson/Marshall/Pennington/Red Lake/Roseau) NORTHEAST REGION Aitkin-Itasca-Koochiching Community Health Services Board Carlton-Cook-Lake-St. Louis County Community Health Services Board WEST CENTRAL REGION Clay-Wilkin Community Health Services Douglas County Public Health Nursing Service Mid-State Community Health Services (Grant/Pope/Stevens/Traverse) Otter Tail County Human Service Board EAST CENTRAL REGION Cass-Todd-Wadena-Morrison Community Health Services Board Chisago County Public Health Department (Pine/Kanabec/Mille Lacs/Isanti)	55,667 83,167 28,667 79,167 303,201 94,534 208,667 219,333 54,833 54,833 54,833 54,833 54,001 84,473 120,979
NORTHWEST REGION Multi-County Board of Health (Becker/Mahnomen/Norman) North Country Community Health Services (Beltrami/Clearwater/Hubbard/ Lake of the Woods) Polk County Community Health Services Quin County Community Health Services (Kittson/Marshall/Pennington/Red Lake/Roseau) NORTHEAST REGION Aitkin-Itasca-Koochiching Community Health Services Board Carlton-Cook-Lake-St. Louis County Community Health Services Board WEST CENTRAL REGION Clay-Wilkin Community Health Services Douglas County Public Health Nursing Service Mid-State Community Health Services (Grant/Pope/Stevens/Traverse) Otter Tail County Human Service Board EAST CENTRAL REGION Cass-Todd-Wadena-Morrison Community Health Services Board	55,667 83,167 28,667 79,167 303,201 94,534 208,667 219,333 54,833 54,833 54,833 54,833 54,833 54,833 54,833 54,833
NORTHWEST REGION Multi-County Board of Health (Becker/Mahnomen/Norman) North Country Community Health Services (Beltrami/Clearwater/Hubbard/ Lake of the Woods) Polk County Community Health Services Quin County Community Health Services (Kittson/Marshall/Pennington/Red Lake/Roseau) NORTHEAST REGION Aitkin-Itasca-Koochiching Community Health Services Board Carlton-Cook-Lake-St. Louis County Community Health Services Board WEST CENTRAL REGION Clay-Wilkin Community Health Services Douglas County Public Health Nursing Service Mid-State Community Health Services (Grant/Pope/Stevens/Traverse) Otter Tail County Human Service Board EAST CENTRAL REGION Cass-Todd-Wadena-Morrison Community Health Services Board Chisago County Public Health Department (Pine/Kanabec/Mille Lacs/Isanti) Crow Wing County Board of Health	55,667 83,167 28,667 79,167 303,201 94,534 208,667 219,333 54,833 54,833 54,833 54,833 54,833 54,833 32,548 32,548
NORTHWEST REGION Multi-County Board of Health (Becker/Mahnomen/Norman) North Country Community Health Services (Beltrami/Clearwater/Hubbard/ Lake of the Woods) Polk County Community Health Services Quin County Community Health Services (Kittson/Marshall/Pennington/Red Lake/Roseau) NORTHEAST REGION Aitkin-Itasca-Koochiching Community Health Services Board Carlton-Cook-Lake-St. Louis County Community Health Services Board WEST CENTRAL REGION Clay-Wilkin Community Health Services Douglas County Public Health Nursing Service Mid-State Community Health Services (Grant/Pope/Stevens/Traverse) Otter Tail County Human Service Board EAST CENTRAL REGION Cass-Todd-Wadena-Morrison Community Health Services Board Chisago County Public Health Department (Pine/Kanabec/Mille Lacs/Isanti) Crow Wing County Board of Health Foley School District #51	55,667 83,167 28,667 79,167 303,201 94,534 208,667 219,333 54,833
NORTHWEST REGION Multi-County Board of Health (Becker/Mahnomen/Norman) North Country Community Health Services (Beltrami/Clearwater/Hubbard/ Lake of the Woods) Polk County Community Health Services Quin County Community Health Services (Kittson/Marshall/Pennington/Red Lake/Roseau) NORTHEAST REGION Aitkin-Itasca-Koochiching Community Health Services Board Carlton-Cook-Lake-St. Louis County Community Health Services Board WEST CENTRAL REGION Clay-Wilkin Community Health Services Douglas County Public Health Nursing Service Mid-State Community Health Services (Grant/Pope/Stevens/Traverse) Otter Tail County Human Service Board EAST CENTRAL REGION Cass-Todd-Wadena-Morrison Community Health Services Board Chisago County Public Health Department (Pine/Kanabec/Mille Lacs/Isanti) Crow Wing County Board of Health Foley School District #51 Sherburne County Public Health	55,667 83,167 28,667 79,167 303,201 94,534 208,667 219,333 54,833 54,833 54,833 54,833 54,833 54,833 32,548 62,346 117,214
NORTHWEST REGION Multi-County Board of Health (Becker/Mahnomen/Norman) North Country Community Health Services (Beltrami/Clearwater/Hubbard/ Lake of the Woods) Polk County Community Health Services Quin County Community Health Services (Kittson/Marshall/Pennington/Red Lake/Roseau) NORTHEAST REGION Aitkin-Itasca-Koochiching Community Health Services Board Carlton-Cook-Lake-St. Louis County Community Health Services Board WEST CENTRAL REGION Clay-Wilkin Community Health Services Douglas County Public Health Nursing Service Mid-State Community Health Services (Grant/Pope/Stevens/Traverse) Otter Tail County Human Service Board EAST CENTRAL REGION Cass-Todd-Wadena-Morrison Community Health Services Board Chisago County Public Health Department (Pine/Kanabec/Mille Lacs/Isanti) Crow Wing County Board of Health Foley School District #51 Sherburne County Public Health Stearns County Human Services Agency	55,667 83,167 28,667 79,167 303,201 94,534 208,667 219,333 54,833 54,833 54,833 54,833 54,833 54,833 54,833 54,833 54,833 62,346 62,346 117,214 43,548
