



Alcohol and Tobacco Prevention and Control
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Tobacco Use Prevention

Minnesota Department of Health *Report to the Minnesota Legislature 2015*

January 2015



Protecting, maintaining and improving the health of all Minnesotans

January 15, 2015

Dear Legislators:

Pursuant to Minnesota Statute 144.396, Tobacco Use Prevention, attached is the biennial report of the Minnesota Department of Health. This report describes the local, tribal, and statewide tobacco use prevention activities funded by the legislature in 2013 and 2014.

The new Surgeon General's report, *The Health Consequences of Smoking: 50 Years of Progress*, calls the epidemic of cigarette smoking over the last century an enormous and avoidable public health tragedy; 20 million Americans have died because of smoking. Smokers today have a greater risk of developing lung cancer than in 1964, even though they smoke fewer cigarettes.

Tobacco use continues to be the leading preventable cause of death and disease in Minnesota. Smoking claims the lives of 5,135 Minnesotans each year. Smoking and tobacco use has immediate adverse health consequences, such as nicotine addiction, as well as long-term health consequences such as cancer, heart disease, stroke, and chronic obstructive pulmonary disease. Smoking costs Minnesota over \$2.5 billion each year in excess health care costs.

Despite a decline in Minnesota's adult smoking rate to 16 percent and a steep drop in the youth rate to 10.6 percent, smoking remains a huge contributor to death and disease for Minnesotans. Additionally, 21 percent of adults are current tobacco users and nearly 20 percent of high school students use any form of tobacco. Among the American Indian population, smoking rates run as high as 59 percent.

The 2014 Minnesota Youth Tobacco Survey (MYTS) shows a sharp drop in cigarette smoking and a strong decline in any tobacco use among youth. Despite this progress, electronic cigarettes, as well as the use of menthol conventional cigarettes among youth smokers have emerged as major threats to the health of our young people. In addition, progress in reducing tobacco use has been uneven – tobacco use rates are much higher among American Indian youth, bisexual, gay and lesbian youth, and low-income and economically-distressed youth.

To sustain Minnesota's progress, we must continue to focus on diverse populations and youth by distributing funds to grantees to implement policy, systems, and environmental changes to counter pro-tobacco influences and eliminate exposure to secondhand smoke in populations disproportionately affected by the harm caused by tobacco. Grantees focus on the policy, system and environmental change activities that best meet the needs of the local communities and tribes, including:

- Funding local, tribal, and statewide grants to reach populations most impacted;
- Implementing best practices, evidence-based strategies, and promising practices;
- Addressing the increase of e-cigarette use and menthol cigarette use among youth;
- Maintaining or increasing the price of tobacco products;

- Restricting the use of all tobacco products, including e-cigarettes indoors;
- Limiting youth access to all tobacco products including e-cigarettes; and
- Expanding advertising and promotion restrictions to include all new or novel tobacco products.

A half century of progress in tobacco prevention and control has increased our understanding and awareness of both the devastating health and financial burdens caused by tobacco use. Minnesota is uniquely poised as a national public health leader to prevent future generations from a lifelong addiction to nicotine through the use of tobacco products and e-cigarettes. As the tobacco industry continues to attract new young smokers and e-cigarette users, Minnesota must address these challenges and the changing landscape to continue the decline with Minnesota's youth smoking and tobacco use rates. The monumental gains in reducing youth smoking are threatened by the increase use of e-cigarettes by youth in Minnesota and nationally.

Sincerely,

A handwritten signature in black ink, appearing to read "Edward P. Ehlinger". The signature is fluid and cursive, with a long horizontal stroke at the end.

Edward P. Ehlinger, M.D, M.S.P.H.
Commissioner

Tobacco Use Prevention

January 2015

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Executive Summary

The Minnesota Department of Health (MDH) administers the Tobacco Use Prevention programs pursuant to Minnesota Statute 144.396 and the \$3.221 million allocated annually to local, tribal, statewide, and technical assistance and training grants to reduce and prevent youth tobacco use in Minnesota.

When the Minnesota Legislature made funding available in 2000 for local and statewide tobacco prevention grants, it challenged Minnesotans to reduce youth tobacco use by 25 percent. That goal has been met and exceeded. In 2014, Minnesota's youth tobacco use rate dropped to 19.3 percent. Since 2011, cigarette smoking in the past 30 days among high school students dropped from 18.1 percent to 10.6 percent, the steepest decline ever recorded by the Minnesota Youth Tobacco Survey.¹

Since 2000, MDH has conducted the Minnesota Youth Tobacco Survey to provide comprehensive information needed to understand tobacco use among young people and to design and evaluate tobacco prevention and control efforts. The 2014 Minnesota Youth Tobacco Survey is the sixth survey conducted; previous surveys were done in 2000, 2002, 2005, 2008, and 2011. The survey included many questions about new products, especially electronic cigarettes, as well as conventional tobacco products. Public schools and classrooms across the state were selected at random and invited to participate. Overall, 4,243 students in grades 6 through 12 took the survey. The *Tobacco Use Prevention Report* includes highlights from the 2014 Minnesota Youth Tobacco Survey report, *Teens and Tobacco in Minnesota, 2014 Update*. The full report is located at: <http://www.health.state.mn.us/divs/chs/tobacco/youth.html>.

While Minnesota has achieved tremendous progress with reducing smoking among youth, tobacco use and secondhand smoke exposure remains high among certain racial and ethnic groups, low socioeconomic status, gay, lesbian, bisexual and transgender, mentally ill, and substance abusing populations. As cigarette use among Minnesota youth has dropped dramatically in the past 10 years, other tobacco products have gained a greater share of the youth tobacco market. In some population groups, for example, use of cigars, cigarillos, and little cigars has surpassed the use of cigarettes. The landscape of youth tobacco use is changing with a sharp decline in youth tobacco use and a startling number of youth who reported using e-cigarettes. Minnesota's youth tobacco use rates are described in more detail in the Evaluation section of this report.

MDH responds to the ever-changing youth and young adult tobacco use rates in Minnesota through our grant-funded programs under the Tobacco Use Prevention statute. Funds administered by MDH focus on reaching populations most disparately impacted by the harms of tobacco. The Tobacco Use Prevention funds are allocated for the Tobacco-Free Communities (TFC) in Minnesota and the American Indian grant programs. These grant funds are awarded to tribes, local public health departments and non-profit organizations to reach priority populations or populations that experience a high rate of tobacco use in their community.

MDH funds grants that focus on high-impact, population-based activities based on the most current scientific evidence about what works to prevent youth tobacco use and reduce exposure to secondhand smoke. 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. The Tobacco Use Prevention funds are distributed to grantees to implement policy, systems, and environmental changes to counter pro-tobacco influences on youth and young adults and eliminate exposure to secondhand smoke in populations disproportionately affected by the harm caused by tobacco. TFC grantees focus on policy, system and environmental change activities that are

¹ Minnesota Department of Health. *Teens and Tobacco in Minnesota, 2014 Update: Executive Summary*. St. Paul, Minnesota, November 2014.

designed to limit youth access and exposure to these emerging products. Grantees select approved strategies which best suit the needs of the local communities and tribes. A brief description of each grantee and major accomplishments are highlighted in this report.

In 2013, the American Indian Cancer Foundation and University of Minnesota released a report on tribal tobacco use. During 2010-2012, they conducted a comprehensive and empirically rigorous survey of commercial tobacco use and exposure to secondhand smoke among Minnesota tribal communities. This survey was the first to accurately describe the impact of commercial tobacco use on Minnesota tribal communities and showed that 59 percent of Native American adults currently use commercial tobacco. This report renewed a call to action for Minnesota tribal communities, MDH, and other tobacco control and prevention partners.

During 2013-2014, MDH staff and the Minnesota tribal communities along with partners embarked on a yearlong community dialogue to gather community input on improving the partnership with Minnesota tribes. One outcome of this process included recommendations from tribal communities to MDH with culturally appropriate strategies tailored for tribal grantees. MDH is utilizing these recommendations to increase knowledge and ability of tribal communities to implement practice based and culturally appropriate commercial tobacco prevention and cessation initiatives.

During 2014, MDH determined a coordinated local media campaign would be an effective use of funds and would impact a great number of Minnesotans. MDH assessed priority areas, reviewed the Centers for Disease Control and Prevention's *Best Practices for Comprehensive Tobacco Control Programs - 2014* and *The Guide to Community Preventive Services: The Community Guide* and identified key tobacco prevention activities to complement grantee efforts. MDH staff are working closely with the local Tobacco-Free Communities grantees to administer the coordinated media campaign.

