



Tobacco Use Prevention

Report to the Legislature
on 2003-2004 activities



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The past two years have been a period of change for tobacco control activities sponsored by the Minnesota Department of Health (MDH). In 2003, the Minnesota Youth Tobacco Prevention Initiative (MYTPI) ended when the Tobacco Use Prevention and Local Public Health Endowment Fund was eliminated.

In 2004, MDH embarked on a new grant program, Tobacco-Free Communities in Minnesota (TFC), using \$3.7 million 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 that are considered to be the most effective in preventing tobacco use. To this end, TFC funding focuses mainly on local efforts to develop smoke-free policies, which have been shown to discourage youth from smoking by changing community norms and reducing opportunities to smoke.

With TFC funding, local agencies select community-appropriate activities, ranging from encouraging individuals to make their homes and cars smoke-free to working toward tobacco-free parks and smoke-free workplaces.

Many factors remained constant in the transition from the MYTPI to the TFC program:

- MDH continues to fund 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 agencies, both public and private, 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.
- Spending money on tobacco prevention continues to be a sound investment. Tobacco use remains the leading cause of preventable death and disease, accounting for \$1.61 billion in direct health care costs every year in Minnesota alone. By dedicating funds for youth tobacco prevention, Minnesota will realize a tremendous long-term return on its investment.

Minnesota Youth Tobacco Prevention Initiative (2003)

The Minnesota Youth Tobacco Prevention Initiative (MYTPI), begun in 2000 and ended in 2003, sought to create a statewide social environment in which tobacco use became undesirable and unacceptable and tobacco products were not accessible to young people.

The program was developed to prevent tobacco use among youth ages 12 to 17. The MYTPI was funded with nine percent of Minnesota's historic settlement with the major U.S. tobacco companies, which was used to create the Tobacco Use Prevention and Local Public Health Endowment. The Legislature directed MDH to use up to five percent of the fair market value of the endowment, as assessed on July 1 annually, for program administration and funding directed at youth tobacco use and risk behavior prevention. During the 2003 calendar year, \$15.8 million was spent by MYTPI grantees.

Endowment funding, per statute, was directed at statewide tobacco prevention efforts (two-thirds of the funding), locally based tobacco-prevention work (one-sixth of the funding), and preventing other high-risk behavior among youth (one-sixth of the funding). (The Youth Risk Behavior grant program is described on page 6.)

To allocate the local MYTPI funding, the state was divided into eight regions, and each region was allocated a dollar amount based on population. Organizations within each region were invited to apply for local partnership grants through a competitive process. All counties in Minnesota had activities funded through the 30 local partnership grants awarded in 2003. These grants were typically, though not exclusively, awarded to community health boards.

In addition, populations-at-risk (PAR) grants were awarded to agencies representing communities or populations that had higher than average tobacco use

rates, had been especially targeted by the tobacco industry, and/or bore a greater burden of tobacco-related disease and death. Within this funding category, two types of grants were awarded. Twenty-two implementation grants funded effective, culturally relevant strategies to reduce and prevent tobacco misuse among youth. Nine planning grants funded capacity building in organizations new to tobacco control. Grants were awarded to organizations representing the following populations: African, African American, American Indian, Asian American, Chicano/Latino, gay/lesbian/bisexual/transgender, and multicultural groups (e.g., alternative schools).



Finally, a number of statewide grants were awarded to support a variety of projects that provided resources, materials, and strategic consultation to strengthen community tobacco prevention efforts. The goal of the statewide projects was to complement local partnership and PAR projects by offering additional expertise and assistance in implementing strategies.

These statewide support grants provided technical assistance to grantees related to developing tobacco-free recreation policies, legal aspects of tobacco prevention, working with schools, communications, program evaluation, and adapting best practices to fit the unique needs of PAR communities. Target Market, the state's counter-marketing campaign and its youth empowerment organization, and two grants to evaluate the different components of Target Market were also supported by statewide funds.

The MYTPI used a comprehensive approach to tobacco control, involving multiple components as recommended by the Centers for Disease Control and Prevention (CDC). The CDC recommends nine components for comprehensive tobacco control programs:

Minnesota Youth Tobacco Prevention Initiative (2003)

- Locally driven programs to address a wide range of activities, including engaging youth, developing partnerships, educating community members, and developing policies related to tobacco;
- Chronic disease programs to reduce the burden of tobacco-related diseases;
- School-based programs to address a wide range of activities, including tobacco-prevention curricula, tobacco-free policies, and cessation services;
- Enforcement of tobacco-control policies including youth access to tobacco;
- Statewide projects to increase the capacity of local programs;
- Counter-marketing campaigns to counter tobacco-industry influences;
- Cessation programs;
- Surveillance and evaluation; and
- Administration and management.

