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# Tobacco Use Prevention

*Report to the Minnesota Legislature 2013*

Minnesota Department of Health

January 2013

**Tobacco Use Prevention**  
**January 2013**

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*Protecting, maintaining and improving the health of all Minnesotans*

January 14, 2013

Dear Legislators:

Pursuant to Minnesota Statute 144.396, Tobacco Use Prevention, enclosed please find the biennial report of the Tobacco Prevention and Control Program at the Minnesota Department of Health. This report describes statewide and local tobacco use prevention activities that were funded by the legislature in 2011 and 2012.

In 1964, Surgeon General Luther L. Terry, M.D. released the first Surgeon General's report on Smoking and Health. 48 years later, the fight is far from over.

Tobacco remains the number one cause of death. In Minnesota, 21 percent of adults are still current tobacco users, including 16 percent who are current cigarette smokers. Among some populations, smoking rates run as high as 44 percent. Secondhand smoke continues to affect many, including our young. Over half of high school students report being exposed to secondhand smoke in the past seven days. As a result, each year secondhand smoke is responsible for \$215.7 million in excess medical costs in Minnesota.

The good news is, we know how to reduce tobacco use. 48 years of experience has taught us more than a few lessons about what works and what doesn't. Tobacco prevention is a three-legged stool:

- Funding non-profits with local tobacco grants to reach the populations most in need
- Reducing exposure to secondhand smoke by restricting its use in certain venues
- Raising the price of tobacco products to better reflect its cost to society

Since that first Surgeon General's report we have made much progress. In 2013, people are increasingly no longer accepting of tobacco in their environments. More and more cities in Minnesota are no longer allowing smoking in parks. More and more landlords are no longer allowing smoking in their apartment buildings. Together, we can once again be the healthiest state in the union.

Sincerely,

A handwritten signature in black ink, appearing to read "Edward P. Ehlinger", is written over a horizontal line.

Edward P. Ehlinger, M.D., M.S.P.H.  
Commissioner  
P.O. Box 64975  
St. Paul, MN 55164-0975

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# Overview

## Tobacco Use and Secondhand Smoke Exposure in Minnesota

Tobacco use continues to be the leading cause of preventable death and disease in Minnesota and the United States. Despite significant progress toward reducing the number of Minnesotans who smoke cigarettes or use smokeless tobacco, 21 percent of Minnesota adults are still current tobacco users, including 16 percent who are current cigarette smokers. Cigarette smoking was responsible for the premature death of an estimated 5,135 Minnesotans in 2007, about one in every seven deaths in the state.

Reducing exposure to secondhand smoke is one of the major components of a comprehensive strategy to reduce the damage caused by tobacco use. Across the nation, 3,000 adult non-smokers die of lung cancer and an additional 46,000 die of coronary heart disease each year due to secondhand smoke exposure.

Each year, secondhand smoke is responsible for \$215.7 million in excess medical costs in Minnesota; these costs are borne by individuals, businesses and government. This estimate is conservative; it does not include costs for long-term care, nor does it consider the significant economic cost of lost productivity due to the more than 66,000 individuals suffering from diseases caused by secondhand smoke.

## Youth Tobacco Use and Exposure to Secondhand Smoke

The 2011 Minnesota Youth Tobacco Survey found that 25.8 percent of high school students (grades 9-12) and 5.6 percent of middle school students are current tobacco users. Cigarettes are the most common form of tobacco used. One-third of male high school students (31.9%) are current tobacco users, compared to one-fifth of females (19.1%). More than one-fourth of high school students (28.6%) and 6.8 percent of middle school students report that they have tried flavored cigars, cigarillos or little cigars at some point in their lives. The FDA recently banned candy flavors, fruit flavors, chocolate and other sweet flavors in cigarettes, but not in cigar products. Half of teen smokers usually smoke menthol cigarettes. Among Minnesota high school students, the preference for menthol cigarettes has more than doubled since 2000.

The 2011 Minnesota Youth Tobacco Survey found that 52.5 percent of high school students were exposed to secondhand smoke in the past seven days and 37.7 percent of middle school students were exposed. Over one-third of students (34.2% in middle school; 36.0% in high school) reported that they live with someone who smokes. High school students are more likely than middle school students to be exposed to secondhand smoke, whether in an enclosed room, in a car or at work. Among high school students, 32.8 percent reported repeated exposure to secondhand smoke in the past 7 days compared to 21.9 percent of middle school students.

Minnesota's Youth Tobacco Surveys show that children who are exposed to smoking at home or in public settings are more likely to begin smoking as adolescents and to become regular smokers as adults. Exposure to secondhand smoke in any setting, whether indoors or outdoors, is associated with a variety of health risks for both children and adults. Tobacco-free policies send the message that tobacco use is harmful to health and not acceptable. These perceptions are reinforced through social norms.

Research suggests that advertising, promotions and other pro-tobacco marketing influences are key factors in the initiation of smoking and use of other tobacco products. Exposure to industry promotional, marketing and messaging strategies increases the risk that children, youth and young adults will initiate the use of tobacco products.

The Tobacco Industry spent an estimated \$157 million to advertise and promote cigarette sales in Minnesota in 2008, according to the Campaign for Tobacco Free Kids.

## **Key Data on Smoking and Tobacco Use among Targeted and Disparate Populations in Minnesota**

Young Adults—34.9 percent of young adults used tobacco in the past 30 days, including 27.8 percent who smoked cigarettes in the past 30 days.