NORTHWEST REGION Multi-County Board of Health (Becker/Mahnomen/Norman) North Country Community Health Services (Beltrami/Clearwater/Hubbard/ Lake of the Woods) Polk County Community Health Services Quin County Community Health Services (Kittson/Marshall/Pennington/Red Lake/Roseau) NORTHEAST REGION Aitkin-Itasca-Koochiching Community Health Services Board Carlton-Cook-Lake-St. Louis County Community Health Services Board WEST CENTRAL REGION Clay-Wilkin Community Health Services Douglas County Public Health Nursing Service Mid-State Community Health Services (Grant/Pope/Stevens/Traverse) Otter Tail County Human Service Board EAST CENTRAL REGION Cass-Todd-Wadena-Morrison Community Health Services Board Chisago County Public Health Department (Pine/Kanabec/Mille Lacs/Isanti) Crow Wing County Board of Health Foley School District #51 Sherburne County Public Health Stearns County Human Services Agency Wright County Human Services Agency	55,667 83,167 28,667 79,167 303,201 94,534 208,667 219,333 54,833 54,833 54,833 54,833 54,001 84,473 120,979 42,893 32,548 62,346 117,214 43,548 252,667
NORTHWEST REGION Multi-County Board of Health (Becker/Mahnomen/Norman) North Country Community Health Services (Beltrami/Clearwater/Hubbard/ Lake of the Woods) Polk County Community Health Services Quin County Community Health Services (Kittson/Marshall/Pennington/Red Lake/Roseau) NORTHEAST REGION Aitkin-Itasca-Koochiching Community Health Services Board Carlton-Cook-Lake-St. Louis County Community Health Services Board WEST CENTRAL REGION Clay-Wilkin Community Health Services Douglas County Public Health Nursing Service Mid-State Community Health Services (Grant/Pope/Stevens/Traverse) Otter Tail County Human Service Board EAST CENTRAL REGION Cass-Todd-Wadena-Morrison Community Health Services Board Chisago County Public Health Department (Pine/Kanabec/Mille Lacs/Isanti) Crow Wing County Board of Health Foley School District #51 Sherburne County Public Health Stearns County Human Services Agency Wright County Human Services Agency	55,667 83,167 28,667 79,167 303,201 94,534 208,667 219,333 54,833 54,833 54,833 54,833 54,833 54,833 54,833 54,833 54,473 120,979 42,893 32,548 62,346 117,214 43,548 252,667 55,587
NORTHWEST REGION Multi-County Board of Health (Becker/Mahnomen/Norman) North Country Community Health Services (Beltrami/Clearwater/Hubbard/ Lake of the Woods) Polk County Community Health Services Quin County Community Health Services (Kittson/Marshall/Pennington/Red Lake/Roseau) NORTHEAST REGION Aitkin-Itasca-Koochiching Community Health Services Board Carlton-Cook-Lake-St. Louis County Community Health Services Board WEST CENTRAL REGION Clay-Wilkin Community Health Services Douglas County Public Health Nursing Service Mid-State Community Health Services (Grant/Pope/Stevens/Traverse) Otter Tail County Human Service Board EAST CENTRAL REGION Cass-Todd-Wadena-Morrison Community Health Services Board Chisago County Public Health Department (Pine/Kanabec/Mille Lacs/Isanti) Crow Wing County Board of Health Foley School District #51 Sherburne County Public Health Stearns County Human Services Agency Wright County Human Services Agency Wright County Human Services Agency SOUTHWEST REGION Affiliated Community Health Foundation (includes Kandiyohi)	55,667 83,167 28,667 79,167 303,201 94,534 208,667 219,333 54,833 54,833 54,833 54,833 54,833 54,833 54,833 54,473 120,979 42,893 32,548 62,346 117,214 43,548 252,667 55,587 60,640
NORTHWEST REGION Multi-County Board of Health (Becker/Mahnomen/Norman) North Country Community Health Services (Beltrami/Clearwater/Hubbard/ Lake of the Woods) Polk County Community Health Services Quin County Community Health Services (Kittson/Marshall/Pennington/Red Lake/Roseau) NORTHEAST REGION Aitkin-Itasca-Koochiching Community Health Services Board Carlton-Cook-Lake-St. Louis County Community Health Services Board WEST CENTRAL REGION Clay-Wilkin Community Health Services Douglas County Public Health Nursing Service Mid-State Community Health Services (Grant/Pope/Stevens/Traverse) Otter Tail County Human Service Board EAST CENTRAL REGION Cass-Todd-Wadena-Morrison Community Health Services Board Chisago County Public Health Department (Pine/Kanabec/Mille Lacs/Isanti) Crow Wing County Board of Health Foley School District #51 Sherburne County Public Health Stearns County Human Services Agency Wright County Human Services Agency Wright County Human Services Agency SOUTHWEST REGION Affiliated Community Health Foundation (includes Kandiyohi) Cottonwood-Jackson Community Health Services (includes Redwood/Renville)	55,667 83,167 28,667 79,167 303,201 94,534 208,667 219,333 54,833 54,833 54,833 54,833 54,833 54,833 54,833 54,473 120,979 42,893 32,548 62,346 117,214 43,548 252,667 55,587 60,640