With the exception of chronic disease programs, which were being addressed by other units within MDH outside of MYTPI funding, the MYTPI addressed all components of the CDC model. The comprehensive model was further reinforced by the work of other statewide organizations, which filled different roles and worked with different populations.

In keeping with the CDC recommendations, all MYTPI community-based grantees were directed to design their programs around one or more of five focus areas. While all grantees were required to work on reducing exposure to secondhand smoke, they could also choose to work in the areas of comprehensive school-based tobacco prevention, reducing youth access to tobacco, assuring access to nicotine-addiction treatment, and youth advocacy and leadership in prevention. Grantees selected activities within this structure that were best suited to their communities.

During 2003, grantees took on activities ranging from working with schools to provide evidence-based tobacco prevention curricula to working with law enforcement officers to conduct and monitor compliance checks; from promoting youth cessation programs to developing youth groups; from promoting smoke-free homes and cars to working with community coalitions to protect the public from the harms of secondhand smoke.

See below for selected highlights of some MYTPI grantees' accomplishments. (For a summary of funding amounts, see page 14.)

Minnesota Youth Tobacco Prevention Initiative Highlights

African American Family Services

In 2003, African American Family Services (AAFS) focused part of their effort on reducing exposure to secondhand smoke through two programs specifically tailored to the African-American community. Their "Not in Mama's Kitchen" campaign was a collaboration with predominantly African-American churches that targeted mothers to educate them about the dangers of secondhand smoke. Women were encouraged to take a stand to make their homes smoke-free.

AAFS's "Because you love me, step outside to smoke" campaign

targeted barbershop and beauty salon owners. Youth participants met with owners to encourage them to protect their clients by serving them in a smoke-free environment and to educate their clients about the harms of secondhand smoke.

Association for Nonsmokers– Minnesota/Tobacco-Free Youth Recreation

Tobacco-Free Youth Recreation (TFYR) provided technical assistance to local grantees in creating tobacco-free public park and recreation areas. In 2003,

TFYR partnered with local grantees in 25 Minnesota communities, both in the metro area and in greater Minnesota.

TFYR provided each of these local communities with signs to post in their park areas publicizing their tobacco-free policy. In addition, TFYR helped local grantees develop publicity strategies for further promoting their policy. In many cases, TFYR assisted local grantees in mobilizing and training youth to work with local policy makers in adopting park policies.

Minnesota Youth Tobacco Prevention Initiative (2003)

In order to further promote tobacco-free sports, TFYR partnered with organizations such as the Minnesota Twins and the University of Minnesota Athletics Department to develop tobacco-free sports campaigns, including posters featuring Torii Hunter and Lindsay Whalen. Thousands of these posters were distributed across Minnesota. In conjunction with this campaign, TFYR and MDH staff trained 18 University of Minnesota athletes to make middle-school classroom appearances to discuss tobacco use with youth.

Dakota County Public Health Dept.

One way that Dakota County addressed youth tobacco prevention was by closely monitoring youth access to tobacco through commercial sources and publicizing results of local tobacco compliance checks.

In 2003, Dakota County staff compiled a report that summarized results of tobacco compliance checks for 2000-2002, highlighting the shift over time in the commercial availability of tobacco to youth. In 2000, 25 percent of retailers sold tobacco to minors during tobacco compliance checks; in 2001, 19 percent of retailers were non-compliant; and by 2002, the rate had dropped to nine percent.

This failure rate meets the standard put forth in the Synar Amendment, which requires that states have a failure rate of less than 20 percent, and is better than the statewide failure rate for Minnesota, which was 15 percent during 2002. The

Youth Access Report was distributed to local policy makers, community leaders, and local media.

Program Evaluation Assistance Center

The Program Evaluation Assistance Center (PEAC) provided technical assistance in evaluation to MYTPI community-based grantees to help them assess progress toward achieving program outcomes and to identify areas for program improvement.

In addition, PEAC collaborated with 17 MYTPI grantees in 2003 to develop and implement a survey to assess community members' attitudes toward secondhand smoke and smoke-free policies. The survey was administered to 5,656 Minnesota residents in Blue Earth, Carlton, Chisago, Fillmore, Freeborn, Goodhue, Jackson, Koochiching, Mille Lacs, Mower, Olmsted, greater St. Louis, Todd, Winona, and Wright counties, as well as the cities of Granite Falls and Owatonna.