MDH recommendations for sustaining the Tobacco Use Prevention grant efforts include:

- Maintain an adequate level of tobacco prevention funding for reducing tobacco's harm on Minnesotans;
- Fund local, tribal and statewide grants throughout the state of Minnesota;
- Continue to focus efforts on reducing tobacco-related disparities and promote health equity; and
- Administer future Minnesota Youth Tobacco Surveys to assess youth tobacco use in the state.

Overview

Tobacco Use and Secondhand Smoke Exposure in Minnesota

Tobacco use continues to be the leading preventable cause of death and disease in Minnesota and the United States. Cigarette smoking claims the lives of 5,135 Minnesotans each year. Smoking and tobacco use has immediate adverse health consequences, such as nicotine addiction, and long-term consequences such as cancer, heart disease, stroke, and chronic obstructive pulmonary disease. According to the Centers for Disease Control and Prevention, *Best Practices for Comprehensive Tobacco Control Programs – 2014*, the annual medical costs incurred in the state from smoking is roughly \$2.5 billion.

Despite significant progress toward reducing the number of Minnesotans who smoke cigarettes or use other tobacco products, 21 percent of Minnesota adults are still current tobacco users, including 16 percent who are current cigarette smokers (2010 Minnesota Adult Tobacco Survey).

Reducing exposure to secondhand smoke is one of the major components of a comprehensive strategy to reduce the damage caused by tobacco use. Secondhand smoke exposure in the home and community setting has decreased but remains a problem with 46 percent of Minnesota adults reporting exposure in the past 7 days (2010 Minnesota Adult Tobacco Survey).

Tobacco use begins its damaging work early in life, with about 81 percent of adult smokers reporting that they began smoking before the age of 18.² One of the best strategies for reducing the harm caused by tobacco use is to discourage young people from taking it up in the first place. Smoking and smokeless tobacco use are initiated and established primarily during adolescence.³

Youth Tobacco Use and Secondhand Smoke Exposure in Minnesota

The 2014 Minnesota Youth Tobacco Survey found that nearly 20 percent of Minnesota high school students have used any form of conventional tobacco in the past 30 days, which includes cigars, cigarillos, and smokeless tobacco. And, the proportion of youth who reported using electronic cigarettes is currently higher than the proportion who reported conventional cigarette use.

Exposure to secondhand smoke declined substantially between 2000 and 2011. The sharpest decline occurred between 2005 and 2008, a period which saw the implementation of local ordinances and a state law prohibiting smoking in bars, restaurants, and workplaces. Exposure to secondhand smoke appears to have declined between 2011 and 2014, although due to changes in survey questions trends could only be followed for exposure within vehicles and not within homes or community settings.

In 2011, 23.1 percent of middle school non-smokers and 26.0 percent of high school non-smokers rode in a car with someone who was smoking cigarettes. In 2014, 20.3 percent of middle school non-smokers and 19.4 percent of high school non-smokers rode in a vehicle with someone who was smoking tobacco.

² Clearway Minnesota and Minnesota Department of Health; *Tobacco Use in Minnesota: 2010 Update*, pages 2-25 to 2-27. Minneapolis, MN: February 2011. Available at Web page for Minnesota Adult Tobacco Survey.

³ U.S. Department of Health and Human Services. *The Health Consequences of Smoking - 50 Years of Progress. A Report of the Surgeon General*, 2014. <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/full-report.pdf>.

Youth Tobacco Use among Disparate Populations

According to the 2013 Minnesota Student Survey, among 11th grade students, 18.9 percent reported using cigarettes, cigars or smokeless tobacco in the past 30 days, with higher rates among certain subpopulations. For example, American Indian students had the highest rate among race and ethnic groups at 29.2 percent. Bisexual students (37.1 percent) and gay or lesbian students (29.2 percent) were much more likely to be current tobacco users compared to all 11th graders. Students from low-income households, defined as having received free or reduced-price school lunch, reported tobacco use rates that were slightly above average. Students experiencing economic distress, such as having to skip meals or being homeless, had tobacco use rates twice as high as the statewide average (34.5 percent and 38.7 percent, respectively). Tobacco use among high school students was also notably higher in greater Minnesota school districts with less than 2000 students. Minnesota's American Indian students have the highest rate of cigar product use of any racial-ethnic group; and among 11th grade males, the percentage smoking cigars, cigarillos, and little cigars is now higher than the percentage smoking cigarettes. Nearly half of all current high school smokers (44.3 percent) reported that they usually smoke menthols. Preference for menthol cigarettes among high school smokers has more than doubled since 2000.

Tobacco Advertising and Promotion

In 2011, the tobacco industry spent \$8.8 billion a year to market its products in the United States and the majority of that was spent on point-of-sale.⁴ The tobacco industry increased their advertising and promotional expenditures since 2010. The largest single category of expenditures was price discounts paid to retailers and wholesalers in order to reduce the price of tobacco products to consumers.⁵

Advertising and promotion within stores is an often overlooked source of media exposure for children and teens. People approaching and entering stores are met with a barrage of signs and displays that give the impression that lots of people want and use these products. Roughly three-fourths of adolescents (73.4 percent of middle school students; 79.2 percent of high school students) say they see ads or promotions for tobacco products when they go to a convenience store, supermarket, or gas station.⁶ Exposure to industry promotional, marketing, and messaging strategies increases the risk that youth and young adults will initiate the use of tobacco products.

Minnesota Tobacco Use Prevention – Grant Programs

The Minnesota Legislature appropriates approximately \$3.221 million dollars annually under Minnesota Statute 144.396, Tobacco Use Prevention, to the Minnesota Department of Health (MDH) for administering youth tobacco prevention grant programs. MDH's grant-related programs include the Tobacco-Free Communities in Minnesota and the American Indian grant program. In 2004, MDH launched the Tobacco-Free Communities in Minnesota (TFC) grant program and in 2007, the American Indian (AI) grant program began. TFC and AI funding focuses on objectives that: prevent the initiation of tobacco use, reduce current tobacco use, 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

⁴ Federal Trade Commission (FTC). Cigarette Report for 2011, 2013, <http://www.ftc.gov/os/2013/05/130521cigarettereport.pdf>. See also, FTC, Smokeless Tobacco Report for 2011, 2013, <http://www.ftc.gov/os/2013/05/130521smokelesstobaccoreport.pdf>. [Data for top 5 manufacturers only.]

⁵ Ibid.

⁶ Minnesota Department of Health. Teens and Tobacco in Minnesota, 2014 Update: Executive Summary. St. Paul, Minnesota, November 2014

through a range of evidence-based strategies and statewide technical assistance and training. The AI grantees objectives are primarily focused on education and cessation.

This report includes a summary, brief accomplishments, and highlights for each of the Tobacco-Free Communities and American Indian grantees funded under the Tobacco Use Prevention Statute.

Tobacco-Free Communities in Minnesota Grant Program

The Tobacco-Free Communities in Minnesota grant program funds both local and statewide tobacco prevention grants across the state. Through a competitive Request for Proposals (RFP) process, grant funds are distributed to eligible applicants for local and regional projects and initiatives directed at tobacco prevention. Local grantees and their partners implement evidence-based and promising strategies to reduce tobacco's harm among youth and young adults. The Tobacco Use Prevention statute indicates that the Commissioner must give priority to applicants whose proposed project or initiative is (1) supported by the community in which the applicant serves; (2) is based on research or on proven effective strategies; (3) is designed to coordinate with other community activities related to other health initiatives; (4) incorporates an understanding of the role of the community in influencing behavioral changes among youth regarding tobacco use and other high-risk health related behaviors; or (5) addresses disparities among populations of color related to tobacco use and other high-risk health-related populations MDH places a high priority on reducing health disparities and grants to organizations that represent populations that have higher than average tobacco use rates, are targeted by the tobacco industry and/or bear a greater burden of tobacco-related disease and death.

Through evidence-based strategies and promising practices, grantees implement policy, systems, and environmental change activities to counteract pro-tobacco influences, promote cessation, and eliminate exposure to secondhand smoke in populations disproportionately affected by the harm caused by tobacco.

MDH funds high-impact, population-based activities founded on the current scientific evidence about what works to prevent tobacco use. 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 youth 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.