Disparate Populations— Smoking rates among Minnesotans 18 years or older who describe themselves as current smokers (defined as: smoked at least 100 cigarettes in lifetime and now smokes every day or some days) include:

- White, 18.4%\*
- African American, 29.6%\*
- Asian, 12.7%\*
- Hispanic, 20.1%\*
- American Indian, 44.2%\*

Youth—Minnesota 9th graders who reported using any form of tobacco within 30 days: White, 12.4%; African American, 15%; Asian, 9.6%; Hispanic, 19.5% and American Indian, 25.4%.\*\*

Minnesota 9th graders who reported smoking cigarettes in the last 30 days:

White, 9.6%; African American, 11%; Asian, 8%; Hispanic, 16.5% and American Indian, 21.5%.\*\*

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\*Behavioral Risk Factor Surveillance Survey (BRFSS) data (2011)

\*\*Minnesota Student Survey (2010)

\*\*\*Minnesota Youth Tobacco Survey (2011)

## **Tobacco-Free Communities in Minnesota (TFC) Grant Program**

In 2004, MDH embarked on a grant program, Tobacco-Free Communities in Minnesota (TFC), using general funds allocated by the Legislature for youth tobacco prevention. In order to make the best use of its resources, MDH elected to fund a select set of strategies considered to be the most effective in preventing tobacco use. To this end, TFC funding focuses on objectives that: prevent the initiation of tobacco use, reduce current tobacco use among adults and youth, eliminate exposure to secondhand smoke, and identify and eliminate tobacco-related health disparities. These objectives are achieved by implementing local tobacco control policies, systems and environmental change efforts through a range of evidence-based strategies and statewide technical assistance and training.

For example, research shows that young people who are exposed to smoking at home or in public settings are more likely to begin smoking as adolescents and to become regular smokers as adults. Further, exposure to secondhand smoke in any setting, whether indoor or outdoor, is associated with a variety of health risks for children and adults. When tobacco-free environment policies are adopted, the message that tobacco use is harmful to health and not acceptable is reinforced and social norms change. Exposure to industry promotional, marketing and messaging strategies increases the risk that children, youth and young adults will initiate the use of tobacco products.

Through evidence-based strategies and promising practices, TFC grantees work to implement policy, systems and environmental change activities to counteract pro-tobacco influences on children, youth and young adults and eliminate exposure to secondhand smoke in populations disproportionately affected by the harm caused by tobacco.

- MDH funds high-impact, population-based activities that are based on the most current scientific evidence about what works to prevent youth tobacco use.
- Grant monies are distributed to Minnesota communities, where local grantees and their partners adapt programs to suit the needs of their own communities.
- The tobacco prevention program is characterized by sound fiscal stewardship, in which local grantees are in close contact with MDH staff and effective systems for monitoring and reporting on grant funds are in place.
- MDH works closely with staff from many other public and private agencies to ensure that tobacco control efforts in Minnesota are efficiently coordinated.
- A high priority is placed on reducing health disparities by providing grants to organizations that represent populations that have higher than average tobacco use rates, have been especially targeted by the tobacco industry and/or bear a greater burden of tobacco-related disease and death.

# Grant Results Summary

In 2011 and 2012 the TFC grant program awarded approximately \$1.95 million for local grant efforts and \$1.25 million to support American Indian tribes and organizations. Here are some of the accomplishments of TFC grantees.

## Ordinances and Policy Changes

- Worked with the City of Saint Paul to adopt an ordinance that regulates the amount of window that can be covered with temporary signs, impacting over 500 businesses in Saint Paul. Effectively reducing exposure to tobacco marketing and advertising.
- Assisted in adoption of written tobacco-free funding policies among 20 nonprofit organizations, community festivals and schools, primarily impacting ethnically diverse and low-income populations.
- Assisted 10 cities in Ramsey County in updating their tobacco ordinances, impacting over 135,000 Ramsey County residents.
- Assisted Redwood County in passing the first 24/7 smoke-free ordinance for licensed child care and foster care homes and vehicles in Minnesota, impacting 73 foster care and child care providers and over 740 at-risk youth.
- Assisted Cottonwood Family Services in passing a 24/7 smoke-free policy for licensed child care and foster care homes and vehicles in Cottonwood County, impacting 45 foster care and child care providers and over 440 at-risk youth.
- Assisted in adoption of smoke-free housing policies by 5 income-based housing properties, impacting 245 low-income residents of Cottonwood and Jackson counties.
- Adopted tobacco-free grounds and tobacco-free sponsorship policies among 13 organizations, businesses, festivals and temples that serve the Southeast Asian community.
- Assessed local tobacco and signage ordinance compliance among 24 Southeast Asian-owned businesses and those located in neighborhoods with a high percentage of Southeast Asian populations.

## Smoke Free Apartment Buildings, Child Care Centers, Grounds, and Events

- Educated over 100 landlords, property managers and tenants about the benefits of smoke-free housing.
- Distributed over 1,360 smoke-free building signs, lawn signs, plaques, window clings and home magnets for smoke-free properties and tenants.
- Assisted 166 buildings in adopting and implementing smoke-free policies, impacting over 7,000 residents.
- 27 apartment buildings adopted tobacco free policies, doubling targets in both the first and second years, and exceeding the two year goal of 15 buildings.



- 45 businesses, including six child care facilities, adopted tobacco free policies, surpassing the target of 31.
- 18 churches adopted tobacco free policies, nearly meeting the two year target of 20.
- More than 17 community events were entirely tobacco free, meeting the two year goal of 20.
- Trained youth and young adults in media advocacy strategies to promote tobacco prevention and control policies.
- Assisted in adoption of formal smoke-free policies by 20 child care homes and 10 child care centers.
- Assisted in adoption of smoke-free grounds policies by 2 clinics and 3 community-based organizations.
- Conducted pre/post surveys of target population that showed: increased percentage of participating youth who report increased awareness and knowledge of the dangers of second-hand smoke and who report changes in both attitudes and their behaviors when exposed to secondhand smoke, decreased percentage of families utilizing the participating child care homes who report that they or anyone else smokes tobacco in their homes and cars and increased percentage of those families who report that they are aware of the negative health effects of second hand smoke around children.

## **Combating Tobacco Industry Marketing**

- Assisted in adoption of a tobacco-free sponsorship policy by the Twin Cities Pride Festival, impacting over 400,000 Minnesota residents and visitors, as well as four other Pride events held in other Minnesota cities.
- Assisted in adoption of 12 comprehensive tobacco-free policies by organizations and events owned by or targeted towards LGBT community members.
- Assisted in adoption of six tobacco-free sponsorship policies for LGBT community events.