The survey had an aggregate response rate of 64 percent and a margin of error of two percent. The survey showed similar results across communities. The aggregate results are summarized below:

Community members know secondhand smoke is harmful.

- 92 percent of residents agreed that secondhand smoke is harmful to adults, while 95 percent agreed that secondhand smoke is harmful to children.

Residents believe that smoking should be restricted when children are present.

- 86 percent of residents agreed that adults who smoke should smoke only when there are no kids around.
- 57 percent of residents agreed that outdoor school events (such as sporting events) should be smoke-free.

There is strong support for smoke-free restaurants. (Note: The survey did not ask about support for smoke-free bars.)

- 80 percent of residents who dine out said they prefer smoke-free restaurants.
- 97 percent of current non-smokers and 49 percent of smokers said they would go to restaurants as often or more if restaurants were smoke-free.
- 86 percent of current non-smokers and 59 percent of smokers agreed that people who work in restaurants should have a smoke-free workplace.

This collaborative effort was designed to benefit grantees' local programs and to contribute to the body of knowledge about statewide activity. Grantees shared their data within their own communities and used the information to make decisions about future program activities. PEAC used the data to examine the relationship between educational efforts on secondhand smoke and public opinion.

For more information on this project, go to www.epi.umn.edu/research/SHSstudy/.

Minnesota Youth Tobacco Prevention Initiative (2003)

Stearns County Dept. of Public Health

A large part of Stearns County's program focused on collaborating with seven local schools to implement comprehensive tobacco programming. Within a defined framework, each school was able to select activities appropriate to its state of readiness and areas of greatest need.

Participating schools implemented evidence-based tobacco prevention curricula, strengthened tobacco-free policies on school grounds, developed peer education presentations, offered diversion classes for students caught smoking, made referrals to off-site smoking cessation programs, and provided support for youth groups to address tobacco prevention.

Target Market Organization

Target Market Organization (TM Org) was a statewide youth-led, adult-guided movement that used peer-to-peer education about tobacco industry manipulation to reduce tobacco use among teenagers.

TM Org was started by 400 teens in April of 2000, and by April 2003 there were about 30,000 registered members and more than 200 TM crews throughout the state.

One of the main activities of TM Org was an interactive peer education presentation called Manipulation 101. Manipulation 101 engaged youth in learning about the marketing tactics tobacco companies use to portray smoking

as an alluring form of youth rebellion and helped youth learn the skills needed to resist industry manipulation. In 2003, dozens of presentations were provided by TM Org crew members to students all over the state.

In April of 2003 TM held its final Statewide Board meeting, which drew over 300 teens to the Twin Cities. Participants in the Statewide Board meeting gathered to celebrate their accomplishments and to make plans for continuing to work on tobacco control after TM Org ended.



Youth Risk Behavior Initiative (2003)

The Youth Risk Behavior (YRB) Initiative, begun in 2000 and ended in 2003, provided resources to every community health services (CHS) agency in Minnesota for the purpose of improving the health of Minnesota youth. Funds were provided through formula-based grants to address high-risk behaviors, other than tobacco use, that contribute most to poor health during teen years and across the lifespan. These included alcohol and other drug use; sexual behaviors that may result in pregnancy, HIV, and sexually transmitted infections; violence; suicide; physical inactivity; and unhealthy dietary behavior.

Each CHS agency worked with local partners to establish the focus of local activities. Local needs were determined by Minnesota Student Survey data, other assessment data, and conversations with youth, families, and community partners.

During the 2003 calendar year, \$4.2 million was spent by YRB grantees. The funds supported over 4,800 activities, such as training teachers to use evidence-based curriculum and after school programs for youth. The impact of these activities was felt in many ways:

Community partnerships

The YRB Initiative was designed to increase the capacity of communities to support healthy youth development. Throughout Minnesota, young people, parents, schools, community organizations, and community leaders came together to focus on the complex task of improving the health of young people in local communities. More than 95 percent of all YRB-funded events represented collaborations among community partners. Common partners included local health professionals and schools, who

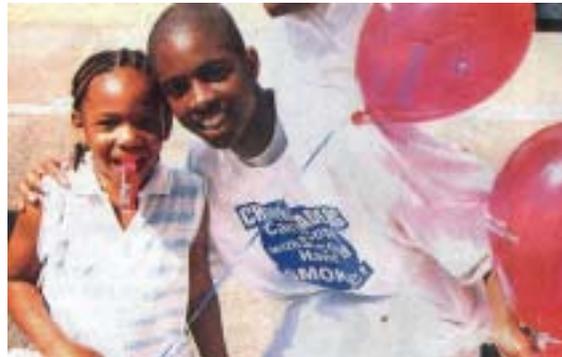
were involved in over one-third and one-half of all YRB-funded activities respectively.