	Amount Awarded ¹
LOCAL COMMUNITY GRANTS (CONTINUED) SOUTH CENTRAL REGION	27/667
Brown County Public Health (includes Blue Earth/Faribault/LeSueur/	274,667
Martin/Nicollet/Watonwan/Waseca)	197,465
Meeker-McLeod-Sibley Community Health Services Board	77,202
METRO REGION	1,672,667
American Lung Association (includes St. Paul-Ramsey County)	271,151
Anoka County Community Health and Environmental Services Department	227,747
Dakota County Public Health Department	244,667
Hennepin County Community Health Department	662,830
Lakeview Memorial Hospital (includes Washington County)	146,667
Scott County Human Services (includes Carver County)	119,605
SOUTHEAST REGION	384,000
Goodhue County Public Health Services Board	384,000
(Southeast Minnesota Tobacco Coalition which includes: Goodhue, Wabasha, Winona,	364,000
Houston, Fillmore, Olmsted, Dodge, Rice, Steele, Freeborn, and Mower Counties)	
Total Local Community Grants	\$3,857,202
iotat Locat community Grants	\$3,637,202
TOTAL MINNESOTA YOUTH TOBACCO PREVENTION INITIATIVE GRANTS	\$15,776,398
YOUTH RISK BEHAVIOR GRANTS	
NORTHWEST REGION	241,545
Multi-County Board of Health (Becker/Mahnomen/Norman)	55,572
North Country Community Health Services (Beltrami/Clearwater/Hubbard/	, , ,
Lake of the Woods)	85,460
Polk County Community Health Services	28,509
Quin County Community Health Services (Kittson/Marshall/Pennington/Red Lake/Rosea	
NORTHEAST REGION	312,143
Aitkin-Itasca-Koochiching Community Health Services Board	83,201
Carlton-Cook-Lake-St. Louis County Community Health Services Board	228,943
WEST CENTRAL REGION	186,454
Clay-Wilkin Community Health Services	63,491
Douglas County Public Health Nursing Service	27,688
Mid-State Community Health Services (Grant/Pope/Stevens/Traverse)	47,629
Otter Tail County Human Service Board	47,646
EAST CENTRAL REGION	610,138
Benton-Sherburne Community Health Services Board	100,443
Cass-Todd-Wadena-Morrison Community Health Board	110,678
Chisago County Public Health Department	40,193
Crow Wing County Board of Health	45,661
Isanti-Mille Lacs Community Health Services Board	60,016
Kanabec-Pine Community Health Services Board	46,814
Stearns County Human Services Agency	122,452
Wright County Human Services Agency	83,881
SOUTHWEST REGION	279,948
Cottonwood-Jackson Community Health Services	31,220
Countryside Public Health Service (Big Stone/Chippewa/Lac Qui Parle/Swift/Yellow Med	
Kandiyohi County Public Health	37,914
Lincoln-Lyon-Murray-Pipestone Public Health Services	66,444
Nobles-Rock Public Health Services	36,046
Redwood-Renville Community Health Services Board	40,065
Reamond Reliving Community Health Services Board	
	continued