American Indian Grant Program

The American Indian grant program provides a comprehensive approach to reducing tobacco-related disparities among American Indians living in Minnesota by providing grants to tribal governments and organizations. The American Indian grant program funds grantees representing nine tribes and two organizations serving the Twin Cities urban American Indian community. This grant program provides education and cessation grants to tribal governments to reduce tobacco-related disparities among American Indians living in Minnesota.

The American Indian grant program focuses on implementing local tobacco control policy, systems and environmental change efforts through a range of practice-based or promising 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 Minnesota Clean Indoor Air 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.

Grantee Results Summary

In 2013 and 2014, MDH awarded approximately \$3.221 million in grant funds to local communities, American Indian Tribes and organizations, technical assistance and training providers, and statewide organizations. A brief description of each organization's major accomplishments is highlighted below.

Tobacco-Free Communities in Minnesota – Local Grant Results

The Tobacco-Free Communities (TFC) local grants encompass four nonprofit organizations representing priority populations and five local public health agencies working with community groups and coalitions to address tobacco related health disparities of priority populations. TFC local grantees focus on addressing tobacco-related disparities by implementing local tobacco control policy, systems, and environmental changes through a range of evidence-based strategies and promising practices. TFC grantees work through local coalitions and community partnerships to build community awareness and conduct community education and media advocacy activities to support policy efforts. TFC grantees use and develop culturally-appropriate materials and work with key stakeholders and community groups to implement policies that address disparately impacted populations and support de-normalizing tobacco use.

The local tobacco policy strategies include: implementing retail environment restrictions, increasing the availability of smoke-free housing, implementing smoke-free policies for foster care and/or licensed childcare homes, increasing tobacco-free post-secondary campuses, increasing tobacco-free grounds and outdoor spaces, and increase access to tobacco treatment through implementing health systems changes. These local tobacco policies reached nearly 1,000,000 Minnesota residents, helping to protect them from the harms of tobacco and exposure to secondhand smoke. The TFC local grantee's accomplishments include:

Tobacco Ordinance Changes

- Assisted ten cities in the metro area: Apple Valley, Columbia Heights, Eagan, Lilydale, Mendota Heights, New Brighton, North Saint Paul, South Saint Paul, Saint Paul, and West Saint Paul with updating and strengthening their tobacco ordinances to restrict the sale and/or use of tobacco products.
- Assisted six greater Minnesota cities: Wheaton, Browns Valley, North Mankato, Mankato, and Saint Peter with updating and strengthening their tobacco ordinances to restrict the sale and/or use of tobacco products.
- Assisted the counties of Olmsted, Marshall, Pennington, and Traverse with updating and strengthening their tobacco ordinances to restrict the sale and/or use of tobacco products.
- Conducted 485 tobacco retail audits to assess the availability, price, and marketing of tobacco products across 21 counties.
- Overall, updated tobacco ordinances have impacted more than 644,000 people across Minnesota.

Smoke-Free Indoor Air Policies

- Assisted 153 properties across Minnesota with the implementation of smoke-free multi-unit housing policies, protecting over 9,000 people from exposure to secondhand smoke in their homes. Grantees

focus on housing that impacts vulnerable populations, including those living in low-income and/or public housing.

- Over 1,000 subsidized or affordable housing units are now smoke free.
- Assisted the Southeastern Minnesota Multi-County Housing and Redevelopment Authority (HRA) with adopting and implementing smoke-free policies in all of their 18 properties serving low income populations, protecting individuals in a total of 379 units across four counties.
- Hosted more than 26 smoke-free housing “lunch and learn” trainings for landlords and property managers, supporting voluntary smoke-free policies.
- Assisted Jackson County with adopting and implementing a comprehensive 24-hour a day smoke-free foster care and licensed child care homes and vehicles policy (prior to July 2014 statewide smoke-free foster care policy passage).

Tobacco-Free Grounds and Outdoor Space Policies

- Assisted two colleges with strengthening their tobacco-free post-secondary campus policies, helping to prevent tobacco initiation, reduce exposure to tobacco use, and promote a clean-air environment on campus for over 21,500 college students.
- Developed and disseminated a tobacco-free post-secondary campus resource guide that is specific to lesbian, gay, bisexual, transgender and queer (LGBTQ) students to increase competency among LGBTQ young adults and support for the tobacco-free post-secondary campus policies.
- Implemented thirty-six tobacco-free grounds and/or events policies. These policies reach priority populations, such as youth and the LGBTQ community, protecting over 130,000 people from exposure to tobacco smoke.
- Assisted Grant and Stevens counties with the adoption and implementation of a tobacco-free grounds policy at their public health building grounds.

Health Systems Change

- Assisted in the adoption of policies to improve the assessment of patient tobacco use and provide cessation resources at three healthcare sites that serve low-income populations and patients with mental health conditions.

Coordinated Local Media Campaign

- Developed and implemented a coordinated local media campaign among all nine TFC grantees to increase awareness of the consequences of tobacco use, as well as reduce secondhand smoke exposure, and to prevent initiation or encourage cessation attempts. Key messages focused on the harms of smoking, tobacco use, and secondhand smoke exposure, as well as tobacco cessation. This campaign is built upon existing tobacco prevention and control media campaigns by incorporating culturally appropriate, high-impact messages into local tobacco control efforts.
- Provided technical assistance to the nine TFC grantees for placement of local ads.
- This campaign has statewide impact, with reach estimated at 41,268,860 impressions across the state.

Tobacco Prevention Training and Resources

- Provided 25,000 hours of technical assistance and training for communities.
- Received 1,500 individual technical assistance requests by phone or email. One-third of the requests were related to the tobacco retail environment and tobacco product regulations, one-third were related to smoke-free housing, and the final one-third for tobacco-free worksites, schools, foster care, child care, outdoors, and cessation systems change.

- Conducted 210 large and small group trainings, webinars and conference calls
- Produced and/or updated 150 pieces of informational material (guidance documents, fact sheets and handouts, toolkits, newsletters, signage, videos, sample power points and surveys, etc.)

American Indian Grant Results

The American Indian grant program focuses on implementing local commercial tobacco control education and cessation change efforts through a range of practice-based and promising strategies. The American Indian Grants Program funds grantees representing nine tribes and two organizations serving the Twin Cities urban American Indian community.

- Organized and distributed more culturally based programming, materials, and tobacco resources for grant work in the American Indian community.
- The Fond du Lac Reservation Business Committee voted not to approve the sale of e-cigarettes at their C-store.
- Conducted outreach activities included educational booths at over 100 venues including powwows, health fairs, as well as other various tribal events, teaching more than 1000 individuals from the community about the dangers of secondhand and thirdhand smoke.
- Provided outreach and cessation referral services to over 2800 unique individuals, including cultural education and teachings about the traditional use of tobacco.
- Provided culturally specific tobacco prevention education and teachings around sweat lodge ceremonies, singing and drumming, harvesting of plants and wild rice.
- All of the American Indian funded programs contributed to the “Stakeholder Input Process – American Indian Communities,” led by the Great Lakes Intertribal Epidemiology Center and the Minnesota Department of Health, by providing information to improve practice based strategies for reducing obesity, commercial tobacco abuse and exposure to secondhand smoke in American Indian communities.

Tobacco-Free Communities in Minnesota - Local Grants

American Lung Association – Minnesota

Tobacco-Free Greater Mankato, a program of the American Lung Association – Minnesota (ALA), works in Nicollet and Blue Earth counties to update and strengthen local tobacco ordinances, increase smoke-free multi-unit housing, increase foster care and licensed childcare homes with smoke-free policies, increase tobacco-free post-secondary campuses. Accomplishments include:

- Assisted in the implementation of 82 smoke-free housing policies, covering 965 units, with at least 242 of those units being subsidized or affordable housing. These policies protect more than 2,000 residents from involuntary secondhand smoke exposure in their homes.
- Assisted the cities of Mankato, North Mankato, and Saint Peter with updating and strengthening their tobacco ordinances to restrict the sale and use of tobacco products, including e-cigarettes, impacting over 133,000 people.
- Worked with a student coalition to strengthen tobacco-free campus policies at South Central College and Minnesota State University-Mankato, impacting more than 21,000 students, faculty, and staff.

Highlight:

Low-income and minority populations make up a significant portion of those who live in multi-unit housing, are more likely to have higher smoking rates and have chronic diseases such as asthma and coronary heart disease.

Tenants are grateful to be able to live in smoke-free housing. One tenant said: “My two sons and I have asthma and with the non-smoking policies being put into place it makes me feel safer knowing that my sons are at less risk for attacks. Living with parents who refused to quit smoking made me want a cleaner and better environment for my children. Please continue to strive for clean air for all children.”