Positive youth activities

YRB funding provided many opportunities for young people to engage in positive, healthy activities. Importantly, YRB funding offered numerous opportunities for young people to play leadership roles in their communities.

Community awareness

YRB-funded activities helped raise awareness about the issues important to youth health. Community members learned about youth access to alcohol, combating increases in childhood obesity, and declining rates of physical activity. Through YRB activities, parents of adolescents also learned more effective parenting skills.



Commitment to youth

YRB funding helped develop a commitment to addressing youth risk behaviors at the local level. Most communities planned to continue some work related to youth risk behaviors using Local Public Health Act funding or funding from alternate sources.

For selected highlights of some YRB grant activities, see the next page.

Youth Risk Behavior Initiative Highlights

Metro area

A consortium of county and city public health agencies pooled their YRB funding and developed a program for parents of teenagers. In collaboration with the University of Minnesota Extension Service, in 2001 they launched Shoulder to Shoulder: Raising Teens Together. This social marketing campaign continues today, sharing the good news about parenting adolescents in order to increase parents' comfort and confidence levels in raising their children. An informational website provides parenting tips, a community outreach guide, culturally appropriate parenting fact sheets, and research reports. The original consortium has expanded to include the following partners: City of Bloomington Public Health; Dakota County Public Health; Hennepin County Community Health Department; Konopka

Institute for Best Practices in Adolescent Health; Minneapolis Department of Health and Family Support; Minnesota Institute of Public Health; Prevent Child Abuse Minnesota; Saint Paul-Ramsey County Department of Public Health; Washington County Department of Public Health and Environment; and the University of Minnesota Extension Service.

Redwood & Renville counties

Redwood and Renville counties used YRB funding for activities to promote increased physical activity and healthy eating. Among the activities was a school-wide "Walk to New York Fitness Challenge," in which students and staff were challenged to accumulate the number of miles or minutes of activity equivalent to walking to New York. They accumulated enough miles to get to New York and back. When it was identified

that the middle school lacked fitness equipment, several pieces of equipment were purchased to start a fitness room that emphasized lifetime fitness. And, in an effort to engage the broader community, the number of healthy food options at concession stands was increased through the purchase of a refrigerator. Previously, healthy foods such as milk and yogurt could not be sold because there was no refrigerator.

Tobacco-Free Communities in Minnesota (2004)

In 2004, MDH developed a new program – Tobacco-Free Communities in Minnesota (TFC) – and awarded \$3.7 million annually in grants for locally driven tobacco prevention efforts. These grants began January 1, 2004 and will end December 31, 2005. Money for the first year of the grant program came from unexpended MYTPI funding; money for the second year will come from the general fund. As in the past, the target population for grant activities is youth aged 12 to 17 who are at risk of initiating tobacco use.

TFC includes two categories of competitive funding: local intervention grants, awarded to community agencies representing geographic regions such as cities, counties or multi-county regions; and populations-at-risk (PAR) grants, awarded to community organizations representing population groups that have significantly higher tobacco use rates, bear a greater burden of tobacco-related disease and death, and/or are specifically targeted by the tobacco industry.

Funding for each category was divided between two regions of the state, the metro region and the greater Minnesota region. Overall, 21 grants – 13 local and 8 PAR – were awarded to fund activities in 41 of Minnesota's 87 counties. Within the PAR category, money was awarded to organizations representing the following populations: African, African American, American Indian, Asian American, gay/lesbian/bisexual/transgender, and alternative school students. Though no grant was awarded to an organization representing the Chicano/Latino population, four local grantees were allocated additional funds in order to develop programs to meet the needs of the Chicano/Latino population in their regions.

In determining the emphasis for the 2004-2005 grants, MDH staff conducted a search of current recommendations for activities that have been shown

to have an impact on youth tobacco use. While many factors influence youth smoking behavior, according to the Guide to Community Preventive Services developed by the Task Force on Community Preventive Services, the most powerful interventions for preventing youth tobacco use are increasing the unit price of tobacco and aggressive counter-marketing campaigns. However, these approaches are most effectively implemented at the statewide level. Because TFC focuses on locally driven prevention efforts, the most effective community-based strategy for youth tobacco prevention was selected: local policies to create tobacco-free environments.

Thus, all 2004 grantees were required to focus on science-based strategies for creating tobacco-free environments in their communities, which were defined by geography or population. Within this framework, grantees chose activities that suited their communities, drawing from a broad spectrum of local private and public policy goals, including encouraging residents to make their homes, vehicles, parks, and restaurants tobacco-free.