THE DTOLED FLIANTED CRANTE (CONTINUED)	Amount Awarded ¹
TH RISK BEHAVIOR GRANTS (CONTINUED)	200.007
SOUTH CENTRAL REGION	300,984
Blue Earth County Public Health Nursing Service	45,713
Brown-Nicollet Community Health Services Board	60,480
Faribault-Martin Community Health Services Board	43,325
LeSueur-Waseca Community Health Services Board	50,592
Meeker-McLeod-Sibley Community Health Services Board Watonwan County Human Services	80,874 20,000
METRO REGION	2,057,577
Anoka County Community Health and Environmental Services Department	269,885
Bloomington Division of Health	64,225
Carver County Community Health Services	57,502
Dakota County Public Health Department	299,173
Edina Health Department Hennepin County Community Health Department	33,652 427,502
Minneapolis, City of Richfield	246,718
	23,643 72,730
St. Paul-Ramsey County Department of Public Health Scott County Human Services Department	377,707
Washington County Department of Public Health and Environment	184,840
SOUTHEAST REGION	410,069
Dodge-Steele Community Health Services Board	55,616
Fillmore-Houston Community Health Services Board	46,433
Freeborn County Public Health Nursing Service	26,800
Goodhue County Public Health Services Board	39,003
Mower County Public Health Nursing Service	31,750
Olmsted County Public Health Nursing Service	96,707
Rice County CHS/PHN Service	50,164
Wabasha County Public Health Services	20,000
Winona County Public Health Nursing Service	43,597
	<u> </u>
TOTAL YOUTH RISK BEHAVIOR GRANTS	\$4,398,859
TOTAL TOBACCO ENDOWMENT GRANTS	\$20,175,257
SUMMARY OF TOBACCO ENDOWMENT GRANTS	
Statewide Grants	\$11,919,196
Local Community Grants	\$3,857,202
Youth Risk Behavior Grants	\$4,398,859