Association for Nonsmokers – Minnesota

The Ramsey Tobacco Coalition, a program of The Association for Nonsmokers – Minnesota (ANSR), is comprised of diverse youth-serving agencies, local public health, and schools, and works throughout Ramsey County and surrounding areas. The coalition focuses on updating and strengthening local tobacco ordinances, assessing the availability and marketing of little cigars and other tobacco products, and increasing smoke-free multi-unit housing. Accomplishments include:

- Assisted in the implementation and/or enforcement of 23 smoke-free housing policies, covering 38 buildings and 2,035 units, with at least 330 of those units being subsidized or affordable housing.
- Assisted the city of Saint Paul in strengthening their tobacco ordinance to include a minimum pack size or minimum price on cheap cigar products, impacting over 285,000 people.
- Assisted nine other cities throughout the metro area with updating and strengthening their tobacco ordinances to reduce youth access to tobacco products, impacting over 174,000 residents.

Highlight:

Youth and young adults are especially vulnerable to tobacco industry tactics and new and unique tobacco products. A Metro State University student said: “I want a safer, healthier, and thriving community for our young people. I want to live in a community where the tobacco industry can’t target youth with cheap, flavored cigars.”

Des Moines Valley Health and Human Services

Start Noticing, a program of Des Moines Valley Health and Human Services (DVHHS), is a coalition working in Cottonwood and Jackson counties that focuses on implementing policies to update and strengthen local tobacco ordinances, increase smoke-free multi-unit housing, increase tobacco-free outdoor spaces, and increase foster care and licensed child care homes and vehicles covered by smoke-free policies. Accomplishments include:

- Worked with the city of Jackson to adopt a tobacco-free parks policy, helping protect over 3,200 residents.
- Assisted Cottonwood County in the adoption of a tobacco-free county grounds policy that will impact over 10,000 people.
- Assisted Jackson County in the implementation of a comprehensive smoke-free foster care and licensed child care homes and vehicles policy, protecting more than 1,700 care-givers and youth. The policy is effective 24 hours a day and seven days a week.

Highlight:

Start Noticing works with youth in the community, educating them about the harms of tobacco use and engaging them in advocacy efforts for policy changes. One Start Noticing youth member said: "it is such a good feeling to be spreading awareness about the harmful effects of tobacco around my community".

Goodhue County Health and Human Services

The Four Corners Partnership, a program of Goodhue County Health and Human Services, is a coalition of the Public Health Services in Dodge, Goodhue, Rice, and Steele counties that works to increase smoke-free multi-unit housing and increase tobacco-free outdoor spaces in the four-county area. Accomplishments include:

- Assisted the Southeastern Minnesota Multi-County Housing and Redevelopment Authority (HRA) with adopting and implementing smoke-free policies in all of their 18 properties serving low income populations, eight of which are located within Dodge and Goodhue counties. Assisted with the implementation of three additional HRA properties within the Red Wing HRA. These policies are protecting individuals from involuntary secondhand smoke exposure in more than 380 units across four counties, with more than 110 of those units in Goodhue and Dodge counties.
- Assisted with the implementation of 24 additional smoke-free multi-unit housing policies, covering more than 500 units.
- Worked toward the adoption of a tobacco-free policy for the Steele County Fairgrounds, the largest county fair in Minnesota.

Highlight:

Tenants living in subsidized or specialty housing are especially impacted by smoke-free policies. A tenant from a building primarily serving the senior/disabled adult population stated: “I am very happy that our building will soon have a smoke-free policy and that it will include no smoking outdoors on the property. We have some smokers who always sit right outside of the entrance to smoke. You can’t get in or out of the building without going through a cloud of smoke.”

Horizon Community Health Board

Tobacco-Free Horizon works across Douglas, Grant, Pope, Stevens, and Traverse counties to increase the availability of smoke-free multi-unit housing, update and strengthen local tobacco ordinances, and increase tobacco-free grounds and outdoor space policies. Accomplishments include:

- Assisted the city of Browns Valley, the city of Wheaton, and Traverse County with updating and strengthening their tobacco ordinances to restrict the sale and use of tobacco products, including electronic cigarettes.
- Assisted in the adoption and implementation of tobacco-free policies for Douglas County and Traverse County fairgrounds, impacting over 50,000 people.
- Assisted Grant and Stevens counties in adopting tobacco-free grounds policies for their public health building grounds, providing nearly 2,000 public health staff with a tobacco-free outdoor environment.

Highlight:

Increasing awareness and knowledge of tobacco prevention and control efforts by engaging youth is important for building community support and developing leadership and communication skills among youth. A Horizon Tobacco-Free Communities health educator describes their work within three school districts in West Central MN to engage students in regards to tobacco prevention efforts, “Students have developed media campaigns (billboards, posters, radio ads, and education displays), peer-taught at middle schools, conducted store audits and will assist with presentations at local city council and county board meetings as tobacco ordinances are presented for updates.”

Lao Family Community of Minnesota, Inc.*

Southeast Asian Youth 4 Change program 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 and tobacco-free funding.

Accomplishments include:

- Worked with Lao Veteran Association of Minnesota and The United Royal Lao Armed Forces & Special Guerrilla Unit Veterans of the Vietnam War of Minnesota to adopt comprehensive tobacco-free policies, helping to protect veterans and military personnel from smoking and exposure to secondhand smoke.
- Assisted with the adoption of comprehensive tobacco-free policies for the University of Minnesota's Thai Student Association and Pi Delta Psi Fraternity, Inc.
- Assisted the Karen Buddhist Temple in the adoption of a comprehensive tobacco-free grounds policy.

Highlight:

Engaging youth and community members is essential for conducting community-specific outreach and media activities and providing culturally-appropriate materials. Southeast Asian Youth 4 Change program staff recruited and trained youth as tobacco control advocates for their schools and communities and provided educational and cessation materials at significant community events.

Olmsted County Public Health Services

Olmsted County Public Health Services works with community organizations in Olmsted County to update and strengthen local tobacco ordinances, increase tobacco-free ground policies for county grounds, and implement health systems change among mental health care clinics that include targeted cessation efforts and resources.

Accomplishments include:

- Assisted Olmsted County with updating and strengthening their tobacco ordinance to restrict the sale and use of tobacco products, specifically electronic cigarettes.
- Assisted in the adoption of policies to improve the assessment of patient tobacco use and provide cessation resources at three healthcare clinics that serve patients with mental health conditions.
- Established many new partnerships through well-attended educational sessions, cessation trainings, and lunch-and-learns, and a workshop on tobacco use and mental health, which had 62 attendees, leading to new opportunities to work with community agencies that serve other vulnerable populations such as at-risk youth.

Highlight:

People with mental health conditions are especially impacted by tobacco use and exposure. Mental health clinic providers can play an important role in supporting cessation. One patient, comparing his life before and after quitting with help from a cessation program, stated: "I'm happier, I'm stronger... More family involvement because I don't have to go outside and have a cigarette. I don't smell like a cigarette when I grab my grandkids...my life has turned around 100 percent because of this."

* This grant ended May 31, 2014.

Quin Community Health Services

Quin Community Health Services works across Kittson, Marshall, Pennington, Red Lake, and Roseau counties to implement policies to update and strengthen local tobacco ordinances, increase foster care and licensed child care homes and vehicles covered by smoke-free policies, and implement tobacco-free outdoor space policies. Accomplishments include:

- Assisted Marshall and Pennington counties with updating and strengthening their tobacco ordinance to restrict the sale and use of tobacco products.
- Assisted in the passage of a tobacco-free grounds policy at the Marshall County fairgrounds which will help protect 30,000 annual visitors from exposure to secondhand smoke.
- Worked with the city of Middle River to adopt and implement a tobacco-free parks policy.

Highlight:

City council members understand the importance of city-wide tobacco-free policies to help protect their communities from the harms of tobacco. In support of providing tobacco-free spaces in the city of Middle River, one council member explained: “this provides tobacco-free areas for people to enjoy with their friends and families.”