## **Tobacco Prevention Training and Resources**

- Held a training on point-of-sale strategies, reaching grantees from 22 counties and two American Indian tribes in Northern Minnesota.
- Developed smoke-free foster care toolkit materials and resources and provided on-going support through conference calls and one-on-one trainings for grantees.
- Developed and distributed tobacco-free post-secondary campus toolkit materials and resources to grantees and administrators of post-secondary schools throughout Minnesota.
- Provided smoke-free multi-unit housing group trainings, one-on-one policy assistance, sign and material distribution, and related conference presentations.
- Provided tobacco-free outdoor space policy trainings to grantees, held a series of tobacco-free parks webinars and presentations to multiple Minnesota counties and cities to promote tobacco-free park policy adoption.
- Provided trainings and materials focused on reducing youth exposure to tobacco influences, including point-of-sale policies and new tobacco product advertising.
- Provided a total of 10 worksite wellness workshops, reaching 271 grantees and employers throughout Minnesota.

- Conducted workshops providing training on cultural meanings of tobacco and how the tobacco industry targets specific communities.
- Coordinated digital storytelling trainings, which focus on health, policy and cultural preservation, for six American Indian grantees.

## **American Indian Grant Results**

The American Indian Grant Program focuses on implementing local tobacco control policy, systems and environmental change efforts through a range of evidence-based strategies. The Freedom to Breathe Act does not apply to Minnesota's American Indian Nations. The American Indian Grants Program funds grantees representing nine tribes and two organizations serving the Twin Cities urban American Indian community.

- Hosted two conferences focused on youth-driven policy efforts in tobacco control in American Indian communities in Minnesota. Seventy-seven youth attended the conference in 2011 and 160 in 2012.
- In an effort to advance a smoke-free policy within an assisted-living facility that serves American Indian elders, a readiness assessment has been conducted and analyzed.
- Collaborated with partners to develop an active referral protocol from community clinic medical providers to the tobacco cessation provider.
- During the reporting period the program served 30 individual Grand Portage Chippewa tribal members.
- Assisted in the passage and implementation of a smoke-free policy for all tribal-owned vehicles.
- Assisted in the passage and implementation of a smoke-free policy for all youth events and field trips.
- Trained youth to promote smoke-free policies in outdoor recreational settings.
- Assisted in the passage and implementation of a smoke-free policy for an annual pow-wow in the South Lake community.
- Organized two annual health and wellness community marathons designed to educate the community about the effects of tobacco abuse.
- Collaborated with partners to develop an active referral protocol from community clinic medical providers to the tobacco cessation provider.
- Served 73 Mille Lacs Band of Ojibwe tribal members.
- Trained staff in best practices of cessation counseling.
- Served 17 individual Upper Sioux Community tribal members.
- Trained youth to promote smoke-free policies by creating community awareness and proposing policy changes to tribal government.
- Currently the youth in this program are attempting to advance a smoke-free policy that will create a 25-foot buffer zone at all tribal building entrances.
- Implemented four smoke-free pow-wow policies including the White Earth Nation Annual Pow-wow, for bleacher and arena areas of each pow-wow.
- Supported enforcement of smoke-free policies at all schools within White Earth Reservation tribal jurisdiction including off-hour school-sponsored events.

## **Local Grants**

### **Association for Nonsmokers – Minnesota**

The Association for Nonsmokers – Minnesota (ANSR) works through the Ramsey Tobacco Coalition, which is comprised of diverse youth-serving agencies, local public health, schools and ANSR. The coalition has focused on reducing youth access to tobacco, increasing organizations and community festivals with written tobacco-free funding policies, educating community members and decision-makers on new tobacco marketing techniques and new tobacco products and conducting assessments regarding smoke-free foster care. Accomplishments include:

- Worked with the City of Saint Paul to adopt an ordinance that regulates the amount of window that can be covered with temporary signs, impacting over 500 businesses in Saint Paul.
- Assisted in adoption of written tobacco-free funding policies among 20 nonprofit organizations, community festivals and schools, primarily impacting ethnically diverse and low-income populations.
- Assisted 10 cities in Ramsey County in updating their tobacco ordinances, impacting over 135,000 Ramsey County residents.

### ***Highlights:***

"Our youth have such a promising future for what they can do to empower their community that I don't want any of them to be exposed to negative behaviors that could affect their health and lifestyle. Anything we can do as a board to discourage the use and availability of tobacco products is great work for us to do." - St Paul School Board Member

### **Association for Nonsmokers – Minnesota**

The Association for Nonsmokers – Minnesota's (ANSR) Smoke-Free Multi-Unit Housing Outreach program promotes smoke-free policies for multi-unit housing through outreach activities, trainings and educating building owners, managers and tenants about the benefits of smoke-free buildings and adopting smoke-free building policies. Accomplishments include:

- Educated over 100 landlords, property managers and tenants about the benefits of smoke-free housing.
- Distributed over 1,360 smoke-free building signs, lawn signs, plaques, window clings and home magnets for smoke-free properties and tenants.
- Assisted 166 buildings in adopting and implementing smoke-free policies, impacting over 7,000 residents.

## **Comunidades Latinas Unidas En Servicio**

Comunidades Latinas Unidas En Servicio (CLUES) works to reduce exposure to second-hand smoke, eliminate tobacco use and counteract pro-tobacco influences on children and young adults in Latino communities. The project focuses on using Community Health Workers to provide outreach and education and information to apartment and business owners, apartment tenants, church leaders and other community members regarding the health risks associated with tobacco use and secondhand smoke exposure. Policy implementation focus areas include: apartment buildings with a high concentration of Latino tenants, Latino-owned businesses that serve Latino customers, churches with a majority of Latino congregations and community events that directly serve or involve the Latino community. Accomplishments include:

- 27 apartment buildings adopted tobacco free policies, doubling targets in both the first and second years, and exceeding the two year goal of 15 buildings.
- 45 businesses, including six child care facilities, adopted tobacco free policies, surpassing the target of 31.
- 18 churches adopted tobacco free policies, nearly meeting the two year target of 20.
- More than 17 community events were entirely tobacco free, meeting the two year goal of 20.