In addition, grantees were allowed to spend up to 25 percent of their effort working on comprehensive school-based tobacco prevention efforts (through activities such as implementing tobacco prevention curricula, strengthening school tobacco policies, and improving school-based diversion and cessation services) and reducing youth access to tobacco (through activities such as strengthening local youth access laws, working to reduce in-store tobacco advertising, and increasing the number of tobacco compliance checks). Grantees worked on a variety of locally driven tobacco prevention activities during 2004.

See the next page for selected highlights of some TFC grantees' accomplishments. (For a complete listing of grantees and funding amounts, see page 15.)



Tobacco-Free Communities Highlights

Anoka County Community Health and Environmental Services (CHES)

Anoka County CHES works in collaboration with over 40 community agencies to promote tobacco-free environments throughout the county. One focus area is working with local communities to advocate for tobacco-free parks. Anoka County CHES coordinates the project overall, while local coalitions take the lead in their own communities. During 2004, four cities adopted new tobacco-free park policies: Andover, Anoka, Coon Rapids, and Ramsey. Once policies were passed in these cities, local coalition members turned their attention to educating community members about the changes, as enforcement of the policies will be enhanced by public awareness. These policies, brought forward by local community members and organizations, provide positive role modeling for youth, help reduce youth tobacco use, reduce exposure to secondhand smoke, and help to reduce cigarette litter.

Association for Nonsmokers—Minnesota, fiscal agent for Ramsey Tobacco Coalition

The Ramsey Tobacco Coalition (RTC) is comprised of more than 30 agencies, representing youth-serving organizations, health-related organizations, ethnic-specific community groups, law enforcement, faith communities, schools, and more. One focus of the coalition is to work to increase the amount of smoke-free rental housing in Ramsey County.

Research coordinated by the Center for Energy and Environment and the Association for Nonsmokers—Minnesota (ANSR) shows that smoke-free housing is in strong demand among all income levels and all ethnic groups, but that very little smoke-free housing is available. In 2004, RTC sponsored a seminar for elected officials in Ramsey County that summarized current research on ways to deal with secondhand smoke in existing buildings as well as options for dealing with the issue in new construction. In addition, ANSR, as part of RTC, offered a model lease for property owners who wished to make their buildings smoke-free and provided complaint resolution services for conflicts between renters and owners on issues related to smoking.

In addition, RTC received additional funds to address the needs of the Chicano/Latino population in Ramsey County. One way they did this was by collaborating with an existing Chicano/Latino-oriented health program, *Promotoras*. *Promotoras* are lay health workers who provide in-home education to Chicano/Latino families on a variety of health topics. With support from RTC, the *Promotoras* received additional training so they could educate community members – in homes, schools, and at community events – about secondhand smoke and other tobacco-related issues. RTC also compiled numerous educational materials in Spanish.

Clay-Wilkin Community Health Services (CHS)

The Clay-Wilkin CHS grant includes the eight counties in west central Minnesota that have joined forces through the Borders United for Smoke-Free Air project: Clay, Douglas, Grant, Otter Tail, Pope, Stevens, Traverse, and Wilkin. As part of this grant, in the city of Moorhead, members of the Smoke-Free Air for Everyone (SAFE) coalition in Clay County and the Students of Moorhead Action Committee provided education to Moorhead City Council members and the community at large on the harms of secondhand smoke and ways to protect workers' health. After a new smoke-free ordinance was approved by the City Council, the SAFE coalition shifted efforts to educate community members and business owners to ensure successful implementation of the new ordinance. The ordinance went into effect on December 15, 2004.

Hennepin Medical Society

Hennepin Medical Society (HMS), the membership organization of over 4,000 doctors in the western metro area, developed the Clean Air Minneapolis campaign with the goal of achieving a public policy to protect workers from the dangers of secondhand smoke. That goal was reached in July 2004 when a smoke-free ordinance – which included restaurants, bars and bowling alleys – was adopted by the City of Minneapolis. Before

Tobacco-Free Communities in Minnesota (2004)

the ordinance was passed, HMS worked with physicians to educate them about the harms of secondhand smoke and educated policy makers and community opinion leaders. They also hosted a press conference to release the results of a poll showing that Minneapolis residents were overwhelmingly in favor of restrictions on smoking in bars and restaurants. HMS project staff then served on the Implementation Task Force in Minneapolis, helping to determine how best to roll out the new ordinance.