Rainbow Health Initiative

Shift MN, a program of Rainbow Health Initiative, works to counter pro-tobacco influences and change norms around tobacco use in lesbian, gay, bisexual, transgender and queer (LGBTQ) communities through community engagement, leadership development, and media advocacy. The program works on implementing tobacco-free policies among businesses, organizations, and events that serve LGBTQ young people, assessing the availability and marketing of electronic cigarettes among LGBTQ communities, and providing culturally-specific education and materials in partnership with other communities and grantees. Accomplishments include:

- Assisted seven organizations and events with the adoption and implementation of tobacco-free policies, providing nearly 350 LGBTQ individuals with a tobacco-free environment.
- Conducted an assessment of electronic cigarette retailers in Minneapolis and a systematic review of the tobacco industry to target LGBTQ community in print media, with a focus on advertising related to electronic cigarettes.
- Developed and disseminated an LGBTQ specific post-secondary campus resource guide, increasing competency among LGBTQ young adults in campus tobacco policy organizing to support tobacco-free post-secondary campus policies.

Highlight:

Community engagement and culturally-specific materials and media are essential to changing norms around tobacco use. In response to Rainbow Health Initiative’s Love Notes media campaign materials, an LGBTQ community member stated: “as a struggling-to-quit queer person, the love letters on the bus feel super good and not shaming. The how to quit zine (a mini-magazine created by Rainbow Health Initiative) is so cute and has great information on how to make a quit plan that is specific to queer life and experiences.”

WellShare International

WellShare International’s East African Smoke-Free Program conducts community engagement and health education activities, trainings for community and religious leaders, and media advocacy efforts to change social norms and increase awareness about the dangers of tobacco use and exposure among Somali and East African

communities. The program works to increase smoke-free multi-unit housing and tobacco-free outdoor space policies. Accomplishments include:

- Assisted in the implementation of seven smoke-free housing policies covering 553 units, of which nearly 350 are subsidized/affordable housing, providing over 1,000 residents with a smoke-free home environment.
- Assisted in the implementation of a comprehensive tobacco-free policy for two culturally specific events, including the Twin Cities World Refugee Day festival, which celebrates Minnesota's more than 100,000 refugees.
- Worked with 14 venues such as youth and family centers, restaurants, athletic clubs, and child care centers, protecting thousands of Somali and East African residents from exposure to secondhand smoke.

Highlight:

Community education and outreach to raise awareness of tobacco products that may seem less harmful, such as flavored tobacco, and cultural differences in tobacco use are important to address among especially vulnerable populations. In support of a new smoke-free housing policy, one tenant said: "prior to coming to America we were told it was illegal to smoke in America. Nevertheless, we were shocked to see people smoking in the buildings. However, with the new policy, now we can live in healthier apartment."

Tobacco-Free Communities Statewide Technical Assistance and Training Grants

The Tobacco-Free Communities Statewide Technical Assistance and Training grants provide technical assistance and training to MDH grantees through a variety of approved methods to build capacity and skills. Technical assistance (TA) and training is critical to successfully carrying out the goals of local grant programs. TA and training efforts aim to develop and support the ability and capacity of local grantees. TA and training plans are designed to address specific grantee needs, emerging tobacco control issues, foster regional and statewide collaborations and partnerships. The need for increased TA and training services expanded significantly as a result of an infusion of SHIP funds to local public health agencies to address tobacco control and prevention.

The TFC Technical Assistance and Training grantees provide TA and training services to local grantees in order to increase their knowledge, skills, and abilities to implement effective policy, system, and environment change in their communities. TA and training services are provided for MDH approved tobacco-specific strategies (e.g., smoke-free/tobacco-free housing, outdoor spaces, worksites, events, schools, child care, and foster care, as well as point of sale strategies), and teaching foundational skills (e.g., tobacco industry tactics, tobacco disparities, community and youth engagement, earned media, policy development, and leadership skills).

The TA and training services are offered through various methods including; individual consultation, group trainings, peer learning, online resources, as well as providing educational materials for both grantees and the general public. Individual consultation includes one-on-one face to face or phone conversations, email or video conferencing. Group trainings are conducted through conference calls, webinars, lunch-and learns, presentations or workshops. Many materials and resources have been developed for tobacco-specific strategies, as well as general policy or skills development. In addition, TA providers assist grantees with the development of community specific materials and resources, as needed.

There are four TA and training providers that provide services statewide to a total of 58 local public health departments and nonprofit grantees totaling 25,000 hours of TA and training to grantees. Additionally, 1,500 individual TA requests were processed through phone or email. Technical assistance is central to the success of

the TFC Local grants program and provides critical policy, systems and environmental change expertise and implementation of strategies.

Public Health Law Center

The Public Health Law Center (PHLC) provides technical assistance and training to grantees working on a range of tobacco prevention and control strategies. PHLC created several helpful guides, fact sheets, tips and tools, toolkits, reports, trainings, and webinars that support the achievement of statewide health improvement goals. Specific technical assistance and training accomplishments include:

- Led over 45 statewide smoke-free multi-unit housing trainings, educating grantees and landlords about the legal aspect of implementing a smoke-free housing policy.
- Reviewed and analyzed local tobacco policies as requested by grantees and local communities.
- Conducted training for grantees on local policy development and best practices.
- Produced tobacco-free policy samples and tips for communities to adapt and implement.

The Association for Nonsmokers – Minnesota

The Association for Nonsmokers-Minnesota (ANSR) provides technical assistance statewide such as community assessment, coalition development, community engagement and best practices. ANSR's staff have years of on-the-ground experience and success working on tobacco control and prevention issues in the metro area. ANSR provides grantees with the TA and training necessary to educate the community about the tobacco industry's tactics to attract new consumers and maintain existing users. Specific technical assistance and training accomplishments include:

- Assisted all nine TFC grantees with the coordinated media campaign which utilizes tobacco prevention messaging, and will reach individuals across the state. ANSR staff assessed each of the grantees media needs, key priority populations, and goals for tobacco prevention and control. They worked closely with grantees to develop unique media plans that incorporate culturally appropriate, high-impact messages into local tobacco prevention and control efforts.
- Developed statewide smoke-free housing communication tools for increased grantee cooperation and coordination in reaching out to the housing industry. ANSR maintains the statewide smoke-free housing website and they developed educational material, webinars and factsheets to support grantee efforts.
- Provided training and developed fact sheets on new and emerging tobacco products such as hookah, cigars, and electronic cigarettes.

American Lung Association of the Upper Midwest

American Lung Association of the Upper Midwest (ALA) provides technical assistance and training in the foundational skills area as well as strategy specific guidance. In addition, ALA staff has on-the-ground experience working on tobacco prevention and control issues across the state notably in Greater Minnesota communities and a wealth of "lessons learned" to share with grantees. They uniquely offer expertise in tobacco cessation best practices in the community setting and system changes in the health care setting. Specific technical assistance and training accomplishments include:

- Developed and launched the Lethal Lure campaign, which includes a point of sale toolkit for decision makers, focused on raising awareness of the tactics that tobacco companies use to lure youth into using their products and options for change at the local level.
- Provided training and guidance on smoke-free foster care and childcare settings especially as it relates to asthma and lung development.

- Provided cessation and policy expertise to grantees that have been working on mental health and substance abuse treatment sites, to date seven trainings have been held reaching 500 providers and three webinars attended by over 300.

Counter Tools

Counter Tools provides grantee web based interactive tobacco retailer mapping and store-auditing tools to aid in community assessment and to visually present the tobacco problem to the community. Associated is CounterTobacco.org, which is a Centers for Disease Control and Prevention (CDC) funded website with information and resources for organizations working to counteract tobacco product sales and marketing at the point-of-sale. Specific technical assistance and training accomplishments include:

- Developed and launched the Minnesota Store Mapper, an online GIS mapping tool displaying tobacco retailer locations, policy compliance, proximity to schools and parks, and test policy effectiveness.
- Supported 1,500 store audits conducted by grantees using a standard audit form and process.
- Assisted grantees with point-of-sale data specific to their communities in order to help determine the next steps in their work to reduce access to tobacco products, specifically targeting youth.

American Indian Grant Program

The American Indian Grant program provides a comprehensive approach to reducing tobacco-related disparities among American Indians living in Minnesota by providing education and policy grant awards to tribal governments.

In Minnesota, tobacco use is highest in American Indian populations. The Tribal Tobacco Use Project Survey Report 2013: Findings from Minnesota American Indian Communities, reports that 59 percent of American Indians in Minnesota smoke. This program addresses the high prevalence of commercial tobacco use in tribal communities across the state by building strong, community-based tobacco control programs. Community initiatives include cessation programs, systems changes, such as incorporating smoke-free policies in some community settings, and cultural awareness activities to educate community members about the harms of commercial tobacco. Many tribes are promoting healthy communities free of commercial tobacco and are growing Asema for use as an offering, a gift, and for ceremonial use. Asema is the word used for tobacco in the Ojibwe language. In the Dakota/Lakota language the word is can-sa-sa and in Ho-Chunk the word is da-nee.