## **Jackson Family Service Network**

Start Noticing is a coalition in Cottonwood, Jackson and Redwood Counties that works to decrease the number of low-income youth who are exposed to secondhand smoke in their homes, through community engagement, education and policy implementation. The coalition focuses on implementing smoke-free policies for income-based multi-unit housing and foster care and licensed child care homes and vehicles. Accomplishments include:

- Assisted Redwood County in passing the first 24/7 smoke-free ordinance for licensed child care and foster care homes and vehicles in Minnesota, impacting 73 foster care and child care providers and over 740 at-risk youth.
- Assisted Cottonwood Family Services in passing a 24/7 smoke-free policy for licensed child care and foster care homes and vehicles in Cottonwood County, impacting 45 foster care and child care providers and over 440 at-risk youth.
- Assisted in adoption of smoke-free housing policies by 5 income-based housing properties, impacting 245 low-income residents of Cottonwood and Jackson counties.

### ***Highlights:***

“The Jackson Housing and Redevelopment Authority went smoke free for all of its units (apartments, scattered sites, houses & duplexes) without grandfathering in anyone. We are glad to say that it has been a successful policy change for us. Not only are we protecting the rights of our non-smoking residents but we’ve eliminated thousands of dollars in maintenance expenses for our unit turnovers. It’s been a win-win for us!”

## **Lao Family Community of Minnesota, Inc.**

Southeast Asian Youth Tobacco Project is a collaboration of five organizations: Lao Family, Vietnamese Social Services of Minnesota, United Cambodian Association of MN, Association for Advancement of Hmong Women in Minnesota, and Lao Advancement Organization of America. This project focuses on using youth and young adults to engage their communities in tobacco prevention activities that promote the adoption of comprehensive tobacco-free policies, which include tobacco-free grounds, tobacco-free funding and tobacco cessation referrals. Accomplishments include:

- Adopted tobacco-free grounds and tobacco-free sponsorship policies among 13 organizations, businesses, festivals and temples that serve the Southeast Asian community.
- Assessed local tobacco and signage ordinance compliance among 24 Southeast Asian-owned businesses and those located in neighborhoods with a high percentage of Southeast Asian populations.
- Trained youth and young adults in media advocacy strategies to promote tobacco prevention and control policies.

### ***Highlights:***

Kick Butts Day— “A national day of ‘activism that empowers youth to speak up and take action against Big Tobacco from coast to coast’— was an opportunity for Lao Family Community of Minnesota to combine what we’ve learned about tobacco and leadership and create a day where the Southeast Community (and youth) standup against Big Tobacco. We created awareness of how manipulative the tobacco industry's tactics are for getting youth hooked on their deadly products. We created t-shirts that displayed facts about the harms of tobacco use, such as cigarette smoking causes heart disease, stroke and lung cancer, and displayed them at the Hmong Flea market for people to see. We used this opportunity to educate families. The response was very positive and we even made front page in Hmong Times!"

## **NorthPoint Health & Wellness Center, Inc.**

Breathe Free North is a community program that aims to teach African-American parents and caregivers about the health risks of secondhand smoke to children and to encourage people to keep their cars and homes smoke-free to protect children. Project focus areas include working to increase the number of child care homes, child care centers, clinics and faith-based organizations that adopt smoke-free environment policies. Pre- and post-surveys among African-American residents of North Minneapolis were conducted to assess attitudes toward exposure to secondhand smoke, awareness and knowledge of the dangers of smoking/ effects of secondhand smoke and willingness to establish and maintain “no smoking” rules in their homes and vehicles.

Accomplishments include:

- Assisted in adoption of formal smoke-free policies by 20 child care homes and 10 child care centers.

- Assisted in adoption of smoke-free grounds policies by 2 clinics and 3 community-based organizations.
- Conducted pre/post surveys of target population that showed: increased percentage of participating youth who report increased awareness and knowledge of the dangers of second-hand smoke and who report changes in both attitudes and their behaviors when exposed to secondhand smoke, decreased percentage of families utilizing the participating child care homes who report that they or anyone else smokes tobacco in their homes and cars and increased percentage of those families who report that they are aware of the negative health effects of second hand smoke around children.

### **Rainbow Health Initiative**

The Shift MN program works to counter pro-tobacco influences and change norms around tobacco use in lesbian, gay, bisexual, transgender and queer (LGBTQ) communities through community engagement, education, media advocacy and policy implementation. The program focuses on using young adult advocates to work with LGBTQ organizations, events, print media, faith-based organizations, young adult hotspots and college campuses with LGBTQ student groups to implement tobacco-free event and tobacco industry sponsorship-free policies. Accomplishments include:

- Assisted in adoption of a tobacco-free sponsorship policy by the Twin Cities Pride Festival, impacting over 400,000 Minnesota residents and visitors, as well as four other Pride events held in other Minnesota cities.
- Assisted in adoption of 12 comprehensive tobacco-free policies by organizations and events owned by or targeted towards LGBT community members.
- Assisted in adoption of six tobacco-free sponsorship policies for LGBT community events.

## **Statewide Technical Assistance and Training Grantee Results Summary**

### **American Lung Association in Minnesota**

The American Lung Association in Minnesota (ALAMN) provided direct technical assistance and training to Tobacco-Free Communities local grantee, Jackson Family Service Network, and American Indian grantee, Greater Minneapolis Council of Churches, as well as assistance as-needed to Statewide Health Improvement Program (SHIP) and Community Transformation Grant (CTG) grantees. ALAMN has provided expertise in multiple settings, including: smoke-free multi-unit housing, outdoor spaces, post-secondary campuses, point-of-sale strategies, adult and child foster care and childcare. Specific technical assistance and training accomplishments include:

- Held a training on point-of-sale strategies, reaching grantees from 22 counties and two American Indian tribes in Northern Minnesota.
- Developed smoke-free foster care toolkit materials and resources and provided on-going support through conference calls and one-on-one trainings for grantees.
- Developed and distributed tobacco-free post-secondary campus toolkit materials and resources to grantees and administrators of post-secondary schools throughout Minnesota.