Leech Lake Band of Ojibwe

The *Na'awe Asemaa Manido* (Tobacco for the Spirit) project on the Leech Lake reservation seeks to change tobacco policies in areas where youth are most affected. The initial focus of this effort is to develop policies to protect people from secondhand smoke at the two Pow-Wows that are sponsored by local schools. Youth were recruited to participate on the youth committee that will drive the project, and efforts are under way

to identify elders willing to serve on an advisory board that will guide the youth committee. This two-pronged approach acknowledges that the participation of both youth and elders is needed to effectively change community norms and policies.

Meeker-McLeod-Sibley Community Health Services Board

In 2004, one focus of the work in Meeker, McLeod, and Sibley counties was implementing a comprehensive campaign to increase awareness about secondhand smoke. Program staff reached a broad segment of residents, including parents, students, restaurant owners, medical professionals, city council members, and civic organizations through presentations, direct mailings, television and radio interviews, newspaper advertisements and stories, booths at community events, and more. Educational messages focused on the overall health effects of secondhand smoke along with specific information on the harms

to children, women, and employees. Also included were advice on protecting children from secondhand smoke, public opinion data related to secondhand smoke, and information on the benefits to restaurants and bars of being smoke-free.

Somali Community Resettlement Services

Somali Community Resettlement Services (SCRS) in Rochester worked to raise awareness about secondhand smoke among the Somali community in southeastern Minnesota. In 2004, SCRS trained Somali community members (mostly youth and women) to conduct a door-to-door campaign to educate other Somalis about the dangers of secondhand smoke. Another focus of their effort was to promote tobacco-free events within the Somali community. One way they did this was by collaborating with the Minnesota Somali Sports Association to plan tobacco-free events, such as the "Anti-Tobacco Cup" soccer tournament.

TARGET MARKET COUNTER-MARKETING CAMPAIGN FINAL EVALUATION

The Target Market (TM) counter-marketing campaign ran from April 2000 to August 2003 and was designed to counter the influences of tobacco industry advertising aimed at youth. The campaign featured advertisements that exposed the tactics used by tobacco companies to market their products to youth.

An evaluation of the program was designed using guidelines established by the CDC. The evaluation measured two types of variables: (1) awareness of the campaign and its messages, and (2) attitudes and beliefs about tobacco. Four cross-sectional telephone surveys were conducted at six-month intervals, starting with the summer of 2002 (when TM was in full swing) and ending with the winter of 2003 (six months after TM ended). Survey respondents were representative of Minnesota's youth population.

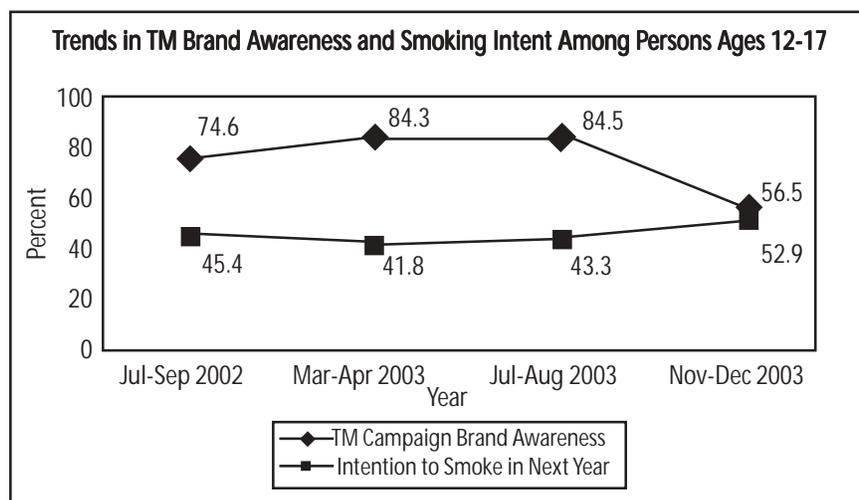
Campaign awareness

In order to be effective, a youth counter-marketing campaign must be recognized by a high percentage of youth. To assess this outcome, respondents were asked whether they were aware of each individual component of the TM campaign, including TM ads, TM's website, and TM Organization activities. "Confirmed awareness" of the advertising campaign (meaning respondents were able to provide an open-ended description of one or more TM ads) began at 53 percent at the time of the first survey. By the time of the second survey, over 95 percent of youth surveyed confirmed that they had seen one or more of the advertisements.

Going a step beyond awareness of TM ads, the evaluation also measured awareness of the TM brand overall, gauging not just direct exposure to one of the

TM components, but indirect awareness as well. At the time of the first survey, confirmed brand awareness was about 74 percent, while at the second and third surveys, confirmed brand awareness reached almost 85 percent, reaching one of the highest levels of campaign awareness recorded among youth-targeted tobacco prevention campaigns.