¹ All amounts are for State Fiscal Year 2003 except as noted.

² The funding amount is for 6 months.

APPENDIX B: Youth Risk Behavior & Minnesota Youth Tobacco Prevention Initiative

LOCAL GRANTS BY REGION

	Endowment	t		
	Base	Youth Risk	MYTPI	
	Funding	Behavior	Local	Funding Total
NORTHWEST REGION (TOTAL)	40,000	241,544	246,668	528,212
Multi-County Board of Health (Becker/Mahnomen/Norman)	10,000	55,572	55,667	121,239
North Country Community Health Services (Beltrami/	10,000	85,460	83,167	178,627
Clearwater/ Hubbard/Lake of the Woods)				
Polk County Community Health Services	10,000	28,509	28,667	67,176
Quin County Community Health Services (Kittson/Marshall/				
Pennington/Red Lake/Roseau)	10,000	72,003	79,167	161,170
NORTHEAST REGION (TOTAL)	20,000	312,144	303,201	635,345
Aitkin-Itasca-Koochiching Community Health Services Board	10,000	83,201	94,534	187,735
Carlton-Cook-Lake-St. Louis County Community Health	10,000	228,943	208,667	447,610
Services Board				
WEST CENTRAL REGION (TOTAL)	40,000	186,454	219,332	445,786
Clay-Wilkin Community Health Services	10,000	63,491	54,833	128,324
Douglas County Public Health Services	10,000	27,688	54,833	92,521
Mid-State Community Health Services (Grant/Pope/Stevens/				
Traverse)	10,000	47,629	54,833	112,462
Otter Tail County Human Service Board	10,000	47,646	54,833	112,479
EAST CENTRAL REGION (TOTAL)	80,000	610,138	504,001 ¹	1,194,140
Benton-Sherburne Community Health Services Board	10,000	100,443	62,346 ¹	1,172,790
Cass-Todd-Wadena-Morrison Community Health Services Board	10,000	110,678	84,473	205,151
Chisago County Public Health Department	10,000	40,193	120,979 ²	171,172
Crow Wing County Board of Health	10,000	45,661	42,893	98,554
Foley School District #57	-	_	32,548	32,548
Isanti-Mille Lacs Community Health Services Board			See Chisago	70,016
Kanabec-Pine Community Health Services Board	10,000	46,814	See Chisago	56,814
Stearns County Human Services Agency	10,000	122,452	117,214	249,666
Wright County Human Services Agency	10,000	83,881	43,548	137,429
SOUTHWEST REGION (TOTAL)	60,000	279,948	252,667	592,615
Cottonwood-Jackson Community Health Services	10,000	31,220	60,640 ³	101,860
Countryside Public Health Service (Big Stone/Chippewa/	·	•	•	•
Lac Qui Parle/Swift/Yellow Medicine)	10,000	68,259	55,587	133,846
Kandiyohi County Public Health	10,000	37,914	55,587 ⁴	103,501
Lincoln-Lyon-Murray-Pipestone Public Health Services	10,000	66,444	80,853 ⁵	157,297
Nobles-Rock Health Services	10,000	36,046	See Lincoln	46,046
Redwood-Renville Community Health Services Board	10,000	40,065	See Cottonwood	50,065
SOUTH CENTRAL REGION (TOTAL)	60,000	300,984	274,666	635,650
Blue Earth County Public Health Nursing Service	10,000	45,713	See Brown	55,713
Brown-Nicollet Community Health Services Board	10,000	60,480	197,465 ⁶	267,945
Faribault-Martin Community Health Services Board	10,000	43,325	See Brown	53,325
LeSueur-Waseca Community Health Services Board	10,000	50,592	See Brown	60,592
Meeker-McLeod-Sibley Community Health Services Board	10,000	80,874	77,201	168,075
Watonwan County Human Services	10,000	20,000	See Brown	30,000
METRO REGION (TOTAL)	110,000	2,057,577	1,672,667	3,840,244
Anoka County Community Health and Environmental	10,000	269,885	227,747	507,632
Services Department		·		
Bloomington Division of Health	10,000	64,225	See Hennepin	74,225
Carver County Community Health Services	10,000	57,502	See Scott	67,502
Dakota County Public Health Department	10,000	299,173	244,667	553,840
Edina Health Department	10,000	33,652	See Hennepin	43,652