## **Association for Nonsmokers – Minnesota**

The Association for Nonsmokers – Minnesota (ANSR) provided direct technical assistance and training to Tobacco-Free Communities local grantees: Lao Family Community of Minnesota, Inc., Ramsey Tobacco Coalition, ANSR’s Smoke-Free Multi-Unit Housing Outreach program, and CLUES, as well as assistance as-needed to SHIP and CTG grantees. ANSR has special expertise in: smoke-free multi-unit housing, outdoor spaces, foster care, post-secondary campuses, point-of-sale strategies and tobacco-free sponsorship/funding events. Specific technical assistance and training accomplishments include:

- Provided smoke-free multi-unit housing group trainings, one-on-one policy assistance, sign and material distribution, and related conference presentations.
- Provided tobacco-free outdoor space policy trainings to grantees, held a series of tobacco-free parks webinars and presentations to multiple Minnesota counties and cities to promote tobacco-free park policy adoption.
- Provided trainings and materials focused on reducing youth exposure to tobacco influences, including point-of-sale policies and new tobacco product advertising.

## **Blue Cross and Blue Shield of Minnesota**

Blue Cross and Blue Shield of Minnesota (BCBS) provides direct technical assistance and training to Tobacco-Free Communities local grantees Rainbow Health Initiative and NorthPoint Health and Wellness Center, Inc., as well as assistance as-needed to SHIP and CTG grantees. BCBS has provided expertise in: developing tobacco-free worksites as part of comprehensive worksite wellness strategies, engaging community leadership teams and developing culturally competent community engagement strategies. Specific technical assistance and training accomplishments include:

- Provided a total of 10 worksite wellness workshops, reaching 271 grantees and employers throughout Minnesota.
- Conducted workshops providing training on cultural meanings of tobacco and how the tobacco industry targets specific communities.
- Coordinated digital storytelling trainings, which focus on health, policy and cultural preservation, for six American Indian grantees.

## **American Indian Grant Results Summary**

The American Indian Grant Program focuses on implementing local tobacco control policy, systems and environmental change efforts through a range of evidence-based strategies. MDH recognizes the unique indigenous cultural and ceremonial tobacco traditions of American Indians and seeks to address health disparities that stem from commercial tobacco use and exposure to secondhand smoke. MDH also recognizes the sovereign rights of American Indian Nations, rights secured under treaties and agreements with the United States and all other rights and benefits to which American Indian Nations are entitled under the laws of the Constitution of the United States.

The Freedom to Breathe Act does not apply to Minnesota's American Indian Nations. The result is that citizens living and working on Indian reservations are at a greater risk of commercial tobacco-related illnesses, cancers and deaths than the rest of Minnesota, because they remain exposed to secondhand smoke in public places. MDH supports Tribal Nations within Minnesota to build capacity and movement around issues of commercial tobacco.

The American Indian Grants Program funds grantees representing nine tribes and two organizations serving the Twin Cities urban American Indian community. Grantees focus on supporting smoke-free policies in multiple settings or providing tobacco cessation services.

## **American Indian Grants**

### **Ain Dah Yung (Our Home) Center**

Ain Dah Yung works to train and empower American Indian youth to promote and advance smoke-free spaces in the Saint Paul American Indian community. Ain Dah Yung uses cultural practice in a strength-based approach to prevent the initiation of commercial tobacco abuse among American Indian youth in the community. Accomplishments include:

- Hosted two conferences focused on youth-driven policy efforts in tobacco control in American Indian communities in Minnesota. Seventy-seven youth attended the conference in 2011 and 160 in 2012.
- In an effort to advance a smoke-free policy within an assisted-living facility that serves American Indian elders, a readiness assessment has been conducted and analyzed.

### **Bois Forte Band of Chippewa**

The Bois Forte community is operating an adult tobacco cessation program linked to its community clinic. The goal is to reduce the adult smoking rate through direct cessation services. Accomplishments include:

- Collaborated with partners to develop an active referral protocol from community clinic medical providers to the tobacco cessation provider.

### **Greater Minneapolis Council of Churches**

The Greater Minneapolis Council of Churches through the Division of Indian Work (DIW) works to change social norms of tobacco abuse through the advancement of smoke-free grounds policies in American Indian-serving organizations. The program goal is to work with American Indian-serving organizations to pass and implement smoke-free grounds policies within the grant cycle. Accomplishments include:

- Trained 10 youth to promote the advancement of smoke-free grounds policies for organizations serving the Minneapolis American Indian community.
- Assisted in the adoption of seven smoke-free grounds policies of Native American-serving organizations in Minneapolis.



## **Grand Portage Band of Chippewa**

The Grand Portage community is operating an adult tobacco cessation program linked to the community clinic.

- During the reporting period the program served 30 individual tribal members.

### ***Highlights:***

“A woman approached me and said she quit smoking because the price of cigarettes is too high now. So when [a discount-price cigarette company] approached Tribal Council with a contract proposal, I went to Tribal Council to share this woman’s story, they agreed not to sign the contract and to keep all discount cigarettes out of the tribal retailers.”— Tobacco Prevention Specialist; Grand Portage

## **Lower Sioux Indian Community**

The Lower Sioux community focuses on supporting the advancement of smoke-free policies in settings under tribal jurisdiction. Accomplishments include;

- Assisted in the passage and implementation of a smoke-free policy for all tribal-owned vehicles.
- Assisted in the passage and implementation of a smoke-free policy for all youth events and field trips.

### ***Highlights:***

“In being responsive to help keep spaces smoke-free, I heard that some people working in the tribal government building wanted to start allowing smoking in the employee break room. So, I had the youth circulate a petition in the community to keep the break room smoke-free, and they presented it to the Tribal Council, who agreed to keep it smoke-free.” –Tobacco Prevention Specialist, Lower Sioux

## **Leech Lake Band of Ojibwe**

Leech Lake focuses on the advancement of policies that impact pow-wow grounds policies where community members regularly gather and educating the community about tobacco and its harmful effects. Accomplishments include:

- Trained youth to promote smoke-free policies in outdoor recreational settings.
- Assisted in the passage and implementation of a smoke-free policy for an annual pow-wow in the South Lake community.
- Organized two annual health and wellness community marathons designed to educate the community about the effects of tobacco abuse.

### **Mille Lacs Band of Ojibwe**

Mille Lacs is operating an adult tobacco cessation program that is linked to the community clinic system. Accomplishments include:

- Collaborated with partners to develop an active referral protocol from community clinic medical providers to the tobacco cessation provider.
- Served 73 individual tribal members.