During the final survey, which was administered six months after TM had ended, confirmed awareness of all components of the TM campaign declined. Notably, overall brand awareness declined by 28 percentage points to 56.5 percent.



Attitudes and beliefs about tobacco

The goal of a youth counter-marketing campaign such as TM is to prevent non-smoking youth from starting to smoke and to maintain anti-tobacco beliefs in those who already have them. To

determine the TM campaign's effectiveness in this regard, respondents were asked several questions that related to attitudes and beliefs toward tobacco, susceptibility to smoking, and intentions to smoke during the next year.

While each of these variables remained relatively stable during the first three surveys, by the fourth survey, all of the measures detected increased smoking risks for youth. For example, the number of youth with strong anti-tobacco beliefs declined from 22 percent to 13 percent between the third and fourth surveys, while the number of youth with strong pro-tobacco beliefs increased from 27 percent to 31 percent. Similarly, the percent of youth reporting they would smoke a cigarette if it was offered by someone they thought

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was cool increased from 43 percent to nearly 48 percent, while those indicating they would smoke a cigarette in the next year rose from 43 percent to 53 percent. Susceptibility to smoking increased in all age groups, both sexes, and in the metro area as well as in greater Minnesota.

Note: A complete copy of the Target Market evaluation report is located at www.health.state.mn.us/divs/hpcd/tpc/TobaccoReports.html.

2004 MINNESOTA STUDENT SURVEY

The goal of the state's youth tobacco prevention program is to reduce youth tobacco use by 25 percent by 2005.¹ The program's overall effectiveness is measured by changes in ten measurable outcomes that were defined by MDH and other tobacco prevention and control experts in 1999 at the request of the Legislature. The Youth Tobacco Survey (YTS) is the official data source for monitoring statewide outcomes. The YTS is scheduled to be administered in 2005, at which time a full report will be released describing the state's progress toward achieving all ten outcomes.

The Minnesota Student Survey (MSS), while not the official data source for monitoring statewide outcomes of the state's youth tobacco prevention program, also provides data on youth tobacco use in Minnesota. Though it is not possible to directly compare YTS data to MSS data due to differences in survey administration and the wording of questions, the MSS provides an interim picture of how the youth tobacco prevention program is progressing toward meeting its goal.

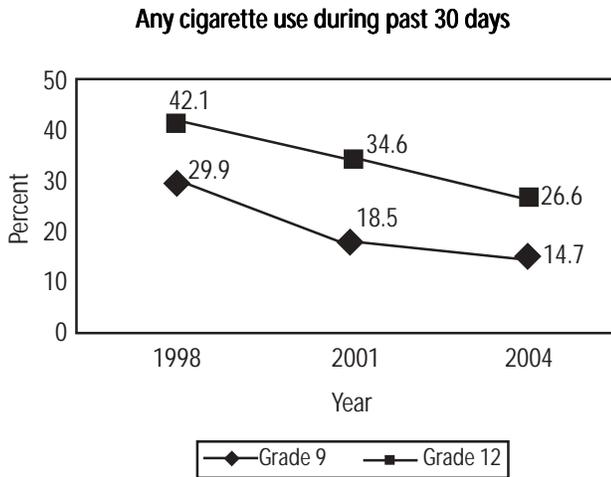
The most recent iteration of the MSS was administered in the spring of 2004 by the Minnesota Departments of Health, Education, and Human Services. The survey was administered to nearly 132,000 students, representing 88 percent of Minnesota's public operating school districts. The MSS is a voluntary written survey administered to students in grades 6, 9, and 12 to gather information about the lives of adolescents.

The most salient information from the MSS relates to the proportion of youth who report smoking cigarettes in the past 30 days. Data from 1998 (two years before the state's youth tobacco prevention program began), 2001 (within a year of the program beginning), and 2004 (shortly after the program changed its focus) show how youth tobacco use rates have changed during the past six years. Because the focus of the state's tobacco prevention activities is youth ages 12 to 17, this report summarizes only the data from students in grades 9 and 12.

¹ The original goal of the Minnesota Youth Tobacco Prevention Initiative (MYTPI) was to reduce youth tobacco use by 30 percent by 2005; the goal was changed in 2003 when the MYTPI was eliminated and funding for youth tobacco use prevention was reduced.

Any cigarette smoking

The proportion of students smoking any cigarettes during the past 30 days continued to decline between 2001 and 2004. While smoking rates decreased among both 9th and 12th graders, the decline was especially notable among 12th graders.