continued

APPENDIX B: Youth Risk Behavior & Minnesota Youth Tobacco Prevention Initiative

LOCAL GRANTS BY REGION CONTINUED

	Endowmen Base Funding	t Youth Risk Behavior	MYTPI Local	Funding Total
METRO REGION (CONTINUED)				
Hennepin County Community Health Department	10,000	427,502	662,830 ⁷	1,100,332
Minneapolis, City of	10,000	246,718	See Hennepin	256,718
Richfield	10,000	23,643	See Hennepin	33,643
St. Paul-Ramsey County County Department of Public Health	10,000	72,730	271,151 ⁸	353,881
Scott County Human Services Department	10,000	377,707	119,605 ⁹	507,312
Washington County Department of Public Health and	10,000	184,840	146,667 ¹⁰	341,507
Environment				
SOUTHEAST REGION (TOTAL)	90,000	410,070	384,000	884,070
Dodge-Steele Community Health Services Board	10,000	55,616	See Goodhue	65,616
Fillmore-Houston Community Health Services Board	10,000	46,433	See Goodhue	56,433
Freeborn County Public Health Nursing Service	10,000	26,800	See Goodhue	36,800
Goodhue County Public Health Services Board	10,000	39,003	384,000 ¹¹	433,003
Mower County Public Health Nursing Service	10,000	31,750	See Goodhue	41,750
Olmsted County Public Health Services	10,000	96,707	See Goodhue	106,707
Rice County CHS/PHN Service	10,000	50,164	See Goodhue	60,164
Wabasha County Public Health Services	10,000	20,000	See Goodhue	30,000
Winona County Public Health Nursing Service	10,000	43,597	See Goodhue	53,597
TOTALS	\$500,000	\$4,398,859	\$3,857,202	\$8,756,062

- 1 This grant is with Sherburne County only.
- 2 Chisago County is the lead agency for a grant that includes Pine, Kanabec, Mille Lacs and Isanti Counties.
- Cottonwood-Jackson is the lead agency for a grant that includes Redwood-Renville Community Health Services.
- 4 Kandiyohi County has partnered with Affiliated Community Health Foundation, which is the lead agency on the grant.
- 5 Lincoln-Lyon-Murray-Pipestone is the lead agency on a grant that includes Nobles-Rock Public Health Services.
- Brown County Public Health is the lead agency on this grant and has partnered with Blue Earth, Faribault, Le Sueur, Martin, Nicollet, Watonwan and Waseca Counties.
- Hennepin County is the lead agency for a grant that includes the cities of Bloomington, Edina, Minneapolis and Richfield.
- St. Paul-Ramsey has partnered with the American Lung Association, which is the lead agency on this grant.
- Scott County Human Services has partnered with Carver County.
- 10 Washington County has partnered with Lakeview Memorial Hospital, which is the lead agency on this grant.
- 11 Goodhue County is the lead agency for the Southeast Tobacco Coalition a coalition of Wabasha, Winona, Houston, Filmore, Olmsted, Dodge, Rice, Steele, Freeborn and Mower Counties.