### **Prairie Island**

Prairie Island Indian Community operated a cessation program linked to their tribal clinic. Accomplishments include:

- Trained staff in best practices of cessation counseling.
- Grantee voluntarily terminated their contract with the State on 10/15/11.

### **Upper Sioux Community**

The Upper Sioux Community is operating an adult tobacco cessation program, which is linked to the community health and human service systems. Accomplishments include:

- Served 17 individual tribal members.

### **Red Lake Band of Chippewa Indians**

Red Lake focuses on advancing smoke-free policies in a variety of settings within tribal jurisdiction. Accomplishments include;

- Trained youth to promote smoke-free policies by creating community awareness and proposing policy changes to tribal government.
- Currently the youth in this program are attempting to advance a smoke-free policy that will create a 25-foot buffer zone at all tribal building entrances.

### **White Earth Reservation Tribal Council**

White Earth has a vibrant tobacco coalition that focuses on advancing smoke-free policies within tribal jurisdiction. Accomplishments include:

- Implemented four smoke-free pow-wow policies including the White Earth Nation Annual Pow-wow, for bleacher and arena areas of each pow-wow.

- Supported enforcement of smoke-free policies at all schools within tribal jurisdiction including off-hour school-sponsored events.

***Highlights:***

“Though it was an unintended consequence of our White Earth Nation Annual Pow-wow policy [which was only supposed to affect the bleacher and arena areas], attendees naturally refrained from smoking on the entire pow-wow grounds!” -Tobacco Prevention Specialist, White Earth

## **Statewide Grants Summary**

### **Public Health Law Center**

- **Training and Technical Assistance**

The Public Health Law Center (PHLC) provides direct, ongoing and coordinated legal training and technical assistance on tobacco-related policy strategies. They support grantees receiving funding through Tobacco-Free Communities, SHIP and CTG and other community partners to address local, regional and state tobacco control issues. PHLC has drafted policy briefs, fact sheets, sample legislation, ordinances, model policies, or similar materials that support achievement of statewide and national health improvement goals for tobacco control.

### **Clearway Minnesota**

- **Leadership and Advocacy Institute to Advance Minnesota’s Parity for Priority Populations (LAAMPPP)**

MDH is partnering with ClearWay Minnesota to provide an 18-month leadership and advocacy institute to 25 leadership fellows. The Leadership Institute is an innovative program addressing diverse tobacco control issues for priority populations through culturally tailored training, capacity building, leadership development and technical assistance. LAAMPP’s mission is to build capacity for effective tobacco control with a focus on adults (18 years and older) in priority populations. (African/African American, American Indian, Asian American Pacific Islander, Chicano Latino and the Lesbian, Gay, Bisexual and Transgender communities).

The LAAMPP Institute’s goal is to build the capacity of priority populations in Minnesota through leadership development to create and participate in community and system-wide changes, ultimately reducing commercial tobacco use and the resulting health disparities. This will be long-term change and will manifest itself in unique ways for each community.

# Evaluation Report

When the Tobacco Use Prevention and Local Public Health Endowment was launched in 1999, the Legislature directed the Commissioner of Health to establish and report on measurable outcomes to determine the effectiveness of tobacco prevention efforts. The commissioner convened a team of tobacco control experts, which recommended tracking the following measures:

- Proportion of youth who use tobacco
- Initiation of smoking among youth
- Youth self-reported cigarette consumption
- Youth desire to begin smoking
- Source of tobacco products for youth
- Proportion of retailers selling tobacco to minors
- Youth attitudes and beliefs toward tobacco use
- Youth perceptions of the prevalence of smoking
- Exposure to secondhand smoke
- Ability to refuse influences to use tobacco

The Tobacco Free Communities program, which has been operating since 2004, uses the same set of measurable outcomes. Data for these measures are obtained from the Minnesota Youth Tobacco and Asthma Survey (MYTAS) conducted in 2000, 2002, 2005, 2008 and 2011.

## Outcomes

According to MYTAS data, the prevalence of tobacco use (including cigarettes, cigars, smokeless tobacco, pipe tobacco and other products) has dropped dramatically since 2000. The percentage of middle school students who used any form of tobacco in the previous 30 days fell from 12.6 percent in 2000 to 5.6 percent in 2011, a decline of 56 percent. At the high school level, the percentage of students using tobacco in the previous 30 days fell from 38.7 percent to 25.8 percent, a decline of 33 percent. Cigarette smoking declined even more substantially, falling by 59 percent for middle school students and 44 percent for high school students.

There also has been a significant decline in the number of frequent smokers (i.e., those who smoked on 20 or more days in the past 30 days). The percentage of high school students who were considered frequent smokers fell from 16.9 percent in 2000 to 7.7 percent in 2011, meaning fewer young people are progressing from experimentation to frequent smoking in their high school years.

Initiation of smoking by youth has also decreased sharply. The percentage of all students who ever tried cigarette smoking at the age of 12 or younger fell by 65 percent in middle school and by 58 percent in high school between 2000 and 2011.

The survey found solid and continuing reductions in exposure to secondhand smoke. Between 2000 and 2011, the percentage of students reporting any exposure to secondhand smoke in the past week fell from 58.0 percent to 37.7 percent in middle school and from 75.8 percent to 52.5 percent in high school. The

largest decrease in secondhand smoke exposure took place between 2005 and 2008, when county and then statewide smoke-free laws went into effect.

The proportion of retailers who sold tobacco to minors fell from 19.2 percent to 2.4 percent between 2000 and 2011. This mirrors a decline in the number of underage high school students who report usually getting their cigarettes by buying them in a store.

Many of the other measurable outcomes indicated trends in the desired direction or stable rates at fairly low levels. Social norms around smoking have changed. Fewer than 20 percent of middle and high school students believe that young people who smoke cigarettes have more friends, and fewer than 10 percent believe that smoking cigarettes makes young people look cool or is a good way to fit in.