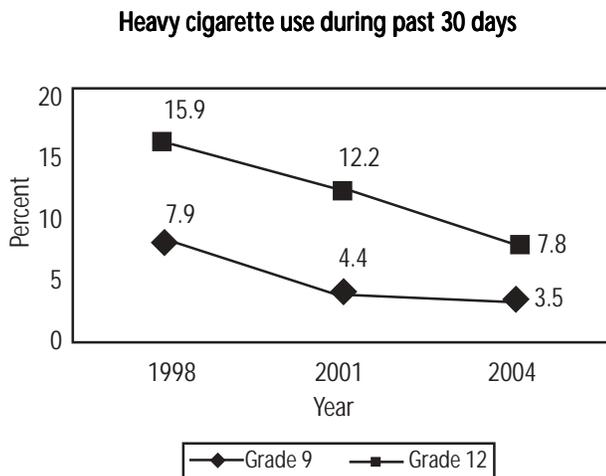
These declines in youth smoking rates are encouraging, as they are likely to result in fewer adult smokers and a reduction in tobacco-related diseases, deaths, and health costs in the future.

However, we will not know until YTS data are released in 2005 whether the state's youth tobacco prevention program has met its goal of a 25 percent reduction in tobacco use. While the data presented above indicate that the program appears to be on track to meet this goal, changes in program activities may have an effect on youth tobacco use rates.

Note: For a complete copy of 2004 Minnesota Student Survey results, go to education.state.mn.us/html/intro_safe_survey.htm.

Heavy cigarette smoking

The proportion of students who are heavy smokers (i.e., those who report smoking half a pack or more per day) also declined between 2001 and 2004. The largest decrease was again among 12th graders.



Tobacco Use Prevention & Local Public Health Endowment Grants (2003)

	State Fiscal Year 2003 Amount Spent
Statewide grants	
Populations-at-risk	\$1,842,213
Evidenced-based and innovative statewide projects	361,313
Support & development	2,076,272
Counter-marketing	5,945,537
Youth leadership	1,030,593
Counter-marketing evaluation	300,000
Endowment-based funding	482,583
Local community grants	3,803,428
Youth risk behavior grants	4,226,199
TOTAL TOBACCO ENDOWMENT GRANTS	\$20,068,138

Note: For itemized information on state fiscal year 2003, please refer to the January 2003 legislative report located at www.health.state.mn.us/divs/hpcd/tpc/TP-5g.html.



Tobacco-Free Communities in Minnesota Grants (2004)

	State Fiscal Year 2004 Amount Awarded
Local grants	\$2,720,113
Populations-at-risk grants	972,256
TOTAL TOBACCO-FREE COMMUNITIES GRANTS	\$3,692,369

Tobacco-Free Communities in Minnesota Grants (Itemized)

	State Fiscal Year 2004 Amount Awarded
<u>Local grants</u>	
Aitkin-Itasca-Koochiching Community Health Board	\$72,259
American Lung Association - Northeast Branch (Carlton & St. Louis Co.)	247,948
Anoka County Community Health and Environmental Services	222,058
Association for Nonsmokers – Minnesota (Ramsey Co.)	250,000
Beltrami Tobacco Education Awareness Movement	150,000
Central Minnesota Heart Center at St. Cloud Hospital (Stearns Co.)	222,358
Clay-Wilkin Community Health Services (Clay, Douglas, Grant, Otter Tail, Pope, Stevens, Traverse & Wilkin Co.)	260,000
Dakota County Public Health Department	226,044
Hennepin Medical Society	250,000
Houston County Public Health (Dodge, Fillmore, Freeborn, Goodhue, Houston, Mower, Olmsted, Rice, Steele, Wabasha & Winona Co.)	250,000
Meeker-McLeod-Sibley Community Health Services Board	177,320
Nobles-Rock Public Health (Cottonwood, Jackson, Nobles & Rock Co.)	184,983
Northwest Hennepin Human Services Council	207,143
<i>Subtotal</i>	\$2,720,113
<u>Populations-at-risk grants</u>	
African American Family Services	\$140,000
Ain Dah Yung Center	105,630
Association for the Advancement of Hmong Women in Minnesota	150,000
District 202	145,268
Leech Lake Band of Ojibwe	86,408
Metropolitan Federation of Alternative Schools	142,945
Somali Community Resettlement Services, Inc.	126,630
White Earth Reservation Tribal Council	75,375
<i>Subtotal</i>	\$972,256
TOTAL TOBACCO-FREE COMMUNITIES GRANTS	\$3,692,369