As required by the statute, some of these efforts are in coordination with our partners including ClearWay Minnesota (formerly known as Minnesota Partnership for Action Against Tobacco). Additionally, the promising practice of passing tribal resolutions, laws, or policies that protect their members from tobacco smoke continues to spread throughout Minnesota's tribal communities.

Ain Dah Yung (Our Home) Center

The Ain Dah Yung Center works to train and empower metro area 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. Ain Dah Yung Center also strives to decrease tobacco use among youth by engaging them in cultural education activities like singing and drumming groups, sweat lodge ceremonies, harvesting of plants, and cultural teachings. Accomplishments include:

- Passed a smoke-free policy at the American Indian Magnet School and coordinated six family nights in support of this policy change, with 300 attendees.

- Hosted two annual powwows, as well as two annual tobacco symposiums with total of 1300 attendees.
- Provided culturally specific tobacco prevention to roughly 1500 unique individuals.

Bois Forte Band of Chippewa

The Bois Forte Band of Chippewa works to reduce commercial tobacco use among its members by educating them on how to live healthier. They also involve the community in the development and implementation of tobacco messaging, engage community members in cultural education activities about the traditional use of tobacco, as well as provide smoking cessation referral services. Accomplishments include:

- Facilitated 26 events including wellness walks, wellness luncheons, health fairs, and conferences, education booths in Nett Lake and the Vermillion sector of the reservation, as well as various other presentations to the community and youth; reaching over 1500 people.
- Provided 46 unique individuals with smoking cessation services through referrals to the Quitline.

Greater Minneapolis Counsel of Churches/Division of Indian Work

The Division of Indian Work promotes the advancement of smoke-free policies in the Minneapolis American Indian community. They also work to decrease youth commercial tobacco use by providing education on spiritual use of tobacco, as well as engaging youth in cultural activities like wild rice harvesting, drumming and beading. The Division of Indian Work has been successful in advancing smoke-free grounds policies and is continually working on advancing more policies through the end of the grant cycle. Other accomplishments include:

Trained youth in advocacy and presentation skills for participation in outreach activities regarding the dangers of secondhand smoke, commercial abuse of tobacco, and traditional use of tobacco.

- Distributed educational materials, made by American Indian youth, at community events such as powwow and health fairs.
- Assisted in the adoption and implementation of smoke free policies at 11 sites including; the Minneapolis American Indian Center, the Indian Health Board, and the American Indian Community Development Corporation.

Fond du Lac Band of Lake Superior Chippewa

The Fond du Lac Band of Lake Superior Chippewa supports a clinic-pharmacy tobacco cessation program, as well as providing culturally specific education and outreach activities about the cultural teachings traditional tobacco and the hazards of commercial tobacco use. Additionally, they plan and implement activities to prevent and reduce the misuse of tobacco and decrease exposure to secondhand smoke. Recently, the Fond du Lac Reservation Business Committee voted not to approve the sale of e-cigarettes at their C-store. Other accomplishments include:

- Organized and facilitated 48 community events; including community education at the Thirteen Moons Powwow and the Fond du Lac Annual Veterans' Powwow, which together reached nearly 3000 people.
- Provided 250 unique individuals with smoking cessation services through referrals to the Fond du Lac clinic.

Grand Portage Band of Lake Superior Chippewa

The Grand Portage Band of Lake Superior Chippewa works to decrease commercial tobacco within their community by providing smoking cessation referral services and engaging members in cultural education

activities around the traditional use of tobacco, and by planning and implementing activities that will help their community members to live happy and healthy lives. They train their members to be advocates for a healthier community. Accomplishments include:

- Organized educational opportunities for community members, specifically youth, held at two annual powwows, and three wellness fairs.
- Provided nearly 200 unique individuals with smoking cessation services through referrals to the Quitline.
- Through partnership with the American Indian Cancer Foundation, culturally specific outreach services were provided.

Leech Lake Band of Ojibwe

The Leech Lake Band of Ojibwe promotes healthy communities by providing cultural education and prevention activities to Leech Lake youth. These youth conduct assessments of the readiness of pow-wow goers to accept the designation of smoke-free areas with the goal of implementing a smoke-free policy for at least one major community pow-wow. Accomplishments include:

- Passed a smoke-free policy for the Annual Leech Lake Head Start Powwow; educating individuals on the danger of secondhand smoke.
- Coordinated the 1st Annual Boys and Girls Club Powwow, an event that was completely free of commercial tobacco, with over 250 people in attendance.
- Provided culturally specific tobacco prevention services impacting nearly 190 youth and 33 adults.

Lower Sioux Indian Community

The Lower Sioux Indian Community works on decreasing commercial tobacco within the community by engaging its members in cultural education and outreach activities, such as powwows, health fairs, annual diabetes awareness events, drum groups, and boxing practice. The Lower Sioux Indian Community also trains youth to promote smoke-free spaces in many settings, which has led to the Lower Sioux casino, Jackpot Junction, becoming smoke-free in all non-gaming areas of the facility. Other accomplishments include:

- Facilitated programs focusing on educating youth about tobacco use in their community and cultural American Indian ways, and engaged them through events including workshops, camps, and classes.
- Organized and facilitated programs such as health fairs and workshops, with the goal of providing education and prevention resources to the American Indian community; reaching over 400 people.

Mille Lacs Band of Ojibwe

The Mille Lacs Band of Ojibwe works to decrease commercial tobacco within the community by engaging its members in cultural education and outreach activities about the traditional use of tobacco, such as powwows, health fairs, and their community newsletter. Mille Lacs Band of Ojibwe also supports a clinic-pharmacy tobacco cessation program. Through their work, the Mille Lacs Band of Ojibwe passed 25 foot no-smoking policies in all Health and Human Services buildings, as well as a no smoking policy for their State of the Band Address. Other accomplishments include:

- Assisted in the adoption of a policy requiring a smoke-free Elder section at the annual Mille Lacs Traditional Powwow.
- Hosted a Tobacco Education meeting in all districts, with roughly 100 attendees.

- Provided over 100 unique individuals with smoking cessation services through referrals to the local clinic.
- Featured work in the monthly Mille Lacs Band Public Health Newsletter, reaching more than 500 people.

Red Lake Band of Chippewa

The Red Lake Band of Chippewa Indians provides culturally specific services to their members, and cultural education activities at their annual diabetes prevention conference, annual teen health fair, and Smart Girl's program (youth sharing stories). At their employee health fair they provide education on the dangers of secondhand and third hand smoke. The Red Lake Band of Chippewa Indians also trains youth to promote smoke-free policies in a variety of settings, which led to a smoke-free policy for all Boys and Girls Club events, including adult softball tournaments and a highly visible golf tournament. Other accomplishments include:

- Led tobacco education and outreach classes for tribal youth, teaching over 500 youth about the harms of commercial tobacco and secondhand smoke.
- Distributed tobacco prevention materials to various health services locations and community members to educate the tribal community about the harms of tobacco, secondhand smoke and to assist in smoking cessation.
- Coordinated the Tribal Tobacco Use Project – American Indian Adult Tobacco Survey, administered by the University of Minnesota Epidemiology department, and provided data on the smoking prevalence in the tribal community from over 200 residents.
- Presented commercial tobacco abuse prevention information at 10 community education events, impacting over 2500 youth and adults.

Upper Sioux Community

The Upper Sioux Community provides cultural tobacco education at events like their Suicide Prevention community event, health fairs, and powwows. This Upper Sioux Community is also developing an incentive to quit program. Other accomplishments include:

- Assisted in the implementation of a smoke-free policy including tribal vehicles, casino offices, as well as a policy which prohibits smoking within 25 feet of Tribal office buildings and community playgrounds.
- Facilitated and/or participated in 10 events including a Youth Lock-In, the 2013 Health Fair, as well as multiple powwows; reaching nearly 1000 people.
- Provided 25 unique individuals with smoking cessation services through referrals to the Quitline.