## **Health Disparities**

Smoking rates differ among racial, ethnic and cultural groups for a variety of historical and other reasons. The primary source for data on smoking among these groups is the Minnesota Student Survey, last conducted in 2010. Among 9<sup>th</sup> graders in Minnesota, Asian students have the lowest rate of smoking in the past 30 days (8.0%) while American Indian and Hispanic students have the highest rates (21.5% and 16.5%). Students from low-income households smoke at twice the rate as students who are not from low-income households.

Smoking rates have fallen sharply (between 39% and 51%) for all racial-ethnic groups since 2001. All groups have benefitted from the tobacco prevention strategies that have been initiated during this period, but large gaps between groups still persist.

## **Challenges**

The latest youth tobacco survey also contains some unsettling results that should be monitored and addressed.

First, while cigarette smoking has decreased sharply, there has been no reduction in the use of cigars, cigarillos and little cigars by youth. Cigars, cigarillos and little cigars are taxed and regulated much less than cigarettes and they are available in candy or sweet flavors. These dangerous products are an attractive and cheaper alternative to cigarettes.

A second concern is the growing popularity of menthol-flavored cigarettes. The percentage of high school smokers who prefer menthol cigarettes has more than doubled from 19 percent in 2000 to 47 percent in 2011. Menthol masks the harshness that new and younger smokers may feel when they inhale cigarette smoke, thus making it easier to start and continue smoking.

A third concern is the marketing of new or emerging addictive tobacco products by the tobacco industry. Chief among these products are snus, flavored cigar products and electronic cigarettes. Dissolvable tobacco products have been test marketed in other states and may reach Minnesota at any time.

Results for all measurable outcomes (Table 1) and for health disparities (Table 2) are summarized on the following pages. MDH will continue to evaluate its youth tobacco use prevention programs and to monitor trends in youth tobacco use, tobacco-related attitudes and beliefs, the emergence of new tobacco products and other outcomes. The next MYTAS is scheduled to be administered in 2014.

**Table 1. Measurable outcomes for tobacco use prevention and control, by year, 2000-2011.**

<b>Measurable outcomes</b>	<b>2000</b>	<b>2002</b>	<b>2005</b>	<b>2008</b>	<b>2011</b>	<b>Percent * Change  2000- 2011</b>	<b>Percent * Change  2008- 2011</b>
<b>Proportion of youth who use tobacco</b>							
Percent of all students who used any tobacco product in the past 30 days:							
Middle School (grades 6-8)	12.6%	11.2%	9.5%	6.9%	5.6%	<b>-56%</b>	-19%
High School (grades 9-12)	38.7%	34.4%	29.3%	27.0%	25.8%	<b>-33%</b>	-4%
Percent of all students who smoked cigarettes in the past 30 days:							
Middle School (grades 6-8)	9.1%	7.2%	5.2%	3.4%	3.7%	<b>-59%</b>	+9%
High School (grades 9-12)	32.4%	28.9%	22.4%	19.1%	18.1%	<b>-44%</b>	-5%
Percent of high school students who are <u>frequent</u> smokers (smoked cigarettes on 20 or more days in the past 30 days)							
High School (grades 9-12)	16.9%	14.7%	10.2%	8.8%	7.7%	<b>-55%</b>	-13%

<b>Measurable outcomes</b>	<b>2000</b>	<b>2002</b>	<b>2005</b>	<b>2008</b>	<b>2011</b>	<b>Percent * Change  2000- 2011</b>	<b>Percent * Change  2008- 2011</b>
Percent of high school students who smoked cigars, cigarillos or little cigars in the past 30 days:  High School (grades 9-12)	13.0%	12.3%	12.0%	12.9%	13.0%	0%	+1%
Percent of high school <u>smokers</u> who usually smoke menthol cigarettes:  High School (grades 9-12)**	19.9%	22.2%	26.9%	39.1%	47.3%	<b>+138%</b>	+21%
<b>Initiation of smoking among youth</b>  Percent of students who have <u>ever</u> smoked a cigarette in their lifetime:  Middle School (grades 6-8)  High School (grades 9-12)	33.3%	27.4%	19.7%	14.8%	12.7%	<b>-62%</b>	-14%
Percent of students who <u>ever</u> tried a cigarette at age 12 or younger:  Middle School (grades 6-8)  High School (grades 9-12)	64.7%	58.4%	49.4%	45.9%	39.9%	<b>-38%</b>	-13%
18.9%	14.0%	9.8%	6.7%	6.6%	<b>-65%</b>	-1%	
22.4%	20.7%	15.5%	13.8%	9.3%	<b>-58%</b>	<b>-33%</b>	

Measurable outcomes	2000	2002	2005	2008	2011	Percent*	Percent*
						Change 2000- 2011	Change 2008- 2011
<b>Initiation of tobacco use— emerging tobacco products</b>							
Percent of all students who have <u>ever</u> used snus:							
Middle School (grades 6-8)					3.1%		
High School (grades 9-12)					14.3%		
Percent of all students who have <u>ever</u> smoked flavored cigars or little cigars:							
Middle School (grades 6-8)					6.8%		
High School (grades 9-12)					28.6%		
<b>Youth self-reported cigarette consumption</b>							
Percent of current <u>smokers</u> who smoke six or more cigarettes per day (on the days they smoke):							
High School (grades 9-12)**	31.6%	33.0%	27.9%	25.3%	26.4%	-16%	+5%
<b>Youth desire to begin smoking</b>							
Percent of never-smokers who are susceptible to starting to smoke (i.e. they are not firmly committed to never trying smoking):							
Middle School (grades 6-8)	26.4%	24.6%	22.6%	18.5%	16.5%	<b>-38%</b>	-11%
High School (grades 9-12)	25.8%	24.3%	24.9%	22.1%	20.1%	<b>-22%</b>	-9%



<b>Source of tobacco products for youth**</b>							
Percent of <u>high school current smokers under 18</u> who usually obtain their cigarettes by:							
COMMERCIAL MEANS (buying them from store or vending machine)	17.6%	17.6%	12.1%	11.3%	9.9%	<b>-44%</b>	-12%
SOCIAL MEANS (getting someone to buy for them, getting from family or friends)	71.0%	70.3%	73.0%	78.4%	72.2%	+2%	-8%
OTHER MEANS (taking them from a store or family member, getting them in some other way)	11.4%	12.1%	14.9%	10.3%	17.8%	+56%	+73%