White Earth Nation

The White Earth Nation has a vibrant tobacco coalition that has implemented smoke-free policies for the tribal college campus, transportation building, and veteran's community center. White Earth Nation also supports a clinic-pharmacy tobacco cessation program, as well as smoke-free policies and programs in the community's middle school and high school. The White Earth Nation works to create tobacco free environments by actively working on getting youth and parent involvement in their tobacco-free efforts. Accomplishments include:

- Provided cessation services to 542 unique individuals through the Indian Health Services clinic, with a follow-up rate of more than 50 percent.
- Hosted a group class on tobacco prevention, with 42 in attendance.
- Assisted in the implementation of a smoke-free break room policy at the Shooting Star Casino.

- Assisted in the adoption of a smoke-free park policy in the city of Mahanomen.
- Presented informational displays and provided one-on-one meetings at various American Indian events, conferences, and powwows, including the State of the Band event and the Festival of Fathers and Families Event, reaching roughly 2,500 people.

Great Lakes Inter-Tribal Epidemiology Center

The Great Lakes Inter-Tribal Epidemiology Center (GLITEC), MDH, nine American Indian Tribes in Minnesota as well as two urban Indian organizations worked collaboratively on the Stakeholder Input Process American Indian Community (SIPAIC) Project. The goals of the SIPAIC project were to determine how evidence-based practices and other promising practices could be culturally adapted for American Indian communities to address commercial tobacco abuse and exposure, obesity and other chronic diseases. The SIPAIC project conducted key informant interviews, two dynamic group interaction for feedback sessions and an electronic survey for MDH strategies and activities. GLITEC staff analyzed data from each of the three data collection methods and reviewed themes and results. Recommendations were presented to MDH to improve the relationship between MDH and the Tribes and urban Indian organizations.

Evaluation Outcomes Report

When the Tobacco Use Prevention and Local Public Health Endowment was launched in 1999, the Legislature directed the Commissioner of Health, under Subd. 9 Evaluation, to establish measurable outcomes to determine the effectiveness of tobacco prevention efforts. A panel of medical and tobacco experts convened by the Commissioner recommended an initial set of outcomes. These outcomes have been updated to reflect changing conditions and are listed below:

- Proportion of youth who use conventional tobacco products
- Proportion of youth trying and using electronic cigarettes
- Initiation of tobacco use among youth
- Youth self-reported cigarette consumption
- Proportion of retailers selling tobacco to minors
- Exposure to secondhand smoke
- Youth attitudes and beliefs toward tobacco use
- Home and peer influences on youth smoking

The Tobacco-Free Communities in Minnesota program, which has been operated by MDH since 2004, uses the same set of measurable outcomes. Data for these measures are obtained from the Minnesota Youth Tobacco Survey (MYTS) conducted in 2000, 2002, 2005, 2008, 2011, and 2014.

Outcomes

Tobacco use declined sharply among Minnesota youth between 2011 and 2014, continuing and deepening a long-term trend. The percent of high school students who used conventional tobacco products in the past 30 days (including cigarettes, cigars, smokeless tobacco, and pipe tobacco) fell from 25.8 percent in 2011 to 19.3 percent in 2014. The percent of high school students smoking cigarettes in the past 30 days fell from 18.1 percent in 2011 to 10.6 percent in 2014, the steepest drop ever recorded by the MYTS. The percent of high school students smoking cigar products in the past 30 days fell from 13.0 percent to 8.2 percent. (Table 1)

However, many youth are trying and using electronic cigarettes, which first came on the market in the U.S. in 2007. The 2014 MYTS found that 7.7 percent of middle school students and 28.4 percent of high school

students had tried an e-cigarette, and that 3.1 percent of middle school students and 12.9 percent of high school students had used an e-cigarette during the 30 days prior to the survey. Many young people are being introduced to nicotine through e-cigarettes and/or are using e-cigarettes in combination with conventional tobacco. Nicotine is highly addictive and is known to harm fetal and adolescent brain development.

The survey found evidence that exposure to secondhand smoke is continuing to decline. Because of changes in the survey questions, trends could only be established for exposure while riding in a vehicle. The percentage of non-smoking high school students exposed to secondhand smoke in a vehicle in the previous 7 days fell from 26.0 percent in 2011 to 19.4 percent in 2014. The percentage of students reporting that smoking is never allowed in their homes or family vehicles is very high and continues to increase. In 2014, 86.3 percent of middle school students and 84.5 percent of high school students reported that smoking is never allowed inside their homes.

Many of the other measurable outcomes indicated trends in the desired direction or stable rates at fairly low levels. The proportion of retailers who sold tobacco to minors during compliance checks fell from 19.2 percent in 2000 to 2.4 percent in 2011 and just 1.0 percent in 2014. The proportion of students who live with someone who smokes continued to decline, mirroring the gradual long-term decline in smoking rates among adults. Social norms remain negative toward smoking – only 11.5 percent of middle school students believe that young people who smoke have more friends, and only 6.6 percent believe that smoking makes young people look cool or fit in.

Tobacco Use Disparities

Tobacco use rates differ among race and ethnic groups, economic groups, and other small population groups. The primary source for data on smoking among these groups is the Minnesota Student Survey, last conducted in 2013. Among 11th graders in Minnesota, Asian students have the lowest rate of tobacco use in the past 30 days (8.9 percent) while American Indian students have the highest rate (29.2 percent). Students who identified as bisexual or gay/lesbian had exceptionally high tobacco use rates (37.1 percent and 29.2 percent respectively for 11th graders.) Students experiencing economic distress had very high rates of tobacco use – 34.5 percent of 11th grade students who had to skip meals recently and 38.7 percent of 11th graders who have been homeless reported using tobacco in the past 30 days. (Table 2)

Challenges

Despite the positive news about declining conventional tobacco use, the 2014 youth tobacco survey also contains some unsettling results that should be addressed.

The most important challenge is the emergence of electronic cigarettes as an attractive and unregulated product that delivers nicotine to youth. While regular cigarette ads are not allowed on TV, radio or billboards, e-cigarettes are heavily advertised in all of these media as well as on the internet, in magazines, and in stores. The availability of hundreds of kid-friendly flavors, the sleek design, the technology, and the ability to hide or disguise use make e-cigarettes an ideal vehicle for making nicotine use more attractive to youth.

A second concern is the growing popularity of menthol-flavored cigarettes among those who smoke. 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. Nearly half of high school smokers (44.3 percent) reported in 2014 that they usually smoke menthols, while among adult smokers only 22.0 percent usually smoke menthols. The percentage of high school smokers who prefer menthol cigarettes has doubled since 2000.

A third concern is the continuation of large disparities in tobacco use among racial, ethnic and other youth population groups. Smoking rates have fallen sharply 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.

Results for the measurable outcomes (Table 1) and for tobacco use 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, the emergence of new tobacco products, and other outcomes. The next MYTS is scheduled to be administered in 2017.

Table 1. Measurable outcomes for tobacco use prevention and control, by year, 2000-2014

Measurable outcomes	2000	2002	2005	2008	2011	2014	%* Change 2000-14	%* Change 2011-14
Proportion of youth who use conventional tobacco products								
Percent of students who used any tobacco product in the past 30 days:								
Middle School	12.6%	11.2%	9.5%	6.9%	5.6%	3.6%	-71%	--
High School	38.7%	34.4%	29.3%	27.0%	25.8%	19.3%	-50%	-25%
Percent of students who smoked cigarettes in the past 30 days:								
Middle School	9.1%	7.2%	5.2%	3.4%	3.7%	1.6%	-82%	-57%
High School	32.4%	28.9%	22.4%	19.1%	18.1%	10.6%	-67%	-41%
Percent of high school students who smoked cigars, cigarillos or little cigars in the past 30 days:								
High School	13.0%	12.3%	12.0%	12.9%	13.0%	8.2%	-37%	-37%
Percent of high school students who used chewing tobacco, snuff, or dip in the past 30 days:								
High School	10.2%	9.7%	7.9%	9.4%	8.4%	6.2%	-39%	--
Initiation of tobacco use among youth								
Percent of students who have <u>ever</u> used any tobacco in their lifetime:								
Middle School	41.3%	36.5%	27.8%	22.5%	15.0%	12.1%	-71%	-19%
High School	69.5%	63.7%	56.3%	53.6%	46.2%	40.2%	-42%	-13%
Percent of students who have <u>ever</u> smoked a cigarette in their lifetime:								
Middle School	33.3%	27.4%	19.7%	14.8%	12.7%	9.1%	-73%	-28%
High School	64.7%	58.4%	49.4%	45.9%	39.9%	31.5%	-51%	-21%
Initiation of nicotine use—electronic cigarettes								
Percent of students who have heard of electronic cigarettes:								
Middle School						54.3%		
High School						71.7%		