Measurable outcomes	2000	2002	2005	2008	2011	Percent* Change 2000- 2011	Percent* Change 2008- 2011
<p><b>Proportion of retailers selling tobacco to minors</b></p> <p>Non-compliance rate/Percent of retailers selling tobacco to minors [Source: DHS annual Synar survey]</p>	19.2%	15.0%	13.4%	7.9%	2.4%	<b>-88%</b>	<b>-70%</b>
<p><b>Youth attitudes and beliefs toward tobacco use</b></p> <p>Percent of all students who believe that young people who smoke cigarettes have more friends:</p> <p>    Middle School (grades 6-8)</p> <p>    High School (grades 9-12)</p> <p>Percent of all students who believe that smoking cigarettes makes young people look cool or fit in:</p> <p>    Middle School (grades 6-8)</p> <p>    High School (grades 9-12)</p>	14.8%	15.8%	12.4%	11.0%	12.0%	-19%	+9%
21.4%	19.8%	18.8%	17.0%	16.3%	-24%	-4%	
9.9%	11.4%	8.3%	9.2%	8.2%	-17%	-11%	
14.0%	13.7%	13.0%	12.1%	9.3%	-34%	-23%	

<p><b>Youth perceptions of the prevalence of smoking</b></p> <p>Percent of all students who report that two or more of their four closest friends smoke cigarettes:</p> <p>    Middle School (grades 6-8)</p> <p>    High School (grades 9-12)</p>	13.2%	12.0%	8.9%	6.5%	8.4%	-36%	+29%
<p><b>Exposure to secondhand smoke</b></p> <p>Percent of all students who reported being in the same room or in a car with someone who was smoking in last 7 days:</p> <p>    Middle School (grades 6-8)</p> <p>    High School (grades 9-12)</p>	58.0%	55.9%	48.7%	39.6%	37.7%	-35%	-5%
	75.8%	71.8%	64.8%	55.4%	52.5%	-31%	-5%

Measurable outcomes	2000	2002	2005	2008	2011	Percent*	Percent*
						Change	Change
						2000-2011	2008-2011
Percent of all students who report that smoking is never allowed inside their home:							
Middle School (grades 6-8)				81.9%	81.0%		-1%
High School (grades 9-12)				77.0%	79.7%		+4%
<b>Ability to refuse influences to use tobacco</b>							
Percent of <u>never-smokers</u> who reported they would “definitely not” smoke if one of their best friends offered them a cigarette:							
Middle School (grades 6-8)	82.7%	83.5%	85.6%	86.7%	87.8%	+6%	+1%
High School (grades 9-12)	84.2%	83.5%	83.7%	84.1%	84.2%	0%	0%

\* Percent Change in **bold** indicates that the difference between the stated years is statistically significant at p<.05.

Source: Except where noted, data were collected through the 2000, 2002, 2005, 2008 and 2011 Minnesota Youth Tobacco and Asthma Survey. More information on the survey and complete reports can be found on the web at: <http://www.health.state.mn.us/divs/chs/tobacco/index.html>.

**Table 2. Percent of 9<sup>th</sup> grade students who smoked cigarettes in the past 30 days, by racial-ethnic group and household income, 2001-2010.**

	2001	2004	2007	2010	Percent Change 2001-2010	Percent Change 2007-2010
Percent of students who smoked cigarettes on one or more days in the past 30 days:						
African American	18.1%	15.4%	12.7%	11.0%	-39%	-13%
American Indian	36.5%	30.1%	24.7%	21.5%	-41%	-13%
Asian	15.7%	13.8%	10.3%	8.0%	-49%	-22%
Hispanic	29.1%	23.5%	18.4%	16.5%	-43%	-10%
White	19.4%	14.8%	11.4%	9.6%	-51%	-16%
Receives free or reduced-price school lunch (low-income household)			17.7%	15.9%		-10%
Does <u>not</u> receive free or reduced-price school lunch			10.2%	8.1%		-21%

Source: Minnesota Student Survey, 2001-2010. More reports and tables can be found at <http://www.health.state.mn.us/divs/chs/mss>.

## Financial Report Tobacco-Free Communities Grants

	SFY 2011 Amount Awarded	SFY 2012 Amount Awarded
<b>Technical Assistance Grants</b>		
American Lung Association in Minnesota	300,000.00	300,000.00
Association for Non-Smokers- MN	300,000.00	300,000.00
Blue Cross Blue Shield- MN	300,000.00	300,000.00
	<b>900,000.00</b>	<b>900,000.00</b>
<b>Community Grants</b>		
Association for Non-Smokers- MN (Policy RTC)	200,000.00	200,000.00
Association for Non-Smokers- MN (SHS Policy)	100,000.00	50,000.00
Comunidades Latinos Unidas En Servicio (CLUES)	200,000.00	200,000.00
Greater Minneapolis Council of Churches	125,000.00	125,000.00
Jackson Family Service Network	175,000.00	175,000.00
Lao Family Community of MN, Inc.	200,000.00	200,000.00
NorthPoint Health and Wellness, Inc.	200,000.00	200,000.00
Rainbow Health Initiative	200,000.00	200,000.00
	<b>1,400,000.00</b>	<b>1,350,000.00</b>
<b>American Indian Organization Grants</b>		
Ain Dah Yung	75,000.00	50,000.00
Bois Forte	75,000.00	37,500.00
Grand Portage	67,500.00	37,500.00
Greater Mpls Council of Churches	76,000.00	22,367.50
Leech Lake	90,000.00	40,000.00
Lower Sioux	75,000.00	37,500.00
Mille Lacs	90,983.39	45,000.00
Prairie Island Tribal	47,000.00	0.00
Red Lake	90,000.00	45,000.00
Upper Sioux	75,000.00	37,500.00
White Earth	113,400.00	62,500.00
	<b>874,883.39</b>	<b>461,867.50</b>
<b>Statewide Grants</b>		
Public Health Law Center	0.00	120,000.00
ClearWay Minnesota	0.00	345,664.00
	<b>0.00</b>	<b>465,664.00</b>
	<b>3,174,883.39</b>	<b>3,130,531.50</b>

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