Measurable outcomes	2000	2002	2005	2008	2011	2014	%* Change 2000-14	%* Change 2011-14
Percent of students who have ever tried an electronic cigarette: Middle School High School						7.7% 28.4%		
Percent of students who have used an electronic cigarette in past 30 days: Middle School High School						3.1% 12.9%		
Youth self-reported cigarette consumption Percent of current <u>smokers</u> who smoke six or more cigarettes per day (on the days they smoke): High School**	31.6%	33.0%	27.9%	25.3%	26.4%	22.6%	-28%	-14%
Proportion of retailers selling tobacco to minors Percent of retailers selling tobacco to minors [Source: DHS annual Synar compliance checks]***	19.2%	15.0%	13.4%	7.9%	2.4%	1.0%	-95%	--
Exposure to secondhand smoke Percent of non-smokers who reported riding in a vehicle where someone was smoking tobacco in last 7 days: Middle School High School Percent of students who report that smoking is never allowed inside their home: Middle School High School	34.5% 35.6%	33.5% 33.5%	30.1% 31.1%	20.7% 27.1%	23.1% 26.0%	20.3% 19.4%	-41% -46%	-12% -25%
				81.9% 77.0%	81.0% 79.7%	86.3% 84.5%	+5% +10%	+7% +6%

Measurable outcomes	2000	2002	2005	2008	2011	2014	%* Change 2000-14	%* Change 2011-14
Percent of students who report that smoking is never allowed inside their family vehicles:								
Middle School				76.3%	74.6%	79.6%	+4%	+7%
High School				65.1%	64.0%	76.1%	+17%	+19%
Youth attitudes and beliefs toward tobacco use								
Percent of all students who believe that young people who smoke cigarettes have more friends:								
Middle School	14.8%	15.8%	12.4%	11.0%	12.0%	11.5%	-22%	-3%
High School	21.4%	19.8%	18.8%	17.0%	16.3%	15.4%	-28%	-6%
Percent of all students who believe that smoking cigarettes makes young people look cool or fit in:								
Middle School	9.9%	11.4%	8.3%	9.2%	8.2%	6.6%	-33%	--
High School	14.0%	13.7%	13.0%	12.1%	9.3%	9.0%	-36%	--
Home and peer influences on youth smoking								
Percent of students who live with someone who smokes cigarettes:								
Middle School	40.5%	40.4%	38.2%	32.5%	34.2%	28.8%	-29%	-16%
High School	39.9%	39.7%	37.0%	38.9%	36.0%	29.7%	-26%	-18%
Percent of all students who report that two or more of their four closest friends smoke cigarettes:								
Middle School	13.2%	12.0%	8.9%	6.5%	8.4%	4.5%	-66%	-46%
High School	39.8%	35.5%	28.0%	24.9%	25.9%	15.5%	-61%	-40%

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

** Because very few middle school students are established smokers, we report only on high school students.

*** The most recent rate (1.0%) is from federal fiscal year 2013.

Source: Except where noted, data were collected through the 2000, 2002, 2005, 2008, 2011, and 2014 Minnesota Youth Tobacco 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/youth.html>.

Table 2. Percent of Minnesota students who used any conventional tobacco products in the past 30 days, by grade and population group, 2013*

POPULATION GROUP	Grade 8	Grade 9	Grade 11
ALL STUDENTS	5.5%	10.4%	18.9%
RACE-ETHNIC GROUP			
American Indian or Alaska Native	11.6%	21.3%	29.2%
Asian	3.6%	6.1%	8.9%
Black, African or African American	7.9%	12.8%	14.8%
Hispanic	8.9%	14.0%	18.4%
White	5.2%	10.3%	20.0%
SEXUAL ORIENTATION**			
Heterosexual	N/A	9.5%	18.1%
Bisexual	N/A	33.4%	37.1%
Gay or Lesbian	N/A	29.5%	29.2%
Not Sure (questioning)	N/A	12.2%	23.8%
ECONOMIC HARDSHIP			
Receives free or reduced-price school lunch	9.3%	15.1%	20.5%
Had to skip meals because family did not have enough money to buy food	19.0%	28.7%	34.5%
Homeless in past 12 months	16.2%	28.3%	38.7%
PLACE AND DISTRICT SIZE			
Twin Cities Metro area (seven counties)	4.6%	9.0%	16.2%
Greater MN: district enrollment of 5,000 or more	4.4%	9.9%	19.6%
Greater MN: district enrollment of 2,000-4,999	6.5%	11.1%	20.2%
Greater MN: district enrollment of 1,000-1,999	6.9%	12.8%	23.9%
Greater MN: district enrollment of less than 1,000	7.3%	13.0%	22.6%

Source: Minnesota Student Survey, 2013.

Financial Report for Tobacco Use Prevention Grants

	SFY 2013 Amount Awarded	SFY 2014 Amount Awarded
American Indian Grants		
Ain Dah Yung	125,000.00	35,580.00
Bois Forte	62,000.00	30,659.00
Fond du Lac	75,000.00	38,500.00
Grand Portage	87,500.00	40,000.00
Greater Minneapolis Council on Churches	97,367.50	34,615.00
Leech Lake	110,000.00	35,000.00
Lower Sioux	97,919.00	22,926.00
Mille Lacs	75,000.00	23,260.00
Red Lake	120,000.00	52,000.00
Upper Sioux	91,500.00	17,800.00
White Earth	137,500.00	28,629.00
	1,078,786.50	358,969.00*
Tobacco-Free Communities (TFC) Local Grants		
American Lung Association - Greater Mankato	279,592.00	47,000.00
Association for Nonsmokers-Minnesota- Ramsey Tobacco Coalition	150,000.00	228,000.00
Des Moines Valley Health and Human Services	150,000.00	175,000.00
Goodhue County	150,000.00	220,000.00
Horizon Community Health Board	150,000.00	180,000.00
Lao Family	150,000.00	40,000.00**
Olmsted County	150,000.00	220,000.00
Quin Community Health Services	149,982.00	175,000.00
Rainbow Health Initiative	150,000.00	218,000.00
WellShare	150,000.00	208,000.00
	1,629,574.00	1,711,000.00
TFC Statewide Technical Assistance & Training Grants		
American Lung Association in Minnesota	249,989.00	295,000.00
Association for Nonsmokers-Minnesota	249,996.00	295,000.00
Association for Nonsmokers-Minnesota – Coordinated Local Media Campaign		179,000.00***
Public Health Law Center	0.00	300,000.00
Counter Tools	0.00	40,000.00
	499,985.00	1,109,000.00
Great Lakes Inter-Tribal Epidemiology Center		15,486.00
Total Funds Awarded	3,208,345.50	3,194,455.00

* The American Indian Grants were reduced to focus on planning efforts during SFY14.

** The Lao Family grant ended May 31, 2014.

*** The grant to ANSR increased in SFY14 to coordinate the Coordinated Media Campaign among all TFC grantees and to assist in creative planning and media buying.

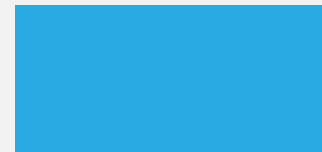
MINNESOTA HAS REDUCED YOUTH TOBACCO USE

PERCENT OF
HIGH SCHOOL
STUDENTS USING
CIGARETTES IN
THE PAST 30 DAYS
DROPPED
SHARPLY¹

18.1%



10.6%



TOBACCO USE IS STILL HIGH IN SOME STUDENT POPULATIONS²

Students skipping meals or being homeless

35.6%

Gay, Lesbian, or Bisexual

35.2%

Indian or Alaska Native

29.2%

Greater MN school districts < 2000 students

23.2%

TOBACCO USE IS STILL A COSTLY PROBLEM

\$2,510,000,000

SMOKING CAUSES MINNESOTANS
\$2.51 BILLION IN HEALTH CARE
COSTS ANNUALLY³



Minnesotan's
state and federal tax
burden from smoking-caused
government expenses is

\$826

per household annually⁴

- REDUCING YOUTH ACCESS
- INCREASING THE PRICE OF TOBACCO
- CREATING TOBACCO-FREE ENVIRONMENTS
- PROVIDING LINKS TO CESSATION SERVICES

¹. 2014 Minnesota Youth Tobacco Survey

². 2013 Minnesota Student Survey

³. CDC, Best Practices for Comprehensive Tobacco Control Programs, 2014

⁴. Campaign for Tobacco-Free Kids. "The Toll of Tobacco in Minnesota"

